



What the papers aren't saying

How can we enhance media coverage of TB?



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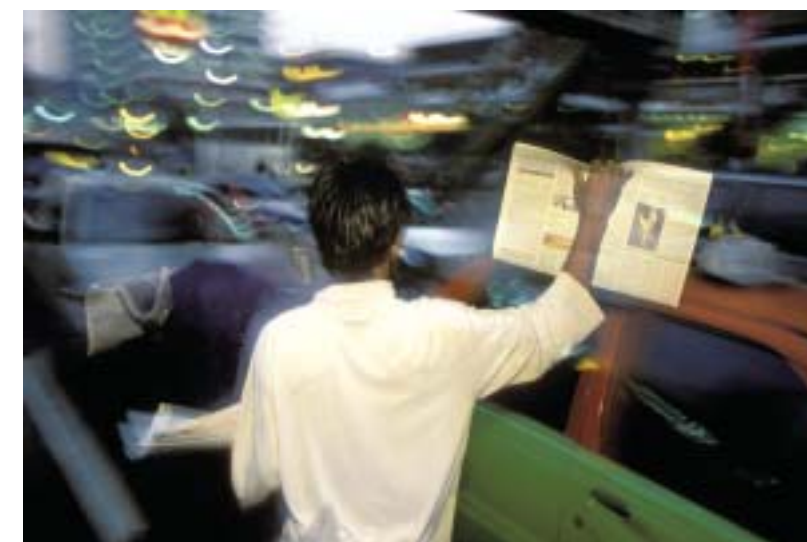
Photographs

Front cover (Top): A boy with symptoms of tuberculosis, at a weekly clinic on a boat in the Sunderbans, West Bengal, India. For the 3.7 million people living in this remote and inaccessible area, these mobile clinics are the only way to access TB treatment services. Is this reality—or that of the mobile clinic—reflected in media coverage of TB? © NILAYAN DUTTA / DRIK INDIA, RECIPIENT OF A PANOS / STOP TB MEDIA PHOTO FELLOWSHIP, 2005

(Lower): Women at a camp in Uganda reading a newspaper. Uganda ranks 15th on high burden countries with TB. Yet, in the media analysis conducted by Panos, only 29 of the 716 articles covered TB. © SVEN TORFINN / PANOS PICTURES

Back cover: People outside a DOTS clinic in Bangladesh. Every year, an estimated 2 million people die of TB. By fostering linkages between the health and media sectors, journalists can be supported to identify interesting stories that can help in keeping TB high on political agendas. © TIM DIRVEN / PANOS PICTURES

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The **Panos Global AIDS Programme** is a network of Panos offices in Africa, Asia, the Caribbean, Europe and North America, working on participation, ownership and accountability in the fight against HIV/AIDS.

Panos works with the media and other information professionals to enable developing countries to shape and communicate their own development agendas through informed public debate.

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Executive Summary

- **Nearly 2 million people die of TB every year**
- **98 per cent of these deaths occur in low-income countries**
- **There were 8.9 million cases reported in 2004; 80 per cent of these were in 22 high burden countries**
- **Multidrug-resistant TB is found in 74 of the 77 countries surveyed**

— WHO Global Health Report, 2006

Every year, an estimated 2 million people die from TB.¹ This disease was almost under control a decade ago but has re-emerged as a global epidemic. It is now time for all those involved in fighting TB at the national and global levels—including governments, health professionals, the media and civil society—to renew their efforts to regain control of TB. After all, it is a disease that can be cured.

TB is an airborne communicable disease that disproportionately affects people living in poorly ventilated spaces such as overcrowded housing, informal settlements or prisons. The poorest people in society are not only more vulnerable to TB, but also more likely to suffer its consequences as access to treatment and services is often limited. As such, TB magnifies underlying inequalities in society. Virtually all TB deaths are in the developing world. At the same time, the voices and concerns of the most affected communities are not reflected adequately in the TB programmes.

