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**WHO'S PUBLIC IMAGE AND ADVOCACY FOR HEALTH FOR ALL
PROGRESS REPORT**

PROGRESS REPORT ON WHO'S PUBLIC IMAGE AND
ADVOCACY FOR HEALTH FOR ALL

The Thirty-fourth Session of the Regional Committee for the Eastern Mediterranean, held in October 1987 in Baghdad, discussed a paper on WHO's Public Image which emphasized the need for enhancing this image within the framework of advocacy for Health for All. The belief that people need to know WHO better is based on the fact that everyone has a role to play in an all-out effort to make Health for All a reality by the year 2000.

In setting itself the goal of Health for All, WHO demonstrates its awareness that its message should address the human race and that its efforts should aim at improving the quality of human life in a spirit of complete and real social justice. This requires that ordinary people should play an increasingly active part in improving their health, which, in turn, places an important duty on WHO and national health authorities to provide health education and information on a wide scale, to enable people to discard unhealthy practices and adopt healthy lifestyles. In the harsh realities of today, when harmful products as well as practices which have a negative effect on health are aggressively marketed, promoted or encouraged, WHO has to approach its task in an assertive manner, so that it comes to be seen as the final authority on health. When we have this position with the people at large, our eventual task of achieving Health for All comes so much nearer. People will trust their World Health Organization and will be guided by it so as to avoid what is detrimental to their health and follow what will improve health and spare them the agony of disease.

Three elements are of paramount importance in this approach. The first is that there is an urgent need for a total change of attitude on the part of WHO, as well as the whole medical and health profession. We must shed the image of being reserved, talking in scientific jargon and giving paternalistic advice. Instead, we must be seen to be open and to talk the language of the layman and to be aware that our relationship with all people is one of partnership.

Secondly, the very nature of our goal dictates that WHO should become a regular and frequent source of information. This highlights the importance of forging a partnership between health, the media and national information services to ensure a regular flow of information in a two-way communication channel between health authorities and the medical profession on the one hand and the public on the other.

Thirdly, the information we give must be presented in a manner which enhances the authoritative role of WHO. It is not enough that we frequently repeat that we are the world's health conscience unless that conscience begins to have visible effects. It is our duty to propagate, explain and advocate our policy in order to ensure its implementation and to stop what impedes the achievement of the goal of Health for All.

The complexity of our task is undeniable, especially when we consider that our message should reach all people. Every man, woman and child is part of our target audience. Hence, we should use all possible means of communication, without underestimating the value of any, starting with face-to-face dialogue in one-to-one situations and ending with using mass media networks.

The fact that harsh economic realities may militate against this approach was tackled by this honourable Committee two years ago. It was suggested that national programmes should allocate more budgetary resources to health advocacy. A number of Member States have already begun to move in this direction, but more is still urgently needed. More resources should be put into health advocacy among the national authorities, the leaders of the communities and the public at large so that the public information wing in health ministries begins to realize its full potential in promoting healthy practices and healthy lifestyles.

When this subject was discussed by the Thirty-fourth Session of this august body, we were approaching the Fortieth Anniversary of WHO and the Tenth Anniversary of the Alma-Ata Declaration. It was suggested that the two anniversaries should be utilized to strengthen health advocacy capabilities. The Fortieth Anniversary was certainly a successful test which has pointed the way forward. Member States have collaborated in an unprecedented fashion to convey to people in their homes the message that Health for All by the year 2000 is an attainable goal. However, this goal cannot be achieved without a sustained effort to ensure a continued three-way collaboration between health authorities, the media and the public.

