

# RESPONSIBLE REPORTING ON HIV AND AIDS

A GUIDE  
FOR JAMAICAN MEDIA WORKERS



A PANOS CARIBBEAN PUBLICATION

2008

**RESPONSIBLE REPORTING ON  
HIV AND AIDS**

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## Acknowledgements

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Panos Institute Caribbean is an international information organization established in 1986. Panos believes that information which is independent, accurate and timely is a key resource for development. Information needs to be locally generated in order to enable countries and communities to shape and communicate their own development agendas through informed public debate.

Its mission is to promote sustainable development in the Wider Caribbean region through empowering all sectors of society to articulate their own information and perspectives on development issues and broadcast them across language and political borders. In particular, Panos aims to disseminate through the media the voices of poor and marginalized people who are affected by certain development issues (farmers and fisher folk, women, children, people living with HIV, etc.). This encourages their full participation in shaping the development of their societies.

Since 1989, Panos has been working in the Caribbean through close alliance with the media to raise awareness about HIV and AIDS issues. It has provided extensive training for journalists and is currently investigating the issues of participation, ownership and accountability in the HIV and AIDS response. It has also worked to build the capacity of persons living with HIV to participate in the responses to HIV.

Panos Caribbean operates an HIV and AIDS Programme (Panos Caribbean HIV and AIDS Programme) which for the most part carries out activities under the Panos Global AIDS Programme - a network of Panos offices in Africa, Asia, the Caribbean and Europe.

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# PREFACE

HIV is one of the biggest stories in Jamaica, impacting us at the individual, community and national level. It has the potential to wipe out gains made in all aspects of the country's development. The disease is one of the greatest threats to the workforce. However, not many journalists recognize this fact and therefore reporting on HIV and AIDS remains a serious challenge.

There is no doubt that the media plays an important role in informing and engaging the public in discussions that will enhance HIV prevention, treatment, care and support. Protecting and promoting the rights of people living with HIV, and exposing discriminatory or corrupt practices should also be part of the media's work. The Jamaican Constitution guarantees freedom of expression, including freedom of the press and other media and access to information. These rights do not stand alone, however. The right to privacy, dignity, and specific rights protecting people living with HIV are also constitutionally guaranteed. Satisfying the public's right to hear stories about people living with HIV should be balanced by respecting their rights to privacy and dignity. This can be a delicate and difficult balancing act.

Journalists reporting on HIV are confronted with numerous ethical dilemmas of a complex and diverse nature. The Media Guide on Responsible Reporting on HIV and AIDS will fulfill Panos Caribbean's mandate to work with the media to effectively address HIV and AIDS issues in a comprehensive manner.

This handbook will guide journalists in making the right decisions while reporting on this issue.

The main objectives of the handbook are:

- To promote a human rights-based approach to reporting on HIV and AIDS.
- To provide a solid ethical framework for balancing some of the most complex problems journalists in Jamaica are likely to face while reporting on HIV
- To outline ways of reporting on HIV that are inclusive and sensitive to the needs and issues of those most affected
- To provide facts relating to the HIV epidemic in Jamaica

Welcome to this guide to reporting on HIV and AIDS. It is a free resource designed for print and broadcast journalists.



Patricia Watson  
Regional Director, HIV and AIDS

# ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome

ARV – Antiretroviral (medication)

GIPA – Greater Involvement of People Living with HIV and AIDS

Global Fund – The Global Fund to fight AIDS, Tuberculosis and Malaria

HIV – Human Immunodeficiency Virus

JAS – Jamaica AIDS Support

JN+ – Jamaica Network of Seropositives

MDGs – Millennium Development Goals

MOH – Ministry of Health

MSM – Men who have Sex with Men

PLHIV – People living with HIV

PMTCT – Prevention of Mother to Child Transmission

STD/STI – Sexually Transmitted Disease/Sexually Transmitted Infection

SW – Sex Work

UN – United Nations

UNAIDS – Joint United Nations Programme on AIDS

UNGASS – United Nations General Assembly Special Session on HIV and  
AIDS

UNICEF – United Nations Children’s Fund

VCT – Voluntary Counselling and Testing



# INTRODUCTION

Clearly, reporting on HIV and AIDS, an issue surrounded by stigma, discrimination, secrecy and the taboos surrounding sex, death and life threatening illnesses, is not an easy task. This media guide is an attempt to help reporters improve their skills for better coverage of HIV and AIDS, but it should be understood that these skills are needed for effective coverage of all issues. The guide provides general background information on HIV and the status of the epidemic in Jamaica. More importantly however, it provides tips and guidelines from experienced media practitioners and trainers on doing research, interviews and reports on HIV and AIDS issues as well as information on ethical considerations relating to HIV reporting and photography.

The first case of HIV was diagnosed in Jamaica in 1982. Today, more than a quarter of a century later, the capacity of local media to provide accurate, in-depth and meaningful coverage on this issue still requires strengthening. A content analysis of local newspaper coverage conducted in 2006 by Panos Caribbean showed that most stories on HIV and on AIDS are taken from official announcements.

As with all important stories affecting large numbers of people, reporters cannot afford to wait for statements from politicians, public health officials or for press releases and stories from overseas to write on an issue which has implications for the social, economic and cultural life of the country. Reporters must seek out stories which will inform the Jamaican population, influence government policy and assist readers, listeners and viewers in making informed choices as individuals as the country grapples with this epidemic.

It is clear that the amount of information on HIV and AIDS available to the public through local media has increased in quantity. There are however questions about improvements in the quality of information being disseminated over the past 25 years. There are some reporters who make an effort to go the extra mile, beyond the recycled news release or reporting of announcements, and improve coverage of HIV and AIDS. We encourage those reporters to continue. There is however still a need for well-researched, contextualized, analytical articles which put HIV and AIDS issues in perspective and provide answers to questions which are not being addressed elsewhere.

Responsible reporting on any issue is not always an easy task. Reporters are often involved in a delicate balancing act in newsrooms. One must balance the interests of the audience with the interests of the subject being reported on. There is need to balance tight deadlines and the competition from other newsrooms with the need for accuracy and thorough research. There is need to balance demands for an eye catching headline with demands for the truth and effective and appropriate treatment of an issue.

Panos Caribbean hopes that all media workers will find this guide practical, relevant and useful in their daily work and that it will assist them in improving their reporting on HIV and AIDS.

# BACKGROUND - THE HIV EPIDEMIC IN JAMAICA

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*Committing to the Jamaican Response to HIV and AIDS: Seated (L-R) Prime Minister Bruce Golding and Dr. Fenton Ferguson, representing the Opposition, sign a leadership commitment on World AIDS Day 2007. Looking on, are standing (L-R) Chief Epidemiology & AIDS, Prof. J. Peter Figueroa; Chairman Jamaica Business Council on HIV/AIDS, Phil Green; UNAIDS Country Representative, Miriam Maluwa; Chairman, National AIDS Committee, Howard Hamilton.*

*(Photo courtesy of the Ministry of Health, Jamaica)*

- **1.1 General Statistics on HIV and AIDS in Jamaica**
- **1.2 Knowing the Difference: the HIV Epidemic vs. the AIDS Epidemic**
- **1.3 A History of HIV and AIDS in Jamaica**
- **1.4 Local Responses to HIV and AIDS**
- **1.5 From Risk to Vulnerability – Factors driving the HIV and AIDS Epidemics**

## 1.1 General Statistics on HIV and AIDS in Jamaica

HIV and AIDS stand as one of the biggest threats to the Jamaican people and to human development in Jamaica. The first case of AIDS was identified in Jamaica in 1982. By 2005 AIDS was the fourth leading cause of death among all Jamaicans and the leading cause of death among Jamaicans 15 – 44 years old. Between January 1982 and June 2007, 12,063 cases of AIDS had been diagnosed and 6,848 people had died as a result of AIDS-related illnesses. In 2006 more than three new cases of AIDS were diagnosed every day in Jamaica and each week, eight persons died of AIDS-related complications.<sup>1</sup>

In interpreting this data however, the distinction between HIV and AIDS is critical. For many years we used the term 'HIV/AIDS' to refer to the

<sup>1</sup> Source: National HIV/AIDS Control Programme, Ministry of Health. Retrieved June 2008 at: <http://www.jamaica-nap.org>

challenges which these epidemics posed. We now recognize, however, that this is misleading, confuses the issue and as a result makes appropriate responses more difficult.

## **1.2 Knowing the Difference: The HIV Epidemic vs. the AIDS Epidemic**

“AIDS” (Acquired Immune Deficiency Syndrome) is a complex set of illnesses brought on by a depleted immune system as a result of infection by the Human Immuno-deficiency Virus (HIV). AIDS is a medical condition that is fatal unless treated with fairly powerful medications, known as anti-retroviral medication (ARVs). The success of the medication is monitored by medical tests that measure the amount of virus in the bloodstream and the strength of the immune system. The appropriate response to AIDS is therefore a medical one – proper, affordable, accessible and highest attainable quality healthcare, including access to treatment and monitoring tests.

“HIV” is entirely different. Although it is the virus that reproduces itself by destroying the immune system, its transmission is not only a medical issue, but a social, economic, psychological and political one. Preventing the transmission of HIV is therefore not something that can be managed by doctors or public health workers alone. While on the surface we can say the transmission of HIV is directly related to sexual (and in a very few Caribbean countries unsafe injecting drug use) behaviour, in order to prevent transmission of HIV and cut the AIDS epidemic at its source, we have to understand the many and different reasons and conditions under which people have sex. That epidemic is much more complex in what drives it, who is contracting it, by what means they contract it and more importantly, why, and how it can be stopped. This is why it is important to be clear that there are many and different epidemics of HIV, and that HIV is not AIDS.

When the Ministry of Health reports statistics like the ones above, it is reporting on one epidemic - the AIDS epidemic. The fall in the number of deaths between 2005 and 2006 is largely due to an increasingly aggressive campaign by the Ministry to diagnose AIDS cases and put people on ARV treatment.

The HIV epidemic, however, is much more difficult to track. Where the reported data is largely on AIDS cases, we often have to read back into the data to see what we can say about the HIV epidemic that precedes the AIDS epidemic. In some cases as well, there is data on HIV prevalence that also points to complex, underlying issues.

### 1.3 A History of HIV and AIDS in Jamaica

As elsewhere in the Caribbean, it is perhaps best to speak of “a mosaic” of epidemics when speaking of the HIV epidemic in Jamaica.<sup>2</sup> The transmission of HIV among young women 15 – 19 years old, for example, has a different set of dynamics than the transmission of HIV among men who have sex with men, or among the elderly. As a result, the “HIV epidemic in Jamaica” is in fact a complex set of interacting epidemics with varying rates and reasons for its spread. If we try to look at the early emergence of the epidemics, we have to read back from the AIDS statistics available to see where we might find the tracks and paths of HIV transmission.

In examining the earliest data on the AIDS cases in Jamaica, we find the following:

Year	Heterosexual Male	Bisexual Male	Homosexual Male	Female	Unknown	Total
1982	0	0	0	0	1	1
1983	0	0	0	0	0	0
1984	0	0	0	0	1	1
1985	0	0	0	0	3	3
1986	5	1	0	0	1	7
1987	8	1	2	11	8	30

Table 1: AIDS Cases by Exposure Category and Gender<sup>3</sup>

Data for 1987 have been included because it is clearly a watershed year as the number of recorded cases suddenly jumps by over 400 per cent. This leap can be partly explained by better surveillance systems. But there are other issues embedded in this data that are very important for our understanding of the HIV epidemic.

Reputedly, the “origins of AIDS” in Jamaica (we cannot know for sure) are from two sources. One source is the much written about Belle Glades Plantation in Florida, where, for reasons that are still not clear, there was a highly concentrated epidemic. Because of the economic links between Jamaica and the plantations in Florida, many Jamaican men went to Belle Glades as “guest workers,” and lived in harsh, overcrowded conditions. As happens all over the world when men travel for work, the sociologists tell

<sup>2</sup>Camara, B. Lee, R. J. Gatwood, H. Ulrich-Wagner, R. Cazal-Gamesly & E. Boisson in Caribbean Epidemiological Centre (CAREC) Surveillance Report Supplement; Vol. 23, Supplement 1, October 2003 - pg. 1

<sup>3</sup>Source: Caribbean Epidemiological Centre (CAREC). Retrieved September 1, 2007 at : <http://www.carec.org/data/aids/aids-cases-exp-8298-jam.html>

us, the men were also sexually active. The belief is that some of the men contracted the virus there and then brought it back to Jamaica. The other reputed “first cases” were of gay men who had developed AIDS and came back to Jamaica to die. The data do not support this, although the likelihood of gay or bisexual men reporting their sexual orientation is an important issue.

While we can never have certain answers to these questions, it does underline the importance of understanding the differences between the epidemics when thinking about the “evolution of the epidemic in Jamaica”. The likelihood is that these were only two ways in which the virus crossed the borders into Jamaica, but that there are others that we do not and will never know about.

Jamaicans, like many people in other parts of the world, hold a strong perception that HIV is a disease found among the gay population. Because the epidemic hit white gay men in major US cities, many believe it started there. However, the first cases are recorded in Sub-Saharan Africa. The difference is, the global media was not covering complex issues affecting people in Sub-Saharan Africa, as is still the case, but was providing an overabundance of coverage of issues affecting the metropolitan centres of the developed world.

