

# Education, Advocacy, and Marketing plan for the Liberia Health Equity Fund



# 1. PURPOSE OF THIS DOCUMENT

National health insurance is a concept that few people fully understand. Most people have an understanding of what insurance is as a general concept at least from the point of view of a consumer. In return for a monthly or annual subscription payment, the consumer is insured against certain events / risks and has a good level of understanding of what the benefits are they will receive. More than this, some will know how insurers operate: that they insure certain risks for a pool of individuals and charge the individuals collectively a sufficient amount to cover what they anticipate will be the total pay-out requirement during a given timeframe. This is private insurance. Premiums paid by the insured to the insurer provide the totality of the funding to cover the risks for those subscribers, with an additional amount generated by the insurer by investing the funds not immediately required for payouts. Typically the private insurer can also refuse to cover individuals at their discretion.

National health insurance schemes operate differently, particularly in terms of funding and coverage. In schemes that cover large population groups, part of the funding may come from the individuals themselves through payroll contributions or direct contributions, but a large part of the funding will also come from some type of public funding. Also, coverage will be for broadly-defined groups (e.g. the formal sector, indigents, informal day laborers) such that, at least in theory, no-one will be refused membership on an individual basis if they belong to that group.

Given the significant differences between private and national health insurance schemes, a country rolling out a national scheme for the first time must ensure that everyone understands exactly what is being proposed. How a national health insurance scheme works, what are the benefits (and as importantly what are not), at what rates they will be reimbursed, how to join, enrolment strategies, how to claim, how to process a claim, on what basis providers will be reimbursed and a host of other questions will need to form the focus of a considerable education campaign with the Ministry of Health and Social Welfare, the LHEF Advisory Council, other key ministries, legislators, providers, the media and the general population. An initiative of this complexity will create divergent levels of understanding and varied opinions. It is important that the understanding amongst all groups be as advanced as possible such that discussion be informed and not based on false information.

The advocacy aspect, closely linked to education but subtly different, is more persuasive in intent. That is to say that the advocacy campaign has as objective to convince key actors of the merits of designing and operating the mechanism in a certain way, not just to inform them of how it works.

The marketing campaign is primarily aimed at the general populace. Long before the actual launch of the scheme, multiple outreach methods including the radio, billboards, community meetings and others will be used to inform the general population of their rights under the new scheme, and how they can go about becoming members, and what the benefits of membership are. In a setting such as Liberia where some residents are hard to reach geographically, where radio is the primary mass medium of communication, and where literacy is low, the marketing campaign will be designed with these considerations in mind.

This document is intended to make explicit the target groups, key messages, timeframes, and budget required to educate stakeholders, advocate with key decision-makers, and market the Liberia Health Equity Fund to the population of Liberia.

## 2. PRINCIPLES OF EDUCATING ON, ADVOCATING FOR, AND MARKETING THE LIBERIA HEALTH EQUITY FUND

An underlying assumption is that each message must be communicated to any group multiple times and in multiple absorbable forms in order for a campaign to be successful. The less previously acquired knowledge which a group has, the less sophisticated the audience and the briefer their attention span, the more focused, the more repeated and carefully crafted the messages to those groups must be. The education campaign should follow the principle of repeated announcements.

In addition, every Education, Advocacy, and Marketing (EAM) activity must be grounded on the following principles: transparency, common understanding, awareness of rights and responsibilities, rights of patients and rights of providers.

Transparency refers to the process of sharing information on the design and continuing operations of the LHEF with all stakeholders. While not all information about the program is immediately helpful or relevant to all stakeholders, systems should be put in place to make plans, guidelines, and any other information about the structure of the LHEF available to all stakeholder groups. In live and/or interpersonal EAM activities, audiences should be given the opportunity to ask questions and have them answered.

Common Understanding: The success of the LHEF to ensure and protect rights is predicated on a general shared understanding of what those rights are and how they are ensured under the scheme. Therefore, EAM initiatives must see it as their explicit aim to inform stakeholders of what they can expect from the new system and the actors in it. For example, in a design in which user fees are not charged to the insured, not only must service providers understand that they are not to charge service fees; patients must also be aware that they are not required to pay fees.

