



ADDIS ABABA UNIVERSITY
SCHOOL OF JOURNALISM AND COMMUNICATION
PUBLIC RELATIONS AND STRATEGIC COMMUNICATION PROGRAM

**ROLES AND PRACTICES OF PUBLIC RELATIONS AT
THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
MINISTRY OF HEALTH**

A thesis submitted to the School of Journalism and Communication of the Addis Ababa University, in Partial Fulfillment to the Requirements of Master of Arts Degree in Public Relations and Strategic Communication.

By
Mihret Massresha

June 2018



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June 8, 2018
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Addis Ababa University
School of Journalism and Communication
Public Relations and Strategic Communication Program

This is to certify that this thesis prepared by Mihret Massresha, entitled: **“Roles and Practices of Public Relations at the Ethiopian Federal Democratic Republic Ministry of Health”** and submitted in partial fulfillment of the requirements for a Masters Degree in Public Relations and Strategic Communication complies with the regulations of the university and meets the accepted standard with respect to originality and quality.

Approved and Signed by the Examining Board

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DECLARATION

I, Mihret Massresha Zewdie, hereby declare that this research thesis entitled “**Roles and Practices of Public Relations at the Ethiopian Federal Democratic Republic Ministry of Health**” is my own original work and that all sources have been accurately reported and acknowledged, and that this document has not been previously, in its entirety or in part, submitted to the Addis Ababa University or any other university in order to obtain academic qualifications.

Signature _____

Name _____

Date _____

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“When I said, ‘my foot is slipping,’ your Love, O LORD, supported me.” Psalms 94:18

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ABSTRACT

The PR industry in Ethiopia didn't enjoy a fertile socio-political ground when planted. It is more than a quarter of a century since a public relations unit is formed at the Ethiopian Federal Democratic Republic of Ministry of Health, and yet the functions and practices related to professional PR is at its early level of growth. Public relations at this governmental unit is devoid of theoretical basis, which could have granted conceptual frameworks and clear strategies for its interventions. These and other factors affected the section's effectiveness and efficiency in many ways.

The research, as part of academic requirement, aims at scientifically examines roles and practices of PR unit at the Federal Democratic Republic of Ethiopia Ministry of Health (FDRE MoH). The research fundamentally asks what, in challenging circumstances, the PR unit under consideration is doing (Role), how it is doing (Practice) and, why it is doing (the driving belief/theory behind the current practice.)

The research deployed mainly qualitative method by mixing some aspects of quantitative approach to provide a better understanding of issues discussed. Ethnographic investigation method is used during sample selection, data collection and analysis.

The study, in its findings, has vividly pointed out issues with regard to roles, practices, theories and models that the health sector public relations has to deal with. It also proposes gap-bridging conceptual frameworks that could fit to health sector PR.

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ACRONYMS

ACI	Africa Communications Index
BPR	Business Process Reengineering
BSC	Balanced Score Card
CRC	Caring Respectful and Compassionate
CSR	Corporate Social Responsibility
ECA	Ethnographic Content Analysis
FDRE MoH	Federal Democratic Republic of Ethiopia Ministry of Health
ESAP2	Ethiopian Social Accountability Program Phase 2
FMoH	Federal Ministry of Health
GSDG	Global Sustainable Development Goal
HSDP	Health sector development program
HSTP	Health Sector Transformation Plan
IPRA	International Public Relation Association
MoH	Ministry of Health
PR	Public relations
PRSC	Public relations and strategic communication
SCF	Strategic Communication Frame

INTRODUCTION

1.1 Background of the Study

Public relations and strategic communication (PRSC) is a fresh discipline in Ethiopia which is very recently unveiled for further exploration and innovation as the start of a new graduate program in the area at the Addis Ababa University in the School of Journalism and Communication. A shift of pattern in public relations (PR) roles and practices in Ethiopia is anticipated as the first PRSC students at master's level contribute their academic papers. This student researcher belongs to this group and desires to contribute his own bit of gap filling material by examining the roles and practices of PR unit at the Ethiopian Federal Democratic Republic Ministry of Health (EFDR MoH).

As being observed in other sectors, PR in the Ethiopian healthcare system is in its emerging stage. The fledgling public relations in the Ethiopian health sector is a direct derivative of the budding public relations industry in the country. Zeray, a journalist contributing to a range of local and regional newspapers, in one of his articles, *PR and Media Works: The Most Misguided Profession in Ethiopia*, contributed to Horn Affairs, has stated that public relations is a recent phenomenon. He also mentioned that "it [public relations] is still in its low level when measured objectively from scientific point of view." (Hailemariam, 2016, p 2)

The health sector public relations is straightforwardly affected by unavailability of trained human resource in the area, absence of professional bodies and nonexistence of independent PR

firms responsible for the development of public relations industry, and disputable press freedom which are major factors for a low communication index of the country.

Before engaging in this relatively new field of inquiry which lacks available set of well-built procedures, the student researcher has conducted a brief feasibility study to three public hospitals, two private hospitals, two government owned health centers, one private health center, two pharmacies, and the ministry of health in order to identify which PR problems he should look in to and to which he could, as a result of his research, shade light and provide new insights.

During a pre-study visit to various health facilities, this student researcher has witnessed the availability of public relation sections and communication staff in all three government hospitals and at the federal ministry level. In these four governmental institutions public relations is in place and assumed only by setting up a public relations/communication department and employing practitioners from journalism and adjacent disciplines like literature, language, information technology, and from other fields.

Nevertheless, public relations and practices related to it are not entirely strange and unknown to health service providing institutions and health service administrative bodies across these visited organizations. But do they really define what they are doing, how they are doing it, and why they are doing it. These constitute fundamental inquiries for the researcher to answer. In other words, the following three subjects;

1. What roles PR sections play,
2. How they are practicing PR, and
3. On what theoretical ground they based on, are the three inquiries he posed.

Based on these inquiries, the student researcher has formulated statement of the problem that mainly focusing on considerations given in major working documents.

1.2 Statement of the Problem

The Health policy of the Transitional Government of Ethiopia, issued in September 1993, has laid a solid foundational ground for public relations profession to be applied in the sector. “Promoting and strengthening the intersectoral activities, promotion of attitudes and practices conducive to the strengthening of national self-reliance in health development by mobilizing and maximally utilizing internal and external resources.” (Health policy of the transitional government of Ethiopia, 1993, 4)

However, that is not seen steadily replicated further in this same policy and to other guiding documents. Legal documents including the health policy accentuate health education than public relations “health education Information, Education and Communication (I.E.C) of health shall be given appropriate prominence to enhance health awareness and to propagate the important concepts and practices of self-responsibility in health.” (p. 5) In the general strategies section of the policy it says “health education shall be strengthened generally and for specific target populations through the mass media, community leaders, religious and cultural leaders, professional associations, schools and other social organizations” (p. 7)

At present the Ethiopian health sector is steered by a policy level document dubbed as the Health Sector Transformation Plan (HSTP), a five-year (2015-2020) strategic plan and a latest continuation of a series of four strategic documents implemented since 1997. The business process reengineering (BPR), a national reform tool for comprehensive analysis, redesign and revamping the public service, was also introduced to the ministry of health in 2005. In the Health Sector Development Program IV, a document preceded HSTP; it was exciting to see ‘public relations’ singled out as one innovative approach to the health sector following the implementation of BPR.

The purpose of the BPR in the health sector is to establish customer focused institutions, rapid scaling-up of health services and enhancing the quality of care, thereby improving the health status of the Ethiopian people as desired in the mission of the health sector. Following a deep and systematic analysis of the “as is” situation at all levels of the health system, including health facilities; the sector has introduced a number of innovative approaches. These new approaches include benchmarking best practices, designing new processes, revising organizational structures and a selection of key processes, eight core and five support processes. (Health sector development program (HSDP) 2011/10 - 2015/14, 2015, 42)

In this document PR was designed as one of these five support processes along with human resource development/ management, legal services, procurement finance and general service, and program-based audit.

However it is tricky to see public relations missing and unmentioned in the HSTP that anticipates community ownership as the “center of its remarkable achievement,” (HSTP 2015/16 - 2019/20, 2015, 22) that wishes to create “caring, respectful and compassionate” (pp. 117) health workforce, and a document that endorsed as sectoral roadmap which is believed to lead the nation towards the Global Sustainable Development Goal (GSDG).

What is more problematic is that the national health promotion and communication strategy that steers the unit responsible for public relations activities at the ministry of health, through its course from 2016 to 2020, didn’t incorporate public relations.

How can it be possible for the health sector PR to play significant role without getting due consideration in major guiding documents, how can it contribute to ensure full community

participation and constantly remind health experts the values, hopes, and aspirations that brought them into this noble profession so that they become caring, compassionate and respectful health professionals? How can FDRE MoH, without involving PR as important element in major strategic documents, effectively achieve strategic goals of the health sector?

Public relations' role in this multi-pronged approach has to be immense. In this regard the study has investigated role and current practices of the health sector PR. Explanations behind merging health sector public relations with health education and health counseling, its implications on the healthcare service delivery is dealt in this thesis.

1.3 Research Questions

The core questions this study sought to address is that, how does public relations works and what does it do in, to and for the health sector in Ethiopia. The specific roles of public relations that it should play in order the sector to deliver the expected level of service in terms of quality and accessibility, to improve the health status of citizens and to achieve the national health sector goal in analyzed in the paper. Based on the context discussed in earlier paragraphs the study specifically aimed at addressing the following three major questions:

1. What are the ***roles*** played by the public relations unit at the FDRE Ministry of Health?
2. What are the current ***practices*** of the PR unit at the FDRE Ministry of Health?
3. Are there any ***theories and models*** followed for PR activities at the EFDR Ministry of Health?

1.4 Objectives of the Study

The Ethiopian health policy encompasses core elements like “democratization and decentralization of the health care system,” (Health policy of the transitional government of Ethiopia, 1993, 4a) “development of preventive, promotive and curative components of health care.” (pp. 4b)

The health policy also focuses on health promotion and disease prevention, curative and rehabilitative services, public health emergency preparedness and response. Strategic approaches by the government embraces community empowerment that enables the society to generate its own health, and to bring together efforts from various publics and channel them towards the health sector development program.