This paper is a briefing for health practitioners, TB programmers, policymakers, media professionals and people affected by TB. Based on an analysis of media coverage of TB, it argues that health professionals and TB specialists should be supported to engage more effectively with the media so that the media can, in turn, play a more critical role in national and international responses to public health concerns. The briefing aims to raise awareness of TB and to raise its media profile, while at the same time highlighting key obstacles to effective reporting on TB and other health issues. It concludes with practical suggestions as to how the relationship between the health and media sectors can be strengthened to enhance the media's contribution to global efforts to control TB.

The paper highlights findings from a content analysis of print media in 12 countries undertaken in 2006 by the Panos Global AIDS Programme. It also draws upon recent reports and initiatives around health journalism. Although 7 of the 12 countries included in the analysis are ranked among the highest TB burden countries in the world, the research found little coverage of TB in local or national print media.

¹ www.who.int/tb/en/

TB – NO time to lose

TB has resurfaced as a pressing global health concern because of increasing HIV prevalence, inadequate investment in public health systems and emerging TB drug resistance. In 2004, although the number of TB cases was stable or falling in 5 of 6 WHO regions, it was growing in Africa, where the epidemic is driven by the spread of HIV.² An estimated one-third of the 40 million people living with HIV worldwide are co-infected with TB. Without proper treatment, approximately 90 per cent of these people die within months of contracting TB. Mismanagement by healthcare workers and poor adherence of patients to medication has led to drug resistance, which has also contributed to the resurgence of TB. Of particular concern has been an outbreak of near fatal XDR-TB or Extensive Drug Resistant TB (also referred to as Extreme Drug Resistance) in populations with high rates of HIV.³

Rigorous implementation of TB prevention and treatment efforts has increased case detection and treatment rates, although they still fall short of the required targets. For example, latest data indicate that case detection was 53 per cent globally in 2004, and is likely to have exceeded 60 per cent in 2005. Despite the improvement, case detection still falls short of the 70 per cent target.⁴ In the 22 high burden countries, donor support has increased by almost US\$500 million since 2002, thanks to innovative funding strategies such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.⁵ The creation of collaborative platforms such as the Stop TB Partnership (a network of international organisations, countries, donors from the public and private sectors, governmental and non-governmental organisations and individuals) also demonstrates renewed commitment to global efforts to control TB.⁶

Yet, people continue to die. A recent report from Public Health Watch suggests that there are very few structured mechanisms to encourage broad



An estimated one-third of the 40 million people living with HIV worldwide are co-infected with TB. Without proper treatment, approximately 90 per cent of those people die within months of contracting TB

RIGHT
A patient waiting at a DOTS clinic in Kenya. Media coverage of TB can raise awareness about TB, about recognizing symptoms and help locate treatment services.

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2 www.who.int/tb/publications/global_report/2006/download_centre/en/index.html

3 www.uneca.org/tap/News/Lancet.pdf

4 WHO 2006 report

5 WHO 2006 report

6 www.stoptb.org/globalplan/



public participation in the design, implementation and evaluation of TB policy at the domestic or international level.⁷ The media can provide such a mechanism. Some research also suggests that an increase in media coverage of infectious diseases such as TB has often coincided with increases in donor funding over the last decade.⁸ The Treatment Action Group estimates that a five-fold increase in funding for TB research is necessary to realise the ambitions outlined in the Global Plan of the Stop TB Partnership.⁹

But there is also the risk that the media can play a more negative role, spreading fear, reinforcing stigma and undermining efforts to address HIV or TB through inaccurate or ill-informed reporting. There need to be more articles of better quality appearing throughout the year, (ie, not only coinciding with World TB Day). Where appropriate, articles should investigate wider social and political determinants related to TB, draw from diverse and accurate sources of information, provide a platform for the voices of those most affected by TB, and be written in accessible language.

