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**PRISTOPMK**



**MINISTRY OF HEALTH**  
**Project Coordination Unit**

**PUBLIC RELATIONS & COMMUNICATION STRATEGY**  
**FINAL REPORT**

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**Health Sector Management Project**  
**Ministry of Health of the Republic of Macedonia**

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## **ABREVIATIONS**

<b>BBP</b>	<b>= Basic Benefit Package</b>
<b>EU</b>	<b>= European Union</b>
<b>HIF</b>	<b>= Health Insurance Fund</b>
<b>MOH</b>	<b>= Ministry of Health</b>
<b>PCU</b>	<b>= Project Coordination Unit</b>
<b>PRC</b>	<b>= Public Relations and Communication</b>
<b>PRCS</b>	<b>= Public Relations and Communication Strategy</b>
<b>HSMP</b>	<b>= Health Sector Management Project or the Project</b>
<b>Strategy</b>	<b>= Health Strategy of the Republic of Macedonia 2006 - 2020</b>
<b>PHC</b>	<b>= Primary Health Care</b>
<b>WB</b>	<b>= World Bank</b>
<b>WG</b>	<b>= Working Group</b>

## **1. INTRODUCTION**

The Government of the Republic of Macedonia (GOM) is committed to improving the policy and decision making of MOH, and to improve governance and efficiency of the HIF. These activities are conveyed through the Health Sector Management Project (HSMP) financed by a World Bank (WB) Loan.

In order to strengthen the relations with its target groups at the Project, the Ministry of Health issued a public invitation for applications for the selection of a consultant for the Public Relations and Communication Strategy (PRCS) development in spring 2006. According to the amendment of the contract on cooperation between the Ministry of Health and Pristop MK, which was signed in November 2006, the consultant has to prepare a PRCS and a draft implementation plan for the implementation of the proposed activities.

In accordance with our agreement, the present document contains an overview or the situation scan of the implementation of the Health Sector Management Project, and the key starting points of the project. On the basis of the accessible information, we have precisely defined the key target groups, communication goals and key messages. Congruent with the set goals, we defined the communications strategy, which is above all focused towards emphasizing advantages and benefits introduced by the Health Sector Management Project.

The report also includes a description and definition of communication tools and other activities, which in our opinion have to be carried out in order to achieve the set communication goals. Communication activities will be carried out in three phases, which include the setting up of the basic communication infrastructure, the implementation of the communications plan and the evaluation of communication activities.

## **2. SITUATION ANALYSIS**

The Government of Macedonia is launching a comprehensive health sector reform program to: (i) improve fiscal discipline through structural changes in the health sector that will alleviate the chronic problem of arrears in the health sector, encourage greater technical and allocate efficiency and institute a system that will promote fiscal sustainability; and (ii) improve the quality and cost-effectiveness of the health services; and (iii) mitigate any possible negative impacts on access to health care, especially for vulnerable populations.

The aim of this reform program is to support the development of a financially viable and sustainable health care system capable of providing quality care and meeting the health needs of the population. Technical and implementation capacity within institutions such as the MOH, Health Insurance Fund, and hospitals are necessary for the design and effective implementation of these health sector reforms.

The reform program focuses on the following areas:

- Creating hard budget constraints for health care providers to support incentives for technical efficiency at the level of health facilities;
- Improve quality and access to health care for the patients and built health care focused on patients;
- Equalize conditions in public and private health care sector and harmonize incentives through privatization of most PHC services.
- Giving health care facilities (particularly hospitals) organizational and management autonomy to implement needed changes to improve efficiency;
- Creating incentives for purchaser (health insurance fund) to become more efficient by granting HIF greater organizational and management autonomy (e.g. to set prices, implement selective contracting with health providers and implement changes in the provider payment systems);
- Establishing an appropriate regulatory framework to ensure that social functions of the Macedonian health system are maintained (financing for social care, regulation of health insurance fund, quality of care accreditation and licensing, providing information to consumers);

- Rationalizing the benefits under compulsory health insurance to create a better match with available public resources for health care, and putting in place mechanisms to curb unsustainable growth in the future;
- Improving the quality, consistency and availability of information relating to health care system activities, financing and quality to enhance decision-making, both at the clinical and management levels.

## 2.1. Macedonian Health Care System

Primary health care in Macedonia is provided by different types of private and public health care organizations: doctor's offices, health stations and health houses. Preventive, promotional and curative services are provided in the primary health care. The latter is provided by many different types of health workers and co-workers: general physicians, specialists in general medicine, paediatricians, specialists in school age medicine, gynaecologists, and specialists in occupational medicine. The health workers mentioned above do not provide comprehensive primary health care except in villages with only one doctor. As in many other transition countries, widespread privatisation has taken place in the dentistry and pharmacy sectors. The privatization of PHC services has also significantly progressed, public services are given under concession and number of private doctors is increasing. The privatization process will be completed by January 2007 for all PHC services announced to be given under concession, after which, only several preventive services in PHC will remain in the public sector.

Citizens covered with the compulsory health insurance are obliged to choose a doctor in the primary health care sector - in a private or existing public health care institution. The principle of choosing a doctor in the primary health care is fragmented and depends on the age and the sex of the users. Members of one family will usually have several chosen doctors (general practitioner, gynaecologist and paediatrician). A chosen doctor is not the same as family physician.

Secondary health care is provided in specialist-consultative services, general and special hospitals, offices and institutes. Tertiary health care is provided in clinical hospitals and in the University Clinical Centre. Preventive, curative and rehabilitation health services are provided at these two levels, and health care is provided by different types of specialists and sub-specialists.

The specialized preventive health care is performed by the network of the Republican and regional Institutes of Health Protection. The network will be reorganised and modernized to mainly perform the basic public health functions for the needs of the State and of the local self-government, as well as for other clients.

### **2.1.1. Institutions and Users of the Health Care Services**

The health reforms enabled the privatization of health care services, but in the prevailing public system the state has a key role in the field of health care. The state, its legislative and executive organs (ministries and state institutions) have an administrative and regulatory function. Above-mentioned bodies prepare and propose laws and other acts in the field of regulation. The government through the Ministry of Health is also responsible for the development of the national health policy, for the planning and implementation of different programs, which are intended for the promotion and improvement of public health.

The basic health insurance is compulsory for practically all citizens with permanent residence in Macedonia. Therefore, practically all citizens in Macedonia are users of health care services provided by the Macedonia health system.

Below is the overview of the Macedonian institutions in the field of health care:

- ❑ Ministry of Health
- ❑ Bodies within the Ministry
  - Bureau for Medicines
  - Food Agency
- ❑ Republic Institute for Health Protection

- Regional institutes for health protection
- Health homes, specialist consultative services, hospitals and University Clinical Center
- Private Primary Health Care and Dental services
- Pharmacies
- The Health Insurance Fund of Macedonia
- Chambers and Professional Associations:
  - Macedonian Doctors' Chamber and Association
  - Macedonian Dentists' Chamber and Association
  - Macedonian Pharmacists' Chamber and Association
  - The Macedonian Association of nurses, midwives and technicians
- Trade unions:
  - The Macedonian Health Trade Union
  - Independent Union for the Clinic Center
- University "St Cyril and Methodius" in Skopje:
  - Faculty of Medicine
  - Faculty for Pharmacy
  - Faculty of Dentistry
  - Public Health School
  - High School Nurses
- Health Committee in the National Assembly of the Republic of Macedonia

### **2.1.2. Health Care Financing System**

The Republic of Macedonia is basing its health care financing on health insurance, which has a long tradition in the country. The basic source for collecting funds are contributions from salary and other compensations that will be flowing into a single State fund for health insurance, with a large degree of solidarity between insurers, but with strict criteria of sustainability, financial control and Government's oversight.

The Health Insurance Fund will be strengthened and reorganized in order to fulfil its basic function in the implementation of the health insurance for the insured population, and to manage the funds of the insurers efficiently and effectively and to

their best interests, according to the Action Plan for Improvement of the Functioning of the HIF.

The Government and the HIF makes efforts to solve the problem of the existing arrears of the HIF and of the health care institutions.

The basic benefits package (BBP) covered by the health insurance is too extensive, thus creating condition for unequal access of all citizens to the benefits as well as overspending of limited funds. Therefore, MOH and HIF plan to design BBP in such a way to cover priority health needs of citizens within the frames of the available financial resources. The HIF will contract only services that are included in the basic benefit package.

### **3. HEALTH SECTOR MANAGEMENT PROJECT**

The HSMP funded by a Loan from the International Bank for Reconstruction and Development (IBRD), aims to support the Government of Macedonia to improve the efficiency and effectiveness of health service provision and the ongoing reform of governance, accountability and management of the health insurance system.