#### **1.4 Local Responses to HIV and AIDS**

The responses to HIV and AIDS began quite early in Jamaica. By the mid - 1980s the government had begun to respond to the epidemic. In 1988, the first grant was received from USAID to reduce transmission of HIV and STIs as well. By Caribbean and indeed global standards, this was insightful of the Jamaican government. Other countries have taken – and some still take – a denialist approach. The Ministry of Health in Jamaica understood the potential threat of AIDS to public health, although the numbers were then quite small (a cumulative total of 81 cases by 1988, although 69 of those were diagnosed in 1987 and 1988). No doubt the sudden increase in the number of cases was also cause for alarm.

Among civil society, the first non-governmental organisation, Jamaica AIDS Support (JAS), was formed about eight years later in 1994. At the time, there was little treatment available – “triple therapy” was only discovered to be medically effective in 1993.<sup>4</sup> In Jamaica, infection with HIV amounted to a death sentence, and because of the fear associated with those who

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<sup>4</sup>John S. James, (ATN) Convergent Combination Therapy, AIDS TREATMENT NEWS Issue #170, March 5, 1993. Retrieved September 1, 2007 at: <http://www.aegis.com/pubs/atn/1993/ATN17001.html>

had, or were thought to have AIDS, people living with HIV or dying of AIDS-related illnesses were social outcasts. JAS became known as the people who took care of those dying of AIDS-related illnesses, through its provision of care and strong advocacy for informed responses and humane treatment for those living with HIV or AIDS. JAS opened the first hospice in Jamaica, as it turned its office space into a safe space for the dying with the help of volunteer doctors and dedicated nurses.<sup>5</sup> Many important initiatives have come from JAS.

The response of the private sector was mixed. Even today, many companies see people living with HIV as a severe liability, and terminate their employment. Organisations such as JAS, however, often rely heavily on donations from the private sector to supplement its grant funds.

The faith-based community has also had a difficult road with the response to HIV, in large part because of the belief that those infected had sinned, and because of some members of the community who still believe that AIDS is a punishment from God.

The response to HIV and to AIDS has grown dramatically in Jamaica from those early beginnings to become one of the strongest in the Caribbean, with a vibrant civil society, and a strong and well-funded national programme. Many individual Jamaican churches, as well as whole denominations, have become involved in providing support to people living with HIV. Non-governmental organizations like the Jamaica Red Cross see HIV as a central part of their mandate. The National AIDS Committee also shows signs of becoming more independent of its parent, the Ministry of Health. The media has become increasingly aware of its own important role, as has the private sector. JN+ (Jamaica Network of Seropositives) remains an important voice for those living with HIV, reaching out across the country to provide support and information. Government ministries, beyond the Ministry of Health, including the Ministries of Education, Labour and Social Security, Local Government, National Security and Tourism, have also become more involved as line ministries in the national response.

### **1.5 From Risk to Vulnerability – Factors driving the HIV and AIDS Epidemics**

From the beginning, the wider social, economic and political factors that make some more vulnerable to HIV infection than others have tended to be neglected in the response. The focus has instead been on individuals and their supposed 'risky' behaviour.

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<sup>5</sup>Carr, MSW thesis

AIDS has been, and in many ways still is, considered a source of great shame and fear. Much has been written about the fear and prejudice towards people living with HIV and those associated with them. To an extent, this is explained by the initially deadly nature of AIDS. There is also a general appreciation that early prevention messages about AIDS – which literally stated “AIDS kills” – helped to reinforce the stigma, even as they were a reflection of it. One study of stigma in Jamaica found that it was related to ideas AIDS being associated with “dirtiness” and “unclean” sexual behaviour.<sup>6</sup> The backlash against people living with HIV (PLHIV) was severe, with some losing their jobs, some being turned out of their homes by their families and some being beaten by their communities to force them to leave.

There is a deeper issue that we face in Jamaica that makes it possible for stigma to be so powerful. That same study showed strong associations between homosexuality and sex work or people who had multiple partners and men and women who were known or suspected to be living with HIV. As a result, some of the social exclusion typically directed at those groups has had a great impact on everyone living with HIV.

Jamaica’s ***National HIV and AIDS Policy (May 2005)*** does outline some of the key factors contributing to vulnerability and these highlight the point made earlier that HIV is not simply a medical or health issue but a wider developmental issue. According to that document, the development of the policy was driven by the recognition that an effective response to the HIV and AIDS epidemics requires protection and fulfilment of human, civil, political, economic, social and cultural rights.

The policy, in presenting a profile of the epidemic outlines the risk behaviours as well as the social vulnerabilities driving the spread of HIV in the island:

“Multiple sexual partners, early sexual initiation, forced sex, inconsistent to no condom use are among risk behaviours requiring an enabling environment to encourage and maintain changes in attitudes and practice. Typically, men are the sexual decision makers; therefore women have little or no opportunity to negotiate condom use or opt for mutual monogamy.

Men who have sex with men (MSM) and sex workers (SWs) are among the most vulnerable and are willing to conceal their HIV status and sexual history from their partners to avoid acts of stigma and discrimination. Commercial sex work although illegal in Jamaica, is widely practised.

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<sup>6</sup>Carr, “Stigma, Gender and Coping”

Unregulated commercial sex facilitates the spread of HIV in the general population. SWs for their part are a migratory population making it difficult to sustain HIV/STI prevention peer education among them. Economic factors such as unemployment, migration, use of crack/cocaine, prostitution and/or transactional sex increase vulnerability to HIV. The factors driving the epidemic also impede access to treatment care and support. Women in particular, in their roles as caregivers are often disproportionately affected. Societal values and beliefs also restrict access to services such as condoms for adolescents, inmates and other vulnerable groups.”<sup>7</sup>

The policy also presents the rights and responsibilities of key stakeholders in the national response to HIV and AIDS, including those of the “Most Vulnerable Groups.” These groups as described in the policy are: Adolescents and Youth, Street and Working Children, Sex Workers and Men who have Sex with Men. Their rights include the right of all these groups to access to prevention knowledge, skills and services and to treatment care and support within a supportive environment. The rights of PLHIV are also highlighted, including the right to live a life free of discrimination based on their HIV status and the right to full involvement in the development, implementation and evaluation of the policy. The adoption of a rights based framework in government policy signals a clear commitment to realising the rights of vulnerable people as fully as other stakeholders. In reality, in Jamaica, as in many other countries, the social and economic rights of those who live with poverty or those who face everyday discrimination, are often not realised in the same ways as for people and groups who are economically and socially more powerful.

The role of media in the response to HIV and AIDS and in addressing the social and cultural issues driving the epidemics is fully recognised. A 2005 UNAIDS Best Practices report “Getting the Message Across: The Mass Media and the Response to AIDS” stated:

“Knowledge is power in the struggle to cope with and contain HIV. People who are well-informed about the epidemic are able to assess the threat posed by the virus 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 be able to act effectively on what they know, they need an enlightened environment. The mass media have a huge contribution to make on both fronts. Besides delivering direct information, they have

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<sup>7</sup>National HIV/AIDS Policy – Jamaica (May 2005) pg. 10



the potential to influence attitudes, behaviour and even policy-making in a myriad of ways through their coverage of the epidemic in news, drama, documentary and discussion.

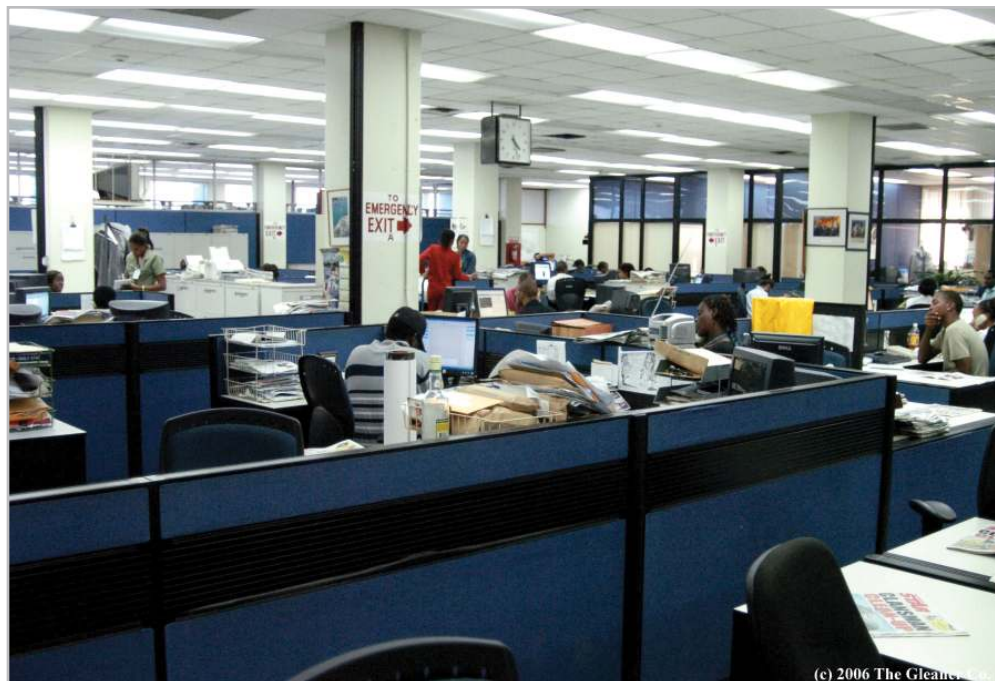
However, this is a double-edged sword. The media reflect as well as shape culture and social norms. Ensuring that the messages conveyed assist people to cope with and resist HIV rather than inadvertently falling victim to the epidemic requires wisdom, sensitivity and clarity of purpose.”<sup>8</sup>

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<sup>8</sup>UNAIDS 2006, Getting the Message Across: The Mass Media and the Response to AIDS. Pg 5

# EFFECTIVE REPORTING ON HIV AND AIDS

## 2



*“Effective reporting requires diligence, determination, depth of investigation and passion both inside and outside of the newsroom.”*

*(Photo courtesy of the Gleaner Company Ltd.)*

- **2.1 Effective Reporting**
- **2.2 Fairness**
- **2.3 Balance**
- **2.4 Accuracy**

### **2.1 Effective Reporting**

Effective reporting on any issue requires diligence, determination, depth of investigation, and passion. When it comes to reporting on HIV and AIDS, reporters need to have a hunger for knowledge, be willing to break away from the pack and to think outside the box, be willing to explore and also display a sense of curiosity and scepticism. Jamaica and the Caribbean are in dire need of reporters who will take up the issue of HIV and AIDS and realise that there is so much more to tell.

*Diligence and Determination:* Effective reporting on HIV and AIDS requires the reporter to take on an issue and make it his or her own. This is advocacy reporting and these reporters see themselves as the conduit for information between those living with HIV and the public. Those reporters know that they have to be informed. Effective reporters know that they have to be one step ahead of the rest of the population if they are going to rise above the mere “he said, she said” kind of reporting which relies on official documents. Those reporters know that they have to go in search of information. In order to be effective, reporters know they have to find the right sources who can explain technical issues, who can break down complicated issues so that

they can write to inform the highly educated as well as the barely literate. Effective reporters know that their task is an important one. They know that many people receive their information on issues relating to HIV and AIDS from the media and they are willing to go the extra mile to deliver.

*Depth of Investigation:* Reporters who are writing on issues related to HIV and AIDS need to be armed with the facts. They need to be up-to-date on the issues. They need to be proactive and not reactive. We have far too much reactive reporting on matters of health in the Caribbean when this is one of the major issues facing the region.

*Getting the Facts:* It is important for reporters who will be taking on any kind of reporting on HIV and AIDS to be armed with the facts. You need to make sure that you understand all the nuances of these epidemics so that you can ask the right questions, so that you are not intimidated by any source and so that you can produce a story that is fair to all sides.

If you are the type of reporter desirous of being on the cutting edge of health reporting the following factors will have to be taken into consideration in your reporting and writing:

## **2.2 Fairness**

*Reducing Bias and Focusing on Facts:* Fairness requires the reporter to listen dispassionately to the stories which people have to tell and report the facts without bias. Credibility comes into play when reporters' own views and thinking are obvious in the story. There is a place where reporters can express their opinions, but it is certainly not in the news, news feature or soft feature.

In reporting on HIV and AIDS, reporters need to consider their own biases. One young reporter once expressed the view that people living with HIV should not be allowed to have children. Clearly, it would be difficult for such a reporter to write a story impartially. Without sensitisation and training, her views, although born out of ignorance, would be hard to overcome. It would be difficult for her to put aside her biases and produce an impartial story, giving the side of the person living with HIV.

## **2.3 Balance**

*Getting All Sides of the Story:* In your stories make sure that you not only state the facts, but ensure that all sides are represented. Balance is very important. It is a dangerous practice for reporters to write a story based upon an interview with only one source. It is important for reporters to verify information.

Consider the case of a young reporter who thought he had a scoop. He had learned that a judge in a criminal matter had placed a man with a long criminal record on probation for his most recent crime, that of armed robbery. The reporter wrote the story. He obtained the details of the man's criminal record from his source in the police department and he spoke to the prosecutor. He thought he had done a good job. However, when he handed the story his editor was not impressed. The editor told him that he had omitted one major source – the judge. The story was factual, but the judge needed to have been given a voice. He needed to have explained why he did what he did. He might have had a valid explanation.

