


Noncommunicable Diseases and Mental Health

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World Health Organization

communications and policy change




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NMH Communications
World Health Organization



**People's voices,
government's choices:**

**communications
as a determinant
of policy change**



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the public health mandate

A key remit of the United Nations' principal health agency, the World Health Organization (WHO), is to work with Member States to direct and coordinate international and national work on public health. The setting of standards and policy guidelines is a critical component of this mandate to help countries achieve the highest standard of health for all people. The year 2003 marks the 25th anniversary of WHO's Health For All initiative launched at Alma Ata. Its vision and call for action are as relevant now as they were then.

The goals of Health For All aim to bolster a commitment to:


- Providing the highest attainable standard of health as a fundamental right
- Strengthening application of ethics to health policy, research and service provision
- Implementing equity-oriented policies and strategies that emphasise solidarity
- Incorporating a gender perspective into health policies and strategies

Health For All in the 21st Century, WHO

communications as a determinant of policy change

From patient to people, from disease to health, from the bio-medical to the economic and social – as knowledge about health, in particular its role in nation-building gains currency, old barriers are falling even as new ones are being erected. The call for equity, justice and sustainable development and the need for real solutions to poverty have led to the application of new knowledge and understanding in public health, stressing that health is not and cannot be a single sector issue.

This dynamic process of change requires work in the area of health policy development to plough and harness knowledge not just in epidemiology, but also in fields such as economics, health legislation, litigation and communications.



New debates bring new challenges and hope, where WHO is expected to reach beyond traditional approaches in public health to incorporate new areas of expertise in order to influence and direct policy work on public health.

This document is premised on the understanding that a coherent and comprehensive approach to communications is a mirror of the policy change that is being sought. It's brief analysis of the role of communications in health debates is drawn in large part from the work done for the Framework Convention on Tobacco Control (FCTC), especially its policy influencing and directing role. **The FCTC is WHO's first attempt at treaty-making.** The role of communications has been developed as a corollary of that treaty-making exercise, shepherding and challenging the process. This work has covered not just media relations,

product development, events management and the use of the web as a policy tool, it has also provided political mapping and analysis crucial to the development of tobacco control policy.

The following pages examine some strategic and operational aspects of developing a comprehensive communications plan. They provide some ideas for formulating a communications policy that can complement and direct work between data generation and policy decisions.



seizing the opportunity

Policy change often begins before it is recognised as such. The generation of knowledge which begins before its policy focus and implications become apparent, is a key factor fuelling the process of policy development and change.

This generation of knowledge involves more than just scientific research. It encompasses economic feasibility studies, legal learning, and legislative action. New perspectives fuel new debates and the State – WHO's main constituency – is called upon to harness these forces of change and knowledge. When weighing policy-options to decide which get translated into law, the State makes a political judgement call to sift core gains of the proposed action from peripheral work.

At every stage of this process – from the generation of knowledge, to its entry into the public discourse, to the nature of the debate it provokes, to the policy

options that are finally identified by decision-makers over time, to the policy change that finally occurs – interest groups and conflicting coalitions are at work.

A vibrant health communications plan is one that will seek to act on the opportunities available at every stage in order to influence public health positively.

While the State is a key player in policy change, it is ensconced in a process that involves a host of actors. While a robust policy debate may not directly influence governmental decisions, it serves a critical enlightenment function by gradually altering concepts and assumptions of policy-makers over time. Understanding the dynamics of this complex process is essential to those who seek to influence its direction and thereby maximize health.

An alert communications policy can play a critical role in the shaping and gradual altering of opinions and concepts.


In this process, an open and rigorous debate that allows for the maturing of messages over time is more valuable than a static and prescriptive discourse. Work done for World No Tobacco Day (WNTD), for example, where preparations for the global events were as much of a communications tool as a day itself resulted in the message of the day being preceded by a debate and often followed by countries enacting legislation. The job of health communications as a determinant of policy change is to ensure that this churning of knowledge takes place in an open and transparent way.

The Public Hearings on the FCTC, the first ever public hearings by a UN agency, are a case in point. Representatives of 144 organizations and institutions including most major tobacco multinationals, State tobacco companies and several tobacco farming groups along with a diverse range of public health agencies, women's groups, community based organizations and academic institutions gave verbal testimony before the hearings panel.

