

Advocacy is one of the most popular and misunderstood terms in health and development today. Buzzwords commonly associated with advocacy include “campaign”, “influence”, “rights”, “defend”, “persuade”, and “speak out”. But advocacy is primarily geared towards *change*—from personal changes in attitudes and behaviors, to political, public and institutional changes.

To be effective in ever-changing contexts, social systems need to be flexible and responsive. Communities should be encouraged to put forward ideas and become involved in decision making processes. Unfortunately, this is rarely the reality—individuals and organizations often find themselves pushing against systems reluctant or actively opposed to change.

Power structures are among the most important things to understand—from the family and the community, to national and international circles. Meaningful advocacy inevitably challenges existing power structures and relations as it brings about change. Advocacy campaigns use information and raise awareness to change policies and opinions that affect people’s lives. More and more organizations include advocacy in their work as they seek to address the roots of the problems that plunge people into poverty and ill health, rather than just alleviating their consequences. Although united in a common goal, there is no “right” way to carry out advocacy work; campaigns differ in contexts and issues.

## Need for advocacy

Many NGOs have found that simply providing services is not enough; they need to participate in public debates to offer structural solutions to social problems. “Band-Aid” initiatives that simply look at the problem without analyzing the cause are unlikely to achieve sustainable effects.

Laws and policies can limit people’s access to services and information, and NGOs are learning that they need to become involved in campaigning for change. Having built a wealth of knowledge and experience based on the needs of the people they work with, advocacy by NGOs is useful in forums where policy is made. Advocacy can show the impact of existing laws and policies on people’s lives, and can suggest ways to reform them.

## Communicating for Advocacy

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PHOTO by HAIN

## The importance of effective networks

Advocacy work can be lonely, especially at the beginning of a campaign prior to the identification of allies. Successful advocates form alliances with other individuals and organizations to strengthen their message and to provide support and solidarity. With more advocates delivering the same message from different sides, policy makers will find it harder to ignore the message. In the article on the promotion of rational drug use and essential medicines in Sri Lanka, Health Action International-Asia Pacific shows the impact of forming successful coalitions with patients’ rights groups, consumers, and health activists. With a united voice, they were able to persuade policy makers to bring prices of essential drugs under state control.

## Working with the media

The media is probably the most influential advocacy tool for an advocate. It is key in mobilizing public support and shaping the political agenda. It is thus

becoming increasingly important for NGOs to develop a media strategy so that they can effectively utilize media. The article on page 6 looks at how a mix of radio drama and a live phone-in chat show was used as part of a reproductive health advocacy campaign aimed at young people in Cambodia. More than an information campaign, it shows how a national media support unit was set up to facilitate valuable networking between the media and health sectors.

### Advocacy and empowerment

The very process of advocacy work can help people develop skills in understanding their own needs and identifying practical solutions. This process builds confidence and encourages active engagement in the decision making process. Advocacy helps health providers observe the quality of health care, and points out the gap between official policy and what is actually experienced on the ground. Even the smallest gain can be a very empowering experience.

### No one said it would be easy

It is irresponsible to talk of advocacy work without discussing the risks involved. Advocacy demands courage and commitment to challenge the status quo. A solid analysis of the political, legal and social situation places advocacy work firmly within the local context. Forms of protest that are acceptable in one area may be shunned elsewhere; similarly, the effects of one's actions will differ across localities.

Advocacy is not an add-on—a last minute addition to a programme to give it currency; rather, it is a campaign—a series of inputs with a common objective. It takes time and needs strategic planning. The work is often frustrating, tiring and thankless and because it is associated with change, it can take all sorts of unexpected detours. However, the benefits are immense as gains are made, new coalitions are formed, and networks develop. United with others pursuing the same goals, advocacy work can bring positive social change.[HA](#)

*David Curtis (M.Ed), Head of Programmes–Asia, Healthlink Worldwide*

## Defining Communication and Advocacy

Advocacy is becoming increasingly important among NGOs. Many NGOs that began as service providers in the health sector have decided that aside from just treating the problem, it is equally important to try to stop the problem from occurring in the first place. When it comes to issues such as education, poverty and health, this may mean trying to change legislation or people's preconceptions and customs.

In many places, the word "Advocacy" is still a very new term and the understanding of the concept is still not fully developed. For example, advocacy is a difficult word to translate in Khmer. You often hear the phrase '*tasumateh*' – which means to struggle for an idea. Some say this has negative connotations relating to the 'struggle' aspect and that the term 'idea' is too light and fluid.

Below is an example of its definition derived from the CFA Workshop in the Philippines.

ADVOCACY is a process involving stakeholders in the promotion of issues of disadvantages groups. It seeks to raise awareness to influence decision makers towards meaningful attitudinal, behavioral and policy changes. It also builds alliances with support from other key players to lobby for action.