Two new events

The two anniversaries in 1988 were felt to be a chance to give a good start to strengthening advocacy efforts which would continue in subsequent years. Since then, the World Health Assembly has established two annual events which can be exceedingly useful in developing advocacy capabilities of Member States and the Regional Office. These are the World No-Tobacco Day on 31 May and World AIDS Day on 1 December every year. These two events, as well as World Health day on 7 April, provide us with three occasions every year on which both WHO and the national health sector should enjoy high visibility. The message of health should be heard "loud and clear" on each of these occasions, so that health continues to be a prominent factor at all times. There is no denying the fact that at times the interests of health are pushed into a very secondary place because other considerations are felt to be more important. We must, therefore, work hard to establish the fact that health development is not merely an integral part of national development, but indeed, the latter cannot be achieved without the former. Which country and which community can develop unless they achieve a reasonable standard of health? Which community can begin to develop its abilities or its resources when disease devours its health? Since the three occasions together give us a chance to be always in the limelight, we should endeavour to make full use of each of them at the community, national and Regional levels. The two new occasions address specific issues, while World Health Day can cover all health matters. Some EMR Member States celebrate World Health Day over a whole week. Perhaps the time has come for all Member States to follow this lead so as to make it possible to tackle health issues in general and the particular theme of World Health Day on this occasion. It is most appreciated that government leaders are directly addressing the people on important health issues. This not only shows that they actually care about the health of their people; it also highlights the importance of the message given. This practice should continue with new impetus every time.

We cannot achieve the goals we have set for ourselves when we established the new events unless we are prepared to do what it takes to make each one successful and to build on the success scored in one year to attain

an even greater success the following year. It is no secret that some whispering has been going around that the next World AIDS Day will not be as successful as the last, and that World No-Tobacco Day this year was not as successful as that of last year. This is, however, a matter which lies within our control. It is people who make a particular occasion. If the private sector can continue to sell a product year after year, why should we not be able to enhance awareness of the magnitude of the problems of AIDS and tobacco all the time, or to drive home to people the message that health is too precious to be carelessly wasted? We should come to terms with the fact that we need to employ social marketing techniques to make our events successful. This should have the dual purpose of highlighting the issue of the occasion itself and promoting the authority behind it, namely WHO, your organization, which groups the nations of the world in an undertaking so highly beneficial to mankind.

It is most encouraging to see positive and meaningful efforts being made to establish collaboration between Member States over a health issue. The new steps taken over the last two years to establish an Arab Union against Smoking deserve special mention in this regard. The new Union does not merely provide a means to exchange information and expertise. It can also provide a platform to undertake joint efforts to speed up the fight against tobacco and the risks to health it represents. Moreover, it can widen the scope for joint efforts to bring consistency to government policies with regard to tobacco. We see, for example, the health sector making every effort to enhance people's awareness of the problem of smoking and other methods of tobacco consumption. Nevertheless, advertising campaigns to promote tobacco products go on unhindered in most Member States. The joint efforts will help resolve this contradiction and will be able to make better use of the annual World No-Tobacco Day to disseminate its health message and, by so doing, enhance the image of WHO.

Practical measures

When your Committee discussed this topic at its Thirty-fourth Session, a number of measures were proposed to be taken by Member States and by WHO at the Regional and national levels. It is gratifying to observe that many of these measures were in fact taken by Member States, although some have pushed their efforts further than others. Variations due to local and cultural considerations have occurred. Where the usefulness of a certain step is ascertained by experiment, it is becoming an established practice. Thus, commemorative stamps which were issued in many countries on the occasion of the Fortieth Anniversary are becoming an annual event in some Member States. Where World Health Day is being celebrated over a week, innovative activities are undertaken every year, with improvements and new additions. Competitions and awards are featuring more prominently in the health advocacy programme. Organizing sport events is capturing the imagination of both participants and viewers as an innovative approach to health advocacy.

At the Regional level, we have taken long strides in developing our capability in certain areas of high importance. Member States have received from the Regional Office films on AIDS, Tobacco and Health for All. Illustrated TV messages have also been produced to use on the occasions of World Health Day, World AIDS Day and World No-Tobacco Day.

Honorary medals have been awarded to people who have supported the health goals and policies of WHO. No-Tobacco medals have been given to six

personalities in the Region and nominations for the Health for All medal are being considered.

The information output of the Public Information Unit at the Regional Office is taking into consideration the essential elements which have been mentioned earlier in being open rather than reserved, speaking the language of the layman rather than professional jargon, and promoting general partnership. A number of meetings have been given an information dimension. A commemorative book on the work of WHO in the Eastern Mediterranean Region is taking its final shape.

WHO Representatives are doing their best in advocacy efforts, highlighting WHO's activities and taking part in events whenever possible. They are developing their libraries and collaborating with other agencies and non-governmental organizations for the promotion of health.

