

Minimum quality standards for HIV communication activities undertaken by media

Requirements for Radio, TV Broadcasters, Internet Content Producers and the Press



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA

UNODC
ILO
UNESCO
WHO
WORLD BANK

© Joint United Nations Programme on HIV/AIDS (UNAIDS) 2009

All rights reserved. Publications produced by UNAIDS can be obtained from the UNAIDS Content Management Team. Requests for permission to reproduce or translate UNAIDS publications—whether for sale or for noncommercial distribution—should also be addressed to the Content Management Team at the address below, or by fax, at +41 22 791 4835, or e-mail: publicationpermissions@unids.org.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by UNAIDS in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by UNAIDS to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall UNAIDS be liable for damages arising from its use.

Minimum quality standards for HIV communication activities undertaken by media

Requirements for Radio, TV Broadcasters,
Internet Content Producers
and the Press

October 2008



Table of Contents

Introduction

- 0.1 General
- 0.2 Challenges in producing quality contents about HIV-related issues
- 0.3 Compatibility with other international standards

1. Scope

2. Normative reference

3. Terms and definitions

4. Quality management system

- General requirements
- Documentation requirements

5. Management commitment

- 5.1 Management commitment
- 5.2 Stakeholder focus
- 5.3 Quality and ethics policy
- 5.4 Planning of quality objectives
- 5.5 Responsibility, authority and communication
- 5.6 Management review

6. Resource management

- 6.1 Provision of resources
- 6.2 Training and Knowledge about HIV
- 6.3 Information sources

7. Content creation/Production and dissemination

- 7.1 Planning of product realization
- 7.2 Design and development
- 7.3 Purchasing and outsourcing
- 7.4 Production and service provision

8. Measurement, analysis and improvement

- 8.1 General
- 8.2 Monitoring and measurement
- 8.3 Internal audit
- 8.4 Continual improvement

9. Bibliography

Introduction

0.1 General

HIV infections are preventable. There is no effective vaccine and there is no cure so far. Though there are treatments, medication is lifelong, costly and has side effects. Prevention, therefore, is the most effective response to the epidemic presently.

Prevention of HIV transmission is achieved to a large extent, by changing behaviours and social environments that place people at risk. But this is not easy. Change requires a strong, comprehensive, national response involving among others the media, key populations at higher risk of exposure to HIV, and civil society.

Media influence the beliefs, opinions, attitudes and behaviour of people. Mass media reach large numbers of people and can raise awareness of risk behaviours, change people's attitudes, reduce stigma and discrimination, catalyse social mobilization and create demand for HIV related services in a cost effective way. It can influence policies and decisions that can help in treatment, care and support. It can create an enabling environment where HIV positive groups, civil society, nongovernmental organizations, international nongovernmental organizations, and government authorities can respond to HIV in a more effective manner.

Although mass media fulfill a major role in reducing HIV incidence by influencing the beliefs, attitudes and behaviors of the population, and can contribute to the advances related to HIV, media alone do not have sufficient means to adequately respond to the epidemic. Media activities should be implemented as part of comprehensive prevention strategy; in order to obtain excellent impact and results, media activities need contributions from other means and levels of intervention, e.g. individual-level activities and activities for specific sociocultural groups.

Moreover, media can do more as catalysts for social and cultural change and play a crucial role in the transformation of public health outcomes especially in the areas of sexual health, sexuality and HIV.

In spite of these advantages and the potential role of mass media in HIV prevention, treatment, care and support, media could inadvertently play a negative role. The minimum quality standards are an attempt to reduce the possibility of a counterproductive role and to improve the positive role that media can play in HIV prevention, treatment, care and support

Quality has many components. Technical quality, quality of content, style that engages the readers/listeners/viewers, time/space allocated, ethical dimensions, and ultimately the impact on the target audience and their behaviour. Though some components are measurable, judgment about quality is largely subjective. For example, the same prevention message that could be perceived as good in certain parts of the world may be completely inappropriate in another part because of specific cultural beliefs, values and customs.

The minimum quality standards as provided in this document are in line with ISO 9001 principles: they place emphasis on the way the processes of production and dissemination of HIV communication are organized. This addresses, and to a large extent solves the problem of subjectivity in judgments about the definition of quality of HIV communication. Thus the judgement about the quality of the media product is left to the appreciation of media consumers but all the upstream conditions in terms of management of the environment and internal organization of media processes

are specified. By adopting a management approach to quality, these standards not only overcome the problem of subjectivity, but also focus on the concrete objectives to be reached by media managers.

Minimum Quality Standards, as used in this document, imply a set of procedures and a management system which promote the following outcomes.

