Communication for Health in the WHO Western Pacific Region
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Executive summary

Overview

No matter who they are or where they live, people seek out and share information constantly. Every day, we see flyers, posters and advertisements, hear and participate in conversations with colleagues, neighbours, friends and family members, watch videos and news programmes, scroll through social media and search the Internet seeking instantaneous answers to all manner of questions. The information – and misinformation – we are exposed to shapes the decisions we make that impact our health and well-being, for better or worse.

Acting on the wrong information – for example, about vaccines – or failing to act from a lack of information – for example, about the most effective personal protective behaviours against COVID-19 – can have catastrophic consequences. In contrast, acting on the right information has the power to transform lives for the better – prompting people to get vaccinated or screened for cancer, visit their doctor for an antenatal or well baby checkup, quit smoking, exercise regularly or eat more healthily.

The rapid pace of information flow, the rise of social media influencers and the declining trust in governments and institutions present both challenges and opportunities for WHO and Member States in the Western Pacific Region in scaling up effective use of strategic communication to influence health outcomes. At the same time, the evidence base on the power of effective communication is expanding. Governments, civil society and the private sector are harnessing behavioural insights, data collection and evaluation to make smarter investments for more impactful communication. This changed landscape demands that we – WHO and ministries of health – also change how we communicate.
Communicating for health impact

Communication for Health (C4H) is a priority for the implementation of For the Future – our shared vision for WHO’s work with Member States and partners to make the Western Pacific the healthiest and safest region. The vision recognizes the power of strategic communication as a tool for contributing to better health outcomes and highlights the need for further investment in this area.

The C4H approach encourages communicators to focus on health outcomes and impact. Harnessing insights from social, behavioural and communication sciences, C4H works to increase knowledge, change attitudes and shift behaviours for improved health outcomes at the individual, community and societal levels.

This publication outlines the WHO C4H approach in the Western Pacific Region and the progress made since 2019 to strengthen and scale up the approach, with a view to establishing a full-fledged C4H technical programme supporting Member States by 2023. Examples of how WHO and Member States in the Western Pacific have applied C4H to various health challenges are provided. For instance, a television drama in Papua New Guinea helped to shift attitudes related to care seeking during pregnancy.

The Region’s People of the Western Pacific series brings together health stories of real people across the Western Pacific and motivates others to make choices that positively impact health and well-being. Another example of C4H in action highlights a regional campaign to increase tobacco users’ intentions to quit and encourage non-users to support their loved ones to quit through targeted advertisements on social media in local languages in countries with high smoking rates, which included post-campaign surveys to evaluate results and inform future campaigns.

While each of these projects took a different C4H approach, they shared a common goal: using communications strategies and interventions to make measurable contributions to improved public health outcomes.
Building foundations for C4H in countries

When used effectively, communication is, in itself, a public health intervention: it is a technical field backed by theory and evidence, and it is just as valuable and important for tackling health challenges like COVID-19 as other fields of public health expertise, such as epidemiology, virology, health economics and health service design.

WHO is working with Member States in the Western Pacific to build their C4H capacity, developing communication methods and strategies that are informed by data and grounded in audience listening, to support Member States to address current and future challenges to health in the Region.

Scaling up C4H will bring us closer to achieving the Region’s vision, as set out in For the Future. It requires cooperation between WHO, Member States and partners, and investments to build capabilities and strengthen the evidence base in the Region. Working together to adopt and scale up C4H, we can help make the Western Pacific Region the healthiest and safest region.
What is C4H and why does it matter?

Noncommunicable diseases such as heart disease, cancer and diabetes. Outbreaks of COVID-19 and other emerging infectious diseases. The unfinished business of infectious diseases such as measles, hepatitis, HIV and poliomyelitis. Climate change and its impacts on health. And the need to reach everyone - especially the most vulnerable and disadvantaged - with services to protect their health from these threats. These are the most pressing health challenges for countries and areas in the WHO Western Pacific Region, as identified in For the Future - a vision for WHO's work with Member States and partners in the Region. Strategic communication is a critical part of addressing these challenges, as each one is shaped by the decisions and actions of governments, leaders, communities and individuals every day.

Strategic communication can influence these decisions and, therefore, the health outcomes that they affect: health is shaped by the information people have; the ways in which people communicate and with whom; the ways leaders and health providers hear and respond to public needs; and the broader psychological, sociocultural and environmental factors influencing each of these things.

