

2025


**REPORTING ON HIV IN
EASTERN AND SOUTHERN
AFRICA
A HANDBOOK FOR JOURNALISTS**





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2025

REPORTING ON HIV IN EASTERN AND SOUTHERN AFRICA

A GUIDE FOR JOURNALISTS

Acknowledgments

This manual on reporting about HIV in Eastern and Southern Africa was developed by **fraycollege**, with support from UNAIDS and the South African National AIDS Council (SANAC). It forms part of a training programme for journalists held in November 2024.

From the **fraycollege team**, Mamaponya Motsai, and Zainub Dockrat, wrote the document and edited by Linda Sowden. Zeenat Abdool and Nelson Dlamini from UNAIDS and SANAC respectively provided technical assistance.

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GLOSSARY

AIDS: Acronym for acquired immunodeficiency syndrome. AIDS is the most advanced stage of HIV.

ART: Acronym for antiretroviral therapy. ART is medicine used to treat HIV. Also commonly referred to as ARV drugs or ARVS.

CD4 Count: The number of CD4 cells you have in your blood. CD4 cells help your body fight infections.

Exclusive Breastfeeding: Feeding infants breast milk only, not mixed with any fluids and solids. Recommended for the first 6 months after birth.

HIV: Acronym for human immunodeficiency virus. HIV is a virus that attacks the body's immune system.

Key Populations: Groups of people who are at a higher risk of HIV infection due to specific behaviours, social factors, or structural inequalities. These populations often face stigma, discrimination, and legal or social barriers that limit their access to HIV prevention, testing, and treatment services. Addressing their needs is critical for ending the HIV epidemic. They include: men who have sex with men, people who inject drugs, sex workers, transgender people, inmates, ect.

PEP: Acronym for post-exposure prophylaxis. PEP is medicine to prevent HIV after a possible exposure.

PrEP: Acronym for pre-exposure prophylaxis. PrEP is medicine that can reduce the chance of being infected with HIV..

Undetectable Viral Load: When the amount of HIV in the blood is so low that a test can't detect it. This is achieved by taking ARVs as prescribed. It is also referred to as suppressed viral load.

Viral Load: The amount of HIV in the blood.



Vertical Transmission Prevention (VTP): The prevention of HIV from mothers (parents) to children through targeted interventions in pregnancy, birth and breastfeeding. Formerly known as the Prevention of Mother to Child Transmission (PMTCT).

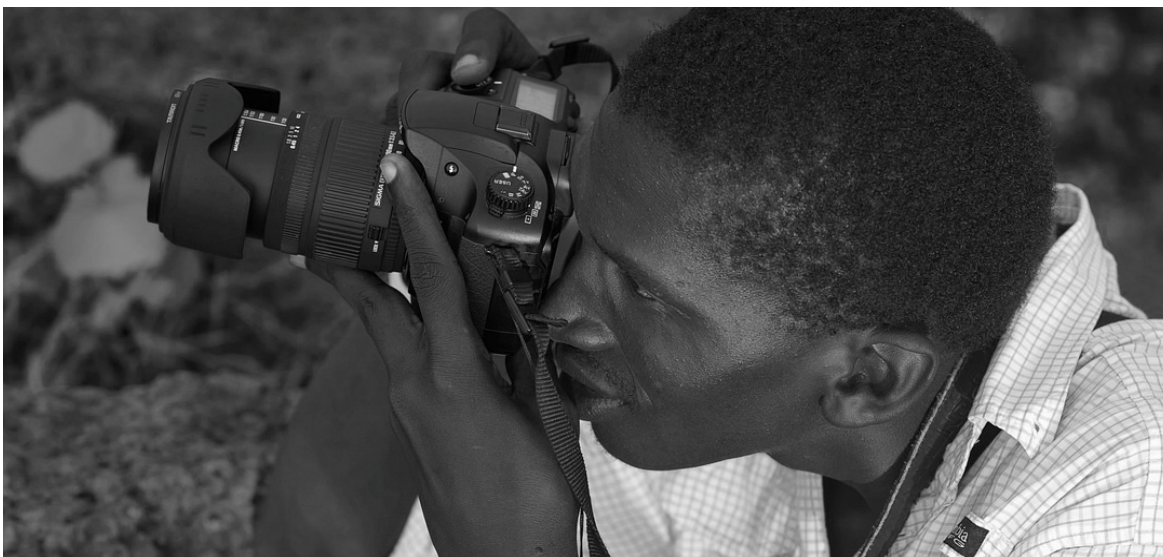
U=U: This term stands for Undetectable equals Untransmittable. This is when people infected with HIV are taking ARVs and it leads to undetectable viral load. Having an undetectable viral load means that there is not enough of the virus in body fluids to pass on HIV during sex, including oral sex, vaginal sex, and anal sex.

