DEPARTMENT OF COMMUNICATIONS
DEPARTEMENT VAN KOMMUNIKASIE

No. 830   **1 November 2013**

MINISTER OF COMMUNICATIONS

ELECTRONIC COMMUNICATIONS ACT, 2005 (ACT NO. 36 OF 2005) READ WITH SECTION 3(2) OF THE BROADCASTING ACT, 1999 (ACT NO. 4 OF 1999).

HEALTH CONTENT POLICY FRAMEWORK FOR TELEVISION BROADCASTING IN SOUTH AFRICA

I, Yunus Carrim, Minister of Communications, hereby in terms of section 3(1) of the Electronic Communications Act, 2005 (Act No. 36 of 2005) read with section 3(2) of the Broadcasting Act, 1999 (Act No. 4 of 1999), make the Health Content Policy Framework for Television Broadcasting in South Africa in the Schedule.

YUNUS CARRIM, MP
MINISTER OF COMMUNICATIONS
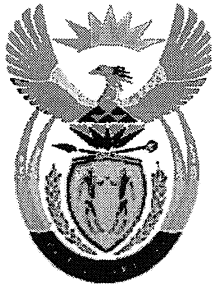
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**Department:
Communications
REPUBLIC OF SOUTH AFRICA**

HEALTH CONTENT POLICY FRAMEWORK FOR TELEVISION BROADCASTING IN SOUTH AFRICA

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1 LIST OF ABBREVIATIONS AND ACRONYMS

AIDS –	Acquired Immune Deficiency Syndrome
BCCSA –	The Broadcasting Complaints Commission of South Africa
BDM –	Broadcasting Digital Migration
DoH –	Department of Health
ECA -	Electronic Communications Act (No. 36 of 2005)
ICASA –	The Independent Communications Authority of South Africa
ICT –	Information Communication Technology
IKS –	Indigenous Knowledge Systems
HIV –	Human Immunodeficiency Virus
SMME –	Small Micro and Medium Enterprise
TB -	Tuberculosis
TV -	Television
WRC-06 –	ITU-R's World Radiocommunication Conference (Geneva 2006)

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2　DEFINITIONS

In this Policy,

"analogue television" means a video display device that receives and displays broadcast television signals that are transmitted utilizing technology that is similar to that used in standard radio transmissions.

"channel" means a single defined programming service of a broadcasting service licensee;

"child mortality" also known as under -5 mortality, refers to the death of infants and children under the age of five;

"clinical" means relating to an illness;

"clinician" means a medical doctor who works directly with people who are ill;

"digital television" means a system of television broadcast in which an electronic signal is sent as numbers to a television set that is designed to change the numbers into pictures;

"electronic health record" means a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery;

"health broadcasting" means any form of health content unidirectional electronic communications via Television, intended for reception by the public or sections of the public;

"health content broadcaster" means any legal or natural person who composes or packages (or distributes) health content for television or radio programme services for reception by the public or sections of the public or subscribers to such a service irrespective of technology used;

"health calendar" means the calendar of special days, weeks or months used to raise awareness of important health topics in South Africa;

"health content" means health information meant to help individuals and their caregivers make informed and knowledgable decisions about their health;

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"health television channel" means a digital communications network designed to reach the public or sections of the public with health content that can advance positive health and social outcomes;

"personal data" means information that relates to a living individual who can be either identified from that data or can be identified from the information combined with any other information that is in the possession of the person or organisation holding the information;

"populace" means the people who reside in a particular country;

"web portal" means a web site that functions as a point of access to information in the World Wide Web;

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1.   INTRODUCTION

1.1   All around the world, the migration to digital broadcast transmission technology has begun. In Europe and Africa, a time-line has been agreed upon within the framework of the International Telecommunication Union (ITU) treaty, the WRC-06. After June 2015 analogue television transmissions will no longer be protected from harmful interference caused by digital television transmissions. Hence the South African Government identified digital migration as a national priority. The parameters were planned around the three-year dual illumination period as contemplated in the BDM Policy as amended.

