



Integrated SBCC Programs

Case Study: Using an Umbrella Approach to Link SBCC Campaigns in Ghana

“What is Your Good Life?” This simple but provocative question got people in Ghana thinking and talking about what they want and value in life. This question then became a platform for a dialogue on the role that good health plays in helping them achieve what they want in life and, finally, how specific health behaviors can help them maintain their health.

For instance, in the opening of a television spot on childhood diarrhea, a mother and her son are desperate for help. A neighbor—followed by a health care provider—appears and tells the mother about the benefits and correct use of oral rehydration salts (ORS) and zinc (ORS + Zinc), a new treatment for childhood diarrhea available on the market. The woman expresses relief and voices that she feels empowered to take care of her family in the future. The spot closes with a simple message: “Good life goes with good health. Good life. Live it well.”

This TV spot was part of the *GoodLife* initiative, which effectively tied good health to many of the things that matter most to Ghanaians—family, friends, faith, business and work. Similar to marketing campaigns, the overarching concept, “good life goes with good health,” was used to communicate the value and personal benefits of healthy living and encouraged a relationship and opportunity for exchange between the brand and the intended audience.¹

A brand is a persona that the target audience can identify with and aspire to.² *GoodLife* ultimately became a hallmark or umbrella brand under which multiple health campaigns were introduced and united with the aim of inspiring a nation towards a healthy lifestyle.



The opening of a GoodLife television spot on childhood diarrhea. © CCP

Background

Ghana is centrally located on the western coast of Africa. It is bordered by Togo, Cote d'Ivoire and Burkina Faso, and is comprised of 10 administrative regions and more than 45 ethnic groups, including the Akans (48 percent), Mole-Dagbon (17 percent) and the Ewe (14 percent).³

In 2008, several health indicators in Ghana had significantly improved while others had either stalled or worsened. According to the [2008 Ghana Demographic and Health Survey](#) (DHS) and the [2007 Ghana Maternal Health Survey](#), exclusive breastfeeding and ownership of insecticide treated nets (ITNs) had improved. However, infant and child mortality had stagnated, and maternal mortality had worsened while the use of family planning (i.e., modern contraceptive) had declined from 19 percent (2003) to 17 percent (2008).

1 Evans, W., Blitsein, J., Hersey, J., Renaud, J. and Yarocho, A. (2008). Systematic review of public health branding. *Journal of Health Communication*, 13, 721-741. Retrieved from: <http://www.tandfonline.com/doi/abs/10.1080/10810730802487364>

2 Columbia University Mailman School of Public Health. (2014). *Branding Public Health*. Retrieved from: <https://www.mailman.columbia.edu/public-health-now/news/branding-public-health>

3 Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. (2015). *Ghana Demographic and Health Survey 2014*. Rockville, Maryland, USA: GSS, GHS, and ICF International.

The *GoodLife* brand was introduced in Ghana under the United States Agency for International Development (USAID) funded Behavior Change Support (BCS) Project, which was implemented from 2009-2014 by the Johns Hopkins Center for Communication Programs (CCP) in partnership with the Ministry of Health (MoH) and the Ghana Health Service (GHS). BCS sought to increase demand and use of health promoting commodities and health services as well as positive behaviors related to six key health areas: family planning, malaria, maternal and child health, nutrition, water, sanitation and hygiene (WASH) and HIV/AIDS.



Challenge

CCP initially put forward their proposal for an umbrella campaign in response to a USAID solicitation seeking to employ social and behavior change communication (SBCC) to integrate multiple health issues. CCP was awarded the five-year project in 2009.

However, planning a large integrated health campaign was not without challenges. Among them were concerns from different stakeholders (i.e., malaria, capacity strengthening, WASH) regarding the effectiveness of integrated campaigns. They wanted to see evidence and they questioned whether an integrated campaign would help them make progress towards their objectives. Specifically, they asked, would an integrated SBCC campaign result in behavior change in the individual health topics?

Although the majority of project funds would be allocated for specific health campaigns, some stakeholders were reluctant to provide financial support to establish the *GoodLife* brand without clear evidence of its effectiveness. In the end, family planning and maternal and child health (MCH) stakeholders provided initial funding for the umbrella campaign; malaria, WASH and nutrition stakeholders bought into the brand after it proved successful.

