



# PEPFAR

U.S. President's Emergency Plan for AIDS Relief

## Getting the Story Right Working with Journalists

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# Five Steps



to Effective

# News Media Engagement



# Positive Coverage: Worth More than a Gusher

- It's Efficient
- It's Far-reaching
- It's Influential
- It's Free
- It's Valuable



1. Recognize and seize media opportunities



# News: A Point in Time



## News

the communication of *selected* information on current events (issues) which is presented by print, broadcast, Internet, or word of mouth to a third-party or mass audience

Shirkey, Clay (2008)

- Reflects condensed reality
- Highlights a portion of the whole
  - Is subjectively ordered
- Appeals to popular interest
- Is impulsive, condensed, fleeting
  - Is increasingly speculative





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# Anatomy of a Story



# VMMC is Newsworthy

## You can:

- Educate
- Persuade
- Remind
- Recruit
- Organize

“Safe Male Circumcision... Should, however, always be considered an important component of HIV/AIDS prevention..”

## Circumcision not equal to prevention

By Emmanuel Rapowa

**GABORONE** - Safe Male Circumcision (SMC) programme manager, Dr Adrian Musiige has said that male circumcision does not prevent HIV/AIDS, but simply reduces the risk of infection.

It should however always be considered an important component of HIV/AIDS prevention.

Dr Musiige was talking to journalists at a breakfast meeting on SMC last week. He noted the relevance of the media in safe virus dissemination, and implored all stakeholders to come aboard to share the responsibility of reducing HIV/AIDS to achieve the target of zero new infections by 2016.

He said the benefits of the SMC included better hygiene, reduction in occurrence of penile cancer, genital ulcers, warts and phimosis in males.

It also reduces occurrence of vaginal infections, cancer of the cervix when used with other safer sex interventions, helps reduce the risk of HIV transmission.

Dr Musiige emphasised the importance of circumcision from the olden days and its relevance today, adding that it was about benefit risk balance.

He also noted that there was need for great emphasis on interpersonal communication through road shows, drum sessions, targeted campaigns such as in schools, communities and new collaborations through traditional leadership and NGOs such as NACA. The objective of the meeting was to provide updated information on the current status of SMC programme. **BOPA**





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# VMMC Leaders Get Attention

- Op-Ed – Your Message
- It's Far-reaching
- It's Influential
- It's Free
- It's Valuable

## Renew commitment to male circumcision

We have made great strides in the fight against HIV in the past decade. HIV treatment has saved millions of lives

around the world and fewer people are becoming infected with HIV. But to continue to reduce new infections, we must use every option available.

One important prevention option is voluntary medical male circumcision (VMMC). Evidence from three clinical trials in Kenya, Uganda and South Africa and from more than five years of real-world rollout programmes confirms that VMMC is effective in reducing – by more than 60% – a man's risk of HIV infection.

The outcome of the trials confirmed what health experts had observed in some communities over a period of more than 20 years. A wealth of data shows that our men and women who are circumcised consistently have low HIV prevalence. Furthermore, recently released data from studies following up the men who were circumcised as part of clinical research in Kenya and Rakai, Uganda show that the protective effect of VMMC increases to up to 75% over a five-year period. Clearly VMMC is cost-effective, giving us a new part of clinical research.

A week ago, we attended an International AIDS Conference in Washington, DC in the US. One major topic was on how we can begin to end the HIV epidemic. A key component of a strategy is increasing access to all available prevention options.

VMMC can play a major role in bringing down HIV infections, but six years after



**Christine Ondo**

UNAIDS and WHO recommended VMMC scale up in countries with low male circumcision coverage and high HIV prevalence, we still have a long way to go.

As of March 2012, according to the United States President's Emergency Plan for AIDS Relief (PEPFAR), Kenya is just past the half way mark towards achieving its targeted 860,000 circumcisions by 2015. Uganda, with a target of more than four million circumcisions by 2015 has managed just over 200,000 circumcisions.

