

HIV/AIDS media guide

IFJ media guide and research report on the media's reporting of HIV/AIDS



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Cover: Members of the Calcutta Samaritans take part in a rally during a campaign on World AIDS Day in Calcutta, India – December 1, 2005
Photograph by Piyal Adhikary/EPA

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I. Introduction



**IFJ President,
Christopher Warren.**

Journalists have a significant role to play in the HIV and AIDS epidemic, by informing the public and holding governments to account.

This guide is designed to assist journalists and other media workers to continue their informed and considered coverage of HIV and AIDS and related issues. It forms part of a broader project run by the International Federation of Journalists and its affiliate unions to raise the issue of HIV and AIDS to the top of the agenda of all media.

Based on in-country research from local experts, the project encompasses a “train the trainer” component, in which interested journalists learn about reporting HIV and are then qualified to run training for interested colleagues.

The research has also provided a snapshot of HIV reporting in each of the targeted countries, further guiding the project and ensuring that the training package and the guide are locally focused.

“...a society’s myths, taboos and societal norms can often cloud debate on the disease and prevent accurate information getting into the public domain.”

The guide is divided into three parts: the basics, the media and more about HIV. It provides answers to frequently asked questions about HIV and AIDS, treatments and diagnoses. Other sections cover the history of the virus, transmission, treatments, opportunistic infections and a chronological account of the development of the epidemic.

There is also a section on “terms to use”, suggesting alternatives to the common terminology and misconceptions that denigrate and undermine people living with HIV and AIDS.

Because HIV is mostly transmitted via unprotected sex, a society’s myths, taboos and societal norms can often cloud debate on the disease and prevent accurate information getting into the public domain.

The International Federation of Journalists is committed to play its part in combating HIV and AIDS. This guide, along with training courses for journalists provided through local journalists’ trade unions, aims to raise awareness of issues facing the media and provide real tools to assist in reporting the global and local HIV and AIDS epidemic.

This guide and the training resources have been developed under a wider project aimed at improving media reporting of HIV/AIDS in Africa and Asia, generously supported by the Swedish trade union movement, the LO-TCO.

Christopher Warren
President
International Federation of Journalists



Young African AIDS activists, their mouths taped with bandages, protest in the main hall of the 14th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in Abuja. The youths believe their input into discussions of the AIDS crisis is being ignored. The media has an important role in ensuring the voices and opinions of youth, women and people living with HIV and AIDS are heard loud and clear in media reports on HIV/AIDS. – December, 2005. Photograph by: Emmanuel Goujon/AFP

Part I – HIV/AIDS: The basics

2. HIV/AIDS at a glance



A man dressed as a condom passes out free condoms to a driver in Bangkok during a campaign promoting the awareness of AIDS. Less than 20 per cent of people at risk of contracting HIV have access to preventative measures such as condoms. – November, 2004. Photograph by Sakchai Lalit/AP Photo

The worldwide epidemic

More than 38 million people are living with HIV/AIDS around the world, and UNAIDS estimates that without more prevention measures, 45 million new cases could occur by 2010.

In 2005, 4.1 million people were newly infected with HIV, according to UNAIDS. 2.8 million died - 2.6 million adults and 570,000 children.

Since it was first recognised in 1981, AIDS has killed more than 25 million people, making it one of the most destructive epidemics in recorded history.

One person is infected with HIV every six seconds - that's 10 people infected each minute. About one-third of those living with HIV/AIDS are between 15 and 24 years old and, in 2005, 2.3 million children under the age of 15 were living with HIV/AIDS.

Sub-Saharan Africa - home to 10 per cent of the world's population - has almost 64 per cent of the world's HIV infections. However countries in East Asia and South-East Asia also have HIV epidemics that are progressing at an alarming

rate - there are now more than 8 million people with HIV in Asia.

China and India both have seemingly low prevalence rates - 0.1 per cent and 0.9 per cent respectively. But while the prevalence rates are low, because of their massive populations, the actual number of HIV-affected people is huge, with China predicted to have at least 10 million infections by 2010 unless urgent action is taken.

An ever-increasing proportion of women are affected by the epidemic. In 2005, UNAIDS found that 17.3 million women were living with HIV, with 13.2 million living in sub-Saharan Africa. The impact on women is apparent also in South and South-East Asia, where more than 2 million women now have HIV.

– Sources: *Report on the Global AIDS Epidemic 2006*, Joint United Nations Programme on HIV/AIDS (UNAIDS); *AIDS Epidemic Update: December 2005*, UNAIDS/WHO; Stover J, Schwartländer B et al. "Can we reverse the HIV/AIDS pandemic with an expanded response?" *The Lancet* - Vol. 360, Issue 9326, 06 July 2002, Pages 73-77

Fast facts

- ◆ Less than 20 per cent of people at risk of contracting HIV have access to preventative measures such as condoms.
- ◆ UNAIDS estimates that at best, only one person in ten in Africa and one in seven in Asia in need of antiretroviral treatment were receiving it.
- ◆ More than 600 people contract HIV every hour.
- ◆ Women account for nearly 50 per cent of all HIV/AIDS cases.

3. Frequently asked questions

What is HIV?

HIV stands for Human Immunodeficiency Virus. It destroys blood cells, known as CD4 cells. These cells are crucial to the normal function of the immune system, which defends the body against illness. When the immune system has been compromised by HIV, a person develops a variety of illnesses, such as cancers and viral, bacterial, fungal and parasitic infections. HIV is the virus that can cause AIDS.

What is AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is not a single disease; it is a spectrum of conditions that occur when a person's immune system is damaged after years of attack by HIV.

What is the difference between HIV and AIDS?

A person who is infected with HIV does not necessarily have AIDS. However, all people with AIDS have HIV. HIV damages the body's immune system and renders the body vulnerable to other diseases and infections. During advanced stages of HIV infection, a person may develop any of a number of opportunistic infections considered to be AIDS-defining illnesses. It is then that a person infected with HIV is diagnosed as having AIDS.

AIDS is not a single disease; it is a spectrum of conditions that occur when a person's immune system is damaged by HIV.

How is HIV transmitted?

HIV is transmitted through penetrative (anal or vaginal) and oral sex, although it is generally accepted that there is a very low rate of transmission by oral sex, requiring open wounds in the mouth. It is also transmitted via blood transfusion; the use of contaminated needles in health-care settings, or sharing needles through drug injection; and between mother and infant during pregnancy, childbirth and breastfeeding.

How is HIV not transmitted?

HIV does not survive well outside the body, so it cannot be transmitted through casual or everyday contact such as shaking hands or hugging. Sweat, tears, vomit, faeces and urine can contain small amounts of HIV, but they have not been found to transmit the disease. Mosquitos and other insects do not transmit HIV.

How can HIV transmission be prevented?

The best way to avoid HIV transmission is to use condoms and water-based lubricant (lube) when having sex. Injecting drug users should avoid sharing needles, and pregnant women can reduce transmission to their children by taking antiretroviral treatment. It is also important, if voluntary testing and counselling is available, for people to find out their HIV status, so they can take adequate steps to protect themselves and their partner from HIV infection.

How is HIV detected?

It is not possible to look at someone and know whether he or she is HIV positive. A blood test can reveal the presence of the



AIDS orphans queue for food at a kindergarten in Manzini, Swaziland. Stigma and discrimination continues to be a major problem for people with HIV. In many countries, HIV-positive people are shunned by their families, their community, their employers, and even their local health services. If a person agrees to be identified, it is important the journalist ensures they are aware of the potential consequences. – August, 2005. Photograph by Siphwe Sibeko/AP

virus. If the blood sample contains HIV antibodies – proteins the body produces to fight off the infection – the person is HIV positive.

How is AIDS diagnosed?

A diagnosis of AIDS is based on the presence of one or more of the following illnesses in a person who is HIV positive: candida in the oesophagus, throat or lungs, invasive cervical cancer, coccidioidomycosis, cryptococcus, cryptosporidiosis, cytomegalovirus (CMV), herpes simplex virus which causes prolonged skin problems, HIV-related encephalopathy, chronic intestinal diarrhoea, Kaposi's sarcoma, certain lymphomas, Pneumocystis carinii pneumonia (PCP), toxoplasmosis, HIV wasting syndrome. These are known as AIDS-defining illnesses. As soon as a person with HIV experiences one of these illnesses they are medically defined as having AIDS.

How long does it take for HIV to progress to AIDS?

The length of time varies from person to person and depends on whether there is access to antiretroviral treatment. For those getting drug treatments, it can take 10 years or more for HIV to develop into AIDS. UNAIDS estimates that in countries where there is little or no access to treatment the progress can be as short as eight to 10 years.

How are HIV and tuberculosis (TB) linked?

HIV weakens the immune system and increases the likelihood of being infected with TB. Around one-third of people with HIV/AIDS are also infected with TB and TB is one of the leading causes of death for people with HIV.

What is the link between HIV and sexually transmitted infections?

People with sexually transmitted infections are more vulnerable to becoming infected with HIV and are more likely to transmit HIV because sexually transmitted infections (STIs) increase the viral load. The higher the viral load – the amount of HIV in the blood – the more likely it is that HIV will be transmitted. Added to that, the genital ulcers caused by herpes, for example, can create an entry point for HIV via the damaged skin.

Is there a cure for HIV or AIDS?

There is no known cure for HIV or AIDS. Treatments such as antiretroviral drugs slow the progression of the illness, and there are other treatments that can prevent or cure some of the illnesses associated with AIDS.

What about vaccines?

There are a number of research organisations around the world working on the development of an HIV vaccine. It will be years before a successful vaccine is available.

Where do I find reliable statistics?

HIV/AIDS statistics can be controversial and the reliability of figures can vary greatly from country to country, depending on who is collecting them, how they are collected and how long they have been collating the data. UNAIDS – the United Nations HIV/AIDS Program – compiles the most extensive set of country-specific statistics at www.unaids.org. The data is collected in consultation with experts from each country.

Endemic, epidemic, pandemic?

Endemic is the constant presence of a disease or infectious agent in a geographical area. Epidemic is the rapid spread of disease in a certain area or amongst a certain population group. Pandemic is a worldwide epidemic or an epidemic occurring over a very wide geographic area or high proportion of the population.

Prevalence versus the number of infections versus incidence.

Prevalence rate refers to the percentage of a country's whole population infected with a disease. The number of infections can either be the total number, or expressed in 100,000s, ie: 5 per 100,000 people. Incidence refers to the number of new cases of a disease in a population over a specific period of time, usually annually.



An HIV-positive Thai child colours in a drawing book after school in a Mercy Center in Bangkok. Journalists should not disclose the identity of a person with HIV unless they have explicit permission to do so. Journalists need to take particular care in having permissions to identify children. They should make sure that the child is old and mature enough to give the permission to disclose their identity, that he or she understands the full implications, and that the parents and caregivers are fully involved in the decision. It is often best to err on the side of caution and not identify an HIV-positive child in text, vision or graphics. – November, 2005. Photograph by Saeed Khan/AFP

TIPS FOR JOURNALISTS

HIV or AIDS?

There is a difference between the two, so do not use the terms interchangeably. HIV-positive means a person is infected with HIV – it is possible they will not show any symptoms and will not have progressed to an AIDS diagnosis. Someone with AIDS has a severely weakened immune system and may be seriously ill. Be specific about the stage of their illness.

What about confidentiality?

Journalists should not disclose the identity of a person with HIV unless they have explicit permission to do so. Stigma and discrimination continues to be a major problem for people with HIV. In many countries HIV-positive people are shunned and stigmatised by their families, their community, their employer and even their local health service. If a person agrees to be identified, it is important the journalist ensures they are aware of the potential consequences.