By fostering linkages between the health and media sectors, journalists can be supported to identify interesting and 'paper-selling' stories that can help put TB back in the headlines. Responsible, well informed and timely debate in the media could contribute to keeping TB high on funding, political and development agendas.

ABOVE
Beauty, 23, a TB patient at the National Institute of Diseases of Chest hospital, Dhaka, Bangladesh. Her husband has abandoned her. Voices and concerns of people infected with TB are not reflected adequately in the media.

© AKM SHEHABUDDIN/DRIK

7 Civil Society Perspectives on TB Policy in Bangladesh, Brazil, Nigeria, Tanzania, and Thailand, Open Society Institute, November 2006

8 Kraig Klautd (2005) *Generating political influence: Media coverage of global TB epidemic*

9 www.aidsinfonyc.org/tag/tbhiv/tbrandd.pdf

What the papers aren't saying

As yet, the potential contribution of the media in response to TB has not been fully realised. Médecins Sans Frontières (MSF) recently declared TB as second in the 'Top 10' most under-reported humanitarian stories of 2006.¹⁰ The media can play a key role in promoting public discussion on TB, disseminating accurate and locally appropriate information, and acting as a forum for holding health policymakers—at community, national and international levels—to account. Health practitioners, activists and TB patients are not engaging with the media as effectively as they could.¹¹ In addition, journalists, editors and media houses face daily realities that impede good reporting on health. These include: the low status and priority of 'health' as a news item; lack of incentives to prioritise health reporting; lack of access to reliable information; tight deadlines that make in-depth investigation difficult; lack of resources and insufficient training.

The Panos Global AIDS Programme has conducted a content analysis of coverage of HIV and TB in the print media in 12 countries. The study is groundbreaking in its scope and provides detailed and rigorous country-level research that in turn contributes to a global comparative analysis. The countries in this study include Haiti, Indonesia, Jamaica, Kenya, Mozambique, South Africa, Sri Lanka, Tanzania, the UK, the USA, Uganda, Vietnam and Zimbabwe. The countries were selected to include those with generalised as well as concentrated HIV epidemics, each with very different TB prevalence rates, health systems and daily realities for people affected by TB, and also some leading donor countries.

Our analysis found one common feature of print media coverage of TB—it is minimal or non-existent in each of the countries included in the study. This is despite the fact that 7 out of the 12 are ranked among the highest TB burden countries in the world.¹²

Panos used the same methodology in each country, including reviews of previous studies, identification of key media development actors, and quantitative and qualitative analysis of print media coverage of HIV and TB.¹³ The analysis focused particularly on diversity of sources, tone and language used, and the framing of key issues in the media. It covered the period from 1 November 2005 to 30 June 2006. This allowed us to investigate the coverage of HIV and TB over an extended period, while also examining the coverage during key events such as World AIDS Day (1 December 2005), World TB Day (24 March 2006) and the UNGASS + 5 High Level meeting (June 2006). Full details of the research findings will be published in 2007.

Here is a snapshot of the findings:

- In **Jamaica**, as in other countries in the Caribbean, TB is the number one killer of people living with HIV. However, during the period of the study, only one article looked at TB.¹⁴ In that article, the reporter had the opportunity to make the link between TB and opportunistic infections associated with HIV but did not go beyond the official source and missed the opportunity to give some human interest and a broader context to the issue.