COMMUNICATION is a reciprocal process of sending, disseminating and sharing verbal or non-verbal messages; talking and listening for information and news updates; receiving and answering questions to resolve problems and concerns with the understanding of building ideas. [HA](#)

# The Communicating For Advocacy Project: Strengthening Capacity for Health & Development Advocacy in Asia

The Communicating for Advocacy (CFA) Project began in 2002 and is managed by Healthlink Worldwide and key partners Health Action Information Network (HAIN, Philippines), Cambodia Health Education Media Service (CHEMS) and Social Assistance and Rehabilitation of the Physically Vulnerable (SARPV, Bangladesh).



as they improve the health and quality of life of marginalized and vulnerable people. The focus of the training workshop is to promote people's health by enhancing capabilities in communicating for advocacy, and to develop supportive networks. **HA**

The aim of the project is to develop the capacity of community groups to influence practice and policy in South and South East Asia. Specifically, the project aims to develop the capacity of community groups so that they are better able to influence policy and practice in their regions and countries. In particular, the project aims to develop capacity for information exchange and skills transfer by health and development agencies.

At present, poor and marginalized groups in Asia have little voice, and there is often little recognition of rights. This project aims to provide more opportunities for people to express, analyze, coordinate and influence decisions on the policies that affect their lives. The diverse experience and knowledge of many community groups and individuals are often lost with little or no exchange of ideas and learning from good or bad practice. Central to this project is the belief that people have the right to achieve an adequate standard of living, health and well being, and the right of access to information.

To start the network, a five-day workshop was conducted by each of the three key partners. Each of the country-organizations would have to choose three core partners, which would be tasked to conduct similar advocacy workshops in their own network. This would bring into partnership the four key partner organizations mentioned above, 15 key regional organizations, and up to 45 community groups and build the capacity of these organizations to work more effectively through skills and knowledge sharing.

The workshop is designed to meet the needs of NGOs and community-based organizations in their advocacy

PHOTO by HAIN: Participants at the CFA workshop in Philippines  
*The contents of this article have been culled from published and unpublished reference materials of CFA.*

## **Insights from the workshops...**

### **The Rights-based Approach to Information and Communication**

The rights-based approach is increasingly being used by international development agencies. Some people believe that such approaches offer a chance for significant positive change in relations between development agencies, governments and civil society. Others suspect that agencies use the language of rights without changing their underlying beliefs. Rights-based approaches can unmask difficult issues with legitimacy of action, power and accountability.

The rights-based approach to information and communication says that communication is based on the commitment that people have a right to *information, voice and freedom of media*.

Such an approach entails using human rights as a framework for information and communication production and dissemination. It means asking what human rights implications there might be in any information and communication messages; furthermore, how one might consider human rights when researching, writing, designing and disseminating any information and communication materials. **HA**

## Working with the Media

NGOs are often faced with challenges in dealing with the media; thus, it is essential to know the media as well as to work with them. There are several reasons why NGOs need to work with media. NGOs often need the media to increase their organization's profile and to publicize their advocacy. Increasing their profile can also result in increased support for funding from private donors or the government. By attracting public attention to their organization and its issues, media exposure can also raise public awareness around the issue itself. Media can be an effective way for NGOs to disseminate messages to a large number of people. It can raise awareness and educate people.

It is important to know the media as well as to be able to work with them. Below are some useful tips:

- ◆ Monitor news outlets and identify potential allies.
- ◆ Note what's missing in the coverage and prepare to persuade sympathetic media people.
- ◆ Know who is handling what beat, but don't limit yourself to health reporters. It is advisable to look for non-health beat reporters because health news are in the inside pages—look for congressional reporters, for instance.
- ◆ Familiarize yourself with deadlines and “hot” days to avoid holding press conferences on those days.
- ◆ Create a media list with contact information and a description of the outfit's coverage.
- ◆ Be courteous with requests. Never be demanding.
- ◆ Thank media contacts for coverage and keep in touch.

Learn how to create news! Here are some tips:

- ◆ Create a media event
- ◆ Piggy-back on breaking news
- ◆ Note anniversaries for creating news (e.g. World AIDS Day, No Tobacco Day)
- ◆ Have a specific innovative pitch or call (e.g. “dont kiss a smoker today”) [HA](#)

## Seeing is Believing The *Seeing in the Dark* Advocacy Installation

David Curtis\*, Simon Allen\*\* and

The successful *Seeing in the Dark* (SITD) exhibition took place at the Dhruvad Gallery in Dhaka, Bangladesh. More than just an art installation, the exhibition simulated the lives of disabled people and raised awareness of disability issues in Bangladesh.

Running for six days in December 2003, the exhibition was a joint collaboration between SARPV Bangladesh and Healthlink Worldwide (UK) as part of the Communicating for Advocacy (CFA) project.