Common stereotypes

It is often thought, wrongly, that only “bad” people get HIV – those who have sex with multiple partners, or are injecting drug users or sex workers. Another misconception is that if someone is in a group that has high rates of HIV – such as injecting drug users or sex workers – that he or she is or will be infected. It is important to remember that it is not the group that someone belongs to that makes them vulnerable to HIV infection, but their behaviour and the social or economic circumstances that may have contributed to it. Journalists should steer clear of making value judgements on how someone contracted HIV and instead report on how it affects them, their community, their work and their family.

Language

Avoid derogatory or discriminatory language that perpetuates myths about HIV or incorrectly stereotypes people or behaviour. Do not use complex epidemiological or medical terminology that readers or audiences will not understand. Be precise without being overly complicated.

Part II – The media and HIV/AIDS

4. The IFJ's reporting HIV/AIDS research results

Over November 2005 – March 2006, the IFJ conducted research into the media's reporting of HIV/AIDS, as part of a program aimed at improving reporting of HIV. The research was supported by the Swedish trade union movement, the LO-TCO. The research focused on six countries across Africa and Asia. The six countries were: the Philippines, India and Cambodia (in Asia) and Zambia, South Africa and Nigeria (in Africa). There were two parts to the research: media monitoring for two two-week periods (one for Asia and one for Africa) in late November/December 2005 to determine the quality and quantity of HIV/AIDS reports in the media; and surveys of journalists and NGOs in the HIV/AIDS field on their perception of coverage of HIV/AIDS.

The summary of the research results are presented here. The results give us an insight into the current quantity and quality of reporting HIV and AIDS in the six target countries, and more importantly, pointers to strategies to improve it.

And the overall strategy is simple: by improved and more frequent media reporting of HIV/AIDS, lives will be saved.

Low coverage and medium prominence of HIV/AIDS stories in media

Media monitoring found a low incidence of HIV/AIDS stories across most media in the six countries. Researchers variously described the incidence of HIV stories during the media monitoring as “small” (Cambodia and the Philippines), “miniscule” (South Africa), and “infrequent” (India). In Nigeria, the researcher noted that cartoonists in particular had “gone to sleep on HIV/AIDS”. When they appeared in Asian media, HIV stories were generally given a moderate to high prominence, although researchers in all three Asian countries felt this was related to World AIDS Day (which occurred during the monitoring period in Asia). Researchers in African countries found that prominence varied and that many stories were event-based and buried. All researchers reported that, overall, the number of HIV/AIDS stories in print and broadcast media was low compared to other stories during the two monitoring periods.

In Zambia and Nigeria especially, television coverage was extremely low, a particular problem given the low literacy rates in these countries. In Zambia, the research found that HIV/AIDS stories accounted for only 20.5 minutes of the 700 news minutes (just under 3%) broadcast on television and radio combined over the two week monitoring period. Similarly, in Cambodia, even including World AIDS Day, stories that mentioned or featured HIV/AIDS accounted for less than 3% of all the total news stories of the outlets monitored.

Disjunct between journalists' perceptions and monitoring results

The research found a distinct disjunct between the monitored level of reportage and journalists' perceptions of the level of reportage, and also between journalists' perceptions and NGOs' perceptions. For example, despite negligible levels of reporting of HIV in the monitored media during the monitoring period in South Africa, journalists' perceptions from the survey was that reporting of HIV and AIDS was frequent and regular: 60% said coverage of HIV was ‘moderate’, while 30% said it was ‘high’.

Almost 60% of journalists surveyed in both India and Zambia said they filed one to five HIV/AIDS stories weekly; however while Zambian journalists thought their stories appeared quite

frequently (55%), 20% in India said they had difficulty getting published. Journalists in Cambodia said they filed one to five stories about HIV/AIDS monthly and that their news organisations published a story a week or more on the topic. Journalists in the Philippines were disappointed that only a few media organisations covered the topic every week, while 65% of Zambian journalists thought that their media outlets published six or more HIV/AIDS stories per week. In all three Asian countries, journalists thought HIV/AIDS had a moderate to high news value.

Quality of reports generally good, with some problematic areas: language and images

Although the media monitoring exercise found reporting to be of good quality, a significant proportion of journalists and NGO respondents in all countries surveyed thought reporting was imbalanced and contributed to negative stereotyping. Almost all countries reported a perceived improvement in reporting over the last five years. Articles were generally seen as balanced and sensitive. Images used in stories, in particular, were seen to be sensational and in the Philippines, NGOs thought that journalists usually downplayed the crisis. Similarly, in South Africa the use of images was seen to be problematic. The issue of identification of people living with HIV/AIDS (PLWHA) was difficult and varied from country to country: in the Philippines, there is a law that prohibits journalists identifying PLWHA while in India, the media regularly identified those living with HIV.

Language and tone were generally seen as positive. However there were regular reports of misleading, and derogatory language used in media, including “AIDS sufferers”, “AIDS patient”, AIDS “scare” along with several dubious and misleading reports including that garlic can be a cure for HIV (it is not) and that HIV-positive people are more prone to car accidents (they are not).

More HIV stories in print media

Despite low levels of literacy among the populations most at risk of contracting HIV/AIDS, the research found greater coverage of HIV/AIDS stories in print media rather than in broadcast media. Of the 356 stories sampled over the two-week monitoring periods, 281 (79%) were from the print media and 75 (21%) from the broadcast media. While more print media was monitored than broadcast, proportionally, broadcast media generally had a lower incidence of reports on HIV and AIDS.

Possible ‘story fatigue’ in Africa, and ‘taboo’ issues in Asia

The Zambian research indicated a feeling of ‘story fatigue’ among some editors and journalists about HIV/AIDS. In South Africa, startlingly, a significant minority of 10% of journalist respondents said HIV/AIDS had ‘low’ news value, while 80% said they filed no HIV stories over the last month.

In Asia, a different issue arose: that of the story of HIV being connected to the ‘taboo’ issues of sex and homosexuality. This was noted as a particular problem in India.

NGOs note general improvement in coverage of HIV/AIDS, but still more to be done

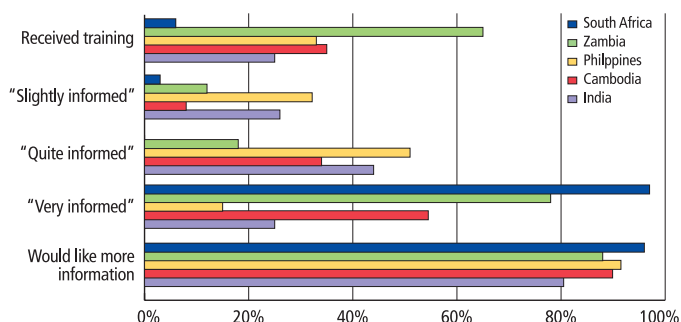
In India, 58% of NGO respondents were satisfied with the coverage, but felt it had a medium to low prominence and was

infrequent. NGO staff in Cambodia felt coverage was poor or only satisfactory while staff at Filipino NGOs thought coverage was poor in general. Less than one-third of NGOs in Zambia thought that story placement, story prominence or story frequency was high. The story was very different in South Africa, where 70% of NGO respondents were satisfied with general coverage and the vast majority (more than 90%) thought story placement, prominence and frequency were medium/acceptable. On the whole, NGOs felt that coverage of HIV/AIDS had improved in the last five years, particularly in India and South Africa.

Training would improve reporting on HIV/AIDS

A majority of journalists and NGO respondents in all countries surveyed agreed that training in HIV/AIDS reporting would improve coverage. While very few journalists had received training, most journalists in India and Cambodia believed they were either very informed or quite informed about HIV/AIDS. The most striking contrast was in South Africa, where only 6% had received training and yet 97% felt they were very informed. Zambia stood out as having had the most training and, not surprisingly, a high number of journalists who felt they were very well informed.

Journalists' level of knowledge about HIV/AIDS



Topics covered varied from country to country

Topics of stories were recorded and the language and presentation was analysed.

Generally, the least covered topics were HIV/AIDS orphans and medical breakthroughs in HIV/AIDS research. In India and Cambodia, journalists said topics most covered were the transmission of HIV, followed by the treatments available for HIV/AIDS and deaths from HIV/AIDS. In the Philippines, the most covered topic was deaths from AIDS followed by PLWHA and transmission of the virus. In Zambia, coverage of the topic seemed to have moved away from HIV and AIDS altogether and on to the mileage to be gained from being seen to do something about the crisis. More than half (56%) of stories in Zambia concerned ceremonies, donations and government and NGO announcements. In Nigeria, the opposite was true: almost all stories that appeared during monitoring were health stories, although those that did appear elsewhere were similarly event-based 'soft news' rather than issue-based economic or political stories.

NGOs in India said only the transmission of HIV/AIDS received moderate coverage, while all other topics on HIV/AIDS had low coverage and were split on whether media provided adequate information on resources for PLWHA. In the



A journalist from India at the IFJ's training of trainers for Indian journalists, held in Hyderabad, June 24-27, 2006. The locally trained trainers then went on to deliver training to their peers on writing an HIV/AIDS story. Photograph by Emma Walters

Philippines, NGO staff felt the media did not provide enough information of this kind.

Government, then NGOs most popular sources for HIV stories

Journalists in all three Asian surveys nominated health officials then NGOs as the most popular sources for their stories on HIV/AIDS. In Africa, however, health officials and PLWHA were equally important. However, 50% of journalists in India, for example, thought information from government sources was biased or limited. Generally, journalists in the Philippines felt that information from both government officials and NGOs was limited. NGOs in Cambodia thought journalists have difficulty getting information from them, citing a number of barriers. Also, they complained about journalists asking for money in exchange for publishing stories. Journalists in Africa rated information from NGOs as very good or excellent (Zambia) or overwhelmingly satisfactory (86%, South Africa).

PLWHA as sources, or not

In Asia, PLWHA were generally not sources for stories about HIV/AIDS. In the Philippines, while reporting was perceived as generally supportive of PLWHAs, people who actually had HIV were one of the least likely sources for journalists on HIV and AIDS. In India, there was a perception that the media was fair and gave a 'voice' to PLWHAs, but again, the monitoring showed they were one of the least likely sources to be used in a media report.

This contrasted markedly with some of the African research, which showed that PLWHAs were more likely to be used as sources.

Network of journalists interested in HIV/AIDS should be formed

Across all countries surveyed, journalists and NGOs expressed an interest in a network for HIV/AIDS reporting. However, the preferred method and timing differed markedly between countries and journalists/NGOs. In particular, Cambodian journalists reported that they have little Internet access or knowledge, and any networking efforts need to take this into account. In contrast, journalists in Nigeria have an existing network to combat AIDS and produce material on HIV/AIDS reporting.

5. HIV and AIDS: What is a journalist's role?

HIV is a great story. It pushes all the news buttons: it is a health emergency, it has a human face, it has elements of science, medicine, religion, it has deep grief and moments of extreme joy.

It often has enemies: governments, the church, religious bodies, the fraudsters and snake-oil salesmen. It has heroes: the people living with HIV, community groups and NGOs fighting on the frontline of the epidemic, the scientists and researchers working for new treatments, a vaccine, a cure, and the doctors and nurses caring for the sick and dying.

It is clear that HIV and AIDS is more than a disease that infects individuals. It is a social, economic and, in some countries, security crisis.

Anyone who is passionate about the craft of journalism cannot fail to be caught up in the enormity of this story – on both a national and a global scale.

However there are many challenges for journalists reporting on HIV. If a country has a conservative government, a dominant religion and a weak civil society, the chances are the media will also be held back by severe restrictions on what it can and cannot say.

Like all journalism, HIV reporting is a reflection of what is occurring in a country and may be coloured by ongoing confusion about the transmission, treatment and prevention of the disease and a human desire to blame.

It is important to separate the fact from the fiction. We know HIV is transmitted via sex, by injecting drugs, from mother to child and via blood or blood products. We also know what HIV is not: it is not an airborne virus; it cannot live on toilet seats, on hand-rails or in other public places.

