



**PRESENTATION BY SOLLY MOKOETLE TO THE
SECOND ANNUAL EXECUTIVES' SUMMIT
of the
AFRICAN BROADCAST MEDIA PARTNERSHIP AGAINST HIV/AIDS
MAPUTO, SEPTEMBER 20, 2006**

ANNUAL REPORT OF THE STEERING COMMITTEE

I am pleased to be able to report to you in my capacity as chair of the Steering Committee of the ABMP on our work and progress of the past year. As you will recall, the Steering Committee was nominated for a two year term by company executives in attendance at our founding summit at the Old Fort in Johannesburg last October. The Steering Committee is as follows:

- Veiga Anabela, Radio Nacional de Angola
- Kofi Bucknor, Ghana Broadcasting Corporation
- Pasi Gabriel, Radio Television National Congolaise
- Claudie Iikela, Namibian Broadcasting Corporation
- Arlindo Lopes, Southern African Broadcasting Association
- Rodrick Kar Mulonya, TVM Malawi
- Samwilu Mwaffisi, Tanzania Broadcasting Services
- Pamela Patten, Mauritius Broadcasting Corporation
- Kevin Ejiofor, Federal Radio Corporation of Nigeria

I have divided my report to you and our review of progress to-date into three parts:

- First, a review of the objectives and overall progress toward those objectives;
- Second, a discussion on content development plans;
- and third, efforts to increase membership, political support and funding.

PART ONE

As a committee, we have met five times since last October, twice in face-to-face meetings in Johannesburg and Maputo, and three times by telephone conference. We have also maintained a high-level of e-mail communication among committee members. One of our initial tasks was to define the terms of reference of the steering committee. Our main charge is to:

- Prioritize the goals and objectives of the Partnership as set out in the Old Fort Declaration
- Develop and oversee implementation of programs designed to ensure increased HIV/AIDS-related messaging and content across all programme genres
- Promote strategies for integration and prioritization of HIV/AIDS in Partners' business strategies, budgets and programming schedules
- Establish a monitoring mechanism and benchmarks to assess Partners achievements
- Seek to increase membership in the Partnership
- Seek endorsement of the Partnership and its goals by the African Union
- Develop and implement plans to attract additional funding, based on the principle of co-investment from in-country resources.

Prioritizing the Goals and Objectives: Our task was to transform the key commitments of the Old Fort Declaration into performance targets.

Lets remind ourselves of the key commitments we made last October:

- To redouble our efforts to combat HIV/AIDS by ensuring that our organizations at all levels understand HIV/AIDS as a developmental, national and corporate priority, see the importance of HIV/AIDS within the context of our public broadcast mandates.

Business strategies and budgets, set clear goals and targets, and lead by example through the implementation in our organizations of appropriate HIV/AIDS workplace policies and programmes

- To use our executive authority within our organizations to make HIV/AIDS an integral part of our strategic business plans and in so doing to prioritize the integration of HIV/AIDS-related messaging and information across radio, television and all new media platforms
- To engage our governments on the strategic alignment of HIV/AIDS communication with our national plans to combat HIV/AIDS, and to develop a complementary communications plan for HIV/AIDS with targets, time frames and budgets
- To adopt a people-centered approach to HIV/AIDS communication and information, with understanding and in partnership with the audiences we are targeting
- To prioritize effective communication and programming that targets children, youth, women, orphans and other vulnerable groups who are at greatest risk for HIV/AIDS
- To devote substantial and increased radio and television broadcast airtime in both peak and shoulder periods and utilize new media for all HIV/AIDS-related communication and programming including public service announcements
- To produce programmes that reduce stigma, focus on gender relations, high risk sexual behaviour and the link between poverty and HIV/AIDS.

As you will recall, at the Old Fort last year we debated the exact letter and spirit of these commitments for two days and in the end achieved a rare democratic consensus. Our awesome challenge as a Steering Committee was to crystallize these commitments into essential strategic priorities that could provide the foundation for the future development and progress of the Partnership. Before I review the goals and objectives as we defined them, let me emphasize that these are benchmarks against which to measure our collective progress—goals toward which signatory companies are expected to work. They are not absolutes. No company will be penalized or excluded from the Partnership for not fully achieving the goals we have set out.

But in the spirit of the Old Fort, we were also determined to reflect the consensus we shared last October that:

- this could not just be another well intentioned initiative with little to show for its efforts in the end
- we need to leverage our own existing resources in new ways and by mainstreaming HIV/AIDS before complaining that we cannot achieve the goals of the Partnership
- and we have to be transparent and accountable in measuring and evaluating our efforts.