Response

CCP organized a strategy workshop with a range of stakeholders and partners, and engaged them on the concept of the umbrella brand. A small content design team was formed to develop a number

of different approaches and concepts, including *GoodLife*, *Golden Ring* and *Healthy Life*, among others. These concepts were pre-tested with both community members and stakeholders. Dialogues were held with about 150 people from government and non-governmental organizations (NGOs). Ultimately the group settled on *GoodLife*, and the GHS adopted the campaign. USAID provided a waiver at GHS's request, which allowed the campaign to launch without donor branding in order to increase ownership among GHS staff and the Ghanaian public.

GoodLife was the unifying element that bound all of the health areas together and purposefully linked personal happiness with the practice of healthy behaviors. The primary audience for the campaign was young Ghanaian families.

Before the launch of the campaign, the BCS team carefully reviewed existing data and health surveys. This data informed the design of the campaign strategy, which aimed to use the *GoodLife* concept as an approach to unite all project activities and media. The goal of the BCS strategy was to use *GoodLife* to facilitate the following:

1. Develop an overarching, unifying concept that made health messages personally relevant
2. Ensure coherence and continuity to avoid confusion around different messages that would be promoted over the life of the project
3. Prompt the desire to learn more about disease prevention and laid the foundation for individuals to adopt a variety of preventive and behavioral actions promoted by the project
4. Avoid audience message fatigue and confusion given that the campaign would promote separate messages on multiple health topics
5. Place the individual and their needs and wants at the center of health messaging

The BCS campaign strategy was implemented at the national, regional and community levels through mutually reinforcing approaches that were used for BCS activities, including:

1. **Integrated approaches** that addressed a wide spectrum of topics simultaneously over a prolonged period, including community-based activities, weekly *He Ha Ho* Radio Shows, and the *GoodLife* TV Gameshow;
2. **Health campaigns and approaches** that focused on one or two specific health issues at a time using multi-media at high intensity

for limited duration, including family planning, "Life Choices, Malaria," "Ah Ye De," Nutrition SuperHeroes, ORS plus Zinc Tablets and Handwashing with Soap; and

3. **Regional, district and community activation** events that reinforced the on-going media and community mobilization activities.

Mass-media activities were disseminated nationally while district- and community-level activities were implemented in three regions – Greater Accra, Western and Central Ghana – covering about one-third of the population. CCP hired several creative agencies to take on different aspects of the campaign, one of which was designated to work specifically on the umbrella *GoodLife* materials.

Roll Out of GoodLife Umbrella Brand

From November 2010 to April 2011, the *GoodLife* brand was established and maintained in two phases: **teaser** and **brand maintenance**. The teaser segment lasted about three weeks and was designed to generate curiosity and mystery. It simply asked of the audience: "What is your Good Life? What do you enjoy and value in life?" Health topics were not introduced at this stage so as not to risk losing the interest of the audience. The teaser campaign included TV and radio spots, newspaper ads, posters, community events and SMS messaging. The brand maintenance phase focused on increased engagement and maintenance.

Phase 1:

- A **teaser segment** ran from October-November 2010. The teaser only asked the question "What is Your GoodLife?" Six Ghanaians representing a cross-section of the country's population were selected to tell personal stories about what they value in life. Their stories were produced for television, radio and print. No reference was made to health. This created a large amount of "buzz" and curiosity as people speculated what the "Good Life" was all about.
- A **brand positioning segment** ran from December 2010 to May 2011. This segment revealed the brand's link to health issues and to the GHS. It was promoted through the use of TV, radio, billboards, posters, and T-shirts. This segment of the campaign was designed to increase visibility and understanding of the health campaign. This segment involved

a music concert held in January 2011 as well as a *GoodLife* Quiz in newspapers, a theme song and music video, and television and radio spots featuring a prominent talk show host and comedian.

Phase 2:

- The **brand maintenance segment** included increasing visibility of the brand by outfitting 2,000 trained community volunteers with *GoodLife* vests, making sure all community materials had a *GoodLife* logo and slogan and weaving campaign themes into community dialogue guides.
- **GoodLife media platforms** included on-going programs that drew a regular audience and addressed a variety of health topics via the weekly *Healthier Happier Home* (HE HA HO) radio show and the [GoodLife TV Game Show](#).
- **Mass-media campaigns** were used to link *GoodLife* to all GHS campaigns on family planning, malaria, nutrition and WASH by adding the *GoodLife* logo and phrase to each campaign slogan.

