World Health Organization
REGIONAL OFFICE FOR **Europe**

COMMUNICATION AND ADVOCACY CHECKLIST

EVIPNet Europe

Stakeholder identification

Tailored messaging

Building partnerships

Communication and advocacy checklist

EVIPNet Europe

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ACKNOWLEDGEMENTS

ABBREVIATIONS

EBP	evidence brief for policy
EIP	evidence-informed policy-making
EVIPNet	Evidence-informed Policy Network
KTP	knowledge translation platform
NGO	nongovernmental organization
PD	policy dialogue
SA	situation analysis
SOCO	single overriding communications objective

1. INTRODUCTION

WHO launched the Evidence-informed Policy Network (EVIPNet) as a response to the World Health Assembly resolution WHA58.34 in 2005 to build knowledge translation capacity of Member States. EVIPNet Europe was launched in October 2012 under the umbrella of the European Health Information Initiative, supporting the implementation of the European policy framework Health 2020 and the Action Plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region 2016–2020. It is important for EVIPNet to secure a broad base of support among key stakeholders. Consequently, communicating about and advocating for evidence-informed policy-making (EIP) and EVIPNet is a crucial process.

2. THE AIM OF THIS DOCUMENT AND ITS STRUCTURE

The aim of this document is to serve EVIPNet Europe country teams and WHO country offices as a summary of the major communication considerations associated with communicating about and advocating for EVIPNet. It can serve as a "refresher" of related concepts, tools and "to-do's", or it can be used as a reference point (e.g. for planning how to convince a high-level government official to invest in EVIPNet or how to approach the media regarding news from the latest EVIPNet workshop).

Having access to EVIPNet resources and tools makes me feel more equipped for effectively promoting EIP and advocating for the generation of local evidence that is very important in our environment.

Bahtygul Karriyeva,
Head, WHO Country Office,
Turkmenistan

The document includes the key considerations to keep in mind when communicating about and advocating for EVIPNet. It addresses the processes of identifying the audience and channels of communication (section 3) and tailoring the message to the particular objectives with preparation of talking points (section 4). It covers how to approach the media and how to use social media sensibly (section 5). Examples of benefits from EVIPNet (section 6) and success stories (section 8) are at hand. Those who organize EVIPNet-related events will benefit from a useful overview of how to plan the communication activities around it (section 7). For a quick reminder of what to check off in terms of your communication activities, the reader can benefit from the list presented in section 9.

Feedback on this document is welcomed (euevipnet@who.int**)**

3. KNOWING YOUR TARGET AUDIENCE

3.1. Analysing stakeholders

One of the first questions any communications professional will ask when embarking on a project is: **Who is our audience?**

The answer to this question determines the communication tool that will be used, the tone, the exact message, the timing – in short, everything.

> Stakeholders are individuals or groups of people who have an interest in what you do, can support your efforts and have the power to influence outcomes.

In EVIPNet, the target audience includes a variety of stakeholders. External stakeholders for a typical EVIPNet Europe country team or WHO country office, could consist of the minister of health, staff members from the ministry and the national public health institute, the research community, civil society, professional associations of health care workers, international public health partners, funding agencies, national media, the public and so on.

A **stakeholder analysis**[1] is a tool that can be used to identify key stakeholders and illuminate their characteristics relevant for EIP. The information collected should include the following

- ✓ Who are the stakeholders?
- ✓ What are their backgrounds?
- ✓ What are their interests?
- ✓ What are their alliances?
- ✓ Who are their adversaries?
- ✓ What are their strengths and weaknesses?
- ✓ Who and what can influence them?
- ✓ Where do we place them relative to ourselves, for example are they partners, allies, opponents?
- ✓ What is the degree of trust and/or agreement?

Once the stakeholders have been identified, one needs to consider what to communicate to them, how and when.

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[1] More information in Schmeer K. Guidelines for conducting a stakeholder analysis. Bethesda, MD: Partnerships for Health Reform, Abt Associates; 1999.

3.2. Identifying communication channels

Different stakeholders communicate in different ways. Members of the public, on the one hand, might well pick up a patient information leaflet or a newspaper article and take in an important message. A minister or senior civil servant, on the other hand, might expect to receive a letter or be told at a face-to-face meeting. The means used to communicate must be tailored to the recipient and the message.

