



**AFRICAN BROADCAST  
MEDIA PARTNERSHIP  
AGAINST HIV/AIDS**

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**A N N U A L R E P O R T O F  
T H E S T E E R I N G C O M M I T T E E**

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**PRESENTATION BY MR. SOLLY MOKOETLE**

*to the*

**THIRD ANNUAL EXECUTIVES' SUMMIT**

*of the*

**AFRICAN BROADCAST MEDIA PARTNERSHIP AGAINST HIV/AIDS**



5<sup>th</sup> SEPTEMBER, 2007

NAIROBI, KENYA

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. Over the past year the ABMP has:

- Expanded to 31 countries and 50 companies including commercial and public broadcasters (more than doubling membership since our founding in 2005)
- Coordinated the first ever continent-wide simultaneous broadcast on World AIDS Day 2006
- Launched and continued development of first ever pan-African HIV/AIDS public education campaign: the *YOU* campaign
- Initiated development of first-pan African reality show for launch in October 2007
- Significant additional funding has been secured to support core content development
- Member companies have substantially increased their commitment of air-time and programming resources
- Collaborative relationships have been established with the African Union, World Health Organization and UNAIDS.

### **The Role of the Steering Committee**

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 in October, 2005. During the past year a number of the original Steering Committee members were transferred out of their companies and stepped down from the Committee. Consequently the Committee used its prerogative to nominate new members to the Committee as indicated below:

#### *New Members now serving in Steering Committee (term to end February 2009)*

1. Mr. Joseph Hundah, Operations Director: Mnet Africa
2. Mr. Mvuso Mbebe, Chief Operating Officer, South Africa Broadcasting Corporation
3. Ms. Joyce Mhavi, Managing Director, Tanzania Independent Television/Radio One
4. Mr. Charles Snetter, Director General, Liberia Broadcasting System

#### *Members nominated in 2005 and whose term ends September 2007*

1. Mr. Charles Kofi Bucknor, Director: Television, Ghana Broadcasting Corporation
2. Mr. Ben Egbuna, Director-General, Federal Radio Corporation of Nigeria and President, African Union of Broadcasting
3. Mr. Pasi Gabriel, Director: Television, Radio Television National Congolaise
4. Ms. Claudie Iikela, General Manager: Television Services, Namibian Broadcasting Corporation
5. Mr. Arlindo Lopes, Secretary General: Southern African Broadcasting Association
6. Mr. Solly Mokoetle, South Africa Broadcasting Corporation\*
7. Ms. Pamela Patten, Director: Radio, Mauritius Broadcasting Corporation
8. Ms. Anabela Veiga, Head: Department of International Relations, Radio Nacional de Angola

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\* Mr. Mokoetle resigned his position at Chief Operating Officer of the SABC in December 2006 but continued as Chair by unanimous consent of the Steering Committee.

It is the role of this executive summit to re-confirm continuation of the “Class of February 2007” i.e. those Committee members whose terms continue for a further 18 months, and to nominate a new group of up to 8 additional Steering Committee members. The election of new members must be considered in the context of overall representivity, gender and language balance.

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 the YOU campaign and further content development plans;
- and Third, efforts to increase membership, political support and funding.

## **P A R T   O N E**

Since the last executive summit in September 2006 in Maputo we have met as a committee a total of 8 times: twice in face-to-face meetings in Nairobi, and 6 times by telephone conference. We have also maintained a high-level of e-mail communication among committee members.

The Steering Committee’s mandate 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:**

Let’s remind ourselves of the key commitments contained in the Old Fort Declaration which is the founding document of our Partnership:

- 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 work place 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.

In Maputo last year, the executive summit approved 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 “the scorecard” was developed and sent to all signatory companies for completion.

### **Measuring Progress: The Annual Scorecard:**

Assuming the first scorecard conducted in June 2006 provided a baseline, results this year show a remarkable upswing in commitment, involvement and dedication of resources by ABMP companies overall (see full report attached).

Forty five member companies or 80% of the eligible sample submitted their responses. Overall the results show a remarkable increased over the past year in commitment to HIV/AIDS programming, the dedication of personnel and financial resources, and most notably airtime.

### ***Integrating HIV/AIDS as Part of Core Business Strategy and Planning***

- 76% say they have formally adopted HIV/AIDS as part of their core business strategy. Up from 63% in 2006.
- 56% say they have documented their policies; an increase from 38% in 2006.
- 67% have communicated to all levels of the company. Up from 42% last year.
- And 51% have communicated publicly their position outside the company. Up from 25% from last year.

### ***Resource Allocation***

- 69% of respondents said they have dedicated personnel and budgetary resources specifically to the integration of HIV/AIDS as a core business strategy.
- And 58% said this resource allocation was greater than in the previous year.
- Almost 50% of responding companies said that they have committed 20% or more of their annual programming budget to HIV/AIDS-related programming.

- 78% reported an increase in airtime for HIV/AIDS-related programming over 2006. 71% reported committing 5% or more daily airtime for HIV/AIDS-related programming. And 98% said they expected their airtime commitment to grow even further in the next year.

### **Content**

- More than a third (36%) of respondents said they have a written HIV/AIDS communication and programming format to guide content development and of those that do yet have such a guide 58% reported they planned to develop one shortly.
- A large majority (in excess of 80%) reported that they were including HIV/AIDS-related themes and messages in a variety of program formats including news, talk shows, magazine, music and drama programs.

### **Leadership**

- 60% of companies reported that their senior executives have in the past year discussed a coordinated HIV/AIDS response with government officials and more than two thirds (67%) said they have discussed it with non-government leaders. 71% reported that government leaders in their country had publicly voiced support for the broadcaster's approach and commitment to combating HIV/AIDS.

## **P A R T   T W O**

### **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 ad hoc programming. While this material may be quite sound in its own right, this ad hoc approach does not add up to a calculated, strategic sense of how we as broadcasters can impact HIV infection rates and also results in diffusion of the message and its impact. If we cannot capture the attention and imagination of our audiences, they will not internalize HIV/AIDS messaging.

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 HIV/AIDS communication is generally perceived particularly by young people as predictable and boring
  - failure to offer promise of something better/proffer hope.

