



Advocacy basic and beyond

In the social development scene, advocacy is as important as the actual service provision. Through advocacy campaigns, organizations can inform and educate the population, change behaviors, and influence policy directions.

But what really is advocacy?

There are numerous definitions of advocacy, such as the one given below, which was drafted by participants of the Communicating for Advocacy Training Workshop held in the Philippines in 2003:

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

In its simplest form, advocacy is a communication strategy that can have lasting social and political impacts.

Bias for the marginalized

Major corporations and high profile personalities often hire the services of public relations agents to help them project a positive image to the public, in the hope that the public would eventually patronize their products or services, or in the case of personalities, to further boost their popularity.

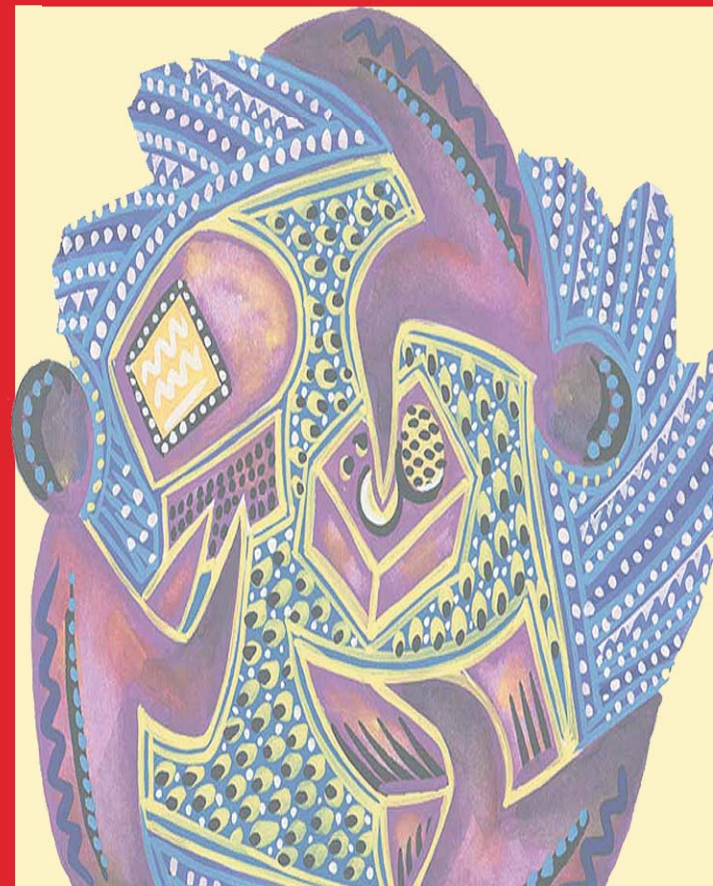
In a way, advocacy is basically like public relations, but with two major differences: advocacy has an obvious preference for the poor and marginalized; and second, the end result is not for the personal gain of a few individuals, but for the betterment of the entire community.

In traditional media outlets, objectivity is non-negotiable; a reporter has to get both sides of the story. But in advocacy, objectivity has no space. An advocate chooses the side of the poor and the marginalized, and it is their problems and issues that are being raised in public and acted upon.

What many advocates do not realize however, is that advocacy does not end in merely speaking up for the poor. What is far more important is empowering the people, until such time that they themselves can speak up and act.

Most of the articles in this last printed edition of Health Alert are culled from the experiences of participants in the Health Alert Learning Forum held in 2008. The learnings shared by the participants reiterated one thing: that in the end, a good advocate is measured not in terms of how eloquent he/she is, but in how he/she help a community find their own voices.

2	Community organizing: letting the people take charge
4	Navigating the health information highway
6	Localizing content: the AIDS Action - China edition
8	HealthDev.net - a platform for Citizen Journalism and social networking on TB and HIV issues
10	Writing for a cause
11	Speak up, speak out



Community organizing: letting the people take charge

by Ross Mayor

Advocacy entails people empowerment, and this can be achieved through community organizing.

Central to the concept of advocacy is empowerment – the idea that the poor, the uneducated, and the powerless can actually find their voices and their strength to fight for their own causes. Wallerstein (1992) defines empowerment as “a social action process that promotes participation of people, organizations, and communities towards the goals of increase individual and community control, political efficacy, improved quality of community life and social justice.” With this definition, the task of empowering the people seems to be a daunting one. And this is where community organizing comes in.