1.2   The key benefit of digital broadcast technologies is that they use the scarce national radio frequency spectrum far more efficiently than analogue technologies. This means that existing broadcasting services can be provided using less of the radio frequency spectrum currently occupied, hence the additional and dedicated delivery of government information, education, health and SMME programmes.

1.3   There is no doubt that digital broadcasting can facilitate the delivery of e-government services, present opportunities for jobs and new skills, investment opportunities and contribute significantly to addressing the challenges such as reducing the digital divide, information gaps, building social cohesion and a common national identity.

1.4   The Health Content Policy Framework for Television Broadcasting in South Africa is seen as presenting a unique opportunity for e-Health advancement in order to benefit the citizens as well as to ensure that the country is well positioned amongst the leading countries in the use of modern digital broadcasting.

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1.5   The aim of this policy is to set policy parameters within which health content production should be delivered.

2.   STRATEGIC OBJECTIVE

2.1   The Health Content Policy Framework is intended to guide the production and broadcasting of health content. The intention is to realise the directives outlined in the Broadcasting Digital Migration (BDM) Policy, 2008, which proposes establishment of a dedicated television channel for health.

2.2   The Policy will also provide guidance in the promulgation of related regulations by the Authority, to meet this Policy objective.

2.3   This Policy has to find alignment with National Health Policies particularly on health promotion.

3.   CONTEXT

3.1   In accordance with the *Broadcasting Act No.4 of 1999,* broadcasting services exist amongst others, to
*   serve the needs of the whole South African society,
*   ensure efficient use of the broadcasting frequency spectrum,
*   integrate multi-channel distribution systems into the broadcasting framework,
*   encourage the development of local programming content.

3.2   Television and radio broadcasting are the most influential and convenient ICT media to reach most people. The visual and oral nature of broadcasting makes it easy to reach more individuals

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thereby influencing public behaviour. The health TV channel/s, once established, as contempated in the Broadcasting Digital Migration Policy, will ensure health promotion, sharing clinical health knowledge and other health information relevant to the South African populace. This will also contribute to dealing with socio-economic issues of the country by contributing to the reduction of child mortality, HIV & AIDS and TB deaths, and all other causes of death.

3.3　　The country has developed a draft National Integrated Health Promotion Strategy in 2009, which aims at identifying priorities for health promotion and to provide mechanisms for enhancing existing health promotion strategies and initiatives.

3.4　　The BDM Policy provides an opportunity for the health sector to develop effective health promotion and communication strategies that will empower communities to live healthy lifestyles.

4.　HEALTH TELEVISION BROADCASTING AND ITS BENEFITS FOR HEALTH PROMOTION

4.1　　The concept of health television broadcasting is not new. There are a number of such initiatives in many countries of the world. Mass media has provided a boost to health education for many years; however, the lack of a targeted approach may have explained the failure of early campaigns. In recent times, the role of the media in health promotion has been to inform the public, motivate at the individual level, and advocate social and political changes to create healthy environments. This has been a more global approach to health, based on health promotion principles.

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4.2 The effective use of the mass media is a critical component of HIV/AIDS and TB prevention. In South Africa there are three major programmes that utilise the national mass media platform for HIV/AIDS prevention, and these are the Beyond Awareness II campaign, the multimedia edutainment programme Soul City and the youth programme, Love Life. The Khomanani Campaign has also extensively used the mass media for HIV/AIDS campaigns.

4.3 The media can play a major role in defining what health is. If we want to move away from the old concept of health as 'an absence of disease', media reporting may have to move away from 'illness news' towards 'health news'.

5. HEALTH CONTENT GOVERNANCE PRINCIPLES

International trends show that health television channels are governed through formal structures. The Health Content Policy Framework therefore proposes the following governance principles: -

5.1 Content governance should take into consideration the rich cultural and linguistic diversity of the South African people in formulating language policy for the Health Television Channel. It should respect and recognise the value of Indigenous Knowledge Systems (IKS) as well as the importance of traditional practitioners and traditional medicine in the South African society.

