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Abstract

This chapter looks at South Africa's major communication initiatives on HIV and AIDS – Soul City, loveLife and Khomanani, during the period 1999 - 2004. It describes their strategic approaches and communication methods and sketches the range and magnitude of their activities. The three interventions, all substantially funded by government, emerge as quite distinct. Their work is largely complementary, although there is some overlap. A growing trend over the five years has been the expansion of face-to-face communication which is used in combination with mass media initiatives. This chapter summarises research findings which reflect on the impact of these and other initiatives over the years. The studies include general surveys on sexual practice and specific impact studies. Although the combined efforts of these (and other) initiatives have not secured a downturn in HIV prevalence, specific impact studies show that they are, variously, associated with positive shifts in:

- *Knowledge, attitudes and safe sex behaviours which are conducive to curtailing HIV infection.*
- *Knowledge, attitudes and supportive activities that serve to reduce the stigma that attaches to HIV and AIDS, to promote health seeking behaviour and to build a more caring environment.*

Condom use as a method of safe sex has increased significantly. However, overall levels of use, consistency of use and practice in certain age groups are not yet adequate to change infection patterns. More generally, studies indicate there is a greater degree of openness about HIV and AIDS and growth in acceptance of those living with the virus.

Consultant to one of Khomanani's Service Providers

HIV and AIDS through mass media and community action

Introduction

The names Soul City, loveLife and Khomanani are all commonly associated with mass media campaigns intended to reduce the spread of HIV infection. The association is not incorrect but neither does it give a full picture of what these initiatives are about.

All three are considerably broader than the label that many people conveniently attach to them. To a greater or lesser degree, all employ communication methods other than the mass media and the substance of their communication in most cases extends beyond HIV prevention messaging. Their media-based HIV prevention campaigns are dynamically linked to other elements of their work.

Soul City was first screened and broadcast in 1994 and has always positioned itself as a broad health promotion and social change project, delivered mainly through several concentrated multi-media series. Every series has included an HIV and AIDS element. Soul City has come to embrace other interventions, such as life skills work and advocacy campaigns. It gave rise to a second series, Soul Buddyz, which focuses on pre-adolescents and has spawned a nationwide network of Soul Buddyz clubs. Soul City is screened in a number of developing countries and works in other southern African states.

loveLife, the creation of several non-governmental organisations working in reproductive health, came into being in 1999. It focuses squarely on reduction of HIV infection through strategic youth interventions, targeting 12-17 year olds. loveLife has from its inception combined face-to-face communication and social programmes with its high profile, strongly branded mass media programme. All its efforts are geared to marketing a lifestyle brand conducive to sexual health. With a budget averaging about R200 million a year since 2003, it is the largest HIV communication programme.

Khomanani, activated in 2002, is the newest of the three interventions. It is directly managed by the Department of Health (DoH) although planned and implemented through private sector agencies and is closely linked to the unfolding of the public sector HIV and AIDS programme. It utilises mass media and coordinated face-to-face communication in support of both the prevention of HIV and the development of care, support and treatment.

Khomanani is only one aspect of government's HIV prevention programme. Other elements are: mass condom distribution; STI prevention and management; the schools-based life skills programme; sector mobilisation; and social security.[1] In fact, the condom distribution, STI and life skills elements of the government HIV and AIDS programme form a common foundation for Khomanani, Soul City and loveLife since they all rely on availability of public sector HIV and AIDS services.

All three communication initiatives are also funded by government. Soul City lists the DoH as a 'core sponsor' and the South African government has replaced foreign foundations as the main source of loveLife funding, with three departments (Health, Social Development and Sports and Recreation) now accounting for about 38% of the loveLife budget.[2]

Models, methods and messages

Soul City

The first series of Soul City was produced in 1994 and five more had been completed by late 2003. Soul City describes itself as a "multi-media health promotion and social change project" which aims to impact on individuals, communities and the socio-political environment.[3] For many, the term 'edutainment' encapsulates Soul City's work. The television and radio components have evolved into powerful local dramas, with credible characters, strong stories and clear messages. They have developed creatively so that the messaging is fully integrated into the story line.

The success of Soul City led to the development of a parallel initiative for children aged eight to 12 years, Soul Buddyz. Initiated in 1999, Soul Buddyz has seen two series, each of which comprised:

- A television component, consisting of 26 half-hour drama and commentary programmes on SABC 1.
- A radio element, also comprising 26 episodes of 30 minutes, broadcast on nine regional radio stations.
- A life skills booklet for Grade 7 learners.
- A parenting booklet to complement the material presented on radio and TV.
- Marketing and advocacy campaigns.[4]

The Soul City Institute takes the view that formative research is the foundation of its work and it transforms pure entertainment into edutainment.[5] This is how each Soul City series unfolds, in a set of faithfully observed steps.

Step 1: Wide consultation with experts and key stakeholders, in government and civil society, on the topic and the issues.

Step 2: Consultation with audience members about their knowledge, concerns and attitudes to the issues.

Step 3: Presentation of findings from Steps 1 and 2 to role players and experts who define the issues to be included and how these will be dealt with.

Step 4: Production of a message brief from which the creative team of producers, directors and scriptwriters will work to develop TV and radio dramas.

Step 5: Integration of message brief into the entertainment vehicle at a workshop where the creative team is briefed and brainstorms on the product.

Step 6: Production of a draft outline which is tested with experts, role players and audience members.

Step 7: Script writing, testing and rewriting to achieve integration of issues and messages while retaining entertainment value.

Table 1: Summary of Soul City topics and range and volume of media used[3]

<table>
<tr><th>Series and date</th><th>Topics</th><th>Elements of each series</th></tr>
<tr><td>Series 1 – 1994</td><td>Mother and child health
HIV and AIDS</td><td rowspan="6">13 X 60-minute TV dramas screened weekly on SABC 1 at prime time
45 X 15-minute radio dramas broadcast daily on nine regional stations in different languages
Three booklets on main topics of series Print-run of 1 million or more
Distributed as inserts in newspapers and through clinics, NGOs, etc.
Serialised and printed in major newspapers during screening of series
Advertising and publicity campaign
Advocacy campaign in alliance with other organisations to achieve institutional change that will create a climate more supportive for the individual*</td></tr>
<tr><td>Series 2 – 1996</td><td>HIV and AIDS
Housing and land
Tuberculosis
Smoking</td></tr>
<tr><td>Series 3 – 1997</td><td>HIV and AIDS
Household energy
Violence
Alcohol misuse</td></tr>
<tr><td>Series 4 – 1999</td><td>HIV and AIDS
Personal finance
Hypertension
Violence against women</td></tr>
<tr><td>Series 5 – 2001</td><td>HIV and AIDS
Small business
Rape
Disability</td></tr>
<tr><td>Series 6 – 2003</td><td>HIV and AIDS
Depression
Asthma
Adult education</td></tr>
</table>

Source: Soul City; 2005.

