THE PEN IS AS MIGHTY AS THE SURGEON'S SCALPEL

Improving health communication impact

Published on behalf of the WHO Regional Office for Europe by The Nuffield Trust

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FOR RESEARCH AND POLICY
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Improving health communication impact

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The concept of the European Health Communication Network (EHCN) was first developed in a workshop held in London at the King's Fund in June 1997. Since that time, meetings and events have taken place in many locations across the WHO European Region and beyond. Many hundreds of people have participated in these. All have shaped the development of this network. The network has no president, rules or dues. It exists to serve its members - to provide a common platform for all to use to enhance our ability to impact the health of our communities, families and ourselves. First and foremost we acknowledge the contribution of our members.

The preparation for the Moscow meeting has been described by some of our colleagues as the "meeting from hell". Everything that could go wrong did. We lost our designated organizer and venue one month before the meeting. Visa rules in the Russian Federation changed and all participants from western Europe needed clearance from the Foreign Ministry. Many colleagues had to wait hours in embassy queues only to be rebuffed at the gates. None the less, it all came together thanks to a lot of help from our friends. Thanks are due to Irina Bazina and Pavel Konavalchuk in the Russian Federation Ministry of Health for their visa support.

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Abbreviations

CE	Council of Europe
CEE	Central and eastern Europe
EHCN	European Health Communication Network
EJC	European Journalism Centre, Maastricht
EJTA	European Journalists Training Association
EPA	Environmental Protection Agency
EU	European Union
IFJ	International Federation of Journalists
IFPMA	International Federation of Pharmaceutical Manufacturers' Associations
IFRCS	International Federation of Red Cross and Red Crescent Societies
IGO	Intergovernmental organization
IPI	International Press Institute
NATO	North Atlantic Treaty Organization
NIS	Newly independent states of the former USSR
NGO	Nongovernmental organization
PSA	Public service announcement
UK	United Kingdom
UN	United Nations
WEU	Western European Union
WHCN	World Health Communication Network
WHO	World Health Organization

Foreword

Effective communication of public policy is often the last matter to which officials apply their minds. The public is increasingly sceptical of official information, not helped by recent health scares which have occurred in many parts of the world and will continue to do so. This WHO publication contains sound advice about how to tackle effective communication in both ethical and practical ways. The Nuffield Trust welcomes collaborating with WHO on this important topic.

John Wyn Owen, CB
London: 1999

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Introduction

FRANKLIN APFEL

Regional Adviser, Communication and Public Affairs
WHO Regional Office for Europe

Growing up in my parents' general practice office/surgery in the Bronx New York in the 1950s gave me an early awareness of comunication as a determinant of health. My bedroom was literally my dad's waiting room and it was there that my mom did her healing. If this report was written then, we would have called it "the ladle is as mighty as the surgeon's scalpel!" For without question, my mother's soup, love, attention and advice during the hours people waited to see "the doctor" was mighty powerful medicine. The home/office apartment was an information and communication centre for our inner city neighbourhood. It was immediate, passionate, customized, local, understandable and allowed people to learn, belong, participate and grow stronger and healthier.

Fifty years on, many things have changed but the importance of communication as a determinant of health is much more profound. On the positive side, new technologies allow for global access to information. One could sit on Mt Everest and review the world's literature on frostbite prevention and get advice from the most renowned scientific, or if you preferred, herbal experts on a solar-powered computer using a satellite mobile telephone. Our access potential, albeit very unevenly distributed, is enormous. On the other hand savvy marketeering carpetbaggers from afar can and do influence our perceptions, choices and behaviours. In some lucky communities the GP's waiting room has opened up into a garden of community services, information centres and soup kitchens. In the worst of scenarios people's access to accurate and ethical health information is blocked by economic, cultural, political and commercial interests. Hazard merchants, in particular, through the miracle of satellite broadcasting, invade our and our children's bedrooms, assault our psyches and shape our choices, behaviours and perceptions

No locality - no nation - can stand up to this assault alone. The strength and reach of global communications is too great. It was in response to the need for a new global health communication platform that the concept of the World Health Communication Network (WHCN) was born.

Since 1997, the World Health Organization has been developing the WHCN as a way of identifying and implementing mechanisms and strategies for communication with the public that effectively promote informed and ethical debate. Piloted in the WHO European Region, the WHCN brings together key players involved in communicating health messages to the public; including journalists, government spokespeople, intergovernmental and nongovernmental organizations (NGOs), advertisers, educators, researchers and health and environment practitioners. The network provides a platform for exchange of ideas, products and experience, supports skills development, highlights good practice in the field of health and environment communication and establishes professional guidelines.

The pen is as mighty as the surgeon's scalpel

The WHCN recognizes communication as a determinant of health. The pen, the television camera and the radio powerfully influence people's health and public health policies. Communication, particularly popular communication, is often ignored and remains a weak area for public health advocates. Skills may be lacking - for example, government spokespeople and NGO advocates do not generally have the marketing and advertising savvy so effectively used by the tobacco industry. Poor channels of communication between information sources and media and private and public sectors make a bad situation worse. Potentially synergistic partners who could stand together at the front line of health communications mistrust each other. The government thinks the media are only interested in scandal: the media think everything official is corrupt and bad.

Building public health capacity

By bringing communication specialists more centrally into the health and environment sectors and by catalysing and supporting the development of health communication networks at global, regional, national and municipal levels, the WHCN aims to make a sustainable contribution to the development of public health infrastructure. In the Republic of Moldova, for example, network-facilitated activities between government spokespeople, media, researchers and NGOs (related to the introduction of a new National Health Reform Act in 1998-9), resulted in a sustained increase in both the quantity and quality of health-related media coverage and the creation of a Ministry of Health press office. The identification of NGOs and academic institutions as information sources was enhanced, for example, in the development of an essential drug policy.

Standing up to the hazard merchants

By linking communicators on a regional and global basis, the WHCN also provides a mechanism for a coordinated response to multinational health threats. Hazard merchants such as the tobacco industry exploit weaknesses in public health communication and have managed to replace the iron curtain with a "tobacco curtain". What is going on in the west (European Union legislation, Minnesota case, advertising bans, etc) is not known in Georgia and Kazahkstan. On the other hand unregulated marketing to young people and women in developed countries in transition (cigarette discos, golden cigarette contests, etc), which are systematically denied in the west, have not been sufficiently exposed. The WHCN aims to ignite these hazard curtains by linking local, national and regional communicators to a global distribution source and by creating a new health communication platform - a platform based on evidence. An ethical and credible platform that can package accurate, relevant and impartial information in ways that fire people's righteous anger at being lied to, manipulated and exploited by hazard merchants and so spark the creation of a popular world global movement. WHO, as the international health authority, is uniquely positioned to catalyse the development of this platform.

The Moscow meeting was magic. The communicators present quickly recognized each other as familiar strangers with a common need. This need, that in many cases had been felt but not articulated, surfaced and glimpsed some new light. Since the Moscow meeting network events have taken place in Kiev, Tashkent, Bucharest, Sophia, Budapest, Bishkek, Almaty, Kishnev, Tblisi, Yerevan, Amiens, Istanbul, London, Florence, Verona, Barcelona, Vienna, Bologna, Brussels, Luxembourg, Tehran, New Delhi, Berlin, Heidelberg and Copenhagen. Many thousands of people have participated in these. All have shaped

the development of this network. We hope you, the reader, will find the papers useful as we all work on shaping a new health communication platform that is immediate, reliable, passionate, understandable and allows people to learn, belong, participate and grow stronger and healthier.

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Keynote presentation
Media as a determinant of health

BILL NORRIS

Associate Director, PressWise, United Kingdom
(on behalf of the International Federation of Journalists)

You will not be surprised when I say that health stories today are big news. Almost every day we see blaring headlines in the tabloid press, announcing a "miracle cure" for this or that fatal disease or some "scientific breakthrough" which is going to lead to untold benefits for the health of mankind. The stories themselves, it is true, often contain caveats to the effect that the results are experimental or that an actual cure is some way down the road. But that is in the small print - often the last paragraph. The headlines sell the newspapers and make the profits for media that are increasingly concerned with nothing more than the dividends paid to its shareholders. The headlines raise false hopes among those whose loved ones are suffering from whatever disease is concerned.

For those of you who, like myself, have suffered the pain of watching their child die from cancer, mere can be nothing more cruel than having hopes raised, only to see them dashed when your doctor pours scorn on this startling piece of news. Very often these stories do concern children. The media know very well how to tug at our heart-strings and the files of PressWise are full of cases where hearts have been broken.

So it is little wonder that journalists stand so low in public esteem. In my own country they rank somewhere below lawyers and just above politicians in popularity - yet, like the water which comes from our taps and is taken for granted, free and independent media are absolutely essential to the life of society. Like the pain of life itself, if you do not like it, you only have to consider the alternative to realize the benefit. In the West we have enjoyed a relatively free press for so long that we never stop to consider what it would mean for it to be controlled by government and subject to censorship. Many of you here, I know, will know exactly what that means. But now you have to deal with the much more complex problem of unfettered journalism and that is why we are here.

I am not about to defend bad journalism. We in the International Federation of Journalists (IFJ) have a code of ethics and we condemn those who abuse the privileges of our profession through unethical conduct. But we do insist that the news and information media must be as independent as possible from political, commercial and social pressure groups. That sounds easy: it is not. We live in an age of technological miracles in the field of communication. An age when global media empires are springing up to dictate the news we read and the way we think, without regard to national borders or national cultures. We have convergence between print and television and the Internet and control of the media is becoming ever more concentrated.

There are dangers here - dangers to democracy and dangers that governments may over-react and clamp down on all media - "throwing out the baby with the bath-water". The story goes and it may be true, that the recent landslide in British politics was not brought about by the Labour Party, but by the Sun newspaper changing sides. That is a worrying thing. As far as I am aware, no one ever elected Mr Rupert Murdoch to anything. He is not even a British citizen and yet he may have a profound influence on the government of my country.

For the ordinary journalist, the implications of the new technology are equally profound. As a young reporter, I grew up in an age when deadlines were measured in hours. There was time to check your story - to make sure you had got it right. Today's working journalist has no such luxury. Intense competition and the ability to file stories instantly from any part of the globe mean that deadlines are measured in minutes or seconds. The pressures are enormous and, inevitably, mistakes are made. Sometimes they are corrected later: more often they are not and in any case, the damage has been done. But I have to say this: no journalist is better than his sources. Whatever you may think, we do not make up stories out of thin air. At least, not many of us. In the field of health, few of us are medical experts and we have to depend on what you, the professionals, tell us.

If we are not perfect - and we are not - then neither, I have to say, are you. Sometimes NGOs, research bodies, government departments, health administrators or special interest groups, will overstate or underplay information to serve their own interests. Bodies that receive public funding may dramatize their activities or exaggerate their findings in order to gain publicity. Commercial concerns, especially in the new field of genetic engineering, may make premature announcements in order to boost their share prices. And governments may suppress information that could damage their own political interests. When this happens, it is not surprising that journalists tend to become wary or cynical about so-called "official" or "expert" statements. Once bitten: twice shy. And by the same token, I realize that a mistake made by one reporter, deliberately or inadvertently, can prejudice an official spokesman against the whole tribe.

The fact is, however, that we need one another. Officialdom needs the journalist to spread health news that is often vital in the public interest. The journalist needs the health professional to get a good story and get it right. There has to be professionalism on both sides. It seems to me that there are two main requirements in our relationship. The first is trust. We must be able to trust you to tell us the truth and you must be able to trust us to tell that truth with accuracy and fairness.

The second element is transparency. In a democratic society, secrecy is a cancer no less lethal than the disease itself and freedom of information is the miracle cure. All bureaucracies love secrets and they will claim that they are in the public interest. Sometimes they are and sometimes they are not. I would argue that it is the journalist, as the surrogate representative of the people, who is in a better position to decide which is which. Again, we come down to the question of trust between our two professions. Can you afford to be transparent? After all, it is inevitable that some medical and health reporting - stories in the genuine public interest - will involve sources who would prefer not to be named. I can tell you that one of the provisions in virtually every code of journalistic ethics is the importance of protecting confidential sources of information. Journalists, believe me, understand this duty very well. Upon it depends not only the public interest in the free flow of information, but also their entire credibility.

But why should you trust media that show themselves incapable of distinguishing between what is in the public interest and what interests the public. They are not one and the same thing. Take the classic example of coverage of the AIDS epidemic during the 1980s. It was a global disaster, especially in sub-Saharan Africa and spreading news about its causes and possible prevention was certainly in the public interest. What we got, in fact, was a stream of scare-mongering, homophobic headlines. We got sensationalist media coverage, driven by a profound ignorance of the phenomenon and a desire to exploit the circulation-building potential of the AIDS story.

Ethical considerations were forgotten in the rush to dramatize a human tragedy and to reinforce western prejudice against homosexuals, prostitutes and migrant communities. The media was accused of playing on public fears, stoking up resentment against already marginalized groups and acting as an impediment to public education. - and yes, it was guilty of all these things. Whether they could have been avoided by greater official transparency and communication in the early stages is an open question. I just do not know.

Sadly, positive health stories, such as the massive campaigns to improve levels of immunization, sanitation and public health care, go largely unreported. But if handled in the right way, the media can be of enormous help in such campaigns - the experience of India is a good example.

So what are "journalistic ethics"? The IFJ has its own code, which is very concise and Aidan White has helpfully boiled it down to the following principles:

- To seek and tell the truth.
- To be independent.
- To minimize harm.

But this is not the only code out there. The world is awash with codes of journalistic ethics, most of them produced by journalists' unions. So far my own organization, PressWise, has collected 74 codes of practice from all parts of the world and the search is still going on.

In cooperation with the WHO, the IFJ would like to create a database, using modern technology, that would be accessible to all those who deal with codes and adjudicate complaints - particularly as these relate to health and journalism. This would enable us to sift the material for guidance on how our colleagues elsewhere have approached these problems and try to resolve them justly. Such "case law" would promote consistency and help to isolate genuine differences in underlying ethical systems, if indeed they exist. This database would also have the beneficial side-effect of allowing us to keep track of one aspect of global media operators - their attitude to ethical journalism in the many different countries in which they operate. I believe this would be a practical and positive outcome of our cooperation with the WHO.

Ethical journalism is not easy. There are always conflicting pressures. For the reporter in search of a good story, it is sometimes all too easy to forget about the likely consequences of what he or she is writing. There may be a temptation to invade privacy, to intrude on private grief or to commit a dozen other ethical sins that seem minor to him, but can have devastating consequences for innocent people. For such reporters, I have to say with regret, the existence of a union code of conduct that contains few if any sanctions, is a very minor deterrent. There needs to be established an effective self-regulatory system of complaints regarding ethical journalism and it must follow basic rules of

natural justice. If it fails to do so, both complainants and journalists will lose confidence in it. Where press councils exist, they must be - and be seen to be - completely independent of both media proprietors and government.

But the ultimate answer, it seems to me, lies in training - in training journalists so that ethical behaviour will become second nature. The IFJ is more than willing to cooperate with the WHO in this critical area and I very much hope that this meeting will provide the opportunity for new initiatives in the field of ethical training at regional, national and international level.

The different conditions in different regions should not blind us to the similarity of the dilemmas faced by journalists: suppression of information and self-censorship; conflicts of interest; protection of sources; issues of subterfuge; privacy for grief - all these arise in codes and cases from around the world. We shall certainly be present at your meeting in central Asia later this year, where I understand that there will be more discussion on the question of ethical guidelines.

