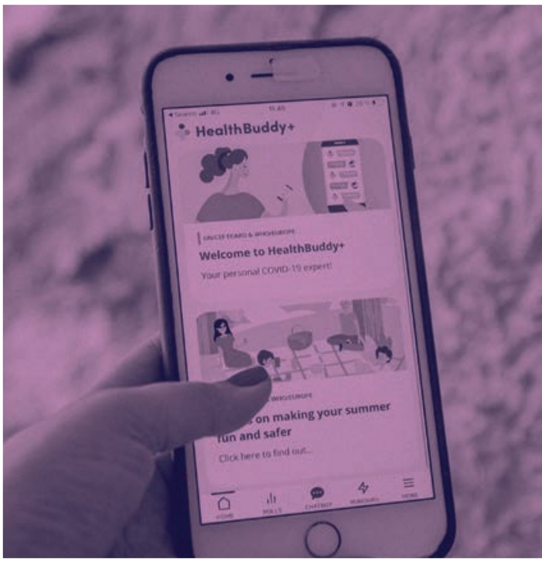
World Health Organization

European Region

Risk communication and community engagement: **a compendium of case studies in times of COVID-19**

World Health Organization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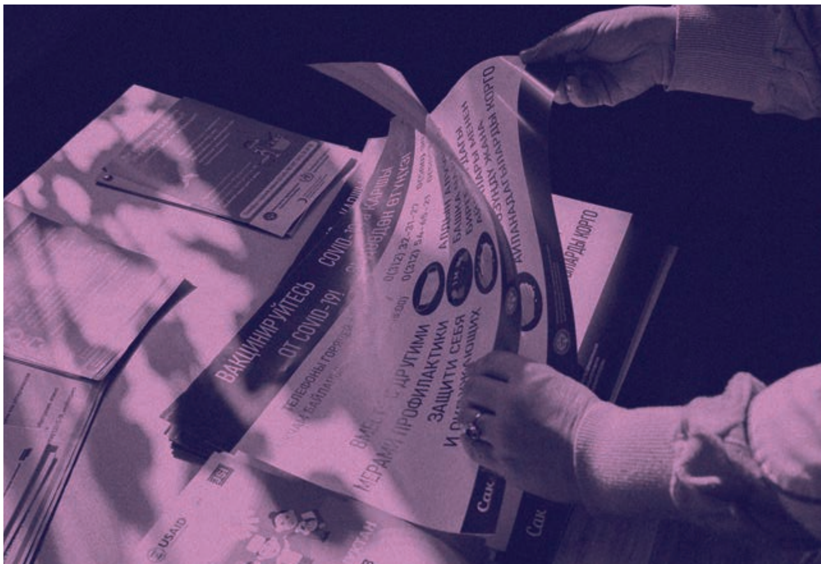
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ОТ COVID-19

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Risk communication and community engagement: **a compendium of case studies in times of COVID-19**

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CASE STUDIES

Azerbaijan's 24/7 COVID-19 hotline helps identify and answer public concerns

At a glance

What the case study is about

This case study looks at the COVID-19 telephone hotline service operated by Azerbaijan's State Agency on Mandatory Health Insurance (SAMHI).

Why it is important

The ability to conduct two-way communication and listening is one of the essential RCCE capacities that the WHO Regional Office for Europe recommends all countries should have. Use of dedicated COVID-19 telephone hotline services, along with answering questions online and over social media channels, have been among the main means for conducting two-way communication in the WHO European Region.

Main RCCE core capacity* featured

3. Listening through two-way communication

Other RCCE core capacities* featured

4. Selecting effective channels

* See Box 1.

WHO policy context

The WHO Regional Office for Europe's advice to countries on RCCE capacity-building emphasizes the importance of listening through two-way communication. The Regional Office identifies this as one of the core RCCE capacities all countries must have in place to respond to pandemics and other health emergencies.

In the summer of 2020, the Regional Office published a guide for countries of the European Region on *Setup and management of COVID-19 telephone hotlines (1)*. It notes that hotlines are "among the most commonly used tools by health authorities… in the WHO European Region" for enabling two-way communication on COVID-19. It identifies three main functions of a hotline in an emergency: 1) listening to the questions callers ask so as to better understand the public's interest and concerns; 2) providing callers with accurate information; and 3) showing that the health authority is open and approachable. All this builds trust. The guide also outlines a set of principles – such as service orientation, being community-led, using emotional intelligence and building trust – that should guide a hotline service on COVID-19. It gives practical advice on how to set up and manage a hotline, how to develop goals and strategies, and how to ensure the service is accessible to the most vulnerable communities. Finally, the guide details how to conduct data collection about the questions being asked to the hotline service in a practical and ethical manner, which enables systematic listening to target audiences.

Aida Farajova, Chief Specialist at SAMHI responsible for the COVID-19 hotline, talks to one of the operators. © SAMHI.

Context of Azerbaijan

Azerbaijan is an upper-middle-income country of around 10 million people located in the south Caucasus region. In recent years, the country has been pursuing a policy of achieving high-quality, sustainable universal health coverage through a government-backed system of social insurance. Since becoming operational in 2016, SAMHI has been a key player in achieving this vision. Its main role is to provide a package of health services to people in return for their mandatory insurance fees. SAMHI is the owner and sole shareholder of the Azerbaijani Management Union of Medical Territorial Units (TABIB), which has been operational since 2019. TABIB is responsible for the management and supervision of health-care facilities that provide care to the people insured by SAMHI. It also acts as Azerbaijan's national public health institute. These two agencies – SAMHI and TABIB – have had joint responsibility with the Ministry of Healthcare for delivering Azerbaijan's national-level response to the COVID-19 pandemic.