This is especially so in the digital age, which has profoundly changed the way people engage with each other and the world. The majority of people in many countries get their news via the Internet and social media, rather than traditional news channels - even in low-income settings: more people have a mobile phone subscription than access to basic sanitation services.\(^1\)\(^2\)\(^3\) People have easy access to information and advice from peer groups, influencers and institutions. However, the proliferation of information, the epidemic of misinformation and the health and economic crisis of the coronavirus disease 2019 (COVID-19) pandemic have contributed to a record low level of trust in news and media sources and widespread mistrust in societal institutions and leaders around the world.\(^4\)

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1. There were 7.98 billion mobile cellular subscriptions in the world in 2019. Meanwhile, only 78% of the world's population (approximately 6.05 billion) had access to basic sanitation in 2020.
In the Western Pacific Region, WHO is responding to this challenge and turning it into an opportunity through the Communication for Health (C4H) approach. Through C4H, WHO seeks to use the power of communication as a tool for improving health outcomes – by drawing on data and evidence from the social and behavioural sciences, putting audiences and people at the centre, targeting particular audiences for specific purposes, and measuring the outcomes and impacts of communication interventions and using these to learn and improve.

WHO is increasingly applying C4H in its work in the Western Pacific and using lessons from experiences to scale up the technical support it provides to Member States on strategic communication – with a view to having C4H as a full-fledged technical programme by the end of 2023.
Communication for Health (C4H) harnesses the power of communications as a tool for health

What is C4H?

C4H refers to communications principles and processes that inform and change attitudes and behaviours for defined public health outcomes at the individual, community and societal levels.

C4H recognizes that knowledge, attitudes, and social norms are key determinants of health. It uses insights from social and behavioural sciences to inspire and empower people to make healthy choices for themselves and their families.

C4H is all about health IMPACT

C4H initiatives are:

1. Informed by data and theory
2. Measurable
3. Planned
4. Audience and people-centred
5. Collaborative
6. Targeted

Examples of how C4H principles can be applied:

- Understanding and using communication strategies, with other health interventions, to respond to barriers to vaccine acceptance
- Partnering with local influencers and key opinion leaders to engage young people in mental health
- Conducting social listening and measuring attitudes towards gender-based violence in order to inform strategies to address this issue
- Developing a strategic campaign on healthy eating based on evidence of community barriers, preferences and values
- Using storytelling techniques grounded in local culture to change social norms around seeking antenatal care in remote communities
- Applying behavioural insights to nudge individuals to increase their physically activity
C4H initiatives share a **common goal**

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To make the Western Pacific the healthiest and safest region in the world.
**C4H principles**

Effective communication is crucially important for delivering on the mandate of WHO and for Member States’ work to improve public health. For both WHO and governments, communication about health impact and communication for health impact are essential for ensuring that health priorities are achieved. While institutions have traditionally been capable of the former, C4H focuses on the latter. That is, using communication as a public health intervention to achieve specific outcomes and impacts.

C4H initiatives are evidence-informed, evaluation-driven, and leverage insights from social and behavioural science. Communication principles and processes are focused on targeting audiences for specific purposes, based on known audience barriers, needs and preferences.

Communication that understands the audience and the drivers of their behaviours, and communication that is emotive and applies behavioural science, can improve people’s awareness, shift attitudes, change behaviour and spark policy reform.
To achieve impact, the following principles are applied across C4H initiatives.

**Informed by data and theory**
C4H programmes utilize theories from social and behavioural sciences to first diagnose the barriers and drivers of a health issue. Strategies are designed around evidence, rather than assumptions, to target individual, sociocultural and environmental influences.

**Measurable**
C4H integrates measurement and evaluation methodologies to assess the outcomes and impact of activities. Learnings are identified and used to inform and improve future activities.

**Planned**
C4H programmes follow a planning cycle, involving stages to properly understand, plan, develop, test, implement, evaluate and learn from the communication strategy.

**Audience and people-centred**
C4H uses a bottom-up approach, where audiences act not simply as the subjects of communication but as the originators of communication as well. This two-way communication ensures that community norms, attitudes, fears, desires and motivators are listened to and understood. The stories of real people affected by health challenges are amplified, as storytelling holds power to generate empathy, increase receptiveness and create lasting impressions.

**Collaborative**
C4H forms part of multi-dimensional and intersectoral health actions. It draws on a broad range of technical expertise, and engages various partners and community stakeholders.

