Conference on
Global Media Strategies for HIV and AIDS
and associated competition and media festival

28th May 2007 - Nikko Hotel, Kuala Lumpur

A Report
Prepared by K P Madhu
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Background and context

HIV/AIDS is no longer simply a health problem. It is a pandemic becoming a global socio-economic disaster. It afflicts the groups whose functions and skills are most vital for development.

United Nations Millennium Assembly has set an explicit goal to reduce HIV infection rates in persons 15-24 years of age by 25 percent within the most affected countries before 2005 and by 25 percent globally before 2010. The United Nations and their agencies are contributing to curb the epidemic by taking a lead role in preventive education.

Media is the most powerful means to reach countries’ populations, and this power carries great responsibility. To be able to deal with the issue in an ethically appropriate manner, media professionals must fully understand its psychosocial components – fear, blame, denial, discrimination etc.

Media has a major role to play in the broad-based strategy to contain the spread of HIV by bringing practical knowledge to the public with the widest coverage. This task has to be done in close cooperation with specialists, to avoid wrong, ineffective or counter-productive messages being disseminated. Media programming must promote a better awareness on how the virus is transmitted, how its spread can be contained and also a better understanding and care for PLWHA. Media must also learn to refrain from blaming and take a proactive role against the tendency for denial of the risk of HIV infection even amongst the most vulnerable of the population. Social and economic discrimination against HIV positive is another area where media has to raise its voice.

Though media has played a vital role in spreading awareness on HIV and AIDS in the last two decades, to attain the Millennium goal of reduction in infection rates, a lot more needs to be done. There is an urgent need to evaluate the work that has been done and to re-examine the global media strategies for the future. It is also imperative that media takes positive action in a manner parallel to the international and national agencies, NGOs, the private sector and the medical profession dealing with HIV.

It is in this context that a conference on Global media Strategies for HIV and AIDS was organised on 28th May 2007 by Asia-Pacific Institute for Broadcasting Development, with support from Institute for Strategic and International Studies (ISIS) Malaysia, UNAIDS, Asia-Pacific Leadership Forum for HIV/AIDS and Development and UNESCO.

Objectives of the Conference

a. highlight and review lessons learned, best practices, model programmes of media initiatives from various continents to make them a global experience.
b. identify specific and concrete initiatives generated by the re-examination of media's performance in addressing HIV and AIDS.

c. identify the challenges media faces in informing and communicating various dimensions of HIV and AIDS and

d. make recommendations to address these challenges.

**Competition**

To meet these objectives, a competition was announced for World awards on HIV and AIDS programmes 9 months before the conference. This helped to pool together a large number of TV and radio programmes and to examine their strengths and weaknesses to assess the strategies used in the present day campaign. The findings from jury to the awards was reported in the first session of the conference. The report directly addressed the first three objectives above.

There were four categories of awards -

1. Best TV programme to reduce discrimination against HIV positive
2. Best TV documentary on treatment of AIDS
3. Viewers’ choice
4. Best Radio spot on HIV and AIDS

All awards carried a prize of USD 2000, a certificate and a trophy.

The competition was open to all producers from private and public broadcasting organisations as well as to freelancers.

After the initial invitation for entries in October 2006, three more reminders were sent out. The announcement was available on the AIBD website. The competition was give publicity through partners, Broadcasting Associations and Unions. A printed brochure was also circulated.

The last date was initially fixed for 1st of December 2006. Some of the potential competitors pointed out that the since the programmes broadcast on the World AIDS day would also be eligible for entry, the last date should be postponed. It was therefore moved to 15 January and later 15th February.

The initial plan was to put the entries on the net for viewing and voting by the interested public from December 1st onwards. We were expecting some funding to enable us to do this, but it did not come through. So the programmes could be made available for voting only from the end of May to the end of June.

The Jury sitting for the awards 1, 2 and 4 above was organised on 26th and 27th May 2007.

The Jury members were:

1. Mrs Beth Magne Watts, Communications Officer, UNAIDS, Geneva
2. Dr Shankar Chowdhury, National Professional Officer in Education, UNESCO Office New Delhi
4. Ms Firdoze Bulbulia, Chairperson, Children & Broadcasting Foundation for Africa
5. Ms Shalina Azhar, Media & Communication officer, Malaysian AIDS Council
6. Mr Andrew Tan, ExCO Member, Malaysian AIDS Council
7. Ms Josiah Jocelyne, Advisor communication and information, UNESCO Delhi cluster
   UNESCO Office New Delhi
8. Ms Jai Chandiram, Executive Director, Fortune Institute of Communication and Television, New Delhi

The last two members were available only for the short listing of the programmes. One of the other six members was an HIV positive person.

The findings of the jury in terms of the strengths and weaknesses of the present media strategies on HIV and AIDS was reported to the conference on Global Media Strategies for HIV and AIDS, by Ms Shalina Azar. (See Annexure 2). The conference was attended by 135 delegates from more than 30 countries.

The winners of the awards were announced by Mrs Beth Magne Watts during the Asia Media Summit, which was attended by nearly 500 delegates from world over. The text of the announcement is given as annexure 5.

The winners of the awards for the following categories were announced:
1. Best TV programme to reduce discrimination against HIV positive - *Let’s Join Hands* directed by Anu Malhotra for BBC World Service Trust, India
2. Best TV documentary on treatment of AIDS - *Masindy’s Story*, produced by Sharon Farr of Shoot the Breeze Productions, South Africa

**Media Festival**

The initial plan was to organize a day-long media festival. But due to lack of availability of requisite funds, the media festival was organised in the evenings on 28th, 29th and 30th of May 2007. The media festival was well attended. It is to be noted that though there were screenings of award winning programmes on other topics in the next hall, the media festival on HIV had more viewers.

The media festival allowed the participants also to get a first hand experience of the best in TV and radio productions.

**A campaign on the net**

The media festival could expose the programmes only to the participants who came to the conference and the delegates of the Asia Media Summit. A wider exposure was given to the entries by putting them on the World Wide Web for voting. 58 voters participated in selecting the viewers choice award.

The viewers choice award goes to “Tell Me Why?” produced by Ms Prerna Sharma of Doordarshan Delhi, India

**The conference**

135 delegates from 31 countries participated in the conference. See Annexure 6
The programme schedule for the conference is given as annexure 1. Speeches and presentations are given as annexure 2.

There was ample scope for discussions in each session and there were quite a few valid points raised from the floor. At the end of the conference a declaration and a few suggestions for a practical action plan emerged. The declaration and the initial suggestions for action are given as annexure 3.

The declaration addressed the need for stepping up the campaign by using all types of genres of programming and for broadcasting the programmes across different time schedules so that the messages and relevant information reached all sections of the society.

Further discussions led to some suggestions for action plan. See annexure 4. Since it was a one-day conference more suggestions to be included in the action plan was to be made by the participants, to be sent to the AIBD secretariat through e-mail.

**Report on the Young TV Producers’ Network on HIV and AIDS**

AIBD, in partnership with UNESCO and later, with UNDP, had trained 41 young TV producers in three batches – 2002, 2004-05 and 2006-07. After the training the producers had made mini-documentaries on HIV and the productions were compiled as a series into DVDs for distribution. The project also envisaged networking of the young TV producers in Asia.

The producers from the earlier batches had met twice each and the network between the trained producers from each batch was, therefore, stronger. The producers from the last batch had only met once.

The most of the producers from the second and third batch were accessible through e-mails and therefore the 2nd and 3rd batches were introduced to each other through e-mails. But they had not met face to face.

The Conference on Global Media Strategies, 28th May 2007, Kuala Lumpur, provided an opportunity to bring together the producers from the last batch for a second time and the active members from the earlier batches to strengthen the network of young TV producers on HIV and AIDS. The conference would give them further inputs on HIV related issues and the exposure to the Asia Media Summit would give them a boost of confidence. So UNESCO came forward to support the participation of the Young TV Producers Network on HIV and AIDS in the conference.

21 producers from the network participated in the conference. List attached as annexure 6. Some producers who were not trained in the AIBD/UNESCO project, but were actively producing programmes on HIV and AIDS related issues had also come to the conference. All the producers were put up in the same hotel so that they could meet and exchange notes.

During the conference, Dr Shankar Choudhury UNESCO, gave a brief summary of the project Young TV producers Network on HIV and AIDS in Asia. Ms Mao Xushi from China, a representative of the network, was a speaker in the conference.
Besides the dimensions of the issue which were not discussed in the training workshops, the producers were exposed to the best programmes on HIV and AIDS that were entered in the competition, during the media festival organised in the evenings of 28th, 29th and 30th May 2007.

The producers had two informal meetings during the nights. In one such meeting Dr Shankar Chowdhury was also present. This helped to strengthen the network between producers of different batches.
It should also be mentioned here that Ms Prerna Sharma from India, a producer from the network later won the Viewer’s Choice Award.

After the conference and the Summit, the producers expressed their heartfelt thanks for the experience. Some of them expressed it in writing after going back. A representative sample is given in Annexure 7.

One of the producers who was very energised by the conference and the media festival later wrote that he was stopped from producing a programme on HIV and AIDS by his superior. Some other producers had also verbally expressed the difficulty in getting the approvals for producing programmes on HIV and AIDS. To train and motivate producers is only a part of the solution. To get the commitment of the CEOs of broadcast organizations does not also solve the problem completely. Unless the middle level managers of the broadcast organizations are fully aware of the issues related to HIV and AIDS, the effort and resources that we put into training producers may not bear optimum results.
Annexure 1

Conference Agenda and programme

8:15-9:00  Registration

9:00-9:30  Inauguration  Welcome remarks by **Dato’ Seri Mohamed Jawhar Hassan**, Chairman and CEO, ISIS Malaysia

Keynote Address by **Advocate Dali Mpofu**, CEO, South African Broadcasting Corporation; Chair of the Global Media AIDS Initiative; President, SABA

9:30-11:00  **Session 1  Perspectives in HIV infection and AIDS**

HIV has become a part of the development agenda. Millennium Development Goals of the UN has identified the need to reduce the rate of infection to half within a few years. The reasons are simple. Those who are infected are mostly in the productive phase of life. Besides seriously affecting the workforce of the country, the costs of treatment will erode into the family finances and thus increase poverty.

In spite of short history of about two decades of the problem, medical research has been quick to respond with diagnostic tools, and a battery of drugs to treat and to prolong the lives of HIV Positive people. Moreover, basic research on immune system itself has got a boost due to the challenge of HIV and AIDS. This session will look at the latest research, diagnostic tools, prognosis with drug regimens and the psychosocial factors in immunity, which makes counselling as important as treatment.

**Chair**  **Mr Zainon Ahmad**  
Group Executive Editor, The Sun, Malaysia

**Speakers**  **Ms Teresita Bagasao,**  
Manager, Asia Pacific Leadership Forum on HIV/AIDS and Development, UNAIDS

**Dr Shankar Choudhury,**  
National Professional Officer, UNESCO New Delhi

**Ms Pamela Morrison,**  
Chairperson of the World Alliance for Breast-feeding Action(WABA), Task Force on HIV and AIDS, UK

**Ms. Nantawun Yuntadilok**  
AIDS, TB and STIs, Disease Control Department, Ministry of Public Health, Thailand.

**Ms Shalina Azhar**  
Media & Communication officer, Malaysian AIDS Council

11:00-11:30  Coffee Break and networking time
11:30-12:30  **Session 2  Culture, AIDS and Media**  
In spite of the worldwide occurrence and spread of AIDS, each society faces the problem differently. The cultural differences in the response to AIDS make it difficult to evolve a common universal strategy in the fight against AIDS. How can we overcome the cultural response and introduce a positive change in the attitude towards HIV positive people? How many more lives have to be affected before we realise that the virus does not respect ethics and morals?

