



HIV AND AIDS IN UGANDA AND SERBIA

Lessons from Africa?

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ISSUE 5
September 2006

"There's nothing wrong with learning from another person's experience. It saves you from going through this experience again. Why not? We are living in different communities but we are the same people"

George Segundo, Ugandan TV producer

Every publication that adds to the current debate about HIV/AIDS communication in the mass media agrees on one thing: communication is a crucial part in promoting prevention, as well as treatment, voluntary counselling and testing. But what is it that makes for successful, effective communication? And how can the people producing it be helped to achieve it? What are the lessons to be learnt from those countries that have seen some success in HIV/AIDS communication, and how can they be passed on to others? I hoped to explore these questions by looking at AIDS communication in two very different countries: Uganda and Serbia. I chose to examine both the context in which media is produced by talking to media professionals and the product, reviewing content that focussed on HIV/AIDS in newspapers, TV and radio [i].

Uganda is significant in the HIV/AIDS field: regularly held up as an example of a country that has successfully contained its HIV epidemic. The media has been cited as one of the key factors in its success (Thomas, 2003). Serbia's relatively recent HIV/AIDS problem is minor in comparison to Uganda's, but it won't necessarily stay small. With infection rates across the region increasing rapidly, and Serbian society in the process of dramatically opening up to Europe, the country is at a crossroad in terms of choosing how to address its HIV/AIDS situation. Will it take the opportunity and act to keep its infection rates low? Could the mass media serve as a valuable tool in this process? I chose to go to Serbia hoping there would be interesting points of comparison and contrast with Uganda, with lessons to be learnt from its 20 years of experience and varied approaches. Some of these assumptions turned out to be correct. However, I also found areas where the Ugandan media were

experiencing challenges or problems.

I examined AIDS communication in these two countries and much Communication for Development literature on this subject. Many authors choose to focus on *project-based approaches* to HIV/AIDS communication in the mass media, where donors or NGOs fund interventions like radio programmes, TV soap operas and spots, or magazines. Projects and interventions are cited and analysed; in some cases, again and again. The *Soul City* project in South Africa is often referred to, quite rightly, because of its widespread popularity, its success in harnessing education-entertainment formats to such effect and its emphasis on research, attainable objectives, presentation of information and rigorous evaluation. The reasons for this project-based approach are obvious: it is the most direct and therefore potentially effective way of approaching HIV/AIDS prevention and related aspects (like stigmatisation), and the kind of intervention that communication for development practitioners are most likely to become involved in. Moreover, their format allows evaluation: a crucial factor when donor money is involved, and recommendations and lessons drawn from previous projects are more easily passed on.

However, I would argue that this focus tells only half the story. HIV/AIDS is present in many other ways in the mass media. From direct coverage in the news and as a subject of documentaries and discussions, to the media's way of dealing with related aspects such as attitudes to high-risk groups (sex workers and drug users for example) or the expression and shaping of attitudes towards issues such as condom use or sexual abstinence among young people. In Uganda, where HIV/AIDS is high on the public agenda, there is a huge amount of coverage not controlled by the development community. In Serbia, a country with relatively low infection rates where HIV/AIDS is not seen as a big threat, there seems to be much more independent mass media coverage than that generated by projects. Why is the independent mass media important in this context? Not only can they often kick-start an interest in and commitment to HIV/AIDS policy in the general population and in government by 'agenda-setting' (Singhal and Rogers, 2003: 56). The way the non-project based mass media communicate (or not) about HIV/AIDS has important implications for the way the epidemic is dealt with on a continuing basis.

To explore the context of HIV and AIDS in both project-based and independently generated media in each country I chose to talk to media professionals who were producing content through both project-based work and the independent outlets: journalists, TV and radio producers, and NGO workers.

The first cases of AIDS started appearing in Uganda in the 1980s. The epidemic rapidly escalated, and by 1991, the infection rate in the general population was approximately 15% (McKee, Bertrand and Becker-Benton, 2004: 24). This devastating situation then began to be reversed: Uganda was the first African country to reduce its HIV prevalence rate. Although the exact amount of this reduction remains contentious - McKee et al give the figure of a reduction from 15% to 5% in 2001 - it is agreed that “the country represents one of the few clear examples where HIV has at least begun to be contained” (Thomas, 2003). The reasons for this success have been analysed at length and there seem to be many factors at play, communication and open discussion about HIV/AIDS being one of them, combined with political will and multi-sectoral action” (McKee, Bertrand and Becker-Benton, 2004: 24).

