

letting people debate and engage with them. It's not about finger-wagging. These are not didactic programmes that come across like a sermon; they are about portraying very real things that happen to people and the impact on their lives. In our dramas, the role-models are people who do not stigmatize people with HIV, who do not believe people with HIV are sinners. We try to portray people who go through journeys, so people can relate to it, instead of dividing the world into people who are good and bad.

Q: Is there two-way communication with your audiences?

A: Our social mobilization work is premised on multi-directional communication. It is about creating dialogue and debate. There is a lot of social networking. We also have a wonderful intervention called Soul Buddyz club. It centres on a television drama series for children aged 8 to 12 years about a group of young children who develop a club. It's a force for good in which they encounter challenges as young citizens and become active agents of change in their communities. Since we aired the drama, young people across South Africa have written to us and asked how

to set up their own Soul Buddyz clubs. As a result, we formed a national club movement.

Q: What happens when your messages go against those coming from the government?

A: South Africa went through a very difficult period when public figures questioned the link between HIV and AIDS and the role of antiretroviral medication in treating the disease. While South Africa has had a very comprehensive HIV strategy on paper, the government in the past has lacked the political will to implement all components and has sent out very mixed messages. This made our partnership with government difficult. South Africa has entered a new era with a shift in power within the ruling party. We have a new minister of health, who is highly committed to addressing all aspects of the country's HIV strategy.

Q: Is your work just confined to South Africa?

A: The Soul City Institute works with partner nongovernmental organizations in eight other southern African countries. These partners have launched large-scale national social change

communication strategies and we have done a lot of capacity strengthening with partners to do so. Together we recently launched a regional campaign across southern Africa called One Love. Its aim is to get the region talking and thinking about the practice of having more than one partner at the same time.

Q: Tell us about the new Division in Social and Behaviour Change Communication at the School of Public Health in the University of the Witwatersrand?

A: Over the years, we have been asked to undertake capacity building and strengthening by countries such as Colombia, Egypt and Suriname. These are also key components of our regional programme. Our motivation to set up this division was in large part based on the request by our southern African partners to accredit the training we provided. Another major impetus for the division was the urgent need to scale up such interventions across the region to reach the Millennium Development Goals, including HIV prevention. We have set up this division as a centre of excellence in health and development communications, in the South, by the South and for the South. ■

Recent news from WHO

- WHO announced on 8 July the launch of a new network to combat noncommunicable diseases. The **Global Noncommunicable Disease Network (NCDnet)** is made up of leading organizations and experts from around the world. It aims to unite fragmented efforts by bringing the cancer, cardiovascular, diabetes and respiratory communities together with tobacco control, healthy diets and physical activity advocates.
- More than 30 new **food safety standards** were adopted by the Codex Alimentarius Commission, WHO said on 6 July. These include guidelines: to reduce acrylamides in food; for microbiological testing and environmental monitoring for *Listeria monocytogenes* in ready-to-eat food; and for ginseng products, fermented soybean paste and gochujang.
- A **clinical trial** is beginning in the Democratic Republic of the Congo, Ghana and Liberia to test a drug for onchocerciasis, or river blindness, WHO said on 1 July. The drug, moxidectin, is being investigated for its potential to kill or sterilize the adult worms of *Onchocerca volvulus*, which cause onchocerciasis. Currently, the disease is controlled by the drug ivermectin, which kills the parasite's larvae but not the adult worms.
- WHO Director-General Dr Margaret Chan welcomed sanofi-aventis's donation to WHO of one hundred million doses of vaccine against the currently circulating **pandemic influenza A (H1N1) virus**. In a statement released on 17 June 2009, Chan said: "It is gratifying that vaccine manufacturers are demonstrating their solidarity with WHO in protecting the health of the world's poorer people."

For more about these and other WHO news items please see: <http://www.who.int/mediacentre>

Corrigendum

In volume 87, Number 7, July 2009, page 491, the first paragraph and the second photo the name should be "Carlos Justiniano Ribeiro Chagas" and the second photo should be "Courtesy of the Casa de Oswaldo Cruz".