

Social justice journalism

Lessons from Health-e News

By Barbara Klugman

with input from the Health-e News team



About the author

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Acronyms & abbreviations

AIDS	Acquired immunodeficiency syndrome
ARV(s)	Antiretroviral (drugs)
CJ	Citizen journalist
DoH	Department of Health
DR	Drug-resistant
HIV	Human immunodeficiency virus
HST	Health Systems Trust
LGBTI(s)	Lesbian, gay, bisexual, transgender and intersex (people)
MEC	Member of the Executive Council (cabinet) of provincial government
MMC	Medical male circumcision
NCD	Non-communicable disease
NGO	Non-governmental organisation
NHI	National Health Insurance
PLWHA	People living with HIV and AIDS
SA	South Africa
SABC	South African Broadcasting Corporation
SEED	Sustainable Enterprise for Enabling Development
SSP	Stop Stockouts Project
TAC	Treatment Action Campaign
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
US	United States of America
XDR	Extensively drug-resistant

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Acknowledgements

“Health-e[News’] journalists have garnered an exceptional reputation in South Africa for their straightforward, balanced, sensitive, intelligent and engaging stories. Their reporters are highly regarded among other South African journalists and, notably, by scientists and advocates working in health research. [Health-e News’ website is] one of the best online destinations for a comprehensive look at how HIV/AIDS and other health issues are impacting a nation, from small communities to national policy.”

*Judges – Global Health Council’s
Excellence in Media Award for Global Health, 2008*

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Barbara Klugman







Executive summary

Media is one of the primary channels for influencing public opinion and bringing pressure to bear on decision-makers. For those keen to promote social justice perspectives, this can pose major challenges.

Most press, TV and radio in South Africa are owned by companies or indeed the state, and editorial policies favour specific political and economic interests and perspectives. Their journalists are by and large located in major cities. Compounding this situation, newspapers used to have journalists specialising in the health sector who brought into play research data and analysis, the experiences of health service providers and users, as well as insights from other stakeholder organisations, to draw attention to challenges in health or health service delivery. In metropolitan areas activists could develop relationships with journalists who would be willing to pick up stories and run with them; but this has never been the case in rural areas. Further, as the financing of newspapers has changed – both in response to social media and the financial crisis – commercial outlets have increasingly let go of their subject-specific investigative journalists.

While social media are increasing the capacity of other entities to create and promote news, in

the South African context those most affected by inequity are not connected to the internet, not even by mobile phone. It is only large, usually urban-based social justice groups that can afford to employ or contract communications people, and their location also allows them to build relationships with media, public opinion leaders and decision-makers.

Health-e News, a non-profit news agency, was established in this context to bridge the gap between people affected by poverty or prejudice, and the publics who shape national discourse and influence political decision-makers. It began in 1999 as an experiment in how to respond to limitations in news coverage on health, drawing on the best traditions of investigative journalism and applying them in a new context. Health-e News recognised that skilled investigative journalism requires deep technical knowledge and expertise as well as capacity to simplify, explain and hear a range of different perspectives on an issue while never losing a principled attachment to justice and equality.

Putting the marginalised into the centre

At its start, Health-e News focused on HIV and AIDS news and features at a time when there was little public or political awareness of these issues.



As these matters mushroomed – particularly with government’s AIDS denialism, the reluctance of pharmaceutical companies to provide affordable medicines, widespread quackery and a burgeoning civil society movement calling for treatment – Health-e News contributed by building awareness of the issues and their impact on people’s lives.

However, over time it became clear that the health system had structural problems that were undermining not only access to HIV treatment but also to health care in general, and that these problems – as well as other key public health issues – were not getting adequate attention in the media. Consequently, Health-e News expanded into those areas.

What has this produced in Health-e News? A very focused, cheap and nimble hub of expertise that finds and investigates stories in places and about people who seldom gain coverage, and gets these stories into mainstream national newspapers, TV and social media. Health-e News acts as a link between those worlds, writing in a way that commercial media can use which allows individuals, organisations in communities and activists to tell their stories and be able to see their importance and connectedness to bigger health and health system issues. Health-e News amplifies this coverage by training citizen journalists (CJs) who in their own right produce stories and operate their own social media.

Between January 2005 and December 2014 – so over ten years – Health-e News wrote 1,850 stories; of these 650 were written by CJs. Between January 2005 and December 2012, Health-e News supplied South African Broadcasting Corporation (SABC) radio stations with 664 stories. Health-e News’ television unit was established in 2008 and had at the time of writing (October 2015) produced 63 TV programmes.

As this report shows, Health-e News is permanently on the cutting edge of investigative health and health sector journalism – for example, it was the first to break the story of cases of extensively drug-resistant (XDR) tuberculosis (TB) being recorded in KwaZulu-Natal. Health-e News journalists have produced at least 80 XDR TB stories across print, radio and TV. They range from describing what drug-resistant TB is, to the experiences of people living with it and advocacy efforts by groups such as the Treatment Action Campaign to get the Department of Health to address it effectively.

Propelling action

What difference does Health-e News make? It produces a health-related news cloud or pool of stories which attracts the attention of the public, advocacy groups and decision-makers to otherwise barely covered issues faced by the majority of South Africans – those who are poor and rural, those who are living with HIV and AIDS, young people, women.

This report identifies how Health-e News’ investigation process itself as well as the stories and features it produces influence key social actors to change their behaviour. They catalyse action – by government to address implementation problems; by health workers to provide more informed services; by advocacy groups to amplify public awareness and put pressure on government; and by communities and individuals to promote their own health and put pressure on government to take action.

This is not a linear process but rather a dynamic one where Health-e News’ investigations and stories spur the public, advocacy groups and government into action, with some of these actions in turn instigating other actions and new stories. Even in relation to government there is a two-way process



where investigations and stories by Health-e News set in motion government action, but government also at times asks Health-e News to explore an issue on its behalf.

Health-e News builds the capacity of its own CJs and independent journalists through training and mentoring to cover issues of equity in health – which in turn increases the pool or cloud of stories and propels action by others.

This is the value of an investigative journalism initiative that provides balanced, credible and independent information and analysis, and is driven by a commitment to fostering equity in reporting and contributing towards a healthy, equitable and just South Africa.

Lessons for the field

Journalism is one of the mechanisms of ‘monitory democracy’ as it is:

[...] continuously stirring up questions about who gets what, when and how, as well as holding publicly responsible those who exercise power [...] (Keane, 2011, p. 231)

What makes Health-e News relatively unique is that it facilitates high-quality, independent reporting with an advocacy intention. It has an explicit values base of commitment to a more just, equitable and healthy South Africa and brings the key values of journalism (ethical, credible, independent, balanced) to bear in investigating both the experiences of those who are most vulnerable and have least access to health services, and the quality of services available to them.

Amplifying the impact of a story

Journalists can amplify a story by linking it to issues of the day, placing it in diverse types of media and by forming close relationships with social movements that can run with stories in their own advocacy. The report notes that the reputation of journalists is essential in invoking responses from those with power and can catalyse action even



during an investigation and not only once a story is actually published.

Capturing issues from the margins

The Health-e News experience suggests that finding writers *in situ* is a powerful way of capturing issues and experiences of people on the margins, as is publishing in local languages.

Motivating social justice journalism

In terms of how to train and motivate journalists, some key lessons from Health-e News include the importance of focusing on values and on building the ability of journalists to analyse how political and economic power influences health outcomes. The report also suggests that becoming part of a cohort helps to keep journalists motivated and informed with the most up-to-date understanding of the issues.

Balancing independence with an explicit values base

While this kind of journalism emphasises the importance of establishing the context behind problems and exploring issues from multiple perspectives, the commitment of Health-e News to

surfacing the voices and experiences of those on the margins as well as the voices of those advocating for change can lead to hostility from those with power. The fear of negative coverage can push government to take action to address issues that journalists are investigating, but at times government can also try to block journalists' access to stories. Journalists have to tread a fine line between building relationships of trust with decision-makers and with advocacy groups, and scrupulously maintaining independence.

Monitoring the contribution to social change

There is credible anecdotal evidence of the influence of Health-e News' stories on decision-makers, advocacy groups, and on members of the public. With the advent of social media, Health-e News can use analytics to monitor trends in engagement and reach; and it already knows the reach of the print and TV media that carry its stories. The challenge then is to collect as much anecdotal evidence as possible of actual use of stories by its target audiences.

