

A Brief Look at Effective Health Communication Strategies in Ghana

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Abstract

Health communication is widely considered to be a major aspect of any public health campaign. Strategies integrated into a community, based on personal contact and delivered through culturally appropriate media, are effective communication tools in Ghana. However, no comprehensive research has been conducted to analyze the success of public health campaigns that include extensive use of interpersonal communication. The goal of the research conducted was to discuss the impact of personal contact in the success of Ghanaian public health initiatives. An analysis of four different public health campaigns in Ghana was performed, examining the communication strategies used in each. It was determined that using interpersonal communication, in conjunction with other appropriate strategies, gives the highest success rate in Ghanaian health campaigns.

I. Introduction

Health communication plays a vital role in public health campaigns designed to prevent infectious disease in the developing world. The purpose of the research presented in this article is to examine the role that interpersonal communication plays in the success of government-sponsored public health campaigns in Ghana. The goal is to determine whether imparting knowledge of infectious disease prevention and treatment on a personal level, not just via mass media, will better equip the government to be able to decrease preventable disease morbidity rates across the entire nation.

Infectious disease has been a significant component in the history of many countries and continues to have a major impact in worldwide (Koop, Pearson and Schwarz, 2001). The origin of infectious disease dates back to the beginning of civilization, when hunter-gatherers began to settle into villages and towns. The combination of close living spaces, the introduction of agriculture and irrigation, and the domestication of animals allowed ample ways for diseases to spread (Robbins, 2006). While it is generally acknowledged that the majority of diseases are either treatable or preventable in developed countries, most developing countries lack the advanced medical training and technology prevalent in Westernized countries. However, it is possible for the level of awareness of preventable diseases to be increased with the health communication models and systems that have been created for developing countries (Johns Hopkins, 2010). Unfortunately, this is often not the case. A case study on HIV/AIDS in South Africa shows that posters designed to increase awareness and change people's behavior towards this virus lack integral components from a communication perspective (Beaudoin, 2007). Another program focusing on reproductive health in Zambia used television to increase

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condom use and had positive results (Rossem and Meekers, 2007); however, this study is not applicable to regions of sub-Saharan Africa that do not have access to television.

The same is true for Ghana, a democratic country located in Western sub-Saharan Africa. Ghana is a country that exhibits marked differences in both cultural and climate changes in its various geographical regions. However, one thing is constant across the entire nation: infectious diseases are running rampant. Ghana, along with most African countries, has faced many infectious diseases for several centuries, including “malaria, syphilis [*sic*], yaws, leprosy, spirillum fever, dysentery and worms, to which must be added such epidemic diseases as yellow fever, small pox and sleeping sickness and the new imports of tuberculosis and cholera” (Boahen, 1990). While developed countries have created methods and treatments for these diseases, countries such as Ghana face economic, geographical, infrastructural, educational and political factors, as well as government corruption, that hinder them from treating and preventing such diseases (Koop, Pearson and Schwarz, 2001). While many of these issues are beyond the realm of communication, health communication can be used in conjunction with public health planning to increase levels of awareness of infectious disease in Ghana.

This research examines the methods in which the Ghanaian government has attempted to overcome its alarming medical issues with health communication to increase awareness of disease. Currently, almost half of Ghanaians have absolutely no access to healthcare due to a lack of staff and inaccessible or non-existent roadways (Mba & Kwanyike, 2007). Thus, it is important for these Ghanaians to have access to information on how to prevent lethal diseases still prevalent in their country, such as malaria, cholera, dysentery, dengue fever, sleeping sickness and worms. Communicating health information to under-educated and largely geographically inaccessible people is a significant challenge for any country; thus, this research examines the best way to enhance disease awareness in the developing West African country of Ghana.

II. Literature Review

A myriad of different studies have been conducted on various specific aspects of health communication in Ghana. Overall, these studies indicate that communicating to rural Ghanaians requires integration into a community that includes presenting material in a manner that rural persons are familiar with and allowing for discussion and input from community members.