Such integrated intervention has to be supported by a well-designed public relation and communication effort functioning at the federal level. Hence, one benefit of education is to serve as an eye opener in the continuously changing time, this study thus tried to shade light and provide new insight on roles, practices and theories of the Public Relations and Communication Directorate (PRCD) at the MoH, a major governmental subsidiary that oversees the entire healthcare and health related practices at broad national level.

1.4.1 General Objective

The general objective of this study is to closely examine the attempts being made by public relations sections at sector level and draw significant lessons from public relations practices.

1.4.2 Specific Objectives

Primary objectives of this study are:

1. To identify, accurately portray and gain familiarity with important trends in the existing public relations practices in the Ethiopian health sector.
2. To examine the current health sector public relations roles and practices against PR professional standards.
3. To categorize and propose feasible public relations conceptual foundations to be adjusted for health sector public relations in Ethiopia.
4. To find out the relevance and benefits of PR strategy.

1.5 Limitations of the Study

The researcher has reduced any would-be side effects, undesirable consequences on the trustworthiness of the outcome that could have emerged from using qualitative - ethnographic method.

Inferring data from individuals with varied belief and attitude about public relations and communication does obviously have some limitations. They may hide their real feeling, due to several reasons, and express opinions what they felt comforts the researcher, which might not be the true indication of the reality. In such methods the research required to measure only the expressed opinion and sketches assumptions from it. Such studies may not tell how much more is left untold with this or other people. Furthermore, it is highly possible these people may answer what they think they should feel rather than how they really sense.

Under this particular research these potential limitations were tackled by being conscious about such pitfalls and by deploying careful procedures while assembling, classifying and processing the data.

There were also potential limitations on the method and scale utilized in this study. This method would lack statistical results, with the scale the researcher may examine mainly what in-depth interviewees and focus group discussants are more or less favorable to a topic he raised.

This potential limitation was minimized in this particular research in two ways. One, by utilizing some of the data in such a manner that are amenable to quantification and statistical treatment, and second by exploring the intersubjective view that dictates “if several reports confirm a statement then it can be considered true” (Jane R. & Jane L., 2003, 14)

Another possible shortcoming on such a research would be inclusiveness. It would be unable to explore complete list of factors affecting the phenomena under study.

To guarantee impeccable evidence in this particular research the researcher discussed significant and major aspects that really affect the phenomena. To ensure suitability of information from respondents the researcher crosschecked their authenticity, by exploring what happened prior to or following their occurrences, from more than one source like reports, plans, and memos.

1.6 Organization of the Paper

This thesis is divided into five chapters and an appendix section. The first chapter mainly provides a brief introduction about the area of the study, the rationale for the study, statement of the problem, and research questions.

Chapter two presents a comprehensive review of literature which includes theoretical part of health sector public relations, strategy, theories and models Suitable for the health sector public relations. The methodology, sampling and data gathering techniques employed in this study are explained in the third chapter. Chapter four presents and highlights the results of the data analysis. The last chapter, chapter five, presents findings, recommendations and conclusions.

REVIEW OF RELATED LITERATURE

2.1 Introduction

As public relations discipline is at its emerging stage in Ethiopia very little documentation exists in the area, and limited information has been developed on local practices in health sector public relations. This chapter therefore reviews available relevant contents searched in various working documents at the Ministry of Health and related texts and references available in soft and hard copy found mainly in individuals' possessions.

Considering various factors influencing the growth of public relations in African countries, Gyroscope, a UK-based consultancy firm computed and published the Africa Communications Index (ACI).

Countries such as Angola, Ethiopia and Zimbabwe are most at risk where the legal framework of the state is extremely weak; where the judiciary has little or no independence; where government intervention in commercial relationships has a strongly distorting effect; and where the press is either state-owned, or independent but much oppressed by the state. These countries also tend to score very low on Transparency International's index of corruption, (Sriramesh & Verčič, 2009, 298).

According to the report Ethiopia is placed 2nd from last among 23 African nations, only next to Chad and followed by Mozambique, Angola and Mali. The lower the country's ACI, the trickier it is to plan, manage and deliver public relations in that nation. Health sector public

relations, as a major contributor for health development in a country like Ethiopia, is held back by a substandard level of communication index.

2.2 Major Roles of PR in the Health Sector

It becomes sensible to start by providing meanings for the term, 'role.' Role, in a particular vocation is "the usual or expected function of somebody or something, the part somebody or something plays in an action or event" (Encarta world English dictionary, 2009). Role can also be defined as "a function or part performed especially in a particular operation or process," (Merriam Webster college dictionary, 2004).

As the phenomenon under study is a government division, it is an advantage if one looks at the issues from the government PR perspective. Roles of government public relations don't seem to get changed much since its inception in the UK in 1947. During that period practitioners came together "to create and maintain an informed opinion about the subjects with which each department deals: to use all methods of publicity where suitable, to help the department achieve its purpose, to assist and advise in all matters bearing on relations between the department and its public, to advise the department on the public's reaction to the policies or actions of the department," (Theaker, 2004, 230).

According to Ruler and Vercic, PR's role can fall in four broad categories: reflective, managerial, operational and educational. The managerial role is more of "developing plans and maintaining relationships with publics, reflective – analyzing standards in society to enable the organization to adjust its own standards, operational - carrying out communication plans,

educational – helping the members of the organization to become effective communicators,” (Freitag & Stokes, 2009, 262).

Commonly PR in the public health sector can take a wide range of “managerial” and “operational” roles. The managerial functions include “programming and planning with other managers, determining needs, prioritizing, defining publics, setting goals, and objectives, developing strategy and tactics, administering personal budgets and managing programs,” (Cutlip & colleagues as cited in Tench & Yeomans, 2006, 31). “Media relations, internal communication, communication technology (intranet and internet), crisis communication,” (pp. 540). writing and editing, research, special events, production, training, contact/ liaising, counseling,” (pp. 31). are among key operational functions of PR, most of which are listed by Corporate Communication Institute in the year 2004.

One common practice is dealing with internal and external stakeholders, maintaining healthy relationship between the sector and its internal as well as external stakeholders.

The effective practice of public relations is integrally bound to the health of an organization or institution. As such, it provides the avenue for the organization to effectively monitor, interact, and react with other key groups within the organizational environment. Public relations is thought of here as the communication and action on the part of an organization that supports the development and maintenance of mutually beneficial relationships between the organization and the groups with which it is interdependent, (Lamb & Kathy, 2005, 1).

In planning stakeholder relations, public relations’ role is intelligence gathering

In principle, public relations does have a potentially useful role to play in the process of business planning, bringing different stakeholder perspectives to the attention of senior

management and thereby helping to ensure that management have a balanced view on the likely impact of policy decisions before committing themselves to any particular course of action, (Heath, 2005, 821).

Internal stakeholders' communication is "one of the most important specialties of public relations. Without internal communication, organizations would not develop structures and cultures. Internal communication, therefore, is the force that produces the context in which a public relations department must function," (Grunig L., Grunig J. & Dozier, 2002, 495).

Counseling is also identified as

the essential role of the senior PR manager. As counselor, the PR manager is responsible for scanning the turbulent external environment, directing efforts to identify and monitor concerns of the institution's diverse and action-oriented publics to the institution's management and leadership. . . In essence, the PR manager speaks for the external publics during management's decision making, ensuring that their needs and concerns are considered and understood, (Lewton, 1995, 16).

As counselors PR people can also provide mainly on the job trainings that can bridge gaps of professional trainings in the area; train others, "coaching others in writing and communication skills. Helping introduce change in culture, policy, structure and process," (Tench & Yeomans, 2006, 31).

PR in the form of media relations manages connections with the media, to bring matters to the public's mind which involves "contacting news media, magazines, supplements, trade publications and freelancers to get them to publish material about the organization, responding to media requests," (pp., 31).

PR also provides written and edited input for various purpose including “print and broadcast news releases, feature stories, newsletters, correspondence, website/online media, shareholder/annual reports, speeches, brochures, AV scripts, advertisements, product and technical materials,” (pp. 31).

Another function that a health sector public relations section should allot ample space to exercise is public relations research. “Effective public relations is a process, and the essential first step in the process is research. Today, research is widely accepted by public relations professionals as an integral part of planning, program development, and evaluation process,” (Wilcox & Cameron 2009, 128). “As research solves practitioners problems, the practice of public relations should become more effective,” (Heath, 2005, 695). PR research can be conducted “to achieve credibility with management, to define audience and segment publics, to formulate strategy, to test messages, to prevent crisis, to monitor the competition, and to sway public opinion.” (Wilcox & Cameron 2009, 129)

Serving as a contact person and representing the organization in various forums is another function for a PR occupation. Getting in touch and liaising with “community, internal and external groups. Listening, negotiating, managing conflict, mediating, meeting and entertaining guests and visitors, speaking, gaining speaking platforms, coaching others, and speaking to groups,” (Tench & Yeomans, 2006, 31).

Staying visible on the web highway using online technologies where people use to share content, opinions, insights, experiences, perspectives is becoming is one role of PR. “Facilitating or, even to some extent, orchestrating this process of community building will become an important strategy in public relations,” (Wilcox & Cameron 2009, 198).

Knowledge management, supposedly falling under PR as one its functions, it is “the organization of intellectual resources and information system within a business environment,” (Encarta Dictionary).

Public Relations professionals must develop communication strategies and processes to influence the course of conflicts to the benefit of the organizations and, when possible, to the benefit of the organization’s many constituents. Such use of public relations to influence the course of a conflict, and ultimately a crisis, is called strategic conflict management.” (Wilcox & Cameron 2009, 242) A prepared organization has a well versed PR department. “Because a true crisis is a turning point, after which things may change drastically, an organization not prepared to deal with crisis is constantly at risk, (Center & Jackson, 2003, 319).

Another duty which a health sector PR should associate itself with is exploring and following up the practice of corporate social responsibility (CSR). It “usually regarded as a public relations function because this is where the company meets the public outside the usual roles of producers (or service providers) and customers,” (Theaker, 2004, 139).

2.3 Practices of Health Sector Public Relations

Practice is something we do “often, customarily, or habitually,” (Merriam Webster college dictionary, 2004) or “as an established custom or habit,” (Encarta world English dictionary, 2009). This topic deals mainly with the how part that include organization of communication, professional competence and explanation of differences between PR and health education, which dominates the health sector PR.