* From Series 4 onward.

Step 8: Production of material – and subsequent screening, broadcasting, printing and distribution.

Step 9: Evaluation of product and integration of lessons learnt into future productions.[6]

The model of behaviour change that Soul City utilises is a hybrid of the Ottawa Charter on health promotion and an approach developed by the Johns Hopkins School of Public Health. It views change as a process involving individual knowledge, attitudes, intentions and actions. It also views change as a product of the individual's interaction with his or her social environment. It follows that Soul City's interventions target both the individual and social institutions.[6]

In the first instance, Soul City uses powerful and positive character portrayal through the medium of drama to speak to audiences simultaneously at a rational and emotional level. The dry term 'role modelling' is the usual technical description for this. At its best, it is a visceral experience, captured by a viewer who said "Soul City has great impact . . . You feel it and it sort of shakes you up inside".[3]

Soul City attempts to influence the social environment to make it more supportive for individuals. To some extent it relies on the sustained and concentrated use of mass media, which has the power to influence social values and normative conduct. But it is also participates in advocacy by building influential alliances and lobbying powerful institutions to change the way they work thereby producing a friendlier social environment. Through advocacy, Soul City has pressed for improved access to the Child Support Grant and more effective use of the Domestic Violence Act.[7]

The messaging for Soul City is particularly comprehensive. The HIV and AIDS aspect of a single series commonly comprises a dozen messages, each with three of four subsidiary messages.

This report looks particularly at Soul City Series 4 which focused on promoting safer sexual behaviour and reducing the stigma related to HIV and AIDS. It also dealt with youth sexuality, addressing gender issues that contribute to the spread of HIV.[8] An extract from the message brief appears below. It reflects the intention both to convey information and dispel myths, in order to meet established audience needs.

Soul City 5 focused on AIDS treatment and disclosure of HIV status,[9] while Soul City 6 dealt with the impact of HIV and AIDS on children.[10]

Box 1: Soul City Series 4: Extracts from message brief[11]

Key messages on HIV and AIDS were:

- People with HIV and AIDS should not be shunned.
- People with HIV and AIDS need care and support.
- Condoms can protect you against HIV and other STIs.
- AIDS is spread mainly through unprotected sex. You cannot get AIDS through casual contact.
- You can live positively with HIV.
- Youth are also at risk.
- Sticking to one partner is safe if you both come into the relationship HIV negative and remain faithful.
- You cannot tell by looking if a person is HIV positive. You can be carrying the virus for many years and still look well.
- It is illegal to fire an employee who is HIV positive.

Key messages on youth sexuality were:

- Males and females are equal and have the right to make their own choices about sex.
- Young men can control their sexual urges and this will not have negative physical or psychological effects.
- Wet dreams are a normal part of growing up and do not mean a boy must have sex to avoid going mad.
- Love is not equal to sex nor is it about material goods.
- Young girls can be their own ticket to a better life and should avoid becoming economically dependent on men.
- If your boyfriend forces you to have sex, it is rape, even if you have said you love him or accepted gifts.
- You can be your own person. Negative peer pressure can be resisted.

Source: Soul City; 2005

loveLife

loveLife describes itself as "a national initiative of unprecedented scale, combining a sustained multi-media awareness and education campaigns with comprehensive youth-friendly sexual health services . . . and countrywide outreach and support programmes".[12]

It is the combined emphasis on mass media communication, interactive communication opportunities, personalised information services and good quality sexual health services that lies at the heart of the initiative.

loveLife moves from the position that the trend in HIV prevalence – which is still slightly upward – can be 'tipped' downward if prevention can be effectively internalised and practised by young people. It bases this argument on the fact that:

- About 40% of South Africans are under the age of 20 years.
- More than 95% of 15 year olds are HIV negative.
- New infections peak in the 15-24 year age range.[13]

The initiative seeks to achieve 'internalisation' of the desired behaviour by its target group and asserts that success resides in changing the pervasive values and attitudes of young people to sex, sexuality and gender relations. This requires:

- Impact on personal motivation.
- Influence in terms of peer pressure.
- Intervention in family and broader cultural and societal influences.

The architects of loveLife view behaviour change as incremental and therefore requiring a very large, sustained and consistent effort over several years. The aim is to impact on:

- Age of sexual initiation.
- Number of sex partners.
- Condom usage.

In an age where commercialism reigns supreme, loveLife has attempted to present the lifestyle which it advocates as a 'brand' – as a commodity for young people. 'The loveLife brand is promoted with the same intensity and imbued with similar attributes as other popular youth brands. . . . The primary communications challenge is to get young South Africans hooked on the idea of loveLifestyle (sic) as the new popular culture, and to shape that lifestyle according to the basic premises of the loveLife campaign.'[12]

Motivation or 'inspirational optimism' is right at the centre because 'individuals are more likely to be positively motivated to adapt their behaviour if they can imagine demonstrable benefits – a chance to fulfil their dreams, hope of a better life.'[12]

Messaging in the mass media is non-didactic and sometimes extremely indirect – a quality that has attracted a degree of criticism.[14] In loveLife's main print materials, the major elements of HIV transmission and sexual practice are seldom systematically presented, but are addressed in the context of lifestyle issues. Many loveLife billboards don't mention HIV or sex. The programme's designers say the purpose of outdoor media is to spark a national conversation – which will not of itself produce behaviour change and must be backed by more content-heavy communication.

Table 2: Range and volume of mass media produced by loveLife[12]

Item	2003
Outdoor: No. of billboards No. of watertank displays No. of taxi displays	 2 061 163 800
Print: S'camtoPRINT Total copies per year	10 970 400
Print: thethaNathi Total copies per year	16 827 850
Television: Public Service Announcements (PSAs) Parent campaign Love to be there campaign	 281 screenings 114 screenings
Television: loveLife Games No. of 30-minute programmes	13
Ster Kinekor cinemas: PSAs No. of screenings at 20 cinemas	408 per cinema
Radio 30-minute programmes	Weekly on 11 stations

Source: loveLife summary report on activities and progress during 2003

The interactive of face-to-face components of the loveLife programme are described below:[12]

- The call centre, thethaJunction, is a counselling and information service for young people and a resource for hundreds of loveLife frontline workers.
- loveLife Y-Centres are multipurpose recreation and resource centres and serving also as the regional offices of loveLife. Body-Ys are health facilities within Y-Centres that focus on sexual and reproductive health.

