25 February 2008

A skills-based media training for microbicide researchers, advocates and community members from research sites
The agenda

- Introductions/objectives
- The role of media in advocacy work
- Case study – cellulose sulfate
- Skills/tips for media engagement
  - Reactive skills
  - Practice interviews
  - Proactive skills, media strategy
- Wrap-up and debrief
Your facilitators

- Deborah Baron, MMCI
- Manju Chatani, AMAG
- Jim Pickett, IRMA
- Beth Robinson, FHI
- Morenike Ukpong, NHVMAG
- Roy Wadia, BCCDC
  - [we’ll explain the acronym soup!]
Objectives for today

- Understand importance of media engagement in our work, including the critical role it plays in advocacy
- Study real-life examples of “good” and “bad” media coverage
- Learn reactive and proactive skills, and how to develop a media strategy
- Understand how to make further use of resource kits to be made available to participants
The role of media in advocacy

- Focuses on the **strategic** use of mass media to advance social or public policy initiatives (Wallack et al. 1993).
- Stimulates **debate** and **promotes responsible portrayals** and coverage of health issues.
- Media advocacy (MA) rejects the idea that the media can be a source of only anti-social messages.
- News media are the **main source of info about health issues**, and interventions **must** include a focus on the media.
The role of media in advocacy

- MA allows for the transmission of information that can bring about significant change.
- MA centers on shaping the public debate about public health.
- MA takes a political and a social approach – the two go hand in hand!
The role of media in advocacy

- **A lack** of focus on media advocacy can actually **HARM** your cause or campaign.
- **You must know**
  - *why* to include the media in your advocacy campaign
  - *when* to do so
  - *where* the media can be most effective... and
  - *how* to nurture a long-term partnership
- **In other words**... **MAKE THE MEDIA YOUR SUPPORTERS AND YOUR FRIENDS!!!**
Tests of Drug to Block H.I.V. Infection Are Halted Over Safety

By LAWRENCE K. ALTMAN
Published: February 1, 2007

Efforts to develop a topical microbicide to prevent H.I.V. infection during sex suffered a surprising setback yesterday when researchers announced that they had stopped two full-scale trials for safety reasons.

The trials, involving a chemical, cellulose sulfate, or Ushercell, were the second failure of a potential microbicide in a full-scale trial in recent years. In 2000, a large full-scale trial showed that the only other microbicide candidate, nonoxynol-9, was unsafe when it had been expected to be effective. Subjects in that trial developed a higher incidence of H.I.V. infection, presumably through ulcers caused by chemical irritation.
Sensational media coverage of trials should be anticipated.
-----Original Message-----
From: PartnersUganda [mailto:partnersuganda@pforsuhealthdev.org]
Sent: Wednesday, August 15, 2007 9:35 AM
To: PartnersUganda
Subject: [partnersuganda] News: Microbicide Trial - Women Get Special Treatment

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Women who got infected while participating in the failed trials of a microbicide gel designed to prevent the transmission of HIV, will receive free treatment.

Dr. Olive Sentumbwe, the national professional officer in charge of population and family planning at the World Health Organisation, announced this at the on-going fourth East African Sub-Regional African Women’s Leadership Institute conference.

She said the results should not discourage other people from participating in future trials. "Research always has mishaps. It happens elsewhere but it does not mean you stop. The victims of the halted gel research will receive special treatment. They are martyrs. We should regard them as heroes because they have sacrificed their lives for the good of others."

Microbicides are substances that a woman can apply in her vagina before sexual intercourse to prevent HIV infection.

They may include gels or creams. The trial of a microbicide was halted in Uganda recently because 25 women became infected despite using it, indicating that this particular product had no value in preventing HIV transmission.

The same microbicide...
Accurate news coverage can be facilitated.
India trials of anti-HIV gel halted over risk to women

Anuradha Mascarenhas

PUNE, FEBRUARY 1

Trials of a microbicide gel to prevent HIV have been halted in India over concerns about its potential to increase the spread of AIDS in poor countries, especially in India.