Our past efforts at HIV communication have 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 is:

- 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:**

To make our HIV/AIDS-related content more effective, to re-engage our audiences, and to get the continent talking about a positive vision of a future without HIV/AIDS, we have to develop content that reflects consistent and appropriately targeted messages and that has the potential to build audiences. That is the primary reason why we have reiterated time and again that the ABMP does not merely promote more of the same kind of HIV/AIDS programming, but is promoting the idea of a fresh approach. That “fresh approach” also needs to be built around the core driver of HIV infection:

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

### **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**

In Maputo last year the executive summit endorsed a new more motivational approach built around the following key principles:

- 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
- Increased leadership in combating HIV/AIDS

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

- **Core content** (generally PSAs and short format programming) centrally developed and distributed rights free across all signatory companies
- **Company content** 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 facilitate the process of company content development all signatory companies were invited to send representatives from the news programming departments and general programming content development workshops in Johannesburg and Nairobi in October and November last year.

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.

## **The YOU Campaign**

Last September members approved the concept and creative execution of a multi-year HIV/AIDS public education campaign using the tag-line: *Imagine the Possibility of An HIV-free Generation: It Begins with YOU!*

Members also agreed last September that the campaign should be launched with a simultaneous broadcast on radio and television across all ABMP member companies of the anchor ads in the campaign. This launch was highly successful. We conducted a survey after the launch and, of the 68% of members who responded:

- 96% reported they developed longer form programming to support the launch;
- 92% reported positive feedback from their audiences;
- 62% reported involvement from government leaders, including briefings and participation by senior government representatives.

The *YOU* campaign is produced in six monthly phases, each phase focusing on one of the following key drivers of HIV infection:

- Gender Inequity
- Stigma
- Tradition and traditional stereotypes
- Sexual coercion
- Peer Pressure
- Lack of hope for the future
- Poverty

The first phase (December 06-May 07) public service announcements (PSAs) were designed to establish the pay-off line: *Imagine the Possibility of an HIV-free Generation: It Begins with YOU!* Phase II (June -November 2007) focuses on gender inequity by portraying an idealized world of gender equity where everyday situations demonstrate how relatively simple personal action can help toward the realization of an HIV-free generation.

Conceptualization and development of core content is informed by a creative sub-committee of ABMP member company representatives appointed by the Steering Committee. This creative sub committee has met face-to-face three times since July 2006. Creative execution is developed and managed by a production consortium of Africa producers working together in support of this effort.

Funding for the *YOU* campaign is provided by the Coca Cola Africa Foundation.

### **First Pan-African Reality Show: *Imagine Afrika***

In reviewing the *YOU* campaign at its February 2007 meeting, the Steering Committee, out of concern that the PSAs were insufficient to communicate the substance of the campaign charged the creative sub-committee to explore more substantive program formats designed mainly to engage younger (teenage) audiences. The reality genre was proposed (see attached concept document) for its popularity with younger audiences and the scope this genre offers for broader exploration of issues related to HIV/AIDS and personal behaviour and responsibility.

This show, titled *Imagine Afrika*, consisting of 13X24 minute weekly episodes will begin airing in October 2007. The show will spotlight 12 young African achievers identified through a call-for-nominations conducted by all ABMP member companies. Each member country was invited to put forward three nominees chosen from the open-call for final selection by the ABMP production team. Twenty seven of the most promising of the nominees sent forward to the final selection were reviewed by the creative sub-committee meeting in Johannesburg in July and final recommendations on the 12 participants made to the ABMP production consortium.

The 12 contestants will be divided into three teams working across five countries (South Africa, Ghana, Mozambique, Rwanda, Uganda) to help tackle local problems associated with HIV/AIDS, poverty, broader health and development (such as water and sanitation), and nutrition.

The overall goal of the show is to demonstrate the power of personal action (*It begins with YOU!*) in realizing goals, and to spark a continent-wide discussion about the vision of an HIV-free generation. If the pilot series is successful, the aim is to sustain this show through 2010 to capitalize on the first African soccer World Cup.

## PART THREE

### **Increasing Membership:**

I am pleased to report that since our launch we have more than doubled our membership now spanning 31 countries (50 member companies):

Angola	Kenya	Seychelles
Botswana	Lesotho	South Africa
Burkina Faso	Liberia	Sudan
Burundi	Madagascar	Swaziland
Cameroon	Malawi	Tanzania
Côte d'Ivoire	Mauritius	Togo
Congo-Brazzaville	Mozambique	Uganda
Democratic Rep. of Congo	Namibia	Zambia
Ethiopia	Nigeria	Zimbabwe
Gabon	Rwanda	
Ghana	Senegal	

Increasing membership to include all African countries and major public and commercial broadcasters remains 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 the African Union of Broadcasting (AUB) and regional broadcast associations such as SABA and the Arab States Broadcast Union continues to be very important.

Last September members specifically prioritized outreach to French-speaking and Arab states. I am therefore very pleased to welcome the following new members since our summit in Maputo:

1. Cameroon Radio Television
2. Radio AFRICA No. 1, Gabon
3. Radio Buddu, (Buddu Broadcasting Services), Uganda
4. Radio Lomé, Togo
5. Radiodiffusion Télévision du Burkina
6. Radiodiffusion Télévision Congolaise – (Congo Brazzaville)
7. Sanyu FM, Uganda
8. Sudanese Radio and Television Corporation
9. Télévision Togolaise

### **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. I am pleased to report that we were invited to address the annual summit of AU health ministers in Johannesburg last April. Our participation was very well received and has resulted in the opening up of on-going communication and the prospect of greater collaboration between the AU and the ABMP. Similar collaboration has been established with the World Health Organization and UNAIDS.

Member companies also report strong support for the *YOU* campaign from their country governments, as well as other key constituencies such as the church.

**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.

The Kaiser Family Foundation provides major operational, technical and funding support. Additional funding is provided by the Bill and Melinda Gates Foundation, the Coca Cola Africa Foundation and Merck&Co.