The Health Sector Management Project involves in depth the Macedonian health sector, which short of an appropriate PRC strategy cannot achieve its designed goals and acceptance by health stakeholders and the public. The experience and needs identified in the previous period showed that the PRC Strategy should guide and strengthen appropriate information sharing with identified target groups in most efficient way of communication.

#### **3.1. The broader context of Health Sector Management Project**

The Health Sector Management Project was designed on the basis of an analysis of the Macedonian health system as well as foreign examples and experiences. The main intention was to analyze deficiencies and weaknesses of the Macedonian health system and at the same time define directives or measures for the improvement of

the existing system with a more rational use of available resources. These measures are part of the broader Macedonian strategy for the entry into the EU and therefore; its goal is to bring the Macedonian health system and legislative nearer to standards, commonly accepted in member states of the European Union.

The Health Sector Management Project is a project of national importance and of vital significance for the Macedonian health sector. It is both extensive and comprehensive, and involves a number of national and international consultants, key health stakeholders - i.e. health professionals, national institutions, PHC services and hospitals, pharmacies, dentists' services, medical associations, chambers, patients etc.

The project implies a prime international responsibility to the implementing agencies (MOH and HIF) for the successful transition of the health system and health reform activities implementation. Moreover, the health care topics under reform include a wide range of complex issues that are difficult to understand, and thus also difficult to develop an exact interpretation and/or clarification.

### **3.2. Content of the HSMP (Project Components)**

The **Project** comprises of three components as a vehicle for the realization of Project Objectives and fourth component supporting management of the Project.

#### **3.2.1. Component 1: Policy Formulation and implementation**

This Component support MOH to shift from its current day-to-day administrative functions to that of priority-setting, policy making, monitoring and evaluation. First Component includes the following three sub-components:

1. **Support to overall Health Policy and Strategy Development** - will address a fundamental gap in the policy formulation process by assisting MOH to formalize its vision for health sector development and outline the priority framework for the

thematic national policy papers, by developing long-term health strategy and an action plan for its implementation. Currently, some of the major areas for which national policies will be developed and/or refined include:

- a) *Health Management Information Systems development strategy* - driven by the business processes of future users;
  - b) *Quality improvement strategy in health services provision* - guided by a balanced internal and external quality improvement mechanisms, including Health Technology Assessment (HTA), licensing policy and Continuous Medical Education (CME) upgrading;
  - c) *Primary Health Care strategy* - aimed at addressing differences between private and public health care providers, improving cooperation and coordination between primary, secondary and tertiary health care levels and provision of adequate CME and Continuous Professional Development (CPD) for PHC practitioners;
  - d) *Privatization Strategy of Health Service Delivery* - guided by the systematic review of ownership status of the health service providers and assessment of potential alternatives;
  - e) *Pharmaceutical strategy and implementation plan* - aimed at streamlining and improving the transparency of the legal framework for drug registration, and pursuing regulatory changes for generic substitution and generic dispensing by pharmacists.
2. **Public Relations and Communications** - will help the MOH to implement public relations and communication activities initially clearly targeted towards the policy formulation function, by developing a process for stakeholder participation and implementation of opinion polls.
  3. **Improving MOH management and business process** - will support the revision of basic package of services and building of the capacity of MOH staff in budget formulation, linking the budget processes to policy issues.

### 3.2.2. Component 2: Strengthening HIF Governance and Management

**Component 2: Strengthening HIF Governance and Management** - will implement positive changes in various core HIF functions such as revenue collection, HIF management and purchasing, in order to improve fiscal discipline, transparency and the effectiveness of services provided by HIF. Second component includes the following three sub-components:

1. **Eligibility Criteria and Revenue Collection** - aimed at introducing appropriate system controls that will help the HIF to reduce financial risk in terms of insufficient collection of regular contributions and the recovery of unpaid contributions;
2. **HIF Management** - directed towards strengthening of effectiveness of the overall oversight framework management processes in HIF, with particular emphasis on the functioning and performance of the Management Board;
3. **Purchasing Functions** - bound for improving the design and implementation of payment models and contracts, as well as improving the management of drugs and tendering processes.

### **3.2.3. Component 3: Improve Service Delivery**

Activities in this component aim to improve the quality and efficiency of health care providers by supporting staff skills' development, new management methods and instruments' introduction and performing essential upgrades of units selected to implement well defined sub-projects. These improvements will enhance the management and operational capacity of health care providers, putting them in a better position to respond to the challenges and incentives of new contracting arrangements with HIF. This component includes two sub-components:

1. **Hospital management and primary care** - aimed at management strengthening, continuous quality improvement, improving coordination between primary health care and hospital providers and introducing to management teams instruments that will allow hospitals to meet performance targets under the contracting scheme;

2. **Grant Facility for Improving Service Quality and Efficiency** - established to provide support to the implementation of business plans and other required investments identified as part of sub-component 1 and to act as an investment vehicle to support improvements in quality and efficiency in the provider network with a primary focus on hospitals. The Grant Facility will include two phases: (a) a non-competitive phase to finance several demonstration projects, and (b) a competitive phase to finance subprojects on a demand-driven basis.

#### 4. COMMUNICATION STRATEGY

The unexpected, or crises, will always occur. **Crisis communication** is a reaction to circumstances. If your focus is exclusively on circumstances rather than goals, circumstances will determine your actions, and you will never achieve your goals. If you are always practicing crisis communication, you are not in control. In a crisis, events or the media control the agenda. In crisis communication, you may provide the information, but you don't shape or control the information. Or, put another way, strategic communication is about issues, while crisis communication is about urgent situations.

If a crisis develops related to relevant health issues, or health reform program the media will likely contact you. In order to work effectively with the media in these situations, the following should be undertaken:

##### **Be well prepared**

- Identify a spokesperson to handle media inquiries.
- Train the spokesperson to handle routine inquiries, interviews, media appearances, and crises. A professional media consultant (PR Advisor) can help with this training.

##### **Take Control**

- Stay calm. Show your staff and the public that you are on top of the problem and are taking steps to resolve it.
- Respond quickly. Help reporters who call you meet their deadlines and call them if no one calls you.
- Tell the truth. Admitting mistakes and taking responsibility for them is important for your credibility. Crisis situations can work to your advantage by showing your ability to take charge under difficult circumstances.
- Be well informed. Get the facts you need to understand the situation and develop a response. When talking to reporters, focus on the main message you want to send.
- Track incoming calls. Keeping a record of who called, from where, why, and how the information you gave them will be used. In that way you will have a list of names to call if new information becomes available (and provide a good resource for the future).
- Say, "I don't know" when you cannot answer a reporter's question. Promise to get the answer quickly and follow through.
- Consider preparing a short statement with comments from your organization's leadership.

On the other hand **Strategic communication** means that Ministry of Health is in charge. It means you control the media's agenda, you determine what information they have and when they have it. Practically the Ministry of Health give the story to the media. When you practice strategic communication, you shape and package the information, emphasizing the message you want to emphasize, rather than leaving the media to sort through all the information to determine what the story is.

Strategic communication forces you to set objectives and define goals. If your focus is on goals, goals will determine your actions. And, you will be far more likely to actually accomplish something. A communication strategy or plan tells you what to do and when. A plan leaves you more time to deal with the crises, and a plan leaves you better prepared to deal with a crisis, because you already know what your message is.

If the Ministry of Health is not strategic, and does not define communication objective, goal, the message and the health reform issue, the media will.

#### **4.1. Existing forms of Project communication and communication tools**

The successes of health reform measures depend critically on political support, and this is to a great extent, influenced by public opinion. Hence, the ongoing Public Information and Communication activities are characterised by sensitive influence of public opinion, building of a relationship with opinion-leaders and seeking their support, as well as using some of the more demanding techniques of influencing public opinion, such as issues management.

The Implementing Agencies of the Health Sector Management Project are the Ministry of Health and the Health Insurance Fund and therefore, the communication of the project is carried out through the mentioned Ministry, HIF and the Project Coordination Unit (PCU). The main speakers in the key publics are therefore the Minister of Health Imer Seljmani, the Deputy Minister Vladimir Lazarevik and HIF Director Georgi Trenkovski. The Deputy Minister who is also a Principle Coordinator of the Project, in cooperation with the three Assistant Coordinators represents the project, its activities and outcomes in public. A Working Group (WG) for Public Relations and Communications was also established within the project as a vehicle for facilitation and coordination of public relations activities.