In writing	In person	Media
Info briefs, report	Presentations	Mainstream media
Stories, letters	Speeches	Social media
Leaflets	Informal conversations	Merchandise
Posters, banners	(using "elevator pitch")	Press conferences

Notes
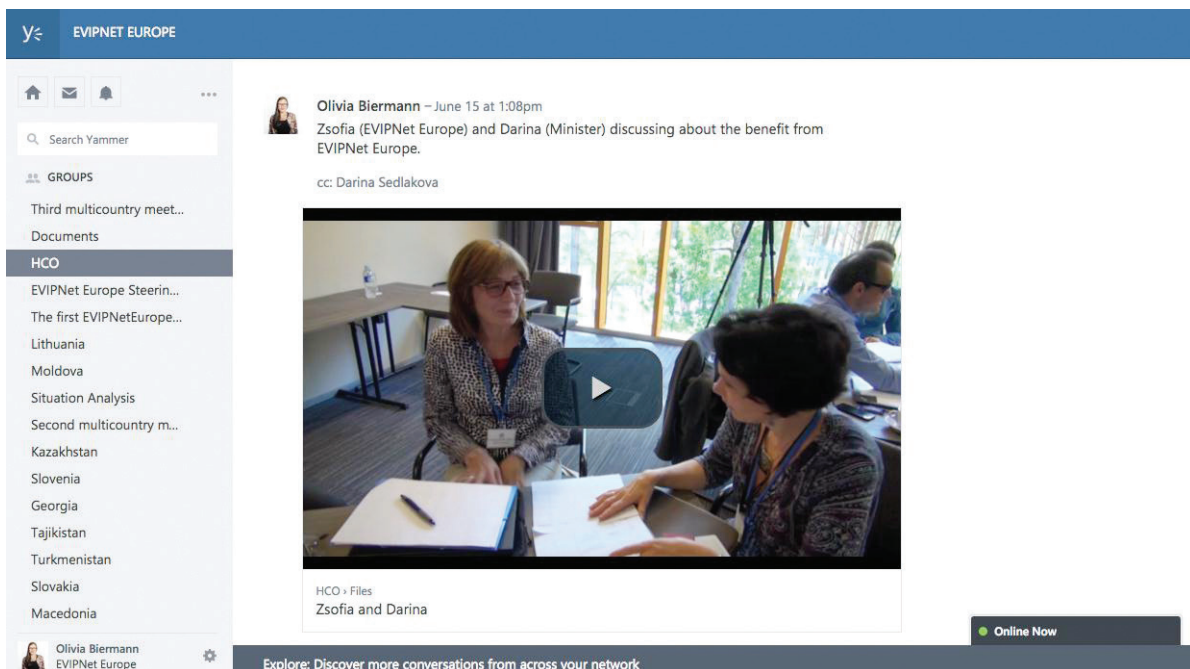
HCOs during a mock TV interview on the benefit from EVIPNet Europe – posted on the EVIPNet Europe virtual forum on *Yammer*. © WHO

4. PREPARING YOUR MESSAGE AND HOW TO GET IT ACROSS

4.1. Defining your single overriding communications objective

To ensure that your message has its desired effect, the intended change or outcome from the communication must be clear. This is known as the single overriding communications objective (SOCO), for example. "become part of EVIPNet Europe to benefit from the network, its capacity-building activities and tools".

4.2. Paying attention to tone and content

Not all stakeholders come from a technical background so it is best to avoid jargon where possible. Jargon can be hard to detect if you are used to working in a context where technical vocabulary is commonplace. It can be a good idea to test your materials out on someone who is from a different field of expertise.

Example of reducing jargon

Before (using technical terms that are hard to process):

"Effective care for mother and baby at this time also reduces maternal mortality **and** intrapartum stillbirths, **resulting in a** triple return on investment.**"**

After (simplified):

"Effective care for mother and baby at this time also saves mothers' lives, prevents babies dying during birth **and** saves three times as much money as it costs.**"**

Remember to:

✓ check a text carefully: nothing undermines credibility faster than a spelling mistake;
✓ do not make a text longer than it has to be: a longer document is not automatically more impressive or serious;
✓ avoid redundancies; and
✓ use short sentences; two short sentences are usually easier to understand than one long one.