To help oversee day-to-day operations and the implantation of ABMP objectives an ABMP operating office with one full-time staff person was established in Johannesburg in January 2007. As the ABMP continues to expand and activities diversify further, additional operational capacity will be necessary. In a further effort to streamline day-to-day operations, member companies were each invited to nominate a so-called “responsible officer” to serve as the primary liaison between the company and the ABMP secretariat. These responsible officers met in Johannesburg in May for a three day briefing on the work of the ABMP and their role in helping ensure implementation of ABMP objectives and programs. Responsible officers will meet annually.

**CHALLENGES FOR THE ABMP**

Among the ABMP’s challenges going forward are the following:

- ❑ Sustaining interest and commitment across all members companies
- ❑ Working toward qualitatively and substantively better HIV/AIDS programming
- ❑ More seamless integration of HIV/AIDS messages and themes across existing popular programs
- ❑ Better integration of news departments and programs into the ambit of the campaign
- ❑ Greater opportunities for co-production and program sharing across companies and regions
- ❑ Enhancing production and programming capacity across less well resourced companies.



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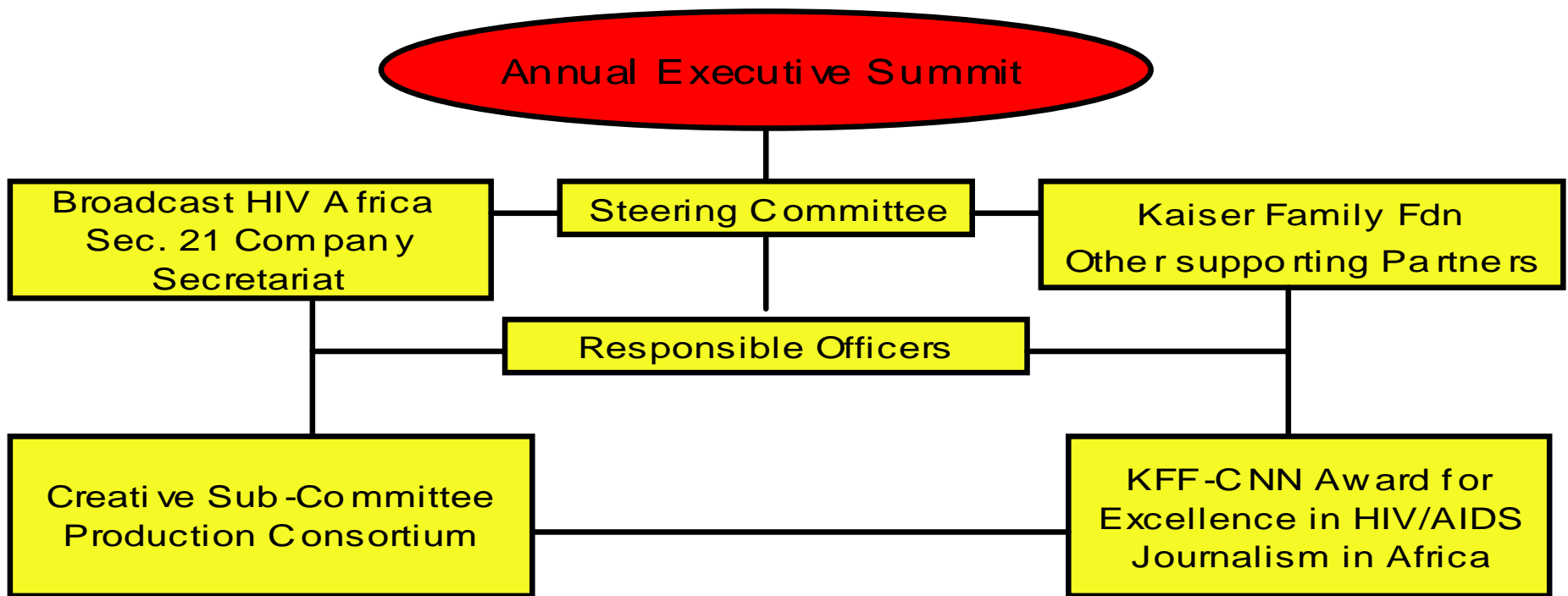
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The Old Fort Declaration embodies the joint commitment of Africa's leading broadcasters to intensify their contribution to the fight against HIV/AIDS in Africa. This historic pledge was the result of a three-day summit meeting of Africa broadcast leaders convened for the purpose of reviewing the contribution of broadcast media to the fight against HIV/AIDS and to explore ways of increasing the effectiveness of HIV/AIDS related communication and programming. The broadcast leaders concluded that broadcast media has a pivotal role to play in helping turn the tide of the HIV/AIDS epidemic in Africa and resolved to redouble their effort.

### **ABMP Member Companies (as of August 2007)**

- |   |   |
|---|---|
| 1. Africa Media Group, Tanzania                         | 26. Radio et Télévision Publiques de Madagascar (ORTM)        |
| 2. Botswana Radio and Television Services               | 27. Radio et Télévision Nationale du Burundi                  |
| 3. Broadcasting Organisations of Nigeria                | 28. Radiodiffusion Télévision du Burkina                      |
| 4. Buddu Broadcasting Services, Ltd, Uganda             | 29. Radiodiffusion et Télévision de Madagascar                |
| 5. Cameroon Radio Television                            | 30. Radiodiffusion Télévision Ivoirienne (RTI)                |
| 6. Ethiopian Radio and Television Agency                | 31. Radiodiffusion Télévision Sénégalaise (RTS)               |
| 7. e.TV, South Africa                                   | 32. Radiodiffusion Nationale Congolaise (DRC)                 |
| 8. Federal Radio Corporation of Nigeria                 | 33. Radiodiffusion Télévision Congolaise- (Congo Brazzaville) |
| 9. Ghana Broadcasting Corporation                       | 34. RCM – Miramar, Moçambique                                 |
| 10. ITV-Independent Television Ltd./Radio One, Tanzania | 35. SanyuFM, Uganda   |
| 11. Instituto de Comunicação Social, Mozambique         | 36. Seychelles Broadcasting Corporation                       |
| 12. Kenya Broadcasting Corporation                      | 37. Sociedade Independente de Comunicação (SOICO), Moçambique |
| 13. l'Office Rwandais d'Information (ORINFOR)           | 38. South African Broadcasting Corporation                    |
| 14. Lesotho National Broadcasting Services              | 39. Sudanese Radio and Television Corporation                 |
| 15. Liberian Broadcasting System                        | 40. Swazi Broadcasting and Information Services               |
| 16. Malawi Broadcasting Corporation                     | 41. Swaziland Television Authority                            |
| 17. Mauritius Broadcasting Corporation                  | 42. Tanzania Broadcasting Services                            |
| 18. M-Net/MultiChoice                                   | 43. Televisão Pública de Angola                               |
| 19. Namibian Broadcasting Corporation                   | 44. Télévision Togolaise                                      |
| 20. Nigerian Television Authority                       | 45. Televisão de Moçambique                                   |
| 21. Radio AFRICA N°. 1, Gabon                           | 46. Television Malawi   |
| 22. Radio Lomé, Togo                                    | 47. Uganda Broadcasting Corporation                           |
| 23. Radio Moçambique                                    | 48. Voice of Nigeria  |
| 24. Radio Nacional de Angola                            | 49. Zambia National Broadcasting Corporation                  |
| 25. Radio National Malagasy                             | 50. Zimbabwe Broadcasting Holdings                            |