- In **Haiti**, although the rate of TB in the population has decreased in recent years, TB is still a pressing health concern. Coverage of TB in the print media is low compared to that of HIV; during the study period, only 7 of the 58 articles identified focused on TB. The publication of five of the articles coincided with World TB Day on 24 March. Three focused on the epidemiological aspect of TB, two on the administration details, and one each, on prevention and research. Most of the articles reported official statements and did not explore underlying inequalities or social factors affecting living conditions and access to health services.
- **South Africa** is ranked fifth in the world of high burden countries by WHO. There is currently a strong debate around human rights, detention of people living with TB and addressing the imminent risk of XDR-TB. South Africa declared TB an emergency, in accordance with the decision of the African Health Ministers at the WHO-AFRO Regional Committee meeting in August 2005. The TB Crisis Management Plan was launched in March 2006 and focuses on strengthening TB service delivery systems and sustaining intensive communication and social mobilisation to raise awareness. Our analysis indicated that there was very little mention of TB within articles referring to HIV (less than 1 per cent of the 277 articles identified in the study). The main topics referred to HIV management and treatment issues, followed by political and leadership aspects, government policy and court decisions. TB treatment success remains low in South Africa compared with other African countries because of the high prevalence of HIV, and the fact that few TB patients living with HIV are offered antiretroviral therapy (ART).¹⁵

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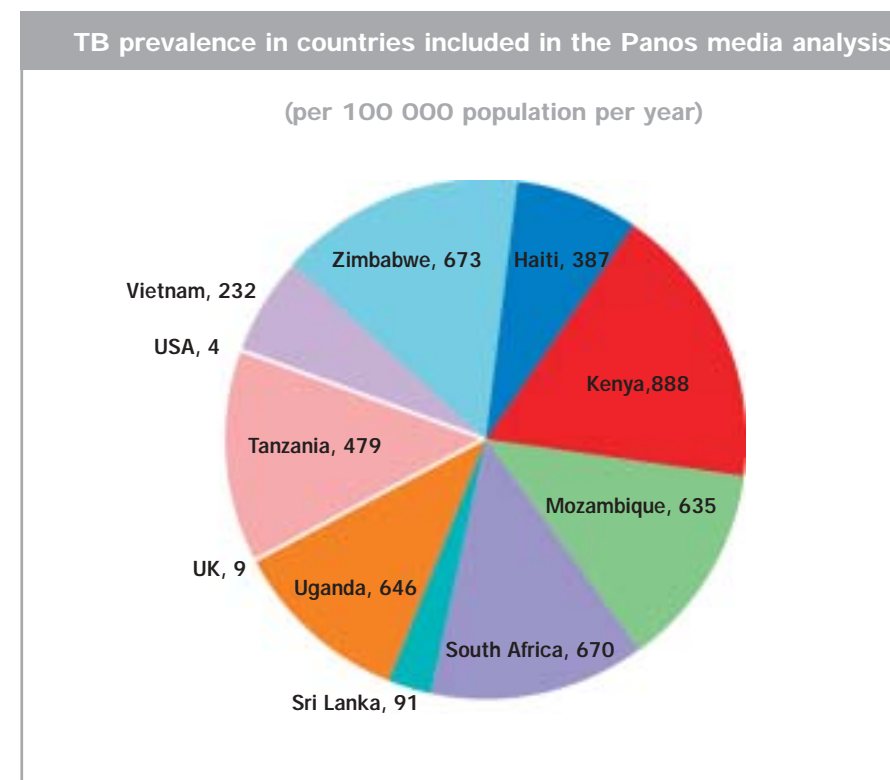
10 www.doctorswithoutborders.org/pr/2007/01-09-2007.cfm

11 Panos (2005) *Time for Action on TB Communication: A briefing for policymakers, programmers and health communicators on contemporary communication opportunities and challenges*, www.panos.org.uk

12 www.stoptb.org/countries

13 In the UK and USA—the pilot studies for the methodology—the analysis of coverage of TB was limited to HIV-related TB. In the other countries, HIV and TB were analysed independently in addition to when they overlapped

14 A total of 53 articles were included in the Jamaica study. A sampling of composite weeks was used. A composite week out of each of the eight months was chosen. That is, a total of seven days from each month were selected at random