Reporters who are writing stories on HIV and AIDS must seek out and interview as many sources as possible that are relevant to the story they are writing. Official sources are important, but so too are the people who will be directly affected by policies which are enunciated by the official sources. When a new drug is released for the treatment of AIDS, for example, it is important that the reporter not only writes the story from the perspective of the medical personnel or the government and other official bodies, but also from that of those who will be receiving this new drug. Some of the reactions from various stakeholders make for interesting human interest stories.

*Taking the Time to Get the Full Story:* It may be that you may have to hold a story for a while in order to ensure that you get the voices which are necessary. It may be that you will have to kill a story because it would not make sense to go without a particular source. You may have to delay a story as your main source has been hospitalized as he or she battles one of the opportunistic diseases associated with AIDS. There may be times when you will have to weigh the consequences of going with a half-baked story that will ruin your reputation as against not publishing at all. Reporters need to remember that in this profession you may have produced several Pulitzer prize-winning types of stories, but in terms of your reputation, you are only as good as your last article. If you think about this you will ensure that each time you hand in a story to an editor or you take to the airwaves with that story, you have done the best that you could. When it comes to HIV and AIDS, the matter of checking and double-checking and confirming information is just as important.

The case study on page 20 is a good example of a “he said, she said” story. Look at this story. How else could this story have been written so that it would present the same information, but expand the knowledge of the reader? Consider re-writing this story using the information here as your peg but expanding the story into a feature.

## **STUDY ONE - "GETTING THE FULL STORY"**

### **AIDS 'Key cause of famine' By Justine Nofal**

**International Federation of the Red Cross says the famine in Southern Africa is the worst emergency in the world since the Balkan crisis in the 1990s.**

**The food emergency affecting Lesotho, Malawi, Swaziland, Zambia, Zimbabwe andambique is a different type of scourge. There are no sprawling refugee camps or fly-blown hospitals to be photographed. In this famine people die anywhere, any time. And it is often unclear if the victims died of starvation or an AIDS-related disease.**

**"The lives of 13 million people in Southern Africa are hanging by a thread and 300,000 people in the region could be dead by year's end," said Didier Cherpitel, secretary of the International Federation of Red Cross and Red Crescent Societies.**

**Cherpitel described the food shortages to the worst drought in Africa in a decade, poor harvests and a combination of economic factors and government policies. "The impact of food shortages is made worse by high rates of HIV infection. For the first time the world is seeing how AIDS will affect communities."**

**When AIDS takes hold, food availability is reduced as workers become too ill to work the land, care for livestock and maintain essential machinery. This is especially true in areas such as Southern Africa, which uses labour-intensive farming methods.**

**"AIDS pandemic first affects the most productive generation (those aged 15 to 49) leaving behind the elderly and children, unlike many other diseases that hit the most infirm first," he said.**

**In the most affected African countries could lose up to 26 per cent of their agricultural labour force within two decades, but access to food and basic care could keep workers alive longer.**

**For the elderly who can no longer till the parched fields are forced to care for malnourished, ill children. Pre-teen children become heads of households, prone to exploitation in a desperate search for care for their siblings. Households affected can afford only a bare minimum of food, thus food security declines, supplies become less stable."**

**Cherpitel said the Red Cross federation would deal with such humanitarian aspect of the crisis by carefully selecting the most desperate for food support, families affected by HIV/AIDS; households headed by children and grandparents caring for orphans. Water and sanitation projects are planned, local clinics will be supported, latrines will be built, materials for shelter and tools and seeds will be distributed.**

**Community involvement will be prioritized. In the long term the commitment to "never again" can only be made a reality if proper disaster mitigation and risk-reduction mechanisms are put in place," Cherpitel said.**

**The United Nations debate in New York recently the International Federation of the Red Cross and Red Crescent states to stop looking at disasters as events, but rather as complex phenomena, triggered by multiple factors and require multiple solutions. Including development measures alongside disaster relief, the first food parcel is vital, the Red Cross said.**

Now consider this lead: “Drive around Masaka and Rakar districts and along the shores of Lake Victoria in Uganda and quickly you see the effects of the Acquired Immune Deficiency Syndrome (AIDS) on agriculture: overgrown coffee, dilapidated banana plantations and empty plots the bush has reclaimed.”

While not a perfect lead, it does open the door for a broader, more balanced story. It shows that we will not only be hearing from the Red Cross or from the debate at the UN but also from the people on the ground - the people in the districts who worked on the banana plantations and coffee farms whose deteriorating health no longer allows them to farm; the farm owners whose labour force has been decimated by HIV; the women and children who have seen breadwinners grow weak and ill. The idea is to effectively report on HIV and AIDS, to be prepared to work hard, to be creative and to go where you will find the story.

## 2.4 Accuracy

Every time a reporter has to make a correction to a story which was aired or printed, he or she moves one notch down on the credibility ladder. Journalists must do everything within their power to guard against publishing or broadcasting erroneous information.

*Fact-Checking:* Fact-checking is one of the most important tools of the trade. Fact checking, though time consuming, is vital for accuracy and can often lead to uncovering new and important information that can also drive new story ideas. It is important to check, double check and triple check information before going to the air or going to the press. It is not enough to rely on what you thought you heard in the interview - you need to ensure that that is what was said. Reporters must check facts and they must check things like the spelling of names, addresses and age.

Many people rely on the media for information in order to organise their lives. When the media provide them with inaccurate information, this could have very serious implications for people living with HIV. For example, a reporter writing a story about the closing down of a particular health centre may result in persons not showing up at that facility for treatment. A reporter writing a story about a new drug to treat HIV not being available in Jamaica, when in fact it is, could affect hundreds of people who may not read the correction to that story.

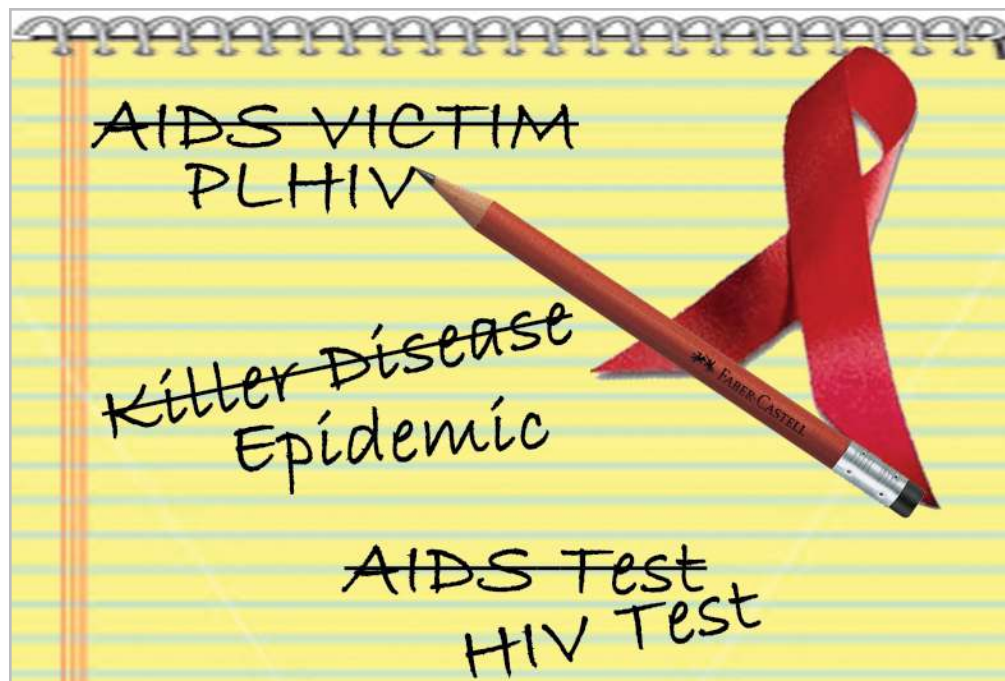
*Confirm, Information Received:* Confirmation of information is one of the single most important aspects of the writing process. Check your instincts: If what you are writing does not sound right to you, it probably is not. Do not make assumptions. When someone who is living with HIV tells you that he or she has used illicit drugs in the past, do not assume that that source contracted HIV through injecting drug use. When a source tells you that she has been married for 20 years, has been in a monogamous relationship and is now infected, do not assume that she contracted HIV from her husband. It could be through blood transfusion. If the source does not explicitly say so, do not write it as if it has been confirmed. Your assumption may alienate your source, cause your organisation embarrassment and a lawsuit and damage your reputation as a journalist forever.

*Verify Reports and other Documents* – Given the complexity of reporting on HIV and AIDS it is important that journalists verify information in official publications, research papers and other documents. Good and balanced reporting on HIV and AIDS will emerge when the journalist has a clear understanding of the issues through consistent fact-checking to ensure accuracy. When a journalist comes across information and figures in publications and other documents these should not be automatically taken as correct. They should be checked against original sources like the Ministry of Health and the United Nations. This will help the journalist to detect discrepancies.

In reporting on HIV and AIDS, journalists should not report on research findings without assessing the factors which influenced the research and consequently the results. Journalists need to question who commissioned the research and the methodology employed.

“Journalists who report on HIV are essential change agents and ought to be purveyors of accurate information with the primary responsibility being to prevent the spread of HIV and stymie stigmatisation and discrimination in Jamaica. It is therefore imperative that you know your role and have the facts if you cover HIV” writes Fae Ellington, broadcast journalist.

# SENSITIVE REPORTING ON HIV AND AIDS



*"Journalists covering HIV and AIDS issues must ensure they use language which is accurate yet sensitive to the situation of persons infected and affected by HIV."*

*(Graphic courtesy of Orville Bloise)*

- **3.1 Definitions of Common HIV and AIDS Terms**
- **3.2 Use of Language in Reporting on HIV and AIDS**
- **3.3 Language to Avoid in Reporting on HIV and AIDS**
- **3.4 Tips to Remember**

We have often heard the saying, "The pen is mightier than the sword" and in reporting on HIV and AIDS issues this is very true.

Journalists should remember that the words they use can evoke strong emotions and reinforce stereotypes which drive discrimination against persons infected or affected by HIV and other vulnerable groups. All media practitioners therefore, need to continuously evaluate the language they use in reporting on HIV and AIDS. Journalists must monitor themselves to ensure they use appropriate language and avoid stereotypical depictions of any individual or group, particularly those who are vulnerable or marginalised in our society.

## **3.1 Definitions of Common HIV and AIDS Terms**

Sensitive reporting on HIV requires the journalist to know some of the basic language of HIV and AIDS so that he or she will use the appropriate terms. Here are some of the terms which the journalist reporting on HIV and AIDS will encounter:



### Box 1 Common HIV and AIDS Terms

TERMS	DEFINITIONS
AIDS: (Acquired Immune Deficiency Syndrome)	This is a medical diagnosis used to describe an individual whose immune system is compromised due to his or her HIV status. In this case the person will have a CD4 cell count of 200 and under.
CD4 cells	A type of blood cell, also known as T-helper cells or T-cells. When the immune system is functioning normally, CD4 cells protect the body by recognising and destroying viruses and bacteria.
HIV (Human Immunodeficiency Virus)	This is the virus that causes AIDS. It affects humans only, destroying the body's natural defence against diseases. It is microscopic and resides in living (CD4) cells of humans. The virus replicates itself and disables the body's immune system and eventually leads to the development of AIDS.
Incidence	This refers to the number of new infections within a defined period of time ( <i>an HIV incidence of 5 per cent means that 5 per cent more people will contract HIV in a given year over the previous one</i> )
PLHIV	People or person living with HIV
PLWHA	People or person living with HIV and AIDS
Prevalence	A snapshot of the total number of people infected at a given point in time. ( <i>HIV prevalence of 1.5 per cent means that 15 in every 1000 adults are living with HIV</i> )
Viral load	The quantity of the virus in the bloodstream, which is measured by sensitive tests.
Window period	It takes the immune system between six weeks and three months to produce antibodies in reaction to HIV. It is these antibodies that are tested for and can be detected in the HIV (antibody) test. If an individual takes the test during the window period (less than three months after he or she is infected), the test may produce a negative result because of the absence of antibodies. This could be a false negative which means that even though the test is negative, the person could be HIV positive and is capable of transmitting HIV to others.

### 3.2 Use of Language in Reporting on HIV and AIDS

Reporters need to be conscious of the issues involved in the coverage of HIV and AIDS and the effect that the use of language can have on readers, viewers or listeners. Ensure that language is accurate and correct, yet sensitive to the situation of persons affected and infected.