There has probably never been greater public interest in the subject of health than now. In large measure this is due to the sheer volume of media attention. Television finds ready viewers for series on doctors, nurses and hospitals and the press exults in stories of miracle cures and the misdeeds of medical professionals. I wonder, would those two women convicted of murder in Saudi Arabia and just released, have got nearly as much coverage if they had not been nurses?

The media have enormous powers to influence society. In America, where I lived for some years, the incessant focus on health dangers has led to a state of national hypochondria. In Great Britain, despite all the failings of tabloid journalism, there is serious coverage of the National Health Service which tends to keep the government's feet to the fire. And this is entirely healthy.

There needs to be greater debate about how media cover health matters; how information is made available to journalists, how we can work together to learn from our mistakes and how we can improve coverage without endangering professional independence. We have much to learn from one another.

Let me finish by saying that journalists recognize, as well as any other group, that accountability is uncomfortable. In their reluctance to accept responsibility, journalists are no different from politicians, lawyers, the military or any other group which exercises power. Yet for journalists the obligation to accept scrutiny is special, for scrutiny is the sanction which journalists hold over others.

We in the International Federation of Journalists know very well that journalists' organizations must strive to convince their members of the importance of ethics and of the need for journalists' groups to be the bodies responsible for their enforcement.

Accountability builds credibility. Without credibility, journalists will not be trusted. If not trusted, journalists cannot fulfil their vital role in informing the people about what the powerful are doing and failing to do. Without independent information, people are not free. When it comes to health care that is not just a question of professional excellence. It may also be a matter of life and death.

Section I

Media relations - is it them or us?

Media relations - is it them or us?
A public information officer's perspective

HELEN McCALLUM

Head of Communications, United Kingdom National Health Service

My plan is to talk about what we are meaning to do in relation to the media from a policy perspective. Why do we bother with it? Firstly, because 90% of most information reaches most people through the broadcast media. That is a strong reason. So why be bothered with the *print* media? We bother with them because opinion formers read the print media - and write for those papers. The other reason is that elected governments are accountable to the people and therefore must make their policies clear to the public. Health is still very high on the public agenda in the United Kingdom at the moment.

We also need to look at the other methods of conveying news to the public. We could use direct mail. It is very expensive, but we would have control. But then we would be criticized by the public for spending money that could be spent on replacing somebody's hip. There is advertising, which is useful, but potentially viewed as propaganda. There is the Internet, which has a broad potential reach but at the moment has limited access. It can be done through health service employees. This is effective, but they tend to be the most cynical. One of the best ways is face to face, but that also takes a great deal of effort.

The media are the most cost-effective way to reach the public, but are also the most editorially unreliable. They are not charitable organizations. They are looking for a story - about money, conflict, scandal or sex - anything unusual. This does not often coincide with the ingredients of sound public policy!

Government spokespeople start at a disadvantage: good news does not come from the opposition parties and if it comes from the government it is quite often disbelieved. The media will give air time to a wide variety of opinions - not always the most accurate or balanced opinions. As Mark Twain said: "A lie will go twice round the world while the truth is tying up its shoe laces."

The speed of modern journalism gives us a problem. It means we have to work twice as hard on internal communications with our staff, because if internal and external statements are at odds, this builds cynicism and undermines the veracity of what is being said. The media feed off each other - issues will be resurrected time after time to build a story.

The answer is not to be defensive, evasive and uncommunicative, because media relations are not optional. The job is to develop a positive, active relationship with the media, which seeks to influence the coverage through greater understanding of the issues and to try to achieve balance.

But you must recognize that in any communications strategy, media relations are part of the mix and not the whole deal. Let me offer you a number of golden rules:

Rule 1: Plan

The key to good media relations is to plan. Any policy announcement should make sense in the context of overall government policy. This means that effective presentation should be coordinated, not just within the Health Ministry but across other government departments.

At its most basic, do not allow government departments to fight each other for media attention. Two big stories will not both make the front page - someone will lose out. At a more sophisticated level, protect the Minister from the accusation of making U-turns; from charges of inconsistency or hypocrisy.

Rule 2: Clarify

The job of a policy presenter is to make it simple. A cursory glance at most tabloid papers in the United Kingdom shows that complicated issues are not likely to be given a good airing. The difficulty with most health policy is that it is complicated - but if you do not clarify it, they will!

Rule 3: Be honest and open

As public servants presenting democratic policy we should strive for credibility. This does not mean we have to reveal all when the media choose to ask. It does mean that we should present the facts in a straightforward manner and, if we are not prepared to answer questions at that point, explain why not. There can be many legitimate reasons, which have nothing to do with being secretive. Perhaps you are still working on the issue, it has not been presented to parliament yet or a busy Minister has not yet considered it. This is better than stonewalling or evading the issue. And you need to be constantly alert to what is in the public domain.

Do not duck issues - acknowledgement of mistakes may be the best course of action, but you will need to put matters right. The "hands-up" reaction is not sufficient for long.

Rule 4: Target your releases, but use the whole range of media.

Use: national dailies, both broadsheet and tabloid; the broadcast media, both features and news; regional and local media, which can be relied on for more straightforward reporting; the specialist health press, which will reach your staff and magazines and journals which cover general health issues.

Rule 5: Defend, but do not be defensive.

In other words, do not let inaccuracies lie on the record unchallenged. If you do, those cuttings may be used again and again. Make a swift rebuttal.

Rule 6: Use the media as one part of a multimedia campaign.

Attempt to explain your message by relating to current issues and do not underestimate your capacity to attach policy developments on to more general

health news items. Do not expect more of media than they will be able to deliver, but neither ignore what they can offer - check it out and evaluate what is available.

Health policies in the United Kingdom have changed very rapidly over a relatively short period of time. In 1990 we had the introduction of Conservative reforms, with the rapid introduction of an internal market and many personnel changes at the top to lead the changes. There was much explanation via the media, but very little attempt to engage the staff of the organization. The result was that the perception of a top-down imposition of policy and the use of unsympathetic "market language" angered many staff. They saw themselves as carers, not money-changers. All this created resistance and a good deal of noise in the media, particularly during the mid-90s when the Minister at the time was subject to personal attack and vilification.

In fact the reforms did have some positive effect, but when the Labour Party came to power in 1997 and promised to abolish the internal market, there was a standing ovation from the Royal College of Nurses and the move was welcomed by the British Medical Association. Now we face the issue again and as adviser to the Minister on policy presentation, my advice is to regard internal staff relations as just as critical as media relations.

There are powerful voices in all health systems - unions, professional bodies of doctors and nurses etc - all of whom will be asked as a matter of course to comment on new policy. Engaging them in advance to explain policy before its announcement may not guarantee a positive response. Nor should it necessarily do so in a democracy. But it will achieve a more measured response and a more temperate use of language and this will give the media less to get its teeth into.

In terms of policy presentation, the United Kingdom scene has now changed. The new government is clear about what it wants and it found the old information structure wanting. Now we have a Strategic Communications Unit responsible to the Cabinet Office, a weekly meeting of Heads of Information and a Media Monitoring Unit giving a service to all departments. Within the departments there are press and publicity offices charged with forward planning, the coordination of Ministers' policy announcements and rebuttals.

As far as internal communications are concerned, there are a number of problems. Firstly, Ministers do not feel internal issues so directly and therefore take convincing that the subject is important. Second, there is a civil service culture of secrecy, amateurism and intellectual autonomy. It takes hard work to explain to these people the benefits of good internal communication. Third, there is the sheer size of the enterprise. The National Health Service has a million employees, 500 organizers and 11,000 GP practices.

Externally, there is the constant media suspicion of being used to promote propaganda and the dislike of "spin doctors". Those who attempt such exercises tend to acquire unfortunate nicknames. Peter Mandelson, former Minister without Portfolio, is forever known as "the Prince of Darkness."

Governments must present ideas and policies to survive. They must also persuade public servants to implement these policies through good internal relations. And governments must listen to the people and, where necessary, adjust their policies if they are to achieve political survival. Good relationships are the key to all this and regular evaluation is critical to helping them to succeed.

The sheer volume of health coverage in the United Kingdom is immense. Every week there are 1,500 to 2,000 items, with the largest share going to the hospital service. So it is clear that media relations have a vital place in public accountability and of paramount importance that you understand each other.

By all means manage your presentation, but never, never try to "manage the media". Because you can't.

Media relations - is it them or us?
A journalist's perspective

RONALD KOVEN

European Representative, World Press Freedom Committee, France

The late and regretted Lord McGregor, who was Chairman of the British Press Complaints Commission, was fond of quoting a leading turn-of-the-century Fleet Street editor, who said: "Relations between government and press have deteriorated and are deteriorating and should on no account be allowed to improve." That, whether the official public relations officer likes it or not, is the good editor's reflex attitude toward the spokesman bearing handouts. Sometimes, you will manage to charm a reporter into transmitting your materials uncritically. But that reporter has an editor and if the editor is doing his or her job, all you will to do in the long run, by putting a reporter into your pocket, is to make that journalist suspect in the eyes of the editor.

You are full of horror stories about what reporters may or may not have done. But journalists are full of horror stories about public relations people. They have little or no prestige among journalists. And journalists who go over into PR - or the spokesman's role if you prefer - are seen as sell-outs. The ones who manage to return to journalism almost never lose the stigma, no matter how prominent they may be.

To give a possibly extreme example, just last night I had dinner with a young and tough political editor of a major Moscow daily, wise beyond her years. She told me that she knows but can't prove that certain of her reporters are also in the pay of leading Russian Federation banks that get them to write in favour of their extensive interests. If she ever gets the material proof, those reporters will be sacked. Meanwhile, they'd better watch their step.

I know that the World Health Organization would not even think of buying off a reporter. But the idea is not alien, even in the United Nations system. The former spokesman of another UN agency once recounted to me how the head of his organization reacted to the publication in the Herald Tribune of a series of unfavourable articles by saying - "But how could I stop them?" The agency chief said, "I have a cash box for that." The PR man quit and went to another organization. That, of course, is the only decent response. But we are not speaking here of extremes of that kind. You want to sell your programmes to the press and public in the normal way - by persuasion. (I feel, somehow, that I've been asked to "teach my grandmother to suck eggs", as we say when we belabour the obvious.)

The best way to get good press is, obviously, to have good programmes. But good programmes are not always sexy. Sexy ways must be found to present them. However, the thing that most seduces good reporters into finding information sexy, (as I have found in my experience as a reporter, as an editor and as a lobbyist for press freedom) is a frank approach in which the PR person tells the unvarnished truth. Of course, you

must be loyal to your employers. Reporters understand that. So, the truth you tell may not be the whole truth and you may not know it all yourself, but what you do say must be truthful. Nothing turns reporters off more quickly than the sense that they are being taken for a ride. They are trained to sense when that is happening. They will quickly become suspicious if you try.

I recall when I was covering French affairs at the Herald Tribune, being called into the Foreign Ministry by a spokesman and being told, "What you publish is not information." Very well, I said, but then what is information? "Information," said my interlocutor, "is when I write a press communique and I hand you a copy of that communique. That's information." Of course, I never bothered to try to get anything more out of that man. By showing that he conceived of his job as acting as a screen between me and what was going on, he eliminated himself as a credible source.

To illustrate just how far this can go, I also recall being congratulated by a senior French official on the confirmation of a story I'd written. "But," I protested, "what do you mean *confirmed?* That story was officially denied." "Ah," he said, "my dear friend, you must understand that a denial is a confirmation. If a story does not matter, then there is no point in denying it. If it's embarrassing, then it must be denied. Only true stories are really embarrassing and worthy of denial."

Another story I wrote about French foreign policy was greeted by a Foreign Ministry dismissal of it as "absurd." That comment was printed on the front page of Le Monde. When I expressed to my editor my distress over having my story dismissed as absurd, the editor said, "What's the matter, haven't you ever heard of something being absurd but true?" I became expert at parsing what we came to call the "non-denial denial".

We all recall the official story about how the Chernobyl cloud stopped right at the French border. It is a story with a long half-life that still irradiates French official credibility. So it's no use trying the cloak the true story in a clever but transparent garb that does not hide the king's nakedness.

A perfect illustration is the story you may have read about in the press this morning about Russian Naval Captain Grigon Pasko. He has been writing for the past three years in the newspaper of the Russian Federation Far East fleet and in the Japanese press about the environmental dangers represented by the state of disrepair of the Russian Federation nuclear submarines in the region. Nobody has contested the facts he has published, nor do they deny his contention that he never violated a security classification. Yet, he is in jail in Vladivostok on espionage charges on grounds that putting it all together the way he did to show a pattern was a breach of national security. As a resolution passed by the International Press Institute at its congress in Moscow said, Pasko was only doing what any good journalist should do. It is not only an environmental menace. It is a PR catastrophe.

Another example involved Bosnia and Herzegovina. The Office of the High Representative there wrote a letter to the managing editor of the New York Times protesting a story about how the allies are out to control the media in Bosnia and Herzegovina. The allies have a new spokesman, a good reporter with a good reputation. But already he is jumping the fence to the other side of the news equation. His credibility is precious. He is still admitting that there are real problems over the way the allies are handling the media in Bosnia and Herzegovina. But for how long will he be able to hang on to his credibility? He gave me the text of a press conference by his chiefs. It confirmed my worst fears. I think that it showed that the reporter got the story profoundly right, even

if there is some room for interpretation. So, what did the letter to the reporter's boss accomplish? It may have made the New York Times managing editor more suspicious. It certainly made a confirmed adversary out of the reporter.

Are reporters and spokesmen doomed to be adversaries? Not necessarily. There are spokesmen who enjoy the respect of the press. The way they do this is by following a few simple principles:

- Don't go beyond your actual knowledge. Admit what you don't know or can't say.
- Be helpful and available to reporters.
- Don't try to sell damaged goods.
- Tell your bosses what will or won't go down with the press.
- Insist on being in on policy planning, so that the PR aspect of policies is taken into consideration from the start. If the boss wants you to be in on the landing, no matter how rough, then you must insist on being in the cockpit during the take-off.

News media can be your allies in the health and environment fields. We all know that there are no famines where there are no open media. We all remember the secrecy surrounding the famines in Russia between the wars; in China; in Ethiopia. But those appear to have been the result of deliberate policies, in which case no amount of PR could have helped. Such situations could probably no longer be hidden in today's world, thanks to modern technology and the reach of the media.

Maybe you should worry less about journalists' ethics and more about your own. If you treat journalists fairly, most of them will want naturally to reciprocate. Frankly, I think you are wasting your time trying to write codes of conduct for journalists. There are, as my colleague from the International Federation of Journalists said here this morning, many codes and they must be voluntary. If you try to enforce journalists' ethics from the outside, then you're not talking about ethics at all, but rules, regulations and laws. Ethics are self-imposed by definition. If you try to impose them on us, we'll resist. That's a fair warning.

You have a good cause and your intentions are good. But we all know what the road to hell is paved with. We who are concerned with threats to press freedom must make worst-case analyses and recall that the best-sounding press laws have been twisted and used by authoritarians.

The first job of a spokesman is to convince the boss to be open and to stick to policies that will stand daylight. After that, the job should be easy. And then you won't have to worry whether it's "them or us". That is easier to say than to do, perhaps. But you know all of that.

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Media relations guidelines

Media relations in the new democracies

KEVIN D'ARCY

Editor, Spokesman, United Kingdom

To help put the principles that follow into context, these comments from spokesmen come from a seminar on public institutions and the media staged by the International Press Institute in Vienna last year.