**Chair**  
Ms Lulu Mokhobo  
*Group Executive for Public Service Broadcasting, SABC, South Africa*

**Speakers**  
Dr Haroon Siddiqui  
*Columnist, Toronto Star, Canada*

MS Mao Xuzhi  
*Reporter, English Channel, China Central Television*

Ms Janet Boston,  
*Director, The Thomson Foundation, UK*

Dr. Choong-Heon LEE, MD, PhD,  
*Medical reporter, KBS*

12:30-13:10  **Special Address**  
Ybhg. Tan Sri Datuk Dr Mohd. Ismail Merican,  
*Director General of Health, Ministry of Health, Malaysia*

13:10-14:00  **Lunch**

14:00-15:30  **Session 3  Media campaigns and HIV: Problems and prospects**  
A part of the fear, denial, blame and discrimination of HIV positive people and people with AIDS was caused by mass media – Print, Radio and Television. Even after the need for more sensitive media campaigns was recognised, the mistakes continue. Unethical reporting of AIDS cases, claims of cures and misinformation campaigns make it appear that media is a part of the problem than a part of the solution. How can we change this? A deeper look at the positive and negative roles that media can play in the campaign against the spread of HIV.

**Chair**  
Ms. Norhyati Ismail  
*Managing Director of Television, RTM Malaysia*

**Speakers**  
Ms Yvonne MacPherson  
*BBC WST*

Mr Bernard Gardiner  
*Unit Manager, HIV/AIDS Global Programme, International Federation of Red Cross and Red Crescent Societies*

Mr. Georges Leclere  
*President, LGMA Inc.*
There are many people in the world that do not access print radio or television. The virus does not spare them. How can we use folk media and interpersonal communication so that poor access to information does not threaten remote communities?

The rise of interactive media and internet is weaning away a lot of young people from the traditional sources of information, including print, radio and TV. How can we use interactive media and Internet more effectively in the campaign against AIDS?

Chair: **Ms Jacky Sutton**  
Advisor Communication, UNESCO Tehran cluster

Speakers:  
**Mr Tido Mhando**  
Managing Director Tanzania Broadcasting Services

**Assoc. Prof. (Mrs.) Thanavadee Boonlue**  
Chulalongkorn University, Thailand

**Ms Moneeza Hashmi**  
General Manager, HUM TV, Pakistan

17:00-17:30 **Concluding Session**

Discussion on the foundation of a media partnership against HIV and AIDS in Asia-Pacific region

Moderators: Adv. Dali Mpofu, Group Chief Executive of the SABC and Chair of the Global Media AIDS Initiative (GMAI) supported by Mr K P Madhu, AIBD

17:45-18:30 **Screening and discussion of selected programmes on HIV and AIDS**

More screenings and discussions at 18:00-19:30 on 29-30 May 2007
Conference papers and presentations

Dato’ Seri Mohamed Jawhar Hassan, Chairman and CEO, ISIS Malaysia welcomed the delegates. He initiated the discussion by pointing out the important role of media and the need to use it strategically.

Mr Daluxolo Christopher Mpofu, the Group CEO of the South African Broadcasting Corporation and the president of South African Broadcasting Association is the Chair of Global Media AIDS Initiative. Mr Mpofu gave the Keynote address.

KEYNOTE ADDRESS

Thank you to the Asia-Pacific Institute for Broadcast Development and UNAIDS, UNESCO and ISIS for organizing this important event and inviting me to speak on Global Media Strategies on HIV/AIDS.

Billions of people around the world consume media every day. In China, nine out of ten homes have a television set, with an average viewership of more than two hours per day. In India, nearly 80 million households have televisions and in South Africa, over 90 percent of youth watch television and listen to the radio, even in rural areas. In many countries, new media technologies – including Internet use and cell phone text messaging – are becoming popular ways for young people to communicate.

There is no question that media is one of the most powerful tools at our disposal for changing the course of the HIV/AIDS pandemic and in my opinion, this tool is still underutilized. Lack of knowledge and information, as well as stigma and discrimination, help to fuel the spread of this disease. Media plays a critical role informing and educating audiences, and can be a major catalyst for discussion about the factors driving the HIV epidemic.

Most importantly, media is very influential with the population most at risk for HIV and AIDS – young people. Connecting with young people in a way they understand, in a language they can relate to, is central to any effort to prevent the spread of HIV and changing attitudes toward people already infected with HIV.
On December 1st of last year, I was honored to have been asked by former United Nations Secretary-General Kofi Annan to lead the Global Media AIDS Initiative (GMAI). The GMAI was launched in 2004 at an historic summit meeting of high-level media executives from around the globe, brought together to collectively strategize about how to leverage the power of media to fight HIV and AIDS. Conceived and developed by the Kaiser Family Foundation and UNAIDS, the Global Media AIDS Initiative, or GMAI, has mobilized over 160 media companies around the world to put their creative and technical resources to work to raise the level of public awareness and education about HIV/AIDS.

To date, much progress has been made. GMAI members around the globe have produced hundreds of public service ads (PSAs), have integrated powerful HIV/AIDS themes into news, public affairs and entertainment programming, and have contributed hundreds of millions of dollars in airtime and advertising space to disseminate HIV awareness and prevention messages in some of the hardest-hit countries and regions of the world. In a moment, I will show you some highlights from these powerful campaigns.

Leadership summits, such as this one, have led to the formation of regional coalitions of media companies united in the fight against HIV and AIDS in Africa, the Caribbean, Russia, Ukraine, India, Europe and the United States – where participating broadcasters are sharing resources, original programming, and best practices.

In Africa, the Africa Broadcast Media Partnership Against HIV/AIDS, established in 2005, brings together over 50 television and radio broadcasters from 30 countries. The ABMP has coordinated the media response to the HIV/AIDS epidemic amongst its members on the continent, and has mobilized a commitment of an unprecedented 5% of daytime airtime which is approximately an hour per day to HIV/AIDS messages. Late last year, the coalition launched the “It Begins with YOU” campaign, which reaches people across Africa with an empowering message of hope and unity.

In the Caribbean, another hard hit region, the Caribbean Broadcast Media Partnership on HIV/AIDS was established in 2006 and has brought together over 50 television and radio broadcasters representing more than 20 Caribbean countries. These broadcasters are working together to leverage their resources and share content in an effort to inform audiences about HIV/AIDS and fight AIDS-related stigma. CBMP members have pledged up to 12 minutes of airtime per day for HIV/AIDS-related messages, branded under a single regional campaign – LIVE UP: Love. Protect. Respect.

In Russia, the Russian Media Partnership on HIV/AIDS has brought together more than 50 Russian media and communications companies. This coalition has succeeded in producing the country’s first coordinated national HIV/AIDS media response: the StopSPID (StopAIDS) campaign for which an estimated $250 million in airtime has been committed by Russian media companies over a three-year period.

MTV International continues its outstanding global campaign, Stayling Alive, which produces PSAs and long-form programming that has been made available rights-free to all
GMAI members and has been distributed to broadcasters in Africa and Caribbean, in addition to MTVs over 140 channels world-wide.

And in the US, HBO, NBA, and the Kaiser Family Foundation are working together to produce a new series of spots featuring prominent African Americans and leading NBA basketball players. These new messages will encourage young people to get tested for HIV, and will be distributed to broadcasters in the US and around the world through the GMAI.

These are just a few examples of the collective partnerships that have formed under the Global Media AIDS Initiative.

Let’s take a look at some of the GMAI’s programming highlights over the past three years:

VIDEO (5:30 MINUTES)

As CEO of the South African Broadcasting Corporation, I am committed to making HIV/AIDS a corporate priority and putting to use the creative and technical resources of my company to fight the HIV/AIDS pandemic. As Chairman of the GMAI, I am committed to expanding the scope and reach of this initiative, especially within Asia. I applaud the AIBD for taking the initiative to organize media executives from this part of the world to fight HIV/AIDS. Asia is an emerging new epicenter of the HIV pandemic, and no country in this region is immune from this disease. By working together, media companies in other regions have demonstrated that collaboration and expanded commitments to raising awareness can make a real difference in the fight against HIV/AIDS. I encourage you to think about ways that Asian broadcasters can come together in a similar model – creating a new structure for the sharing of resources and information. On behalf of the GMAI, I commit to providing technical assistance and best practice examples that can help you create such an initiative. But, it’s up to you to make the commitment and create the infrastructure required to make it happen.

Today’s meeting is certainly a very good first step. I look forward to participating in your discussions today, and I look forward to future collaboration as partners in the global fight against HIV and AIDS.

Thank you.

Ms Teresita Marie P. Bagasao is Manager of the Asia Pacific Leadership Forum on HIV/AIDS and Development in the UNAIDS Regional Support Team based in Bangkok. Before this, she was Chief of Partnerships Unit of UNAIDS in Geneva focused on strengthening support for and collaboration of civil society and private sector in the response to AIDS. Her own involvement in the issue began two decades ago, as head of a health communication NGO that pioneered community action on AIDS in the Philippines and the region.
Distinguished Delegates, media experts, colleagues, ladies and gentlemen, I am very pleased to address you this morning on behalf of the Joint United Nations Programme on AIDS (UNAIDS).

It is encouraging to see how many media experts are present here today for this day long conference focused on media’s role and response to AIDS. I am sure we agree that Asia is the fastest growing economy in the world, with China and India as front runners. But there are major threats to this growth, and a most persistent one is AIDS.

Last year marked 25 years of our world living with AIDS. While there is cause for optimism, even experts call for tempering this optimism with caution.

Why the caution?

The facts speak for themselves. By the end of 2006, UNAIDS reported that AIDS had claimed almost 3 million lives and 4.1 million people became newly infected. The numbers continue to rise. In this colored map, Asia Pacific appears in better shape with a reported low prevalence compared to Sub-Saharan Africa. In numbers this low prevalence in Asia Pacific means it is home to over 8 million people living with HIV and 1.5 million children living with or affected by AIDS. The region also reported an estimated 960,000 new infections and 600,000 deaths last year.

Why the caution? These next 4 slides covering just two decades show that HIV infections continue to grow since 1985 in 1993, in 1998 and in 2006.
Why the caution? We have to remember that since the region is home to more than 60% of the world’s population, low prevalence rates in Asia Pacific countries translate to large numbers of people.
**Why the caution?** National prevalence masks the real situation of high prevalence in local areas and that there may not be one but many epidemics even within one country.

I understand that we are all waiting for a breakthrough – a vaccine, a cure or something dramatic to turn the tide. But on a daily basis, we are still talking about thousands lost to AIDS and newly infected with HIV compared to the few hundred daily war casualties. So why then is AIDS dropping off the media agenda?

Maybe we need to unpack this and see AIDS not as a health issue alone but linked to people’s lives

- If prevalence remains less than 5%: AIDS is unlikely to impact on economic growth in Asia and no significant decline in Gross Domestic Product expected
- Yet profound impacts are seen at household level such as those reported in rural Thai households where we have seen reduction of consumption 52%, Savings spent 60%, Assets sold (land, vehicle, livestock) 19%, Money borrowed 11%
- Need pro-poor approach, especially for ARV treatment because AIDS will not go away tomorrow and a sustained response is critical from all sectors, including media

But is it all bad news? Where does the optimism come from?

Internationally, **Political commitment is shown by** 40 Heads of Government personally leading their National AIDS Commissions and setting ambitious targets towards Universal Access to HIV prevention treatment and care.
Where does the optimism come from?

**More is needed but Funding** globally has increased almost 40-fold since 1996, and now stands at almost US$10 billion per year.

Access to treatment and life saving drugs for 2 million people from low and middle income countries. In East, South and Southeast Asia there has been a 4-fold increase from 2003 to 2006.

Last but not least, we know that Prevention is working and a small but growing number of countries in every region are reporting reduced HIV prevalence but more needs to be done to get ahead of the epidemic.

**4 key issues / challenges stand in the way in stemming the tide**

1. Engaging and sustaining leadership commitment not just of political leaders but all sectors including media
2. Making the Money Work – while there is more money available, an implementation crisis looms as core prevention and care programs are not addressed correctly and adequately.
3. Stigma and discrimination not only against people living with HIV but also against *some of* the people most at risk. Value judgments around sex – including the sale of sex and sexuality and around drug use for example, reinforces how stigma and discrimination fuels the spread and blights the lives of people affected.
4. Identifying social and economic drivers of the epidemic, especially gender and migration
We may have overlooked that a whole new generation has been born since the world took notice of AIDS in the 80’s. Now less than half of young people know about AIDS and how to protect themselves from getting infected – What do we need to do? How can media respond?