95-95-95: This is a United Nations target that calls for 95% of people living with HIV to know their HIV status, 95% of people who know their status are receiving HIV treatment, and 95% of people on treatment are virally suppressed. The UN has called for all countries to reach this goal by December 2025.

INTRODUCTION: THE ROLE OF A JOURNALIST

Though much progress has been made in Eastern and Southern Africa, HIV still remains a critical public health challenge. Journalists play a vital role in revitalising efforts to combat the epidemic and addressing “AIDS fatigue” — raising awareness and revitalising efforts.

UNAIDS has a vision of ending the AIDS epidemic by 2030 by achieving: Zero new HIV infections, Zero discrimination, and Zero AIDS-related deaths. This vision directly supports Sustainable Development Goals 3 and 10 which address health and inequality respectively. In Eastern and Southern Africa, reaching the UNAIDS 2030 goal has a number of benefits.



SAVING LIVES: Thousands of people die from AIDS-related illnesses each year. Ending the pandemic would prevent these avoidable deaths and improve the quality of life for those living with HIV.

REDUCING INEQUALITY: HIV disproportionately affects marginalised groups including adolescent girls, women, children, LGBTQ+ communities, and those in low-income settings. Ending the pandemic would address these inequalities and promote health equity.

PUBLIC HEALTH BENEFITS: Stopping HIV transmission would reduce the burden on healthcare systems, freeing resources to address other pressing health issues.

ECONOMIC IMPACT: The HIV pandemic places a heavy economic burden on individuals, families, and nations. Ending it would reduce healthcare costs, improve workforce productivity, and contribute to economic growth.

These are all issues of public interest. Journalists have a responsibility to continue reporting on HIV. They play an essential part in keeping leaders accountable and raising awareness among different stakeholders by providing accurate, updated information on HIV prevention, treatment, and care, countering misinformation and disinformation that fuels complacency, stigma and discrimination.

They ask the hard questions to those in power, combat stigma by sharing human-interest stories that promote empathy, and normalise discussions around HIV prevention and treatment. By amplifying the voices of those directly affected, journalists keep the epidemic visible and relevant.

By reframing narratives to emphasise progress and hope, journalists in the region respond to the AIDS fatigue by reigniting public interest and ensuring the fight against HIV/AIDS remains a priority until the goal of ending AIDS as a public health threat by 2030 is achieved.

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THEY ASK THE HARD QUESTIONS TO THOSE IN POWER, COMBAT STIGMA BY SHARING HUMAN STORIES THAT PROMOTE EMPATHY AND NORMALISE DISCUSSIONS AROUND HIV PREVENTION AND TREATMENT. BY AMPLIFYING THE VOICES OF THOSE DIRECTLY AFFECTED, JOURNALISTS KEEP THE EPIDEMIC VISIBLE AND RELEVANT.

**Zeenat Abdool, Communications and Advocacy
Officer at UNAIDS**

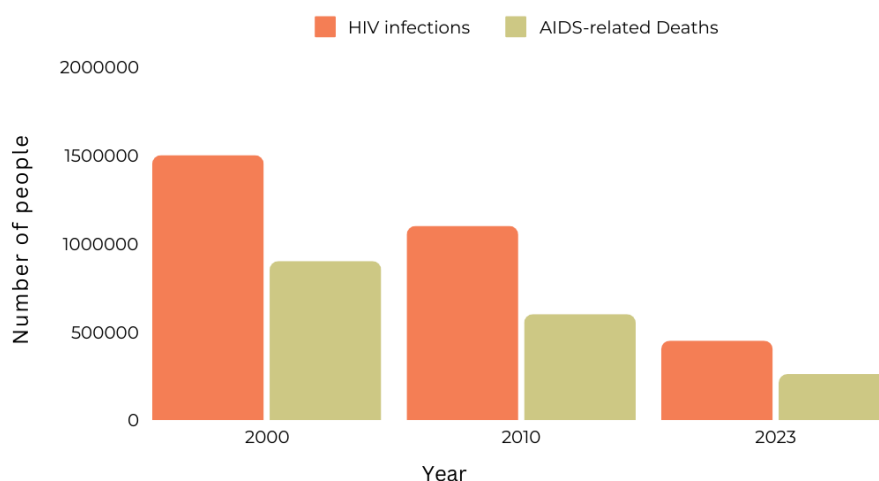
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A SNAPSHOT OF HIV IN SOUTHERN AND EASTERN AFRICA

Significant progress has been made in the HIV response across Eastern and Southern Africa, the region most severely impacted by the HIV epidemic.