# **ABMP Operational Organogram**



## **Report on the 2007 ABMP Members Scorecard**

### **OBJECTIVE 1**

#### **DEVELOP POLICIES, STRATEGIES AND STRUCTURES TO ENSURE INTEGRATION OF HIV/AIDS AS A CORE BUSINESS PRIORITY OF THE COMPANY**

**1. Has your company formally adopted HIV/AIDS as part of its core business strategy?**

% of those who answered YES in 2007: 76%  
% of those who answered YES in 2006: 63%

**2. If 'YES', did this happen in response to the direction provided by the ABMP?**

% of those who answered YES in 2007: 29%  
% of those who answered YES in 2006: 25%

**3. Has your company's position on HIV/AIDS as a core business strategy been:  
*a) documented?***

% of those who answered YES in 2007: 56%  
% of those who answered YES in 2006: 38%

***b) communicated to all levels of the company?***

% of those who answered YES in 2007: 67%  
% of those who answered YES in 2006: 42%

***c) communicated publicly i.e. outside the company?***

% of those who answered YES in 2007: 51%  
% of those who answered YES in 2006: 25%

**4. Does your company have written workplace HIV/AIDS-related policies for company employees?**

% of those who answered YES in 2007: 58%  
% of those who answered YES in 2006: 54%

**5. If 'YES' [to Q4] has this policy been communicated to all employees?**

% of those who answered YES in 2007: 51%  
% of those who answered YES in 2006: 29%

**6. If 'NO' [to Q5] do you expect to put such policies in place shortly?**

% of those who answered YES in 2007: 47%  
% of those who answered YES in 2006: 50%

## **OBJECTIVE 2**

### **DEDICATE RESOURCES, INCLUDING FINANCIAL, TECHNICAL AND OTHER EXPERTISE, FROM THEIR OWN EXISTING RESOURCES IN SUPPORT OF OBJECTIVE 1A.**

#### **1. Other than airtime, has your company committed resources (such as money or personnel time) in support of the integration of HIV/AIDS as part of core business strategy?**

% of those who answered YES in 2007: 69%

% of those who answered YES in 2006: 67%

#### **2. If 'YES' is this an increase in resource commitment over past years?**

% of those who answered YES in 2007: 58%

% of those who answered YES in 2006: 58%

#### **3. If 'NO' (to question 1 above), do you anticipate that your company will soon commit resources in support of the integration of HIV/AIDS as part of core business strategy?**

% of those who answered YES in 2007: 31%

NOT ASKED IN 2006

#### **4. Has your company designated a "responsible officer" whose role is to actively promote the integration of HIV/AIDS as a core business principle and to guide program development according to the agreed HIV/AIDS communications framework?**

% of those who answered YES in 2007: 100%

NOT ASKED IN 2006

#### **5. Is a portion of your company's existing annual budget committed for funding of HIV/AIDS-related program production?**

% of those who answered YES in 2007: 49%

% of those who answered YES in 2006: 58%

#### **6. If 'YES' is this commitment an increase over past years?**

% of those who answered YES in 2007: 40%

% of those who answered YES in 2006: 46%

#### **7. Roughly speaking, how much of your company's total annual program production budget supports HIV/AIDS-related programming?**

##### **a) Less than 20%**

% of those who answered *Less than 20%* in 2007: 27%

% of those who answered *Less than 20%* in 2006: 54%

##### **b) Around 20%**

% of those who answered *Around 20%* in 2007: 36%

% of those who answered *Around 20%* in 2006: 13%

**c) More than 20%**

% of those who answered *More than 20%* in 2007: 13%

% of those who answered *More than 20%* in 2006: 17%

**8. If your answer to question 5 above was 'NO' do you anticipate that your company will soon commit a portion of its existing annual budget for HIV/AIDS-related program production?**

% of those who answered YES in 2007: 24%

% of those who answered YES in 2006: 13%

**9. Since May 2006, have you been able to get increased funding for HIV/AIDS related programming from any of the following sources:**

***Government:***

% of those who answered YES in 2007: 29%

% of those who answered YES in 2006: 13%

***Commercial sponsors:***

% of those who answered YES in 2007: 18%

% of those who answered YES in 2006: 29%

***Other in-country sources (such as NGOs, private donors etc):***

% of those who answered YES in 2007: 42%

% of those who answered YES in 2006: 42%

### **OBJECTIVE 3**

## **IDENTIFY AND DEVELOP PROGRAMME CONTENT ACROSS PROGRAMME GENRES AND SCHEDULES WITH CONSISTENT, CLEAR AND FORTHRIGHT MESSAGING WITHIN A COMPREHENSIVE COMMUNICATIONS APPROACH TO HIV REDUCTION**

