

Nigeria

*People living with HIV/Aids
Civil society organisations and coalitions
Senators and members of the house of representatives*

ADVOCACY STRATEGY AND TOOLS FOR THE EXPANDED HIV/AIDS RESPONSE A CONCEPT AND STRATEGY TOOLBOX

Resource paper for PLWHA advocacy in Nigeria developed at the request of the Nigeria Network of Persons Living With HIV/AIDS -- comments, queries and/or critique can be forwarded to UNAIDS Nigeria: berhe.costantinos@undp.org

Section I - Backgrounder:

Nigeria's position in Africa is unique because of its multi-ethnic society, its federal structure and demographic composition. It is the largest country in Africa with a population of 123 million; of which 41% is urban and 50% is in the age group of 15-49 years. The country obtains very low on the Human Development Index with a ranking of 146 because of highly adverse indicators like the rate of maternal mortality (948 per 100,000 live births), total fertility (5.1) and infant mortality (80 per thousand live births). Much of this can be ascribed to the prolonged spell of military rule spanning nearly over two decades during which the health status of the population deteriorated rapidly.

1. The country is divided into 36 States and the Federal Capital - Abuja. The current Constitution of 1999 prescribes a Presidential form of democratic Government with the President as the executive head of the Federal Government and Governors at the State level. Under the Constitution, the Health Sector, under which Aids is listed, is in the Concurrent List and is therefore the common concern of the Federal, State and local governments.
2. The current health system, which is indeed in need of radical revitalising and reorganisation, is built on a three-tier system with the local government and states responsible for primary and secondary health care and the federal government for tertiary care, medical education and research.
3. Over the decade, HIV/Aids prevalence among sexually active groups of 15-49 years has been rising from an average of 1.8% in 1991 to 5.8 in 2001; the number of adults living with HIV is estimated to have reached 3.5 million. In Nigeria, like in many African countries, the HIV epidemic is driven mainly through heterosexual transmission with 80 percent of the total infections occurring through this route. Commercial sex workers and their clients, persons infected with STDs, truck drivers and men having sex with men are the groups at high risk. Even though the adult literacy rate is low, general awareness about HIV/AIDS in the population appears to be pretty high. The 1999 National demographic and health survey shows that 90% of men and 74% of women have basic knowledge of HIV/AIDS. There are of course regional variations with the North-West and North-East Regions having low levels of awareness compared to South-East which has the highest level.
4. Fear and stigma and attitudes of denial have created a fear among some States and LGAs of being tagged as AIDS epicentres. Some cultural factors, beliefs and attitudes coupled with poverty and ignorance compound the problem in Nigeria. Nigeria is therefore at a critical stage where any delayed response can lead to the unfolding of an epidemic of catastrophic proportion.

Section II

Building the largest public sector response in Africa... Quo vadis Nigeria!!!

With the prevalence of HIV sero-positivity now reported to be 5.8% from the results of the 2001 seroprevalence survey, Nigeria is now on the explosive phase of the epidemic. Fortunately, hope has been offered by political commitment expressed at the highest levels with the proclamation of the Presidential Committee on AIDS and the National Action Committee on AIDS to lead a new multi-sectoral response to the epidemic in this country. For an effective and coordinated response, there is a need for the development of a National Strategic Plan. The process of doing this encompasses several elements of which the situation and response analyses have already been completed. The development of an HEAP is another critical activity in the developmental process of developing the national response as it ensures that resource mobilization and the execution of programmes and activities that have a great impact in mitigating the effects of the epidemic. HEAP strategies are focused on

- Promotion of Behaviour Change
- Generating and using technical Information
- Ensuring Adequate Resources
- Developing Intuitional Capacity
- Targeted Interventions at youth, to reduce high risk behaviour, empowerment of women to negotiate sex, armed forces and police, PMTCT, commercial sex workers, prisons and immigration, and long distance drivers
- Interventions for the population
- Care and Support for persons infected by HIV/AIDS and a specific TB component of Care and Support for persons infected
- Care and support for persons affected by HIV/AIDS

The HEAP sets out the projects and activities to be pursued by the Federal Government of Nigeria over the planning period 2000 to 2003. The terms of reference (TOR) for developing the HEAP evolved from an extensive process of consultation with all stakeholders in a strategic planning process encompassing four major steps situation analysis, response analysis, action plans and strategic plans and resource mobilization. The activities are conceived as high impact projects. The first interventions under the new multi-sectoral, participatory response to HIV/AIDS prevention and

ORGANIC ADVOCACY: PRINCIPLES, VISION, GOAL AND OBJECTIVES OF AIDS ADVOCACY

While strategies and circumstances of advocacy efforts vary according to the local circumstance and need, AIDS advocacy principles include:

- (1) Promotion of public awareness for an urgent and sustained response.**
- (2) Respect, protection and fulfilment of human rights; compassion and active opposition to all forms of stigma and exclusion of PLWHA.**
- (3) Intensified efforts to enhance local capacity and resources of existing national and local entities, and the mobilization of new and non-traditional partners in the response.**

The Vision for AIDS advocacy often returns to a single point: HIV/AIDS – Everybody's concern While the goals of AIDS advocacy efforts may vary, many are premised on a shared aim: to mobilise all stakeholders in a scaled up, coordinated, supported, and effective and efficient response to the pandemic.

impact mitigation will be introduced under the HEAP. Hence it serves as an important testing ground for deriving best practices, coordinating strategies, and high impact responses.

Results and objectives

Three Components augured the development of the Plan: removal of barriers to large-scale responses to HIV/AIDS: behaviour, information, and systemic barriers, prevention of HIV infections through targeted interventions and care and support for persons infected and affected by HIV/AIDS. The results are: (1) reduction in the rate of infection (2) Impact mitigation on people living with and affected by HIV (3) sustainable, multi-sectoral and decentralised response to HIV/AIDS prevention and (4) impact mitigation. The Objectives of the HEAP are:

- 1) Precipitate national multi-sectoral and multi disciplinary mobilization for AIDS prevention to develop and implement a multi-sectoral, multi disciplinary institutional framework and legal machinery for HIV/AIDS prevention

- 2) Increase awareness and sensitisation among the population and strategic targeted stakeholders and hence promoting behaviour change in both low and high-risk populations
- 3) Removal of human resource, financial, cultural and informational barriers to HIV/AIDS prevention to develop standards, guidelines and institutionalize best practices in care giving and support to people infected by HIV/AIDS
- 4) Implement the activities of the HEAP using a decentralized and participatory approach, which incorporates all tiers of government and the private, both profit and non-profit sectors.
- 5) Mitigate the impact of AIDS by (i) providing affordable and accessible drugs; (ii) by encouraging counselling to those infected and affected by AIDS; (iii) by providing financial assistance to AIDS Orphans and (iv) by providing micro-credit facilities to people infected and affected with HIV/AIDS and (v) developing an effective gender sensitive surveillance system. (vi) Stimulate research, documentation, and research networks on HIV/AIDS in Nigeria
- 6) Empower people infected and affected by AIDS to form networks and contribute to HIV/AIDS planning and programming at National, State, local government and community levels.

Section III

ORGANIC ADVOCACY: RATIONALE, PRINCIPLES, STRATEGIES...

(This section is directly taken from: Using advocacy to support the global response to Aids: A guide to practitioners (UNAIDS - Geneva 1999)

Many factors contribute to making AIDS a major advocacy challenge – including discrimination against individuals with HIV/AIDS, and lack of resources for care and prevention. Only a major international mobilisation can slow the spread of HIV and alleviate the devastating impact of the AIDS epidemic. Advocacy – mobilizing political and civil leaders in our own countries as well as on the international stage to take concrete action to fight aids – is a critical component of this global mobilization. Certain countries, such as Thailand, Senegal and Uganda, have shown that an effective national response can be mounted to avert or reverse the epidemic. In each of these countries opinion leaders, including policy makers, educators, the media and others:

- Recognized the epidemic publicly and openly, and acted to reduce the stigma surrounding AIDS
- Displayed political courage in applying sound measures to reduce the sexual spread of the virus;
- Supported the commitment of national resources, which in turn has encouraged external funding;
- Endorsed a multisectoral approach, including the involvement of people living with HIV/AIDS as a priority.