At all times, try to use language that is:

- **Inclusive** and does not create a them/us mentality – Do not give your audience the impression that HIV is an issue which affects only certain persons or that the PLHIV community is separate from the rest of society. Always try to show that HIV has an impact on all members of the society
- **Value-neutral/Non-Judgemental** – Some words carry a lot of bias or judgement with them. The use of these words almost invariably causes certain strong reactions. Avoid the use of words like plague, victim, sufferer, promiscuity when dealing with HIV and AIDS issues. An example of a value neutral word to be used instead of plague is epidemic (see Box 2 on page 26 for more examples).
- **Gender-sensitive** – Be aware that HIV and AIDS like so many other development issues affect men and women differently. Do research on this and try to reflect it in your reporting
- **Empowering** – Don't fall into the trap of seeing and portraying PLHIV as "victims" or "sufferers." Do your research and as much as possible get to know a wide cross section of persons infected or affected by HIV. An open mind and thorough research will help you avoid stereotypes and find stories that reveal the work being done by PLHIV in a number of areas supporting the response to the epidemic.
- **Descriptive** – Use terms such as *persons living with HIV and AIDS, sex workers, men who have sex with men; HIV-positive person; HIV, the virus that causes AIDS; Contracts HIV; Becomes HIV positive.*
- **Appropriate** - Use the word *patient* only when referring to an individual who is in a hospital or treatment facility.
- **Clear when referring to HIV and AIDS** – It is not always appropriate to use HIV/AIDS. Use HIV unless specifically referring to AIDS. Examples include people living with HIV, the HIV epidemic, HIV prevalence, HIV prevention, HIV testing, HIV-related disease; AIDS diagnosis, children made vulnerable by AIDS, children orphaned by AIDS, the AIDS response. Both HIV epidemic and AIDS epidemic are acceptable.

### 3.3 Box 2 Language to Avoid in Reporting on HIV and AIDS

WORDS OR PHRASES TO AVOID	REASONS TO AVOID THESE WORDS OR PHRASES	MORE APPROPRIATE ALTERNATIVES
“Body Fluids” (when referring to how HIV is transmitted)	Some body fluids such as saliva, tears, sweat and urine DO NOT transmit HIV	<b>Specify the fluids that can transmit HIV i.e. blood, semen, vaginal fluids and breast milk</b>
“AIDS victims”; “AIDS sufferers”	These are value laden terms which evoke images of suffering, dying and helplessness. Many people living with HIV do not look or feel ill and are leading productive, empowered lives. Also remember that not everyone living with HIV has AIDS	<b>PLHIV; PLWA</b>
“AIDS carrier”; “HIV carrier”	These are value laden terms and seem to label a person infected with the virus as an outsider “carrying” illness to others	<b>PLHIV; PLWA</b>
“Scourge of AIDS”; “Plague”; “Killer Disease”, “Deadly Disease” (and other references to dying, death and isolation)	These are value laden terms. Describing AIDS as “deadly” or a “killer disease” or a “plague” often creates a lot of fear which may increase stigma and discrimination against persons infected or affected by HIV	<b>Epidemic; Pandemic</b>
“Promiscuous”	This is a value laden term	<b>Persons with multiple partners</b>
“To Die of AIDS”	AIDS is a syndrome characterised by the presence of a number of diseases with the weakening of the immune system. It is these AIDS-related illnesses which eventually cause death	<b>Died of AIDS-related illness(es) or HIV-related illnesses(es)</b>
“Test for AIDS”; “AIDS Test”	There is no test for AIDS. The test determines the presence of antibodies to HIV in blood or tissue samples	<b>HIV test or HIV Antibody Test</b>
“Fight Against AIDS”	Avoid terms suggesting conflict or combat as these could be interpreted as having negative connotations against PLHIV	<b>HIV prevention; Response to HIV</b>
“Full Blown AIDS”	This is an older term that is rarely used anymore. Progression to AIDS is one stage of HIV disease	<b>AIDS</b>

### 3.4 Tips to Remember

- Avoid descriptions such as that of a community, physical appearance, address or family structure which could identify the person who wishes to remain anonymous
- Avoid the temptation to focus on stereotypes.
- Avoid associations with dying, death and isolation
- Let the person’s own words tell the story.
- Treat every PLHIV or representative of a vulnerable group, as you would wish to be treated.
- Promote living with HIV and the prevention of transmission.



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*“Research is a very important part of any journalist’s activity.”*

*(Photo courtesy of the Gleaner Company Ltd.)*

- **4.1 Research to be aware of current trends within the area**
- **4.2 Research to identify gaps and ask relevant questions**
- **4.3 Research to know which topics have been covered and identify new angles**
- **4.4 Research to avoid making errors**
- **4.5 Primary and Secondary Research**

Research is a very important part of any journalist’s activity. Before you begin to think of writing any story, you need to ensure that you have thoroughly researched the area and are familiar with the issues involved.

Research is important for the following reasons:

1. To be aware of current trends within the area you are covering and develop some level of expertise in the area of coverage
2. To identify gaps and be able to ask relevant questions
3. To know which topics have been covered and the angle you need to take on a particular article
4. To avoid making errors

## **4.1 Research to be Aware of Current Trends within the Area**

Journalists who are covering HIV and AIDS need to read everything which is published about this issue. You need to read articles published from other countries. You need to be aware of new developments. You need to know what is happening on other continents.

The information on HIV and AIDS is constantly being updated. You cannot afford to miss anything new which is published. For those who cover international conferences, you need to prepare thoroughly prior to the conference. You need to make sure that you are aware of the issues which will be discussed at the meeting. You need to ensure that you have background information so that you will be able to contextualize articles which you will be writing.

The best way to find an original idea is by reading and reading some more. You cannot be a good writer if you do not like to read. It is impossible for you to know whether a story you are about to write has been published before, if you do not know what has been published in newspapers, books, magazines or elsewhere. Reading should be a part of your daily routine.

#### **4.2 Research to Identify Gaps and Ask Relevant Questions**

It is from your research that you will formulate story ideas. Research helps you identify gaps in the information which is being disseminated and know where you need to focus. It is from your research that you will understand the kinds of questions that you need to ask in an interview. It is research which lets you know whether or not your sources are trying to conceal information. A journalist who goes into an interview armed with adequate information on the issue and shows this by the questions he or she asks, will immediately gain the respect of his or her source.

#### **4.3 Research to Know Which Topics Have Been Covered and Identify New Angles**

I have heard journalists expressing the view that HIV and AIDS as issues have been covered to death and that there is nothing new to write. They ask, "How many more angles can you cover these issues from?" The truth is that there are still many stories to be written on HIV and AIDS. These are issues which affect every member of society whether directly or indirectly. These are issues which can be reported from a health, economic, political, sociological and religious perspective.

As a journalist, it is research and reading that will help you identify the various sides to every story and give you ideas for outstanding news reports, articles or features.

#### **CASE STUDY TWO - "IDENTIFYING THE ANGLES ON HIV TREATMENT"**

***One example of unexplored issues surrounding HIV is that of the provision of antiretroviral medication (ARVs) to PLHIV who need them. Before 2003, PLHIV in Jamaica had to pay huge sums of money to access ARVs. For many people who could not afford ARV treatment at this time, a diagnosis of HIV was almost literally a death sentence. With assistance from the Global Fund however, the country is now able to provide ARVs free or at a subsidised cost to PLHIV who need these medications. There have been public education campaigns by the Ministry of Health encouraging persons to take their ARVs as directed by their doctors and the Ministry reports that some 3000 Jamaicans are currently on ARVs. At the same time there are an additional 3000 persons living with HIV who need to be on ARVs but are not accessing treatment services.***

Is this all that can be said about this issue? What are the various angles which can be covered here in this HIV and AIDS issue?

- ***If you are covering the story from an economic perspective you can look at the total cost of the programme, how these costs are covered and what is being done to ensure there is financial sustainability of the programme in the Ministry of Health. You can also look at the financial support to PLHIV through provision of free or subsidised ARVs and the difference this has made.***
- ***On the other hand, you may also want to examine the costs PLHIV face if they are on ARVs – the need for adequate meals and clean water to take the medication, the need to travel to pharmacies or treatment sites, the costs of other medication – and how these affect their ability to adhere to the medication.***
- ***If you are covering the story from a gender perspective you can look at the number of men vs. the number of women accessing medication. Is there a substantial difference and if there is, what are the factors behind this? Is there a difference in the health seeking behaviours of men and women?***
- ***And what about children? Are the needs of children on ARVs different from the needs of adults? What is the health care system doing to address the specific concerns and needs of children? What is it like to have a young child adhere to a strict regimen of medication? What happens if a child living with HIV has to take medication during school hours?***
- ***You can also take a look at the wider picture of society and the community and how their influence impacts on the provision and uptake of ARVs. Do persons feel comfortable going for their medication? Do they fear breaches of confidentiality by providers and other health care facility workers? Can they tell their families they are on ARVs and what type of support do they get while taking these powerful medications?***

#### **4.4 Research to Avoid Errors**

Journalists cannot afford to guess that the information is correct and consequently place the information in stories with the hope that inaccuracies will be overlooked. You need to ensure that the information is accurate and if you are ever in doubt it is best to hold the story until you can confirm the information. No journalist can afford to practice hit and miss in his or her craft. You need to always remember that your credibility is on the line each time a story is published with erroneous information which could have been easily corrected with additional research.

#### **4.5 Primary and Secondary Research**

##### ***Primary Research***

To create original articles, journalists need to learn to find and use primary sources. Talk to people. Be curious. Develop a keen interest in the way people live. This primary quest for knowledge will come after you have completed your research which is referred to as secondary research. The more interest you show for new experiences, the more likely it is that you will find something new to write about.

##### ***Secondary Research***

Secondary research will enable you to come up with new angles and to add context and depth to your material. It is after you have conducted your secondary research that you will then find primary sources to help you to produce your exclusives.

Although published material is usually referred to as secondary information, journalists need to note that scholarly articles in which the results of studies have been published are an exception. Reports from studies published in medical journals can make outstanding story ideas. You should note, however, that if a particular medical journal talks about a study that was done in another publication, it is the responsibility of the journalist to ensure that he or she finds the original source.



*“The interview is an effective and efficient tool for soliciting and sharing information.”*

*(Photo courtesy of the Gleaner Company Ltd.)*

- **5.1 Introduction to Interviewing**
- **5.2 Key Issues to Remember for Interviews on HIV and AIDS**
- **5.3 Preparing for the Interview**
- **5.4 Conducting the Interview**
- **5.5 Structuring and Asking Questions**
- **5.6 Recording the Interview**

## 5.1 Introduction to Interviewing

The Interview is a programme format and a tool in journalism. It is effective and efficient in soliciting and sharing information when it is properly executed. In journalism there are three types of interviews - Personality, Opinion and Information. An interview on HIV can be placed into any of these categories.

Interviews are conducted with politicians, entertainers, sportsmen and women, specialists and experts, meteorologists, famous and infamous people, grieving and traumatised persons, environmentalists, advocates, representatives of relief agencies, the victims and victors in war, PLHIV, orphans and other vulnerable children, and the list goes on.

With the proliferation of media outlets in the region, there is an increasing demand for journalists who are knowledgeable and skilled in the craft of interviewing. Here are some basic rules for interviewing:



*Establish Trust and Respect:* Interviews are based on trust. There must be trust and respect among the three sets of participants: the interviewer, the interviewee and the media consumer (who may be a listener, viewer, reader and/or Internet user). The interviewer trusts the interviewee to be truthful and forthcoming. The interviewee trusts the interviewer to ask questions based on what was agreed to be discussed. The media consumer trusts the interviewer to be prepared and fair and trusts the interviewee to be honest. In the case of the journalist who covers the sensitive issues of HIV and AIDS, trust is crucial.

*Never divulge your questions to your interviewee before the interview.* You should provide a general idea of what the interview will cover and if the interviewee requests further information you can suggest broad areas. Rehearsed interviews lose spontaneity and could give the impression of collusion.

*Prepare for the type of interview to be done.* Broadcast journalists need to consider whether the interview is to be live or recorded. All journalists need to consider the length of the interview, the subject, the place and time and whether there will be other participants. The wardrobe and makeup are considerations for television.

*Get your interviewee's full consent:* Remember that no interview should be recorded, published or broadcast without the interviewee's consent. If the print journalist will be recording the interview he or she should let the interviewee know this.

## **5.2 Key Issues to Remember for Interviews on HIV and AIDS**

*There are many sources of information* (see Box 3 pg 33): Riveting and helpful interviews on HIV can come from someone who is not HIV positive but who may be affected by HIV because of the HIV positive status of a close friend or family member or associate. Some persons who are HIV positive may be willing to disclose. Go through the implications of disclosure with them, including the possibility of stigmatisation and discrimination.

*Know the Language of Interviewees:* Jamaica's official language, English, in truth is not the lingua franca for many Jamaicans. Journalists interviewing on HIV therefore need to be conversant with 'Jamaican', and the nuances of slang and the dynamic street talk, particularly those relating to sexual activity and behaviour.

*Be sensitive to cultural and religious differences:* As media practitioners we need to be knowledgeable of existing social, religious and cultural practices. This will help us know what is or is not appropriate, relevant or acceptable in our conversations with various interviewees.

*BE SENSITIVE!* Do not ask your interviewee who is HIV positive how he or she got infected. If this information is voluntarily shared with you, you should handle it sensitively. You could ask your interviewee before the interview if he or she would be comfortable sharing this information. In the end, you may decide that it is in the interviewee's best interest not to include the information in your story.

In interviewing persons living with HIV, be an interviewer with a heart. Be thoughtful; know when to pull out that box of facial tissue. Know when to pause and allow the interviewee to regain his or her composure. Know when to wrap up. Be more than a news hound.