Increased HIV infections continue because appropriate messages and services have not reached those most at risk. Experts say that we need to reach at least 60 to 80% of people most at risk to make a difference. What do we need to do? How can media respond?

AIDS has long term impact on the capacity of households to stay together. This is most manifest in the number of children orphaned by AIDS, which now totals nearly 14 million globally. In developing countries, before AIDS around 2 per cent of children were orphaned, but now in many countries, 10 per cent or more of children are orphans. What can we do for these children and orphans? How can media respond?

Journalism and medicine are two professions which follow a code of ethics. Hippocrates, the father of modern medicine originated the phrase: do no harm. What he actually said was: "Declare the past, diagnose the present, foretell the future; practice these acts. As to diseases, make a habit of two things — to help, or at least to do no harm.”
His words of wisdom are so appropriate for how we need to respond to AIDS today. People who are well-informed about the epidemic are able to assess their risk to HIV and to know how best to avoid infection; or, if they are HIV-positive, how to look after themselves and their partners and families.

But for individuals to act effectively on what they know, they need an enlightened environment. You in media have a huge contribution to make on both fronts. Besides delivering direct information, you have the potential to influence attitudes, behaviour and even policy-making in a myriad of ways through coverage of the epidemic in news, drama, documentary and discussion.

However, this is a double-edged sword. The media also reflect as well as shape culture and social norms. Sadly we have many examples in which the media, wittingly or unwittingly, help to fuel prejudice and discrimination around AIDS issues.

Ensuring that the messages are conveyed to assist people to cope with and resist HIV rather than inadvertently falling victim to the epidemic requires wisdom, sensitivity and clarity of purpose. It also requires giving people living with HIV a voice to tell their own stories.

AIDS is exceptional. It has been and still is an agent for change. We welcome this pre-day summit as a sign of your commitment to step up media response – together with us “Uniting the World Against AIDS”.

Finally, I would like to end with this quotation from former UN Secretary General Kofi Annan -“When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. AIDS is the worst epidemic humanity has ever faced. . . Its impact has become a devastating obstacle to development. The media have tremendous reach and influence, particularly with young people, who represent the future. . .”

Thank you!!!
Dr Shankar Chowdhury started by pointing out the UNAIDS Policy Actions for HIV Prevention:

- Promote, Protect & Respect Human Rights
- Build & maintain Leadership – Media
- Involve PLWHA
- Address Cultural norms & beliefs
- Promote Gender equality
- Promote the linked between HIV prevention and SRH
- Review & Reform Legal frameworks
- Promote continuum of Prevention, Care & Treatment

He stressed the UNAIDS principle of “Three Ones”:
- One agreed AIDS action framework that provides the basis for coordinating the work of all partners;
- One national AIDS coordinating authority, with a broad based multi-sectoral mandate; and
- One agreed country level monitoring and evaluation system for a harmonized, coordinated and a country-owned and country-led response

How could UNESCO respond, keeping in view the following?
- People may not relate to statistics but relate to others – human face to the virus,
- Help create an enabling environment for prevention of HIV infection, and a supportive environment for care,
- Build capacity through partnerships that allow for the sharing and transfer of skills and expertise with others,

The main purpose of activities undertaken:
- Stimulate a frank discussion of HIV and AIDS,
- Provide a platform for those most affected by the epidemic to be able to air their concerns and views,
- Challenge stigma and discrimination by providing accurate information about HIV and AIDS,
- Encourage leaders to take action
In addition, the media has a pivotal role to play in the AIDS response:
• Public understanding of how HIV is prevented and treated is mixed, and
• Basic awareness about AIDS and its impact is sorely lacking in many parts of this region, particularly among women and young people.

Young TV Producers Network was initiated by UNESCO and AIBD 2000
Producing a pilot programme is an important first step in getting a new initiative off the ground
Producers who were below 35 years working in Government channels were given a Regional experience
The premise was
  • the principle of “freedom”: voluntary, informed consent, freedom, and protection of participants’ identity;
  • the principle of “causing no harm” to the people or groups;
  • the principle of “doing good” i.e. the research should have a purpose

Already three rounds of training have been conducted in the Asia Pacific region – Three themes
• Stigma & Discrimination
• HIV: a look within
• Common commitment

The process evidently needs
  • Setting up an e-group of a List-serve
  • The support and active involvement of NGOs, PLWAs
  • The challenge was - How to keep the issues alive in the producers mind

Key challenges during training & after were
• Breaking the gender stereo-types
• HIV and AIDS terminology
• Addressing ethical issue
• Negotiating time schedules & budgets

The issue of HIV and AIDS is not a static one. It evolves. There are some emerging issues.
• Male Circumcision
  – Policy implications
    » Meeting the demand
    » Safety – post operation care
    » Financial and human resources
      but education will have to continue

• Treatment Education/Literacy
• UNESCO’s initiative of EducAIDS
Though many good Lessons have been learnt, media continues to make mistakes.

• Success breeds success
• Media awards
• Continued support from media organizations and funders is encouraging

Thank you

Ms Pamela Morrison's interest in the risk to breastfeeding posed by HIV arose from having lived for most of her life in East and Southern Africa where breastfeeding is both the cultural norm and a cornerstone of child survival. In 1990 she was the first International Board Certified Lactation Consultant to be certified in Zimbabwe. She worked in private practice in Harare until 2003 and served on several national and international committees to protect breastfeeding, including the Zimbabwe National Multi-sectoral Breastfeeding Committee, the National BFHI Task Force, the ILCA Code Committee, and as Co-coordinator of the WABA Task Force for Childrens Nutrition Rights. She is currently Coordinator of the WABA Task Force on Breastfeeding and HIV.

A matter of life or death: The untold story of HIV, Breastfeeding and Child Survival

1. Has the risk of HIV through breastfeeding been over-estimated?
2. Has the risk of NOT breastfeeding (formula-feeding) been under-estimated?

What impact have HIV & IF policies had on child survival
   In countries which can least afford the loss of breastfeeding
   In settings which cannot sustain safe formula-feeding

Has breastfeeding become an endangered practice due to fear of HIV?
Why has support for breastfeeding been withdrawn?
Has this fear been manipulated to promote/condone inappropriate formula-feeding?

To protect/prevent girls/women from primary infection
To prevent their babies from becoming infected during pregnancy, birth or breastfeeding

Underlying rationale: to save lives

HIV and infant feeding policy in industrialized countries, 1985 on …
To avoid all risk of postpartum HIV, infected mothers have received clear advice not to breastfeed.
Consistent with sound public health principles because in those settings formula feeding is safer for the baby.
Governments accept accountability for enacting safe policy
Mothers’ rights to choose are suspended
Initial HIV and IF policy, 1992-1997 for developing countries

“where infectious diseases and malnutrition are the main cause of infant deaths, breastfeeding should be the usual advice given to pregnant women, including those who are HIV infected because their baby’s risk of HIV infection through breastmilk is likely to be lower than the risk of death from other causes if it is not breastfed.”


1997 Change in HIV and infant feeding policy for developing countries

Assumption of attainable conditions

“when replacement feeding is acceptable, feasible, affordable, sustainable and safe (AFASS) avoidance of all breastfeeding by HIV-infected mothers is recommended…”

Unrealistic assumption of safety?

“WHEN children born to women living with HIV can be ensured uninterrupted access to nutritionally adequate breastmilk substitutes that are safely prepared and fed to them they are at less risk of illness and death if they are not breastfed…”

New rationale: private rights vs public health

“It is mothers who are in the best position to decide whether to breastfeed. It is therefore important that women be empowered to make fully informed decisions about infant feeding and that they be suitably supported in carrying them out…."

Mother’s choice or baby’s health?

“The policy objective must be to minimize all infant feeding risks and to urgently expand access to adequate alternatives so that HIV-infected women have a range of choices…”

What are the options?

“Replacement feeding options include:
commercial infant formula,
home prepared formula
made from animal milks: cows, goats, buffaloes, sheep or camels.”

Safe conditions?

“…The policy should also stipulate what measures are being taken to make breastmilk substitutes available and affordable;
to teach the safest means of feeding them to infants; and to provide the conditions which will diminish the risks of using them.”

Early cessation of breastfeeding [for mothers who cannot feed replacements from birth]

“breastfeeding …should then be discontinued as soon as it is feasible.”

Who bears responsibility for an unwise choice?

“HIV-infected mothers should be supported in their choice, whether they choose breastfeeding or replacement feeding.”

Policy-makers and healthworkers are absolved from accountability for the child health outcome of mother’s choice

PMTCT rolled out and scaled up
2003, 205 sites were offering PMTCT services in 10 of the original 11 pilot countries on 3 continents
2005, UNICEF were supporting PMTCT in 79 countries. More than 100 countries worldwide were implementing programmes. India alone had 300 facilities, with a goal to expand to 780.
2007, donations of test kits and nevirapine were made to ~7500 PMTCT sites

Focus of prevention efforts?
“Uptake” of formula feeding at PMTCT sites is:
80-100%, Thailand
40-100%, South Africa (depending on province)
89%, Botswana (36% of entire population, vs 5% in 1999)
87%, Rwanda
60%, Zambia
30-50%, Uganda

Cost of replacement feeding may account for 25-60% of PMTCT budget (including drugs and staff salaries)
Main focus of prevention effort - infant feeding counselling and formula??

The untold story …
Most results from PMTCT sites are confined to internal memos and conference presentations (not in public domain)
No published results to show safety and sustainability of formula feeding
Intent to treat? How many babies were prevented from acquiring HIV?
What was the overall rate of HIV-free survival?
How many mothers and babies are served now??

Experience could provide answers
Known risks of breastfeeding avoidance

Outside context of HIV, not breastfeeding is known to be hazardous. Chart shows exponential risk:
New research on risk of transmission of HIV through breastfeeding
Why mixed feeding increases the risk of transmission
New research on risks of formula-feeding for HIV-exposed babies
Formula feeding from birth

No significant difference in infant mortality at 2 years in Nairobi, Kenya and 18 months in Botswana MASHI studies, showing no child survival advantage to formula feeding. Nduati 2000, Thior 2006
High rates of malnutrition and mortality in Botswana + spillover to uninfected mothers Creek 2007
Early cessation of breastfeeding (<6 months)
Increased risk of infant morbidity (especially diarrhoea) and mortality in HIV-exposed children in Malawi, Kenya, Uganda and Zambia  

**WHO Technical Consultation 2006, CROI 2007**

**Already HIV-infected infants**
Continued breastfeeding vs early weaning increased lifespan in Botswana and Zambia  

**WHO Technical Consultation 2006, CROI 2007**

HIV and Infant Feeding Counselling consistently provokes concern  
Healthworkers find this one of the most difficult aspects of their work. They report:  
lack of training, conflicting information, focus on formula-feeding  
difficulty interpreting guidelines/protocols  
inadequate time (under-staffing, time-consuming)  
extreme concern about spillover, withdrawal of previous initiatives to support breastfeeding (staff training, BFHI, International Code of Marketing of Breastmilk Substitutes, World Breastfeeding Week)

Participants at LLLI/WABA Symposium (July 2005) voted “counselling” as the major problem to be addressed

WABA receives many requests for clarification of ambiguous guidelines & recommendations from health workers & mothers

Counselling about HIV and infant feeding: Choice vs advice? Does it work?  
New Policy clarification - **WHO Technical Consultation Oct 2006**  
Balancing risks?