- Adolescent Friendly Clinics are public clinics where loveLife has managed a change and quality control process to enable them to meet the sexual and reproductive health needs of young people in a more effective way.
- Groundbreakers and Mpintshis are young people aged 18-25 years who drive loveLife information and lifestyle programmes in communities, working especially closely with schools. Each Groundbreaker has a team of up to five Mpintshis. They operate from loveLife franchises, adolescent friendly clinics and Y-Centres.
- loveLife franchises are partnerships with existing community organisations. loveLife provides a Groundbreaker team, materials and lifestyle programmes to every franchise holder.
- loveLife Games are organised in partnership with the United School Sports Association of SA. In addition to promoting health through sport (and some non-sport activities such as chess and debating), the games are a platform for HIV and AIDS awareness activities.
- The loveTrain and loveTours are mobile information and sexual health services.

Table 3: Extent of loveLife face-to-face initiatives[12]

Programme element	No. of facilities and / or users 2003
Call-Centre	2.6 million calls
Y-Centres	16 centres
BodyYs	255 visits per month per site
NAFCI clinics	82 clinics 401 visits per clinic per month
Franchises	112 organisations
Groundbreakers	755 individuals
Mpintshis	3 205 individuals
Schools reached	488 schools
loveLife Games	2 005 educators trained Participants: 91 266 regional 27 564 provincial 4 016 national
loveTrain	20 towns visited
loveTours	179 schools visited 42 200 participants

Source: loveLife summary report on activities and progress during 2003

Khomanani

Khomanani is several campaigns rolled into one, with each sub-campaign designed to support a particular aspect of the five-year Strategic Plan on HIV/AIDS/STD.[15] While it is strategically planned and implemented by private sector agencies contracted through the state tender process, it is directly managed by the DoH.

The first tenders for the initiative that became Khomanani were awarded in late 2001 and the brand emerged publicly through a series of campaigns in mid-2002. A second two-year tended was awarded from April 2004 and will run to March 2006.

Khomanani was a big step forward in terms of resources allocated for Government AIDS communication. The Beyond Awareness Campaign that preceded it had R26 million to spend between 1998 and 2000. Khomanani's budget for the first 30 months was about R121 million.[16]

Soul City participates in Khomanani in an advisory role and as a partner in specific projects. Khomanani has largely followed the Soul City model of mass media communication, emphasising formative research as a basis for setting objectives and formulating messages. The campaign objectives relate to achieving change in specific areas of knowledge, attitudes, social norms and behaviours.

Although Khomanani used Soul City methodology in relation to its mass media work, it also developed various forms of social mobilisation and face-to-face communication. This experience informed the development of a single consolidated model for community action in the second Khomanani tender.

In 2004, Khomanani began to build a system of community partnerships, each comprising about 50 individuals who are trained not only in HIV and AIDS and basic communication, but empowered to plan interventions suitable for their own communities. The community action programme will see 1 350 activists focusing on HIV and AIDS communication in 27 communities. About half of these are drawn from credible community organisations with the aim of rooting HIV and AIDS communication more firmly in the life of communities and developing a local idiom.[17]

Table 4: Summary of six campaigns of Khomanani between 2002 and early 2004[18]

Campaign	Objectives	Methods of communication
The youth campaign for HIV prevention	To delay onset of sexual intercourse among 12-14 year olds To promote safe sex among 15-18 year olds To increase accurate knowledge about HIV prevention To increase positive attitudes to safe sex To reduce acceptance of coercive, intergenerational and transactional sex	Advertising on radio and TV with a strong youth cultural idiom A road show to 90 schools, Innovative use of existing youth mass media
The Circles of Support campaign focusing on vulnerable children	To decrease stigma relating to orphans and vulnerable children To increase awareness about the rights of children To provide information as a tool to facilitate supportive action To build links between those needing help and those able to provide it	Advertising on radio and TV and in print A hotline to assist people offering and requesting help for children. World AIDS Day campaigns to mobilise donations A community and door-to-door campaign
The Positive Living campaign to support people living with HIV and AIDS	To generate community support for people living for HIV To promote openness by people living with HIV To enhance health-seeking behaviour among people living with HIV To increase health literacy in specific areas of treatment and care	TV and radio advertising Use of radio to support local campaigns Community and door-to-door campaign, with branches of the National Association of People Living with AIDS (NAPWA) Demand-driven distribution of pamphlets and booklets
The STI campaign on prevention and management	To increase knowledge of symptoms To increase awareness of treatment facilities To increase prevention, through abstinence or condom use To increase awareness of availability of free condoms	Use of sports themes and sports related media for screening of PSAs and below the line media interventions Activities at Premier League soccer games. STI week events and related public relations activities
The tuberculosis campaign	To increase knowledge of symptoms of TB To increase awareness that TB is curable even with HIV To encourage treatment adherence for better cure rates	TV and radio advertising and PSAs Distribution of small media to faith based organisations. Public events on World TB Day
Health Worker Excellence campaign	To communicate regularly with health workers To provide information to assist health workers meet challenges of care and treatment To initiate an award	A quarterly newsletter and posters for clinics Treatment guidelines Health Worker Excellence Awards

Source: Department of Health. Moving the Nation to act; 2004

In addition to distinct campaigns, there were several cross-cutting activities:[16]

- The printing of a large range of information leaflets and booklets in a range of languages. A number of these were produced collaboratively with Soul City.
- The operation of the Red Ribbon Resource Centre which dispatched millions of pamphlets, booklets, posters and promotional media free of charge to the user.
- Promotion of the toll-free AIDS Helpline.
- The creation of 32 community teams, trained to carry out local level campaigns consistent with Khomanani and, particularly, to use community radio.
- A public relations programme of national events and associated media coverage.

Khomanani has to respond to communication needs created by the further unfolding of government's HIV and AIDS strategy. A major area of communication was added with Cabinet's approval of the Operational Plan for Comprehensive HIV

and AIDS Care, Management and Treatment. This was the blueprint for introducing antiretroviral therapy within a comprehensive strategy.