### **1. Does your company have a written comprehensive HIV/AIDS communication and programming strategy?**

% of those who answered YES in 2007: 36%

% of those who answered YES in 2006: 33%

### **2. If 'NO' do you plan to develop such a strategy soon?**

% of those who answered YES in 2007: 58%

% of those who answered YES in 2006: 50%

### **3. Since May 2006, has your company included HIV/AIDS-related messaging in any of the following program formats:**

#### **a) PSAs**

% of those who answered YES in 2007: 93%

% of those who answered YES in 2006: 83%

#### **b) News**

% of those who answered YES in 2007: 91%

% of those who answered YES in 2006: 88%

#### **c) Talk shows**

% of those who answered YES in 2007: 93%

% of those who answered YES in 2006: 83%

#### **d) Magazine Format Programming**

% of those who answered YES in 2007: 87%

% of those who answered YES in 2006: 88%

#### **e) Documentary**

% of those who answered YES in 2007: 78%

% of those who answered YES in 2006: 83%

#### **f) Music shows**

% of those who answered YES in 2007: 71%

% of those who answered YES in 2006: 79%

#### **g) Game shows**

% of those who answered YES in 2007: 38%

% of those who answered YES in 2006: 38%

#### **h) Drama**

% of those who answered YES in 2007: 76%

% of those who answered YES in 2006: 83%

#### **i) Sitcom**

% of those who answered YES in 2007: 20%

% of those who answered YES in 2006: 33%

**j) Reality Shows**

% of those who answered YES in 2007: 20%

NOT ASKED IN 2006

**4. If 'YES' to Drama and/or Sitcom above, were these:**

**a) Drama: Part of an on-going series**

% of those who answered YES in 2007 (Drama only): 56%

% of those who answered YES in 2006 (Drama & Sitcom): 63%

**b) Sitcom: Part of an on-going series**

% of those who answered YES in 2007: 18%

**c) Drama: One-off messages**

% of those who answered YES in 2007 (Drama only): 29%

% of those who answered YES in 2006 (Drama & Sitcom): 42%

**d) Sitcom: One-off messages**

% of those who answered YES in 2007: 7%

#### **OBJECTIVE 4**

### **ENGAGE WITH GOVERNMENT AND OTHER IN-COUNTRY PARTNERS TO COORDINATE WITH IN-COUNTRY HIV/AIDS CAMPAIGNS AND TO LEVERAGE ADDITIONAL RESOURCES IN SUPPORT OF THESE OBJECTIVES**

**1. In the past year have you or other senior representatives of your company discussed with government representatives coordination of your company's HIV/AIDS-related communication and programming with the national (government) HIV/AIDS communications strategy?**

% of those who answered YES in 2007: 60%  
% of those who answered YES in 2006: 75%

**2. In the past year, have you or other senior representatives of your company discussed with the representatives of major non-government stakeholders coordination of your company's HIV/AIDS-related communication and programming with other non-government HIV/AIDS campaigns?**

% of those who answered YES in 2007: 67%  
% of those who answered YES in 2006: 83%

**3. In the past year, have any government representatives in your country voiced public support for your company's role in HIV/AIDS communication?**

% of those who answered YES in 2007: 71%  
% of those who answered YES in 2006: 79%

**4. If 'YES' was this a result of your company's increased commitment to HIV/AIDS-related communication and programming?**

% of those who answered YES in 2007: 64%  
% of those who answered YES in 2006: 54%

**5. Has the government in your country in the past year increased its funding from the national budget for HIV/AIDS-related communication?**

% of those who answered YES in 2007: 49%  
% of those who answered YES in 2006: 42%

**6. If 'YES' do you anticipate that any of that funding could be made available to support your company's HIV/AIDS-related communication and programming plans?**

% of those who answered YES in 2007: 38%  
% of those who answered YES in 2006: 29%

## **OBJECTIVE 5**

### **COMMIT A MINIMUM OF 5% AIRTIME (RADIO AND TV) 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**

**1. Since May 2006 (the previous year), has there been an increase in the proportion of your company's daily daytime airtime dedicated to HIV/AIDS communication and programming?**

% of those who answered YES in 2007: 78%

% of those who answered YES in 2006: 67%

**2. Where would you peg the current proportion of daily daytime airtime (including all programming formats) on TV and Radio dedicated to HIV/AIDS-related communication and programming:**

**a) less than 5%**

% of those who answered *Less than 5%* in 2007: 27%

% of those who answered *Less than 5%* in 2006: 38%

**b) about 5%**

% of those who answered *About 5%* in 2007: 31%

% of those who answered *About 5%* in 2006: 17%

**c) more than 5%**

% of those who answered *More than 5%* in 2007: 40%

% of those who answered *More than 5%* in 2006: 42%

**3. Do you expect your current commitment of airtime to grow further over the next year?**

% of those who answered YES in 2007: 98%

% of those who answered YES in 2006: 96%

**4. Is the increase in your airtime commitment in response to the goals of the ABMP?**

% of those who answered YES in 2007: 82%

% of those who answered YES in 2006: 67%

**5. How much of the airtime (in No. 2 above) was committed to the YOU campaign (PSAs and supporting programming)?**

**a) less than 25%**

% of those who answered *less than 25%* in 2007: 27%

NOT ASKED IN 2006

**b) about 25%**

% of those who answered *about 25%* in 2007: 38%

NOT ASKED IN 2006

**c) more than 25%**

% of those who answered *more than 25%* in 2007: 22%

NOT ASKED IN 2006

**6. How much of the programming broadcast in the airtime in No. 2 above directly addressed the ABMP's HIV/AIDS communication strategy?**

a) less than 50%

% of those who answered *less than 50%* in 2007: 47%

NOT ASKED IN 2006

b) about 50%

% of those who answered *about 50%* in 2007: 29%

NOT ASKED IN 2006

c) more than 50%

% of those who answered *more than 50%* in 2007: 9%

NOT ASKED IN 2006

**7. Please indicate below how your company plans on fulfilling the 5% airtime commitment with content that specifically addresses the agreed ABMP HIV/AIDS communications framework (see communications framework on reference page). Please list all applicable programming formats and scheduling (e.g. Talk shows; Drama; News; etc)**

**Sample of responses:**

**Radio Lagos/Eko FM (Broadcasting Organisations of Nigeria)**

1. *Al Fu Qan* - An Islamic religious programme with a segment for consequence of immorality. It is a drama sketch aimed at dissuading youth from acts of sexual perversion and promiscuity.
2. *Health Focus*: Strictly treating common diseases with a bias for the HIV/AIDS prevalence. This is a magazine programme.
3. *Ilepa Loro* - A Yoruba Health programme itemizing and treating common diseases. It is a feature programme.
4. *News Bulletin & Slogan*: The major bulletins make use of the ABMP Slogan on HIV/AIDS "It begins with YOU".
5. *Music Presentation*: 10' Segment treating the dreaded disease in a more subtle way.

