

The Impact of the J2J Program On Worldwide HIV Awareness

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Introduction

The National Press Foundation (NPF) offers a Journalist-to-Journalist HIV/AIDS training program (J2J), the main intention of which is “preparing selected journalists to cover the International AIDS Conferences, and then to continue to cover the subject at a higher level than previously imagined”. This program was first launched at the Barcelona International AIDS Conference in 2002, and has been held three other times since then: Bangkok, 2004, Toronto, 2006 and Sydney, 2007.

Fellows are invited to participate based on their journalistic competence and an application form that they are asked to complete. They are provided with financial assistance for air travel, lodging, and meals, during the time that they participate in the J2J program as well as in the greater conference itself. Thus, the J2J event is, in effect, an informal satellite meeting of the International Conference. Preference is given to journalists who work in developing country settings.

Researchers in the basic, social and clinical sciences strongly agree with the crucial role that journalists can play by intensely and accurately informing the public on the many issues that relate to the global HIV/AIDS epidemic. Obstacles regarding prevention of HIV infection, care of people who have HIV/AIDS, and public policies affecting efforts to fight the pandemic could not be overcome without the role that journalists play in reaching the ears and opinions of communities. The media can enhance the efforts that other professional groups make against HIV/AIDS through various ways: Educating the public on prevention strategies and how to avoid false information, decreasing stigma, informing people on the perceived health care needs of those affected and infected by HIV/AIDS, and on the need for governmental interventions.

Journalists who attended the four J2J programs of the NPF were able to transfer vital information, as a result of covering the Conferences, to people at risk of being infected by

HIV/AIDS. The J2J program has already and is expected to continue to help journalists to do a better job in regard to HIV in their own countries and communities.

Purpose of this evaluation:

An external group of researchers¹ (two PhDs, one MD, and 2 PhD students) familiar with the HIV/AIDS scientific literature conducted an evaluation of the J2J program on HIV/AIDS with the main objective of establishing the impact, pertinence, and accuracy of reports that journalists attending such programs have published or broadcasted.

Our secondary objectives were 1) to assess the journalists' perceptions as to how this training program has helped them to better cover scientific advances on HIV/AIDS, and 2) to determine whether the program is helping to better inform communities about truths (and non-truths) regarding HIV/AIDS.

Methods used for assessment

Our team was provided with the following material for evaluation of the program:

- ❑ Data accessible online with a number of slide presentations delivered in each of the following J2J training programs (Barcelona 2002, Bangkok, 2004, Toronto, 2006, Sydney, 2007). Presentations from Sydney also included voice records.
- ❑ Evaluations by journalists of the program held in Sydney.
- ❑ Contact information of all fellows who attended the conferences
- ❑ Evaluation reports of the Barcelona and Bangkok programs
- ❑ A large sample of reports covering HIV/AIDS written by journalists who attended the training sessions.

Our group evaluated the program in the following way:

¹ Mark A Wainberg, Cédric F Invernizzi, Jorge L Martinez-Cajas, Susan M Schader, Michel Ntemgwa

1. We examined the content of curricula covered in each conference by pairs of journalists and issued a descriptive statement on completeness of the program through use of a standard form that asked the following questions: Is the content of the J2J curriculum complete? What key subjects were lacking? What subjects could be excluded? A later meeting of the group consolidated a final agreement on completeness of the curricula.
2. We examined a random sample of 30 reports by journalists who participated in J2J for importance/relevance and accuracy, grading them in categories: 1=poor, 2=fair, 3=good, 4=excellent. This review was done in pairs, and discordant results were analyzed by a third evaluator who made a definitive decision.
3. We assessed the journalists' evaluation of the Sydney conference J2J program, and compared it with previous evaluations from other conferences.
4. We conducted a short survey of former program attendees, the main objective of which was to assess whether benefit from the conference was still perceived. The survey questionnaire that we sent out is presented in Appendix 1.
5. We compiled the experiences of journalists who responded to our questionnaire.

Results:

1. Curricula evaluations

The Barcelona, Bangkok and Toronto conferences each had a different scope from the Sydney conference. The first three were predominantly multidisciplinary in character while the Sydney conference had a more prominent biomedical-research component. Hence, the first three conferences were intended to enable journalists to perform their tasks by providing a broad scientific, social and cultural background. In Sydney, the topics were predominantly research oriented with a focus on treatment prevention strategies, and obstacles toward attainment of goals.

The content covered by each program is presented in the following table:

Curriculum of each J2J program at the International AIDS Conferences

Conferences with interdisciplinary focus			Mainly biomedical
BARCELONA	BANGKOK	TORONTO	SYDNEY
Basic Science of HIV/AIDS	Tracking HIV/AIDS: Numbers that Count: The Demographic and Health Surveys (DHS) project provides quality data on the What, Why, Where and When of HIV/AIDS	The Stigma Faced by People Living With HIV/AIDS	Living With HIV/AIDS
What HIV/AIDS Does in the Body	What AIDS Does in the Body	Human Rights & HIV/AIDS	Plenary Preview: Male Circumcision
Economic & Medical Consequences of the Epidemic	Preventing HIV/AIDS	HIV/AIDS & TB	A New Initiative on MSM
Myths & Misperceptions	Beyond He Said/She Said: Giving Depth to HIV Stories	Discussions on Covering HIV/AIDS	All You Need to Know About Microbicides
Journalists' Discussion Groups + session	Field Trip: Presentation: AIDS in Thailand	Epidemiology 101	PLENARY PREVIEW: T-cell loss, immune activation and potential therapeutic interventions
Treatments, Current & Future	Journalists' Discussion: Privacy, Reporting & HIV/AIDS	Developing HIV Prevention Options for Women: Microbicides	Sex Workers: Part of the Solution, Not Part of the Problem
Tracking the Money	Trends, Trends & Q&A	Female Condoms	PLENARY PREVIEW: Pediatric Therapeutic Issues
Prevention:	Macroeconomics & AIDS	Pediatric AIDS	PLENARY PREVIEW: Understanding the Task: ARV Rollout and research issues in the developing world
News & Numbers	Training the Trainer	HIV/AIDS and nutrition in rural areas	<i>Journalist to Journalist Discussion:</i> AIDS Denialism What it is, how to recognize it, how to dispute it, with a focus on a recent Australian legal case
Access to Treatments	AIDS Orphans & Vulnerable Children	Discussions on Covering HIV/AIDS	<i>Journalist to Journalist Discussion:</i> The Multiple Layers of

			AIDS Coverage
Journalists' Discussion Groups + session leaders	AIDS in Context	Special Presentation Ontario Room The Blood of Yingzhou District	Tips for Covering the Sydney Conference <i>Overview of different tracks from the conference: what they mean, what they'll cover, how to choose what to attend</i>
Practical Tips & Story Ideas for Covering the XIVth International AIDS Conference	Integration Of Prevention Into Treatment Programs And Other Issues Posed By Treatment Access	Congratulations and a Charge to Journalists	AIDS Vaccines: An Overview
	Treatments, Current & Future	Tips for covering the Toronto conference	
	Health Beyond HIV/AIDS & Why the Media Should Care	HIV/AIDS in Context	
		Looking Beyond Toronto to Mexico City in 2008	
		HIV/AIDS & Vaccine Research	
		Trends and Q&A	
		HIV/AIDS in Latin America and the Caribbean, Asia and Africa: The differences between the epidemics, the different responses, and the different issues in various regions	

Basic and clinical science research	
Medical and therapeutic issues in HIV	
Social and economical sciences	
Journalism and HIV/AIDS	

Curriculum Completeness

We observed a progression in regard to perception of quality throughout the J2J series of programs, from the initial attempt in Barcelona. J2J program content was adjusted for each J2J event, after feedback from fellows who attended the previous conference. This was done both in regard to content and in the topics for lectures at the J2J satellite meeting. A succinct assessment of the content of each J2J program follows:

Barcelona:

This program was fairly complete. The agenda set ample time for discussion and interactive sharing of ideas between experts and attendees. It included three lectures that introduced scientific and biomedical terminology and concepts to journalists. It also dealt with economic and cultural issues. However, some journalists expressed the sentiment that thoroughness would have been enhanced if there had been a field trip to visit local HIV laboratories and/or clinics, or community groups. It was also felt that one session in the J2J program should have dealt with “hot” topics to be considered at the conference, and there could have been more attention paid to socioeconomic information and stories of people living with HIV and AIDS. Some felt that they did not need as much detail re basic scientific and medical data.