1. Enable media organizations to provide quality HIV communication to their respective target audiences.
2. Integrate complementary objectives dealing with sustainable development, societal impact, product / service quality and employee empowerment.
3. Take into consideration the needs and expectations of all the stakeholders of the media sector and HIV com
 - ➔ audience /viewers/readers;
 - ➔ personnel of the media company;
 - ➔ shareholders;
 - ➔ advertisers;
 - ➔ sub-contractors, freelancers, stringers;
 - ➔ independent producers, content creators and bloggers;
 - ➔ citizens, civil society groups;
 - ➔ HIV service organizations;
 - ➔ people living with HIV;
 - ➔ high risk and key populations;
 - ➔ national AIDS control authority/programme/organization;
 - ➔ national regulation authority (if any);
 - ➔ government;
 - ➔ parliament;
 - ➔ judiciary; and
 - ➔ international organizations responding to AIDS.

0.2 Challenges in producing quality contents about HIV related issues

Media face many challenges (see annex 1 for detailed list) in HIV communication. In order to achieve quality, these challenges have to be addressed.

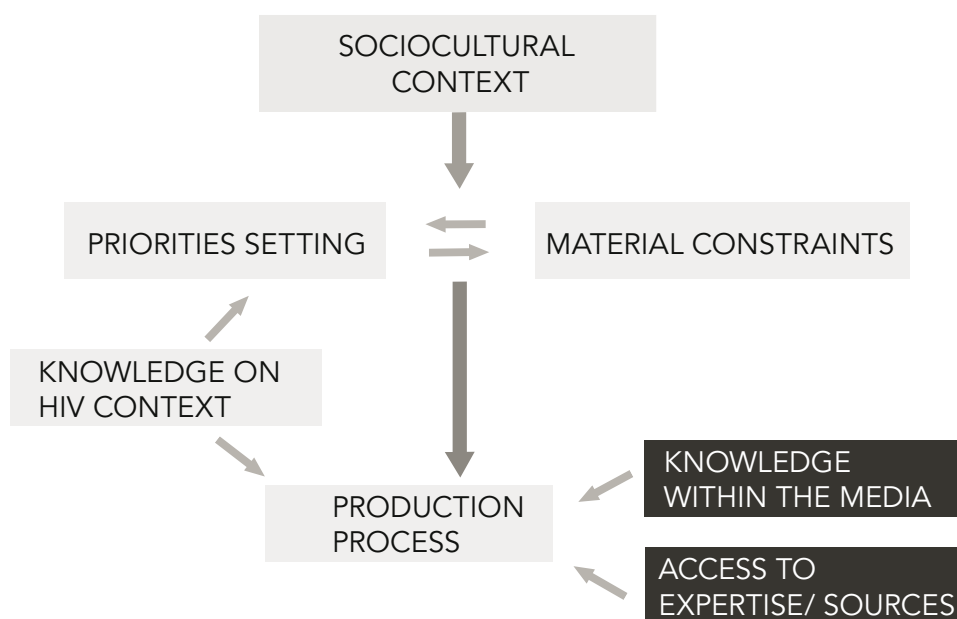
The top ten challenges faced by media in dealing with HIV communication, sorted by order of decreasing importance, are:

1. Lack of proper training of media personnel
2. Approvers and gatekeepers ignorance/resistance
3. Insufficient knowledge about HIV on the part of producers, journalists, and media managers
4. No/ low budgets for proper research/ production
5. Limited or non-existent feed-back and check-and-balance mechanisms from targeted

audiences and other stakeholders

6. HIV communication not a priority for the media
7. Token involvement of people living with HIV/ difficulties in identifying people living with HIV to be involved
8. Impact of religion, culture and social taboos on the way to tackle HIV communication
9. No orientation to target audience/ readers
10. Effect/ impact on audience difficult to measure.

Links and relations between the challenges



These challenges are linked to each other. The diagram below summarises the links and relations between the challenges that media faces in HIV communication.

Since there are relationships between the issues, solutions to one should have implications for the others. By addressing the most important issues, the other issues would be resolved.

This document is an attempt to set minimum quality standards such that the above identified challenges are faced adequately. See annex 2 for background of the process to develop this document.

0.3 Compatibility with other international standards

In order to facilitate the practical implementation of the standard in the field, this document follows the structure of some other international standards dealing with management systems such as ISO 9001, ISO 14001, OHSAS 18001, ISAS BC 9001 and ISAS P 9001.

A bibliography of these standards is provided in the appendix.

1. Scope

All requirements of this International Standard are intended to be applicable to all media organizations and their suppliers, regardless of type (print, radio, television broadcasters or internet), status (public or private, free-to-air or cable/satellite subscription, analogue or digital, mobile), size or types of programmes/materials provided.