Compared to Uganda, where an estimated 1.1 million people are living with HIV/AIDS (*Straight Talk*, 2004), Serbia's epidemic is relatively small. The most recent UNAIDS/WHO report on the area estimates that 10,000 Serbian adults and children are infected with HIV, amounting to an infection rate in the general population of 0.2%. Serbia and Montenegro registered 1,771 HIV infections by the end of December 2003, as well as 1,223 AIDS cases and 846 deaths (UNAIDS/WHO, 2004). In contrast to the situation in Uganda, many Serbians have yet to confront the reality of the HIV/AIDS situation. There seems to be a lack of perception of the problem, compared to the many other problems that Serbians face on a day-to-day basis. Time and again, our interviewees referred to myriad other concerns that overshadow HIV/AIDS: poverty, political uncertainty and other health problems such as cancer. Statistically, HIV/AIDS does not affect as many Serbians as cancer. But because of the nature of the disease, the Serbians it does affect are not well served by the climate of ignorance, stigma and discrimination that currently exists. Natasa Cvetkovic works for IAN, an NGO that offers HIV testing and counselling: “One number which is the most illustrative for me to describe the HIV situation in Serbia is that 60% of the people find out they are HIV+ when they develop full-blown AIDS. That is about stigma and discrimination, and hesitating to come forward to have the test or to learn about HIV/AIDS”.

In Uganda, the situation of people living with HIV/AIDS has come a long way since the 1980s, when those infected with HIV were often vilified. Singhal and Rogers praise Uganda for tackling the stigmatisation of people living with HIV/AIDS (PLWHAs) (Singhal and Rogers, 2003: 243-244). They explain that Uganda's government acted early on to demystify HIV transmission and reduce fear of being in contact with infected people. Public figures declared their positive status early on, which had the effect

of further de-stigmatising the disease. After twenty years, this technique is still being used in the Ugandan media. However, when analysing media content, I found that although direct stigmatisation of PLWHAs might have been successfully addressed, stigmatisation of vulnerable groups still exists.

In Serbia, interviewees described how PLWHAs -very often found in vulnerable groups such as sex workers, intravenous (IV) drug users and men who have sex with men (MSM)- face a 'double whammy' in terms of discrimination. "We are a society which puts a lot of discrimination towards different kinds of problems or people with problems... the populations that are most affected by HIV and AIDS are already very stigmatised and there is high discrimination towards them...the whole environment that is supposed to support focused action on HIV and AIDS is very weak" (Natasa Cvetkovic, IAN).

Statistically, Serbia's HIV/AIDS epidemic is currently small, but there is growing and worrying evidence that it has the potential to worsen. The impoverishment and social and political turmoil in the last 15 years have reduced the resources available for education and health provision, and left many people vulnerable to sexually transmitted diseases, especially the young (UNFPA, 2004). Not only has the general health landscape in Serbia deteriorated; the nature of the HIV/AIDS epidemic seems to be changing. Whereas when it started in the mid 1980s the epidemic was driven by injected drugs use, around two thirds of the new infections in 2003 were sexually transmitted, and the situation in the South East Europe region and Serbia's political, cultural and social context suggest that the problem could escalate soon. UNAIDS has identified a lack of prevention programmes in Serbia. It's a critical time for getting the overall strategy right, and for implementing an effective media and communication policy as part of that strategy.

The government certainly appears to recognise the need to address the HIV/AIDS situation and act to contain its spread before it reaches a critical level. With money from the Global Fund to Fight AIDS, Malaria and TB, it formed a multi-sectoral body, the Commission for the Fight Against HIV/AIDS, to devise and implement a National Strategy for HIV/AIDS, launched in February 2005 – the month before we visited Belgrade.

HIV AND AIDS IN THE MASS MEDIA IN UGANDA AND SERBIA

What HIV/AIDS communication exists in Serbia now and what is the social and media industry context in which it is produced? How does this compare to Uganda, recognised internationally for its effective media

approaches to the disease?

According to our interviewees, the newspaper editors controlling output now recognise HIV/AIDS in Uganda as an issue of great importance: “HIV is really a critical issue – they really give it a lot of coverage – they can’t deny that. It is really given good coverage. Especially if it’s a news thing or a good human interest, they really give it good consideration” (Sheila Gashishiri, freelance journalist).