**Ethiopian Radio and Television Agency**

1. News
2. Talk Show
3. Magazine Format Program
4. Spot
5. Music
6. Documentary

**e.TV, South Africa**

We are a single channel operating in a multi channel environment and still have to compete for the same resources with those with multi-channels. Although committed to the principle, we are continuously reviewing our participation.

### **Federal Radio Corporation of Nigeria**

1. Half-hour weekly drama on HIV/AIDS on National Stations
2. Half-hour discussion programmes once in 2 weeks on National Stations
3. Insertion of 5mins segments on HIV/AIDS in Network Health Programmes every other week
4. Reports on HIV/AIDS related issues and activities at least thrice weekly on the Network news
5. Quarter hour weekly HIV/AIDS programmes in local languages at the National Stations
6. 5minutes or more segments on HIV/AIDS on daily talk shows at the National Stations

### **Ghana Broadcasting Corporation – Radio**

1. Drive Time programs (morning and evening)
2. Features and Documentaries;
3. Drama and short sketches;
4. Women's Magazine Programme
5. News (HIV/AIDS Documentaries from individuals and NGOs);
6. Health Programmes;
7. Youth Magazine Programme;
8. Quiz Programmes
9. Other Talk Programmes

### **Ghana Broadcasting Corporation – TV**

1. Youth Magazine Programmes
2. Adult Education Talk shows (local languages);
3. Drama;
4. News;
5. Musical Concerts - one-off

These programmes are weekly but once a while they discuss/dramatise HIV/AIDS related issues. Some NGOs submit HIV/AIDS documentaries and are scheduled as and when they are received.

### **ITV-Independent Television Ltd./Radio One, Tanzania**

1. News
2. Drama
3. PSA
4. Music Programmes
5. Documentaries (Half an Hour) and/or 5 Minute Documentaries
6. Talk Shows
7. Special Themed Programmes

5% airtime commitment still stands. However, ½ of time to be used on prime time is not possible. But we use at least 1% of it on prime time. Please remember we have to ensure that our programming and on-screen branding ensures that our viewers stay with our station.

### **Kenya Broadcasting Corporation**

1. Continue with the integration of HIV/AIDS messages in existing programmes-drama, news, talk shows
2. Continue running “It begins with YOU” -5 minutes feature that runs within news once a week with a repeat

### **l'Office Rwandais d'Information (ORINFOR)**

1. Talk-shows
2. Magazine
3. News
4. Drama
5. Music

### **Lesotho National Broadcasting Services**

1. News
2. Promos
3. Drama series
4. Visitations to the rural areas of Lesotho and make live shows on HIV/AIDS-related shows to educate the public
5. Magazines and Documentary programmes to engage more people living with HIV/AIDS to share their experiences about their lives
6. Phone-in and Quiz and Debate: Work together with public figures from different backgrounds to integrate knowledge of HIV/AIDS into popular TV/radio programmes

### **Liberian Broadcasting System**

1. Talk shows
2. News

### **Malawi Broadcasting Corporation**

1. Address issues on gender equity in special programs
2. Mainstreaming existing HIV/AIDS programming to address various target audiences including people living with HIV/AIDS, the Youths and Orphans from deaths.
3. By allocating increased airtime schedules and include programs on promoting the rights of people living with HIV/AIDS, fighting stigma and discrimination, promoting easy access of ARVs for the vulnerable and initiation of vocational centers for orphans who parents died of HIV/AIDS.

### **Mauritius Broadcasting Corporation**

1. Talk shows
2. News
3. Magazines
4. Spots on our different channels in Creole, Hindi, Bhojpuri (our local languages)

Our programmes are set up together with the government's objectives and NGO sectors to raise awareness on the pandemic of HIV/AIDS

### **Mnet/MultiChoice**

Mnet being fully commercial with a pay TV service would not be able to meet these targets. Mnet will however help to facilitate communication through its channels and its multi-country reach. This will include attempting to add HIV/AIDS dialogue in scripts as well as including discussions in youth programmes and show on KTV/GO, Channel O and others. Mnet is also committed to airing any PSA that are provided to Mnet or created by Mnet relating to HIV/AIDS.

### **Namibian Broadcasting Corporation**

1. The PSAs have been translated into the various indigenous languages. They will be aired regularly on all NBC radio stations.

2. In addition all NBC language stations have been encouraged to produce programs, especially discussion programs and talk shows, focusing on gender equality and the role gender inequity plays in spreading HIV-AIDS.
3. It has also been suggested to the managers of the various stations that their producers look at the role culture, traditions and customs play as regards gender equality.
4. The managers of the NBC radio language stations have furthermore been requested to monitor all programs that revolve around HIV-AIDS.
5. Unfortunately due to a lack of funds the radio language stations will most probably not be in a position to produce dramas that have HIV-AIDS as one of the central themes.

### **Nigerian Television Authority**

1. Drama
2. Youth magazine
3. Talk shows
4. News & Current Affairs programmes
5. Jingles that specifically address the agreed ABMP HIV\AIDS communication framework.

Production outlines and modalities are already on- going.

### **Radio AFRICA No. 1, Gabon**

1. Magazine
2. Debats
3. Reportages
4. Club de La Presse

### **Radio Buddu, Uganda**

1. News
2. Sports programmes

To some questions there is no answer because we are new members in the partnership. How we are to use the 5% of the dedicated airtime? Actually it will be more than that, because the airtime for campaigns in line with the YOU is already about 25%. We hope to partner with the Government and the local NGOs whose objectives are in line with those of ABMP.