### **Box 3 "Potential Interview Sources for HIV and AIDS Stories"**

- The Person or People Living with HIV
- Orphans and children made vulnerable by HIV
- Family members - Persons affected by HIV
- Members of the community – work, professional, social or residential
- The disabled (untapped and not enough being done for this group)
- Scientists and researchers
- Medical personnel
- Caregivers
- Pharmacists
- Employers
- Educators
- Members of the Security Forces
- Advocates
- People who exchange sex for money
- The incarcerated/prison population
- Religious and faith-based groups
- The poor and marginalised
- Social Marketing/Public Relations practitioners
- Donor agencies who provide financial and technical support to national HIV and AIDS response programmes

### 5.3 Preparing for the Interview

*Know What You Want from the Interview:* Before you begin an interview, ask yourself why am I doing this? Be clear in your own head about the type of information you want to get by the end of the interview. Prepare your questions beforehand.

*Know What the Interviewee is Willing to Discuss:* Find out if there is anything that the interviewee would rather not talk about. If you agree not to discuss these issues you must honour that agreement. It may take several attempts - phone calls, visits, interventions - to secure an interview. This period can be used to build trust. Be aware that interviewees need to prepare as well.

*Get Permission to do the Interview:* The journalist should not assume that he or she can conduct an interview anywhere and at any time. You need to seek and ascertain permission to conduct an interview. In addition to getting permission from the interviewee you will also need to obtain permission to conduct interviews in places like hospitals, offices, some places of entertainment or schools. Interviewers should normally get permission or consent from parents or guardians to interview anyone under the age of 16.

*Like a Boy Scout ... Be Prepared!* Make sure you have done adequate research and preparation. You do not want to come out of an interview feeling foolish because your source made it clear that you had no idea what you were talking about.

### 5.4 Conducting the Interview

*Look and Listen:* While the interview is in progress listen and observe carefully and maintain eye contact. Be prepared to ask follow-up questions or ask for clarification. Listening is the single most important facet of an interview and it is second only to preparation. Keep a check of the time. Check equipment occasionally to ensure that it is still functioning.

*Be Aware of Your Words and Body Language:* Avoid fillers, phrases or acknowledgements such as, "Uh huh", "I see", "Yes", "Really", "That's interesting". This also applies to print journalists. A simple nod of the head is sufficient. Your facial expression will indicate that you are listening and that you are interested in what your source is saying.

*Allow the Interviewee to Speak:* It is also important for you to allow the source/guest to speak without interjecting your opinion. It does not make sense to ask your guest/source a question and answer the question without giving him or her a chance to respond adequately.

*Do NOT Refer to Discussions which Viewers/Listeners Were not a Part Of:* The broadcast journalists should not refer to conversations they had just before conducting the interview. For example, they should not say to the guest during the interview, “As you said in the make-up room...” or “As you had told me during the break...”

*Ask Who, What, Why, Where, When and How:* The interviewer must satisfy the basic standards of journalism by establishing or getting answers to the 5 Ws and the one H – **who, what, why, where, when** and **how**. An interviewer will employ various styles and approaches, dependent on the type of programme and the interviewer’s personality, to get answers to these questions. These can range from interrogation and coercion to prompting and empathy.

### **5.5 Structuring and Asking Interview Questions**

*Use Open Ended Questions:* Ask open-ended questions except where it is your desire to have one-word answers. Questions beginning with why and how and statements beginning with “Explain” or “Describe” are described as open-ended. The “Why” questions are not asked often enough, yet questions prefaced with “why” get interesting and ample answers. Avoid asking, “Did you,” “Are you”, “Can you” “Were you”. The interviewee is likely to respond with a simple **yes** or **no**.

*Get to the Point!* Do not preface questions with, “I am sure the viewers/listeners/readers would like to know”, or, “For the listeners’ sake”. You are conducting the interview on behalf of the listener, viewer or reader. Moreover, these statements come across as being patronising. Just ask the question, for example, “Why did you stop the medication?”

*Construct and Organise Questions Properly:* Poorly structured questions often result in poor interviews and the interviewee is blamed for the fiasco, when, in fact, it is a direct result of poor interviewing techniques and skills. No interviewee should be embarrassed by your questions, not even inadvertently.

### **5.6 Recording the Interview**

Working outside of studio or your media house may present several challenges.

Noise is a big challenge. Many good interviews have been deemed not of broadcast quality because the interviewer did not work close enough to the microphone and did not reduce the recording level – the greater the background noise the lower you should go.

Immediately after you have completed the interview, whether in studio or on location, play back the last 15 seconds to make sure that you did, in fact, record. There have been many horror stories of tape recorders being inadvertently placed on pause and this error being discovered only at the end of the interview.

Journalists who work in print will also find it helpful to record their interviews, in addition to taking notes. Although you will not have to ensure broadcast quality, certainly you will want to hear what your source had to say, especially if you need to quote verbatim.

#### **Box 4 “Tips for Journalists Covering HIV and AIDS”**

**Here are some guidelines that the journalist covering HIV and AIDS should follow:**

- ✓ Be sensitive and professional at all times.
- ✓ Understand your cultural context
- ✓ Avoid sensationalism
- ✓ Go for positive stories or angles that project hope rather than despair
- ✓ Do not breach confidentiality
- ✓ Be balanced – this is a key tenet in journalism and is critical to HIV reporting
- ✓ Verify and investigate claims, especially controversial ones
- ✓ Juxtapose anecdotal information with scientific findings and/or factual information
- ✓ Pay attention to gender, age and socio-economic background

# ETHICAL ISSUES RELATING TO HIV REPORTING AND PHOTOGRAPHY

## 6



*“Reporting or representing any information on the HIV epidemic calls for strict adherence to ethics that will protect the rights of persons infected or affected by HIV.”*

*(Photo courtesy of UNICEF Jamaica)*

- **6.1 Ethics and HIV**
- **6.2 Ethical Behaviour -Words and Non-Verbal Communication**
- **6.3 Ethical Behaviour - Orphans and Children Made Vulnerable by HIV and AIDS**
- **6.4 Ethical Behaviour-PLHIV and other Vulnerable Groups**
- **6.5 Ethical Behaviour -Personal Bias, Convictions and Beliefs**
- **6.6 Tips for the Photographer and Videographer/Cameraman**
- **6.7 Ethics and Key HIV and AIDS Issues**
  - **HIV Testing**
  - **Disclosure of HIV Status**
  - **HIV and AIDS and the Workplace**
  - **HIV Vaccine Trials**

### **6.1 Ethics and HIV**

**Ethics are established and accepted codes of behaviour by groups of people or a society as a whole.** The media, with an established set of codes and practices, founded on accuracy, truth, balance and fairness, must often be sensitised and re-trained to be able to respond satisfactorily to changing circumstances and situations such as the emergence and spread of HIV.

## Box 5 “PAJ Code of Ethics”

### **CODE OF ETHICS - Press Association of Jamaica**

The profession of journalism in Jamaica has as its fundamental objectives those of serving the collective interests of all people of the country and affirming and defending human rights, and in general, all honest causes. To help achieve this aim, the Press Association of Jamaica has formulated a Code of Conduct or Rules for Behaviour of the Press, Radio and TV in Jamaica and in doing so, wishes, most of all, to remind members that the rights, privileges and freedoms enjoyed by them are only exercisable on the understanding that general public interest or the good of the country is and remains paramount and where there is conflict between the news media and journalists’ rights and the community’s interests, the latter shall prevail.

#### **Members are hereby enjoined to refrain from:**

1. Writing or publishing immorality and/or obscenity
2. Writing or publishing vulgarity aimed at individuals, institutions or groups, as well as unwarranted attacks on their personal dignity, honour or prestige
3. Writing or publishing exposés on the private lives of individuals, not in public interest, but which constitute unwarranted intrusion
4. Insulting or libelling individuals, institutions or groups
5. Making offensive reference to an individual’s race, colour, faith, sex or nationality or indulging in any discrimination relating thereto
6. Writing or publishing news or information which is not based on facts or slanting or selecting the news to give any particular bias to serve any particular interest
7. Publishing confidential statements unless clearly in the public interest
8. Revealing or betraying the secrecy of sources of information or news
9. While giving publicity to the properly expressed dissent from government policy and action and the peaceful and constitutional methods of effecting changes, to avoid writing or publishing matters that may be subversive or harmful to the people or likely to lead to violence or to a breach of the peace.

Many developing countries including Jamaica are still working on enacting and enforcing a general code of ethics which provides guidelines on how to treat with HIV and the HIV positive person. The Ministry of Health, Non-Governmental Organisations and many other organisations have conducted public education and sensitisation programmes, which have made information available that will enable each citizen to develop ethical and moral constructs as to how to treat with HIV and the HIV- positive person. There is however still a lot of work to be done. Persistent stigma and discrimination against people infected or affected by HIV are still a sad reality in Jamaica. This is the setting in which the ethical issues relating to HIV reporting and photojournalism must be examined.

A universal code of practice for media does not exist in Jamaica, so in reporting on HIV, each media house should be guided by its individual code of ethics (if it has one) and best practices as well as by the United Nations Universal Declaration on Human Rights. The Press Association of Jamaica also has a code of ethics which can help guide journalists in reporting on sensitive issues **(See Box 5 on opposite page)**.

Reporting or capturing and representing any information on the HIV pandemic calls for strict adherence to an ethical code of conduct that will protect the rights of those who are infected as well as those affected.

Journalists who are properly trained and sensitised in reporting on HIV, who are caring, who understand that stigma and discrimination are still rife in the society and may cause irreparable damage, will never cross that line which would put their adherence to proper ethical practices in question; neither will those journalists who genuinely wish to be a part of the solution and who can see the big picture – national, regional and global.

## **6.2 Ethical Behaviour - Words and Non-Verbal Communication**

The reporter may unintentionally stigmatise and discriminate against the HIV- positive person who has agreed to be interviewed for her article or programme by using inappropriate terms and vocabulary. A discussion on inappropriate language has already been covered in Chapter Three of this guide. An inappropriately captioned photograph can also discriminate. It does not matter who the guests, interviewees or subjects are, they should never be belittled or embarrassed. You need to be politically, culturally and sensitively correct.



## Box 6 “UNICEF Principles for Ethical Reporting on Children”

1. The dignity and rights of every child are to be respected in every circumstance.
2. In interviewing and reporting on children, special attention is to be paid to each child’s right to privacy and confidentiality, to have their opinions heard, to participate in decisions affecting them and to be protected from harm and retribution, including the potential of harm and retribution.
3. The best interests of each child are to be protected over any other consideration, including over advocacy for children’s issues and the promotion of child rights.
4. When trying to determine the best interests of a child, the child’s right to have their views taken into account are to be given due weight in accordance with their age and maturity.
5. Those closest to the child’s situation and best able to assess it are to be consulted about the political, social and cultural ramifications of any reportage.
6. Do not publish a story or an image which might put the child, siblings or peers at risk even when identities are changed, obscured or not used.

UNICEF has also outlined guidelines for reporting on children, a number of which apply specifically to the situation facing children affected or infected by HIV. These include:

- Do not further stigmatize any child; avoid categorisations or descriptions that expose a child to negative reprisals - including additional physical or psychological harm, or to lifelong abuse, discrimination or rejection by their local communities
- Always change the name and obscure the visual identity of any child who is identified as:
  - a. A victim of sexual abuse or exploitation,
  - b. A perpetrator of physical or sexual abuse,
  - c. HIV positive, or living with AIDS, unless the child, a parent or a guardian gives fully informed consent,
  - d. Charged or convicted of a crime

Even our non-verbal communication can further alienate and discriminate against the HIV- positive person. An outstretched hand in greeting, which is ignored by the reporter, would be good reason for the guest to make an about turn. Indecent haste to get a photograph or footage of an HIV-positive individual is also improper. Treating the person with any action that may be read as one of scorn or unnecessary caution must be avoided. Like some persons in the wider society, there are still persons who work in media, who have the unfounded fear that HIV can be transmitted by casual contact.

### **6.3 Ethical Behaviour - Orphans and Children made Vulnerable by HIV and AIDS**

In reporting on HIV-positive children and orphans, the greatest care must be taken. Children must be protected and the United Nations Children's Fund (UNICEF) has developed some basic principles for ethical reporting on children, outlined in Box 6 on pg 40.

### **6.4 Ethical Behaviour - PLHIV and Members of other Vulnerable Groups**

Much has been written in earlier chapters of this manual about the stigma and discrimination which PLHIV face even after years of information and public education about HIV and AIDS. In some communities and even in families, persons infected or affected by HIV may be ostracized, cursed, neglected or even threatened with physical violence. There have been reports about persons being burnt out or run out of homes because of their HIV status, about children being refused a place in schools because of their status or their parents' status and about persons losing their jobs or being refused employment because they are living with HIV.

At the same time, there are calls for the media to "put a face" to the HIV epidemic; to highlight the fact that persons living with HIV are the same as the rest of us, in order to reduce this stigma and discrimination surrounding HIV and AIDS. It is also clear that PLHIV and other persons from vulnerable groups must have a voice and feel free to state their case, highlight their concerns, present their ideas and recommendations and share their dreams with us.

Here again the journalist must balance the interests of the public and its right to information with the interests of the individual and his or her right to privacy and security. Journalists must obtain **informed consent** from persons to be interviewed or featured in a piece. **This means journalists themselves must understand all the possible consequences for individuals who participate in their report, and must ensure that these individuals are fully informed about all these consequences**

**and are able to live with these consequences if their stories are told in the media.**

Journalists can also do all in their power to ensure that where a person wishes to provide information but does not want to disclose his or her identity, this is respected. Use disguises, take photographs or record in a way that does not reveal the person's identity, distort the voice on recordings and use aliases instead of real names.