Fast declines in numbers of new HIV infections and AIDS-related deaths

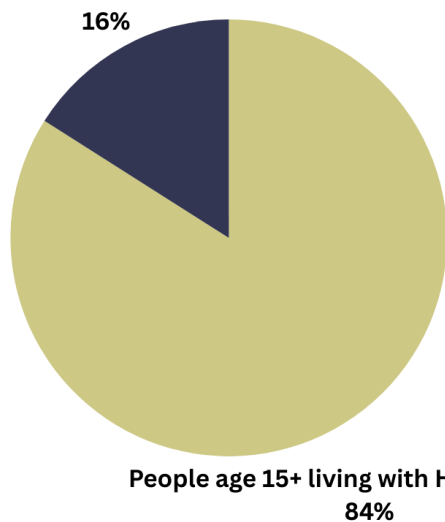
Figure 1.1 Number of new HIV infections and AIDS-related deaths, Eastern and Southern Africa 2000-2023



However, despite this overall progress, adolescent girls and young women aged 15–24 still represented 27% of all new HIV infections, and they were three times more likely to acquire HIV compared to their male counterparts. While HIV incidence has decreased among all key populations in the region from 2010 to 2022, the decline has been slower among gay men, other men who have sex with men, and people who inject drugs. HIV treatment coverage continues to grow.

27%

Adolescent girls and young women aged between 15-24 account for 27% of all new HIV infections.



Approximately 84% of the more than 20 million people aged 15 and older living with HIV are now receiving antiretroviral therapy.

Approximately 84% of the more than 20 million people aged 15 and older living with HIV are now receiving antiretroviral therapy, and of those on treatment, an estimated 94% are virally suppressed. Seven countries—Botswana, Eswatini, Kenya, Malawi, Rwanda, Zambia, and Zimbabwe—have already achieved the 95–95–95 testing and treatment targets for the general population. However, treatment coverage among children remains significantly lower, at just 65% compared to adults. Treatment coverage for men also continues to lag, standing at 79%.

An estimated 94% are virally suppressed in Eastern and Southern Africa.



In 2023, the total resources allocated to HIV in the region reached US\$ 9.3 billion, though this represents a slight decline since 2020. Approximately 40% of this funding is sourced domestically, with the majority of external resources coming from the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, when excluding South Africa, the share of domestic funding falls to just 25%.

HIV prevention programmes received about 11% of the total HIV funding. While the region has made significant progress in increasing access to antiretroviral therapy, there remains a gap in funding for HIV prevention. To meet the region’s prevention needs, spending on prevention must rise to 18% of total HIV resources by 2025. Currently, funding for societal enabler interventions—such as stigma reduction and community support—accounts for 8% of total HIV spending, falling short of the 12% needed by 2025.

GLOBAL FACTS: 2023

HIV AND AIDS ESTIMATES

HIV TESTING AND TREATMENT CASCADE

People living with HIV	39 900 000 [36 100 000 - 44 600 000]
People living with HIV who know their status	34 500 000
Percent of people living with HIV who know their status	86 [69 - >98]
People living with HIV who are on ART	30 700 000 [27 000 000 - 31 900 000]
Children (0-14) living with HIV who are on ART	780 000 [680 000 - 810 000]
Adults (15+) living with HIV who are on ART	29 900 000 [26 300 000 - 31 100 000]
Female Adults (15+) living with HIV who are on ART	16 900 000 [14 900 000 - 17 600 000]
Male Adults (15+) living with HIV who are on ART	13 000 000 [11 400 000 - 13 500 000]
Percent of people living with HIV who are on ART	77 [61 - 89]
People living with HIV who have suppressed viral loads	28 600 000
Percent of people living with HIV who have suppressed viral loads	72 [65 - 80]

TB AND HIV

Estimated TB-related deaths among people living with HIV	160 000 [130 000 - 190 000]
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AFRICA- EASTERN AND SOUTHERN | 2023

Adult and child deaths due to AIDS	260 000 [210 000 - 330 000]
Deaths due to AIDS among adults aged 15 and over	230 000 [180 000 - 290 000]
Deaths due to AIDS among women aged 15 and over	120 000 [95 000 - 160 000]
Deaths due to AIDS among men aged 15 and over	110 000 [84 000 - 140 000]
Deaths due to AIDS among children aged 0 to 14	32 000 [20 000 - 47 000]
Orphans due to AIDS aged 0 to 17	6 800 000 [5 400 000 - 8 700 000]

AFRICA- EASTERN AND SOUTHERN | 2023

Adults and children newly infected with HIV	450 000 [360 000 - 580 000]
Adults aged 15 and over newly infected with HIV	400 000 [310 000 - 520 000]
Women aged 15 and over newly infected with HIV	260 000 [200 000 - 340 000]
Men aged 15 and over newly infected with HIV	140 000 [110 000 - 190 000]
Children aged 0 to 14 newly infected with HIV	50 000 [34 000 - 79 000]

AFRICA- EASTERN AND SOUTHERN | 2023

Adults and children living with HIV	20 800 000 [19 200 00- 23 000 000]
Adults aged 15 and over living with HIV	20 000 000 [18 400 000- 22 100 000]
Women aged 15 and over living with HIV	12 900000 [11 900 000- 14 300 000]
Men aged 15 and over living with HIV	7 100 000 [6 500 000- 7 900 000]
Children aged 0 to 14 living with HIV	800 000 [6 500 000 - 7 900 000]

Source: UNAIDS Global Data on HIV epidemiology and response
<https://aidsinfo.unaids.org>

HIV IN SOUTH AFRICA

South Africa remains the country with the most people living with HIV in the region and globally.



