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<td><strong>Author(s)</strong></td>
<td>Ling, Jack.</td>
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Welcome Address

By

Jack Ling
I should like to extend my heartfelt welcome to the Hon. Prime Minister, whom I have had the occasion to meet some five years ago in another capacity as Head of Information for UNICEF, a sister agency of WHO, for which I now work. On that occasion, I was with UNICEF's Goodwill Ambassador, Liv Ulmann. It was clear that the Prime Minister showed deep commitment to development and communication. Likewise, a warm welcome to the Hon. Minister of State & Information.

I should also like to convey greetings from Dr. Hafdan Mahler, Director General, World Health Organization, and Dr. U. Kolko, Regional Director of World Health Organization for South East Asia, both of whom have taken a keen interest in the area of work and have asked me to send their best wishes to the Round Table.

While international tension, dissent and conflict occupy a good part of our attention as reflected in the media coverage, there is in fact a great deal of evidence that the people of the world have acted more in concert and shown greater solidarity than ever before in human history. There is active international co-operation in almost every field of human endeavour from the recent emergency for hunger and drought in Africa, in telecommunication, environment, agricultural research, etc. We sometimes, overlook that in health, 166 countries representing almost all humankind, have acted in concert, through their chosen instrument, World Health Organization. They have set for themselves, a common goal, Health for All by the year 2000.

The goal at the end of the Century, is that people everywhere should have access to health services which will enable them to lead socially and economically productive lives. Health for All does not mean that disease and disability will disappear; it means resources for health will be evenly distributed; it means health care will be accessible to everyone, with full community involvement. It means that health begins at home, in school, in the factory and that people will take action to prevent disease and alleviate unavoidable illness. People will shape their own lives, free of the burden of disease and aware that ill-health is not inevitable.
The Governments also agree that Primary Health Care (PHC) is the right approach to Health for All. There are eight essential elements of PHC, which cover food and nutrition, water, sanitation, maternal child health, expanded programme of immunization, essential drugs; but first of all is the education of the public, a subject of our concern in the Round Table.

In the past 30 years, in the field of development, two sectors have stood out as among the fast-growing. They are health and media sectors. Thanks to technological advance, but also to deliberate national policy, the growth of media has been phenomenal. Most countries have expanded their physical infrastructure by launching new publications, magazines, newspapers, building printing plants, microwave stations and t.v. studios. In South East Asia today, the t.v. antenna is ubiquitous, even in slums. Scientific break-throughs have rendered many diseases hitherto accepted by the population as part of life, technically controllable. In fact, diseases such as Yaws in Indonesia, river blindness in West Africa have been brought under control.

Only in recent years, the health sector has been forced to realise the limits of technical intervention. It recognizes that health is a social phenomenon and a pursuit involving multi-sectoral support. Health behaviour, it is clear, has many determinants: informational, cultural, social, economic, environmental - in addition to biological and medical. Above all, if any health work is to have a lasting impact, the involvement of the public is a necessity, and the public must first be adequately informed.

Indeed, W.H.O.'s Founder, back in 1946, saw the importance of this and included it in the Preamble of the WHO's Constitution, from which I quote: "Informed public opinion and active co-operation of the people are of the utmost importance in the improvement of the health of the people."

Yet, in recent decades, health and media sectors, in their head-long expansion, have not linked hands systematically. Some even say they have grown apart. This is not surprising because health is traditionally oriented towards science and technology and the media is geared towards the broadest common denominator of the woman and man in the street.
However, I suggest that the two sectors have reached a juncture in their development where they must find each other. They have much to gain in their close collaboration. In fact, we in health, are to take Health for All in its totality. We must overlook the fact that education methods can reach but a small percentage of the community.

While we recognize the qualitative advantage of one-to-one dialogue, we must remember that it is a responsibility to the very many who are beyond our personal contact. At the very least, we need to awaken their interest, provide them with information, help them realize they can do much to improve their own health. This we can and must do through the various channels of communication - traditional as well as modern. Only then will we have paid heed to the 'all' in Health for All, lest our efforts may be criticized, as aiming only at health for some.

This means that we must use all means available to reach people. Through the growing network of schools, through the existing social and cultural institutions, through religious organizations, through civic groups, and, yes, compatible special interest groups. Above all, we must not overlook the various mediated forms of communication to reach the masses.

Mass media cannot perform miracles. When properly employed, however, media do reach large number of people. In fact, radio, when introduced fifty or sixty years ago, was credited for having played an important role of democratization and for breaking down the rigid class barriers of the United Kingdom. When people had equal access to radio programmes, whether they were plays hitherto available only to the relatively wealthy theatre-going crowds or broadcasts of useful information about how people could take action to improve their own lives, some movements towards equalization, however small, began.

When we seek cross-sectoral involvement for health, we tend to think of education, agriculture, community development, youth or whatever, but we often leave out the media as a sector. This is probably because it is a sector that is cross-sectoral in itself. It is not organized like the
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