Rights of Patients: The main purpose of the LHEF is to ensure quality healthcare to all Liberians, making the patient the center of the scheme. Therefore, patient rights within the system will be emphasized, upheld, and communicated throughout the EAM process.

Rights of Providers: Providers must be given the appropriate support by their employers and the venue, equipment and medicines to carry out their work as their professional standards demand.

## 3. AUDIENCES (STAKEHOLDER GROUPS)

A thorough analysis of audiences will be essential to the success of the EAM campaigns. Below are a list of existing audiences or stakeholders, along with a few key characteristics that will influence targeting and messaging. These profiles need to be additionally researched.

The stakeholder groups should be thought of in sets. There will be those groups who need to have an in-depth understanding of how health insurance will work. This includes the LHEF Advisory Council, ministry representatives, health committee members in the legislature, provider representative groups, individual health workers and donors. The next set will require broad but less in-depth understanding, and will need to have a good general understanding and be aware of key points. This set includes local radio and print media, politicians, including the president and legislators and private health insurers. Lastly there is a "targeted" set that will need to know how the LHEF works in particular from their point of view and with an understanding of how it will affect them. This set includes the general population, the subset of the general population who are members of the LHEF.

Each of these sets needs to be interacted with at different times and at different frequencies. This will be set out in more detail below.

Stakeholder Set	Stakeholder	Relevant Characteristics
<b>In-depth</b>	LHEF Advisory Council	Decision-making body for the design of the LHEF. Chaired by the Minister of Health and Social Welfare and including senior representatives of MoHSW, Finance, Transport, Commerce, Justice and Labour
<b>In-depth</b>	Ministry of Health and Social Welfare	Directly responsible for making decisions about the design and management of the LHEF. Do not (yet) completely understand health insurance mechanisms. Central and localized levels.
<b>In-depth</b>	Ministry representatives	Finance (Budget and Revenue), Commerce, Transport, Justice, Labour
<b>In-depth</b>	Health Committee members	Responsible for getting the legislation through the legislature. Must know enough to inform their colleagues in the legislature.
<b>In-depth</b>	Donors	Could at a future time see the benefit of funding the LHEF directly
<b>In-depth</b>	Individual health workers	Will need significant training on how the LHEF works and how it will impact their day-to-day. Will increase the administrative burden on health facilities. Generally passionate about helping people.
<b>In-depth</b>	Health provider groups senior leadership	Deliver healthcare to populations at all levels. The LHEF will represent a new way of doing business and interacting with their funder
<b>In-depth</b>	Private sector clinicians	Potential to access more clients through the LHEF, with the prerequisite of meeting quality standards
<b>Broad</b>	External experts	Key partners of the Government of Liberia provide advice. It will be important that they participate in meetings and be informed of developments. Can contribute with lessons learnt from other contexts.
<b>Broad</b>	Senate and House legislators (at large)	Have a responsibility to their constituents, most of whom are unable to afford healthcare and many of whom are having to make unofficial payments
<b>Broad</b>	President Sirleaf	The LHEF requires the head of state's explicit endorsement and political capital.
<b>Broad</b>	Local radio	Very broad listening audience. Has potential to reach the largely illiterate rural poor.
<b>Broad</b>	Local print media	Reaches wealthier literate sections of the general population, primarily the formal sector and informal sector non-poor, as well as the elite.
<b>Broad</b>	Private health insurers	The LHEF will bring distinct changes to the health insurance market and will potentially take some current private customers from the private insurers while also creating the potential for private insurers to gain customers through specialization in high-end insurance.
<b>Marketing</b>	Formal Sector	Current consensus is to institute payroll contributions for this population segment. Given the mandatory nature of this approach, the messaging will need to communicate the benefits they receive in return

<b>Marketing</b>	Informal Poor	Uninsured Rarely seek formal healthcare Pay out of pocket healthcare Low understanding of insurance and the concept that upfront payments provide them with access to a defined set of free services
<b>Marketing</b>	Informal Non-Poor	Uninsured Rarely seek formal healthcare Distrust current healthcare system Distrust insurance carriers for contextual, historical reasons Low understanding of insurance and the concept that upfront payments provide them with access to a defined set of free services
<b>Marketing</b>	General Public	Low utilization of health services Distrust insurance companies Theoretically shouldn't be paying user fees now and in future should not have to pay user fees for the basic package

## 4. MESSAGING CONCEPTS AND STAKEHOLDER SETS

As discussed in the previous sections, there are three concepts and three stakeholder sets being discussed. The concepts are education, advocacy and marketing. Education is the process of imparting information dispassionately to ensure that the recipients of the information fully understand the mechanism. Advocacy is the process of persuading stakeholders of positive facets of the mechanism. Education and advocacy can often go hand in hand. Marketing is the process of convincing customers to become members of the LHEF.

