SOCIAL BEHAVIOUR CHANGE COMMUNICATIONS STRATEGY TO SUPPORT PREVENTION AND CONTROL OF COMMON CANCERS IN SRI LANKA

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December 2021

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Abbreviations

AOB	Announcer on Board
CBO	Community Based Organizations
COE	Centre of Excellence
EPI	Expanded Program of Immunization
GDP	Gross Domestic Product
GP	General Physician
HPV	Human Pappiloma Virus
IEC	Information Education Communication
MOH	Medical Officer of Health
NCCP	National Cancer Control Program
NCD	Non-communicable Disease
NCP	National Cancer Policy
NHP	National Health Policy
NSP	National Strategic Plan
PHI	Public Health Inspector
PHM	Public Health Midwife
PPA	Past pupils' association
PPP	Purchasing Power Parity
PSA	Public Service Announcement
SBCC	Social Behaviour Change Communications
WHO	World Health Organization
WWC	Well Woman Clinic

Messge from Director
National Cancer Control Programme

The National Cancer Control Programme (NCCP) of the Ministry of Health is the national focal point on cancer prevention and control in Sri Lanka. The National Strategic Plan (NSP) has been developed in 2020 as a guiding document to Sri Lanka's response to cancer control and prevention in the next five years with concrete targets to reduce the number of new cancer cases, improve the survival and the quality of life of cancer patients and their families. A prioritized action of the NSP is to initiate a social behavior change communication (SBCC) strategy to improve health literacy of people, behavoiur change of population and individuals to reduce cancer related risk factors and by adapting healthy lifestyles to reduce the occurrence of cancer. SBCC should address the availability of services, accessing services and legal milieu in the country which protects people from being exposed to cancer related risk factors.

I would like to present the developed SBCC strategy addressing the above primary and primordial preventive activity gap. This strategy will make tremendous contribution to improve primary and primordial prevention of cancers, screening and early diagnosis, treatments, as well as palliative care.

The National Cancer Control Programme sincerely appreciates the commitment of those who contributed to complete this task with their continuous efforts to make this publication a success. The strong partnership offered by the UNFPA & all other stakeholders to make this dream a reality, is greatly acknowledged.

Dr. Janaki Vidanapathirana,
MBBS, MSc, MD (Community Medicine)
Director, National Cancer Control Programme

Message from Officer in Charge, UNFPA Sri Lanka

It is estimated that one third of cancers can be prevented through healthy lifestyle choices (WHO). Yet cervical and breast cancer are a global public health issue that is currently claiming millions of innocent lives, with more than two-thirds of these cases occurring in developing countries. Health sectors lack the capacity and infrastructure to combat the disease effectively. Breast cancer and cervical cancer are the most common types of cancer among women in Sri Lanka.

As the UN's sexual and reproductive health agency, the United Nations Population Fund (UNFPA) in Sri Lanka recognizes the strong links between preventing and controlling non-communicable diseases. Further, protecting and promoting the advancement of healthy lifestyles amongst women and girls is priority.

Technological advances reveal that primary prevention of cervical cancer is possible through HPV vaccinations and secondary prevention is possible through HPV testing. This is why active health seeking behavior is vital in preventing and controlling such cancers. Healthy lifestyle changes coupled with early testing and detection can prevent the occurrence of or increase likelihood of recovery from cancer.

Our hope is that the National Strategic Plan (NSP) will guide the health sector's response to cancer control and prevention with the social behaviour change communication strategy inspiring a shift into active health seeking behaviour and lifestyle changes.

Our support in this endeavour is in line with UNFPA's three transformational results: zero maternal death, zero unmet need for Family Planning and zero violence against women and all harmful practices. UNFPA is making a significant contribution to the elimination of cervical cancer globally and has long supported the Ministry of Health, NCCP and Well Woman Clinics to curb the prevalence and mortality of cancer within Sri Lanka and will continue these efforts.

Ms. Sharika Cooray
Officer in Charge
UNFPA Sri Lanka

01. RATIONALE FOR A STRATEGIC COMMUNICATIONS CAMPAIGN

Sri Lanka, an island with a total land area of 65,610 square kilometers (km^2) consists of a 21.44 million population (2020),[1] with a per capita income of US$ 3,679 Purchasing Power Parity (PPP) in 2019, growing at an average of 7.46%.[2] In order to provide free health services to its people, the government spends US$ 157.47 per capita (2018), which is 3.7% of its Gross Domestic Product (GDP).[3]

Sri Lanka has an outstanding track record of achieving remarkable public health goals where successive governments have invested in a non-fee levying public education and a strong performing health system, which implements evidence-based low-cost interventions island-wide. This is expedited through a network of preventive and curable health services, which are enabled to deliver excellent health outcomes, especially in maternal and child health and in controlling communicable diseases. Today, there is growing awareness and concern about the challenges posed by the large and escalating burden of Non-communicable Diseases (NCDs), which accounts for almost 83% of the total deaths in the country; the proportional mortality due to cancer is estimated to be 14%.[4]

The burden of cancer in Sri Lanka is on the rise. The overall incidence of cancer in Sri Lanka has doubled over the past 25 years with a parallel rise in cancer-related mortality. Cancer has become the second commonest cause of hospital mortality in Sri Lanka.

In Sri Lanka, cancer services are predominantly provided by the state sector, free of charge, to the general public. With the establishment of a National Cancer Policy (NCP) on cancer prevention and control, the cancer services provided island-wide have made a commendable improvement. An increasing number of breast, oropharyngeal, thyroid, esophageal, colorectal, lung, and gastric cancers are being diagnosed and treated annually. Primary prevention measures include vaccination, leading a healthy lifestyle, avoiding unhealthy food, alcohol and tobacco use. Screening programs for selected cancers such as breast, oral and cervical cancers are delivered. Medical oncology units with facilities for systemic therapy, adequately supported by surgical, pathology, and radiology departments have been established in Base Hospitals island-wide.

Although the current progress is commendable, future changes are necessary to overcome the current limitations and to cater to the ever-increasing burden of cancer. Measures are necessary to enhance the coverage of Sri Lanka Cancer Registry. Timely high-quality research and audits are essential. Community participation in planning strategies for cancer prevention and treatment is minimal. Community-based palliative care facilities and radiation and other systemic therapy should be made available in all provinces. A culture of multi-disciplinary care with proper referral pathways would help to improve the current setting.[5]

1. http://www.statistics.gov.lk/Resource/en/Population/Vital_Statistics/Mid-year_population_by_district.pdf

2. https://knoema.com/atlas/Sri-Lanka/GDP-per-capita#:~:text=In%202020%2C%20GDP%20per%20 capita,product%20divided%20by%20midyear%20population.

3. https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=LK

4. World Health Organization (2020). Non-communicable Diseases Country Profiles 2018. [online]

5. https://jenci.springeropen.com/articles/10.1186/s43046-021-00070-8

The improvement of health literacy and public education programs appear to have reduced the default rate and social stigma due to cancer. The following findings have been identified through a research study conducted on the promotion and information dissemination of cancer:[6]

- Lack of good quality online information for cancer patients.
- Studies have shown that the currently available online information on cancer is unreliable and of poor quality and readability.
- Although, the National Cancer Control Program (NCCP) has initiated the publishing of online leaflets for common cancers, more comprehensive material on common cancers designed by local experts describing the available treatment, side effects, and outcomes will be useful.
- Involving the communities in planning cancer care prevention strategies would be a useful initiative.
- These would help to demystify treatment and allow online messaging to be grounded in community wisdom and terminology.

1.1 National Strategic Plan (NSP) on prevention and control of cancer in Sri Lanka (2020–2024)

The first 'National Policy and Strategic Framework on Prevention and Control of Cancer in Sri Lanka' was developed in 2015. The main aim of the policy was to reduce the occurrence of new cancers, reduce the mortality rate and improve survival and quality of life of people living with cancer.

Subsequently, the strategic plan developed by the Ministry of Health to prevent and control cancer in Sri Lanka in 2020 has clearly identified a set of challenges that need strategic interventions at different stages within the next five years. The present strategy derives its mandate from the overarching National Health Policy and is aligned to the National Health Strategic Master Plan (2016-2025), Global Action Plan for Prevention and Control of NCDs and the National Multisectoral Action Plan for the Prevention and Control of Non-communicable Diseases in Sri Lanka (2016-2020).

The report highlights that the country is in an advanced stage of demographic transition with the adult life expectancy reaching 75.3 years. Urbanization, industrialization, ease of internal and external migration, access to a variety of channels of communication, liberalization of trade and marketing policies with the adoption of open economy policies during the last few decades have resulted in lifestyle transformations and related factors which have affected the health status of the population.

This has caused an upsurge in chronic NCDs such as cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases.

As per this strategy document, it is estimated that around 31,834 new cancer cases were diagnosed and 16,691 cancer related deaths were recorded in 2019 in Sri Lanka. The report further identifies that cancers of breast, cervix uteri, thyroid and ovary are the commonest among females, while in men the commonest are oral, lung, oesophagus and colorectal cancers.

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6. https://jenci.springeropen.com/article.1186/s43046-021-00070-8

Breast cancer is reported to be the most common cancer among women in Sri Lanka with incidence appearing to be rising rapidly, particularly among postmenopausal women in Sri Lanka. This increase in breast cancer among postmenopausal women is a significant feature which needs urgent attention particularly since Sri Lanka has a rapidly ageing population.[7]

The risk factors for cancer can be broadly categorized into four types:

I.   Behavioural risk factors that include tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity;
II. Biological risk factors: overweight, obesity, age, sex of the individual;
III. Environmental risk factors: exposure to environmental carcinogens such as chemicals agents and certain viruses, bacteria and parasites; and
IV. Genetic risk factors.