Role of journalists

Far from being just a health story, HIV is also a story of business, development and security. This is what one expert from India told the media aid group Internews:

“The question today is whether any credible journalist, never mind their specialisation, can really afford to remain untouched by the HIV/AIDS problem.

“AIDS is certainly not just a health issue. It affects development, business, politics and the social services. This is one issue that can singularly throw up a range of issues for journalists, who can analyse inequity and deprivation in gender relations, poverty alleviation programs, five-year plans, income generation programs.

“A specialist in foreign affairs can evolve an expert analysis of the flow of international aid to India, the agencies through which they come, and give an insight into international politics behind the policies and grants. A business journalist could look into the antiretroviral drug issue and the use of patents.

“This, sadly, is not happening.”

– Source: Internews, www.internews.org, Dr Jaya Shreedhar, Internews Technical Health Advisor.

PM to youth leaders: Talk openly about safe sex

THINK NEWS NETWORK
New Delhi: Shod inhibitions, start talking openly about safe sex. For this coalition partners, any mention of sex may be taboo, but PM Manmohan Singh pulled no punches when he discussed the causal link between unsafe sex and AIDS.

Addressing the National Convention on HIV/AIDS for Youth Leaders of Political Parties on World AIDS Day here on Thursday Singh went on to say that India must shed its inhibitions on sex. The conductor starkly contrasted with the silence of his partners over the bounding of Tamil cine star Kishu's boy on the issue.

Although the PM didn't name any names, the message could not have been lost on health minister Anbumani Ramanadoss whose PM's is believed to have silently acquiesced in the moral vigilance against Kishu's boy.

The PM said it was vital to educate young men and women about how to lead a healthy and safe sexual life, in order to protect them from the epidemic.

According to him: "India must shed its inhibitions. This is particularly important, given our traditional inhibitions about discussing such matters within our families and among our colleagues, quite apart from doing so in public. This has to change if we are to create awareness of the hazards of unsafe sexual practices. We must educate young men and women about the modes of transmission."

"Like all epidemics, AIDS does not discriminate among its victims but the young are often the highest risk segment. We must focus on this aspect to our future and survival. If we begin to lose our youth to HIV/AIDS it would have serious consequences for our society, our economy and our future," he added.

The PM also expressed his displeasure on India missing its target of providing anti-retroviral drugs to 100,000 people by mid-2004. Till November 2003, only 15,000 people had received the drugs.

He said: "Not enough is being done to provide anti-retroviral treatment to HIV positive people. There must come down further to make these drugs more affordable and accessible to all."

India has 5.13 billion people living with HIV/AIDS, the second largest number after South Africa.

"Our AIDS programme needs to get out of the narrow confines of the health department. If it must become an integral part of all government departments," he said.

HIV couple weds on World AIDS Day

Palakkad (Kerala): Sending the message that AIDS need not come in the way of marital bliss, an HIV positive couple got married at Muthalakkuda near here on World AIDS Day on Thursday.

Aojan and Ajitha, tested HIV positive some time back, got married at a venue arranged by "Sneham Charitable Trust".

"The honour of Guravayur Stee Krishna temple, Chozha, Hosanur Nambodiri, was the master of ceremony for the wedding, attended by social activists, writers and cultural leaders. "The couple have been longing to get married for quite some time. Now their dream has come true. We are happy that we could help them to lead a happy life." Sneham Trust chairman Sunil Des said.

HIV test for Army recruits awaits MoD go-ahead

By Siddhartha Kashyap/TNN

Patna: The Indian Army's plans to make HIV testing mandatory for all recruits with effect from October 1 this year has hit a roadblock with the proposal awaiting a final nod from the ministry of defence (MoD).

Director-general of the Armed Forces Medical Services, surgeon vice admiral V K Singh had announced on September 10 that starting October 1, anyone wanting to join the defence forces will have to undergo the mandatory HIV screening test.

Speaking to TNN from Delhi, Singh confirmed that a clearance from MoD was awaited.

"It is due to procedural delays," he said, adding that a detailed proposal sent to the ministry is currently being reviewed. Singh, however, declined to set a deadline for implementing the mandatory testing.

Singh said high mobility due to the nature of jobs, physically challenging work environments, and single sex army barracks only add to the soldiers' vulnerability.

Phase 3 AIDS control programme in Madurai

Madurai: Madurai district of Tamil Nadu has been selected for the launch of the "Phase 3" of the National AIDS Control Programme. District collector Rajendran said infrastructure to launch the programme, including laboratories, counselling units and special wards for AIDS patients, were being set up in the district.

AIDS awareness classes are being introduced in over 9,000 high schools and higher secondary schools from this year and around 30,000 teachers are being given special training. Director of school education Perumal sany said.

Dabbawalas do their bit

Mumbai: Around 5,000 dabbawalas of Mumbai spread HIV/AIDS awareness messages on World AIDS Day while delivering dabbas (lunch box) to over one lakh people.

The initiative began early on Thursday morning with dabbawalas picking up lunch boxes, tying awareness messages and delivering it to of five-PM.

HIV is a great story. It pushes all the news buttons: it is a health emergency, it has a human face, it has elements of science, medicine, religion, it has deep grief and moments of extreme joy. Journalists must challenge social taboos and self-censorship and talk about prevention of HIV, particularly safe sex, as does this article from the Indian press in 2005.

“AIDS is certainly not just a health issue. It affects development, business, politics and the social services.”

– Dr Jaya Shreedhar, Internews Technical Health Advisor

Challenge, question and question some more

Governments, churches and other religious institutions are often the biggest barriers to the dissemination of accurate information about HIV and the prevention of HIV infection.

If you are having trouble getting your message out, consider where the blockages are. Is your government releasing accurate data on HIV in your country? Does your government even keep statistics on rates of HIV/AIDS?

If you cannot find statistics – and if you cannot measure something you cannot change it – then it is time to start asking questions.

Challenge the government: ask the hard questions

- ◆ What is the government doing to prevent the spread of HIV? What is it doing to help those already infected?
- ◆ Does it have a program to provide antiretroviral treatments and drugs for opportunistic infections for people with HIV?
- ◆ Does it involve people with HIV, along with scientists, researchers, doctors and community groups in the development of its National HIV Strategy? Does it even have a strategy?
- ◆ How much money does it devote to HIV? What about sexually transmitted infections, which are often a precursor to HIV?
- ◆ Does it promote the use of condoms and encourage safe sex campaigns that accurately reflect the reality of people's sexual lives?

Challenge religion

Religion plays a large and influential role in our societies. What does it have to say about HIV/AIDS?

Does its institutions and churches push abstinence-only programs, and if so, on what scientific basis does it do this? Can it produce valid statistics to show that abstinence programs reduce the incidence of HIV and other sexually transmitted infections? If not, then is it failing in its responsibility to encourage a practical and compassionate response to HIV?

Does it talk about HIV to its worshippers? Does it talk about how HIV can be prevented, beyond abstinence? Most importantly, does it talk about condoms?

Learn to read reports and statistics

The HIV epidemic in a particular country will often be expressed in terms of epidemiology – the study of mass populations – and in the statistics and data that those studies produce.

What can seem like a significant rise or fall in HIV figures can actually mean just a handful of cases. For example, a 14 per cent rise in the incidence of HIV – which can appear to be a massive rise – might in fact represent just 12 cases.

Another potentially misleading piece of the HIV puzzle, depending on which country is being measured, can be the prevalence rate – the percentage of a country's population infected with HIV.

India, for example, still has a prevalence rate of below two per cent of the population, but because of the enormity of its population, that percentage figure represents more infections than in many African countries, where the prevalence rate is often around the 20 per cent mark for certain age groups.

Demystify the virus

Make it your business to debunk common myths to do with HIV transmission.

In East Timor there was a belief that a snakebite could transmit HIV (it can't). In South Africa, having sex with a virgin was thought to protect you from the virus (untrue) – a belief that has led to the horrific sexual abuse of very young girls.

Demystifying the disease means learning how HIV is transmitted and how the disease progresses.

Treat people with respect

People with HIV and AIDS deserve to be treated with the same respect as anyone else you interview.

Do not identify someone as being HIV-positive unless you have their permission.

There is still significant discrimination and prejudice around HIV status, and you may cause someone to lose their job or be ostracised from their family or friends by disclosing their status.

If they request that you allow them to remain anonymous, then you must honour that request if you decide to go ahead and do the story.



In all the safe-sex messages that have been written all over the world, very few, if any, have ever been targeted at journalists. The IFJ, in conjunction with an Australian HIV organisation, the AIDS Council of NSW (ACON), developed a safe-sex pack, including condom and lubricant, directed at journalists. Many journalists are by nature risk-takers – that is what many must do to get the story. But this is one area where journalists need to put their risk-taking nature to one side and focus on prevention and protection, and use condoms – to protect themselves and their partners.

By giving space in the media to people with HIV and their families, journalists can play a big part in reducing prejudice, stigma and discrimination.

By reporting fairly, by ensuring that journalists treat people with respect, and by holding governments, business and other parts of civil society accountable for their actions, journalists can make a difference in this epidemic.

Look beyond the spin

Don't believe everything the government or the drug companies or the community groups tell you. The basis of good journalism often seems to go out the window with HIV, as emotions, fears and prejudices get in the way of fair reporting.

The best way to dispel these myths is to practise good journalism and see first-hand what it means to live with HIV and AIDS by seeking out information and interviewing those affected.

Look for examples of good government policy

Brazil is an interesting example of a government's reaction to HIV. It has a big HIV epidemic, it is a deeply Catholic country and yet:

- ◆ it provides free HIV treatment for those infected
- ◆ it promotes and distributes condoms, and
- ◆ it recently rejected a massive aid package from the US because that package would have forced it to no longer run programs for sex workers and to teach abstinence over condom use.

There are other examples and they make great stories – they are an excellent way of highlighting the good things or the deficiencies in your own government's programs.

Alternative story lines

There are many stories on HIV beyond the overwhelming statistics that often dominate AIDS reporting.

- ◆ Tell the story of how someone lives with HIV, the effect on their school or local village.
- ◆ Explore how governments are coping, or not coping, with HIV.
- ◆ Report on the programs being run by NGOs and churches. The inventive ways that many communities pass on prevention messages makes great copy and takes the story to another level.

HIV and women: Cambodia snapshot

Women account for almost half of all HIV cases in Cambodia and more than one-third of AIDS deaths. Around the world, women are more susceptible to HIV infection, both biologically and because of their limited ability to control their own bodies or negotiate safe sex.

Husband to wife transmission of HIV is the most common source of new infections in Cambodia, with the National Centre for HIV/AIDS, Dermatology and STDs reporting the estimated number of new infections in women in 2003 was 6350, bringing to 57,500 the number of women living with HIV.

Women are more physically susceptible to HIV than men because a larger surface area of their body is exposed during sex and because of the possible retention of infected semen or other infected body fluids.

HIV-positive mothers can pass the infection onto their babies during childbirth and breastfeeding unless they have access to antiretroviral treatments, which are effective in preventing disease transmission.

– Source: National Centre for HIV/AIDS, Dermatology and STDs, *HIV Sentinel Surveillance (HSS), Results, Trends and Estimates 2003*. Cambodia.

Media and AIDS initiatives

On a broader scale, organisations such as UNAIDS and large philanthropic groups such as the Kaiser Family Foundation are trying to bring together large media groups in order to get them to agree on how to report on HIV/AIDS.

In October 2005, media leaders from 20 African countries signed an HIV/AIDS declaration in Johannesburg after a three-day summit to discuss their role in tackling the pandemic.

Issues such as how to send clear AIDS awareness messages and transform editorial guidelines were on the agenda, and groups involved included the South African Broadcasting Corporation and major print media organisations.

In 2005, following the International AIDS Conference in Bangkok, a campaign involving global media players such as Viacom, MTV, Star TV India and China Central Television was launched.

