

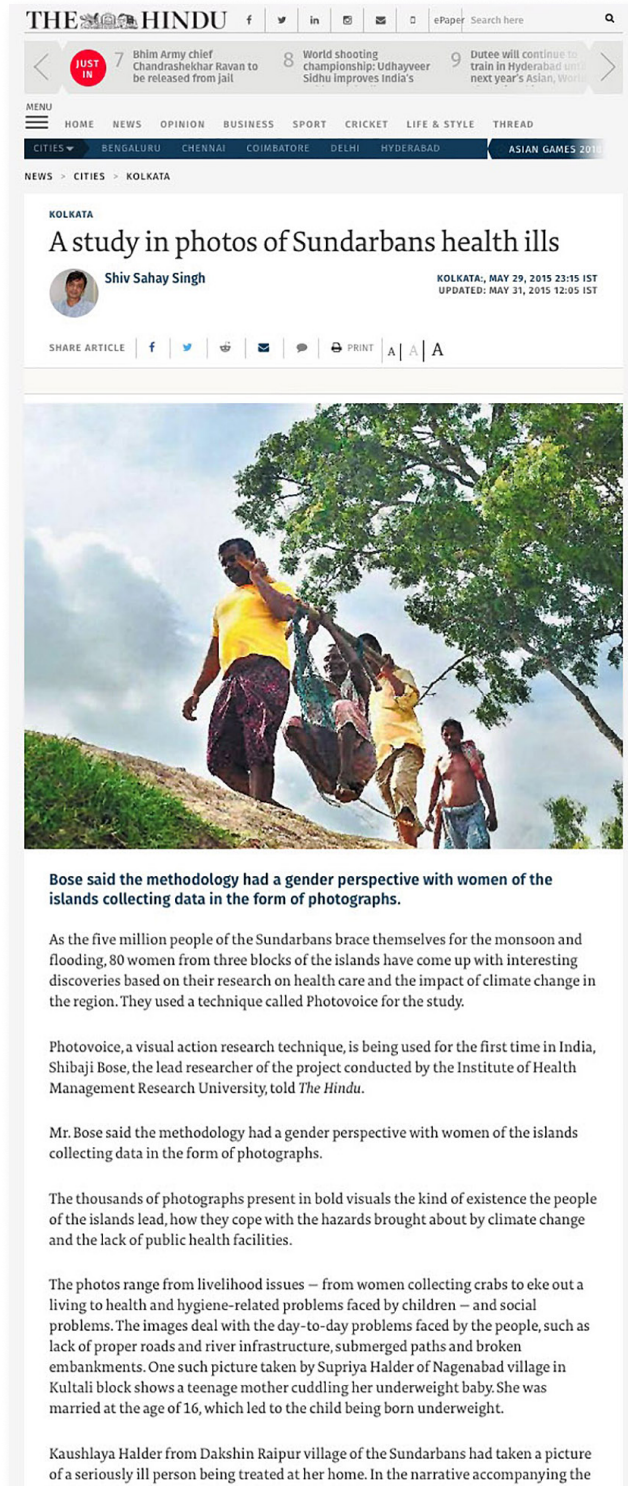


Working with the media in pursuit of Health for All

Working with the media can be part of an effective strategy for influencing actors and debates in ways that can help to foster positive change – from awareness raising, visibility or recognition, to changes in attitudes and behaviours that lead to policy commitment and action. At the same time, it can be an unappealing and challenging proposition, with people often not knowing when, who and how to engage the media. This key message brief shares learning from Future Health Systems partners’ experiences of working with traditional, primarily mainstream, media outlets publishing in print and online, as well as some television and radio organisations over 12 years. We hope it offers some helpful reflections for those who are currently or considering working with the media.

Key messages

- 1 Work with the media to raise the profile of an issue; foster a culture of independent, truthful and high quality investigative reporting; or to reach out to communities with health education messages.
- 2 Engage with the media early and on an ongoing basis throughout, or even beyond, the life of a project to get the media invested in your research. In times of crisis, the media can have a critical role to play, and it is easier to work with them when relationships have already been established.
- 3 Build an effective and sustainable relationship with the media, which is mutually beneficial in nature and built on trust and credibility.
- 4 Develop a clear understanding of what the media are interested in. Human-interest stories, current issues and campaigns, where stories are set, and politics have the potential to grab journalists’ attention.
- 5 Navigating challenges around the ethics of reporting, poor journalism standards, and others, can be tricky, but there are ways to overcome these.