Public sector public relations lean to practice reactive approach than the proactive one.

Maintaining organizations ongoing communications with its publics will inevitably on a largely reactive basis. However, this approach limits the ability of public relations to be a force for change . . . reactive public relations is perhaps most suited to fairly stable environments in which the principal aim is simply maintain the *status quo*, (Mersham & Skinner, 1995, 13).

Working in the public sector in many ways is demanding for public relations profession and for its practitioners. The challenges in public sector public relations comprise involvement of a greater range of stakeholders, insufficient budget, national governmental policy over which public relations practitioners may have limited control.

“The way in which communications is organized carries important strategic and political dimensions and is also crucial for the effective support and integration of communications activities,” (Cornelissen, 2004, 126).

An effective streamlining of communications activities is just as important to organizations within the public sector as in commercial firms. The public sector involves many different types of organizations, including nationalized companies (e.g. utilities), government agencies and departments (e.g. the ministry of defense), and public service organizations (e.g. hospitals and schools). The larger organizations in the public sector (as opposed to, for instance, small government agencies) traditionally have a strong presence close to senior management and policy making of ‘public’ communications disciplines (e.g. media relations, publicity) that are used to inform the general public, and traditionally little marketing communications, (pp. 141).

Another area in the PR practice of any public organization is the issue of competence. It might be very early in Ethiopia to debate on what constitutes competence, and what mechanism could be employed in identifying the competences needed but it is important to mention at least the need of preparation. “Communications practitioners need a thorough preparation for their roles, a preparation that should be as rigorous and demanding as the preparation expected of professionals in other management areas,” (pp. 168). PR as a profession needs to offer services of the highest possible quality in the area. If not there are two major risks:

malfeasance and *incompetence*. Malfeasance is providing services that should not be provided. So, for example, dentists should not, normally, remove healthy teeth. Similarly public relations people should not conduct campaigns they know will be ineffective or which are unnecessary Incompetence means that the practitioners undertaking the work do not have the necessary knowledge or experience to undertake the work to the highest professional standards, (Seib and Fitzpatrick (1995) Tench & Yeomans, 2006, 297).

Social accountability is emerging as a new variety in public relations, which the health sector PR has to take on. As Van Ruler puts it “every choice therefore needs not only a theoretical and an empirical, but also a moral underpinning. Scholars call that social accountability.” (Ruler, 2014)

The national health promotion and communication strategy that steers the unit responsible for public relations activities at the ministry of health, through its course from 2016 to 2020, is entirely governed by conceptions of health education than notions of public relations. In the document brochure, the then state minister of health wrote, in his foreword, “all health programs need to be guided with comprehensive and holistic health promotion and

communication interventions,” (Health communication material development guideline 2015/16 – 2019/20, 2016).

Here, it will be vital to look in to various explanations and meanings interchangeably behind these two practices ‘health education/communication’ and ‘public relations.’

Health Communication is informing, influencing, and motivating audiences about important health issues. Health communication is the crafting and delivery of messages and strategies, based on consumer research, to promote the health of individuals and communities. Aimed at influencing individual behavior and reducing health risks, health communication involves a series of successive stages, such as examining background information to see what exists in the community, setting communication objectives, analyzing and segmenting target audiences, developing and pretesting messages to be communicated to consumers, selecting channels of communication, developing a plan for communication, activities, implementing the communication strategy, evaluating the effectiveness of the activities, and providing feedback for improvement and more effective planning, (Modest, 2004, 67).

Tench provides with what PR deals with

Public relations is a distinctive management function which helps establish and maintain mutual lines of communication, understanding, acceptance and cooperation between an organization and its publics; involves the management of problems or issues; helps management to keep informed on and responsive to public opinions; defines and emphasizes the responsibility of management to serve the public interest; helps management keep abreast of and effectively utilize change; serving as an early warning

system to help anticipate trends; and uses research and ethical communication techniques as its principal tools, (Tench, 2006, 5).

Health Education is an educational process concerned with providing a combination of approaches to lifestyle change that can assist individuals, families, and communities in making informed decisions on matters that affect the restoration, achievement, and maintenance of health. Health education is also a deliberately structured discipline or profession that provides learning opportunities about health through interactions between educators and learners using a variety of learning experiences. This process of learning can enable people to voluntarily change conditions or modify behavior for health enhancement. Health education is much more than factual information. It includes all those experiences and skills that affect the way people think and feel about their health, and it motivates them to put information into practice, (Modest, 2004, 69).

Health communication is “the study and use of communication strategies to inform and influence individual and community decisions that enhance health.” (Parvanta, 2011, 3) Public relations is the art and social science of analyzing trends, predicting their consequences, counseling organization leaders and implementing planned programs of action which will serve both the organization’s and the public interest,” (Theaker, 2004, 4). “Public Relations is the planned and sustained effort to establish and maintain goodwill and understanding between an organization and its publics,” (p. 4).

The American Department of Health and Human Services defined health communication as “the study and use of communication strategies to inform and influence individual and community decisions that enhance health,” (Parvanta, 2011, 3). Public Relations is the

deliberate, planned and sustained effort to establish and maintain mutual understanding between the organization and its publics, both internally and externally (IPRA), (Mersham, 1995, 10).

Another area of disparity between the two is target audience. Public relations, however, has a broader scope that includes management responsibilities for long-term planning, distribution of resources, and evaluation while health educators must strive for objectivity, public relations specialists function as advocates for the organizations they represent.

Health education focuses on citizens and citizen groups while public relations' publics include employees, government agencies, community opinion leaders, trade and technical media, local government officials, the business community, and other publics whom health communicators seldom target. Finding an appropriate way and engaging with these audiences is public relations in action.

2.4 Theories and Models for Health Sector Public Relations

Theory is “the body of rules, ideas, principles, and techniques that applies to a subject, especially when seen as distinct from actual practice”(Encarta) it is “a belief, policy, or procedure proposed or followed as the basis of action”(Webster) Theory can be taken as forecast of how events and actions are associated.

Over the last many years public relations has advanced into an area of communication based in global enquiries, especially in the western economy it has become a research based maturing subject that has a potential to combine multidisciplinary characteristics. Gaps of health sector public relations practices in Ethiopia include lack of philosophical base and theoretical scope.

Therefore, it is very important to explore how public relations has been described in theories in the world, and adopt the useful ones to the Ethiopian health sector context.

“There is no one theory that fully satisfies every explanation for public relation practices. Public relations practitioners have to consider various theories when they make decisions about how they can build successful relationships with their publics,” (Lattimore, 2012, 51). One purpose of this study is to build up on selected theories that help solve observed problems in public relations practices in the Ethiopian health sector in general (macro), at the ministry of health level (meso) – and at the individual practitioners level (micro).

To be more selective to those modern public relations theories and models which focus not only on the organization but also on its publics as mutually interdependent actors in the public relations process, the researcher will confer with and roots his study into two major domains of theory that entertain both players: Social Theory – ‘public sphere’ and Excellence Theory.

2.4.1 Social Theory – Public Sphere

“Social theory refers to ideas, arguments, hypotheses, thought-experiments, and explanatory speculations about how and why human societies – or elements or structures of such societies come to be formed, change, and develop over time or disappear,” (Harrington, 2011).

Social theory helps acquire insights to make sense of public relations at the societal, organizational, and individual levels. This study tried to associate approaches and activities of the health sector public relations section with a particular view in social theory, which is mainly concerned with citizen groups, their fabrics and dynamics.

Collecting and interpreting health related information about individuals from the social environment; communicating strategies and decisions to the society are among routine duties of public relations section in the public health sector. “According to most authors, the central problem to be addressed in social theory is the relationship between the individual and society,” (Littlejohn & Foss, 2009, 703)

Health is a common subject for citizens that can be discussed and negotiated publicly regardless of political or other biases of discussants. The research exploits the idea of Habermas’s ‘Public Sphere’ and points out potential hubs where health sector communication could be constantly carried out and developed. Hence public relations practice in the health sector needs to be perceived in relationship to societal (macro), organizational (meso), and individual (micro) characteristics.

The societal oriented approach of the concept of public sphere in particular can be cultivated for the health sector public relations. The idea was first developed by a German philosopher and sociologist Jurgen Habermas. “For Habermas, the public sphere provides a space for rational and critical debate. For this to happen, problems and issues must be identified and thematized, solutions developed, and the issues dramatized to the extent that they are taken up by the political structures,” (Heath, 2005, 712).

Public sphere is a public realm “a space for communication, which in principle is available to all,” (Ihlen et al. 2009, 10). In this theory a concerned party can bring out a health message, for example, it immediately produces a certain component of the public sphere by presenting meaning and constructing frames in the public debate.

The public sphere, here is important because it “emphasized the ethical obligation of engaging in dialogue and the crucial function of dialogue in the public sphere to discover truth through discussion,” (pp. 207). Though face-to-face interaction in assembly is considered to be a primary medium of participation in the public sphere, however, with the rise of the new media there is every means to utilize available social, electronics, audiovisual and print means of communication in this modern age.

“The concept of the public sphere, as developed by Habermas, is important for both the field of public relations and for our notion of a democratic civil society. A space where issues can be rationally discussed critical opinions formed, and that is inclusive in scope is an ideal worth striving for and lends legitimacy to the system,” (Heath, 2005, 712) .

2.4.2 Excellence Theory

By the year 1984 James E. Grunig, a public relations theorist, led an international research team consisting of six public relations academics and as a result that team proposes the Excellence Theory, which provides insight as to “how public relations excellence is achieved in an organization,” (Waddington, 2012, 2). This theory deals with internal structures and external variables as performance determiners for a given public relations section.

Properties addressing excellence theory provide a model for the maturation of public relations theory in international contexts. As originally conceived, and based on an examination of public relations practice only in the United States, Canada and the United Kingdom, there were fourteen fundamental principles in three general areas: (1) empowerment of the public relations function; (2) communicator roles; and (3)

organization of the communication function and its relationship to other management functions, (Freitag, & Stokes, 2009, 35).