SAMHI and the COVID-19 hotline service

The 1542 COVID-19 hotline at SAMHI became operational in March 2020. Later, the incorporation of other services into the call centre (information on mandatory health insurance and other related issues, support lines for psychological and outpatient services etc.) meant it could receive more requests and provide an even better service.

"What we did early on was to create an FAQ document for SAMHI based on the recommendations of WHO and the decisions and resolutions of the Ministry of Healthcare and TABIB," says Aida Farajova, the Chief Specialist at SAMHI responsible for the COVID-19 hotline service. This document, which is frequently updated, was published on SAMHI's website. Call centre operators are doctors and receive training on how to use the FAQ document to provide consistent information to callers.

When the COVID-19 hotline started up in 2020, its staff, equipment and infrastructure came from a telephone-based information service SAMHI was already in the process of rolling out.

The call centre and its staff (currently 23 members) operate as a service within SAMHI. As the call-centre service expanded in 2020 and 2021, additional staff were recruited to supplement the core team, which was initially based on qualified doctors. Doctors sent from medical institutions, volunteer doctors (unemployed), students from Azerbaijan Medical University and psychologists were closely involved in the operation of the COVID-19 hotline.

Volunteers were involved on a rotating basis to keep the hotline running 24 hours a day. Since the new structure of the call centre service was approved, the number of volunteers has been reduced by hiring new staff. Currently just one student from the Medical University is working at the hotline.

Over the months following its launch, the hotline expanded to included various dedicated services, for example on getting COVID-19 test results. A specialist call centre linked to the hotline offers information on the mandatory health insurance scheme as well as COVID-19 related services such as setting up an appointment to get vaccinated. These specialized call centre services are available five days a week from 09:00 to 18:00, but operators at the 1542 number are available 24 hours a day, seven days a week and can answer questions about COVID-19.

The services operate in the Azerbaijani language but many of the operators also speak either Russian or English: some speak all three languages.

Data gathering and social listening

“As well as the operations group [staff who operate the call centre], we have a research group that evaluates the questions, the responses to them … and what people are concerned about,” says Ms Farajova. The research group also collects questions the call centre has been unable to answer. It then works with experts in SAMHI and TABIB to develop answers. Sometimes, when a new answer is available, the operations group will ring back the caller whom they had previously been unable to help.

Asked about sharing of data and reports from the call centre with public health decision-makers, Ms Farajova reports that “All the information or statistics relating to a particular question or topic is regularly provided to everyone working in the call centre. Some of the statistical data is then made freely available by SAMHI’s Marketing and Public Relations Department”.

The top topics on which callers asked questions during 2021 included: access to treatment for people in need of hospitalization; how to place people exposed to COVID-19 in appropriate quarantine; inpatient medical services; medicines to treat COVID-19 and other illnesses; registering for COVID-19 vaccination; COVID-19 health status certificates; COVID-19 related international travel and re-entry into Azerbaijan (e.g. what type of test certificates are needs, what are the quarantine rules).

Azerbaijan makes use of WHO guide on COVID-19 hotlines

In summer 2020, the Regional Office’s guide to the set-up and management of COVID-19 hotlines was published in English and Russian *(1)*. The WHO Country Office in Azerbaijan shared this publication with the Ministry of Healthcare and SAMHI. Ms Farajova sees many similarities between the principles advocated in the guide and those adopted by the 1542 call centre. Key among these is the principle of building and maintaining public trust by being service oriented. “If you keep callers waiting for a long time their trust in the service decreases. This is why we have focused on efficiency, good time management and respect for our callers,” explains Ms Farajova. This principle of being service oriented led SAHMI to hire extra call centre staff to cope with peaks of demand. Other principles from the Regional Office’s guide that the 1542 call centre has been working to apply include: the importance of emotional intelligence; including the most vulnerable in the service; and safeguarding the privacy and confidentiality of callers.

Impact

Operators working at the call centre Monday–Friday typically receive about 80–130 calls per week. The weekend operators typically receive over 200 calls each. The operators promptly inform callers of the answers they receive from the relevant departments of SAHMI.

All calls are free regardless of whether they come from a fixed line or from a mobile telephone. During the interview, Ms Farajova emphasized that SAMHI has paid attention to increasing public satisfaction with the call centre service and the answers it provides to questions about COVID-19. This has included hiring additional operators so that calls are answered quickly. This enabled the service to rapidly refer people with suspected COVID-19 and other serious conditions to health facilities for treatment. The call centre has facilitated COVID-19 case finding and contact tracing, and has generated data on the information needs and concerns of the population.

Looking to the future

SAMHI expects the number of partners the call centre works with to continue to expand. The information the service gives will continue to be updated in line with the latest developments in the pandemic.

Further information

State Agency for Mandatory Health Insurance:
https://jis.az/en/clients/state-agency-for-mandatory-health-insurance/

Azerbaijani Management Union of Medical Territorial Units (TABIB):
https://azerbaijan.az/en/related-information/211

References

1. Setup and management of COVID-19 hotlines. Copenhagen: WHO Regional Office for Europe; 2020 (https://apps.who.int/iris/handle/10665/336027, accessed 28 June 2022).

Lessons learned

- Telephone hotlines such as SAMHI's 1542 COVID-19 hotline in Azerbaijan are an effective channel for two-way communication and listening during a pandemic.
- Repurposing an existing call centre service as a pandemic hotline can help put this service in place rapidly during the early stages of an emergency. In the case of Azerbaijan, SAMHI was able to have an initial COVID-19 hotline service up and running in a matter of weeks during February and March 2020.
- Engaging and training medical students, volunteers and retirees with shifts is an effective way to establish an expert workforce, meet the demand and keep costs down.
- The principles for successful management of a disease emergency hotline set out in the Regional Office's 2020 guide proved useful for SAHMI *(1)*.

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