> "[Journalists] have no ethics, they have no self-control whatsoever. They are extremely lazy professionals, too lazy to inform themselves. There are a flood of press conferences - it is fashionable in Slovenia today. But not all journalists come to these and when they do, they arrive ill-prepared. Journalists are afraid to ask questions - both because they are insufficiently prepared, but also because they all have their own sources and sources that have been filtered several times. So in the media we never have first-hand statements from the Prime Minister, while we do have many comments which were never said".
> *Marta Kos, Director, Public Relations and Media Office, Slovenia*

> "Existing laws have to be improved. Laws are frequently passed in our country which are not very effective. … Freedom of the press is something journalists make 100 per cent use of, but it is something for which they themselves do not want to take responsibility. Freedom of speech is developing, but responsibility should be developing at the same time - and it is not".
> *Olexander Savenko, Deputy Minister of Information, Government of Ukraine*

> "A major source of information about Slovakia for foreign journalists comes from the Czech media: out of 127 journalists accredited at the Ministry of Foreign Affairs, 15 are based in Vienna and 34 in Prague. The quality of information relating to events in Slovakia is all too often low, inaccurate and exclusively critical".
> *Magda Popisilova, Director, Press and Information, Slovakia*

> "Media ethics are only now beginning to take shape and journalists often cannot distinguish between freedom and absolute licence. Today's press tends to be ruled by sensationalism. On the other hand, politicians must abandon their old practice of determining the contents of news through telephone calls to the right person. I am not saying that such things cannot happen today, but methods have definitely changed. A new young generation of journalists has emerged. Sometimes they lack professional skills, even general knowledge. Their ambition to be quick and up to date exceeds their ambition to be fair. This takes us to the permanent problem of asking for corrections - should this be general practice or not? In my own experience, this can make the situation worse in some cases".
> *Agnes Koroncz, head of the Prime Minister's Press Office, Government of Hungary*

"The government press office has noticed that corrections are very inefficient. Only 20 per cent are published at all and even then, very late. Credible information is vital at times of change or crisis. Anyone who fails to develop a credible social policy cannot count on the acceptance of society, but the government needs a credible partner in this enterprise".
Elzbieta Wojtalik-Soroczнska, Deputy Director, Government Information Centre, Poland

"Being half-way between journalists and ministers, [we have] regularly been searching for a balance between the "hunger" of the journalists and the "stinginess" of the ministers".
Ana Panovska, Secretary of Information, Government of the former Yugoslav Republic of Macedonia

"Ultimately, what we do not do is select journalists, divide them up into white and red, pure and impure, yellow and serious. This is something the readers do. We do not want to fall into the trap of classifying journalists, because we know that one paper can print a yellow-type article and, the next day, the same paper can publish a serious report. We have to learn to work under the conditions of a free information market. I believe that, in my office, there should be a motto: journalists are always right".
Serguei Belekov, deputy chief, press service of the President of the Russian Federation

"I could talk about the free press, but I would rather talk about the free market. In Hungary, especially, it is very important to point out that you can find a free market for the press. There is no need to be ashamed of this fact - indeed, we can be very proud of it. So what we do is to work hard and prepare our material and then - as in a Turkish bazaar - we put it on a table and we say "Come in, choose what you want and buy it. What you consider most important, we can wrap very nicely." If we work this way, we no longer have to worry about problems of why newspapers say this or that, because everything is on the table".
Andras Hajos, the Mayor's Office, Budapest

Media relations - basic questions

Assumption: communication involves everyone

Assuming that media relations do not concern only those working as media relations officers, but the whole of a department and the whole of a government, we suggest that some basic questions need to be answered which are particularly important in new democracies.

Exact answers are not being offered in these guidelines, because they can probably only be identified by participants from their own circumstances, but it could be useful to recognize the importance of the questions that follow before looking for those exact answers.

If the media are not good enough, what can be done about it and by whom?

- Can journalists be controlled by laws or by ethical codes?
- Can journalists be better educated or informed?
- Can journalists be expected to be less critical?
- Should journalists be more independent or less and of whom?
- Should journalists be expected to apologize for mistakes?

If information departments are not good enough, what can be done about it and by whom?

- Should officials work to stricter rules?
- Could officials be better educated about the media?
- Could officials be better educated about information management?
- Should officials be more even-handed towards journalists?
- Should officials be better informed?

What is news?

- Is it what people want to say?
- Or is it what people want to know?
- Or is it what journalists want to use?

General principles - organizational structure

Assumption: communication is not separate from content

That the communication of policy should be considered as part of policy.

That the communication of policy should be considered at a sufficiently early stage in the creation of policy to be able to make a useful contribution.

That the strategy of communicating policy should be considered by all parties involved in policy creation, while the tactics of communication should be assigned to those members of staff best able to handle them.

That the separation of policy creation from the communication of those policies should be made clear to everyone.

That responsibility for planning the tactical communication of policy should be assigned to a senior officer heading a department of external communication, with the understanding that, to achieve maximum efficiency, individual actions within that plan should be delegated either upwards or downwards in the organization, for reasons either of public perception or personal ability.

That a view should be taken on the desirability to the organization of either separating or coordinating the functions of internal with external communications and short-term news activity with long-term information activity.

That the head of communication should have direct access at any time to the heads of all other departments, especially the chief executive.

That systems should be established to ensure fast and efficient liaison with all external departments and agencies, especially in the event of public emergency.

That a view should be taken on the desirability of heads of communication departments being either independent of political influence or subject to it.

That a view be taken on the need for a communication department to provide a regular analytical report on the outcome of its activities, as well as be given its own, justifiable budget.

General principles - media management

Assumption: communication involves decisions

That the value of specific media should be identified, recorded and continually monitored, in terms of audience age, education, social function, political or social allegiance, etc.

That the value of specific journalists should be similarly monitored.

That the internal motivation of individual media should bear in mind their particular values and motivations.

That the production time-frame for individual media be known.

That the decision-making process within individual media should be identified, with especial awareness of "gatekeepers".

That key media and key journalists - having an influence on other journalists and decision-makers - should be identified.

That the process of setting news agendas, national and international, should be understood, whereby competing media will try to either compete or not compete on specific stories.

That a view be taken on the formal recognition of individuals as journalists, in the event of needing to limit access to press facilities. This should include reporters from racial minorities, plus foreign journalists and freelancers.

That a view be taken on the public credibility of state-controlled media.

That a view be taken on the need to provide selected journalists and media with information or access designed specially to improve their general understanding or coverage of the subject matter.

That a view be taken on the need to provide selected journalists and media with information ahead of general policy announcements.

That a system be developed to evolve a proper response to false reports, including the option of taking no action at all.

That a system be established to provide media interview training to all staff members likely to need it.

That a system be established for the technical training and re-training of all communication staff, together with a process for career advancement.

General principles - suggested systems

Assumption: good ***communication*** *is* ***best***

Target media only after consultation with policy strategists. Then report on media exposure only within the context of that structure.

When reporting on information campaigns stress the level of effectiveness, not of winning media space, time and attention, but of reaching the target audience.

Develop a system for evaluating such things as: the credibility of the reporter, position of item in running order of programme or space on page, size and nature of audience on

that particular day, geographical access to product and influence on other media. Draw a distinction between potential audience and actual audience. Stress quality more than quantity.

Develop a system for controlling the flow of information other than through the communication department. The personal agendas of politicians or officials should not be allowed to destroy a carefully planned and coordinated announcement. The support and authority of the chief executive is essential here.

Develop a system, nevertheless, for being able to release information informally ahead of a timed announcement whenever it seems useful to test the nature of the likely opposition - in order to adjust the final presentation accordingly.

Remember that key media can often be more useful than mass media. A report carried by a respected journalist will often have more credibility than direct information offered to other journalists. Consider news agencies.

Produce a communications manual for the whole organization, to tell everyone about the procedures they need to follow involving communications: departmental liaison, house style, talking to journalists and so on. It must include the ability of the communication department to approve of or prevent any public communication, so clearly needs the very visible support of the chief executive.

Produce an operations manual on the exact procedure to be followed by communications department staff. Ask them to help to write it - and update it at regular intervals.

Produce a contact document for journalists, showing exactly who they need to talk to as a first reference on any subject, at any time of day, together with a structural plan of your whole organization, so that that know who is responsible for which activity.

Resist pressure from other departments to treat press releases as the only true version of the announcement - just because they have spent weeks thinking they were helping to write it. Insist on retaining your right to use your discretion to give each journalist what he needs.

Eight useful ideas for spokesmen

Assumption: communication can always be better

1. Ask journalists what they want: this helps to prevent giving them what they don't want.
2. Issue different information to different media: this is a way of giving what they say they want.
3. Remember "sound bites": being short and sharp means being clear and strong.
4. Offer spokesmen and experts according to their particular skills and abilities: few people can talk well on everything.
5. Remember the human interest: people are always more interesting than principles.
6. If a suitable medium does not exist for a particular public, think of creating one.
7. When a journalist gets it wrong, point out the advantages to him of putting it right.
8. Say thank you: journalists will remember this most of all.

Ten golden rules for spokesmen

Assumption: communication needs rules

1. Make sure journalists can contact your unit every minute of every day and always return messages immediately, even if you have nothing immediately useful to say. Journalists work to deadlines and need to know if they are likely to get a story from you. If they are not sure, they will go somewhere else.
2. Always be helpful. Say as much as you can. This will give an impression of credibility, which is your strongest card.
3. Be friendly, but not too friendly. Use them as they use you.
4. Never avoid a question or refuse to answer. If a direct answer to a question is not available, say so and say why. If you don't know the answer, admit it.
5. Never lie. This will destroy all hope for the future. Equally, if you make a mistake, correct it as quickly as possible. If it is too late to do this, tell the reporter and explain it to his editor. Take full responsibility.
6. Don't have favourites. This is the quickest way of making enemies.
7. Understand journalists and their problems, especially their need for a new story.
8. Always remember that information is not the same as news. So making news is the only hope you have of conveying information.
9. Don't blame journalists when they distort the story. Often that's their job. Only deliberate lies are worth making a fuss about.
10. Remember that everything you say will be reported, one way or another.

General principles - competition

Assumption: communication needs purpose

Information is power. Those who hold the information can also take the initiative. Using that initiative is always the most powerful tactical tool.

Pro-activity is positive, so much better than being reactive.

Too much information is better than too little.

Journalists always refer to those they trust: to be honest and better informed.

A reputation for honesty and authority is earned over time.

Timing is everything: action when others are sleeping is best.

Slow action is no action: short lines of referral and command are essential.

The keys to competition:

Take the initiative
Be positive
Be generous
Be credible
Be consistent
Be on time
Be swift

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Media relations
Is it them or us?

Panel Discussion

Moderator: Sara Beck (BBC Moscow).

Panellists: Kevin d'Arcy (United Kingdom), Svetlana Lazarova (Bulgaria), Lena Almroth (Sweden), Nikolai Ignatov (Russian Federation), Inara Baumane (Latvia), Dean Mahoney (United Kingdom), Ronald Koven (France).

Kevin d'Arcy: Press officers have very little knowledge of how the media actually work. There is a need for training.

Inara Baumane: The situation in Latvia differs from that in western Europe. We face quite difficult problems because we are now living in a democracy, where before we had no democracy. We have information officers and journalists, but we don't have sufficient training. We also have a broad network of mass media - there are 31 regional publications. The small newspapers are a very good channel for information, because they are trusted much more than the big central newspapers. Sometimes our bureaucrats misunderstand the spirit of democracy and wish to portray things in the way they did in the past.

Nikolai Ignatov: For three years I was in charge of the press services at the Ministry of Health in the Russian Federation. I am well aware of the changes that have taken place. As far as relations between the mass media and official bodies are concerned, the attitude is more positive now than it used to be in the past. Then, they ordered us what to write. It was censorship. Nowadays they are mostly concerned for the image of the organization they represent. But they simply do not understand the tricks that are used by journalists.

Sara Beck: It has been said that foreign television producers in the Russian Federation only concentrate on the worst features of the health policy there, looking for the bad and sexy story and ignoring the good ones.

Nikolai Ignatov: Journalists sometimes publish negative information. But the media sympathize with the position in which the health service finds itself. No doubt critical articles are printed, but I would not say there is antagonism between journalists and the health authorities. They can be persuaded to take a positive negative attitude!

Dean Mahoney: I think the problem for press officers is in understanding the needs of journalists. Eighty per cent of my job is ensuring that my officials and my organization understand your needs and that is the predicament for press officers - training their organizations into an understanding of what the media needs are and how the media will react, because essentially they don't understand.

Kevin d'Arcy: One of the things that has made me very pleased is that the new socialist government in the United Kingdom has sacked almost every head of their press offices. They have recruited new chaps at three times the original salary and said they are second in importance in their ministries.

Sara Beck: The relationship should be symbiotic. The journalists are not just there to bother you; they can help as well. But are you strangled by your own departments?

Lena Almroth: We also have a press service that works day and night, so that journalists have a telephone number that they can call at any time. Then we can give them the contact number of the person they need to speak to. This does not work very well, because journalists have their own channels to reach people - especially politicians. We have given them the opportunity to work outside office hours, but so far it has not been used much.

Ronald Koven: There is a tendency for health authorities to blame the media for allowing the promotion of things that may be dangerous to health in the form of advertising - alcohol and tobacco etc. Instead of blaming the media for that, you have to understand that no publisher will give up advertising revenue for products that are legal. You have to face the fact that it is the governments that are being hypocritical in this area. They want the health authorities to campaign against these dangerous products, but on the other hand they want the tax revenues. In that field there is just no use in blaming the media. As long as things are legal you have to accept that the media will take the advertising revenue.

Liz Birrane (Press and Publicity Division, United Kingdom Ministry of Health): We do take journalists' interests extremely seriously. We have hundreds and hundreds of calls each day and our officials have had to become more responsive. With the new shift in emphasis, they do give us the priority we need. Our problem is not with the mainstream media organizations, it is with TV production companies who want to use us as unpaid researchers when they are putting together a proposal which may never see the light to day. This is becoming very difficult for us to deal with.

Dina Yafasova (Journalist Director, Uzbekistan): In our country at present the time is right to create an association of journalists who write on the problems of health care.

Section II

Health communication - yes, but does it work?

Consultation on Health and Environmental Communication Polio/, Moscow, May 1998.
World Health Organization, European Health Communication Network

Communication
Yes, but does it work?

KATIE ASTON

Corporate Strategy Manager, Health Education Authority, United Kingdom

The influence of the media on people's attitudes to health is well documented, both in terms of targeting the general public and in reaching opinion formers who determine the structural changes that are required to influence changes in health behaviour.

Media interventions are considered to be particularly effective when supported by community activity. What this means in practice is that the national media will normally be most effective at providing a "noise" which primarily provides an awareness-raising function. By providing the key themes and messages, it also provides the backdrop against which communities can target their own constituents most effectively. For example, a local smoking education campaign targeting children will want to prioritize primary prevention. Similarly, someone working with elderly smokers would probably want to focus on the benefits of stopping smoking, whatever your age.

For this reason it is important when developing national media stories and activities to think whether or not it can be adapted to local use. This can be achieved in a number of different ways, including provision of regional data or simply by supporting the national story with local case studies.

There also needs to be some thought as to whether targeted communications, e.g. those that aim to reach pregnant smoking women, are as effective without a backdrop of national mass media. There is an increasing view that unless there is a critical mass of investment in national media, then more-targeted communications will not be particularly effective. This happens for two reasons. Firstly, individuals are most likely to respond to communications that reflect their attitudes and beliefs rather than those that treat them as a population target group. Secondly, because the population cannot be easily segmented and described in a simplistic way, for example, pregnant women could also fall into a number of population categories, e.g. the economically disadvantaged. It is therefore important to target from a number of different angles.