### **Radio Moçambique**

1. Programas, magazines da criança
2. Emissão ao vivo
3. Programas especializados
4. Humor
5. Rádio dramas

### **Radio Nacional de Angola**

1. Uma Programação de 45 minutos denominada «O mel que mata» que passa de Segunda à Sexta-feira na Rádio.
2. Talk Show de 30 Minutos – Stop SIDA - que passa depois do jornal da noite na Rádio e Televisão.
3. Consultório Médicos às Quartas Feira na Televisão.
4. Um drama designado conheça sobre o SIDA na Rádio e Televisão.
5. Drama de 5 minutos «Faça o teste voluntário» na Rádio e Televisão.
6. Vídeo Game de 15 minutos «Comunidade Contaminobo».

7. programa de 30 minutos «Alimente – se bem» Rádio e Televisão.
8. Mulher mais bonita do nosso país Indicador de 2 Minutos dá na Rádio e Televisão.
9. Show musical (cinco minutos de prazer pode lhe tirar a vida) Rádio e Televisão.
10. Indicador de 2 minutos «Não à estigma» Rádio e Televisão.
11. Novela «Sedes de viver» Televisão.
12. Indicador de 5 minutos « Telecaj » Rádio e Televisão
13. Seriado Estrangeiro (doblado em Francês) SIDA Rádio e Televisão.
14. Talk Show de 2 H – Janela Aberta – Convite às ONG´s a abordar sobre o SIDA na Televisão.
15. Filme e Teatros de vez em quando na Rádio e Televisão.
16. Os Noticiários e jornais na Rádio e Televisão falam sempre de um dado sobre a SIDA.
17. Documentários com O historial sobre o SIDA.

### **Radio Nationale Malgache**

1. Diffusions de Spot toutes les heures (Spots every hour)
2. Chansons à différents moments) (Songs at different times)
3. Magazines le soir (Magazine shows in the evenings)
4. Nouvelles productions de théâtres (à 13h15) (new theater productions)

### **Office de la Radio et Television Malgache (ORTM)**

1. Des sketch joués par des jeunes (*Sketch by the youth*)
2. Des petits reportages truffés de témoignages (*Testimonial reports*)
3. Des documentaires relatant les modes de vie sexuelle des jeunes (*Documentary on sexual activities of young people*)
4. Des mini – théâtres joués par des jeunes engagés dans la lutte contre le vih. (*Mini-theatres*)

Quand à l'horaire de diffusion , nous avons choisi de mettre en onde nos émissions une fois par semaine pendant 10 mn de 18h15 à 18h30 tous les vendredi (*Every Friday for 10 minutes between 18h15 and 18h30*)

### **Radiodiffusion Télévision du Burkina**

1. Donner la visibilité à tous les acteurs nationaux qui luttent contre le VIH/SIDA (*Give visibility to all sectors involved in HIV/AIDS*)
2. Consacrer un temps d'antenne à des émissions sur le VIH/SIDA (*Devote specific times for airing issues of HIV/AIDS*)
3. Allouer des ressources pour appuyer la mise en œuvre de la stratégie interne de communication sur le VIH/SIDA (*To allocate resources in support*)

Toutes ses activités seront mises en œuvre à travers des reportages, des spots, des magazines ou tout autre type de format et aux horaires les plus adaptés (*All these activities will be broadcast during reports, spots, magazines and any other formats*)

### **Radiodiffusion Télévision Ivoirienne (RTI) – Radio**

1. Spots on radio and TV on the sexual activities of young people
2. Spots on radio and TV on risky activities
3. Debates
4. Spots on radio and TV on how to reduce stigma
5. Theater and music shows
6. Spots on radio and TV on gender

### **Radiodiffusion Télévision Ivoirienne (RTI) – TV**

1. Talk shows
2. Le theatre
3. Sitcom
4. Jeux radio/tele
5. Spots publicitaires

### **Radiodiffusion Nationale Congolaise – Radio (DRC)**

1. Toutes les tranches d'Animation d'Antenne-Radio, soit d'une durée de 3Heures dispatché tout au long de la journée, contiendront des jingles, des micro-programmes, des spots en boucle, contenant des informations sur les stratégies de lutte contre le VIH/SIDA. Cela va du Lundi au Samedi et les heures sont de :  
05H00 à 06H00  
10H00 à 11H00  
20H00 à 22H00

*(All the sections during radio transmission, for a duration of 3 hours per day and will contain jingles, micro-programs, spots, and information on the strategies for the fight against the HIV. This is from Monday to Saturday at the hours above)*

2. Les Sketches-Radio intègrent des messages sur les stratégies de lutte contre le VIH/SIDA le Lundi et le Vendredi de 21H00 à 22H00 (*Sketches on radio showing strategic interventions at 21h00 and 22h00*)
3. Tous les lundi, mercredi et vendredi, un Magazine « SANTE POUR TOUS » de 15' en 4langues nationales(kikongo, swahili, Tshizubu, lingala) intègrent des messages sur la lutte contre le VIH/SIDA. (*Every Monday, Wednesday and Friday, a Magazine show called "HEALTH FOR ALL" for 15 minutes in the 4 local national languages*)
4. Les Informations du Journal Parlé reçoivent tous les mardis, jeudi et samedi un Expert comme invité de la Rédaction pour parler de la lutte contre le VIH/SIDA (*Experts on HIV/AIDS from newspapers to appear on Tuesday, Thursday and Saturday*)
5. Le Service des Programmes profitent de toutes les occasions pour intégrer dans leurs différentes émissions(musicales, sportives, etc) des messages sur les stratégies de lutte contre le VIH/SIDA. (*Intergrate into all transmissions such as music and sport shows*)

### **Radiodiffusion Nationale Congolaise – TV (DRC)**

1. Les Talk shows de 07 heures 30 à 13 heures 30 tous les jours; (*Talk shows between 07h30 and 13h30*)
2. Les Nouvelles de 07 heures 00, 09 heures 30, 10 heures 00, 10 heures 30, 13 heures 30, 16 heures 00, 18 heures 00, 20 heures 00, 23 heures 00; (*News at 07h00; 09h30; 10h00; 10h30; 13h30; 16h00; 18h00; 20h00; 23h00*)
3. Dans les spots et à chaque fin de programmes durant le déroulement de l'antenne qui va de 05 heures 58 à 23 heures 50; (*Spots at the beginning and closing of programming at 05h58 and 23h50*)
4. Les Magazines diffusés de 14 heures 00 à 18 heures 00 et de 19 heures 00 à 23 heures 00. (*Magazine shows at 14h00 and 18h00 and 19h00 and 23h00*)