The thesis mainly consults various aspects of two models; Strategic Communication Framework and Development Communication. These will serve as major theoretical backgrounds and outcome of the analysis could be easily adopted and potentially be able to guide public relations activities in the Ethiopian health sector. The introduction of some elements of these models to the health sector in Ethiopia will extend professional attribute to public relations practices and helps to tackle ineffectiveness in the area.

2.4.3 Strategic Communication Frame

Fixing a realistic, consistent and time bound ambition, establishing a vision for the communication section, analyzing internal & external situations, assessing and classifying stakeholders, securing the necessary resource, assuming accountability guidelines will be essential ingredients of a strategic communication framework.

Therefore, in order to improve the visibility and credibility of the communications Department, it is time to fundamentally rethink how strategic communication is developed and start using modern agile tools to do this. Three years ago we developed the Strategic Communication Frame to do this effectively. After many trials, it has proven to be a practical, valuable and highly appreciated tool, (Ruler, & Körver, 2016, 1).

The Strategic Communication Frame (SCF) is developed by Betteke van Ruler, a prominent public relations academic in the Netherlands.

It [SCF] is based on social theories in public relations, in which we find some important keywords, showing sustainable state-of-the-art approaches in public relations: ambition, accountability, stakeholders' perspective, legitimacy. It's an 'agile', flexible method developed for strengthening the communication/pr function with an organization, making clear choices in changing environments, (Ton Veen, 2017, 1).

The framework will be a repeating four-step management method to be suggested in the Ministry of Health for the control and continual improvement of processes.

2.4.4 Development Communication

Another fitting conceptual model that the researcher wishes to adopt for the public/health sector communication in Ethiopia is development communication. As academic discourse in the field widely advocates development communication fastens the growth of a country.

“Development communication is the process of intervening in a systematic or strategic manner with either media (print, radio, telephony, video, and the Internet), or education (training, literacy, schooling) for the purpose of positive social change. The change could be economic, personal, as in spiritual, social, cultural, or political,” (Mcphail, 2009).

Development communication supports sustainable change in development operations by engaging key stakeholders. It establishes suitable environment for assessing risks and opportunities; disseminate information, induce behavior and social change.

Methodological framework of development communication model consist four major steps: conducting initial investigation, designing a strategy, implementation and evaluation. “For any communication intervention to be effective, it must be rooted in research. In addition to

exploring the situation and the perceptions of the various stakeholders, this analysis also produces data for the design of subsequent communication strategy,” (Mefalopulos, 2008, 29).

Strategy designing is explained separately in the next topic, the implementation phase is the most resource intensive, however

If the work in the previous two phases was done properly, the implementation is the most straightforward phase, needing only the professional application of tasks and competencies identified to ensure the achievement of the objectives. Usually this is done through an action plan, which can be considered a map indicating what needs to be done, by whom, when, and at what cost, (pp. 129).

The last lap, but not the least, in this model is the evaluation stage, where the cycle ends and an activity through which we know if and to what level our communication program brought the anticipated outcome.

Evaluation is considered one of the most important components of development initiatives, but because numerous structural and practical factors (disbursement procedures, timing of project cycle, and so forth), whose explanation is beyond the scope of this Sourcebook, evaluation of development efforts remains a challenging and, at times, controversial issue. The challenge is even more pronounced in the evaluation of the impact of communication interventions whose results are visible over a longer period of time, (pp. 135).

2.5 Devising Strategy for the Health Sector PR

Written works enlighten us a lot about strategy that before it developed to a discipline of reflection and a sensible art in wide areas of activities, including public relations and communication, it was born and brought up through tactics, operations and targets used in wars, while powers fought to take advantage over one another. In armed forces, the hometown of strategy, strategy is defined as “the science or art of employing all the military, economic, political, and other resources of a country to achieve the objects of war,” (Encyclopedia Britannica, 2015).

“Strategy is a process whereby immediate, particular practical concerns are bracketed, and relatively abstract organizational properties focused on, in order to try and produce a strategy that is sustainably differentiating,” (Clegg, 2017).

“Strategizing means developing a (usually big) picture of a future that will frame immediate course of action. In this sense strategy turns time around: the future desired becomes the condition for the possibility of action in the present,” (p. 356).

“a communication strategy can be defined as a well-planned series of actions aimed at achieving specific objectives through the use of communication methods, techniques, and approaches,” (Mefalopulos and Kamlongera, 2004 as cited in Mefalopulos, 2008, 111).

3.1 Selecting Location for the Study

The primary intention of the researcher is seeking and systematically recording inquisitive understanding on how a particular public relations unit of a key service providing sector in Ethiopia is organized and how it functions. From a list of five major pro-poor social sectors; agriculture, education, health, water and roads, the researcher has picked the health sector based on a simple lottery style, random selection technique, where each of the five segments had equal chance of being considered for the research. By doing this, the researcher has been able to define and fix the location of his study to be the Federal Democratic Republic of Ethiopia Ministry of Health.

On the basis of its potential to contribute to the primary intention of the research the Public Relations and Communication Directorate at the aforementioned ministry was purposely identified as sampling unit and parent population, from where sample is to be drawn for the inquiry. Here purposive sampling is applied.

3.2 Research Design

Including the above selection of the research location principally *qualitative* research approach mixing with some aspects of quantitative approach mainly for analysis and explanation

of obtained data, with the use of multiple techniques, is implemented throughout the entire research process.

“Qualitative approach to research is concerned with subjective assessment of attitudes, opinions and behavior. Research in such a situation is a function of researcher’s insights and impressions. Such an approach to research generates results either in non-quantitative form or in the form which are not subjected to rigorous quantitative analysis. Generally, the techniques of focus group interviews, projective techniques and depth interviews are used.” (Kothari, 2004, 5)

A more particular preference was made to follow a qualitative type of research called *Ethnographic Account* “which are largely descriptive and which detail the way of life of particular individuals, groups or organizations.” (Hammersley and Atkinson as cited in Jane R. & Jane L., 2003, 200) The two major reasons behind the selection of this particular methodology are;

- 1 I found the Ethnographic Account as a realistic best way that systematically provide answer to the research problem and research questions; what are the *roles*, current *practices*, and *theories and models* in place at the EFDR Ministry of Health.
- 2 I found this type of investigation the best way to access, gain familiarity, and portray the characteristics of the situation under consideration that brings insiders’ view to my close attention.

3.3 Sampling

Because of time, money and effectiveness it is impossible for the researcher to observe and record everything that occurred at the public relations and communication section of MoH. Therefore I decided to confine my study with a limited number of individuals in this organizational location based on their importance to the subject under enquiry. During selection of samples theoretical sampling method, a non probability sampling was used, which “is a particular kind of purposive sampling in which the researcher samples incidents, people or units on the basis of their potential contribution to the development and testing of theoretical constructs,” (p. 93)

In determining the sample size, the student researcher didn't want to make it excessively large and face problems from managing lumber files. He didn't also want to make it too small and suffer from lack of information. The nature of this particular study and situations at the ministry of health is dictating a flexible pragmatic sampling approach. The sampling technique involves convenience sampling and key informant sampling based on individuals position in the public relations unit and in their ability to provide more information and a deeper insight into what is going on around them. Selection criteria comprise; role in the directorate, knowledge on the subject, willingness, communicability, and being unbiased.

Before deciding how and who to include in the sample, successive informal and unstructured discussions were made with various members of this section. By deliberately including an aspect of quota sampling, team leaders who are in charge of coordinating their respective team, from each of the six sub-units that constitute the public relations and communication directorate at the ministry were designated in the sample. This enabled me to create a sample of an optimum size which fulfills requirements of efficiency, representativeness,

reliability and flexibility. Following the selection one-to-one in depth interviews were arranged with each of these six individuals.

3.4 Data Collection Method

Data for this study has been generated through four major techniques; unstructured observation, in depth interviewing, focus group discussion, and document analysis.

3.4.1 Unstructured Observation

Once the health sector was identified as a broad area of enquiry the researcher took a period of two weeks to participate and observe how the daily life goes in various places where the sector interacts with its stakeholders, observing things taking place, listening to what is said, and questioning people. Notes were taken during these visits, properly filed to be used in the analysis.

3.4.2 In-depth interview

Based on convenience sampling and key informant sampling methods six individuals were selected for in-depth interviewees. The six members of the public relations and communication directorate are both informants and subjects of analysis. A total of 333 minutes (five hours and fifty-five minutes) spent with these communicators to conduct in-depth interviews. All interviews were audio-taped and transcribed. Part of their profile were discussed during the data analysis.

Due to privacy reasons the researcher has promised to keep names of these respondents anonymous in parts of the paper. Therefore alphabets are used to indicate respondents. The

following table demonstrates data gathering method during personal communication, representation of individuals and frequency of contact.

Informant	Representation	Contact Frequency			
		SIDI*	UI	IR	
Alphabet	Case Team 1	1		3	
Alphabet	Case Team 2	1	1	4	
Alphabet	Case Team 3	1	1		
Alphabet	Case Team 4		1		
Alphabet	Case Team 5	1		1	
Alphabet	Case Team 6	1	1	6	
Alphabet	Case Team x		1	10	
Alphabet	Case Team y	1	2	7	
		6	7	31	44

*SIDI= Structured in depth interview
 UI= unstructured interview
 IR = information request

3.4.3 Focus group discussion

Another mechanism was followed while inviting participants in the focus group discussion. An invitation letter from the Addis Ababa University School of Journalism and Communication, requesting to attend a focus group discussion was prepared and sent to fifteen organizations appearing in the partners list on the ministry webpage. Three stakeholders from this catalog and three other individuals showed up and attended the focus group discussion session. Fortunately, the size and representation of the focus group discussants were perfectly meet the standard.

The six participants at the focus group discussion were primarily citizens who, in one way or another, are directly affected by actions, policies and healthcare services provided by the government. Secondly, they represent six different publics who are directly associated to the ministry of health as stakeholders. Here is their brief profile;

1. A physician earned PhD, who has vast experience as researcher, who has participated in developing a number of strategies and training manuals, providing trainings, and currently working as nutrition, research and policy advisor at Save the Children International.
2. A market project trainee and medical representative at Glasgow Smith Pharmaceuticals, a transnational company manufacturing innovative pharmaceuticals and healthcare products.
3. A communication expert at Menelik II Referral hospital.
4. A senior health promotion expert working at World Health Organization. Previously served at UNFP and UNICEF.
5. A pharmacist by profession, a wide experience in public hospital, currently running a private drugstore.
6. A journalist also having a degree in public health. Currently, monitoring head at Fana Broadcasting Corporation.