New public education efforts in Russia, India, China, Indonesia and the United States were announced – harnessing the collective power of these media giants to fight HIV.

Brazil rejected a massive aid package from the US because that package would have forced it to no longer run programs for sex workers and to teach abstinence over condom use.

Peter Piot, the executive director of UNAIDS, said: “The media has the unparalleled ability to save millions of lives by providing people with vital life-saving information on AIDS.” That means you.

Condoms for journalists

In all the safe-sex messages that have been written all over the world, very few, if any, have ever been targeted at journalists.

The IFJ, in conjunction with an Australian HIV organisation, the AIDS Council of NSW (ACON), developed a safe-sex pack directed at journalists – so far they have been very popular.

Journalists are sexually active beings, and often they are travelling away from partners and families, reporting from places with a very high prevalence of HIV.

Many journalists are by nature risk-takers – that is what they must do to get the story. But this is one area where journalists need to put risk-taking to one side and focus on prevention and protection, and use condoms – to protect themselves and their partners.

Barriers to good reporting on HIV

Journalists may face many barriers to good reporting, from government censorship to prejudice from their own media outlet. The following represents some challenges faced by media workers in this area.

- ◆ Lack of access to accurate information about the epidemic.
- ◆ Curbs on freedom of speech and oppressive government policies affecting access to information and freedom to scrutinise policies affecting HIV/AIDS.
- ◆ Limited personal understanding about issues, trends and changing dynamics in the epidemic due to lack of training.
- ◆ Lack of resources, including money, time and equipment, to travel and investigate HIV stories, leading to an over-emphasis on HIV in urban areas and neglect of rural populations.
- ◆ Ethical dilemmas, such as the tension between the need to respect a person's confidentiality and the need to provide a platform for the voices of people affected by HIV/AIDS.
- ◆ Self-censorship, as a response to cultural taboos, such as open discussion of sexual behaviour or analysis of gender roles.
- ◆ Competing topics on the news agenda and perceived AIDS fatigue by editors, as well as audiences, resulting in a lack of editorial support.
- ◆ The need for new, imaginative approaches to creating AIDS stories and programs appropriate to different media such as community radio.

– Source: Adapted from Panos Institute, *Reporting AIDS: An analysis of media environments in Southern Africa*. 2005.

6. The importance of language

The media has played a valuable role in informing the public about HIV. However, some terms which can be misleading about the virus, or denigrating to those living with HIV or AIDS, continue to be used. Here are some examples of these terms, together with suggestions of alternative terms and phrases.

Use: HIV infection, HIV-positive, person with HIV
Don't use: AIDS if the intention is to refer to HIV
 AIDS refers to a range of conditions that occur when a person's immune system is seriously damaged by HIV infection. Someone who has HIV infection has antibodies to the virus but may not have developed any of the illnesses that constitute AIDS.

Use: HIV or AIDS
Don't use: AIDS virus, HIV virus
 There is no such thing as the AIDS virus. There is only HIV (Human Immunodeficiency Virus) – the virus that can cause AIDS. The term “HIV virus” actually means Human Immunodeficiency Virus virus, which is not correct.

Use: person with HIV or person living with HIV (or AIDS), or people living with HIV/AIDS (PLWHA)
Don't use: AIDS victim or AIDS sufferer
 This language invokes images of helplessness and weakness.

Use: Person with AIDS, person with HIV, person living with HIV/AIDS
Don't use: AIDS carrier
 This term is highly stigmatising and offensive to many people with HIV and AIDS. It is also incorrect: the infective agent is HIV. You can't just catch AIDS.

Use: AIDS
Don't use: full-blown AIDS
 This term implies that there is such a thing as “half-blown AIDS”. A person only has AIDS when they present with an AIDS-defining illness such as an opportunistic infection.

Use: affected communities, high-risk behaviour (unsafe sex, sharing needles)
Don't use: high-risk group
 This implies that membership of a particular group, rather than behaviour, is the significant factor in HIV transmission.

Use: blood, semen, pre-ejaculate, vaginal fluids, breastmilk
Don't use: Body fluids
 Always explain which body fluids contain HIV in sufficient concentration to be implicated in HIV transmission (ie, blood, semen, pre-ejaculate, vaginal fluids and breastmilk). HIV cannot be transmitted through body fluids such as saliva, sweat, tears or urine.

Use: Person living with HIV or AIDS, HIV-positive person
Don't use: AIDS patient
 Use “AIDS patient” only to describe someone who has AIDS and who is, in the context of the story, in a medical setting. Most of the time, a person with AIDS is not in the role of patient.



People in Zimbabwe gather in a ceremony at the Town House in Harare, in honour of people who have died of HIV and AIDS. HIV stands for Human Immunodeficiency Virus – the virus that can cause AIDS. A person who is infected with HIV does not necessarily have AIDS. However, all people with AIDS have HIV. AIDS is not a single disease, but a spectrum of conditions that occur when a person's immune system is damaged after years of attack by HIV. Because of the vital role media plays in educating the public, it is important that journalists understand the difference between HIV and AIDS. – May, 2006. Photograph by AP Photo

Use: sex worker
Don't use: prostitute
 Prostitute is considered a disparaging term, and does not reflect the fact that sex work is a form of employment for a sex worker, not a way of life.

Use: person who injects drugs, people who inject drugs illicitly, injecting drug user
Don't use: junkie, drug addict

– Source: Australian Federation of AIDS Organisations *HIV/AIDS Media Guide*, and UNAIDS.

OLD USAGE	CURRENT PREFERRED USAGE
HIV/AIDS	HIV unless specifically referring to AIDS
HIV/AIDS	AIDS diagnosis; HIV-related disease
HIV/AIDS epidemic	AIDS epidemic or HIV epidemic
HIV/AIDS prevalence	HIV prevalence
HIV/AIDS prevention	HIV prevention
HIV/AIDS testing	HIV testing
People living with HIV/AIDS	People living with HIV or people living with AIDS

Africa's HIV sufferers need access to free medical care The West's policies are putting healthcare out of reach for the continent's poorest.

Terms that are misleading about the virus, or denigrate those living with HIV or AIDS, continue to be used. Journalists are encouraged not to use terms such as “AIDS victim” or “AIDS sufferer”, such as in this article, as this language invokes images of helplessness and weakness. Similarly “AIDS patient” can cause distress or negative stereotypes. Journalists are encouraged to use instead “people living with HIV/AIDS”, as this recognises the fact that many people with HIV/AIDS lead positive, happy and meaningful lives.

Part III – Digging deeper: more about HIV/AIDS

7. HIV prevention – an ongoing struggle

The debate about how to prevent HIV is often caught up in religious and moral arguments about sex. Countries such as the United States promote an abstinence model of prevention – don't have sex and you won't get HIV.

That theory fails to take into account human nature and our desire to mate and procreate. The best prevention programs recognise that people will have sex, often with multiple partners, and that HIV prevention must occur within that setting.

Research from around the world has shown that safe sex – that is using condoms and water-based lubricant – is the most effective way of preventing the transmission of HIV and other sexually transmitted infections. A review of 14 international studies by the respected Cochrane Collaboration found that when condoms are used correctly and consistently, they are 80-95 per cent effective in reducing the transmission of HIV. (Weller, S, Davis, K, *Condom effectiveness in reducing heterosexual HIV transmission*, Cochrane Database Syst Rev 2004).

“Challenging the norms surrounding sex – which is at the heart of HIV prevention – has never been a task best left to men in white coats. We need doctors and nurses to provide treatments, but when it comes to HIV prevention, more lives will be saved by journalists, clergy, teachers and politicians.”

– Peter Piot, Executive Director, UNAIDS

Added to that, a 10-year research project based on interviews with 10,000 people in Uganda found increased condom use and premature deaths from AIDS-related diseases had played a greater role in declining HIV prevalence in Uganda than abstinence and fidelity.

Imported from the US, the ABC (abstinence, be faithful and use condoms) method of HIV prevention was hailed as a key factor in lowering Uganda's prevalence rate from 30 per cent of adults in the 1990s to under 10 per cent now.

However the Wawer et al study disproved that claim. It found that in 1994 about 10 per cent of men reported consistently using condoms with non-marital partners. By 2003 that had risen to 50 per cent, while condom use among women in the same age group increased from two per cent to 28 per cent. (12th Conference on Retroviruses and Opportunistic Infections in Boston, US, in February 2005. Lead author Wawer, M, Columbia University Mailman School of Public Health, with colleagues from Johns Hopkins University and several Ugandan organisations.)

HIV prevention and injecting drug use

Harm minimisation has been credited as one of the main reasons many countries have been able to contain HIV infection to a low level in people who inject drugs.

It includes peer-based and other education programs, the free distribution of clean needles and syringes to promote safe injecting practices, treatment options and detoxification through to abstinence.

Central to the continued prevention of the spread of HIV and other blood-borne viruses such as hepatitis C, harm minimisation is a pragmatic approach that recognises the reality



Indian women hold placards as they demonstrate against the Mumbai District AIDS Control Society in the restrictions of handing out condoms in Mumbai (Bombay), on International Women's Day in 2004. An ever-increasing proportion of women are affected by the epidemic. In 2005, UNAIDS found that 17.3 million women were living with HIV, with 13.2 million living in sub-Saharan Africa. The impact on women is apparent also in South and South-East Asia, where more than 2 million women now have HIV. – March 8, 2004. Photograph by Rob Elliot/AFP

Safe sex

Safe sex, or protected sex, involves using condoms and water-based lubricant to prevent HIV transmission. Safe sex is any sexual activity that does not allow semen, vaginal fluid, mucus from the lining of the vagina or anus, or blood, to pass from one person into the bloodstream of another person. Many sexual activities are therefore safe as they don't allow these fluids to transfer from one person to another.

It is impossible to tell whether someone has HIV based on how they look or behave – often, people with HIV may not know they are infected. But what is known is that HIV exists in every single country around the world, regardless of culture, religion or class.

So the best way to protect yourself and your partner is to have safe sex and know your HIV status.

of drug use. It aims to reduce the harmful impact of drug use on individuals, communities and on society.

In countries that have adopted limited or no-harm minimisation policies, the rates of HIV infection among people who inject drugs are extremely high (40 to 60 per cent), as is the ongoing transmission to male and female sexual partners and babies.

HIV/AIDS and the blood supply

Universal testing of blood donations for HIV antibodies, along with donor screening to exclude people donating blood if they have had a history of behaviours that might have put them at risk of being exposed to HIV, has been successful in many countries in eradicating HIV from the blood supply.

Stigma and legal rights

HIV and AIDS carry with them a stigma that seriously threatens the rights of infected people. An effective public health response to HIV/AIDS requires the protection of individual rights and the creation of supportive legal environments.

Experience throughout the world has shown that coercive public-health strategies such as compulsory testing, quarantine, or the exclusion of people with HIV and AIDS from employment or education not only interfere with individual rights, but also undermine the effectiveness of public-health efforts against HIV and AIDS.

Punitive and coercive health strategies actually reduce participation in prevention programs, alienate people from health and social services, and increase isolation and suffering.

At-risk and neglected populations

In its 2006 *Surveillance Report*, UNAIDS highlighted four populations that it says are particularly at risk of HIV and whose health needs have been neglected. They are: sex workers, men who have sex with men, injecting drug users and prisoners.

In most countries, these groups have higher rates of HIV infection than the general population, because they engage in high-risk behaviours and are already among the most marginalised and discriminated against populations in society. The resources directed towards preventing HIV in these groups are often minimal, which in turn contributes to the high rates of HIV infection.

Sex workers

UNAIDS estimates there are tens of millions of sex workers worldwide, who in turn have hundreds of millions of clients. The majority of sex workers are female and the majority of their clients are male.