In the process of this review, Health-e News developed a system for categorising its stories in



terms of story subjects (the people being written about), issue focus and geographic focus. Also, where the information was available, outcomes to which its investigations, stories or training programmes contributed were recorded – for example, actions taken by government or actions taken by advocacy groups. If Health-e News can sustain this system going forward, ensuring that every instance of such outcomes that it becomes aware of is documented, it will allow the organisation to have credible evidence of its effectiveness and to assess to what extent it is achieving its intended objectives. Health-e News could then either allocate responsibility to someone to substantiate a proportion of these outcomes, or include this in the terms of reference for occasional external evaluators.

The experience of naming outcomes through the process of this review has helped Health-e News to reflect in a more focused way about how its work supports social change. The greater its ability to produce evidence of impact, the more easily it will be able to assess and improve its strategies over time, and show the relevance of its work to potential clients and funders.

Funding investigative journalism as a strategy to support social justice

Despite the fact that the Health-e News model is about selling stories to commercial clients, the going rate of pay for stories is not high enough to cover investigations that reach into rural areas or study issues over time. Hence the need for donor funding.

This report holds a number of lessons for philanthropists, notably the importance of understanding the process of independent investigative journalism, and that funds to such groups should enable them to do their work rather

than impose constraints that are not appropriate to journalism, or expectations of predetermined results.

While Health-e News has some donors who fully grasp its role and its need to operate without editorial interference (from its donors or any others), the desire of funders who support social change advocacy to control the work and work products of their grantees, and to have them commit to predictable outcomes that can be measured in relation to improvements in the lives of the population at large, is not in keeping with current evidence and best practice thinking on evaluating social justice advocacy. Funders would do better to monitor what actually happens and provide groups like Health-e News with funding that enables this kind of monitoring rather than attempt to predict outcomes.





1

Introduction and methodology

This case study was commissioned by The Atlantic Philanthropies with the aim of drawing out lessons from the experience of Health-e News to inform the strategies of advocacy groups and those funding social justice advocacy. It provides a brief description of Health-e News and its outputs – in this case, its stories and its role in monitoring medicines in public health clinics – and then draws lessons from how these have contributed towards broader health and social justice goals.

The methodology for the case study involved an initial meeting with Health-e News Managing Editor Kerry Cullinan and Office Manager Nina Taaibosch to ask if they would be interested in such a case study, and if so what they would hope to learn through the process and the findings. This was followed by a workshop with all Health-e News staff on 13 May 2015 during which staff articulated a case statement regarding Health-e News' value and reviewed and redrafted the organisation's theory of change. They identified what questions they wanted the case study to explore. In addition, we worked out how Health-e News would create a database

of all stories, as well as of its work in monitoring stock-outs, and capture use of its social media – all of which could be used to tell a ten-year story of the organisation's outputs and outcomes. These databases were then developed, with the intention of creating both a baseline and a monitoring system that would enable ongoing analysis and learning.

I reviewed Health-e News' funding proposals and reports as well as its three past evaluations (Harber, 2009; Moyo & Moyo, 2010; Tswaedi, 2014). The story and medicine stock-outs databases of Health-e News were analysed. I also sent out and analysed responses to a survey involving all the participants in a course run by Health-e News in 2011 to train journalists to cover health issues related to tobacco, in order to ascertain whether the training had influenced the organisation's coverage of this issue in its own journalism.

These sources, as well as ongoing informal discussions with various members of staff, formed the basis for a draft of this case study to which all staff could respond in writing. In September 2015, staff identified further gaps that needed addressing and as a group discussed lessons emerging, which in turn formed the basis for finalising Health-e News' current theory of change.

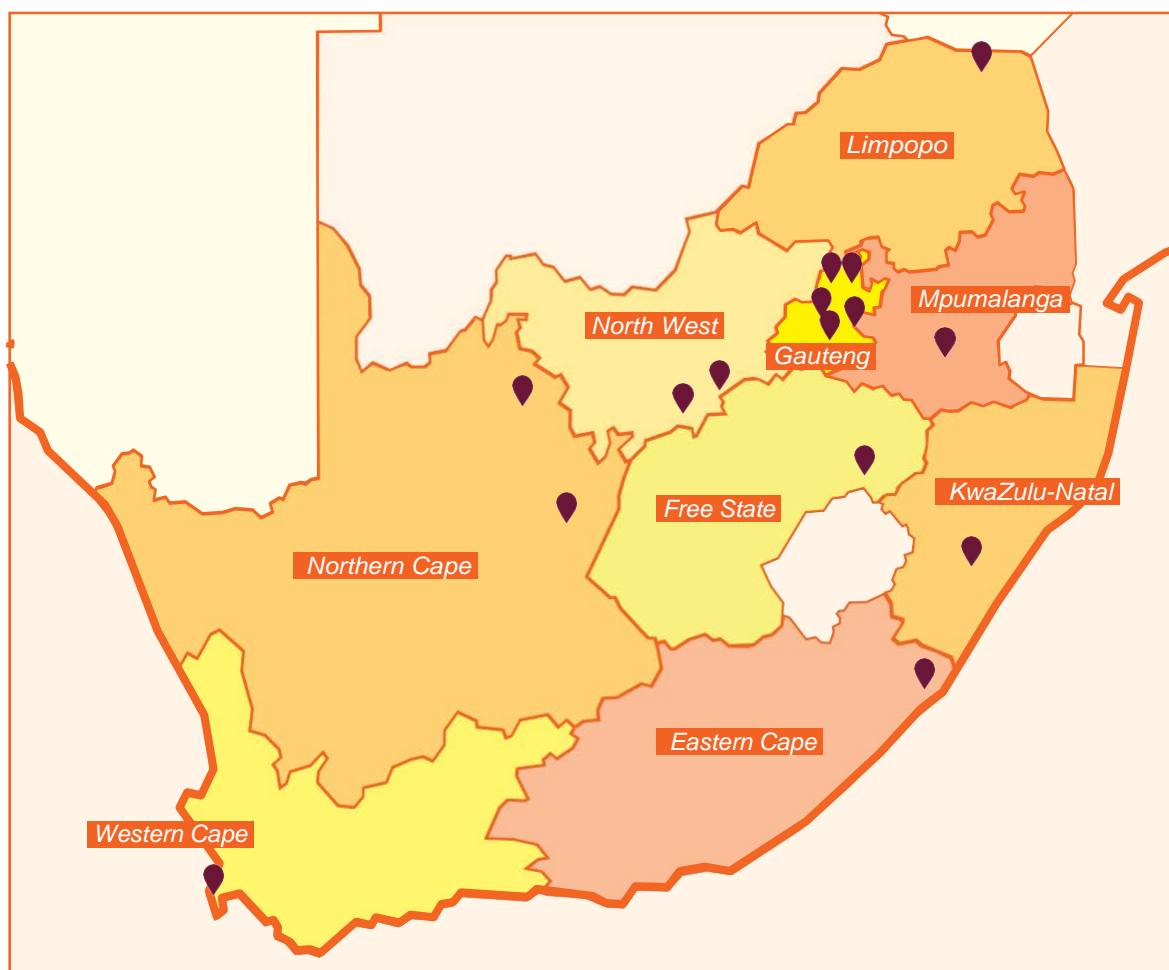


Figure 1: The footprint of Health-e News journalists across South Africa

Background to Health-e News

Health-e News is a non-profit news agency that has been selling public health news and features to mainstream television stations, radio (until 2012), newspapers, magazines and websites in South Africa since 1999. It takes a very broad definition of health that includes social and socio-economic issues which have an impact on the physical and psychological well-being of ordinary people.

Health-e News sells its stories to commercial media. Once its clients have published or broadcast the stories, Health-e News then places them on its own

website (www.health-e.org.za) and from there, content is often republished by other non-profits such as the Health Systems Trust (HST), Africa Health Placements and Local Government Action for use in their own newsletters/websites, as well as by specialist list-servs targeting health workers, including the HST's list on Drug Policy and Practice (druginfo), and the ACTIVIST list of the Treatment Action Campaign (TAC).

As of 1 October 2015, Health-e News had seven full-time members of staff who together comprise four and a half full-time equivalent writing, editing and TV production staff – the rest being administrative and management time.

The organisation also has 22 citizen journalists (CJs), 12 of whom are women and two-thirds under the age of 35. They are located in diverse districts across South Africa, as seen in figure 1. Health-e News' CJ programme is called OurHealth. In July 2015, Health-e News offered its most exceptional and hard-working CJ a one-year internship. He helps the OurHealth manager run the programme and mentor the other CJs, discussing their story ideas and giving them tips on how to approach stories.

Health-e News' total annual budget is R6,5 million (US\$500,000)¹, and it has offices in Johannesburg and Cape Town.

Citizen journalists

Health-e News initiated the OurHealth CJ strategy in order to balance what it calls 'helicopter journalism' – dropping in to cover an issue without being grounded in the place and context – with ongoing community-level coverage.