**Targeted**
C4H uses a range of communication principles and processes to target a particular audience for a specific purpose, based on known needs and preferences.
It Takes a Village sought to directly address key individual and social drivers by targeting the care-seeking behaviours of both men and women during pregnancy and birth, family planning, antenatal care and supervised birth delivery, with the aim of shifting community attitudes around the prioritization of maternal health.

The pilot episode tells the story of a rising local rugby league star, Rex, and his wife, Miriam, who are expecting their third child. Worry sets in when Miriam suffers complications in labour and becomes critically ill, prompting a gruelling journey by boat to a health centre. While the storyline shows the obstacles Miriam faces in receiving timely care, the programme incorporates culturally important context such as the rugby league – which is very popular in Papua New Guinea – as a means of engaging the male target audience.

Papua New Guinea has the highest rates of maternal and newborn mortality in the Western Pacific Region and among the highest in the world. These deaths are largely preventable and in part a result of the low utilization of health care before, during and after pregnancy.

To help address this challenge, in 2019, the WHO Regional Office for the Western Pacific and the WHO Representative Office in Papua New Guinea partnered with a local nongovernmental organization, The Hands of Rescue, and media production house, Screencraft, to create a television programme called It Takes a Village.

Significant efforts have been made in Papua New Guinea to address the structural factors leading to the low utilization of pre-pregnancy and antenatal services, whereas limited investment has been put towards community-oriented measures designed to address important individual and social drivers. These include low knowledge on maternal health and danger signs during pregnancy, misinformation around family planning, and factors related to traditional cultures and gender norms in families and communities.

Impactful storytelling in Papua New Guinea: Television and radio drama to improve maternal and newborn health

C4H in action

Impactful storytelling in Papua New Guinea: Television and radio drama to improve maternal and newborn health
Script development was guided by the theory of change that if both males and females understand the importance of medical care during pregnancy, they are more likely to take lifesaving actions for mothers and babies. In social contexts where men have disproportionately more decision-making power, they are an essential part of the solution: prompting changes in their awareness, attitudes and behaviours is necessary to improve women’s likelihood of seeking care. The programme has been aired on national television to audiences in both Papua New Guinea and Australia.

After watching Miriam and Rex’s story, there was a demonstrated shift in participants’ prioritization of maternal health, their awareness of the topic and their planned behaviours. Men spoke of the specific actions they would take to support women, and women acknowledged the importance of male support. The programme challenged entrenched, gendered notions around maternal health – men acknowledged the role of cultural norms in society and spoke of themselves as advocates who will influence change in their communities so that women and newborns have better health outcomes.

To test the theory of change and assess the outcomes of the pilot episode, WHO conducted viewing panels of both men and women in Papua New Guinea. The analysis found that prior to viewing the pilot programme, maternal and newborn health were not recognized as a particularly important health issue facing communities in the country. Women were aware of the dire situation for women and newborns at childbirth yet saw this as a normal part of life. Most of the women had personal experience of complications at childbirth or knew of someone who had died in labour. Many women referred to the common lack of support from men or husbands.

WHO, together with partners, is using these findings to inform script development of future episodes in the series. The project is a powerful example of how collaborating with non-traditional partners, understanding and targeting the social and behavioural drivers to a health issue and highlighting experiences of individuals and communities through storytelling can bring about changes in knowledge, attitudes and behaviours and, in turn, improve health outcomes for communities.
Communicating about COVID-19 vaccines: Taking a C4H approach

Since the beginning of the COVID-19 pandemic, WHO has used the C4H approach in its communications related to COVID-19 and support for Member States in their communication efforts. Multi-source social listening data continue to shape strategy and target messages, and storytelling is being employed to highlight the human impact of the pandemic in different communities. Drawing on the lessons from communicating about COVID-19 during the first year of the pandemic, WHO scaled up the use of C4H to communicate about COVID-19 vaccines as well.

Communication to support the roll-out of COVID-19 vaccines is no easy endeavour. A robust regional communication strategy, grounded in C4H principles, was vital in the context of the unprecedented speed, scale and complexity of the COVID-19 vaccine roll-out. Developed in late 2020 and continuously refined by the WHO Regional Office in consultation with countries, the regional COVID-19 vaccines communication strategy focuses on increasing people’s understanding of and confidence in their countries’ approach to COVID-19 vaccination, maintaining trust and demand for vaccination, and supporting continued adherence to other preventive measures.