15 WHO Country Profile: South Africa. www.stoptb.org/countries/GlobalReport2006/zaf.pdf

- In **Uganda**, 29 of the 716 articles identified covered TB. Uganda is one of the highest burden countries for TB, currently ranked 15th in the world by WHO. Funding for TB control has dropped since 2004, and pledges for 2006 cover only 35 per cent of the budget for the national TB control programme.¹⁶
- In **Zimbabwe**, one article was identified during the study period. It explored the relationship between TB and HIV. The Panos research supports the findings from a previous analysis of coverage of HIV and TB in the media that TB is seriously under-reported. According to the Ministry of Health, the number of TB cases increased by over 400 per cent between 1990 and 1999, yet media coverage remains low.¹⁷ Zimbabwe is currently ranked 20th on the list of high burden countries.
- In the **UK**, cases of TB in England, Wales and Northern Ireland increased by 10.8 per cent from 2004 to 2005—the largest increase in any one year since 1999.¹⁸ There has been a dramatic increase in prevalence among people not born in the UK, (ie, first-generation immigrants). The UK's Department for International Development (DFID) has supported the global Stop TB Partnership and has provided £2 million since 2002.¹⁹ Of the 188 articles identified in the content analysis of HIV in the print media, eight stories (4.2 per cent of total coverage) referred to TB and were found exclusively in *The Guardian* newspaper. Within these articles, TB was addressed as one among a number of diseases such as meningitis, malaria or pneumonia, that affect people living with HIV. One story addressed the issue of TB in more depth, focusing on the different 'cultures' that relate to the fight against TB and HIV respectively.
- The **USA** is one of the foremost donors in international responses to HIV and AIDS and TB. Under the President's Emergency Plan for AIDS Relief (PEPFAR), the USA is the largest contributor to the Global Fund. The latest national surveillance data show that TB rates reached an all-time low in the United States in 2005, but that progress to eliminate TB is slowing. The TB rate among first-generation immigrants is

estimated to be 8.7 times that of people born in the USA.²⁰ Fewer than 10 articles (out of the 298 identified in the study) looked at HIV-related TB, and 15 mentioned opportunistic infections more generally.

- In **Sri Lanka**, although media coverage of HIV was low (45 articles were identified during the study period), seven of these focused on TB, which is relatively high compared to other countries (approximately 16 per cent). However, the coverage tended to coincide with World TB Day (four of the articles were published in March) and focused on basic information about TB (four of the articles) limited to official sources (government officials, doctors and scientists) as the primary source of information (five of the articles). Overall, although the articles did not challenge or question the main issues raised, they tended to use neutral language and strived to include a human interest slant.
- **Vietnam**, ranked 13th of the high burden countries, expanded DOTS (directly observed treatment, short-course) coverage and exceeded WHO targets for detection and treatment between 1995 and 2002. But it is now finding it difficult to control TB because 10 per cent of people living with the disease are also living with HIV.²¹ There were no articles identified in the four popular newspapers during the study period that met the inclusion criteria, (ie, articles that focused on TB, where it was not just mentioned in passing). In one paper, *Tuoi tre*, the analysis identified four articles containing the word 'TB' and one that went into marginal detail about the disease. The article was over 1,600 words and featured a doctor who is very committed to the fight against TB. However, it appears that TB still carries a lot of stigma, as the article praised the doctor's bravery in volunteering to work with TB patients but did not go into detail about the disease itself.

Overall, the gaps identified from the content analysis suggest that much can be done to improve the quantity and quality of media coverage of HIV and TB. The issues are similar to those identified in other studies of general health coverage in the media.²² For example, few articles identified during the study period looked explicitly at TB. Of those that did, many were published around World TB Day (24 March), indicating that coverage of TB tends to be event-driven and is not sustained throughout the year. Almost none of the articles went beyond basic descriptions of TB to explore the links between TB, poverty, vulnerability and other socio-economic factors influencing health and access to healthcare. Few articles included interviews with someone affected by TB as a source of information for the story. The analysis indicates that journalists tend to rely on official sources (government, doctors and scientists) to inform their stories. Of the small number of articles that did cover TB and include a human interest slant, the language tended to be neutral and at times, sympathetic.