Advocates do not have to be highly influential, famous, or otherwise “important” people. Many of the world’s most effective advocacy movements have been led by ‘ordinary people’ who are well-informed, committed, and affected by an issue or situation. Advocacy is indeed often less about who an advocate is, and more about what they do. The most successful advocates:

- Maximize their resources by carefully choosing target audiences that carry particular weight in a country or local community.

CHECKLIST FOR MAKING A PRESENTATION

- ✓ **Know your audience.** Your presentation should include information they want to hear, but not always what they expect to hear.
- ✓ **Know your topic.** Have plenty of information and be prepared to give examples and answer questions.
- ✓ **Do no try to improvise.** Even the most experienced presenters develop and outline and think about what you they are going to say.
- ✓ **Headline your presentation.** Tell them what you are going to tell them, tell them, and then tell them what you have just told them.
- ✓ **Be enthusiastic and energetic** throughout your presentation. Make your talk come alive by using illustrations, analogies and personal observations.
- ✓ When possible incorporate **attractive easy-to-understand visuals.** Make sure they are clear and complement your talk effectively
- ✓ **Finish on a high note.**

- Package their advocacy arguments in ways that make them compelling to their audience.

- Develop messages and strategies that encourage their target audiences to take action.

We discuss here effective advocacy strategies and tactics, including organizing national campaigns, working in collaboration with other organizations, meeting with political leaders, developing effective materials, and working with the media. No single advocacy strategy will be successful everywhere. A basic rule of advocacy is that effective approaches should be tailored to local audiences and circumstances.

Advocacy is a form of communication designed to get specific target audiences to show commitment to specific ideas or subjects. This commitment may be demonstrated through active propagation of the advocacy view, or through actions such as enacting laws or making financial contributions. Successful advocacy involves changing the status quo by winning more influential audiences and leaders over to the side of the advocates. Advocacy is not advertising or public relations, or media relations or community communication per se. It uses these tools to achieve its primary task of getting target audiences to lend their support to specific causes through creation of better understanding of the issues (direct and implied) and the engendering of commitment to putting AIDS on the public's agenda.

OPERATIONALISING ADVOCACY

A successful advocacy requires clear articulation of the guideposts for action: principles, vision, goal and objectives. Advocacy principles are broad statements of intention that help guide advocacy planning and action. Successful advocacy strategies will be constructed around a set of shared principles.

**Advocacy is: "winning the support of key constituencies in order to influence policies and spending, and bring about social change."
"Successful advocates usually start by identifying the people they need to influence and planning the best way to communicate with them. They organize networks and coalitions to create a groundswell of support that can influence key decision-makers."
(WHO 1998)**

1. The **advocacy vision** provides a unifying idea for the planning and articulation of goals, objectives, strategies and tactics. A clear vision, based on principles, enhances the ability of advocates to work together and guides important decisions by advocates. The vision statement articulates the most fundamental reason(s) for the advocacy activities and the types of change advocates and their partners would like to bring about.
2. The **advocacy goal** elaborates on the vision by adding important information on what and why. Internally, the advocacy goal helps to keep advocates focused on their central purposes. Externally, it summarizes the advocacy programme

for the benefit of outside publics, such as community groups, the media, audiences and partners.

Objectives usually identify specific actions to be undertaken and time frames for their completion. Good objectives are SMART: **S**pecific and simple, **M**easurable, **A**chievable and actionable, **R**elevant (to the vision and goal) and **T**ime-referenced bound

3. Good **advocacy objectives** provide specific, measurable steps towards reaching the desired goals.

4. **Purpose:** building awareness expression of commitment; increasing public dialogue, or taking specific actions such as fundraising or promoting legislative amendments.

Section III A

ORGANIC ADVOCACY STRATEGIES

A good advocacy strategy turns visions, principles, goals and objectives into action. It provides a broad plan and approach for achieving the advocacy objectives. In developing effective advocacy strategies, advocates should define the key facts arising from the situation analysis, and the primary advocacy problems (e.g. lack of sufficient commitment to AIDS campaigns by specific groups) and the goal and key communication objectives (outlining the aims to be achieved through communication, e. g. awareness, actions, fundraising, expressions of commitment, etc). People who join together in an advocacy partnership will need to have a common mindset about the strategies and methods to be used. To this end, agreement will need to be achieved in the following area, among others:

- **Advocacy Orientation:** organization of consultative meetings, workshop or brainstorming sessions might be considered to come up with plans of action relating to the national vision, goal, and objectives.
- **Leadership and group dynamics:** to get opinion and/or political leaders to lend their voices', there is need to understand the structure of leadership in different communities and to identify key targets.
- **Publicity methods:** a modern campaign is an integration of marketing, advertising, public relations, news-making, community mobilization and other IEC methods. While AIDS advocates may not have the resources needed for all of these, organized communications and publicity efforts are central to advocacy success. Advocacy can sometimes backfire or lead to negative responses from some publics. There is therefore the need to agree on how to manage negative publicity. As in every social change situation, there are some aspects of national and culture that can facilitate advocacy; there are as many also that can work against it.
- **Dealing with weaknesses and threats:** advocacy is not always successful. Sometimes, instead of winning support, we can face open confrontation or antagonism, for a variety of reasons that might not be advocacy-related. To know how to use advocacy, it is helpful to know how it was (successfully or unsuccessfully) used in the past – or is being used now in various sectors and settings.
- **Local resource mobilization:** all communities have at least some of the vital resources necessary for successful advocacy. Local resources will need to be identified and ways identified to ensure that local actors claim part ownership of the programmes.

IDENTIFYING ADVOCACY TARGETS

Advocacy strategies vary widely and can aim to include finding direct links to or forging friendships among special publics (e. g. legislators), winning the support of vocal publics (e.g. journalists), securing the endorsement of community leaders who will speak out on the subjects during the endorsement of community leaders who will speak out on the subjects, and getting ordinary people to act. As strategies change, so do audiences.

Since no advocate has the time, money and energy to educate and persuade every organization or constituency that might conceivably influence public policy, the most effective advocates select a limited number of targets, prioritizing and key individuals, organizations and networks that are most likely to influence public opinion and the decisions and actions of policy makers. Focusing on the desired audience is a key to successful advocacy. If the wrong audience is targeted, expected results will not be achieved and valuable and scarce resources will be wasted. Ideally, these advocacy targets will become advocacy partners, working with you in turn to generate more advocacies for an effective response to HIV/AIDS.

Widely varying circumstances across the globe ensure that there is no single recipe for effective political action. Your selection of advocacy targets needs to depend on the specific political and social environment of the country in which you are working.

In some instances, advocates may have the opportunity to directly influence top political leaders to take the necessary action. Normally, though, advocates must “build from below,” influencing key opinions leaders or national sectors, which in turn bring their own influence to bear on political leaders. While influential groups or sectors differ, the list below contains some of the most important advocacy allies in most societies.

“The purpose of advocacy is to promote or reinforce a change in policy, programme, or legislation. Rather than providing support directly to clients or users of services, advocacy aims at winning support from others, i.e. creating a supportive environment. Advocacy relies on IEC strategies and techniques to accomplish its purpose”. (UNFPA)

1. **Political and opinion leaders:** A decisive element in advocacy initiatives of this kind is political leadership. The success of AIDS advocacy rests on its ability to galvanize heads of state and government officials to generate a significantly

greater level of political and public commitment to an accelerated response to the HIV/AIDS epidemic, and a broad mobilization of society. In addition to influencing national and local policies, political leaders can be encouraged to bring their influence to bear on various multinational entities. In some

instances, civil servants rather than high officials may be best able to influence policies related to HIV/AIDS.