In reporting on HIV, no one's positive status should be exposed without the permission of the individual, not even inadvertently, or by way of innuendo. Describing the community, or members of it, something striking about the landscape or not disguising someone's voice or features may open up that person to harm or pain. Such an error can only occur when a journalist is not thorough, accurate or detailed enough in his or her preparation, or is insensitive, thoughtless, untrained or perhaps too hasty.

The code of ethics to which you subscribe, your credibility and that of your media house should not force anyone to make a public disclosure of his or her HIV status because of fear that media will do so. That is what happened with the late tennis star, Arthur Ashe. Mr. Ashe had to publicly disclose his HIV status because he feared that an American newspaper was about to report it.

### **6.5 Ethical Behaviour -Personal Bias, Convictions and Beliefs**

Every single person has his or her own biases, beliefs and convictions on various issues. The journalist is no different but because he or she is committed to providing truthful, accurate information, the journalist must learn to separate these beliefs and convictions from the job at hand. This is real professionalism.

*Step Away if You Cannot Be Fair:* If you feel you cannot approach a subject without bias or strong feelings then decline to take on that assignment and allow your editors to hand it to some one who can be more balanced in approaching it.

*Clarify your values:* Be clear on what you believe and do not believe and how you feel and then try to identify why you feel this way or why you hold these beliefs. Self understanding is crucial to understanding others.

*Prepare to be Open Minded:* HIV and AIDS are sensitive topics because they cover so much that is taboo for open discussion and debate in Jamaican society – sex and sexual practices, relationships between men and women

and gender inequities, life threatening illness and death. So for example, if a reporter wishes to take a serious look at factors driving the epidemic among vulnerable groups, he or she must be prepared to have a frank and open look at issues such as transactional sex (i.e. sex exchanged for financial or material gain), sex work, men who have sex with men and sexual practices rooted in culture (e.g. rough sex or dry sex). In covering these areas you will be faced with ethical issues, which may be coloured by your own prejudices and biases. Your focus is to stay with the facts, be open to the wide range of views that will be presented to you and not to be judgmental.

### **6.6 Tips for the Photographer or Videographer/Cameraman**

We know the saying: “A picture is worth a thousand words.” and the photo journalists’ medium can be worth a thousand helpful words or a thousand harmful words. Photojournalists therefore need to be just as sensitive as reporters in reporting on the issue of HIV and AIDS.

Very ill persons would still like and need to be treated with dignity and respect so ensure that images of these persons are not humiliating, demeaning or distressing and make sure you have their permission to capture and use these images.

Even if the individuals show no outward signs of illness, get their permission and be sure to say how and where the images will be used.

Photographs of HIV or AIDS patients should focus on hope and health. They should capture the care and treatment being given.

When taking photographs of minors or young people affected or infected by HIV, as much as possible try to capture images of children playing and involved in normal childhood activities.

Some cameramen and photographers seem to think it is okay to conceal an individual’s face but then focus on his or her wasted limbs, infections or skin rashes. This is in poor taste and plays up to the most obvious sensationalist tendencies in journalism. It also plays into the popular stereotype that all PLHIV “look sick”, “lose weight” and are “sufferers.”

Be creative and tasteful in concealing a person’s identity - take shots from behind, blur the focus, use props to conceal the identity of the individual who does not want to disclose his or her status but is willing to tell his or her story.

As with all reports, stories or photographs, the journalist or photographer

should ask himself or herself: “What is this adding to the story? How is it of benefit to the audience and to the person being interviewed? Would I want to be portrayed in this way for any reason?”

**Under no circumstances** should a person’s picture be taken and used without his or her consent. If it is to be used, the person must give **informed consent**. At all times respect the rights of your subjects including their right to privacy and dignity.

## 6.7 Ethics and Key Issues in Covering HIV and AIDS

### ***HIV testing***

Testing for HIV can either be routine or voluntary. All pregnant women are routinely given HIV tests, just as they are tested for Rubella (German measles). Law and medical ethics require that their physicians inform them that they are to be tested and they can refuse to be tested if they wish.

- HIV testing is voluntary and must be accompanied by counselling.
- No-one should be forced or tricked into doing an HIV test.
- No person should be tested without giving his or her consent.
- The person who has tested and his or health care providers are the persons to whom the results of the test are disclosed

As a journalist is it important that you know these facts.

HIV testing attracts attention and some persons in the health sector might be tempted to share someone’s HIV positive status. This is unethical and could cause trauma, distress and dislocation. If this information is passed to you as a journalist politely decline. You should not go seeking such information.

Although journalists thrive on sources it would be unethical to attempt, in any way, to get information from a health worker on anyone’s HIV status. This would be gross violation of the person’s privacy and infringement on his or her dignity. The health practitioner would be well within his or her right to report you to your media house and all relevant associations. A journalist should not use any form of enticement or coercion to get a child to give any such information.

On the matter of children, remember that you should have the permission of a child’s parent or guardian, if that child is under 16, before you can talk with, interview or record that youngster.

### ***Disclosure of HIV status***

If you are an HIV-infected person you ought to tell your partner. It is your responsibility. It is the proper and ethical thing to do. Medical doctors, with the permission of the person who tested positive, may make that disclosure to the partner. They cannot however make this disclosure without the permission of the individual. All HIV- positive cases are reportable to the Ministry of Health. It may be at that point that contact investigators from the Ministry will trace and advise all persons who the individual has named as his or her partners that they may have been exposed to HIV. The identity of the person who has named them however will not be disclosed.

### ***HIV and AIDS and the Workplace***

It is unethical and illegal to ask a potential employee or current worker to test for HIV. In 2004, the Ministry of Health figures showed that about 22,000 persons were estimated to be living with HIV. Most of these persons fell within the 15 to 49 years age group. These are our working age adults and persons in their most productive years. No employer has the right to ask job applicants or employees to be screened for HIV. There is no justification for this. No person can be released from employment solely because of their HIV status.

### ***HIV Vaccine Trials***

The International AIDS Vaccine Initiative (IAVI) estimates that – conservatively – an effective HIV preventive vaccine could avoid almost 1-in-5 of a projected 150 million new infections – that is 30 million – in coming decades. A highly effective vaccine could prevent 70 million infections in 15 years, it says.

There are currently some 50 vaccine trials underway, or scheduled, in over 30 countries, ranging from the United States to Uganda. Much of the cutting-edge research is being carried out in Asia and Africa, where most of the new HIV infections are occurring. But the announcement in September 2007 of the discontinuation of a leading HIV Merck vaccine candidate being tested in trials underlines how difficult this type of research and development is and shows just how far there is still to go before a vaccine becomes available.

In 2000 came the fifth revision of the Declaration of Helsinki with its stipulation that all those involved in studies be assured of the best “proven diagnostic and therapeutic method”. The same year saw publication of the UNAIDS guidance document “Ethical considerations in HIV preventive vaccine research” which has now been substantially revised in 2007 in collaboration with WHO and an expert panel to reflect changes, particularly changes in standard of prevention and access to care. “Ethical considerations in biomedical HIV prevention trials” contains 19 guidance points for ensuring

**CASE STUDY THREE: "ETHICAL DILEMMAS - THE CASE OF THE UNCONSCIOUS PATIENT"**

The unconscious patient raises some curious ethical issues. Let us examine this situation.

***A patient is brought to hospital in an unconscious state. The patient remains in a coma for weeks. Because of certain aspects of the patient's medical condition, doctors are wondering if the patient is HIV positive. Here is the dilemma: Should the patient be tested for HIV?***

***Scenario one: The hospital does not administer the test as relatives say the person is HIV negative. As a result of stigma and discrimination many HIV-positive persons have not disclosed their status to family members, friends or even their partners. An unconscious patient's relatives might not be aware that he or she is HIV- positive. In the event that he/she is and no one knows, he/she may go for days or weeks without the benefits of his/her medication. A further twist is this: if the relative's HIV positive status then becomes known after regaining consciousness, his/her relatives may consider suing the hospital for not taking full and complete care of the patient. They may cite discrimination.***

***Scenario two: The hospital goes ahead and administers the test. What if the person was opposed to being tested for HIV because of religious or other reasons? He or she may not have wanted to take treatment. Should the hospital do the test without consent and the result is positive, the patient may declare that he contracted the disease from the medical facility.***

***Scenario three: The patient needs and is given blood then claims that his HIV positive status is as a direct result of the blood given. The patient when last tested may have had a negative result. However, remember, once you are sexually active your test result is a snapshot of your status for that day, so there is no telling what may have happened during the window period.***

***Any of the above scenarios could find its way to a reporter. How would you as a journalist handle these stories? What type of information can you request? How much can you expect providers to disclose? How will you treat with the PLHIV at the centre of the story?***

***Unless and until you have been thoroughly trained in reporting on HIV you could make one of the greatest blunders of your career. This is when a healthy dose of scepticism would serve you well. Scepticism simple means, a willingness to suspend judgment until you have access to all the facts on the legal and ethical issues involved and also the facts on how ethics should dictate your conduct in researching and writing the story.***

that scientifically rigorous biomedical HIV prevention trials meet ethical standards.

None of the vaccines on trial around the globe uses live, dead or reconstituted parts of the human immunodeficiency virus (HIV). Vaccines being used in human trials **cannot** cause HIV infection or AIDS since no vaccines use any part of live or killed HIV. Here in Jamaica there is rigorous monitoring and scrutiny of the vaccine trials by a Community Advisory Board whose members are drawn from civil society. There are also local and overseas institutional review boards and data safety and monitoring boards.

Clearly, the Jamaican media will need to keep abreast of these developments and the attendant issues on ethics, including those affecting how media will cover these stories.

Current and future clinical trials of preventive HIV vaccines embody several ethical concerns that may also have human rights implications. The motives of companies involved in research and development, ownership of intellectual property rights, patents, the investment of large sums of capital and the focus on profits are only a few of the issues that must be considered.

Ethical issues are at the core of HIV reporting and photography. It is time for Jamaicans to take a more proactive and sustained stance. This following quotation informs of the situation as it relates to the United Kingdom:

*“In response to growing concerns about inaccurate and stigmatising coverage of HIV in the UK media, the National AIDS Trust and the National Union of Journalists (NUJ) have launched ‘Guidelines for reporting HIV’. NUJ General Secretary Jeremy Dear said “Our code of conduct pledges our members to avoid any harmful inaccuracies and encourages them to espouse the highest ethical standards”. ([www.nat.org.uk](http://www.nat.org.uk) or [www.nuj.org.uk](http://www.nuj.org.uk).)*

How will Jamaica proceed? How will you – the Jamaican journalist – proceed?



# Contributors



## **Robert Carr, PhD**

Dr. Robert Carr is a senior lecturer and director of the graduate programme at the Caribbean Institute of Media and Communication (CARIMAC) of the University of the West Indies in Mona, Jamaica.

Trained in social work and management, Dr. Carr has worked previously as a counsellor, trainer and programme manager for numerous AIDS programmes and services in Jamaica, Trinidad and Tobago, and the wider Caribbean. As executive director of Jamaica AIDS Support (JAS), Jamaica's largest AIDS service organisation, he provided education, care and support, and policy advocacy to sex workers, prisoners and young people. He was also responsible for groundbreaking work on homophobia and other forms of HIV and AIDS-related stigma and discrimination. Dr. Carr is a co-founder of the Caribbean Vulnerable Communities Coalition, a regional group representing populations vulnerable to HIV and AIDS.

Dr. Carr was responsible for Chapter 1 (Background – The HIV Epidemic in Jamaica)



## **Corinne Barnes**

Corinne Barnes is a lecturer at CARIMAC. She joined the staff at CARIMAC as a part-time lecturer in 1993. For the past six years she has been a full-time member of staff with responsibility for the Print and Online Journalism department. Her research interests include women and religion, human rights, gender and HIV/AIDS.

Prior to joining the full-time staff at CARIMAC she served as Caribbean Regional Editor of Inter Press Service. While working with Inter Press Service she travelled to several countries in Europe, the Caribbean, Asia and Africa where she attended international conferences on behalf of the agency.

Ms. Barnes holds a Bachelor of Arts Degree (First Class Honours) from the University of the West Indies, Mona where she majored in Mass Communication. On completion of her undergraduate studies she was awarded a Commonwealth Caribbean Scholarship to Carleton University in Ottawa, Canada where she completed her Masters Degree in Media and Communication.

Mrs. Barnes wrote Chapters 2 (Effective Reporting on HIV and AIDS) and 4 (Doing the Research) and gave guidance on the publication.



### **Fae A. Ellington**

Fae Ellington is a broadcaster, actor, lecturer, trainer and speaking coach. Her experience in the communications field covers 35 years. As a communication consultant Miss Ellington works with companies, groups and individuals in the public and private sector.

She holds a Master of Arts Degree in Communication from the Caribbean Institute of Media and Communication, CARIMAC, University of the West Indies, Mona where she has lectured in Radio since 1985. She is a BBC, British Broadcasting Corporation, certified trainer. Among her awards is the bronze Musgrave Medal (1988), Order of Distinction, Officer Class (1998) and Distinguished Past Student of St. Hugh's High School (1992).

Ms. Ellington wrote Chapters 5 (Doing the Interview) and 6 (Ethical Issues relating to HIV reporting and photography).