Let us call the three stakeholder sets as defined in the previous section the in-depth (ministry representatives, health committee members in the legislature, provider representative groups, individual health workers and donors), broad (media, radio and print, politicians, including the president and legislators and private health insurers) and marketing sets (general population, the subset of the general population who are members of the LHEF).

## 5. EDUCATION FOR IN-DEPTH AND BROAD SETS

The education of both the in-depth and broad sets has already begun. The in-depth group should include the entire Ministry of Health and Social Welfare, both at central and decentralized levels. It should also include select groups within the Ministries of Finance, Transport, Labour and Commerce. Health provider representative group senior leadership and key legislators such as the chairs on the Committees on Health in the upper and lower chambers are also priority stakeholders within the in-depth set. All of these groups have so far been part of the dialogue, actively or passively, or at least have been reached out to during the course of the first six months of the initial phase. It is important that over the coming six months that these priority groups are engaged for participation in relevant meetings and that they are actively reached out to by the MoHSW's LHEF Coordination Team to keep them abreast of developments. This should be an ongoing activity starting immediately. Education of the wider community of health providers working in health facilities around the country will start later.

Engagement with the broad set has thus far been limited. The LHEF Coordination Team prepared an initial brief for President Sirleaf and also met with Representative Chea in October 2013. Both the Chair of the Senate Health Committee and the Vice-Chair of the House Health Committee attended the first large stakeholder meeting in October 2013. Two legislators will participate in the study tour to Ghana in

February 2014. Two announcements have been made through the media, first following the Cabinet presentation made in October 2013 and then following the annual Health Sector Review. However neither of these events involved substantial sensitization of radio or print personalities and writers.

Education and advocacy are closely linked. During the engagement of each stakeholder set, tailored messages need to be delivered, responding to the particular concerns of the set.

## 6. TIMETABLE OF IN-DEPTH AND BROAD SETS ENGAGEMENTS

The study tour to Ghana in February 2014 is extremely important in terms of acquiring knowledge and understanding how the actual implementation of a national health insurance mechanism works and what are the milestones and challenges along the way. Given the necessarily restrained size of the group traveling to Accra, it will be important to have dissemination meetings on returning to Monrovia. The following is a proposed timetable of engagements with the in-depth and broad sets over the next twelve months.

Study tour to Ghana	17 – 21 February 2014
Ministerial brief on study tour	March 2014
Dissemination of study tour lessons learnt to Advisory Council	March 2014
Support to Advisory Council members	starting March 2014 (ongoing)
Scheduled discussion forums every six weeks in MoHSW	starting w/o 17 March 2014
Support to education of legislators	starting March 2014 (ongoing)
Regular meetings with provider representative groups	starting May 2014 (ongoing)
Full-day workshop with media representatives	May 2014

With the passage of the legislation being the next concrete deliverable, the two key constituencies are (i) the LHEF Advisory Council, which must make important decisions on the design of the LHEF which should be included in the legislation, and (ii) the legislators who will be asked to vote on approving the legislation.

The full day workshop with media representatives would need to be tailored specifically to a non-technical audience. This forum would focus on the key points of the LHEF in terms of the beneficial effects on the health system as well as how the LHEF will impact the population of Liberia. This forum should avoid presenting overly detailed technical information.

## 7. THE MARKETING CAMPAIGN & SET

The marketing campaign as a concept and the marketing set as a group are distinct from the education and advocacy concepts and the in-depth and broad sets. Whereas the in-depth and broad sets will primarily be engaged in person, the marketing set (the wider population, members of the LHEF) will be targeted through advertising campaigns (billboards, radio ads, community sensitization sessions, etc). This is a qualitatively different means of interaction and is not appropriate for communicating large

amounts of, or complex, information. The marketing campaign will have numerous important messages, detailed below, but in general communicating this information should follow the principle of imparting simple, digestible, essential messages repeatedly.