**Total number of children >15 living with HIV end 2005: 2.1 million** (UNAIDS)

**Every year ...**

Children infected with HIV through breastfeeding  

300 000

Mortality due to HIV+ mothers NOT breastfeeding  

1 500 000

**Hoosen Coovadia CROI conference February 2007**
Comparison shows that not breastfeeding kills more babies than HIV

Optimal breastfeeding estimated to be capable of reducing 53% of all cause under-5 mortality or ~5.7 million deaths worldwide - Relevant to MDGs 1, 4 and 6


Ethical promotion of infant feeding choice is only permissible in “a balanced state of ignorance”  
_Ruth Nduati, 1998_

Benefit nutritional and protective components of breastmilk  
Risk morbidity/mortality when breastfeeding is withheld

**Rights and wrongs**

- All mothers have an entitlement to medical advice designed to maximize their baby’s best chance of survival.
- Query value of Western childcare practices exported into settings which cannot support them.
- Query policy developed for “the rich few”  
  _Coovadia 2007_
- Policy for developed and developing countries needs to be aligned to reflect sound public health principles in all settings

Child survival in developing countries…

Child survival in the context of HIV is likely to be maximized by public health messages favouring the full period of breastfeeding by all women
- especially exclusive breastfeeding to 6 months
- UNLESS documented results demonstrate a child survival advantage to disrupting breastfeeding

Thank you!
Ms. Nantawun Yuntadilok  
AIDS, TB and STIs, Disease Control Department,  
Ministry of Public Health, Thailand

Dear Chairman and distinguished participants,

First of all, I’d like to express my deep gratitude to AIBD, UNAIDS Thailand and the Department of Public Relations of Thailand for providing and supporting my participation in very valuable forum.

I’m more than happy to share with you about Thailand achievements, successes and failures that we’ve learnt from our HIV/AIDS response experiences for more than 2 decades.

Currently, Thailand has around 64 million population. HIV infection rate among Thai adult is around 1.3%. From the estimation, around 60 persons become newly HIV infected persons per day. Ratio between male: female is 3:1, it’s quite interesting about gender or masculinity which is quite interesting critical issue to be address for HIV prevention. The commonest route of transmission is sexual transmission which occupied around 84% the second is mother to child transmission, which should be renamed as parents to baby to raise more responsibility of men, is around 5% and around 5% from intravenous drug injecting. The most vulnerable group is youth due to many factors namely exposure to sexual arousal media, peer pressure, poorly access to HIV/AIDS prevention information, negative attitudes toward condoms use, low self risk perception, lacking of essential skills for HIV/ AIDS prevention, engaging in high risk behaviour etc. According to recent behaviour survey, only 25% of Thai youth use condoms with their casual sex partner. Though Thailand is very famous for implementing 100% condom use promotion and was praised by World Health Organization and UNAIDS as the best practice for HIV/AIDS intervention, very few Thai youth still reluctant to even buy, carry or use condoms. They are afraid to be judged as a bad guy. This is the boomerang effect from condom use promotion, which focuses on sex worker. General public and youth feel that condom is a tool for sex worker only. This made them reject condoms use and engage in unprotected sex and expose to STIs and HIV. In order to solve this problem and encourage condom use among casual sex, Thailand has promoted positive attitudes toward condoms and installed condom vending machines throughout the country.

The core message distributed to public for HIV/AIDS prevention is **ABCD** intervention. Abstinence (for every sex), be mutual faithful, condom use always without excuses, which are worldwide, promoted. The last *D* stands for do HIV test before deciding to marry or have a baby is considered as the most essential intervention to reduce the number of new infected case. Human right of people with HIV/AIDS should be respected and at the same time the human right of other people is also important. The test should be voluntary basis and equipped with good counseling. The slogan for promoting HIV test is “**One test saves more than 2 lives**”. 
One concern raised among HIV/AIDS activists is the intention to solve HIV/AIDS problem by considering from the imbalance of budget plan for prevention and treatment. Total of 120 million US$ were allocated for HIV/AIDS programs in Thailand in the 2007 fiscal year. Eighty percent were allocated for treatment and less than 10% for prevention. It’s not surprise why prevention message is scarcely heard or seen in Thai society. The other unexpected outcome occurred from this policy is creating confusing among general public that HIV/AIDS is a curable disease if they can access to antiretroviral therapy (ARV) and make them ignore prevention measures. The consequence from this confusing is increasing of not only new infected person but also more and more abandoned orphan and old age people. To win the battle to fight against HIV/AIDS, which is incurable, more proactive intervention is urgently needed to reduce the number of new infected and affected persons.

Media have the potential to contribute and create HIV/AIDS awareness and advocate for more attention. Media can make a difference by creating appropriate attitudes toward HIV prevention and also avoid promoting risky behaviour such as advertising of drinking alcohol, materialism, sex led entertainment etc. The most practical role of media is provoking dialogue about HIV/AIDS impacts and how to alleviate HIV/AIDS problems among their potential audiences.

Increasing or decreasing of HIV/AIDS epidemic depends on everyone’s responsibility. Start contributing your potential effort for it right now. There is no holiday for AIDS, it keeps spreading all the time. Thank you for your kind attention and concern.

Ms Shalina Azhar
Media & Communication officer,
Malaysian AIDS Council

World Awards for Best TV & Radio Programmes on HIV/AIDS:
Jury Report

Good morning ladies and gentlemen.

I am standing here before you, representing my esteemed colleagues who formed the panel of jury members for the World Awards for Best TV & Radio Programmes on HIV and AIDS.

We had an interesting weekend viewing the 45 TV programme entries and listening to the 13 radio entries.

Please do allow me to share with you the experience as well as the animated discussions.
At the beginning of the jury sitting, it was a daunting task to shortlist the many entries that differed in genres. We had short dramas, documentaries, special reports, soap operas, and docudrama. The variations in genres are obviously necessary to reflect the colorful and intricate stories that weave the issue of HIV and AIDS to our target audiences. And so, one genre should not be pitted against another. Really, how could we judge a highly entertaining drama versus a serious, but equally important documentary?

So, whilst we saw some amount of innovation and experimentation, however, there were a few genres that were not reflected in the entries – namely of animations, cartoons, music videos and digital storytelling.

In terms of content, it was indeed heartening (and surprising) to see several State-owned media taking surprising stands on certain issues. For all the brickbats that have been thrown at certain governments for their HIV and AIDS responses, it is indeed a progress that some State-owned media organizations have made. The Jury would like to commend the producers for taking the risks, and possessing the gumption to brave the consequences; particularly the TV programme on migrant workers and HIV and AIDS in China.

However, for all these bravery and innovation, many of the programmes entered into the competition showed a lack of sensitivity to the issues associated with HIV and AIDS. There were programmes that pointed a finger either at another country or a specific group or community. Of high-risk groups instead of high risk behaviours.

The imprecise use of words was evident even in programmes that were otherwise well made (and had enormous financial backing). A HIV positive was quite often referred to as a victim. HIV and AIDS were combined too often as HIV/AIDS, or using the term interchangeably; confusing the virus with the immunological outcome and the syndrome of illnesses that it produces.

The words patients, disease, deadly, suffering was heard. Certain programmes were dominated by dark imageries, denoting guilt, fear and other negative emotions. The categorization of HIV positive and AIDS patients as “them”, “they” and the “other” was also seen in some programmes. Pure semantics, it can be argued, but appropriate and sensitive words go a long way in conveying that this is OUR issue, and that we need to do something NOW.

The Jury recognizes that there are regional differences in terms of approaches and messaging to suit local needs. Respect for the setting and cultural values are important in messaging. What works in one region may not work in another. The South African TV drama of a couple living together before marriage may not be passed for public viewing here.

However, this then brings us to the argument of traditional culture versus harmful traditional practices. HIV and AIDS has been a catalyst for many things, and we are now seeing that certain cultural practices need to be changed. This is powerfully captured in a South African production on widows’ inheritance.
HIV and AIDS is a multifaceted issue, and can be approached from many angles. The Jury notes that some of the angles were either completely missing or did not form the central theme amongst the entries, particularly of workplace policies, gender inequalities or the transfer of care.

In the end, the programmes that made the most impact on us were the personal, true stories. The strongest voice is the community – not of the journalist –, and programmes that captured the essence of it were inspiring. It does not necessarily have to be only a profiling of the community, but rather, stimulating accounts of community mobilization.

There were also programmes that highlighted children’s voices. But in unconventional roles of caregivers or peer educators, which is hardly ever seen in the media. And which should be encouraged.

So, it is against this background that my colleagues and I deliberated for the categories of Best TV & Radio Awards.

You will have the pleasure of viewing the finalists’ entries in the evenings, whilst the winners will be announced during the Asia Media Summit.

Thank you.

Ms. Mao Xuzhi has done an MA in journalism and has been working as a journalist for the past 5 years. Currently, she is working with China Central Television’s 24-hour English news channel. Her interest in women and children’s issues, international relations, and social issues, as well as her passion to following changes brought by China’s reform led her to examine the HIV/AIDS issue more closely. She is a member of the Young TV Producers Network on HIV and AIDS.

1. GENERAL INFORMATION OF HIV/AIDS IN CHINA:

HIV/AIDS was first reported in China in 1985. The latest estimation results carried out by the Chinese government, UNAIDS, and WHO, indicate that as of 2006, 650,000 people are living with HIV/AIDS. Among the reported HIV cases, drug users living with HIV/AIDS account for 44.3%, sexual transmission 19.6%, contaminated blood transmission 10.7%.

But because of the reluctance of local officials to report HIV cases to central government, it's estimated that the exact figure is well above the estimation. UNAIDS and other organisations have estimated that by 2010 there could be a generalised epidemic with between ten and twenty million HIV positive Chinese.

One point worth mentioning is that since China is still a big developing country, its education level remains low. In regard to the publicity of HIV/AIDS, people's access to
information, especially those from remote rural areas, is limited. For example the huge migrant population is now 120 million (Total population in China is 1.3 billion). Most of these migrants are from the countryside to cities, seeking better jobs and more attractive lifestyle. Due to the increased vulnerability of people away from family and community support, limited access to services, condom supplies and information, population movements can contribute to the rapid transmission of HIV. This makes young males likely to have casual sexual relationship, often with sex workers.

2. CHINESE GOVERNMENT'S RESPONSE:

Many observers say a major factor helping the government realizing the importance of HIV/AIDS-related issues was the outbreak of SARS in 2003, which exposed the dangers of not reacting timely to emergent epidemic. No matter whether the view has its rationale behind, we did see Chinese premier shaking hands with HIV positive people in that year, we saw a chinese vice premier visiting an HIV-affected village in central China, we saw the government's doubling of its AIDS budget, and we saw the announcement and implementation of the so-called Four Frees and One Care policy from the central government's level. Here, I would like to quote what Mr. Peter Piot said in late 2005 "I really feel that there is a change going on... I know that for top state leaders in China today, AIDS is on the agenda."

Attitude Changes for IDUs: in 2006, over 300 methadone clinics were set up in China, covering two thirds of the country's 31 provinces. Clean needle exchange programs were also set up around the country.

Attitude Changes for Sex workers: The Chinese government has recently altered its attitude towards HIV prevention among sex workers. Some regions have introduced a policy of 100% condom use, inspired by Thailand's success in reducing its number of new HIV infections. Other interventions have been introduced recently at some sites, including STI services, peer education and voluntary counselling and testing for HIV.

3. MEDIA RESPONSE:

Stories related to HIV/AIDS used to be a taboo for Chinese media. But with attitude change of policy makers towards the issue, more journalists begin their involvement in HIV reporting. This contributes to the dissemination of HIV/AIDS knowledge among the public. With the ordinary people's growing access to HIV/AIDS reports and information, social tolerance towards PLWA also increased. But still HIV/AIDS is regarded as a sensitive issue by many local governments. So many media people turn to NGOs and other communities for sources.

One of my colleagues has such an experience. He went to a village in Central China's Henan Province in 2004 to film and report the PLWAs' stories. Most of the villagers there contracted the virus out of illegal blood banks in the 1990s. He felt it very difficult for filming and interviewing because local officials were very reluctant to provide assistance. So he turned to some underground organization for story sources. A few months later, he
found that because of the increasing exposure of this AIDS-affected village, the provincial and the central government learnt this issue there. And the government decided to offer help to villagers by providing free medicine and subsidies, setting up schools for the AIDS-affected orphans.

So my point here is that media have the sacred responsibility to supervise social functionaries at all levels as well as helping raise the public’s awareness. China is a big country with 1.3 billion population in 31 provinces. The central government’s policy towards HIV/AIDS is there. But how to implement the policy, to some extent, depends on the attitude of government officials at all levels. In this process, media shoulder the supervision task.