This project was developed as part of Healthlink Worldwide's broader CFA project, which seeks to develop the capacity of community groups to influence policy and practice in South and South-East Asia. It developed new, innovative and appropriate advocacy tools that marginalized and vulnerable communities could use to strengthen their voice in their response to their own health and development needs.

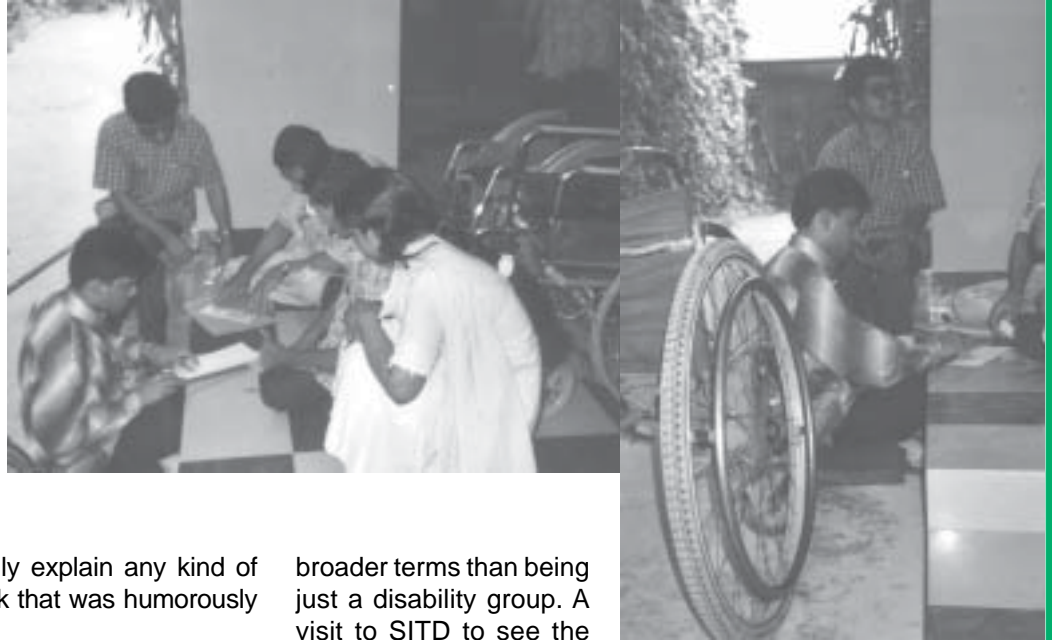
As a communication project, it achieved a successful ‘product’ the event itself. In addition, it was strategically steered towards focusing on communication processes in which interaction, networking, involvement, participation and empowerment were all actively encouraged.

At the core of the work was the idea that communication through experiential means can be a way of enhancing understanding and adding context to issues presented by Disabled Peoples Organizations (DPOs) to the wider world. On this occasion, SARPV applied this method to explore and express the needs of the visually impaired in Bangladesh. Issues relevant to other forms of disability were included too. Much of the project material dealt with problems shared by participants of mixed (dis)abilities. To explore the ways in which experiential understanding of disabilities can be developed, an approach using working methods from both the arts and development was employed, resulting in the creation of an installation or interactive space.

*Seeing in the Dark* was the title chosen by project participants for the installation that was built in the Dhruvad Gallery. The basic idea for the installation was to create a blackout in the gallery in order to simulate total blindness for sighted visitors, who would have to deal with a series of recreated everyday hazards. The project community was aware of the pitfalls of

# iving: Project in Bangladesh

and SARPV\*\*\*



suggesting that simulation can fully explain any kind of disability to the wider world – a risk that was humorously referred to as ‘Disney Disability’.

The basic idea of the project was developed with a group of approximately 25 blind and partially-sighted people and a small self-help group of wheelchair users, who were to be the participants in the project. The group collected ideas for activities, hazards and sounds that they would like visitors to experience as though they themselves were blind. These ideas ranged from parking a bus in the gallery, to the exercise of distinguishing between cheap and expensive *daal* (a local dish). Some other items on the list included: a kitchen, open drains, a rickshaw, road dividers, slippery surfaces, and a vast selection of items that are difficult to distinguish accurately, such as different oils, vegetables, ropes, rice, lentils, sugar/salt, and clean/dirty items.

The group decided the following were of the most importance – allowing for the practicalities of time and space – and should be represented in the installation.

- ◆ Transport
- ◆ Crossing roads
- ◆ Identifying goods in the market
- ◆ Distinguishing between different denominations of currency
- ◆ Vulnerability to abuse of women and girls with disabilities

## Small Splashes, Big Ripples

A collective sense of empowerment was achieved in this project, where shared experiences are both discovered and developed through a democratic creative process. It is hoped that within this atmosphere of equality, participants are free to experiment with different roles within the group, and are thus facilitated in discovering or realizing new aspirations.