Cultural familiarity often affects the way that medical information is effectively communicated in Ghana. For instance, when comparing the usage of traditional medicine versus Western biomedical medicine, Ghanaians typically tend to use traditional medicine because it is more fully integrated in Ghanaian lifestyles and is more familiar than biomedical medicine (Aries, Joosten, Wedgda & van der Geest, 2007). This preliminary understanding of the weight given to known information sources is the first aspect of Ghanaian culture that needs to be understood when communicating biomedical health information to the population.

As a result, this norm of sticking to the familiar seen with traditional medicine usage is expanded to being applicable to behavioral change in Ghana. Among adults and adolescents, peer education increases the chances that individuals will change their behavior by 1.74 times the normal amount simply due to the similarities that can exist between the educator and the target. Essentially, the higher the demographic similarities between the educator and the target group, the larger the increase in behavioral change towards the desired result (Wolf & Bond, 2002).

In Ghana, these demographic similarities, along with trends toward the familiar, can be observed in effective health communication. In the late 1940s, when health communication to the Ghanaian people by the government was beginning, attempts at showing film clips and using other modern technology failed. It was only through the use of specially designed puppet shows and performances tailored to the specific ethnic groups that the desired behavior and awareness level change occurred (du Sautoy, 1958).

It has been determined that the best communication strategy for developing countries is based on the idea of integration with the community. The principles of “inclusion, participation and self-determination” help defeat the major problems seen with solely increasing comprehension of why a certain health behavior is wrong (Ford, Abimbola, Renshaw & Nkum, 2005); such problems with just increasing comprehension include the fact that just understanding an issue does not lead to a change in behavior and that awareness alone does not hold people responsible for their own health. Allowing people to have input on how health informa-

tion is going to help them change by both discussing different communication channels to be used and setting goals for desired change together provide such responsibility (Ford, Abimbola, Renshaw & Nkum, 2005). Through these studies, it is clear that the closer a message is to the culture, expectations, and lifestyle of individuals and the more integrated a campaign is, the more effectively health communication information can be communicated to the Ghanaian people.

There have been a couple studies conducted trying to discover the best communication channels to reach Ghanaians. In a study on the implementation of a vitamin regimen in a Ghanaian village, a huge result of the research was the determination of the best manner to communicate with rural Ghanaians. Overall, it was determined that radio is the best way to communicate because, although many Ghanaians do not personally own a radio, most have access to one. In addition, “town criers, radio, posters, church, mosque and market announcements, loudspeaker vans and a song” were more popular and effective channels of health communication than community groups, television, movies, videos, healthcare personnel, billboards, newspapers and schools (Hill, Kirkwood, Kendall, Adjei, Arthur & Agyemang, 2007).

By examining this data and realizing that the more traditional, less mass media-oriented methods were the most popular among rural Ghanaians, it is clear that this supports another study conducted on the importance of folk-media as a communication channel. Folk media is a channel that uses communication methods already in place in certain villages to discuss pertinent issues, including health education and disease prevention and care. Since this type of communication is embedded in the culture of a particular community, it increases the audience’s belief and trust in it and thereby increases the likelihood of its effectiveness (Panford, Nyaney, Amoah & Aidoo, 2001).

A specific case example of this situation was seen in the successful *Stop Aids Love Life* HIV/AIDS prevention campaign. This campaign used song and dance through multiple different media channels, including radio, to reach Ghanaians across the country. The song was sung in many different languages and the campaign achieved success through the use of “the ABCs of prevention (Abstinence, Being faithful, and Condom use), ... [increased] personal perception of HIV risk, and testimonies from Ghanaians living with HIV or AIDS” (Johns Hopkins, 2003). By using different tribal languages, appropriate media forms and creating a similarity between the persons giving testimony and those listening, this particular campaign is an example of successful health communication strategies.

Overall, previous research has proved the importance of using folk-media, integration and culturally appropriate channels during health campaigns in Ghana. In addition, information being disseminated by personal contact during peer education is extremely effective, although the impact on public health initiatives has not been examined. Together, integration, appropriate channels and personal contact have been shown to be truly effective Ghanaian communication strategies.