From the point of view of communication, the PCU has in the last period, dedicated the most attention to the professional health care public, chambers, associations, faculties, doctors, nurses and management staff in the Macedonian health care institutions. Communication was mainly based on personal communication on different levels. This was mainly managed through day-to-day contacts, field visits, formal and informal meetings, workshops and conferences, where project activities, objectives and proposed changes were discussed.

Information on the project activities and progress is partially available on the web site of the Ministry of Health. More comprehensive communication activities in support of

the project, which would above all be directed to the media, were so far not carried out within the project except the initial promotion of the logo and motto related to the health management and leadership program.

#### **4.2. Definition of Key Communication Problems**

In drafting the Public Relations and Communication Strategy, we have to take into account defined potential obstacles in the communication of the project (originating from external factors or the environment of the project), and also the key communication problems referring to the realization of the project. Therefore, we must devote special attention to these three areas:

- Willingness for the implementation of the project or of the proposed changes from the side of the professional public. It seems that we can expose the problem of communication between doctors and their communication with the remaining medical staff as one of the key problems, which have to be resolved in order for the project to succeed. As was already seen in practice, doctors do not like to use joint standards in their work. They could see changes introduced by the project as a threat to their professional independence. Therefore, we must direct part of communications activities into encouraging communication and cooperation between doctors.
- Effects of reform processes usually cannot be perceived on the short run, because benefits, introduced by the reform, are visible only after a longer time span. Therefore, it is especially difficult to show advantages of such reform processes, which interfere in the existing practice and demand additional efforts of those, who want to carry out the changes. The project of developing the health system management is also a reform process; therefore another important task of the public relations will be to maintain support for the realization of planned changes.
- Organization and coordination of the communication of the project. Due to the cooperation of numerous institutions in the project, a carefully planned

coordination and clear organization of the project of communication support is necessary for a successful and effective realization of the public relations program.

### 4.3. Main Goal and Communication Objectives

#### 4.3.1. The PRC Strategy goal and scope

The main Goal is to timely distribute comprehensive and credible health reform related information to a wide range of target groups in an efficient fashion through effective channels of communication.

#### 4.3.2. Key Communication Objectives

Defined communication objectives will help setting priorities among possible communication activities and determining the message and content to be used for each activity. The defined and circulated communication objectives will serve as a kind of contract or agreement about the purpose of communication, thus establishing what outcomes should be measured.

It is important to create achievable objectives. Many communication efforts have failed only because the original objectives were wildly unreasonable. The measurable objectives will show that program has succeeded or is even making progress along the way.

Key *communication objectives* of the proposed public relations program are:

- A. The promotion of key objectives of the project, which are directed towards the setting up of long-term stability of the health system focused on patients;
- B. Help in ensuring effective implementation of the Macedonian health reform;
- C. Identify key target groups affected by health reform changes;
- D. To inform key publics about activities and changes in the health sector, and to explain these changes in a very understandable way;

- E. To encourage key publics to perceive positive perception of health sector changes in the health sector, introduced by the project;
- F. To win support by the key publics for the realization of planned changes in the health sector;
- G. To strengthen the image (incite a positive perception) of the Ministry of Health and key stakeholders involved in the project activities.
- H. To build strategic partnerships with opinion-leaders and decision-makers and mobilize various interest groups to support the reform and the necessary legislative changes.

#### 4.4. Opinion Pool Survey Results

The research of public opinion in the Republic of Macedonia on healthcare reforms with a main emphasis on the degree of awareness of the reforms and the perception of the problems in healthcare has shown that this important segment of everyday life preoccupies most citizens.

The field research, the collation of the data and its analysis has given certain conclusions on the occurrence within the framework of the set goals of the research.

##### Influence of socio-demographic characteristics

Based on certain socio-demographic characteristics of the participants, like age, it can be concluded that the older categories are more frequent visitors of healthcare facilities than the young ones. The older structure of the population claims that their personal motive for visiting a doctor is a specific illness, while the younger claim it is poor health. Very little attention is given to prevention as a form of behaviour towards personal health by the citizens.

The social status of participants influences their rating of the quality of the services rendered by their personal doctor, where those who are unemployed have a higher degree of criticism towards healthcare services and hospital care. Other categories, like the workers, clerks and private businessmen, rate the work of their personal doctors in a positive manner, however they do exhibit negative attitudes towards hospital care.

The place of employment of participants (medical staff, those who do not work within the healthcare system and those who are unemployed) has shown an influence in regards to the rating of the quality of the work exhibited by the personal doctor, whereas the medical staff has given their personal doctors very high ratings compared to the other two categories.

The place of residence does not determine any differences in regards to the rating of the work and satisfaction of healthcare beneficiaries from their personal doctors. Participants living in villages, compared to those living in towns, have no differences when reporting on the quality of the work of their personal doctors, which was rated positively in both categories. However, it may be concluded that regardless of the place of residence, all participants have rated the hospital care received in the cities, under the same, equal circumstances, as negative.

The place to see a doctor regardless of whether they use public healthcare facilities or private practices, participants give similar grades for hospital care, which is to say very negatively (*bad* or *poor*). The percentage of those who rated hospital care as *excellent* is insignificant.

Participants who frequently visit their doctor are more happier with healthcare services than those who do this rarely. They are more satisfied by the services rendered by personal doctors. In regards to hospital care, the rating of those who visit the doctor more frequently is negative, i.e. they rate the conditions of hospital care as bad.

### Awareness of participants

conditions, activities and forms and subjects in the context of information

The degree of education of participants influences the rating of the way journalists report the conditions in healthcare. Those with a lower degree of education have less criticism, i.e. those with primary and secondary education consider the reporting to be objective and truthful, opposite participants with a higher education which consider the journalists reporting to be superficial and sensationalistic.

The place of employment of participants and their rating of the personal awareness of healthcare reforms generates differences in the participants. Namely, those who work in healthcare facilities are not sufficiently informed of the

reforms, and a larger percentage chose the grades *bad* or *poor*. According to acquired results the higher degree of criticism of the medical staff towards their own personal lack of awareness makes them perfect for rating what truly is bad awareness of the reforms, i.e. in reality it means they would like to see more information because they are directly influenced by the reforms.

In the context of preferred **forms** for gaining more information on healthcare reforms there is little difference between the various educational groups. The direct meetings are accepted by most participants, as well as the television debates, however participants with a higher education prefer debates and interviews with managers rather than directly meeting them.

Participants believe that **citizen awareness** of the occurrences and processes in healthcare may be improved by organising campaigns. It may be concluded that the degree of education creates an insignificant difference among participants wherein those with a lower degree of education give more meaning to the campaigns. Especially favoured forms by the citizens are the toll-free phone line and the information service. Participants believe that press conferences and an increase in the number of websites will not achieve the desired effect and positive result on the popularisation of the reforms.

**Subjects** obligated to **inform the citizens** on the reforms and their rights, according to the participants in the research, are firstly the Ministry of Health and then the Government. They are directly responsible for the activities in the healthcare reforms, while all other organs and institutions are not perceived by participants as important in this respect. Namely, in this respect such an opinion is shown for citizens associations and private practices. The participants are mainly informed of their rights as healthcare beneficiaries from their personal doctor and the media. Those who live in villages pay more attention to the recommendations of the personal doctor when compared to those living in cities, who are mainly media oriented. In respect to age, the younger prefer their personal doctor, while the older are equally in favour of the personal doctor and the media. According to the data acquired in this research, it may be concluded that the other forms of informing the citizens of their rights (such as the internet and campaigns) are almost unnoticed.

Of the activities practised during a month, most of the participants watch news on the TV through which they keep in touch with current processes. It is evident that the electronic media have a significant advantage compared to printed media when speaking of following the content by the citizens. Probably the entire daily circulation cannot cover a large interest of the public. Watching shows with healthcare topics when compared to other activities, is somewhere in the middle, and these shows are more preferred by participants with a higher education.

Participants working in medical facilities rate the communication with the medical staff as *very good* and *excellent* compared to the other two groups who have a higher degree of criticism, and rate it as *bad* and *poor*.

### Problems in healthcare

The degree of problems in healthcare, regardless of whether it is public or private healthcare, is seen by participants as big, and very big. The number of those who rate problems in healthcare as small is statistically insignificant. Of particular note, the problems in the **first group** include: corruption, followed closely by poor conditions in healthcare.

In the **second group** of problems in healthcare, participants selected lack of medicine, inefficiency and lack of organisation, lack of funds in healthcare and debts in healthcare as those that are big or very big problems.

In the **third group** the problems are poor management, low salaries and disregard for healthcare laws and are with a degree of significance from very big to big.

