<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
<td>Aggarwal, Narendra</td>
</tr>
<tr>
<td>Citation</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1985</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://hdl.handle.net/10220/1077">http://hdl.handle.net/10220/1077</a></td>
</tr>
<tr>
<td>Rights</td>
<td></td>
</tr>
</tbody>
</table>
Roundtable Report

By

Narendra Aggarwal
ROUND TABLE REPORT

HEALTH AND MEDIA:
Forging a partnership in the public interest
September 11-13, 1985, Colombo, Sri Lanka

Sponsored by:

World Health Organization (WHO)
United Nations Educational, Scientific, and Cultural Organization (UNESCO)
International Programme for the Development of Communication (IPDC)
Asian Mass Communication Research and Information Centre (AMIC)

By:

Narendra Aggarwal
Senior Programme Specialist
AMIC
39 Newton Road, Singapore 1130
Republic of Singapore
ROUNDTABLE EXECUTIVE SUMMARY

From September 11-13, 1985, a group of public health and media professionals from South Asian countries - Bangladesh, India, Maldives, Nepal, Pakistan, and Sri Lanka, together with representatives from the Asian Mass Communication Research and Information Centre (AMIC), World Health Organization (WHO), and selected resource persons met in Colombo to discuss ways in which the media and health sectors could expand and strengthen their collaboration in order to promote public health.

The meeting, second of its kind, was organised by AMIC. Last year, AMIC had organised and hosted the first Workshop on Health and Media at Singapore for the five ASEAN countries - Indonesia, Malaysia, Philippines, Singapore and Thailand. Both the Roundtables were funded by UNESCO's International Programme for Development of Communication and organised in collaboration with the World Health Organization (WHO) with a view to increasing institutional media capacity to promote public health and nutrition.

As the Singapore Roundtable last year, the Colombo Roundtable had as its principal objectives:

(a) to heighten awareness in institutions of the mass media about the important responsibility they have for the health and well-being of their people;
(b) to initiate a dialogue, building on successful experience to date of participating countries, aimed at strengthening institutional relationships between decision makers in media and public health; and
(c) to plan a series of new public health/mass media projects that will be implemented at the national level, with training support for interested countries available through WHO, UNESCO, and AMIC.
The three main activities undertaken by participants at the Roundtable were information sharing, proposal development, and the drafting of Roundtable Recommendations.

A synopsis of the three-day proceedings of the Roundtable follows.

Pre-inaugural and Inaugural Sessions (Day I)

Sri Lanka's Prime Minister, Hon. R. Premadasa, had very kindly consented to formally inaugurate the Workshop at 11 a.m. as well as deliver an address. Consequently, a short pre-inaugural session was held. It was used to introduce the participants as well as for introductory remarks by two of the sponsoring organisations - WHO and AMIC. This was followed by an audio-visual presentation:

"Mass Media and the Promotion of Public Health and Nutrition: Experiences from Around the World"

The inaugural session held at the Sri Lanka Foundation Institute was a public affair to which the elite of Colombo was invited. Dr. Ananditissa de Alwis, Minister of State, was among those who accepted AMIC's invitation to attend.

Prime Minister Premadasa in his lucid exposition said it was now established that mass media represent a most cost effective means of getting across health related knowledge to the large mass of the population. "So much so that I cannot see how else the package of primary health care can be brought into the living rooms of billions of people so fast, so effectively and so cheaply," he said.

Mr Premadasa said the conference was going to be extremely useful and timely for more than one reason. On the one hand, it will bring to focus the vast technological and scientific achievements
Dr Jack Ling of the World Health Organisation, in his welcome remarks, said 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.

The WHO representative said only in recent years, the health sector has been forced to realise the limits of technical interventions. 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.

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 the man in the street, he added.

AMIC's Secretary General Mr Vijay Menon in his address pointed out that while health is a matter of fundamental and critical concern, it is not always deemed newsworthy. But just as media persons need good health, so does the cause of health and nutrition require the power and the persuasion of the media.

"It is recognised today that any activity which effects the community, however beneficial, must have the support of the people.

"It is recognised today that any activity which effects the community, however beneficial, must have the support of the people.
Progressive programmes are not always perceived as such and well-intentioned efforts often fail for lack of popular support.