Because civil servants sometimes have influence over only one component of HIV/AIDS policy, you will need to trim your message to the topics on which these civil servants can be most helpful. Many persons who have no clear connection with, or influence on, public policy-making bodies may nonetheless be able to mobilize public opinion. These individuals might include sports figures, musical artists, writers, academics and the like. Advocates can encourage such individuals to speak out publicly on HIV/AIDS and to encourage others in their field to do so as well. Plans to service these networks and to maintain their interest and commitment will need to be established.

2. **The media:** The media can contribute to developing a sense of urgency around an accelerated response to AIDS. They play a key role in setting the political agenda, challenging ignorance or building support for particular initiatives.

3. **People living with HIV/Aids:** People with HIV/AIDS are important resources, and advocates benefit from routinely integrating PLWHA into their activities. PLWHA often have a clear understanding of which systems in their locality. Most importantly, their participation gives a personal power and immediacy to advocacy efforts that is among the most effective tools for demonstrating the importance to those unfamiliar with HIV/AIDS.

4. **Civil society:** A broad range of national sectors can play an effective role in the fight against HIV/AIDS. Key networks of support and advocates

need to be identified in the non-governmental community and plans drawn up to involve them in the promotion of issues on which they have particular expertise or influence.

5. **Religious leaders:** Meetings with key religious leaders can also be effective. Advocates can emphasize the impact of HIV/AIDS on the national or local population and religious leaders can be encouraged publicly to display compassion toward persons living with the disease. Religious entities that have social welfare can be encouraged to integrate HIV-related services into their activities.

6. **Business and trade unions:** Business groups or individuals companies need to be approached as sponsors for specific projects or to encourage their involvement in community and workplace initiatives. National business councils and business associations should also be approached, as well as multinationals with special interests in developing countries. In the past little appears to have been done to involve trade unions in the AIDS issue – these however could also become powerful allies in some countries.

7. **Young people:** If rates of transmission of HIV among young people are to be reduced a special advocacy effort directed at them will be required. This should build them on the achievements of the 1998 and 1999 World AIDS Campaigns which put an emphasis on youth-friendly services and communication and promoted the genuine participation of young people in the response to the epidemic.

8. **AIDS researchers:** can become an influential group of partners for AIDS advocates, setting an emergency research agenda for addressing the special needs of individual countries or regions.

Advocacy is the "organization of information into argument to be communicated through various interpersonal and media channels with a view to gaining political and social leadership acceptance and preparing a society for a particular development programme. (UNICEF, 1993)

Case Digest I – Nigeria:

MULTI-STAKEHOLDER, MULTI-SECTORAL AWARENESS RAISING CAMPAIGN ON HIV/AIDS (MARC)

*(Source: MARC Document and progress report,
National Action Committee on Aids and UNICEF 2001)*

MARC is an intensive advocacy and social mobilisation campaign primarily focusing on Adolescents and Youth between 10 and 34 years of age. In addition to the channels of communication that seek to reach young people

everywhere they maybe, all the materials, including performances, were designed and adapted to be youth friendly. An implementation plan depicting steps for each of the activities, roles and responsibilities for selected individuals and organizations has been developed. Hence, discussions were undertaken with NACA, TG members, Federal Ministries, PLWHAs and civil society, to arrive at concrete commitments. The consensus building process was formalised in a workshop. A broad-based advisory group reviewed proposals, materials and scripts to ensure they are technically correct, programmatically focused and culturally sensitive. Mechanisms to support the implementation will be built on existing capacities. In addition to the flexibility built into its design, three scenarios are proposed for the implementation MARC:

- **Five big cities** (Lagos, Ibadan, Kano, Port Harcourt and Abuja). These sites collectively represent the main cities, the second biggest port, centre for oil industry, highest number of learning institutions, large commercial communities, and communication centre with main roads branching out on all point of the compass. All activities would be carried out in a limited number of schools, markets, churches, mosques, nightclubs, stadiums and streets.
- **All states:** This scenario expects to cover the whole nation with a population of approximately 60 million adolescents and youth between the ages 10-34. The full scenario would be implemented with a small number of selected schools, markets, stadium etc.
- **All states capitals:** These sites collectively represent the most cosmopolitan areas with large commercial community that would attract young people because of their access to basic infrastructure. While focussing on state capitals only, this option remains expensive. All activities would be carried out in a limited number of selected schools, markets, churches, mosques, nightclubs, stadiums and streets.

All the scenarios assume a strong involvement of all partners at all levels from individuals to parastatals and private sector, civil society, and commitment from the highest level of government as well as massive contribution/participation by young people themselves. Furthermore no allowances have been budgeted for; voluntarism coupled with the use of existing resources is the guiding principle.

MARC is built on three pillars, namely: a) **Advocacy** b) **Social Mobilization and Information, Education and Communication** c)

campaign.¹ The overall objective of MARC is to reduce the further spread of the HIV/AIDS epidemic by providing basic, scientifically correct, and comprehensive information to young people in Nigeria to build their capacity to make the right choices in their lives. MARC will ensure that young Nigerians have the necessary information to protect themselves and are prepared to assist their families and communities to cope with the impact of AIDS.

The specific objectives are to raise the level of awareness on prevention among all the young people through an intensive campaign; provide basic and simple educational materials that are tailored for young people in Nigeria; and empower young people by providing them with tools for safe and positive behaviour.

1. **Advocacy:** The main objective of this pillar is to encourage partners to conduct advocacy activities to increase and sustain a strong political mobilization. Consensus and partnership are expected to be reached through meetings (for small focused groups) and workshop/s (for wider range of partners). In these meetings the concept behind the MARC will be introduced and comments to further enrich it will be solicited and incorporated. People that will be met include but are not limited to government, opinion makers, religious leaders, political leaders, donors, NGOs.

The campaign started with an official launch at all selected cities. All the players participated in the one-day workshop with high government officials, opinion makers, young people, and representatives of

Port Harcourt made history when an unprecedented a million plus people, PLWHA and NGOs, adolescents and youths, marched against HIV/AIDS on January 24, 2002. The widely publicised advocacy event was called by the Governor of Rivers States and his team as part of the initiatives of MARC.

¹ It is envisaged to cover the whole country in several phases. The first phase run for the whole month of November in the five big cities and culminated in a rally on World AIDS Day on December 1, 2001. The target group are adolescents and young people between 10 and 34 years old. The cost of the first phase of MARC was estimated at NA 287,041,440 or USD 2,392,012

NGOs, CBOs, CSOs and PLWHA in attendance.²

2. **Social Mobilization:** This pillar ensures youth and community participation and ownership of the campaign. It will support CSOs, NGOs, CBOs, PLWHAs and mainly young people to undertake Social Mobilization activities in the 5 cities through schools and universities, churches and mosques, markets stadiums, saloons and motor parks. Specific activities may include (but not limited to):- panel discussions and PLWHAs testimonies – music concerts, dance, drama, puppet shows –soccer competitions- poetry, art and literature contests.
3. **IEC:** This pillar will engage the services of a Media/Advertising firm/s to develop and implement an IEC campaign and in collaboration with the Management Team monitor and evaluate MARC's activities in the selected 5 cities for rapid expansion in the whole country over a period of 12 months.