Our evaluation revealed that the J2J program did not contain any lectures on the topic of how decisions are reached regarding the efficacy of drug interventions. What is the process used to determine that a drug is efficacious or not? The intention was to enable journalists to recognize the basic principles of good scientific methods, especially in therapeutics and in efforts to prevent transmission of HIV/AIDS. Journalists need to have basic tools to identify overly false science, a common and widespread cause of public misinformation. Also lacking was an introduction to epidemiologic terminology, that is frequently used to address public health issues.

Some journalists noted that the presentations on myths and misperceptions were not very informative.

Bangkok

Some journalists felt that this J2J program was more complete than that of the Barcelona conference. Reports from journalists attending this program indicated that many activists integrated with journalists, and that issues of people living with HIV (PLWHIV) were more fully addressed, providing an opportunity to consider various needs and a discussion of stigma.

Among important topics that were found to be lacking were: an introduction to principles of scientific research, tools that enable journalists to ask the right questions about epidemiologic research and efforts that governmental and non-governmental organizations are carrying out in regard to local needs. It was felt that a seminar on how to access data on prevalence, trends, projections, public programs, as well as obstacles in regard to program implementation in their own countries was essential. This should include assessments of local health agencies, government, and non-governmental organizations (NGOs).

Some excessive detail in regard to biomedical research lectures was noted. A common demand from J2J fellows was to begin country-specific programs that would educate journalists in the field of HIV/AIDS in order to better inform the public about local issues.

Toronto

This conference offered a very rich epidemiological and cultural focus. There was also less attention in the J2J program to biomedical detail, as suggested by journalist attendees at previous conferences. The switch to presentations on prevention tools was both evident and appreciated as were talks on behavioral and medical options.

However, weaknesses were still observed. These included a need to educate re methodologies used in clinical research, mainly in therapeutics, as well as a seminar on common HIV/AIDS scientific jargon. Also lacking was a section on HIV/AIDS epidemiologic terminology: prevalences, trends, public health efforts, obstacles.

Sydney

Compared to the IAS 2006 Conference, the 2007 meeting included far more biomedical research. The J2J program prepared for this through a very comprehensive curriculum

that spanned several days on the issues to be discussed during the conference. Although an introduction to scientific jargon was presented to journalists in the J2J program in the context of vaccines and microbicides, a more general introduction was needed. In addition, journalists asked for a session on the topic of how scientists decide how to present their results and how to choose which results should be presented. This would also help journalists to better understand the scientific data.

Finally, a post conference forum for follow-up discussions and questions would serve to clarify misunderstandings of scientific data, concepts, etc.

The following points were applicable to all conferences:

The reviewers felt that there was a paucity of participants from the private sector in all of the J2J programs. This is despite the fact that the drug companies are well represented at every IAS conference. It therefore seems strange that this sector is not more involved in the J2J program. Clearly, as well, journalists would like to have the opportunity to ask questions of representatives of the pharmaceutical industry (including generic industry spokespersons). This is key, since the public is in general poorly informed in regard to the role that drug companies play in the advancement of basic scientific research. There are, in fact, conspiracy theories that abound and an appearance of secrecy. Yet misconceptions in regard to the general public might be quenched through an increase in responsible reporting on relationships between the private sector and academia.

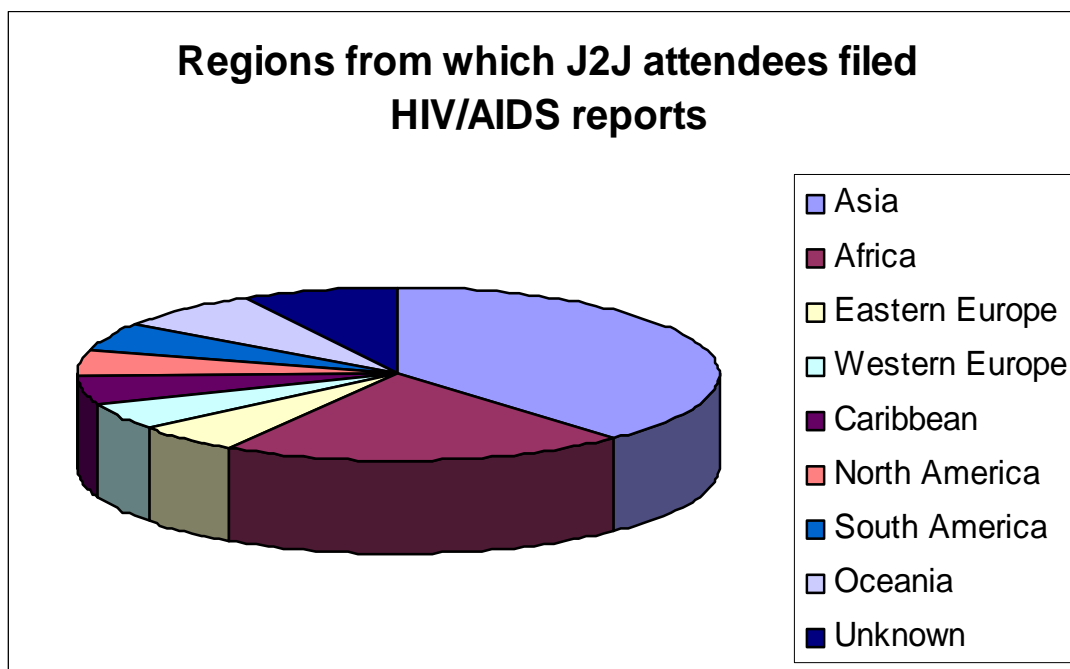
Presentations of “exemplary” works by leading world-class HIV/AIDS journalists would also be a good idea, as would focused discussion groups with such journalists. This would provide an opportunity for substantial learning. Former fellows would be able to share their experiences, reflect on them with new fellows and improve their communications skills. There could then be a trickle-down effect if journalists were to conduct smaller, less ambitious J2J-like programs in their own countries.

Finally a post- conference follow-up would also serve to reinforce understanding of key issues/topics and enable journalists to clarify what they have/have not understood.

2. Evaluations of Reports

Thirty nine-reports were randomly chosen for review. Each report was reviewed by two evaluators. Those in the categories of excellent and good were grouped together and the extent of agreement between the evaluations was determined. Discordant evaluations were adjudicated by a third reviewer if necessary. Reports in English were deliberately overrepresented in the sample that was analyzed, as the reviewers were mainly English-speakers. Some reports had been translated into English from other languages.

In almost all cases, the reports were from journalists working on developing countries (see Figure).



