

Developing tools for strategic communication to the media on emerging infectious diseases (EIDs)

*Report of an Informal Consultation
WHO-SEARO, New Delhi, 26 May 2011*



**World Health
Organization**

Regional Office for South-East Asia

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Executive summary

Emerging infectious diseases (EIDs) are of serious public health concern, as they have the potential to cause large numbers of deaths, and have a significant economic and social impact.

Public awareness and appropriate response are vital for prevention and control of outbreaks of EIDs. The mass media is probably the single most important source of health information for the general public, and influences policy-makers and donors.

Therefore, specific tools, particularly tailored to the needs of the WHO South-East Asia Region, are needed for a systematic and strategic engagement with the media, to ensure wide, accurate and responsible reporting of emerging infectious diseases.

To help formulate these tools, a one-day informal media consultation was held on 26 May 2011 in New Delhi, India, in order to identify key issues for improved health reportage on emerging infectious diseases. The focus was on those countries of the WHO South-East Asia Region that are considered particularly vulnerable to EIDs e.g. countries along the Gangetic Plain, the Mekong Basin, such as Bangladesh, Bhutan, India, Myanmar, Nepal and Thailand, as well as Indonesia, which has recently suffered outbreaks of avian influenza and other EIDs.

During the consultation, 16 journalists from the Region, communications focal points as well as public health professionals from WHO-SEARO and country offices exchanged ideas and highlighted key issues at the media–public health interface.

The consultation concluded with the following recommendations on ways to bridge the gap between media needs and public health needs, in order to ensure improved media coverage of emerging infectious diseases:

- (1) Regular, ongoing health sector/WHO meetings with key media .
- (2) During health emergencies, a health sector spokesperson should ensure regular briefings for the media.
- (3) The health sector should adopt internet technologies to bridge the information gap in a fast-moving situation.

- (4) Social media should be used proactively, particularly to counter misinformation.
- (5) Media briefings should be in simple language to prevent misinterpretation.
- (6) Regular field visits for journalists should be arranged as far as possible as they are useful in demonstrating key health issues and providing them with new and surprising angles for their stories.
- (7) Video clips/video news releases should be provided as they help electronic media to carry a story with ready visuals. Pictures from the field add value to the print journalist's story.
- (8) Health organizations should add to the technical information with examples and "human" interest stories to help the media and public relate to the messages emotionally as well as intellectually.
- (9) There should be more training/public health courses for health journalists to provide them with a greater understanding of public health issues.

1. Background

This century has seen the emergence of many new diseases that are of serious public health concern. Some of them have been widely reported while others are barely known to the public. Most have the potential to cause large numbers of human deaths, with an even larger social and economic impact, in today's interconnected world.

Emerging infectious diseases (EIDs) are defined as *“diseases of infectious origin whose incidence in humans has increased within the recent past or threatens to increase in the near future. These also include those infections that appear in new geographic areas or increase abruptly. The new infectious diseases and those which are re-emerging after a period of quiescence are also grouped under emerging infectious diseases”*.

About 75% of emerging diseases that have affected humans over the last three decades are of zoonotic origin i.e. they emerge from animals, and cross species to infect humans. Many of them are highly pathogenic. Scientific research on 335 emerging diseases that emerged between 1940 and 2004 has indicated that certain areas of the world are more susceptible to the emergence of such new diseases.¹ Among these global “hotspots” for EIDs are the countries along the Gangetic Plain and the Mekong River Basin, which have witnessed outbreaks of emerging and re-emerging diseases such as Nipah virus encephalitis, Crimean-Congo haemorrhagic fever (CCHF) and avian influenza.

Public awareness and appropriate response are vital for prevention and control of outbreaks of emerging and re-emerging diseases. The mass media is probably the single most important source of health information for the general public. It also shapes public opinion, and influences policy-makers and donors.

¹ Jones, Kate E., et. al (2008) “Global trends in emerging infectious diseases” , *Nature* **451**, 990-993 (21 February 2008).

Equally, however, inaccurate reporting and sensationalism during an outbreak or pandemic can have an adverse impact on public health as well as a country's economy and development.

The external assessment of the global response to the pandemic H1N1, conducted by the International Health Regulations (IHR) Review Committee and adopted by the World Health Assembly resolution (WHA64.1), has identified WHO's need for greater strategic engagement with the media. The outcome of the media session of the "Partners Conference for Health in South-East Asia", held in New Delhi, India, from 16 – 18 March 2011, also emphasized this issue.

The WHO Outbreak Communication Planning Guide provides direction for communication planning in general. However, more specific tools, particularly tailored to the needs of the Region, are needed for a more systematic and strategic engagement with the media, to ensure wide, accurate and responsible reporting of emerging infectious diseases.

Therefore, a one-day informal media consultation was held on 26 May 2011 in New Delhi, India, in order to develop ways to identify key issues that need to be addressed for improved health reportage on emerging infectious diseases. The focus was on those countries of the WHO South-East Asia Region that are considered particularly vulnerable to EIDs e.g. countries along the Gangetic Plain, the Mekong Basin, such as Bangladesh, Bhutan, India, Myanmar, Nepal and Thailand, as well as Indonesia, which has recently suffered outbreaks of avian influenza, dengue and other EIDs.