As a result of SITD, the group has become an integrated community, which despite having grown out of a need to highlight disability issues is able to define itself in far

broader terms than being just a disability group. A visit to SITD to see the participants taking on their various roles in an environment in which they are the facilitators and teachers would clarify this. Within the simulated environment of SITD, blind participants especially were relied upon by sighted visitors, and trusted for instructions.

Meanwhile, a graffiti wall was constructed at the exit of the installation where visitors were encouraged to write their impressions, thoughts and feelings. This captured rich and honest feedback, emphasizing the emotional aspects of the project. Some of the comments included:

*“I don’t know how to express my true feelings while inside this room. Working in this field for a number of years, I thought I had understood the problems faced by people with visual impairments – at least to some extent. How wrong I was!”*

*“Before I entered the dark, I was the one with eyes, and my guide had no sight. But in the dark, he was the one with sight!”*

The experience of this project reiterates the importance of the rationale behind its design – that is, the implementation of experiential tools to advocate change. As an exercise in communicating actual physical experiences relevant to the lives of the most marginalized, it is only properly understood when experienced. **HA**

*Source: Condensed version from the original article submitted by the authors to Mobility International, USA*

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# Advocacy in the Air

## Communicating Sexual & Reproductive Health to Young People in Cambodia

Chhieng Yuth

Cambodia Health Education Media Service (CHEMS)

The Cambodia Health Education Media Service (CHEMS) is a project of Health Unlimited (HU), a UK-based organization. CHEMS primarily focuses on disseminating reproductive health information and advice to young people through the interactive broadcast media.

To spread its message, CHEMS produces youth-oriented multimedia campaigns using television and radio spots and community theatre. The project also runs outreach activities in advocacy and empowerment skills, aimed directly at the community level to train young people in reproductive health and media skills, as well as to promote quality reproductive health care services and reproductive rights for the youth.

### Education over the radio

Radio is currently the most accessible, effective and efficient form of media in Cambodia, reaching around 80% of the country's population. CHEMS produces *Lotus on a Muddy Lake*, a radio soap opera that runs twice a week, that depicts the interconnected lives of young people in rural and urban settings who face a range of sexual and reproductive health experiences and dilemmas. Each episode lasts for 15 minutes of airtime.

Another one of CHEMS' programs is the live one-hour radio show *Especially for You, Young People*, which is being broadcast four days a week over two popular radio stations. Presented in a magazine format, the program presents health- and sex-related topics based on the soap opera episode, followed by discussions with listeners who wish to share experiences, ideas or questions. On-air counselors answer listeners' questions on emotional, physical and sexual issues.

Aside from phoning in, listeners can also write letters to the radio program. To facilitate and encourage listener interaction, CHEMS sets up letterboxes in various provincial locations and regularly collects the letters. Supplementing the radio show is a magazine column covering the latest topics. It is published twice a month in a popular youth-culture magazine to provide better accessibility for young people. The radio show is monitored by youth focus groups that regularly provide feedback and suggestions.

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Aside from the radio program, CHEMS is also working directly with the community, specializing in collecting and providing feedback to the radio program and soap opera. It provides capacity building and conducts advocacy activities through the formation and maintenance of youth focus groups.

CHEMS has helped set up 12 focus groups in some of the most vulnerable communities. A focus group is composed of six males and six females. Its aim is to encourage and reinforce positive sexual reproductive health behavior, beliefs and practices among young people. Members are equipped with knowledge on sexual and reproductive health, and are trained in personal communication, advocacy and media skills. At the end of the training, members should be able to pass on their knowledge to their peers in the community.

In Phnom Penh, five such focus groups have been formed with members coming from migrant workers such as garment factory workers. These workers are mostly from rural areas and are confronted with many health risks such as STI and HIV/AIDS. These young people also participate in giving feedback about the quality, relevance and educational value of the media materials produced by CHEMS. One of their regular activities is to monitor the radio show *Especially for You, Young People*.

### Campaigning for Health

The Youth Network (YN) activity is conducted in the District of Samrong Tong in Kampong Speu Province, about 40km southwest of Cambodia's capital. Working

from the grassroots, YN aims to create a lobbying group that advocates the rights of the youth to reproductive health services and information at the community and national levels. Twenty-five members are selected from each community, and CHEMS provides the training in working and advocacy.

YN is currently educating its community to alter their negative attitudes toward availing themselves of the services of community health centers. The goal is to discourage the use of untrained traditional healers and unauthorized drug peddlers, and to encourage villagers to use the government-run health services. This is a difficult task as villagers have always sought traditional treatment, and believe that it is more effective and cheaper than Western medicine. Local authorities have supported the setting up of YN, and they meet with the network on a monthly basis to find the best solutions.