While the findings from the content analysis provide a detailed baseline of what the papers are (and are not) saying about HIV and TB, it is only part of the picture.²³ Further research is planned to build on this baseline analysis. It will explore the impact of media coverage of health issues on audiences, and will focus on agenda setting, voice and accountability.

Few articles identified during the study period looked explicitly at TB. Almost none went beyond to explore the links between TB, poverty, vulnerability and other socio-economic factors influencing health and access to healthcare.

BELOW

In the UK, cases of TB in England, Wales and Northern Ireland increased by 10.8 per cent from 2004 to 2005. Only 4.2 per cent of the total print coverage referred to TB.

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¹⁶ www.who.int/GlobalAtlas/predefinedReports/TB/PDF_Files/UG_2004_Detailed.pdf

¹⁷ NAC, MOHCW & USAID, (2004), *The HIV/AIDS Epidemic in Zimbabwe: Where are we now? Where we are going?* Harare, NAC

¹⁸ Health Protection Agency (2006). "Focus on Tuberculosis: Annual surveillance report 2006 - England, Wales and Northern Ireland". See www.hpa.org.uk

¹⁹ DFID (2004) 'Factsheet on tuberculosis', www.dfid.gov.uk/pubs/files/tuberculosis-factsheet.pdf



²⁰ <http://jama.ama-assn.org/cgi/content/full/295/19/2243>

²¹ www.hcpartnership.org/Publications/Insights/Tuberculosis/Vietnam.pdf

²² See, for example, www.healthjournalism.net

²³ See, for example, other studies that highlight the institutional and regulatory environments of media houses and their impact on health reporting: Panos (2005) 'Reporting AIDS: An analysis of media environments in Southern Africa', www.panos.org.uk; Panos Southern Africa (2004) 'Lessons for today and tomorrow: an analysis of HIV/AIDS reporting in Southern Africa', www.panos.org.zm. See, also, UNAIDS (2005) *Getting the message across: the mass media and the response to AIDS*, www.unaids.org; Genderlinks (2006) *HIV and AIDS gender baseline study*, www.genderlinks.org.za; IWMF (2004) *Deadline for health: the media's response to covering HIV/AIDS, TB and malaria in Africa*, www.iwfmf.org

Obstacles to health reporting

In the past decade, a revolution has taken place in the structure, ownership, content of and access to the media. Yet, even though we have witnessed an explosion in the number of newspaper titles and television and radio channels, the diversity of programmes has declined (for example, changes in language or formats influencing the accessibility of programmes to people outside major urban centres, or decreasing coverage of social development issues such as poverty related public health issues).²⁵

A recent initiative—the Health Journalism Partnership—undertaken by Internews Network, Panos London and the International Center for Journalists, also identified several gaps and needs confronting health journalism around the world.²⁶ The initiative compiled a global database of existing health journalism support and concluded with key recommendations to further strengthen that support. These recommendations include: more effective training and long-term support for journalists; greater incentives for covering health issues; enhanced access to information and sources; and support for government ministries, civil society and other health programmes to more effectively engage with the media. In recent research conducted by Public Health Watch, editors and media owners from Nigeria, Tanzania and Thailand reported that they were reluctant to cover TB and other health topics because they believed these ‘softer’ issues would not generate enough public interest.²⁷

These research findings suggest that health practitioners and journalists alike need support to work together more effectively to generate interesting stories and put TB in the headlines. More funding is needed for communication and advocacy on TB to strengthen the relationship between the health sector and the media and enhance the media’s contribution to efforts to control TB.

BELOW

A newsstand in Kerala, India. Though the past decade has witnessed an explosive growth in the national and regional media, coverage of social development issues have decreased.