The **fourth group** of problems, according to participants, includes lack of awareness on the part of the medical staff, lack of awareness on the part of the healthcare beneficiaries, issuing fake sick-leaves, as well as the surplus of employed people in the public healthcare sector and are rated as big or problems with a smaller significance.

The place of employment of participants in the rating of certain types of problems occurring and existing in healthcare has shown to be an especially important factor depending on the content of the problem. Healthcare employees (medical staff) see the poor conditions as a very big problem. Participants working

in other places or those who are unemployed have much less criticism for the poor conditions in healthcare. According to the acquired data, it may be concluded that the medical staff which is faced with the reality of the healthcare facilities daily, has a higher degree of criticism towards the conditions in public healthcare, rating it as bad and a very big problem. Participants which are not exposed daily to the conditions in the healthcare facilities exhibit milder criticism, however they are aware that the poor conditions present a big problem as well.

The existence of poor management in medical facilities is of particular importance for participants in regards to the place of employment. The medical staff rates this as a very big problem. Compared to participants who do not work in the healthcare system. Based on the acquired data, it can be concluded that persons who do not work in healthcare see the problem of poor management indirectly, contrary to the medical staff which is daily and immediately faced with it. Thus the higher degree of criticism towards the management by the healthcare employees.

The place of employment did not exhibit particular differences among the participants when rating the inefficiency and lack of organisation of healthcare facilities as a problem.

### **Changes in healthcare**

The need for big healthcare reforms in the following 12 months is required by a large percentage of the participants in this research, regardless of their socio-demographic characteristics. The percentage of those who disagree with the attitude that the healthcare needs big reforms is statistically insignificant.

At the same time, the participants, regardless of their social status, expect the conditions in healthcare in 12 months following the reforms to be significantly improved. Namely, it may be concluded that the participants are optimistic in terms of the success of the reform, and those that think otherwise do not represent a relevant majority. Only the place of employment exhibited certain discrepancies from this conclusion, where healthcare employees showed a lower optimism than those who belong to the other two groups.

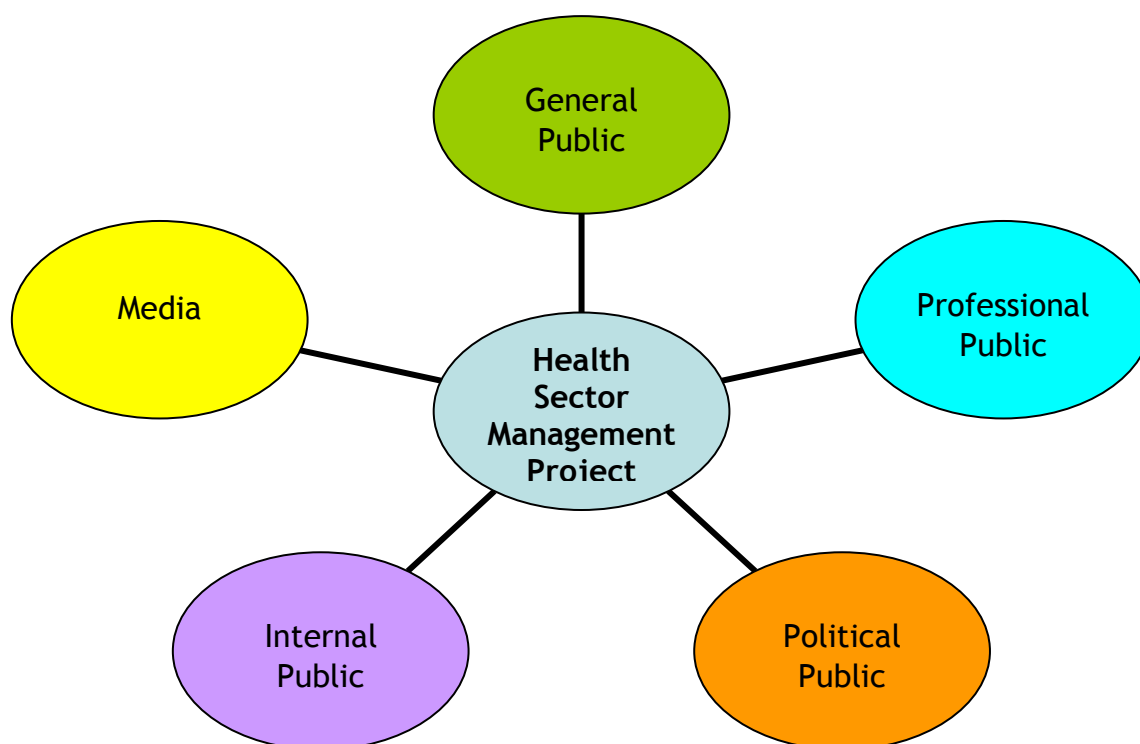
It is evident that after this research there need to be corrections in certain attitudes gained by inertia and stereotyping the conditions in healthcare and the

healthcare reform. The research has simultaneously given answers and opened new questions in terms of the attitude of the medical staff in the following period, especially through the content of the reform which directly influences them the most.

#### 4.5. Target Groups, Specific Communication Objectives and Messages

The key target groups of the proposed communication activities are:

- the professional public (the area of health care),
- the media,
- the general public (citizens),
- the political public, and
- the internal public (participants of the project).



##### 4.5.1. Professional public (carriers of health services)

The professional public represents the most important key target group of the project and the success of the Project depends on it. The realization of changes, introduced by the Health Sector Management Project, is not possible without active participation of doctors, nurses and management & leadership staff of health care institutions. Their support for the Project is of decisive importance in gaining support of all other key target groups. The professional public has equal importance as media in influencing public opinion on health issues. Within the Health Sector Management Project the following professional public was identified:

- Management staff of health care institutions (hospitals, health homes, private practices),
- doctors (PHC doctors and various specialists working in hospital and tertiary health care)
- nurses,
- health care trade unions and professional associations (chambers and associations) in the health area.

#### **4.5.1.1. *Specific communication objectives:***

Proposed communication activities targeting professional public will aim to achieve following specific communication objectives:

- To encourage the willingness for cooperation and active involvement in the project (especially in carrying out activities, which are a result of the project);
- To maintain support for the realization of planned changes, although benefits, introduced by the reform, are visible only after a longer time span;
- To draw in and motivate experts to be able to actively promote the project among other key target publics themselves.
- To achieve better organization and coordination of communication among all individual and institutional health care actors.

#### **4.5.1.2. Key messages**

The key communication messages intended for the professional public should primarily refer to advantages resulted by the changes canalized through the Health Sector Management Project and/or the broader context of the health sector reform activities:

- Opportunities for a continuous professional development and further promotion of medical profession;
- Informatisation along with evidence based medicine (EBM) implementation will facilitate doctors' work and promote quality of care. This will enable standardized approach in health care, an easier exchange of experience and a better access to information;
- Changes are necessary to guarantee a stable health system;
- Experience about the implementation of similar projects abroad (lessons learned) and boosting of networking and sharing of local experience.
- HIF will transform in a purchaser of health services and conclude contracts with selected Health Care Institutions and services;
- The promotion of managerial skills and appointment of 2 Managers (doctor and economist) will increase accountability and efficiency in health care institutions.

#### **4.5.2. The Media**

The media is an important target public, because it has a double role: it contributes to forming of the public opinion and acts as a mediator of information to all other key target publics. Relations with the media are therefore at the core of public relations. Therefore, we must include and plan messages that we want to communicate to other key targets in our public relations program and identify most frequently used media. For the needs of the project we defined three key groups of media, with which we want to set up and build relations:

- ***The media with national coverage*** (printed and electronic): with them we reach the general and other key publics; for the needs of the project, we have to set up relations with editors and journalists, who cover the general (political) themes and with those, who cover the concrete area of health care;
- ***The specialized media*** (the health care area): professional specialized media are very important in informing and gaining support of the professional public;
- ***The local media***: work with the local media is important as a way of concrete support for activities, referring to the introduction of changes in practice in individual regions.

#### **4.5.2.1. *Specific communication objectives***

Proposed communication activities targeting media will aim to achieve following specific communication objectives:

- Encourage positive, that is, favorable articles in the media;
- Encourage impartiality and objective presentation of health issues;
- Building and maintaining the so-called “coalitions” of journalists;
- Encourage the public opinion, in favor of changes introduced by the project.