Broadcast media also recognises the value of covering HIV/AIDS. Jimmy Okello, manager of a rural radio station in Northern Uganda, Radio Apac, described how the issue is worked into programming about all aspects of life: “what we, as the radio station try to do is to look at HIV/AIDS in relation to the normal life and work of a person. How does HIV/AIDS affect your food security? How does it affect your athleticism – in your sports? How does it affect you at work socially? If you know you have it or people know you have it?”

HIV and AIDS has been present in the mass media in Uganda for over twenty years, and the nature of the media’s engagement with the issue has changed and evolved over that time. George Segendo has been producing HIV/AIDS radio and TV prevention programmes since the 1980s: “We have been engaged in this struggle for communication about AIDS right from the beginning. We have seen different stages of information for communication as far as AIDS is concerned. At first, it was awareness – then everyone became aware – but awareness was not enough. So we went to another second stage – advocacy”.

The focus of prevention communication changed, moving from awareness raising and the provision of information to encompass aims such as the promotion of ‘positive living’. The way media practitioners use different techniques and formats has also evolved, but a more innovative and creative use of formats is not necessarily seen across all media outlets.

Paul Kavuma, a journalist running *Oneworld Africa* (an internet site where examples of AIDS radio from all over the continent can be accessed), argues that quantity does not necessarily equate with quality or innovation in Uganda’s newspapers. “You’ll read a lot about AIDS in the newspapers – there’s always an article about AIDS in the print media at least every day...a lot of them have to do with events at the Events Centre – ‘the minister went, he cautioned people to be careful about this, he cautioned people about this’. I think we’ve got to get into more professional reporting of HIV/AIDS in the media – journalists who are specialists in it and who can break down the complexities of it for the ordinary person, and I think that is still lacking”.

Because the Serbian HIV/AIDS problem is much smaller than Uganda's, it is to be expected that there would be fewer communication for development interventions and less coverage of the issue in the Serbian media in general. Most of the targeted media interventions have been carried out by a large and well-established NGO, 'Youth of JAZAZ', that aims to "fight against HIV/AIDS through prevention and to provide support to the people living with HIV/AIDS" [ii]. Their work in the mass media consists mainly of spots, short films with single messages, and two pop videos, which I examined in terms of content.

I could not find any other HIV/AIDS development interventions in the mass media in Serbia at the time I visited the country, which suggests that what is generated about the subject independently in the mass media is really important, because it's almost all there is.

HIV/AIDS comes way down on the list of important issues for most Serbians, and this attitude is both reflected and shaped by the media. Zoran Stanojovic, a radio journalist working for the BBC World Service, sums it up: "AIDS is not taken that seriously in this country. It's not an issue we really feel as a big problem in this country. It's still marginal". The attitude of most of the Serbian media is that there are more important issues than HIV/AIDS facing Serbians.

While newspapers and magazines have the space to cover HIV/AIDS stories on a regular basis, albeit in a limited way, radio and TV news and factual programmes are less inclusive of a subject not prioritized in their agendas.

Dwelling on the relative amount of coverage of HIV/AIDS in the Serbian media is not helpful. Even if the potential for growth in the Serbian epidemic justifies encouraging an increase in media reporting and targeted interventions, the problem is still small, and there is no point in pushing for over-representation of the subject. What is perhaps more important to focus on is the nature of the coverage, which is often problematic.

At the most basic level, the Serbian interviewees identified a lack of knowledge about HIV/AIDS amongst journalists, leading to inaccurate or mixed up reporting of the subject: "They are not provided with comprehensive information... and I get the impression that they are usually confused about some issues which are surrounding HIV and AIDS" (Natasa Kvetkovic, IAN).

Not only do journalists get the facts wrong, they also report on HIV/AIDS in a sensationalist way. Tijana Vukadin, who organises HIV/AIDS training for journalists at UNDP in Belgrade, uses an example of sensationalist reporting in her workshops. “We have taken a case that happened last year in South Serbia, where there was an elementary school pupil who people thought was HIV positive because one of his parents was... there was a very small community and very prejudiced in the sense that people were not educated in HIV/AIDS issues at all, so there was quite a bit of a scandal and it ended up in the national newspapers and everything”.

Perhaps one of the reasons that AIDS is seen by the media as a sensationalist subject is that, unlike in Uganda, there are very few Serbians who acknowledge publicly that they are HIV positive: “We don’t have examples of people coming out and saying we are HIV....We don’t have that many people saying OK I’m HIV positive and living with that, because it’s a hard life” (Zoran Stojanovic, BBC World Service).

