

# COL Healthy Communities

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Good afternoon. Secretary-General, Excellencies and Honourable Ministers, delegates from health ministries, colleagues from Commonwealth organisations:

Allow me to share greetings from Sir John Daniel, President of the Commonwealth of Learning, and also from Prof. Asha Kanwar, our new President, who takes the reins of our organisation at the start of next month.

Allow me to also thank the Commonwealth Secretariat for this opportunity to address this gathering, which is all the more relevant given that COL has now turned a greater part of its attention as an educational organisation to learning about health.

I found there to be great resonance between the presentations during the Commonwealth Health Ministers Meeting and COL's work in health, in particular the strong emphasis on cultural contexts and social determinants of health; focus on the community level; the critical importance of participation, voice and engagement in achieving health outcomes.

## What we do

The real question guiding our work and my comments today is *How do we reach large numbers of people, often in difficult circumstances, and enable them learn the basic health information they need to survive and thrive – and do so at low cost?*

The question itself points to a critical link between NCDs and CDs, namely that the health literacy and practices of citizens themselves are at the centre of finding sustainable solutions.

As health ministers, you have responsibility for the health of your citizens and the well-being of your communities.

The demands are big, the resources limited.

In information and communication technologies – newer and older – health ministries have an opportunity to address health literacy at the community level, particularly in remote and resource poor areas. Provided they are approached as platforms rather than loud speakers (in other words as spaces for dialogue rather than a lecture), communication media – from radio to mobile devices – are powerful tools to engage and empower citizens – especially youth – and to shape attitudes and behaviours, for example in the area of NCDs and mental health.

## An illustration

Before I continue further, allow me to share a small story – written by Joke van Kampen formerly of Story Workshop in Malawi:

HELLO DEAR LISTENERS AND WELCOME. IT IS 3 O’CLOCK IN MCHINJI; YOU ARE LISTENING TO PHUKUSI LA MOYO, THE BAG OF LIFE, ON MUDZI WATHU COMMUNITY RADIO STATION.

Meet Hilda.

Hilda and 12 other women are sitting around the radio under a baobab tree. They are listening together to a radio program on maternal health.

Two years ago Hilda’s sister died while giving birth because she had no professional support and did not make it to the hospital in time. Hilda got a group of women together who wanted to do something about the high level of maternal mortality in the area. They go door to door to inform women on issues related to pregnancy and delivery. The radio program provides them with information on these issues [by sharing stories of women’s actual experience of maternal and child health]. Today the program is talking about healthy food for a pregnant woman and the need to rest.

Hilda smiles when in the middle of the program, songs on pregnancy and childbirth are aired. Hilda’s group wrote and performed these songs -- they are listening to their own voices, their own stories and ideas.

Hilda’s story is like that of millions of others in the Commonwealth. They live in extremely challenging circumstances; however Hilda now has access to new learning opportunities and platforms that enable her and her peers to take more control over their own healthcare and that of their families.

In Mchniji District of Malawi, *Bag of Life*, the programme that Hilda listens to, reaches 3,000 active *learners* and as many 15,000 passive listeners on a weekly basis. Research shows that more than two thirds of the active learners have learnt the key messages that together comprise the major dos and don’ts of safe motherhood.

These aren’t complicated or complex messages. What’s different about the *Bag of Life* – and other participatory programmes like it – is the way that messages are identified and illustrated, essentially through a bottom-up, two-way process.

## COL and our value for health education

COL is concerned primarily with one major challenge, the gap between learning needs and the capacity of educational institutions (and organisations) to meet those needs.

In short: education and learning needs – be they in relation to secondary schooling, training for community health workers or indeed public education about diabetes and hypertension (which is what we do in health) – are huge and getting bigger. On the other hand, the capacity represented by the conventional ways and means of education is tiny by comparison and not growing as quickly, if at all.

Our proposition – open and distance learning or ODL – is that communication and information technologies enable education at greater scale and better quality at lower cost.

ODL is best known for its relevance in formal education. In fact, from open universities to open educational resources, distance learning is transforming the way that education is delivered. Increasingly it is also being used to train teachers and health extension workers, for example by enabling in-service professional development and or making courses available online (where internet is available).

One of the most interesting developments in our field is that of open educational resources. OERs are courses, learning content, or any form of education materials in digital format that can be re-used for teaching and learning and that are made available freely through open licenses. OERs have enormous potential in the education and training of health workers.

We have usually seen a one-way flow of knowledge from the developed to the developing world. OER can provide for a global exchange of knowledge. A lecturer at the University of Ghana, Medical College developed a simple procedure for a Caesarean section and video-taped it. It is now being used in the Netherlands. Similarly a lecturer at the Kwame Nkrumah University of Science and Technology, Ghana, who also happens to be a world authority on the buruli ulcer has developed an OER module which is being used by the World Health Organisation and the University of Michigan.