Partners of MARC: In order to maximize the possibilities of reaching all young people, the Massive Awareness Raising Campaign will be implemented by a collaborative effort of the following partners:

- **National Youth Council of Nigeria and its organs;**
- **Youth Organization Networks;**
- **National Youth Service Corps;**
- **In/out of-School AIDS Awareness Clubs;**
- **NNPLWA**
- **Unions and Professional Associations;**
- **Bilateral and multi-lateral donors;**
- **Schools and Universities;**
- **NACA, SACA, LACA**
- **NGOs, CBOs, CSOs;**
- **Ministries of Health**
- **CiSGHAN**
- **Ministries of Education**
- **Faith Based Organizations;**
- **Government Ministries;**
- **Private Sector: Coca-Cola, Chevron, J. Berger etc.**
- **Journalists Against AIDS**
- **Association of Local Government of Nigeria**
- **Students' Association**

COMMUNICATION STRATEGIES OF MARC

² The majority of participants were young people. At the end of the workshop commitments were renewed and all partners energized. The first phase of MARC culminated in a rally on World AIDS Day where a significant increase in numbers of young people participating.

To maximise opportunities to effectively reach young people various channels and mediums will be used.

- **Public Figures and Celebrities:** (past and current political leaders, Sport Heroes, Musicians, Artists, Religious leaders, etc): Sponsorship by public figures will be sought to mobilize the whole nation and all the communities for the campaign; involvement of sport heroes and respected musicians as advocates, ambassadors and conveyers of prevention of HIV/AIDS; PLWHA will be called upon as advocates in HIV/AIDS campaigns and living testimonies of the magnitude and complexity of the challenge; faith based organizations and religious leaders will be approached to deliver information as they reach a large number of people every day over whom they have a strong influence.
- **Various means of conveying the message:**
Folk entertainment with HIV/AIDS as a theme; sport Activities (e.g., soccer matches on AIDS) supported by sports heroes as advocates; HIV/AIDS-related music festivals, dramas by theatre groups, puppet shows, drummers and dancers groups, etc. (use of musicians, poets, artists as advocates); HIV/AIDS debates and panel discussions for selected sites, radio and TV; HIV/AIDS related poetry, literature, and art contests; HIV/AIDS internet web sites; Newspaper ads and articles.
- **A wide variety of IEC materials:** Audio messages in the main languages for broadcast on national, state and community radios; Short, engaging video spots to broadcast on national television and disseminating them through video to theatres, movies and or appropriate gatherings; Audio cassettes containing popular songs, interspersed with engaging IEC messages for wide dissemination; Highly engaging posters specific to various audiences in major languages to be displayed in the 5 selected cities; Comic strips on HIV/AIDS-related subjects specifically designed for populations with low literacy levels.

MARC WORK PLAN

ACTIVITIES	OUTPUT
Aug.–Sep, 2001	
Advocacy	Political Commitment
Consensus Building Activities	
Conduct consultation and partnership building meetings and focus group discussion with stakeholders	Stakeholders acquainted with MARC. Ideas to further enrich the proposal solicited. Commitments secured.
Form Advisory and	Advisory Board to mobilize

Management Teams	partners/ provide guidance formed.		
	A Management team of dedicated staff set-up.	Conduct Orientation Seminar for implementers	All volunteers oriented. See partner's list.
Conduct Consensus Building Workshop	MARC introduced to stakeholders and commitments secured.		September-November, 2001
Campaign Implementation		IEC Campaign	Efficiency
Conduct Campaign	All active players briefed. All logistics organized.	Hire an advertising firm to develop MARC	Contract awarded.
Launch Workshop		Field-test IEC materials	Printed, audio and video materials field tested for final fine tuning.
	December 1, 2001	M&E and Media Coverage	MARC evaluated, MARC events publicized / broadcasted
World AIDS Day	World AIDS Day rally carried out.		
Sep-Oct, 2001			
Social Mobilization	Participation		
Hire Social Mobilization Officers.	Officers hired for the 5 selected cities.		
Contract NGOs, CBOs,	NGOs, CBOs and PLWHA		

Case Digest II- Nigeria

PRESIDENTIAL FORUM ON HIV/AIDS EVIDENCE BASED RESOURCE MOBILISATION AND MANAGEMENT FOR THE EXPANDED RESPONSE

(Source BT Costantinos, UNAIDS)

Presentation to the Saturday Presidential forum for HIV/Aids)

EVIDENCE	
AGENCY	FUNDING (USD)
Government	\$57 Million
IDA Credit	\$90.3 Million
US AID	\$90.3 Million
DFID	£65 Million
UN Agencies	\$20.3 Million
Gates Foundation	\$25 Million
Others	~\$30 Million

Funding has been made available in generous terms to the national HIV/Aids control and prevention programmes whose purpose is to prevent the spread of HIV infection and to reduce the personal and social impact of HIV/AIDS for HIV infected persons, their families, and society under a coordinated implementation of a wide range of HIV/AIDS programmes throughout the country. Funding has been provided by the Government and donors for providing adequate and appropriate information on HIV/AIDS /STIs through well developed and packaged Information, Education and Communication/IEC materials; providing care and support for (PLWHA) including counselling; TOT to provide

update information on the management of HIV/AIDS and STD's; ensuring blood and blood products safety by training laboratory scientists and promoting the use of the universal precautions among all health workers; conducting epidemiological research to monitor the trend of the disease in Nigeria; conducting clinical trials to verify the claims of cure for HIV/AIDS and developing policies on HIV/AIDS and STD's and producing training manuals. The government has achieved a significant HIV/ AIDS awareness among school children. HIV seroprevalence surveys have been carried out as well as training health workers on counselling, the management of HIV/AIDS cases, prevention, and control and laboratory procedures. Efforts are also currently being made to implement a more broad based Voluntary Testing and Confidential Testing of HIV in selected some pilot sites in Nigeria.

- (1) The IDA Credit and local counterpart fund of over USD 100 millions represents the single largest facility to support system wide HIV/Aids programme in Nigeria. This project also represents the Bank's contribution to the HEAP as part of its Multi-Country AIDS Programme (MAP) for Africa, during the first three years of the project, as well as providing support for the development of the long-term strategy, during an additional two. The

first year will expand existing high-impact activities, process-test new mechanisms for community mobilization and building up local response, and strengthen capacity in planning, implementation,

EVIDENCE
Each of the components will operate at the federal and state levels. I: Capacity Development (US\$ 30.56 million) II: Expanding the Public Sector Response. (US\$ 31.25 million) III: The HIV/AIDS Community Fund (US\$ 33.87 million)

and monitoring and evaluation. New activities will be phased in over time as capacity increases and agencies

become more capable of implementing larger programme as follows. Activities at the state and community levels will start in a small number of states (those that are ready and those with a high prevalence of AIDS cases) in the first year of the project. Other states will come on board during the next four years reaching 18 states over the project period. The community component will start by preparing community activities in the first year, while taking on an increasing number of community activities, according to increases in capacity to process and monitor proposals at the state level and at the community level to implement them. HIV/AIDS programmes implemented by Sectoral Ministries will start with three sectors in the first year and expand to up to ten sector programmes over the project period. The project has three components.

(2) The United Nations System in Nigeria has also developed the Unified Budget and Work Plan that carries important policy and strategic instruments to curb the devastating impact of HIV/AIDS on human and social capital development.

(3) Nigeria has also launched **The Nigeria National Response Information System (NNRIS)**. This monitoring, evaluation, and operational research tool will focus on situation analysis, including impact assessments, at sector level and at programme level, a broad based sentinel surveillance system involving. Operational research by Nigerian Research Institutions (in cooperation with international partners if possible) aims to assess the effectiveness of the various efforts to fight against HIV/AIDS and to improve ways to monitor the impact of these efforts.

(4) Much has been accomplished with the resources made available today. PMTCT is one of the major programmes of the health sector response.

EVIDENCE:
UNICEF, UNAIDS, WHO, and DFID have provided support to the PMTCT committee

Guidelines and protocols for the implementation of the pMTCT have been completed including the registration of Nevirapine with the Nigerian authorities. The programme, guided by a national committee made up of members of the expanded theme group, is due to be launched in June 2002.