There is no substitute for good plain language in print and in speech.

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4.3. Preparing talking points

Talking points are key messages that provide background facts and supporting evidence about a topic in a conversational way. Talking points are written to help speakers to address the media and other influential audiences.

As a first step, make sure to prepare your SOCO (section 4.1). When formulating the talking points, ensure that you have supporting statements and statistics to prove the credibility of these key points; remember the overall message you want the audience to take away and avoid jargon (section 4.2).

Read the talking points out loud to yourself before finalizing. This is important because, ultimately, the talking points are for a speaker who will need to sound conversational as well as knowledgeable. You can use the template included in Annex 1 as a guide to writing talking points.

Example of talking points

Considering your SOCO ("Become part of EVIPNet Europe to benefit from the network, its capacity-building activities and tools."), **what are the key facts that you would like to be remembered as a result of this interaction? What statistics/examples back up these statements**?

1. EVIPNet Europe develops networks of partnerships at national, regional and global levels among health system members, policy-makers and stakeholders. There are 44 countries globally, 19 in the European Region and countless national networks of ministries, nongovernmental organizations (NGOs), universities, public health institutes and so on that grow together through interaction, exchange of lessons learnt and mutual support.
2. EVIPNet Europe institutionalizes mechanisms to support research uptake in policy-making through the establishment of country teams (so-called knowledge translation platforms (KTPs)). These KTPs are the fundamental units of EVIPNet nationally.
3. EVIPNet Europe builds national capacity to enable countries to access, assess, adapt and use research evidence in health policy-making and implementation. National and regional training workshops are regularly held.

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5. APPROACHING THE MEDIA

The media plays an essential role in disseminating information and news about EVIPNet Europe activities and achievements (e.g. meetings, workshops, publication of evidence briefs for policy (EBPs) or policy dialogues (PD)).

Media include means of communication (e.g. news-papers, radio and television) and the internet (including social media) that reach or influence people widely.

Ideally media relations are handled by professionals; however limited resources may mean that it is not possible to engage a professional. In these cases, it is important to consider what makes a good media story, and who to contact.

5.1. Developing a media story

For the most part, the media needs to have an angle on the story. This is made easier if the story involves one or more of the following characteristics:
✓ superlatives (the first, the biggest, the best, the worst, etc.);
✓ elements of surprise;
✓ conflicts or differences of opinion;
✓ issues that have developed over time;
✓ impact on ordinary people; and/or
✓ eye-catching photographs to go with the story

5.2. Targeting the media

Most countries have journalists who write in depth about health. Contact with these journalists can be cultivated if this is considered appropriate to the national context.

EVIPNet can be the first building block of establishing a more transparent and consultative health policy-making process. The WHO brand is strong to make the case attractive and convincing to politicians.

Péter Mihalicza,
National EVIPNet Europe
Champion, Hungary

A short, well-maintained, targeted list of about 20 individuals who regularly cover health online, in print and in broadcast, as well as some key news agencies, can be useful. Press lists have to be constantly maintained as they go out of date quickly. Instead of targeting individuals, news agencies can be used to disseminate a story to multiple news outlets at once.

For more information see Annex II.

5.3. Using social media sensibly

The impact of social media has grown in recent years, making active, consistent and regular engagement with it an essential element of any communications plan. Social media channels are increasingly the first point of contact with journalists and media organizations and often the first source for new/emerging health-related issues.

Social media comprises applications that allow users to create, share and exchange content or to participate in social networking (e.g. Facebook, Instagram, LinkedIn, Snapchat, Twitter, WhatsApp, YouTube).

Nurturing and maintaining this engagement will include:
- ✓ monitoring public discourse on topics relevant to public health;
- ✓ sharing, distributing, amplifying messages on social media channels (e.g. press releases and news stories), usually with multiple postings;
- ✓ promoting and sharing interviews/op-eds etc.;
- ✓ fielding and responding to requests and queries from journalists received on social media;
- ✓ uploading photographs (remember that consent must be obtained before sharing).