2. Objectives

The objectives of the consultation were to:

- develop an understanding of the media's roles and responsibilities in a public health emergency; and
- develop a tool to help identify key health messages that should be communicated to the public for emerging/re-emerging infectious diseases; the key media needs that are essential for accurate, timely reporting; and ways to meet those needs so that public health messages are accurately reported.

3. Opening session

Opening remarks by Dr Sangay Thinley, Director, Department of Communicable Diseases

In his opening remarks, Dr Sangay Thinley, Director, Department of Communicable Diseases (CDS) highlighted the importance of the media in public health. He pointed out that human beings are increasingly becoming vulnerable to emerging infectious diseases, “as human beings and animals are thrown into greater proximity, with increasing human population, dwindling forests and climate change.” In the last three decades, at least 30 new infectious diseases had emerged, such as SARS and Nipah virus encephalitis. Many of these are from animal sources and several are highly pathogenic. They not only pose a major threat to public health, but, if they spread, they could potentially also threaten the economic and social fabric of a country, particularly in low-resource developing countries.

Usually, the path, or impact, of emerging diseases cannot be easily predicted and vaccines take time to develop. Initially, in an outbreak of EID, therefore, the only weapon is information, to create awareness – and this is where the media plays a fundamental role, as the single most important source of information for the public. It is therefore vital to ensure that this information is accurate as erroneous/irresponsible news reports can cause panic, and cause havoc with the daily lives of people and also impact trade.

Appreciating the role of the media, he concluded, “We would like to understand your needs, to provide you with an understanding of ours, and to find practical ways in which we can effectively work together for the benefit of all. “

“WHO’s Role and Mandate” by Ms Vismita Gupta-Smith, Public Information and Advocacy Officer

Providing an overview of WHO’s mandate and role, Ms Vismita Gupta-Smith, Public Information and Advocacy Officer, explained that WHO’s work is to set norms and standards in all areas of health and to provide technical expertise to countries to maintain these standards. It is the

countries themselves that carry the burden of health-care delivery. Journalists were sometimes not aware of this distinction.

She pointed out that health experts understand the importance of getting health messages to the public through the media, among other means. Health information can (i) encourage healthy behaviour among the public; (ii) reduce risks to survival and health (vaccines, smoking); and (iii) help to minimize civil unrest (during pandemics, disasters). Media communication plays an important role in building consensus for action (e.g. the Framework Convention on Tobacco Control or FCTC, an important example of a law binding on Member States to curb the spread of tobacco use).

However, health experts needed to understand the rapid changes in communication, including health coverage, brought about by new technology and the internet, particularly social media. A common ground needs to be found to make media coverage a health priority as much as to make health a media priority.

She, too, emphasized the crucial role of journalists: well-informed journalists reporting on public health can convey the complex dimensions of health issues to the public. High-quality journalism about health can help citizens and policy-makers adopt health-care policies that can improve health for all.

4. Technical presentations

Two technical presentations were made to provide in-depth briefing to journalists. The first was by Dr G. Gongol, Scientist, Disease Surveillance and Epidemiology (DSE) Unit, on “Emerging infectious diseases”, and the second on “Antimicrobial resistance” by Dr Rajesh Bhatia, Regional Adviser, Blood Safety, Laboratory and Antimicrobial Resistance.

4.1. “Emerging infectious diseases and zoonoses in the WHO South-East Asia Region” by Dr G. Gongal

Dr Gongal focused on the reason why emerging infectious diseases are a serious threat: new pathogens, particularly viruses, remain unpredictable

and continue to emerge and spread, and at present, even for many existing viral infections there is no vaccine for prophylaxis and the death rate is usually high.

Worldwide, during the past 30 years, more than 30 new pathogens have been detected. The WHO South-East Asia (SEA) Region has frequent outbreaks of known epidemic-prone diseases like dengue fever, meningococcal disease, typhoid fever, cholera, leptospirosis, Japanese encephalitis, hand-foot-and-mouth disease (HFMD) and chikungunya. At the same time, several new emerging infectious diseases are posing a serious public health threat, including pandemic influenza (H1N1) 2009; avian influenza A (H5N1); Nipah virus encephalitis and possibly Ebola Reston.

Zoonoses are diseases and infections that are transmitted between animals and humans. About 75% of all emerging diseases that have affected people over the last three decades have occurred as a result of infection from animal pathogens to human beings.

Given the unprecedented growth of the human population, and the increased and close human-animal interface, zoonoses have become very important for human health.

The important emerging/re-emerging zoonotic diseases in the Region include:

- SARS (Severe Acute Respiratory Syndrome)
- HPAI (Highly Pathogenic Avian Influenza)
- Pandemic H1N1 (2009)
- Nipah virus encephalitis
- Japanese encephalitis
- Crimean-Congo Haemorrhagic Fever (CCHF)
- Leptospirosis
- Scrub typhus (Maldives, India)
- Anthrax
- *Streptococcus suis* infection
- Brucellosis.

The unpredictable nature, and our limited knowledge, of microbial changes and adaptations make these infections potentially very serious. For example, before 1997, it was thought that the avian influenza virus cannot transmit directly to humans: it first infects pigs, where it undergoes reassortment of its genetic material and only then can it infect humans. But during the 1997 avian influenza (AI) outbreaks it was found that the AI virus can be transmitted directly from poultry to humans.