Ivan Radojcic, an HIV-positive radio presenter who contracted the virus over a decade ago, is one of only a handful of people in Serbia who regularly talk about living with the condition in the media. He described the atmosphere of stigmatisation that prevents other PLWHAs from talking publicly about their condition: “People are scared and living in fear...if somebody finds out he has HIV he can expect to lose the job and many kinds of pressure on the side of the community. I didn’t live that story because I had a different approach”.

There is a (vicious) circularity to this interplay between media and society – if the media don’t represent ‘ordinary’ Serbians living with HIV/AIDS, then the public does not perceive it as an issue that affects them, and there is little interest in it except for the occasional sensationalist coverage described above. The stigmatisation experienced by PLWHAs in Serbian society prevents them from talking about their condition openly in the media. And by not presenting a more positive view of PLWHAs, the media is contributing to the stigmatisation.

There seem to be clear differences between how HIV/AIDS is dealt with in the mass media in Uganda and Serbia. While Uganda’s media practitioners report a widespread recognition of the value of HIV/AIDS as a subject by both editors and the general public, probably because so many people have died from the syndrome, in Serbia it is regarded as unimportant compared to politics, poverty or other health issues. Audiences and producers are locked together in a circuitous relationship, which has had a positive effect in Uganda but a negative one in Serbia. In Uganda, audience interest in the subject stimulates and encourages the production of related media coverage. In Serbia, one of the reasons why the media do not value HIV/AIDS highly as a subject is that audiences do not see it as

an important issue. In turn, audiences will not see it as an important issue until media practitioners turn it into one, or until many more people die. The Serbian media have an opportunity to 'set the agenda' for HIV/AIDS in the country if they choose to embrace the issue.

In Uganda, the media's presentation of HIV and AIDS has evolved over the years to incorporate aims such as advocacy and positive living, experiment with formats such as drama, and show positive representations of people living with HIV/AIDS – often high-profile figures in Ugandan society. Independent media and NGOs both generate large amounts of HIV/AIDS related material. How has this comprehensive and often innovative approach come about? Obviously, the high incidence of HIV in the country has generated a large amount of interest in it as a subject. But there has also been time to develop more sophisticated approaches, and input from many local and international sources in the form of training, capacity-building and the development of resources.

In Serbia, the media sometimes gets its facts wrong, reports about HIV/AIDS in a sensationalist way that contributes to public panic and increased stigmatisation, and shows very few representations of people living with HIV and AIDS that the Serbian public can identify with. In addition, there is a lack of interesting and imaginative formats. While Serbia has a National AIDS Strategy, there is a limited communication policy within it, and there are few NGOs producing targeted interventions. Media practitioners, strategists and development practitioners in Serbia need to develop a communication response to the HIV/AIDS epidemic, learning from examples such as Uganda's and applying them to their own situation, thus working towards a more enabling media environment and addressing the attitudes of audiences.

CONTENT

So what is the HIV/AIDS *content* described by interviewees in Serbia and Uganda actually like? With the help of researchers in both countries, I gathered a cross-section of newspaper articles and TV and radio programmes from 2000 to 2005 including a selection of newspaper stories in the most popular newspapers between November 2004 and April 2005, the period of my research. I reviewed them, analysing the following elements: format, approach, use of language and sustainability (ie whether the piece of media was produced by home-grown professionals or with the help of NGOs or international donors, and whether this method of production was financially sustainable). The findings corresponding to each category are discussed in some detail in my thesis of the same title. I will introduce here some of the 'best' and 'worst' examples.

Straight Talk is a Ugandan magazine aimed at 15 to 24-year-olds. Produced by the Straight Talk Foundation, it is distributed every two months tucked inside *The New Vision*, one of the largest national English-language newspapers, as well as to youth groups and schools across the country.

The two issues I examined (Nov/Dec 2005, Feb 2005) were attractive and designed to appeal to young people, including many short articles, quizzes, photos, graphics, illustrations and information boxes laid out on tabloid-sized pages in a colourful and readable way. The Nov/Dec 2004 issue is comprehensive and well thought-through, focusing primarily and in-depth on one issue within the AIDS spectrum; that of Anti-retroviral drugs. First it gives lots of easily digestible information on the science behind ARVs) how and when they should be used, and where to get them. Then it uses personal testimonies of young people using ARVs to reinforce the information, but also to promote positive living and address the stigmatisation of PLWHAs. This approach - getting young people to empathise with their peers- is reinforced with pictures, photos and comments from young people talking about their lives and providing advice. Participation by readers in the form of letters and as interviewees also gives readers a sense of involvement with and ownership of the project. An advice column deals with sexual and reproductive health in general, thus addressing the wider issue of STDs and their impact on HIV infection rates, while reinforcing specific HIV/AIDS messages when appropriate.