As to which media to use when targeting the public, the Health Education Authority's Smoking Education Campaign uses a media mix of advertising, press and public relations activity which is delivered through national, local and specialist print and broadcast media. Its communications revisit the basic medical and physiological facts and issues associated with smoking, in order to remind smokers and professionals of the toll that smoking has both on individuals and society as a whole.

The campaign communications strategy is broken down into the following elements which provide the messages that are used to target smokers through a rolling communications programme throughout the year:

- *Providing a rationale for smokers to quit*
  "Quitting smoking is the single most effective action you can take to improve your health."
  "You won't have to worry about being the only smoker when you're out socializing."
  "Think of the money you'll save."
- *Providing motivation for smokers to quit*
  "You can do it." "Take one day at a time."
  Provide identification for smokers, including personal testimonies of quitters and those who haven't but wish they had.
- *Supporting smokers in their efforts to quit*
  Tips on dealing with difficult situations whilst reinforcing immediate and ongoing benefits.
  Promoting support for smokers, including the Quitline.
- *The nonsmoker vision*
  Aspirational and conceptual, i.e. the "nonsmoker within."
  Tapping into the emotions - "you'll be around to see your grandchildren".
  Reconfirming recent quitters that they have made the right decision.

So within the simple "giving up smoking" message there are a number of different elements and consideration is required as to which medium or communications device is most effective in delivering each message. For example, television is the most effective medium at providing emotional engagement and feeling. Similarly, tips for smokers who want to stay quit are probably best communicated through a magazine or leaflet where the reader can have access to that information on an ongoing basis. Motivation for smokers to quit can be provided through a case study in a magazine or through an interview with an ex-smoker on the radio.

This approach not only takes into account the messages that we are targeting smokers with, but also how different media are received in different ways. We know, for example, that consumers have a far more intimate relationship with radio than TV. Similarly, we know that women use media that is targeting them as a population group, whereas men tend to favour media that reflects their various interests, such as computers and sports. By using this method, not only are communications more impactful but value for money is also achieved by using the most effective media or communications delivery system available.

Regardless of the media, e.g. television, radio or print, the principles of newsworthiness include some of the following key criteria: human interest, new information, conflict or a story occurring in the local community.

When considering which messages need to be targeted at whom, it is essential, as we have already discussed, to think also about in which context the media will have the most impact. If the message is "high risk" and the consequences of it are not being reported properly are considerable, it may be appropriate to pay for the message to be communicated through the media. This could include advertising, planned product placement and endorsement schemes. Obviously this is expensive, but the degree of control available may make it money well spent.

Health risks are big news. People will often use the media as their primary source of information on health issues, e.g. food scares, pollution, cancer etc. A recent study by the Health Education Authority into public perceptions of air pollution (including

environmental tobacco smoke) showed that most people do not understand that chemical and biological pollution harm health. Far fewer understand how this happens, e.g. the link between asthma and air pollution is widely misunderstood. Much of the media coverage about air pollution and asthma has been alarmist and dramatic. But what consumers are asking for are simple tips on air pollution, its impact on their lives and what they can do. A worrying consequence of an alarmist approach in the media is that people are beginning to switch off or feel completely confused by the information. This has obvious consequences for those of us working in smoking education.

Coming back to asthma, health professionals are left in a dilemma as to how to reassure those people who are not at risk, while alerting those that are. It is therefore important to consider other sources of information to back up media activity, which in this case could include general practitioners or specialist voluntary agencies.

The role of the media in influencing opinion formers who determine health policy is well documented. Media advocacy is increasingly used as a method of achieving maximum media publicity to add to the changing climate of opinion on public health issues. The publicity achieved raises the profile and status of the issues, both locally and nationally. Media advocacy can also add to the broadening of the health alliances. For example, *The Smoking Epidemic* used smoking fatality statistics to gain unpaid publicity. The Prime Minister asked for a personal briefing following an article he read in the paper and the issues were taken up by *Question Time* (an important United Kingdom current affairs television programme) and featured in popular comedy programmes such as *Drop the Dead Donkey.* Unpaid publicity reaches audiences that run into millions and is therefore a crucial health promotion tool.

Analysis of the media can also be used in strategic planning. It is possible to track not only one's own media coverage, but also that of other key agencies involved in the smoking debate - both pro and anti. For example, it would be possible to counter a "considerate smoker" media campaign supported by the tobacco industry with coverage describing the overwhelming support for controls on smoking in public places. The United Kingdom *Reg* campaign was used to promote Embassy cigarettes in a way that was considered by the health lobbyists to be appealing to children and young adults. The Health Education Authority commissioned research which confirmed the appeal of both the image and the character to children and used the media to publicize its findings. A consequent complaint to the Advertising Authorities Commission resulted in the advertising being withdrawn.

Using the media for health professionals does raise a central contradiction. On the one hand, unpaid publicity is of crucial value in getting health messages across and generating debate. On the other, news by its very nature can be sensational and we are at risk of confusing or worse switching off those we wish to reach. Our ability to get the best results from the media is not dependent on chance, but on strategic planning, using different media in different ways and taking a long-term view rather than going for a quick fix.

Key points to remember when planning your media campaign

Planning your campaign

- Nothing else reaches as many people as the media, particularly if people are to be influenced over a short period of time. This is particularly useful if there is a short-term target to be reached.

Advertising *vs.* news coverage

- Paid mass media, such as TV advertising, is most effective when combined with community activity. For example, an HIV/AIDS prevention advertising campaign will be more effective if it is backed up with family planning and other related local services. Unpaid media coverage, which is free, also reaches large audiences. Even though it's not so easy to control, it can be more credible than paid media and is useful for generating and influencing debate.Unpaid media coverage also has an effect on behaviour. The publicity created by the Royal College of Physicians' reports of 1962 and 1971 on tobacco and health combined with a decline in the real price of cigarettes was the main push to reduce smoking in the UK.

Research

- Accept that the audience is an active participant. The content of the campaign, including messages, should be informed by research with target audiences, as well as the experience of behavioural scientists.
- So that you can check that your campaign is making progress in the right direction, agree measurable objectives at the beginning. Effectiveness should include numbers of people reached, as well as other measures that look at the effect your campaign has had on people's behaviour.

What is the message?

- Should you go for individual topic or general lifestyle campaigns? There are two schools of thought. The first seems to suggest that general lifestyle health education is probably more desirable than individual topics because it starts with the audience and treats "the whole person." However, in relation to smoking, lifestyle campaigns seem to work well for other issues - healthy eating, physical activity etc. - but not for smoking. People tend to focus on the other issues first and will generally find it easier to try and take up some physical activity before they have a go at quitting smoking.

Which media to use?

- When deciding which media to use, think about different cultures and situations. For example, it maybe more efficient to use radio rather than TV in some developing countries because more people have access to it.
- Choose the right media for your message. For example, radio is more intimate than TV. Similarly, magazines are good for more complex information because you have more space to explain your message.
- Choose the right media for your audience. Radio in the United Kingdom is very popular with young people and there is a specialist magazine for virtually all sections of the community including men and women, different ages and different ethnic backgrounds.

The message

- Health messages have most impact where there is some kind of emotional engagement - humour, shock tactics etc. - the communication has to be received on an emotional as well as a rational level.

- Think about the media operating on three levels:
  - Directly to individuals
  - With health and other professionals
  - On public opinion

Research recommends that media initiatives should address public policy as well as the individual if they are to succeed.

- Should campaigns be targeted or nontargeted? Many people working in health believe that there needs to be a significant level of "noise" and "activity" before targeting is effective. The social marketing view tends to recommend segmenting markets in the same way that the commercial sector does.

The effect of media

- The more times the target audience reads, hears or sees your campaign, the more likely an effect on their behaviour. This is useful to acknowledge because you can demonstrate value for money.
- Paid media have the added value of creating a positive climate of opinion in favour of promoting other effective health promotion measures, some of which may be political. This could include making it easier to introduce political measures such as legislation prohibiting, for example, illegal sales of tobacco to children and restrictions on the promotion of tobacco.

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Health communication goals

SCOTT C. RATZAN

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As we enter the information age, assurance of quality health information and communication will be vital to the success of the WHO HEALTH21 health policy framework for the WHO European Region for the twenty-first century. In many ways, it is the cornerstone of health promotion and disease prevention and a vital adjunct to sound health decision making and optimum outcomes.

Many of the objectives and targets in HEALTH21 are predicated in some way on positive changes in health behaviours or informed health decisions that require appropriate communication at the individual and population level. Some objectives are anchored in changes in the way clinicians and public health professionals communicate with patients, the public and others. Some objectives require people to communicate more effectively with each other - in families and communities, in the doctor's office or online. Other objectives will hinge on changes in institutions, policies and programmes that can be promoted through effective advocacy communication

Definitions: Health communication has been defined as "the study and use of strategies to inform and influence individual and community decisions that enhance health." (Freimuth et al., 1998). Within the academic community, it is often interpreted more broadly as, for example, "the art and technique of informing, influencing and motivating individuals, institutions and public audiences about important health issues. Its scope includes disease prevention, health promotion, health care policy and business, as well as enhancement of the quality of life and health of individuals within the community" (Ratzan et al., 1994).

Health communication encompasses a range of activities that often overlap or build upon each other. Some are population based, addressing entire communities or specific population groups: others focus on individuals. Frequently mentioned health communication activities include:

- *Health education,* which seeks to promote healthy behaviours by informing and educating individuals through the use of materials and structured activities.
- *Social marketing,* which promotes or sustains positive behaviour change by applying marketing principles to community interventions, usually involving mass media.
- *Advocacy,* which utilizes the mass media to promote policies, regulations and programmes to improve health.
- *Risk communication,* which engages communities in discussions about environmental

[2] Adapted from a draft of the health communication chapter of the Healthy People 2010 Objectives of Health and Human Services of the US Government.

and other health risks and alternative approaches to dealing with them. Also, there is a growing field of individual counselling about genetic risks and consequent choices.

- *Patient communication,* which includes information for individuals with health conditions about maximizing recovery, maintaining therapeutic regimens and/or understanding alternative approaches. It includes educational resources, provider-patient communications and, increasingly, peer-to-peer communications.
- *Consumer health information,* which helps individuals understand their health and make health-related decisions for themselves and their families, encompassing choice of plans and providers, health insurance benefits, prevention and wellness, self-care and self-management, treatment options and long-term care.

In addition, new information technologies such as the Internet and World Wide Web combine the attributes of both mass and interpersonal communication. They are spurring the growth of technology-based health communication concepts. These include:

- *Telehealth:* the application of telecommunications and computer technologies to the broad spectrum of public health and medicine;
- *Interactive health communication:* the interaction of an individual consumer, patient, caregiver or professional with an electronic device or communication technology to access or transmit health information or to receive guidance on a health-related issue;
- *Consumer health informatics:* interactive health communication focusing on consumers and
- *Telemedicine:* the application of telecommunications and computer technologies specifically for clinical care. New media that are commonly used in the above applications include web sites (accessed through computers, TV, kiosks or other new media), on-line services, CD-ROM/DVD and other information storage formats and video games.

Background

Information and education play vital roles in promoting health, preventing managing and coping with disease and supporting appropriate decisions across the spectrum of health promotion, education and care. For individuals, effective health communication can help raise awareness of health risks, provide motivation and skills to reduce them, bring helpful connections to others in similar situations and offer information about difficult choices, such as health plans and providers, treatments and long-term care. For the wider community, health communication can set the public and social agenda, advocate for healthy policies and programmes, promote positive changes in the socio-economic environment and health infrastructure and encourage social norms that benefit health and quality of life.

However, communication alone cannot empower the public to overcome systemic problems such as poverty or lack of access to medical care. It can clarify the choices shaped by genetic inheritance: it cannot eliminate them. No communication effort can reduce disease or morbidity across the population unless it is supported by appropriate behavioural, biological or socio-economic environmental factors. Even when communication could be appropriate and effective, many barriers must be overcome. The science base is rapidly evolving, making it difficult to craft clear and sustained health messages.

People are often overwhelmed by the sheer scope and speed of new information or confused by competing messages from vested commercial interests, popular culture or conflicting research. There are also misunderstandings - ranging from cynically dismissive to naively optimistic - about the purpose, potential and requirements of communication activities.

Sometimes decision-makers reject any health communication interventions on the misguided assumption that communications achievements are only ephemeral or superficial. Other times they mandate one-dimensional activities, such as a mass media campaign, clearing house or web site, despite ample research showing that communication should be multi-faceted. There is often a lack of support for evaluation combining appropriate formative, process and outcome measures, due often to assumptions - not always valid - about the time or costs involved.

The diversity of audiences poses additional challenges. Communication must be sensitive to differences in gender, age, educational level, ethnic/cultural beliefs, language ability and disability status of target audiences. It must be tailored to preferred communication channels and formats. All too often, people with the heaviest health burdens also have the least access to information, health care or supporting social services, raising obstacles to both communication and health.

Effective health communication

The attributes of effective health communication have been identified through research that spans over a quarter of a century. They include:

- *Availability:* the content (whether targeted message or other information) must be delivered or placed where the audience can access it. This varies according to audience and purpose, from billboards and mass transit signs to prime time TV or radio, public kiosks (print or electronic) or the Internet.
- *Repetition:* the delivery of /access to the content must be continued or repeated over time, both to reinforce the impact with a given audience and to reach new generations.
- *Accuracy:* the content must be valid and presented accurately.
- *Reliability:* the source of the content must be credible and the content itself must be up to date and regularly updated.
- *Reach:* the content must get to, or be available to, the largest possible number of people in the target population.
- *Consistency:* the content must remain consistent and also should be congruent with information from other sources (the latter is a problem when other widely available content is not accurate or appropriate).
- *Timeliness:* the content is provided or available when the audience is most receptive or in need of specific information.
- *Balance:* where appropriate, the content presents the benefits and risks of potential actions or recognizes different but valid perspectives on the issue.
- *Culturally sensitive:* the design or implementation process addresses special issues for specific population groups (ethnic/racial, linguistic) and also educational levels and disability.
- *Understandability:* the reading or language level and format (including multimedia) are appropriate for the specific audience.

- *Evidence-based:* the content and strategies are based on formative or previous evaluation with the intended audience and on applicable findings from previous communication research.
- *Multidimensionality* is another hallmark of effective communication. Research shows that a variety of communication activities, integrated with non-communication activities such as programmes, policies and services, will be most successful. This implies that interagency or public-private partnerships can not only leverage resources but strengthen the impact. Such collaboration can have the added benefits of reducing message clutter and targeting issues that cannot be fully addressed by public resources or market incentives alone.

For health communication to be effective, it must also pass through channels that are appropriate to the audience and purpose. Mass media and targeted media include broadcast, print, audiovisual and electronic media. They may be used proactively to deliver content to an audience or passively to make content available for the audience to access when needed. Interpersonal channels include peers, professionals, families and individuals in a close community. They may entail a face-to-face exchange or pass through audio, video or other electronic channels.

Evaluation

Effective health communication strategies are built on sound evaluation research that addresses many points along the continuum from design and planning to implementation to outcome assessment. Formative evaluation, which may be qualitative or quantitative, is used to assess the nature of the problem and the needs of the target audience with a focus on informing and improving communication design before implementation. This is conducted prior to or during early programme development and commonly consists of literature reviews, reviews of existing programmes, surveys and interviews or focus groups of members of the target audience. Formative evaluation seeks answers to fundamental questions. Who is the audience? What do we want them to know or do? Why? When and where should we reach them? And (in some cases) how do we motivate/ persuade them to adopt a healthier behaviour? Process evaluation is used to monitor the administrative, organizational or other operational characteristics of an intervention. This may include testing the functionality of an interactive health-communication application. Outcome evaluation is used to examine the results of an intervention, including changed awareness, attitudes, beliefs or actions. It may also measure an interactive application's ability to achieve its intended results.