Zambia has only conducted just over 100 if the targeted two million circumcisions while Zimbabwe has conducted just over 55,000 of the targeted two million circumcisions.

This slow action has meant that the potential benefits of VMMC may not be realised any time soon in these countries.

If key countries meet the goal of circumcising 80% of adult men by 2015,

an estimated 3.36 million (or more than 20%) of all new infections among men and women would be averted by 2025.

In addition, this could save more \$16b in future medical costs and ensure that healthy men and women continue to contribute to the economies and livelihoods of our communities.

The slow pace of uptake of VMMC services is missing a huge opportunity towards ending the AIDS epidemic in our countries. We believe our leaders have a duty to actively support the scale up of VMMC in their areas of jurisdiction.

We are, therefore, calling on all leaders – political and traditional leaders, religious and community leaders, youth and women leaders, professional and business leaders – to support VMMC, a simple, cost-effective, one-time intervention that provides a lifetime of partial protection against HIV. Indeed, VMMC must be a critical component of our plans to end new HIV infections in our communities and our countries.

**The article was co-authored by Dr. Christine Ondo, Uganda's Minister of Health, Dr. Specioza Wandira, former Uganda's Vice-President; Angelo Kagwa – AVAC Staff member (Uganda); Dr. Oburu Oginga – Deputy minister of finance, Kenya; Dr. Kawango Agot – Impact Research & Development Organization (Kenya); Chief Jonathan Mumeni XI – Leader of the Kaonde People (Zambia); Blessing Chebundo – MP and Chairperson of the Zimbabwe Parliamentarians Against Aids (ZIPA)**

**“We are therefore calling on all leaders to support VMMC”**



# Timing is Everything

- Reporters (News) Can't Wait
- Say Yes
- Be Prepared
- Answer & Add Your Message
- Be the Best VMMC Source



**2. Make media engagement a priority**





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# Familiarity Breeds Opportunity

- Consume the News
- Observe By-lines
- Introduce Yourself
- Praise Good Coverage
- Pitch Valid Stories



## 3. Know your news media landscape



# Journalism Workshops

- Educate Reporters
- Provide Sources
- Show “Common Ground”
- Instill Pride
- Encourage Responsible Coverage



4. Provide training to improve quality

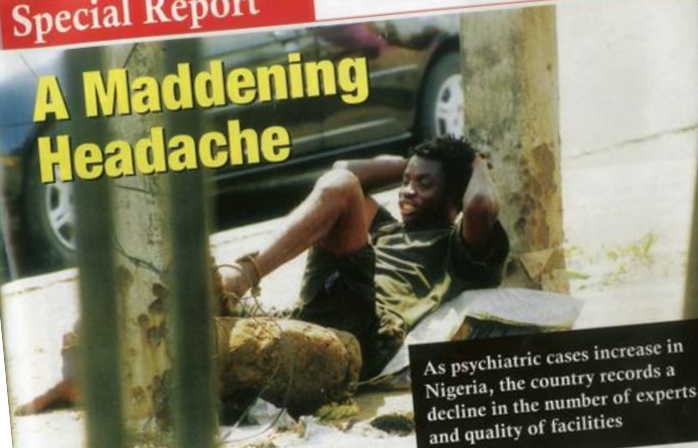




# Society's Conscience

## Special Report

### A Maddening Headache



As psychiatric cases increase in Nigeria, the country records a decline in the number of experts and quality of facilities

By OLAYINKA OYEGBILE

There was pandemonium at Yaba, Lagos. Traders abandoned their wares and joined panicky drivers to watch from a distance an uncommon procession of a crowd of people they had always regarded as neighbours. The protesters were not in any way violent. There were about 500 of them, and it was not their number that scared the people. The problem was that those who took to their heels assumed that, even in serenity, the protesters must not be taken for granted.