The 2009 H1N1 virus was a new strain, whose genetic material had combinations of swine-avian-human influenza viruses. While evidence revealed that it had originated from this mix of zoonotic and human flu viruses, subsequently it showed sustained human-to-human infection, including cases of family and community clusters of infections.

Historically, it has been observed that pandemic influenzas come in several waves, sometimes starting with milder forms, which return in a second, more virulent wave. The 2009 pandemic spread rapidly around the globe but appears to have been relatively mild.

The SARS (Severe Acute Respiratory Syndrome) outbreak in 2002 raised the alarm about rapid transmission of a disease for the first time this century. Globalization, with increased travel, tourism and trade saw the disease spread very quickly from continent to continent. It was said that “disease is only a plane flight away.” A direct outcome of SARS was the revision of the International Health Regulations (2005).

International Health Regulations (2005)

The IHR (2005) is a legal international agreement on public health that is binding on all Member States of WHO. This updated version is a much stronger and effective law on communicable diseases than the previous IHR that was adopted by the World Health Assembly in 1969, and later amended in 1981 (narrowing it from six reportable diseases to only three, i.e. yellow fever, plague and cholera).

The IHR (2005) contains several innovations. While earlier the onus of reporting an outbreak or even cases of specified diseases lay solely with national governments, the current agreement permits WHO to collect and use information from multiple sources. It also makes it mandatory for

countries to report any public health emergencies of international importance, based on the seriousness of the likely public health impact, and the unusual or unexpected nature of an event.

The IHR (2005) also lays down the procedures for the WHO Director-General to declare a “public health emergency of international concern” and issuance of corresponding temporary recommendations. It also strengthens WHO’s authority in surveillance and response and at the same time strengthens the collective, proactive global collaboration for risk assessment and risk management.

Often information about risk events is obtained from nongovernmental sources including media monitoring, and verification of rumours. Between 2001 and 2011, 51% of outbreak information was obtained initially from media sources.

A strong partnership between the media and public health experts, based on mutual trust and understanding, is therefore important to strengthen mechanisms for early detection of disease outbreaks.

Discussions and questions focused on the public confusion because people were led to expect a severe pandemic, but the Pandemic H1N1 (2009) did not result in the large numbers of deaths that experts had predicted.

Dr Gongol replied that although the outbreak resulted in a mild form, the threat was real given its rapid geographic spread across continents, and its impact could not be predicted – it could have been severe. The risk is not over yet. Recent reports show a second wave of H1N1 (2009) in some countries, for example, in Sri Lanka in December 2010. The mild nature of the 2009 pandemic also helped to test global and national capacity and preparedness to deal with a pandemic. The lessons learnt from this experience are helping to build capacity at all levels to tackle future outbreaks.

Dr Bhatia cautioned that influenza is one of the most treacherous of organisms. In the last century, the three influenza pandemics caused over 80 million deaths. He reminded that in 2005, an avian influenza pandemic originating in Asia was expected. Avian influenza infection results in high mortality among humans. Instead, pandemic H1N1 (2009) emerged and

spread rapidly across the globe, but fortunately killed fewer people. As WHO Director-General Dr Margaret Chan said, this time “we have been lucky”, as the virus did not become resistant to Oseltamavir, the only drug we have for treatment of H1N1. But at present no government or international agency can predict whether or not it could still become a big killer. If this virus meets with another virus, there could be a more lethal combination that could become resistant to Oseltamivir. That could lead to huge mortality.

4.2 “Prevention and containment of antimicrobial resistance” by Dr Rajesh Bhatia, Regional Adviser, Blood Safety, Laboratory and Antimicrobial Resistance

Dr Bhatia’s presentation focused on the implications of antibiotic resistance for society and public health. “Antimicrobial resistance”, as he quoted the European Centre for Infectious Diseases, “ is possibly the single biggest threat facing the world in the area of infectious disease”. Nor is it an unexpected threat.

Alexander Fleming, who discovered the first antibiotic, penicillin, in 1929, voiced concerns about such a situation even in his Nobel Prize acceptance speech.

Antibiotic/antimicrobial resistance means that microbes are becoming unresponsive to these drugs in standard doses. This means that increasingly, when these medicines are prescribed by doctors, they no longer cure the patient, or it takes much longer for a patient to get better. In other words, the world could be moving to a pre-antibiotic era, where people died from even minor wounds because there were no drugs to fight infections.

To some extent, resistance in microbes is a natural phenomenon. But misuse of antimicrobials is making them ineffective faster. Resistance occurs due to many causes, including the following:

- **50%** of antibiotics are prescribed inappropriately, for example, for treating illness caused by viruses, which cannot be treated by antibiotics. Overuse of antibiotics reduces the person’s immunity and the ability to fight infections.

- **50%** of patients have poor compliance. Because people do not understand the need for completing the full course of treatment, or because people cannot afford to take the full course, a large percentage of patients take only partial treatment. In either case such shortening of treatment does not kill the microbe, but on the contrary, helps it develop the ability to resist the drug. The next time the same drugs will prove ineffective not only in that patient, but in all patients infected with that resistant version of the microbe.
- **50%** of antibiotics in some countries are used for animal growth promotion. Many of these are used not for treatment but to secure these animals as food. To control this area of overuse, national policies must include the animal husbandry (food and agriculture) sector also.
- **Counterfeit drugs** add to the problem.