In contrast, there were a couple of very bad Ugandan newspaper articles. An article on December 2, 2004 describes how Janet Museveni cried when she heard the story of a 12-year old girl who was raped and infected with HIV by her headmaster. The article describes the circumstances in which the story was told, and then the circumstances of the attack itself. Not only is the article sensationalist, but it also reveals the identity of the young girl, a shocking breach of the rights of the child. This is a very basic mistake and even had the journalist not understood the implications should have been picked up and corrected by editors.

Equally shocking is a feature in *The Monitor* newspaper written by journalist Ignatius Sauuna as he investigates the world of prostitutes in Kampala over a couple of nights. He talks to a lot of the sex workers and includes their quotes in the body of the piece. His main finding is that many sex workers are prepared to have unprotected sex ('live' sex) because it pays far better than protected sex, but the piece is just as much about his reactions to the world of prostitution he explores on his travels. This is a piece in which sex workers are stigmatised and condemned in an extreme way. Even though the journalists talks to the women about why they

choose to engage in sex work, he evinces absolutely no understanding or compassion in their answers. The photos enhance this attitude by illustrating and emphasising the criminalised aspect of sex work. This is a news-based investigative feature which will not help the understanding of commercial sex workers or the spread of HIV in that area. You can understand why the piece was commissioned, because it's an interesting subject, but again the extreme, stigmatising stance of the journalist should have been picked up on and addressed by an editor.

The only examples of a targeted intervention that stood out in the Serbian media amongst the examples I collected were the social marketing spots devised by Youth of Jazas. Beautifully filmed, they utilised some interesting ideas. The rest of the formats used in print and radio media are unimaginative – AIDS as a subject doesn't seem to have penetrated past news stories, and is not being effectively represented through drama, or in the more feature-based print journalism. Do the HIV prevalence rate and the amount of audience's interest in AIDS have to reach a critical level before the Serbian represents the subject media in other ways? Why not learn from the many good examples that can be drawn from Uganda's experience?

The content and approach of the AIDS related articles in the Serbian newspaper sample is relatively unsophisticated. Interviewees gave examples of the negative impact of some media reporting on HIV/AIDS – sensationalist stories that sometimes revealed the identity of PLWHAs. The sample I collected did not show any evidence of this kind of mistake. However, it did reveal a news-based approach to AIDS content which usually failed to connect with the Serbian AIDS situation and invariably failed either to 'add value' to news pieces with information about the disease and its transmission, or to use news as a springboard for examining related issues more thoroughly and effectively. For example, in February 2005, a piece published in the *Politika* newspaper reported on the launching of the Serbian government's five year National AIDS Strategy. The Strategy constitutes the "basic framework for formulating goals and implementing measures concerning prevention, treatment and support to persons infected with HIV/AIDS as well as for raising of public awareness of specific problems related to HIV/AIDS issues"; an event which is surely a crucial step towards addressing Serbia's HIV situation. However, the piece made no effort to examine that situation. It gave some statistics about the HIV infection rate worldwide but said nothing specific about Serbia. You are not going to get a much better topical story on which to base features and issue-based articles than the launch of a national strategy, but it seemed that this opportunity was ignored by all papers I looked at.

Many international AIDS stories were reported, but there was no attempt

in any of the articles to make those stories more relevant to Serbian readers by including information on the country's epidemic. And when there is Serbian AIDS-related news, newspapers don't do as much with the stories as they could. For example, Blic reported on 25 February 2005 about newly available HIV tests for vulnerable groups in the central Serbian town of Valjevo. "American donors IRB funded the testing of children and pregnant women through their 'How to have healthy children' project". This was straight news reporting, with no attempt to take the story further, covering the fact that HIV testing would be done, but not why. The American project could have been used as a basis for a more issue-based piece looking at children with HIV or mother-to-child transmission, and the piece could have included practical details of the testing programme for affected readers.