Thailand's response to the HIV epidemic amongst sex workers is used by UNAIDS as an example of a country that focused on slowing down disease transmission with targeted prevention programs. In the late 1980s, it implemented a "100 per cent condom use" education campaign in brothels, providing information to sex workers, brothel owners and their clients.

Without this campaign, UNAIDS estimates Thailand would have an adult HIV prevalence level of around 15 per cent, instead of the 1.5 per cent level it has today.

Men who have sex with men

Another vulnerable group is men who have sex with men (MSM), which includes not just men who identify as gay or bisexual, but also men who have male to male sex and identify as heterosexual, as well as transgendered men.

Along with a lack of access to HIV prevention information and care services, MSM are often the victims of stigma and discrimination and human-rights abuses. In Bangkok, Thailand and Mumbai in India, HIV infection rates in men who have sex with men are as high as 17 per cent.

Many of these men also have sex with women and most are not using condoms for any of their sexual encounters, and because of underfunded and poorly targeted prevention

and education campaigns, the men are not aware they may be at risk of contracting HIV.

Injecting drug users

Outside sub-Saharan Africa, injecting drug use accounts for one-third of all new HIV infections. UNAIDS warns that once HIV is established in groups of injecting drug users, it moves quickly into the general community via sexual contact unless prevention programs are put in place.

But evidence from several countries shows that with targeted HIV prevention and treatment campaigns, HIV epidemics amongst injecting drug users can be contained and reversed. Vital to any approach is a harm reduction model that involves the full range of drug treatment options, needle and syringe programs, peer outreach, voluntary confidential testing and access to primary health care, including antiretroviral therapies.

Prisoners

The World Health Organisation's guidelines on HIV and prisons involve the principle that "all prisoners have the right to receive health care, including preventive measures, equivalent to that available in the community, without discrimination, in particular with regard to their legal status or nationality".

There are more than 9 million people in prisons around the world, with a yearly turnover of 30 million, leaving prisoners at extremely high risk of HIV transmission, as well as the transmission of other infectious diseases such as hepatitis C and tuberculosis.

Along with injecting drug use and tattooing with contaminated equipment, there is also violence, rape and unprotected sex occurring in overcrowded conditions with high rates of other communicable diseases.

Yet as UNAIDS notes, prisons are not closed off from the world, and to prevent diseases contracted in prison being transmitted in the general community, comprehensive prevention and education strategies for prisoners are a vital part of containing the HIV epidemic.

– Source: *Report on the Global AIDS Epidemic 2006*, Joint United Nations Programme on HIV/AIDS.

8. HIV treatments

In the last two years access to treatment for HIV/AIDS has improved markedly, but it still does not match the pace of the epidemic. Along with sustained prevention efforts involving condoms, community education, testing and counselling, universal access to treatments is a vital part of containing the epidemic.

Treatment is no longer confined to the wealthy countries of North America, Western Europe or Australia, so more people in need of treatment have a reasonable chance of receiving it. Now, more than 80 per cent of people with HIV in countries such as Argentina, Brazil, Chile and Cuba have access to treatment.

Yet despite progress in these places, the situation is different in the poorest countries of Latin America and the Caribbean, in Eastern Europe, most of Asia and virtually all of sub-Saharan Africa. At best, only one in 10 Africans and one in seven Asians in need of antiretroviral treatment have access to it.

HIV has not been cured or eradicated by any available drug. People who are on these drugs are still living with, and will continue to live with, HIV.

The treatment spectrum

HIV treatments usually take one or more of the following approaches:

- ◆ drugs which target HIV itself (called antivirals);
- ◆ drugs to treat, manage and prevent the onset of opportunistic infections (the illnesses people experience because of HIV-related damage to the immune system), which might include antibiotics, antifungals, or chemotherapy;
- ◆ treatments which aim to maintain, repair or restore any damage to the immune system, which are called immunomodulating or immune-based therapies.

Antiviral drugs

There is now a range of drugs for treating HIV and fighting the virus. These are technically called antiretroviral drugs, because HIV is a type of virus known as a retrovirus, but they are more commonly called antivirals.

There are currently four classes of antiviral drugs used to treat HIV infection:

- ◆ Nucleoside/nucleotide reverse transcriptase inhibitors (AZT, ddI, ddC, 3TC, d4T and abacavir).
- ◆ Non-nucleoside reverse transcriptase inhibitors (nevirapine, delavirdine, efavirenz).
- ◆ Protease inhibitors (indinavir, ritonavir, saquinavir and nelfinavir).
- ◆ Fusion inhibitors (enfuvirtide).

Each of these drugs works in a different way to inhibit the replication of HIV in the body.

The accepted standard of care is to use at least three of these drugs, sometimes more, from at least two of the available classes described above – this is known as Highly Active Antiretroviral Therapy (HAART).

Why combination therapies are not a cure

Sometimes, combination antiviral therapies are written about as if they are a cure for HIV. However it is extremely important to recognise that, so far, HIV has not been cured or eradicated by any available drug. People who are on these drugs are still living with, and will continue to live with, HIV.



A medical technician tests blood samples for HIV at the state-run San Lazaro Hospital attached to the Department of Health in Manila in the Philippines. Measuring levels of HIV in the blood and semen is done through a technique called HIV viral load testing. Viral load might range from many hundreds of thousands of copies in some people, to below 50 copies, or below the level of detection, in others. But 50 copies or less of HIV per millilitre of blood still means a person is infected with HIV. And if the virus is not kept suppressed, for example, through the use antiviral drugs, it is capable of “regrouping” and rising again to levels where it is potentially dangerous. Photograph by Jay Directo/AFP

TIPS FOR JOURNALISTS

Undetectable viral load

Journalists may come across stories of people with HIV in whom the virus has not been able to be detected after taking combination antiviral therapy. This is sometimes called undetectable viral load. But this description is misleading and should be avoided unless a further explanation is offered. All the term means is that the available tests are not sufficiently sensitive enough to detect low levels of HIV in blood or other body tissues.

Viral load testing

Measuring levels of HIV in the blood and semen is done through a technique called HIV viral load testing. Viral load might range from many hundreds of thousands of copies of HIV in some people, to below 50 copies, or below the level of detection, in others.

But 50 copies or less of HIV per millilitre of blood still means a person is infected with HIV. And if the virus is not kept suppressed, for example through the use antiviral drugs, it is capable of “regrouping” and rising again to levels where it is potentially dangerous.

The less HIV there is in a person’s bloodstream, the better this person will be in terms of their health and wellbeing, and the less likely they will be to transmit HIV. If the virus is present at only very low levels, it will not be able to infect so many of the body’s crucial immune-system cells, and so cause the damage to the immune system which can lead to the development of AIDS.

The immune system and CD4 cells (T-cells)

There is another test commonly used to monitor the health of a person with HIV. This is called the CD4 or T-cell count. This test measures the number of CD4 or T-cells. These cells are very important, as they orchestrate the immune system’s response to infections like viruses.

HIV replicates inside these cells, destroying them in the process. The more CD4 cells destroyed by this process, the weaker the immune system becomes in its ability to fight off HIV or any other infection.

In slowing the replication of HIV and the destruction of the immune system, combination antiviral therapies have significantly lowered AIDS-related deaths and the rates of many serious and life-threatening AIDS-related illnesses.

Garlic can be for HIV, acupuncturist says

BAGUIO CITY — In the olden days, folks believed that lingering garlic in their houses, in their backyards or doorsteps could drive away evil spirits, which they thought to be the bringer of diseases.

But now, in the age of modern medicine, people know that diseases are caused by viruses and bacteria. And yet strangely, garlic still plays a key role in the age-old battle against diseases.

According to Dr. Charles Cheng, an acupuncturist, garlic is anti-viral, anti-cancer and an antioxidant.

In fact, taking garlic in capsule or tablet form three times a day or taken in its raw form can protect one from common cold, flu, and other diseases, including HIV and the dreaded avian flu, Cheng said.

“In China, they are using herbal tea as a mouth wash to prevent bird flu. There are a lot of local herbal medicines that have remained largely untapped. I still believe that garlic should be used as a preventive measure against diseases,” he told a press briefing of the AIDS Watch Council (AWAC), an organization of private and government health experts in charge of monitoring HIV and other sexually transmitted diseases in the city.

In HIV, Cheng said, it is not the treatment that is important but the prevention. He added that alternative medicine could be a cheaper treatment of HIV/AIDS.

2004 with six new cases, one of which resulted in death.

This year, two new cases were reported, with the last death occurring in April.

Out of the 18 registered cases since 1997, there have been 11

are in their reproductive ages (18-29), with only a few children afflicted with the disease.

Doctors there are also alarmed about the resurgence of syphilis cases in the city. “A decade ago, we only had gonorrhoea. Now we have



A CHINESE man walks past a giant AIDS symbol. Yesterday was the World AIDS Day. /AP

Be wary of miracle cures: journalists must be especially careful to promote scientifically proven and factual information regarding prevention and treatment of HIV/AIDS. This article, which appeared in the Filipino press during the monitoring period, has the potential to cause distress and harm to people living with HIV/AIDS. It reported that “...taking garlic in capsule or tablet form three times a day or taken in its raw form can protect one from common cold, flu, and other diseases including HIV...” which is untrue.

TIPS FOR JOURNALISTS

Why drug therapies don’t all work

Side effects

While it is true that combination antiviral therapy has saved lives, and extended the lives of many HIV-positive people, the drugs often have serious, and even potentially life-threatening, side effects. Depending on the drug, this can include diarrhoea, liver problems, rashes, nerve damage and neurological effects.

Resistance

One of the big problems in HIV drug therapy is resistance. HIV is a volatile virus, prone to genetic changes when it replicates. HIV drugs are designed to interfere at very specific stages of the HIV life cycle. Sometimes, during the process of replication, a change will occur in the genetic make-up of the virus, affecting this specific stage and allowing the virus to escape the control of a drug, or even a whole class of drugs.

If this happens, the uncontrolled virus will go on to produce more copies of itself, and these copies will in turn be beyond the control of the drugs. Eventually, if the drug-resistant virus continues to multiply unchecked, it will go on to cause immune damage, disease or illness despite the presence of the drugs, just as untreated HIV will do. It is not uncommon for HIV-positive people to have a virus that is resistant to many of the different drugs available, limiting the number of treatment options.

Vaccines

Other immune-based therapies under investigation include prophylactic vaccines to prevent HIV infection and therapeutic vaccines to slow or halt the disease.

More than 30 candidate AIDS vaccines are being tested in human clinical trials in 19 countries on six continents.

Four pharmaceutical companies have vaccine candidates in trials, up from two in 2000. There are ongoing programs from the US National Institutes of Health (NIH) and the French government, as well as the European Vaccine Effort Against HIV/AIDS (EuroVac), the South African AIDS Vaccine Initiative and the Australian-Thai HIV Vaccine Consortium.

However there remain significant challenges in the development of a vaccine. Nearly all the vaccines now in human trials are narrowly focused, based on the hypothesis that a vaccine can offer protection by eliciting a cell-mediated immune response.

Results are not due until late 2007, and the International AIDS Vaccine Initiative has warned that if these candidates are unsuccessful, the whole raft of vaccines now under trial will be rendered mostly irrelevant.

For that reason, experts predict that the development of a vaccine is still at least a decade away.

– Source: International AIDS Vaccine Initiative, July 2006, www.iavi.org.

9. Opportunistic infections

It is important to understand the progression of HIV and AIDS in order to comprehend how devastating an illness it can be and how difficult it can be to treat. One of the unusual aspects of the disease is that people develop “opportunistic infections” – so called because they take advantage of a person’s depleted immune system.

These diseases rarely occur in healthy people, but can cause problems in those whose immune systems are compromised as a result of HIV. These organisms are frequently present in the body of healthy people but are kept under control by their immune systems. These illnesses can eventually lead to death.