The country has around **8 million people living with HIV. About 5.7 million of them are on treatment.** HIV infection rates among young women are eight times higher than among young men of the same age. HIV prevalence increases from 5.6% among young women aged 15-19 to 17.4% at ages 20-24, versus 0.7% among males aged 15-19 years and 5.1% of men aged 20-24.

Source: <https://www.gov.za/blog/fighting-hiv-and-aids-south-africa>
<https://pmc.ncbi.nlm.nih.gov/articles/>

HIV AND AIDS ESTIMATES | SOUTH AFRICA | 2023

Adults and children living with HIV	7 700 000 [7 000 000 - 8 300 000]
Adults aged 15 and over living with HIV	7 500 000 [6 900 000 - 8 100 000]
Women aged 15 and over living with HIV	4 900 000 [4 600 000- 5 400 000]
Men aged 15 and over living with HIV	2 600 000 [2 300 000- 2 800 000]
Children aged 0 to 14 living with HIV	160 000 [120 000- 290 000]
Adults aged 15 to 49 HIV prevalence rate	17.1 [14.5 - 19.3]
Women aged 15 to 49 HIV prevalence rate	22.6 [19.0 - 26.0]
Men aged 15 to 49 HIV prevalence rate	11.5 [8.9 - 12.9]

83% of the country's HIV programme is funded by the South African government.

Source: <https://www.unaids.org/en/regionscountries/countries/southafrica>

CHILDREN AND HIV

Children and adolescents in the Eastern and Southern regions share a large burden of the global HIV infection rate.



GLOBAL AND EASTERN AND SOUTHERN AFRICAN ESTIMATES OF CHILDREN LIVING WITH HIV

In 2023



ADOLESCENTS (15-19 years old) living with HIV



CHILDREN (0-14 years) living with HIV

	ADOLESCENTS (15-19 years old) living with HIV	CHILDREN (0-14 years) living with HIV
Global	1.5 Million	1 Million
Eastern and Southern Africa	940 000	690 000
Estimate	63%	69%

Source UNICEF Snapshots on HIV and AIDS https://www.childrenandaids.org/sites/default/files/2023-12/231201_ESARO_Snapshot_HIVFinal_0.pdf

Between 2010 and 2022, Eastern and Southern Africa saw a 69% reduction in the annual number of new vertical HIV infections in children, thanks to fewer new HIV cases among women and increased treatment coverage for those living with HIV. Overall, HIV programmes in the region have prevented at least 2.25 million HIV infections in children (ages 0–14) since 2010.



This progress can largely be attributed to the high percentage of pregnant and breastfeeding women living with HIV who are receiving antiretroviral treatment to protect their health and prevent mother-to-child transmission. In 2022, approximately 93% of these women were receiving such treatment.

However, despite these achievements, the decline in new infections among children has slowed in recent years. In 2022 alone, 60,000 children still contracted HIV, indicating that existing strategies may need further refinement to address the “last mile” of transmission reduction.

In Eastern and Southern Africa, children aged 0–14 years represent approximately 5% of people living with HIV, but they accounted for nearly 14% of all AIDS-related deaths in 2022. Despite the increased availability of point-of-care early infant diagnosis, which led to 80% of HIV-exposed children being tested within their first two months of life in 2022, significant gaps remain in treatment access.

Since 2010, the number of AIDS-related deaths among children has dropped dramatically, with over 1 million deaths averted. However, children living with HIV in the region are still far less likely to receive antiretroviral therapy (ART) compared to adults, and the disparity is growing. In 2022, treatment coverage for adults was 83%, nearly 20 percentage points higher than for children. As a result, viral suppression rates for children remain much lower than for adults—51% compared to 83%.

Progress in preventing new infections has slowed. Alarming, 70% of these new infections occurred during breastfeeding, underscoring the need for improved maternal ART adherence and innovative prevention strategies during this period.

These treatment gaps continue to have dire consequences, with an estimated 36,000 children dying from AIDS-related causes in the region in 2022. Adolescents aged 15–19 years are also disproportionately affected, with about one third of the estimated 1 million adolescents living with HIV in the region not receiving ART in 2022.