This project was one of two that were planned in the closing months of the first tender and carried out during the first few months of the second, from April to September 2004. The other was the branding and marketing of the government condom which is distributed in enormous quantities but has not been universally accepted as a quality product.

Table 5: Khomanani: Volume of mass media and face-to-face communication[16]

Campaign	Mass media			Face-to-face activities and direct media distribution
	Advertising spots		Value of below the line	
	TV	Radio		
Youth prevention	203	915	R13.6 million	90 schools visited
Circles of Support	314	870	R6.4 million	128 community organisations involved 555 ambassadors trained 103 752 homes visited 135 000 media items distributed
Positive Living	221	1 242	R1 million	
STI			R15.5 million	1.5 million leaflets in 11 languages 1 million booklets 180 000 posters
Tuberculosis	35	293	R12.9 million	
Health Worker	None	None	Not measured	Five newsletters 430 000 copies each
Operational Plan	36	551	Not measured	1.5 million pamphlets for clinic use 200 000 posters 10 million basic literacy level booklets 1.5 million high literacy level booklets 10 000 treatment guidelines
Choice condoms	45		Not available	90 community murals 39 events in big night clubs: 82 000 patrons reached 121 community activities: 87 000 people reached face-to-face and >1 million through community media

Source: Department of Health: Khomanani Campaign on HIV and AIDS and TB 2001-2004

Measuring reach and impact

It is difficult to directly compare the impact of Soul City, loveLife and Khomanani because each can only fairly be judged in terms of its own objectives. These overlap in part but differences in target audience, ways of evaluating impact and quantifying results makes direct comparisons almost impossible.

All three programmes face difficulties in measuring change and establishing causality.

- Change in attitudes is always difficult to measure, but especially so when the 'desired' attitude may be quite widely known.
- Measurement of behaviour in all cases relies on self-reported behaviour, which is also less than reliable in respect of sensitive issues like sex.
- Attitudes are not as simple as questionnaires suggest. Individuals accommodate contradictory attitudes. Furthermore, attitudes are not static and are easily influenced by factors quite unrelated to media campaigns.
- The cause of change is particularly difficult to establish in as 'congested' a terrain as HIV and AIDS. Before and after studies merely establish whether a shift has occurred but not its cause. When responses vary in accordance with exposure to a particular campaign, there is an association between the two but not a direct causal relationship. Given the magnitude of audiences for Khomanani, loveLife and Soul City, many thousands of people surely see or hear them all and it is impossible to tell which has the decisive influence.

Soul City commissions an independent evaluation of every series, comprising qualitative and quantitative studies. The questions differ according to the subject matter of the series.[19]

Khomanani commissioned a national baseline survey[20] before campaigns commenced and a follow-up study in late 2003,[21] when campaigns had run for about 15 months. A smaller survey covered six sentinel sites, three of them targeted for face-to-face campaigns and three not.[22]

While loveLife has evaluated the quality of specific media and some of its services, it has not undertaken an overall impact study. In 2003 it undertook a survey on youth sexuality and HIV which is both a behavioural and prevalence study.[23]

Table 6: Details of baseline and impact studies

Initiative	Date	Type of survey	Scope	Sample	Target group
Soul City Series 4[19]	1998 and 2000	Independent Baseline and Evaluation	National	2 000 each	Coloured and African adults
	1998 and 2000	Independent Baseline and Evaluation	Panel Survey KZN rural GP urban		
Khomanani[22]	2002 and 2004	Independent Baseline and Evaluation	National	2 500 each	Adults Extra youth sample
	2002 and 2004	Independent Baseline and Evaluation	Sentinel sites	690 and 560 600 (Follow up only)	Learners 12-14 years Adults
loveLife[23]	2003	Semi-independent Baseline	National	11 900	Youth 15-24 years

Source: Soul City (2000), Khomani (2004), RHRU (2004)

Reach of various campaigns

Every mass media intervention can produce figures of theoretical reach, based on established audiences and readers of the media utilised. However, surveys produce a more direct measure of reach:

- Soul City Series 4, five years after the launch of the drama, was seen in at least one medium by 79% of respondents. The majority of Soul City's viewers and listeners are a loyal audience and watch multiple episodes of each series.[24]
- loveLife, by its fifth year, had been seen or heard by 85% of its target market. In contrast, 34% had participated actively in various aspects of the programme.[23]
- Khomanani, about 15 months after its effective launch, was recognised by 61% of respondents. Most said they had seen Khomanani 'often' or 'a few times'.[21]

The mass media are extremely effective in reaching the vast majority of South Africans. The common wisdom that 'our people don't have access to media' is largely untrue though pertinent for a minority, especially in the rural areas. Although television is in theory less widely available than radio, it was shown in reality to have the best reach in all three surveys.

Impact on preventing spread of HIV

Soul City Series 4

The Soul City 4 research showed a number of significant shifts from baseline to evaluation and, in many cases, a significant association of this change with exposure to Soul City.[19]

The 'bottom line' in terms of prevention is a shift in one of the key safe sex behaviours: Delaying or abstaining from sex; reducing sexual partners; and consistent condom use. Exposure to Soul City was associated with significant increases in condom use, both as a consistent practice and on a less-than-consistent basis. Qualitative research pinpointed Soul City as a direct factor in increasing regular condom use.

Although there was this improvement in consistent condom use, even the group with the highest level of use (respondents exposed to three Soul City channels of communication) achieved only a rate of 38%. Shifts in knowledge, attitudes and social norms, which may be a precursor of behaviour change, therefore remain important indicators.[8]

There were some gains from baseline to follow up in knowledge of protection against HIV infection, especially in relation to sexual fidelity.

Exposure to Soul City 4 was associated with positive attitude shifts relating to gender and sex – a growing rejection of coercive and transactional sex. The evaluation report notes that the change in norms relating to these matters is even more marked than the change in individual attitudes – and it notes that survey responses on "what others think" are often the truest reflection of the respondent's own views.

The report also suggests that actions that were unthinkable to many before the Soul City series were considered possible by the end – actions such as taking an HIV test or asking one's partner to take a test or use a condom.