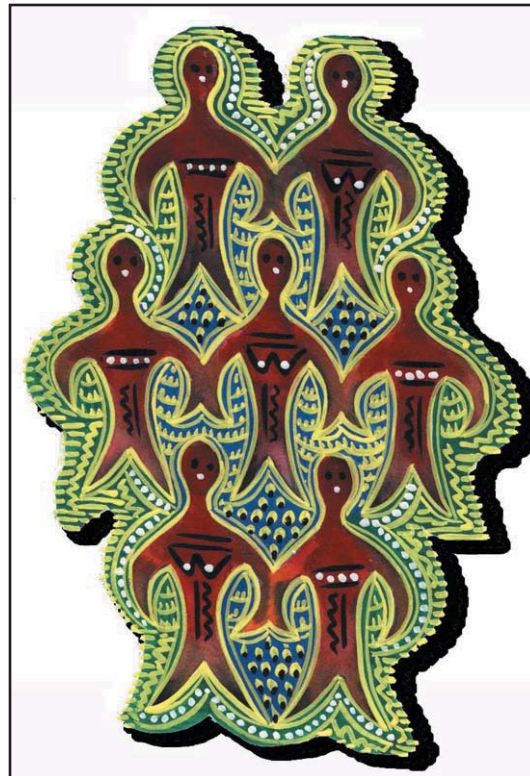
Community organizing (CO) involves bringing together people, who, through their proximity with each other or through the same situation they are facing, are banded together by common causes and ideals. CO is not a one-shot approach; it takes time to build and strengthen a community.

Partners in advocacy

In her paper, “Revisiting community organizing and participatory action research,” Dr. Erlinda Palaganas listed knowing one’s self as the first step in CO. According to Palaganas, an organizer must answer the following questions:

- Do you like working with and for the people?
- Do you believe in people’s capacity to change?
- Do you believe that people have the potentials to contribute to their own development?
- Do you believe that people should be empowered to make decisions on matters affecting them?

- Will you support people’s decisions?
- Are you committed to serving the people’s interest?



In the first step, two things are quite clear: first, ego has no place in CO, and second, an organizer must be deeply committed to the ideals of his or her work.

The relationship between an organizer and the community is not one of teacher - student or benefactor – beneficiary. Rather, it is a partnership where they both learn from each other and work together, side-by-side.

Many projects with good intentions have failed simply because the implementers failed to listen to the community. Often, they would bring in new concepts or technology, without validating with the community if these are appropriate and applicable in the local context.

Or worse, they came in with a patronizing and even smug attitude. This is a pitfall for many college-educated health professionals and advocates who may harbor the idea that their

education makes them more superior to ordinary people; most of whom probably never finished elementary.

Another danger with this kind of thinking is that instead of empowering the community, it will only teach them to rely on dole-outs.

By considering the community as important partners, they would also start to embrace the program as their own,

thereby guaranteeing its sustainability. Rather than simply coming in and giving the community a set of solution to their problems, a good organizer knows how to stand back and let the community decide for themselves. In this way, the community will not look at the program as a mere imposition of outsiders.

Listening skills and empathy are thus important tools in an organizer's arsenal. An organizer must first win the trust and support of the community. This can be done through constant and honest dialogues with the members and finding out what their issues are.

Integrating with the community is a vital component of CO. Integration entails knowing the community, sharing the people's concerns, and understanding their perspectives. It allows an organizer to gain a first-hand experience of the situation in the community.

Once a community has been organized, the next task is to identify leaders and train them to build their communications and leadership skills to prepare them for the task of advocating their own causes.

Selecting leaders is not arbitrary; the community must also be involved. Leaders do not only come from the ranks of village chieftains or elders, they could also come from the ranks of traditional healers. Palaganas cited the following qualifications and characters that can help an organizer identify a leader:

- comes from the poor sector of the community and is directly engaged in economic production;
- must possess integrity and credibility;
- is receptive to changes;
- must have an analytical and critical mind;
- must be able to communicate effectively;
- must be interested in the upliftment of the community

Empowerment: educating the people

In a training sponsored by the Medical Transparencies Alliance, and which was attended by organizations from Peru and Asia, one of the facilitators pointed out that an organizer/advocate should be prepared to stand aside once the community has found their collective voices.

Some organizations have taken this step further: they actually train community members on health concepts and even certain medical procedures. The Council for Health and Development (CHD), the national organization of community-based health programs in the Philippines, conducts a variety of trainings for its community health workers (CHW), ranging from first aid, alternative medicine (e.g. acupuncture), production of herbal

medicines, and basic microscopy, among others. The trainings are conducted by the organization's network of health professionals, as well as experienced CHWs.

CHD's approach belies the myth that barely educated people cannot be taught complex ideas, particularly when it comes to health and medical concepts. In many areas in the Philippines where health professionals and health facilities are sorely lacking, CHWs have been a community's important first line of defense against ill health. More importantly, CHWs are not mere healers; they are also leaders and listeners well respected in the community, to whom the people run to for help.

The politics of health

An organized community is also an active player in a nation's political scene. Keeping in mind that health issues are also affected by socio-political and economic determinants, organized communities conduct mobilizations to speak up against certain issues. They are keenly aware that health is simply not the absence of disease; it is also a manifestation of the prevailing socio-political and economic conditions. They are not passive players, waiting for change to come. Rather, they actively participate in demanding for social changes and in fighting for their rights.