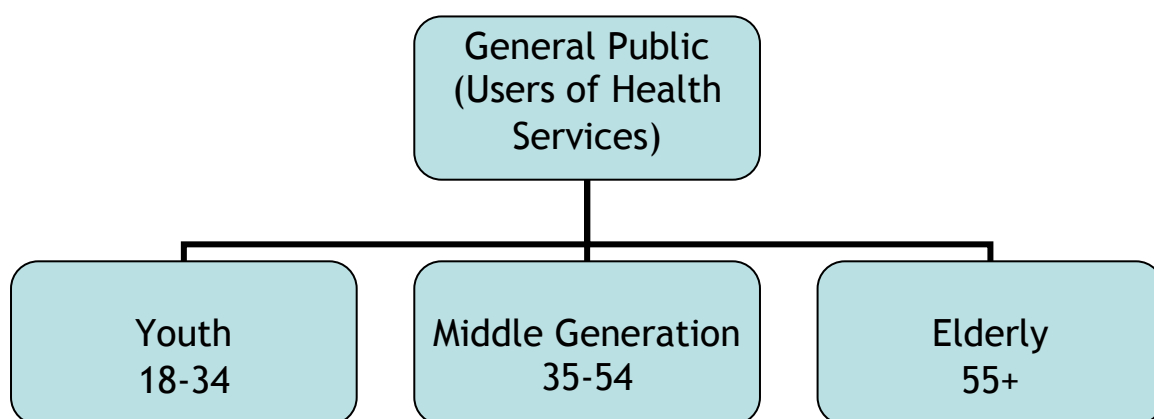
#### **4.5.2.2. *Key messages***

The key communication messages intended for the media should primarily refer to spreading information and emphasizing advantages resulted by the changes canalized through the Health Sector Management Project and/or the broader context of the health sector reform activities.

- The key communication messages used in the communication with the media are the same as messages intended for the general, professional and political public;
- Some messages have to refer to the professional associations and professional implementation of the project.

### 4.5.3. General public (users of health services)

When we talk about the general public of the Health Sector Management Project, we have in mind the entire population of the Republic of Macedonia, because due to the system of obligatory health insurance practically all residents of Macedonia are included into this system. Changes introduced by the Health Sector Management Project therefore refer to all inhabitants of Macedonia and they have to be acquainted with changes.



For the better description of the users of health services who are older than 18 years, three subgroups were identified that are characterized with similar life styles:

- ✓ The people between 18-34 years represent the population group that is most difficult to animate. They are following the world trends, technique innovations, music and movies. Most of the time they are out of house in the cafe bars and on the public places, and are using various means of public transportation. The people from this generation are not regular TV consumers and they are focused on the same type of TV genres - mainly entertainment programs and movies and are the biggest internet users. The youngest part of the general public is buying magazines that are presenting the fashion trends and the happenings in the show business. In comparison with the rest of the general public they are rarely using the health services.

- ✓ The people between 35-54 years represent the most active part of the public. They usually have their own sources of income and are big TV consumers especially in the evening and night hours during the week-days and the weekends. The most attractive TV programs are the informative programs (news) and the political debates. Due to the recent decrease of prices of the daily newspapers-Vest, Vreme Dnevnik (the newspaper Shpic is free of charge) the people are regularly reading daily newspapers. The people from this subgroup are more frequent health services users than the people from the previous subgroup.
  
- ✓ The people older than 55 years represent the elderly that are mostly interested in the availability and accessibility of health services. The people in this subgroup are mixed and are composed either by those that are finishing their working life and have been exposed to various health risk factors or the retired people that are usually having several chronic diseases that require regular check-ups and therapy, and therefore are mainly staying at home. In general, all people from this subgroup are big TV consumers in all terms and are regularly following informative programs (news), domestic and foreign soap operas and movies and are regular readers of daily newspapers.

#### **4.5.3.1. *Specific communication objectives***

Proposed communication activities targeting users of health services will aim to achieve following specific communication objectives:

- To familiarize the residents of Macedonia with those changes introduced by the Health Sector Management Project, that will directly influence them as users of health care services;
- To explain the mentioned changes and their practical consequences in the most understandable way;
- To explain and prove, why the mentioned changes of the Macedonian health system are necessary;

- To represent the Health Sector Management Project in the context of the general reform of the Macedonian health system.

#### **4.5.3.2. Key messages**

The key communication messages intended for general public should primarily refer to advantages resulted by the changes canalized through the Health Sector Management Project and/or the broader context of the health sector reform activities:

- Achieve long-term stability of the health system;
- Introduce a better quality of health care for all users of health services;
- Explain to users of health services what are their patient's right and how they can realize them;
- Shorter waiting periods for individual health care services;
- Better financial and organizational management of individual health care institutions (HCI) will contribute to more effective use of health finances;
- Privatization of PHC and chosen doctor concept will provide quality health care on primary level and better control and management of referrals to higher levels of care.
- Implementation of evidence base medicine in medical care will standardize treatments for all citizens in all health care institutions (HCI) on national level.

#### **4.5.4. The political public**

The Macedonian health care system is based on the system of obligatory health care insurance and is as such subject to the state regulation. It is necessary to acquire political consensus for changes in the area of health care and therefore the political public represents an important key public of the Health Sector Management Project. This is even more important in the light of adopting the general reform of the health system, which is currently in the stage of public discussion.

#### **4.5.4.1. *Specific communication objectives***

Proposed communication activities targeting political public will aim to achieve following specific communication objectives:

- To reach a consensus for changes, introduced by the Health Sector Management Project, and for the implementation of the project;
- To keep the communicating of changes, introduced by the project, on a very professional level (avoid the politicizing of the subject);
- To raise awareness on the benefit of changes in the health sector for Macedonian citizens;
- To avoid distortion of positive changes for political purposes.

#### **4.5.4.2. *Key messages***

- Changes in the area of health care are necessary, if we want to guarantee a long-term stability of the health care system;
- Professional presumptions of carrying out the Health Sector Management Project;
- Changes introduce a greater transparency and cost efficiency into the health system;
- Changes introduced by the project are also necessary in the light of the Macedonian efforts for accession to the European Union.

#### **4.5.5. Internal public**

As the internal public we defined those representatives in the health system, which are not directly included into the health sector management project. These are especially representatives of institutions, which are participating in the project (not representatives of health care institutions). Communication activities, tied to the internal public, are above all connected to informing about the realization of the Health Sector Management Project.

#### **4.6. Speakers (Sources of Information on health reform activities)**

The main speakers in the key publics are therefore the Minister of Health Imer Seljmani, the Deputy Minister Vladimir Lazarevik and HIF Director Georgi Trenkovski.

To guarantee the vast possible professional support for the project and to avoid the politicizing of the project, representatives of different professional institutions, which are participating in the planning and implementation of the project, should appear as speakers along with the representatives of the ministry.

An important part of the communication strategy in support of the main speakers of the project is also the so-called “the third person strategy”. This strategy foresees the encouragement of active support and the promotion of the project by individual experts or other distinguished persons, who could importantly influence the formation of the public opinion, but are not among the planners of the project. These people often represent a more credible source of information in comparison to the main speakers of the project, because the public perceives them differently, that is as the neutral professionals.