These individuals met and discussed for two hours and eight minutes. Audio data of the meeting has been taken, transcribed and retained for analysis. The data generated from this group interaction has considerable significance for this study.

3.4.4 Document analysis

Principal publications and outlets; the official web page of the ministry, and four social media sites, seven sample copies of; a quarterly magazine, a newspaper, a brochure prepared

after a successful mission to Ebola outbreak regions in West Africa and a bulletin holding awardees of the 2017 health sector champions, are part of this analysis. Various memorandums, working documents such as recent plans and reports, a draft of quality assurance guideline for health education material production, health education material development guideline 2016-2020, and comprehensive budget outline 2008 EC were consulted in this study. The following table lists major documents reviewed.

No.	Items	No of Copies
1	‘Tenachin’ Magazine	3
2	‘Tenachin’ Newspaper	1
3	‘Yetenaw Gedilegnoch’ Brochure	1
4	1 st Biannual Report PRC Directorate 2010 EC	1
5	Annual Report PRC Directorate 2009 EC	1
6	Caring Respectful and Compassionate Health Force PPPs	3
7	Comprehensive Budget Plan 2008 EC	1
8	Ethiopia Health Sector: Health and Health Related Awardees of Excellence in Service Provision and Administrative Work: 19 th Annual Review Meeting of Health Sector	1
9	Health and Health Related Indicator, EFY 2007	1
10	Health and Health Related Indicators 2008 EFY (2015/2016)	1
11	Health Education and Health Extension Case Team 1 Biannual Report 2010 EC	1
12	Health Education Case Team Biannual Plan 2010 EC	1
13	Health Extension & Health Care Directorate plan 2009 EC	1
14	Health Extension & Health Care Directorate Report 2008 EC	2
15	Office Letter 09/11/2009 EC	1
16	Office Memo 04/04/2009 EC	1
17	Process Owner Directorate Comprehensive Plan 2010	1
18	Quality Assurance of Health Learning Material (Draft)	1
19	Regional Health Education and Health Extension Assessment Report	1
20	Report on Hosting and Preparation of the 1st International Summit on Social Behavior Change Communication	1

3.5 Data Analysis

The ways that researchers choose to analyze data “should stem from a combination of factors, which include the research questions being asked, the theoretical foundation of the study, and the appropriateness of the techniques for making sense of the data. Analyzing qualitative data typically involves immersing oneself in the data to become familiar with it, then looking for patterns and themes, searching for various relationships between data that help the researcher to understand what they have, then visually displaying the information and writing it up, (Kawulich, 2015, 96).

The same root behind this logical flow has been taken while analyzing the data on the ongoing basis using “ethnographic analysis,” (Marriam (1998) as cited in pp. 98). “Ethnographic content analysis (ECA) is used to document and understand the communication of meaning, as well as to verify theoretical relationships. Its distinctive characteristic is the reflexive and highly interactive nature of the investigator, concepts, data collection and analysis,” (Altheide, 1987, 69).

Transcribed data from field and review notes, interview, and focus group discussion was coded with label, with brief explanation, and with signs. Coded data were sorted in to groups and categorized in such a way that they correspond to each other and reflect the intention of the study. As “ECA consists of reflexive movement between concept development, sampling, data collection, data coding, data analysis, and interpretation” (pp. 69) the key themes are summarized and findings are illustrated accordingly.

DATA PRESENTATION AND ANYALYSIS

4.1 PR and Communication Unit at The Ministry of Health

During this study, the researcher has realized that the time which positioned PR as subordinate entity is elapsing in Ethiopia. Currently most governmental ministries, including the federal ministry of health have placed their public relations sections at directorate level, assigned directors, employed officers that can help them to establish and maintain their favorable images. At federal ministry of health, in regional health bureaus and in hospitals, PR is being considered as a senior managerial function.

Public Relations and Communication Directorate (PRCD), also sometimes labeled as ‘Public Relations and Health Care Communication’ Directorate, a high-ranking structure at the Federal Ministry of Health, took its current shape in 2017 after health education and health information and counseling units descended to the directorate. A senior communicator told how the current mix is organized.

It is functioning with 140 employees grouped under six case teams namely; Electronics Media, Event and Opinion Survey, Health Education, Health Information and Counseling (hotline 952), Information and Documentation and Print Media case teams. A director, who is directly reporting to the minister, is in charge of this unit and six leading experts are responsible for each of the above departments. (Informant R, personal communication, April 19 2018)

As a major division at the ministry of health, PR and Communication Directorate has a direct working relationship with the following subordinate institutions.

Ethiopian Health and Nutrition Research Institute, Ethiopian Health Insurance, Food, Medicine and Health Care Administration and Control Authority, Pharmaceuticals Fund and Supply Agency, National Blood Bank Services Office, HIV/AIDS Prevention and Control Office, All Africa Leprosy Tuberculosis and Rehabilitation Training Center, St. Peter's TB Specialized Hospital, and St. Paul's Millennium Medical College. (<https://www.moh.gov.et>)

4.2 Roles of PR and Communication Unit at the Ministry of Health

All of the six interviewees are involved in predominantly operational duties than managerial; fifty percent of them execute training/educational activities. Two of them inclined to planning and maintaining relationships with the public.

Out of the five broad functions 40% of them are assumed, 40% of these activities are done arbitrary, and 20% of them do not exist at all. Out of the twelve specific roles of PR about half are assumed in the directorate, 33.33% of them are being done arbitrary and 25% of them are do not exist. In average 44.3 % of PR functions in their broad category are assumed at the directorate, whereas 41.64 of the specific duties are being carried out.

The following table illustrates the current status of various roles of PR in broad category assumed by PRCD at the EFDR MoH.

PR Roles	Status		Intensity						
	Assumed	Not Assumed	16.6	33.33	50	66.66	83.33	100	
Broad Categories (Van Ruler and Vercic, 2004, as cited in Freitag & Stokes, 2009), (Lewton, 1995).									43.3%
• Operational	x								x
• Managerial	x			x					
• Reflective	x		x						
• Educational	x				x				
• Counseling			x						
40% as., 40% ar., 20% ne.			minimal	low	moderate	fair	satisfying	full	

The next table analyses the extent of specific PR roles and level of execution at PRCD of the MoH. In both tables, x signs simply mean the availability of that particular function as mentioned by six of the informants. The shaded area indicates the intensity/strength of the role, whether activities under that particular role are carried out with deliberation or with effective planning or just being done arbitrarily.

PR Roles	Status		Intensity						
	Assumed	Not Assumed	16.6	33.33	50	66.66	83.33	100	
Specific Roles, (Tench & Yeomans 2009, Theaker 2004, Grunig L., Grunig J. & Dozier)									41.64%
External Stakeholder Communication	x		x						
Internal Stakeholders Communication/ Employees engagement	x			x					
Media Relations	x								x

Public Relations Research								
Liaison/contact	x				x			
writings/content development,	x							x
Event planning, execution and evaluation	x							x
Visibility on the new media	x				x			
Training and providing support	x		x					
Knowledge management			x					
Crisis Control/Counsel, risk management			x					
Organizing Corporate Social Responsibility Credentials								
66.6 % as, 33.33% ar., 25% ne.			minimal	low	moderate	fair	satisfying	full

During their tenure at the ministry they all are more versed on the roles of health education and communication than roles of health sector public relations. For example, counseling, a very important role of public relations profession is misunderstood and confused with patient counseling and with elements of counseling practices in health education and communication processes.

According to interviewees M, N, O, Q, R, and T dominant duties at the ministry include media communication, event management, publication and promotion, and web and social media visibility. Emergency communication is implemented during major health outbreaks. Stakeholder communication, training and follow-ups, internal communication, and knowledge management are carried out in a less frequent and less structured way. Public relations research,

and dealing with corporate social responsibilities are less familiar at the public relations and health education directorate of the ministry of health.

In a six month report prepared by the directorate for the first half of the year 2016/17 activities related to event, media relations, audiovisual productions, advocacy, web and internet visibility, health education, and health counseling are formally planned and reported as executed.

Few elements of internal communication and stakeholder communication were indicated in the document; whereas public relation research, issue/crisis/emergency communication, professional public relations counseling, training and support, and knowledge management are not mentioned in this report.

- Health counseling service through telephone service line (954) enabling members of the public to make direct call when they seek health related advice and help is one duty given to PRCD.
- As it is done conventionally the PR and communication section at the ministry also oversees a library, an information desk and a meeting hall.
- The public relation and communication directorate is in charge of the following new-media;

Site	hits
<i>the ministerial webpage</i> https://www.moh.gov.et	110 000 in half a year/ latest report from Google/
<i>official Facebook page:</i> https://m.facebook.com/EthiopiaFMoH	53941 likes
<i>YouTube Channel:</i> https://m.youtube.com/user/FMoHealthEthiopia	2600 prescribers
<i>Twitter page:</i> MoHEthiopia@FMoHealth	7771 followers
<i>Flicker page:</i> https://www.flicker.com/photos/123999027@N03	4 followers

4.3 PR Practices at The Federal Ministry of Health

The researcher believes that one of the primary purposes of health sector PR should be building image and reputation of the health service delivery system and institutions attached to it. All of the six participants in a focus group discussion conducted at the ministry on May 11, 2018 have unpleasant first impression and five of them have repulsive current experience towards the public health sector. Only two of the participants shared innovative and inspiring positive experiences in two different government hospitals.

“I was saddened with what I have witnessed at St. Paul,” (Informant U, Personal Communication, May 08 2018) a discussant at the focus group discussion session has mentioned his bad experience at St. Paul’s Millennium Medical college, a teaching hospital directly reporting to the ministry of health,

The size of the emergency room is equivalent to an auditorium. The situation there is unpleasant. Patients flow to the room due to accidents and other cases. Anybody can get infection while she/he looks for solution for her/his own problem. I just asked myself if we really need such service in this modern age, (Same informant).

Does this have anything to do with public relations? Such incidents distort the image of the ministry. Majority of the people do not distinguish that duties and responsibilities bestowed to the ministry of health is different from government health service providing facilities including hospitals. They consider them as one and the same. What has happened in hospitals will leave

the ministry blamed; this is more valid in public relations than in any other field, like criminal law.