Community theatre is a popular activity, and is often very successful in achieving positive changes in behavior. CHEMS staff trains village volunteers to write scripts that incorporate reproductive health messages into the storylines. The purpose of this activity is to promote the use of community health centers and services. The community theatre activity also promotes family planning among poor families.

At the national level, a Media Support Unit (MSU) was set up in 2000 to initiate advocacy activities by facilitating the networking between media and health professionals. It aims to increase and improve the capacity of health workers and journalists to publicize correct, accurate, and effective health information with focus on reproductive health.

The MSU is made up of 24 representatives coming from print and electronic media, government offices, and NGOs, chaired by representatives from the Ministry of Health and the Ministry of Information. Each member of the MSU monitors certain media outlets to catch misleading or false health information being broadcast in the country.

Some traditional healers continue to advertise their practice, and claim that they can even cure AIDS—this is one important area under the surveillance of the MSU.



PHOTOS by CHEMS

The MSU holds monthly meetings and takes necessary actions to correct any false information being spread to the public. In its last annual meeting, the MSU reported that out of 246 advertisements, 131 carried false information. The MSU offers incentives for any media outlet that promotes accurate health information.

CHEMS receives adequate cooperation and support from the government for its activities. Its project also receives participation from locals who benefit from its activities. Its radio shows are extremely popular and attract a large number of listeners—these are measured through surveys, letter mail-ins and phone-ins. However, there are still certain factors that act as barriers to behavioral change, such as social norms, traditions and beliefs, discrimination, lack of education, and poverty.

CHEMS provides media skills training to other organizations on video production, radio writing and radio production skills. It offers internships and training opportunities to young people in office skills and technical skills. CHEMS operates with 24 full-time staff and two short-term members plus interns. **HA**

*The **Cambodia Health Education Media Service (CHEMS)** was established by Health Unlimited in 1998 to address a significant lack of accessible health information in Cambodia. The main focus of CHEMS is reproductive health for young people aged between 12 and 25 years.*

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# The Save the Abra More Than a Health and

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The Save the Abra River Movement (STARM) is a broad-based effort to oppose the environmental destruction brought about by corporate mining and other commercial endeavors that may damage the livelihood of peasants and indigenous peoples around the Abra River in Northern Luzon (Philippines). It is composed of concerned groups and individuals from different walks of life who aim to bring people together for the Abra River's healing and renewal. It launches activities opposing activities such as corporate mining and deforestation that destroy the Abra River.

The Abra River is essential to the indigenous people of Northern Luzon. For centuries, it has provided life and bounty to its inhabitants. It is home to diverse forms of plant and animal life. It delivers irrigation crucial for the survival of the farming population. Historically, it has provided the means of trading, transport and communications, as well as livelihood for the more than 100,000 people living along its banks in the provinces of Abra, Ilocos Sur, Benguet and Mountain Province. It is a key element not only for growth and progress, but also for life itself.

Through the years, its inhabitants have witnessed the ruin of the Abra River and the destruction of its ecosystem. Upon the invitation of the *Alyansa Dagiti Pesante iti Taeng-Cordillera (APITTAKO)*, an Environmental Investigatory Mission (EIM) was conducted on September 20-22, 2002. The EIM was spearheaded by the *Ugnayan ng Pahinungod* and Extension Services of the University of the Philippines Baguio, the Cordillera People's Alliance, and the Community Health, Education and Services in the Cordillera region. A multidisciplinary EIM team from the academe, church, line agencies of the government, and advocates and environmentalists from non-government sectors was organized.

The following are the highlights of the EIM's report:

- ◆ Since 1936, Lepanto Consolidated Mining Corporation has polluted the Mangkayan-Abra River system and deforested crucial water sheds.

- ◆ The *udang* (river shrimp) and *igat* (river eel) are becoming rare. Fishes as far down as Quirino, Ilocos Sur are described to bear abnormalities or *kurikong* (skin disease). Bird species identified to be rare or extinct are the *pagaw*, *tuklaw* and *kannaway*.
- ◆ The volume of rice harvest in areas exposed to drainage from the Lepanto mine tailings dam are reported to be as low as 0.60 ton per hectare.
- ◆ The collapse of Lepanto Tailings Dam No. 1 in the 1960s spilled onto the rice fields of Lipa-an, Paco. In 1986 and 1993, the collapse of the tailings dam again occurred.
- ◆ In 1985, Lepanto operated a copper ore dryer that caused the abnormal withering of crops, death of domestic animals, and respiratory diseases among the residents.
- ◆ In July 1999, heavy rains triggered a massive land subsidence in Colalo that resulted in the burying of the entire elementary school building and the death of one resident. Evidence of land subsidence in the Poblacion and nearby communities is evident.
- ◆ Acid mine drainage (AMD) is evident from the reddish-orange discoloration downstream. AMD depletes aquatic life and contaminates drinking water supply and the food chain with dangerous heavy metals such as lead and arsenic.
- ◆ Residents complain of headache, dizziness, cough, chest pain and irritation of the eyes, nose and skin after exposure to tailings-laden river water.