In the SEA Region, antimicrobial resistance is widespread. The first line of drugs in many cases are no longer effective and some diseases now require the second or third lines of treatment using highly expensive and often highly toxic drugs. These diseases include the following:

Tuberculosis	MDR (Multidrug resistant) -TB < 3%: 130000 cases annually XDR (Extremely drug resistant)-TB: Reported from Bangladesh, India, Indonesia, and Thailand
Kala-azar	60% resistance to pentavalent antimony and 25% in pentamidine
Typhoid fever	MDR <i>Salmonella typhi</i> prevalent all over Region causing 10% CFR in children (pre-antibiotic era: 12.8%)
Acute respiratory infections (pneumonias)	69% of <i>Strept pneumoniae</i> resistant to penicillin in Thailand
<i>Staphylococcus aureus</i>	Over 50% isolates in hospitals are methicillin resistant
<i>Acinetobacter baumannii</i>	More than 50% patients infected with resistant strains die.

This impacts patients, resulting in longer durations of illness; longer treatment periods; higher mortality and higher financial burden due to use of more expensive drugs. Antimicrobial resistance therefore drains the economy and increases the burden on the health system. Untreated patients become reservoirs of resistant organisms, putting the entire community at risk of infection. It negates the technological advances made in the medical sector.

Resistance is a multi-faceted problem, including biological, technical, behavioural, economic, regulatory and educational aspects, and needs multi-pronged strategies to end it.

More recently the world has been confronted with the issue of “superbugs”, reported widely in the media. Inappropriate use of antibiotics over the years has created “superbugs”, microbes that are resistant to several antibiotics.

The options to tackle this problem are twofold: conserve the efficacy of available drugs, and develop new antimicrobials. However, the large investment needed makes the second option less viable to pharmaceutical companies – in the last five years only two new antibiotics have been developed.

A Regional Strategy on AMR has been developed for WHO South-East Asia, addressing governance, regulatory aspects, capacity building, community education and research on AMR.

The questions raised during the discussion included:

- (1) What can be done to succeed in this battle?
- (2) How do developing countries face the dilemma of whether or not to use antibiotics to prevent deaths in illnesses like diarrhoea?
- (3) Should every country have guidelines for antibiotic usage? Do the larger countries use one set of guidelines for the entire country?
- (4) In developing countries there are insufficient numbers of chemists and doctors and many people are illiterate, with low purchasing power, and they face the dilemma of quack doctors, and over-prescription of antibiotics. What can they do?

- (5) Are there viable alternative therapies to antibiotics?
- (6) Is WHO working with organizations like OIE on the matter of use of antibiotics in animals?
- (7) Since hospitals are the major source of “superbug” infections, what policies should dictate their use of antibiotics vis-a-vis “superbugs”?

In response, Dr Bhatia observed that continuous, rational use of antibiotics is the best way to conserve currently available antibiotics. For the treatment of childhood illnesses like pneumonia and diarrhoea, WHO recommends that standard guidelines be followed. Most cases do not require antibiotics and should be treated with simpler drugs and proper case management. Simultaneously, the determinants of such diseases, such as consumption of unsafe water, need to be addressed, and communities educated on measures they should take, so as to reduce new infections. Some years ago, many countries in the SEA Region undertook mass media information campaigns on how to deal with diarrhoea. People learnt those lessons well and now give their children boiled water, and oral rehydration salts and fluids once they get diarrhoea. This has made a huge difference and fewer numbers of children now succumb to the disease.

It is also important for the health sector to constantly review the defined standard treatment guidelines, to study the causes of these illnesses and what antibiotics, if any should be given. Over the years, some of the simple, cheaper drugs have become less effective. The health sector at present lacks the capacity to undertake such surveillance and there is a need to build new capacity for this.

Given the vast differences in the treatment and use of antibiotics at different levels of society, one standard treatment guideline may not work for all people. The need is for each hospital to have its own standard guidelines as treatment will need to match the existing history of antibiotic use in the people using that hospital. Every hospital must update its standard guidelines with new information.

While some alternatives to antibiotics had been used in trials for control of infectious diseases, so far they have not proved to be effective substitutes for antibiotics.

The only way to maintain efficacy of antibiotics is to ensure their restricted use. Unfortunately between unethical prescribers and uneducated patients lies the problem. In a competitive world, a doctor may prescribe complex antibiotics inappropriately to a patient who demands a cure in a short time. Some surveys have indicated that as much as 50% of people want to change their doctor if he does not give antibiotics. For example, for most paediatric fevers there is no need for antibiotics, but most parents demand these and doctors succumb to these demands to appease their fears. Equally there are many chemists who suggest antibiotics to their customers for minor pains.

Action is needed at the highest levels to guide antibiotic policy and ensure implementation of such a policy. Presently the capacity to monitor antibiotic misuse is limited. Stronger regulations, as well as implementation of those regulations, are needed.

WHO's role is to set standards, provide guidelines and advocate for those to be adopted and followed. "Antimicrobial resistance" was the key agenda item at the annual SEAR Health Ministers' Meeting held in India in September 2011.