Some scientists consider this a setback after the independent scientific committee found that the active congo-derivative of cellulose sulphate was developed as an anti-HIV gel, and was first used by Conrad in India in the 1990s.

According to Conrad, the independent panel found that the cellulose sulphate developed HIV than those used in the trials.

In India, the Conrad trials were being conducted across the world by Conrad.

“We were told to stop the trial on Jan 2008, when the investigator for the trial in Badakot did new test and found HIV in 4 women who were HIV positive,” said Dr Washington.

However, he said his team had learnt from the experience.

For Dr Sanji Solomon, Director of the Indian Council for AIDS Research, the trials were stopped because participants were not adhering to good practice.

“They (Conrad) had found problems with the gel in October last year,” Solomon said.

Like in the Badakot study, none of the 20-25 women who were HIV positive in the trials were found to be positive.

Scientists call it an unexpected setback

2 Feb 2007, 0034 hrs IST, Kounteeya Sinha, TNN

NEW DELHI: Advanced clinical trials in India, South Africa, Benin and Uganda have indicated that microbicide gels, which offers protection against AIDS are actually increasing the risk of infection.

In the case of married women, the infection is transmitted by multi-partner husbands. Most new infections - about 14,000 every day - are in women.

WHO estimates that half of 39 million people infected with HIV today are women. At least one microbicide was expected to hit the market by 2010.

At present, there is no cure for HIV. The trials of Ushercell were being led by Conrad, a Virginia-based health research group, and paid for by the United States Agency for International Development and the Bill & Melinda Gates Foundation.

Because the data from these sites is not yet available, clinical trials are being stopped.
Researchers Halt Gel Studies for HIV

By MARILYNN MARCHIONE : AP Medical Writer
Jan 31, 2007 : 12:36 pm ET

Researchers have halted two studies of an anti-HIV gel that doctors had hoped would prevent HIV infections among women rather than lower that risk.

The results are “a disappointing and unanticipated turn of events” that women could use to lower their risk of HIV transmission, according to a statement from the World Health Organization.

The large, final-stage experiments were halted after new infections with the AIDS virus were reported among women who had used the gel. The researchers and funders have long sought a method they could promote to reduce risk because many men refuse to use condoms.

The studies were testing Ushercell, a new compound developed by Polydex Pharmaceuticals Inc.

One study involving 1,500 women in India stopped this week after an independent monitor found that too many women were dropping out. The other trial, involving 1,300 women in Cameroon, was halted last year.

The studies were halted after the researchers found new infections among women using the gel that were higher than expected, and the studies had to be ended because it was too risky to continue.

In a blow to new AIDS-prevention technologies, independent safety monitors halted a major study in Africa and India of an anti-HIV gel after women who used it developed more HIV infections than women who used a placebo gel.

Topical anti-HIV gels, called microbicides, have received a big push by governments, advocacy groups and philanthropies who want to put protective products in the hands of women whose partners don’t use condoms. The Bill and Melinda Gates Foundation, a leading sponsor, has invested $125 million in microbicide research, including $12 million for the trial involving 1,300 women that was closed, which was led by Conrad, the U.S. nonprofit group based in Arlington, Va.

In a separate but related move, the nonprofit Family Health International also halted a similar study involving 1,644 women in Nigeria as a precaution, although it hadn’t seen any evidence of increased infections linked to the gel. But it also found no evidence that the product was effective in preventing HIV.

The Gates Foundation said it still believes microbicides will prove valuable in fighting the spread of AIDS. “It’s a disappointment,” said Nick Helliwell, the Gates Foundation’s interim director of HIV/AIDS and Tuberculosis, in a statement.
## Communications Timeline for CS:

### Preparatory Steps

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Jan 27-29:</td>
<td>DMCs recommend trial closures</td>
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<tr>
<td>Jan 30:</td>
<td>Key partners and activists contacted</td>
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<tr>
<td>Jan 31:</td>
<td>Trials close</td>
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<tr>
<td></td>
<td>Sites and government officials informed</td>
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<tr>
<td></td>
<td>Press releases and Q&amp;As issued</td>
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<tr>
<td>Feb 1:</td>
<td>Materials and media support provided to stakeholders</td>
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- **Generic CS materials and plans ready**
- **CS researchers were given media training**
Informational materials prepared

- Backgrounders written for stakeholders and news media
- Likely questions identified & answered

Introduction to Clinical Trials

Family Health International (FHI) conducts research and programs following established international ethical principles and develops materials that help researchers in establishing, conducting, reviewing, and evaluating participant rights. This fact sheet provides basic information about the conduct of clinical trials.