## Making our voices heard

We have made our voices heard through trainings, speaking engagements, lectures, and small group discussions; moreover, through interaction with people's organizations during various people's summits and during the Cordillera Day Celebrations. Through various forms of IEC materials and advocacy strategies such as press releases, news features, press conferences, we have reached a large number of people in different fora. We have also organized photo exhibits not only in the university campuses but also in public areas around some



# River Movement: Environment Advocacy

*It is an advocacy for life...  
for justice... for peace...  
for sovereignty.*

cities. We have even created a website (<http://www.starm.org>) and set up an email address to facilitate communication and feedback.

Due to all these efforts, we gained local and international support. We have received visitors from Malaysia, the USA, Laos, Japan, and the United Kingdom. A group of OFWs created and maintains a website for STARM ([www.abrenian.com/starm](http://www.abrenian.com/starm)). The Special Rapporteur on the situation of human rights and fundamental freedoms of indigenous peoples of the United Nations Commission on Human Rights visited the affected areas and made representations on the Indigenous People's (IPs) cause. The representations made by STARM in several conferences overseas served as a good opportunity to present the case of the Abra River to an international audience. It also served as a good opportunity to work with other groups involved in their own struggle over water resources and environmental issues in other parts of the world.

STARM, together with people's organizations and other advocates, studied various government policies and called for the rejection of the draft of the National Minerals Policy Framework and the scrapping of the Philippine Mining Act of 1995. Signature campaigns, protest marches, symposia, mass media appeals through radio and television interviews, news features, press conferences and lobbying were launched.

On January 29, 2004, the Supreme Court declared the Financial and Technical Assistance Agreements (FTAA) provided in the Mining Act of 1995 as unconstitutional. The agreement could have paved the way for foreign firms to mine the country's resources. The decision underscores the commitment of the authors of the Constitution to the protection of the national patrimony.

At a glance, it is a victory for the advocacy, but it is not complete. With the decision limited to the matter of FTAA's, the Supreme Court left a legal loophole for foreign firms by forming a partnership with Filipino firms. Foreign firms are then able to take control of the mining operations of Filipino companies through the partnerships. And so

the advocacy campaigns on these policies continue. Thus, STARM call on the Supreme Court to reaffirm its commitment to the Constitution and the safeguards that it provides the country's people and resources by standing firm in its decision. The President and leaders of the country are called on to abide by the decision of the Supreme Court and to repeal policies that damage the country's natural resources.

## *A continuous search for truth and struggle*

And so we continue to search for the truth. We continue to collect and update data with the people in the communities we work with. We promptly disseminate research data (baseline surveys, health profiles, biodiversity inventories, physico-chemical assessments) to the people and collectively analyze their significance in our struggle.

We continue to equip the people with the knowledge, skills and attitudes necessary to keep the advocacy going. The strengthening of people's organizations and community-based water and soil quality monitoring systems are some tools to counter several challenges that STARM continues to face.

Indeed, a continuing struggle... STARM will be there to let the river flow. In our advocacy journey, we have always come to grips with the reality that ultimately, it would be our unified and organized efforts that would matter most in this endeavor. The destruction of the Abra River means the destruction of lives. We will, therefore, not stop, lose hope, turn aside or fall so long as brown and grey water does not turn into blue along the Mighty River. And so, our calls continue to reverberate...HA

*The contents of this article have been culled from published and unpublished reference materials of STARM.*

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# Promoting Rational Use of Essential Medicines HAIAP's Advocacy

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Sri Lanka, situated at the base of the Indian Sub-Continent, is known to the rest of the world as the teardrop of the Indian Ocean. Since independence, Sri Lankan society has been based on social justice and equity, and with limited financial resources, the country has provided comprehensive basic healthcare to the entire population. Some of the impressive achievements of Sri Lanka's public health sector have been recorded in health, nutrition, and family planning, which are in line with that of the developed world.

## Challenges in the health sector

Unfortunately, due to the collapse of the economy and the impact of the twenty-year-old civil war, budgetary constraints have restricted government investment in the health sector. The economy's collapse resulted in poverty, malnutrition, unemployment and the re-emergence of communicable diseases such as dengue, hepatitis and measles, accompanied by an increase in non-communicable diseases such as diabetes, cardiovascular diseases, cancer and traumatic injuries.

On top of all this is the irrational and uneconomic use of drugs. Those who need drugs the most are the 60 percent of the population living in absolute and relative poverty who frequently fall ill. These patients, who are already burdened with lack of access to qualified doctors and hospitals, are pushed even deeper into the precipice with no access to essential medicines.