The media's role in reporting on these problems has proved very effective. Media stories can raise tough questions and often elicit urgent response from governments. For example, "superbugs", widely reported in the media, are present in many countries, including developed countries. In India, media attention highlighted to policy-makers the need for urgent action and as a direct outcome of this, the government worked urgently to develop the country's antibiotic policy that is now available to all.

While medical experts provide the information needed by the public, they may not be able to communicate the message in a compelling way. Media are an extremely important channel for information to reach people in a comprehensible and credible manner.

This is especially true in outbreaks when people often have greater faith in media reports than in government messages.

Dr Gongol reiterated that antimicrobial resistance is a global problem. This is a man-made disaster caused by underuse and overuse. Overprescription at the demand of the patient and noncompliance by

patients, both lead to development of resistance. Policies alone will not work; it will need a change of behaviour in people. Media, by exposing the dangers, can play an important role in curbing overuse and resistance.

WHO-SEARO has been working with journalists in countries of the SEA Region to provide them with a deeper understanding of important technical issues. There is now a need to reach out to the news editors, the media decision-makers, so that they understand and encourage a greater focus on important health issues.

5. Group discussions

Analysis of the technical presentations from the media and public health perspectives formed the basis of group discussions. Participants were divided into two groups. The first group focused on four key issues:

- What points of the two technical presentations would be likely to be included by journalists as stories?
- What are the public health messages from these presentations?
- What/where are the gaps between the public health and media perspectives on these?
- How can one counter false and potentially harmful rumours that spread fast during outbreaks e.g. through the internet and sms?

The group decided that the following topics presented newsworthy angles:

On EIDs:

- (1) Malaria in monkeys.
- (2) Series of stories on Nipah virus, malaria.
- (3) Animal-human interface of disease.
- (4) The impact of EIDs on health tourism.
- (5) SEAR as an epicentre of zoonotic diseases- why this was so, particularly in relation to existence and recurrence of Nipah fever in one country and the status of Anthrax in the Region.

- (6) Coordination between human and animal health to detect/prevent EIDs.

On antimicrobial resistance:

- (1) The source and extent of antibiotics in livestock and the environment.
- (2) Status of research and development for new antibiotics — how many are there in the line-up? Is the world headed for the pre-antibiotic era?
- (3) Examine the behavioural causes: doctor's dilemma in prescribing drugs versus pressure from patients to give the strongest antibiotics for quick and more assured cures.
- (4) Resistance caused by inadequate knowledge, less purchasing power and incomplete compliance to complete the full course of antibiotics.
- (5) Child deaths due to AMR.
- (6) Success stories in countering misuse of antibiotics.
- (7) Counterfeit drugs and how they link to AMR.
- (8) Need for new studies/reports on AMR with local data.

The group identified the current gaps between the health sector and the media:

- Lack of good background technical information for journalists.
- The nature of TV news is such that it is difficult to carry features on non-newsworthy topics and on health promotion messages.
- WHO is regarded as the main source for accurate/credible information. However journalists often find it difficult to access WHO experts and to obtain timely information and “sound bites” to meet their deadlines. With television and broadcast media, those “sound bites” are essential as written information cannot be easily shown in an interesting way on TV.
- Health news about normal developments or ongoing programmes lends itself more to feature stories, which require time and research.

- To be better informed about new developments, there is a need for an alliance of media and experts.
- Field trips for journalists are important to provide them with an international/national perspective on disease and health. In some countries, the Ministry of Health regularly organizes field trips for media personnel. More countries should be encouraged to do so.
- WHO and UN agencies need to use social media more often. Social media, such as facebook or twitter, can alert journalists to new information, for example, that is being updated on the WHO website, or on any important meeting taking place or outcomes of important discussions.

The second group focused their discussion directly on :

- media needs from public health experts.
- public health needs from the media.
- ways to bridge the gap.
- How to quell rumours during outbreaks.

The journalist's task is to provide information that the reader wants, in the form of compelling stories. The challenge is to find new stories or new angles to old stories, which can surprise and shock the audience/readers. For example, antimicrobials as a topic may have lost shock value. So perhaps instead of a general story about how sepsis could become a killer if the drugs do not work, focus on one topic. For example: tell the story from the point of view of men being tested for prostate cancer, and where the test itself could lead to sepsis. The infection without proper treatment could lead to death. Such a story, while focusing on a particular problem and specific audience, provides an interesting angle for an antimicrobial story.

Today there is a disconnect between the public health advocate and the media. Corporates with huge advertising budgets create catchy advertising to sell their product, and in order to get the public's attention adequately to get the health message across, the health sector will, in effect, have to compete with such advertising. For example, the advertisements for two well known soaps, *Dettol* and *Lifebouy*, which have a public health message about hand washing, are compelling and promote good hand hygiene. The public health sector communications need a paradigm shift

and must think beyond the normal advocacy methods used by the development sector.

While over time there have been experiments with creative PSAs (Public service announcements) on tobacco, ORS and immunization that have used popular television sitcoms and characters, sports stars and film personalities from the Region, the health sector cannot let up or slip back to the era of dull health announcements that no one watches or listens to.

