Hi everyone -- I want to start today by shouting out a HUGE thank you to all of you who have contributed this past week. Your questions, reminders, and insights have inspired me to organize my thinking on several issues that are near and dear to my heart.

As you may have guessed over the week, I have lots of opinions and a hearty appetite for conversation. And I like to get in way over my head! That's the only way to really learn, in my opinion. It's difficult to be provoked while lounging in one's comfort zone.

So in the spirit of self-challenge, I want to draw our discussion back to its premise. Originally, Srdjan asked us to explore how media can be agents of behavior change AND how media fits into a larger, comprehensive, multi-sectoral behavior change agenda. We've talked a lot about the former, but I've been daunted by the latter. Allow me to explore it through a local lens.

I live in New York City and we recently learned that AIDS is now the number one killer of urban black women aged 25-34 in the United States. This is a demographic that allegedly has access to services, information, treatment, care, support – everything one needs to keep off HIV or live a healthy HIV+ life. They are the targets of hundreds of behavioral change interventions and clinical care services funded by an array of municipal, state, federal and private revenue. Clearly something is not working.

The policy makers and service providers who are working to protect, treat and care for these women must disaggregate whatever comprehensive behavioral change approach is underway and look for broken parts and missing links. Only then will the experts in charge of each component of that comprehensive approach understand how they are failing this particular population. But it seems to me that they must look at the package as a whole while they are revisiting individual components, because each component must be evaluated not only on its individual efficacy but also how it fits into a comprehensive approach.

For example, media interventions focused on HIV prevention need to take into account the bigger picture. We must be keenly aware of the treatment, care and support options available to our audiences. Traditional values must be acknowledged, as should stereotypes, myths, and cultural nuances. We must understand the policy environments in which our audiences operate. And our programming must include the production values (imagery, music, colors, actors, etc) that are most compelling for youth in various markets. We think we're doing this in our Staying Alive programming because we work closely with our local creative colleagues based in our various channels around the world, and we are advised by our expert partners (UNFPA, UNAIDS, Family Health International, Kaiser Family Foundation and others) who ensure that our programming is complementary to, and not distracting from, a whole range of prevention interventions.

Unfortunately, our programming does not air in the U.S. so we are unable to have an impact on my African-American sisters who are dying in droves here. There are many, many media campaigns underway in the U.S. that target young black women, but I wonder if they are genuinely working with each other, tapping other sectors' expertise,

and truly integrating their campaigns into comprehensive behavior change approaches. I may be over-simplifying a complex concept, but we have to admit that behavior change interventions that are underway in my community are failing an entire population cohort, so something is going terribly wrong. Is it the media? health service delivery? religious-based stigma? treatment options? care and support systems? the whole package?

Perhaps readers here have similar examples in their local contexts that could inform our policy-making and programming here in the U.S. (Contrary to how my government has been acting over the last six years, I'm one of millions Americans who believe we have a lot to learn from the rest of the world!)

Finally, a digression: I'd like to close my contribution to this forum with a call to action. Having been trained at one of the world's leading population and reproductive health research institutions, I have great respect for academic explorations of the various issues that conspire to prolong the AIDS epidemic and leave our girls and women behind. Discussion and research are important. But, in human life costs, we cannot afford to do any research that does not lead directly to action.

We all need to ensure that whatever we do has an impact on the prevention, care, and treatment work underway in the least-resourced communities that are being hit hardest by AIDS and other SRH emergencies. Studying and documenting them with any element of objectivity or distance is a luxury the human race cannot afford. Whatever research we do now needs to have a direct and progressive impact on field work.

This forum is exceptional because so many people working on the front lines are participating, some with great and welcome enthusiasm! Those of us who are not in "the field" need to listen to them carefully, understand their frustrations and help them find the human, financial, technical and academic resources they need to maximize their efforts and exploit their successes. We can all learn from and build on the ingenuity of our colleagues working in the most remote and under-resourced communities of the world. That's where the real life-saving solutions are being created.

Thanks again to all of you for making this a stimulating and rewarding week. It's been an honor for me to talk with you. –Tim.