With the introduction of macroeconomic reforms in 1977, Sri Lanka opened its doors to foreign trade and investment by liberalizing the markets and encouraging competition to promote economic growth. However, one casualty was the pharmaceutical sector. The reforms introduced in 1972 by the late Professor Senaka Bibile caused the withdrawal of about 300 drugs from the market, while state control over the private drug sector was withdrawn. Over 5,000 dosage forms are now imported and marketed. The Drug Regulatory Authority has no resources to ensure that all drugs in the market are of good quality. There is also a vast difference between the retail prices of branded and generic medicinal drugs, with brands often 120 times more expensive than its generic counterpart.

Health Action International Asia Pacific (HAIAP), a network of organizations and individuals involved in health and pharmaceutical issues, upholds health as a fundamental human right and aspires for a just and equitable society in which there will be adequate access to essential medicines to all those who need them. HAIAP promotes the use of essential drugs, and advocates rational and economic use of drugs. HAIAP has formed a broad-based partnership among health activists, academics, health ministry officials and media practitioners who volunteer their spare time to act as resource persons.

HAIAP also works on the formulation of a national health policy based on primary healthcare. It works closely with the People's Health Movement and uses the People's Charter for Health as a campaign tool.

## Organizing Workshops and Consultations

In collaboration with its network partners—the World Health Organization and the Ministries of Health—HAIAP organizes national and regional workshops and consultations on selected issues regarding health and pharmaceuticals.

**National Seminar on Trade Related Intellectual Property Rights (TRIPS) Agreement, the Intellectual Property Bill and Public Health.** In response on a Supreme Court ruling which determined that the provisions in the Intellectual Property Bill were violating fundamental rights, HAIAP organized a seminar titled *TRIPS Agreement, the Intellectual Property Bill and Public Health*. The seminar, which was attended by senior health and commerce officials, patients' rights activists and lawyers, proposed provisions for compulsory licensing and parallel importing. This was followed by a series of articles in newspapers urging the government to include the proposed provisions. In December 2003, the bill was passed in parliament and later gazetted with the incorporation of the provisions for compulsory licensing and parallel importing.

**Thailand-USA Free Trade Agreement: Effects on Drug and Health Systems.** This workshop aimed to analyze the effects of Free Trade Agreements (FTAs) on

# ional Drug Use and al Medicines y Strategies in Sri Lanka

acific (HAIAP)

intellectual property rights, especially on drug and health systems. It also aimed to reach the media, the public, academia, professionals, and policymakers, and to form a consensus on the effects such an agreement could bring about. They urged the government to exclude intellectual property rights from the negotiations of the FTA, or, alternatively, for the agreement to be consistent with the TRIPS Agreement.

**National Seminar on Quality Medicines at Affordable Prices.** This seminar brought together representatives among the stakeholders in the pharmaceutical supply system to discuss drug prices and to plan the second survey project on the WHO-Health Action International (HAI) project on drug prices. HAIAP believes that information on prices is the essential first step to negotiations, management and policy suggestions to make medicines more affordable. Information on prices and the price structure of medicines was made even more crucial in Sri Lanka with the deregulation of medicine prices in 2003.

**Regional Consultation on WTO/TRIPS Agreement and Access to Medicines: Appropriate Policy Responses.** HAIAP has been campaigning against certain provisions in the TRIPS Agreement related to patents, arguing that these provisions will have a negative impact on the availability of essential medicines in developing countries. In collaboration with the Third World Network, the Ministry of Health, and the World Health Organization, HAIAP organized a three-day regional consultation bringing together representatives of health and commerce ministries and consumer organizations from 18 countries in the region. The aim of the consultation was to discuss how WTO member states can develop national legislation on patents conforming with the TRIPS Agreement that protects public health. It also created an opportunity for HAIAP to lobby the policymakers to crucially analyze the impact of TRIPS on access to drugs, domestic production, transfers of technology and regional trade, and to determine coordinated and appropriate policy responses. A manual entitled *Good Practices in Public Health Sensitive Patent Laws: Appropriate Policy Changes* developed by the Third World Network was launched to serve as a useful guideline for the formulation of new national legislation on patents.

*Those who need drugs the most are the 60 percent of the population living in absolute and relative poverty who frequently fall ill. These patients, who are already burdened with lack of access to qualified doctors and hospitals, are pushed even deeper into the precipice with no access to essential medicines.*

## Lobbying

HAIAP is a part of Consumers International, a health action lobby team at the World Health Assembly held annually in Geneva, Switzerland. At the 56<sup>th</sup> World Health Assembly, the HAIAP network concentrated on the following issues for its lobby—pre-qualification, acceptance of generics and generic competition, pricing and promotion of medicines, and relations with civil society and NGOs. At the 57<sup>th</sup> World Health Assembly, HAIAP reinforced its lobby on WHO pre-qualification.