However, much more remains to be done. We are indeed still at the beginning. The advocacy task is commensurate with the task we all are undertaking when we commit ourselves to the achievement of the goals of Health for All.

The way ahead

What has been achieved over the last two years serves as a good beginning. Together, we are exploring new avenues. We are learning how to put our message in plain, simple and clear language. World AIDS Day 1988 was a platform to dispel misconceptions and to increase people's awareness of how to avoid this killer disease and how to behave towards a patient. Public discussion of AIDS was not an easy task at the beginning, in view of the cultural constraints in our Region. However, we have managed to put the relevant issues in front of the public in a simple way that people can receive without embarrassment. This shows that it is possible to get our message across; what we are aiming at is attainable, if we approach it in the right way.

We have been speaking much about a partnership with the media. This partnership is most essential but it cannot come about by mere wishful thinking. A partnership means collaboration between equals. Hence, we should approach the task of forging our partnership in this spirit. If we say that health and the media need each other, we are not indulging in self-flattery. Nevertheless, neither of the two sectors has taken any great strides towards forging this partnership. It is true that the media tackle health topics and health makes some use of the media, but the partnership we envisage should put collaboration between the two sides on a much firmer footing and should permeate all their activities. What is the net value of a programme television may show to illustrate the serious consequences of smoking, if this programme is followed by a film in which the main actors puff out the smoke of their cigarettes in all directions? The media can give a direct message and then contradict it in a more forceful but indirect manner. Therefore, the partnership between health and the media must be worked out with clear terms of reference and clear objectives.

This partnership should be formulated on the national level and should come to full bloom at the Regional and global levels. This requires that each of the two sides should take into consideration the capabilities and the needs of the other. It is pertinent to ask: How much are the media aware of health as an audience-capturing topic? It is not unusual that the health

column in a newspaper is given to a junior editor who feels that his chances of getting ahead in his career depend on his making an early move to a more glamorous page. Prime time is hardly given on radio or television to health topics.

It is equally pertinent to ask: How much are we in the health sector aware of the needs of the media? Are we prepared to meet their deadlines with useful and usable information?

These are basic questions and the collaboration or partnership between the two sectors depends on finding satisfactory answers to these and similar ones. Therefore, the two parties should meet on equal terms to iron out how their collaboration should work. It is proposed, therefore, that round tables be organized at the national, intercountry and Regional levels with the help of the Regional Office. These round tables should establish the partnership on a sound footing, monitor its progress and deal with any hindrances that may arise.

Press conferences have been used in the past by the Regional Director and Chairmen of the Regional Committee. Similar press conferences were held on various occasions. These have proved to be highly useful as a vehicle to publicize the issues which are of most immediate concern to the health authorities. Such press conferences should be encouraged at the national and Regional levels.

Ways and means are being explored to push this activity a step further in order to organize a Regional hook-up on the occasion of the forthcoming World AIDS Day. It is hoped that this will give an added impetus to the collaboration between health and the media.

Our advocacy efforts will by themselves enhance WHO's public image, especially when we bring in other sectors to collaborate with us. While the media have a special role, a sector which is of no less importance is that of sports. Much of our messages are addressed to youth and sport has a captivating influence on the youth of nations. Our experiments in this regard have proved that collaboration between health and sports can be extremely useful and highly rewarding. It is suggested that this can be a very good beginning, giving a lead to other sectors to join in promoting the idea of Health for All. Such collaboration can take the form of jointly organized sports events which highlight a health message. Other forms are also possible, such as getting leading sports figures to speak out for health and against unhealthy practices, using important sporting events to convey a health message, etc. It is to be noted here that tobacco companies have been quick to tap the promotional appeal of sports and came up with lucrative sponsorship offers in several major areas, for example, tennis and football. It is time that we put an end to this and take a leaf from their book by using sport to advertise health, rather than unhealth.

Collaboration with other sectors may begin with sport but of course should not end there. Other sectors have various important contributions to make. Each country can start to map its own course in this collaboration and we could benefit from each other's experience.

In conclusion, it should be stated that enhancing WHO's public image is not sought merely for its own sake. It is indeed a means towards a greater and nobler end, namely, the achievement of our joint and cherished goal of Health for All by the Year 2000.