Those in the procession were inmates of the Federal Neuro-Psychiatric Hospital, Yaba. What was their grouse? Not grouse really, they were showing sympathy for the nurses who had given them comfort and hope. The medical personnel were protesting the neglect of the hospital and their welfare. But the sight of their patients on the street sent a different message to residents and workers in the area. Some took to their heels, while a few others stayed in

doors until calm returned. Neither the secondary protesters nor the nurses thought of the impact of the perception of the people on a group of mentally challenged people calling attention to the plight of people calling attention to the plight of people. Those despised people at Yaba are even lucky. Scores of others lack medical care and are left to roam the streets, sometimes providing entertainment to those who should show care.

Daadi, as he is popularly known, is a former commercial motorcyclist, aka *okada* rider. He used to ply his trade in the ancient city of Maiduguri, Borno State. That was years ago. Today Daadi plies his "new" trade on the floor beside the culvert near the former Nigerian Telecommunications Limited, NITEL, canteen in the state capital. He looks unkempt with his once white shorts now turned dark brown. He has become a ghost of his former ebullient and rambunctious self. His shirt barely covers his chest, but his skin is covered with

whitish pus oozing out of offensive odour. He sits by the culvert and begs for alms from passers-by shouting, "Baba, please buy food for me because I am hungry." Daadi is a victim of drug abuse. While his *okada* business was booming, he had indulged himself in smoking marijuana and snorting other hard drugs, which have today resulted in mental imbalance.

Mental ailment is common the world over, Nigeria included. To combat it over, Nigeria Health Organisation, WHO, last October, launched an action programme, which it said was meant to scale up services for mental, neurological and substance use disorders for countries around the world, especially in low- and middle-income ones. The programme, which was launched at the world body's headquarters in Geneva, Switzerland, is known as the Mental Health Gap Action Programme, mhGAP. According to the programme, with proper care, psycho-social assistance and medication, tens of millions could be

## Special Report



Female lunatics at Olokun Psychiatric Centre, Ilorin, Kwara State

depression, schizophrenia and even in a depressed economy. Describes mental health as: "A well-being in which every individual has his or her own potential, with the normal stresses of life, productively and fruitfully, and make a contribution to her or his community." According to her, neurological and behavioural disorders are common to all countries. She expressed concern about the way people with mental disorders are often subjected to abuse, isolation, poor quality of care and mortality. WHO estimates that hundreds of millions of people are affected by mental,

behavioural, neurological and substance use disorders. For example, a 2002 WHO estimate showed that 154 million people globally suffered from depression, while 25 million others suffered from schizophrenia. Another 91 million were affected by alcohol use disorders and 15 million by drug use disorders.

There is a thin line between sanity and insanity, especially for those who have not gone beyond "the bend," as it is usually referred to in street lingo. What then constitutes mental disorder, or at what point does it become a thing to worry about? According to Femi Oluhinde, chief medical director of the Lagos State University College of Medicine, LASUCOM, Ikeja, Lagos, mental disorder "is a very broad thing because it talks about total aspects that are both internal and external. For the most part there is an internal experience of distress or discomfort. Most mental disorders are mostly related to some experience of distress within the equilibrium." This often leads to the inability to concentrate, being short-tempered and with a noticeable change in behaviour. Oluhinde, who is also a psychiatrist and author, added, "At the other extreme are the other minority of psychiatric disorders, the so-called psychosis in which a person loses touch with reality; the way he sees things is very different from the way other people see things. A classical example of that is someone sitting naked on the street and you approach him to know what the problem is with him; he's out of touch with reality." He, however, added that such conditions are what people conventionally recognise as mental disorder, but that is actually a very small minority of mental disorders.