**What is a clinical trial?**

A clinical trial is a research study designed to answer specific questions about vaccines, new drugs or new ways of using known treatments. Clinical trials (also called “research studies” or “research protocols”) are the fastest and safest way to find effective treatments. Carefully controlled trials ensure the voluntary participation of individuals in clinical trials to test new therapies.

**Clinical trials rules:**

Each drug is tested on humans, it is thoroughly tested through laboratory and model studies to ensure if it’s safe.

**What makes a trial work?**

Experiments must follow the guidelines and regulations for international research ethics set forth in the Montreal Declaration of Helsinki, the 1972 Belmont Report, and the 1991 Council of International Organizations of Medical Sciences (CIOMS) guidelines. Research must be conducted under a protocol.

**A protocol?**

Every trial has a written plan, or “protocol,” that describes the goals and objectives of the study, how the study will be conducted, criteria for which individuals can participate, and what tests and procedures are necessary when used.
Reactions to CS news

- Shock, confusion, disappointment
- Anonymous individual aired complaints over major radio station
- Call for answers as soon as possible
- General resolve that research must continue
Media engagement tips – reactive skills

- Know your audience
- Remember - YOU are the expert and you have something important to say
- Prepare! Create talking points for yourself
  - Have all facts, figures, references handy: statistics lend credibility
    - Make them understandable. Turn 53% into “a little more than half.” Turn 93% into “nine out of ten.”
    - But, don’t get mired in numbers!
  - Cite third party endorsements, other research, reputable news outlet, personal testimonials
Media engagement tips – reactive skills

- Use personal examples
  - The heart of your angle. Makes the story human, approachable.

- Repeat yourself
  - Repeat key points that may not have been fully absorbed
  - As much as possible, limit key points/messages to three

- Confidence! Don’t be fearful. The fear of “blanking” or freezing up can make it happen.
Media engagement tips – reactive skills

- Nearly 90% of your message is conveyed through body language, emotional tone and attitude.
  - Smile when appropriate
  - Project balance between low-key thoughtfulness and energy
  - Active listening and speaking
  - Take a deep breath
  - Avoid being
    - Smug
    - Arrogant
    - Defensive
    - Negative
Media engagement tips – reactive skills

- Anticipate key questions and have answers ready. Breathe!
  - Know the Who, What, When, Where and Why
  - Highlight YOUR goals
  - YOUR solutions
  - Define issue on YOUR terms
  - Stay on the message(s)
  - Don’t get thrown off by a question, no matter what is asked
Media engagement tips—reactive skills

- Provide written background info
- Follow up quickly via e-mail or phone with additional info requested

**DON’T MAKE THINGS UP!**
- If you don’t know the answer, or if the question delves into an area that is not your expertise, direct the reporter to a more appropriate source. Offer to find the answer and get back to them.

- Don’t say anything you don’t want published.
  - No such thing as “off the record.”

- Don’t speak “off the top of your head.”
Media engagement tips
reactive skills – **Answer the ?**

- Answer questions concisely and in non-technical terms
  - Make points
    - Quickly, clearly, sharply and briefly
    - 20 seconds, “elevator rule”
  - Avoid jargon, acronyms
    - VM, UAI, CDC, MHRA, WHO

- You need not explain EVERYTHING in your soundbite
Media engagement tips—reactive skills - Bridging

- Bridging is a transitional phrase that allows you to move into YOUR territory.
  - And, But, However, In fact, For example, Because, On the other hand

- “That may have been true in the past, HOWEVER, this is the way we are doing it today…”

- “We are very committed to involving people with HIV/AIDS in Community Advisory Boards. IN FACT, in the XYZ Trial, 45% of our CAB was made up of HIV-positive women.”