Prevention and control of risk factors, strengthening health systems, empowering and engaging communities and multiple stakeholders are the foundations of reducing the incidence of cancer and improving survival and quality of life of people living with cancer. The risk factors are interconnected at the individual and contextual levels. As such, specific contributions of each of these risk factors may underestimate the potential for cumulative risk.

The following guiding principles stated in the NSP will be considered when developing the SBCC strategy for the prevention and management of cancer in Sri Lanka

Vision
A country with a low incidence of preventable cancers and high survival rates with good quality of life and minimal disabilities & suffering from effects of cancers.

Mission
To reduce the incidence of cancers by controlling and combating determinants of cancers, ensuring early detection and providing a holistic and accessible continuum of cancer care which addresses curative treatment options to end of life care through an evidence-based approach.

Goal
To reduce the incidence of preventable cancers, to detect early detectable cancers at an early stage and to provide continuum of cancer care to all cancer patients in the country in an equitable manner.

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7. https://bmccancer.biomedcentral.com/articles/10.1186/s12885-018-4408-4

1.2   Myths, misconceptions and stigma attached to cancer

One third of cancers can be prevented while one third can be completely cured with proper treatment and early detection. However, universal myths,[8] misconceptions and stigma prevent patients seeking medical intervention for early diagnosis and detection.

Due to lack of accurate information shared strategically, myths, misconceptions and a myriad of questions prevail in the public domain with regards to cancer. There is unfounded stigma and shame also attached to cancer that impacts the emotional wellbeing of both the patient and the family involved. The importance of screening, surgery as needed and continued treatment are important factors that need addressing through a communications campaign. However, it is evident that there is resistance to rid stigma due to diverse reasons which have not been formally captured.

Due to the absence of formal research on public insight, knowledge and perceptions towards cancer, an in-depth study which captures public perceptions is proposed prior to undertaking the development of a communications campaign at a national level. It is only once this knowledge is secured, that a campaign development should take place.

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8. https://cytecare.com/blog/common-myths-and-misconceptions-about-cancer/

1.3   Cancers in Sri Lanka[9]

Cancer is a leading cause of mortality in Sri Lanka. The overall crude cancer incidence rate in Sri Lanka has been doubled during last 15 years from 67.9/100,000 population in 2005 to 146.0/100,000 population in 2019. The actual number of reported cancers over the years through the National Cancer Registry increased more than 2-3 fold from 2005 (13,372 total cases) to 2019 (31,834 total cases). Therefore, cancer care services need to be expanded to cater to the increasing demand for care.[10]

There is growing evidence that physical activity and other lifestyle choices that help maintain a healthy weight, avoiding tobacco and alcohol and eating a balanced diet may help prevent cancer recurrence and improve the quality of life. Public health initiatives are essential to ensure that those living with and beyond cancer, get the care and support they need to lead as healthy and active a life as possible.

Cancers of the breast, cervix, thyroid, colorectal and uterus were identified as the most common cancers for women in Sri Lanka in the years 2001- 2019. The falling or stable rates of cancers associated with infection and poor socio-economic status such as cervix, stomach and oesophagus are offset by the increase in cancers such as lungs, breast, bowel and prostate associated where the Western lifestyles are represented in Sri Lanka.

A higher incidence of cancers is observed in women (79.0 per 100,000 population) compared to men (62.7 per 100,000 population), which is predominantly due to the high frequency of breast cancer in women. Cancers of the oral cavity, trachea bronchus and lung, oesophagus, colorectal and prostrate were the five most common cancers among men in 2019.

Around 750 children are newly diagnosed with cancer every year; almost all of these children are treated at the pediatric department of the National Cancer Institute, Sri Lanka (NCISL). The spectrum of patients presenting to NCISL ranges from blood cancers, most commonly Acute Lymphoblastic Leukaemia, to a wide range of solid tumours, like cancers of the brain, bone, liver, kidneys and eyes.[11]

Most current available data on cancer prevalence in the country in 2019 as per the NSP:

- 31,848 new cases
- 87 new patients per day
- 4 new patients per hour

According to GLOBOCAN estimated data,

- 16,691 deaths per year 2020
- 46 deaths per day
- 2 deaths per hour are reported

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9. https://www.iccp-portal.org/system/files/plans/LKA_B5_NCCPSL_POLICY.pdf

10. National Health Bulletin 2019

11. https://www.who.int/srilanka/news/detail/17-02-2020-world-childhood-cancer-day-february-15-2020

1.4   Five interventions shaping the SBCC strategy
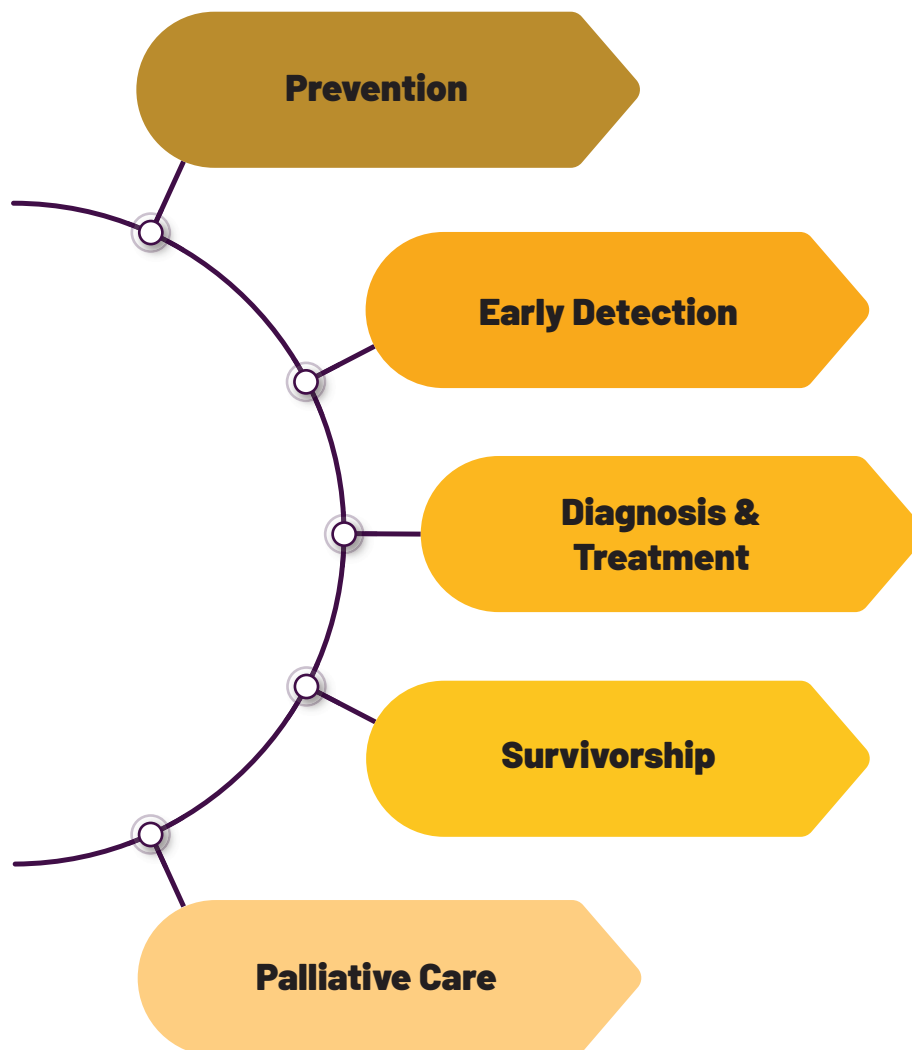
Figure 1: NCCP interventions

The above five-fold program interventions, namely prevention, early detection, diagnosis & treatment, survivorship and palliative care make up the services for the reduction and management of multiple cancers by the NCCP in Sri Lanka.

1.4.1   Prevention of cancers

As per the Life Course Theory,[12] consuming unhealthy food, physical inactivity, tobacco use, alcohol, betel quid chewing and areca nut use are identified as the main preventable causes of cancer in Sri Lanka.

Although there is considerable emphasis on reduction of exposure to carcinogens, greater emphasis is needed to control risk factors such as obesity, physical inactivity,

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12. https://www.encyclopedia.com/reference/encyclopedias-almanacs-transcripts-and-maps/life-course-theory

and unhealthy diet which are major modifiable risk factors for the commonest cancers in Sri Lanka such as breast and gastrointestinal cancers. Educating the general public and more importantly, focusing on the high risk groups via mass media and social media by being aware of the benefits of following the Life Course Theory and encouraging a healthy life style is necessary for prevention of common cancers.

The NSP aims at reducing these risk factors using interventions across the life cycle through a multi-sectoral approach by supporting implementation of policies related to reduction of risk factors, strengthening community action by increasing health literacy and skills to adopt healthy lifestyles among people especially those adopting unhealthy lifestyles and are at a higher risk of developing cancers and creating supportive environments. The SBCC strategy, health promoting settings in schools and other sectors such as universities, vocational training centers, workplaces, hospitals, estates and villages, and monitoring and evaluation of laws and regulations already in place, and advocating to introduce new ones are the major activities identified.

In an attempt to reduce cancer related infectious risk factors, the present NSP is advocating for sustainability of the HPV vaccination program in the Expanded Program of Immunization. Targeted messages for parents will be developed to increase coverage of HPV vaccination from 66.8% in 2018 to 90% by 2025 to fulfill the global targets. The NSP will advocate to sustain immunization of at risk healthcare workers for hepatitis B to prevent liver cancer.

It is estimated that hundreds of thousands of lung cancer deaths annually worldwide are attributable to particulate matter in outdoor air pollution. Prevention of exposure to environment risk factors is being addressed in the NSP within the health sector, especially in relation to radiation and cytotoxic wastes and with agriculture sector on pollution of soil whereas Municipal Councils, Ministry of Industry, Ministry of Power & Energy and Central Environmental Authority address on outdoor air pollution.