The initial roll out did not include any branding outside of *GoodLife*. The logo was developed based on the traditional Ghanaian adinkra symbol. It was modern and appealing, but played on the traditional "Nkyemekyeme" symbol, which implies initiative, creativity and determination can help one overcome obstacles in life. College students were hired as brand champions to canvass major towns in the Greater Accra, Western and Central regions as a way to help establish and reinforce *GoodLife* in the hearts and minds of those communities. This was important as an effective brand can give a product or service "a long-term value, enabling its target audience to associate with the campaign and its messages, and to adopt its use and sustain it."⁴

Subsequent campaigns on specific health topics were rolled out in phases. Once a campaign started, it continued through the life of the project, but the intensity of the coverage would go down as another campaign was rolled out. Each campaign had its own logo and slogan, but were linked to the *GoodLife* brand through a standard message or tagline.

4 Basu, A., & Wang, J. (2009). The role of branding in public health campaigns. *Journal of Communication Management*, 13(1), 77-91. Retrieved from: www.emeraldinsight.com/1363-25X.htm

Descriptions of the specific health campaigns are outlined in the table below.

GoodLife Campaigns			
Health Campaign/ Slogan	Description	Communication Channel(s)	Resources
Family Planning <i>Life Choices</i> Slogan: "It's your life. It's your choice."	<i>Life Choices</i> was designed to address key barriers to contraceptive use, including: (1) concerns about side effects; (2) lack of perceived social support for contraceptive use; (3) men's involvement; and (4) understanding the consequences of unintended pregnancies.	Mass media, community outreach and interpersonal communication	• TV Spot: "It's Your Life. It's Your Choice" • Extended TV Spot: "Sista, Sista"
Malaria <i>Aha Ye De</i> Slogan: "Let's come together to drive malaria away...for goodlife."	<i>Aha Ye De</i> ("It's good here") sought to increase the perception of malaria behaviors across the following program areas: Artemisinin-Based Combination Therapy (ACT) case management, ITN use and IPTp uptake.	Mass media and community outreach	• TV Spot: "Malaria and ACT: Bites" • TV Spot: "Kuma Sutra" • TV Spot: "Game Plan" • TV Spot: "Eni Boni" • Music Video: "Aha Ye De Ntomtom Be Wu" • Net Use and Care: "Ntomtom Po Suro Song" • Documentary: "Severe Malaria"
Maternal and Child Health Slogan: "ORS + Zinc tablets, stops diarrhea faster and protects...that's your good life. Good life goes with good health. Good Life. Live it well."	The ORS + Zinc campaign was launched to create demand for zinc tablets by promoting the benefits of using both zinc and ORS together to treat childhood diarrhea.	TV, radio and point-of-sale materials in pharmacy and chemical shops and health care facilities	• TV Spot: "ORS + Zinc"
Nutrition Slogan: "If you follow this plan, you children will Grow. Glow. Go. Goodlife goes with good health. Good Life. Live it Well."	Five local Ghanaian animated superhero characters were used to introduce the main food groups (energy, protective and body-building) and address issues related to exclusive breastfeeding from 0-6 months, and infant and young child feeding (IYCF) practices for children from six months to two years. The priority audience was mothers and caretakers of children under five.	Mass media and community mobilization	• TV Spot: "The GoodLife Food Heroes"
WASH Slogan: "For truly clean hands, always wash with soap."	The WASH-related campaign was meant to promote hand washing with soap and water at five critical times (before food preparation, before eating, before feeding a child, after going to the toilet and after cleaning a child's bottom).	Outreach in communities, schools and other venues; TV spots GoodLife Game Show; and HE HA HO radio show	• TV Spots: "Handwashing"



Still from "The GoodLife Food Heroes" TV spot. © CCP.

To learn more about *GoodLife* and to view campaign materials, see the [GoodLife Spotlight](#).

Results

Multiple data sources were used to evaluate the *GoodLife* program. A baseline, midpoint omnibus and endline surveys were conducted under BCS. Health service statistics and sales of health commodities data were also analyzed. Approximately 70 percent of people were exposed to the *GoodLife* campaign, which had significant impact across health areas.