▲ FHS work on the critical health problems faced by the children of the Sundarbans, India, featured in *The Hindu* (May 2015).

Introduction

Over the course of the last 12 years, Future Health Systems (FHS) partners have been working with the media to highlight research-based evidence and learning, draw the attention of key audiences, and shift debates and discourses concerning poor people's access to safe and affordable health services. This Key Message Brief aims to share this learning by drawing on the experiences from three FHS partners: Indian Institute of Health Management and Research (IIHMR); Makerere University School of Public Health (MakSPH) in Uganda; and the Liberia Center for Outcomes Research in Mental Health (LiCORMH). This brief focuses on FHS' experiences of working with the media.

Why work with the media?

Before engaging the media, having a coherent media strategy, informed by analysis of stakeholders, plus sufficient context specific resources to implement the strategy, is essential.

Work with the media to:

Raise the profile of an issue: The media offer a platform for disseminating research findings to a large audience, thereby raising the profile of the issue at hand, and focusing public attention on it.

- In India, FHS's work over a number of years highlighting the critical health problems faced by the children of the Sundarbans received significant coverage in three wire services and over 30 print outlets (mainstream English and vernacular) across India. This led to greater awareness amongst policymakers, civil society and citizens, and in turn, facilitated FHS researchers' efforts to engage with state and local officials.

Foster responsible and accurate reporting:

Work with journalists to encourage more critical, in-depth, and high quality investigative writing on health issues. This is particularly important in places where people draw heavily on the mainstream media for health-related information.

- In Liberia, reporting on mental illness was widely influenced by hearsay and rumours, and stigma was closely associated with misconceived beliefs. Families of people with a mental illness did not believe it was curable, and turned to traditional healers or religious advisors. With no accurate knowledge on the topic, these individuals often treated their patients with extreme cruelty. LiCORMH and the Carter Center Mental Health Program have been leading efforts to foster a culture of independent and truthful reporting, by providing training to 75 journalists on mental health issues. As

a direct result, the Mental Health Reporters Network (MHRN) was established, and later mobilised to engage and influence debates and stakeholders around the passage and subsequent enactment of Liberia's first Mental Health Act of Parliament in 2017. Media engagement also led to changes in perceptions about common mental health and neurological disorders like epilepsy, with families now taking members with a mental illness to clinics, health centres and hospitals.

Reach target audiences as part of a health education intervention:

The media can be an effective channel for sharing health education messages with specific audiences. In places where radios are still popular, they can be used, with great success, as health communication tools.

- MakSPH's maternal, newborn and child health community awareness work in Eastern Uganda, included a number of activities led in collaboration with the media. These included monthly radio talk shows, daily radio spots on three different radio stations, media excursions, and roundtables with journalists, and covered topics ranging from birth preparedness to policy issues.

When to work with the media?

Continuous engagement with the media – from inception and throughout the life of a project – is more likely to facilitate uptake of research evidence and learning. Create and sustain interest among journalists in the research; and make them invested in the project. It is also easier to work with the media in times of crisis if there is already a history of working together when there are no emergencies. When health systems face shocks, working with the media immediately during and after a shock becomes crucial because of their role as critical information sources for the community.

// Create and sustain interest among journalists in the research; and make them invested in the project. //

- In Liberia, during the Ebola virus disease epidemic of 2013–2015, people relied on vital information given by the media for direction, update, and protection. The media helped turn the tide on rumours, misinformation, fear and distrust during Ebola. LiCORMH's role in this process was critical: LiCORMH had been building the capacity of journalists on how to report responsibly for four years prior to the outbreak. Some of the journalists that LiCORMH trained as part of this partnership with the media went on to train health communications teams during the crisis.

feature Oh 500 A WEEK SAVES mothers

WITH THE PROPOSED NATIONAL HEALTH INSURANCE BILL AWAITING PASSING BY PARLIAMENT, A NUMBER OF VILLAGE GROUPS HAVE STARTED SAVING SHS 500 WEEKLY TO COVER THEIR HEALTH NEEDS. GLORIA NAKAJUBI WRITES

The only statistic of 16 women dying daily due to mostly avoidable childbirth complications is pushing women in rural areas of eastern Uganda to rethink their economic choices. Delayed access to health services and lack of medicines has more often put mothers' lives at risk and in worst circumstances, lost the lives of those they potentially carried for nine months – the unborn child. Women in poor settings usually fail to seek care from health facilities because of lack of money, even as little as sh100 (less than a dollar), to get to the nearest health facility. But with the savings for health schemes running in some rural communities, life is slowly changing.