1.4.2   Early detection

The two strategies of early detection are screening and early diagnosis. Screening programs for selected cancers such as breast, oral, and cervical cancers are delivered through the national programme. However, due to lack of awareness, cultural taboos and resource limitations, is one of the most important aspects/elements to be focused on among interventions in the communications strategy.

Creating awareness on the importance of presenting one's self for early diagnosis through heightened awareness and conviction becomes a crucial need to prevent delayed treatment.

1.4.3   Diagnosis & treatment

Although priority is given to health promotion and primary prevention of cancers, the Government of Sri Lanka has also invested in screening, early diagnosis, treatment and care, rehabilitation, and palliative care to provide continuum of cancer care.

While facilities at tertiary care hospitals have been improved to manage all cancers in an evidence-based manner and to improve overall quality of cancer care, patients from rural areas are forced to travel long distances which may lead to a higher default rate.

With the 2020 strategy, more accessibility will be provided through the establishment of a Center of Excellence (COE) in each province which will serve as the hub for diagnostics and provision of a range of treatment and care for adults and children. The Apeksha Hospital at Maharagama will be the National COE for Western Province, in cancer care for adults and children in Sri Lanka with upgraded State-of-The-Art diagnostics powered by technology and treatment modalities.[13]

1.4.4   Survivorship

Not everyone who has had cancer prefers the word "survivor." The reasons for this may vary. For instance, they may simply identify being "a person who has had cancer." Or if they are dealing or struggling with cancer every day, they may describe themselves as "living with cancer." Therefore, they may not think of themselves as a survivor.
Living with a history of cancer is different for each person. But most people have the common belief that life is different after cancer.

About 600-700 pediatric cancer cases detected annually and these patients need multi-disciplinary survivorship care during their transition from childhood into adulthood. Engaging with them in a sensitive and meaningful manner is an important aspect in this process.

How to cope with the end of active treatment and prepare for the future is yet another important piece that needs to be discussed when developing the communications strategy under this phase. Coping with the fear of recurrence is a real problem a person who has had cancer will always carry with him / her.

To reduce the disabling effect of cancer and its treatment, it is important to be able to support for mobility, self-care, emotional well-being, spirituality, vocational pursuits and social interactions, to perform everyday activities to live as independently as possible. Rehabilitation should be provided as early as possible after treatment and within the community where the person lives.

1.4.5   Palliative care

In Sri Lanka, the need for rehabilitation and palliative care is increasing owing to the ageing population and the rising prevalence of NCDs. Since almost 83% of all deaths in Sri Lanka are due to NCDs, the present NSP is providing for rehabilitation, pain relief and palliation as the National Health Policy (NHP) identifies the need for palliative care to all patients who need such care for them to live and die in dignity.

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13. National Strategic Plan 2020

The present NSP is promoting partnerships with government and non-government organizations to deliver home and hospice-based palliative care, empower family members, care givers and volunteers for provision of basic palliative care. The SBCC strategy will include interventions to inform general public and civil society organizations on the need to support survivorship, rehabilitation and palliative care. The SBCC strategy will also address developing positive attitudes and behaviours towards providing care by healthcare workers. Research on suitable models for implementation of palliative care will be conducted.

Problem statement the SBCC strategy will address

Cancer is perceived as a disease with 'no hope', which impacts not just the patient but the whole family, as it sucks up all the emotions, energy, resources and positivity of the patient and of all those connected to the patient as well. There are several unfounded misconceptions, myths, stigmas and shame attached to cancer which makes the communication interventions more complex. Many stages, many issues and many audiences need to be carefully analyzed and addressed. The solution is never a 'one size fits all' approach, but an issue specific, target centric one.

02. SOCIAL BEHAVIOUR CHANGE COMMUNICATIONS STRATEGY DEVELOPMENT

2.1 Campaign objective

The aim of The NCCP is to provide a comprehensive strategic action plan to prevent and control cancer in Sri Lanka, by integrating evidence-based strategies and improving health systems. It focuses on primary prevention, early detection, diagnosis and treatment, rehabilitation, survivorship, palliative care, research, surveillance and strategic information and management. The NCCP activities include provision of comprehensive and equity of preventive and curative services across all levels of health services, workforce development, research, data collection and analysis for action and monitoring and evaluation of services with partnership of stakeholders.[14]

Following strategic objectives identified in the NSP will be addressed in the SBCC strategy:

- Objective 1 - High level political leadership, advocacy and governance to accelerate the national response for prevention and control of cancer with a robust integrated, coordinated, multi-sectoral, multi-disciplinary national program with community engagement.
- Objective 2 - Primordial and primary prevention of cancers by addressing risk factors and determinants throughout the life-cycle.
- Objective 3 - Ensure screening and early diagnosis through improved health literacy, availability of services for rapid diagnosis of cancers and linking to ensure early treatment and care
- Objective 4 - Ensure sustained and equitable access to diagnosis and treatment and care facilities for cancers.
- Objective 5 - Ensure access & availability of survivorship, rehabilitation and palliative care facilities at all health service levels and at community level for cancer patients and extend support to their families and care givers.

2.2 SBCC objectives

- To create awareness on the importance of 'Life Course Approach' that helps prevent cancer through risk reduction and health promotion.
- To provide factual and target specific information about different cancers in order for targeted audiences to take necessary action for early detection and treatment.
- To disseminate relevant and accurate information with regards different stages and forms of cancer care interventions to the patients, their immediate families and friends and the influencing publics, in a planned and prioritized manner.
- To create an environment where cancer is seen as a preventable and curable disease where the perceived hopelessness is handled with more hopefulness.
- Create awareness on the survivorship and palliative care services available for patients.
- To promote social integration in order to help the patients and their families to cope better.

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14. National Strategic Plan 2020

2.2.1 Communications framework

In order to achieve the above-mentioned objectives, a multi-pronged communications campaign is proposed as indicated below. This campaign will be rolled out thematically and tactically as needed based on a predesigned implementation plan spanning 5 years, under one umbrella theme for the best impact.
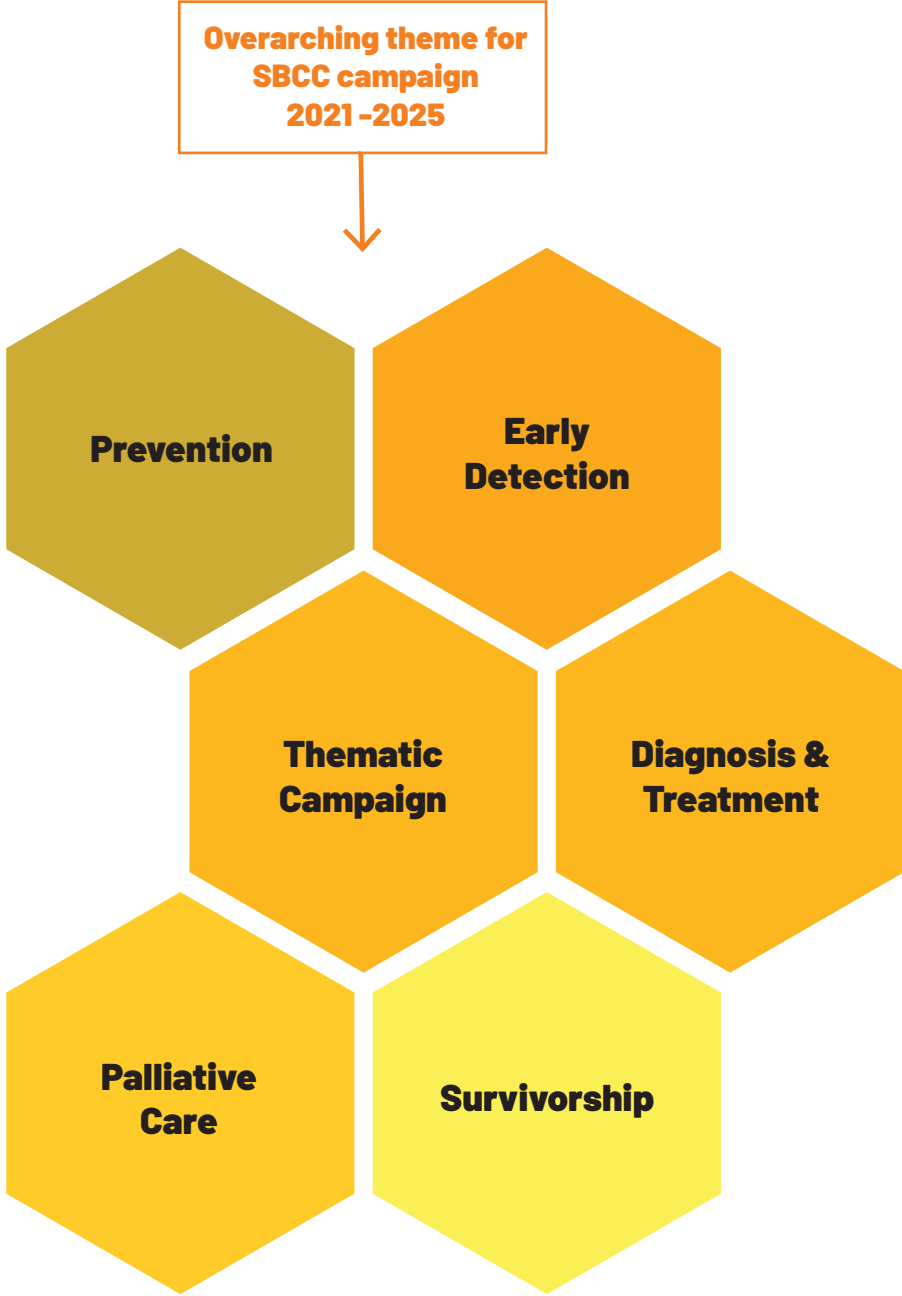
Figure 2: Campaign structure

While the thematic campaign would create an overall 'brand' for the program, each of the sub categories would create its own campaign theme, developing mnemonics, colours, phrases, etc., as per the campaign design.