What the media needs from public health organizations

- (1) Timely information is crucial. Media has deadlines that are dictated by external factors, and if those deadlines are missed, no matter how valid the reason, the story (and the public health messages it is meant to carry) will not be broadcast/printed.
- (2) Localized data are needed to make the story relevant to the reader. Regional data are not useful as people are more concerned about what is happening in their vicinity and do not always understand the WHO region; country and even local data catch public attention. Comparative data of one disease with other diseases, or data comparison over a period of time can make news.
- (3) Ongoing flow of the information is helpful, with different angles to the same issue, if need be. Health journalists are expected to report regularly and are always looking for new story ideas. More frequent meetings with health authorities or regular mailings about new areas of health concern are a great help for journalists.
- (4) Journalists need to speak with authorized health sector spokespersons who have expertise on the disease, and can be quoted. Media requires expert comment and “sound bites” for adding credibility to their stories. The health sector is often not helpful in providing spokespersons.
- (5) Media needs to understand WHO’s mandate and role better so they know in what areas /occasions they can be quoted or be willing to go on record.
- (6) During an outbreak or a health crisis, media needs to be able to obtain “quotes” quickly from WHO experts. Presently this is hard

to obtain, so media asks private doctors, the man in the street, which lessens the impact of the information given, and may even be incorrect sometimes.

- (7) In today's fast-paced world, people want to know what is happening in real-time, and media needs to report on what is available. Therefore public health organizations and governments should disseminate information and factual data as they are obtained, and not wait for all data to be complete.
- (8) During "peacetime" i.e. when there are no outbreaks or emergencies, journalists need a compelling or surprise angle to sell health stories. It would help if WHO/health sector could suggest these. These might emerge from more regular conversations between health experts and journalists.
- (9) When a journalist is facing a publishing deadline, phone interviews may be a quicker option for both journalists and the expert. Health sector spokespersons are requested to undertake such interviews.
- (10) The health sector should interact more with senior media decision-makers, like news editors and bureau chiefs, to secure their support for important/ongoing health stories.

What public health experts need from the media

- (1) Accurate and unbiased reporting in the media is essential.
- (2) During an outbreak, media reporting must focus on building trust, and help in saving lives by helping people make informed decisions.
- (3) Media should help people overcome fear and to reduce their vulnerability.
- (4) Health journalists should have a good health orientation and the task of health reporting must not be delegated to novice cub reporters who may not understand the complexity of the issues involved. Their lack of understanding could lead to misreporting and cause greater public anxiety.

- (5) Ongoing engagement between the health sector and media is needed. These interactions should be in-depth for creative and intensive reporting particularly during normal times.
- (6) Even when reporting on controversial subjects, journalists should use the opportunity to inform and educate people about the topic.

Suggested ways to match the expectations of the media and public health experts

- (1) Experts must engage in many more technical briefings for the media. One way to connect with journalists across the Region is through virtual media interactions. WHO-HQ created and effectively used virtual press conferences to reach out to journalists across the world during the pandemic H1N1 outbreak. However, as the time difference was unsuitable for Asian deadlines, no journalist from Asia participated in these. It is important for WHO-HQ to find a way to ensure that all journalists across the world can attend these conferences. WHO-SEARO should also explore ways to use teleconferencing/videoconferencing between experts and the media, during a crisis situation.
- (2) While some use is being made of the new internet technologies by WHO, SEAR should explore ways to better use sms, Twitter, Facebook and other social networking sites to draw the attention to, and to disseminate, important public health information.

Further plenary discussions highlighted the following:

- (1) Need for spokespersons: WHO experts said that in an ongoing emergency situation, the experts are so busy handling the technical aspects of the outbreak that they do not have the time to talk to the media. Journalists strongly expressed the view that WHO must appoint a spokesperson to regularly brief the media.
- (2) There has been considerable debate on the best means to disseminate key messages to the public and media. During the recent pandemic, WHO had worked closely with national governments to develop messages to alert, inform and reassure the public. Since then WHO has also conducted "Spokesperson

training” for WHO and MoH staff in countries so that they are better able to communicate with the media. Technical briefings for the media were also provided in many countries. This effort will now be an ongoing part of SEAR media strategy.

- (3) Use of technology: It was pointed out that the media and technical health experts have complementary roles. One way for both professions to interact regularly is through videoconferencing: at WHO-SEARO there is advanced technology for video conferencing with all 11 country offices in the Region. Annually, SEARO holds over 100 technical meetings. This is a vast resource of information across all key health areas. If the media were interested then SEARO could arrange periodic media briefings via tele/videoconference by connecting to country offices. Journalists could be briefed on topics of interest, including new issues and new solutions. Depending on the needs of countries and the media, WHO could also provide a list of subject experts in each country. This could be a mechanism for continuous engagement.
- (4) Creativity and unusual angles: Following the plague in India in 1994, SEARO included a group of eight health journalists to participate in a two-day “Lessons learnt workshop” along with technical experts from countries. Their presence with experts enabled substantial discussion and a far better understanding of each other’s points of view.
- (5) Field visits: The highlight of the plague “Lessons Learnt” workshop was a field visit to a geographical area in south-central India, which is a natural reservoir of plague in the wild. The field trip was an eye opener for journalists who saw “first hand” how the wild rodents were captured from their deep tunnels, which also occasionally harboured snakes, how they were trapped within a netted periphery and the fleas dusted and tested for plague. Not only did this provide good stories for journalists, it also provided them with an understanding of the reality on the ground, in which scientists/public health experts work, and why, for practical reasons, it is not always possible to get the information that journalists request.