Research Purpose

The purpose of this research is to examine the Ghanaian government in its effectiveness in health communication as compared to the conclusions obtained via previous health communication research in Ghana. The main question asked through this research is what the impact of having interpersonal contact, along with other media forms, as part of government-sponsored health communication campaigns has upon the success of such initiatives.

III. Methods

Four public health campaigns conducted within the past ten years were examined. The four campaigns analyzed were the National Tuberculosis Control Program: Stop TB, the Integrated Child Health Campaign, the Home-based Care for Malaria Campaign and the Life Choices Campaign. Each campaign was examined qualitatively, using a case-study approach that permitted cross-comparisons to draw conclusions about the success of the health communication strategies utilized. These campaigns were selected to have varying specific public health topics in order to solely focus on the communication strategies used and to eliminate any stigma associated with specific diseases and treatments. Since public health research conducted and evaluated in Ghana is often not published externally and very little research exists on Ghanaian health communication, the other selection criteria for the campaigns used was the amount of information avail-

able on the specific campaigns via the World Wide Web and library databases. The data given from several sources of information were examined for all campaigns studied. Then, each campaign was analyzed in terms of proven methods of health communication to the Ghanaian people along with the success, if known, of the campaign.

IV. Findings

Campaign #1: National Tuberculosis Control Program: Stop TB

The Stop TB campaign is an on-going collaboration between Ghana Health Services (a sector of the Ghanaian government), the World Health Organization (WHO) and the Danish International Development Agency (DANIDA). The program was started in 1994 as a test program in three regions of the country and has expanded to be nationwide with, according to WHO standards, 100 percent of Ghanaians reached. This campaign originally developed out of the desire to curb the increasing TB infection rates that occurred from the early 1960s through the 1990s (Ghana Health Services n.d. a).

The approach taken by the Ghana Health Services was the WHO DOTS method. DOTS stands for Directly Observed Treatment Short course and consists of five different components designed to help treat and prevent TB (WHO, 2010 b). The five components are as follows:

1. "Political commitment with increased and sustained financing
2. Case detection through quality-assured bacteriology
3. Standardized treatment with supervision and patient support
4. An effective drug supply and management system
5. Monitoring and evaluation system and impact measurement" (WHO, 2010b).

These steps highlight the means to reduce TB morbidity rates by properly detecting, treating and monitoring the disease (WHO, 2010b). However, it interestingly does not provide any method to raise awareness of the treatments available for TB and decrease stigma of TB in Ghana. According to recent research on the disease, TB remains highly stigmatized even after the implementation of the program. As a result, people tend to ignore the symptoms or use another condition to explain such systems in order to avoid being isolated by society. After having TB, people are generally always socially associated and isolated due to the disease, largely due to misconceptions (Dodor & Kelly, 2009). Thus, the fact that incorrect information regarding the disease is still strongly prevalent throughout the country, despite the efforts of the Stop TB program, indicates a need for health communication tactics to be in place simultaneously with DOTS.

Ghana has most recently updated its use of the WHO Stop TB program to include an expanded program that does address communication strategies about the disease (Ghana Health Services n.d. a). This new program includes expanded efforts to identify the reasons that people do not act on information they receive, such as the need to start TB treatment, and create behavioral-change messages to address those causes. This type of communication is supposed to deliver messages that will help change the behavior of Ghanaians. Methods recommended by the WHO include all different types of media channels as well as seminars, print materials and community activities (WHO, 2010a). This updated program was initiated in 2005 with a goal of reaching 75 percent of adults; however, thus far, no public evaluation of the campaign is available online (Ghana Health Services n.d. b).