2.2.2 Social-ecological model of health

The SBCC strategy will be developed based on the Social-Ecological Model of Health for each of the sub-campaigns to have the best outcomes of this process. Each intervention and related audience will be identified and addressed using this model.

Figure 3: Social ecological model of health

Daniel Stokols (1996) proposes four core principles that underlie the ways the Social Ecological Model can contribute to efforts to engage communities.[15]

- Health status, emotional well-being, and social cohesion are influenced by the physical, social, and cultural dimensions of the individuals' or communities' environment and personal attributes (e.g., behaviour patterns, psychology, genetics).
- The same environment may have different effects on an individual's health depending on a variety of factors, including perceptions of ability to control the environment and financial resources.
- Individuals and groups operate in multiple environments (e.g., workplace, neighborhood, larger geographic communities) that "spill over" and influence each other.
- There are personal and environmental "leverage points," such as the physical environment, available resources, and social norms that exert vital influences on health and well-being.

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15. https://www.atsdr.cdc.gov/communityengagement/pce_models.html

2.2.3 Stakeholder mapping

Stakeholder mapping involves the identification of the interested parties, their interests, possible impacts and influences and the ways in which they interact between themselves or within the process. Typical examples of target groups include formal and informal representatives who are, or could be, affected by the activity, such as authorities, politicians, media, local citizens, local representatives, opinion leaders, pressure groups, employees, scientists and specialists, young people and so on.
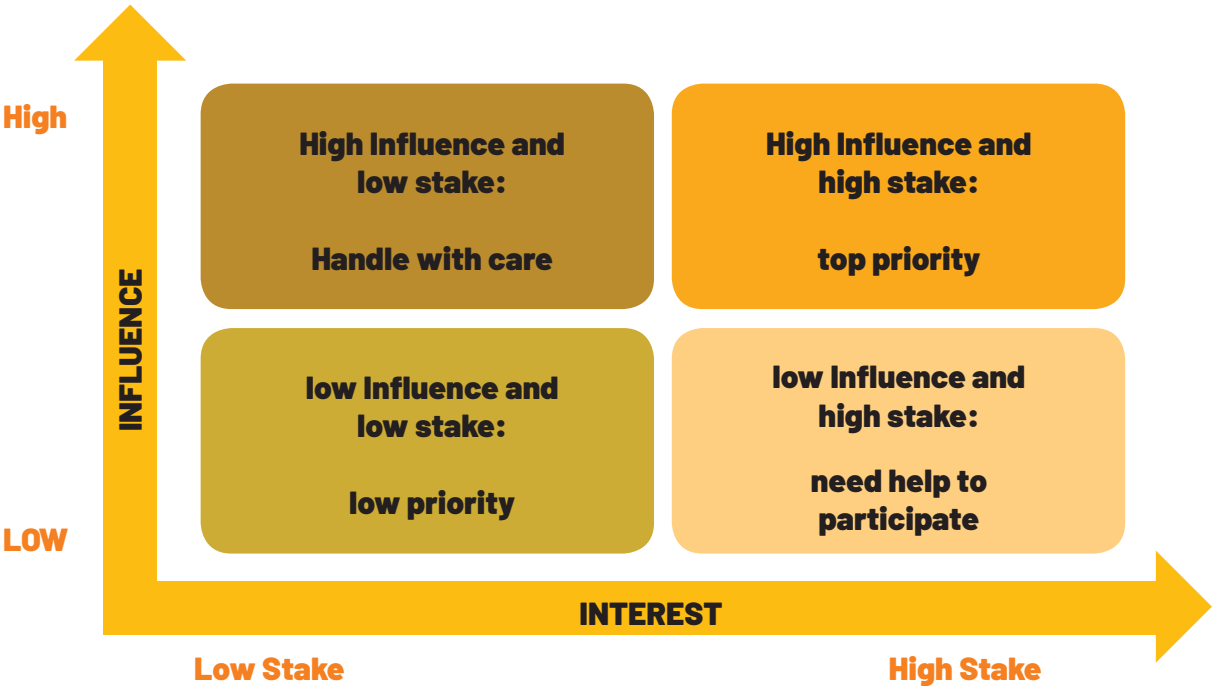
Figure 4: Stakeholder mapping model

For each of the relevant target groups, as part of the stakeholder mapping, it is important that we understand their knowledge and initial opinion about the project or activity, as well as their attitudes and behaviour, so as to be able to communicate with them. We need to recognize what should be addressed in the opinion of the target groups in order to meet the goals of the project or activity. Also, it is of benefit to identify those who could be allies or partners in the communication activity. Based on the results of the stakeholder mapping, appropriate communication approaches can be developed for each of the groups.

2.2.4 Integrated campaign design

Creating an integrated campaign with one central idea with multiple sub campaigns with focused messaging that would be relevant to the issue and audience.

Figure 5: Campaign integration

The five-year implementation plan will comprise different types of communications as indicated in the above figure.

Advocacy will have to play an important role in order to create patient centric environment for seeking the necessary health services to manage equity and equality to all as highlighted in the NSP.

Media campaigns will be developed depending on the need and the messaging necessary at the relevant time. These campaigns can be both thematic and tactical and will use electronic, print and social media as needed. When developing the media campaigns, it is important to follow the below mentioned guidelines:

- Communications objective/s
- Specific target audience/s
- Their media of choice; media vehicle, programs and content relevant to them
- Available budgets to develop the campaign

The same scientific approach will have to be followed when developing a social media campaign for best outcome. Social media marketing can help with a number of goals, such as:

- Increasing website traffic
- Building conversions
- Raising awareness on the issue
- Creating an identity and positive association towards the issue being discussed
- Improving communication and interaction with key audiences

When designing a strategy for social media, it is important to follow the social media marketing funnel, which is split into four main sections in regards to your social media marketing: discovery, intent, conversion, and loyalty. With this framework, messaging and platform identification becomes scientific.

To achieve a positive outcome, below are some questions that need answers when defining the social media marketing goals:

- What are you hoping to achieve through social media marketing?
- Who is your target audience?
- Where would your target audience hang out and how would they use social media?
- What message and when do you want to send to your audience through the planned campaign?

Public relations is a marketing communications method involving the use of publicity and other unpaid promotional methods to deliver messages. Here too, careful analysis of the objective of the release, audience, messaging plays a crucial role in developing a successful public relations campaign that produces results. Media releases, interviews, opinion pieces, editorials are some examples of impactful public relation tools that can be considered as a part of the overall communications mix.

Location based communications can be categorized as out of home communications which has to be created with a sensitivity, based on the physical location it will be displayed. As an example, the messaging at a bus shelter needs to be different to a message displayed in a clinic or a salon. Ideally, the ambience of the location has to be compatible with the message.

Touch point communications is also an important aspect when developing the communications mix. The messaging developed for a child in a school would have to be different to that of a message for the same child via media. A midwife may carry an iPad with a show and tell message when visiting a home, but the clinic may have a poster. These are examples to illustrate the point under this segment.

03. SBCC STRATEGY FOR THE CAMPAIGN DEVELOPMENT

3.1 Campaign development – thematic campaign

The campaign to be developed on a positive and collective tone which gives hope to those who have an extremely negative perception on the idea of contracting cancer. The thematic campaign should attempt to bring conversations about cancer out into the open and attempt to mitigate the social stigma that prevails.

The campaign idea should ideally rally the public towards a perceived 'common health demon' who can be defeated through creating talkability, engagement and empathy. The campaign should move the public from **sympathy to empathy** when dealing with cancer.

Proposed idea for the thematic campaign to be developed around an emotional idea that can be integrated to the standalone campaigns as well. Following is an example of such a campaign theme:

#LoveLife
ජීවිතයට ආදරයෙන්
(Place holder only)

3.1.1 Proposed tone, look and feel for the campaign

The campaign to have a sense of care and concern that would galvanize the nation towards a common call to action. All material developed under the thematic campaign need to have one look and feel; which means the colours, typography, photography, tone of the message etc., need to have a familiarity. The sub-categories to develop its own look and feel and personality. This would largely help in connecting the dots of the overall NCCP communications.

3.1.2 Overall communications tools for the campaign:

- A revamped website, dedicated to NCCP
- A mass media campaign, with a special emphasis on TV
- A Cancer Risk Calculator in the form of a Mobile App to be introduced as a preventive measure with the launch of the thematic campaign.
- Suggested rollout of the campaign to be with a national marathon titled 'run2prevent', which can be an annual feature which provides a platform to integrate all the preventive messages and diverse social groups.
- A national 'lottery' to be introduced as a fund raiser which also can open doors to engagement and public conversation.
- Effective use of social media platforms such as Facebook YouTube, TikTok and Instagram, especially using survivor stories and influencer voices
- Introduction of an 'edutaining' and interactive App for school children

3.2 Advocacy Strategy & Plan

For any behaviour change project to be successful, the ecosystem needs to be conducive for the public to respond to the call to action messaging disseminated through the campaign. Therefore, social enablers such as laws, policy, services and political commitment needs to be harnessed as one of the most important aspects of the advocacy strategy.