Another journalist provided an example of a field visit for a sanitation story that proved to be revealing. For the first time he

understood an important reason why adolescent girls drop out of school. When schools did not have toilets, the girls could not attend school for hygiene reasons. The field visit provided him an exciting angle on a sanitation story that won wide acclaim.

- (6) Human interest stories and planning for news “pegs”: Journalists also suggested that for the numerous health “days” or other major health events, experts add interesting and/or surprising “human” angles to stories, for example, case studies or types of people more affected, or NGOs that are doing good work to help those infected. There was a suggestion that journalists should meet the experts ahead of the world health/special days so that they could research and write the story ahead of the event, which is the “peg”. Every story also needs a “quote” from an expert; this is a basic requirement of journalism. So, in the interest of getting its accurate message across, WHO experts should be ready to be quoted. Otherwise, journalists are compelled to interview other doctors/opposing lobby groups, who may not know the situation but are media-savvy, and in the process inaccurate messages are communicated.
- (7) Building relationships: It is important for the health sector to build a relationship with health journalists so that they have a common ground. This helps journalists to hone their stories with a greater understanding of issues. The relationship would also be helpful during a period of crisis.
- (8) Media pressure and the importance of balanced reporting: Public health experts expressed the concern that the media only reports the worst aspects of a crisis/outbreak. Sometimes media, focusing consistently on one issue without a complete understanding of the technical nuances, can push governments to take popular action (give cholera vaccination during a flood, when the fact is that at that stage it will not provide the immunity needed and will only give a false sense of security). This can result in governments having to divert energy and funds to take a popular action because of intense media pressure, which may not necessarily be the most effective action for public good. The key to preventing this situation, it was felt, was that journalists and health experts should have a long-term relationship built on trust and respect for each other’s professionalism. This will help journalists understand

the technical complexities of a situation and enable them to report their stories with restraint and understanding.

- (9) Countering rumours during an outbreak, especially through “new media”: The best way to counter rumours is through proactive and regular dissemination of correct information, along with monitoring, to ensure that it reaches people and has the desired impact. For this “new media” technology is one of the best tools for reaching a wide audience almost instantaneously, particularly since most rumours are spread rapidly through the internet. For example, after the radiation leak following the 2011 Japan tsunami, there were rumours spreading rapidly across the world through “sms” about radiation in food products. However, WHO-HQ used new media along with other, more conventional means, to provide correct information and reassure the public. WHO Indonesia uses twitter to inform the media and the public about new information. In India, the civil aviation sector’s crisis management team starts to send out “sms” text messages to the concerned journalists as soon as there is news of a crisis/accident. If WHO and health ministries could similarly make use of new media technology, then journalists would get the correct news from the source and also have a person they can refer to for on-the-record clarifications.
- (10) Dialling in for regular information: During an emergency or outbreak, journalists cannot always access internet. It would help if WHO or the health sector organization provides a voice-recorded status report (including time of recording) at a pre-fixed phone number that journalists can call in from the field during an ongoing situation. This way all journalists will be assured of officially authenticated information from the government.
- (11) Non-technical language: Journalists need information in non-technical language so that their communication reaches ordinary people, including farmers and villagers, in effective and clear language. This is essential especially if you require community compliance.
- (12) Different media for reaching the public: The electronic media is accessed by a majority of people and across most countries; radio is the most popular and heard even in remote and inaccessible areas. The health sector must make greater use of radio to spread

health messages. The WHO website has a wealth of information but there is a need to drive more traffic towards it – perhaps through twitter and Facebook. In some countries, the Ministries of Health are using such social media to provide good links useful for the media.

- (13) The health sector also needs to follow the principles of risk communication. It needs to take the public into confidence during outbreaks, and not underestimate the public's ability to understand. While the lay person may not comprehend language that is complicated and full of technical jargon, but communicated properly, key health information, including that which informs of risk and the uncertainties of the situation, is important and must be shared.

6. Conclusions and recommendations

6.1 Public health expectations from the media

The following are the expectations of the public health experts:

- (1) The media plays an increasing role in disease surveillance and monitoring of outbreaks. Therefore, it helps if the media person has a fairly deep understanding/knowledge of the issues. Greater orientation of media people towards public health subjects should be encouraged.
- (2) Coverage would be better if media organizations have designated health reporters who are familiar with the subject and issues.
- (3) Public health issues should be higher on the news priority on a regular basis.
- (4) Reporters should try to ensure that public health concerns and messages are incorporated into the story, especially during outbreaks.
- (5) There should be greater partnership with the media on health promotion messages even at 'peacetime'.
- (6) Ensuring accuracy in health reporting is very important.

- (7) Improved social networking and continued interaction of the media with a wide range of public health experts should be encouraged.
- (8) During emergencies, there should be an increased emphasis on the 'limitation of harm' principle.
- (9) Media should encourage public debate in the best interests of public health, and include technical experts.
- (10) Corporate social responsibility of the media should focus on public health and help improve the general public's access to health messages.