Table 7: Soul City 4: Impact on knowledge, attitudes, social norms and behaviour related to HIV prevention[19]

Level of impact	Area of understanding, belief or behaviour	Detail of outcome
Knowledge	Rejection of view that one cannot protect against HIV	Up from baseline to evaluation: KZN men: 72 to 75% KZN women: 61 to 73% GP men: 82 to 91% GP women: 81 to 95%
	Support for fidelity as a method of protection	Up from baseline to evaluation: KZN men: 48 to 58% KZN women: 47 to 57% GP men: 35 to 41% GP women: 38 to 51%
Attitude	Rejection of male entitlement to expect sex for gifts	Up within evaluation sample according to exposure: No. SC – 73% 1 source SC – 83% 2 sources – 87% 3 sources – 91%
	Agreement that a man who forces his wife to have sex is raping her	Up from baseline to evaluation and according to exposure BL: 86% EV: 90% No. SC: 80% 1 source SC: 89% 2 sources SC: 92% 3 sources: 97%
Social norms	Rejection that there is social approval for men expecting sex without a condom	Up from baseline to evaluation: BL: 59% EV: 65%
	Rejection of idea that women need to depend on husbands or boyfriends for better life	Up from baseline to evaluation: BL: 61% EV: 68%
	Rejection of idea that a person who really loves their partner will have sex	Up from baseline to evaluation BL: 45% EV: 49%
Intermediate behaviour	Consider asking partner to use condom	Up from baseline to evaluation: KZN men: 56 to 72% KZN women: 50 to 77% GP men: 60 to 84% GP women: 56 to 81%
	Consider going for HIV test	Up from baseline to evaluation: KZN men: 58 to 59% KZN women: 56 to 63% GP men: 59 to 78% GP women: 61 to 75%
	Consider asking partner to go for HIV test	Up from baseline to evaluation: KZN men: 56 to 59% KZN women: 55 to 67% GP men: 61 to 78% GP women: 57 to 76%
Behaviour	Had frequent discussions with person close to self about HIV and AIDS	Up according to exposure to SC: No. SC: 21% 1 source: 29% 2 sources: 36% 3 sources: 39%
	Condom use Always	Up within evaluation sample according to Soul City exposure: No. SC – 6% 1 source of SC – 16% 2 sources – 30% 3 sources – 38%

Source: Soul City IV impact evaluation; 2000

Key to abbreviations:
BL = baseline survey
EV = evaluation or follow-up survey
GP = Gauteng
KZN = KwaZulu-Natal
SC = Soul City

Khomanani Youth Campaign

In contrast to the other Khomanani campaigns, the prevention campaign focused only on young people and its impact was specifically measured in relation to 12-14 year olds in the sentinel sites and 15-24 year olds in the national survey.

The average age of first sexual experience – 16 years for males and 17 years for females – did not change between baseline and evaluation surveys, an unsurprising result given the relatively short time between them. However, the follow up survey showed significantly more positive attitudes among young people to delaying sex and a stronger perception that their friends think likewise.[21]

Table 8: Khomanani Youth Campaign: Impact on knowledge, attitudes, social norms and behaviour related prevention of HIV

Level of change	Area of understanding, belief or action	Detail of outcome
Knowledge	Mention of consistent condom use as a method of HIV prevention	Up from baseline to evaluation and by exposure to campaign BL: 60% NEX: 66% EX: 87%
	Mention of one partner as a method of HIV prevention	Up from baseline to evaluation and by exposure to campaign BL: 14% NEX: 19% EX: 29%
	Mention of sexual abstinence as a method of HIV prevention	Up from baseline to evaluation and by exposure to campaign BL: 10% NEX: 11% EX: 16%
Attitudes	Disapproval of male expectation of unprotected sex	Up by exposure to campaign: Youth 15-19 years BL: 86% NEX: 83% EX: 89% Youth 20-24 years BL: 83% NEX: 77% EX: 88%
	Appreciation of advantages of delaying sexual debut	Up from baseline to evaluation Youth 15-19 years BL: 69% NEX: 86% EX: 89% Youth 20-24 years BL: 74% NEX: 94% EX: 91%
	Disapproval of inter-generational sex	Up from baseline and by exposure: Youth 15-19 years: BL: 60% NEX: 50% EX: 69%
Social norms	Perception that other young people believe its cool to delay sex	Up when exposed to campaign: Youth 15-19 years: BL: 54% NEX: 54% EX: 60%
Intention	Intention to avoid HIV through not having sex	Up baseline to evaluation and by exposure: Youth 12-14 years in sentinel sites: BL: 34% NEX: 43% EX: 53%
Behaviour	Condom use Last sex	Unchanged from baseline to evaluation Youth 15-19 years BL: 78% EV: 79% of condom users Youth 20-24 years BL: 72% EV: 72% of condom users
	Condom use Always	Unchanged from baseline to evaluation Youth 15-19 years BL: 64% EV: 61% of condom users Youth 20-24 years BL: 65% EV: 60% of condom users

Source: Health and Development Africa: Technical integrated report on Khomanani 2001-04

Key to abbreviations: BL = baseline survey
EV = evaluation or follow-up survey
NEX = not exposed to intervention in follow-up
EX = exposed to intervention in follow-up

Condom use did not change from baseline to evaluation. But knowledge of safe sex practices did improve significantly, giving substance to the general notion that HIV infection can be prevented.

The evaluation survey showed a mixed and somewhat puzzling pattern of change in attitudes to those forms of sex that may place young people at increased risk of HIV infection. Attitudes towards inter-generational sex became more disapproving; those to coercive sex remained static (and overwhelmingly disapproving); and transactional sex was judged acceptable by a larger group in the follow-up.[21]

Voluntary counselling and testing rates were measured across all ages in the national survey, and they remained static (24% at baseline, 23% at follow-up). But, in the sentinel sites study, there was a significant difference (47% to 31%) between social mobilisation and other sites when it came to increased willingness to go for an HIV test.[22]

loveLife

LoveLife has yet to conduct an impact study, but commissioned a large scale survey on HIV and sexual behaviour among 15-24 year olds in 2003.[23] The published report does not analyse the results in terms of exposure to loveLife, but the figures in Table 9 appear in loveLife strategy documents.[25]

These reflect a significant association between exposure to loveLife and both knowledge of HIV prevention and behaviour intended to have a protective effect. More specifically, the figures reveal some gains in family communication relating to HIV and in uptake of HIV testing among young people.

The baseline study highlights the unequal burden of HIV across gender.[23] It confirms the end of the teens as a time of critical risk for young women. There is a gaping difference in prevalence between 15-19 year olds and those in the early 20s, a trend already identified in public sector antenatal clinic studies of HIV prevalence.[26] The loveLife survey further shows that teenage girls and young women are more conservative than males in terms of early sex and number of partners, but they nevertheless use less protection.