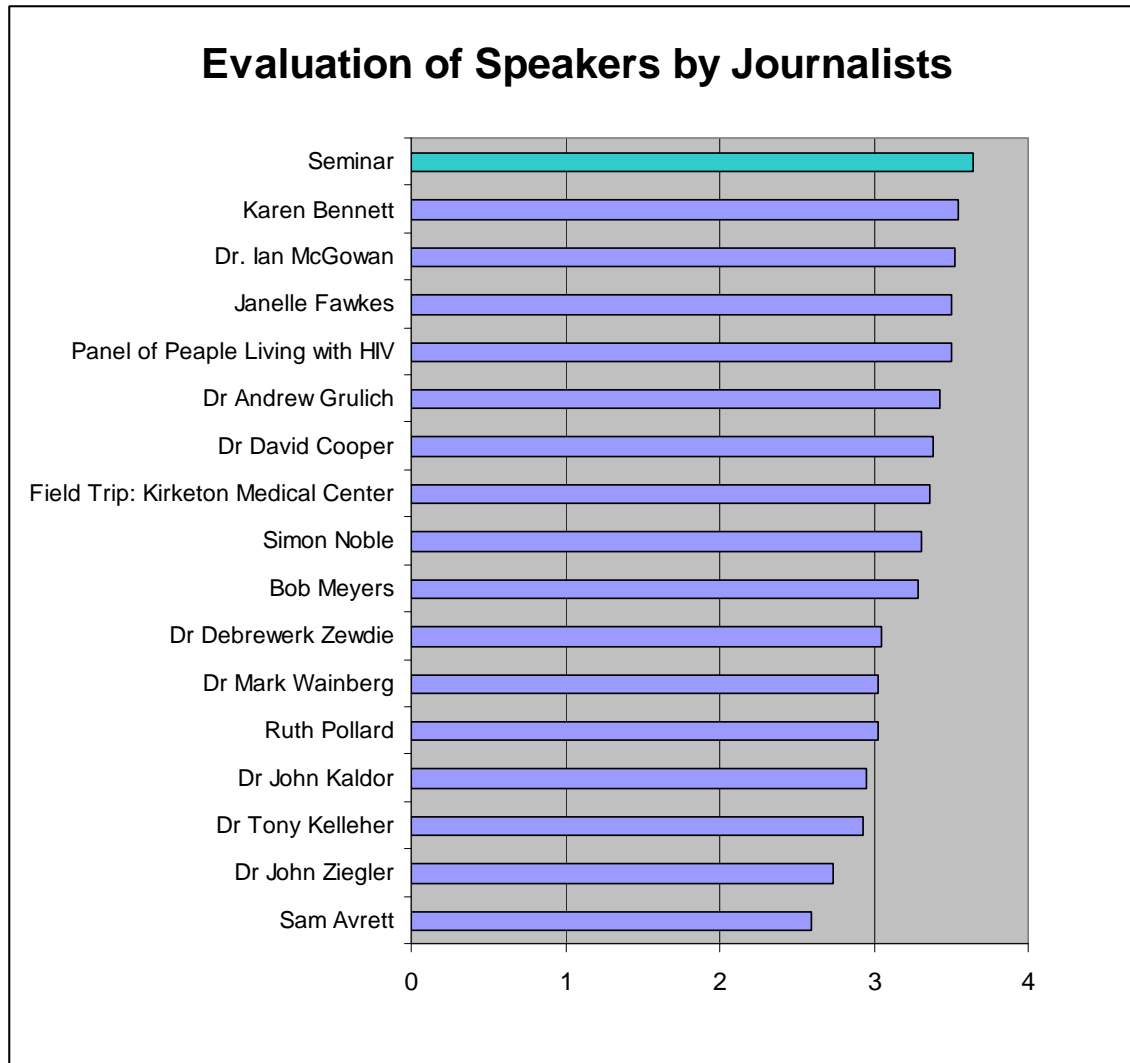
Quality of reports:

Thirty three of the 39 (84%) reports from all of the conferences evaluated were found to be good or excellent. This is a composite evaluation of importance and accuracy made by the program evaluators.

Topics discussed in reports	Number of reports
Global epidemiology and public health priorities of HIV/AIDS	8
Conference coverage	6
Innovative methods to increase public awareness about HIV/AIDS in developing countries	2
Coverage of government responses	
Restricted ART access in developing country settings	5
Information on low use of MTCT prevention, pediatric ARV limitations, and the growing problems of orphans due to HIV/AIDS worldwide	3
Culturally-related responses to prevention strategies, importance of youth, women, and NGOs in fighting HIV/AIDS	2
Coverage of J2J the program and its benefits	2
Coverage of people with HIV/AIDS, stigma-related issues and family effects of MTCT of HIV/AIDS	2
Discussion on social aspects of HIV transmission in heavily-affected areas, risk reduction strategies in high-risk populations, enhancing prevention strategies, non-typical higher risk populations.	5
Information about microbicide trials and ARV treatment in case of rape.	1
Financial support for HIV/AIDS-affected people in developing countries	1

3. Journalists' Evaluations of J2J Sessions

In regard to the Sydney conference, we gained access to journalists' evaluations of each presentation in the context of the J2J program. On average, journalists gave grades of excellent or good to 14 of the 16 presentations in the J2J course. Thirteen of the 16 lecturers (76%) in turn were evaluated by the attendees as good or excellent. The average grade for all lecturers was 3.008 on a scale of 4.0. This is close to the previous averages from Barcelona and Bangkok, i.e. 3.1 and 3.19 respectively.