Lungs

Pneumocystis carinii pneumonia (PCP)

PCP is caused by a micro-organism which usually lies dormant in the lungs of people with healthy immune systems. An airborne fungus, it usually appears as a lung infection and is the most common opportunistic infection in people with HIV. Symptoms include a dry cough, chest tightness, fever and difficulty breathing. There are a number of drugs available to both treat and prevent PCP, which can be fatal if left untreated.

Tuberculosis

Also referred to as TB, this is a common bacterial infection among people with HIV. It is transmitted when an infected person coughs, sneezes or talks and can speed up the progression of HIV. Symptoms include fever, cough, night sweats, weight loss, fatigue, swollen lymph nodes and coughing up blood. A range of antibiotics are used to treat TB and, depending on the severity of the infection, treatment may need to continue for months or years.

Mycobacterium avium complex (MAC)

It is an illness caused by *Mycobacterium avium* and *Mycobacterium intracellulare* – bacteria commonly found in water, soil, dust and food. Infection usually begins in the gut and spreads to other parts of the body. Symptoms include night sweats, high fevers, coughing, weight loss, malabsorption of food and diarrhoea. A cocktail of drugs is often used to control MAC.

Histoplasmosis

This is caused by a fungus found in soil contaminated with bird droppings or other organic matter. People are infected by breathing in dust contaminated by the fungus. Symptoms include fever, weight loss, fatigue, difficulty breathing and swollen lymph nodes. Histoplasmosis affects the lungs and can spread to the rest of the body – it can be fatal if not treated. Anti-fungal medications can treat the illness and other drugs can prevent it from recurring.

Intestines

Cryptosporidiosis

Also referred to as crypto, this is an intestinal infection spread through contact with water, faeces or food that have been contaminated with a common parasite called *Cryptosporidium*. Symptoms include diarrhoea, nausea, vomiting, weight loss and stomach cramps. Infections can last much longer than the usual two weeks in people with HIV and can be life-threatening. There are no medications that treat or prevent crypto, but there are treatments to control the diarrhoea caused by the infection.



A young girl at the Maiti Nepal Rehabilitation and Orphanage home in Kathmandu, Nepal. There is now a range of drugs for treating HIV and fighting the virus. These are technically called antiretroviral drugs, because HIV is a type of virus known as a retrovirus, but they are more commonly called antivirals. – July 8, 2004. Photograph by Narendra Shrestha/EPA

One of the unusual aspects of the disease is that people develop “opportunistic infections” – so called because they take advantage of a person’s depleted immune system.

Cytomegalovirus

Also referred to as CMV, it is a virus that most commonly affects the eyes (cytomegalovirus retinitis), but in people with HIV it can also cause colitis, an infection of the colon. CMV can be passed from person to person via saliva, semen, vaginal secretions, urine, breastmilk and transfusions of infected blood. Symptoms of CMV colitis include abdominal pain, diarrhoea, cramps, weight loss and blood loss. Prevention and treatment are available.

Eyes

Cytomegalovirus

This form of CMV causes the eye disease retinitis and can be passed from person to person via saliva, semen, vaginal secretions, urine, breastmilk and transfusions of infected blood. Symptoms include blind spots and blurred, distorted or restricted vision that can progress to blindness. Treatments include intravenous medications, pills and injections of drugs directly into the eye. If left untreated, CMV causes blindness.

Brain

Cryptococcal meningitis

This is caused by the *Cryptococcus* fungus commonly found in soil contaminated by bird droppings. People become infected by breathing in dust contaminated with the fungus, and for those with HIV, infection mostly results in meningitis. Symptoms include fever, headache, nausea, vomiting, stiff neck, mental

confusion, vision problems and coma. It does not spread person to person. Treatment is available; without it, people can die rapidly.

Toxoplasmosis

Toxoplasmosis is an infection caused by a parasite found in cat faeces, raw meat, raw vegetables and soil. Infection can occur from eating contaminated food or coming into contact with cat droppings. It can spread to most parts of the body, but usually causes encephalitis, an infection in the brain. Symptoms include fever, confusion, headache, personality changes, tremors and seizures. It can result in coma and death, but is both treatable and preventable.

Mouth

Candidiasis

It is the most common fungal infection found in people with HIV and usually affects the mouth, throat, lungs and vagina. Infection in the mouth is also called thrush, and can cause pain when swallowing, nausea and loss of appetite. Those with throat infections may experience chest pain and difficulty swallowing. There are a variety of treatments to control the infection.

Skin

Herpes simplex

There are two types of herpes simplex viruses – HSV1 that causes cold sores or blisters around the mouth and eyes; and HSV2 that causes genital or anal herpes. The virus is spread from person to person via contact with an infected area such as the mouth or genitals. Symptoms include outbreaks of a rash, which may be itchy or tingling, or the appearance of painful blisters and sores. Outbreaks are more frequent and serious in people with HIV, however there are treatments to reduce the severity and frequency of outbreaks.

Herpes zoster

Also known as shingles, it is caused by the virus that also causes chickenpox, herpes varicella-zoster. It results in painful rashes and blisters on the chest, back and face, mostly affecting one side of the body and lasting for weeks. There are no prevention medications available, and treatment includes anti-herpes drugs and pain medication.

Genitals

Candidiasis

Symptoms of vaginal infection include white discharge, itching and pain during urination or sex. Antifungal treatments are available, however recurrence of the infection is common.

Herpes simplex

The HSV2 causes genital or anal herpes. The virus is spread from person to person via contact with an infected area such as the mouth or genitals. Symptoms include outbreaks of a rash, which may be itchy or tingling, or the appearance of painful blisters and sores. Outbreaks are more frequent and serious in people with HIV, however there are treatments to reduce the severity and frequency of outbreaks.

Human papilloma virus

Also known as HPV, it is easily passed from person to person via direct contact with infected areas, usually during sexual activity.

It can cause genital warts on the penis, vagina and anus. Certain types of HPV are also linked to cervical cancer. There is no cure for HPV but treatments can remove warts, and a vaccine that protects against several types of HPV has recently been approved for use in some countries.

Cancers

Lymphatic cancer

Lymphomas are tumours. People with AIDS generally have a variety called non-Hodgkins lymphoma. These can be slowed by chemotherapy and radiotherapy, but complete remission is uncommon.

Kaposi's sarcoma (KS)

KS is a rare skin cancer caused by a virus, originally seen almost exclusively in central Africa and among elderly Mediterranean men. In AIDS, KS attacks the internal organs and can produce painful purple skin lesions. Developments in chemotherapy now mean KS is better controlled, with far fewer treatment side effects.

– Source: Henry J. Kaiser Family Foundation, *Reporting Manual on HIV/AIDS: HIV/AIDS Reporting*, December 2005, <http://www.kff.org/hivaids/upload/7124-02.pdf>



Indian students with placards take part in an HIV/AIDS awareness rally in Bangalore to mark the World AIDS Day. According to UN figures, India has the second highest number of HIV/AIDS infections of any country in the world after South Africa. – December 1, 2005. Photograph by Dibyangshu Sakar/AFP

10. Timeline

1959: A 48-year-old Haitian-born sailor dies in New York of *Pneumocystis carinii* pneumonia (PCP). A blood sample is taken from an individual in Leopoldville in the Belgian Congo (now Kinshasa in the Democratic Republic of Congo); in 1986 it will test positive for HIV antibodies.

1979: Doctors treating gay men in New York and San Francisco see the first cases of PCP, Kaposi's sarcoma (KS), cytomegalovirus and rampant oral *Candida* infections.

June 5, 1981: The Centres for Disease Control's Morbidity and Mortality Weekly Report publishes the first report of the epidemic, *Pneumocystis Pneumonia in Homosexual Men – Los Angeles*.

December 31, 1981: The number of AIDS cases in the United States rises to 270. The disease becomes known as GRID – gay related immune deficiency.

January 2, 1982: Three studies, published in the *New England Journal of Medicine*, link PCP and KS with immune system deficiency.

September 24, 1982: The Centres for Disease Control in Atlanta adopt the term "AIDS" – Acquired Immune Deficiency Syndrome.

December 31, 1982: In the US, 1285 cases of AIDS are reported.

May 20, 1983: The journal *Science* publishes a paper by Dr Luc Montagnier of the Institut Pasteur in Paris, reporting that his team had isolated a virus, found in West Africa, that is the cause of AIDS. They name it LAV – lymphadenopathy associated virus.

April 4, 1984: San Francisco city health authorities order a ban on sex in bathhouses which leads to the closure of bathhouses.

April 23, 1984: Dr Robert Gallo, a virologist with the US National Cancer Institute, announces the discovery of the virus that causes AIDS. The American team members isolate the virus from the blood of healthy female sex workers in Senegal and call it HTLV-III (human T-cell leukemia virus III). It is later recognised as the same virus French researchers had announced a year earlier. The French scientists accuse Gallo of scientific theft. The dispute is resolved when Montagnier and Gallo agree to be named co-discoverers of HIV – the Human Immunodeficiency Virus.



Government health workers in suburban Quezon City, the Philippines, promote the use of condoms as protection against HIV during a parade by government employees in celebration of World AIDS Day. Safe sex, or protected sex, involves using condoms and water-based lubricant to prevent HIV transmission. Safe sex is any sexual activity that does not allow semen, vaginal fluid, mucus from the lining of the vagina or anus, or blood, to pass from one person into the bloodstream of another person. The best way to protect yourself and your partner is to have safe sex and know your HIV status. – December 1, 2003. Photograph AFP

April 1985: The first International Conference on AIDS is held in Atlanta, Georgia.

October 2, 1985: US film actor Rock Hudson dies of AIDS. In a message of condolence, US President Ronald Reagan uses the word "AIDS" in public for the first time, more than four years into the epidemic.

June 23, 1986: The World Health Organisation estimates that there are 50,000 people with AIDS in eight central African countries.

September 19, 1986: US scientists announce that AZT, a drug originally developed for cancer, appears to benefit people with AIDS.

March 10, 1987: A speech given by New York gay rights activist Larry Kramer leads to the formation of the radical action group ACT-UP. Chapters are formed around the world.

July 1996: The 11th World AIDS Conference is held in Vancouver, where promising evidence on the new protease inhibitor range of drugs is released.

1996: The International AIDS Vaccine Initiative (IAVI), the world's largest single organisation devoted to finding an AIDS

vaccine, is formed. It has invested \$US100 million in the search for a vaccine.

May 1997: US President Bill Clinton announces the development of a preventative vaccine for HIV will be a top national priority.

November 1997: UNAIDS director Peter Piot releases estimates that, worldwide, 30 million adults and children now have HIV. Another 16,000 are being infected each day.

June 1998: The 12th World AIDS Conference in Geneva reports the existence of multi-drug resistant strains of HIV.

2002: The Global Fund to Fight AIDS, Tuberculosis, and Malaria is created after being endorsed by the UN and leaders of the G8 and African nations. It has since committed \$US5.4 billion in 131 countries to fight the three diseases.

April 2006: Italian Cardinal Carlo Maria Martini announces a break with the official Vatican position on condoms, saying it is acceptable for Catholics to use condoms to prevent AIDS in certain circumstances.

June 2006: The United Nations General Assembly has adopted a declaration pressuring countries around the world to strengthen their battle against AIDS.

II. HIV/AIDS glossary

A

Abstinence

Refraining from sexual activity or delaying the age of first sexual experience. Also used as part of the term ABC – abstaining from sex, being faithful and using condoms.

Accidental exposure or transmission

HIV transmission that occurs in the health-care setting, such as a needle-stick injury.

Acute HIV infection

The period immediately following infection with HIV, when people have the most virus in their system and are at their most infective. The length of the acute stage can last anywhere from a few days to several weeks. HIV multiplies rapidly and can be transmitted to others during this time. Acute HIV infection is also known as primary HIV infection (PHI).