By providing a forum that allowed various actors to make their positions clear, it allowed the general public and governments to identify where the fault lines lay in the debate on how the tobacco epidemic should be controlled.

Health communications is also a discipline and a process that analyses the political, social and economic filters through which knowledge is generated and

through which people have access to and consume information relevant to their well-being. It examines and influences the generation of information across the decision-making process and social organization with the principal aim of influencing policies in favour of public health.



Poverty, violence, inequality, rapid social and economic changes, lack of education, inadequate or total absence of health services and lack of clear policy direction contribute as much to the increasing cases of cancer, diabetes, and cardiovascular diseases as they do to AIDS, malaria and tuberculosis. Choice is a luxury for most people in the world, but even those who are free agents to choose do not make their decisions in isolation. Their decisions are mediated through the activities of various communicators including scientists, governments and their spokes-

people, nongovernmental organizations, media, health advocates and the private sector. These actors formed the core of the 34 country "Tobacco Kills – Don't be Duped" international media and civil society advocacy initiative which, by working with this multi-sectoral constituency and by focusing on generating a debate rather than a message, succeeded in reflecting the full import of a vibrant tobacco control policy for WHO's Member States.

The public is not irrational. The public is influenced by emotion and affected in ways that are both simple and sophisticated. So are scientists. The public is influenced by world views, ideologies and values. So are scientists, particularly when they are working at the limit of their expertise.

Paul Slovic , Professor, University of Oregon.

The influence of individual choice and behaviour change on health behaviours has been highlighted in the World Health Report 2003. As explained in the report, a number of individual preferences or characteristics influence how people translate understanding into health behaviours. These preferences are influenced by information and the influence of advertising and marketing.

Trust is essential to effective communication of health.




An atmosphere of trust is needed between government officials, health experts, the general public and the media. This trust has to be developed and fostered. Condensing attitudes and the withholding of information can rapidly lead to public cynicism and accusations of a cover up or a hidden scandal. Trust is easily lost but very difficult to regain.

*The World Health Report 2002
"Reducing Risks, Promoting Healthy Life"
World Health Organization*




reframing the debate



Entrenched special interest groups, both commercial and professional, sometimes have more than their fair share of influence over the manner in which policy evolves. Health communications can play a role in re-framing the debate in a bid to ensure that the die is not cast in favour of short-term economic or other personal gains to the detriment of long-term public health goals and social responsibility. The benefits that accrue from investments in health go beyond the scope of economic gain. In more ways than one, health communications can help open up the field, bring in new actors from diverse disciplines and settings, encourage and inform an open debate, and sift fact from fiction thus clearing the policy space necessary for relevant public health options to emerge.

For example, most people do not know that tobacco kills. Neither is it common knowledge that a cigarette



is a highly engineered product designed to bring on early addiction and sure death in one in two of its regular users. Most people do not know that tobacco companies use films, the entertainment industry and sports as marketing and recruitment settings to attract new and younger victims while keeping the old ones addicted. The glare of boisterous publicity around tobacco products was deliberately designed to keep the gore of deaths caused by them away from the public eye. The deception was for the public. The profits were for the companies and the death and disease burden were for countries to cope with. WHO's decision to develop a multi-pronged communications strategy to expose tobacco industry tactics is an illustration of an attempt to shift the policy debate from the short-term view of looking at tobacco as a revenue spinner to that of a product that results in serious public health costs to the State.

The tobacco habit is extensively communicated! It is communicated through the media, the entertainment industry, and most directly through the marketing and promotion of specific products. Global trade in tobacco has increased markedly over the last few years. Direct foreign investment by multinationals in developing countries has also increased. New joint ventures are announced every few months between multinationals based in a few developed countries and the governments of emerging markets. Tobacco control cannot succeed solely through the efforts of individual governments, national NGOs and media advocates. We need an international response to an international problem.

*Dr Gro Harlem Brundtland, Director-General,
World Health Organization, October 1998.*

Through projects such as “Channel the Outrage” which seeks to mobilize civil society or the Tobacco Free Sports (TFS) international campaign that culminated in the 2002 World Cup being declared tobacco free, the effort has been to reclaim territory for health from vested interests.