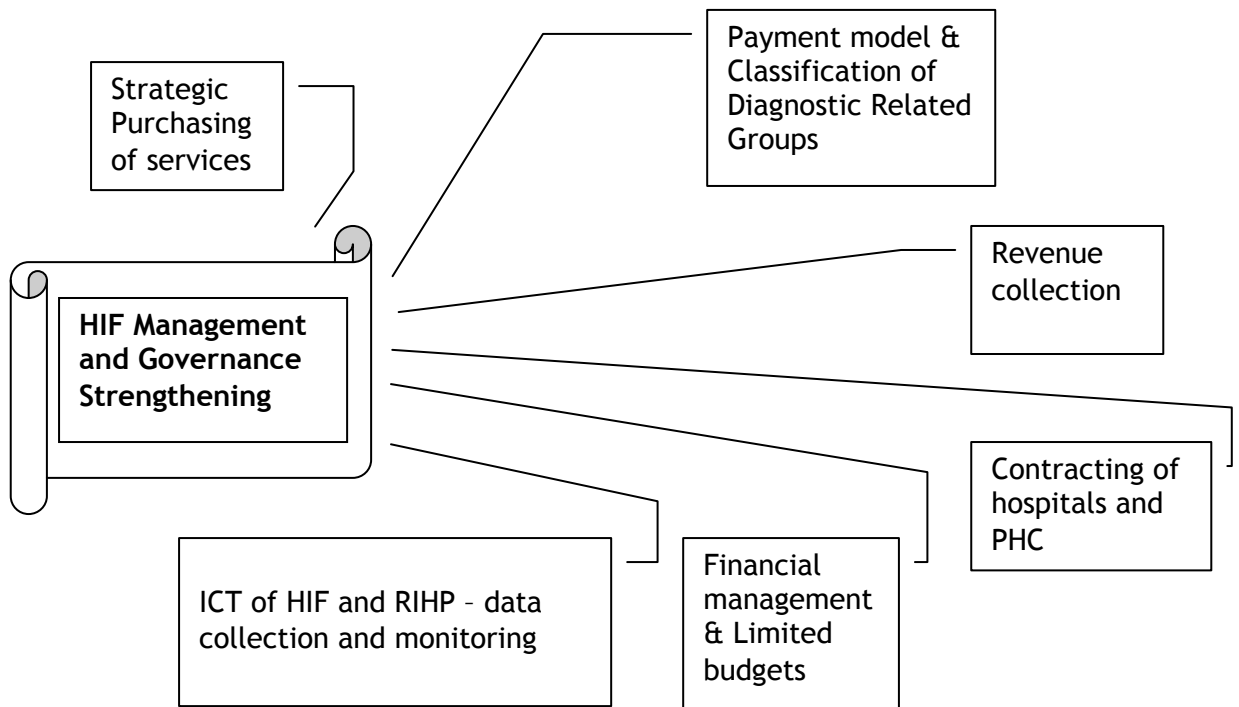
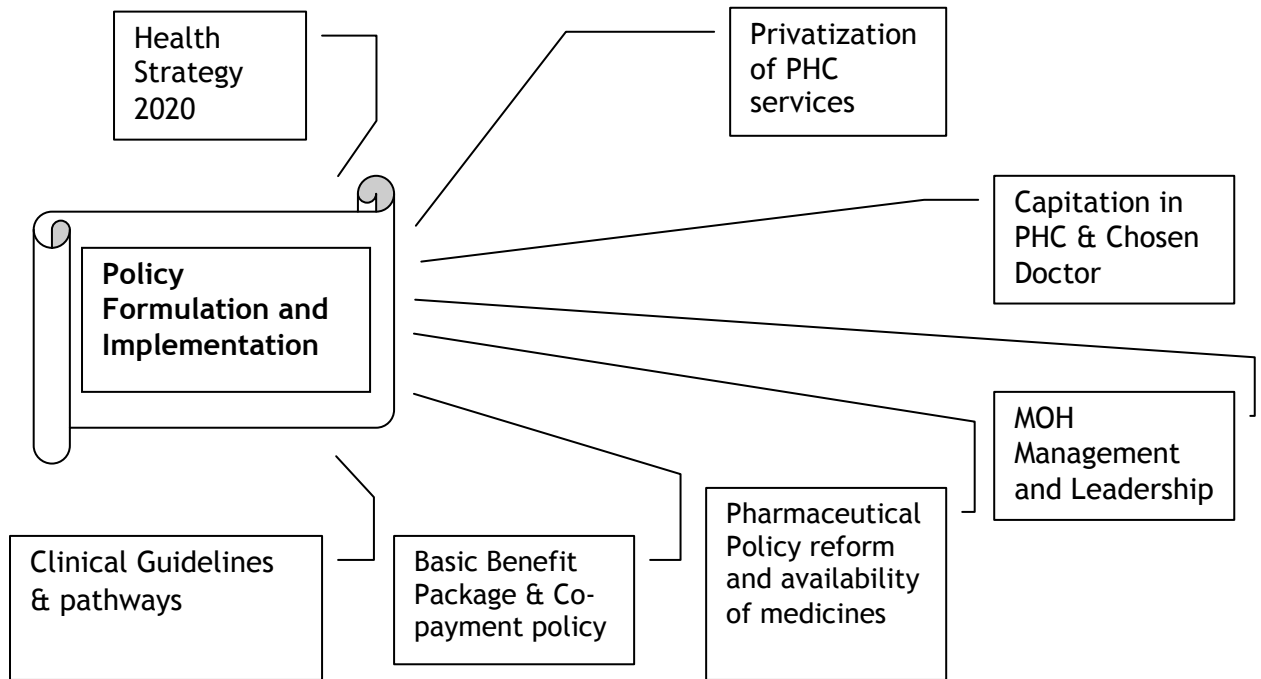
#### **4.7. Recipients of Messages and Proposed Communication Channels**

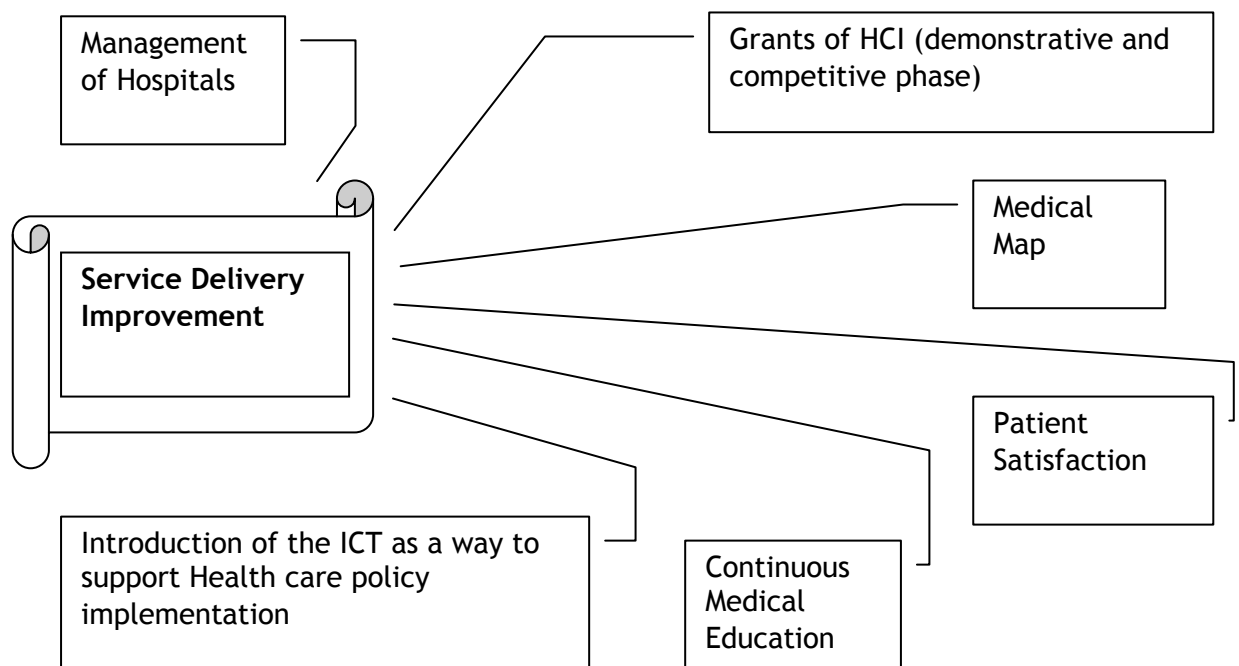
Recipients or the key target groups were already defined in the previous chapter, therefore let us emphasize at this point that the professional public is the most important target public for the project to succeed. This will also be a very important task, because the practice shows that doctors are very reluctant to discuss among themselves the use of joint standards. Therefore, they could see the introduction of changes as envisaged by the project as interference into their professional independence. According to its meaning for the success of the project, the second key target public is the media, because we reach other key publics through the media. Therefore, we will dedicate the most attention to communication activities, which will be directed towards the professional public and the media.

As indicated in the Opinion Survey Report the personal communication (the so called “*face to face*” communication) is the most basic and also the most effective way of communicating; therefore, it is the recommended mean of communication for all target groups. Such a way of communicating is possible when our target group is composed of a relatively small number of individuals, otherwise we have to use the means of the so-called mass communications, through which we reach a larger number of people at the same time. We can use personal communication in activities, which are planned within the implementation of relations with the professional and the political public. Personal communication is also often an important part of activities of the media relations. It is very important to establish and take care of informal relations with individuals from these target groups.