Affected community

People living with HIV/AIDS and other related individuals, including their families and friends, whose lives are directly influenced by HIV infection and its physical, social and emotional effects.

AIDS

Acquired Immunodeficiency Syndrome (AIDS) occurs when an individual's immune system is weakened by HIV to the point where they develop any number of specific diseases or cancers.

AIDS-defining illness

These include a variety of conditions that occur at the late stages of HIV disease and which signal progression to AIDS. Many individuals first become aware of their infection at this stage.

AIDS Dementia Complex (ADC)

AIDS Dementia Complex, also known as HIV Dementia, is a condition caused by HIV that affects the brain and causes a person to lose their mental ability.

Antenatal

Occurring before birth.

Antibodies

Molecules in the body that identify and destroy foreign substances such as bacteria and viruses. Standard HIV tests identify whether or not HIV antibodies are present in the blood.



A technician at the Durex condom factory in Chonburi province, 70km south of Bangkok, makes a random test of condoms by putting in water to check for the leaking. Thailand is credited with bringing down the rate of HIV infection by 80 per cent after a massive awareness and condom distribution campaign in the early 1990s. Photograph by Sakchai Lalit/AP

Antiretroviral Therapy (ART)

ART refers to any of a range of treatments that include antiretroviral medications. These drugs are designed to destroy HIV, or interfere with its ability to replicate. If successful, the onset of AIDS can be delayed for years.

Asymptomatic

A person with HIV is asymptomatic if they do not show signs and symptoms of the disease. The virus can be transmitted during this stage, which can last for many years after infection.

C

Care and treatment

Care and treatment encompass the range of interventions necessary to take care of people living with HIV/AIDS, including antiretroviral therapy, treatment and prevention of opportunistic infections, nutrition support, psychological and community support.

CD4 (T4) cell

These cells control the body's immune response against infections and are the primary targets for HIV. HIV multiplies within these cells and eventually destroys them. CD4 cell count is used as one measure of HIV disease progression. The lower a person's CD4 cell count, the more progressive the HIV disease.

Clinical trial

A scientific study designed to evaluate the safety, efficacy and medical effects of a treatment. A treatment must proceed through several phases of clinical trials before it is approved for use in humans.

CNN

C - Condom use

N - Use clean needles

N - Negotiating skills

CNN is an approach to behaviour change that promotes the adoption of these strategies as central to HIV prevention efforts.

Combination therapy

The use of two or more antiretroviral drugs in combination. The use of three or more antiretroviral drugs is referred to as HAART (highly active antiretroviral therapy).

Complementary and alternative therapies

Treatments that are outside the scope of conventional Western medicine. The effectiveness of these therapies in combating HIV infection has not been proven.

Condoms

A latex sheath worn over the penis during sexual intercourse, viewed by scientists and medical experts as the most effective way of preventing the transmission of HIV and other sexually transmitted infections.

Cross resistance

When HIV resistance to one drug (see drug resistance) prompts resistance to other drugs in the same class. An example of this is nevirapine resistance resulting in resistance to efavirenz.

D**Drug interaction**

A situation where a drug changes the way another drug works in the body. This can result in increased or decreased effectiveness of either drug, as well as side effects.

Drug resistance

The ability of HIV to reproduce despite the presence of anti-HIV drugs. In some people on HAART (highly active antiretroviral therapy), HIV can mutate into new strains that are resistant to current drugs.

Dry sex

Women in some parts of Africa use various agents to 'dry out' the vagina before sexual intercourse. This practice is often based on cultural beliefs, but inadvertently can increase the risk of HIV transmission because condoms break more easily from the friction and a dry vaginal wall can lead to tears and lacerations during intercourse.

E**Efficacy**

The measurement of a drug's or treatment's ability to heal, regardless of dose. For example, the efficacy of an antiretroviral drug is the most benefit that the drug can cause without considering how much of the drug is taken.

Endemic

The constant presence of a disease or infectious agent within a given geographic area or population group.

End-stage disease

The four stages of HIV disease are acute infection, asymptomatic, chronic symptomatic and AIDS. Although AIDS is the end-stage of HIV disease, it is possible to live for years after an AIDS diagnosis given appropriate drug therapy.

Epidemic

The occurrence of more cases of disease than expected in a given area or among a

specific group of people over a particular period of time.

- **Low-level:** HIV prevalence is low across the general population and is still low among higher-risk sub-populations
- **Concentrated:** HIV prevalence does not exceed one per cent in the general population but does exceed 5 per cent in some sub-populations (eg among sex workers, injecting drug users, men who have sex with men).
- **Generalised:** HIV prevalence exceeds one per cent in the general population

F**Female condoms**

The female condom is a lubricated polyurethane sheath with a ring on either end that is inserted into the vagina before sex. It can be inserted up to eight hours before intercourse and does not necessarily have to be removed immediately after ejaculation, offering the possibility of a woman-controlled method of HIV prevention.

Fixed dose combination (FDC)

Fixed dose combination treatment refers to a combination of two or more drug products, such as antiretrovirals, in a single pill. The use of these single-pill combinations is practical in resource-limited settings.

G**Generic**

A drug that is identical, or bioequivalent, to a brand name drug in dosage, safety, strength, how it is taken, quality, performance and intended use.

Global Fund

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002 and is a partnership among governments, the private sector and affected communities. It makes grants to help developing countries fight AIDS, tuberculosis and malaria.

H**Highly active antiretroviral therapy (HAART)**

Treatment that involves the use of three or more antiretrovirals that attack different parts of HIV or stop the virus from entering blood cells. This treatment does not eradicate HIV – the virus continues to replicate but at a slower pace.

Human Immunodeficiency virus (HIV)

The virus that causes AIDS. HIV is transmitted through infected blood, semen, vaginal secretions, breastmilk, and during pregnancy and childbirth.

HIV test

HIV tests are used to identify the presence of HIV antibodies in the blood. Antibodies are produced by the body once it detects the presence of HIV.

I**IDU**

Injecting drug users.

Immune system

The body's system of defence against foreign organisms such as bacteria, virus and fungi.

Immunodeficiency

When the immune system cannot defend itself against infection. HIV progressively weakens it and causes immunodeficiency.

Immunosuppression

When the immune system cannot function normally because it has been weakened. This can be caused by drugs such as those used in chemotherapy or by diseases such as HIV.

Incidence

The number of new cases of a disease in a population over a specific period of time, usually annually.

Incubation period

The period of time between HIV infection and the onset of symptoms.

M**Malaria**

Malaria is a disease caused by parasites that are transmitted to humans via mosquito bites. Symptoms of infection may include fever, chills, headache, muscle pain, fatigue, nausea and vomiting. In severe cases, the disease can be life threatening.

MDR-TB

Multi-drug resistant tuberculosis. A strain of tuberculosis that is resistant to two or more anti-TB drugs. MDR-TB usually arises when people take only enough medication to feel better, but not enough to eradicate the disease. The stronger



An Indonesian nurse shows an x-ray film to a young girl getting tuberculosis treatment at a hospital in Jakarta. Tuberculosis, or TB, is a common bacterial infection among people with HIV. It is transmitted when an infected person coughs, sneezes or talks and can speed up the progression of HIV. Symptoms include fever, cough, night sweats, weight loss, fatigue, swollen lymph nodes and coughing up blood. A range of antibiotics are used to treat TB and, depending on the severity of the infection, treatment may need to continue for months or years. Photograph by Bagus Indahono/EPA

bacteria, when fully grown, will not be curable with the same treatment and require larger doses of the drug or an entirely new, stronger drug.

Microbicides

Microbicides are designed to reduce the transmission of microbes. Research is underway to determine whether microbicides can be developed to successfully reduce the transmission of sexually transmitted diseases, including HIV. Microbicides would be applied topically, either in the vagina or anus.

Mother-to-child transmission (MTCT)

This refers to transmission of HIV from mother to child during pregnancy, labour and delivery or breastfeeding. Also referred to as perinatal and vertical transmission.

MSM

MSM stands for Men who have Sex with Men. For assessing disease risk, use of the term “MSM” is often used instead of “gay”, “homosexual” or “bisexual” because it refers to a behaviour, rather than an identity.

Mutation

A change in an organism’s genetic structure that arises during the process of multiplication. HIV multiplies quickly and changes form during the process. These changes allow for the formation of drug-resistant strains of the virus.

○

Opportunistic Infection (OI)

Diseases that rarely occur in healthy people but cause infections in individuals whose immune systems are compromised

as a result of HIV infection. These organisms are frequently present in the body but are generally kept under control by a healthy immune system. When a person infected with HIV develops an OI, they are considered to have progressed to an AIDS diagnosis.

P

Pandemic

A worldwide epidemic occurring over a wide geographic area and affecting an exceptionally high proportion of the population.

Pathogen

A substance or organism that causes disease.

Placebo

A substance that resembles a real medication but has no medical effect.

PMTCT

Prevention of mother to child transmission – the UNAIDS strategy includes:

- Protecting females of child-bearing age against HIV infection
- Avoiding unwanted pregnancies among HIV-positive women
- Preventing transmission during pregnancy, delivery and breastfeeding by providing voluntary counselling and testing, antiretroviral therapy, safe delivery practices and breastmilk substitutes when appropriate.

Prevalence

Prevalence is a measure of the proportion of the population that has a disease at a specific period in time.

Prevention

Prevention activities are designed to reduce the risk of becoming infected (primary prevention) and the risk of transmitting the disease to others (secondary prevention). Prevention services include safe-sex education, condom distribution, voluntary counselling and testing, disease surveillance, outreach and education, and blood supply safety.

Prophylaxis

Refers to the prevention or protective treatment of a disease. Primary prophylaxis refers to medical treatment that is given to prevent the onset of infection. Secondary prophylaxis refers to medications given to prevent the symptoms of an existing infection.

PWA, PLWA, PLWHA

People with HIV/AIDS or People living with HIV/AIDS.

R**Risky behaviour**

Any behaviour or action that increases an individual's probability of acquiring or transmitting HIV. Examples include having unprotected sex, having sex with multiple partners and injecting drugs.

S**Safe sex**

Safe sex is any sexual activity that does not allow semen, vaginal fluid, mucus from the lining of the vagina or anus, or blood to pass from one person into the bloodstream of another person. Many sexual activities are therefore safe as they

WORLD AIDS DAY**Deafening silence shrouds AIDS in RP**

By Ma. Ceres P. Doyo

"HUSH" IS THE WORD THAT best describes the situation of Filipino children affected by HIV/AIDS.

In fact, "A Deafening Silence" is the title of the "rapid assessment study" conducted on these children and their families.

The silence that parents/persons living with HIV/AIDS (PLHs) have imposed on themselves and their children is not helping break the culture of discrimination. This silence is actually keeping many of the affected families in isolation and preventing support from reaching their world.

According to the Lunduyan

Foundation, the children's rights organization that conducted the Unicef- and Ford Foundation-assisted study, the Philippines' HIV/AIDS scenario is still under a shroud of silence.

"The silence is deadly for [children affected by HIV/AIDS]," the study said. "The majority of children of PLHs do not even know

that HIV is in their lives."

This is because many women with HIV-positive husbands have not submitted to testing for reasons of fear, ignorance, poverty—even denial.

Once affected by HIV/AIDS, and having become aware of their situation, parents impose si-

DEAFENING/A4

The importance of reporting HIV/AIDS is paramount. In 2005, 4.1 million people were newly infected with HIV, according to UNAIDS. 2.8 million died – 2.6 million adults and 570,000 children.

don't allow these fluids to transfer from one person to another. Being safe for HIV does not necessarily mean an activity is safe for some other sexually transmitted infections including gonorrhoea, syphilis, chlamydia or herpes.

Sexually transmitted infection (STI)

Any disease or infection that is spread through sexual contact.

T**Tuberculosis**

A bacterial infection caused by *Mycobacterium tuberculosis*. It usually affects the lungs but can spread to other parts of the body.