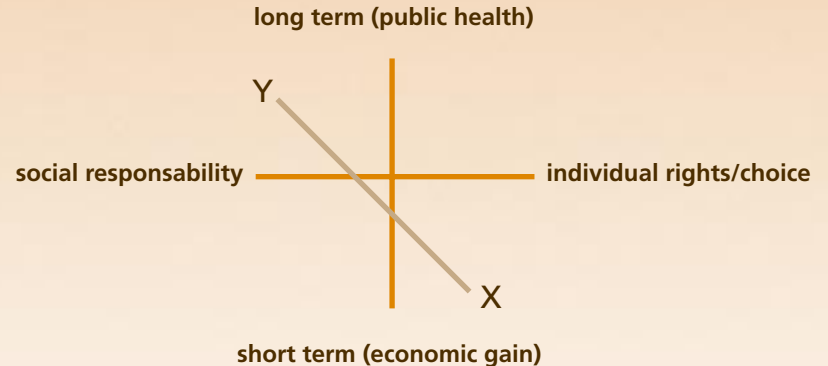




Shifting the focus of the debate from short-term economic gain and individual rights and individual choice (X) to a more long-term, community and people-oriented focus that looks at both treatment and prevention (Y) is a challenge for public health. The relationship between short-term economic gains and long-term social responsibilities is an uneasy one. A public health policy that does not incorporate economic considerations is bound to be unsustainable. However, relying solely on quick economic gains that accrue to the State at the cost of equity, justice and social responsibility will only result in health policies that have limited social scope.

Health communications can help re-frame accepted views on cost effectiveness especially in the health sector where what is effective is often linked to what can be cured within a short period of time. Seeking to

reframing the debate



prevent what is apparently invisible but very likely to occur over a period of time is a challenge that policy makers need to address. Economic analysis can also assign value to the so-called intangible gains of a better life such as cleaner air, safer communities or more nutritious food. By reframing the issues in this way, health communications can help policy-makers manage the trade-offs between the short-term and long-term gains in a more balanced manner.

The next few sections briefly lay out the context within which a communications policy can unfold.



ploughing the knowledge

Scientific knowledge, whether it be about health or technology, is vital for policy development. Knowledge that ignores science will ultimately perish. Science, however, is not neutral or isolated from the ways in which societies function. The very act of why and how scientific knowledge is created is influenced by political, economic and social interests. Decisions on what research to fund or who conducts the research,

for instance, may influence the outcome of the research.



A communications policy for public health cannot ignore this stage of the process but will need to examine it closely for what it means for public health. There is no dearth of expertise. However, policy-making processes do not benefit from this technical expertise. This can contribute to a situation where policy-makers are deprived of knowledge and specialists have limited influence.

The role of health communications is to bridge this gap. The systematic dissemination of scientific information in user-friendly packages is important. Unless the latest and most accurate scientific knowledge is demystified and made accessible to a wider audience, its power to influence remains untapped. Scientific knowledge needs to filter through expert




committees to reach a popular understanding among civil society and the general public before it can be accepted as policy.

With its “Stop Exclusion – Dare to Care” campaign on Mental Health in 2001, WHO sought to dispel myths and misunderstandings surrounding mental ill-health. The health communications approach was based on two broad planks – science was one aspect of the campaign, sensibility was the other. It made the simple point that scientific knowledge and means to help people with mental and brain disorders exist and that governments as well as the public health community have been remiss in their responsibilities, further compounding the myths and stigma. The gambit was a bold one – it resonated in WHO’s Member States.


A similar pro-active, health communications-driven approach was adopted for work around World Health Day 2002. Building upon Agita São Paulo, a movement that looks at health as a celebration of life beginning with physical activity and leading up to social change, Agita Mundo-move for health, WHO's campaign, challenged individuals and society to internalize health not only as an individual and collective resource base for society, but also as a right and a norm upon which to construct social and economic fabric. A complex scientific issue relating to risk factor estimates – obesity, tobacco, alcohol – was turned into a celebration of life.

The packaging of science is a necessary first step. Making proper use of the vital, life-giving, life-sustaining and life-understanding power of science



requires more. A communications policy needs to examine how the understanding and use of science are framed by political reality, patterns of moral and ethical values, cultural traditions and people's demands. The public health and communications challenge comes in exploring the parameters of this interaction to decide where, and for whom, norms and standards are set, how these norms are presented to the public, and how ordinary people are affected by them.