4. YOUNG TV PROducers' NETWORK

In 2004, AIBD and UNESCO invited roughly 10 young TV producers from Asia for a workshop on HIV/AIDS reporting. I am one of them. Actually, many participants of this workshop from India, Maldives, Thailand, Vietnam, Sri Lanka, Cambodia are sitting with you at this conference room now. So I'm now speaking not only on behalf of China, but also of our Asian TV producers' network.

That was the first time I had a real understanding of HIV/AIDS reporting. I knew how to use the right words to avoid discrimination (AIDS PATIENTS vs. PLWAs, etc.) AIBD organized us to visit a Gay Community in Thailand to learn how people there educate each other about protection against the virus. We also visited a Red Cross there to learn why do we need VCTs, and how a VCT works. Each one of us were invited to produce a film on VCT when we came back to our own countries.

Here I would like to share with you my experience of producing the film back in 2004, because it’s such an unforgettable lesson. To personally experience how a VCT works in China, I anonymously visited a VCT affiliated to a local hospital. The doctor there used very discriminative words and she wouldn’t even look at me. So I quitted the consultation and turned to a VCT in another province, located along the drug-trafficking route in southwest China. This time, the consultor was very patient and nice. Later, when I interviewed an expert, she told me that VCT was such a new concept in China back then, so it takes time for VCT practitioners to raise their own awareness. Besides, some are better trained than others. But anyway, it’s good to learn all these stories behind, and I fulfilled a mini-documentary on VCT afterwards.

Finally, I hope to take this opportunity to invite all of you to see the programs to be shown after the conference. And please do cast your vote for the best ones.

Last but not least, I want to thank UNESCO, UNAIDS, ISIS, and AIBD for inviting me to the conference. I also want to thank AIBD and UNDP for encouraging me to make a news story on HIV, which I have submitted for your vote at this conference. I especially want to thank AIBD again to open a gate for me to HIV/AIDS reporting and to make me acquainted with so many friends, who are dedicated to HIV/AIDS reporting from all over the world.
Dr Lee Choong-Heon, is medical reporter of Korean Broadcasting System, the leading television network in South Korea. After he graduated from medical college, he received training for psychiatrist. He treated mentally ill patients at Severance hospital in Seoul for 2 years. for the past 5 years, he has been working as a special medical journalist. He has special interest in health promotion and welfare of Koreans.

I’d like to tell you about the role and efforts of media in preventing HIV in Korea. To begin with, I’ll introduce the current status of HIV in Korea, briefly:

Until now the reported cases of HIV infection are 4,580. The ratio of M to F is 9 to 1. Among them 830 people died from AIDS or other causes.

As you see, reported cases of HIV are increasing every year by 10% .

In Korea, sexual contact is main route of HIV infection, accounts for 98.6% of all infection. Among them homosexuals are 39% and heterosexuals are about 60%.

Next is about the HIV control system in Korea.

KCDC is the center for carrying out policy about HIV and it cares and supervises HLWHIV. KNIH is in charge of HIV tests and research. And there are 2 NGO’s. The 2 NGO’s play an important roles in education and prevention program. They receive about 4 million USD each yr from the government.

§ KAAF - http://www.kaids.or.kr
§ KADA http://www.aids.or.kr
We started AIDS prevention TV campaigns in 2004. The ad was shown a hundred times on TV. We also used LCD screens in the subways and the buses.

TV broadcasting networks:
“Condom is the most practical preventive measure against AIDS”
(The ad was shown 101 times, on TV, 2004)
HIV/AIDS prevention campaigns using LCD screens in the subway and bus.
- 2 million times a year
- page view 233,958

This is the first public advertisement about HIV prevention broadcasted in 2004. It says; worldwide one person is infected with HIV every 6 seconds. In Korea 1.7 people are infected with HIV per day. This ad accordingly recommends the use of condom to prevent HIV infection in the end.

This is another TV ad. in 2005, the next year. Here also, they emphasize strongly the use of condom.

The most recent ads broadcasted last year goes a little further to point out the social stigma regarding PLWHIV. Here it emphasizes that they have no problem in getting along with other people. The copy says HIV is not infected in every day life. As you have seen in previous 3 TV ads, Korean HIV TV ads are developing every year. The point of view has changed from dealing only with individual problem to mentioning social responsibility.
Free condoms and leaflets
Poster:
If you are in love, please do not hesitate to use condom. December is the month for HIV test.
A condom is like an umbrella. You’d better prepare one in advance.
A condom is like a rescue equipment.

It’s a safety equipment like helmet, gloves, or boots.
Let me tell you about Korean culture and AIDS. We have dual attitude toward sex: outwardly conservative due to Confucian culture but pleasure-seeking business are prosperous. So most people hardly reveal their problems related to sex. We estimate PLWHA are 5-10 times as many as official report.
Prejudice against PLWHA is very strong. Korean people are likely to be generous to themselves but harsh to other people especially regarding sex-related issues. In brief, social stigma is a major problem.

This is a recently broadcasted TV soap opera about the stigma on AIDS. Heroin Bom, a 8-yr-old girl who is infected with HIV by transfusion. Her mother gave birth to Bom without husband.

Bom is very cute and smart. But she ran away from home due to the fear of spreading HIV to her friends and family. She is so innocent that she even believes that if she wears a magic dress, she can get the HIV over. This soap opera ranked very high (20% viewing rate) and contributed a lot to reduce the stigma on AIDS.
December is HIV testing month and there are campaigns to alert the public, to raise awareness.
Korea operates on-line information center and counseling service. We have 20 thousands phone calls from the public every year.

The AIDS Information Center (www.aidsinfo.or.kr)

Thank you!

Ybhg. Tan Sri Datuk Dr Mohd. Ismail Merican, Director General of Health, Ministry of Health, Malaysia, gave a special address.

Ybhg. Tan Sri Datuk Dr Mohd. Ismail Merican gave a situational analysis of the HIV and AIDS issue in the world and in Malaysia and pointed out that the prevalence in Malaysia is still below the 1% mark. He outlined the statistics related to HIV and AIDS in Malaysia and the organizational structure created to deal with the situation.

The National Strategic Plan on HIV/AIDS focuses on 6 STRATEGIES:

Strengthening Leadership and Advocacy
Training and Capacity Enhancement
   Reducing HIV vulnerability Injecting Drug Users and their Partners
   Reducing HIV vulnerability of Young People and Children
   Reducing HIV vulnerability of marginalized and vulnerable populations
Improving access to Treatment, Care & Support

Health education and promotion are important in tackling the problem:
Intensive AIDS media campaign since 1991 with the theme “Prevent AIDS Now” (1991)
Collaboration of Health Education Campaigns on HIV/AIDS with other sectors
HIV/AIDS programme at workplace
NGO’s outreach programs (eg working together with Malaysian AIDS Council)
School Health Programmes (Life skills education for teachers)
Woman & AIDS Program
YEARLY EVENT
World AIDS Day
PROSTAR Convention & Jamboree

He gave the details on the Government policy for ‘HARM REDUCTION’ for IDUs: First announced in June 2005
Pilot project
Needle Syringe Exchange Program (NSEP)
January 2006 - 3 zones in KL, Johor Bahru and Pinang covering 1,200 IDUs
‘Methadone Substitution Therapy’
October 2005 - 8 centres (1,200 IDUs)

The aim of policy / programme is to reduce the high risk behavior between IDUs e.g. sharing contaminated needles, unprotected sex. It also acts as an entry point for the IDUs, to obtain other HIV-related management issues. The programme has its critics.

Services provided
NSEP
Harm reduction information, materials and skills
Basic counseling & referral
Basic health care & hygiene
Outreach
Legal Aid
Support Groups

Ybhg. Tan Sri Datuk Dr Mohd. Ismail Merican gave the details of the current activities by the key stake holders in HIV and AIDS prevention in Malaysia. He then moved on to discuss how media can help.
Talking about it
Creating supportive & enabling environment
Challenging stigma & discrimination
Promoting HIV/AIDS services
Educating
Mainstreaming HIV issues
Putting HIV on news agenda & encouraging leaders to take action

He touched upon the Learning Points that emerged from the case of avian flue:
Malaysia had only 5 cases and no local transmission
External infective source - ‘learning from others’
Triage at nation’s entry points
Designated hospitals -‘controlling interface’
Protection of HCWs: most vulnerable possible reservoir
surveillance
Isolation facilities were grossly inadequate. So improvisation was resorted to.
Effective media relations

He commented on the role that media played but pointed out the it can also mislead. He gave specific examples of such cases in Malaysian media and requested the media to be more careful.

He ended his special address by quoting -
“It will take a lot more than a village to beat AIDS…It will take the entire world. It will require scientists and research institutions …… It will require our medical professionals to seek out the opportunities to go to places where AIDS is most critical and provide treatment and the health infrastructure which simply does not exist. It will also require the commitment of religious leaders, who deliver the spiritual sustenance to people with HIV and their loved ones, and help lead the efforts to reduce stigma”

Senator Hillary Clinton

“There needs to be more PR campaigns, more television sound bites. You really need to show it; be honest and upfront.

Julie Andrews

‘Be careful about reading health books. You may die of a misprint’

Mark Twain

Ms Yvonne MacPherson is Project Director of the BBC World Service Trust in India, managing the Trust’s health projects in India since mid-2004. Prior to joining the Trust, she managed HIV/AIDS and sexual and reproductive health projects for NGOs and UN agencies in London, New York and New Delhi. She has also been a Healthcare Business Analyst in London, focusing on the areas of infectious disease, women’s health and pharma strategy.

Ms Yvonne MacPherson discussed the experience of using the soap opera format for tackling the HIV issue. Soap opera format is quite popular in India. While the urban population has enough access to information from various sources the rural population depends on mass media like TV and radio. So the soap opera format which emulates the “Bollywood” style was chosen to reach across to the rural population.

The series Jasoos Vijay went one step more, by adding an interactive element to the soap opera. In the traditional drama of India, intervention and interpretation of the happenings by a “sutradhar”, a person who is not a character in the main story, is accepted. This was quite often used to bring out the philosophical and moral underpinnings of the story line.

The technique was adapted for the television format of soap opera. A famous actor who is not a part of the story line would answer queries and respond to comments by the audience in a manner that focused the attention on HIV issues.

The series became highly popular in India.

Ms Yvonne stressed the need for adequate background research, vetting of the script by experts and high technical competence in undertaking such projects successfully.
Mr Bernard Gardiner was a volunteer in the HIV response from the mid 1980s, and worked in leadership positions in both the NGO mobilisation and Health and Human Services Ministry HIV Unit in Victoria, Australia. In 1997 he moved to Bangkok for five years and worked throughout South East and East Asia for Red Cross Red Crescent. He has been Manager of the HIV Global Programme of the International Federation of Red Cross and Red Crescent Societies in Geneva for the past five years and has worked on HIV in over 40 countries.

Mr Bernard Gardiner said that the Federation of all the Red Cross and Red Crescent Societies had an organizational imperative in getting involved with HIV. The lives of the volunteers were at stake. And the volunteers were the mainstay of the organization.

He focused his attention on IDUs. When it comes to the issue of drugs the society seems to be in a state of collective dreaming. Is it black and white, good and evil, opposites? There is of course a positive social function of drugs – socially acceptable transgression (a safety valve), socially acceptable excuse for break out behaviour. So there is an Unconscious Collusion, a cultural blind spot when we deal with the issue.

There is some amount of denial about drug use. The drug user is usually stereotyped. It is always the other. Not me. As examples, Mr Gardiner showed many posters.

Quite often the intoxication is blamed for decisions which may have undesirable consequences. Drugs are the ‘I couldn’t help it’ socially acceptable excuse. Mr Gardiner questioned this attitude. Some of the campaigns for risk reduction can reinforce denial and excuse making. The drug is to blame. So the attempt has been to eliminate the drug.

Studies have shown conscious desire to have unprotected sex before drinking started. Alcohol is enabler - its social function, not because of the chemicals. Alcohol creates a dazed, not confused state.

He asserted that even an IDUs life is worth saving. There has to be social support. 30% PLHIV in Korea commit suicide. So HIV positive people are not necessarily dieing of AIDS but due to discrimination. Mr Gardiner called upon the media to seek participation from the HIV positive in the decisions about the messages.