Table 1: Advocacy plan

Influencer category	Profile	Issue to be advocated	Tools of engagement
High Influence / High stake	President and the cabinet	Policy intervention and budgetary provision to implement the five-year strategy. A healthier nation with less financial burden on NCDs	One on one presentation and discussion with draft policy recommendations
High Influence / High stake	Minister of Health	Be the catalyst of influence for the Cabinet	Political networking with presentations
High Influence / High stake	Policy makers of health	Equality and equity of health services to all	Presentations and workshops
High influence/ high stake	Medical Practitioners / Health Professionals	Importance of timely referrals and diagnosis	Regular trainings and awareness programs
High influence/ high stake	Ayurvedic practitioners	Importance of timely referrals and diagnosis	Regular trainings and awareness programs
High influence / low stake	International donors	Strategic interventions for grants and loans to further develop the health sector	Meetings and proposals
High influence / low stake	Media / Journalists /	Importance of responsible and factual sharing of health information Responsible and sensitive reporting without the use of scare tactics etc.	Sharing media releases, presentations via workshops and developing relations with 'health journalists'
	Film and teledrama script writers and directors	Consider including positive messages on cancer prevention, early detection, treatment, survivorship and palliative care into scripts	Films / Teledramas

Influencer category	Profile	Issue to be advocated	Tools of engagement
High influence / high stake	Chambers and Private sector corporates	Importance of promoting a healthy work force which is beneficial for the companies in the long run	Training programs / Workshops on carrying out routine health checks on the employees.
Low influence / high stake	Members of the opposition	Responsibility to champion that all Sri Lankans have access to equitable and equal health system	Share strategic plan
High influence / low stake	Clergy	Responsibility to influence their followers about having both a healthy mind and healthy body.	Direct mailer, one to one discussions with popular Buddhist clergy who have a media and social media following
High influence/ high stake	Celebrities and social influencers	Promote the idea of early detection message via their platforms and networks Support the concept of prevention and positive outcomes of early detection	Social media, events, sponsorship endorsements Organize innovative projects and events

04. CAMPAIGN DESIGN FOR THE PREVENTION PHASE

While most of the NCD prevention campaigns highlight similar messages, it is important that the cancer prevention communications also carry these messages[16] amongst the general public, while the high-risk groups need more focused interventions. The difference being that these messages will be carried under the '#LoveLife' theme.

- Eat a healthy diet
- Maintain a healthy weight and be physically active
- Get vaccinated
- Avoid risky behaviours
- Get regular medical care
- Avoid tobacco and areca nut

Therefore, while a general campaign on healthy living is developed, high risk, issue-focused campaigns are proposed.

Table 2: Communications tools for the prevention phase

Target audience	Barrier	Message	Communications Tools
General public	They do not connect unhealthy lifestyle to cancer	"Change your lifestyle and live healthy. Cancer is preventable"	Paid and unpaid Mass media and Digital media / Out of home communications and touchpoint communications Introduce the concept of using a **Cancer Risk Calculator** on the mobile phone
Obese males and females	Lives to eat!	Eat Smart Workout smarter / harder	Paid and unpaid Mass media and Digital media / Out of home communications and touchpoint communications
Parents of obese children	Feel bad to restrict food for their children	Love is keeping your kids away from unhealthy food	Paid and unpaid Mass media and Digital media / Out of home communications and touchpoint communications Introduce the concept of using a **Cancer Risk Calculator** on the mobile phone

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16. https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/cancer-prevention/art-20044816

Target audience	Barrier	Message	Communications Tools
School children	No idea / interest in healthy living	Learn to eat well and play well Artificial mixtures are totally addictive, can be cancerous and will harm you long term	YouTube channel with cartoons, school / class room activities an 'Edutaining App' to capture the interest through information, education and engagement
Heavy Smokers	Living in denial of possible lung cancer	"Cancer can send all your dreams up in smoke faster than you think"	Paid and unpaid Mass media and Digital media / Out of home For those with children; use of children to drive guilt to the father Introduce discussions, programs and events by partnering with private sector companies. Promote **#IQuitSmoking** groups on FB and also in offices Use celebrity / influencer marketing to spread message
Heavy Drinkers	Loves 'enjoying the moment' too much to care	Anything in excess will be regrettable	Paid and unpaid Mass media and Digital media / Out of home For those with children; use of children to drive guilt to the father Promote **#IQuitDrinking** groups on FB and also in offices Use celebrity / influencer marketing to spread message

4.1 Circles of influence and touchpoints for the target audiences:

Instituitional		• Health workers at clinics • Peers • Place of work • Salons / gyms
Community		• Associations • Clubs • CBOs • Family doctor
Home		• School children • Midwife • Media • Social Media

Circles of influence becomes extremely useful to effect behaviour change. It is therefore important to identify each of these influencer publics and also places that the target audiences visit / gather in order to either deliver a direct message or a message conveyed through an influencer.

E.g.: A trainer at a gym and a hairdresser at a salon play a very influential role in one's life. Therefore, targeting the influencers and using the related touchpoint to convey the message is a strategic move. Each of these touchpoints need target specific and location specific tools of engagement.

05. CAMPAIGN DESIGN FOR THE EARLY DETECTION PHASE

Studies have shown that there are seven (7) signs of cancer, which if detected early will help in saving the life of the patient. However, these may change according to the type of cancers. It is important that this list being 'top of mind' as a general information on cancers at all touch points as possible and to weave into the communications material consciously.[17]

- Change in bowel or bladder habits
- A sore that does not heal
- Unusual bleeding or discharge
- Thickening or lump in the breast or elsewhere
- Indigestion or difficulty in swallowing
- Obvious change in a wart or mole
- Nagging cough or hoarseness

Under the 'early detection' strategy, three specific cancers will be highlighted; breast, cervical and oral.

5.1   Breast cancer

5.1.1   Primary audience – women above 20 years of age, who have different lifestyles based on four broad classifications

Table 3: Communications tools for early detection of breast cancer

Primary Target	Barrier	Trigger	Communications Tools
Urban working	Cancer is never considered a possible health threat	A lump in your breasts can lead to a cancer. Best to get it checked to avoid regret later	TV, Social media, Tabloids, Drive time radio, posters and leaflets at gyms, salons, rest rooms, messaging via inhouse PA systems, workshops, discussions, events
Urban Housewife	Cancer is never considered a possible health threat	A lump in your breasts can lead to a cancer. Best to get it checked to avoid regret later	TV, Social media, Tabloids, posters and leaflets at gyms, salons
Rural working	Cancer is never considered a possible health threat	A lump in your breasts can lead to a cancer. Best to get it checked to avoid regret later	TV, Social media, tabloids, leaflets, posters, inhouse PA system

17. https://my.clevelandclinic.org/departments/cancer/patient-education/wellness-prevention/warning-signs

Primary Target	Barrier	Trigger	Communications Tools
Rural Housewife	Cancer is never considered a possible health threat	A lump in your breasts can lead to a cancer. Best to get it checked to avoid regret later	TV, Social media, tabloids, leaflets, posters

5.1.2 Building a stronger 'brand awareness'

- Develop a creative campaign to be used on mass media and social media on a compelling theme to create talkability
- Breast cancer Identification – Since the colour **pink** has been identified as the commonly associated colour for breast cancer, always use it for the advantage to promote the concept
- It is proposed that breast cancer awareness is promoted not only once a year, but weekly, with the concept **"We Wear Pink on Wednesdays"** campaign started by Roshan Mahanama and now linked to Indira Cancer Trust
- Link up with fashion projects such as **'Jataa'** to make cancer less fearful and stigmatized
- Create a fashion statement with 'bald is beautiful' and have an annual fashion show, widely publicized on media and social media so that more open conversations can be started
- Link a **'prevent cancer'** segment to the Colombo Fashion Week

5.1.3 Circles of influence for breast cancer prevention and detection

Instituitional
- Work place
- Well woman clinics
- Gyms / Salons / Spas
- Partnerships with other associations

Community
- CBOs
- Womens' Societies
- Neighbours / friends
- Religious congregations
- Family physician / Primary Health Care Physician
- Ayurvedic Physician

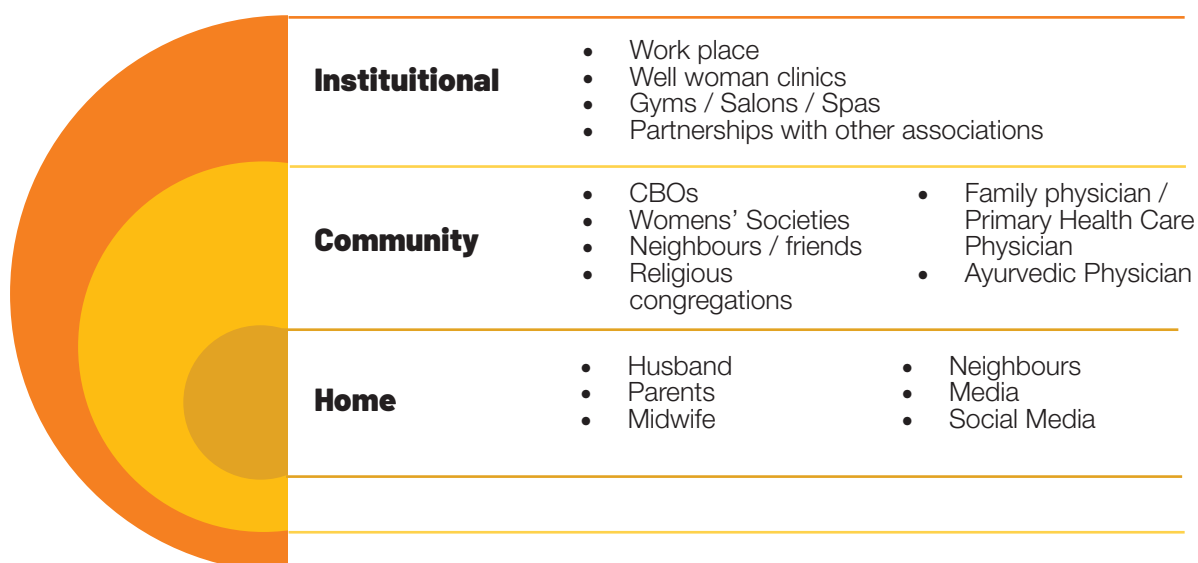**Home**
- Husband
- Parents
- Midwife
- Neighbours
- Media
- Social Media