HAIAP was successful in forming coalitions with patients' rights groups, consumer and health activists, and in meeting government officials and decision-makers. These deliberations have even convinced the Sri Lankan Minister of Consumer Affairs to bring prices of essential drugs under state control in the coming months. The Minister has also assured the group that he would explore the possibility of having a representative of the group at the Consumer Affairs Authority.

## Working with the Mass Media

HAIAP presents briefing papers at national, regional and international fora organized by professional bodies, governments, regional and international organizations, academic institutions, consumers, and public health activist groups. These papers promote rational drug use and access to essential medicines and primary healthcare. Articles urging the government to promote these concepts appeared weekly in one of the health columns of an English daily newspaper in Sri Lanka.

Likewise, HAIAP publishes *HAI News*, a quarterly newsletter for its global network that provides a forum for HAI partners to share their experiences and learn from one another. It contains in-depth examinations and analyses of selected current topics relevant to health and pharmaceuticals. It also reports on developments in the international campaign to more rational and fairer health policies, and reviews selected publications that are of interest to health-related organizations.[HA](#)

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## Resource List

### Books, toolkits, booklets

#### **Advocacy in action: a toolkit to support NGOs and CBOs responding to HIV/AIDS**, 2002

- Introduces the concept of advocacy ('influencing people and organizations in power to create an environment which protects the rights, health and welfare of everyone'); provides a step-by-step guide to planning and implementing advocacy work; and provides information and skills-building activities. Includes 'A facilitator's guide to participatory workshops' and '100 ways to energize groups : games to use in workshops, meetings and community'. All materials are on the CD-ROM, which is included in the pack. Available from International HIV/AIDS Alliance, Queensberry House, 104-106 Queens Road, Brighton, BN1 3XF, United Kingdom. mail@aidalliance.org

**HIV/AIDS and human rights : young people in action**, [2002] – developed with young people by UNESCO and UNAIDS, the kit contains ideas for youth action on human rights and HIV/AIDS. Available from UNESCO, Sector of Social and Human Sciences, 1 rue de Miollis 75732, Paris Cedex 15, France. Email human.rights@unesco.org. Website www.unesco.org/hiv/human\_rights

**The Spitfire Strategies Smart Chart 2.0** [2004?] – a step-by-step guide in building a successful communications campaign. Includes an updated communications planning tool you can fill in as you go. Available from Spitfire Strategies, 1500 21<sup>st</sup> Street, NW, Washington, DC 20036, USA. Email tools@spitfirestrategies.com. www.spitfirestrategies.com.

**Breaking Through to Great** [2004?], - a collection of case studies of successful communications campaigns with low budgets. The report describes how real nonprofit organizations have been able to break through communications obstacles to lead great communications campaigns. Available from Spitfire Strategies. Please see address above.

**Making Clear Messages (AIDS Action Asia-Pacific Edition, Issue No 42-43, 1999)** The whole issue provides guidelines, ideas, and examples on how to develop materials to support education on sensitive issues on HIV and sexual health. Available from HAIN in print and PDF format. Please write to or access HAIN website for copies.

**Communication and advocacy strategies: adolescent reproductive and sexual health**, 2001. Set of 3 booklets covering Asian countries – 1. Demographic profile; 2. Advocacy and IEC programmes and strategies; 3. Lessons learned and guidelines. Available from UNESCO Principal Regional Office for Asia and the Pacific, PO Box 967, Prakanong Post Office, Bangkok 10110, Thailand.

### Websites/Internet resources

<http://www.asksource.info/> Communicating for Advocacy Quick List - This quick list was compiled to support Healthlink Worldwide's Communicating for Advocacy (CFA) project, and draws together practical guides on communications skills and methodologies, with an emphasis on building the capacities of NGOs to plan and manage advocacy activities.

<http://www.ippf.org/resource/index.htm> Contains PDF files of advocacy guides on sexual and reproductive health and HIV/AIDS

<http://www.wiredstrategies.com/inter-sample.htm> Using the Internet for Advocacy and Community-Building: Successful NGO Case Studies

<http://www.allianceforjustice.org/> Internet Tools for Advocates

<http://www.netaction.org/training/> The Virtual Activist, A Training Course

<http://www.benton.org/publibrary/index.html> Strategic Communications in the Digital Age



**Source** is an international information support centre providing free online access to 25,000 comprehensive references to information sources and organisations in the fields of international health and disability issues, with links to full text resources provided where possible. The focus is on grassroots information from developing countries, and subjects include HIV/AIDS, primary health care, poverty, disability and development, evaluation, training, health communication, and information management. Search Source at [www.asksource.info](http://www.asksource.info)



## HEALTH *alert*

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