(5) Access to ARV Drugs: Nigeria has committed to provide 15000 of its citizens with ARV drugs.

EVIDENCE:
UNICEF, UNAIDS and CDC have provided all the financial support for the MARC

The brief report that follows is to examine the safety and efficacy of a combination of Stavudine, Lamivudine (both NRTIs) and Nevirapine (an NNRTI). The result of the COMBINE study showed that 2 NRTIs + Nevirapine reduced viral loads to

below detectable limits in more patients than 2 NRTIs + Nelfinavir. The general objective is to evaluate the clinical efficacy and safety of a triple combination of Stavudine, Lamivudine

and Nevirapine in the treatment of HIV/AIDS. The specific Objectives are to determine the clinical efficacy of the combination of Stavudine, Lamivudine and Nevirapine in the treatment of HIV/AIDS; to document any side effects related to the use of the combination therapy; to determine changes in the HIV related symptoms from baseline values; to determine changes in CD4/CD8 ratio and / or absolute CD4 count only, to provide clinical, social and psychological support for people living with HIV/AIDS and to determine changes in viral load during therapy with the triple combination therapy.

(6) 2001 Sentinel Sero-Surveillance: Nigeria has just completed the 2001 HIV/Syphilis sentinel Sero-surveillance with the help of the international community. Its purpose is to track HIV infection levels in populations accessed through “watch-post” institutions.

These institutions are selected because they provide access

EVIDENCE
UNAIDS, co-sponsors, DFID, USAID, CDC have provided major funding for the implementation of the 2001 Sentinel Sero-Surveillance

to populations that are either of particular interest in the epidemic, or representative of the larger population. Currently, Nigeria has over three million people living with HIV. This estimate was made using the 2001 sentinel survey done in all states. The 2001 survey has been completed successfully.

(7) Massive Awareness Raising Campaign (MARC): MARC is built on three pillars, namely: a) Advocacy b) Social Mobilisation and c) Information, Education and Communication campaign. The overall objective of MARC is to reduce the further spread of the pandemic by providing basic, scientifically correct, and comprehensive

information to young people in Nigeria to build their capacity to make the right

choices in their lives. The first phase has run for the whole months of November and December in the five big cities with a population of 35 million. In collaboration with public, private; faith-based and

NGOs; opinion makers and political leaders, MARC will ensure that young Nigerians have the information to protect themselves from HIV/AIDS.

Section IV

ORGANIC ADVOCACY MESSAGE DEVELOPMENT: MARSHALLING YOUR FACTS

Effective advocacy depends on facts. Unless you are able to prove you know what you are talking about – and what you are talking about is important – the persons you are seeking to influence have little reason to heed your message. There are numerous excellent sources for the information you will need – in the first instance the publications of UNAIDS and its Cosponsors, and the Internet. Your advocacy, however, will be most effective if you tailor the facts to the interests of your local audience. Most advocacy audiences are most interested in facts concerning their own country. And, as for success stories, a nearby example is usually more compelling than one from far away.

1. **UNAIDS Publications:** UNAIDS and its Cosponsors produce a large number of publications, reports and briefing materials on a regular basis. The UNAIDS/WHO report on the global HIV/AIDS epidemic, for example, published every two years provides an overall analysis of the state of the epidemic and includes country-by-country data on population, reported AIDS cases and HIV prevalence in key populations, number of people living with HIV, number of AIDS orphans, and AIDS deaths. The UNAIDS “Best Practices” series of technical updates, points of view, case studies, policy guidelines and other key materials is also a rich resource. The series highlights lessons learned and success stories in responding to the epidemic from around the world.
 2. **THE INTERNET:** The World Wide Web includes useful information about HIV/AIDS. UNAIDS’ own web site, <http://www.unaids.org>, for example, includes copies of reports, data, recent updates, and news developments. Similarly, the U. S. Centres for Disease Control and Prevention’s web site, <http://www.cdc.gov>, offers daily updates of media coverage related to HIV/AIDS
- **Prevention works.** Certain countries have shown it is possible to mount an effective national response to avert or turn around a runaway epidemic. Uganda and Senegal are examples of African nations that have taken direct action to address HIV/AIDS, dramatically reducing seroprevalence. In Thailand, innovative programs are helping bolster condom use among sex workers and diminish HIV transmission.
 - **World Leaders must break the silence and drive the response to the epidemic.** Several national leaders have forcefully addressed HIV/AIDS – but many more still need to act. Statements and initiatives by numerous world leaders has helped create a new momentum, and a window of opportunity for accelerated action. But in many nations, even those heavily affected, HIV/AIDS remains low on the human, social, healthcare, and economic agendas.

KEY ADVOCACY MESSAGES

For advocates to effect real change, they must successfully transmit two key messages to advocacy audiences in their countries and those whose actions can affect the response to AIDS internationally: AIDS is more than a public health problem: it is a social and economic crisis. Present and future developments gains in many countries are being threatened by the rapid spread and spiralling consequences of AIDS. Our advocacy must emphasize the impact of HIV/AIDS on adults, children, families, communities, economies and future development. Despite the crisis now facing developing nations, denial of the problem is a major

RATIONALE FOR AN ACCELERATED RESPONSE TO THE EPIDEMIC

- The global spread of HIV/AIDS vastly outpaces the commitment of resources to address the epidemic. AIDS is expanding three times faster than the funding to control it. A substantial increase is required to mount effective prevention and care programmes.

obstacle to an effective mobilization to fight the disease.

- Effective measures to respond to the HIV/AIDS epidemic exist. Even countries with limited resources and high rates of HIV infection have built the necessary political momentum and scaled up effective action to curb the epidemic and alleviate its disastrous impact.
- Our advocacy must convince policy makers and those who can influence them that actions can influence them that actions can be taken to help bring HIV/AIDS under control. It must emphasize the successful examples of effective HIV policies, the willingness of donors and multi lateral institutions to work in solidarity with governmental agencies, and the specific steps that each advocacy target can take in order to help contain the devastating caused by AIDS.

PACKAGING THE MESSAGE

Facts may be essential to effective advocacy, but facts alone are not sufficient. In the "Information age," media consumers are constantly barraged by information on a wide range of problems. The advocate's challenge is to make his or her messages stand out from the universe of information. Here are a few tips for making your messages more interesting:

1. **Make them relevant:** Messages are most compelling when they are tailored to the specific interests of your readers. Depending on your audience, you may want to focus on the economic impact of HIV/AIDS, the role of STD control in the fight against HIV/AIDS, or the impact of the epidemic on households. In addition, information about one's own country or locality is likely to be more persuasive than global or continent wide information. Remember, you are trying to get your audience to act; talking on a local problem is much easier than addressing a crisis across an entire continent. A time-saving way to tailor your messages is to maintain templates of basic information that can be supplemented with local information, or with an emphasis that speaks to your particular audience.
2. **Make them strong:** There is little reason to err on the side of understatement. HIV/AIDS is already wiping out development gains in many countries that took decades to achieve. Thus, your rhetoric, while always accurate and responsible, should clearly emphasize the severity of the problem and the urgency of action needed. Your message will be strengthened – and your listener more likely to be

moved into action – if you successfully communicate the human dimension of the epidemic. Good ways to do that include using the personal story of a person living with HIV/AIDS to illustrate the point, or better yet, having such a person accompanies you to key advocacy meetings. These strategies can be complicated in many countries, however, where the stigma associated with HIV/AIDS often prevents people from publicly discussing their status. Where persons living with HIV agree, however their stories can very powerfully illustrate key points – such as the epidemics impact on households, and the human burden and productivity drain caused by the disease.