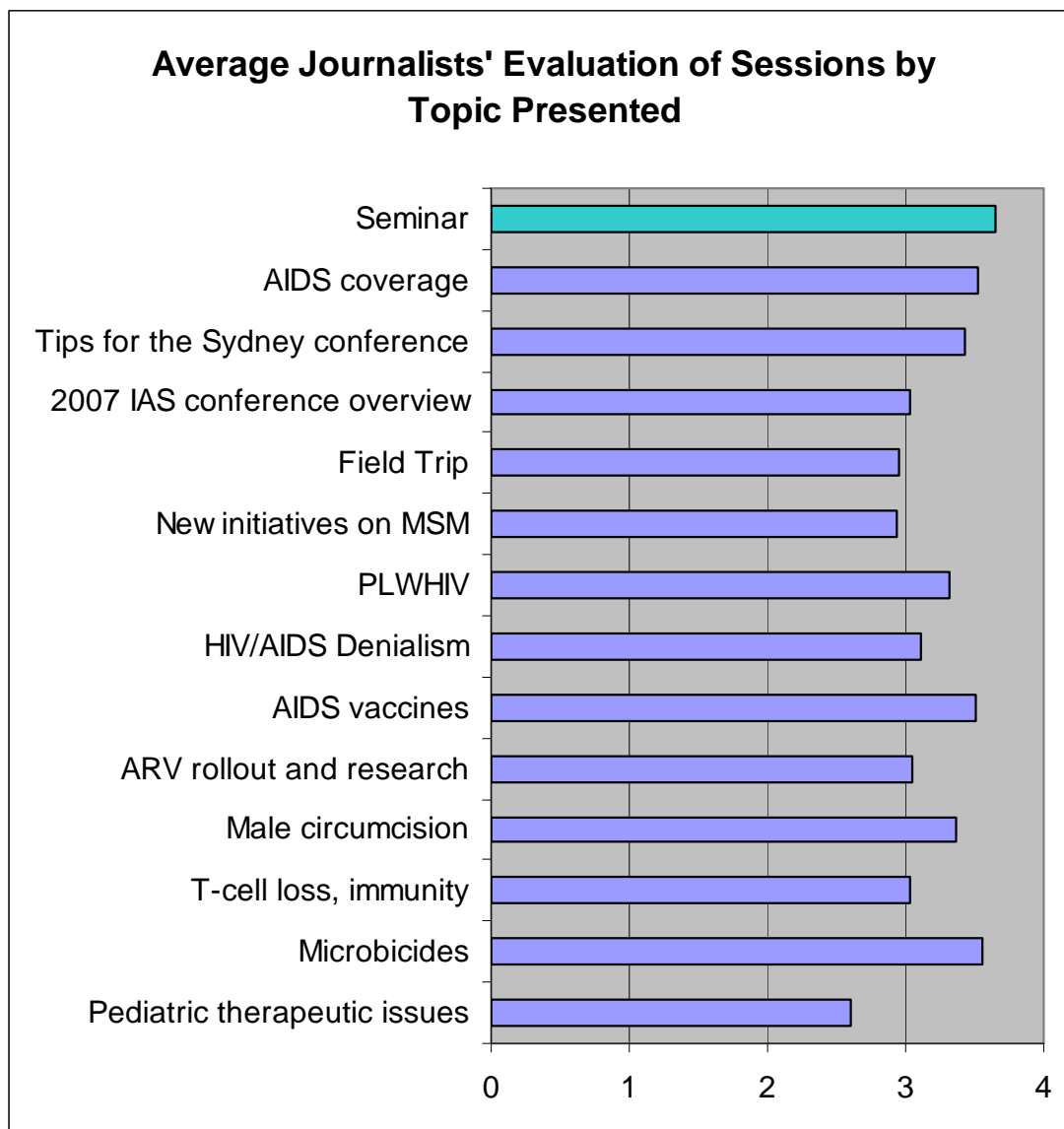


4 = excellent

3 = good

2 = fair

1 = good



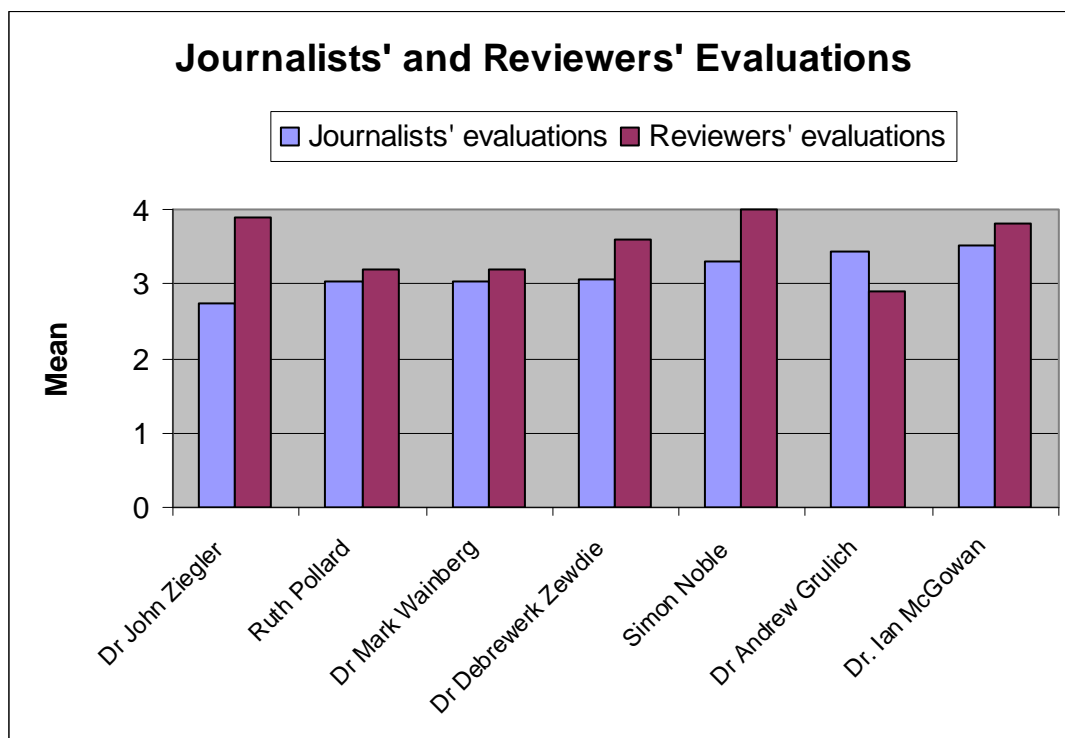
4 = excellent

3 = good

2 = fair

1 = good

When we compared the evaluations given by journalists of the Sydney J2J sessions with those our own evaluation of the same sessions, 5 of 7 lectures had concordant excellent grades, and only two had discordance between good vs. excellent grades. This adds to the consistency of the observation that presentations were of high quality.



4. Online Survey

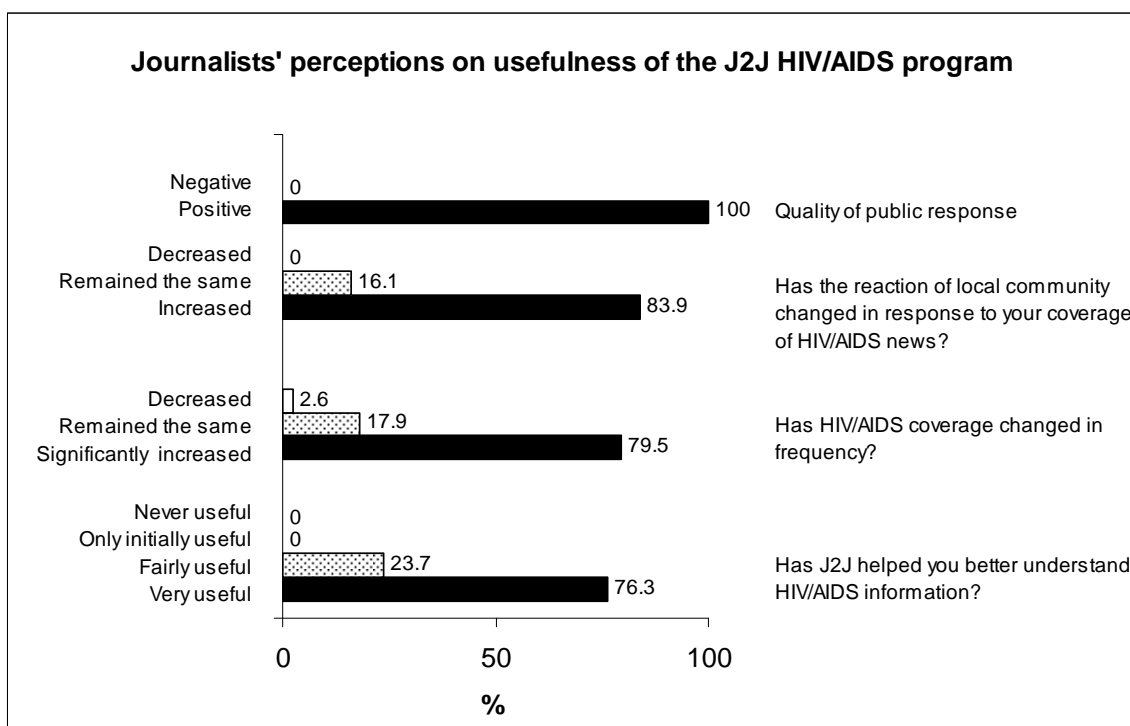
Of 160 journalists contacted by e-mail, 42 answered our survey. Forty-one answered question 1, 42 answered question 2, 34 answered question 3, 26 answered question 4, 23 answered question 5, 34 answered question 6, 34 answered question 7, 28 answered question 8, and 19 answered question 9.