While organized communities do have the clout, they can only wield this if they have the numbers. And this is where networking plays a major part. Networking involves building alliances with other groups and individuals who share the same sentiments and who advocate the same cause.

Confronting the challenges

Organizing a community entails facing challenges, ranging from opposition, lack of resources, and even harassment. Since CO has a strong political component, it is inevitable that the ruling class may feel threatened and they might act irrationally just to protect the status quo.

Community organizing is indeed challenging, but no task is too daunting for a deeply committed and passionate organizer. An organizer's reward is the satisfaction of seeing a previously timid community become organized and outspoken.

Sources:

Wallerstein, Nina. *Community Organizing and Empowerment Principles of Public Health.* <http://hsc.unm.edu/som/fcm/mph/Curriculum/community%20organizing%20empowerment%20pph%202005.ppt>.

Palaganas, Caster. *Revisiting Community Organizing and Participatory Action Research (CO-PAR).*

Navigating the health information highway

by Noemi Bayoneta - Leis

Advances in technology present both opportunities and challenges to advocates in making health information readily available.

“... in public health, we are moving from issues of access to knowledge, to the management and use of knowledge.” ¹

Good news

The rapid growth in the technology sector has been instrumental in making information widely available and accessible. Today, information is widely available on the Internet, where one can easily upload or download materials.

The global health sector is quick to maximize the potential of technology in disseminating relevant information to the public. Some materials have even targeted specific sectors like tertiary hospitals, academic institutions, and urban settings. Where Internet is not accessible, DVD or CD format of information are made available. This is a strategic approach where reproduction and distribution may be even more convenient for publishers.

At the global level, there is a larger and wider range of health information support programs available, with governments and other bodies in developing countries playing an increasing active part in encouraging knowledge-based management at the national levels. Together, models of healthcare information delivery were developed, such as the Health Inter Network Access to Research Initiative or HINARI Program. HINARI is a collaborative project of the WHO with major publishers, giving qualified developing countries access to more 6,200 journal titles.

At the political level, access to healthcare information has become a key international development issue. In 2003 and 2005, the World Summit on the Information Society (WSIS) was held to provide a platform for dialogue among world leaders to have “... a global vision and a global dialogue ... to build the framework of an all-inclusive and equitable Information Society.” ² Years later, the global campaign Healthcare Information for All by 2015 or HIFA 2015 (<http://www.hifa2015.org/>) was launched.

At the regional level developments, communication among SEA nations has improved, with preference to simple English reading materials.

Not so good news

Though a lot of progress has been made, much needs to be done to achieve universal access to healthcare information.

There has been patchy progress both geographically and across health sectors, with developing countries still far behind developed countries. Across sectors, urban areas and the academe are better served with information than rural areas and district hospitals. There is also little evidence that health professionals are better informed than they were ten years ago.

The “know-do gap” emphasizes a big breach between what is already known and what is really being practiced. In many countries, policy restrictions or censorship is widely observed at the government and academic settings. In some countries where sex and sexuality remain taboo, keywords relating to the topics are censored on the Internet and searching yields no results. This also applies to countries where certain issues are not recognized like injecting drug users and males having sex with males.

Though global program on access to information such as HINARI seems to be a promising alternative, application to it is based on gross national product where most Southeast Asian (SEA) countries are not qualified. For example, Vietnam, Cambodia and Lao are qualified, but Thailand and the Philippines are not.

Another challenge is while Internet access in SEA has increased, only a few relevant information about

“Often, ‘pull vs. push’ is generally the case where information tends to be pushed out to people rather than responding to their information needs.”

the region is generated. Where information is available, most of these were produced by Westerners in western institutions and there is no attempt to localize the materials.

Often, “pull vs. push” is generally the case where information tends to be pushed out to people rather than responding to their information needs. This is a particular challenge in light of the increasing mobility and migration in the region which can affect the global and regional health situation (in cases of human trafficking, HIV, AIDS and SARS). Materials produced for this sector though require translation which can be tedious and costly.

Lessons learned

Sustainable development is achieved only through building local capacity – countries should be provided with technical assistance to enable developing countries to identify and develop their own health learning materials. It must be observed as well that most health professionals still prefer print – it may be a cliché but it still holds true.

In the case of “essential information,” resources are defined differently at various levels and applications and information producers should be careful in targeting readers. An information may be important to the community but members of the community have different levels of understanding on the way it is presented – technical vs. practical information.

Development work relies heavily on donors and their contribution cannot be underrated. However, funders’ behavior is critical. They tend to look for innovative approach instead of supporting good practices where local information cycles or communities of practice exist. As a result, health information funding often falls to an endless cycle of pilot initiatives.