This document may also be used by National AIDS Coordinating Authorities and/or other organizations.

Exclusions:

Where any requirement(s) of this International Standard cannot be applied due to the nature of a media organization and its product, this can be considered for exclusion.

2. Normative Reference

The following normative documents contain provisions, which, through reference in this text, constitute provisions of this International Standard. Subsequent amendments to, or revisions of, any of these publications do not apply for dated references.

ISO 9000:2005: Quality Management Systems – Fundamental and vocabulary¹

ISO 9001:2008: Quality Management Systems – Requirements²

ISO 19011-2002: Guidelines for quality and/or environmental management systems auditing³

ISAS BC 9001:2003: Quality Management Systems – Requirements for Broadcasters and Internet Content Producers⁴

ISAS P 9001:2005: Quality Management Systems – Requirements for the Press⁵

3. Terms & Definitions

For the purpose of this Standard terms and definitions relating to:

1 This standard describes the fundamentals of quality management systems and defines related terms.

2 This standard defines 8 quality management principles that can be used by senior managers to lead the organisation to improved performance.

3 This standard provides guidelines to undertake auditing of the quality management system that allows identification of non-conformity with the quality principles and objectives.

4 This quality standard, based on ISO 9001 is specifically applicable to broadcasters and internet providers. The standard is available for download from <http://www.certimedia.org/en/isas-bc-9001--p-9001.html>

5 This standard, applicable to print media, is available for download from <http://www.certimedia.org/en/isas-bc-9001--p-9001.html>

- ➔ management systems can be found in ISO 9000:2005,
- ➔ HIV can be found in UNAIDS' Terminology Guidelines, February 2008
http://data.unaids.org/pub/Manual/2008/20080226_unaids_terminology_guide_en.pdf
- ➔ media can be found in ISAS BC 9001:2003 and ISAS P 9001:2005
<http://www.media-society.org/en/standard/downloads/downloads.html>

In addition, the following terms are defined.

Blog

Blog is short for Web Log. Blogs are publicly available web pages, with personal views expressing the opinions and observations of a particular person, usually on a specific topic or theme. They may contain links to other web pages on the same or similar topics and themes. Blogs are updated frequently with new postings appearing on top.

User generated content

User generated content (UGC), also called user created content (UCC) refers to various kinds of media content created by media consumers or citizens who are not necessarily professional journalists. Unlike “letters to the editor” in the print media, where the editor can choose the letters to be published, user generated content on the Internet and broadcast media (e.g. live phone-in programmes on radio and TV) may go out to the public without being adequately monitored or moderated.

Workplace policies/ programmes

A workplace policy provides the framework for action to reduce the spread of HIV and manage its impact. It:

- ➔ makes an explicit commitment to corporate action;
- ➔ ensures consistency with appropriate national laws;
- ➔ lays down a standard of behaviour for all employees (whether living with HIV or not);
- ➔ gives guidance to supervisors and managers;
- ➔ helps employees living with HIV to understand what support and care they will receive, so they are more likely to come forward for voluntary testing;
- ➔ helps to stop the spread of the virus through prevention programmes; and
- ➔ assists an enterprise to plan for HIV and manage its impact, thus ultimately saving money.

Workplace policy provides the basis for putting in place a comprehensive workplace programme, combining prevention, care and the protection of rights. Depending on the particular situation, it may consist of a detailed document just on HIV, setting out programme as well as policy issues; it may be part of a wider policy or agreement on safety, health and working conditions; it may be a short statement of principle.⁶

⁶ A workplace policy on HIV/AIDS: what it should cover available at <http://www.ilo.org/public/english/protection/trav/aids/examples/workcover.pdf> and The ILO Code of Practice on HIV/AIDS and the world of work available at http://www.ilo.org/public/english/protection/trav/aids/code/languages/hiv_a4_e.pdf

4. Quality Management System

4.1 General requirements

For all communication dealing with HIV, the media organization shall identify and document all the critical processes having a direct impact on:

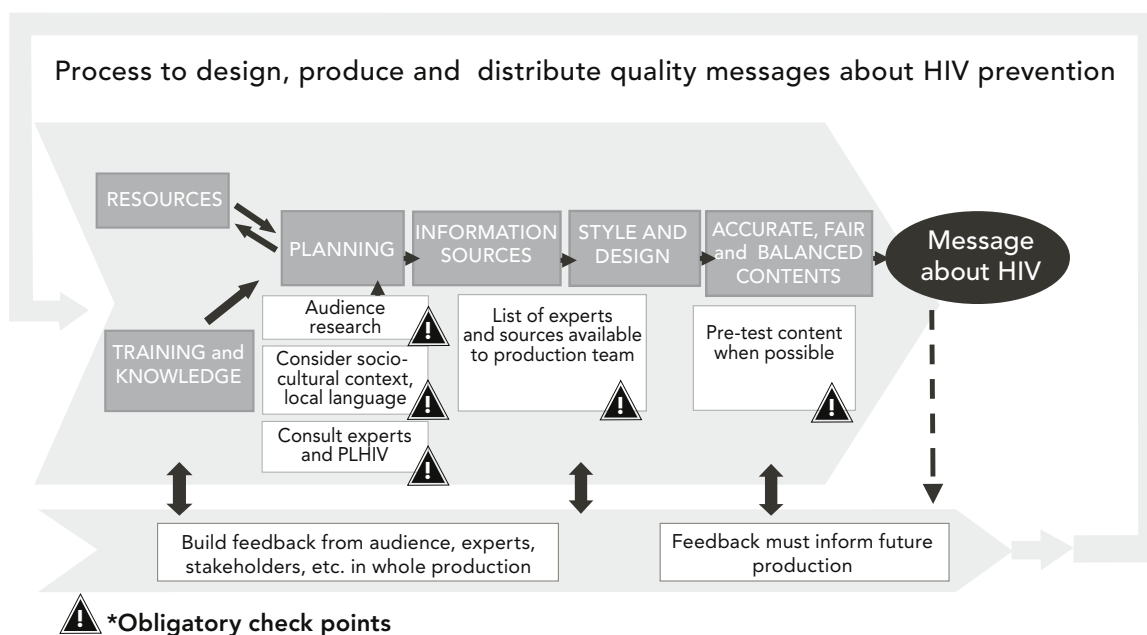
- ➔ the quality of the contents (from design to audience feed-back);
- ➔ the measurement of audience/readership numbers and feedback;
- ➔ the knowledge, attitudes and behaviour of the target audiences.

Each of these critical processes shall be fully determined in terms of

- ➔ sequences of activities;
- ➔ corresponding procedures;
- ➔ interactions, inputs and outputs.

The criteria for measuring their effectiveness and efficiency shall be defined clearly.

The diagram below shows an example of a process identifying the sequences of activities leading to high quality HIV communication.



The following are some issues to be taken into consideration during different steps of the workflow.

The human resources identified for taking up HIV-related communication shall be well trained and sensitised to ensure that issues relating to HIV are well understood by those who undertake its portrayal and communication.

A list of HIV experts to be consulted, including e.g. representatives of civil society organizations working with HIV and organizations of people living with HIV, shall be created identifying their specific expertise for selection when needed. National AIDS control authorities, UNAIDS Secretariat and UNAIDS Cosponsors including UNHCR, UNICEF,

WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank, may be contacted for information resources and identification of experts.⁷ The experts shall be fully briefed on what is expected of them and how their advice will be used.

A list of reliable and credible sources of information about HIV shall be created and made available to the personnel involved in HIV communication. Since there are many advances taking place, this list shall be updated periodically.

Time for adequate research for selection of suitable and accurate content should be allocated. Appropriate sources of information should be made available to the team in charge of the design and production of the messages.

When planning for a specific HIV-related communication, particular attention shall be paid to:

- ➔ existing public HIV policies in the country and its international commitments;
- ➔ local conditions and the dynamics of HIV epidemic amongst the consumers of the media channel;
- ➔ information needs of the readers/listeners/viewers, related to HIV;
- ➔ problems that can be solved by information and communication;
- ➔ objectives to be reached;
- ➔ audience/readership expectations;
- ➔ targeted audience/readership;
- ➔ style and format;
- ➔ sociocultural context, including present political environment; and
- ➔ local language.

In the design phase attention shall be paid to the content and style of the messages: are they in line with the objectives and targeted audience/readership as defined in the planning phase?

Adequate technical and financial resources shall be allocated for the production of HIV communication identified and designed.

The content of the message should be carefully checked before dissemination in terms of accuracy, fairness and balance. Experts, people living with HIV, and representatives from key populations at higher risk of HIV transmission should be consulted for this purpose. Pre-tests should be conducted at this stage (except for news when this may not be possible).

The learning that has happened during these processes, as well as the feedback and responses from the media consumers should be used in the planning design and production of further media products.

4.2 Documentation requirements

The existing management system documentation of the media organization (including editorial charter, code of advertising, code of ethics, workplace policies) shall be adapted to HIV communication⁸.