5.2 The trade in traditional medicines in South Africa is estimated to be worth R2.9 billion per year, representing 5.6% of the National Health Budget. With 27 million consumers, the trade is vibrant and widespread. There are at least 133 000 people employed in the trade,

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including a large percentage of rural women *(Economics of the Traditional Medicines Trade in South Africa)*. The South African Government has taken steps towards official recognition and institutionalisation of African traditional medicine. The DoH has, in this regard, enacted the Traditional Health Practitioners Act, No. 22 of 2007.

5.3   Government has also provided funding for research and development of African traditional medicine. The Draft African Traditional Medicine Policy for South Africa was gazetted on 25 July 2008.

5.4   Broadcast content for health promotion should be presented in a balanced manner. Such programming may not be intentionally misleading.

5.5   This policy promotes the broadcasting of content of the acceptable standard, which is scientifically sound, medically factual and is locally and culturally relevant to the target audience. This structure will have a balance of relevant expertise in public health and should include health scientists, health professionals as well as policy makers. It will also ensure that content is aligned to the government's health priorities and also to ensure that content on particular programmes is in line with specific programme guidelines, without infringement on the editorial independence of broadcasters.

6.   THE HEALTH CONTENT BROADCASTING COMMITTEE

In terms of the Broadcasting Act, (Act no 4 of 1999), the Minister of Communications is empowered to establish the South African Broadcast Production Advisory Body to advise the Minister on how the development, production and display of local television and radio

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content can be supported. A Health Content Broadcasting Committee will therefore be established as a sub-committee of the South African Broadcast Production Advisory Body .

6.1   TERMS OF REFERENCE FOR THE HEALTH CONTENT BROADCASTING COMMITTEE

The Terms of Reference include:

- maintaining scientific and ethical standards in all health content used in broadcasting in South Africa.
- taking note of all policy guidelines by the Department of Health on all health programme related content.
- observing general adherence to the Policy without contravening the Constitution of the Republic of South Africa, 1996, especially freedom of expression.
- reporting any abuse of health content for broadcasting to the BCCSA or ICASA. The abuse of health content for broadcasting refers to any broadcast content that is in any way harmful to the health and well-being of the individuals.
- Make recommendations for the improvement of health content broadcast.

6.2   ROLE OF THE COMMITTEE

- The role of the Health Content Broadcasting Committee is to guide the health content provision for television broadcasting so that the South African public receive credible health information to help them lead healthy lifestyles.
- Health Content should be of high quality, comprehensive, medically accurate and clinically significant.

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- The Committee should conduct regular reviews and assessment of the health broadcasting trends to ensure the following principles: -
- to enhance health promotion efforts towards the improvement of the health profile for all South Africans;
- to promote the availability of content in all official local languages;

- All health content production should target the majority of the South African population especially the youth, elderly and the rural poor. Content should therefore be made available as far as possible in indigenous languages to ensure accessibility by the African majority.
- The Health Content Broadcasting Committee's role will be to guide all digital content production for health to ensure that health digital content is produced in-line with the Local and Digital Content Development Strategy for South Africa.
- The Committee will also ensure scientific integrity as well as the alignment of content to the prevailing government health policy.
- The Committee will comprise of a pool of public health experts across different fields of health.

6.3   GUIDING PRICIPLES ON HEALTH BROADCAST CONTENT

6.3.1   Health information and education

The health content should inform and educate consumers. The Health Content Broadcasting Committee as contemplated in paragraph 6, should advocate for consumer-focused health content that reflects what the public wants to know. The health information should be on health issues that the public is interested in learning.

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6.3.2　Health Promotion

The health content should reflect relevant health content that conforms to policy guidelines and current treatment and clinical practices. Health content should be focused on the promotion of good health practices and lifestyle.

6.3.3　Evidence-based and clinical significance

The health content should be well-researched and supported by evidence-based findings as well as peer reviewed medical journals.