New media

Advances in information and communication technology are changing the delivery of health information and health care services and are likely to have a growing impact on individual and public health. New media such as the World Wide Web, CD-ROMs and DVD, can expand the approaches to health communication. The impact of interactivity, customization and enhanced multimedia is just beginning to be explored. With the convergence of technologies (e.g. computers, TV, telephones, fax machines, kiosks, wireless devices and who knows what next), a nearly ubiquitous communication infrastructure is emerging. This can support user-initiated searching for information and interpersonal support and extend the reach of targeted communication.

Challenges

For health communication to improve individual and community health over the next decade, we must identify crucial opportunities regarding specific health problems. strengthen health communication infrastructure and quality and promote a critical understanding of effective health communication. Communication research can provide information about optimal strategies (including type of media) for reaching different purposes and audiences. Disparate agencies and organizations that target similar issues or audiences should grasp opportunities to share resources and responsibilities. Standards for quality health communication can be promoted. Evaluation tools and approaches that recognize the different needs and environments of stakeholders and the rapid evolution of technology, should be identified. We must sharpen the capacity of individuals and communities to recognize and utilize sound health communication. Two final challenges will confront public policy specifically: to ensure that all health communication which includes the exchange of personal health information remains private and confidential and that the benefits of health communication - including access to information - are shared equitably by all.

Health communication objectives

Four strategic areas offer the greatest opportunities for improving and extending health communication: effective infrastructure; quality standards; capacity/ ability of health consumer/audience to access, understand and utilize communication and capacity/ ability of health communicators to be effective. The first area encompasses technical, institutional and interpersonal communication capacity within a community or across the nation. Emerging technologies will play a role here. These infrastructures are prerequisites for the creation and delivery of effective health communication.

The second area addresses the need to establish and disseminate quality standards, to establish mechanisms to ensure quality and to support research and evaluation. Health communication is a relatively young field. The knowledge base for both refining practice and assessing value needs to be built up.

The third strategic area focuses on strengthening the audience. Specific opportunities here include strengthening knowledge of and access to content, channels and mechanisms for consumers; improving their capacity to discern the quality of health information and messages; promoting critical thinking skills and improving media and health literacy. The fourth area seeks to strengthen health communication professionals, through improved training; better knowledge of and access to content, channels and mechanisms for professionals and increasing awareness of the potential communication role played by a wide array of health professionals. Progress must be made in all four strategic areas if the contributions of health communication to improved health are to be realized.

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Section III

Disaster communications

Consultation on Health and Environmental Communication Policy, Moscow, May 1998.
World Health Organization, European Health Communication Network

Disaster communications
"Leave your message after the tone..."

RUDIGER TRAPP

Western European Planning Cell

"Leave your message after the tone …" - This message gives an example of how easily disaster communications may become disastrous communications!

Since the fundamental changes in political security in Europe during the last decade, much more attention has been paid to disasters other than war. Although nations put different emphasis on disaster preparedness, one can sense a general increase in international efforts. Intergovernmental organizations such as the United Nations (UN), the European Union (EU), the Council of Europe (CE), the North Atlantic Treaty Organization (NATO) and the Western European Union (WEU) have developed disaster relief capabilities and planning tools.

Since 1993, the World Health Organization (WHO) Regional Office for Europe has been setting up a European Disaster Network. The central, eastern and south-eastern European countries have started cooperation on the protection against natural and other disasters and held the fifth conference within this so-called "Magdeburg Process" in September 1998 in Yerevan, Armenia. International agencies and scientific institutes enhanced their cooperation.

A number of additional humanitarian organizations were founded: others expanded their activities. The strict opposition of humanitarian organizations against any cooperation with armed forces in order to preserve neutrality, impartiality and independence has gone, in favour of considerations on possible support by armed forces in humanitarian operations.

Undoubtedly, all those developments are linked to an explosive proliferation of information technology and systems, which, in theory, should increase the flexibility and efficiency of disaster management. In practice, however, dissemination of information and access to information without a coherent, target-oriented and conscientious communication policy is likely to cause confusion rather than efficient disaster preparedness and response.

WHO faces a big challenge in dedicating part of its work on establishing a European Health Communication Network (EHCN) to disaster communications. The very complexity of the subject makes it a challenge. Talking about disaster communications, we have to consider very different dimensions.

On the one hand, there is a unidirectional dimension. Information flows through the media to the population and to decision makers in disaster management and is, in most cases, problem oriented. The possible roles of the media in this process are twofold: they may act as a mediator, but also as an originator of information. We are all aware that

much of the information that we receive does not consist purely of factual reporting, but also conveys the opinion of the sender or mediator. In recent crises in the world, we could realize a competition among different humanitarian organizations for donors, conducted through their visibility in the mass media. Reporting on crises and disasters is always selective and has a great deal of influence on concerns and responses of governments and nongovernmental organizations. Unreflective messages to the concerned population may hamper the stabilization of the situation, cause panic or, on the contrary, suggest security and thus prevent necessary decisions. Taking these factors into account, the mass media, (excluding the Internet, of course, which is a purely technical means) bear particular responsibility within this unidirectional dimension of disaster communications.

On the other hand, let us look at the multidirectional dimension. The process of intentional information exchange is mostly linked with mutual feedback. In the context of disaster communications, the purpose of multidirectional communications is, as a rule, to foster cooperation or at least coordination, in order to render disaster preparedness and relief action as effective as possible and thus is solution oriented. Considering this dimension of disaster communications, it is not television, radio or the print media, which play the most important role, but pre-established or ad hoc connections and procedures between national and international key players in disaster management.

Consequently, there are two areas to be examined and improved. The first is the area of required national and international connections and information distribution mechanisms and standard operating procedures - who has to communicate what, to whom and when?

The second area includes dealings with and attitudes of, the media. For the concerned population, it is not the actual risk to their health, which counts, but the public perception of the risk! Are the demands of journalism in conflict with the efficiency of disaster relief? How is it possible to shift the relationship between active and reactive communication in favour of the active part? What are the appropriate means and methods of communicating with the media? Is contracting a realistic possibility? Is self-limitation in disaster reporting an option of the media? These are some questions to be answered in order to establish guidelines for a comprehensive policy in disaster communications.

Let us try to define channels and targets, to find mechanisms to harmonize trust and transparency on the one hand and efficiency in disaster management on the other and finally, to shift *event communications* towards what I would like to call *development communications.* The latter means continuous communication related to the development of action from disaster preparedness, through response and surveillance, to evaluation. But it also means communications on the development of critical factors in a region, which thus may give an early indication of an approaching disaster to all the organizations that might be asked to assist in disaster relief.

And if we do not achieve all of those aims today, which I am quite sure about, let us follow the example of the duck at the feed store. Some of you certainly know the story:

> *A duck enters a feed store and asks: "Got any duck feed?" The storekeeper replies: "Sorry, this isn't a store for bird feed. So I don't have duck feed". The duck leaves and on the next day, comes back to the feed store and asks: "Got any duck feed?" The storekeeper can only repeat: "Sorry, I don't have duck feed". Third day, the same game: "Got any duck feed?" This time, the storekeeper gets really upset and says: "I've told you twice that we don't have duck feed. We never have had duck feed and we never will have duck feed and if you dare to ask this question again, I will nail your feet to the floor!" A day later, the duck enters the feed store. "Got any nails?" The storekeeper replies: "No", so the duck continues: "Got any duck feed?"*

Public information and nuclear emergencies

Lessons from Chernobyl

KEITH BAVERSTOCK

Regional Adviser, WHO Project Office for Nuclear Emergency Response and Public Health, Finland

Two broad categories of health effect were seen after Chernobyl namely:

- the effects resulting from the action of ionizing radiation on the body, an example being the thyroid cancer seen in children in Belarus, Ukraine and the Russian Federation and termed the *physiopathological* effect and
- the effects resulting from the perception of the population regarding the threat that the accident poses for among other things, health and termed the *psychosocial* effect.

The former effect has been well known and feared by the general public, for a long time: the latter effect has also been with us for some time but under a different name, *radiation phobia* or *radiophobia.* Chernobyl demonstrated the capacity this effect has for adversely influencing public health and placed psychosocial effects as perhaps the most important health consequences of a nuclear accident

In a WHO expert group meeting in Kiev in 1991 five dimensions of the psychosocial effect were identified. The most relevant topic for our discussion here today is the *physiopathological,* since it is most directly concerned with information, how it is presented and how it is perceived. As communicators to the public we must not regard the public as empty vessels, waiting to be filled with our information, which will be accepted unquestioningly. Most of those who would be concerned have a clear idea of what they think about the situation and it will be different for each person. They will sift, sort, accept or reject information according to how it interacts with their perceptions, beliefs etc., not only about the radiation and health but also about the provider of the information.

Before moving on to the communication aspect I want to address one further point about these two routes. They are interactive. A very significant outbreak of thyroid cancer in children is incontestably attributable to Chernobyl: the *physiopathological* aspect is now demonstrably real. This confirms what many believed and what was officially played down in the past. The relevant authorities will face a different situation at the next accident: their credibility is already under question.

The communicator with the public is sandwiched between two enemies - *complacency* and *alarm.* Once having been shown to have been complacent, the communicator has lost the trust of his/her audience. Alarm leads to panic and this seriously harms public

health. Only *knowledge* about the situation, what it means for health and how health can be protected, can ward off these enemies

While planning to deal with accidents is very important, there is no book solution for every situation. Some will tell you that is the case - don't believe them. Every accident will present different and often new situations. The first priority for those coordinating the public health response is to know what has happened, how it is evolving with time and what are the most likely future developments.

The second priority is to decide what actions can best protect health and upon what populations these should be undertaken. The third priority is to provide reliable and timely information to the public.

The Environment Protection Agrncy has provided seven *rules for communicators.* They are the *"how"* of risk communication. These rules provide one side of the *communicator's triangle.* They are very important but they are not all that is necessary. The second side is *honesty.* You must be, and be perceived to be, honest. The triangle is completed by what you want to achieve in your audience, namely *trust.* If the triangle falls apart because of a weakness on one or both of the other sides you will lose *trust* and you may as well pack up and go home!

ALERTNET - www.alternet.org

STEPHEN SOMERVILLE

Director, The Reuter Foundation, United Kingdom

There are two parts to our Alertnet Internet service: public and private. The public part is a programme of disaster-related issues. The private part is provided for officials and the professionals dealing with disasters.

We have set up a desk at Reuters in London, staffed by very experienced former foreign correspondents and Reuters editors, putting together our experience of disasters from the point of view of the media. We are asking members who are NGOs and international organizations to put in information which could be useful to all those using the service. Reuters' headlines and the stories behind them will be available for the public.

The essential part of the service is that in return for all this free information we ask members to put in information about what they are doing and give contact details so that they can be contacted by other members. Putting all this together, we hope, will prove a really useful base of information.

Within the private side there are various sites covering different emergency situations. We are trying to offer a kind of universal clearing house. We have 50 members now taking this service. They are all checked and qualified by our panel of experts and include the IFRCS, national Red Cross societies, Oxfam etc. We are trying to do something that would be really useful for professionals.

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Disaster Communications
Discussion Groups

Messages to disaster communicators

Before disaster:

- Review and learn from previous case examples.
- Best practices and proven methods - promote what has worked as against what has not.
- Establish teams with specialists who can provide guidance and recommendations.
- Prepare information in advance (backgrounders, briefings) tailored to local needs.
- Maintain regular information exchange with the media at all decision-making and executive levels possibly involved in disaster response.
- Establish liaison and develop procedures to coordinate action between governmental, intergovernmental and nongovernmental organizations.
- Establish an international focal point for the collection and dissemination of information.
- Develop plans and alternative/backup plans for information dissemination, including:
    - the establishment of communication centres on all appropriate decision-making and executive levels,
    - clear command and control arrangements between decision makers and communication centres as well as between the different communication centres.
- Promote intersectoral and international coordination of emergency preparedness.
- Provide training to staff in the principles and practices of effective communications.
- Availability of risk information before (precaution).
- No tactical information should be withheld.
- Identify international focal point (WHO).
- Ensure sufficient staff to sort information.

During disaster

- Assign roles, responsibilities and tasks.
- Provide staff, which is sufficient in quantity and quality to collect, verify, sort and disseminate information.
- Use existing communication networks and media outlets.
- Organize team with members of the affected population.
- Recognize two streams of information: responders and national and international media.
- Implement prepared plans.

- Establish forum for coordination of action between governmental, intergovernmental and nongovernmental organizations.
- Provide ethical guidance in the use and treatment of victims.
- Follow clear protocols.
- Improve availability of risk information before event.
- Do not withhold factual risk information.
- Training personnel in handling media.
- Provide sufficient staff to sort and verify information.
- Establish clearing house.
- Clarify responsibilities *vis a vis* national governments.

After disaster:

- Report experiences/lessons learned. What worked? What did not?
- Monitor process for continued improvement/sustainability.
- Follow up on long-term consequences - health, psychological, economic.
- Provide the community with tools to survive (counselling, referral, coping skills).
- Identify potential causes of disaster and put in place preventative measures.
- Conduct continued public awareness campaign to increase public knowledge and improve emergency preparedness.
- Ensure appropriate disengagement.

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Disaster Communications
Panel Discussion

Moderator: Shellie Karabell (Worldwide Television News, Moscow).

Panellists: Gennady Kipor (the Russian Federation), Tim Tinker (United States of America), Narine Pedersen (Denmark/Armenia), Peter Hjorth (Denmark), Victor Boguslavsky (the Russian Federation), Keith Baverstock (Finland).

Shellie Karabell: How do you meet the demands of your job and the demands of journalists?

Keith Baverstock: This is a problem. We know that suppressing information actually damages health. It applied to Chernobyl. It may not apply, perhaps, to the sinking of a ship. But where the risk is proved to be continuing in the environment you have the problem that incorrect information leads to physical stress and stress leads to ill health.

In the Chernobyl accident, children lost their health. Leukaemia was one disease we expected to see after Chernobyl and in fact we found it. We could say that about thyroid cancer. But there was a film made two years after the accident which said that one million children had been born with deformities. In fact, only 1.2 million children in total were born in the affected region during that time. They were saying that 83% of newborn children suffered these deformities. I can assure you that after six years you will see no such jump in deformities. We have to be careful not to spread this kind of rumour. A free market in information is perhaps not conducive to public health.

Narine Pedersen spoke of the confusion following the Armenian earthquake of 1988, which coincided with a time of political upheaval. Though there was much help from aid organizations, communication was extremely poor. No one could find out how to get water, food or shelter.

"What comes after the disaster?" she asked. "You don't see any future. You don't hear from anybody. The television media and press are very interested at the time. What happens afterwards is forgotten. A lot of aid organizations came with different projects. They were building hospital after hospital. You felt you were waiting all your life to fall sick. There has to be something wrong with you. They built schools and kindergartens. They also left. There was no food and no heating in the buildings. It was another disaster. There is a hospital, but there is not enough medicine. Why build a hospital when you cannot put patients in it? Things have to have consequences. Where is the press?"

Tim Tinker It is extremely difficult to alert people to the possibility of a disaster and its consequences for their personal lives before the immediate threat of harm. Agencies must say, early on in the communications strategy, what your agencies can and cannot do.