⁷ A list of other organisations working on HIV in specific countries can be found by searching in <http://www.aidsmap.com/cms1038779.asp> Organisations in Asia-Pacific region can be found in <http://www2.unescobkk.org/hivaids/databases/organisation.aspx>

⁸ Those documents have to be designed by respective media organizations.

For formulating workplace policies consult ILO documents: A workplace policy on HIV/AIDS: what it should cover available at <http://www.ilo.org/public/english/protection/trav/aids/examples/workcover.pdf> and The ILO Code of Practice on HIV/AIDS and the world of work available at http://www.ilo.org/public/english/protection/trav/aids/code/languages/hiv_a4_e.pdf

It shall be complemented with a ‘Dos’ and ‘Don’ts’ check-list on HIV communication in order to facilitate journalists’/ content producers’ work.

When necessary, specific HIV communication procedures (from design to production and distribution) shall be established.

5. Management Responsibility

5.1 Management commitment

Management of the media shall foster quality contents on HIV by:

- ➔ allocating adequate and appropriate resources; and
- ➔ sensitising, motivating and training staff members.

5.2 Stakeholder focus

Management of the media shall ensure that HIV communication is sensitive to requirements, expectations and feedback of/ from:

- ➔ audience / readership;
- ➔ personnel of the media organization;
- ➔ citizens, civil society;
- ➔ national/ international AIDS control organizations;
- ➔ people living with HIV; and
- ➔ key populations at higher risk of HIV transmission.

5.3 Quality and ethics policy

The quality and ethics policy shall be adapted to HIV communication activities and reflect the management commitment as indicated in 5-1.

The quality and ethics policy shall emphasize critical issues such as:

- ➔ appropriate⁹ language;
- ➔ non-discrimination/ stigmatization of any kind;
- ➔ gender and people living with HIV sensitivity;
- ➔ consideration of religion, culture and social customs.

The quality and ethics policy shall be disseminated widely among staff and stakeholders.

It shall be formally adopted by the management and reviewed at least once a year so as to ensure its adequacy with the annual quality objectives as defined in the management review meetings (see section 5.6).

⁹ Appropriate language means language which is scientifically accurate, ethical and comprehensible to the target audience.

5.4 Planning of quality objectives

Yearly quality objectives on HIV communication shall be:

- ➔ measurable;
- ➔ consistent with the quality and ethics policy;
- ➔ applicable to all levels within the process of content creation and distribution; and
- ➔ set as a reference for the periodic appraisal of the personnel involved in HIV communication.

5.5 Responsibility, authority and communication

Top management of the media organization shall set up and entrust:

- ➔ relevant committees to check the quality of HIV communication;
- ➔ a mediation mechanism¹⁰ to deal with external complaints about the content of HIV communication.

5.6 Management review

The existing management review system in place in the media organization shall pay particular attention to the quality of HIV communication in terms of:

- ➔ measurement of the quality of content before dissemination; and
- ➔ feedback from audience/readership.

The corresponding records shall be accurately reported in the minutes of the management review meetings.

6- RESOURCES MANAGEMENT

6.1 Provision of resources

The media shall provide adequate resources to guarantee the best possible quality of HIV communication (see 5.1) by:

- ➔ allocating adequate time and material resources for research and content production;
- ➔ allocating adequate and appropriate time/ space for dissemination to ensure maximum impact; and
- ➔ allocating specific resources for the evaluation of effects/impact of the HIV communication.

¹⁰By mediation mechanism is meant any designated system (such as an ombudsman) to ensure that any complaints from readers/listeners/viewers and stakeholders are adequately addressed.

6.2 Training and knowledge about HIV

The media organization shall facilitate a proper understanding of HIV amongst all persons involved in HIV communication by training, conferences, awareness sessions, newsletters, and all other appropriate means.¹¹

Training records shall be kept for each individual participant in training sessions.

The media organization shall organize, at least once a year, an in-depth evaluation of its employees involved in the design, production and dissemination of HIV messages giving them the possibility to express their viewpoints on potential improvements in HIV communication activities.

6.3 Information sources

The media organization shall maintain a list of experts and other relevant sources of information in HIV communication. The list will be periodically updated and the process and responsibility for updating will be allocated to a nominated group or person within the organization. This information shall be made available to the staff members involved in HIV communication, ensuring confidentiality is maintained at all times.

7. Content Creation/Production and Dissemination

7.1 Planning of product realization

Clear plans for all phases of the process (design, production, dissemination, monitoring and evaluation) shall be formalized with well-defined objectives and target audience/ readers.

Adequate time for research (including consultation with experts and relevant constituencies) shall be allocated in the production plan.

In research, adequate attention shall be paid to the work being done by nongovernmental organizations, civil society, National AIDS Control Authorities and , International agencies in various aspects of HIV prevention, treatment, care and support so that the messages create an enabling environment for the other sectors.