The programme was started with seed funding from the DG Murray Trust and The Atlantic Philanthropies, and it later attracted funds from Making All Voices Count – an initiative managed by Hivos but made up of a number of funders.

Part of Health-e News' programme objective was to find community-level people with an understanding of how power works in their communities, existing networks with activists and local government, and experience in problem-solving. Hence it approached social justice organisations such as the TAC, LoveLife, Black Sash and Equal Education to recommend potential CJs.

Health-e News targeted the districts in which the Department of Health (DoH) had initiated pilot projects towards the development of the National Health Insurance (NHI) since this would form one of the major initiatives to realise equity in health, and would need ongoing public scrutiny.

The training of the CJs involves an annual three-day event that concentrates on:

- basic writing skills
- basic ethics (for example, how to write about children, verifying facts, or getting a response from government officials)
- how local government works
- technical skills, including how to work a specific app used in the reporting of medicine stock-outs, and how to take photos and videos with a tablet.

Once a CJ has done basic training, (s)he gets a tablet and airtime. The CJs are then 'set free' to report. They join a WhatsApp group, which creates a peer learning platform and a mechanism for communication with Health-e News.

Health-e News often identifies themes for CJs to explore – for example, the state of school toilets, substance abuse or problems with water supplies. This also helps Health-e News to develop national stories that it can supply to major media clients, independent media, and more recently, the Health24 and News24 wire services.

"For the first time, I could be that bridge between the health system and my fellow community members."

*Selloane Molakeng, citizen journalist,
QwaQwa, Free State²*

¹ R=ZAR, the South African currency. At the time of writing the exchange rate was approximately US\$1:ZAR13.

² In conversation with the author.



The CJs commit to writing at least one story a month on a local issue. Health-e News helps them with editing and, where appropriate, places their story in media outlets. All stories of an acceptable standard are posted on Health-e News' website and strong stories are placed in mainstream media. In July 2015, Health-e News negotiated a contract with News24 to supply them with three CJ stories a week, which has provided Health-e News with an additional outlet aside from the Independent newspapers group.

CJs also do monthly monitoring of 22 essential medicines at the pharmacies of their local clinics; any stock-outs are reported to the national DoH, which has committed to taking action.

Mentoring

Newly trained CJs send a list of story ideas once a week as the basis for a conversation with the manager of OurHealth, who dialogues with

individual CJs to work through story ideas and develop the stories. Beginner CJs will file their initial stories with her until they begin to be able to not only identify stories well but also identify sources to speak to.

Once CJs can do that, they are able to file with two Health-e News part-time editors. The editors provide story-specific feedback to the CJs and will sometimes ask them to source additional comments. When needed, in addition to fact-checking, the editors also source additional comments and background information to nationalise stories and enable them to be sold to Health-e News' clients.

This tiered system of mentoring allows for CJs to receive feedback tailored to the specific phase of their own development, as well as more individual attention. Ongoing contact and support is essential to make the CJs feel part of OurHealth. This is time-consuming and can be draining for staff, but there

is no shortcut to building a network; it takes a lot of personal contact, constant feedback and mentoring.

Remuneration and career paths

Even though being a CJ is not a full-time job, for a number of them this is the only employment that they have. For this reason, it is really important that the work remains interesting through additional training and the possibility of career and pay progression.

To begin with, CJs are paid per story and per clinic medicine monitoring report (each CJ monitors one or two clinics a month). They can deliver a maximum of six items (stories and clinic reports) a month. Health-e News also pays for tablets and airtime.

However, paying CJs per story is a little ‘mechanical’, as some stories take longer than others, and Health-e News also wants to encourage those who are reliable and consistent. So, those CJs who have been with Health-e News for a while and who consistently deliver get a monthly retainer, provided that they deliver four items a month (made up of stories and a maximum of two clinic reports). There are currently three CJs on monthly retainers.

Five CJs who are exceptional and who usually provide Health-e News with reliable stories that can be sent to its clients are on a second-tier retainer. They are paid per story for additional stories or reports that they submit.

As a further incentive, every month Health-e News gives a R1,000 award (some US\$77) to the CJ who has written the ‘story of the month’ and announces the winner in the WhatsApp group and on its Facebook page. Full-time Health-e News staff vote for the story of the month.

A large number of CJs are using the money they earn to pay for studies. CJs who are not delivering stories or clinic reports get warnings and are replaced within a few months if they fail to deliver.

Health-e News’ theory of change

Like many effective advocacy groups, Health-e News did not have an explicit theory of change until the development of this case study. Nevertheless, staff were very strategic in their choice of actions and their debates about if and how Health-e News was achieving its goals. In the process of this case study, staff collectively articulated the organisation’s more formal theory of change, presented below.

Vision and mission

Health-e News aims to contribute towards the vision of a healthy, equitable and just South Africa. Its mission is to investigate, analyse and report on public health issues in South Africa to empower people, provide an outlet for community voices, encourage debate and hold decision-makers accountable.

[Health-e News’] mission is to investigate, analyse and report on public health issues in South Africa to empower people, provide an outlet for community voices, encourage debate and hold decision-makers accountable.



Strategies

Health-e News has three primary strategies:

- investigating stories
- writing or producing audiovisual stories
- training journalists.

Its outputs in relation to each of these strategies contribute to multiple outcomes, as illustrated in figure 2.

The investigation process itself leads the organisation to interview diverse interested parties, including advocacy groups, and policy-makers and implementers in government – whether at a local clinic, or at district, provincial or national level. Health-e News' CJs also undertake monthly medicine monitoring in specific clinics and share this information directly with the DoH.

The stories Health-e News produces go to its commercial media clients who put out the stories (written, TV or online), or Health-e News puts stories directly onto its own social media platforms (website, Facebook, Twitter). Other journalists, bloggers and public opinion leaders may pick up and repeat these stories or conduct further investigations and carry their own stories on the issues. Figure 2 illustrates how Health-e News' stories carried in their own social media and picked up by other journalists and other media outlets together create a news cloud or pool of stories. This is further expanded with advocacy groups, members of government, health care providers and members of the public all engaging social media.

Journalism training builds journalists' knowledge and understanding of health issues, their skills in investigating and writing on these issues, and their motivation to do so.

Although the strategies of Health-e News do not include responding to individual requests for

information and help, its ethics have led it to ensure that it does in fact respond to all such requests. It also has an online map to enable people to find their nearest clinic. This means that an unintended and unfunded role of Health-e News is to guide individuals who request help to appropriate service providers.

[A]n unintended and unfunded role of Health-e News is to guide individuals who request help to appropriate service providers.

Outcomes

Through these processes:

- an increased number of journalists cover health stories, including giving attention to questions of fair distribution of resources and recognising the experiences of those on the margins
- commercial media, community media, and stories by independent journalists and public opinion leaders (appearing in commercial media and on social networks) increase coverage of health pertaining to people or issues on the margins, creating a news cloud on social networks and commercial media.

Responding to investigative questions by Health-e News journalists or to the stories in the media:

- government officials are required to supply journalists with a response to whatever problem is being highlighted, and members of government sometimes also initiate actions to address deficits in health system functioning as a result
- advocacy groups often take up the issues themselves, which amplifies the pressure on government at different levels to take action.