Key Areas needing Acceleration:

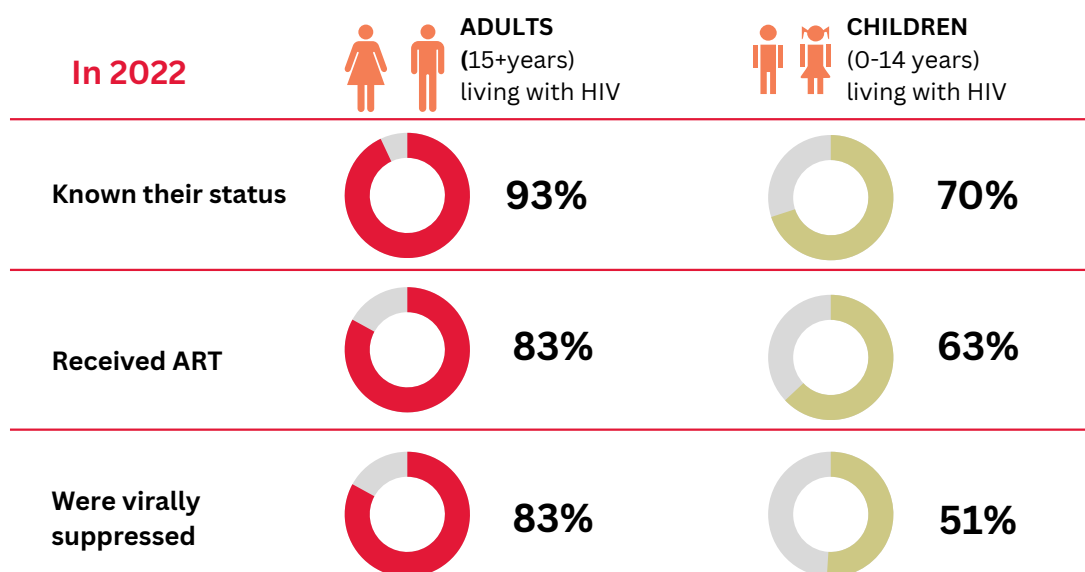
- **ART Coverage for Pregnant and Breastfeeding Women:** Coverage has remained stagnant over the past eight years. New strategies and targeted resources are needed to reach women missed by current programmes in low-performing countries.

- **Preventing New Infections in Children:** Many new infections in children stem from mothers acquiring HIV during pregnancy or breastfeeding. More effective prevention services—such as condom promotion, HIV screening, self-testing for partners, pre-exposure prophylaxis, and access to social and economic support—are needed. The promotion of exclusive breastfeeding for HIV-positive mothers on ART also reduces the chances of HIV transmission, as mixed feeding has proven to increase the chances. Engaging fathers in vertical transmission prevention is also critical as the responsibility to prevent transmission to children should be on both parents.

- **Investment in Community Strategies:** Increased funding for community-based approaches, including peer-led models, is crucial to retain mothers and infants in care.



Access to treatment has expanded for adults, but children lag behind



Source: UNAIDS 2023 estimates

According to the Global Alliance for Ending AIDS in Children, progress in addressing HIV among children in Eastern and Southern Africa is hindered by several structural and social barriers.

Over 63% of South African children live below the poverty line, and one-quarter under 5 years of age experience stunting due to malnutrition. Violence further exacerbates these vulnerabilities, with nearly 42% of children subjected to physical or sexual abuse. These challenges significantly impede access to essential HIV prevention and treatment services.

Alarmingly, approximately 70% of new vertical HIV transmissions occur during the breastfeeding period. This highlights the urgent need for improved maternal ART adherence and innovative prevention strategies during this time.

To accelerate progress, the Global Alliance for Ending AIDS in Children focuses on four strategic pillars:

1. Accessible testing, optimised treatment, and comprehensive care for children and adolescents living with HIV.
2. Closing treatment gaps for pregnant and breastfeeding women.
3. Preventing and detecting new infections in mothers and children.
4. Addressing gender inequality, stigma, and structural barriers to service access.

HIV PREVENTION AND TREATMENT



Eastern and Southern Africa, the regions most affected by HIV, have made significant strides in prevention and treatment. However, gaps in funding and accessibility persist, requiring urgent attention to sustain progress. HIV is a preventable disease. Preventative measures include consistent condom use, regular testing for HIV and other sexually transmitted infections, voluntary medical male circumcision, and the use of ART to prevent mother-to-child transmission.

HIV is a preventable disease. There are a number of ways to prevent or reduce risk of HIV infection

- Using a male or female condom during sex.
- Being tested for HIV and other sexually transmitted infections.
- Having a voluntary medical male circumcision.
- Taking medicine to prevent getting HIV, pre-exposure prophylaxis (or PrEP).
- Pregnant and breastfeeding mothers taking ARVs to prevent transmitting HIV to their children.
- HIV positive people taking ARVs consistently to reach and maintain viral suppression to prevent transmitting HIV to their sexual partners.




Pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis (or PrEP) is medicine taken to prevent getting HIV. PrEP is highly effective for preventing HIV when taken as prescribed.

- PrEP can reduce the risk of getting HIV from sex by about 99%.
- PrEP can reduce the risk of getting HIV from injection drug use by at least 74%.

PrEP is less effective when not taken as prescribed. Since PrEP only protects against HIV, condom use is still important for the protection against other STDs. Condom-use is also important to help prevent HIV if PrEP is not taken as prescribed.