© MARTIN ROEMERS / PANOS PICTURES



25 Panos Southern Africa (2004) ‘Lessons for today and tomorrow: an analysis of HIV/AIDS reporting in Southern Africa’

26 www.healthjournalism.net

27 Civil Society Perspectives on TB Policy in Bangladesh, Brazil, Nigeria, Tanzania, and Thailand, Open Society Institute, November 2006



Overcoming Obstacles: examples of successful initiatives

‘The workshop helped me understand how to convey the technical issues in an interesting manner.’

—AKM Shehabuddin
Photojournalist
Bangladesh

linkages between TB, HIV, poverty, urbanisation and other socio-economic vulnerabilities.

All journalists selected for the fellowships attend a regional training workshop that aims to help them understand TB and related issues, identify interesting story angles that illuminate both TB and its wider context, and produce stories and images that place TB back on the news

One example of an initiative to provide sustainable support and mentoring to journalists covering TB is a fellowship programme undertaken by Panos in 2005 that is now in its second phase.²⁸ In collaboration with the Stop TB Partnership, the Panos Global AIDS Programme awarded fellowships to print journalists and photojournalists in selected high burden countries in Africa, the Caribbean and South Asia to help them explore and understand the

ABOVE

The cat is the only companion of the TB patients in this hospital ward in Bangladesh. The photograph, taken by AKM Shehabuddin, recipient of the Panos/ Stop TB Media Fellowship 2005, appeared in a photo essay published in ‘The New Nation.’

© AKM SHEHABUDDIN / DRINK

28 For further information, see www.panosaid.org. Other media development organisations also work with fellowships to support health coverage in the media, such as the Kaiser Family Foundation. The Panos Global AIDS Programme is the only organisation, to date, offering a fellowship programme specifically focusing on TB.

'Attending the workshop was a learning experience... Interaction with TB patients, presentations by WHO and the story angles to probe were useful.'

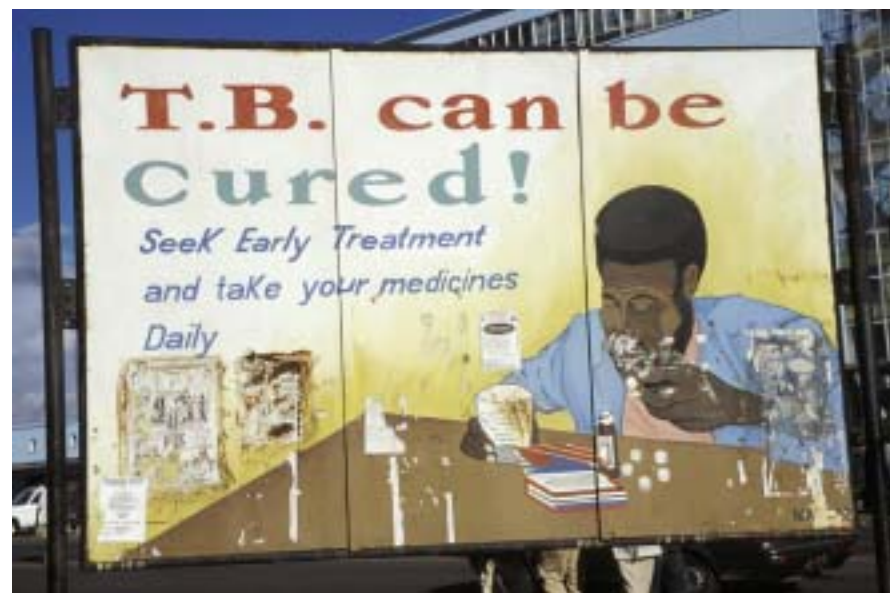
— Anuradha Mascarenhas
Print fellow
India

agenda. The fellowships also include 'hands-on' training, provision for travel to remote areas to gather stories, and access to reference material including contacts of key NGOs or experts. Fellows can draw on the continued guidance of Panos staff and an advisory panel comprised of experts on TB, HIV and communication.