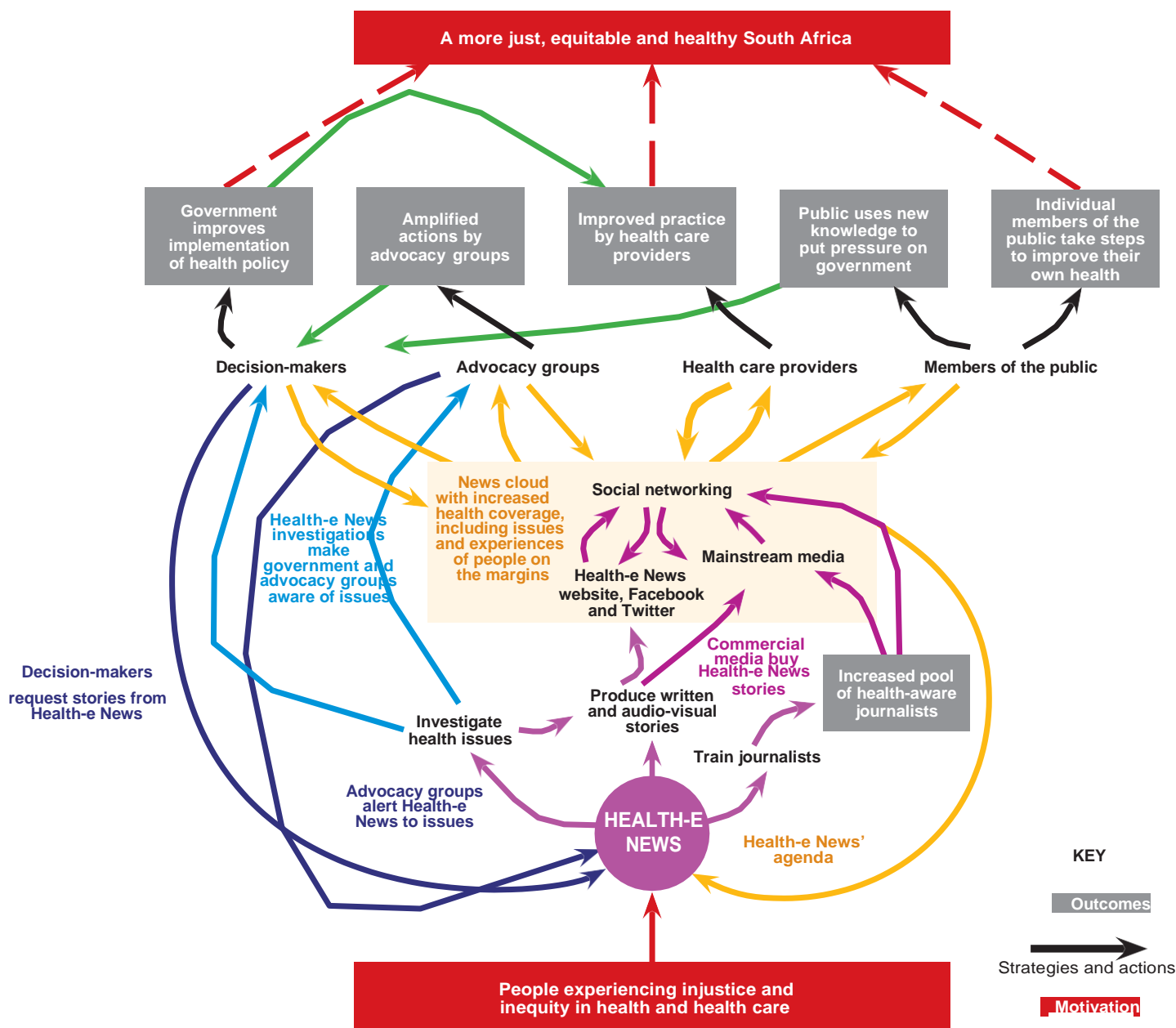


Figure 2: Visualisation of Health-e News' theory of change



The increased coverage of issues also influences the public who in turn:

- use the information to take steps to improve their own health
- increase pressure on government decision-makers to take action.

In this way, public pressure becomes another contributor towards government action to improve public health services.

This is not a linear process. Sometimes government actions are a direct response to media stories. But, as illustrated in figure 2, actions by advocacy groups that result from their picking up issues in the media can also influence government actions, as can increased public pressure. These in turn can lead both Health-e News and other journalists to do further investigative work.

This entire process increases the knowledge and recognition of Health-e News by the public, advocacy groups, media outlets and government decision-makers; it builds the organisation's reputation (as evidenced in awards and in repeat as well as new contracts with clients); and it creates a feedback loop in which individuals and groups alert Health-e News to potential stories and ask the organisation to take up investigations on their behalf.

Values

Health-e News aims to provide balanced, critical, credible and independent information and analysis, and to foster equity by recognising and amplifying the experience of poor and marginalised people. It believes in the importance of covering positive developments as well as challenges, using an approach of constructive criticism in its reporting, providing a context as to why problems occur and seeking expert or best-practice cases to support efforts to resolve problems.

Assumptions

Health-e News' theory of change is based on a number of assumptions:

- that health care decision-makers, managers and providers – particularly in government – are sensitive to media criticism and to the way in which the public and the communities they are supposed to serve perceive them. Consequently, media reports can influence health care managers and providers to strengthen the overall health care system and make changes in individual health care institutions
- that at least some members of both government and health advocacy groups appreciate hearing about health issues and are likely to take action when receiving new information that falls within their sphere of influence



- that people may make better health choices if they are given relevant information.

Health-e News' theory of change does not assume, however, that greater information will lead journalists to produce better coverage of health issues. Rather, Health-e News builds into its training of journalists ways of increasing their motivation and skills in reporting, on the assumption – based on substantial evidence globally – that a mix of knowledge, motivation and skills leads to changed behaviour (World Health Organization, 2015).

Lastly, Health-e News' theory of change also assumes that changes in ownership of corporate clients or changes in the media landscape will not undercut its ability to get its stories into the media.

Risks

Some specific risks that Health-e News faces include:

- other outlets or groups copying the Health-e News model and drawing away current clients and donors
- standard rates of pay per story from commercial media which are too low to cover Health-e News' time and travel costs, meaning that the organisation relies on there being enough donors who see value in its work
- instances where the DoH may respond to critical stories by preventing Health-e News access to health services or staff
- instances where public broadcasters may avoid stories that are critical of government, especially during election periods.





2

Outputs

This chapter details Health-e News outputs, outlets and primary clients over the past decade. It shows how, in spite of a number of challenges, the organisation has managed to increase its ambit and reach more people.

Stories in numbers

Between January 2005 and December 2014 – ten years – Health-e News produced 1,850 stories; of these 650 were written by CJs.

Health-e News' television unit was established in 2008, mainly because of the power and reach of the medium, which is very influential in opinion-making. Health-e News produced 63 TV programmes in the period 2008-2015.

Between January 2005 and December 2012, Health-e News had a radio unit, which supplied South African Broadcasting Corporation (SABC) radio stations with health-related news. It produced 664 stories for radio during this period.

However, Health-e News received no financial compensation from the SABC for the radio programmes, and the SABC would not allow Health-e News to get commercial sponsorships.

As donor money became harder to get, it became more important for Health-e News to get income from other sources. Yet as there is no tradition of independent radio producers supplying news to the SABC – as there is for television – it was impossible for Health-e News to get paid for its radio services.

After numerous attempts to raise donor funds for the radio unit had failed – coupled with SABC national channel SAfm's decision to move Health-e News' popular HIV programme from its prime Thursday morning slot to a Saturday morning – Health-e News' board took the decision to close the radio unit at the end of 2012.

Outlets and client base

Health-e News' client base is indicative of how key commercial media who choose to buy stories from Health-e News value the quality of its work.

The media mix and proportions of Health-e News' production between 2005 and 2014 are illustrated in figure 3 overleaf. Table 1 opposite provides some more detail on the numbers illustrated in figure 3.

Health-e News' client base is indicative of how key commercial media who choose to buy stories from Health-e News value the quality of its work.

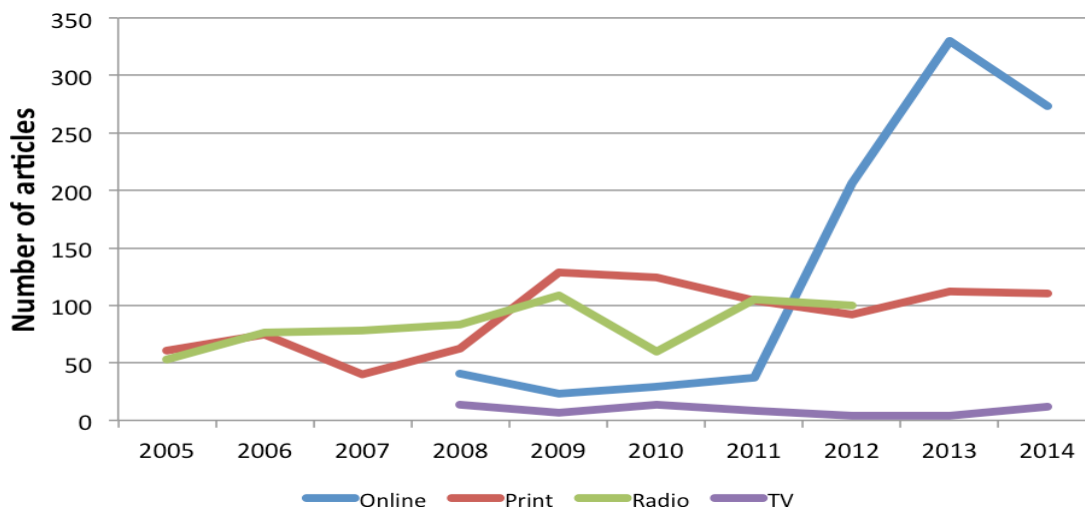


Figure 3: Health-e News stories by type of media 2005-2014

Print and online media

Key print and online clients over the last ten years are reflected in figure 4 further down. As figure 3 and table 1 show, Health-e News' 1,850 written stories have been published in multiple forms:

- mainstream print media: 868 articles (47%)
- community print media³: 32 articles (2%)
- other websites: 283 articles (15%)
- Health-e News website only: 594 articles (32%)
- no outlet data: 73 articles (4%).