6.2 Media's expectations from public health experts

The following are the media's expectations:

- (1) Regular background and technical briefings should be provided by health experts/ resource persons, on ongoing health issues.
- (2) During outbreaks and emergencies, timely reporting to the public is essential. A credible spokesperson (or a panel of spokespersons) should therefore be available to meet the needs of 24-hour news channels. Technology should be used for wider reach, through virtual/tele-press conferences, increased use of websites, links to technical information and voice-recorded updates that can be accessed by journalists around the country.
- (3) Health experts should understand that different media have different needs and deal with them accordingly. Television and radio need "sound bites" from experts. They have 24-hour news and in a crisis situation will require regular briefings throughout the day. To refer a television journalist to find the story on a web page will not serve the purpose as TV needs a "talking head". Print media needs data and facts as well as pointers from the health sector for possible case studies. Their deadlines are rigid as papers go to the press by a fixed time so a late night news briefing is not very useful to the print media. Social media can be uploaded quickly and needs frequent updates. The health sector needs to provide for each of these key media. If video footage and photographs are provided to the media, both print and electronic media can put them to good use.

- (4) More training is needed for media on technical subjects to enable journalists to have a better understanding of the nuances of public health.
- (5) Field visits for journalists help bring alive the technical issues “on the ground” and provide a deeper understanding of the subject.
- (6) The health sector should provide pointers for human interest stories.
- (7) Local language media need good translations of key releases in at least the main languages besides English.

6.3 Recommendations

The following steps need to be taken to bridge the gap between the media and public health experts:

- (1) Regular, ongoing health sector/WHO meetings with key media at national level, including key language media, helps both sides to understand the needs and constraints faced.
- (2) During health emergencies, the health sector should have a spokesperson and ensure regular briefings for the media and provide data and key technical points in writing to ensure accuracy in media reporting.
- (3) The health sector should adopt the use the internet technologies to bridge the information gap in a fast-moving situation, to use virtual press conferences, to upload latest information on home pages, with links to additional technical information; to install voice recordings at a preset phone number with the updated information accessible from anywhere. SMS alerts can be sent to key media.
- (4) The health sector should use social media more proactively to disseminate health messages to the media, to local doctors and the public, particularly to counter misinformation.
- (5) Media briefings should be in simple language to ensure their correct understanding and interpretation when reporting to the general public.

- (6) Field visits set up by the health experts are extremely useful in demonstrating key health issues and serve to enthuse journalists and also in providing them with new and surprising angles for their stories.
- (7) Where the health sector can provide video clips/video news release, it helps electronic media to carry a story with ready visuals. Pictures from the field add value to the print journalist's story as he/she may not have specialized pictures ready in their photo libraries.
- (8) Health organizations should add to the technical information with examples and "human interest" stories to help the media and public relate to the messages emotionally as well as intellectually.
- (9) There should be more training/public health courses for health journalists to provide them with a greater understanding of public health issues.

Annex 1

Agenda

Venue: Conference Hall, WHO-SEARO

0830 - 0915	Registration (Conference Hall Lobby)
0915 – 0930	Introduction
0930 - 0945	Opening remarks by Dr Sangay Thinley, Director, Department of Communicable Diseases (CDS)
0945 – 1000	WHO's role and mandate and role of the media by Ms. Vismita Gupta-Smith, Public Information and Advocacy Officer (PIA), WHO SEARO
1030 – 1100	Emerging Infectious Diseases and Zoonoses in the WHO South-East Asia Region By Dr G. Gongal, Scientist, Disease Surveillance and Epidemiology (DSE) Unit, WHO SEARO
1100 – 1130	Antimicrobial resistance by Dr Rajesh Bhatia, Regional Adviser, Blood Safety, Laboratory and Antimicrobial Resistance, WHO SEARO
1130 – 1230	Group discussions
1330 – 1430	Presentation of outcomes of group discussion (10 mins per group) Discussion – what were the key messages that health experts would like to highlight vs features that were of interest to journalists. What WHO and media can do, respectively, to address this gap
1430 – 1530	Identify <ol style="list-style-type: none">1. Public health needs from the media2. Media needs from health experts

3. Ways to provide media needs
4. Ways for media to incorporate public health messages in an appealing manner
5. How to promote accurate public health information on the internet and counter false rumours

1600 – 1630

Upcoming WHO events (as potential newspegs)

Conclusion

Annex 2

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Public awareness and appropriate response are vital for the prevention and control of outbreaks of emerging infectious diseases (EIDs). The mass media is an important source of health information for the public and policy-makers. Therefore, specific tools, particularly tailored to the needs of the Region, are needed for a systematic and strategic engagement with the media to ensure wide, accurate and responsible reporting of emerging infectious diseases.

To help formulate these tools, a one-day informal media consultation was held on 26 May 2011 in New Delhi, India, in order to identify key issues for improved health reportage on emerging infectious diseases. The focus was on the countries of the WHO South-East Asia Region that are considered particularly vulnerable to EIDs, for example, countries along the Gangetic Plain and the Mekong Basin such as Bangladesh, Bhutan, India, Myanmar, Nepal and Thailand, as well as Indonesia, which has recently suffered outbreaks of avian influenza, dengue and other EIDs. This report documents the proceedings and outcomes of the consultation.



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