It is interesting to note though that in countries where English is not widely spoken, bilingual materials are made available.

What needs to happen

With the rapid increase in information products, efforts to improve access to health information must be considered, such as improving connectivity, skills and communication facilities.

It is important to identify and overcome barriers to the use of information in different settings – capacity development may be considered in the areas of critical appraisal of information, data utilization, computer skills, searching and writing.

The lack of culture of reading and the lack of demand for information are critical for those who develop information materials. Readers and practitioners should be able to think and rethink whether availability of information equates to adequacy.

Culture, context, and language evolve rapidly as well. The need to develop new generation of writers, editors, and researchers with critical mind was highlighted in SEA countries to ensure that there’s continuity and fluidity in the transfer of knowledge and skills in research and information work.

What are the appropriate actions?

The World Health Organization as an international body can lead the role in achieving the battlecry of Health Information for All by 2015. Heads of states are crucial in building and strengthening national information systems and making them available. Key players in the donor community should align their visions to the overall goal. Promoting and forging international, regional, and national cooperation will strengthen the advocacy. Replicating success stories and documenting them provides empirical evidence to push for the goal.

Sources:

¹ “Health Information for All by 2015?” by Christopher Bailey and Tikki Pang. *www.thelancet.com*. Vol. 364. July 17, 2004

² <http://www.itu.int/wsis/basic/faqs.asp>. Date accessed: May 19, 2009

Can We Achieve Healthcare Information for All by 2015 by Fiona Godlee, et al. Published in *The Lancet*, Vol 364, 14 July 2004

Improving Access to Health Care Information in the Developing World: A Position Paper for WHO in preparation for the World Summit on Health Research in Mexico, November 2004

Sexuality Research Information Needs Assessment: A Five-Country (Vietnam, Cambodia, Lao PDR, Thailand, and the Philippines) Assessment conducted in 2006 by HAIN to look at research information needs of organizations working on gender and sexuality and related fields such as population, HIV and AIDS.

Localizing content:

the AIDS Action–China Edition experience

by Todd Owen

Localizing a publication's content will encourage greater readers' participation.

Corporations entering Asia's markets have quickly learned to adapt - or even reinvent - their products to meet local tastes if they are to survive the competition.

This key business strategy also applies to health communications. As health communicators, it is important to note that healthcare information or public health messages become more readily digestible when it reflects the cultural background and practical realities of the local community. People are naturally attracted to information about their own community or nation, or about people and organizations with which they are familiar. This is particularly true in China where health workers ascribe greater value to local content.

In a report for the International Institute for Communication and Development (IICD), Neil Pakenham-Walsh ¹ noted that:

"It is relatively easy to find reliable health information...but it is hard to find information in a form that is directly relevant to individual healthcare workers in developing countries..."

Understanding local content

Peter Ballantyne has attested to the difficulty of defining the term "local content" ^[2]. For the purposes of our work, we define it as content articulated by members of the local community, ideally that which has been verified by local practice. This encompasses a wide continuum from the local retelling of external knowledge to highly original new approaches, the full range of "locally owned and adapted knowledge of a community", in Ballantyne's words.

Many organizations are already recognizing the value of participatory local communication tools, from magazines and collaborative reports to mailing lists and online forums, and we can expect these new communication channels to increase the quantity and accessibility of local content. However, consideration must also be given to the quality of local content, based on criteria such as accuracy, clarity and practical value. Supporting research, adaptation and editing skills are essential to building a sustainable environment for effective health communication. Unfortunately, many organizations discover that it is much harder to obtain funding to pay for editorial staff than to cover tangible expenses such as printing and distribution.

Local relevance is also closely related to applicability. Local relevance is a key factor determining the effectiveness of healthcare information to meet the needs of health workers and, ultimately, to influence the health and well-being of a community. While a successful program developed in other countries or a guideline issued by an international body may be used in developing local policy, local circumstances still have to be taken into consideration.

The Road to China

AIDS Action started out as an international English newsletter produced in London by Healthlink Worldwide and mailed to subscribers around the globe. Later on, AIDS Action Asia – Pacific was produced to make the newsletter more applicable and responsive to the region's needs. Yet even the Asia-Pacific edition of AIDS Action had never achieved wide circulation in China, a country where fluency in English is not widespread – especially at the grassroots, where there was an urgent need for greater sharing of information and good practice about HIV and AIDS. In response to this need, Healthlink Worldwide and the China HIV/AIDS Information Network (CHAIN) launched a Chinese-language edition of AIDS Action in 2006. Funding for this program has been provided by Ajahma Charitable Foundation, UNESCO, and Healthlink Worldwide. AIDS Action – China Edition, an

independent, local publication in the national written language, was thus born.