### **Faith Hamer**

Faith Hamer is Programme Manager, Policy and Advocacy Component of the National HIV/STI Programme in Jamaica's Ministry of Health. Before working with the Ministry of Health, she worked as a health specialist with the Planning Institute of Jamaica (PIOJ), having completed her Master's degree in Public Health at the University of the West Indies (UWI), Mona.

Between 1984 and 2000 Ms. Hamer worked in broadcast and print journalism as Managing Editor, Chief Editor, News Desk Editor, Correspondent, Stringer, Reporter, Producer in Jamaica, the British Virgin Islands and Turks and Caicos Islands. She also served the British Virgin Islands' Government Public Information Service as the acting information officer and as Communications Specialist for the Health Education Programme.

Ms. Hamer also holds a Diploma in International Relations (1988) from UWI, St. Augustine; a BA (Hons.) in Mass Communications with Language and Literature (1982) from UWI Mona and a Teacher's (Hons.) Certificate (1978) from Mico Teachers' College, Jamaica.

Ms Hamer wrote Chapter 3 (Sensitive Reporting on HIV).



### **Patricia Watson**

Patricia Watson was Panos Caribbean's Regional Director for HIV and AIDS. She served the organisation between 2005 and 2008, after a seven-year stint at the Gleaner Newspaper in Jamaica.

From 1996 to 2000, Ms. Watson covered the health and social security beats for the Sunday Gleaner, and became an editor for that publication in 2002. Ms. Watson began writing solely on HIV and AIDS and related issues in 2001 and continued to do so up until 2005. She also worked on secondment at the UN Theme Group on HIV/AIDS, Jamaica between July 2004 and January 2005 where she was the Focal Point. While at the Gleaner, Ms. Watson conceptualised, wrote and edited the **Breaking the Silence, Dispelling the Myths about HIV** series, which ran from 2001 – 2005.

She has won numerous local, regional and international awards for her work in journalism from organisations such as the Pan American Health Organisation, the United Nations Population Fund, the USAID/MSI CIV-JAM, the International Planned Parenthood Federation/WHR, the Press Association of Jamaica Award for Health and the Jamaica Broilers Fair Play Media Awards.

Educated at the CARIMAC, University of the West Indies and at the University of Cambridge, United Kingdom, Ms. Watson holds a Bachelor of Arts (BA) in Media and Communication and a Master of Philosophy (MPhil) in Development Studies.

She is currently a member of the Community Advisory Board of the HIV Vaccine trials in Jamaica, member of the Jamaica Country Co-ordinating Mechanism (HIV) and a fellow of the Cambridge Commonwealth Trust.

Ms. Watson reviewed and oversaw the production of the Media Guide.

# APPENDIX I - BASIC FACTS ABOUT HIV & AIDS

*(taken from The National HIV/AIDS Policy – May 2005)*

The Human Immunodeficiency Virus (HIV) causes AIDS (Acquired Immune Deficiency Syndrome). HIV only affects humans. It does so by gradually weakening the immune system, making it difficult for the body to fight infection. HIV is microscopic and can only survive in cells that are living while destroying them.

## **Modes of Transmission**

HIV is transmitted from an infected person to another through blood and blood products, semen (and pre-ejaculation fluid), vaginal fluids and breast milk. Transmission of HIV takes place via:

- unprotected sexual intercourse with an infected partner – anal (high-risk), vaginal (high-risk), oral (low-risk)
- blood and blood products (through for example, infected transfusions, organ or tissue transplants or the use of contaminated injection or other skin piercing equipment).
- transmission from infected mother to child in the womb or at birth (15% to 45% chance of transmission to child without treatment and as low as 5% chance of transmission with treatment and infant-feeding substitutes to breast milk) through breast-feeding.

## **HIV is NOT spread during everyday casual contact**

HIV CANNOT be transmitted during casual, physical contact with an HIV positive person such as coughing, sneezing, kissing, hugging, sharing utensils, toilets and washing facilities or

consuming food or beverages handled by the person. Mosquitoes and other insects do NOT spread this virus. A person CANNOT get HIV from the air, from food and from water. A person cannot get HIV by handling or coming into contact with the tears, sweat, saliva and urine of an HIV infected person. There is insufficient concentration of HIV in these body fluids to cause infection.

It is not possible to determine someone's HIV status by just looking at the person. Someone infected with HIV can look and feel well for up to 10 or more years without showing signs and symptoms of illness. This person however, can transmit the virus to others especially during unprotected sexual intercourse.

Early symptoms of AIDS include chronic fatigue, diarrhoea, fever, mental changes such as memory loss, weight loss, persistent cough, severe recurrent skin rashes, herpes and mouth infections and swelling of the lymph nodes. Opportunistic infections such as cancers, Meningitis, Pneumonia and Tuberculosis may also take advantage of the body's weakened immune system. AIDS is fatal, although periods of illness may be interspersed with periods of remission. There is still no cure for AIDS. While research continues to develop a vaccine against HIV/AIDS, none is as yet viable. Jamaica is able to increase access to antiretroviral drugs because public/private sector partnerships and a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria have helped to lower the cost to a person living with HIV/AIDS. Typically, ARV

drugs are expensive and therefore out of the reach of the majority of those needing them.

### **Prevention**

HIV is fragile and is only able to survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. To prevent transmission of HIV, it is recommended that all sexually active persons use a barrier to the virus such as a latex male condom during every episode of sex. The female condom is also recommended. To prevent transmission through accidental

exposure to blood and other (relevant) body fluids, universal precautions should be adopted. This requires the use of protective equipment such as rubber masks and gloves in situations involving exposure to blood and other body fluids from an infected person. Skin-piercing equipment should not be contaminated by re-use without proper sterilisation. Bleach, strong detergents and hot water kill the virus rapidly, which is unable to survive outside of a living human body. Persons who are exposed to blood accidentally through skin puncture by an injection needle or those raped need to undergo HIV testing and post exposure prophylaxis.

# APPENDIX II - GLOSSARY OF COMMONLY USED TERMS RELATING TO HIV AND AIDS

(taken from the UNAIDS Terminology Guidelines – March 2007)

## **ABC**

Prevention strategies: Abstain from penetrative sexual intercourse (also used to indicate delay of sexual debut); Be faithful (reduce the number of partners or have sexual relations with only one partner); Condomize (use condoms consistently and correctly).

## **ART**

Antiretroviral Therapy or Antiretroviral Treatment.

## **BEHAVIOUR CHANGE**

### **(NOT 'Behavioural Change')**

There are a number of theories and models of human behaviour that guide health promotion and education efforts to encourage behaviour change, i.e. the adoption and maintenance of healthy behaviours.

## **CLIENT-INITIATED TESTING**

Alternative term for voluntary counselling and testing (VCT). All HIV testing must be carried out under conditions of the 'three Cs' – counselling, confidentiality and informed consent.

## **CRIS**

Country Response Information System. Developed by UNAIDS, CRIS provides partners in the global response to HIV with a user-friendly system consisting of an indicator database, a programmatic database, a research inventory database and other important information. The indicator database provides countries with a tool for reporting on national follow-up to the United Nations General Assembly Special Session on HIV/AIDS (June 2001) Declaration of Commitment on HIV/AIDS.

## **DRIVER**

The term relates to the structural and social factors, such as poverty, gender, and human rights, that are not easily measured and that can increase people's vulnerability to exposure to HIV. It is often reserved for underlying determinants.

## **ELISA TEST**

The ELISA (Enzyme-linked Immunosorbent Assay) test for screening is a common method of HIV testing in Jamaica, with the use of the Western Blot test to confirm the result. If the result is positive for both tests, it means that antibodies to HIV have been found in the blood.

## **EPIDEMIC**

An epidemic occurs as new cases of a disease appear in a given human population (e.g. everyone in a given geographic area; a university, or similar population unit; or everyone of a certain age or sex, such as the children or women of a region) during a given period, at a rate that greatly exceeds what is 'expected' based on recent experience. An epidemic may be restricted to one locale (an outbreak), more general (an epidemic) or global (a pandemic).

## **EPIDEMIOLOGY**

The branch of medical science that deals with the study of incidence, distribution, determinants of patterns of a disease and its prevention in a population.

## **FAITH-BASED ORGANIZATIONS**

Faith-based organization is the term preferred instead of e.g. Church, Religious Organization, as it is inclusive (non-judgmental about the validity of

any expression of faith) and moves away from historical (and typically European) patterns of thought.

### **FEMINISATION**

Referring to the pandemic, feminisation is now often used by UNAIDS and others to indicate the increasing impact that the HIV epidemic has on women. It is often linked to the idea that the number of women infected has equalled, or surpassed, the figure for men. To avoid confusion, do not use 'feminisation' in its primary sense in English, 'becoming more feminine'.

### **GENDER and SEX**

The term 'sex' refers to biologically determined differences, whereas the term 'gender' refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as by geographical, economic and political environments. Since many languages do not have the word gender, translators may have to consider other alternatives to distinguish between these concepts.

### **GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA**

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2001, is an independent public-private partnership. It is the largest global fund in the health domain, to date (August 2005) it has committed over US\$ 3 billion in 128 countries. The purpose of the Global Fund is to attract, manage and disburse additional resources to make a sustainable and significant

contribution to mitigate the impact caused by HIV, tuberculosis and malaria in countries in need, while contributing to poverty reduction as part of the Millennium Development Goals (see below). When citing in text spell out title in full at first usage and thereafter refer to the Global Fund in preference to using the abbreviation, GFATM. [www.globalfundatm.org](http://www.globalfundatm.org)

### **HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART)**

The name given to treatment regimens recommended by leading HIV experts to aggressively suppress viral replication and slow the progress of HIV disease. The usual HAART regimen combines three or more different drugs.

### **THE HEAVILY INDEBTED POOR COUNTRIES INITIATIVE (HIPC)**

The Heavily Indebted Poor Countries Initiative is a debt relief tool for increasing the funds that countries have available, and for ensuring that they are channelled to core human development priorities, such as basic health care. The HIPC initiative, created in 1996 by the World Bank and further enhanced in 1999, has already helped some of the poorest nations in the world to free up precious resources for human development that would otherwise have been spent on servicing debt. Fully funded and implemented, the enhanced HIPC initiative has the potential to be an even more powerful tool for helping countries to devote more resources to combating infectious disease.

### **HIV-NEGATIVE**

Showing no evidence of infection with HIV (e.g. absence of antibodies

against HIV) in a blood or tissue test. Synonymous with seronegative. An HIV-negative person can be infected if he or she is in the window period between HIV exposure and detection of antibodies.

#### **HIV-POSITIVE**

Showing indications of infection with HIV (e.g. presence of antibodies against HIV) on a test of blood or tissue. Synonymous with seropositive. Test may occasionally show false positive results.

#### **HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

The virus that weakens the immune system, ultimately leading to AIDS. Since HIV means 'human immunodeficiency virus', it is redundant to refer to the HIV virus.

#### **HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 (HIV-1)**

The retrovirus isolated and recognized as the etiologic (i.e., causing or contributing to the cause of a disease) agent of AIDS. HIV-1 is classified as a lentivirus in a subgroup of retroviruses. Most viruses and all bacteria, plants, and animals have genetic codes made up of DNA, which uses RNA to build specific proteins. The genetic material of a retrovirus such as HIV is the RNA itself. HIV inserts its own RNA into the host cell's DNA, preventing the host cell from carrying out its natural functions and turning it into an HIV factory.

#### **HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 (HIV-2)**

A virus closely related to HIV-1 that has also been found to cause AIDS. It was first isolated in West Africa. Although HIV-1 and HIV-2 are similar in their

viral structure, modes of transmission, and resulting opportunistic infections, they have differed in their geographical patterns of infection and in their propensity to progress to illness and death. Compared to HIV-1, HIV-2 is found primarily in West Africa and has a slower, less severe clinical course.

#### **INCIDENCE**

HIV incidence (sometimes referred to as cumulative incidence) is the proportion of people who have become infected with HIV during a specified period of time.

#### **INJECTING DRUG USERS (IDUs)**

This term is preferable to drug addicts or drug abusers, which are seen as derogatory and which often result in alienation rather than creating the trust and respect required when dealing with those who inject drugs. UNAIDS does not use the term 'intravenous drug users' because subcutaneous and intramuscular routes may be involved.

#### **MILLENNIUM DEVELOPMENT GOALS (MDGs)**

Eight goals developed at the Millennium Summit in September 2000. Goal six refers specifically to AIDS but attainment of several goals is being hampered by the HIV epidemic.

#### **MSM**

Abbreviation for 'men who have sex with men' or 'males who have sex with males'. This term is useful as it includes not only men who self identify as 'gay' or homosexual and have sex only with other men but also bisexual men, and heterosexual men who may, nonetheless at times have sex with other men.



**MTCT**

Abbreviation for 'mother-to-child transmission' (pMTCT is the abbreviation for 'prevention of mother-to-child transmission'). Some countries prefer the term 'parent-to-child transmission' to avoid stigmatising pregnant women and to encourage male involvement in HIV.

**OPPORTUNISTIC INFECTIONS**

Illnesses caused by various organisms, some of which usually do not cause disease in persons with healthy immune systems. Persons living with advanced HIV infection may suffer opportunistic infections of the lungs, brain, eyes and other organs. Opportunistic illnesses common in persons diagnosed with AIDS include *Pneumocystis carinii* pneumonia, cryptosporidiosis, histoplasmosis, other parasitic, viral and fungal infections; and some types of cancers.