The internet and Health-e News' ability to maximise access to its stories through its own website has considerably shifted the reach of its stories. Thirty per cent of stories carried on its own website have been picked up by other websites such as AllAfrica.com.

The internet and Health-e News' ability to maximise access to its stories through its own website has considerably shifted the reach of its stories.

That said, after years of allowing AllAfrica to sell on Health-e News stories for free, Health-e News approached them to ask whether they were prepared to provide a link back to the Health-e News website or provide some form of remuneration, but the two parties were not able to come to an agreement. As a result, in early 2015, Health-e News stopped AllAfrica from using its stories and by mid-2015 signed a contract with News24 instead to provide it with stories. These are mostly run on News24 itself and on its sister site Health24, which is dedicated to health-related news and information. Some are also syndicated to other media such as eNCA (eNews Channel Africa), PowerFM and the Daily Sun through News24's new, free newswire.

³ Community print media refers to small print products, either commercial or non-commercial, that are distributed to a specific local community – for example, Sosh Times, a local newspaper in the township of Soshanguve, some 25 km north of Pretoria, Gauteng.



Outlet/Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Totals	% of Total
Community print media	1				6	4	13	2	4	2	32	1%
Mainstream print media	60	75	40	61	123	120	91	89	108	101	868	34%
Health-e News website only				41	23	27	31	175	213	84	594	23%
Other websites						1	2	8	103	169	283	11%
Mainstream radio	53	76	78	83	109	60	105	100			664	26%
TV				14	7	14	8	4	4	12	63	2%
Outlets unknown	1	1		1		1	4	24	14	27	73	3%
Totals	115	152	118	200	268	227	254	402	446	395	2,577	100%

Table 1: Health-e News stories by type of outlet 2005-2014

Subsequently, Health-e News has also entered into a publication agreement with the Daily Maverick – increasingly the go-to source of daily news for urban, socially aware citizens – to provide it with weekly features. Although the Daily Maverick does not pay for the features, Health-e News feels that the partnership allows it to access a unique audience of decision-makers and thought leaders.

Health-e News has not only been contracted by news agencies to provide stories but also by other agencies – for example:

- in 2007, the Hospice Palliative Care Association of South Africa contracted Health-e News to showcase the changing role of hospice in HIV treatment support as well as end-of-life care; they asked Health-e News to gather stories from various hospices, which were then published and broadcast during Hospice Week 2007
- from 2009-2011, the American Cancer Society funded Health-e News to start a sub-website focusing on cancer and tobacco control

- in 2011, UNICEF contracted Health-e News to do a TV documentary on maternal and child health in Zimbabwe.

TV

Health-e News' 63 stories for TV have included at least four long-form (24-minute) documentaries a year, often involving co-productions with national television channels SABC's and e.tv's current affairs programmes – Cutting Edge, Special Assignment, 3rd Degree and CheckPoint – as well as subscriber channel M-Net's Carte Blanche. Health-e News has also made shorter news inserts for the SABC's Morning Live and, more recently, six-minute inserts on youth health for the SABC's YOTV.

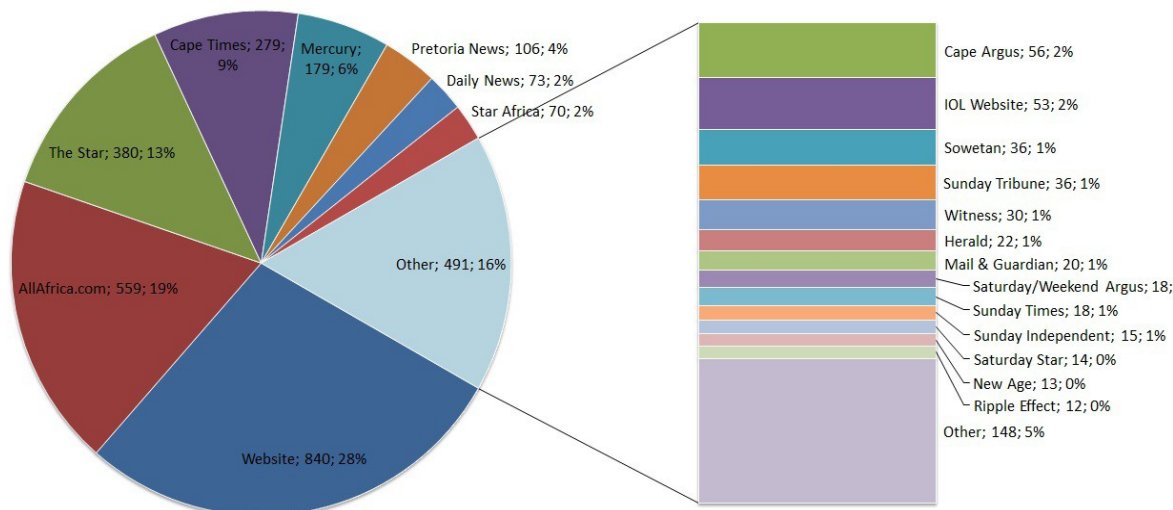


Figure 4: Print and online media outlets for Health-e News written stories 2005-2014 (number of stories; percentages⁴)

Local-level news – stories about what is happening in townships, villages and at local clinics – is in large part achieved by CJs, as figure 6 further down shows.

Radio

For a number of years, Health-e News had a popular weekly radio programme called Living with AIDS, which broadcast on SABC national channel SAfm at a prime slot at 7.45am on a Thursday morning. Health-e News also produced health-related programmes for Umhlobo we Nene, Ukhozi and other African language radio stations.

Reach: written articles

When Health-e News began, its predominant focus was on national news, but over time it has extended to include news about issues specific to different geographic locations, as illustrated in figure 5.

⁴ Due to rounding, percentages in the pie chart do not add up to 100, or to 16 in the side bar detailing the 'Other' pie slice. Also, whereas the total number of written articles produced by Health-e News between 2005 and 2014 was 1,850, the total number of articles in this figure is 2,977. The difference is due to the fact that a specific Health-e News piece often appears on more than one outlet platform.

“The CJs were introduced to improve our ability to cover local health issues, and data shows that we have achieved this.”

Kerry Cullinan, Health-e News managing editor⁵

The reach of Health-e News stories across newspapers and online outlets is impressive. Significantly, Health-e News has been contracted by mainstream media clients to provide them with health-related stories. These include major popular newspapers such as the Daily Sun with a readership of more than five million, and weekly papers such as the Sunday Tribune and the Mail & Guardian (which has more of an intellectual bent), with readerships of about 300,000 and 550,000, respectively (South African Audience Research Foundation, 2015).

⁵ January 2016, on review of this report.

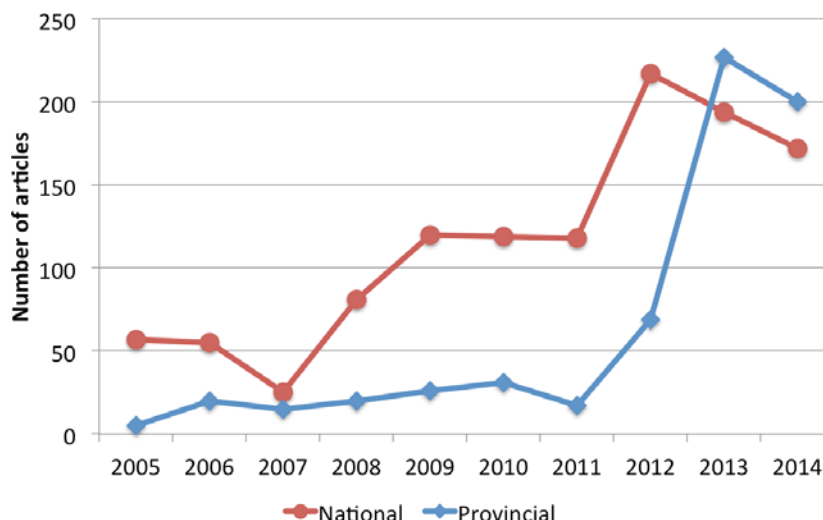


Figure 5: Geographic scope of Health-e News articles 2005-2014

Health-e News has media clients serving specific provinces and reaching all of the major urban centres. It has recently been contracted by clients providing online news, including Health24 which reputedly has more than 300,000 individual South African visitors every month.⁶

In addition to commercial media, Health-e News has allowed community newspapers such as Khanyisa Weekly (Ermelo, Mpumalanga) or Sosh Times (Soshanguve, Gauteng) to use its stories free of charge. As shown in table 1 further above, community print media published a total of 32 stories between 2005 and 2014, pulling stories from Health-e News' website or via pitching by the Health-e News print editor.