Examples of the Serbian print media gathered give the impression that HIV/AIDS is seldom recognized as a subject worth devoting time to. Journalists and editors do not seem to see the subject as relevant to their readers -an impression the interviewees gave. A conceptual shift will be necessary for journalists to start seeing AIDS-related news as relevant to Serbians and grasping opportunities to look at the subject in greater depth, and from a more issue-based perspective. Although there should not necessarily be more written about the subject, what is written should be more appropriate.

LESSONS FROM AFRICA? MOVING FORWARD

The content review showed that the Ugandan mass media is generating many examples of very good HIV/AIDS related content, and a few examples of very bad content. The close examination of content made it possible to pinpoint some specific areas in which communication in the mass media might be not as appropriate as it should and could be. Among the problems that became obvious, there was a lack of effective editorial filtering, which allowed the few very negative newspaper reports –such as *The Monitor's* piece about prostitutes, for example– to be published. This suggests that editors' awareness of the implications of this kind of coverage is as important as journalists' writing. There must be more than one level of review on the coverage of HIV/AIDS in the newspapers.

Overall, findings from Uganda were very positive. The volume and range of material from both the formal and informal sector seem to be contributing to sustain an environment in which discussion and the provision of information can flourish. The combination of targeted and independent media ensures that specific 'messages' are aimed at specific groups, while at the same time addressing the wider social issues related to the spreading of the disease and PLWHAs' quality of life.

Communication for behaviour change and communication for social change interact in a positive way.

What I found in Serbia tended to be irrelevant to Serbians, dull and badly formatted. The content reviewed was the product of the independent media's widespread indifference to HIV/AIDS, and an unwillingness or inability to understand how to generate interesting and relevant media coverage. Independent media should be encouraged to produce more quality products on their own, and NGOs should target interventions in consultation with them.

Could training and shared learning improve output in both countries? Many of the practitioners interviewed in Uganda referred to a need for training. Given the amount of media training that has already been carried out there, how much would additional training benefit Ugandan practitioners? They already have the tools and know-how to produce great HIV/AIDS content. Thus, it might be more useful if they could network to share information and knowledge, and practitioners would benefit from access to interesting examples of format, particularly via a website that can be accessed from any location.

Monitoring of HIV/AIDS-related media (such as the work developed in Brazil by the NGO ANDI) would allow identifying problems and potential for improvement. Cathy Watson, Communications Director at the Straight Talk Foundation, provides one example based on interviews and content gathered in February 2006. She has reported what she sees as a worrying trend over the last year: an increasing amount of self-censorship in the Ugandan media, keen to promote abstinence over condom use in line with the stance taken by influential Ugandans like Janet Museveni and the official policy of USAID [iii]. Ongoing monitoring would verify changes like this.

Serbia seems to require more input if its HIV/AIDS communication is to achieve the quality found in Uganda. It would be a shame not to use Uganda's experiences over 20 years of evolution in this field to help other countries get there quicker. How could lessons learnt be transferred? Would Serbians be receptive to lessons from Africa?

I believe that acceptance would depend on how lessons are framed. UNDP is already running workshops to sensitize journalists about the impact of their work, encourage more coverage and improve its quality. There been a reported rise in the amount of HIV/AIDS media coverage since the training began, and advice and information about prevention have started appearing more in newspaper supplements [iv]. Practical examples from Uganda could be used as part of the training. However, since some of the

interviewees expressed doubts about whether Serbian practitioners would be open to the idea of an African country providing a model for them, it might be better to mix them with examples from other countries too, such as the soap opera *Eastenders* in the UK.

Looking at the situations in these two very different countries shows how particular and unique the HIV/AIDS communication situation is in each. Without overestimating what can be done through shared learning, I contend that good practice is recognisable across languages and cultures, and media practitioners would benefit from recognising and learning from it. If media professionals see something that works, they will use it. If, as well as showing them a piece that work, you explain why and how it works, then it could serve as a basis for them to produce better, more effective HIV/AIDS communication.

[i] My research was carried out in collaboration with a colleague, Jackie Davies, who investigated online resourcing for HIV/AIDS media practitioners in Uganda and Serbia. An article based on her dissertation can be found in the May 2006 issue of *Glocal Times*.

[ii] www.jazas.org.yu

[iii] Cathy Watson, Straight Talk Foundation, January 2006.

[iv] Tijana Vukadin, UNDP, January 2006.

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SUBMITTED BY: FLORENCIA ENGHEL

2006-09-12