From Global Concern to Local Practice

The guiding principle for AIDS Action – China Edition has been to maximize its relevance to readers, while ensuring that the magazine's content is consistent with international consensus.

The magazine does contain non-local materials selected from a survey of international literature. In selecting non-local materials to be included in the magazine, the topics should be in response to an existing need or a common problem in China. Issues and approaches described in literature from other countries should also be relevant and applicable to China, taking into consideration that there might be differences in dynamics and contexts. For example, articles on HIV testing models might not be applicable in China since free HIV testing is available only from a network of publicly-funded Centers for Disease Control.

A challenge in translating materials from English to Chinese is the inherent difficulty of translating between two such different languages. Readers are sensitive to and easily turned off by “translatese”, the awkward and unnatural language that even experienced translators sometimes produce, and the difficulty of translating idiom and style may result in dry and characterless text.

Another strategy adopted by the magazine is finding local examples or expressions of international best practice – in other words, local “proof of concept”, providing evidence that a particular intervention is relevant and effective in China. For example, rather than translating one of the World Health Organization's published recommendations about the “three C's” of HIV testing (counseling, confidentiality and informed consent), the magazine interviewed a local WHO officer, who described the “three C's” in a Chinese context.

Producing local contents

Ironically, sourcing local content as an alternative is often more difficult, because much local knowledge and experience does not exist in accessible written form. Grassroots organizations may lack the capacity or motivation to document lessons learned, and sharing may predominantly take place as informal verbal communication.

Diligence, however, can overcome this particular challenge. The editors of AIDS Action – China Edition have relied heavily on networking, interviews (including phone and email interviews) and keen attention to developments in the Chinese HIV and AIDS sector. Unearthing local content requires time and commitment, but by promoting and sharing local learning and best practice, a publication such as AIDS Action – China Edition can also act as a catalyst for the diffusion of innovation. Even in these cases, however, international best practice serves as a basis for judging the merits of local application and innovation.

Local Ownership and Participation

Local ownership and participation in communication processes are essential to fostering local content. From a magazine editor's point of view, there is great potential for a self-supporting cycle to develop: printing local content inspires a greater sense of community ownership, ownership encourages participation, and participation generates more local content.

“...local content inspires a greater sense of community ownership, ownership encourages participation, and participation generates more local content”

Readers' participation can be encouraged in a number of ways, such as through emails, letters column, reader surveys, and guided discussions where a question from a reader will be posted and other readers are encouraged to submit their replies.

AIDS Action – China Edition has been lucky enough to have two part-time editors, and their substantial time commitment to the program has been essential to the quality and success of the magazine. Sadly, after publishing six issues, the program is now being forced to close due to lack of funds. However, the experiences outlined in this article will hopefully prove to be useful to other organizations interested in communicating health information.

Sources:

[1] Pakenham-Walsh, Neil, *Strengthening Local Capacities to Create and Adapt Healthcare Information* (International Institute for Communication and Development, 2002).

[2] Ballantyne, Peter, *Collecting and Propagating Local Development Content: Synthesis and Conclusions* (International Institute for Communication and Development, 2002).

About the author

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HealthDev.net - a platform for Citizen Journalism and social networking on TB and HIV issues

by Bobby Ramakant

Technology provides civil society in developing nations with another platform for dialogues and interaction.

In today's health context, there is limited information sharing taking place in affected and developing societies, and limited capacity for civil society to document and share their experiences. There is a lack of representation and mechanisms for genuine participation of civil society, particularly by the affected communities in national policy processes. Tools to support tracking of progress and to ensure accountability are also lacking.

Particularly for TB and HIV, structures to achieve collaboration in national responses are often irrelevant to civil society stakeholders. Unless national responses are founded on genuine civil society participation and effective partnership, their contribution will not be fully harnessed nor communities' needs addressed.

There is also a need for processes to increase unity among civil society so that it focuses together on key advocacy opportunities. This facilitates monitoring of national TB and HIV targets and increases accountability and transparency.

To respond to the above-said issues, HealthDev.net, an innovative web-based tool, has been used for information sharing across organizations, countries and cultures. The Healthdev.net is an innovative web-based (web 2.0) information sharing tool with a global aim and local focus, developed and implemented by Health and Development Networks (HDN). Designed to enhance accountability and transparency, it contributes effectively in documenting the most-unheard voices and issues at the country-level regional and global dialogues.

How HealthDev works

HealthDev.net is both user- and content- driven. As a social networking and TB and HIV news aggregator tool, it combines features of popular and successful internet tools like digg.com, reddit.com, facebook, and other citizen journalism approaches.

Its Key Correspondents initiative empowers the affected communities in TB/HIV high burden countries, who receive capacity building support to strengthen their documentation skills, and professional editing support. Also, these voices need to be heard where they matter most, so these articles get disseminated widely through a range of distribution channels including electronic discussion forums (eForums) and media, and translated if need be.