Saving groups making a difference
A first-time mother of a healthy one-year-old girl, Pinesa Nabayo, owes her joy to Kyoga B Savings Group in Bagulungu parish, Kamuli district to which she had reluctantly dipped her sh500 a week. This might seem like a pittance saving, but it made a difference when she was due and her husband was away.

"I just called the chairperson and they sent a motorcycle, who rushed me to hospital. With some money, I bought a few necessities for the newborn," she narrates. By the time Nabayo's husband returned after a few days, she had been discharged and a new member was home safe. Kyoga B has up to 30 members, three of whom are men. According to the chairperson, Rose Wanala, the saving group started four years ago as a general saving scheme. Members bring in as much as they can afford every Monday. In 2014, the group adopted the special saving for health. This does not necessarily cater for mothers only, but any member who has a health problem.

When a member borrows money for any health

challenge, they are expected to repay, but with no interest. A similar scheme, known as Mweziwa's Women's Group, with 20 members also exists in Lurunga village, Kamuli district, in the predominantly peasant community. Here every member saves sh2,500 every week with the sh500 strictly for health. To get to Lurunga Health Centre III, the nearest health facility, it costs between sh1,000 and sh3,000. But some mothers could not afford it especially during the critical moments of labour. "We no longer worry about accessing the health facility. This money is able to pay the motorcycle or any other means of transport to get the mother to the hospital," says Mweziwa, the group's assistant chairperson.

From such activities as selling passion fruit, vegetables and chapatis, members in this group are able to raise the weekly contributions. "There is no way around paying. You either pay or lose the group. That is our rule," says Jessica Okumu, the group's treasurer.

A study by Makerere University
It is such groups that Makerere University's School of Public Health benchmarked to integrate the saving for health component for their four-year study titled "Maternal and Neonatal Health Outcomes and Economic Implications of the Universal Health Insurance Scheme (UNAHIS)", in the districts of Kibuku, Pallisa and Kamuli. The study findings showed that most times when the mothers are due with the newborns are due with the health facilities. But even when the transport is available, they cannot pay for it. The study's team leader, Dr. Elizabeth Ekirapa-Kiracho, says the use of groups to save the health can actually be scaled up.

Issues of availability of money, according to



A SAVING GROUP MEETING IN KADAMA SUB-COUNTY, KISumu DISTRICT. (RIGHT) ONE OF THE MOTORCYCLE AMBULANCES USED IN RURAL AREAS

Ekirapa-Kiracho, remains a big challenge in these communities. Sometimes women need to have money to buy basic necessities in preparation for child birth. "So we started these interventions to help improve access to health facilities before and after the pregnancy. But also in case their babies developed any complications," she says. Initially, as discovered during the study, most women belonged to these small financial social networks to save for occasions like funerals, weddings and buying meat during festivities. Saving for health, according to Paul Kyambalongo, the district health educator for Kamuli, comes in handy since most of the women in these communities hardly have a steady source of income. They can always be assured of some financial backup from their savings when the critical time of labour sets in. In Uganda, according to the recent National Housing and Population Census, 69% of the households depend on subsistence farming as their

THE STATE OF MATERNAL HEALTH IN UGANDA

The maternal mortality rate in Uganda stands at staggering 343 deaths per 100,000 live births according to the 2010 Demographic Health Survey. The 2010/2011 Annual Health Sector Performance report showed that a 4% delivery rate in health facilities and that less than the target of 65% for that year. But also in the same year, the percentage of women attending the four recommended antenatal care visits had declined from 34.7% in the previous year to 31% in the year under review.

main source of livelihood. This can only suggest the heavy financial burden that health care has on such households.