A firm or individuals experienced in mass messaging in Liberia should be engaged to support the marketing campaign. Standardly in settings such as Liberia the cell phone companies are far in the lead in terms of having this kind of expertise and should be looked to in crafting the marketing campaign.

## 8. KEY MESSAGES FOR THE MARKETING CAMPAIGNS

The main messages for the LHEF marketing campaign aim to provide the Liberian population and other interested stakeholders with an introduction to the basic concept of the LHEF, especially how it differs from the existing method of engaging with, and paying for, health services. The main messages are partly intended to be educational (for example they provide some detail on benefits) but are also intended to promote a positive attitude toward the government's efforts to reform the health system, to create public demand for such changes and to inform the population on how the new setup will positively affect them. Further it will explain to them how their interaction with the health system will change in a positive way and what will be the safeguards against the unfair and illegal practices of the past.

Specific key messages, according to the primary audiences of each, are listed below:

### The Current System is Broken

This message focuses on the **weaknesses** of the current health system, both **categorically** and in **comparison** to other countries. Key components of this message will include:

- We never know what we are supposed to pay at facilities
- Poor people can't access services
- We have to travel long distances, and we might end up paying under the table
- Other governments provide UHC!
- Government can't control its health workers - has no idea what they're actually doing.

### User Fee Structure

This message addresses one of the main frustrations of everyday Liberians, that user fees are supposedly banned, but they still are required to pay surprise fees at healthcare centers. This message will emphasize that the new system will clarify and regulate user fees to bring this confusion and frustration to an end. Key features of the message include:

- A very simple slogan like, "Know exactly what you are going to pay"
- If the plan can be structured such that payments are uniform and expected, we can advertise saying, "Never pay more than \$xx."
- Clear posting at health centers of fee structure
- Simplicity. It should fit in a cheezy graphic. They don't need to know the ins and outs of how it gets paid for on the back-end, although insurers will.
- Be linked to examples of how the payment experience will change.

### Extraneous Fees will Hurt

Providers charging extra fees will not be tolerated. There are mechanisms in place for public monitoring of this.

### Long-term Stability

Paying into a system on a regular basis is cheaper in the long-run and keeps you healthier than paying for services as you need them.

### Power to the Patient

The system doesn't pay for poor quality services; allows the patient to ensure high quality services

### Overall Goal

The overall goal of the LHEF is to increase poor families' ability to utilize needed health services when they need them, by eliminating POS payments for poor families. Certain stakeholders will want to know that the system aims to:

Reduce financial barriers to health services

- Prevent catastrophic expenses
- Increase efficiency of health expenditures
- Increase accountability of health providers
- Raise revenues for health care
- Serve as a platform for reforms in the quality of healthcare.

### Trustworthiness

The main feeling we want stakeholders to come away with is that the system is trustworthy.

The key message is that the system is backed by a strong and reliable government, not private insurance interests.

Key Message	Type	Primary Audience	Secondary Audience
The current system is broken	Feeling	General Public	
User Fee Structure	Explanatory	General Public	Informal Non-Poor; Formal Sector; Informal Poor
Extraneous fees will hurt!	Consequence	Private Sector Docs; Health Worker Associations; Individual Health Workers	General Public
Long-term Stability	Benefit	General Public	Informal Poor; Informal Non-Poor
Purchasing Mechanism	Explanatory	Private Health Insurer	
Power to the Patient	Benefit	General Public	Informal Non-Poor; Informal Poor
Insurance is one part of Larger Reforms	Explanatory	General Public	
Overall Goal	Explanatory	General Public	
Trustworthiness	Feeling	General Public	

## 9. IMPLEMENTING THE MARKETING CAMPAIGNS

There will need to be multiple campaigns of different sizes, which will need to be rolled out at the right time to the right audiences through the right channels in order to be effective. Each campaign has a specific objective that serves the overall goal. Each campaign has specific target audiences, media channels, and messages. These are outlined below, according to the order in which they should be rolled out.