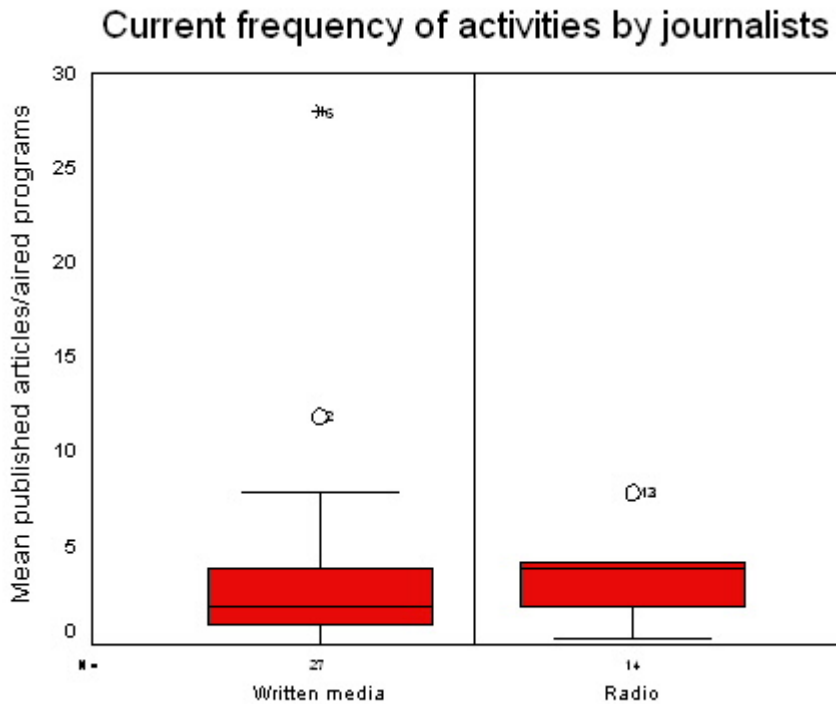
The journalists' general perception of the usefulness of the J2J program was almost unanimously positive. In addition, the knowledge gained has continued to help journalists in their subsequent coverage of HIV/AIDS. This benefit is important and should not be underestimated. Continuous enthusiasm in informing and educating the public might maintain interest and increase attention in regard to HIV prevention and early access of care. It is also key that no journalist had a negative reaction to the J2J program or a negative attitude in regard to community. In addition, the great majority of

journalists perceived that their coverage from Sydney was greeted by a more enthusiastic response from the communities that they serve.

Print and Radio Journalists

The majority of the J2J journalist fellows initially wrote newspaper articles, and this was commonly followed by radio presentations. The median number of articles per month was three for print journalists and four for radio journalists. Although we do not have first-hand information on the coverage by each form of medium, radio and newspaper coverage are most likely means whereby the media could reach the largest number of people around the developing world, since only minimal infrastructure is required for information dissemination.





A proportion of written reports is posted on the World Wide Web, although this was not quantified in our survey.

Television

Television was the medium reported to be used less frequently. Six journalists aired HIV/AIDS related programs on TV. One program aired once. Another aired four times in one week. One journalist reported that one program appeared monthly. .

5. Reviewer's Evaluations of Presentations

In all 26 presentations were evaluated by reviewers based on relevance, complexity, organization, slide quality and background information.

Relevance: 23 of 26 presentations had a good or excellent score, two had at least one grade below good (concordant results), and one evaluation was discordant as to whether it was inferior.

Complexity: Twenty two of the 26 evaluations were good or excellent and three had a complexity level not appropriate for a general audience.

Organization: twenty-three fell into the good or excellent range. Three evaluated the J2J program as fair or poor based on organization.

Slide quality: 16 presentations were graded good or excellent. A grade of fair was given to 10 of them (7 with concordant results)

Background information: 22 of 26 evaluations rated J2J as good or excellent.

6. Examples of Experiences Sent by Journalists

Two sources of descriptive evaluations of the program were available: a database from the J2J Sydney program and an additional survey performed by our team. Examples of successes and failures as determined by the journalists evaluations are presented in Appendix 2.

Of note, the vast majority of comments from the journalist evaluation database was favorable and acknowledged appropriate organization, pertinence of the program, and usefulness of the presentations. There were few comments on program failures.

Examples of reports done by journalists in response to our survey (question 9) are presented in Appendix 3.

Discussion

Strengths of the program

The program has fully met its main purpose of enabling journalists to effectively transmit medical, epidemiological and scientific information to the general public in lay language.

This, in turn, may help to raise the interest of the general public in developing countries in regard to resources that can effectively be mobilized to reduce transmission of HIV and to treat those living with HIV/AIDS.

In fact, the J2J program has attained an impressive level of universality since journalists from some of the most HIV-stricken countries attended this activity. By corollary, the vast majority of journalists trained by this program come from and work in countries in which HIV/AIDS is a major public health threat.

The J2J program also offers an incredible opportunity for journalists from different countries to meet and establish relationships. The program could potentially try to extend media coverage to include inter-conference periods. This could help to maintain a high level of enthusiasm among journalists to participate in education and awareness activities on HIV/AIDS as well as to help guarantee continuous public awareness re advancements in the field, e.g. prevention of transmission and health promotion efforts.

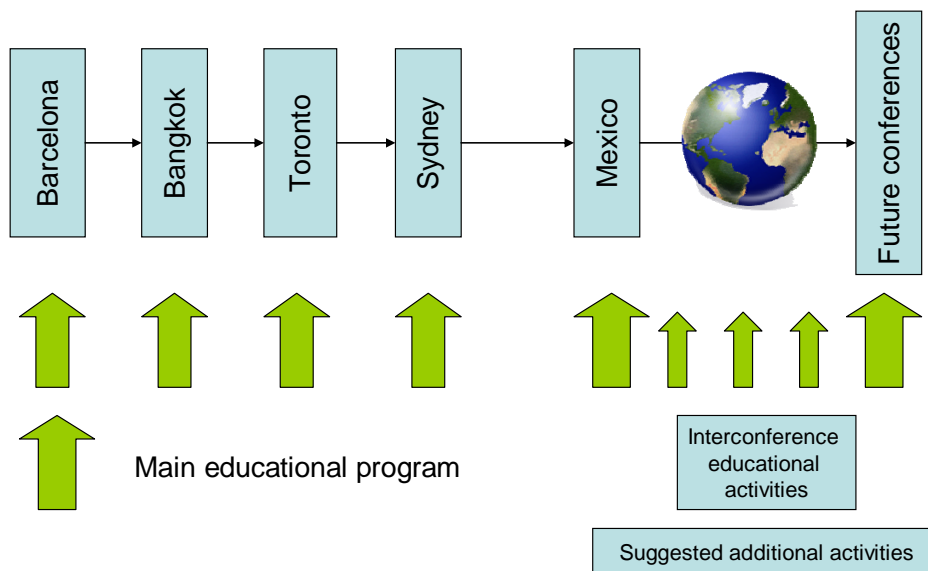
Weaknesses of the program

Although the program does an excellent job at enhancing journalistic skills to translate scientific information into lay language, there appears to be a shortage of information as to what journalists should be doing at a local level. Should they be querying their own local communities in regard to local practices and the role of local health promotion authorities. This subject is complex, and, in some countries, it should be recognized that journalists may sometimes feel intimidated in regard to the type of questions they might wish to ask. In addition, many scientific presentations do not attempt to use non-scientific terminology and/or the presenters do not take the time to try to explain their findings to journalists in lay language. Emphasis needs to be placed on the transmission of scientific concepts over a range of HIV/AIDS disciplines.

Opportunities for improvement

The J2J program has an opportunity to engage in outreach to help direct and/or support international education campaigns through the networks that have now been established. A continuous and synchronized effort to promote education of communities through written publications and/or radio programs might be established using the broad human resource represented by the J2J program. The creation of material based on the J2J presentations and local replication of similar programs could be encouraged, and could also be carried out in other languages. Ongoing feedback from such efforts could then be used to improve the overall effort, which could be implemented and locally tailored to regional needs for use in subsequent initiatives.