Table 4: Touchpoint communications for breast cancer prevention

Touch Point	Communications Tool	Strategic use of media
Home	Electronic and print media	Paid advertising and use of public relations in media in the form of discussions, articles, interviews etc in selected channels and programs
	Digital Media	Creation of an **interactive digital strategy** comprising a website dedicated to cancer information, Facebook (fresh look for current FB page), using existing social pages, Instagram, Tik Tok, YouTube Channel and influencer marketing
Community	Neighbourhood support groups	Creation of simple IEC material to be disseminated amongst these groups
Clinics / OPDs Gyn & Obs Chambers	Videos and Posters	Show and tell video and poster
	Create a 'breast examination' week at each clinic and promote it	Simple leaflets
Midwife	To carry an iPad with show and tell video	Leaflets to be distributed amongst target audience
Pharmacies / Dispensaries	Poster	Pharmacy training programs
Salons / Spas	Elegant Poster / Flyers	Connect the hairdressers with the hair donation scheme started by Indira Cancer Trust
Work Place	Poster for the rest rooms	Corporates to be encouraged to have breast examination days (at least) once a year

5.2   Cervical cancer

World Health Organization (WHO) recognized the need to eliminate cervical cancer as a public health problem by declaring a global strategy in 2020. The following global goals were set as interim targets for elimination of cervical cancer by 2030:[18]
- 90% of girls fully vaccinated with the HPV vaccine by 15 years of age
- 70% of women screened using a high-performance test by 35 years of age and again by 45 years of age
- 90% of women identified with cervical disease are treated

Sri Lanka being the first country in South East Asia, developed the country strategy to achieve the following in keeping with the global elimination drive.
- Maintaining low incidence of cervical cancer
- High surveillance rates with good quality of life
- Minimal disabilities and suffering from effects of cervical cancer

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18. National Strategic Plan to reach the interim targets of Cervical Cancer Elimination in Sri Lanka 2021 – 2030

The country strategy also gives priority to primary prevention through vaccination against HPV to achieve 90% coverage by securing sufficient and affordable HPV vaccines and increasing the quality and coverage. Further, communication and social mobilization strategies have been included to increase awareness. Cervical cancer screening strategies have been included for the achievement of 70% coverage with a high performance test and a country wide treatment plan.

5.2.1 Developing a strong brand and an awareness campaign for cervical cancer

An awareness campaign for cervical cancer needs to be two pronged based on the very different target audiences, namely the school girls and older females in the 35-60 age group. However, here too, similar to breast cancer, there is a need to create a 'strong brand' for prevention of cervical cancer, which needs to be promoted as a stand alone campaign.

- Develop a mnemonic and a unique colour associated with cervical cancer communications
- Create a cervical cancer awareness month, similar to breast cancer awareness month
- Conduct a cervical cancer screening day each month via the WWC and promote this service locally
- Create an open discourse on cervical cancer through programs such as 'The Vagina Monologues' [19] (stage drama) in English, Sinhala and Tamil, in a culturally sensitive, yet engaging manner
- Sign up spokes persons to talk about the importance of regular screening and the importance of the HPV vaccination for young girls

5.2.2 Concepts to be promoted within the campaign:

- Vaccinate your girl child at the age of 10- 11 years
- Get your regular Pap smear done at the age of 35 years and 45 years. There are more than 1000 WWC in the country, make sure you are screened without further delay

5.2.3 Profiling the target audiences

Based on the above interventions, the campaign will focus on two very different target audiences and influencers for HPV vaccination and screening for early detection, prevention and control of cervical cancer.

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19. The Vagina Monologues 2018 – YouTube

Table 5: Audience profiling for cervical cancer

Intervention	Audiences	Challenges
HPV vaccination	All school girls in government schools, studying in the sixth grade or 10-11 years of age	While the EPI program will carry out the coverage of the school children, there is a lack of awareness among parents, adults and teachers on why this is necessary
	All girls in private and international schools, studying in the sixth grade	The EPI may not cover some of the private and international schools and lack of awareness and importance of getting this done may go unnoticed
Screening and medical examination	Women in the age groups of 35-60 years	Total lack of awareness on the importance of cervical cancer screening programme. Cervical cancer is not in their top of mind choice set of medical priorities

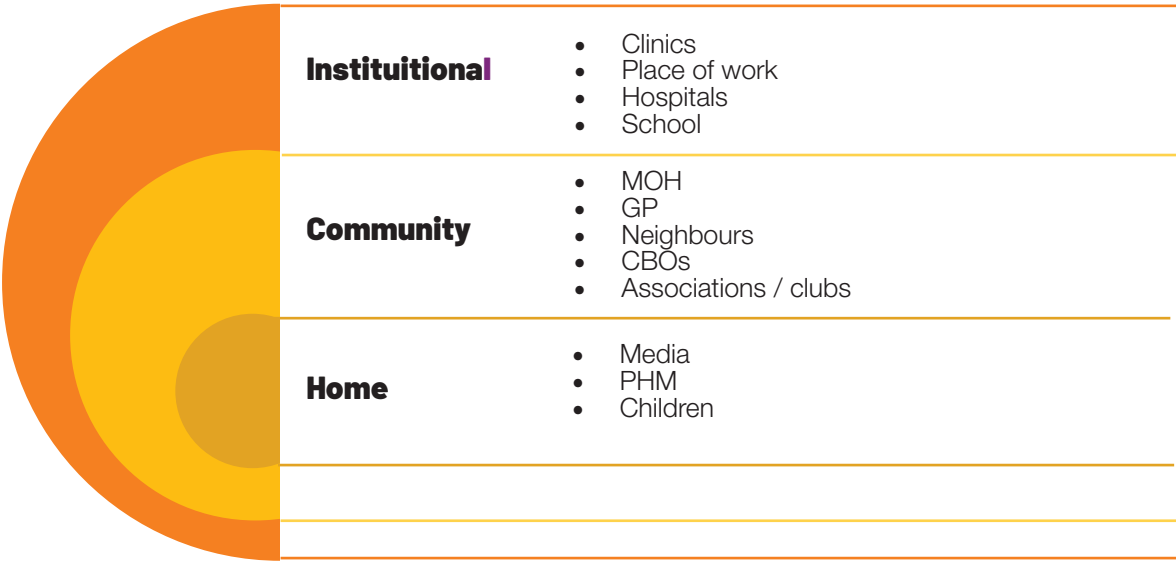### 5.2.4 Circles of influence for HPV vaccination program

Instituitional
- Clinics
- Place of work
- Hospitals
- School

Community
- MOH
- GP
- Neighbours
- CBOs
- Associations / clubs

Home
- Media
- PHM
- Children

Table 6: Touch point communications for HPV vaccination
Overarching message – "Cervical cancer is preventable. Act now!"

Touch Point	Communications Tool	Strategic use of media
Home	Electronic media	Paid media on TV and Radio Use of AOBs and PSA's Unpaid media via TV discussions, print media interviews and articles, especially on weekend papers and tabloids
	Social media	Discussions on social media channels such as 'Apé Miss', 'Health Tips in Sinhala' etc Planned campaigns on Facebook, Instagram and TikTok Celebrity messaging using youth icons
School	Illustrated card with a message Leaflet Audio visual presentation	Insert in the text books for girl children of 10 and 11 years Distribute to homes with girl children by PHM To show and tell at school through health clubs by PHI Use PPA's and School Development Committees
Sunday School	Illustrated card with a message	To be given to girls of target age
Clinics / Hospitals / GP / Dispensaries	Poster	For use at public waiting areas
	Audio visual presentation	For clinics and waiting areas

5.2.5 Circles of influence for women of 30-65 years

Instituitional
- Work place
- Well woman clinics / Healthy Lifestyle Centres
- Gyms / Salons / Spars

Community
- CBOs
- Womens' Societies
- Neighbours / friends
- Religious congregations
- Family physician / Ayurvedic Physician
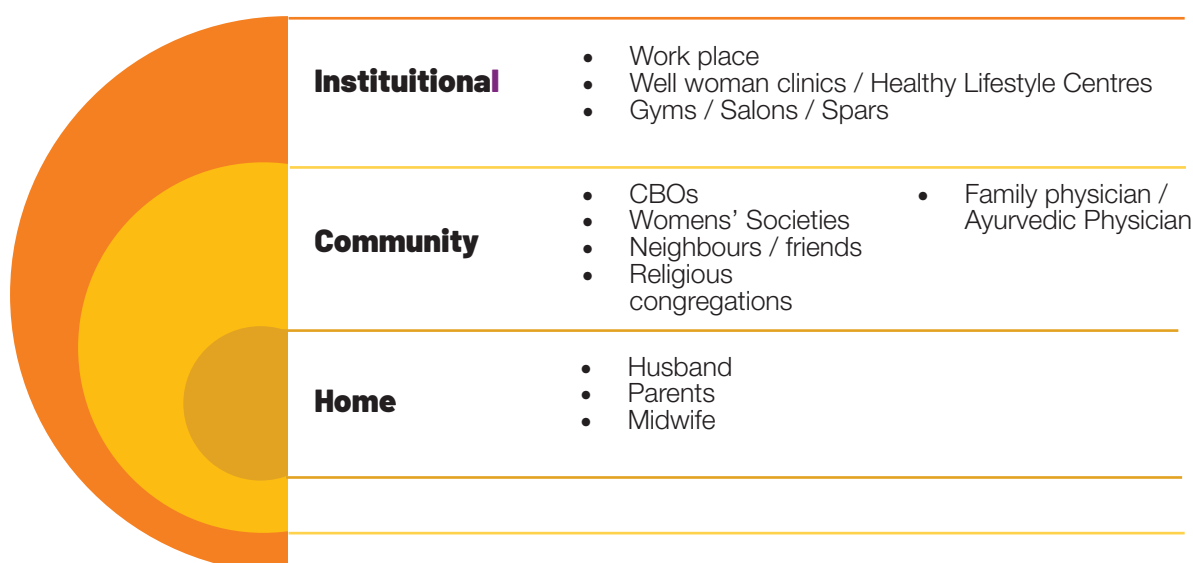
Home
- Husband
- Parents
- Midwife