Table 9: loveLife Programme: Impact on knowledge, attitudes and behaviour related to HIV prevention[25]

Level of impact	Area of knowledge, belief or behaviour	Detail of outcome
Knowledge	Understanding that action can be taken to prevent HIV	Up from unexposed to exposed group NEX: 70% EX: 86%
Attitude	Disagreeing that use of a condom is a sign of distrust	Up from unexposed to exposed group NEX: 78% EX: 88%
Behaviour	Reporting some behaviour change to avoid getting HIV	Up from unexposed to exposed group NEX: 78% EX: 89%
	Talking to parents about HIV	Up from unexposed to exposed group NEX: 81% EX: 90%
	Going for an HIV test	Up from unexposed to exposed group NEX: 10% EX: 16%

Source: loveLife: Prioritisation of loveLife programmes; 2004

Table 10: Gender differences in relation to HIV prevalence and sexual practice among young people[23]

Survey variable	Female %	Male %
HIV prevalence: 15-19 years	7.3	2.5
HIV prevalence: 20-24 years	24.5	7.6
First sex at 14 years or younger	5	12
Condom use at last sex: 20-24 years	44	57
One lifetime partner	45	24
More than one partner in last year	12	44
Consistent condom use over last year	28	39
Forced sexual intercourse	10	2
Really wanting first sexual experience	30	83

Source: loveLife / RHRU: HIV and sexual behaviour among young South Africans: 2004

.

Table 11: Risk of HIV and personal risk perception among youth 15-24 years[23]

Survey variable	% of total
HIV+ prevalence rate	10.2
Never experienced sexual intercourse	33
HIV+ rate among those who said they had never had sex	10
Consider selves at no HIV risk or small risk: Total sample	71
Consider selves at no HIV risk or small risk: HIV positive	62
Rate of HIV testing: Total sample	20
Rate of HIV testing: HIV positive	33

Source: loveLife / RHRU: HIV and sexual behaviour among young South Africans; 2004

Impact on care and support

Soul City

Across most of the range of attitudes, norms and intentions explored there was a positive shift from baseline to evaluation in the sentinel sites. This was sometimes explicitly associated with exposure to Soul City. The qualitative research seems to underscore this association. For example, here are two comments of focus group participants:[19]

Rural participant:

"Soul City taught us that when a person has the AIDS virus, it doesn't mean that he or she is now an animal, he or she is now different. AIDS is like all other things that are there. A person who has it, we should accept him or her like another person."

Urban participant:

"Like the time that I found out someone is HIV positive, not to turn him down, to stand by him. Not to say we can't kiss, you've got AIDS. Because I think Soul City made it a bit clear, you can kiss or whatever but you can be careful where there is sex involved."

Table 12: **Soul City impact on knowledge, beliefs and actions related to care, support and treatment**[19]

Level of impact	Area of knowledge, belief or action	Detail of outcome
Knowledge	Knowledge that there is no cure for AIDS	Rises within evaluation sample as exposure to SC increases No TV: 88% No SC: 85% Low SC: 87% Medium SC: 94% High SC: 91%
Norms	Perception that community wants people with AIDS to move away	Dropped in GP from baseline to evaluation KZN men: 78 to 93% KZN women: 82 to 94% GP men: 68 to 61% GP women: 69 to 61%
Intention	Would consider phoning AIDS helpline	Up from baseline to evaluation: KZN men: 67 to 71% KZN women: 67 to 69% GP men: 70 to 84% GP women: 67 to 91%
	Would consider helping some who is HIV positive	Up from baseline to evaluation: KZN men: 80 to 89% KZN women: 80 to 90% GP men: 78 to 88% GP women: 80 to 94%
Behaviour	Have helped someone who is HIV positive in last six to seven months	Increase within evaluation group in relation to Soul City radio exposure No radio: 8% No SC: 25% Low SC: 41% Medium SC: 56% High SC: 44%

Source: Soul City IV impact evaluation; 2000

Key to abbreviations:
BL = baseline survey
EV = evaluation or follow-up survey
GP = Gauteng
KZN = KwaZulu-Natal
SC = Soul City

Khomanani

Four of Khomanani's campaigns dealt with aspects of care, support and treatment. But only two are considered here – the Circles of Support campaign on children in need and Positive Living. The impact findings on the TB and STI campaigns are not dealt with.

Khomanani structured its findings in terms of responses to vulnerable children and adults living with HIV. There is little consistency in the areas where attitudes and action have changed and where they have remained the same.[18]

On the one hand, attitudes to people living with HIV were significantly more positive in the follow-up study and specifically among those exposed to Khomanani. Yet there was no increased inclination to assist those living with HIV or AIDS. However, when it came to assisting vulnerable children, the picture was brighter. The follow-up study showed that those who had experienced Khomanani were not only more favourably inclined to helping children; a greater proportion of them had actually done so.[18]

Table 13: Khomanani Campaign impact on knowledge, beliefs and actions related to care and support[22]

Level of impact	Area of knowledge, belief or activity	Details of outcome
Knowledge	Mention of two or more options for positive living	Up from baseline to evaluation group exposed to Khomanani BL: 70% NEX: 67% EX: 76%
Attitude	Would eat a meal with someone who has AIDS	Up from baseline to evaluation From 67% to 70%
	Would allow their child to play with an HIV+ child	Up from baseline to evaluation From 58% to 65%
	Reject idea of banning HIV+ people preparing food	Up from baseline to evaluation From 60% to 64%
	Reject view that people who have HIV or AIDS deserve it	Up from baseline to evaluation From 78% to 82%
Intention	Would consider helping a child affected by HIV or AIDS	Up from baseline to evaluation group exposed to Khomanani BL: 66% NEX: 65% EX: 78%
	Would consider spending time with child	Up from baseline to evaluation group exposed to Khomanani BL: 46% NEX: 41% EX: 59%
	Would consider giving money to help child	Up from baseline to evaluation group BL: 35% NEX: 41% EX: 47%
	Would consider providing foster care for child	Up from baseline to evaluation group BL: 3% NEX: 6% EX: 6%
Action	Have helped a child	Up from baseline to evaluation group BL: 7% NEX: 8% EX: 17%

Source: Health and Development Africa: Technical integrated report on Khomanani 2001-04

Key to abbreviations:
BL = baseline survey
EV = evaluation or follow-up survey
NEX = not exposed to intervention in follow-up
EX = exposed to intervention in follow-up

Discussion of main trends

Collectively, interventions designed to prevent the spread of HIV appear to have achieved a measure of success in terms of behaviour change and the shaping of attitudes and norms conducive to future change. These interventions include Soul City, Khomanani and loveLife but are not confined to them.