J2J Program NPF



Conclusions

The J2J program in HIV/AIDS of the National Press Foundation has accomplished its main goal of enhancing appropriate worldwide press coverage of HIV/AIDS. Journalists have reported that the program is highly useful and enables them to cover and inform the public in a variety of areas: experiences of people living with HIV/AIDS, impact on society, the reasons for stigma, and how to work toward destigmatization of HIV status, hopes and limitations of current therapy including issues of drug access in developing countries, prospects for promising therapy and prevention, and the successes and failures of research and/or public health initiatives. Vital information in each of these areas needs to reach the general public, who will ultimately decide what it is important to pay attention to and in which areas to establish priorities. In addition, journalist reports are an effective means of providing information on HIV awareness to vulnerable populations, hopefully helping to lower rates of infection and educating those who are infected by HIV to seek adequate help. Public awareness can help to guide public opinion and influence government policy in a positive way and to counter stigma, which is often a result of misperceptions. Journalists play important roles in each of these areas and the J2J program has played a key role in educating journalists worldwide to do their job better.

Appendix 1. Survey Questionnaire

1. **Do you think that what you learned during the National Press Foundation Journalist Training Program on HIV/AIDS is still helping you to better understand scientific information on the topic of HIV/AIDS?**
 - a. It is still very useful
 - b. It is still fairly useful
 - c. It was initially useful but now not
 - d. It has never been useful

2. **Has your coverage of HIV/AIDS-related news changed as a result of the training program?**
 - a. It has significantly increased
 - b. It has remained the same
 - c. It has decreased

3. **How often are you currently covering or participating in activities related to HIV/AIDS news. WRITTEN MEDIA (magazines, journals or websites). Please enter a number in ONLY ONE of the following choices:**
 - a. Number of articles published weekly
 - b. Number of articles published monthly
 - c. Number of articles published yearly
 - d. I am not involved in written media (IF THIS APPLIES, PLEASE TYPE THE NUMBER 1)

4. **How often are you currently covering or participating in activities related to HIV/AIDS news. RADIO. Please enter a number in ONLY ONE of the following choices:**
 - a. Number of programs aired weekly
 - b. Number of programs aired monthly
 - c. Number of programs aired yearly
 - d. I am not involved in radio (IF THIS APPLIES, PLEASE TYPE 1 THE NUMBER 1)

5. **How often are you currently covering or participating in activities related to HIV/AIDS news. TELEVISION. Please enter a number in ONLY ONE of the following choices:**
 - a. Number of programs aired weekly
 - b. Number of programs aired monthly
 - c. Number of programs aired yearly
 - d. I am not involved in television (IF THIS APPLIES, PLEASE TYPE 1)

6. **Has the reaction of the community (opinion letters, phone calls, visits) in your area of influence changed in response to your reports on HIV/AIDS? The frequency of public response has**
 - a. Increased
 - b. Remained the same
 - c. Decreased

7. **Has the reaction of the community in your area of influence changed in response to your reports on HIV/AIDS? Regarding the quality of public response, is the feedback from your community mainly**
 - a. positive
 - b. negative
8. **Please provide your e-mail address**
9. **Please, briefly provide us with one example of a report/program that you consider as a success and one that you consider as a failure. You are encouraged to e-mail us text or pdf files or scanned documents (just reply to our e-mail address and attach files).**

Appendix 2. Journalists' comments from the Sydney Conference J2J program²

Successes:

"I have covered HIV/AIDS since the beginning of my journalism career eight years ago, but J2J Sydney 2007 allowed me, for the first time, to fully understand ^technical issues, regarding microbicides and male circumcision"

"All of them were helpful. The sessions on microbicides and vaccines added the most to my knowledge. The speakers were animated, clear, and concise, helping me to understand these areas where I knew little."

"AIDS Denialism was especially helpful, because we have met the similar problems."

"AIDS Denialist session was fantastic: it's good to be reminded of tactics for handling the denialists, which are a real headache here in SA."

"I liked that speakers were prepared to meet journalists and tried to be very focused and intelligible. Clear overview about t-cell loss and parent-to-child transmission was necessary, almost compulsory information."

"I feel the program offered a thorough overview of the HIV/AIDS pandemic and gave me a unique opportunity to share observations and ideas with colleagues from around the world."

"I think what was on offer at this years training program was perfect. If you can inspire someone to act and feel different about how they view HIV/AIDS in just a week then you have succeeded. Please know your program is inspirational."

"In addition to its comprehensiveness, the programme represented a huge effort to reach out to and include journalists from the developing world."

"Honestly, without the J2J training, I would have spent half of my time at the IAS conference referring to either a science dictionary or googling up certain complicated scientific phrases."

"The training was really helpful and relevant - for me, the interaction and context of the wider problems the other journalists were facing in reporting HIV issues in their country was probably one of the most useful factors as well as the prog summaries"

Failures:

"The MSM speaker was weak - he didn't have enough background info to cope with a room full of journalists."

"The session on the MSM initiative was atrociously done and the fact that the guy kept saying he didn't know the answers to anything didn't help matters at all."

² * Several comments are cut as the database did not allow to save some comments in whole.

“Sam Avrett used us as a training exercise for his work at the conference, so couldn't answer questions and sometimes had too much detail in his power point presentations. Several researchers assumed a level of English and a level of specialized scientific.”

“While most of the presenters were well prepared, some were lacking. In future, it would be most beneficial if all the presenters are prepared to answer questions from us who are trying to understand deep issues so we would relay it in a clear manner to...”

Suggestions:

“It would be good to have a hands-on training on science reporting for the scientific conferences such as these (not referring to the main IAS conference, but the AIDS pathogenesis, treatment and prevention conferences)”

“Next time, NPF could improve its trainings by advising or asking presenters to avoid scientific jargon, that is, putting their presentation in simpler words that could be understood by ordinary people including journalists. And they should be brief and to..”

“To me it was the best effort. But I would suggest if every one of us can share his/her stories done afterwards because it would help every one of us.”

“I would suggest that next time the training should be 5 days long and we should have more field visits to have a face on what we would doing. Thanks for taking us to Kirketon Centre. We really learnt a lot and we have since adopted their approach here in...”

“It would have been good if we had more journalists from the Pacific region where the AIDS epidemic is fast becoming a major health issue. This is so that journalists in this region of the world can learn from the experiences of the first world and develop...”

“There will be more interactive sessions and informal discussions”

“I think there should be more discussions on journalism-and-AIDS issues, maybe in smaller groups. In India, for instance, AIDS is not a priority for the news media. My former colleagues think it's “my madness” that has led me to become an AIDS writer in...”

Appendix 3. Reports done by journalists after the Sydney's J2J program.