Consequently we defined the following specific objectives:

- Develop policies, strategies and structures to ensure integration of HIV/AIDS as a core business priority of the company
- Dedicate resources, including financial, technical and other expertise from their own existing resources in support of the first objective
- Identify and develop program content across programme genres and schedules with consistent, clear and forthright messaging within a comprehensive communications approach to HIV reduction

- Engage with government and other in-country partners to coordinate with in-country HIV/AIDS campaign and to leverage additional resources in support of these objectives
- Commit a minimum of 5% airtime per day in an 18 hour daily schedule (06h00-24h00 half in prime time and the balance across the schedule across all stations and programme formats.

Against these objectives we developed key measurable indicators by which to track the overall performance of signatory companies. A survey instrument was developed and sent to all signatory companies for completion. I am pleased to say that of the 34 companies surveyed sent out 24 responded were returned. A 75% response rate in the first year in my opinion is quite good, but we have to strive for 100% response so that the annual scorecard resulting from this survey is reflective of the entire Partnership.

Measuring Progress: A Benchmark:

Obviously at this early stage the scorecard reflects a baseline of the status quo. It is against this first score card that future progress will be tracked. The importance of this exercise as I said is to ensure accountability and transparency going forward, and to be able to identify future priorities. The key results of the survey can be summarized as follows:

Of those who responded:

1. **63%** said they have made HIV/AIDS part of core business
 - **38%** have documented this
 - and **42%** have communicated this to the rest of the company
2. **67%** have committed resources other than airtime to implementation of the policy
 - and in **58%** of cases this commitment represented an increase in resources
3. **54%** of respondents said that less than **20%** of their program production budget was available for HIV/AIDS-related programming; **17%** said they spent more than **20%** of their program production budget on HIV/AIDS-related programming
4. There are positive signs that companies were accessing increased resources for HIV/AIDS programming –some **42%** report receiving increased funding from in-country resources like NGOs and private donors—and **29%** reported increased commercial sponsorship for HIV/AIDS programming
5. On average some **80%** have integrated HIV/AIDS-related messaging across almost all program genres
6. **75%** of companies have discussed HIV/AIDS with their government leaders and close to **80%** have publicly voiced their commitment to fighting HIV/AIDS
7. **67%** of companies report increasing their airtime commitment for HIV/AIDS-related programming since we met last October
 - **38%** commit less than 5%
 - **17%** about 5%
 - **42%** more than 5%
8. Most importantly:
 - **96%** said they expected their commitment to grow
 - **67%** said this growth in airtime commitment is in response to the ABMP

PART TWO

Content Development: Our goal as we saw above is to identify and develop programme content across programme genres and schedules with consistent, clear and forthright messaging within a comprehensive communications framework.

One of the most groundbreaking aspects of this Partnership is that for the first time ever we as broadcasters from across the continent are agreed on the need for a consistent pan-African communications framework with specific HIV prevention-related goals and measurable outcomes. The reason that commitment is somewhat radical is that it reflects our recognition that the more random, ad hoc approach we have all pursued in the past is part of the reason that our efforts have not always delivered the impact we had hoped, and why we continue to experience rising HIV infections across the continent. Too often we are pressured by our governments, non-government groups and other interest groups to provide air-time for this or that PSA or programming piece, and although much of this material may be quite sound in its own right, this ad hoc approach does not add up to any calculated, strategic sense of how we as broadcasters can impact HIV infection rates. That's the basis on which our efforts will be judged long term, not just the volume of programming we manage to squeeze on air.

Let me summarize what the primary communications challenge is here:

- The primary challenge is that there are existing high levels of HIV/AIDS awareness across most African countries. People know about it, they know how it is transmitted and they mostly know how to avoid getting it. But there is a widely pervasive disconnect between awareness and internalization of personal risk. Most people think AIDS is what happens to somebody else, and that their personal behaviour is not putting them at risk.. Additional factors also militate against sexual behaviour change such as:
 - peer pressure
 - sexual coercion
 - gender inequity
- AIDS fatalism
 - younger generation has grown up with AIDS
 - “normalization” of the epidemic
 - extended gap between infection and the onset of AIDS
- AIDS fatigue
 - established communication predictable and boring
 - traditional threat-consequence approach has outlived its usefulness
 - failure to offer promise of something better/proffer hope.

The traditional threat-consequence approach to HIV communication has produced high levels of awareness but the next leap forward—motivating higher levels of consistent HIV-avoidance behaviour—requires a fresh approach that captures the public consciousness and ignites social mobilization across communities and countries. The primary motivation for this stepped up and reinvigorated approach are:

- HIV/AIDS is the most debilitating of any of the endemic diseases affecting Africa, decimating the economical productive population across the worst affected countries—the breadwinners and parents—resulting already in more than 12 million orphans.

- Real reductions in the rate of HIV infection are possible if there is a sufficiently significant shift in attitudes and behavior particularly among the 50% of African under the age of 20 years
- HIV prevention does work when it is appropriately targeted and sustained long enough with sufficient intensity to effect the desired change
- Broadcast media have a critical role to play in shaping attitudes and promoting social mobilization.