The fellowships focus primarily on working with journalists but also aim to strengthen linkages between journalists and other key stakeholders such as activists, health practitioners, patients and policymakers. Examples of this include arranging visits for journalists to the national TB programmes, inviting TB specialists to workshops, and providing contact details for diverse sources of information.

RESULTS Educational Fund and its ACTION project on TB have also targeted interventions to develop the communication skills of TB programmers and activists in order to gain greater media coverage of TB.²⁹ RESULTS Educational Fund and their partners

have produced a handout that includes insights into working with the media, 10 days when TB should be particularly newsworthy, tips for preparing press releases, ideas for photo opportunities, and interview tips.³⁰ Through their ACTION project, they have facilitated different types of conference calls with journalists. The calls are an alternative to holding a news conference, and aim to link TB specialists with journalists around the world. To attract participation from journalists from all backgrounds, the calls are free and run through an operator service (or include a toll-free number). To give some examples, there are calls that link high-profile speakers with journalists prior to important TB events, 'breaking-news' calls, and calls targeting specialist journalists such as editorial page writers.²⁴



BELOW

A TB educational billboard in Lusaka, Zambia. Urgent action by all sectors including the media is needed to galvanise prevention and control efforts on TB. Otherwise a curable disease will further escalate into a health crisis.

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²⁹ See www.results.org

³⁰ Kraig Klautt (2005)

²⁴ Although there is no space in this paper to explore other examples in detail, two further examples of innovative media in TB work include BRAC in Bangladesh which reaches 82 million through their TB control programme (www.brac.net) and TB Alert which was the first specialist UK charity working on TB (www.tbalert.org).

Time for change

Health epidemics like TB are not simply medical issues. They reflect wider social inequalities linked to living conditions, poverty, immigration and access to healthcare. As such, stories about TB do not deserve to be confined to the health pages of the news. There is need for collaborative interventions on HIV and TB communication. In short, more needs to be done to improve media coverage, to promote greater accountability and ultimately, better health service delivery around TB, HIV and other global health priorities.

The relationship between media professionals and a variety of TB specialists needs to be strengthened. To achieve this:

■ **Health practitioners, patients, policymakers and other TB specialists need support to engage more effectively with the media and to develop their communication skills.** Capacity development initiatives could focus on translating technical information into accessible language for journalists, providing regular updates (for example, press releases that go beyond announcements and include latest facts, figures and critical analyses), and making key contact people available for interview. Other practical interventions could include appointing information/communication officers, translating available information into local languages, providing a free-call or local telephone number for journalists, and being available to respond to enquiries quickly, when approached by the media.

■ **Media professionals need long-term support that can stimulate interest in health issues and facilitate access to interesting, reliable and up-to-date story material.** Capacity development initiatives could focus on providing tools for quick access to diverse sources of information (including access to current data, policy briefings, and contact information for key TB specialists available for interview) and translating that information into interesting stories. The sustainability of such initiatives could be enhanced by the development of networks of journalists who understand and are committed to reporting about TB. Initiatives should support media professionals at all levels, including senior editors, media owners, and trainees as well as established journalists. For example, curricula in journalism schools could include a greater focus on HIV, TB, health coverage and linkages with the wider social context.

■ **Incentives should be provided to support and sustain appropriate TB coverage – as well as wider health coverage – especially in high burden countries.** Examples could include fellowships, sponsorship for health sections or programmes, or dedicated health news agencies. Whenever possible, interventions should work with media houses, media training institutions and editors as well as with individual journalists.

■ **Ethical guidelines should be developed and applied to promote responsible and non-stigmatising reporting on TB, HIV and other health issues.** These would be most effective if developed by media professionals themselves in collaboration with the people most affected.

■ **Greater investment is needed to fund the development of communication skills of all stakeholders in the health and media sectors** to enhance the contribution of the media to national and global efforts to control TB.

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