WHAT THE EXPERTS SAY

Uthman Kirago, the chief of party for the USAID/Uganda Private Health Support Programme, says much of the community-based health financing programmes are a great innovation, they are but just one of the ways to accessing health services. "Community saving schemes for health can only go as a benchmark, but what the country needs is a comprehensive national insurance scheme," he says. The proposed National Health Insurance Bill (2007) is currently past the committee level waiting to be tabled on the floor of Parliament for debate. But this might as well have to wait a little longer after the secretary to the treasury, Keith Muhakazi, recently revealed that there is no money for its implementation hence the failure to issue the certificate of financial implication required for any bill to be debated. According to the bill, civil servants will pay 4% of their monthly earnings to the

insurance plan and additional 4% from their employers. The informal sector, on the other hand, will be mobilised under saving schemes where the same percentage will be deducted for the insurance. Financing for health services is expensive and, as explained by Kirago, transport to the health facility only answers one of the three delays that greatly contribute to maternal mortality. "What happens when the mother gets to the health facility and there is no one to attend to her?" He asks, adding that all the delays need to be addressed if we are to stamp out maternal mortality. The three delays model discusses the factors that bar mothers from accessing proper medical care. These are deciding to seek care, identifying and reaching the health facility and receiving proper care at the health facilities. In a 2012 study titled, "Access to health care: the role of community-based health insurance in Kenya" by Judy Wanga Mwakura and others, it was discussed that inability to pay the out-of-pocket expenditure required to access health services is one of the main impediments to access healthcare, particularly for the poor. "Out of pocket payments create financial barriers that prevent millions of people each year from seeking and receiving the needed health services. Household expenditure may account for up to 80% of total health expenditures due to high user charges (official or unofficial) in both public and private facilities," states the report.

Sustainability
The use of these groups like Kyoga B, towards the end of the year, the treasury is drained and members start saving afresh at the beginning of the new year. "Members can use their money for whatever they want. But since the festive season happens to be the same time, most of the money goes to buying clothes and meat," says Harriet Kyambalongo, one of the members. But for other groups, the members decide on an investment option and the money is used for that. It is only after assessing that the remainder amount is shared out by members. Members of Mweziwa's Women's Group have since invested in piggy and currently have six pigs, pending to be carried to market. The other challenge to the sustainability of the groups is that members peg them to pregnancy and when they deliver, they stop the group. "There is need for more training to help the members understand the need of saving beyond pregnancy. There is also need to involve more men to make it more of a family initiative," he says. Ideally, as Christopher Koster, the health programme manager at Conson on Foundation, explains that you do not expect poor people to cover even the most basic of their health needs out of pocket. Most of the time they live from hand to mouth and, therefore, any intervention that can help them save is a step in the right direction. "Public services are free for as long as they are available. So, mothers need to reserve some money for the times she has the most basic requirements as gloves and polythene sheeting to deliver on."

parenting Lessons from 'Sound of Music'

A heart-warming story, *Sound of Music*, is based on the real life story of the Von Trapp family singers, one of the world's best-known groups after World War II. The main character, Maria, a postulant at a convent who becomes a governess in the home of a widowed naval captain Von Trapp with seven children and gives the family a new lease on life, while revealing their love for music. Here are 10 parenting lessons to pick from this movie.



MAMA LINDO

Being militaristic is not good for the family.
The first time we meet this family, we are shocked at how the children behave. They are emotionless and distant. The captain successfully turned the children into little robots who obey his commands better than expressive human beings that will relate with other people.

A mother has a huge impact in a home.
The movie has also turned their father into an autocrat who is not connecting with his children. It is not easy for one spouse to play both mother and father. When we meet the Von Trapp family, we are shocked by their father and his actions. The captain seems to be distant and withdrawn. It is clear that the children are missing the emotional connection that comes from having a mother around.

Five children time to bond.
The emotionally detached children of Captain Von Trapp were reconnected when Maria, who was recruited as their governess started spending time with them. She stepped into their shoes and became one of them in order to win them over.

Children need creativity.
One of the ways Maria won the hearts of the children was her creativity. She baked the uniforms. So, she made beautiful outfits for the children from colorful curtains and engaged them in creative activities.

Children love fun.
How much fun are you giving children in your home? Do you have fun with your children?

Even teenagers need someone to talk to.
Sometimes teenagers get a tough and know-it-all exterior and we can forget that they are still children. They need guidance and someone to talk to about their changes and challenges. We see Maria giving Lisa, the oldest girl, this much needed attention and guidance.

A thriving home environment brings out the best of everyone.
Captain Von Trapp is a man with a big ego and does not show his feelings. We are shocked when he picks the guitar and starts singing a lovely song.