Recently, a lady admitted to a well known public hospital for a surgery on Friday, herself is a medical professional. She passed away on Sunday, one day later. Nobody provided information on how this incident occurred. There are rumors that an intern has conducted a wrong procedure without the necessary supervision. Others say a physician has performed the surgery with negligence.” a discussant shared her knowledge. The hospital has preferred to keep silent about the issue. The public relations section of that hospital could not address the matter professionally. They too engaged in the tittle-tattle, (Informant V, Personal Communication, May 08 2018).

A senior communication staff at the ministry of health has mentioned

the society is our major stakeholder, too many other stakeholders work with the health sector. We are having intersectoral stakeholders’ forum. Some of these stakeholders have formed a committee at the federal level to deal with the nation’s social issues including health. The committee is composed of key sectors like environment protection, housing development, water and energy. The public relations and health communication directorate at the ministry of health is a member of this committee and currently chairing the forum.

There is also a network of social segments like youth, women and professional associations with whom we discuss gaps in the health sector, where we value strengths, and new innovation are introduced. We collect suggestions and feedbacks and present

them to ministers for them to take necessary steps. (Informant R, personal communication, April 19 2018)

“Ministry of health states that they have a preventive type healthcare policy. Do they implement this for themselves; can they be worthy enough to put themselves as exemplary performers?” (Informant Z, Personal Communication, May 08 2018) a focus group discussant posed a question.

Where are those packages on the ground? Mere theory doesn't bring any change. Whatever tactic they want to put into operation they have to exhibit it foremost. Unimplemented theory is like delusion. For example, Addis Ababa health bureau is propagating cleaning campaign once in every month. We have started this campaign in our neighborhood before three years.

To what extent is the ministry involved in this campaign? (Same informant)

He wants to criticize grimy contagious compounds of most healthcare providing facilities.

An informant in the focus group has appreciated a pharmacy service at a rural government hospital, how they communicate with and handle their customers. Another participant is inspired by an innovative approach that promotes in-patients who exhibit strong spirit and stamina while battling with their medical case.

“What value do health professionals give to human life? Do they always remember their professional oath?” (Informant Z, Personal Communication, May 08, 2018) a participant in the focus group discussion screamed with emotion. Another participant in the discussion responded “Are their educational certificates authentic? Of course we want to air this issue in one of our investigative show; we have it in our plan,” another replied. Recently World Health organization has initiated a tobacco ceasing campaign where physicians recruited trained and deployed as part-time counselors.

We went to field for supervision. There was no place where the service was launched. We asked the reason, we were told that doctors are senior experts and they said they don't have enough time to carry out that service. We conducted a second round training for another twenty five physicians and the same thing has happened except a doctor who started counseling service at Zewditu Memorial hospital. (Informant, Personal Communication, May 08 2018)

In this regard public relations and communication directorate has picked up a major transformation agenda, developing caring, respectful and compassionate (CRC) health professionals across the sector.

“CRC means serving patients, being ethical, living the professional oath and being a model for young professionals and students. It's a movement that requires champions who identify with their profession and take pride by helping people. It requires in some ways a cultural change and a change in attitude, manners and approach to health care delivery.” (Health sector transformation plan (HSTP) 2015/16 - 2019/20, 14)

Public relations and communication section needs to attain a level of determination and confidence to shoulder such noble mission and to fulfill it as required.

There are areas in the PRCD that created unnecessary tension internally; one is the merging of three different units to one. “The health education unit has transferred from health extension directorate to public relations and communication directorate; the shift took about half a year,” (Informant T, Personal Communication, March 28 2018). A senior communication expert, in principle, doesn't oppose such union. As he discussed the combination of health education and public relations he said;

It is advantageous to bring the two together, not debatable. We take public relations as a means of visibility that promotes and communicate our organization and what we are doing with external publics. In case of specific interventions [health education], we communicate with social groups in order to bring attitudinal change that helps various social segments to protect themselves from health and health related problems. We use public relations [approaches] for health education and there are possibilities of mutual backing between the two, (Informant U, personal communication, May 8 2018).

Four of the case team leaders at the directorate have similar view, though two of them are not comfortable with how the transfer process was handled, one is not happy with the merge at all.

When we carefully observe realities of both disciplines in the Ethiopian health sector health education/promotion /communication has long before became a common language in the health care system and incorporated in trainings almost in every level of health science.

Health promotion/communication exists in the system before professional practices of public relations does. Health promotion has reached a better maturity level than the latter; health education/ communication/ promotion has strategically functioned towards its purpose whereas health sector public relations has not yet travelled that far. Although one cannot rule out their combination, merging the two needs careful professional analysis of both fields and standard level of wisdom. It might also need distinguishing theories, models, strategies and methodologies that can suit both areas. A communicator has explained how the current mix was created,

Previously there was an organization called Health Education Center (HEC). When this institution dissolved its duties were given first to health extension directorate, and later moved to disease prevention and control directorate at the ministry of health. In the year 2017 we were ordered to join public relations and communication directorate, which we

resist to take any action for about six months. Finally, we moved by a compelling letter. (Informant T, Personal Communication, March 28 2018)

The telephone counseling unit is also another section that unwillingly joined the public relations and communication directorate a year before. “Previously this service had been provided by a non-governmental organization,” (Informant O, Personal Communication, April 23 2018) an informant told about a free landline telephone counseling unit that responds to 500 calls a day in average.

The expert further explains;

When that NGO ceased its service we were temporarily placed under health extension directorate at the ministry of health for about one year awaiting the implementation of a new structural reform. Last year we joined the public relations and communication directorate. We have 34 counselors; we work in five local languages and active for 12 hours a day dealing with a range of issues. (Personal Communication, April 23 2018)

All of the six communicators, who are permanent staff at the public relations and communication section of the ministry of health, were requested to provide factors that affect their activities. All have agreed that their PR activities are affected by both internal and external factors. A respondent replied

There are a lot of factors affecting our practices. We deal with diverse publics as their demand is also varied. If you take private healthcare providers most of them are concerned about their profit. We are striving to fulfill information need of the society; we disseminate message to change attitudes, and to ultimately benefit the people. We don't run after profits. Here comes conflict with, for example, manufacturers and dealers of substandard food items and consumer goods, if they presume they would lose revenue

due to our intervention. Health professionals who always stipulate increment in their wage always take our propositions as contrary to their interest. Harmful traditional practices among communities are constant challenges. Low wage, none or stumpy compensations for unsafe workplaces, and a lot more issues caused from lack of resource, knowledge gap, and personal interests affect our activities.

In the final six month report of 2017 fiscal year, the directorate listed out nine problems that the section is unable to solve by its own. Not capable to get timely response for purchase orders, unable to resolve problems related to obsolete data on the web portal, repeated failure of the website, unable to organize sectoral information using modern technology, unable to get qualified professionals on film, documentation and video production. A communicator described challenges he is facing at the directorate

the web server is located at the prime minister office. It might get interrupted. We have requested to bring the server here. We would like to create official emails for the staff. Employee use their own email account, when they leave they take everything with them. (Informant P, personal communication, March 28 2018)

Of course, the traditional perception that assumes public relations as a propaganda tool, one that manipulates others to do something which is not in their best interest, is still there and has not fully surrendered itself to professional public relation and strategic communication practices. “Public relations and communication unit is unfairly regarded with partiality between other technical and professional sections in the ministry. Due to this the directorate is not benefiting from budget allocations, promotions and other benefits.” (Informant R, personal communication, April 19 2018) an interviewee has explained.

Based on a budget outline prepared by the ministry in the year 2016, only 4.45% of the required annual budget was made available for public relations and communication activities, 21.7% of the required budget was secured for legal affairs directorate, 100% for audit, and 100% for youth and women affairs. General services directorate has secured 13.01% of its request and finance and resource mobilization directorate obtained 28.54% of its request. Public relations and communication directorate is the least of all seventeen directorate indicated in the budget line.

A successful image of an organizational is also directly linked with job satisfaction of its professionals. Out of six key informants, who are assigned to carryout decisive leadership and technical roles in the health sector communication, only one is fully satisfied with what he is doing. Three of these senior experts have no satisfaction and one enjoys middle level satisfaction.

The level of knowledge that is required for public relations and communication directorate at the ministry of health is being developed. Two of its experts are attending the newly started public relations program at the Addis Ababa University. None of the six department leaders interviewed for this study have attended a formal professional public relations training. Only one expert has earned first degree in public health communication and another one acquired MA degree in journalism and communication.

The remaining four practitioners received their first degree, most of them have done their MA in other disciplines; language, psychology, and management. Four of these informants have attended on-the-job trainings offered mainly by government communication office. Job experiences range from two to ten years in the health sector communication.

Four of these case team leaders consider themselves as communicators; only three of them believe they are public relations professionals and two of them do not take themselves as professional public relations practitioners.

The library is both a meeting hall and serves as reading room. When there is a meeting library users have to evacuate and seats rearranged to conference. In this modest sized library there are dozens of books on public relations and health education. For example there are thirty three books in public relation, media and journalism alone.

Contradicting information between informant 'O' and a magazine published by the directorate was observed. The one presented to the researcher was that the telephone counseling had been given for 12 hours a day; the other source mentioned the same service has been provided for 16 hours a day. The researcher was also informed that an analogue, landline telephone which took about one year to get maintained troubled counselors and callers. On the other hand, a senior member at the ministry was praised as best performer of the year 2017 at the ministry for his 'excellent accomplishments' including 'best' service provided through hotline counseling, while problems related to, at least, this particular service; like working hours, counselors mode of contract, transport . . . remained unsolved.

Misleading out-of-date contents are observed on the official webpage of the ministry. For example, Japan International Cooperation Agency (JICA) is among twenty-nine development partners that are listed under 'health development partners' key in the ministry's web. When asked to attend a focus group discussion, they informed the researcher that they are no more active in health sector programs.

It is recorded in the researcher's note that one senior staff in the directorate didn't picked up a number of calls from this researcher, didn't called him back, didn't answer text messages,

didn't respond to emails, and canceled appointments made in person without any prior notice, and astonishingly he didn't express any remorse in any way. Such a trend, in any communication protocol, is improper and cannot be able to meet the minimum required standard in the area that dictates to answer each call, to return calls in one working day (if possible), and taught us to meet the needs of callers.