"We need to employ the skills and the expertise of the communications practitioner and of the commercial marketer to make socially useful goals acceptable, desirable and, therefore, achievable. This calls for collective effort, a compact between the health experts and the media for the benefit of the community of which they are a part," Mr Menon said.

Working Sessions (Days I and II)

The Workshop was fortunate in having an expert who was till recently the senior-most health policy-maker in his country. Prof Basharat Jazbi, a WHO senior consultant, and a former Minister of Health, Special Education and Social Welfare of Pakistan, strongly felt that any new thrust in the health policy of a country would be ineffective without the support of the media. "A supportive, enlightened and responsible media is a great asset for any policy, but for health policies their role is simply crucial," was his view.

Prof Jazbi said that a partnership between media and health sectors was not only desirable but indispensable for the successful implementation of health policies in the developing countries. Unfortunately, the role of media had not been given adequate attention in the projection and implementation of health policies. He strongly felt that appropriate policies must be formulated to ensure a proper and balanced relationship between media professionals and health policy officials.
Each participant at the Colombo Roundtable presented a profile either of the public health or the mass media situation in his or her country.

The objective of these presentations was to identify major public health issues in the different countries represented at the Roundtable, media attitude to health-related subjects, experiences of health and media sectors interaction and throw-up suggestions for strengthening health and media interaction with a view to forging a partnership.

Bangladesh reported a high degree of public health exposure in the media even though the Government itself could not give top priority to health on account of more pressing problems like providing food for the millions. The Press in Bangladesh plays a significant role in influencing the urban elite and policy-makers, while the broadcast media plays more important role in spreading health education among the people who are mostly illiterate.

It was pointed out that the Bangladesh government had recently taken certain significant steps in the health sector, where support from the media was necessary. One was the "revolutionary" drug policy under which many useless and costly drugs were banned. Others were anti-epidemic, children's immunisation, breast-feeding and oral rehydration drives. In all cases, the Press had risen to the occasion and provided necessary support.

It may be mentioned that Bangladesh was handicapped in not having a health participant at the Workshop.

India highlighted that it had a strong English as well as language Press, which continued to play an important role in promoting health awareness among the people. A few instances were cited where the Press played a direct role in bringing to government's and public's notice health problems caused by environmental pollution:

1. Reports on respiratory illnesses among workers in a slate factory in Madhya Pradesh led to government action and
tightening of standards in the factory.

2. A rayon factory in Kerala was ordered to be closed following exposure in the media about the diverse health effects of effluents in the Chaliyar river.

3. The government in Kerala was obliged to give up the project for turning a valley into a reservoir because of the public agitation, spear-headed by the press on the ecological imbalance such a step would lead to.

Major health problems in India are said to arise from poor sanitation, lack of treated drinking water, malnutrition. According to the Indian Council of Medical Research, the technologies for better sanitation, pure drinking water and better nutrition already exist. No research is needed in these areas. The problem is the technologies are not utilised. The health problems are essentially due to inadequate implementation of various health programmes.

The two participants from Maldives chose to make a joint presentation. The fact that the Republic of Maldives is composed of about 1,200 small island spread over an area of 90,000 sq. km. poses immense challenges for health and media sectors. Even access to safe and adequate water supply is limited and there has been relatively little sensitization to health problems and needs.

On the media side, the number of newspapers and magazines can be counted on fingers. Radio is young but the commonest and most widespread means of mass media. Television is new and covers only a limited area around the Capital.

It was reported that mass media has not been utilized to its full potential capacity.

As radio represents a very popular form of communication, this is the most widely used form of mass media used to transmit health messages. This is done in the form of radio spots, discussions, dramas, questions and answers, etc.
The two participants frankly pointed out that there is no regular mechanism of collaboration between the health and the media sectors in their country and hence there was a lot to be done to bring them together.

With regard to Nepal, it was stated that it being one of the least developed countries, the reach of the health services and the mass media was very thin. The health problems of the country are intricately linked to the people's lack of education, sanitation, employment, purchasing power and other socio-economic factors. There is a growing realization in Nepal that communication support is vital for the success of any plan or project involving the participation of the people.