#### **4.8. Communication management and Organizational Structure**

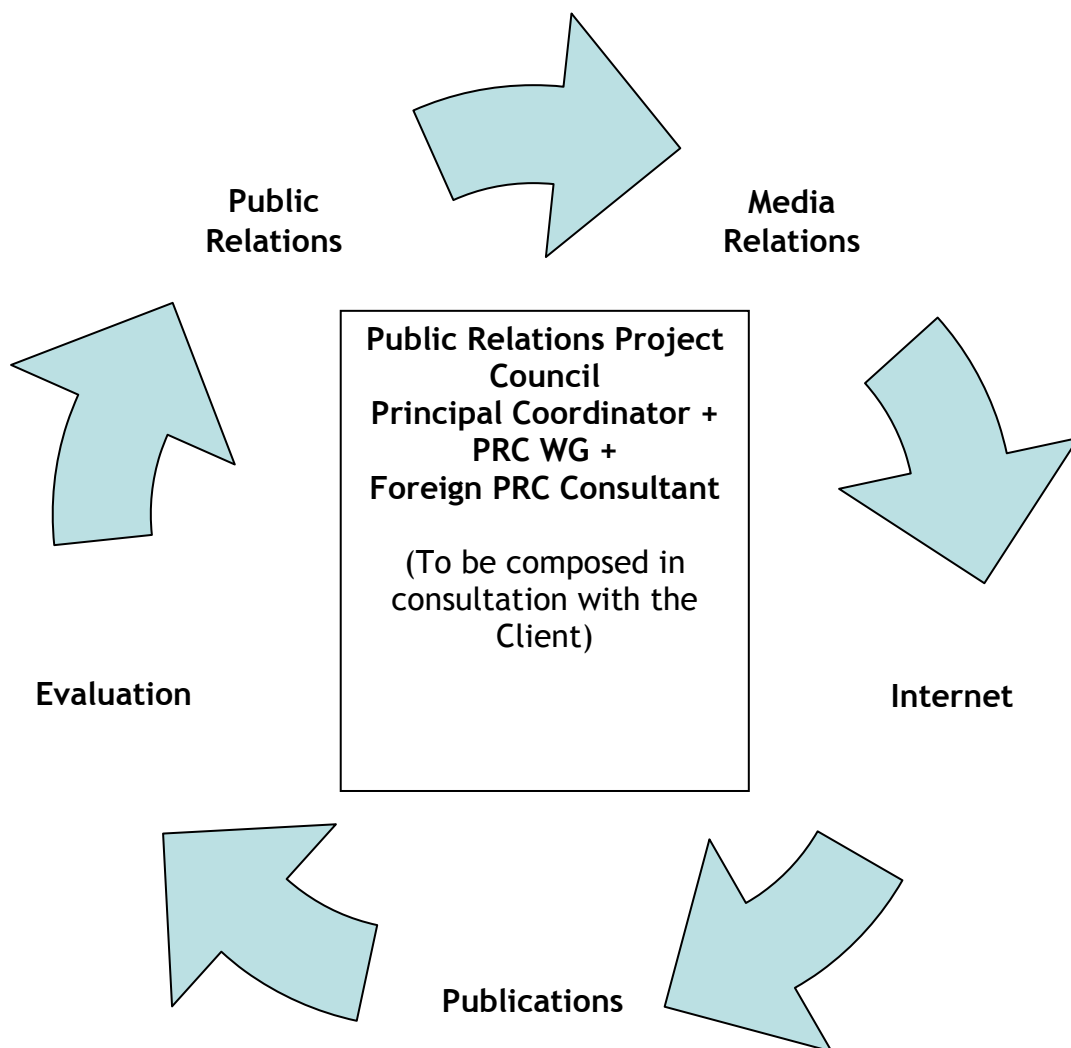
Having in mind that this is a comprehensive project, we propose the planning of communication activities as a way of support for the entire project and for individual components and sub-components of the project. The most extensive support to the formulation and implementation of the health policy is provided through the First Project Component. Second Project component is focusing on strengthening of HIF governance and management and third Component is focusing on improvement of service delivery. The key topics of the three Project components are shown in the diagram below.





The key topics, shown above, were our starting points for the organization of the coordination of the proposed communication activities and coordination of the implementation of the public relations program. The Health Sector Management Project is comprehensive and demanding also because numerous different institutions participate in it and because a lot of efforts and energy is needed for the harmonization of different interests. Such a broadly designed project is also an advantage, if participants are harmonized among each other - in actions as well as communication. Therefore, the organization and coordination of communication activities will be very important for an efficient implementation of the public relations program.

## COMMUNICATION PROJECT ORGANIZATIONAL STRUCTURE



## 5. COMMUNICATION STRATEGY SCOPE AND PLANNED ACTIVITIES

PRCS aims to gain communication support for the implementation and promotion of the Project activities. The Ministry of Health through the established Project Coordination Unit, which runs and coordinates the project, during the implementation of the project, has already made connections with some key target publics.

By planning and implementing the PRC activities, the PCU headed by a Principal Coordinator (Deputy Minister of Health) want to organize and strengthen the relations with key target publics in order to gain support for further activities and to guarantee the final success of set objectives and tasks within the project.

## 5.1. Phase 1: Establishing the infrastructure

First of all, the basic communication infrastructure for the implementation of efficient strategic public relations has to be established. Tools ready beforehand and uniform in their use will help us with planning, implementing and evaluating of the effects arising from different communication activities that assure the contact with the key target publics and help build good relations with them. At the same time these instruments essentially alleviate everyday activities in the field of public relations. We estimate that for the communication the following tools and activities should be established:

### □ Lists of recipients

A list of recipients of messages is one of the basic and at the same time one of the indispensable public relations tools. Lists of institutions and individuals including their basic information assure prompt and targeted transition of the selected information. For the purposes of the Health Sector Management Project we will prepare:

- a general and specialized lists of media and journalists;
- a list of the key expert public representatives (in co-operation with the client);
- a list of the key decision-makers and political public representatives respectively (in co-operation with the client).

### □ Speakers

The term speaker refers to an individual representing the project in the media and other target publics. By determining the speakers in advance and precisely defining their role and competences in their communication with the key target publics our work is much easier: in the moment when someone (whether it is a journalist or representative of whatever target public) calls, we know immediately who is the competent person to answer the questions. Taking into account that the Health Sector Management Project is a comprehensive one, planned and implemented under the Ministry of Health and in co-operation with many other institutions, it is very important that the speakers, their competences and areas that they will represent in

the public are agreed upon. We suggest that besides the representatives of the Ministry of Health other leading experts from the participating institutions, assigned the job of implementing individual fields within the sphere of the entire project, are nominated as speakers.

□ **Identity card**

The identity card contains basic information on the project. It shows the willingness for co-operation with key target publics (the journalists, experts, decision-makers, etc.) and at the same time prevents misunderstanding of the project itself as well as eventual false reports (on the project, participants, etc.). It is important for the identity card to be as informative as possible - the purposes and intentions of the entire project as well as the participants and the content of the changes introduced by the Health Sector Management Project must be presented in the most comprehensible way. The data should be presented in a way that the users of the health care services as well as the medical personnel are able to understand it. Besides, the identity card should include also the contact information (that is the availability of the additional information on the project).

□ **Manual of the most frequent questions and answers**

The manual of this sort is one of the most useful informative materials, as it includes possible pleasant and unpleasant questions asked by the press - questions raised by experts, decision-makers, etc. might also be included into the manual for the needs of the relations with other key publics. The basic purpose of the manual is to assure an uniform and consistent communication of all involved in the project, especially the speakers.

□ **Information material**

Information material is a necessary part of every encounter with representatives of the target public. The content of each presentational material is adjusted to the individual occasion (press-conferences, meetings or workshops with expert public representatives, presentation of the project to the decision-makers, etc.). Preparing the form of the material beforehand can save us a lot of time and effort. The illustrative material contains the background, content and consequences of the

encounter with representatives of the target public. Good information material assures easier understanding to the representatives of the target public and helps the journalists in their preparation of the report. The information material also helps speakers in their preparation of speeches or answers to eventual questions.

- **Basic package for the journalists (e.g. »press kit«)**

On different occasions (especially at the press conferences) journalists receive certain material, which structure might be determined in advance, but usually it is framed as a package of different information and documents: identity card, photography (of the speakers), instruments for the journalists (writing pad, pencil), topical illustrative material, topical public information, etc.

- **Press release**

Press release is the most frequent way of mediating information to the public via the media. This way of mediation often helps journalists in their job performance and by emphasizing the key themes we also suggest the content of the press reports (only if the message has been well prepared and contains the so-called news value - that it is worth to publish). Press release is a standard tool of the media relations with which we announce, communicate the news or just react. The preparation of the public information always arises from their informative value and is therefore sent in the moment when it is worth being published. Public information has the greatest effect when combined with other instruments (e.g. press-conference or some other event).