Condom use

All major surveys from 2000 to 2003 report higher levels of condom use among sexually active young people than those recorded in 1998 in the first South African Demographic and Health Survey (SADHS).[27] This holds true for surveys that were not linked to any particular intervention and those that were commissioned to throw light on the impact of specific interventions. However, despite a degree of progress, it is a still a minority of sexually active young people who report consistent condom use.

Table 14: Condom use among sexually active young people

Study	Age group	Per cent of sexually active using condoms			
		Always	At last sex		
			Spouse	Unwed partner	Casual partner
SADHS (1998)*[27]	15-19	-	19	21	20
	20-24	-	9	19	14
	15-19	-	6	16	8
Soul City Series 4 (2000)[19]	16-24	26-38**	-		
Khomanani baseline (2002)[20]	15-19	41#	-		
	20-25	46#	-		
National Youth Risk Behaviour Survey (2002)[28]	13-19	29	-		
loveLife / RHRU (2003)[23]	15-19	33	56		
	20-24		50		

Source: SADS (1998), Soul City (2004), National Youth Risk Behaviour (2002), RHRU (2003)

* Females only. Use with different partners.

** Range according to Soul City exposure, from no access to triple access (TV, radio and print).

\# Figures recalculated from proportion of condom users to proportion of sexually experienced respondents. The latter ratio was used in original study.

Surveys have also been consistent in showing:

- Low and inconsistent condom use over the age of 25 years.
- Substantially lower use among females than males.

While the gender aspect is being tackled by all initiatives, the clear need for an HIV prevention strategy relevant to the life situation of the 25-45 year age group has not been addressed adequately.

Sexual partners and age at first sex

The 2003/04 South African Health Review highlighted that there appears to be no improvement in relation to limiting the number of sexual partners – although inconsistency in the method of measurement makes it hard to gauge.[29]

It also appears that the first sexual experience may be occurring earlier, rather than later. The SADHS put the median age at slightly over 18 years for respondents aged 30 or younger, while the loveLife youth survey records 17 as the median age. However the percentage of teenagers who say they have never had sex has remained steady over the five year period. The higher rate in the Youth Risk Survey is due to the substantially younger sample.

Table 15: Percentage of teenagers who reported never having had sex

Survey	Age group	Male	Female
SADHS (1998)[27]	15-19	-	55
Youth Risk Survey (2002)[28]	13-19	50	66
loveLife / RHRU (2003)[23]	15-19	50	53

Source: SADH (1998), Youth Risk Survey (2002), loveLife (2003)

Attitudes and norms: prevention

The Soul City evaluation (2000) and the Khomanani baseline survey (2002) suggest that a deepening of attitudes conducive to HIV prevention has occurred. In the Khomanani follow-up study, most of these gains were maintained with further positive attitude shifts on closely related variables. The exception is in the area of attitudes to HIV testing, which spans prevention and care, and is discussed under the care heading.

A number of factors may have contributed to these modest but relatively steady gains:

- Prevention campaigns have multiplied and there is never a period without some communication on HIV protection.
- The various prevention campaigns have similar objectives and underlying messaging is consistent – though delivered in a variety of styles.
- The contrasting communication styles on prevention sometimes a focus of heated debate may well be a strength that extends the combined reach and impact of the national prevention effort.
- The availability of condoms after some early hitches has equalled the demand created by communication campaigns.
- There has long been an element of face-to-face communication in relation to HIV prevention, starting with the schools life skills programme (with all its limitations and imperfections).
- Related campaigns for example, on women's rights and sexual abuse have gained ground in parallel with initiatives on HIV prevention and have reinforced the messages of the latter.

Table 16: Comparison of results of Soul City Series 4 follow-up study and Khomanani Baseline study

<table>
<tr><th>Variable</th><th>Soul City Follow-up 2000</th><th colspan="2">Khomanani Baseline 2002</th><th colspan="2">Khomanani Follow-up 2004</th></tr>
<tr><td>Individual rejection of view that a person should have sex to show love for partner</td><td>57%</td><td colspan="2">78%</td><td colspan="2">77%</td></tr>
<tr><td>Belief that community rejects view that person should have sex to show love for partner</td><td>49%</td><td colspan="2">54%</td><td colspan="2">49%</td></tr>
<tr><td>Individual rejection that a man is entitled to sex in return for giving his partner gifts</td><td>84%</td><td colspan="2">89%</td><td colspan="2">86%</td></tr>
<tr><td>Prepared to consider helping someone who is HIV positive</td><td>79%</td><td colspan="2">55%</td><td colspan="2">53%</td></tr>
<tr><td rowspan="2">Prepared to consider helping a child who affected by HIV or AIDS</td><td rowspan="2">N/A</td><td colspan="2" rowspan="2">66%</td><td>NEX</td><td>EX</td></tr>
<tr><td>65%</td><td>78%</td></tr>
<tr><td>Prepared to eat a meal with someone who has AIDS</td><td>N/A</td><td colspan="2">67%</td><td colspan="2">70%</td></tr>
<tr><td>Reject view that people who are HIV and AIDS deserve it</td><td>N/A</td><td colspan="2">78%</td><td colspan="2">82%</td></tr>
<tr><td rowspan="2">Prepared to consider asking partner to use a condom</td><td rowspan="2">64%</td><td>Total</td><td>Worried*</td><td colspan="2">Worried</td></tr>
<tr><td>64%</td><td>71%</td><td colspan="2">69%</td></tr>
<tr><td>Prepared to consider asking partner to take an HIV test</td><td>69%</td><td>53%</td><td>69%</td><td colspan="2">60%</td></tr>
<tr><td>Prepared to consider going for an HIV test</td><td>69%</td><td>52%</td><td>61%</td><td colspan="2">60%</td></tr>
</table>

Source: Soul City (2000), Khomani 2002, 2004

* Figure expressed as a proportion of total sample and as a proportion of those who worry they might become infected.

Key: NEX = Not exposed to campaign
EX = Exposed to campaign

Attitudes and norms: Care and support

When it comes to general attitudes on HIV and AIDS and willingness to assist individuals who are infected or affected, the various studies present a complex picture that is difficult to untangle.