- “This new trial will break new ground in the field. FOR EXAMPLE…”
Media engagement tips
reactive skills — Communicate!

Two key techniques for communicating are:

- Flagging
- Hooking
Media engagement tips—reactive skills - Flagging

- Flagging uses phrases that emphasize the importance of your messages. They tell the reporter - your audience - what should be highlighted.
  - The bottom line is...
  - The main point is...
  - The key issue is...
  - If you don’t remember anything else, remember that...
“The bottom line is that we must ensure our research protocols are designed with, by and for the community.”

“We have talked about a lot of things, but the main point is that we need an additional $35 million a year for the research and development of rectal microbicides.”
Hooking involves leading the reporter to your agenda or message.

- “We’re focusing on three major areas...”
  - Pause and wait for the reporter to ask what they are
- “That was the second major study we launched this year...”
  - Pause and wait for the reporter to ask about the first
- “South Africa and the MRC is taking the lead on this issue...”
  - Pause and wait for the reporter to ask how?
Another simple method is...

The ABC approach:

- **Answer** the premise of the question
- **Bridge** to the most important issues
- **Communicate** key messages
Q: With trials closing, and some showing potential harms from the candidate microbicide being tested, why continue the research?

A: = Answer, Bridge, Communicate
More tough ?’s

- “Why should we care about microbicides at all? Aren’t there more pressing public health needs?”

- “Why should we listen to what YOU say about microbicides? What’s your credibility?”
Now it’s time to make it real.
And... action!
So... Plan ahead for rapid-response communications

- Make explicit preparations to deal with potential controversy
- Identify and analyze stakeholders’ views, issues, concerns in advance
- Formulate a strategic plan
- Take proactive steps to manage research concerns: Work with partners!
Stakeholders

- **Identify/spell out your stakeholders:**
  - **Supporters:** real and potential, active and passive
  - **Adversaries:** real and potential, active and passive
  - **Fence-Sitters:** Will they become supporters or adversaries, and will they then become active or passive?
Types of stakeholders: Who are they?

- **Supporters:** Researchers, medical/public health professionals, activists, politicians, media, public
- **Adversaries:** Researchers, medical/public health professionals, activists, politicians, media, public
- **Fence-sitters:** Researchers, medical/public health professionals, activists, politicians, media, public

*IN OTHER WORDS.. YOUR ADVOCACY ULTIMATELY TARGETS EVERYONE...*
Media engagement tips—proactive skills

Before you open your mouth, think!

- **What is the medium?** You need to tailor your messaging technique to the medium at hand—print, radio, TV or on-line.

- **What is the message?** Remember that your message must be consistent across all platforms!

- **Who are the stakeholders to reach?** Knowing that your message should, as much as possible, generate positive feedback.
Your messages

Identify/articulate your messages:

Overarching message:
This should be consistent across time

- Main message/s: In the short term
- Main message/s: In the long term

- Secondary message/s: In the short term
- Secondary message/s: In the long term
Message: From theory to practice

- **Overarching message:** There is an urgent need to develop safe, effective microbicides.
- **Main message:** There is an urgent need to develop safe, effective microbicides *in partnership with a range of stakeholders.*
- **Secondary message:** There is a need to develop safe, effective *vaginal* microbicides *and* safe, effective *rectal* microbicides.
Identify/articulate your context:

- Your **overarching context** underpins and validates your message(s)
- Your **immediate context** is fluid, and provides the springboard for your action at the outset
- Your **long-term context** is constant, and provides the foundation for your advocacy architecture
**Context:** From theory to practice

- **Overarching context:** The collective global fight against HIV/AIDS
- **Immediate context:** The lack of safe, effective microbicides at the present time, and the urgent need for these weapons in our collective global fight against HIV/AIDS
- **Long-term context:** The need for safe, effective microbicides as a global public health good – as part of a basic global public health package
Evaluate your messages

- Will your messages stand up to the test of time?
- Empower your supporters?
- Disarm your adversaries?
- Convert fence-sitters into your supporters (or make them your adversaries)?
- Empower YOU, across time, regardless of support or opposition you and your message may receive?
Evaluate your message: how has it...