Peter Hjorth: Journalists should know that the first thing to appear in a disaster is all kinds of rumours. Sometimes it is very very difficult to deal with these rumours. So the media have to be provided with as many facts as possible in order to calm down the

population. They should know about the psychology of people in crisis. This would help them to avoid some of their mistakes. They also must consider some ethics. In the ferry disaster, someone described how people were thrown into the water because others wanted to survive. Afterwards, all those people very much regretted that they had appeared on TV. People involved in disasters, after two or three days, may develop psychoses and that is the reason they will speak out in a psychotic state and will give false pictures to the surrounding world.

Victor Boguslavsky: The development of local capacity for disaster response is important. We have started a scheme called the Emergency Medical Services Training Initiative to teach first responders. This has been developed by Boston University and the emergency hospital in Armenia. Currently we have eight training centres across the former Soviet Union. These centres have two basic programmes: 100 hours for medical professionals and 28 hours for non-professionals, including police and fire brigades.

Shellie Karabell: I have covered Beirut and Belfast. We always look for information. It is very hard to get it. In some cases the government or whoever is running the show are just lying to you. In terms of what Narine said about going back, this is a continuous problem which journalists discuss. Do you go back and do a follow-up story. If there is an air crash in Kazakhstan, do you go back to examine the consequences? It is a long way to go. It is very expensive to get there. You can't spend that money.

In terms of Chernobyl, it is still not over yet. We still cover it. There are medical consequences. That is not going to go away.

In terms of how you should deal with the media, we do the best job we can. We are not out to make you look good or bad.

Section IV

Health communication - professional codes of conduct

Professional codes of conduct

CHOY ARNALDO

UNESCO, France

This encounter has been meaningful as it has brought together the key players and the interaction has so far been very fruitful. These are some ideas and thoughts evoked by the last two day's work and which may lead to further discussions.

UNESCO itself is in transition. Formerly, I was Chief of Free Flow of Information and Communication Research and now it is called Communication Policies and Research. The former Free Flow activities are now part of a new unit, Freedom of Expression and Democracy.

UN agencies have generally become more "transitional" when it comes to financing. As internal funds dwindle, there is more orientation towards cooperation with donor countries, foundations and private industry. This workshop is an example; it is due to the tireless efforts of Franklin Apfel who worked for the cooperation of donor partners to make this workshop happen. UNESCO is grateful for this opportunity to cooperate with WHO.

Thus, I take *transition* as a key word in our discussions and I would like to address my presentation particularly to the health communicators of Eastern and Central Europe and of Central Asia. This is indeed a vast region, in constant flux and change, where the former, more stable values, systems and procedures are, every day, giving way to change. In the open session of the first day, health communicators from this part of the region gave their view of the situation and I would ask them in the open discussion to confirm, or to add to, or formulate in different terms what I say here, based on their presentations.

- Media are no longer under direct government supervision as before and therefore they do not share government policies in the same way, as many did before.
- Media are more often prone to act in accordance with the pressures of commercialism and advertising - in some cases, they would be inclined to favour stories on products (drugs, pharmaceuticals) that are advertised and would be less interested if there was no commercial angle. This is not very different from what has been the situation in industrialized countries for a long time, but sectoral ministries in this region are not always prepared or supported to deal with this situation.
- Health communicators experience great difficulty to ensure that correct, timely and accurate information reaches the general mass media and through them the public at large.
- In some ministries there is no policy or strategy for information. Often there is simply no information, not even basic statistics, unless they are brought out at international conferences organized by international agencies. This is why international events such as those organized by WHO and other agencies are highly appreciated.

In this situation, three questions can be put:

1. Is there a need for specific comprehensive guidelines to describe the new and changing roles of the health communicator?

This could be for two reasons: to ensure that sectoral ministries internally formulate major policies and operational procedures and provide the means for health information officers to work with the media and to guide the working relations of health communicators with the media. The overall result should be the strengthened professionalism of the health communicator. For specific discussion on relations with media, please refer to Helen McCallum's presentation, Bill Norris' opening keynote and Kevin d'Arcy's guidelines.

But there is a corollary to this question: do we need to go a step further towards the formulation of professional codes of conduct? There are four considerations:

- The primary consideration is to preserve freedom of expression as formulated in Article 19 of the Universal Declaration of Human Rights:

  "Everyone has the right to freedom of opinion and expression; this right includes the freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and without frontiers."

- Professionals should formulate and implement their own Codes of Conduct.
- Save the grief, make it brief.
- Several hundred codes of journalists already exist and may be consulted on some websites. Bill Norris has proposed a brief one for your consideration.

2. Besides the health communicators and the media, there is another key player - the industry or in our situation the pharmaceutical companies.
Is there also a need of guidelines or ethical standards for the industry?

This might be to ensure complete and practical information on the drugs and ingredients of pharmaceuticals, to ensure proper and complete labelling (including contra-indications) and special advice for women or young children. Could these guidelines be extended to include drugs that are imported, to strengthen fair trade practice? Many have already formulated guidelines and codes or adhere to industry codes, such as that of the IFPMA.

3. **The third and last question concerns the Aarhus Convention and follow-up activity.**

In a nutshell, this convention, if ratified by the European states later this year, will guarantee the rights of access to information concerning the environment and public participation in decision making concerning the environment. It will facilitate the application of justice in cases where the measures of this convention have not been respected. Jeremy Wates, who was the responsible person for the London 1999 conference, would like to gather inputs and suggestions for further actions to be undertaken in the fields of health and the environment.

Before I come to some proposals, let us recall that the title of this workshop mentions: The European Health Communication Network. I would like to give you information on two major networks that can be brought into your work and where UNESCO has played a supportive role.

Training has often been cited as a practical solution to many of the problems raised. UNESCO has helped to form **the Global Network of Journalism Schools and Institutes.** This is a network of 15 regional journalism training institutions all linked by e-mail.

These 15 in turn associate their own member schools in each region. A launching meeting was scheduled for end September 1998. In Europe, the main contacts would be:

- Prof. Jan Jirak, Dean of Communication, Charles University Czech Republic; he is also Vice President of European Journalism Training Association (EJTA).
- Mihai Coman, Dean of Communication, University of Bucharest, a European focal point of the Theophraste network of French speaking schools.
- Mogens Schmidt, Programme Director of the European Journalism Centre, Maastricht.

Many of the health communicators are women and it may be helpful to contact women in the media. These women are now linked in a world network - **Women on the Net** - some 70 major networks and web sites of women and the media. The Central Asia Network is the most recent and most active.

Proposals

These are put forward in raw form, for further specification and putting into concrete form by the participants:

1. Organize training courses for journalists and health communicators on ethics, health care and mutual cooperation.
2. Design and reproduce a comprehensive handbook on health communication (texts, discussions and papers of this workshop are a first step).
3. Design modules on health communication to be integrated into their already existing on-line modules on general journalism training (EJC and EJTA have experience in this and could be useful resource centres).

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Guidelines for professional health correspondents

BILL NORRIS

Associate Director, PressWise, United Kingdom

With the increasing pace of scientific research in an age of mounting hypochondria, health stories have become a major source of news - Big News. The enthusiasm of all types of media for carrying such stories is an asset in terms of increasing public awareness of health issues. However, it carries considerable dangers. Inaccurate reporting, which is becoming more prevalent as journalists yield to the pressures of deadlines engendered by new technology, can cause grave damage to individuals. Sensationalism, especially in a tabloid press concerned with little more than bottom-line profit, can lead to widespread misinformation. This is especially true in the reporting of new medical discoveries.

As yet, however, this problem has received scant attention in codes of journalistic ethics. In our survey of such codes from 58 countries, produced by journalists' unions, press councils and statutory bodies, the word "health" appears in only eight. It does not appear, for example, in the code of the International Federation of Journalists, which is the most widely respected and adopted. Where there is a reference to health, it is generally associated with admonitions on other matters and is rarely specific.

The efficacy of such codes is, in any case, highly debatable. Journalists tend to dislike them, rarely read them and frequently honour them more in the breach than the observance - especially when under pressure from their editors. Even the Copenhagen Working Group, which contained few working journalists, expressed unease with the very term "ethics" - a fact that I found interesting and slightly surprising.

But if ethics has become a dirty word, what are we to put in its place? How can we achieve the laudable objective of encouraging responsible journalism in the field of public and private health? Perhaps the solution is best summed up by an Armenian journalist in his contribution to the European Seminar on Promoting Independent and Pluralistic Media in Sofia last September. He said: "(there is) a silent code of honour which, although unwritten, is nonetheless respected by the elite officers in the army. In the same manner, we need to cultivate that sense of honour in journalism through education".

I think that gets to the heart of the matter. Journalists like to think of themselves as members of a profession, though unlike doctors, lawyers and even academics, they have little in the way of meaningful self-regulation. They rightly insist upon freedom, but are often reluctant to accept the concomitant responsibility. To achieve true professional status, they need to cultivate that "sense of honour".

In our case, we have the advantage of dealing with a group of specialist correspondents. Such groups within journalism tend to be more tightly knit than the general tribe and

often have their own associations, who conform to rules that are frequently unwritten but generally understood. It is true that many will be freelances and others will not know as much about their subject as they should, for it is one of the curiosities of journalism that specialists usually learn about their subject *after* they are appointed. Nevertheless, specialists feel that they are above the common herd and may therefore be more susceptible to a group of guidelines which are aimed specifically at them. This may be a pious hope, but there is no harm in hoping. And since these folk are tied in with the medical profession, I have taken the liberty of borrowing the first item in my suggested draft from the Hippocratic Oath: *"First, do no harm."*

Guidelines for professional health correspondents

Final text agreed by working group, Moscow Consultation

- First, do no harm.
- Get it right. Check your facts, even if deadlines are put at risk.
- Do not raise false hopes. Be especially careful when reporting on claims for "miracle cures".
- Beware of vested interests. Ask yourself who benefits from this story.
- Never disclose the source of information imparted in confidence, unless compelled to do so under national law.
- When dealing with individuals who may be sick or handicapped and especially with children, be mindful of the consequences of your story. They will have to live with it long after you are gone.
- Never intrude on private grief.
- Respect the privacy of the sick, the handicapped and their families, at all times.
- Respect the feelings of the bereaved, especially when dealing with disasters. Close-up photography or television images of victims or their families should be avoided wherever possible.
- If in doubt, leave it out.

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Guidelines for professional health correspondents

Panel Discussion

Moderator: Franklin Apfel (WHO Regional Office for Europe).

Panellists: Jeremy Wates (Ireland), Bill Norris (United Kingdom), Sissel Brinchmann (United States of America), David Kennedy (the Russian Federation), Natela Menabde (WHO).

Questions to the panel:

1. Is there need for specific comprehensive guidelines to describe the new and changing roles of the health communicator?

Kevin d'Arcy (Editor of Spokesman, United Kingdom): Mary Robinson, the UN High Commissioner for Human Rights, was asked at the IPI conference in Moscow earlier this week to comment on the need in journalism for codes of ethics. She thought there was no need, mainly on the grounds that law was enforceable, while codes of ethics were not, but also because she believed that time spent on such codes was also time spent on detracting from the influence of law. She also pointed out that the UN Charter of Human Rights had everything necessary in it to define good behaviour in this regard, especially Article XIX. Then she congratulated Peter Preston for an article which she had read in *The Guardian* about genetic agriculture, which she thought was a good example of the kind of thing that journalists should be explaining more. In my opinion, Mary Robinson was demonstrating the kind of positive attitude towards journalists that will always be more effective than complaining about them.

2. Is there also a need of guidelines or ethical standards for the industry? Are the WHO ethical guidelines and code of marketing and information perceived as being necessary?

David Kennedy: There is weak regulation of pharmaceutical advertising in the Russian Federation. You can't advertise prescription medicines. There is a new draft law on medical advertising, but there is no regulatory structure for pre-screening. We believe in the importance of a code. We would welcome a code. The most important issue facing the Russian Federation pharmaceutical industry right now is providing reliable and accurate information.

There is a well-accepted norm in the Russian Federation of paying for articles in the press as disguised advertising and the media encourage this. The press needs codes to raise warnings on this issue. It is potentially dangerous.

Sissel Brinchmann: As it was said in the opening remarks on the first day, ethical behaviour (of journalists) comes from within: this is true for other sectors too. The pharmaceutical industry has its own respected codes of conduct which were in place long before discussions within the WHO took place. For one - being condemned by

your own peers is much worse than being condemned by someone else and we do have sanctions. Secondly, it is important when we talk about professional codes of conduct, to emphasize that they also serve an educational purpose and we have experience that they work. Not all pharmaceutical companies abide by the rules and the self-regulatory codes serve as efficient corrections.

Allegations that our industry operates with double standards are frequently launched by our critics. My company does not work with double standards: we want to have one single standard throughout the world and where differences in the products may occur, they are the result of differing requirements from the authorities in the countries. Regulations concerning information and advertising differ from country to country or may even be non-existent. It is important to have clear legislation covering the development, manufacturing, registration and marketing of medicines in place in all countries and have self-regulatory codes of conduct as an important and valuable supplement to promote ethical behaviour.

Natela Menabde: We cannot think only of journalists in relation to codes of conduct.

David Kennedy: Journalists should be paid a decent salary. Otherwise there is a great temptation to accept money from a company.

Sissel Brinchmann: Education plays an important part. You need knowledge before you can write with sense and balance about an issue. Medicines are products of highly complicated technology and they are not easily understood. We need to help in getting a broader understanding across to journalists. In Merck we are engaged in education both of journalists and health professionals, often in partnerships with universities and other academic institutions.

Katie Aston (Health Education Authority, United Kingdom): We should be thinking about promoting good practice rather than setting up codes of conduct.

Jeremy Wates: I don't think anyone should underestimate the power and leverage that international pharmaceutical companies have, especially in small countries. Whether you talk about a voluntary code or regulation, that influence is there.

Steve Turner (Phoenix International Broadcasting, United Kingdom): If we are dealing with health and environment issues and with public communication within the whole European region, there are countries which have severe restrictions on the media.

Section V

Public service announcements (PSAs) - their use in civil society

Consultation on Health and Environmental Communication Policy, Moscow, May 1998.
World Health Organization, European Health Communication Network

Public service announcements
A brief background note

VIV TAYLOR GEE

Consultant, Communication and Public Affairs
WHO Regional Office for Europe

What are they?

Public Service Announcements (PSAs) are short films, sometimes known as social advertisements. They are broadcast on TV and are between 15 seconds to three minutes long. They often look just like normal television commercials. They can:

- Communicate messages about health to the public.
- Raise public awareness of people's responsibilities towards themselves and others.
- Campaign to change public behaviour and attitudes and to hasten policy change.
- Be used as part of the overall social programming of television companies in order to enhance their community profile and branding.

Who makes PSAs?

- government departments & central communication agencies.
- health promotion agencies.
- television companies.
- independent production companies.
- advertising agencies.
- intergovernmental agencies.
- nongovernmental organizations.
- commercial organizations.

Which health topics are regularly shown?

- Personal health issues: smoking, drinking, drugs, immunization, keeping fit, donating organs, giving blood, sexually transmitted diseases.

Which health topics are less regularly shown?

- Health problems that may be caused by or linked to, environmental
- factors, such as chemical contamination, pollution, dirty drinking water, traffic fumes, waste, food safety, risks at work etc.

Are there any PSAs on these topics?

- Yes. They are mostly made by campaigning organizations or intergovernmental organizations. There are some low-budget PSAs however made on a local level.

Why are there so few PSAs on environmental health?

