

TELLING THE STORY OF MMC DEVICES: MEDIA CHALLENGES

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NEGATIVE OR INACCURATE REPORTING ON MC

- Botswana: 27% of articles
 - Uganda 26% of articles
 - Zimbabwe 20% of articles
 - Tanzania 14% of articles
 - South Africa 5% of articles
 - Kenya 0% of articles
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- AVAC/USAID media content analysis (December 1, 2011 – August 31, 2012)
 - Most common mistake: Confusion over the science around the 60% efficacy

LESSONS FROM KENYA

- Strong partnerships between the media, government and NGOs
- Significant amount of media training and mentoring (Internews plays a significant role) – a strong cadre of health journalists have been developed over a ten year period
- Several incentives for journalists to report on VMMC: travel grants, awards, access to equipment
- Regular media monitoring of VMMC reporting

REPORTING ON VMMC DEVICES: WHAT DO JOURNALISTS GET CONFUSED ABOUT?

- **IT'S TECHNICAL:** What does prequalification mean?
- **Kenya:** Journalists perceive “pre”qualification as something that precedes another process. They asked: “Is there another level of approval that PrePex would need to attain before wide scale use? (AVAC/Internews science café, July 2013)
- **IT'S TECHNICAL:** It's hard to understand pain levels

A new medical male circumcision device, which could be a pain-free alternative to surgical circumcision, is about to be piloted in South Africa. (Specialist Health Reporter, SA national newspaper)

* **IT'S TECHNICAL:** Who can administer PrePex? Few journalists have read the actual studies and, as a result, quote doctors out of context

The device “can be used by any person as long as they have been properly trained to use it”, said Dr Ntlotleng Mabena. (Specialist Health Reporter, SA national newspaper)

WHAT DO JOURNALISTS GET CONFUSED ABOUT?

IT'S TECHNICAL: Confusion about which devices have been prequalified

- Doctors are now hoping a new instrument called the PrePex circumcision device will make the practice easier and less painful. It is one of only two non-surgical circumcision devices pre-approved by the World Health Organisation. (SA TV national station)

IT'S TECHNICAL: Confusion about the difference between surgical and non-surgical circumcisions

- Surgical circumcisions using the TaraKlamp may be replaced by a new device which does not require a doctor's expertise for circumcision (SA national newspaper)

WHAT CAN YOU DO TO HELP?

- Give journalists access to accurate information, but first you need to get them to read your press releases and media invitations. **YOU NEED A NEWS ANGLE – SOMETHING THAT EXPLAINS WHY AN ISSUE IS IMPORTANT**
- Example:
 - Bhekisisa/AVAC/CAPRISA Media briefing at SA Aids Conference in Durban, April 2013
 - 35 people attended of which 22 were journalists
 - 19 media articles

Media briefing

HIV CONFERENCE WEBSITE

Will non-surgical circumcision devices help SA to speed up medical circumcisions? And will they make traditional circumcisions safer?

The SA government has medically circumcised almost 1-million men. This has reduced their chances of contracting HIV by more than half. But it's far away from the target of 4.3-million circumcised men by 2016. We need to drastically speed up the process.

Two weeks ago, the **World Health Organisation** (WHO) approved a non-surgical device called the Dronex, with which medical circumcisions can be performed cheaper and faster. Nurses can administer it, so doctors aren't necessary.

Is this the answer to SA's botched traditional circumcisions? And what about the controversial TaraKlamp that has not been endorsed by the WHO?

Come and hear how our government plans to use the Dronex. The head of the health department will be speaking.

LESSONS LEARNED FROM PREPEX MEDIA BRIEFING

A media invitation with a strong news hook attracts journalists – without it, no one will turn up.

How do you do it?

1. A question(s) you will attempt to answer during a media briefing is an excellent way to start an invitation.

“Will non-surgical circumcision devices help SA to speed up medical male circumcisions? And will they make traditional circumcisions safer?”

2. Give background in an invitation, but not too much
3. Do NOT use acronyms such as VMMC or MC
4. Conflict is a strong news value: use it in your invitation, e.g. we need to circumcise x amount, but we’ve only done x amount.

“The SA government has medically circumcised almost 1-million men. This has reduced their chances of contracting HIV by more than half. But it’s far away from the state’s target of 4.3-million circumcised men by 2016. We need to drastically speed up the process.

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LESSONS LEARNED FROM PREPEX MEDIA BRIEFING

- **5. Tell journalists what they're going to get from the briefing rather than merely providing names of speakers that they may not be familiar with.**

“Come and hear how our government plans to use the Prepex. The head of the health department’s HIV directorate, Dr Thobile Mbengashe, will talk about pilot sites to be launched within the next two months. Learn from a medical doctor how the Prepex works, and from a community worker how traditional communities are expected to react to this device.”

Media Briefing: Non-Surgical Devices for VMMC

SA AIDS 2013

Tuesday, 18 June

11am-1pm

Official Media Room

International Convention Ct

RSVP: Amy Green

AmyG@mg.co.za

The World Health Organisation (WHO) recently endorsed a non-surgical device that has the potential to make medical male circumcision easier to implement and will likely approve the device in coming months. These devices don't have to be administered by doctors and surgical theatres aren't needed.

These devices may make it possible to circumcise more men, which has shown that medical male circumcision can reduce the risk of HIV infection by at least 60%.

The PrePex (from Israel) and Shang Ring (from China) are the devices from KZN's controversial Tara Klamp: they've gone through WHO approved trials and have been proven to be safe and effective.

Will our government be using these devices? And, could we?

LESSONS LEARNED

- **2. Providing access to accurate information is NOT ENOUGH. Journalists need mentoring.**

- Many stories appeared in the media as a result of our media briefing, but there were several with inaccurate information (“painless” device, “replacing” the TaraKlamp, one of two devices pre-approved by the WHO)

- **What we would have done differently:**
 - Ask the doctors to stay behind for longer
 - Provide journalists with mentors (e.g. Internews in Kenya does this), e.g. doctors who can be consulted re accuracy or experienced health journalists/trainers who could assist them with writing/producing stories

WHAT DO YOU DO WHEN JOURNALISTS GET IT WRONG?

- What if you were quoted inaccurately or if a reporter interpreted medical information inaccurately?
 - Phone the journalist first
 - Letter to the editor/journalist
 - Request for corrections in online stories
 - Comment online
 - Right of reply
- If you don't know the answer to a question: don't guess.
- Journalists have DEADLINES. If you don't respect them, you won't be quoted and journalists will stop contacting you.

HOW ELSE CAN YOU GET REGULAR, ACCURATE COVERAGE OF MC DEVICES?

- Give journalists access to case studies: human angles/news angles
- Build trust between yourself and journalists: they will then be open to send your quotes to you to check for accuracy
- Op-eds (news angle – there’s a huge difference between a news angle and the way the first paragraph of a research article is written, drop the acronyms and bullet points, stick to the word count)
- Use social media – “reporting” and the “distribution of information” are no longer trades that belong to journalists only
- Travel grants
- Awards