While authors remain in control of their submissions, there is greater interaction with readers through peer reviews, commenting and voting of posted content. In a way, the readers' interactions and participation make HealthDev.net into an inverted newspaper: the articles which get the most prominence are the articles about which users talk the most, which are the most popular.

The social networking aspects of HealthDev.net allow for organic and community driven growth, while the transparency of changes to content of the site allow for the building of trust in the system by the individual users, strongly fostering the opportunity to share information across individuals, communities and cultures.

Some of the tangible outcomes of HealthDev.net include:

- HealthDev.net used as a platform for information exchange and dialogues. Examples include: Global Network of People living with HIV (GNP+), which used the site to host online consultation to help develop their advocacy agenda for 2008-2010 and Stop TB Partnership (more than 1000 partners), which used HealthDev.net to announce the agenda of the 2009 General Assembly of Stop TB partnership (3rd Stop TB Partners Forum, Brazil). In these online consultations, the participation was not only limited to their own respective constituencies; anyone visiting HealthDev.net can read the dialogue, all registered members can vote up/ down, or comment in the

discussion. This gave an opportunity for many others signed up in different country groups or regional groups to contribute and vice versa.

- Established a pool of Key Correspondents (KC) or country-based writers, many of whom represent communities of people living with and vulnerable to HIV and AIDS and TB (i.e. injecting drug users, sex workers, mobile populations). KCs play a key role in documenting voices and experiences of community groups. They are trained in the use of Healthdev.net as a web-based reporting tool. Significant outputs using Healthdev.net includes focused high quality articles, online discussions at country and regional levels focusing on country-specific priorities. and country advocacy bulletins and a regional publications summarizing the current status of key HIV and AIDS policy issues.

Next steps

Particularly in developing countries, there is a strong need for this type of a platform. Ensuring that affected communities get a platform to inform national and regional HIV processes adds value to the existing body of evidence and increases mutual accountability between different stakeholders. The openness and immediacy of this interaction generates higher levels of participation and also instills trust in the concept, and by extension, in the credibility of civil society and its contribution to HIV and AIDS and TB responses. HIV and TB civil society in the South are able to embrace new technologies and tools. Still in early stages of its deployment, the challenge now lies in getting the generated content across to individuals less familiar with Internet-based tools and in continuing to bridge the digital divide.

Building the capacity of affected communities to write, analyze and document helps bring these unheard voices to the main discourses of HIV and TB. And giving voice to civil society increases the likelihood of concerted action to meet policy targets.

The next steps are to roll out the tool to multiple countries and connecting it centrally to country-based information, dialogue and advocacy platforms already underway in Africa and Asia. Efforts are continuing to expand the target audience by disseminating information through multiple channels, and to be better able to monitor and watchdog the ongoing processes for HIV and AIDS and TB policy initiatives.

About the author

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Blogosphere advocacy

Health advocates now have a new tool in their advocacy arsenal: blogs, or websites where users can upload and share their entries, photos, or videos with other bloggers. Most blogs are personal in nature, but advocates can maximize its potential by using it as a platform to inform the public of key issues or to promote certain causes. The Health Action Information Network, for instance, maintains a blog (<http://hain-news.blogspot.com>) where news, updates, and events are posted. There are also many staff of different organizations who use their personal blogs to write about health issues and concerns.

With a number of free blog hosting sites, such as blogspot.com and typepad.com, setting up a blog does not require technological savvy. All one has to do is to sign up and one can immediately upload a post and update it as needed.

Blogs provide a two-way interaction, with readers able to post comments or reactions. Through this interactions, advocates can get a grasp of the public's reactions or perceptions to an issue.




Using blogs as an advocacy tool does have its limitations, since it relies mainly on the availability and reliability of Internet connections. Nevertheless, the growing importance of blogs in shaping public perception and opinion cannot be ignored.

Although mainstream media are supposed to be objective and unbiased, the truth is they are also beholden to certain interest groups, as well as to their own business interests. This can be a challenge for organizations, particularly those involved in specific health issues that are deemed sensitive and are not socially accepted (example: sexual and reproductive health, HIV and AIDS), and may thus not get the appropriate media attention. In any event, blogs can fill the gap between what is published and what is not published in traditional mainstream media.