- Because many environmental issues are decided by government policy not individual lifestyle.
- Because there is always disagreement about scientific proof of problems.
- Because there is concern about "alarming the public".

Why could there be more PSAs?

- Because there are many ways in which individuals can protect their health when there are environmental risks.
- Because the public increasingly expect more information about environmental risks and they want greater transparency.
- Because greater public awareness of environmental health problems makes them easier to solve.
- Because it can make a difference.

How much do PSAs cost?

- Costs range from nothing, for *pro bono* work (i.e. done for free) to well over $750 000 for a commission from a large advertising agency TV campaign. In Ukraine, Internews managed to produce eight PSAs for $5000. A block of 20 PSAs in one country was made for around $3000 for a one-minute spot.

  You may also have to pay for transmission, but many TV companies can be persuaded to offer free air time - this is good for their image. It is helpful if agreement can be reached with all broadcasting stations that a certain amount of such material will be aired free of charge.
- In the United Kingdom, government-produced PSAs average around £40 000: this is between one eighth and one tenth of the cost of an advertising campaign produced by an advertising agency

Advantages of PSAs:

- Television is expensive but it is also very effective both in the strength of its impact and because of the numbers of people that watch television.
- PSAs reach viewers without having to make an "appointment to view" a television programme. The average number of television advertisements watched by European audiences is estimated at 400 per week.
- The best PSAs speak to viewers in their own language and in the context of their own culture and country. But if international material is used, dubbing or subtitling a 30-second PSA is not expensive.

Disadvantages:

- While PSAs may be offered free air time, the producers have little or no control over the scheduling.

- Commercial television stations might be unwilling or unable to offer lucrative advertising slots.

Style and content

- PSAs have to compete for audience attention with much more expensive advertisements. They should not be dull, worthy or didactic!
- Using real people can be as effective as drama. Library footage can also be used.
- Animation works well for PSAs. It can cross cultural and language boundaries, giving the PSAs a longer shelf life. However it can be expensive.

Recommendations for PSA production:

- The concept for the PSA must be well developed and the message must be clear.
- It can be helpful to test it out on a group of "ordinary viewers".
- Organizations producing or commissioning PSAs must ensure that they can meet the demand for information which the PSA stimulates.
- The PSA works well as just one part of a bigger health or environment campaign.
- If the PSA directly addresses a health problem, it should offer either back-up support or practical help.

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PSAs
Their use in civil society

ANNA KEANE

Media Trust, United Kingdom

On behalf of the European Region of the World Health Organization, the Media Trust has conducted a research project on public service announcements made for television in Europe. These were our key conclusions:

- Television is a powerful and valued medium for the transmission of public messages. The PSA is an increasingly sophisticated genre and offers considerable creative potential for the communication of environmental health issues.
- The range of agencies producing PSAs is diverse. Governments, independent producers, campaigning organizations, nongovernmental organizations and advertising agencies produce PSAs on a range of social issues. Advertising agencies are increasingly involved, giving PSAs a commercial edge.
- There is, however, an overall scarcity within the European Region of PSAs which highlight the effects of a degraded environment on health.
- In countries of central and eastern Europe and the newly independent states of the former Soviet Union, the independent PSA is a relatively new genre and its use as a public service tool has been experimental.
- Environmental health issues can be controversial and highlight conflicts between different interest groups. There is however scope for using PSAs in the same way as they are used in other health areas: to provoke thought and to pack a punchy message to the viewer.
- Strategic issues affect the possibilities of transmitting PSAs. Producers have to work within national broadcasting regulations and television policies and should steer a path through the sensitivities of various interest groups.
- In the rush to establish profitable commercial TV stations, it should not be forgotten that many stations have found that PSAs help to give the station and its brand community and public appeal and that giving free air time can be an investment.
- PSAs can be made relatively inexpensively. A clear message, adequate support and emotional appeal is of equal importance.
- To be effective, the PSA must offer either manageable back-up support or a practical solution to health problems. Without this, it is of little value.

Reports from leaders of discussion groups on PSAs

Michele Berdy:
I was one of the facilitators in the discussion of PSAs for most of the Russian-speaking participants, who largely represented NGOs. As television people who have had success in producing and airing PSAs cheaply or free of charge, Oles Sanin and I tried to lead a discussion of successful experience for NGOs. We found we came up against a series of nearly intractable beliefs:

- It is much harder for environmental groups than for health groups, since the government supports health groups but is a sworn enemy of environmental groups.
- You can't get local funds in the Russian Federation or donations of time/talent, etc.
- PSAs are too expensive to do and no donor organizations will ever fund them.
- No one will air them free of charge.

Sadly, even though we could refute the above with our experience and the experience of other groups in the Russian Federation and Ukraine and even though we offered many suggestions for ways to get around these problems, most people remained unconvinced. (I run up against this fatalism and defeatism among NGOs in the Russian Federation all the time; I think it is a form of defence against failure, but it tends, of course, to ensure the very failure they are afraid of.)

My group did agree on some areas that should be represented by PSAs:

- the danger of polluted and unsafe water and land.
- conservation of resources.
- "self-advertising" of Russian Federation (local) environmental groups (for fund raising).

Tim Williams:
We had some very good ideas about the issues for which PSAs can be used. For example, in Armenia there is the problem of people chopping down woods and problems with water. We asked what a PSA should actually do. Initially we said it should raise warnings and show the benefits to health and provide information and knowledge.

Ideally the PSA should promote action as well as pass on information and knowledge. Quite how that action should happen was an area on which we started discussion - how can government ministers work with PSA makers to follow through what you say on TV? Humour is very, very important. This is the best way of getting the message across.

Anna Egan:
One of the issues we discussed was that PSAs are only one medium in the campaign. We cannot put much faith in them to raise warnings or introduce new issues on their own. They need to be incorporated with other media, such as print.

There are the problems of commercial sponsorship. The experience from the United Kingdom and the United States is that this is becoming more possible for social campaigns. There are partnerships between commercial concerns and NGOs which are often problematic. We have to learn from examples in different countries.

Annex I

Open Space Meetings on media relations

The Open Space Meeting
A description

SHEILA DAMON AND JOHN MITCHELL

Mitchell Damon Consulting, London

The concept of the Open Space Meeting was developed in Canada and the United States of America by Harrison Owen who is a consultant to large organizations and community systems. Having organized many conventional academic meetings and large conferences, he noticed that much of the "real work" took place outside formal meeting sessions and wondered how the dynamics of that work could be incorporated and made publicly available and how less effort could be put into what he believed to be less productive formal meeting sessions.

This approach of harnessing the dynamics of the "real work" developed into a methodology of holding meetings, which was triggered by observing how the people of African villages manage their affairs and deal with complex decision making, with a participatory and democratic approach. The Open Space Meeting has since been used in many and varied settings for over ten years in developed and developing countries. It has helped organizations, systems and communities to address and work together on complex, often contentious and intractable issues, where there seems to be no obvious straightforward solutions, but many and diverse, interested parties. The Open Space Meeting format can work well with as few as ten people to many hundreds at a time. From its earliest days, it has been used with mixed groups of varying social and cultural backgrounds and has been shown to work where more than one language is spoken among the participants.

Our own experience in WHO and that of Canadian and American colleagues, suggests that the format of the Open Space Meeting is best seen as part of an organizational or systemic development process. The work that goes into the preparation and the follow up are just as important as the Open Space Meeting itself. Indeed the entire process is about gaining commitment from the widest range of stake holders (the involved parties) not only to what needs changing but also to how that may be achieved in real situations. Generally, it alters and illuminates everyone's perceptions about the way the world works and can rapidly shift prior prejudices, often in surprising and very creative ways.

Structure and conduct of Open Space Meetings

The Open Space Meeting is distinct from conventional meetings and conferences in that each participant has a key role and responsibility for ensuring that the important and relevant issues are brought to light and addressed. In its formal structure, the meeting itself is opened in a plenary session by a facilitator, who explains the process and methodology of the Open Space Meeting and why the group has been brought together

on that occasion. Having determined the purpose and main issue(s) of the meeting, the participants are then invited to convene their own group meetings on topics concerned with the main issue(s). It is important to note that the structure of the Open Space Meeting does not allow for presentations or delivery of technical papers. It is understood that the participants, both individually and collectively, have their own expertise, experiences, visions and values that are essential to bring the agenda forward throughout the meeting.

The final plenary session offers an opportunity for everyone to share conclusions, clarify collective and individual responsibility and plot the next steps to continue their work in real life and work situations.

The group (topic) meetings are where most of the real work of the participants takes place. The group meetings are convened by individual participants who feel strongly about a topic that relates to and contributes to, the main issue(s) and the overall aim of the Open Space Meeting. Each group meeting lasts three quarters of an hour and, at any one time, several groups could be meeting concurrently. A set of meetings would be arranged at the start of the afternoon, but these could multiply in number as the afternoon progresses in the light of what transpires during the groups' discussions

The participants who convene a group meeting are responsible for introducing their topic and then briefly recording (on a prepared sheet of paper) who attended their group meeting, the key topic, concerns and the recommendations that emerged from their group. When the group work is finished, these brief reports are immediately posted on a "public" notice board for all to see. It is at this stage that any other Open Space Meeting participant may write additional comments to the report(s) that are posted.

A striking feature of the Open Space Meeting format is the opportunity it presents for **informal** networking among the participants. The discussions so generated and the initiatives taken by the participants among themselves (often paired up or together in groups) may not have occurred inside everyday organizational life. This dynamic is strongly encouraged in order to complement the formal side of the Open Space Meeting Participants get involved and contribute in a number of ways. As has been described they convene their own group meetings and/or they attend the group meetings convened by others. They may move from one meeting to another whenever they please or they may reflect and network outside the formal meetings. It is this open, flexible approach which allows and generates diverse involvement from everyone.

There is only one rule: If you are neither contributing nor learning, then **move on (to another group).**

Immediate outcomes

The production of a report is one immediate outcome. All the topic group meeting reports, the comments on these reports and the summaries of the points made in the plenary sessions, form the Open Space Meeting's **final report.** This is made available to all the participants shortly after the plenary closure of the meeting. The final report reflects the dynamics of the experience, containing a wealth of comments, ideas, recommendations and action steps to be taken, some of which may have been lost (or never said or recorded) in a conventional meeting.

The opportunities and experiences of the meeting(s) give rise to an unlimited range of unpredictable outcomes, new initiatives, attitudes and approaches that have a direct influence on how things get done. New connections are made and things begin to happen immediately.

Follow-up

After the Open Space Meeting, a task force would be responsible for analysis and distillation of the final report and its recommendations. Such task force groups have been organized and functioned in a number of ways. Some have produced summary documents which were then reviewed and followed up in other workshops including key people to check conclusions and generate actions. Others have moved recommendations back into the "mainstream" with new forms of strategic planning documents and processes. Either way, what emerges from this is a set of change initiatives which have been generated by the participants themselves, who will enjoy both ownership and legitimacy of the initiatives. Evaluations have shown that the ultimate success of the Open Space Meeting approach to conferencing is very dependent on serious, sound follow through - in the formal sense - and fostering of desirable informal outcomes.

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Open Space Meetings on media relations

Group 1. Advocating health communication in your own organization: is the role of the health communicator changing?

Convenor: Choy Arnaldo (France).

Participants: Vida Rimeikiene (Lithuania), Alexander Bykov (the Russian Federation), Tatyana Kaigorodova (the Russian Federation), Bill Norris (United Kingdom), Liz Birrane (United Kingdom).

Key points:

- Ministries do not seem to have a policy of providing information.
- Information must be open, quick, with easy access - when it is asked for by the public or journalists and not only when the ministry wants to give it.
- Need to develop roles of health communicator *vis a vis* the ministry, but also how to deal with journalists.
- Commercialism - some media favour articles on products that are advertised; tend to neglect stories with no commercial angle; ministries need funds to use in advertising campaigns.
- Concern for lack of information on reimbursements - methods and rates.

Recommendations:

- Organise joint training for journalists and health communicators at national and regional levels, under the auspices of the WHO and the IFJ, to encourage mutual appreciation of situations, pressures and shortcomings, as well as strengths and values. There should be especial emphasis on ethics.

Group 2. Developing specialized, improved and educated environmental and health journalists.

Convenor: Paul Csagoly (Hungary).

Participants: Sissel Brinchmann (United States of America), Irina Zatushevsky (Republic of Moldova), Irina Horoshevskaya (Kyrgyzstan), Persephone Miel (the Russian Federation), Inna Burova (Turkmenistan).

Key points:

- Patients should be well informed in order to make better choices.
- Remember that we are marketing health here.
- Turkmenistan club of health journalists works in cooperation with pharmaceutical companies. Specialized so they can understand issues. Produce media newsletter.
- Need journalistic education on health issues in Kyrgyzstan. Also for working journalists.

- Training better than guidelines and law.
- Training funded by pharmaceutical companies like Merck, for journalism students, could be extended/adopted to working reporter. Support for (students and working reporters) on journalism programmes in the United States (e.g. the Merck Science Journalism Student Award Program in collaboration with School of Communication, Information and Library Studies, Rutgers, the State University of New Jersey). In other countries - an educational programme in Spain and award programmes in Brazil, Argentina and Mexico.
- Regular dissemination of press materials and press briefings at international medical congresses.
- Slovak psychiatrists gave training in mental illnesses - company sponsored.
- Should journalists be critical of corporate initiatives? It depends.
- Should teach journalists about health in class, maybe work with Ministry of Health and Education. Maybe minor degree in Health.
- Experts, professors, often boring. Need communication training.
- Hard to make complex health and environmental issues interesting.
- Train more environmental and health people to learn journalism.

Recommendations:

- There is a need for well-informed and educated specialist journalists.
- Teach journalists about health.
- Teach environmental and health experts to become journalists.
- Private sector has funds for training. Pharmaceuticals and health insurance companies.
- Incentives such as awards, competitions, certificates should be used.

Group 3. Controlling the media agenda

Convenor: Kevin d'Arcy (United Kingdom).

Participants: Keith Baverstock (Finland), Riidiger Trapp (Western European Union), Katie Aston (United Kingdom), Tarja Tamminen (Finland), Dean Mahoney (United Kingdom), Michele Berdy (the Russian Federation), Tanja Urdih (Slovenia).

Key Points:

- Consider timing.
- Consider interest value.
- Consider ignorance of subject.
- Consider lack of credibility.
- Consider competing influences.

Recommendations:

- Manage, don't control.
- Plan well.
- Create an event.
- Provide relevant information.
- Stress presentation.

- Use advocates.
- Build relationships/networks.

Group 4. Children and the media

Convenor: Narine Pedersen (Denmark).

Participants: Peter Hjorth (Denmark), Bettina Menne (WHO, Rome), Roufat Yansoupov (WHO, Uzbekistan).

Key points:

- Identifying children's priority issues (violence, malnutrition, physical environment, games and health).
- Problems of cultural, religious and political barriers in getting information.
- Lack of awareness in politicians.
- Creating awareness in women and women's groups, promoting children's health.
- Problems of getting access to information on the part of women and children.
- Major information channel is TV.
- Country-specific programmes are useful (be careful with biased information).
- International strengthening of "children's rights".

Recommendations:

- Deep and serious analysis of this problem at the government level.
- Identify sources of information.
- Educate journalists in this field.
- Promote this issue in health promotion or social activities.
- Women's NGOs are crucial.
- Use cartoons - very small, where the educational objectives are hidden - should be funny, tricky, colourful, good.
- Do not arouse fears.

Group 5. The role of NGOs in communication on health and the environment in society. NGOs as an intermediary between government officials, mass media and public

Convenor: Anna Golubovska-Onisimova (Ukraine).