Table 7: Touchpoint communications for screening for early detection and treatment

Touch Point	Communications Tool	Strategic use of media
Home	Electronic and print media	Paid advertising and use of Public Relations in media in the form of discussions, articles and interviews in selected channels and programs
	Digital Media	Creation of a Digital Strategy comprising a common website dedicated to all cancer information, Face Book (fresh look for current FB page), using existing social pages, YouTube Channel and influencer marketing
Clinics / OPDs Gyn & Obs **Chambers**	Videos, Posters and a handbook	Short informative Video and Poster to be displayed at clinics GP's and Public Health Clinicians to order a pap-smear as a routine checkup for the target audience
Midwife	iPad with show and tell video Simple but clear leaflet with a call to action	Show and tell video
Pharmacies / Dispensaries	Poster Simple but clear leaflet with a call to action	Single minded message with a clear call to action
Salons / Spas	Leaflet / Hand book	Single minded message with a clear call to action
Work Place	Leaflet / Hand book	Corporates to be encouraged to have breast examination days once a year while promoting cervical examinations

5.2.6 Common messaging for cervical cancer

- Vaccination prevents cervical cancer. Act today!
- Cervical cancer is preventable through a healthy lifestyle
- Practice safe sex and avoid sex at a young age
- Smokers have higher risk of cervical cancer than non-smokers
- A healthy lifestyle enhances the immune system and prevents cancer

5.3   Oral cancer

5.3.1   High risk Groups:

- Laborer community
- Estate community
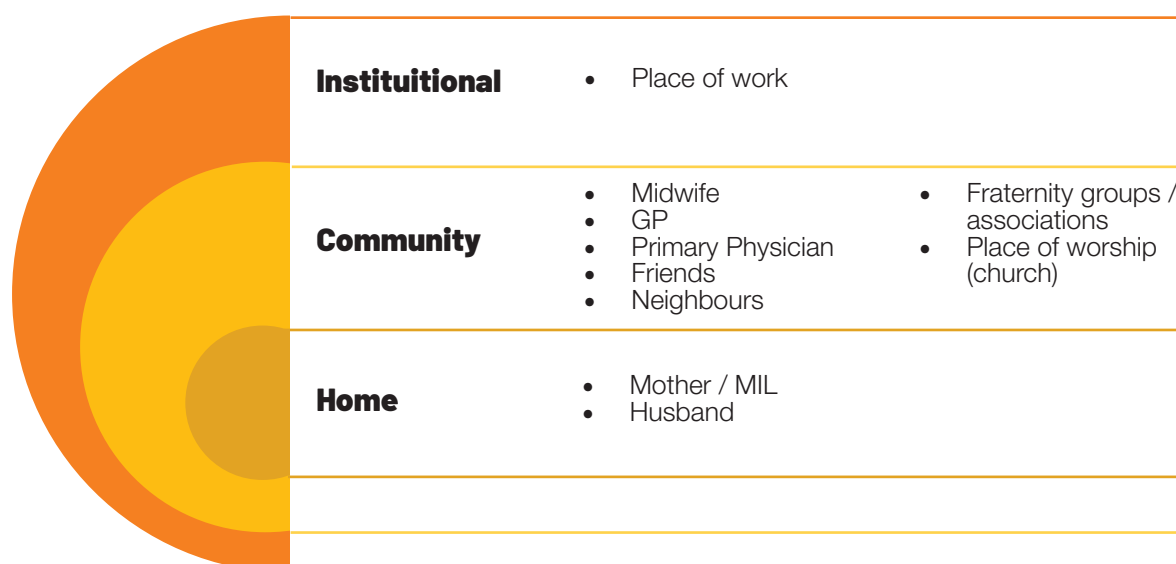- Bus drivers and conductors
- Gem miners
- Farmers
- Carpenters

Table 8: Communications tools for prevention of oral cancer

Risk group	Influencer	Media / Touch points	Communications tool
Laborer community	Midwife / PHI / GP / Dentists/ Ayurvedic physician / Pharmacist / school going child at home / clergy /	TV / Radio / Corner shop / Pharmacy / OPD clinic / Bus shelter / Bus/ Train / stickers inside trishaws	TV commercial / slide Radio PSA / Poster / leaflet / bus shelter design
Estate community	Midwife / PHI / Estate doctor / Sinnadorai and Periyadorai / clergy	TV / Radio / Estate shop/ Estate dispensary/ stickers inside trishaws Estate office and pay packet	TV commercial / slide Radio PSA / Poster / leaflet / video documentary / bus shelter design In addition, presentations at community gatherings and message with pay packet
Bus drivers and conductors	Midwife / PHI / GP / Dentists/ Ayurvedic physician / Pharmacist / school going child at home / clergy /	TV / Radio / Corner shop / Pharmacy / OPD clinic / Bus shelter / inside the bus Work with Private Bus Owners Associations	Stickers inside buses/ TV commercial / slide Radio PSA / Poster / bus shelter design
Gem miners	Midwife / PHI / GP / Dentists/ Ayurvedic physician / Pharmacist / school going child at home / clergy /	TV / Radio / Corner shop / Pharmacy / OPD clinic / Bus shelter / stickers inside trishaws	TV commercial / slide Radio PSA / Poster / bus shelter design

Risk group	Influencer	Media / Touch points	Communications tool
Farmers	Midwife / PHI / GP / Dentists/ Ayurvedic physician / Pharmacist / school going child at home / clergy /	TV / Radio / Corner shop / Pharmacy / OPD clinic / Bus shelter / stickers inside trishaws	TV commercial / slide Radio PSA / Poster / bus shelter design Presentations by PHIs at farmer associations
Carpenters	Midwife / PHI / GP / Dentists/ Ayurvedic physician / Pharmacist / school going child at home / clergy /	TV / Radio / Corner shop / Pharmacy / OPD clinic / Bus shelter / stickers inside trishaws	TV commercial / slide Radio PSA / Poster / bus shelter design
School children	Parents / Teachers / Principal / PHI / Sunday school teachers / school counselor /	TV / Posters / Messages in school public areas /	Principal and PHI to address this issue at school assembly with a video

5.4 Pediatric cancers

5.4.1 Primary audiences – young parents

Instituitional
- Place of work

Community
- Midwife
- GP
- Primary Physician
- Friends
- Neighbours
- Fraternity groups / associations
- Place of worship (church)

Home
- Mother / MIL
- Husband

5.4.2 Touch point communications

Table 9: Touchpoint communications for prevention of pediatric cancer

Touch Point	Communications Tool	Strategic use of media
Home	Advertising and PR material	Awareness programs on traditional media. Heavy use of digital marketing through the website, Facebook, Instagram, YouTube, WhatsApp groups
Midwife	Show and tell tools	Direct parents to Primary Physician
Clinic	Video / Poster / Hand book	Explain tell-tell signs
Pediatrician	Video / Poster / hand book	
GP	Video / Poster/ hand book	Training for GP's

5.5 Symptoms of other common cancers

Table 10: Symptoms of common cancers

Type	Early detection symptoms / Awareness on symptoms
Colorectal cancer	Loss of appetite Loss of weight Rectal bleeding altered bowel habits
Prostate cancer	Hesitancy weak stream urgency in urination frequency nocturia
Esophageal cancer	Dysphagia loss of appetite loss of weight vomiting after meals recent change in voice
Lung cancer	Chronic cough with blood-stained sputum loss of appetite, loss of weight
Thyroid cancer	Solitary thyroid nodule

Since there are many cancers and many symptoms to be made aware amongst the public, it is proposed a Cancer Awareness Month be declared by the government so that the public can be made aware, mobilized and sensitized about the importance of cancer in a consolidated manner.

06. CAMPAIGN DESIGN FOR DIAGNOSE AND TREATMENT

The earlier a cancer is diagnosed and treated, the better the chance of it being cured. However, the moment the diagnosis happens, the patient and his / her extended families face a number of questions which vary between personal, medical, social, spiritual, etc., that need reassuring and convincing answers. The communications strategy and tools need to be developed keeping this in mind.