7.2 Design and Development

The design of HIV communication shall be linked to well-defined objectives and target audience/ readers.

¹¹ For a list of reporting manuals see for example, http://globalhealthreporting.org/reporting.asp?id=18#disease_manual
Information about training and other events related to HIV is supplied by subscriptions to appropriate e-magazines, eg. http://www.comminit.com/en/drum_beat.html Training of media professionals on HIV facilitated by National AIDS control authorities, international agencies and donors.

In the design phase of HIV communication, the media organization shall determine the necessary requirements by the use of one or a combination of the following means:

- ➔ editorial Charter;
- ➔ code of ethics;
- ➔ audience/readership research and feedback;
- ➔ other stakeholders' research and feedback;
- ➔ advice from consulting experts (including people living with HIV);
- ➔ pre-test content (except for news when this may not be possible);
- ➔ relevant information on similar past programmes/articles;
- ➔ relevant information on similar programs proposed by the competition or by other media at the international level.

7.3 Purchasing and Outsourcing

Particular attention shall be paid to the evaluation and the selection of external experts, freelancers/contributors, correspondents, advertisement agencies involved in the design, production and distribution of HIV communication programmes or articles.

The media organization shall, for any commissioning/outsourcing of productions or articles make sure that members of the staff of the external agency have been adequately trained and sensitised or otherwise aware of the HIV-related issues.

The media organization shall, (for any purchase of external productions or articles including contributions from people living with HIV, men who have sex with men or injecting drug users):

- ➔ validate the chain of rights, including but not limitative of, copyrights, reproduction and distribution rights, licenses, languages and territories, media, royalties and their duration; and
- ➔ respect image rights and confidentiality commitments notably those made to people living with HIV, men who have sex with men and injecting drug users and sex workers, particularly when these programmes or articles are resold in the marketplace

The media organization shall establish clear and formalized rules in this respect and maintain records of them.

7.4 Production and service provision

7.4-1 Accurate, fair and balanced contents

The media organization shall establish production procedures ensuring that:

- ➔ HIV communication messages are scientifically and ethically correct;
- ➔ sources of information are diverse and impartial;
- ➔ images used in the messages have been carefully selected in order to avoid any kind of provocation or cultural misunderstanding; (*note: don't show face pixellated/ blurred*);
- ➔ messages are not fear-based, stigmatizing or discriminatory, and blame is not embedded in the messages;

- ➔ human rights and dignity of subjects are respected;
- ➔ confidentiality is respected and a disclaimer supplied; (*note: don't show if there is no informed consent as in 7.4.3 below*),
- ➔ ambiguous language, insinuation, hidden negative/misleading/unintended messages are not used;
- ➔ content displays a sensitivity to children¹², women and sexual minorities

7.4-2 Style of contents

The media organization shall encourage a style of contents taking into account sociocultural/religious context and local language, which focuses on telling positive stories and provides an appealing mode of delivery. It shall also avoid technical terms, acronyms and abbreviations and sensationalism.

7.4-3 Protection of confidentiality

Documents containing confidential data (e.g. names and contact details of people living with HIV, men who have sex with men, or injecting drug users) shall be kept secured with authorized access).

Considering the potential HIV-related stigma and discrimination, disclosure of the identity of infected and affected individuals shall be done only with informed consent in written form.

The media organization shall obtain a guarantee that copyrights/ confidentiality of the sources will be respected internally as well as by any external organization in charge of the distribution and storage of the HIV communication (Ref. also 7.3).

Confidentiality clauses in the existing legislation and regulations of the country shall be taken into account.

7.4-4 Dissemination, distribution, sharing of product

Media organizations shall maximise the outreach of HIV communication messages to increase the impact on target audiences.

Policy for the distribution and sharing of content on HIV with other distribution channels, nongovernmental organizations, government authorities and other interested groups/ organizations should be formulated and made known to all production, distribution, marketing and management staff members.

8- Measurement, Analysis and Improvement

¹² Guidance can be sought from a document developed by UNICEF, which spells out principles to assist journalists for reporting issues affecting children, and helps media to cover children in an age-appropriate and sensitive manner. The document also includes special guidance on reporting on children living with HIV (UNICEF. Ethical guidelines. Principles for ethical reporting on children. http://www.unicef.org/media/media_tools_guidelines.html)

8.1 General

The media organization shall ensure a close monitoring of HIV communication activities in terms of measurement, internal audits and continual improvement in line with other organisational measurement and performance improvement processes.