⁶ This according to The Space Station (advertising sales agency).

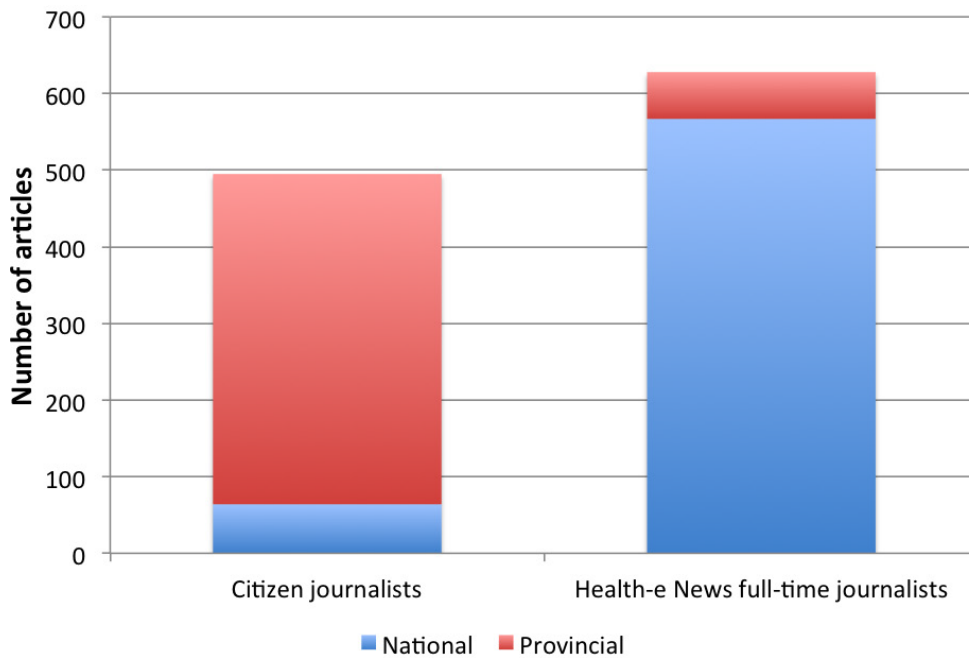


Figure 6: Geographic scope of Health-e News articles by citizen journalists and by full-time journalists 2012-2014

Reach: Health-e News' website and social media

The growth in public engagement with Health-e News' own website is indicative of the public's increasing recognition of the website as a key source of news, information and education.

In a recent survey conducted by GreaterCapital, about 55% of 181 online readers surveyed reported being in the health sector (Tswaedi, 2014).

Website analytics, implemented since January 2013, suggest that more than 60% of people who use the Health-e News website log on from South Africa, with other users visiting the website from countries such as the US (7.8%), Kenya (5.6%), Netherlands (3.6%), UK (2.7%) and India (2.3%).

Most visitors are from urban locations, with almost a fifth of users coming from Johannesburg, 13% from Pretoria and the same from Cape Town. The website is visited from computers (more than half of visits), followed by mobile devices (38%) and tablets (9%).

From 2013, Health-e News began focusing more on engaging with readers via the web and social media.

From August 2013 to October 2015, website followers increased from only 430 to more than 2,000, and Health-e News' Twitter following went from an August 2013 baseline of 430 followers, to almost 1,700 followers as of May 2015.

Health-e News' Facebook following is showing consistent growth, from a baseline in August 2013 of 141 'likes' to 667 by May 2015. As expected, the reach of stories via Facebook shifts enormously

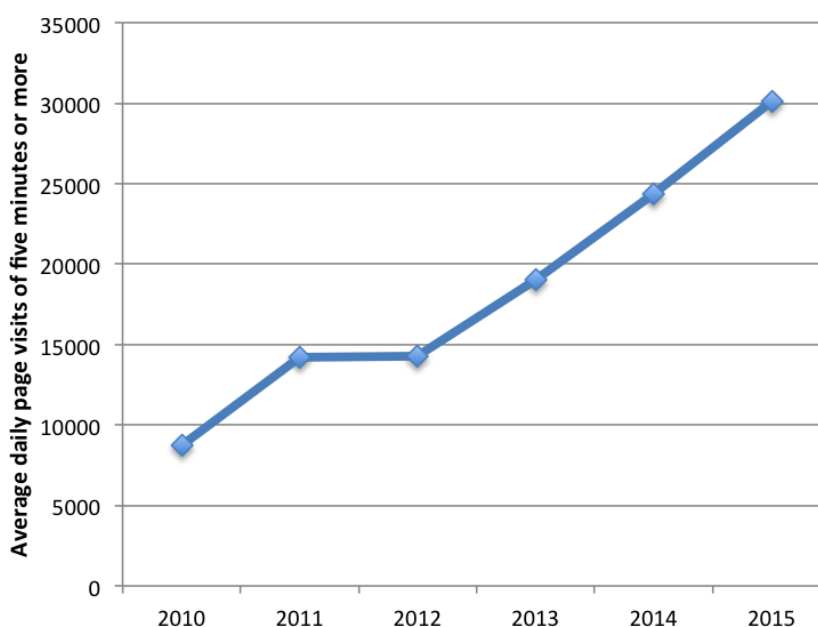


Figure 7: Average daily page visits to the Health-e News website of five minutes or more 2010-2015

depending on story type and user engagement, with some stories being picked up by as many as 2,000 Facebook user. In 2015, almost 80% of the reach of Health-e News' Facebook page was in South Africa, followed by 7% in the US, 4% in the UK, and about 3% in other African countries. In May 2015, on average about 7% of those reached on Facebook engaged with Health-e News content.

Facebook remains by far the most important platform in terms of directing traffic to the Health-e News website – almost 90% of referrals come from Facebook. Twitter accounts for a lot less traffic (10%) but for more time spent actually reading content on the website.

Health-e News uses social media not only to promote its stories but also to provide readers with additional information, including live tweeting

from events and answering reader questions. For instance, on 12 August 2015, Health-e News received a tweet from @WilliamsAsanda asking for help to find the contacts of a public hospital where his sister had been admitted. Health-e News helped him find his sister.





Health-e News uses social media not only to promote its stories but also to provide readers with additional information, including live tweeting from events and answering reader questions.

Reach: TV

As mentioned, Health-e News' television clients include the SABC's Special Assignment and Cutting Edge, e.tv's Checkpoint and M-Net's Carte Blanche.

Health-e News contributes not only to English television programming. It produces 24-minute long documentaries for Cutting Edge, which on average has a viewership of over one million people per episode. Cutting Edge has a mandate to broadcast programmes in Nguni languages (isiZulu and isiXhosa). Most documentaries that Health-e News produces for Cutting Edge feature a 60/40 or a 70/30 language split, with Nguni languages the majority and English the minority language in the documentary. This ensures that Health-e News content is reaching a wide audience and appeals to South Africans beyond just those who speak and understand English. This is particularly important when covering rural health stories. It also ensures

that people who share their stories with Health-e News are able to speak and articulate their stories in their first language.

Health-e News content, however, is distributed as widely as possible after it has premiered on the client's platform. Health-e News short inserts and long-form documentaries have been broadcast on community TV stations across the country and on satellite channels available throughout Africa, including Soweto TV, Bay TV, 1 KZN TV and ED TV. All of the documentaries produced by Health-e News between 2010 and May 2014 are also being screened in waiting rooms in 52 clinics across Gauteng through Wellness TV, and a series of films about the NHI commissioned from Health-e News by the DoH are screened in clinic waiting rooms throughout the country.

Health-e News [documentaries are] reaching a wide audience and appeal to South Africans beyond just those who speak and understand English. This is particularly important when covering rural health stories.



Reach: radio

The listenership numbers in table 2 give an indication of the importance of radio in South Africa towards the end of 2012 as Health-e News' radio unit was coming to an end. Radio provided Health-e News with the opportunity to reach populations who are not reading newspapers and to engage them in their own, diverse, languages. The loss of the radio unit meant the loss of a significant rural audience in particular, something which citizen journalism seeks to redress, albeit not in radio form.