6.1   Communication needs for diagnosis and treatment

Treatment

Home care & support
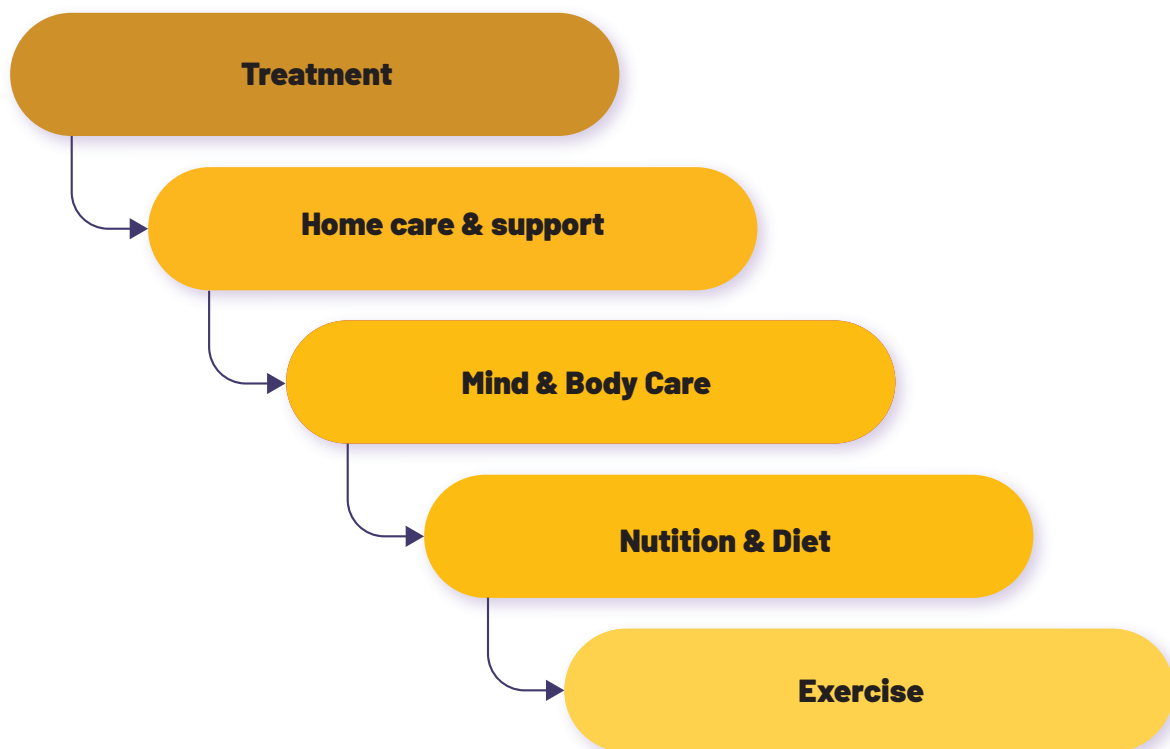
Mind & Body Care

Nutition & Diet

Exercise

Figure 6: Touchpoints and information needs for diagnosis and treatment phase

The following tools are proposed to disseminate information and messages at different touch points for the patients and their families. The campaign website is one of the main platforms for this information to be made available.

- Small booklet
- Audio Visual presentation
- The website to have a common Q&A section
- Greater awareness on the existing cancer support groups
- Develop mind and body calming talks and programs on YouTube

07. CAMPAIGN DEVELOPMENT FOR SURVIVORSHIP AND PALLIATIVE CARE

Palliative care is an approach that **improves the quality of life of patients (adults & children) and their families** who are facing the problems associated with **life-threatening illness,** through the **prevention and relief of suffering** by means of **early identification** and **impeccable assessment and treatment** of pain and other problems, physical, psychosocial and spiritual. (WHO, 2016)

This campaign would create awareness on the importance of providing the right care in addition to the treatment and support the patient and the support system with the best survival guidance, to minimize the trauma and suffering.

Palliative care and survivorship exist within three (3) spheres and information and awareness need to be provided at each of these points;

Institutional environment

Community environment

Home environment

Figure 7: Palliative care and survivorship spheres

At each of these locations, the patient and the care giver need to be aware of WHAT, HOW, WHEN, WHERE and BY WHOM care has to be provided to the patient. Therefore, communications material would be developed taking these aspects into account. The main emotion that needs to be conveyed via all messaging is EMPATHY and NOT SYMPATHY

The communications material can take the following forms;

- Audio blogs that can be shared and listened to easily
- Newspaper articles and interviews
- Radio and TV discussions and interviews
- YouTube channel dedicated to patients who need to hear gentle, caring messages and talks which can include spiritual discussions
- PA system in the palliative care centres to have specially produced audio material with soothing music and a collection of spiritual talks

For those patients who get diagnosed with cancer, a booklet identifying fears and concerns of the patient and family can be printed and handed out. This booklet will address personal, social, medical and institutional aspects that are common to most situations.

08. INTERNAL COMMUNICATIONS AND TRAINING

Ongoing training, educating and updating on new world trends, patient care is an important component of the communications mix which falls within the concept of internal communications. This segment needs to straddle both care and cure aspects of communications pertaining to the patients and family members.

Health sector audiences and communication tools

Table 11: Health sector audiences and communication tools

Audiences	Training methods
Midwives	Workshops, regular and ongoing training using audio visual material and role play
PHI	Workshops, regular and ongoing training using audio visual material and role play
MoH	Workshops, regular and ongoing training using audio visual material and role play
GPs	Posters and booklets
Health workers at exclusive cancer care institutions	Workshops, regular and ongoing training using audio visual material and role play
Oncologists	Training through Sri Lanka College of Oncologist sharing of research papers
Ayurveda Practitioners	Regional Workshops Booklet with clear call to action.

09. IMPLEMENTATION OF THE CAMPAIGN

The campaign implementation will have to be planned based on the following basis;

- Launch of thematic campaign that gives hope and confidence towards a dreaded disease
- Thereafter, the sub campaigns can be rolled out based on the severity of the issue or coincide with the NCCP's focus on providing a new or improved service facility
- The sub categories can be both thematic and tactical depending on the specific communications objective
- An annual plan as a blue print would help each year
- Each campaign to have a 'brand' look, feel and a tone that should be maintained throughout
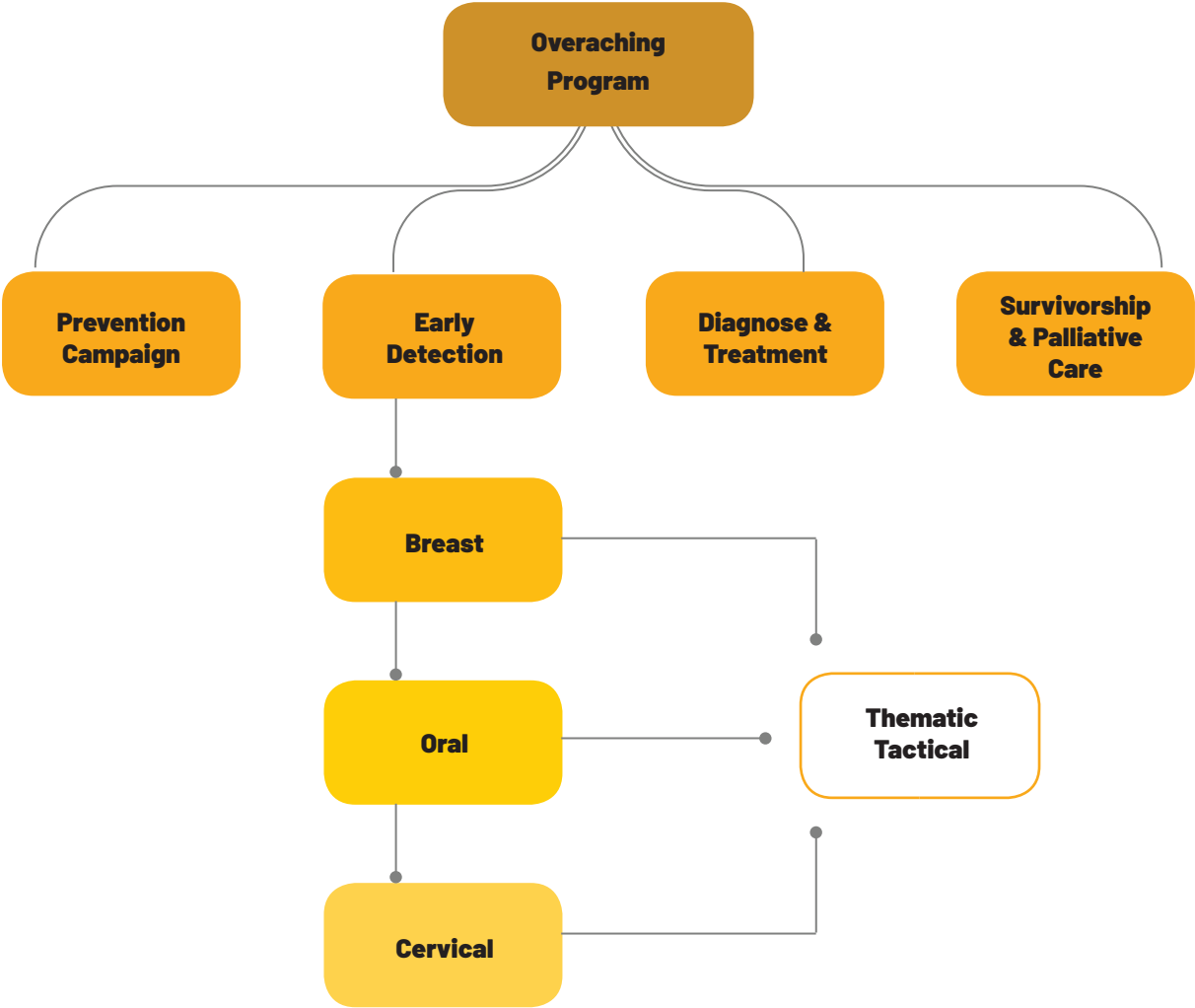

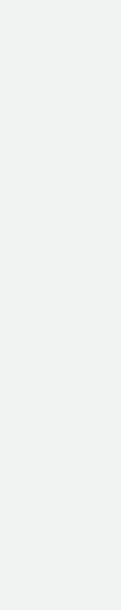**Figure 8: Campaign roll out framework**

10. CAMPAIGN ROLL OUT PLAN – 2022

This roll out plan is for the first year, which can be repeated with appropriate modifications

Campaign	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Comment
Launch of awareness campaign		■	■	■									
Create a cancer awareness month on the annual calendar						■							Create awareness on general cancers, organize detection and treatment in a focused manner
Prevention	■			■			■			■			This campaign to be stretched across the year with hiatuses
Detection and treatment													
Breast									■				
Oral						■							
Cervical						■							
Male Cancers					■								
Pediatric		■		■		■		■		■		■	Develop an identity for this as done for breast cancer
Survivorship & Palliative		■				■				■			

11. ONGOING STUDIES

Since there is a lack of information on knowledge, attitudes and perceptions on cancer, it is proposed that a baseline study be carried out prior to launching the campaign where prevailing myths and perceptions can be clearly addressed.

Subsequently, either a midline study or an end line study needs to be commissioned to understand if the public perceptions and behaviour has changed. In addition, small surveys can be initiated at clinics and cancer institutions to help enhance the service and communications to the patients and public at large.