Writing for a cause

“Let your pen bleed. And let it bleed for the people.” - Anonymous

Printed advocacy materials take on many forms - it could be a fancy flyer or pamphlet or a risographed newsletter; the choice is tempered only by an organization's budget, as well as the reason for printing a material. Whatever the form of material is, one thing remains non-negotiable: the quality of the content or articles. By quality, it means that the readers are able to grasp the message of the article. Here are some tips to ensure the articles' main messages are sent across:

-  **Know the target readers.** Are they policymakers or health professionals? Farmers or out of school youths? Identifying the target readers and their demographics will guide the writer on which language to use, as well as the overall tone of the article. If the readers are assumed to be well-educated and well-versed in the issue being discussed, the article may be written in English. Jargons or technical terms may also be used in the discussion. However, if the target readers are ordinary citizens, it is advisable to write in the local language or dialect which they can easily understand. Jargons should be avoided, but in case it cannot be avoided, be sure to explain the term in a simple manner.
-  **Write to express; not to impress/KISS (keep it short and simple).** One of the purposes of advocacy is to inform and educate the people; not to impress the people with the writer's skills or his or her impressive vocabulary. The writer should immediately get to the bottom of things and immediately tell the readers the core message of the article. Flowery words and long winding sentences should be avoided at all cost since these can distract the readers.
-  **Get up close and personal.** Before reading an article, the average reader is likely to ask, “Why should I read this? What's in it for me?” Unlike articles that are meant for entertainment and thus have a captured readership, articles in advocacy materials can be a hard sell. The general public would only pick it up if they know that the articles would have practical applications in their lives or line of work, or if they feel that the issue can affect them personally. In the Philippines for example, the news of a swine flu outbreak in Mexico was generally met with indifference. Mexico, after all, is in a different

continent, thousands of kilometers away. But that indifference soon gave way to caution when a few cases have been reported in the Philippines.

-  **Loosen up so as not to lose the reader.** In the health development scene where epidemiological facts and figures are constantly generated, the challenge for writers is to present these hard facts in such a way that would not confuse and irritate the reader. One way to do this is by providing a human interest angle to the story; something which or whom the average reader can empathize with. Another way is to present the figures in simpler and more concrete terms. For example, instead of writing that TB incidence in Country X is at 34 percent, write that three in ten residents have TB. Although essentially the same, the average reader will find the latter easier to visualize and understand.
-  **Let the voice of reason prevail.** Often, organizations will find themselves the target of criticism. This is especially true for organizations involved in health issues that can be quite controversial, such as reproductive health. When critics start to resort to name-calling or misinformation drive, avoid the temptation to do the same when writing a rejoinder. Avoid inflammatory language, which may distract the readers from the real issue at hand.
-  **Too many writers spoil the write up.** Writing is not exactly a team activity and this can be a challenge in organizations practicing collective writing and editing. Different writers have different styles. Assigning more writers to work in a single project may result in a badly written report or article due to the hodgepodge of writing styles.

To ensure that the writer will capture the essence of the organization's message, there should be a brainstorming where all the details and analysis of the issue will be outlined beforehand.

With regards to collective editing, assigned editors should check for grammar, brevity, and accuracy in data interpretation and the sharpness of the analysis, when applicable. Ideally, editors should be experts in the field.

SPEAK

up out

Public speaking is an important component of advocacy, allowing for a two-way communication between the speaker and the listeners. Through this interaction, the speaker can easily grasp the sentiments or reactions of the listeners.

Public speaking takes on many forms: it could be a media interview, giving presentations in workshops, or giving a speech in front of a large assembly. But whatever the form of public speaking, advocates must keep in mind the following general rules:

1. **Come prepared.** It would help if the speaker is already familiar with the topic to be discussed, but whether he or she is already knowledgeable in the topic, it would not hurt to do some research and studies. Since public speaking is a tool for information dissemination, it is imperative that speakers check and double-check their information before speaking out.
2. **Know the target audience.** This is a basic rule in all forms of advocacy, for knowing the audience's demographics would help set the tone of the discussion. For example, if the audience is composed mainly of students, the speaker should steer clear of using technical terms and jargons that could bore them. Knowing the audience would also give the speaker an idea of how he/she should dress up. When meeting with high level decision-makers, for instance, the speaker should dress more formally.
3. **Speak in a clear and well-modulated voice.** If it is hard enough for the audience to sit still for a long period of time, it is doubly harder for them to strain their ears just to catch what the speaker is saying.
4. **Be mindful of body languages.** Body languages speak a lot, and this works both ways. For the speakers, they should be mindful that the way they act or their mannerisms can make or break their presentations. Folding their arms while speaking might give off the impression of aloofness. On the other hand, walking and using hand gestures give a more dynamic projection than just standing still. Similarly, the audience also conveys their moods through their actions. Speakers must take note that when majority of the audience starts to yawn or tap their fingers, it means that they are already bored and they could no longer absorb what is being said. It is a cue for speakers to either speed up their presentations or move on to the next subject.
5. **Establish a rapport.** A sincere and warm greeting before the presentation would immediately put the audience at ease. Keep the rapport by maintaining eye contact with some people in the audience, but keep in mind that in the Asian setting, prolonged direct eye

contact might seem threatening. Professional speakers use the three-second rule wherein they would maintain direct eye contact with a particular member of the audience for three seconds. When reading a prepared speech, an occasional glance to the audience would also help establish rapport.