Radio station	Listenership
Lotus	331,000
Motsweding	3,141,000
SAfm	517,000
Thobela	3,198,000
uKhozi	6,798,000
Umhlobo we Nene	4,131,000

(Source: South African Audience Research Foundation, *Commercial Radio Summary RAMS 2012*, Jul-Oct 2012)

Table 2: Listenership for radio stations that carried Health-e News stories July-October 2012

Radio provided Health-e News with the opportunity to reach populations who are not reading newspapers and to engage them in their own, diverse, languages.





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Issue coverage

Health-e News' initial focus was HIV and AIDS as well as the capacity of the health system to deliver services, but over time this has extended into a range of health issues.

Print and online

Figure 8 gives an overview of the issues covered, print and online, by Health-e News between 2005 and 2014, as well as a broad idea of the composition and shifts in coverage over this period.

As can be seen from this figure, HIV and AIDS (stories relating to prevention, treatment, activism, and so on) made up the bulk of stories in the earlier

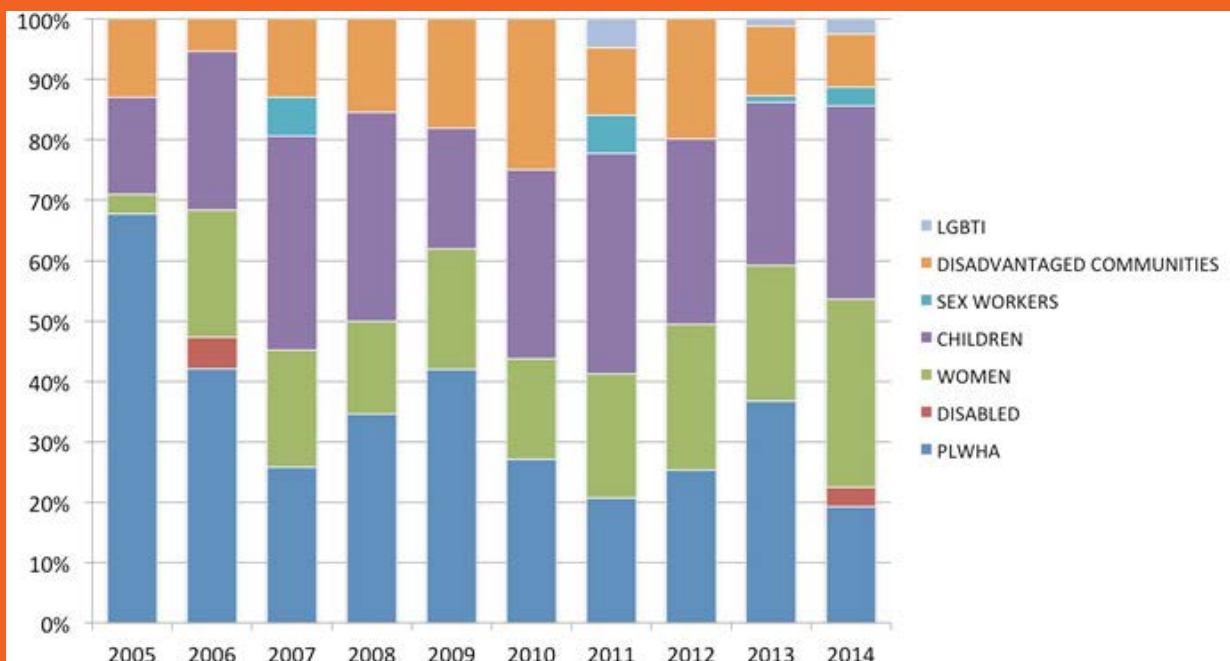


Figure 8: Issues covered by Health-e News print and online 2005-2014

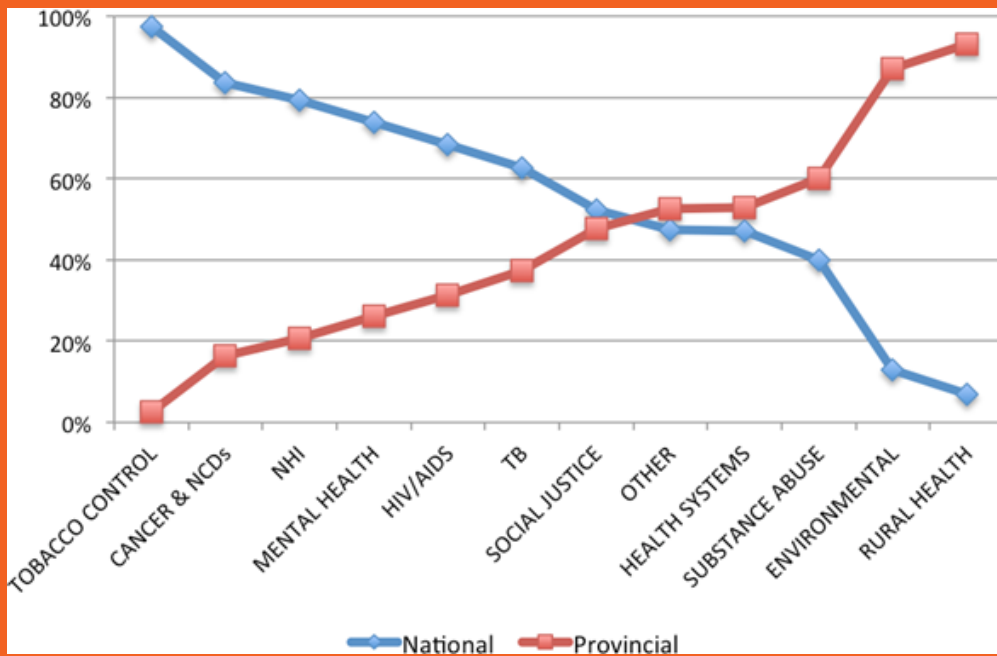


Figure 9: Comparison of issue focus by geographic level 2005-2014



part of the 2005-2014 period, whereas issues like rural health, and cancer and non-communicable diseases (NCDs) have come more to the fore in later years. Issues such as tuberculosis (TB) and health systems (stories dealing with government, the DoH, human resources in health, hospitals, clinics, and so on) have each represented a more or less steady share of coverage over this period. Newer issues gaining coverage include substance abuse, mental health and environment (stories about water and sanitation, for example).

Figure 9, which distinguishes national from provincial/local stories by issue, suggests that the location of some CJs in rural areas has increased Health-eNews' attention to challenges in those locations, including environmental issues.

TV

Of the 63 TV programmes produced by Health-eNews between 2008 and 2014, about half of them have been about HIV and AIDS or health systems; other frequent issues have been TB as well as substance abuse, cancer and NCDs.

Radio

As noted, the radio unit at Health-eNews produced 664 radio stories from the beginning of 2005 up to its closure in December 2012. Not surprisingly – again mirroring the general focus areas of Health-eNews in its earlier days – by far most radio stories were about HIV and AIDS (almost two-thirds), followed by stories about health systems (accounting for a fifth of radio stories). The most important other issues covered on radio were TB, cancer and NCDs.





Outcomes

What do clients and others in the media and health field think about the quality of Health-e News' work? And how does its work support social change?

A pre-eminent news source

Client satisfaction

While finding clients is core to the work of Health-e News and is therefore arguably an output, clients choose where to buy their stories, so the organisation's ability to retain and find new clients is indicative of its continuing perceived quality.

Three evaluations have assessed and found high levels of client satisfaction with Health-e News (Harber, 2009; Moyo & Moyo, 2010; Tswaedi, 2014). The most recent, covering 2010 to 2013, noted that print clients:

[...] commended Health-e's work, particularly for its content, consistency, and reliability [and] for its great level of accuracy [...] One print client who deals directly with letters to the editor mentioned that it usually received responses from medical professionals and academics. This was seen to demonstrate that pieces done by Health-e News are taken seriously. (Tswaedi, 2014, p. 6 & 7)

Health-e News has been able to track and cover the experiences of individuals through pregnancy, through breast cancer and through drug rehabilitation processes. This reach and depth shape Health-e News' pitches to clients, knowing that this is its unique added value.

Television clients have told Health-e News TV staff that Health-e News content is particularly valuable to them in the context of shrinking news rooms and lack of specialist journalism, which prevent their own reporters from producing material – there are no funds to travel and reach into rural areas, or to develop and produce stories over a longer time frame. Clients' own reporters are usually on a short six-week rotation cycle for each story. In contrast, Health-e News has been able to track and cover the experiences of individuals through pregnancy, through breast cancer and through drug rehabilitation processes. This reach and depth shape Health-e News' pitches to clients, knowing that this is its unique added value.