The regional plan has been informed by data and evidence on target audiences’ knowledge, attitudes and behaviours, including levels and drivers of vaccine confidence and hesitancy. Working with partners such as Ipsos and the Vaccine Confidence Project at the London School of Hygiene and Tropical Medicine, WHO collected data from countries and areas in the Region and supplemented them with multi-source social listening data to target messages for different audiences and country contexts. WHO country offices, such as the Representative Office in Viet Nam, used survey findings to support ministries of health with their communication strategies, material development and decision-making. Findings were triangulated with partners to ensure a coordinated response.

WHO continues to work in close collaboration with colleagues at Facebook and other social media platforms to tackle misinformation, promote verified information about COVID-19 vaccines, and measure the success of digital campaigns. Partnerships with academic experts in vaccine hesitancy and vaccine communication, as well as measurement and evaluation, ensure WHO’s approach is grounded in the best information and evidence.
C4H emphasizes an audience- and people-centred approach, with particular emphasis on the power of storytelling to connect with audiences on an emotional level and motivate behaviour change. To address community concerns and scepticism around COVID-19 and vaccine hesitancy in Papua New Guinea, for example, WHO, together with the National Department of Health and other partners, worked with champions – community leaders and influential individuals – to produce a series of videos to debunk myths and promote COVID-19 vaccination and other preventive measures. One video featuring Sir John Ribat, the Catholic Cardinal of Papua New Guinea and Solomon Islands, addressed vaccine hesitancy associated with religious beliefs. By linking messaging to biblical scripture and using a trusted spokesperson to deliver the message, the video engaged social media users, was picked up by the national press and was adapted for radio messages and posters to achieve greater reach.

At the heart of the strategy is a strong focus on supporting Member States to strengthen their own COVID-19 vaccine communication. In addition to deploying communication experts to countries, WHO has helped boost in-country capacity with strategic and technical assistance throughout all phases of the vaccine roll-out, provision of planning tools, short guides and capacity-building activities. In early 2021, WHO held a series of capacity-building webinars for government ministries, key partners and WHO country offices focused on different aspects of communications and community engagement to support the COVID-19 vaccine roll-out in the Region, including communicating vaccine-related crises and adverse effects following immunization (AEFIs), social listening and evidence for decision-making, managing the COVID-19 vaccine infodemic and managing demand. Following the webinars, WHO offered countries ongoing tailored support to apply the lessons learnt.
The power of storytelling: People of the Western Pacific

Real people. Real lives. Real stories.

Using the power of stories and applying a people-centred approach, in 2019, the WHO Western Pacific Regional Office launched a storytelling initiative called People of the Western Pacific. Storytelling, an innate aspect of our human experiences and a means of connecting people to information, values, ideas and each other, can optimize the positive potential of health messages. The video series is informed by evidence on the effectiveness of narratives in health communication and builds on evidence-based models of narrative persuasion.

People of the Western Pacific tells the health stories of real people living across the Region to help decision-makers and the public comprehend complex health issues, make sense of their own experiences of health and motivate them to make choices that positively impact their health and well-being and that of their loved ones.
The power of storytelling: People of the Western Pacific
Studies have found that powerful, character-driven storytelling can increase recall and facilitate the processing of new and complex information,6 influence intentions and attitudes by engaging audiences both cognitively and emotionally,7-9 and provide motivation and role models for behaviour change.10-11 The mediating mechanisms between the effectiveness of stories and awareness, knowledge and practice are dependent on the extent to which the audience resonates with the storyteller, becomes involved with the narrative and experiences story-elicited emotions.

To date, some 20 people’s stories have been captured and disseminated. They highlight diverse people and issues across the Region, including COVID-19, mental illness, unhealthy food marketing, tobacco use and immunization. In one video, Emer, a former broadcaster from the Philippines, tells his story of the serious and permanent impact that tobacco use has had on his health. Viewers watch as Emer speaks of losing the thing that connected him to his audience – his voice – and the pain and sadness that came along with this. Emer now uses his personal experience to counsel government and communities on the consequences of smoking. His People of the Western Pacific video has engaged the public via social media and been used at high-level meetings with government. Emer’s story, along with others in the series, is being evaluated to assess its ability to connect with audiences and generate an emotional response, to change hearts, minds and actions on important health topics such as tobacco control.
Commit to quit: Campaign targets tobacco users and non-users to increase quit attempts

Tobacco use remains a persistent health challenge in the Western Pacific, where one third of the world's smokers reside. Tobacco-related illnesses claim the lives of 3 million people each year in the Region. Despite strong awareness of tobacco's impact on health and declining use in the Region, 388 million people aged 15 years and older currently smoke, and data projections show that the rate of decline is insufficient to meet the 2025 target of a 30% reduction in prevalence from the 2010 level.