6. **Whenever possible, make the presentation interactive.** Throw questions at the audience and, consequently, be prepared to answer some of their questions.
7. **Visual aids can help enhance a presentation.** Microsoft's Powerpoint software is perhaps the most commonly used visual aid nowadays. Here are some tips on how to use a prepare a Powerpoint presentation:
 - a. Keep the texts to a minimum. Use bullets to list the key points or highlights. The ideal is to have nine lines of texts per slide.
 - b. Choose the proper font, font size, and font color. These three affect a text's readability. When selecting fonts, choose the common types to ensure that when the file is transferred to another computer, the font is available. Avoid using scripts or other fancy fonts that are not easily readable. There is no general rule for font size but typically, the size ranges from 20 to 24 for the main body. The size is also dependent on the font to be used since some fonts are thicker and more readable than the other even if the same font size is used. A splash of color will enliven the presentation, but using too loud colors is distracting. As a rule, when using a darker slide background, use lighter font colors. And vice versa.
 - c. Keep animation to a minimum. Stay clear of too flashy animation that can either be dizzying or distracting. Also, do not use the slow transition speed option, which can be time-consuming.
 - d. Preview the finished presentation.

In venues where computers and projectors are not available, flipcharts may be used instead. This can be prepared in advance, with the presentation highlights already listed in bullets.

References:

10 tips for public speaking. <http://www.toastmasters.org/MainMenuCategories/FreeResources/NeedHelpGivingaSpeech/TipsTechniques/10TipsforPublicSpeaking.aspx>

Presentation Tips for Public Speaking. <http://www.aresearchguide.com/3tips.html>

Advocacy Resource List

Giving Voice to the Voiceless : A Communicating for Advocacy Publication, 2007. 56 p.

Using a rights-based approach, this project sought to develop the capacity of poor and marginalized groups in South and South-East Asia both to influence practice and policy, and for information exchange and skills transfer by health and development agencies. Published jointly by Cambodia Health Education Media Services (CHEMS), Healthlink Worldwide, Health Action Information Network (HAIN), and Social Assistance and Rehabilitation for the Physically Vulnerable (SARPV). Available from SARPV, GPO Box 4208, Dhaka 1000, Bangladesh. Available free from <http://www.healthlink.org.uk/PDFs/cfalearningpublication.pdf>

Participatory Rural Communication Appraisal : Starting with the People by C Anyaegbunam, et al. 2nd ed., 2004. 160p.

Designed primarily as a field guide for development workers and extension staff, this handbook provides a simple, easy-to-follow procedure for planning cost-effective and appropriate communication programs. It can be used as a reference for conducting participatory rural communication appraisal (PRCA) in the field as well as a training guide for capacity building in PRCA. Available at US\$35 from Food & Agriculture Organization of the United Nations (FAO), Sales and Marketing Group, Information Division, Viale delle Terme di Caracalla, 00100 Rome, Italy. E-mail publications-sales@fao.org, Full text on the web <http://www.fao.org/docrep/008/y5793e/y5793e00.htm> or <ftp://ftp.fao.org/docrep/fao/008/y5793e/y5793e.zip>

Information Management for Development Organizations by M. Powell, 2nd ed., 2003. 294p.

Published by Oxfam, the monograph is about managing information in the workplace rather than in a resource center or library. It is aimed at managers of community groups and non-governmental organizations in developing countries and elsewhere. It aims to help them to think critically about what kinds of information they, their staff, and their project partners need. It discusses how they can access such information, manage it, and communicate it in the most effective and equitable way. Available at £10.95 from Oxfam House, John Smith Drive, Oxford OX4 2JY, UK. Alternatively, limited sections available on Google Books. <http://publications.oxfam.org.uk/oxfam/default.asp>. Full text on the web http://www.oxfam.org.uk/what_we_do/resources/infomgt.

Quest Manual : Your Guide to Developing Effective Health Communications, 2003, 55 p.

Quest is a framework that takes people through the process of planning, researching, developing, disseminating and evaluating communication and information resources, in an interactive way. It is a tool to guide experienced facilitators who aim to develop participants' capacity in resource production, through a participatory approach. To maximize the potential of Quest, you are encouraged to contact Healthlink Worldwide about negotiating a Quest training package for your organization. Available at £27.92 (2nd class UK), £29.38- (Europe airmail), £31.85 - (Rest of world airmail) from Healthlink Worldwide (formerly AHRTAG), 56-64 Leonard Street, London EC2A 4JX, UK. E-mail info@healthlink.org.uk, Website <http://www.healthlink.org.uk>.

Source is an international support center providing free online access to 25,000 comprehensive references to information sources and organizations in the field 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 and AIDS, primary health care, poverty, disability and development, evaluation, training, health communication, and information management. Search Source at www.asksource.info.



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