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6. BENEFITS FROM EVIPNET, ITS ACTIVITIES AND TOOLS

Below are some immediate benefits EVIPNet brings to its members. Through capacity-building, awareness raising and providing tested methods and tools, EVIPNet:

✓ helps countries to use evidence to improve health policy;
✓ supports transparent and systematic processes to nurture the use of evidence in policy;
✓ responds to the needs of health policy-makers and the demands of their local contexts;
✓ creates partnerships between researchers, policy-makers and civil society; and
✓ brings together its members to form a supportive international community.

In the longer term, EVIPNet:

✓ creates a culture that promotes the use of EIP and recognizes its value;
✓ supports participatory and intersectoral (whole-of-government, whole-of-society) processes in health policy-making;
✓ improves accountability and credibility in health policy-making;
✓ promotes cost-effective use of limited resources in health; and
✓ strengthens health systems and improves health outcomes.

Personally, I am using [EVIPNet] as a tool for steering the health authorities to foster evidence-informed policy techniques…. The process we are leading is transparent and participatory.

Dorit Nitzan Kaluski,
WHO Representative and Head,
WHO Country Office, Ukraine

The connection to a network facilitates better communication and motivates local teams to share their own lessons from research and policy-making [it also] builds trust between the academia and policy-makers, which is paramount for confidence in policy approaches and communication with the people.

Pavel Ursu,
WHO Representative and Head,
WHO Country Office, Turkey

EVIPNet Europe provides guidance and motivation to promote EIP, and the support of WHO has provided the additional push leading to concrete actions.

Mircha Poldrugovac,
National EVIPNet Europe Champion,
Slovenia

7.COMMUNICATION CONSIDERATIONS FOR ORGANIZING AN EVIPNET-RELATED EVENT

When organizing an event related to EVIPNet, there are many ways of how you can – through communication – improve not only the event itself, but its outreach and impact. The table (see next page) includes a few key events of EVIPNet with examples of communication considerations that may be worth having in mind to pick and choose from.

Notes

EVENT	KEY STAKEHOLDERS TO CONTACT	KEY MESSAGE	MASS MEDIA
Country launch	MoH, institutes of public health, Health Insurance Fund, NGOs, donors, other United Nations agencies (consider individual briefings beforehand), journalists (brief beforehand, e.g. by organizing informal breakfast)	EVIPNet Europe enables building sustainable capacity and an environment more favourable for EIP in your country	(i) Reach out to communication professionals at key institutions (e.g. MoH) to collaborate in promoting the event in the media; (ii) consider which media outlets to inform and how to contact them; (iii) discuss a social media strategy and prepare all written materials
Stakeholder consultation after conducting the situation analysis (SA)	As identified in the SA: MoH, institutes of public health, health insurance funds, NGOs, donors, other United Nations agencies (consider individual briefings of key stakeholders beforehand), journalists (brief beforehand, e.g. by organizing informal breakfast)	The SA showed that the local EIP context that the future KTP will build on looks like this: x, y, z. There are many gaps to fill and windows of opportunity for EVIPNet in the country	(i) Reach out to communication professionals at key institutions (e.g. MoH) to collaborate in promoting the event in the media; (ii) consider which media outlets to inform and how to contact them; (iii) discuss a social media strategy and prepare all written materials
KTP launch	MoH, institutes of public health, health insurance funds, NGOs, donors, other United Nations agencies (consider individual briefings of key stakeholders beforehand), journalists (brief beforehand, e.g. by organizing informal breakfast)	This is a milestone for the country and EVIPNet Europe; the KTP allows institutionalizing EIP efforts, thus making them sustainable	(i) Reach out to communication professionals at key institutions (e.g. MoH) to collaborate in promoting the event in the media; (ii) consider which media outlets to inform and how to contact them; (iii) discuss a social media strategy and prepare all written materials
Training (e.g. EBP workshop)	National EVIPNet Europe champions, policy-makers, practitioners, civil society	This workshop is part of EVIPNet Europe's capacity-building efforts; EBPs provide direct support to policy-making by packaging the research evidence in a way that it is accessible, relevant, easy to use and applicable at the local level	(i) Reach out to communication professionals at key institutions (e.g. MoH) to collaborate in promoting the event in the media; (ii) consider which media outlets to inform and how to contact them; (iii) discuss a social media strategy and prepare all written materials