8.2 Monitoring and measurement

The media organization shall complement the existing performance measurement system by including indicators specific to HIV such as:

- ➔ percentage of staff members producing HIV programmes who have had training on the subject;
- ➔ number of complaints received on HIV-related programmes, broadcast during the period being reviewed;
- ➔ quality of contents particularly in terms of scientific and ethical aptness; (*note: specific attention should be paid to live interactive programmes and user generated contents*).
- ➔ target audience/ readers reached;
- ➔ audience / readership / civil society feedback;
- ➔ advertisers' feedback;
- ➔ feedback from National AIDS Control Authority/Programme/Organization;
- ➔ participation rate of citizens, especially people living with HIV, and civil society, level of interactivity and citizen empowerment efforts in the broadcast programmes / articles;
- ➔ social usefulness including impact measurement of HIV communication;
- ➔ educational content.

These indicators shall be monitored by the relevant committees in close cooperation with the top management of the media.

8.3 Internal audit

The media organization shall combine internal audit with self-assessment techniques where and when applicable.

The rule of independence of the internal auditors¹³ vis-à-vis the audited sector shall be strictly observed.

8.4 Continual improvement

The media organization shall demonstrate continual improvement by means of the above performance measurement system. All decisions taken in terms of corrective and preventive actions shall be recorded.

Bibliography

¹³ The requirements of the ISO 19001:2002 norm concerning quality auditing should be applied by the media company as far as possible.

ISO 9000-2005: Quality Management Systems – Fundamental and vocabulary

ISO 9001-2008: Quality Management Systems – Requirements

ISO 19011-2002: Guidelines for quality and/or environmental management systems auditing

ISAS BC 9001-2003: Quality Management Systems – Requirements for Broadcasters and Internet Content Producers

ISAS P 9001-2005: Quality Management Systems – Requirements for the Press

Guidelines for the implementation of international standards ISAS BC-9001:2003

http://www.certimedia.org/index.php?option=com_docman&task=cat_view&Itemid=269&gid=79&orderby=dmdatecounter&ascdesc=DESC

ISAS P-9001:2005 in broadcasting companies, Internet content producers and the press

http://www.certimedia.org/index.php?option=com_docman&task=cat_view&gid=80&Itemid=269

OHSAS 18001 : Occupation Health and Safety Assessment Series.

UNAIDS (2005). Intensifying HIV Prevention. UNAIDS Policy Position Paper. http://data.unaids.org/publications/irc-pub06/jc1165-intensif_hiv-newstyle_en.pdf

UNAIDS (2008). UNAIDS' Terminology Guidelines.

http://data.unaids.org/pub/Manual/2008/20080226_unaids_terminology_guide_en.pdf

International Labour Organization (2001). The ILO Code of Practice on HIV/AIDS and the world of work. http://www.ilo.org/public/english/protection/trav/aids/code/languages/hiv_a4_e.pdf

International Labour Organization. ILOAIDS: A workplace policy on HIV/AIDS: what it should cover <http://www.ilo.org/public/english/protection/trav/aids/examples/workcover.pdf>

Annex 1.

The main challenges for media in dealing with HIV communication

0-2-1- Sociocultural Context

- ➔ The impact of religion, culture and social taboos on the manner in which HIV is tackled using communication.
- ➔ The hesitation/ fear/ unease about handling HIV related assignments.
- ➔ Inadequate understanding and lack of recognition of gender norms and inequities, and of sensitivities on working with people living with HIV and key populations at higher risk.

0-2-2- Priorities Setting

- ➔ Approvers' and gatekeepers' ignorance/resistance.
- ➔ Journalists obsession with events, not issues.
- ➔ Competing for air-time/ space with other issues/ stories.
- ➔ HIV communication not a priority for the media.

0-2-3- Material Constraints

- ➔ No/ low budgets for proper research/ production.
- ➔ Commercial difficulty: chasing ratings and advertisers.
- ➔ Time constraints.

0-2-4- Production And Dissemination Process

- ➔ No orientation to target audience(s).
- ➔ Not enough attention given to select content and format appropriate to target audience(s).
- ➔ Absence of well defined and appropriate approval process on the designed product.
- ➔ Not enough attention given to chose the space/time appropriate/convenient to target audience in decisions related to dissemination.
- ➔ Limited or non-existent feed-back and checks and balances mechanisms from targeted audiences and other stakeholders.
- ➔ Effect/ impact on audience difficult to measure.

0-2-5- Knowledge On Hiv, Aids And Related Issues

0-2-5-1- Access To Expertise/ Sources

- ➔ Lack of or inadequate involvement of people living with HIV.
- ➔ Lack of access and sources to expertise.
- ➔ Capacity of HIV experts and organizations to be involved and to deal with media dynamics and ways of working.