Strategic Framework for Consistent HIV-Communication: The primary drivers of HIV infection in Africa are:

- Sexual coercion and peer pressure
- Gender inequity
- Low self-esteem and lack of hope for the future
- Tradition and traditional stereotypes
- Stigma
- Subsistence

Defining the Target Group

More than two thirds of HIV infections occur before the age of 25 years. More than 50% of the African population is under 20 years and this massive youth balloon could fuel the epidemic for decades. Young women are at disproportionately greater risk of HIV infection than males of the same age. Supportive family can significantly contribute to risk-reduction behaviour among young people. These are inter-related facts that efforts to reduce HIV infection rates need to target:

- Young people ages 15-25
- Within that age group young women
- Family and others who support young people

A Hope-Centred Approach

Personal behaviour modification which requires some perceived sacrifice (use a condom, delay or abstain from sex) is usually best motivated by a perceived benefit. The “perceived benefit” is avoiding HIV infection, but because most young people do not think they are at risk of HIV in the first place, that idea is not very tangible incentive to most. Traditional HIV/AIDS communication uses a threat-consequence approach (“use a condom or else...”).

A new more motivational approach is proposed. The key elements of this approach are:

- A vision of an HIV-free generation
- Hope-personalization of the vision (*“it begins with you”*)
- Personal motivation
- Sense of self-family-community-country
- Awareness of place in the world
- Ability to effect change

Measurable Outcomes

- Awareness of the campaign and its goals
- Increased hope for the future among young people
- Increased and more open communication between parents and teens
- Higher levels of HIV-risk awareness and self-reported behaviour change

- Reduction in incidence of sexual coercion among young women
- Reductions in rate of HIV infection among young people

To give effect to the strategic HIV-communications framework and this new vision-centred approach, the ABMP will facilitate two streams of content development:

- **Core content** (generally PSAs and short format programming) will be centrally developed and distributed rights free across all signatory companies
- **Company content** will be developed by signatory companies themselves by integrating key messages and themes of the strategic HIV-communications framework across existing programme formats, and by leveraging existing resources and capacity.

To help initiate and facilitate the process of company content development all signatory companies are invited to send one representative from the news programming departments and one person from general programming to a series of three-day content development workshops in Johannesburg and Nairobi in the last week of October and first week of November. At these workshops your programming people will be expected to come forward with ideas and proposals for the integration of HIV-messages across existing programming formats, as well as new programming ideas, within the context of the communications framework I have sketched out and in support of the core campaign.

The core content is obviously the foundation of the effort, but on its own will not have anything like the impact we aim for. Reinforcing and supplementing core content by mainstreaming the themes of the communication framework across all programming is critical in the effort to break new ground in HIV communication and to re-engage our audiences.

PART THREE

Increasing Membership: I am pleased to report that we have increased our membership to 41 companies and we have added an additional five countries: Senegal, Côte d'Ivoire, Liberia, Burundi and Ethiopia.

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| 1. Angola | 14. Mozambique |
| 2. Botswana | 15. Namibia |
| 3. Burundi | 16. Nigeria |
| 4. Côte d'Ivoire | 17. Rwanda |
| 5. Democratic Rep. of Congo | 18. Senegal |
| 6. Ethiopia | 19. Seychelles |
| 7. Ghana | 20. South Africa |
| 8. Kenya | 21. Swaziland |
| 9. Lesotho | 22. Tanzania |
| 10. Liberia | 23. Uganda |
| 11. Madagascar | 24. Zambia |
| 12. Malawi | 25. Zimbabwe |
| 13. Mauritius | |

Increasing membership to include all African countries and major public and commercial broadcasters is a key objective and it is an aspect of our work with which all members can help by promoting participation in the ABMP when opportunity arises. The help of regional broadcast associations such as URTNA, CERTEF and the Arab Broadcast Union would also be useful.

Building Political Support: This is an important objective because endorsement by the African Union (AU) and other regional political bodies would help secure additional resources for HIV/AIDS-related programming.

We are pleased that we have AU participation at the Executive Summit and are hopeful that this is a first step to more formal engagement with the relevant officials and government representatives.

Funding: We have emphasized from the outset that doing more HIV/AIDS-related communication by integrating messaging into existing program platform ought not to cost more money, but merely leverages existing resources and capacity. The idea that to do more in respect of HIV/AIDS requires additional funding is not valid.

Nonetheless, funding is needed to help sustain the operations of the ABMP, for technical assistance and training, and for the production of core content. I am very pleased to inform you that in addition to our founding partners, the Kaiser Family Foundation and the Nelson Mandela Foundation, we are welcoming as new partners the Bill and Melinda Gates Foundation, the Coca Cola Africa Foundation and Merck&Co.