In *For the Future: Towards the Healthiest and Safest Region*, Member States identified tobacco control as a key area of concern, and in 2019, they adopted the *Regional Action Plan for Tobacco Control in the Western Pacific (2020–2030)* as a roadmap for achieving a healthy, tobacco-free Region. To support this goal, the WHO Regional Office, in collaboration with country offices, utilized the C4H approach to develop the 2021 World No Tobacco Day campaign – “Commit to Quit” – aimed at motivating tobacco users to give up tobacco

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Commit to quit: Campaign targets tobacco users and non-users to increase quit attempts

while creating supportive environments for such attempts. This campaign, run by WHO, was designed to test different aspects of the C4H approach as it applies to tobacco control, with a view to using lessons identified to provide stronger support to Member States in this area in the future.

Before developing the campaign, the regional team used information and data from the Global Adult Tobacco Survey and Global Youth Tobacco Survey to understand the social and behavioural drivers of tobacco use, barriers to quitting, cessation methods and overall awareness of the health impacts. Using this country-specific data, WHO then developed communication materials to target countries where smoking rates are high.\(^{13}\)

The evidence also informed differentiated messaging for two key audiences: adult tobacco users and youth tobacco users, and found the following:

- Most youth tobacco users want to quit and have attempted to quit, but very few have access to or have used professional support services.
- Most smokers who quit do so without any assistance, and a few use professional support or medications.
- Only a small proportion of smokers visit doctors, and not all doctors ask about smoking or advise smokers to quit.

In partnership with Facebook, WHO developed an advertising campaign targeting nearly 75 million Facebook users aged 18–55 years in the priority countries\(^{13}\) who had indicated interests such as tobacco, cigarettes, smoking and lung cancer awareness. WHO aimed to engage 5 million users with the campaign’s “Commit to Quit” materials in their preferred language and convince them to click to the Regional Office website for further tips on how to quit tobacco. After one month alone, the campaign reached 22 million people with over 70 million post engagements on Facebook.

Additionally, to test whether the campaign influenced tobacco users’ intention to quit,

\(^{13}\) These included Cambodia, China, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines, Samoa, Solomon Islands, Vanuatu and Viet Nam.
WHO conducted two surveys – a Facebook Brand Lift study and an in-depth survey – aimed at tobacco users and non-users who had seen the campaign. The Facebook Brand Lift study focused on whether people recalled seeing Facebook ads from WHO to see if messaging had resonated. After learning that people did recall seeing the ads, WHO launched a more in-depth survey focused on whether the advertisements influenced tobacco users’ motivation to quit or influenced non-users’ motivation to support users to quit.

Findings from English, Khmer, Mongolian and Laotian surveys showed that among those who reported seeing WHO content, 87% of tobacco users expressed their intention to quit and almost half of the non-users (49%) were very likely to support their friends or family members to quit. People’s confidence in quitting tobacco and supporting others to quit tobacco was higher among respondents who saw the WHO campaign.

Moreover, the multi-country survey provided an opportunity to fill gaps in understanding of localized audience barriers and motivating factors, which will be used to inform ongoing strategies for tobacco cessation interventions and support to Member States in this area in the future.
Our vision for C4H in the Western Pacific Region

WHO's vision for C4H is to use communication to make a measurable contribution to improved health outcomes in the Western Pacific Region.

To realize this vision, WHO is building its own capacity and experience in C4H – particularly in the areas of behavioural insights, measurement, evaluation and learning, and powerful storytelling – in collaboration with academic experts and other partners in the Region, in order to be able to use this experience to scale up support to Member States on C4H in the future.

To strengthen C4H capacity at the country level, WHO aims to have dedicated C4H staff capacity to support all country offices in the Region by 2023. To fully realize the power of communication to improve health outcomes, governments will also need to scale up their capacity in this area.

The C4H approach will be used to ensure that WHO and governments’ health communications in the Region – whether emergency risk communications, programme communications, advocacy and campaigns, or internal communications – achieve better results.

Just like epidemiology or immunization, C4H is a tool for contributing to better health outcomes. When we—WHO and Member States—target our efforts, draw on data and evidence, tell powerful stories to create an emotional connection with our audiences, and focus on measurable impact, we can help contribute to better health for individuals, communities and societies.

Working together, we can use C4H to help achieve our shared vision of making the Western Pacific Region the healthiest and safest region.