0-2-5-2- Knowledge Within The Media

- ➔ Insufficient knowledge of media professionals. about HIV-related issues.

- ➔ Lack of appreciation about the use of appropriate language and image.
- ➔ Lack of high-quality training and awareness leading to lack of sensitivity, empathy, interest in HIV issues.

Annex 2

Background

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is a joint venture of the United Nations family, bringing together the efforts and resources of ten UN system organizations in the AIDS response to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic.

The decision to create this Programme resulted from a meeting of the UNAIDS HIV Prevention Reference Group in April 2007, charged with providing operational guidance on issues relating to the quality, intensity and coverage of behaviour change interventions to improve implementation of HIV prevention programmes.

The HIV Prevention Reference Group recognized the need for setting standards to ensure access to comprehensive and effective HIV prevention services for people in many different settings. The Reference Group affirmed the approach proposed by UNAIDS to develop a taxonomy of social and behavioural prevention activities and a framework for assessing quality so that these measures could be planned, costed and monitored with the same level of clarity that is routine in clinical services. The meeting also agreed that the taxonomy and framework should fit within the range of activities in a comprehensive prevention response; support and facilitate tailoring to regional, country and local situations; and encourage innovation.

In order to advance this work UNAIDS commissioned two background papers: “A Framework for Classifying HIV Interventions” and “Developing Minimum Quality Standards for HIV Prevention Interventions”.

Since the media play an overarching role in HIV prevention and have implications on the other sectors, it was the sector which was chosen, as a first sector to develop the minimum quality standards.

UNAIDS commissioned the work to establish networks of expertise in the development of quality standards for HIV prevention activities undertaken through the media for the Asia-Pacific Institute for Broadcasting Development (AIBD), an intergovernmental institute with a network of members, affiliates, consultants and alumni. The AIBD set up consultations with relevant organisations and individuals through questionnaires. The outcome was discussed in a meeting with a group composed of prominent experts.

The group examined two key questions under the management of the Asia-Pacific Institute for Broadcasting Development.

- ◆ What challenges do media face in producing quality HIV communication cam-

paigns?

- ◆ What are the criteria that media must take into account to ensure the quality of HIV communication?

The document that came out of the expert group meeting was put up for e-discussion and developed further.

The outcome of the collaborative work was re-worked to be in line with the style and presentation of ISO Standards and the group met once again to finalize the document. The group recommended that the quality standards for media should not be developed solely for HIV prevention communication, but more widely for all HIV-related communication, as the same standards should apply to all HIV-related communication undertaken by media. The approach is in line with UNAIDS' (2005) emphasis on recognizing that HIV treatment and prevention are equally important and supportive of each other and their synergies are harnessed programmatically, in policy as well as in advocacy. A comprehensive approach to HIV prevention must also address not only the risk, but also the deep-seated causes of vulnerability which reduce the ability of individuals and communities to protect themselves and others from infection. The document was revised accordingly.

Acknowledgments

We would like to thank all the persons who have actively contributed in the construction of this international standard, namely:

UNAIDS (Joint United Nations Programme on HIV/AIDS)

Michael Bartos, Team Leader

Ole Hansen, Advocacy Advisor

Mahesh Mahalingam, Head of Communications

Terhi Aaltonen, Programme Officer

AIBD (Asia-Pacific Institute for Broadcasting Development)

Dr Javad Mottaghi, Director

K P Madhu, Programme Manager

Lutfu Ahmed, Programme Manager

Members of the expert group

Mr Fred Cohen, Chairman, International Academy of Television Arts & Sciences

Ms Sadhana Raut, Additional Director General, All India Radio

Ms Yvonne MacPherson, BBC World Service Trust, India

Mr Iqbal Sobhan Chowdhury, Editor, The Bangladesh Observer, Dhaka

Ms Moneeza Hashmi, General Manager, HUM TV, Pakistan

Dr Nalaka Gunawardene, TVEAP, Sri Lanka

Dr Jagdish Harsh, HIV Atlas and Public Health Lists

Dr Magali Modoux, Certimedia, Geneva

Prof. Dr. Louis J. Balme, Vice President of International Standardization & Accreditation Services (ISAS, New York)

Mr Guillaume Chenevière, Executive Director, Media & Society Foundation

The document is now being put forth for consultation to a wider group – media as well as AIDS prevention and control organizations.

Notes

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.



UNAIDS
20 AVENUE APPIA
CH-1211 GENEVA 27
SWITZERLAND

Tel: (+41) 22 791 36 66
Fax: (+41) 22 791 48 35
e-mail: distribution@unaids.org

www.unaids.org

Uniting the world against **AIDS**