4.4 Theories and Models being Used by Health Sector PR

Merit in public relations, practices emanates from specialists that can demonstrate expertise skill of multi-faceted communications based on sound theories and conceptual models. This is not the case with the MoH, unlike health communication and health counseling services at PRCD, the public relations part has no theoretical background to base its activities. A public relations practitioner tells;

Previously [before integration with health education & health counseling] we only follow directions given from government communication office. But now different international partners bring different models with them, one chooses this and the other chooses that. We have some models for health education and health counseling, not for public relations. We don't have a specific model to follow. (Informant Q, personal communication, April 19 2018)

Another expert said;

Health education strategy developed based on the socio-ecological model. This model looks at gaps at social, policy and individual level to identify factors influencing behavior change and provide ground for intervention. Our assessment tools are designed based on this theory. I have to know theories and philosophical concepts behind public relations. I have repeatedly

requested to get trainings on public relations. I didn't get any; therefore I can't speak boldly on the public relations part. (Personal communication, April 23 2018)

“Let us simply take HICDA model. Based on this model hearing comes first, then to be clued-up or receiving information, next to be convinced and accept the fact, then make a decision and finally take action.” a focus group discussant elaborated.

Any health related messages put on the air never go beyond the initial step; it lingers at the hearing stage without touching the remaining crucial steps. Messages have to be disseminated in a well researched span of time to bring the intended effect. The media has to require standards and procedures before airing health related messages. (Informant U, personal communication, May 8 2018)

“We make use of almost all models known in the health sector.” a case team leader explains “We use health belief model, risk reduction model, theory of reasoned action, behavioral counseling therapy, and cognitive behavioral therapy.” (Informant, personal communication)

In now days media audience is dispersed to a wide range of choices; there are a lot of other preferences for viewers to choose from channel to channel. Hence it is difficult to assume messages reached its target only by sponsoring primetime advert or spot on mainstream media. Stakeholders are looking for alternative communication hubs where by effective behavioral change communication procedures could be executed. One potential option has become pharmacy.

The majority of communicable diseases will bring the patient to a pharmacy at the end. Child feeding is also linked to nutrition. With the required level of social responsibility pharmacies can provide health information and pass message for their customers. (Informant Y, personal communication, May 8 2018)

Another participant added “it is important to consider pharmacies as ideal hubs for effective communication. It is also important not to forget the physicians; we need to encourage them and build their communication skill,” (Informant U, personal communication, May 8 2018).

Another area where we couldn't take advantage of is students. Students constitute 25% of the total population of Ethiopia. If we design a checklist and give to students to record what their parents did or didn't do, they can well enlighten their community effectively. Unutilized knowledge resource which would create awareness has been wasted. It is decisive if we think to work on the new generation,” (same informant).

Although it is not indicated in any of the policy documents designed by the ministry of health regarding achievements and prospects of any version of Ethiopian social accountability programs, a remarkable outcome has been witnessed in the health sector during the Ethiopian Social Accountability Program Phase2 (ESAP2) in 103 woredas across all regions of Ethiopia. (Esap2 – Results, findings and joint actions in the health sector, 2016)

A question was presented to each of my in-depth interviewees to tell me what they want to meet as communicator, as a team and as a major unit in the ministry of health.

All of the informants at the ministry public relations and communication unit seem to carry the vision and mission of the sector forward. An interviewee has replied;

my will is to see people benefiting out of information packages that I provide. As a group our concern is the society attains a level whereby they generate their own health, and we are aspired to fulfill an annual target as set in the plan. At a directorate level we want to see transformed citizens using information we provide. (Informant N, personal communication, April 11 2018)

Another staff in this same directorate told me that her wish is to make the society more involved in owning its own health.

The future of public relations that the experts illustrate in their PR strategy is something that all practitioners in the area and people in any other discipline sought it to look like.

In the future we need many communication professionals with higher level training and healthcare background. Misconception of public relations as political personalities has to come to an end. Sufficient budget has to be allocated for public relations activities. The government has to set standard for public relations as profession and need to point out what the government expects from this particular profession. (Informant R, personal communication, April 19 2018) said an interviewee.

A majority of interviewees foresee an agency equipped with required human power and necessary equipments that can carryout and facilitate health sector full-fledged public relations and communication duties. Stakeholders and the society also need the health sector communication to be enhanced. Focus group discussion participants need health and health related messages to be “short, clear, descriptive and all-encompassing” a journalist represented to the focus group discussion put it.

As explicitly stated in the health sector transformation plan the health sector vision is “to see healthy, productive and prosperous Ethiopians.” This vision is developed using a system called balanced scorecard (BSC) that helps various actors in the system to recognize and contribute towards a shared vision and strategy. BSC

aligns the organization’s shared vision with its strategy, desired employee behavior, and day to day operation.” (HSTP) 2015/16 - 2019/20, 14) The mission is to promote health and wellbeing of Ethiopians through providing and regulating a comprehensive package of

promotive, preventive, curative and rehabilitative health services of the highest possible quality in an equitable manner. (HSTP) 2015/16 - 2019/20, 14)

Bearing this noble vision in mind the health sector PR needs to craft its own strategy. Concerning strategy crafting for public relations section of the federal ministry of health, this study considers communicators and practitioners in the section as strategists, professionals who plan the health sector public relations and develop communication policies at national level.

The public relation unit at the ministry of health is expected to lead the health sector's public relations strategy from the level of conception to execution and then evaluating its impact – in other words they strategize the health sector public relations.

CONCLUSION AND RECOMENDATIONS

5.1 Conclusion

Achievements of a major service rendering public sector, like the ministry of health, should be conferred by beneficiaries from outside and one task of health sector public relations has to be balancing the wellbeing of all the different groups who have stake in the institution, mainly the society.

The health sector public relations surely needs to facilitate mutual understanding, wider sense of ownership, smooth resource mobilization, sustainability and high rate of community involvement, which are fruits of two way communication between organizations and their respective societies. PR, when established as a two way communication between this vital service delivery sector and the society at large, it will make the sector more effective and better serve its community.

“Establishing and maintaining two-way communication based on truth and full information, promoting mutual respect and social responsibility are two of the fourteen public relations activities the International Public Relation Association (IPRA) has listed out.” (Mersham et al., 1995) The significance of public relations in influencing perception and decision of people, whether they want to benefit from, work with, or support the purpose of this sector is well acknowledged from community based health services to tertiary level health care centers.

However they need to be able to manage and deliver public relations as effectively and efficiently as Ethiopia desired it at this moment of transformation.

If public relations is about reputation - “the result of what you do, what you say and what others say about you.” (CIPR as cited in Theaker, 2004, 6) and if there is a distorted image of the public health sector flashing in the society, that means the ministry is already experiencing a major public relations setback. And by now the public relations and communication unit at the ministry of health got a huge opportunity to get reorganized and prepared for a new move.

5.2 Findings

It is admirable for the PR and Communication directorate to use various social segment networks like youth, women and professional associations to discuss gaps in the health sector, where strengths are appreciated and where new innovations are introduced.

The intersectoral collaboration where the PR and communication directorate at the ministry of health is a member and currently chairing is a vital ground of experience sharing and collaboration among various governmental bodies. Promotion and replication of important lessons from one community in one region to another community in a different region is very useful approach that promotes and enhance awareness notably.

Having a modest size library in the vicinity of PR and Communication directorate, availability of some professional reference books in the area of public relations and communication, the fact that two of its experts in the directorate are attending the newly started public relations program at the Addis Ababa University, and significant portion of the staff attended on-job trainings are encouraging signs that demonstrate the directorate as a conducive environment to learn more.

All communicators at the PR and communication unit are accommodating, seem carrying the vision and mission of the sector forward. That is a very good indicator which shows the existence of favorable human resource at the section which can bear assignments, like realizing CRC workforce in the sector, and takes it forward to the end.

Most importantly the research brought forward the following findings with regard to public relations roles, practices, and theories.

5.2.1 Related to Roles

- Vital roles of public relations like public relations counseling, public relations research, corporate social responsibility tracking, and health care public relations are omitted from the list of principal duties carried out by PRCD at the MoH.
- Activities like internal communication, external stakeholder's communication and training and PR capacity building programs are being executed in a traditional manner.
- PR duties are seen overlapping, individual roles are scattered across case teams, and some which are easy when done collectively are burdened on few departments.

5.2.2 Related to Practice

- The current departmentalization was formed haphazardly. Because of this the section lacks the necessary wisdom and tactics in managing available time, human and material resources.

- Alternative communication hubs rather than the mainstream media, which is losing audiences and no more attracting viewers, and the new-media, which is not yet familiar with majority of the people, are not explored.
- The public relation section does not address real concerns of various stakeholders, including the community through its media interventions.
- Technical staff lacks professional trainings. Journalist mix-up public relations with journalism, health education experts think PR as health communication, and language graduates consider public relations as interpersonal fluency . . . without knowing PR is a profession and a discipline by its own.
- There is significant level of staff dissatisfaction and low level of professional affirmation in the directorate.
- Health education and health counseling units in the directorate are not well fitted to the rest of public relations practices. These sections were combined without enough preparation and care. The directorate lacks mutual backing guideline between the three.

5.2.3 Related to Theory and Strategy

- PR, as discipline and occupational role, at the MoH has no theoretical ground.
- PRCO is not sure which public relations model the section is following.
- The PR and Communication section at the MoH lack clear strategy that is essential for its public relations functions.

5.3 Recommendations

The researcher would like to present his propositions in such a way that PR and Communication directorate at the ministry of health will be seen at a level of its utmost professional appearance.

The researcher suggests a set of public relations pattern that could bring the required level of merit for the PRCD at the wider societal level – people and state system (macro), organizational – health sector and ministry level (meso) and at professional individuals – communicators and public relations practitioners (micro) level, based on Social Theory of Jürgen Habermas – “Public Sphere” and “Excellence Theory” of James E. Grunig , based on models; Strategic Communication Framework of Betteke van Ruler, and Development Communication.