It is important to time these campaigns well and to ensure that the messaging serves to promote the LHEF. The timing of the campaigns should take into account the current thinking on the length of time required to put the LHEF into place. Raising awareness of the LHEF among the population is important to its success, however it's also the case that raising awareness before passage of the legislation may or may not be required and that raising expectations for a start to the LHEF a long time before the expected launch date will create pressure to move faster. This pressure can be harnessed to focus attention but can also create challenges. The timing of the campaigns should therefore be carefully considered. A good place to start is to set realistic expectations internally with the government of (a) when legislation will be passed and (b) what is the realistic anticipated launch date of the LHEF.

### 1. Public Awareness

**Objective:** The objective of this campaign is to prepare public attitudes to be receptive to health system reforms, or even to demand them.

**Strategy:** Through the media and other trusted sources to talk about the weaknesses of the Liberian health system and create a feeling that "it's not working." Show the population they're being left behind by other countries in the region. Invite constructive transformational feedback to the government.

### 2. Public Advocacy

**Objective:** Reach the general public with simple, big-picture messages. Make them understand the basics of the reforms and how it can benefit them.

**Strategies:** Get local leaders and influencers to sell it to the local population. Saturate mass media with a simple message i.e. Liberia Health Equity Fund = Healthy Liberia, Equity of Healthcare, Funded by Liberians

**Activities** will include:

- Use as many media outlets as possible to get basic messages out to people.
- Live Mass Marketing - hire people to go to the villages and talk about it with influential locals and everyday people.
- Design a logo that explains the LHEF, and distribute it everywhere, physically and electronically.
- Record and distribute testimonials from other countries.

### 3. Enrollment Drives

**Objective:** Maximize enrollment.

**Strategies:** Provide doorstep-level support and answering questions about the system and how to enroll.

**Activities:** will include:

- Hire people to go door-to-door to sign people up
- Make sure canvassers know how to answer basic questions about the scheme

- Host local launching events.

Below is a table outlining each of these campaigns, by messenger and primary audience, as well as the media channels each campaign should utilize.

<b>Name of Campaign</b>	<b>Channels</b>	<b>Dates</b>	<b>Target Stakeholder(s)</b>	<b>Key Message(s)</b>
Marketing 1	Internet; Radio; Print Lit - text; Live Mass Marketing; Live Interpersonal Marketing	following passage of legislation for 6 months	General Public	The current system is broken; LHEF will increase quality of services
Marketing 2	Internet; Radio; Print Lit - text; Print Lit - pictorial; Live Mass Marketing; Live Interpersonal Marketing	from 6 months after passage of legislation for a year (or up to launch of LHEF if earlier)	Informal Poor; Informal Non-Poor; Formal Sector; General Public; Individual Health Workers	Power to the Patient; Trustworthiness; Extraneous fees will hurt!
Enrollment Drives	Print Lit - text; Print Lit - pictorial; Live Interpersonal Marketing	immediately at launch of the LHEF and ongoing	General Public	Sign up to the LHEF to take advantage of free healthcare
Marketing 3	Internet; Radio; Print Lit - text; Print Lit - pictorial; Live Mass Marketing; Live Interpersonal Marketing	from the launch of the LHEF for a year	Informal Non-Poor (tailored to specific groups within this segment)	Advertising the different available payment plans available by group

## Glossary of Channels

- Internet: social media, blogs, websites, and electronic versions of print literature
- Radio: local radio stations in Liberia. Talk shows and commercial spots
- Print Lit – text: anything printed where words are the major form of communication. Pamphlets, posters, banners, articles, papers, etc.
- Print Lit – pictorial: anything printed where images or pictures are the major form of communication. These include posters, banners, job aids, etc., and are primarily for illiterate audiences.
- Live Mass Marketing: events where a person or group of people speaks to a large group promoting the scheme.
- Live Interpersonal Marketing: Advocacy at the individual level. Experts, educators, or promoters talking in person to one person or a small group of people about the scheme and answering questions specific to that person or small group
- Paraphernalia: hats, pens, t-shirts, or anything else useful on which the main slogan and logo may be printed and distributed.