A non-traditional intervention in public health – litigation – has emerged in recent years as a healthy component of the growing demands by countries around the world to give weight to health as a right. It stresses the right of individuals on the one hand, but



also reinforces the need for a more regulatory approach to health policy development. Tobacco litigation, for instance, challenged accepted norms of individual choice and responsibility and introduced a new, legally accepted interpretation of who was responsible for the tobacco epidemic.

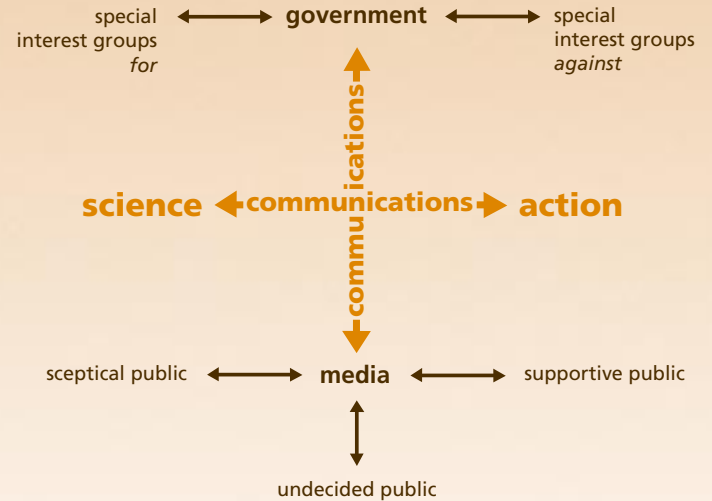
Communications, epidemiology, economics and law are now widely viewed as core components of any health policy debate where genuine and vested interests compete to influence government decisions. Health is a barometer with which to gauge the progress of nations and societies. The science and art of health communications mediate the debate in a way that promotes social justice and equality.



levelling the playing field

People are the ultimate beneficiaries of the work of all international agencies.

Their participation in the planning and implementation of public health programmes takes us to the very core of power relationships, social intercourse and conflict. Indeed, the concepts of power and conflict are central to communications policy analysis in the field of public health. Power struggles and conflict are constant features of development work of which health is a critical part. An understanding of these dynamics will help a communications policy to take a politically sustainable approach to bridge the gap between data and decisions stemming from them.



*From science to action:
the role of communications*

The world is living dangerously: either because it has little choice; or because it is making wrong choices about consumption and activity. On the one side are the millions who are dangerously short of the food, water and security they need to live. On the other side are the millions who suffer because they use too much. All of them face high risks of ill-health.

*Dr Gro Harlem Brundtland, Director-General
World Health Organization
55th World Health Assembly, May 2002*



rising to the challenge

If policy shapers wish to become more effective in harnessing communications for public health, it is in their interest to understand the dynamics of power relationships and to manage conflict in such a way that these elements contribute positively to the development of a global public health policy. This is as important for society as it is for an organization. The debate is often more important than the message.

Global warming is an example of how science continues to meander through special interests including vested interest as it searches for policy levers. While briefly visible on the streets of Seattle and Prague,



Okinawa and Genoa, the sense of urgency to connect solutions to people remains apparently unconnected and unfocused and simmers as a force for change. The debates that prefaced the development of the International Code of Marketing of Breast-milk Substitutes, the Convention for the Protection of the Ozone Layer, and the International Campaign to Ban Landmines, to name a few, are examples of the necessary debate before science transforms into sustainable policy.

Health communications work has to come up with, or at the very least point towards, answers that have scientific logic and social scope. Difficult decisions about policy options and resource allocation may be necessary as the disease burden shifts and transforms society. A communications approach to policy change must be ready with arguments that will extract value

for life at every step of the process. In order to communicate meaningfully, a communications policy is expected to incorporate poverty and equity into its thinking in order for it to be relevant to the populations that WHO seeks to serve.




objectives

It falls upon a communications strategy to identify the strengths and weaknesses in scientific and policy arguments and pitch them into ongoing global debates. In certain circumstances, a communications strategy may create a global debate if none exists on a topic. A context for events, products and media relations should be developed in order to develop and sustain this global debate. Science and ethics ideally form the basis for the construction of a communication and resource mobilization logic in the global marketplace of exploding ideas and shrinking resources.



method

An effective strategy for developing a communications strategy depends on the political ambition of the desired goal, what information and expertise an organization or unit has and what it wants to achieve – resources, policy shifts, media visibility, or all three. The formulation of a coherent communications policy could involve the following strategic and operational steps. Such a strategy will have at least two components – a first part that consolidates scientific evidence and clarity about possible policy options and an operational plan that will look at issues such as implementation and timing for impact.