5.3.1 Public Sphere

According to Jürgen Habermas, ‘public sphere’ can be considered as both physical and virtual space which allows free, reasonable and constructive discussions. (See the literature part) Therefore the PR and Communication directorate at the MoH has to; 1) strengthen and maintain the existing discussion forums, 2) has to explore new venues of interactive communication and new methods of communication, as it is explained well at the focus group discussion earlier in this paper, schools, pharmacies, social accountability sessions . . . could be ideal ranges where health and health related subjects could be raised and discussed at societal level.

Another suitable theory could be adopted is Excellence Public Relation Theory, which “explains how public relations can contribute as a management function to overall organizational

effectiveness.” (Health, 2005, 306) Major factors contributing to effectiveness of public relations in any given organization are discussed in Excellence Theory.

5.3.2 Excellence Theory

The Excellence theory weighs the value of public relations by its role in building good long-term relationship with strategic publics. As this theory offers chances of partnership for various stakeholders within large social structure the researcher aspired to investigate it and drive necessary lessons to be adapted to the Ethiopian health sector public relation. Based on the excellence theory the value of communication can be determined at four levels

- Program level – effective organizations must empower public relations as a critical management function.
- Functional level – Public relations should be an integrated communication function and separate from other management functions including marketing.
- Organization level – effective organizations should base internal and external communication and relationship building on a two-way symmetrical model.
- Societal level – Organizations must recognize their impact on other organizations and publics. They cannot be effective unless they are socially responsible. (Wadington, 2012)

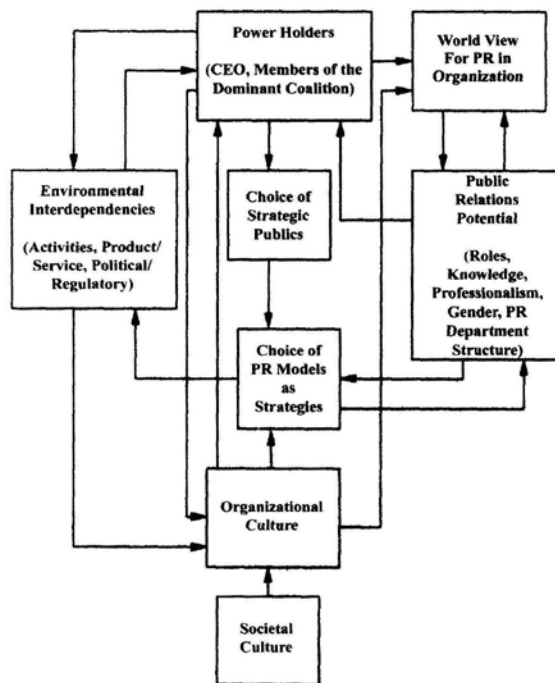
An excellent public relations function integrates all public relations programs into a single department or provides a mechanism for coordinating programs managed by different departments. Only in an integrated system is it possible for public relations to develop new communication programs for changing strategic publics and to move resources from outdated

programs designed for formerly strategic publics to the new programs. (Grunig L. & Grunig J., 2002, 15)

Forerunners of this theory worked out on the “key factors that make public relations “excellent” in its contribution to organizational effectiveness, in its role as a management function, and in the internal composition, structure, and function of the ideal public relations department.” (pp. 306)

5.3.3 SCF and Strategy Reformulation

Once the directorate under focus started with the above two theories the next step for PRCD could be selecting models. PR model can be designated by properly considering constituents that



Factors influencing the choice of models of PR. (Grunig, as cited in Grunig L., Grunig, J. & Dozier, 2002, 19)

contribute the effectiveness of our interventions. It would be important, in parallel or one after the other, to consider the SCF and Developmental Communication.

Here PRCD can also consider in parallel, which the researcher also suggests, strategy reformulation, based on desired theories. PR strategy formulation for the ministry of health, a not for profit governmental wing with a complex nature dealing with interests as medicine, life, health, and wellbeing has to contend with multiple competing institutional logics that determine rules of the game. Institutional logics are norms, values, beliefs, regulation, and resource utilization mechanisms the sector deploys to provide meaning to its social reality.

What is the MoH's institutional logic? Where does it derived from? As strategist, the public relations section at the ministry of health has to clearly aware network of relations the ministry has with various publics, organizations and individuals. It is these relationships and the strategists' awareness of current and vital developments that help shape the sector's public relations strategy and determine its position and competitiveness.

The Strategic Communication Frame, in this regard, provides clear insight on how to prepare for a feasible Strategic Communication/PR strategy; its development (the left side of the following diagram), and its implementation (the right side).



The strategic communication frame (Ruler & Körver 2016, 3).

This model consists of eight interdependent building blocks which demonstrate how developing a strategy is like working on a jigsaw puzzle: you can start wherever you want, as long as choices made in one building block are consistent with choices made in other blocks. (Ruler & Körver 2016, 3).

Though there are fundamental differences and tensions between these two theoretical schools, SCF and Excellence, we can adopt whatever concrete material they provide to create a conceptual framework that can ground health sector public relations in Ethiopia, and here the two complement each other.

5.3.4 Development Communication

Another model the researcher wishes to adopt and see operating well at the PR and Communication section of the MoH is Development Communication model. Because, among other reasons, it enables the public relations and communication directorate to run integrated

activities of health education, health counseling, and even other communication aspects with broad socio-economical factors.

Development communication is not exclusively about behavior change. The areas of intervention and the applications of development communication extend beyond the traditional notion of behavior change to include, among other things, probing socioeconomic and political factors, identifying priorities, assessing risks and opportunities, empowering people, strengthening institutions, and promoting social change within complex cultural and political environments. (Mefalopulos, 2008, 20)

5.4 Envisioned Effect

When, based on a sound set of theory, we put a functional strategy in place PR will be an integrated top-management function. Decision makers from inside and outside the organization will understand more about the vitality of PR and be convinced about its functions and roles. Enough shares from budget will be earmarked for PR activities.

Then traditions towards PR ultimately will get changed, restructuring takes place, systems of internal communication will be in place, job satisfaction and professional self assertion will be restored. Subsequently practical changes start to happen, routine tasks in the section for example web and social media visibility, opinion survey, can be given to all experts in every section, managing outlets, format editing, designing and other skills can be organized in a pool where they can process contents towards publications. Health counseling can be linked to web and social media and at the same time text messaging can also be included in the hotline system.

Professional roles of PR among others, training and capacity building, counseling, and social responsibility tracking would be endorsed officially and explicitly. Research will start to provide new perspectives and theories will help improving the practice of public relations section in the ministry. Knowledge management can also be included in the public relations functions so that Pr sections can create a well structured knowledge management database and provide information for citizens, stakeholders and publics as per their need.

Health care PR will be functional to play its vital role and relevance in maintaining images of service providing facilities and communicating their message to beneficiaries, stakeholders and the general public.

A feasible unit to develop and execute Health Care Public Relations will be assumed, under this role service providing centers hospitals, HCs, pharmacies, HPs will be coached constantly on how to carry out communication activities and how to matters related to PR

Stakeholders including citizens, international partners, nongovernmental organizations, academic institution, and the private sector will be treated on the basis of mutual goal, respect and understanding.

Focus Group Discussion Guiding Plan & Discussion Points

Date	May 8, 2018
Time	2:00 pm
Venue	MoH PRCD

Discussion Plan

- **Reception** *(2:00 pm)*
- **Getting to know each other** *(5 minutes)*
- **Introduction** *(5 minutes)*
 - About the Research
 - About the FGD Session
- **Warm up** *(10 minutes)*
 - Your recent experience at a public health service provision center
 - What you have heard or seen
- **What is your understanding on messages & information conveyed by Health Sector PR** *(40 minutes)*
- **What should you think about roles and practices of PR & Communication unit at the MoH?** *(1 hr)*
- **Closing** *(5 minutes)*

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Structured In-depth Interview

Date -----
Time -----
Venue -----
Interviewer -----

My name is Mihret Massresha, a student conducting research on the EFDR health sector public relations titled “Roles and Practices of Public Relations at the Ethiopian Federal Democratic Republic Ministry of Health.” Thank you very much on behalf of the school and on my behalf for the inputs you are providing.

Interviewee Information

Occupation/Role -----

1. Educational background/ Professional Training -----
2. Experience/general -----
3. Experience as the health sector public relations/communicator -----
4. On the job PR & Communication trainings -----

Kindly discuss and provide detail answers for the question provided

Part 1: Related to Roles of PR & Health Education Unit (Research Question 1)

1. What Role do you think the health sector public relations and communication should play?
2. Which area/role of public relations your directorate is active in
 - Operational
 - Managerial
 - Reflective
 - Educational

3. Specific to:
 - External Stakeholder Communication
 - Internal Stakeholders Communication/ Employees engagement
 - Media Relations
 - Public Relations Research
 - Representing the ministry at various arenas
 - Public relations writings/content development,
 - Event planning, execution and evaluation
 - On web and social media
 - Training and providing support
 - Knowledge management
 - Crisis Control/Counsel, risk management
 - Organizing Corporate Social Responsibility Credentials
 - Other PR/ non PR Duties

4. What does your section/you as a health sector PR and communication practitioners strive to achieve? At practitioner level, at case team level, directorate level

Part 2: Related to Factors Affecting Health Sector Communication (Research Question 2)

1. What factors do you think affecting the health sector communication?
 External factors,
 Internal factors
 Factors at different Levels (Societal, Organizational, Individual Practitioner)

2. Being a public relations practitioner had you any challenge related to your profession, what are the challenges you came across?

Part 3: Related to the existing trend of Health Sector PR & Communication (Research Objectives 1, 2)

1. What do you understand about the relationship between health education communication and public relations? What advantages and disadvantages you observed while integrating the two?

Part 4: Related to Suitable PR & Communication Theories & Models (Research Question 3, Research Objective 3)

1. What theoretical background/models of health sector public relations do you use as reference?
2. Do you use reference books/materials supporting your public relations activities? Please give a list.

Part 5: Related to Future of Health Sector PR & Communication (Research Objective 4)

1. What you think should be done on the future of health sector public relations and communication?

Crosscutting Questions

1. Are you satisfied with the job you are doing currently? Provide reasons for your satisfactions/dissatisfactions.
2. Do you consider yourself as public relations & communication professional?

//// Thank you again!!!!