3. **Make them positive:** While it is important to emphasize facts and statistics that convey the seriousness of the epidemic, it is also important to emphasize progress and hope. Many advocates recommend using messages that highlight success stories and accomplish, to show that action against AIDS does make a difference.
4. **Keep them simple:** One of the greatest challenges for advocates, particularly when they are experts on their subject and feel strongly about the issue, is developing clear and simple advocacy messages. Scientific messages are comprehensive, contain many qualifications, and frequently use technical jargon. This inclusive, highly specialized approach to information is appropriate in scientific situations, but will frequently confuse, and may just as frequently defeat the purpose of advocacy communications.
 - Often, particularly when talking to busy officials or reporters, you may only get a minute or two. Take a moment before going into an advocacy meeting to outline the key points, and to see if you can summarize the most striking facts, and the desired action, in a few sentences. Remember, it is always possible to supply more detailed information at a later date, after you have succeeded in getting the interest of your audience. It is less likely, however, that you will be able to go back and simplify the message if you overwhelm your target audience with too much information.
 - Accuracy is as important in advocacy messages as it is in scientific forums. But advocacy messages are most effective when they are clear, to the point, focused on a desired outcome, and easy for a lay person to understand.

- In addition, do not assume your audience understands the implications of your arguments. If you intend your audience to draw a particular conclusion, it is usually best to state it.
5. **Make them politically and culturally sensitive:** Advocacy work addresses issues that may stir controversy or provoke confrontation. In general, it is best for UNAIDS advocacy to be presented in non-political terms. Remembering to consider all relevant perspectives when delivering key messages can help to minimize potential conflicts.
6. **Write them down:** Conversations alone can occasionally persuade, but advocacy meetings will almost always be more effective if you leave some written materials behind. Not only does written information reinforce your verbal message, but it can also serve as a later reminder that prompts the reader to action even in your absence. Moreover, converts to the fight against HIV/AIDS can become partners in educating and organizing others merely by making copies of your written materials. Your written materials need not be elaborate. Neat, clear and professional will suffice. In putting together written materials remember the key two messages we want to reinforce – that HIV/AIDS is a human crisis with a wide-ranging impact on Africa and the world, and that action can be taken to mitigate the effects of the epidemic.
7. **Make them interesting:** Statistics are important, but a written litany of statistics alone seldom persuade. Successful advocates lead with the principal message, use statistics to illustrate the point, and then remind the reader of the ultimate conclusion. Most advocates recommend keeping written materials brief. Graphs, pie charts, and the like – such as those that appear in the major UNAIDS reports, or the kinds that can be created on a personal computer – are sometimes clearer and more persuasive than words alone.

ADVOCACY TACTICS

If a strategy is a broad plan, tactics are the actual activities that create desirable results. Advocacy tactics can focus on media communications with a general audience or a targeted outreach (one-on-one small group). Choosing the most effective tactics for each strategy is critical. The best tactics will depend on the problem and resources available for meeting the advocacy objectives. For example, the support of policy makers and opinion makers is frequently a key

element in the success of advocacy. Useful tactics in this regard will include the following:

- Categorising policy makers and opinion leaders based on their history of involvement in AIDS issues. Design an advocacy map of those to approach for their support, e.g. the Minister of Health or village leaders. Different leaders are reachable through different channels (personal or mass media)
- Identifying the best 'lever for obtaining the support of the specific target audience – people is motivated by benefits to themselves or to their organizations.
- Anticipating and preparing for counter-arguments or objections to your advocacy position.
- Making presentations: Delivering a strong oral presentation can go a long way in building advocacy support. Public conferences, meetings, and press events offer an important platform for reaching key audiences. In order to use the opportunity effectively, however, it is important to give powerful presentations. Effective presentations have a clear direction, are tailored to the event and audience. In general, it is best to limit the length of your presentation and to always leave time for questions.
- Exercising interpersonal influence: Presentations may also be made on a one-on-one basis or in small group.
- Organizing events: Events, such as World AIDS Day, can also be a platform for raising awareness about HIV/AIDS and for reaching out to target audiences. Consider inviting leaders from target audiences to visit and participate in such events. The attendance of important figures or government officials may also make the event more enticing for the media. Alternatively, advocacy messages can often be effectively transmitted by enlisting the support of popular culture at such events.
- Organizing and participating in conferences: Summit meetings and conferences that address issues related to HIV/AIDS offer an excellent opportunity for target audiences to meet and learn more about relevant advocacy work. Seeking a speaking opportunity at such an event, or ensuring that your advocacy materials are distributed there, may help to bring positive and productive attention to the cause.

- Arranging field visits: One of the best ways for advocacy targets to learn more about HIV/AIDS is to visit field sites and facilities working on AIDS issues.

Making media lists

A working media outreach list is the foundation of your efforts. A strong media list should include:

- Reporters from national newspapers who regularly cover HIV/AIDS or health issues
- Editors of national newspapers
- News programmers from national radio stations
- Reporters and/or news programmers from television networks and national television stations
- Reporters and/or bureau chiefs for leading international news organs, such as CNN, SABC, Agence France Presse, Reuters, The Financial Times, based in your country or region.

The media list should include the name of the reporter or editor and the media outlets(s) they work for, along with his/her address, telephone number, fax number, and (where available) e-mail address. You will need to call the newspapers and radio/television stations to obtain and/or verify contact information. Depending on the available technology, media lists can be arranged into fax boards or e-mail mailing lists to facilitate swift and easy communication.

Obtaining media contact lists from the relevant government departments or press associations can be helpful as a starting point for your own media advocacy list. Lists may also be shared between UNAIDS Cosponsors or other partner organizations. Do not necessarily limit your list to media in the national capital. Often, smaller newspapers and broadcast stations will give prominence to news on HIV/AIDS issues, especially if made relevant to local concerns

Creating media advisories

The media contact list will serve as a critical reference guide for all of your media activities. Its principle purpose, though, will be to ensure the widest possible distribution of media advisories and press releases.

A media advisory does exactly what its name implies - it advises the media about upcoming newsworthy events. As with other advocacy materials, the best format for media advisories is simple and straightforward. The advisory should succinctly focus on

who, what, when where and why of the issue. For an upcoming speech by a senior UNAIDS official, for example, an effective media advisory would give the name and title of the speaker, the topic of his/her address, the time and place of the speech, and the reasons why the press should cover the event. Key information, such as time and place, appear in bold face type. Make sure your media advisory includes your name (with telephone number) as the media contact, in case a reporter or editor wants additional information.

Many types of events are appropriate subjects for media advisories, including speeches, press conferences, World AIDS Day events, etc. You might also consider staging an event for the sole purpose of generating favourable media attention. For example:

- Advocates might work with national health officials to plan a press conference to announce the latest HIV/AIDS surveillance figures.
- To highlight the role of religious leaders in the response to HIV/AIDS – and to encourage other religious leaders to take part – advocates could organize a press conference or briefing regarding the HIV/-related activities of leading religious groups.
- Public events planned for World AIDS Day, December 1st, may provide a good opportunity to get political leaders to make site visits and attend briefings, inauguration or other activities, which could also generate positive media coverage.

CHECKLIST FOR PREPARATION OF A PRESS RELEASE

- ✓ A press release should provide the: who, what, where, when, why of the issue or event being promoted.
- ✓ A good press release is succinct, usually no longer than two pages.
- ✓ The best releases begin with a powerful headline that grabs the reader's attention and summarizes the most relevant information.
- ✓ Print the release on special letterhead with "UNAIDS PRESS RELEASE", for example, printed on the top, along with the office's address, phone, and fax numbers.
- ✓ Always try to include strong quotes from top UNAIDS staff members and/or other HIV/AIDS advocates. Quotes offer a good opportunity to add variety and a human perspective to the issue.
- ✓ To draw reporter attention to the release, follow up by calling top media organizations

and reporters and offering additional information and interview opportunities.