PreP can be taken as oral medication or long acting injectables

TYPE	PILLS	INJECTION	INJECTION
	Truvada	 Cabotegravir	Lenacapivir (former resistant strains of HIV)
Dosage 	1 pill once a day	Once every two months	Once every six months
Approved by health regulators in the region	Approved	Approved	Waiting for approval in many countries
Availability in Southern and Eastern Africa	Readily available even in public clinics	Some countries in the region have started receiving CABLA while others are still waiting for first batches	Not yet available in many countries
Affordability for government in the region	Affordable 	Prices still being negotiated but considered unaffordable by many governments in the region	Considered extremely expensive and unaffordable

Recent advancements in PrEP offer new opportunities to enhance HIV prevention efforts in Southern and Eastern Africa. These include:

- **Lenacapavir:** A long-acting injectable for managing resistant HIV strains, currently under development.
- **Dapivirine Vaginal Ring:** A discreet, long-acting PrEP option for women.



Despite these innovations, affordability remains a major barrier, particularly for long-acting products. Differentiated service delivery approaches—designed around individual needs and preferences—are critical for increasing uptake and accessibility.

To meet global targets of 10 million person-years of PrEP annually, it is essential to integrate PrEP into broader prevention strategies. This includes partner testing, self-screening, and ensuring access to condoms and socioeconomic support. Addressing these gaps will require sustained investment and collaboration.

ETHICS OF REPORTING ON HIV



Ethical journalism is crucial when reporting on HIV because it ensures accurate, respectful, and responsible coverage. Journalists have a responsibility to report on HIV in a way that is ethical and responsible. By following these guidelines, journalists can help to support public health efforts, protect vulnerable individuals, reduce stigma and discrimination, and promote understanding and compassion for people living with HIV.

When reporting on HIV, journalists must consider a number of ethical considerations to ensure they are reporting responsibly and not causing further harm to people living with HIV.

Journalists should be aware of the **rights of people living with HIV**, including their right to privacy and confidentiality. Even if a journalist discovers someone's HIV status, they do not have the right to publish that to get a story.

Journalists should also be mindful of the language they use when reporting on HIV. They should avoid using language that is stigmatising or discriminatory, such as "suffering from HIV" or "prostitute". Instead, they should use language that is respectful and accurate, such as "living with HIV".

When interviewing people living with HIV, journalists should obtain **informed consent** by explaining who they are, what story they are doing, what kind of information they require, where this information will be published and what the possible consequences of publishing the story could be for the person being interviewed. See below for more on consent.

Journalists should also be aware of the **power dynamics** at play when interviewing people living with HIV. They should avoid exploiting or taking advantage of people who are vulnerable or who may not fully understand the implications of being interviewed. If a journalist feels like the person has given consent but they do not fully understand the implications or is not in a position to give consent, they should not publish the story.

Journalists should take extra care when **reporting on children** living with HIV. They should never identify children living with HIV, even if they have consent. They should also consider how they will conduct the interview in a way that does not confuse or traumatise the child.

Journalists should strive to report on HIV in a way that is **accurate, balanced, and fair**. They should ensure that their reporting is factually correct and that they include all relevant sources. They should also avoid being biased or leading audiences to a preferred conclusion.

Journalists should **do their research** and make sure they understand the latest developments in HIV.



Informed consent in journalism refers to the process of ensuring that individuals fully understand the implications of participating in a story before they agree to provide information, appear on record, or be featured in coverage. It is a critical ethical practice aimed at respecting the rights, autonomy, and dignity of sources, particularly in sensitive or high-stakes situations.

Informed consent is about prioritising the rights of individuals and protecting them over prioritising getting a story.

Consent must be sought in a language that people understand. If the interviewee consents to disclosing their HIV status, the journalist should check that they have already disclosed this to friends and family members, to ensure that the story will not be the first time they share this information. If a journalist feels that the person has consented but does not fully grasp the implications for their lives or is not in a suitable state to give consent (e.g., traumatised, intoxicated, confused), they must not publish the story.



Terminology to use

Living with HIV

Sex trafficking for minors

Sex worker

Person who use drugs

Has multiple sexual partners

Condomless sex

Terminology to refrain from using

Suffering from HIV

Child prostitution

Prostitute

Injection drug user (IDU)

Promiscuous

Unprotected sex

SOCIAL MEDIA STORYTELLING



Social media has become an indispensable tool for journalists, revolutionising how news is gathered, reported, and shared. Platforms like TikTok, X, LinkedIn, Bluebird, Facebook, and Instagram enable real-time reporting and instant news dissemination.

According to annual research by Reuters, people are consuming news from social media more than any other platform. This is particularly true for younger audiences. Social media usage in Eastern and Southern Africa is relatively high among those with access to the internet. For example, Kenya is currently the number one user of TikTok globally. South Africa is in the top five users of TikTok. That is two countries in the region in the top three category of most users of the platform globally. If masses of people are spending time on social media, then the media must adapt to telling stories on those platforms and provide credible, public interest information on HIV on those platforms.