INTRANET/INTERNET	EVIPNET EUROPE BACKGROUND DOCUMENTS (SEE ANNEX III FOR REFERENCES)	OUTPUT COMMUNICATION MATERIAL
Publish event announcement before the country launch and a web article including a two-pager/report afterwards	Strategic Plan 2013–17 (1–3), Q&A (4) "Introduction to EVIPNet: conceptual background and case studies" (few copies for display only) Most recent annual report	Two-pager and/or report (spread via mass media and WHO intra- and internet once available); paragraph for EVIPNet Europe Update (newsletter) including photograph to be sent to Secretariat
Publish event announcement before the stakeholder consultation and a web article including the two-pager/report afterwards	Draft SA report Strategic Plan 2013–17 (1–3), Q&A (4) SA Manual "Introduction to EVIPNet: conceptual background and case studies" (few copies for display only) Most recent annual report	Two-pager and/or report (spread via mass media and WHO intra- and internet once available); paragraph for EVIPNet Europe Update (newsletter) including photograph to be sent to Secretariat
Publish event announcement before the KTP launch and a web article including the two-pager/report afterwards	SA report Strategic Plan 2013–17 (1–3) "Introduction to EVIPNet: conceptual background and case studies" (few copies for display only)	Two-pager (spread via mass media and WHO intra- and internet once available); paragraph for EVIPNet Europe Update (newsletter) including photograph to be sent to Secretariat
Publish event announcement before the training and a web article including the two-pager/report afterwards	"Introduction to EVIPNet: conceptual background and case studies" (few copies for display) Meeting reports/two-pagers from previous EBP workshops (see Annex III) EBP review framework and template Strategic Plan 2013–17 (1–3), Q&A (4) Most recent annual report	Two-pager (spread via mass media and WHO intra- and internet once available); paragraph for EVIPNet Europe Update (newsletter) including photograph to be sent to Secretariat

EVENT	KEY STAKEHOLDERS TO CONTACT	KEY MESSAGE	MASS MEDIA
EBP launch (after PD)	MoH, institutes of public health, health insurance funds, civil society, practitioners, NGOs, donors, other United Nations agencies (consider individual briefings of key stakeholders beforehand), journalists (brief beforehand, e.g. by organizing breakfast)	This EBP is based on a high-priority policy problem; it can help you to formulate your policies on more sound and robust evidence relevant to their issues; these are the policy options suggested: a, b, c	(i) Reach out to communication professionals at key institutions (e.g. MoH) to collaborate in promoting the event in the media; (ii) consider which media outlets to inform and how to contact them; (iii) discuss a social media strategy and prepare all written materials

MoH: Ministry in charge of health.

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INTRANET/INTERNET	EVIPNET EUROPE BACKGROUND DOCUMENTS (SEE ANNEX III FOR REFERENCES)	OUTPUT COMMUNICATION MATERIAL
Publish event announcement before the EBP launch and a web article including the EBP and PD report afterwards	EBP; PD report Strategic Plan 2013–17 (1,2)	Two-pager (spread via mass media and WHO intra- and internet once available); paragraph for EVIPNet Europe Update (newsletter) including photograph to be sent to Secretariat

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8. EXAMPLES OF EVIPNET SUCCESS STORIES

The following outlines two strong example stories that can be useful to draw upon when communicating about and advocating for EVIPNet (5). Stories can be helpful in illustrating points, reinforcing arguments and making information more memorable.

EVIPNet in Lebanon: mental health and primary health care

In Lebanon, EVIPNet's EBPs and PDs have led to significant moves to integrate mental health into primary health care activities.

Access to mental health care services in primary health care in Lebanon is limited, even though one quarter of the country's population suffers from mental illness; refugees from Syria account for an additional priority group with mental health needs.