### **Radiodiffusion Télévision Congolaise– (Congo Brazzaville) – TV**

1. La Télévision Congolaise Diffuse Le Spot De L'ABMP Comme « It Begins With You » ,Trois Fois Par Jour, Dont Une Fois En Prime Time. (*'It Begins With YOU' PSAs 3 times a day*)
2. En Dehors Des Messages De L'ABMP, La Télévision Congolaise Diffuse Aussi Les Messages Des Organisations Locales De Lutte Contre Le VIH/Sida . (*Also air materials from NGOs*)

3. Au Sein De Notre Ministère, Il Y A Une Cellule Spéciale De Lutte Contre Le VIH/Sida Controlée Par L'organisation Denommée « Pnls ». C'est Cette Organisation Qui Organise Les Séminaires Ateliers Avec Les Travailleurs. (*Work with the Ministry to organize seminars and workshops*)
4. Avec Les Messages De L'ABMP, Cette Cellule De Lutte Contre Le VIH/Sida Se Voit Renforcer Et Donc Du Cout Tres Honoree.
5. Les Messages De L'ABMP Ont Leur Place Au Sein De Notre Chaîne. (*ABMP communications framework is fixed in all our channels*)

### **Seychelles Broadcasting Corporation**

1. PSAs
2. Documentaries
3. Magazine types programming
4. Talk shows

SBC is not producing a lot of dramas and sitcoms so its not likely that we would be able to explore these genres just yet but we do hope to be able to venture in these areas and when we do certainly HIV/AIDS messaging would be incorporated there. News is definitely a format where we maximize airtime towards the goal. SBC is not broadcasting 24hrs a day, so we schedule the HIV related materials accordingly across the broadcast schedule. But we are pleased to say that at least the PSAs are on at least once a day!

### **Sociedade Independente de Comunicação (SOICO), Moçambique**

1. Este plano só será possível se houver algum investimento para que os tempos de antena acima propostos sejam cedidos a esta matéria.
2. O trabalho até agora realizado e de acordo com as nossas possibilidades continuaremos a fazer

### **South African Broadcasting Corporation – TV**

1. Drama: continuing HIV/AIDS line in daily soaps i.e. Isidingo and Muvango
2. Series – Society – SABC 1 youth channel (all prime time dramas)
3. Factual: Talk shows – Noleen SABC 3, Motswako SABC2, Prime time talk addressed key themes around HIV/ AIDS
4. Children – World of Winners – live daily SABC 2, Precious – SABC 2, Soul Buddyz – SABC 1. Prime time children's talk and drama daily on the schedule
5. Entertainment – Khumbule E Khaya – entertainment reality driving key topics around reconciliation and family
6. Religion – Issues of Faith – documentary series – specifically canvassing support for people living with HIV/ AIDS and communities that have labeled and stigmatized people with HIV/AIDS
7. Once of factual and music programme around World AIDS Day.

### **South African Broadcasting Corporation – Radio**

1. Public service announcements (PSAs)
2. News
3. Talk shows
4. Magazine Format Programming
5. Documentary
6. Music shows
7. Drama

### **Swazi Broadcasting and Information Services**

1. Thursday morning Live Talk and Phone-in programme that is between 06:15hrs to 07:00hrs
2. Tuesday evening discussion and phone-in programme (this programme is repeated at 13:30hrs on Saturday)
3. The Youth Programme slot - drive time between 16:00hrs to 17:00hrs (English Service)

SBIS plans to use some of our weekly existing program slots in the Siswati service.

### **Tanzania Broadcasting Services – Radio**

1. Spots
2. Talks
3. News
4. Magazines
5. Feature
6. News
7. Vox pops

### **Tanzania Broadcasting Services – TV**

1. Promos of You Campaign on HIV/AIDS
2. Magazines
3. Talk shows
4. Drama
5. News
6. Reality shows
7. Music

### **Télévision Togolaise**

Pour y arriver, la compagnie a chargée le point focal ABMP (personne désigné), pour susciter auprès de tous ceux qui sont responsables d'émissions afin que ceux-ci initient des reportages sur le VIH / SIDA. Des dossiers de projets devront être élaborés afin de solliciter auprès de différents partenaires les appuis financiers devant permettre de les mettre en exécution.

### **Television Malawi**

1. We broadcast 24 Hrs.
2. 35% local content; the rest content from feeds.
3. Increase the frequency of talk shows, dramas and music shows per day
4. Increase HIV/AIDS adverts on daily basis
5. Broadcast HIV/AIDS messages or programs at least 3 times a day – morning, afternoon & evening

### **Uganda Broadcasting Corporation**

1. Talk shows
2. Documentaries
3. PSAs
4. Short skits (fillers)
5. News items

The strategy is to maximize the resources we have and produce the least expensive content. Our audience is also very heavily attracted by live programming therefore as an immediate we will fill in the time through live programming. The plan however in the future is to produce **dramas** (series) and **reality shows** that will effectively communicate messages to our audience.

### **Voice of Nigeria**

1. Besides placing the YOU campaign jingle in all entertainment and health programmes, the jingle will be played continuously as regular as possible by the duty continuity announcer, to the average of the jingle being played fifty times in a week over VON.
2. The daily entertainment programmes in English, Hausa, French, Yoruba, Igbo, Swahili, Arabic and Fulfulde will carry jingles and two out of such programmes per month and the same thing for "Health Corner" per month would be devoted on HIV/AIDS.
3. There would be side-events, press conferences, seminars, sponsored activities all in relation to ABMP's activities.
4. The attention of the new political leaders in Nigeria would be drawn to fighting AIDS scourge by visiting the political leaders and explaining the ABMP activities. They would be invited to support programmes of the ABMP.