However, social media also requires journalists to often use a different set of skills in order to communicate effectively on the different platforms. This section covers some principles and tips for journalists to consider when reporting on HIV.

Here are the key elements that make effective for news reporting in on Social media:

Short and concise stories: social media audiences prefer short, punchy reports, ideally within 40 seconds. This requires journalists to cut to the chase and deliver

Clear and engaging storytelling: Journalists should focus on asking a key question like “what is the news in 10 words?” to identify the core message.

Audience engagement: Regularly engaging with the audience through the comments section is crucial for building connections.

Platform-specific content: Stories need to be tailored for each social media platform, including relevant information in a short format and a catchy caption.

Use of local languages and settings: Social media in Africa is popular in local languages and settings, making stories relatable to audiences, especially in rural areas.

Focus on news reporting, avoiding skits and comedy: Sticking to news reporting helps maintain trust and avoids confusing the algorithm. While using trendy sounds and being creative about how to tell the story is acceptable, comedy skits can be counterproductive.

Understand Platform Trends: Study how algorithms prioritise content (e.g: engagement, relevance, timeliness) on platforms like X, Facebook, Instagram, and TikTok.

Creative packaging and inclusion of impacted individuals: News publications should explore creative ways to package content, including featuring individuals directly impacted by the story.

Authentic and relaxed presentation: Journalists are encouraged to adopt a more relaxed presentation style, moving away from formal attire.

Investment in editing: High-quality editing enhances your content’s impact and professionalism.

Adherence to journalistic standards: Thorough research, transparency about sources, and providing evidence remain essential.

Avoid Clickbait: While catchy headlines may boost clicks, misleading content can harm credibility and engagement over time.

Publish Timely Content: Algorithms often prioritise fresh and trending topics. Cover breaking news or connect your stories to ongoing discussions.

Experiment With Formats: Use diverse content formats like threads, live videos, or reels to see what performs best with your audience.

Analyse Metrics: Use analytics tools to track performance and adjust your strategy based on what resonates most with your audience.

Community engagement: Being close to the community and understanding their needs is crucial for creating resonant content.

CREATING MULTIMEDIA CONTENT

Multimedia storytelling allows journalists to tell stories in greater depth and cater to different audiences on different platforms. It combines various media formats—text, images, audio, video, and graphics—to create a richer and more engaging narrative.



Multimedia storytelling:

Enhances Audience Engagement: Different formats cater to diverse audience preferences, making stories more accessible and captivating.

Simplifies Complex Topics: Infographics, videos, and animations can breakdown complicated subjects, such as data-heavy reports or scientific findings, into easily digestible pieces.

Adds Emotional Impact: Multimedia elements like photos and videos evoke emotions and connect audiences to the human side of a story, fostering empathy and understanding.

Improves Accessibility: Multimedia content reaches wider audiences, including those with different literacy levels or disabilities, by offering multiple ways to consume the story.

Boosts Reach Through Digital Platforms: Multimedia content is highly shareable on social media and optimized for digital consumption, increasing the likelihood of a story going viral.

Captures Real-Time Experiences: Videos, live streams, and audio interviews allow journalists to report real-time events with immediacy and authenticity.

Encourages Interactive Engagement: Features like polls, quizzes, and clickable timelines make stories participatory, encouraging deeper audience involvement.

Please note, it is important to ask for informed consent from those living with HIV before taking photos or videos of them or their relatives. Please see the section on ethics.



Here are some of the ways that images can be used to tell a story:

Photography can make a story feel more tangible and easier to remember. Images provide texture and depth to a story, making it more than just words. Readers associate events with images, which helps them to remember to tell the story better.

Photography can evoke emotion. The way a photograph is framed and composed can convey a certain mood. For example, a close-up portrait can be used to show emotion or details, while a landscape can be used to show the setting and surroundings. The use of brightness, contrast, and saturation in editing can also amplify the emotion in an image.

Photography can capture a moment in time. As Susan Sontag says, “all photographs testify to time’s relentless melt”. A photograph can freeze a moment in time, allowing viewers to reflect on the past and to connect with the subjects of the photograph on a personal level.

Consider these tips when capturing photos for your story:

Consider what story you want to tell. Think about what you want to capture and communicate with your image. What message do you want to convey to your audience? A good photo will tell a story.

If using your phone, use the grid on your camera app to help you compose your shot. The rule of thirds is a helpful guideline for composition, but don’t be afraid to experiment with different arrangements of visual elements to create the effect you want.

Think about how you are using positive and negative space. The way you use space in your photo can convey a certain mood. (Positive space refers to the area in a photograph occupied by the main subject or objects. Negative space refers to the empty or background space around and between the subjects.)