## What makes it possible?

Our experience in Malawi, as in other regions, is in line with extensive evidence in favour of community-based platforms to extend healthcare delivery and improve health outcomes. Our focus is not big institutions but rather district health offices and community-based organisations, including local media and technology groups that can provide local platforms for participatory learning programmes.

Community radio and other public media have an explicit mandate to support development, including community health and citizens' empowerment.

They are also perhaps the single largest untapped resource for development education and communication in the Commonwealth. And they are increasing in number and growing in maturity.

Bangladesh and Nigeria have recently allowed for community broadcasting, joining other countries like Cameroon, India, Jamaica, Mozambique, Sierra Leone and South Africa, with more than 400 stations on air between them, and potential listenership in the tens of millions. Imagine if they all ran women's health

programmes like the *Bag of Life* or campaigns about diabetes and healthy lifestyles, like they do in Belize and the Solomon Islands.

In India, the Science for Women's Health and Nutrition programme is both local and national. Run by COL's sister organisation, the Commonwealth Educational Media Centre for Asia, it involves independent local productions, much like *Bag of Life*, in 20 different communities across 10 states reaching tens of thousands of women with tailor made participatory learning programmes.

## Quality at low-cost

Our focus isn't on the technology channels but on the content that they carry, the programmes or campaigns that are mounted by stakeholder groups working together to address local health priorities.

Ultimately, the measure of quality of these programmes must be whether or not people learn from them and apply skills and knowledge to achieve change and improve local circumstances.

New research by our partner Farm Radio International – done in five different countries involving nearly 5,000 respondents – shows two things very clearly

1. radio campaigns increase the knowledge of subjects covered among listeners or users, and
2. the participation of those users in the design and delivery of the campaigns results in even greater knowledge gains and uptake of ideas and practices promoted.

In South Asia, radio is sometimes referred to as cheapest and best, a combination which makes it a logical choice given our situation in which needs outstrip capacity and funding is tight.

The cost of Farm Radio's participatory campaigns, which I just mentioned, is between 30 cents and three dollars per adopter. That means as little as 30 cents to enable citizens to introduce new practices.

In Mchinji, during the first year of the *Bag of Life* maternal and child health programme, the cost to design and deliver a year-long community learning programme covering all of the key information needed for safe motherhood and healthy babies worked out to some \$5 per learner.

With costs and benefits compared, community learning campaigns like *Bag of Life* come out ahead of other health promotion approaches such as health camps or posters.

It is also worth mentioning that community media groups, particularly radio outlets, are increasingly multi-channel providers. Their content and programming is available online through streaming and podcasts. They use social media to publicise and discuss programming, complementing the work they do on air. Finally, mobile devices and telephony are gradually being integrated into community media strategies: to provide content, to increase interaction and to support communication logistics.

To return briefly to the power of stories: Stories are how most of us become literate about our health. We aren't taught in schools. Worse what we do learn -- from our families and friends – is often negative behaviour, which as we know from experience can be disastrous.

We need to shift the focus away from experts, technical language and top-down communication to engage with the life of the people in the very particular places in which they live. A participant in a training workshop in the Caribbean aptly related a saying of her grandmothers: *Smart people learn from experience. Smarter people learn from other people's experience.*

Stories help ensure that learning content is contextually appropriate and linked to the people's everyday lives. Community based open and distance learning programmes using appropriate technologies make this sort of dialogue possible, at scale, both local and national.

*So... How do we reach large numbers of people, often in difficult circumstances, and enable them to learn the basic health information they need to survive and thrive – and do so at low cost?*

Community ODL represents one solution. We've seen that it delivers results.

District health authorities in many jurisdictions know that current methods are often neither successful nor cost effective.

The response from players at the district level, particularly health authorities – e.g. in Jamaica, in Belize, in the Solomon Islands and PNG, and in Commonwealth countries of Africa and Asia – is overwhelmingly positive.

What's needed from Health Ministries is the impetus to expand on conventional health promotion methods and to innovate with educational communication that builds citizens' health literacy. New approaches at the local level require support from the top.

## Conclusion

As a Commonwealth agency, COL is your organisation. Our primary relationships have to date been with education ministries and institutions doing formal education. However our focus is evolving in favour of livelihoods and health. COL is meant for all ministries that have a stake in learning for development. We are both a think tank and a technical agency, meaning that we are interested in both research and innovation and implementing models and approaches that work.

We stand ready to listen and to develop ODL strategies both for public health education as well as for the training of health workers. We have designated focal points in each of your countries.

Each of you has a report about COL's activities in your country in the past three years as well as a short paper on our work with participatory community learning programmes.

Thank you again for the opportunity to share something about what we do and to suggest a closer partnership between COL and health ministries in the Commonwealth.