Campaign #2: Integrated Child Health Campaign

In conjunction with a variety of different sectors of the Ghanaian government, the Ghana Health Services and the Ghana Ministry of Health held a one-week campaign in 2006 to improve the health of children across the nation. The main goal of the campaign was to provide 2.1 million bed-nets for malaria prevention to children under the age of two years. Additional goals included immunizing children against measles and polio. Communication strategies were used at the start of this campaign to raise awareness of children's health and to increase the level of participation among the Ghanaian people in the effort. This campaign utilized the decentralization of the Ghanaian healthcare system into community health centers to implement it (Communication Initiative, 2010).

A variety of communication strategies were used during the course of the Integrated Child's Health campaign. The primary audience of this campaign was the parents of children under five and the secondary audience was political, traditional and community leaders. The main strategy used during the campaign was interpersonal communication via the use of trained volunteers who were from the same village they presented the campaign data to; in addition to children's health information, these volunteers also delivered information to increase the level of awareness of malaria and bed-nets (UNICEF, 2006). Overall, there were 28,000 volunteers in this campaign spread out among 9,505 immunization sites (DFID, 2007). Other communication tactics used in this campaign included celebrity appearances, popular artists singing the campaign song and the delivery of 1.5 million leaflets about the campaign to primary schools nationwide (DFID, 2007; UNICEF, 2006). In addition, radio and TV were used extensively in multiple languages to increase awareness of the campaign itself. The success of the campaign was such that 96.4 percent of Ghanaian's children less than two years of age received bed-nets (DFID, 2007). No long-term studies of the effects of the campaign have been conducted.

Campaign #3: Home-based Care for Malaria Campaign

The home-based care for malaria started in 2002 in conjunction with the He – Ha – Ho campaign, standing for healthier happier homes. This campaign was sponsored largely by Ghana Health Services with additional funding coming from Johns Hopkins University, USAID and, later, UNICEF. The campaign worked to increase awareness among mothers of how to recognize malaria and treat it among their children. The campaign was also intended to increase knowledge among pharmacists about dosing information (WHO, 2009). The need for this campaign developed out of the fact that most cases of malaria are treated at home but only 15 percent of people treat malaria effectively and only 52 percent of pharmacists know correct dosing information (WHO, 2009; Baffoe-Wilmot, 2002).

The communication strategies in this campaign were heavily based on electronic media, namely radio and TV. A specific theme song was developed for He – Ho – Ha and aired on both television and TV in local languages. The television advertisement walked the audience through a mother noticing her sick child, going to the pharmacy for medication, giving the child the medicine and then stressing to her friends the need to rely on pharmacists to provide the appropriate medication (Baffoe-Wilmot, 2002). In addition to radio and TV ads, this campaign also used posters, leaflets and flip cards to help the public recognize malaria and serve as motivation to receive treatment (WHO, 2009). Some of the initial issues with the campaign were its promotion of malaria tablets for treatment instead of the syrup-based treatment, the need for more staff and the need for more educational materials to be available (Baffoe-Wilmot, 2002). A presentation made by the deputy head of the Ghanaian national malaria control program, Aba Baffoe-Wilmot, spoke of the need to use interpersonal communication, not just TV and radio, to increase the success of this campaign (Baffoe-Wilmot, 2002). No specific data on the results of this campaign are available.

Campaign #4: Life Choices

The life choices campaign was started in 2001 by Ghanaian president J.A. Kufuor in order to empower women to control the number of children they want to have, along with the timing of each pregnancy (Johns Hopkins, 2005b). A variety of national and international agencies provided support to the Ministry of Health and Ghana Health Services to implement the campaign (Johns Hopkins, 2005a). The campaign worked to correct misconceptions of the use of contraception such as exaggerated negative side effects from the medication and the idea that contraception should only be used to prevent further children, not to space births (Communication Initiative, 2009; Johns Hopkins, 2005b). It also worked to fill an expressed need among women for more information on family planning (Johns Hopkins, 2005b).