Soul City appeared to be associated with bringing a large number of people to the brink of positive action – getting tested, asking one's partner to use a condom, helping people with AIDS. But two years later these intentions were much less common and at the end of Khomanani Positive Living campaign there had been a further retreat.

Curiously, at the same time, Khomanani was associated with increased acceptance of people living with HIV and a greater willingness to help children affected by the epidemic. Furthermore, people were more willing to acknowledge some personal link to HIV and, in areas where Khomanani had conducted face-to-face campaigns, a significant proportion of people said they now felt more willing to take an HIV test than two years previously.

The survey method has no means to explain this puzzling set of findings. The following factors might have played a part.

- Campaigns to promote treatment, care and support and to combat stigma are less well established than prevention initiatives. There were possibly too few major initiatives in this area to sustain an uninterrupted, reinforcing flow of information.
- There was, during this time, extensive and highly charged news coverage of the battles between the Treatment Action Campaign and government about extending the programme for prevention of mother-to-child transmission and making AIDS treatment available. If it had a polarising effect in some quarters, it might have been confusing in others.
- A contributory factor may clearly be that the same messages may be carried by different communication vehicles but not with equal effect. Simply put, Soul City might have said some things particularly clearly and credibly, while Khomanani might have been better at others.
- At the same time, a large and increasing number of people had become terminally ill with AIDS and the death rate soared between 1997 and 2001. AIDS and its consequences became an undeniable reality. Many people were learning not only through campaigns but through direct experience.
- In the absence of public sector antiretroviral treatment for AIDS, people might have calculated that there were few advantages to testing for HIV unless one was pregnant and wanted to protect the baby. Furthermore, facilities for testing in the public sector really only expanded to a meaningful level in about 2002. A large number of VCT sites still experience quality problems sufficiently severe to deter testing.
- Finally, there are some actions advocated in HIV and AIDS campaigns which could have a drastic impact on relationships and families. For example, disclosing HIV positive status. When mass communications strays into the complex psychosocial terrain of intimate relationships and family cohesion, there is the likelihood that its power will not prevail.

The jury is still out when it comes to the impact of the various communication initiatives in promoting understanding of AIDS treatment, a supportive climate for those undergoing treatment and treatment adherence. No research on recent campaigns by Soul City and Khomanani in these areas had been published at the time of writing.

Likewise research is still lacking on the effectiveness of centrally organised, community-based direct communication as a method of securing behaviour change in relation to HIV and AIDS. Both loveLife and Khomanani are investing increasing amounts in this labour intensive form of communication which reaches relatively small numbers. Do the results justify the costs? Are there unintended effects that might detract from the impact of messaging?

Khomanani's sentinel site study suggested that community level, direct communication may indeed have the power to convert sympathetic attitudes into the desired action. It seemed to deliver results in terms of increased acceptance of HIV testing, an area where other methods of communication have not delivered results. But the study was too small and the presence of intervening variables too strong to provide clear policy direction. A study of loveLife's Y-Centre in Sebokeng suggested that many of issues that complicate externally initiated development projects are also significant to face-to-face communication projects.[30]

Recommendations

Improved coordination

There is currently no formal coordination among major AIDS communication initiatives. Clearly there is a pattern of overlap and gaps in terms of the audiences addressed and the subjects covered by campaigns. While it is not desirable to seek absolute rationality in communication coverage, reinforcement of messages and a variety of creative styles is a positive attribute – a better balance and more effective allocation of resources could be achieved if they all spoke to each other. An informal forum that meets occasionally to exchange information on plans and projects could assist in this regard. It could also look at the interface between service provision in the area of HIV and AIDS, like counselling and testing services, treatment programmes, and administration of grants; and campaigns that place demands on these services.

Minimum standards

The power of persuasion of communication initiatives often lies in their unique voices. As the fried chicken advert insisted, 'the secret's in the taste' not the basic ingredients, but the herbs and spices. There is sniping between adherents of various communication initiatives and these divisions stand in the way of rationalising campaigns. The question is: Are we squabbling about style or the key ingredients? And are the key ingredients sometimes missing, although the taste is tempting?

Without levelling campaigns either to a single recipe or to a level of forgettable blandness, wherever Government funds communication initiatives, it should set basic quality standards. Some examples would be:

- The use of African languages.
- Ratios of spending on brand advertising to HIV messaging.
- Processes to be followed for materials testing and evaluation.

Streamlining of research

Better coordination could create the preconditions for more cost-effective research. The potential to share formative research and to track change across key indicators, similarly measured and analysed, has not been exploited to date. Present research is so specific that it is difficult to get results to 'talk to each other'. Research tends to be very tightly tied to evaluation of specific interventions and there is insufficient research of the type that gives long-term strategic direction, particularly with regard to method.

Continuity of initiatives

Both Soul City and Khomanani have suffered from peaks and troughs in activity. loveLife has worked more continuously, gradually expanding its face-to-face work. To some degree Soul City has managed to minimise its down time by partnering with Khomanani (this expands the distribution of Soul City-derived materials and ensures the visibility of its logo on materials that are co-produced) and by introducing new products in different format in early 2005.

Khomanani's inconsistent presence is tied to the fact that it works in two-year tenders. Even where the same agencies are awarded consecutive tenders, there has been a noticeable break in delivery. The downtime is not as complete or as extended as it was between Beyond Awareness and Khomanani, so it appears that the DoH is gaining ability to manage this inherently clumsy arrangement.

It should be noted that tender arrangements do have an upside in that there is an inbuilt check on quality. The challenge is to manage them in a way that minimises disruption. A slightly longer tender period of three years would also be more cost-effective. For example research could be undertaken less frequently and cover a more reasonable period of delivery.

This chapter has not dealt in any depth with critiques that have been made of various campaigns, but loveLife in particular has evoked considerable debate relating more to its communication theory, messaging and evaluation methods than its strategic direction.[31,32] The criticism that loveLife has drawn may be due to its unorthodox approach, its prominence or the fact that it absorbs a huge amount of public funding against light accountability. Indeed, the question of accountability is a central issue which has only been partially answered in the above recommendations. Accountability is not a simple concept and certainly cannot be reduced to government control. There is a clear need for some mechanism to facilitate broader accountability in the field of HIV and AIDS communication. The notion of a national health promotion foundation was mooted in the early days of democracy but, sadly, failed to take root. Experience in the interim suggests there might be good grounds to revive the proposal.

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