These comments were made by journalists in response to question 9 of the survey. *Please, briefly provide us with one example of a report/program that you consider as a success and one that you consider as a failure. You are encouraged to e-mail us text or pdf files or scanned documents (just reply to our e-mail address and attach files).*

A journalist from Estonia writes:

“On the 27th of November 2007 I had a radio programme about the new initiative in Estonia about HIV/AIDS prevention and fighting against stigmatisation. The initiative came from private enterprises (like the biggest bank in Estonia, a PR company, chain of gasstations etc) and was called coalition "Enterprises against HIV". It means that the leadership in company organises training and workshops for their people about HIV prevention, gives possibility to test anonymously and creates the atmosphere so that HIV positive people could be welcome. I made a radio program about it and there were some 10 or 15 phone calls and questions from listeners during the show which is twice more than average. It was a success because the listeners seemed to be more active and together with the positive event it broadened the understanding that HIV is not only problem for some social groups but for the whole society and everybody should do something to avoid HIV/AIDS spreading and on the other hand avoid stigmatisation against HIV positive people. A failure? It was another radio show about swimming :) And a listener called in and told that she is afraid to go to pool because she is afraid to get AIDS. I was somehow very disappointed inside that a lady (probably around 40 or 50) doesn't know the answer herself. I thought that at that age she should already know something about HIV because we have had years available information that HIV does not spread through casual contacts. So I replayed instinctively that you don't get AIDS unless you won't have unprotected sex at pool. Probably I should have been more decent with the listener”

A journalist from India relates the following successful example:

“I also conducted a TV Script writing, Editing, Photography and Video Documentation workshop for young PLHA's. This inculcated confidence and professional maturity in the affected. Both of the above programmes originated only due to the active support and guidance of NPF J2J programme. My other major activities and reports are based on 'Denialism' which was discussed at length at "Sydney" J2J programme. I don't think that any of my programme has turned to be failure.”

From Trinidad and Tobago a journalist reported:

“Before the last J2J Training my treatment of HIV issues was limited to social rather than medical/scientific scopes. With the information base, opportunities for questioning and clarification, reference materials and links made at Sydney I had the confidence to explain the science... something I either avoided or did shabbily before. As an example of a failure consider a story on HIV testing for pregnant women. I was really not competent at explaining how the drugs worked. And I felt that discomfort even during the writing process. Were I to tackle this issue now I'd do far better. The J2J training provided concrete information, opportunities for questioning and clarification, excellent reference materials as well as links that empowered me to write about the

scientific/medical angles of HIV. Before this I either avoided doing so or did it shabbily. Consider one story published on August 20 shortly after the Sydney Conference on male circumcision. I felt far more comfortable explaining the "how" of it all than a year previously when I tackled prevention of mother to child transmission."

From Zambia, a journalist reports:

"The introduction of a Health Beat at the Zambia Daily Mail Newspapers where I Currently work has worked wonders. We now have a health page weekly, which I introduced and Edit to increase coverage of HIV/AIDS and Health issues in general. The Company has also introduced an HIV/AIDS work policy in which we have ensured that we give a voice to the people living with HIV. We have increased coverage on HIV/AIDS issues targeting the people who are infected or affected unlike in the past where the approach was more political than on the ground. The Zambia Daily Mail also helps workers and their families to access treatment. It is a very serious offence for any of the AIDS Task Force members (made of Daily Mail Workers) to disclose information of stigmatise any employee living with the HIV Virus. As a result workers who are infected are freely seeking VCT and treatment from selected clinics where Daily Mail has registered them. People in general are treating HIV/AIDS just like any other terminal disease and more have come out to disclose their status, positive or Negative. I can give any example of very good colleague of mine though she is late now. Mildred Mpundu was the first Journalist in Zambia to go public with her Status and the news was well received. However tragedy struck shortly after as she started treatment a lot later. The first time I attended a J2J was in 2002 in Barcelona prior to the International AIDS Conference in Spain. I should say that it was an eye opener as we shared a lot with fellow journalists from different Countries"

From Benin, the example cited by the journalist is as follows:

Les autorités dédramatisent l'infection à VIH Michée Boko COTONOU , 28 jan (IPS) - L'infection à VIH serait moins dramatique qu'on le pensait au Bénin, selon les statistiques révélées par la dernière Enquête démographique et de santé dont les résultats ont été rendus publics par le gouvernement le 22 janvier à Cotonou, la capitale économique béninoise. Cette étude fait apparaître une prévalence à VIH de 1,2 pour cent au sein de la population béninoise, un taux déjà révélé le mois dernier par le chef de l'Etat béninois, Boni Yayi, dans une déclaration à l'Assemblée nationale, à Porto Novo, la capitale béninoise. "La prévalence du VIH/SIDA au Bénin a évolué de façon rapide passant de 0,3 pour cent en 1992 à 4,1 pour cent en 2001. La prévalence s'est stabilisée autour de 2 pour cent jusqu'en 2005, puis à 1,2 pour cent dans la population générale selon la dernière Enquête démographique et de santé réalisée en 2006", disait-il. Cette "baisse apparente" s'explique par le fait que les premières enquêtes sur la prévalence du VIH/SIDA au Bénin ont été réalisées sur un échantillonnage faible, souligne Dr Clément Ahoussinou, coordonnateur adjoint du Programme national de lutte contre le SIDA (PNLS), une structure officielle basée à Cotonou. "La limite des chiffres de 1992 (0,3 pour cent) et 2001 (4,1 pour cent), c'est qu'ils provenaient uniquement de sept 'sites sentinelles' qui étaient essentiellement en milieu urbain. Les milieux ruraux n'étaient pas pris en compte. Les chiffres qui en étaient issus ne traduisaient donc pas la réalité de l'infection dans tout le pays", explique Ahoussinou. Le ministère de la Santé a alors procédé à une évaluation du système d'enquête. En 2002, une enquête menée sur 235 sites sentinelles, et portant essentiellement sur les femmes enceintes, a révélé une

prévalence de 1,9 pour cent. En 2003, la surveillance sérologique a révélé un taux de 2,1 pour cent, puis de 2 pour cent successivement en 2004, 2005 et 2006. Les chiffres de 2007 ne sont pas encore disponibles, selon le PNLS. Ces études montrent donc une stabilisation de la prévalence au Bénin à 2 pour cent. Toutefois, souligne Dr Ahoussinou, cette étude qui se fait chaque année, et qui porte exclusivement sur les femmes enceintes, comporte un biais : elle ne prend pas en compte les femmes non-enceintes, les hommes et les enfants. Et c'est ce biais que vient corriger l'Enquête démographique et de santé (EDS) de 2006, et dont les résultats (1,2 pour cent) ont été partiellement divulgués le 22 janvier. Si l'EDS a révélé une prévalence à VIH de 1,2 pour cent au sein de la population béninoise, cela ne veut pas dire que l'autre chiffre (2 pour cent) était faux, observe Dr Ahoussinou. L'EDS prend tout simplement en compte les exclus de la séro-surveillance que sont les femmes non-enceintes, les hommes et les enfants, en plus des femmes enceintes. "Dans tous les pays, la prévalence révélée par l'EDS est toujours inférieure à celle révélée par la séro-surveillance, et c'est le cas chez nous aussi", explique Ahoussinou qui a piloté cette étude. Néanmoins, une prévalence faible ne signifie nullement que les hommes et les femmes ont des pratiques sociales responsables dans ce pays d'Afrique de l'ouest, avertit Simon Johnson*, une personne vivant avec le VIH et conseiller au Service d'information et de dépistage anonyme et gratuit, un service du PNLS. "Il y a encore des zones septentrionales du Bénin où la circoncision se fait à la chaîne aux personnes adultes, qui sont mariées et qui ont des enfants. Dans certains couvents vodoun, dans le centre, les scarifications se font encore à la chaîne, avec le même couteau qu'on dit 'blindé', et qui doit donc servir pour tous les adeptes. Nous sommes allés voir cela...", rapporte Johnson à IPS. Il estime donc que ce n'est pas dans les grandes villes que le taux de prévalence est le plus élevé au Bénin. "Il y a des villages du Bénin où le taux de prévalence atteint 8 pour cent de la population tout simplement à cause de la persistance de nos us et coutumes", affirme-t-il. Selon Dr Judith Sègnon, un médecin épidémiologiste basé à Cotonou, le Bénin a une "population têtue" qui ne met pas toujours en pratique les conseils reçus au sujet du VIH/SIDA. "On parle tout le temps des risques de transmission par les instruments, mais les gens n'ont jamais cessé de faire des scarifications. Le premier itinéraire thérapeutique pour toute maladie dans notre société, c'est d'abord le guérisseur chez qui on charcute le malade de partout, avant d'aller dans un centre de santé...", déplore-t-elle. Dr Segnon suggère alors aux autorités chargées de la lutte contre la pandémie de poursuivre et d'intensifier la sensibilisation, notamment dans les zones rurales où il faudra multiplier les points de vente des préservatifs et augmenter aussi le nombre d'émissions éducatives sur les radios rurales ou communautaires. Pour le président du Réseau des associations des personnes vivant avec le VIH (REBAP+), Comlan Houessou, interrogé par IPS, le ministère de la Santé et toutes les autorités doivent plutôt renforcer la prise en charge des séropositifs, qui n'est que médicale pour l'instant. Selon lui, une prise en charge effective et efficace des personnes vivant avec le VIH (PVVIH) doit comporter également un volet social et un autre volet psychologique. Le REBAP+ est créé en 2005 et compte aujourd'hui 46 associations de PVVIH réparties dans tout le pays. Selon des statistiques communiquées par le PNLS, le Bénin a totalisé 65.432 personnes infectées par le VIH en 2006, dont 9.106 malades sont régulièrement sous traitement anti-rétroviral qui permet de prolonger la vie des malades du SIDA. Et ils bénéficient d'une prise en charge entière et gratuite pour laquelle le Fonds mondial contre le SIDA apporte une contribution financière à travers différents projets. Le Bénin a déjà commencé l'exécution du cinquième round du Fonds mondial dont le montant est de 16.363.245 euros pour la période 2007-2008, selon Bertin Affognon, coordonnateur de l'unité de gestion du fonds au ministère de la Santé. Les cas cumulés de malades du SIDA sont estimés à 9.886 personnes depuis 1985 où le premier cas a été découvert. Mais le pays n'a pas encore