Child Health

- Sale of zinc tablets increased 280 percent after media campaign

Nutrition

- The proportion of women who immediately started breastfeeding within 30 minutes of birth increased significantly in the Western and Central regions, but not in Greater Accra (please see chart)

Malaria

- 80 percent of pregnant women in rural areas exposed to *GoodLife* slept under bed nets, compared to 36 percent of those not exposed
- Women exposed (64 percent) to the *GoodLife* malaria messages were significantly more likely to have taken at least two doses of intermittent preventive treatment in pregnancy (IPTp) while they were pregnant compared to those unexposed (49 percent)

Maternal Health

- Blood donations increased 47 percent in the Greater Accra Region after the start of *GoodLife* social mobilization and blood drives. About half

of all maternal deaths in the region are due to postpartum hemorrhage and lack of available blood.

- The proportion of females who received a post-partum checkup from health personnel increased from 79 percent at baseline to 87 percent at endline ($p < .001$).

Family Planning

- Contraceptive prevalence increased from 17 to 23 percent between 2008 and 2011.
- In the endline survey, 18 percent of the none/low exposed used a modern family planning method, as compared to 20 and 23 percent of the medium and high exposed, respectively.

The BCS project ended in 2014; however, the GHS retained ownership of the *GoodLife* brand and continues to use it today.

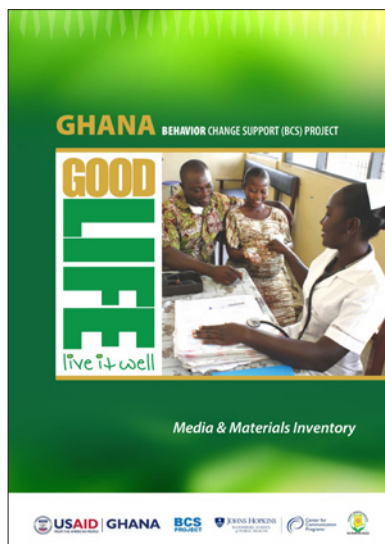
Application for Future Programming

- Be sure to involve stakeholders in the creative process so that they feel a sense of ownership over the brand.
 - » The GHS accepted the *GoodLife* concept and supported it wholeheartedly, leading to local ownership and sustainability of the brand, which is still in use today.
- Develop a brand that is compelling and broad enough so that it's relevant to multiple health areas and audiences.
 - » The concept that health can help one achieve their good life was applicable across all health areas.



Goodlife Live it Well Posters. © CCP.

- » Additionally, the *GoodLife* logo was inspired by a traditional Ghanaian Adinkra symbol (visual representation of concepts and aphorisms), yet had a modern edge. It appealed to the youth, traditional, urban and rural audiences.
- Consider identifying a theory or framework for the overarching or umbrella brand.
- Determine how best to link individual campaigns to ensure they are more cohesive in presentation.
 - » For example, use the umbrella brand to develop a strong intro and outro platform for each spot or audio/visual material.
 - » Mark all materials with the brand logo and tagline and ensure there is a set of quality standards regarding placement and consistency of messages.
- Develop a master media broadcast and buying plan to ensure each campaign receives adequate air time and is not in competition with the other.



Ghana BCS Project Media & Materials Inventory. © CCP.

References

- Basu, A., & Wang, J. (2009). The role of branding in public health campaigns. *Journal of Communication Management*, 13(1), 77-91. Retrieved from: www.emeraldinsight.com/1363-25X.htm
- Columbia University Mailman School of Public Health. (2014). *Branding Public Health*. Retrieved from: <https://www.mailman.columbia.edu/public-health-now/news/branding-public-health>
- Evans, W. D., Blitstein, J., Hersey, J. C., Renaud, J., & Yaroch, A. L. (2008). Systematic review of public health branding. *Journal of health communication*, 13(8), 721-741. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/10810730802487364>
- Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. (2015). *Ghana Demographic and Health Survey 2014*. Rockville, Maryland, USA: GSS, GHS, and ICF International.
- Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF Macro. (2009). *Ghana Demographic and Health Survey 2008*. Accra, Ghana: GSS, GHS, and ICF Macro.
- Ghana Statistical Service (GSS), Ghana Health Service (GHS), and Macro International. (2009). *Ghana Maternal Health Survey 2007*. Calverton, Maryland, USA: GSS, GHS, and Macro International.
- Johns Hopkins Center for Communication Programs (CCP). Spotlight: Living the Good Life in Ghana. *Health Compass*. Retrieved from: <http://www.thehealthcompass.org/sbcc-spotlights/living-Good-Life-ghana>

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