Mr Georges Leclere is President of LGMA Inc. He is currently Global Advisor for worldwide media exchange linking groups interested by the future of international television on any platform. From November 1997 to December 2006, Leclere was Executive Director then Senior Vice-President of The International Academy of Television Arts and Sciences. Currently a Fellow of the International Academy, Georges Leclere is credited to have created the iEMMYs Festival. He is an author of two Books on Solar Energy and on Space Exploration.
A year ago, I proposed to our distinguished host, Doctor Javad Mottaghi, to explore the possible creation of a special awareness effort in the fight against HIV-AIDS. I wanted this event to be sponsored by the Media Forum for Global Health, an organization that I was then creating with several partners.

At that time, a group of media specialists and myself, we decided to enhance the role of the Media in fighting the spread of HIV-AIDS and we created the Media Forum for Global Health. Our idea was to promote the media attention for World AIDS Day, celebrated worldwide every year on December 1st.

I had a special interest to promote World Aids Day.

In 1986, when I first joined the United Nations as Head of the Television operation in the Department of Public Information, one of my jobs was to accompany the Secretary General of the UN to the studio for his interviews.

One day, while I was taking Javier Perez de Cuellar from his office on the 38th floor to the UNTV studio in the first basement, the SG told me that some people were coming to see him to talk about some blood illness called AIDS, that nobody had heard about.

“I better send them to the World Health Organization as this is an Health issue,” he said.

Fortunately I just had read about the devastating effects of this emerging AIDS in several African countries, wiping out a big part of the educated demographic group, teachers, engineers, architects, communicators, etc…

So I could tell the SG that AIDS was a bigger problem than just Health as it involved also development, education, prevention and families.

“So we should do something big about it” replied Perez de Cuellar.

And a few months later, World AIDS Day was created. I may have been the little drop that overflowed the vase, regarding this worldwide ceremony.

At the end of 80’ and during the 90’, media of many countries were heavily promoting World Aids Day. I remember when all TV channels in a country like France were running the same programme to fight AIDS.

Then their interest died. It was old news. And I can tell you that today, no major programme on network Television is promoting World AIDS Day, except maybe some short reports items in the daily news.

Hence came our idea to create the Media Forum for Global Health. Unfortunately, today the Media Forum became virtually inexistent. All the good will of our members disappeared in front of financial problems.

I remember when I first proposed this idea to enhance World AIDS Day’s visibility by creating an international competition between films about fighting all aspects of HIV-AIDS,
from prevention to cure to reinsertion, many people felt that we didn’t need such enhancement and that World Aids Day was very visible indeed.

Well today, one prominent fighter against HIV AIDS, the UNAIDS Executive Director Peter Piot is very concerned about keeping HIV/AIDS on Political Agenda amid leadership changes mostly in Western nations and at organizations worldwide.

And you know that UNAIDS assembles all the forces, at the international level, that fight HIV-AIDS.

Less than a month ago, Peter Piot said that treatment "is not going to stop this epidemic," adding that in 2005, for every person who received anti-retrovirals, six other people contracted the virus. "That is not sustainable," he said, adding, "That means we are losing the battle."

Global spending on HIV/AIDS has increased from an annual of $250 million 10 years ago to almost $10 billion annually today. With the USA contributing a major proportion of this amount.

But experts say that the spending will need to increase to $20 billion annually to meet the goal set by the G-8 (Group of Eight industrialized nations) to provide universal access to anti-retrovirals by 2010.

The fact is that the fight against HIV/AIDS is now competing more than ever with other issues, like regional conflicts, fight against poverty, economic development and climate change. And you will see that this last topic, the fight against Global Warming is taking an augmented visibility in one of our sessions during the next few days at the Asia Media Summit.

According to the San Francisco Chronicle early May, Peter Piot, in response to changing world leadership, is working to recruit a new generation of leaders to focus on the fight against HIV and he will organize, in collaboration with Google.org, a major conference in Mountain View, Calif., scheduled for next October, to focus on what young people can do with technology during the next 25 years of the epidemic.

So the idea to fight HIV AIDS using the media and in particular television is not dead.

Let me tell you about a very strong initiative of the Cable television industry in America. It is called Cable Positive.

The Head of this initiative is Steve Villano. Steve was a board member of the Media Forum for Global Health. He told me that Cable Positive was founded in 1992 by three concerned cable executives, coming from companies like Request Television and HBO, to take the mission of organizing cable TV resources in the fight against AIDS.

Since then, Cable Positive has grown to include supporters from every major network, Multiple System Operator, hardware manufacturer, trade association, media publication, and affiliated industry vendors and suppliers.
Today Cable Positive is mobilizing talents, resources, access and influence of the cable and telecommunications industry to raise HIV/AIDS awareness; support HIV/AIDS education, prevention and care.

Using television resources, Cable Positive is striving to end stigma and to create a more compassionate climate for people whose lives have been affected by HIV AIDS.

In conclusion, let me tell you that we still believe that Media, and in particular Television, can play a major role in the fight against HIV-AIDS.

It may not be as spectacular as I originally wished for Media Forum, with worldwide Awards and global libraries, all dreams that were obviously too expensive and not deemed having priority over finding the cures and vaccines.

Yes, there still is room for beautiful films full of emotion and respect.

And I have a good new for you even if it is long-term news.

I was just call upon by FIU, the Foundation for International Understanding. This is a Foundation created by the US Congress, to fund films and television shows promoting International Understanding. Already private and public companies came to help. Among them, Sesame Workshop the famous Children programs producer and NPR the public News broadcaster.

Let me tell you also that the US Congress will only put the initial funding in FIU. They do not want FIU to look like an American-only creation. FIU should be international and every TV Network, every producer, is encouraged to support this international effort to promote such programmes.

So they asked me to help find support and sponsors. And I already started in Europe. Now I am trying to find more support in Asia and Africa. Anyone interested can come to see me.

Please note that FIU is just starting. There will not be any funding in 2007 and probably not in 2008. FIU will become operational in 2009 when a new President and a new US Congress will be in place.

So we still have about 18 months to refine the concept and to identify the best producers and the most needed domains to cover.

Let me hope that I will still be at this place next year to tell you more about FIU and you will tell me about wonderful projects in need of financial help.

And Programmes about fighting HIV-AIDS in a respectful way, are definitely among the priority targets of FIU.

Thank you for your attention.”
Mr. Iqbal Sobhan Chowdhury is the Editor of the Bangladesh Observer, the premier English daily in Bangladesh. He is a regular writer of hard hitting editorials and commentaries on the country's important issues. He was elected a number of times as President of Bangladesh Federal Union of Journalists, Country's apex organisation of the journalists Unions, in recognition of his bold leadership especially on matters related to on the freedom of media and rights of the journalists. He is the Secretary General of Bangladesh Press Commission and a Member of the Regional body of South Asian Press Commission.

**Media Campaign for HIV/AIDS in Bangladesh: Problems and Prospects**

HIV/AIDS is the single largest epidemic to have hit humanity since the plague in Europe in the Middle Ages. Yet popular notions about the disease remain mostly in the area of the speculative. No doubt the advances in medical science are much more rapid than at any other time in the past but the panic reaction indicates that popular understanding remains at a minimal. This is all the more true in the developing countries where the largest number of HIV/AIDS affected people live. In most developing countries it is still treated as a stigma not to be discussed freely or even acknowledged. So, how does one confront a problem if one is not ready to accept its existence? That is the challenge the media faces in the third world.

As hundreds, possibly thousands, are dying of HIV/AIDS, every day, without medical care or in many cases without even knowing that they have been struck by the deadly disease. The significant medical advances over the last couple of decades are irrelevant to these people. Many of these people could have survived if they had the advantages of modern science.

A large part of the problem is due to the ignorance of people --- not only patients but also doctors -- who are not aware of the true nature of the tragedy or the latest advances to combat it. The initial problem is of detection.

Bangladesh, for example, says that it has only 875 reported cases of HIV positive and so far around 80 reported desths by the deadly virus. But unofficial sources guesstimate the number of HIV affected to be at least 20,000 or more. The educated guesses are made on the basis of similarities in socio-economic conditions. For instance, our giant neighbor India right at the moment has the largest HIV positive population in the world. More than South Africa where its incidence is the highest in terms of population ratio. With large scale legal and illegal movement across the porous border it will be indeed very strange that we are insulated from our neighbor's woe.

We in Bangladesh are now too much complacent about the low prevalence of HIV/AIDS in our country. But we must not forget that low prevalence does not necessarily rule out the high risk of vulnerability. Many complacent countries with low prevalence suddenly reached the endemic stage because of lack of timely action.

The culture of secrecy and false notions of national pride are clearly counter-productive in combating diseases that cuts across borders and races to claim so many lives.
I feel that the media, both print and audio-visual, have a significant role to play in sensitizing the people in combating HIV/AIDS. So far, media campaigns in Bangladesh have been extremely pedantic and not adequately culturally sensitive.

Before discussing the media campaign on HIV/AIDS in Bangladesh we must have a clear idea about the media accessibility and the information divide in the country. Even in the present 'information age' easy and free access to information in Bangladesh still remain as a great concern of the people.

The Information Divide in Bangladesh:

Television and radio broadcast diversification has all but dropped the policy agenda in Bangladesh. Television has diversified with 5 private and independent stations having been launched between 2001 and 2006. For some, information, news, analysis and opinion are available from an unprecedented range of sources from internet, print and broadcast. But for the majority in Bangladesh this recent growth of media has had no impact.

While television diversification has taken place in satellite and cable broadcasting, cable and satellites is unaffordable to the poor and unavailable in many rural areas. Print media is inaccessible to those who are illiterate or have low education levels and is often unavailable in rural areas and internet remains primarily the preserve of the urban, wealthy and educated elite.

Table 1: Media access in Bangladesh

<table>
<thead>
<tr>
<th>Location</th>
<th>Internet</th>
<th>Newspapers</th>
<th>Cable TV</th>
<th>Terrestrial TV</th>
<th>Radio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>3.9%</td>
<td>48.2%</td>
<td>42.1%</td>
<td>87.9%</td>
<td>24.8%</td>
</tr>
<tr>
<td>Rural</td>
<td>0.2%</td>
<td>15.9%</td>
<td>1.5%</td>
<td>55.5%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

Table 2: Media access by household income in Bangladesh

<table>
<thead>
<tr>
<th>Monthly household income</th>
<th>Internet</th>
<th>Newspapers</th>
<th>Cable TV</th>
<th>Terrestrial TV</th>
<th>Radio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 3,000 Tk</td>
<td>0%</td>
<td>6.9%</td>
<td>2.1%</td>
<td>45.6%</td>
<td>18.6%</td>
</tr>
<tr>
<td>3001 to 7,000 Tk</td>
<td>0.6%</td>
<td>26.8%</td>
<td>11.55%</td>
<td>70.3%</td>
<td>24.9%</td>
</tr>
<tr>
<td>7,000 to 15,000 Tk</td>
<td>4.4%</td>
<td>56.2%</td>
<td>34.3%</td>
<td>89.6%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Over 15,000 Tk</td>
<td>8.7%</td>
<td>69.6%</td>
<td>53.2%</td>
<td>94.5%</td>
<td>22.1%</td>
</tr>
</tbody>
</table>
Broadcast media that cuts across literacy barriers is one of the most important sources of information to poor and marginalized groups. But despite the recent diversification of cable/satellite TV, 85% of all Bangladeshis have no regular access to TV and radio or can only access to state television and radio. Only 10% of all households and 0.6% of households in rural areas have a satellite or cable connection. For the large majority in Bangladesh, the broadcast media (radio) therefore remains a state monopoly with extremely limited scope and diversity. This monopoly results in a non-competitive market with poor quality programming and lack of diversity in broadcasting.

While access to media is limited for the majority in Bangladesh, for a sizeable minority media access is non-existent. Almost one third (28.5%) of all Bangladeshis have no access to regular media and are therefore 'media dark'. The poor, women and those in rural areas have the least access to media. Though radio is often the most affordable media that can reach the poor and reduce the prevalence of media darkness, in Bangladesh radio still remains as a state monopoly. Terrestrial TV also remains in the state control as no terrestrial license is being given to private sector.