Every home needs music.
The sound of music makes a cold home warm, blossom and thrive. Musical Maria was able to unravel the talents of the children.

It is in giving that we find ourselves.
We need to give to our family members. Maria gave herself to serving the children and the home. She discovered that her calling was not to be a nun, but a mother to seven children.

You can build your best team at home and they will help you in time of need.
Maria built the best team of the Von Trapp children to be a singing group. The children started working together, which was very important for their eminent escape.

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Knowing what the media are interested in

Human-interest stories that put people at the heart of events and issues are of particular interest to the media's audiences. Having a news hook will give your research some visibility. Current issues and campaigns, where stories are set, and politics have the potential to grab journalists' attention.

- In India, FHS evidence on open defecation directly linked to malnutrition, stunting and wasting was brought to the fore by the press as it was aligned with the benefits of the Swachh Bharat Abhiyan – the Clean India Mission – a major sanitation campaign led by the Government of India, which had significant public interest.
- IHMR have also found that the media they work with are interested in covering health stories about the Indian Sundarbans because of the region's contrasting features. On the one hand, it is a UNESCO world heritage site, but on the other, the region is home to a population of close to five million, who are vulnerable to frequent climatic shocks and have to contend with poor health facilities, as well as child health indicators lower than the state average of West Bengal.
- According to LiCORMH, politics is by far the most widely covered topic by radio stations, print and online media in Liberia. Around 80% of the 20 radio outlets in Monrovia are government

or private institutions established for business purposes or tied to political interests. Many of the administrative sub-divisions of the country have popular radio stations that either run their own political talk shows or relay from affiliate stations in Monrovia. Health is most often covered when it relates to politics, disasters or emergencies, or when it is paid programming.

How to develop a constructive relationship with the media

A constructive relationship with the media should be a mutual beneficial one, based on confidence, trust and credibility. Being responsive to media requests will influence the media's perception of your organisation in a positive way. Nurturing media relationships over the long term, building the brand recognition and credibility of an institution or project, and having partnerships both at national or international level helps in building trust and credibility. Mutual trust comes from researchers and journalists respecting each other's roles and expertise. For example, giving pointers to journalists on emerging issues but not telling them how to write the story.

- IHMR regularly shares quotes from FHS researchers and data from a variety of sources including the National Family Health Survey, District Level Health Survey, or published journal articles when the media request evidence. The team also informs media partners of newsworthy

▲ FHS work on maternal, newborn and child health in Eastern Uganda featured in *The New Vision* (2014).

information as soon as it is out (e.g. changes in government regulations, new initiatives). This has led IIHMR to be considered as a credible source for expert knowledge.

What are the key challenges?

There are opportunities but also challenges to engaging with the media. These can be tricky, but it is worth the effort trying to learn how to navigate them.

In countries such as Liberia, where resources are limited within media institutions, and journalists are poorly remunerated, journalism standards can sometimes be low. Story choices are often dependent on financial compensation rather than being topic-driven. Forming non-transactional relationships with the media can be challenging. Journalists often have limited skills or knowledge about the ethics of reporting. It is in this context that LiCORMH supports journalists and editors by providing them with training on how to report ethically and

///A constructive relationship with the media should be a mutual beneficial one, based on confidence, trust and credibility. ///

responsibly on mental health issues.

Sometimes there can be a communication breakdown between journalists and researchers, both busy and unavailable. Meetings and orientation workshops are a way to deal with this disconnection. In the inception phase of FHS, IIHMR met health journalists, briefed them about their research and asked their views on key health system challenges. As a result, the journalists asked the team for an orientation training on health systems, which IIHMR then delivered.

Researchers are often asked to comment on politically sensitive issues. These may range from a government or political party directly blamed for poor performing health services, or humanitarian assistance perceived to favour politically aligned groups. It is important to

deal with the media tactfully in this situation. Where IIHMR members do offer a comment, they ask the journalists to show them a copy of the quote or reference that they wish to publish to make sure it is not controversial or misquoted.

CREDITS

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Conclusion

These experiences demonstrate how valuable it is for researchers to build an ongoing, constructive, and mutually beneficial relationship with the media as part of their policy influence and research uptake strategies. Media interventions have the potential to play a major role in influencing health policies and changing people's attitudes and behaviours. It is therefore worth investing time and effort to better understand what the media are interested in and develop constructive relationships with them.

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