The most important contribution that the Press can make to health promotion is in the first place, the dissemination of elementary medical information to the people. Since the literacy rate is only 23.3 per cent, the print media may have only limited impact. However, they can reach even the illiterate masses through the opinion leaders who benefit from the exposure of the printed word. The problem of the Nepalese Press is also that most of the newspapers are irregular, their circulation is negligible and confined to Kathmandu, the capital city.

Radio Nepal has been more effective as it covers 55 per cent of the population. But the very fact that because of the low purchasing power, people below the poverty line are not in a position to buy radio sets shows the limitation of Radio Nepal as a propagator of the health message. While in Nepal, the mass media have their limitations, they can reinforce and revitalise the message that the health workers try to pass on to the people in their house-to-house campaigns.

Pakistan has been implementing a National Health Education Plan which was prepared in collaboration with WHO for the improvement of health education services. Increased allocations of funds are being made for health education. Specific budget provisions are made every
year for use of media for health promotion, particularly in the Accelerated Health Programme, Primary Health Care Project, Anti-Smoking Campaign, Malaria Control Programme, Nutrition Education Programme, etc.

It was stated that research studies to evaluate the use of different channels of communication were being planned with the assistance of the WHO and UNICEF. Meanwhile, efforts are being made to produce low cost teaching materials (pure visual symbols) without any writing for the illiterate people. However, the training of professional health educators in mass communication was the urgent need.

Sri Lanka brought to the notice of the meeting, the importance of coordination among the various agencies involved in a communication programme. In the field of health, this entails close cooperation among the Health, Information, Planning, Rural Development, Public Administration and Cultural Ministries and a host of related agencies. It was pointed out that in most Third World countries, communication activities were fragmented among a large number of Ministries and related Government departments.

In Sri Lanka, in 1977, when a study was done on communication planning, it was found that communication related activities were spread among 14 Ministries. In view of this fragmentation, it was necessary that proper coordination and evaluation is done if a communication campaign is to succeed. It was stressed that while the field of communications had been expanding rapidly in the Third World countries, there had not been corresponding recognition of this fact by the policy-makers. Thus, there was a lag between the policies and reality in the field of mass media.
Country Project Proposals (Days II and III)

On Day II, participants were asked to develop concrete proposals involving the health and media sectors which could be implemented as a follow-up of the Workshop. The proposals are presented in Section 7, page 32.

The proposals vary widely depending on the local circumstances of the participating countries and the interests of the participants. Bangladesh felt that there was insufficient awareness among the media of the health programmes and policies and so suggested a programme for training journalists in health reporting.

India submitted three proposals, one of them being similar to that of Bangladesh - development of media skills for writing on health. The other two proposals relate to undertaking a pilot project of field surveys for an assessment of media impact and the development of a resource centre for media information.

Maldives' proposal is for the development of infrastructure for promotion of health awareness. Nepal would like to run a pilot project for spreading the message for improving personal hygiene in the rural community.

Pakistan also developed two proposals; one to augment the availability and use of communication materials and tools by health educators, especially in rural areas; and second for orientation of broadcasting producers as health communicators, specially for rural listeners.

Sri Lanka's proposal is for developing a public information and health education strategy to control the mosquito and fly menace.
Follow-Up

As in the Singapore Roundtable last year, it was felt that the Workshop follow-up in the implementation of the project proposals developed at the Colombo Roundtable should rest with AMIC. AMIC as the implementing agency would help provide the expertise and technical assistance and the seed money having secured funds for the purpose from international agencies.

Colombo Roundtable Recommendations (Day III)

Before the conclusion of the Roundtable, the participants issued a set of recommendations emerging from their three-day deliberations (See Section 4, page 20). The recommendations were to the sponsoring organisations - WHO, UNESCO, IPDC, and AMIC, other international organisations, their governments and fellow health and media practitioners. The recommendations were aimed at forging a partnership between the health and media sectors in the public interest - the theme of the workshop. A Press Release was issued focusing on the salient aspects of the workshop as well as summarising the principal recommendations. (See Section 1, page 1).

Unesco Director General's message

While the Workshop was in session, the participants were greatly encouraged on the receipt of the gracious message of UNESCO's Director General, Amadou Mahtar M'Bow. The message is reproduced in Section 5, page 24.