Consider these tips when capturing photos for your story:

Choose the right shooting mode. If you want to capture a close-up shot and show emotion or detail, use portrait mode. If you want to show the setting and surroundings, use landscape mode.

Pay attention to the lighting. The amount of light that reaches your camera sensor will affect the quality of your image. You can adjust the exposure of your photo by changing the shutter speed, aperture, and ISO settings.

Edit your photos to amplify their message. You can use editing tools to adjust the brightness, contrast, saturation, and crop of your photos. These adjustments can help to bring out the emotions and details in your images.

Practise and experiment. The more you photograph, the better you will become at understanding how to use your camera to tell stories and capture moments in time. Try photographing the same subject from different angles and using different settings to see how it affects the final image.

Video and audio



Video content or storytelling continues to grow in popularity with many platforms prioritising this type of content. Whether in short formats like the YouTube Shorts and TikTok/Instagram reels or in long form, it is important for journalists to have basic video storytelling skills. Video combines visuals, audio, and motion, making it one of the most engaging formats for storytelling. It captures attention quickly, conveys emotions effectively, and holds viewers' interest longer than text or static images. It allows journalists to show human experiences, expressions, and environments in a way that creates empathy and a deeper emotional impact. This connection makes stories more relatable and memorable.



Here are the key elements and techniques for creating effective audio and video storytelling for a specific target audience, based on the sources you provided:

Understanding Your Audience and Purpose: Before starting your audio or video project, consider your target audience, the platform you are creating it for and the purpose of your story.

Theatre of the Mind: When narrating or doing voice overs, use descriptive language and natural sounds to create immersive experiences for your listeners.

Structured and Imaginative: Balance a clear structure with creative storytelling to keep listeners engaged.

High-Quality Audio: Use a quality audio recorder, people may be willing to tolerate bad visual quality, but they will move to the next story if the sound is bad.

Shot types: For your videos, have different shot sizes for a more engaging story.

- Extreme Wide Shot (XLS): Establishes context, adds atmosphere, and bridges scenes. Shows the “where and when” but not the “who”.

- Wide/Long Shot: Shows the full human figure and background context, revealing character details.

- Mid Shot: Focuses on the human figure, following action, and showing facial expressions and body language. Also used for interviews and dialogues.

- Close-up Shot: Reveals intimate details about a character’s emotions and physical features.

Editing: Script your video before editing. This will allow you to tell the story better

Music: Use music appropriately and ensure you have the rights to use it. If the video is for social media, see what sounds are trending and try use those.

Layering graphics and animation: Putting on graphics, text or animation on videos can make them more engaging, particularly on social media.

NARRATIVE JOURNALISM (TELLING HUMAN-INTEREST STORIES)

Narrative journalism refers to a method of reporting news that uses storytelling techniques—such as character development, scene setting, and a structured plot—to convey factual information in a compelling and relatable way. It centres human experiences and uses that as context to the facts. This is particularly important when reporting on HIV where there are a lot of facts and figures and the people impacted are often othered or face stigma.



Narrative journalism can provide readers with a powerful and rewarding experience, going beyond simple facts and figures to not only explain but also connect people and reduce stigma.

Here are some of the reasons why narrative storytelling is important in journalism:

Reader engagement: It tells a story, focusing on a particular person or place and featuring a dramatic arc, much like a fictional work. This makes complex issues more accessible and engaging for readers.

Impact: It can offer a deeper understanding of an issue by allowing readers to connect with the human experiences involved.

Lasting Impression: It can leave a lasting impression on readers, encouraging them to think differently or even act on an important topic. Although narrative journalism can be very effective, it's important to note that this form of writing is time-consuming, requiring a significant intellectual and emotional commitment.

Storytelling: Narrative journalism centres around people and telling their story, going beyond dry facts and figures to engage readers. It focuses on developing rich characters and crafting a compelling narrative to explain or analyse complex issues.

In-depth Focus: It typically goes deep on a particular person or place, providing a detailed and intimate perspective on the chosen subject.



These are some tips for how journalists can incorporate narratives into everyday storytelling when reporting on HIV and other topics:

Use personal narratives sparingly and strategically: A few lines of personal narrative can make informational pieces more memorable, but it's important to use them only when they enhance the story without distracting from the central facts.

Weave facts into the narrative: If space is limited, journalists can 'braid' facts and statistics into the narrative portions of the piece, effectively informing the reader while immersing them in the story.

Maintain a balance: The key is to strike a balance between incorporating narrative elements that enhance the story's impact and urgency without overwhelming the factual reporting. Overdoing personal narratives can make the story seem self-absorbed and detract from the news itself.

Learn from others: Analysing how experienced journalists have effectively incorporated personal narratives into their work can provide valuable insights and inspiration.

Focus on the active voice: Journalists should avoid using a passive voice when incorporating personal narratives. Using the active voice allows journalists to take control of the story and present the information in a clear and engaging manner.

For more information on this document please email
admin@fraycollege.com