It is true that it is difficult in a conservative Muslim country like Bangladesh to build health consciousness about AIDS when the topic of sexuality is rarely discussed publicly. But given imagination it is possible to reach out to people without offending their sensibilities, too much. Some of the campaigns like "Balbir Pasha Ko AIDS Hoga Keya" (Will Balbir Pasha have AIDS?) in India is a good example of reaching out to common people without offending them. There could be other approaches, too. In fact, it would need a concerted campaign that highlights different aspects of the problem. Pre-testing or monitoring their impact is necessary to have optimum impact.

So far, most of the AIDS awareness in Bangladesh has been limited to observing AIDS day. Perhaps, it is not a bad way to remind the nation of such an important issue but then it is far from adequate. Such a large problem needs a bigger initiative.

There has hardly been any media study on the HIV/AIDS epidemic in Bangladesh. Most of the stuff carried in the newspapers and television are handouts or agency stuff sent from abroad. This does not help in creating an atmosphere where people can relate and feel its urgency. What is needed is to identify the many communication gaps and build campaigns, accordingly. Otherwise we are left with no choice but to sit on the fence while the epidemic fans out without even as much as a noise.

The media in Bangladesh is yet to recognise the psychosocial components–fear, blame, denial and discrimination–in its role to create and spread awareness on HIV/AIDS. In the absence of a clear media understanding about HIV/AIDS sometimes media reporting became a part of the problem than a part of the solution. For example, once a news break in one of the local dailies in the southern part of Bangladesh about a fresh HIV/AIDS case led to the suicide of a young girl who became a helpless victim of the social stigma and discrimination following the news on her.

For us in Bangladesh it is not only a matter of picking up the best practices, internationally, to hone our skills but also building up the infrastructure to combat large
scale health hazards like AIDS. So far, the media has been underutilized in the fight against the HIV/AIDS epidemic. If we are to contain it, as far as possible, the media must be utilized fully. The media has played a significant role in contemporary times in Bangladesh and in many cases have set the national agenda. As the current Chief Adviser, the country's interim prime minister, told us recently in a different context that in the absence of Parliament they consider the Fourth State as the legislative body ventilating the hopes and aspirations of the people. It is a recognition of the power and image the Media has attained in Bangladesh by espousing often unfashionable and dangerous topics in the past. This potential needs to be exploited, optimally, for the public good and there can be no better way to do it than promoting health causes including the vision of AIDS free Bangladesh.

Globally, health, has been the most popular topic of the media. But even then it needs to go beyond the prosaic and calls for some expertise. In the past we have seen a health talk show personality become so popular that he went to become the President of the Republic! The art of communication is a powerful tool provided one grasps the subtleties. So far AIDS campaigners in my country have failed to do so..

Now HIV/AIDS is no longer simply a health problem. It is directly linked with human rights issue and MDG. This is no more a national issue but a global concern. Hence global media strategies are essential along with national media campaign to win the most complicated war against HIV/AIDS. I can assure you Bangladesh media will play its positive role by being a partner of the global media strategies on HIV/AIDS.

Ms Firdoze Bulbulia is Chairperson, Children & Broadcasting Foundation for Africa, South Africa. She has researched and produced a pan African series on HIV titled Africa’s Fight Against HIV and AIDS.

Ms Firdoze spoke about her own experiences in making programmes on HIV in the Africa. After doing research on the issue in 9 countries in the continent, when she went back to shoot, many of the potential interviewees were already dead. HIV will not wait. We need to act now.

Coming from a country with a prevalence rate of 10%, she was quite passionate in her speech. She called upon the media not to refer to HIV positive as “them”, as “victims”. She recounted her experiences in being a jury member for the world awards on HIV and AIDS. The recognition that HIV is here with us, that we cannot deny it or wish it away, has to sink in. There is a need to be careful in the language that is used. So too with images. The gender bias seen in the sexist images is equally damaging.

She called upon the media to act in a responsible and sensitive manner to the multidimensional issue and to use all genres of programming to discuss the issues.
Ms Moneeza Hashmi, General Manager, International Relations, Hum TV, Pakistan - Ms. Hashmi has a long association with the electronic media in Pakistan. As the first and only female General Manager of Pakistan Television and later as the first and only female Director Programmes to head 5 channels of PTV Ms Hashmi has now taken up training and teaching as her "new" career. She teaches Master students in two universities in Pakistan the subject "Women and Media". She is presently involved in the setting up of the first South Asia Media School in Pakistan where as the lead consultant she is presently designing the curriculum for both print and electronic media. Ms. Hashmi was awarded the President of Pakistan's Pride of Performance medal in 2002 for her professional services for the empowerment of women through the media.

It is indeed my privilege to be a speaker at today’s international conference and share my views with you on how traditional and new media can assist in bringing about awareness of the HIV virus and other related aspects.

I have divided my presentation to day into 3 parts.

Since always feel comfortable when I put what ever I have to present into some perspective therefore the first segment will give you a brief glimpse of the Pakistani scenario vis-à-vis HIV and AIDS.

The second segment will discuss ideas on how to use traditional and new media to spread the word about HIV and Aids to places where print and electronic media cannot reach the masses.

And thirdly, I would like to briefly touch upon the empowerment of one segment of society who as agents of social change can further help prevent the spread of the virus, namely, the women.

But first Pakistan.

60 years old this year, Pakistan is nation with over 16 million people.

The annual population growth according to the government of Pakistan figures of 2005 is 1.90

The literacy rate for males is 60.7% and for females is 35.2%. The total literacy rate is stated to be 48.7%.

32.6% people live below the poverty line with a life expectancy of 65 years.

34.1% people of Pakistan live in the urban areas of the country and, one would presume,
have access to print and electronic media, including cable which is fast spreading in the country. Therefore it is the other 65.9% of the population that this paper seeks to address.

Also, in the recent past, there has also been a huge mushrooming of private FM radio stations all over the country including in the North and South corners of the country. All this is a result of the present government's commitment on "freeing the media" which figured up-front in the first speech made by General Parvez Musharaf on October 12th, 8 years ago, when he took over the reigns of Pakistan.

Pakistan's economy has been growing steadily in the last few years, but development indicators still remain poor. Disparities between urban and rural areas are considerable and poverty is wide spread.

Agriculture remains the single most sector of Pakistan, which not only provides employment but also adds considerable foreign exchange through exports, to the budget of the country. In a nutshell, some of the huge challenges facing the country are poverty, high maternal mortality, water and energy shortage, gender inequality, poor health facilities, weak urban management of resources and refugees from Afghanistan.

An unstable political structure over the years has also not allowed the country to move at a faster pace in comparison to other countries of the region.

Additionally, at present, it is facing a shift towards a fundamental Islamic ideology after 9/11 which is causing much concern in the urban cities where the "enlightened moderation" policies of the present government are still struggling to take root. This, ladies and gentlemen, is Pakistan today, a country I am proud to represent at this prestigious forum.

So where are HIV and AIDS in all of this?

The first case of AIDS in a Pakistani citizen was reported according to a UNDP report in 1987. During the late 1980s and 1990s, it was evident that an increasing number of Pakistanis, mostly men, were becoming infected while living abroad. In 1993, the first recognized transmission case of HIV and AIDS was reported. In the 1990’s, sex workers, drug abusers and jail inmates began to surface as primary persons also suffering from this virus.

According to UNAIDS, some 70,000 to 80,000 persons are infected throughout Pakistan although the National AIDS Control Programme reports state a far less number. Many cases are not reported due to stigma, limited surveillance, lack of testing and knowledge about the virus which is what this conference is all about.

Currently Pakistan is classified by WHO/UNAIDS as a high-risk country for the spread of HIV infection.

We are on the edge of a serious epidemic says a UNDP report due to high levels of risky behavior and limited knowledge.
A large number of refugees and migrants are creating conditions for the disease to spread. Pakistani men travel to other cities or abroad in search of livelihood. This separation makes them vulnerable to engage in unsafe sex practices and puts them and later on their families at risk.

The National AIDS Control Program is trying to reach out and execute an enhanced prevention and control programme using the media as a vehicle.

Now, to the second part of my presentation, which is about using traditional and new media to provide information and create awareness where there is poor access to media.

My first suggestion here may be a bit of an eye opener coming from a media representative of an Islamic country and that too, a woman. However, here goes.

The mosques in a Muslim country are not only places of worship for the devout but also places where the community gathers to share information about deaths, births, marriages and, at times, settle long standing family disputes. The Mullah or religious leader of the mosque is a man who enjoys a reputation of being learned, pious and a counselor at large. My suggestion here is to bring the mosque and Mullah on board - to convince him of the dangers of the spreading of this virus, the seriousness of the situation and use his services to reach out to the community.

Another intervention could be to train community workers in their own communities by providing them simple but informative material about HIV, its lethal implications, its transmission and it’s spreading.

Melas, as we call them, or festive gatherings, are where people from far and wide come to be entertained. They come to buy and sell. They come to enjoy a few hours away from their humdrum existence. Here, folk or street theatre can be organized, preferably with local actors, to communicate a better understanding of the virus in a language familiar to the audiences. Pictorial demonstrations could also be used at these melas with posters displayed for the illiterate who can see but may not be able to read.

In doing all of the above, it must be kept in mind that the religious and cultural sensibilities of the local people have to be respected at all costs. Village and rural folk are simple people. They can be won over simply - but they can also take offence just as easily.

I now come to the last part of my presentation and I crave your indulgence for a few more minutes: The women of Pakistan and their empowerment and how will this help in containing this virus. Allow me to elaborate.

I stated earlier that Pakistan is an Islamic country. Therefore it has a strict code of Islamic ethics and morality in place whereby the women especially in the rural and semi-urban areas follow a strictly monogamous relationship with their spouses. Sex outside marriage carries a punishment of 80 lashes enforced by shariah not to mention the taboo and disgrace that form the code of conduct in many tribal and cultural systems prevailing in Pakistan.
So what I am actually pointing to is that the women of Pakistan are totally on the "receiving" end of this dilemma. Their husbands bring this virus home to them, mostly unknowingly and transmit it to them, equally unknowingly. Use of contraceptives in areas we are talking to is virtually unheard of. Refusal to have sex with your husband equally so. Knowledge about HIV is, again, nowhere on the horizon.

The result is women becoming infected and passing it on to their children because they are ill informed, with no education, simple village folk just following their husbands blindly and faithfully.

My thesis therefore is that it is the women of Pakistan who must be empowered about their own bodies. They must understand their own sexual and reproductive health. They must have the confidence to question their husband's sexual acts outside their married lives and they must understand clearly that if they succumb to the will of their husbands by indulging in unsafe sex their own lives and the lives of their children will be at stake. No mother in her right mind will allow that no matter how ignorant or backward she may be.

And how does one define "empowerment"?

If empowerment is a process of change as argued by Naila Kabeer and entails "expansion in people's ability to make strategic choices in a context where this ability was previously denied to them" then current evidence from Pakistan indicates that improved conditions have expanded the space for women but their exercise of choice remains limited says Khawar Mumtaz in her article "Women's Empowerment in Pakistan".

And it is this exercising of her rights and right of choice that I am advocating.

I would like to end here by quoting or possibly misquoting from that famous line of John F Kennedy's inaugural address as President of The United States on January 20th 1961 when he said "Ask not what your country can do for you, ask what can you do for your country".

What I mean to emphasize here is let us ask if the media is doing enough to reach those people out there in the far and beyond to inform them about HIV and AIDS.

Are we the media professionals of Asia gathered here for the next 3 days aware of how much the responsibility of saving our own people from this virus lies with us?

And are we doing anything about it? Or are we too engrossed in making more money for our networks through the use of more and more gimmickry, more and more glamorization, more and more commercialism, more and more insensitive programming that appeals not to the intellect but only to our senses?

If the young people are being weaned away from the traditional sources of information such as print, radio and television how much are we, the media ourselves, to blame.

I thank you for your patience.
Annexure 3

Conference on Global Media Strategies for HIV and AIDS
28 May 2007, Kuala Lumpur

Declaration

We the leaders of Asia-Pacific broadcast media, assembled in Kuala Lumpur for the conference on Global Media Strategies on a HIV and AIDS pledge our commitment to supporting the call to action of the Global Media AIDS Initiative by expanding our response to HIV and AIDS, both within our own media companies and in collaboration with other media partners.