**ORPHANS**

In the context of AIDS, it is preferable to say 'children orphaned by AIDS' or 'orphans and other children made vulnerable by AIDS'. Referring to these children as 'AIDS orphans' not only stigmatizes them, but also labels them as HIV-positive, which they may not necessarily be. Identifying a human being by his/her medical condition alone also shows a lack of respect for the individual. Contrary to traditional usage UNAIDS uses 'orphan' to describe a child that has lost either one or both parents.

**PANDEMIC**

A disease prevalent throughout an entire country, continent, or the whole world. Preferred usage is to write 'pandemic'

when referring to global disease and to use 'epidemic' when referring to country or regional level.

**PATHOGEN**

An agent causing disease.

**PEPFAR**

The US President's Emergency Plan for AIDS Relief announced by President George W. Bush in his State of the Union Address 28 January 2003, the plan is 'a five-year US\$ 15 billion initiative aimed at turning the tide in combating the global HIV/AIDS pandemic'

**PREVALENCE**

Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who have HIV at a specific point in time.

**PROVIDER-INITIATED TESTING**

Under certain circumstances, when an individual is seeking medical care, HIV testing may be offered. It may be diagnostic where the patient presents with symptoms that may be attributable to HIV or has an illness associated with HIV such as tuberculosis. It may also be a routine offer to an asymptomatic person. Regardless of the type of testing and the location of the offer, HIV testing should always be carried out under conditions respecting the three Cs which are confidentiality, informed consent and counselling.

**SAFER SEX**

Sex is 100% safe from HIV transmission when both partners know their HIV-negative serostatus and neither partner is in the window period between HIV exposure and appearance of HIV

antibodies detectable by the HIV test. In other circumstances, reduction in the numbers of sexual partners and correct and consistent use of male or female condoms can reduce the risk of HIV transmission. The term safer sex more accurately reflects the idea that choices can be made and behaviours adopted to reduce or minimise risk.

### **SEROPREVALENCE**

As related to HIV infection, the proportion of persons who have serologic evidence of HIV infection, i.e. antibodies to HIV at any given time.

### **SEROSTATUS**

A generic term that refers to the presence/absence of antibodies in the blood. Often, the term refers to HIV antibody status.

### **SEXUALLY TRANSMITTED INFECTION (STI)**

Also called venereal disease (VD) (an older public health term) or sexually transmitted diseases (STDs) a term that does not convey the concept of asymptomatic sexually transmitted infections. Sexually transmitted infections are spread by the transfer of organisms from person to person during sexual contact. In addition to the 'traditional' STIs (syphilis and gonorrhoea), the spectrum of STIs now includes HIV, which causes AIDS; Chlamydia trachomatis; human papilloma virus (HPV) which can cause cervical or anal cancer; genital herpes; chancroid; genital mycoplasmas; hepatitis B; trichomoniasis; enteric infections; and ectoparasitic diseases (i.e., diseases caused by organisms that live on the outside of the host's body).

The complexity and scope of sexually transmitted infections have increased dramatically since the 1980s; more than 20 organisms and syndromes are now recognized as belonging in this category.

### **SEX WORK**

'Commercial sex work' is considered a tautology, which is saying the same thing twice over in different words. Preferred terms are 'sex work', 'commercial sex', and 'the sale of sexual services'.

### **SEX WORKER**

The term 'sex worker' is intended to be non-judgmental, focusing on the conditions under which sexual services are sold. Alternate formulations are: 'women/men/people who sell sex'. Clients of sex workers may then also be called 'men/women/people who buy sex'. The term 'commercial sex worker' is no longer used, primarily because it is considered to be saying something twice over in different words (i.e. a tautology).

### **STIGMA and DISCRIMINATION**

As the traditional meaning of stigma is a mark or sign of disgrace or discredit, the correct term would be stigmatization and discrimination; however, 'stigma and discrimination' has been accepted in everyday speech and writing, and may be treated as plural.

### **SURVEILLANCE**

Continuous analysis, interpretation, and feedback of systematically collected data, generally using methods distinguished by their practicality, uniformity, and rapidity rather than by accuracy or completeness.

**TARGET**

This term is acceptable as a noun referring to an objective or goal. Avoid using as a verb for example “targeting men who have sex with men...” as this conveys non-participatory, top-down approaches. Preferred alternative terms include: “programmes for and by men who have sex with men”; “engaging men who have sex with men in programming”; and “programmes involving men who have sex with men in the response to the epidemic”, etc.

**“3 BY 5” INITIATIVE**

“3 by 5” was a UNAIDS and WHO global initiative to provide antiretroviral therapy to three million people living with HIV in low- and middle-income countries by the end of the year 2005.

**“THREE ONES” PRINCIPLES**

Always use in this form “Three Ones” principles, with double quotation marks. The principles are: One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners; One National AIDS Coordinating Authority, with a broad-based multisectoral mandate; and One agreed country-level Monitoring and Evaluation System.

**TRIPS AGREEMENT**

Trade-Related Intellectual Property Rights (TRIPS) Agreement, supervised by the World Trade Organization, provides certain flexibilities to low and middle income countries with respect to pharmaceutical patent protection.

**UNIVERSAL ACCESS**

Commonly used is the phrase working towards achieving the goal of universal access to HIV prevention, treatment,

care and support. This initiative is outlined in the 2006 Political Declaration on HIV/AIDS.

**UNIVERSAL PRECAUTIONS**

Standard infection control practices to be used universally in healthcare settings to minimize the risk of exposure to pathogens, e.g. the use of gloves, barrier clothing, masks and goggles (when anticipating splatter) to prevent exposure to tissue, blood and body fluids.

**VCT**

Abbreviation for ‘voluntary counselling and testing’. Also known as ‘client-initiated testing’ in opposition to ‘provider-initiated testing’. All testing should be conducted in an environment which adheres to and implements the ‘three Cs’ – confidentiality, informed consent, and counselling.

**VERTICAL TRANSMISSION**

Sometimes used to indicate transmission of a pathogen such as HIV from mother to foetus or baby during pregnancy or birth but may be used to refer to the genetic transmission of traits.

# APPENDIX III - LOCAL TARGETS FOR UNIVERSAL ACCESS TO HIV PREVENTION, CARE, TREATMENT AND SUPPORT

## Target Indicators for Universal Access 2010 – Jamaica

1. Increase the median age of first sex by 0.5 by 2010.
2. Increase the percentage of young people (15-24 years of age) or other “at risk” group who correctly identify ways of preventing sexual transmission of HIV – including delaying sexual debut, reducing partners and use of condoms – and reject major misconceptions (male/female) from 36.2% of men and 40% women in 2004 to 65% in 2010.
3. Increase the percentage of young men and women 15-24 years of age reporting condom use the last time they had sex with non-regular partner from 74% men and 65.9% women in 2004, to 85% men and 75% women in 2010.
4. Increase number of Behaviour Change Communication/TClCs with most at risk sub-populations.
5. Increase the percentage of most-at-risk populations (MSM, Sex Workers) and youth who received HIV testing in the last 12 months and who know the results (e.g. CSW testing increased from 43% in 2005 to 50% in 2010).
6. Increase the percentage of women, men and children with advanced HIV infection who are receiving antiretroviral combination therapy from 40% to at least 80% by 2010.
7. Increase the percentage of adults and children on ART who are still alive 12 months after initiation of antiretroviral therapy.
8. Increase the percentage of HIV positive pregnant women receiving a complete course of ARV prophylaxis, to reduce the risk of MTCT, from 47% in 2004 to 90% in 2010.
9. Maintain the ratio of current school attendance among orphans to that among non-orphans aged 10-14 at  $\geq 0.9$ (2010).
10. Implementation of the “three ones” principle.

Source: Draft National Strategic Plan on HIV and AIDS, 2007 – 2012

# APPENDIX IV - USEFUL WEBSITES & RESOURCES FOR JOURNALISTS COVERING HIV AND AIDS ISSUES

## LOCAL RESOURCES AND WEBSITES

**The National HIV/STI Programme** co-ordinates the prevention, treatment and control of HIV/AIDS and other Sexually Transmitted Infections in Jamaica. Its objectives include: educating Jamaicans about HIV and AIDS; promoting safer sexual behaviours; encouraging the prevention of STIs, encouraging behaviour change among those who practice high risk behaviours; eliminating stigma affecting persons infected or affected by HIV and AIDS and promoting policy development  
<http://www.jamaica-nap.org/>

*Contact Details:*

Ministry of Health Building, 2-4 King Street, Kingston  
Telephone: 967-1110/1112

**The National AIDS Committee (NAC)** has three main functions: to advise the Minister of Health in Jamaica on policy issues relevant to HIV and AIDS and STIs; to involve all sectors of the Jamaican society in efforts to prevent and control HIV and AIDS and STIs; to act as a central body where ideas, experiences and questions about HIV and AIDS and STIs in Jamaica can be shared, discussed and addressed.  
[www.nacjamaica.com](http://www.nacjamaica.com)

*Contact Details:*

4th Floor, Ministry of Health Building, 2-4 King Street, Kingston  
Telephone: 967-7406/96704077

**Ministry of Health, Jamaica**

[http://www.moh.gov.jm/HIV\\_AIDS.html](http://www.moh.gov.jm/HIV_AIDS.html)

**Jamaica AIDS Support for Life (JASL)** was founded in 1991. It is one of Jamaica's oldest AIDS, human rights Non-Governmental Organisations. The work of the JASL is focussed on three main areas: Education and Prevention, Care and Support and Administration and Finance.  
[www.jamaicaaidssupport.com](http://www.jamaicaaidssupport.com)

*Contact Details:*

4 Upper Musgrave Road, Kingston 10  
Telephone: 978-4668/924-8145  
Fax: 924-8956

**Jamaica Network of Seropositives (JN+)** was launched in Jamaica in 1997. JN+ is a member of the National AIDS Committee, the Council of Voluntary Social Service, and the UN Theme Group. Its mission is to advocate for the rights and concerns of people living with and affected by HIV and AIDS, through empowerment, partnership and resource mobilisation.  
<http://www.jnplus.org/index.asp>.

*Contact Details:*

Telephone: 929-7340

**The Centre for HIV/AIDS Research, Education and Services (CHARES)** is located on the grounds of the University Hospital of the West Indies. The centre offers medical care, counselling, skills training/income generating projects and collaborating with other agencies, such as Food for the Poor. These activities are aimed at improving the conditions of persons living with HIV or AIDS.

*Contact Details:*

CHARES, c/o The University Hospital of the West Indies, Mona, Kingston 7  
Telephone: 977-6921

## **GENERAL RESOURCES AND WEBSITES**

### **Joint United Nations Programme on HIV/AIDS**

[www.unaids.org](http://www.unaids.org)

### **AIDS Education Global information System (AEGIS)**

[www.aegis.org](http://www.aegis.org)

The largest HIV and AIDS website in the world updated hourly.

### **National Institute for Health, US**

[www.nih.gov](http://www.nih.gov)

Extensive documentation on link between HIV and AIDS.

### **International Association of Physicians in AIDS Care**

[www.iapac.org](http://www.iapac.org)

### **The Body (An Online AIDS & HIV Information Resource)**

<http://www.thebody.com/>

### **Panos Caribbean**

[www.panoscaribbean.org](http://www.panoscaribbean.org)

### **Panos Global AIDS Programme**

[www.panosids.org](http://www.panosids.org)

Information on HIV and AIDS and development.

### **The Kaiser Family Foundation**

[www.kff.org](http://www.kff.org) and [www.globalhealthreporting.org](http://www.globalhealthreporting.org).

You will also find links at [www.kaisernetwork.org](http://www.kaisernetwork.org) to animated and graphic materials designed for television and print outlets.

### **The Lancet Publishing Group**

[www.thelancet.com](http://www.thelancet.com)

### **Latin American and the Caribbean Council of Aids Services Organisations**

[www.laccaso.org/index\\_english.html](http://www.laccaso.org/index_english.html)

Useful information on work being done to address the HIV and AIDS epidemics in Latin America and the Caribbean via a community level response promoting and defending human rights and coordinating, integrating and building the capacity of civil society organisations.

**The Caribbean Epidemiology Centre**

[www.carec.org](http://www.carec.org)

A public health information, service and consulting organisation, dedicated to providing information (including statistical data and resource material) on health and disease prevention in the Caribbean.

**The Pan Caribbean Partnership Against HIV and AIDS**

[www.pancap.org](http://www.pancap.org)

Provides background information on and an outline of the activities of PANCAP, which was established by CARICOM Heads of State in 2001. The PANCAP Coordination Unit (PCU) is the Secretariat of PANCAP and is located at the CARICOM Secretariat in Guyana.

**The Caribbean Regional Network of People Living with HIV and AIDS**

[www.crnplus.org/index.htm](http://www.crnplus.org/index.htm)

CRN+ website provides information on the activities of this network as well as links to global and regional resources on and for the PLHIV community.

**GHEKIO**

[www.gheskio.org](http://www.gheskio.org)

GHEKIO (the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections) is a Haitian non-governmental organisation dedicated to clinical service, research, and training in HIV and AIDS and related diseases. The website provides valuable information on the community level response to HIV and AIDS in Haiti.



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