les moyens d'assurer une prise en charge totale et gratuite de tous les volets du VIH, reconnaît Ahoussinou. "Par exemple, c'est dans seulement environ 200 maternités que nous faisons la prévention de la transmission mère-enfant. Or, nous avons plus de 600 maternités dans tout le pays. Que deviennent les enfants qui naissent dans les autres maternités?", demande-t-il. (* Certains noms dans cet article ont été changés pour protéger l'identité des personnes concernées

A journalist from Zimbabwe sent us the following example of a friendship that stems directly from the J2J program that immediately preceded the IAS Conference of 2007. These journalists were the recipients of scholarships provided by the J2J program of the National Press Foundation.

Robert Meets Neil: A Tale of Two Journalists in Sydney

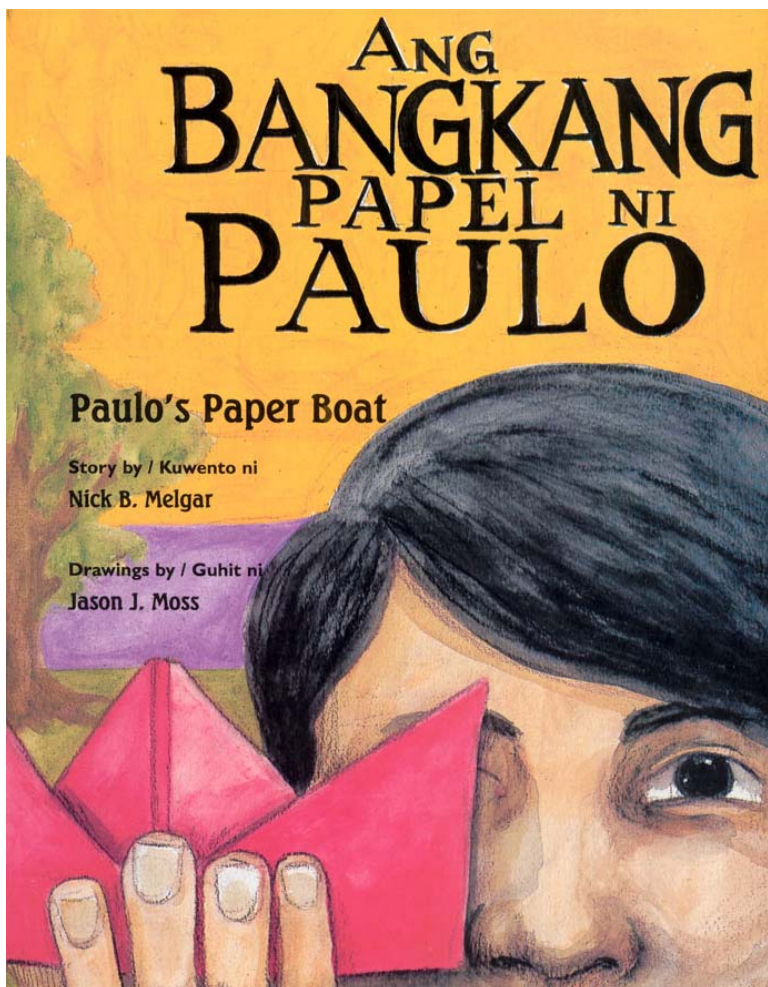
Zimbabwean Robert Mukondiwa and Neil Marks from the Caribbean country of Guyana, met at IAS 2007. As media scholarship recipients, they attended a number of training and networking sessions for journalists and, in the process, became fast friends. Here, Robert Mukondiwa introduces his comrade in penmanship, Neil Marks.

"There was so much that we had in common, including a stubborn resolve that had got us this far in a vocation that is almost always dangerous in the developing world. In his almost ten years as a journalist, Neil has been fired for refusing to sweep facts under the carpet, locking horns with figures that make up the elite of Guyanese political life. Yet he has survived it all and, ironically, a month after he returned from our time in Sydney, he was again suspended for a week for wanting to tell it like it is. Sometimes in developing countries the fight against HIV/ AIDS and the need to tell the truth become blurred. It is difficult to be the journalist and not the activist. Having both been in Toronto for the International AIDS Conference, we both found the going a bit easier at IAS 2007 when faced with the task of finding what to focus on and which stories would interest people back home. "AIDS is the big issue when a conference is afoot," Neil said to me, "but when we get home, politics carries the day and is given top priority at the expense of human life." If organizations like IAS and the Kaiser Family Foundation did not help developing world journalists like us to report from the ground and send messages relevant to our readers back home, where would our readers be? Neil Marks helped me see that I was not alone as the victimized journalist whose cause is not at the top of the agenda. Yet I was also heartened to know that after talking about AIDS, dying children, poverty and depressing issues that affect people back home, it was not too extravagant to sit back in the hotel room and enjoy a cold beer. It took the IAS to bring together two people, who otherwise may never have met, to a conference that helps them share and explore their passion. And now the relationship has been cast in stone!"



Left to right: Neil Marks, Robert Mukondiwa and Kashmir Hill (coordinator of Journalist 2 Journalist training programme, National Press Foundation)

And from the Philippines, the following story that educates on HIV:



“Anak, di komo naay HIV ang tatay nimo, mamatay na siya. Naay mapalit nga mga tambal nga magdugay pa sa iyang kinabuhi,” tubag ni Nang Mameng dungan ang paghapuhap sa ulo ni Paulo. “O lakaw, tawga na ngadto ang imong tatay aron mangaon na ta. Hukaron ko na ning atong pagkaon.”

“Son, just because your Itay has HIV, doesn’t mean that he’s going to die. He’s taking medicines that will help him,” Aling Mameng answered Paulo while she stroked his head. “Go call your Itay now so we can eat. I’ll set the table.”