- **Press conference**

A press conference takes place when there is some important information that Ministry of Health wants to communicate to the press and offers the opportunity of a personal conversation with key representatives of the institution. Usually the content of the press conference consists of a theme which raises the questions of the press (it is therefore topical). Special preparations are necessary for the implementation of the press conference. Great attention should be devoted to the day that the press conference should take place (e.g. the conference should not take place on the day of any other important event covered by the journalists that are invited), the place of the conference as well as its outfit should also be provided for. The implementation of

the press conference demands also a careful preparation of the scenario, invitations, illustrative material, manual of questions and answers, press folder, a list of the invited journalists and a list of all the present at the press conference. Before the conference is implemented we also have to check how many of the invited journalists are actually going to appear at the conference. At least one day before the press conference the rehearsal should be carried out, in order to prepare the speakers for their appearance. Occasions appropriate for conducting the press conference are going to be determined by the Ministry of Health in co-operation with the PR consultants.

□ **Website**

Website has already been established in the MOH. However it is proposed to establish a web site for the HSMP that would include information and material, which have been so far prepared within the project. The PCU will regularly update this web site to improve communications with individual key target publics (especially the media, the professional and the general public).

□ **News bulletin**

Establishing a regular news bulletin as a part of the basic infrastructure for communicating with expert and internal public. With this news bulletin the above-mentioned target publics are going to be informed about the implementation of the project, meetings and other events connected to the project. In past years the electronic form of news bulletins have gained in importance, as the costs of the production are much lower and at the same time we can avoid the distribution costs. As there is a large part of older workers among the recipients (the doctors, management of in the health institutions, nurses and employees in individual professional institutions in the field of health), who rarely use the computer, we suggest that at least in the beginning the news bulletin is issued in printed form as well.

□ **Monitoring of the media clippings**

Monitoring of the media clippings is useful for at least two reasons: it assures constant information on our appearance in the media and events in the fields of health care as well as enables responses to the critical media articles. Regular monitoring of the media assures perceiving of the possible problematic themes and an opportunity for additional communication activities.

## 5.2. Phase 2: Implementation of Communication Activities

Upon the establishing of the basic communication infrastructure the Ministry of Health can start with the implementation of the strategic public relations. In the following section recommended communication activities are presented, referring to individual target publics to which the activities are directed:

### Professional public

The creation of understanding, acquiring support for the co-operation and implementation of individual activities in the sphere of the project among the professional public is of key importance for the success of the Health Sector Management Project. Therefore, within the public relations program a special attention been devoted to the communication activities designed for the doctors, nurses and other medical personnel in health institutions as well as their management. In accordance with the above-mentioned communication goals, strategy and information following communication activities are recommended for the Professional public:

#### □ Meetings and workshops

Changes and the consequences of the introduction of the Health Sector Management Project for individual groups within the professional public (e.g. physicians, clinicians; management of the health institutions, Chambers and Medical Associations etc.) have to be presented at personal meetings and workshops. Meetings and workshops of these kinds have to be based on the two key goals: introduction of changes and acquiring feedback information for individual fields to which changes relate. Besides the meetings and workshops directed to professional fields we also recommend the

organization of meetings oriented towards the role of communication (inside medical circles that is between health personnel as well as between doctors and patients). If the changes are to support a group work and exchange of experience these meetings and workshops can significantly contribute to the introduction of these changes.

- **Direct mail**

People working on the project have been communicating with the health experts via direct mail (e-mail and letters). This practice should be taken care of through the entire duration of the project, as the direct mail serves for the accurate flow of information by which the addressees are being informed about the project, planned events, etc.

- **Articles in internal and specialized media**

Medical personnel, especially the doctors, are a group of experts attending regular and extra media education and study courses - especially when the monitoring of professional literature is involved. By stimulating the publishing of articles in internal and specialized magazines in the field of health care we will reach a relatively large part of the professional public. Although we are dealing with the professional public the articles should be written in an understandable and popular manner and from the point of view of the addressee/expert. Besides the written articles,,publishing of the conversation with the experts participating and supporting the project is strongly recommended.

- **Informal meetings and informal relations**

Informal meetings and maintenance of informal relations have already been a part of the project. The stimulation of the informal relations with experts and project informal meetings has to continue in order to acquire the support and feedback information (comments and suggestions indicating the need for individual adaptation in practice).

- **Maintaining Relations with Stakeholders**

Frequent two-way communication is essential to productive partnerships and relations with stakeholders. If relevant stakeholders and partners hear from the Ministry of Health only when Ministry needs something or partners appear only if problems arise, the relationship will suffer. To keep partners and stakeholders involved in Macedonian health reform process the following shall be undertaken:

- Maintain regular contacts to find out how their work is progressing.
- Involve them whenever it is reasonable (and they are interested) in related health reform activities, such as special events or process evaluation.
- Give them regular updates on the program, achievements and any changes in program activities that may impact their organization. This could be formalized by sending Project Reports or could be handle it informally through calls, meetings, or letters.
- Give stakeholders and partners credit in news releases and other publicity, and if story is generated that mentions them, send them a copy.
- Notify them of program results, whether positive or negative.
- Share feedback from process evaluation.
- Explore opportunities for further collaboration.

## **Media**

The media have an important role in shaping the public opinion and at the same time represent a communication channel as well as an important source of information for the key target publics, as defined above. Media relations are therefore at the core of public relations.

### **□ Stimulation of the media publications/ media plan**

In general there are four types of media publications stimulations: news, stories, appearances and events. News is related to the daily happening and is of short duration; they are the result of everyday events and depend on the other news. Stories are permanent narratives, which are partly being narrated by the news. Strategic media relations are based on the story telling. We could say that the changes introduced by the project of developing the health sector system

management are stories, which have to be told to the press. Well-prepared information materials, which help the media in monitoring the stories of this sort, represent an important support. Talking about the appearances in the media we have in mind mostly the statements and interviews as well as the most important media events (press conferences). The stimulation of the media publications are written down in the media plan, which contains our anticipation and wishes, the interests of the press and the events worth paying a visit to. As all other proposed communication activities the media plan will be incorporated into the short-term public relations program communication plan.

□ **Informal relations with the press and the editors**

As with the professional public the media are also advised to reinstate and maintain informal relations with the press and the editors. This way we will be able to reestablish correct relations more easily and have the opportunity for additional explanation of individual themes tied to the project Health Sector Management Project and by this stimulate interest for these themes (the journalists will report more about the themes they are interested in and that they know). Reestablished informal relations with the press and editors usually alleviate our work in arrangements for individual publications.

**General public**

General public is the most atomized of all defined target publics; therefore the communication activities are usually limited to the mass communication means, especially the media, as they are the main source of information for the population (in our case the users of health care services). Besides information, disseminated via the media, the users will be given an informative brochure on changes introduced by the project and an open day in hospitals taking part in pilot projects.

□ **Brochure**

Informative brochure has to be based from the viewpoint of the individual user of health services, which means that it has to represent and interpret the changes and their consequences, as felt by the health care service user when visiting a doctor or a specialist. If possible the brochure should include explanation of some of the most frequent medical cases that the user might run into in practice. We also have to stress the essential advantages and benefits of the Health Sector Management Project for its users.

□ **An open door day**

As an addition to the information comprised in the informative brochure the changes could be presented in the hospitals taking part in the pilot projects on the introduction of changes in practice. On the open door day the doctors as well as other participants in the project of developing the health sector management could explicate the changes and their consequences - advantages and benefits for the user. This way we could also examine users' responses to the novelties introduced by the HSMP.

### **Political public**

The political public as well receives part of information on project from the media. Besides information disseminated via the media and preparation of the special illustrative materials we also plan personal *presentations of the project's results*.

### **Internal public**

Representatives of the internal public have to be informed about the implementation of the project. As the personal (i.e. "face to face") communication is the most efficient way of communication, we suggest that participants on the project inform their colleagues in the institutions regarding the development of the project, whether at meetings or via other ways of communicating carried out in individual institutions. Besides the internal public has to be informed about the project via regular bulletins, received also by the expert public representatives, and via articles in the existing internal bulletins.

### 5.3. Phase 3: Evaluation of Communication Effects

Outcome evaluation will aim to show how well the program has met its communication objectives and what to change or improve in order to make it more effective. The outcome evaluation results and learning how well the program has met its communication objectives are important and will be used to:

- Justify the health reform measures ;
- Provide evidence of success or the need for additional resources;
- Increase organizational understanding of and support for health communication;
- Encourage ongoing cooperative ventures with other partner organizations and stakeholders.

A number of factors will influence how communication program's outcomes shall be evaluated including the type of communication program, the communication objectives, budget, and timing. The outcome evaluation will capture intermediate outcomes and will measure the outcomes specified in the communication objectives. This approach will show progress achieved toward the objectives even if the objectives are not met.

The evaluation of the communication effects will aim to ascertain the success of the planned communication activities implementation as well as the accomplishment of the set communication goals. The evaluation results of the communication effects will be included into the final report on the project prepared by the PR Advisor.