6.3.4　Current

The health content may be reflective of current events, health calendar, seasons and health trends.

6.4　COMPOSITION OF THE COMMITTEE

The Health Broadcasting Content Committee should be constituted of members who, collectively have qualifications, expertise and experience to review and evaluate the science, health aspects and ethics of all public health content for television broadcasting on regular intervals. The Committee must be independent and multi-disciplinary in approach.

6.5　THE COMMITTEE SHOULD :

* be representative of the communities reflective of South African population and should reflect the demographic profile of the South African population and be gender representative.
* The Minister will select a chair from committee representatives.
* consist of at least nine members, with 60% constituting a quorum.

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- represent a fair balance of subject experts, health policy makers, academics and health professionals such as nurses, clinicians, pharmacists and health promotion practitioners .

6.6   APPOINTMENT OF MEMBERS

- Members will be formally appointed by the Minister of Communications.
- Members will serve for a five-year term.
- A member may serve a second term upon re-appointment by the Minister.

7.   HEALTH CONTENT ETHICAL PRINCIPLES FOR TELEVISION BROADCASTING

It is understood that the broadcasting of health content falls within the ambit of public health and as such should adopt the Code for Ethical Practice of Public Health. One of the main principles of Ethical Practice of Public Health is that "Humans have a right to the resources necessary for health". This public Health Code of Ethics affirms Article 25 of the Universal Declaration of Human Rights, which states in part that "everyone has the right to a standard of living adequate for the health and well-being of himself and his family."

Health content ethics and standards should comprise principles of ethics and of good practice as applicable to television broadcasting in South Africa. While various existing ethical codes in health practice have some differences, most share common elements including the principles of truthfulness, accuracy, objectivity, impartiality, fairness and public accountability as these apply to the acquisition of information and its subsequent dissemination to the public.

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Health content for broadcasting should be free from discriminatory practices based on race, religion, sexual orientation and physical or mental disabilities. These ethics should centre on public trust, truth, fairness, integrity, independence and accountability.

7.1   DUTIES TO THE PUBLIC

The Health Content Broadcaster/Entity should:

- always have due regard for the best interest of the public.
- honour the trust of the public.
- be aware that they are in a position of power and authority with the health information they disseminate to the public and avoid abusing that position.
- make sure that the personal beliefs of employees or groups within the Health Content Broadcaster/Entity do not prejudice the public in any way. Prejudicial beliefs may include but not limited to race, culture, ethnicity, social status, lifestyle, age, gender, religious or spiritual beliefs, communicable disease status, sexual orientation or any condition of vulnerability.
- never give information that may be construed for diagnosis or prescription of treatment of a medical condition.
- ensure that all health content produced for broadcasting reflects appropriate ethical considerations, legal requirements and human rights.

7.2   STANDARDS

Health educational content should:

- aim to educate and inform the public on how best to maintain a healthy status.

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- create a platform for the public to know their rights and responsibilities regarding their health.

- contextualise the public's realities, fears, concerns and needs related to communicable diseases such as TB and HIV/AIDS and provide a platform for health professionals and experts to address these issues.

7.3   WEB PORTALS

According to the Health On the Net Foundation, medical and health web portals/websites should adhere to the following principles:

Authoritative

The content should reflect the qualifications of the author.

Complementary

Information should support, not replace the doctor-patient relationship

Privacy

Portals/sites should respect the privacy and confidentiality of personal data submitted to them by visitors.

Attribution

Portals/sites should cite the sources and dates of published information, date and medical and health pages

Justifiability

Sites/portals should back up claims relating to benefits and performance.

Transparency

Accessible presentation, accurate email contact should be provided.

Financial disclosure

Portals/sites should identify funding sources.

Advertising policy

Portals/sites should clearly distinguish advertising from editorial content.

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8. CONCLUSION

8.1   The Authority must consider this Policy in exercising its powers and performing its duties and should consider how to best give effect to this Policy.

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