- ✓ Press releases should be delivered by the fastest means – usually by fax or messenger.

Issuing press Releases

While advisories are helpful in alerting media to important news events, press releases are most useful for explaining a news story in more detail. For example, when a new UNAIDS report is issued, you may want to distribute a press release that describes the main components of the report, while also highlighting its newsworthiness. Press releases provide a way of packaging the news for reporters by explaining important issues and information.

Embargoes

Sometimes, to provide an opportunity for better news coverage, you may decide to inform reporters of new information, such as the release of new statistics, in advance of its official release. In this case, reporters are asked to hold their coverage until the official release or “embargo time”. If you intend to distribute a press release, a media advisory, or hold a press conference regarding information that has not yet been released to the public (such as new surveillance data, or a new UNAIDS report) you must clearly inform the media that the information is “under embargo”, and you must let them know the date and time that they may report on it. The embargo date and time should be clearly printed across the top of all written materials, and at press conferences and media briefings the moderator should remind the attending reporters of any embargo in effect.

SAMPLE PRESS RELEASE

(This section is directly taken from: Using advocacy to support the global response to Aids: A guide to practitioners (UNAIDS - Geneva 1999)

EMBARGOED UNTIL
5.30 AM GMT
NOVEMBER 24, 1998

CONTACT: Karen O'Malley
(212) 899-5575
Andrew Shih
(212) 584-5024

NEW WORLD AIDS DAY REPORT FINDS GLOBAL HIV INFECTIONS INCREASED 10% IN 1998

HALF OF ALL NEW INFECTIONS NOW IN 15-24 YEAR OLDS-

Development gains being wiped out, Sub-Saharan African Countries hardest hit-already 34 million infections and almost 12 million deaths, Fewer deaths in North America, Western Europe, but no progress in prevention; HIV infection rates unchanged for a decade-

According to a report issued today by the joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health organization (WHO), the AIDS epidemic update – December 1998, during the past year a further 5.8 million people were infected with HIV – approximately 11 men, women and children every minute – and the total number of people living with the virus rose by one-tenth, to 33.4 million worldwide. Half of all new infections are now occurring among young people aged 15 to 24. This year's World AIDS Campaign “Young People: Force For Change” was prompted in part by the epidemic's threat to those under 25 years old, for as HIV rates rise in the general population, new infections are increasingly concentrated in the younger age groups.

The global epicentre of AIDS continues to be Sub-Saharan Africa. Since the epidemic began, 34 million Africans have been infected, and almost 12 million of them have already died. In 1998 the region experienced four million new infections and rising AIDS death tolls, seen in an estimated 5,500 funerals per day. In the southernmost countries of the continent, where HIV spread took on epidemic proportions only recently, infection rates continued to rise dramatically during the past year. Four countries now estimate that 20% to 26% of adults are living with HIV, and South

Africa alone accounts for one out of every seven new infections on the continent. In contrast, a number of countries in West Africa remain relatively less affected, in part as a result of early and sustained prevention efforts.

In the regions of North America and Western Europe, the availability of new more potent anti-HIV drug combinations has helped people with HIV live longer, healthier lives. In the United States, for example, the number of people dying from AIDS dropped by two-thirds between 1995 and 1997, when these antiretroviral combinations came into wide use. Alongside this undoubted therapeutic success, there is a disturbing lack of progress in prevention. Every year for the past decade, the numbers of new HIV infections have remained stagnant in North America and Western Europe with close to 75,00 people acquiring the virus in 1998 alone.

“Two decades into the AIDS epidemic, we know better than ever before about prevention – how to persuade people to protect themselves, make sure they have the necessary skills and back-up services, and remove social and economic barriers to effective prevention,” said Dr Peter Piot, Executive Director of UNAIDS. “Yet almost six million people became infected this year. Every one of these new HIV infections represents a prevention failure – our collective failure”

In many Asian and Eastern European countries, where the epidemic started later than in other regions, HIV is rapidly gaining new footholds. In India for example, recent research shows that HIV is now firmly embedded in the general population and is spreading into rural areas that were previously thought to be relatively spared. In the State of Tamil Nadu (population: 20 million), a new survey reveals that almost half a million people are already infected with HIV and that the infection rate is three times higher in villages than in the cities. In Latin America, while infections are concentrated in men who have sex with men and drug injectors, transmission through sex between men and women is on the rise.

Development gains being wiped out

In the worst affected countries the Aids Epidemic is now making significant inroads into precious development gains that have been built up over the past decades.

In nine countries where at least 10% of the adult population is HIV-positive, it has been estimated that AIDS will soon be costing an average of 17 years of life expectancy, compared with what these countries could look forward to in the absence of the epidemic. These dismal declines are not only due to adult deaths. Over half a million children – most of whom acquired the infection before or at birth, or through breastfeeding – died in 1998 alone. By 2005-2010, the infant mortality rate in, for example, Namibia, is expected to reach 72 per live births as opposed to 45 per 1000 without AIDS

The onslaught of AIDS is also denting the prospects for economic development in hard-hit countries. In Zimbabwe, some countries have reported that AIDS costs are now absorbing as much as one-fifth of company earnings and, for instance, in Tanzania and Zambia, other firms estimate that AIDS illness and death cost them more than their total profits for the year. Says David Heymann, Executive Director, Communicable Disease Cluster, WHO, “AIDS is a deadly serious public health threat” But as the epidemic continues to spin out of control, countries face more than just a health crisis. They face a growing threat to human development and to economic and social stability.”

Forces that fuel the epidemic

Some of the reasons behind HIV's spread remain undetermined. It is not fully understood why, for instance, HIV infection rates take off in some countries while remaining stable in neighbouring countries over many years. What is known is that a number of factors clearly influence the shape and scope of the epidemic in different parts of the world. Wars and armed conflicts generate fertile conditions for the spread of HIV. The UNAIDS/WHO report notes that in Rwanda, before the political turmoil of the mid 1990's, infection rates were approximately 10% in cities and towns and around 1% in the countryside, where most people lived. Yet by 1997, both urban and rural rates were just over 11%. A revealing fact is that HIV infection rates rose six fold among mostly rural people who had fled to refugee camps.

In many places people have no access to voluntary HIV testing and counselling. Yet even when these services are offered, many do not want to know or acknowledge their HIV status because of the blame and shame attached to AIDS. For example, in Cote d'Ivoire, where more than 13 000 pregnant women were offered interventions to increase their chances of having a healthy baby, fewer than half accepted testing and returned for the results.

In Zimbabwe's city of Mutare, surveillance data indicate that close to 40% of pregnant women are HIV – infected and probably 30 000 adults are living with HIV. Yet the sole support group in the city has just 70 members, leaving thousands of others to struggle alone with the implications of their infection, including the dilemma of how to explain the sudden need for condom use with a spouse or other stable partner. Secrecy can persist even in the face of sickness and death, which in immunodeficient people is often caused by tuberculosis or other common illnesses. In one study of home-based care schemes in Southern Africa, fewer than 1 in 10 people who were caring for HIV-infected relatives at home acknowledged that they were suffering from AIDS, and the patients themselves were barely more open.

“One might think that in a country with a quarter or third of the population infected, people would become more open about the epidemic. Experience teaches us that this doesn't happen automatically,” said Dr Piot. “The silence needs to be broken, publicly and courageously, by leaders who encourage their people to face the truth about AIDS.”

Cultivating key reporters and giving interview

It can be very productive to meet with reporters who are in a position to report on HIV/AIDS issues. In targeting reporters, it also helps to look for by-lines in well-written health or human interest stories and request a meeting with the writers. When meeting with reporters:

- Seek opportunities to educate them about HIV/AIDS and its national or local impact;
- Acquaint them with UNAIDS and the work of its Cosponsors;
- Encourage them to report on HIV/AIDS.