U**UNAIDS**

This acronym refers to the Joint United Nations Programme on HIV/AIDS. It is a part of the UN and is a collaboration among 10 organisations and the UNAIDS Secretariat.

Unprotected sex

Sex without a condom.

V**Vaccine**

Containing a deactivated infectious organism, a vaccine is designed to stimulate the immune system to protect against infection from the active organism. A preventive vaccine pre-empts infection from that organism. A therapeutic vaccine improves the ability of the immune system of a person already infected with the organism to defend itself.

VCT

Voluntary Counselling and Testing programs enable people to learn their

HIV status and receive counselling about risk reduction and referral to care if they are HIV positive.

Viral load

The amount or concentration of HIV in the blood. There is a correlation between the amount of virus in the blood and the severity of disease – the higher the viral load, the more progressive the HIV disease. A viral load test is an important tool for doctors in monitoring illness and determining treatment decisions.

Vulnerable populations

Populations that are at increased risk of exposure to HIV due to socioeconomic, cultural or behavioural factors. Vulnerable populations include refugees, poor people, men who have sex with men, injecting drug users, sex workers and females, particularly in countries or communities where gender inequality is pronounced.

W**World Health Organisation (WHO)**

WHO is the United Nations agency for health. It is governed by 192 member states, and aims to help all individuals achieve the highest possible level of health.

World Bank

The World Bank is a development bank that provides loans, policy advice, technical assistance and knowledge sharing services to low- and middle-income countries to reduce poverty. The World Bank is a co-sponsor of UNAIDS.

– Source: Adapted from Henry J. Kaiser Family Foundation, *Reporting Manual on HIV/AIDS: HIV/AIDS Reporting*, December 2005, <http://www.kff.org/hivaids/upload/7124-02.pdf>

12. Recommendations

Representatives from IFJ affiliated journalists' unions, senior journalists, media groups and HIV/AIDS non-government organisations, including UNAIDS, Internews, PANOS, FAMEDEV, Journalists Against AIDS, the ILO and the Thompson Foundation, and spanning countries including Cambodia, India, the Philippines, Senegal, Nigeria, Zambia, Indonesia, Thailand and Australia, meeting in Phnom Penh Cambodia on July 25-26 2006, adopted a series of recommendations acknowledging the vital role the media plays in reporting on HIV and AIDS. The cross Africa-Asia regional meeting in Cambodia was organised by the IFJ and hosted by the Cambodian Association for the Protection of Journalists, and supported by the Swedish trade union movement, the LO-TCO, as part of a two-year project aimed at improving reporting of HIV/AIDS in Africa and Asia.

The meeting called on media organisations to develop strategies that strengthen the role of media in providing information on all aspects of HIV and AIDS, and to institute wide ranging, regular and sustained training for journalists and editors on HIV and AIDS reporting. The recommendations also highlighted the need for country specific codes of conducts and reporting guidelines on HIV/AIDS to encourage the media to challenge the myths and stereotypes that surround people living with HIV and AIDS. Additionally, the group agreed to hold a follow-up regional conference to review progress in the implementation of this programme of work at a national and regional level within three years.

RECOMMENDATIONS

A Story A Day – Reporting HIV/AIDS IFJ Asia and Africa Regional Workshop July 25-26, 2006 Phnom Penh, Cambodia

Recommendations for journalists' organisations and trade unions in Asia and Africa.

Representatives of journalists' trade unions, senior journalists, HIV/AIDS non-government organisations from Cambodia, India, The Philippines, Senegal, Nigeria, Zambia, Indonesia, Thailand and Australia, having discussed the reporting of HIV and AIDS,

Declaring the vital role the media play in reporting HIV and AIDS issues, raising awareness and in mobilising public opinion to prevent the transmission of HIV and build a culture of respect for people infected with, and affected by, HIV,

Affirming the importance of treating people with HIV and AIDS with respect, dignity and seeking and valuing their opinion,

Recognising the need to balance respect for a person living with HIV/AIDS' right to privacy and non-identification, with the right to information,

Recognising that journalists are directly affected by HIV/AIDS and many face stigma and discrimination in their media workplaces,

Demanding that governments and civil society take action to prevent the transmission of HIV and ensure professional access to all relevant sources of information and interests involved,

Requesting that NGOs and national governments develop transparent media strategies that provide journalists timely access to quality information and resist attempts to exaggerate or distort the facts to gain publicity,

Agree to the following framework of recommendations for a programme of action and assistance to promote the highest standards of professionalism and ethics in the reporting of HIV and AIDS issues in Asia and Africa:

Recommendations for reporting on HIV/AIDS

Media professionals and media organisations need to develop strategies that strengthen the role of media in providing information on all aspects of HIV and AIDS.

The key recommendations in the area of HIV and AIDS for journalists and media organisations include:

- ◆ Training
- ◆ Awareness raising
- ◆ Agenda setting
- ◆ Greater involvement of people living with HIV and AIDS
- ◆ Education
- ◆ Self-regulation of the media
- ◆ Media as watchdog – monitoring actions
- ◆ Building networks – cooperation
- ◆ Expanding sources of information
- ◆ Resources for journalists
- ◆ HIV/AIDS as a workplace issue

1 Training for journalists and media education

- a) That media and journalists' organisations should institute wide-ranging, regular and sustained training for journalists and editors on HIV and AIDS reporting.
- b) Ethical questions should have a higher profile in journalists' training, particularly with regard to standards of conduct in reporting issues on HIV and AIDS, incorporating the concerns of vulnerable and marginalised groups, and including greater involvement of People Living With HIV and AIDS (PLWAs) in training programs and resources.

2 Creating conditions for professional journalism

- a) Governments and relevant authorities should work with media and other civil society groups to create a legal and cultural framework for professional journalism, including freedom of information legislation and respect for independent journalism.
- b) Media professionals should recognise that freedom of expression must go hand in hand with other fundamental human rights, including freedom from exploitation and intimidation.
- c) Dialogue between media organisations, journalists and programme makers and relevant groups within civil society should be supported to highlight problems and concerns

and to give a better understanding of the needs of journalists and media when reporting HIV/AIDS issues.

- d) National NGOs should consider compiling a directory of reliable experts on HIV and AIDS and related topics, to be distributed to media. Such information could also be accessible on computer databases.
- e) National and international NGOs should consider adopting ethical guidelines that promote transparent dealing with media and reject corruption.

3 Codes of Conduct and self regulation

- a) Codes of conduct and reporting guidelines on HIV and AIDS should be adopted by media and journalists organisations. Such codes are weapons in the hands of journalists and campaigners who can use them to take up issues with editors, publishers and broadcasters.
- b) Country specific guidelines on HIV and AIDS reporting should be drawn up by professional associations to accompany their general ethical codes.
- c) Media should avoid, or challenge, the myths and stereotypes that surround people living with HIV and AIDS.
- d) Journalists should aim to give PLWAs a voice in media, and should never publish details that put people at risk.

4 The need for newsroom debate

- a) A constructive and supportive debate should be encouraged between media professionals about reporting HIV and AIDS, and the use of images of people living with HIV and AIDS, including children. Such dialogue should take place between media managers and editorial departments.
- b) Media editors and managers should implement a policy which makes clear their opposition to biased and sensationalist coverage of HIV/AIDS, and their support for high ethical standards among journalists and programme makers. This could be done through the guidelines, which should be implemented and monitored.

Action by journalist unions on HIV and AIDS:

- ◆ **To provide** forums for discussion of professional issues relating to HIV/AIDS and the media for journalists in the region, through regional and national courses, building on the models currently being developed by the IFJ, through the support of national governments and NGOs,
- ◆ **To adopt and disseminate** to all newsrooms and journalists guidelines for reporting HIV and AIDS,
- ◆ **To demand** that media organisations adopt workplace strategies/policies to address the issue of HIV and AIDS for journalists as workers, including demands for counselling and treatment,
- ◆ **To demand** that media organisations adopt policies that reject stigma and discrimination for HIV positive journalists in the workplace,
- ◆ **To adopt** and promote the ILO's Code of Conduct on

HIV/AIDS in the world of work,

- ◆ **To ensure** that policies that reflect the principles of the ILO Code of Conduct are incorporated into collective bargaining agreements,
- ◆ **To develop** in-country action plans on the work that will be done on HIV/AIDS issues and share these with other affiliates,
- ◆ **To collect** and distribute among journalists examples of best practice in reporting on HIV/AIDS,
- ◆ **To translate** and adapt to local conditions the HIV/AIDS media guide and training materials into major languages of the region and to distribute these materials to every newsroom,
- ◆ **To work with** local NGOs to provide media training, to better enhance their ability to represent their views, and the views of the people living with HIV/AIDS they represent, to the media in their country,
- ◆ **To demand** sustained and regular workplace training for journalists and editors reporting on HIV/AIDS,
- ◆ **To organise** meetings for journalists' organisations and HIV experts in each country to promote co-operation and national action,
- ◆ **To recognise** outstanding journalism in the area of HIV/AIDS reporting through an annual journalism award for journalists in the region,
- ◆ **To examine** new ways and methods of working on the issue of journalism and HIV/AIDS in order to widen the scope of reporting which will raise awareness and mobilise public opinion,
- ◆ **To consider** the role of media monitoring by national unions to identify both best practice but also the problems in reporting,
- ◆ **To consider** implementing guidelines around a number of stories or level of HIV reporting in order to raise the number of stories, their placement and quality,
- ◆ **To hold** a follow-up regional conference to review progress in the implementation of this programme of work at a national and regional level within three years.

Cambodia, July 25-26, 2006

13. Useful references and contacts

Contacts

AIDS Media Center
www.aidsmedia.org

Centers for Disease Control and Prevention
www.cdc.gov/index.htm

Global Health Reporting
www.globalhealthreporting.org/

Global Unions HIV/AIDS Programme
www.global-unions.org/hiv-aids/

Human Rights Watch HIV/AIDS
www.hrw.org/campaigns/aids/2006/toronto/index.htm

Independent Journalism Foundation POLICY Project
 HIV/AIDS Media Guide Cambodia
www.ijf-cij.org/

International AIDS Vaccine Initiative for HIV
www.iavi.org/

International Federation of Journalists
www.ifj.org

IFJ Afrique
www.ifjafrique.org

IFJ Asia-Pacific HIV/AIDS resources
www.ifj-asia.org/page/hivaids.html

ILO/AIDS 24 Hr News Service
www.ilo.org/public/english/protection/trav/aids/aboutiloaids.htm

Internews
www.internews.org

Joint United Nations Programme on HIV/AIDS
www.unaids.org

Journ-AIDS
www.journ aids.org

Journalists Against AIDS Nigeria
www.nigeria-aids.org/content.cfm/2b1

PANOS Global AIDS Program
www.panos aids.org/

The Communication Initiative HIV/AIDS window
www.comminit.com/hivaids/

The EU-India Media Initiative on HIV/AIDS
www.aidsandmedia.net/

The Global Fund to Fight AIDS, TB and Malaria
www.theglobalfund.org/

The Global Media AIDS Initiative
www.unaids.org/en/MediaCentre/MediaAIDSResponse/gmai.asp

The Henry J. Kaiser Family Foundation
www.kaisernetwork.org/

You and AIDS
www.youandaids.org/

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The IFJ is a non-governmental, non-profit organisation that promotes coordinated international action to defend press freedom and social justice through the development of strong, free and independent trade unions of journalists. IFJ Asia-Pacific coordinates IFJ activities in the Asia-Pacific region. The IFJ works closely with the United Nations, particularly UNESCO, the United Nations Human Rights Commission, WIPO and the ILO, the International Committee of the Red Cross, the European Union, the Council for Europe and with a range of international trade union and freedom of expression organisations. The IFJ mandate covers both professional and industrial interests of journalists.

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