Participants: Jeremy Wates (Ireland), Steve Turner (United Kingdom), Anne-Marie Sacre-Bastin (Belgium), Olga Razbash (the Russian Federation).

Key points:

- NGOs can be an alternative source of information.
- Often the NGO perspective is more interesting for mass media than information from government officials.
- NGOs play a key role in involving the mass media and the public in the decision-making process on health and the environment at the earliest stage.

- NGOs have their own minority media, doing the same job as journalists on behalf of public interest.
- The mass media often use information from NGOs, but do not indicate the source.
- NGOs could be used by government officials as a tool to disseminate health and environmental information among a wider concerned public through the NGO network.

Recommendations:

1. To the mass media:

- The mass media should develop strong links with NGOs and consider them as an important source of information.
- The mass media should use NGOs as a source of critical comments.
- The mass media should acknowledge the source when it uses NGO information.

2. **To government officials:**

- To use NGOs as a source of information.
- To use NGOs' communication network for giving timely information to the public.
- To use the NGOs to involve the mass media and the public in the decision-making process at the earliest stage.

3. **To NGOs:**

- Maintain a specialized independent critical point of view on official policy.
- As NGOs have an unique function in society, they also play a key role in raising public awareness of the strong link between health and the environment. For these purposes, NGOs should devise strategies to convert health and environmental issues into news stories, e.g. through publicity stunts, demonstrations, public actions, protests etc., to attract the media.

Annex II

Market place/case study reports

Group 1. Merck Manual Home Edition

Convenor: Sissel Brinchmann, Manager, Public Affairs, Merck & Co (United States of America).

Participants: Victor Boguslavsky (the Russian Federation), Magdalena Ziakova (Slovakia), Irina Zatushevsky (Republic of Moldova), Viv Taylor Gee (WHO, Copenhagen), Narine Pedersen (Denmark), Jeremy Wates (Ireland), Anne-Marie Sacre-Bastin (Belgium), Bujar Reme (Albania), Tatiana Ivkina (Russian Federation), Dean Mahoney (United Kingdom), Vladimir Slivyak (the Russian Federation), Peter Hjorth (Denmark), Liz Birrane (United Kingdom), Tatyana Kaigorodova (the Russian Federation), Victor Karamushka (Ukraine).

The session concentrated on one of Merck's efforts to disseminate information to professionals, lay public and media to illustrate the pharmaceutical industry's role in this important area, using the Merck Manual Home Edition as an example:

The Merck Manual of Diagnosis and Therapy

The Merck Manual is the oldest (first published in 1899) continuously published general medical textbook in the English language and the most widely used medical textbook in the world. It covers almost every disease that affects humans in specialties such as paediatrics, obstetrics and gynaecology, psychiatry, ophthalmology, otolaryngology, dermatology and dentistry and special situations such as burns, heat disorders, radiation reactions and injuries and sports injuries. No other medical textbook covers as wide a range of disorders.

The Merck Manual - Home Edition

The Merck Manual of Medical Information - Home Edition is based on the Merck Manual and has been published to meet a growing demand by the general public for highly detailed, sophisticated medical information.

Key Points:

- Importance of knowledge to understand the doctor.
- Helpful for journalists to understand scientific language/medical terms.
- Support patient/doctor relationship.
- Some participants were surprised that no Merck products were marketed/promoted in the manual.
- Number of copies sold (500,000 in four months).

Recommendations:

- Market as a useful reference for journalists and governmental people.
- Translate into more languages (German, Spanish, Portuguese, Polish, Japanese, Chinese, French etc.).

Group 2. Collaboration of the WHO documentation centre in the Russian Federation with the media for dissemination of WHO information

Convenor: Tatyana V. Kaigorodova (the Russian Federation).

Participants: Natela Menabde (WHO, Copenhagen), Vida Rimeikiene (Lithuania),

Inna Burova (Turkmenistan), Anne-Marie Sacre-Bastin (Belgium), Alexander Bykov (the Russian Federation), Galina Krajeva (the Russian Federation)

Key Points:

- Methods of coverage of health problems in the mass media.
- Increasing the professionalism of journalists to cover health information, including training courses for journalists on health questions.
- Exchanging experiences between several media in the coverage of health information.
- Developing contacts between the WHO documentation centre and the media.

Recommendations:

- To increase the professionalism of journalists in the coverage of health information, include training courses for them on health questions.
- To develop contacts between the WHO documentation centre and the media.
- To exchange experience regularly between the various media in the coverage of health information.

Group 3. Evaluation of communication programmes

Convenor: Berengere de Negri (United States of America).

Participants: not stated.

Key points:

- Evaluation can be done through qualitative methods - exit interviews; individual interviews; observation, focus groups etc. - or through quantitative ways (KAP; survey etc.)
- Different kinds of evaluation exist: it all depends on what you want to evaluate.
- Evaluation starts at your needs-assessment analysis stage.
- Have clear, concrete indicators for your evaluation. They can be: process evaluation indicators; outcome evaluation indicators or impact evaluation indicators.

Recommendations:

- Have *SMART* objectives (specific, measurable, attainable, realistic, time-bound) which will help you to evaluate.
- Make a priority in what to evaluate.
- Disseminate your results and take them into account in order to correct the work.

Group 4. Regional Environmental Centre (REC)

Convenor: Paul Csagoly (Hungary).

Participants: (about 15).

Key points:

- REC tries to "sell" or "market" environmental production in CEE.
- We have different ways - successes and failures.
- REC media information service specifically for environmental journalists.

- Bulletin - REC environmental journal, also covers media topics.
- REC training in media relations/communications for CEE NGOs.
- REC 1997 conference for Hungarian environmental journalists.
- Supervision of CEU environmental students on media topics.

Recommendations:

- Have many networks and partnerships among key players in health and journalists.
- Be interesting and readable with your information.
- Try to translate into local languages.
- Help to train a pool of specialized journalists in environment and health.

Group 5. Case study. Drinking water in Ukraine - communication and empowerment for local and international action

Convenor: Anna Golubovska-Onisimova (Ukraine).

Participants: (about **12).**

Key points:

- Similarities in situation with drinking water in former Soviet countries.
- Common necessity to do a public education campaign in NIS countries on drinking water and health.
- Problem of resources: in some countries the state budget is empty. Where will investment come from?
- Communication with media (the project's experience).

Recommendations:

- Campaign to raise public awareness.
- Work regularly with the media.
- Continue development of multisectoral debates.
- Develop a subtler lobbying strategy on the creation of a new legislative framework on drinking water in Ukraine.

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Executive summary

Consultation on health and environmental communication policy, 28-30 May 1998, Moscow

FRANKLIN APFEL

Regional Adviser, Communication and Public Affairs
WHO Regional Office for Europe

In May 1998 the WHO European Health Communication Network convened a consultation in Moscow on health and environment communication policy.

The aims of the consultation were to:

- examine professionalism in communication, leading to WHO Regional Office guidance on best policy and practice in areas identified as priority concerns;
- improve communication between the media and public institutions, as they both tackle the increasingly urgent questions of environment and health;
- identify and strengthen the capacities of local, national and international communicators at the time of a disaster and in disaster preparedness.

Participants

The 130 participants from 31 countries in the WHO European Region and beyond were public information officers from health and environment ministries, NGOs, IGOs, private sector representatives and journalists.

Programme

The programme was structured to elicit information, debate and recommendations from the participants. The meeting was organized to be interactive and introduced to many of the participants new Open Space Meeting techniques. These are described in detail in Annex 1.

Topics covered included media relations; effectiveness of health communication; disaster communication; professional codes of conduct and public service announcements.

The keynote address, on behalf of the International Federation of Journalists (IFJ), stressed that media and other health communicators needed each other and could best function in a climate of openness and trust. An international code of ethics for health communicators was proposed, to be drafted by the IFJ and WHO. Training journalists in ethics would seem to be the answer. A free press carries the obligation of accountability and the duty of professional self-regulation. Without that their credibility will remain low.

Five topic areas were covered.

1. Media relations - is it them or us?

The subject of media relations has long been avoided by officials responsible for health and environment policy, in the belief that media involvement can lead only to problems and not solutions. The aim of this session was to look at some of the barriers, both internal and external, that need to be challenged and to explore techniques and strategies whereby effective and professional presentation of policy can bring about better communication with the publicMedia relations were addressed from the viewpoint of the Head of Communications of the United Kingdom National Health Service. She stressed the need for public information officers to work closely with the press, but their roles were entirely different. Credibility and consistency were needed, but that entailed hard work. A positive, active relationship is more likely to produce a better and more balanced understanding of the complex issues. Six golden rules were proposed: plan; clarify the issues; be honest and open; target releases; defend but not be defensive and relate the message to current issues using a wide range of media. Presentations must be managed, but trying to "manage the media" is bound to fail.

The journalists' view of public information officers tended towards cynicism, stigmatizing them as "failed journalists". Those who have been "bought" by vested interests were condemned. For persuasion to be effective organizations must have a cogent and well-presented message that is attractive to the media. Spokespersons need to cooperate closely with the media, but also within their own organizations, so that they know what is behind the story and what policies are being followed. The general principles underlying good media relations were analysed and detailed guidance set out, under the headings of: basic questions; organizational structure; media management; suggested systems; useful ideas; ten golden rules for spokesmen and competition.

A panel discussion followed that highlighted many of the practical difficulties experienced in the field of media relations. As well as considering each other's ethics, public relations staff and journalists must critically scrutinize their own. This could be more difficult, both in those countries where the media have only recently emerged from state control, but also in western countries where media proprietors can exercise unaccountable power. All those working in the communications field have it in their interests to follow ethical guidelines. If they are not self-imposed they will be dictated from outside.

2. Health communication - yes, but does it work?

Practical steps to effective health communication were identified. The scientific evidence for the selected approaches was presented, enlivened and illustrated with case studies from across the European Region.

Effectiveness of health communication was exemplified by the experience of the United Kingdom Health Education Authority in targeting smokers. The principles and methods were analysed in detail. The media have a central role, both in carrying paid campaigns but also unpaid news stories that have greater public credibility. The media can have an important effect on public attitudes and behaviour.

Health communication goals were next explored. The WHO targets in HEALTH21 depend to a major extent on people changing their health behaviour. Information to promote change can take many forms. Ten were described, of which four use modern technology. The attributes of effective health communication have been researched for over a quarter

century. Twelve criteria for success were described. An effective infrastructure, quality standards, comprehensibility and accessibility are key components. Methods for achieving these objectives were described along with a bibliography.

3. Disaster communication - leave your message after the tone...

What are the roles and, the operating and coordinating principles for professional communicators before, at the site of and after natural or man-made disasters on both national and international levels? Chemical leaks or floods do not recognize country boundaries and international coordination is vital. What provision do emergency plans make for communication priorities? How can the demands of journalism be met at a time of emergency?

Much progress has been made by intergovernmental organizations (IGOs) since 1993 in planning for disasters other than war. Armed forces have increasingly been used for disaster relief and cooperation with nongovernmental organizations (NGOs) can be hampered by mutual distrust. The WHO Regional Office for Europe faces a challenge in putting disaster communications on the agenda of its European Health Communication Network. The media, with their early presence at disaster sites, can be a valuable source of information to the rescue services as well as to the public. However, they bear a heavy responsibility not to increase panic. In addition to setting up communication networks and procedures, IGOs need to come to terms with potential conflicts with the media (with their different agendas), by developing trust and transparency.

The special case of nuclear emergencies was presented, with a clear distinction between the *physiopathological* and the *psychosocial* effects. Communications must tread the delicate path between complacency and alarm in order to maintain public credibility. Once credibility is lost, it will be hard, or impossible, to regain.

The discussion groups were presented with a series of messages on action before, during and after a disaster. Lively debate followed in which the tensions arising from relief agencies doing their job and meeting the demands of journalists were highlighted.

4. Professional codes of conduct - control or freedom?

This session reviewed the appropriateness and applicability of existing ethical guidelines and codes of conduct created by and for public policy communicators, journalists and health industry advertisers in the new Europe.

Emphasis was on better framing of codes, rather than their enforcement. European and global training organizations are in operation. The current interest of the media in stories about health has the benefit of increasing public awareness of health issues, but also carries the dangers of inaccurate reporting, sensationalism and misinformation, particularly about new medical discoveries. All can be harmful to public health and the individuals involved. Journalists' ethical codes have paid little attention to health reporting - even that of the International Federation of Journalists. There is also scepticism among journalists and the public that voluntary codes have any value. If journalists are to be accepted as responsible professionals, they need to adhere to a "code of honour", whether written or unwritten. A working group at the Moscow Consultation produced a document on "Guidelines for professional health correspondents" which appears after this summary.

5. Public service announcements (PSAs)

The PSA or short TV message, offers creative potential for the communication of environmental health issues and other health messages, as part of a coordinated campaign. This session, held in conjunction with the NGO Eco-Accord (Moscow) looked at some examples of recent PSAs shown in Europe, by both government departments and nongovernmental organizations and considered some of the problems and opportunities that they present.

A background paper from the WHO Regional Office for Europe described PSAs in detail, covering their costs, advantages, style and content. Five recommendations for PSAs were made. The United Kingdom Media Trust has also studied PSAs on behalf of WHO and key conclusions were presented. The health effects of environmental degradation were poorly covered by PSAs. Many new television stations welcome PSAs as appealing to the public. Discussion highlighted the relative difficulty of airing PSAs on environmental, as against health, topics. The best ways of delivering PSAs in widely different contexts were discussed. Partnership with commercial concerns and NGOs is beginning to show results. Practical recommendations were made and these are listed after this summary.

Open Space Meetings

The Consultation was run on open space meeting lines and the method was described in detail in Annex I. Five topics concerned with media relations were discussed - namely: health communicating within one's own organization; better educated health and environment journalists; controlling the media agenda; children and the media and the role of NGOs. Practical recommendations for action were listed.

A second set of discussions focused on the market place and case studies. These topics and their recommendations appear in Annex II.

Tension between providers of health and environmental information and the media is inevitable in view of their different agendas and the complexity of the information. These tensions were openly discussed. Ideas were reviewed to deal with them creatively, by encouraging cooperation, openness and trust with emphasis on training and self-imposed ethical standards.

Recommendations for action

Guidelines for professional health correspondents

Final text agreed by Working Group, Moscow Consultation

- First, do no harm.
- Get it right. Check your facts, even if deadlines are put at risk.
- Do not raise false hopes. Be especially careful when reporting on claims for "miracle cures."
- Beware of vested interests. Ask yourself who benefits from this story.
- Never disclose the source of information imparted in confidence, unless compelled to do so under national law.
- When dealing with individuals who may be sick or handicapped and especially with children, be mindful of the consequences of your story. They will have to live with it long after you are gone.
- Never intrude on private grief.
- Respect the privacy of the sick, the handicapped and their families, at all times.
- Respect the feelings of the bereaved, especially when dealing with disasters. Close-up photography or television images of victims or their families should be avoided wherever possible.
- If in doubt, leave it out.

Recommendations for Public Service Announcement (PSA) production

- The concept for the PSA must be well developed and the message must be clear.
- It can be helpful to test it out on a group of "ordinary viewers".
- Organizations producing or commissioning PSAs must ensure that they can meet the demand for information that the PSA stimulates.
- The PSA works well as just one part of a bigger health or environment campaign.
- If the PSA directly addresses a health problem, it should offer either back-up support or practical help.

Consultation on Health and Environmental Communication Policy, Moscow, May 1998.
World Health Organization, European Health Communication Network

Moscow Consultation
28-30 May 1998

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