In addition to the fact sheets you will already have developed, you might want to provide the reporter with samples of news clippings in which UNAIDS has been highlighted. Do not think it is presumptuous to suggest a story; a conscientious reporter is always on the lookout for a good story and will appreciate the idea. If you are familiar with people living with HIV/AIDS who are open and vocal about their status, you may suggest that the reporter write a feature story about their experiences; this will help humanize HIV/AIDS for media consumers.

Positioning yourself as an expert to be quoted in HIV-related stories requires that you provide reporters and news organizations with your contact information and that you are in frequent enough contact with reporters that they will think of you when a story arises.

When a reporter does call, try to take a few minutes on your own to review the facts before giving an interview. When a reporter calls to interview you for a story, it is generally acceptable to ask if you can call the

reporter back in five or ten minutes; this will give you time to collect your thoughts.

CHECKLIST FOR THE PREPARATION OF AN INTERVIEW

- ✓ Make sure you understand why the reporter is conducting the interview. Find out who the reporter is, the main topics of discussion, the deadline for conducting the interview and how long it will be. If it is a broadcast interview, make sure you know whether it will be taped or live.
- ✓ Make sure you have the relevant information and that you are familiar with any recent media coverage on the issue, as well as opposing viewpoints.
- ✓ Consider the medium. Television, for example, frequently uses short, simple quotes. Newspapers vary widely in their depth of coverage, use of supportive graphics, and political orientation. Identify one or two essential points that you most want to be included in the final story and develop appropriate, quotable quotes to back them up.
- ✓ Keep the interview focused. Remember it is not so much about answering questions as about getting across the message you want to deliver.
- ✓ Make your answers easy to understand by using simple language and avoiding technical jargon.
- ✓ Use only compelling statistics. Make sure your facts and figures are accurate.
- ✓ If you do not know the answer to a question, say so. Do not attempt to answer questions that you do not know anything about.
- ✓ Correct the interviewer when information is misquoted or misunderstood.
- ✓ Avoid giving personal opinions.
- ✓ For television and radio interviews, remember to keep your answers short and to the point. Start with the conclusion and then substantiate it.
- ✓ For television interviews, avoid wearing dark glasses or brightly coloured clothes or ties. Accept make-up if offered. Men should consider shaving close to the time of being interviewed on television.

Some additional pointers to remember:

- It is not procedure for a journalist to allow anyone the right to review or correct a story before publication or broadcast. Do not expect the opportunity to change what you say.
- Be very wary of speaking to reporters “off the record.” In most cases, it is safest to speak to reporters as though you expect what you say to be repeated, attributed to you, and used in their story. This includes before the interview and after it ends.

Hosting Successful Media Briefings and Press Conferences

The most successful media events are those that give reporters information they can use in their work – informative, educational, interesting stories. Whether you are hosting an informal briefing, designed to give reporters the background information they need to cover HIV/AIDS more accurately, or a formal press conference announcing a new programme or initiative, it is important to be prepared.

Reporters take time from their busy schedules to attend your event. If you are well prepared, reporters are more likely to file coverage that reflects your advocacy position. If not, they may not cover your story at all, or may take a more sceptical view of your positions.

Reporters should be sent a notice of the time and place of a press conference, along with the names of the main presenters and a summary of the newsworthiness of the topic at least two days in advance, if possible.

Keep in mind that press conferences should only be held for major events and announcements. If you think it will be difficult to get reporters to attend a press conference, but have news that is worth discussing, you may decide to host a conference call for reporters instead.

Some general tips that apply to both briefings and press conferences:

CHECKLIST FOR THE PREPARATION OF A PRESS CONFERENCE

- ✓ Usual press conference format includes a long table at the front of the room for speakers to sit at, with clearly marked name cards in front of each.
- ✓ When inviting speakers to the conference, remember to try to provide a variety of perspectives. While you will be making the case for a particular advocacy perspective (e. g. more funding for HIV prevention) it will help to present different supporting experiences or angles (for example, including people living with HIV/AIDS in your presentation)
- ✓ Remind the chairperson to introduce all speakers and to state their affiliation at the beginning of the briefing.
- ✓ Avoid long presentations – they usually do not work as well as shorter, to-the point interventions.
- ✓ Invite each speaker to give a brief presentation (2-7 minutes) and then open up the conference to questions. The chairperson should ask reporters to

introduce themselves before asking questions so that the speakers know to whom they are responding.

- ✓ Have written information available. While you do not want to overwhelm reporters, providing clear concise materials will help them in filling their stories, and help ensure that your advocacy position is covered.
- ✓ The chairperson or UNAIDS officer should not allow the questions to go on for too long, and end the conference by thanking the speakers and participants.
- ✓ Ask all speakers in advance to allow time for individual interviews after the press conference has ended.

LOGISTICS

- ✓ Consider the technical needs of reporters. An important part of working successfully with the media understands what reporters need to file coverage of your story. Ask about deadlines (many newspaper reporters file stories in the late afternoon, meaning that press briefings/press conferences are frequently held in the late morning.
- ✓ Set up a table near the entrance to sign in and greet all reporters as they arrive (this list can be used for future outreach activities); use the greeting area as a place to pass out press releases or other written materials and to answer questions.
- ✓ If there is a press release in connection with the briefing, distribute the press release to all reporters unable to attend the briefing and keep extra copies on hand to pass out to all reporters present.
- ✓ Remember the visual elements of your story. Try to include a few visual elements in your set-up. These could include good quality photographs that are relevant to the story, a banner with the name of the programme hanging behind the speakers, and a variety of people who can be photographed and interviewed.
- ✓ Choose a location large enough to seat all reporters, but no so large that it makes the crowd appear small; there should be room for TV lights and cameras not too far from the podium.
- ✓ If you are inviting radio and/or television reporters, try to find a location with adequate lighting and not too much outside noise.
- ✓ Always check all equipment (e. g. lighting, microphones) before the press conference begins.
- ✓ Treat reporters as you would welcome guests. Whatever simple amenities you would offer a guest (coffee, food, a comfortable work environment), offer to reporters if possible.
- ✓ Review the list of those who attended, and make sure to get relevant information to key reporters who did not join you for the press conference.

Arranging Media Field Visits

The best way for journalists to learn about HIV/AIDS prevention and care is to go and see for themselves. Field visits to relevant sites (e. g. hospitals, classrooms, AIDS prevention programs) can help in building quality relationships with reporters and improving HIV/AIDS coverage.

In arranging Field visits, remember to:

- ✓ Obtain approval from the organization/programme to be visited well in advance.
- ✓ Explain all necessary logistics and relevant cultural information to the participant prior to the visit.
- ✓ Provide the visitor with background information in advance or at the beginning of the visit.
- ✓ Explain to all photographers and camera crews the areas what they are and are not allowed to photograph.
- ✓ Following any field visit, arrange a debriefing session to reinforce issues discussed, answer follow-up questions, clear up potential misunderstandings, and encourage publication of an article or TV news coverage of the issue.

Many newspapers have editorial boards with whom advocates can meet. The same basic rules of advocacy meetings apply here. During these meetings, which may be more formal than your one-on-one meetings with reporters, it is appropriate to recommend that the newspaper take assertive positions on various HIV-related issues. Do not hesitate to be specific about the kinds of editorials you would like to see.

Many newspapers routinely publish opinion articles by guest columnists. These typically range from 500-1,500 words. Usually, a single person will be responsible for selecting and editing a newspaper's op-ed pieces. It is a good idea to contact this person to ensure you are aware of the newspaper's rules and practices regarding publication of op-ed articles. As for the substance and tone of your op-ed articles, look to the same rules that pertain to advocacy in general. Op-ed articles should be brief, concise, factual, and compelling. It is helpful to emphasize both the human dimensions of HIV/AIDS and the fact that decisive action can help to bring the epidemic under control.