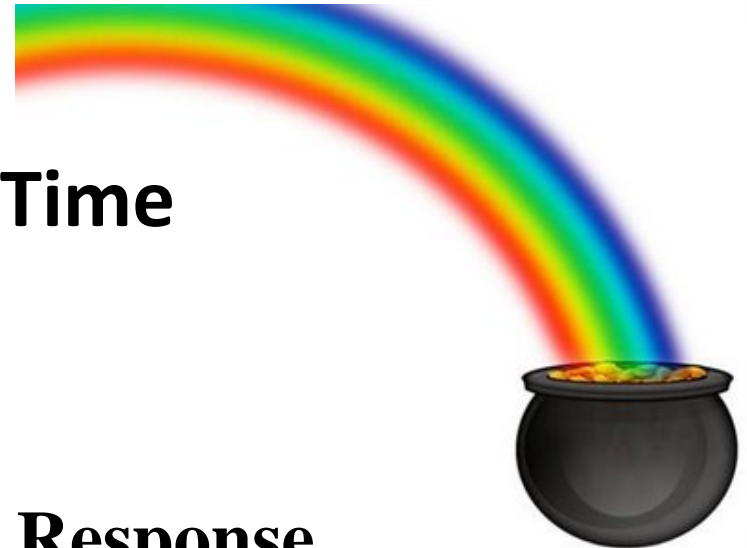
Richard Adeboye, consultant psychiatrist at the Federal Neuro-Psychiatric Hospital, Yaba, traced the causes of mental illness to three factors. These are biological, psychological and social. He said biological causes could be because mental illness "runs in a family's genes." "In the modern world, we now realise that it can be transmitted through the genes just like hypertension can be inherited if it is in the chromosomes. It can also be as a result of chromosomal disorders like Down's syndrome; such people can eventually have listed other biological causes as a situation where a mother has taken some medications just before pregnancy or in the early stages of pregnancy, this, he added, could "affect the foetus." He added that a child could be born with a high rate of neuro-natal jaundice, which could lead to a variety of brain damage known as *cane* (coniferous) and that some cases of epilepsy might manifest in mental disorder not really as convulsion or foaming at the mouth.

Adeboye, who is also a clinical psychologist, says the commonest in Nigeria is affective disorder, especially depression. And that cases of mental imbalance are on the rise in the country due to unemployment, crash of the stock market and the challenges of living in environments that increasingly expose residents to various vagaries of life, which lead to frustration and depression. Isa Rabeebe, medical director, Federal Neuro-Psychiatric Hospital, Maiduguri, believes the ailment is on the increase due to individual and environmental factors. "The illness is still poorly understood by our people, as many are ignorant of what constitutes mental illness and are not ready to come forward for treatment." Apart from lack of understanding of the ailment, Rabeebe attributed the high incidence of mental ailment to the



# Managing Negative News

- **Journalist's job is not Our Job**
- **All Negative News is not Equal**
- **We can be Wrong**
- **Timely Notice Buys Valuable Time**
- **There are Remedies**



**5. Be Strategic with Your Response**





# Managing Negative News

- Decision Tool?
- Training for Us?
- Coordination?
- Media Monitors?
- Share Best Practices?

In your own words, restate the inaccurate, misleading, or otherwise damaging information:	
The Message: Check all that apply	
Message is essentially false and poses an overt risk to human health	6
Message is essentially false and poses serious risk to public trust in our program or recommended public health intervention	5
Message is essentially false but does not pose serious risk to public trust in our program or recommended public health intervention	2
Message is essentially false but poses minimal or no serious risk to public trust in our program or recommended public health intervention	1
Message is essentially false and reflects negatively on a person or persons in leadership or other key roles associated with our program, including partners	5
Message is essentially or partially true but could pose serious risk to public trust to our program or recommended public health intervention *	2
Message is essentially or partially true but poses minimal or no risk to public trust in our program or recommended public health intervention*	0
Message is essentially or partially true and reflects negatively on a person or persons in leadership or other key roles associated with our program, including partners	1
Message appears one time only, and shows no signs of becoming part of a recurring or evolving wave of criticism (Do not apply if first box is checked, i.e. 6 points)	- 1
Message is a continuance of or is likely to trigger a sustained wave of criticism, in one or more major media outlets	5
TOTAL (If ≤ 2, consider not formally responding; if > 2 continue to next step)	





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