1 Review of information. Critical and rigorous review of available information within the unit as well as review of relevant articles from outside experts. Identification of gaps in knowledge and the reasons for it. Decision on what to do with the gaps. Are they huge and require more research? Are credible answers available for questions arising from the gaps?

2 Review of social context. Data gathering and dissemination is rarely a neutral activity. It is important to have a clear understanding of the social setting where the issue chosen for focus will unfold. Who is saying what, for whom and with what effect? What is not being said about the data? Who are the affected groups? What is their social profile? What are the cultural sensitivities?

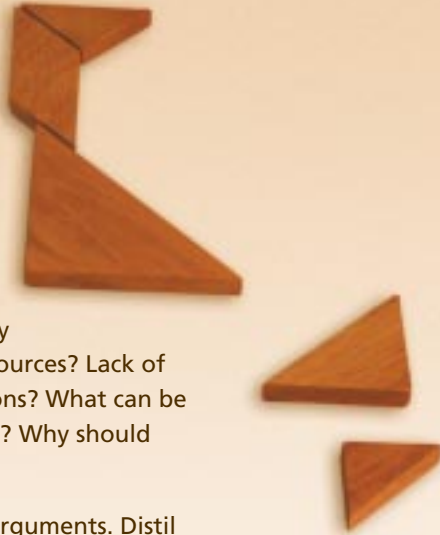


3 Review of economic context. Who are the winners from what is being advocated? Who will pay? What and where are the vested interests? What is the economic profile of the country? Basics will suffice for a start. For example, which category does a country come under? Is it part of the Group of Eight Industrialized countries (G8); is it part of the Group of 77 developing countries (G77)? There are often complex trade-offs where health and economics are concerned. A communications policy will benefit from a clear understanding of where the trade-off may occur.

4 Review political context. In the social sector (health, education), coalition politics may be more powerful than party politics. Determine who are natural allies and where their power base. Do those opposing changes have more access to decision-making? Who is

making the decisions? Why?
Where are the lobbyists?
Knowing this will help formulate
the tone of your communications
policy and help target it better.

- 5 Preparation of arguments. What is the problem? What is at stake? Why is it so? Lack of science? Lack of resources? Lack of political will? Where are the solutions? What can be done now? What can be done later? Why should anyone listen to WHO?
- 6 Distil key messages. Discipline the arguments. Distil 500 words that come to the essence of the problem. Brevity is always very attractive. Prepare half a dozen key messages of which at least must focus on the basic parameters of the problem.



- 7 Test key messages. Is there a case to be made? Test with allies and those who do not agree. Do the arguments survive scrutiny by a group that is hearing them for the first time?
- 8 Identify budget and human resources. This is a reality check that is often frustrating, but it helps hone arguments and perspective. What are the financial and non-financial resources available? How much of what needs to be done can be done by someone outside for free? WHO's brand equity is high, explore this.
- 9 Decide nature of products/events. Depending on budget, human resources, and short-term goals – what can be done? What are the options?
- 10 Decide time-lines and identify delivery dates that include clear and concise planning for roll out. How much time will it take? Work backwards from

when products have to be ready. How long is the production and distribution time?

11 Production and distribution of products/preparation for event. Clearly identify who is doing what. If ten things have to be done, it is important to make sure that all are being attended to.

12 Follow-up and evaluation. This is a living and learning process. Communications is a work in progress. Always allow time and resources for some evaluation and learning to occur both during and especially after the event or product reaches the public.

the paradigm shift in health

medical model	→	social model
individual	→	community
patient	→	people
disease	→	health
providing	→	enabling
drugs/technology	→	knowledge/social process
professional control	→	demystification



The discussion of the role of communications as a critical component of public health is based on the work of the Policy Analysis and Communications team housed in WHO's Noncommunicable Diseases and Mental Health Cluster.



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