- Been reported?
- Been received?
- Reinforced your support?
- Won over your adversaries?
- Changed behaviour/outcomes?
- Built on your messaging?
Spokespeople
Who, When, How?

Identify your spokesperson/“spokesgroups”
- Primary
- Secondary

Identify your communication network
- Who will speak?
- When?
- How (with “one voice”)?
- How will they keep each other informed about what they’ve been saying, when and how they’ve been saying it, and to whom?
Media strategy: Lessons learned

- Good strategy = good results = better health outcomes
- Not everyone will agree. Be prepared to defend what you have done & why – without being defensive!
- Involve media and key partners at the very outset.
- Be consistent in messaging – and yet, be flexible to adjust and fine-tune.
- Reach out to key media allies one-on-one: this is more effective than calling a large press conference.
- Position vital, “controversial” interventions as a basic public health good! Strongest argument of all, if you have enough media allies to back you up.
Media strategy: CS lessons learned

- Results were disseminated quickly and widely – this promoted consistent reporting.
- Spaces for discussion (teleconferences) were created for advocates and researchers.
- Advocates’ questions were answered quickly.
- Communication lines were kept open.
- Researchers and advocates worked together to counter inaccurate media reporting.
A Statement by South Africa’s Treatment Action Campaign (TAC)

----Original Message----
From: TAC News Service <moderator@tac.org.za>
Date: Wed, 07 Feb 2007 08:04:23
To: news@tac.org.za
Subject: Statement on Termination of Microbicide Trials

7 February 2007 -- TAC comment on the termination of Ushercell microbicide trial

[abridged version] .... The termination of the Ushercell trials is a setback for microbicide research...
Nevertheless, science advances by learning from failures and ethical trials of the most promising
microbicides should continue because the development of a successful microbicide will likely prevent many
HIV infections and save many lives.

However, there is a commonly held myth about microbicide trials which needs to be dispelled. .... The myth
is that participants in microbicide trials [....] are encouraged to have unprotected sex or, in the myth's most
extreme version, exposed to HIV by researchers. This is false. On the contrary... if a trial is conducted
properly, participants are arguably at less risk of contracting HIV than the general population, because they
have all been through a standardised comprehensive counselling session, approved by a regulatory ethics
committee.
Leverage partner networks: Share news with constituencies

- World Health Organization/UNAIDS
- International AIDS Society, also MDP
- International Partnership for Microbicides
- Alliance for Microbicide Development

Press statement

Cellulose sulfate microbicide trial stopped

Statement developed by the World Health Organization and UNAIDS

Geneva, 31 January 2007 – A Phase III study of the candidate microbicide cellulose sulfate to prevent HIV transmission in women has been stopped prematurely because of a higher number of HIV infections in the active compared with the placebo group. The study was sponsored by CONRAD and conducted in Benin, India, South Africa and Uganda. A second study on the same product sponsored by Family Health International conducted in South Africa and Uganda was stopped at the request of the participant group due to safety concerns in the first trial. This is a
Communication is key!

- In the past, miscommunication and lack of transparency fueled underlying trust issues.
- Coordinate, collaborate and communicate with partners throughout the process – not only when responding to a crisis.
Debrief

- What was clear?
- What was confusing?
- What other info needed?
- How will we use these skills back home?
- Who will we share this info with?
Thank You
Contact us!

- Deborah Baron
deborah.baron@gmail.com
- Manju Chatani
manju_chatani@yahoo.co.uk
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- Beth Robinson
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- Morenike Upkong
toyinukpong@yahoo.co.uk
- Roy Wadia
Roy.Wadia@bccdc.ca
MMCI Communications Clinic

**Tuesday, February 26**
- 10:30 - 11:30 am
- 1:00 - 2:00 pm
- 4:00 - 5:30 pm

**Wednesday, February 27**
- 10:30 - 11:30 am
- 11:45 - 1:00 pm
- 1:00 - 2:00 pm

- Located in the Advocates’ Corner