Based on a request from the Ministry of Public Health, the Knowledge to Policy Center, which is supported by EVIPNet, prepared an EBP and convened a PD on securing access to quality mental health services in primary health care. These activities helped to trigger and support multiple actions by stakeholders directly related to the integration of mental health into primary health care, as well as actions aimed at strengthening other aspects of mental health in Lebanon (such as legislation and public awareness).

Within six months from the PD, a national taskforce on mental health and psychosocial support was established and initiated the training of primary care staff; psychiatric medications were included in the national Essential Drug List, and funding was secured to support the mainstreaming of mental health services into primary care.

EVIPNet in Brazil: perinatal mortality

The case of EVIPNet's work in Piripiri in north-east Brazil is a very good example of EIP leaing to high-impact local policies; these reduced perinatal mortality rates from 21 per 1000 live births in 2009 to 7 in 2011.

Infant mortality rates in Piripiri had been the highest in the country, mainly as a result of inadequate training for staff and a lack of care guidelines, as well as insufficient quality of care during labour and delivery.

Consequently, EVIPNet Brazil explored the impact of primary health care interventions relevant for local health managers to reduce perinatal mortality. Finally, the EVIPNet team engaged municipal decision-makers in Piripiri to address perinatal mortality by interventions such as hiring additional staff and implementing training in service delivery.

9. COMMUNICATIONS AND ADVOCACY PLANNING CHECKLIST: OVERVIEW

While details are described in the preceding chapters, the following checklist gives a broad overview of considerations – from target group to follow-up activities – that can be useful in any communication or advocacy activity you are planning.

Question	Answer
Who is your target?	
What is your SOCO?	

Have you chosen an appropriate means of communication?
    o Do you need talking points
    o Do you have enough background information to cope with any additional questions?	

Will you be contacting the media, and is your media contact list up to date?	
Who is your spokesperson and are they available?	
Do you have any images that are available and, if so, do you have appropriate consent for their use?	
Could other institutions or WHO offices be contacted? Should you let them know?	
How will you track and evaluate the results of your efforts?	
Do not forget to follow-up such as links of coverage sent to relevant people, thank you notes to those who helped, etc.	

ANNEX I. TEMPLATE FOR WRITING TALKING POINTS

Originator:	Date/time:	Cleared by:
SOCO:		
Audience:		

Main topic:	
Talking point 1:	
	Supporting argument
	Fact/statistic/example(s):
Talking point 2:	
	Supporting argument(s):
	Fact/statistic/example(s):
Talking point 3:	
	Supporting argument(s):
	Fact/statistic/example(s):

ANNEX II. TEMPLATE FOR PITCHING TO THE MEDIA

Contact the journalist at the right time. If it is a weekly or monthly publication, find out its print deadlines. For daily news outlets, a couple of weeks ahead will usually be sufficient. If you are contacting a journalist about an event that is in the past or is happening the same day, your efforts are unlikely to be successful. A reporter must have time to "sell" the story to their editors and get them to reserve a slot for the story.

Sentence 1: What and when is the event?
Example: In two weeks, on 18 September, just days before the opening of the United Nations General Assembly's meeting on noncommunicable diseases, WHO will be releasing a new study that shows how countries can take more affordable steps to prevent and treat these diseases.

Sentence 2: Who does this affect? (this will tell them if it affects their publication's audience)
Example: Every year diseases like cancer, heart diseases, diabetes and lung disease kill about 9 million people and often these noncommunicable diseases show no symptoms in the early stages when they are most treatable.

Sentence 3: Why this is significant (Is it a first of a kind? Is it the best that has ever been done?)
Example: For the first time, this study presents a new tool to help countries with limited resources to determine what the "best buys" will be for their situation and what they will cost.

Sentence 4: What will the impact be? (Will it change current practice? Will it be more cost–effective?)
Example: This compilation of solutions has the potential to help low income countries prevent and treat these diseases for only US$ 1 per person per year.

Sentence 5: What WHO can provide to help you to do the story?
Example: For this story we can provide you an interview with our expert in this area, Dr So-and-so, and we also have some photographs and videos you might find helpful from our programmes in the field.

Notes

ANNEX III. LINKS TO EVIPNET EUROPE KEY REFERENCES

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Success story

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THE WHO REGIONAL OFFICE FOR EUROPE

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health.

The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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