In terms of communication strategies, the main objective of this campaign was to increase the use of modern family planning techniques by targeting single and married adults and opinion leaders (Communication Initiative, 2009). The campaign had two major strategies: using a life stage approach to show the use of contraception at different stages of life and a lifestyle approach to show the benefits of contraception use. A variety of different media were used during this campaign including songs on the radio and TV, leaflets, posters and stickers, educational sessions, and community networking and events (Johns Hopkins, 2005b). One hundred billboards were put up nationwide and representatives of different social classes were used in the television and radio advertisements (Johns Hopkins, 2005a). Results from a survey taken in urban areas of the country showed that 89 percent of members of the target audience were aware of the Life Choices

campaign and the messages within the campaign. No results from rural areas were provided. Although the campaign used both interpersonal and electronic methods of message dissemination, mass media was cited to be the most effective form of communication in this particular campaign (Johns Hopkins, 2005b). However, the campaign seeks to strengthen its use of interpersonal communication through peer testimonials and the expansion of community networks, rallies and seminars (Johns Hopkins, 2005a).

V. Discussion

Overall, it is clear from the success of the Integrated Child's Health campaign and the expressed need for more community-based personal interaction in the other three campaigns that interpersonal communication integrated at a local community level is the most all-around effective way to have health behavioral change among the Ghanaian people. This reflects the ideas presented in previous literature that integrated health campaigns in local communities can account for cultural similarity between those delivering messages and those receiving them, thus increasing the likelihood of behavior change.

In the Stop TB campaign, there was originally a dearth of communication strategies. The original campaign was not effective at actually impacting people's behavior, its objective, even though it did deliver its message to 100 percent of Ghanaians; reaching the entire population does nothing unless it is accompanied by communication strategies that combat myths and raise awareness of the disease. As previously stated, the results from the revised campaign are not available but the new initiative does specifically emphasize the power of community-level communication. Overall, this campaign proves that communication about disease fact, treatments and prevention is a necessary part of the success of any public health campaign.

The Integrated Health Campaign is a great example of the power that integrated interpersonal communication as a health communication strategy can have the success of a campaign. This campaign, by far, had the best success rate out of the four campaigns analyzed with 96.4 percent of children under two receiving bed-nets and 72 percent of these children sleeping under the bed-nets. The one variable factor that differs with this campaign from the others is the substantial use of community-level interpersonal communication. The campaign was integrated into every local community nationwide and was far more effective than a campaign using solely mass media, such as was seen in the home-based care malaria campaign.

The He – Ho – Ha home-care malaria campaign initially deliberately emphasized the use of electronic media, such as radio and television, as the primary means of communication along with print materials. While radio is considered to be the most effective form of mass-media oriented communication, even the deputy head of the malaria control program in Ghana acknowledged the need to expand the program to include community and individual level communication to obtain a high success rate. Once again, it appears that although mass media has some effect, integrating into local communities is quickly gaining recognition as the most effective way overall to communicate.

Lastly, the life choices campaign chose to use both mass media and community-level communication strategies to increase the use of modern family planning methods among reproductive-age persons in Ghana. The evaluative research from a survey shows that the mass media channels were most effective; however, only people living in urban areas took the surveys. Thus, nothing can be evaluated about the effects of the campaign among rural Ghanaians or the country as a whole. It is interesting to note that the campaign is expanding the community-based communication approach to increase coverage of more Ghanaians, most likely in an attempt to reach rural Ghanaians who may not have ready access to either TV or radio.

Overall, it appears that each of the three campaigns examined not using integrated interpersonal communication is expanding their campaign to make extensive use of this particular strategy. It is clear that the highly integrated and personal contact approach of the Integrated Child's Health campaign is what gave it a high rate of success and can tentatively be considered the best approach for health communication in Ghana.

VI. Future Research

This particular research was limited in the depth of analysis and breadth of the number of campaigns

examined. Future research needs to be performed to analyze the strategies and success of many more campaigns, particularly analysis conducted in Ghana. In addition, the health communication efforts of nonprofits, in addition to the government research performed here, needs to be analyzed both on its own and in conjunction with the programs from the Ghanaian Health Services. With this research a more thorough understanding of the role of health communications in Ghana can be appropriately determined.

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