Convinced that media has a crucial role to play in the fight against HIV and AIDS, we resolve:

- To devote dedicated and substantial radio and television broadcast airtime for communicating to our audiences about issues related to HIV and AIDS
- To develop innovative and creative approaches to HIV and AIDS messaging.

Aware that all sections of the society need to be reached, we resolve:

- To broadcast HIV and AIDS messages and programmes across the programming schedule, including during prime time;
- To produce and broadcast programmes related to HIV and AIDS in all genres and formats including news, Current affairs, documentaries, talk shows, game shows, dramas and other entertainment formats.

Remarking that HIV and AIDS are complex issues which need to addressed accurately and sensitively, we resolve:

- To consult with stakeholders, including people living with HIV, NGOs, medical personnel, the scientific community and the UN agencies, to ensure the content and tone of the programmes are relevant, accurate and culturally appropriate.

Noting that HIV and AIDS issues are multi-faceted, we resolve:

- To produce and broadcast programmes focusing not only on high-risk behavior but also on related and contributing issues, such as gender relations, HIV in the workplace, HIV and economics, children living with HIV etc.
To produce and broadcast high-quality programmes sensitive to the needs of HIV positive persons and people living with AIDS.

To produce and broadcast programmes and public service announcements that encourage preventive behavior, connect audiences to local resources, including testing and counseling centers, and aim to reduce stigma and discrimination associated with the disease.

Cognizant of the fact that HIV infections have become a global pandemic affecting people in their productive ages and that as such, it poses a threat to the development of our societies, and that the resources of broadcasters to run a sustained information campaign is limited, we resolve:

- To offer and share programmes on HIV and AIDS with other broadcasters preferably free of copyrights
- To collaborate with other broadcasting organizations and global partners and shared resources for regional projects and co-productions in a manner which is transparent and accountable and goal-oriented

Underscoring the fact that we cannot be complacent in this campaign, we resolve:

- To monitor the duration, timing, quality of programmes that are broadcast
- To undertake research to evaluate the programming related to HIV and AIDS with a view to continuously enhancing the impact on target audiences

Understanding that the issues related to HIV and AIDS are constantly evolving and that there is a need to build the capacity of producers to deal with the issue, we resolve:

- To enhance the quality of HIV and AIDS programming by providing relevant exposure and training to producers.

Lastly, recognizing that strong and effective partnerships are the key to sustained media campaigns, we request all broadcasters in the Asia-Pacific region to join hands to form the Asia-Pacific Media AIDS Initiative (AMAI), a regional action arm of the Global Media AIDS Initiative with AIBD as its Secretariat in the region – with additional support and collaboration from its member countries, affiliates, partners such as UNESCO, UNAIDS etc. and broadcasting unions and associations such as the Asia-Pacific Broadcasting Union (ABU) and Commonwealth Broadcasting Association – and to collectively develop and action a concrete collaborative work plan and timeline that is results-oriented, measurable and accountable to the Initiative’s members.
Suggestions for a Plan of action for AMAI

Invite and encourage print, blogs and wikis, multimedia, educational media, folk media etc. also to join AMAI

Highlight the need to use media strategies based on evidence.

Use media to generate demand for services and to create enabling environment for the utilization of services

Apprise the members of the role of media for community mobilization and advocacy

Put peer pressure to counter and reduce mixed/wrong messages

Encourage programmes and stories that are inclusive of the voices of HIV positive people and mobilize such voices to counter wrong/mixed messages.

Targetted messaging for youth

Encourage messaging not only for reducing risk behaviour but also for increasing health outcomes

Media as a workplace should have workplace policy for HIV. Encourage members to set the trend by formulating and publicizing their workplace policies on HIV.
Reports to the Asia Media Summit  
29 May 2007

1. Global Media Strategies on HIV and AIDS Highlights  
Ms Teresita Bagasao,  
Manager, Asia Pacific Leadership Forum on HIV/AIDS and Development, UNAIDS

Over 120 delegates participated in yesterday’s Conference on Global Media Strategies on HIV and AIDS. The conference organized 4 sessions covering: the AIDS situation, the media response, continuing communication challenges and media strategies to address these challenges.

Main reflections
• More than 25 years of AIDS, we still see stigma and discrimination, and with it more and younger people infected and less than 20 % accessing treatment and life saving drugs
• We heard examples of good as well as inappropriate media responses and the need to translate and reflect global good initiatives, such as GMAI, into local action.
• AIDS is with us for the long-haul, the issue resides in all of us and we all need to work together to overcome this.

Two take home messages from the conference are captured by a quote from Hippocrates – HELP AND DO NO HARM

TO HELP, media – that is, broadcast, print, traditional and even new media (blogs, wikis) is under utilized but is a vital partner in reaching over half of today’s young people who still do know about AIDS, how to protect themselves and support those already living with HIV.

TO DO NO HARM – media has the power to call everyone to account by communicating in accurate, ethical and appropriate and culturally sensitive language and images that are not gloom and doom but of hope that come from people’s daily victories.

One way of encouraging this is through media awards and I now turn to my UNAIDS colleague. Beth Magne- Watts to highlight the work of the jury in the two days that preceded this conference.

2. Announcement of the award winners  
Mrs Beth Magne Watts, Communications Officer, UNAIDS, Geneva,

Good afternoon.

I’m representing the panel of jury for the World Awards for Best TV and Radio programmes on AIDS— a first for the Asia Media Summit.

We had an interesting weekend viewing the 45 TV programme entries and listening to the 13 radio entries. A host of genres were presented – short dramas, documentaries, special reports, soap operas and magazine style series’.
We were encouraged by the variety in theme, quality in presentation and willingness by some programme makers to push the boundaries and take risks on AIDS-related issues.

The programmes were judged in three categories – Best TV programme to reduce discrimination against people living with HIV, Best TV documentary focusing on the issue of antiretroviral treatment and Best public service Announcement / radio spot on AIDS issues.

And, of course, there can only be one winner in each... so after much lively debate and deliberation...

In the category of Best TV programme to reduce discrimination against people living with HIV, we selected a programme that we felt was not only innovative, youth focused and refreshing in format, but also one that could be easily transferable in other countries and settings.

The winner, ‘Let’s Join Hands’ –by the BBC World Service Trust in India, is a magazine style, youth-focused series where young presenters identify ‘Yuva stars’ – inspirational people living with HIV or people dedicated to raising awareness on AIDS – and arrange for them to meet their ‘film star’ heroes.

In the category of Best TV documentary focusing on antiretroviral treatment – we were captivated and inspired by ‘Masindy’s story’. Produced by South Africa’s ‘Shoot the Breeze Productions’ and broadcast on SABC 2, the report allows Masindy to tell her story, with clarity, force and pride about how she transcended stigmatization and rejection and found strength to survive, taking antiretroviral treatment and ‘living positively’ with HIV.

Finally, in the category of best radio programme, ‘Stella’ – a PSA produced by the BBC World Service trust in Nigeria—captures the reaction of an HIV positive mother to the question of discrimination. “I’m living more better than even you that you are not positive” she declares. A clear winner for the jury.

We’d like to extend our congratulations to the winners, our thanks to all who entered and our encouragement to continue innovative, groundbreaking and exceptional programme making on the exceptional issue of AIDS.

We hope you will attend the viewing sessions of the finalists and winners this evening – they are worth your time!

Thank you “
Annexure 6

Producers from the Young TV Producers Network who attended the conference

1. Mr Abdul Marouf Azizpour
2. Ms Shakiba Tahmas
3. Mr Mohd. Sarwar Miah
4. Ms Mao Xushi
5. Mr Rajkumar Robindro
6. Ms Prerna Sharma
7. Mr Ali Dadkah
8. Mr Javad-il
9. Ms Giti Mahmood
10. Ms Shafynaz Moosa
11. Mr Bijay Kumar Verma
12. Ms Samar Minallah
13. Mr Farrukh Afzal Malik
14. Ms Sadia Mehmood
15. Mr Rashid Munir
16. Mr Rao Shahid Mahmood, TV
17. Mr Leonard Rajith Joseph
18. Ms Parvina Juraeva
19. Ms Kanchana Chisatitwanit
20. Ms Pham Diep Anh
21. Ms Fransien Manuputty
Feedback from Producers

“It was another great experience for me to have interaction with different people from different regions and different perspectives. We really enjoyed our trip to KL. Thanks for updating. I will continue to work on HIV/AIDS. Now i am preparing for a documentary on Positive children.”

R RAJKUMAR ROBINDRO SINGH, Doordarshan Kendra, Imphal, India

“To produce programmes on a sensitive issue like HIV and AIDS is not an easy task, you have to be careful that it should be ethical, it should be socially acceptable, it should be scientifically exact. We realized this during our training and after that when we actually produced the programmes, I found that it is very difficult to fulfil the requirements. It was a learning experience for me. I came to know a lot of things which can be done in producing such programmes. Now I feel an empathic concern for those who are HIV positive and I feel the need to treat them as human beings. They can be as normal as others. After visiting some of the VCT centers in my country I feel that every body should go and get themselves tested. If you are aware of your health status you can lead a good life. Hope as producers we will be able to COOPERATE, CONVEY AND CONVINCE.”

MS SADIA MEHMOOD, PTV Headquarters, Islamabad, Pakistan

“I had a wonderful time in KL at the media summit and got to learn lots of new friends. Once again, thank you for your effort of organizing so many passionate TV producers to the event and shared our experience in different cultural background.”

MS MAO XUZHI, English Channel, China Central Television

“I have been doing a Weekly LIVE show in which a guest from any field is invited to provide guidelines and information to our viewers. It is watched almost all over the world on PTV Global and we receive a lot of LIVE Calls (there was one from Malaysia on last show).. “I am planning to do one episode on HIV/AIDS (on Stigma and Discrimination issue), I've talked to Shukriya Gul, she is now Secretary of Association of PLWHA formed in December, 2007 and planning to invite an Expert on HIV/AIDS with her (may be Dr. Farah Naureen).. the date is 27th June, 2007…”

MR FARRUKH AFZAL MALIK, ETV Centre, Islamabad, Pakistan
Participants list

**Abdul Marouf Azizpour**
Producer  
National Radio and Television Afghanistan  
Afghanistan

**Saifullah Zir**
Producer  
Educational Radio and Television  
Afghanistan

**Shakiba Tahmas**
Producer  
Educational Radio and Television (ERTV)  
Afghanistan

**Shamim Ahsan Khan**
Communication & Public Relations Officer  
UNESCO Dhaka  
Bangladesh

**SK A Gaffar**
Joint Secretary  
Ministry of Information  
Bangladesh

**Md Wazed Ali Khan**
Director General  
Bangladesh Television  
Bangladesh

**Mustafa Abbasi**
Chairman  
Dialogue on Cultural Policy  
Bangladesh

**Md Mahbubul Alam**
Director General  
Bangladesh Betar

**Neten Dorjee**
Programme Manager, Producer  
Bhutan Broadcasting Service Corporation  
Bhutan

**Shykh Seraj**
Director and Head of News  
Impress Telefilm Limited  
Bangladesh

**Chhay Sophal**
Communication Coordinator  
Khmer HIV/AIDS NGO Alliance  
Cambodia

**Iqbal Sobhan Chowdhury**
Editor, Bangladesh Observer  
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**Kem Gunawadh**
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Cambodia

**Md. Sarwar Miah**
Associate producer  
Bangladesh Television (BTV)  
Bangladesh

**Haroon Siddiqui**
Member, Order of Canada, Journalist/Columnist and Editor Emeritus of The Toronto Star, Canada

**Mohammad Golam Kibria**
Associate Project Officer, Education Section  
UNICEF  
Bangladesh

**Mao Xuzhi**
Reporter  
China Central Television  
China

**Asma Abbasi**
Professor and media personality  
Bangladesh

**Mahfuza Rahman**
Education Programme Officer  
UNESCO Dhaka  
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BBC World Service Trust, India

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Children & Broadcasting Foundation for Africa, South Africa

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