Awards and invitations

The quality and relevance of Health-e News' work is reflected in the way that its journalists are almost routinely recognised through awards. These include, among others:

- the Kaiser/CNN Award for Excellence in HIV/AIDS Reporting in Africa in 2006 and 2009
- various Vodacom awards in 2007, 2008, 2011 and 2015
- Discovery Health journalism awards every year between 2008 and 2013
- the Global Health Council's Excellence in Media Award for Global Health in the community media category in 2008
- second place in the 2014 Africa Story Challenge (health) sponsored by the African Media Initiative.

Similarly, Health-e News journalists are invited to share their insights at health, civil society and journalism events, including journalism training programmes and medical conferences such as the SA AIDS Conference and the Southern African HIV Clinicians Society Conference.

In 2015, the organisation was also invited to conduct media training for Médecins Sans Frontières and the AIDS Rights Alliance of Southern Africa. Health-e News taught members of organisations representing sex workers, men who

have sex with men and transgender women about how to work with the media.

Also in 2015, Health-e News was invited to the Jozi Book Fair to moderate discussions between community health workers and members of the provincial Gauteng legislature.

Stories are repeatedly reused

Health-e News' television documentaries are held in high regard by other television journalists. As such, Health-e News is often approached by other television journalists and television shows with requests to reuse its archive content to supplement their shows.

For example, in 2013, Amanda Kruger, the producer of SABC programme Health Talk, contacted Health-e News to ask whether Health Talk could have access to Health-e News' archive footage. Health Talk is an hour-long, thorough and informative talk show that airs on the SABC News DStv Channel 404. Since this initial request, Health-e News has made a lot of archive content available to Health Talk. For example, a Health-e News insert on medical male circumcision (MMC) was aired by Health Talk on 30 November 2013. Following the broadcast, Kruger emailed Health-e News noting, "I would like to thank you for that

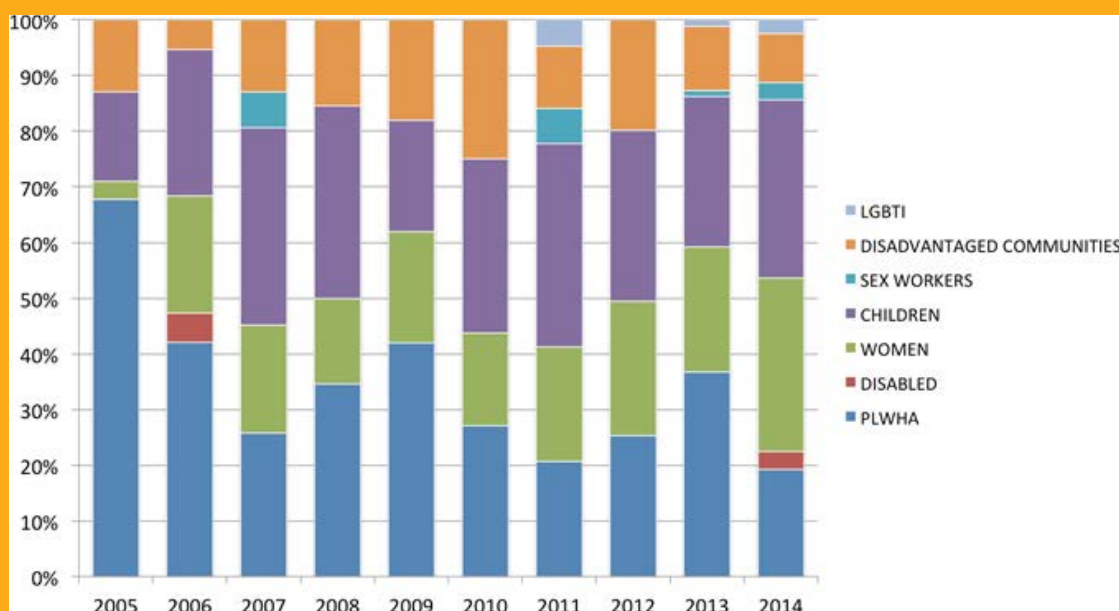


Figure 10: Marginalised groups covered in Health-e News print and online stories 2005-2014

informative insert. It contributed greatly to the show.” (Health-e News email communication, November 2013)

Another example is a call from Busi Kuzwayo, the producer of SABC talk show *Shift*, to Health-e News on 2 September 2015. *Shift* is a popular, bi-weekly talk show that aims to get viewers thinking and talking about shifting their mindsets and changing their attitudes. Kuzwayo mentioned that she had previewed an edit (not yet broadcast) of a video on bipolar disorder that was being produced by Health-e News for YOTV. She mentioned that *Shift* had an upcoming show focusing on mental health and that the insert would really assist the show. This was discussed with YOTV and it was decided that since the insert was produced for YOTV they would get first broadcast rights. Thereafter, *Shift* would be able to reuse the insert in its mental health show.

Relationships like this enable Health-e News to be a provider of inserts that bolster and support in-studio discussions by providing examples of out-of-studio real life case studies of people’s experiences

of the topic at hand. This also ensures that Health-e News’ archive content is put to good use and that inserts reach multiple and diverse audiences through more than a single broadcast.

Health-e News has similar outcomes of its print materials where groups reuse already published materials. In addition, advocacy groups and public health education groups also reuse already published Health-e News stories as discussed below.

Amplifying the voice and concerns of people on the margins

The content of Health-e News’ stories demonstrates that the organisation is achieving its intended objective of increasing coverage of health pertaining to people or issues on the margins. While it is not possible to measure the impact of every story, it is clear that Health-e News is giving diverse public audiences (readers of English-language newspapers, radio listeners, TV audiences, users of social media) access to news they would otherwise not have.

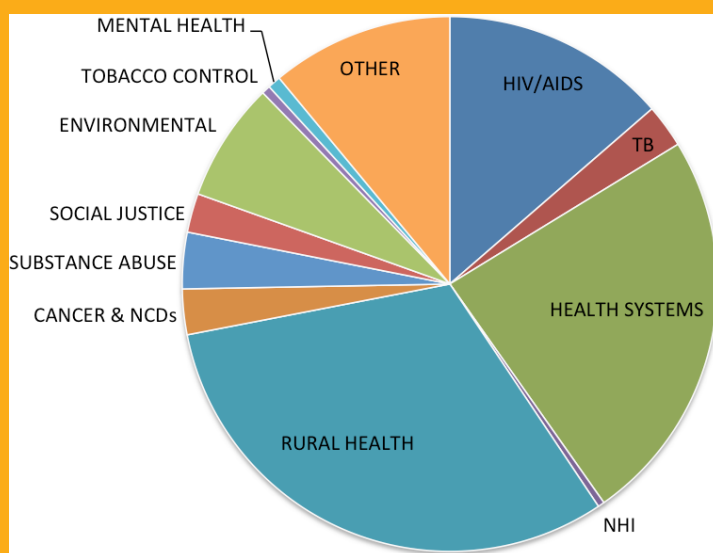


Figure 11: Issues covered by citizen journalists 2012-2014

There are no other news agencies in South Africa routinely covering the health issues and specific populations that Health-e News covers.

[I]t is clear that Health-e News is giving diverse public audiences [...] access to news they would otherwise not have.

Figure 10 on the previous page illustrates the range of groups whose stories have been highlighted by Health-e News over the 2005-2014 period and the relative weight of these in terms of coverage. Health-e News began by focusing on HIV and AIDS and on the experiences of people living with HIV and AIDS (PLWHA) – that is, on the needs and rights of people who were deeply stigmatised and vulnerable. This became a niche but has broadened to include other issues and marginalised groups, notably lesbian, gay, bisexual, transgender and intersex (LGBTI) people, sex workers, disadvantaged communities, children, women and the disabled.

Figure 10 is an interesting indication of changing health policy in South Africa. Although antiretroviral medication was available in public health from 2004, it was difficult to get. AIDS denialism was still rife

and the then health minister, Manto Tshabalala-Msimang, and President Thabo Mbeki both publicly expressed reservations about the safety of antiretroviral drugs (ARVs). Thus, in 2005, it was important to write stories about PLWHA.

In 2009, there was a change in government and a huge change in attitude towards HIV and AIDS, with universal access to ARVs being part of the new push against the pandemic. Consequently, Health-e News' coverage of PLWHA started to wane and stories about women and children became comparably more important, making up almost two-thirds of the voices reflected by 2014.

The relative increase in attention to marginalised and at-risk groups such as sex workers, the disabled and LGBTIs also mirror the many findings of international and local research that tells us that these groups remain disproportionately affected by HIV and AIDS due to, among other factors, poor access to health services.

When focusing on issue coverage over the past few years, a striking impact of the citizen journalism initiative is that it has enabled greater coverage of issues facing rural people who generally have least

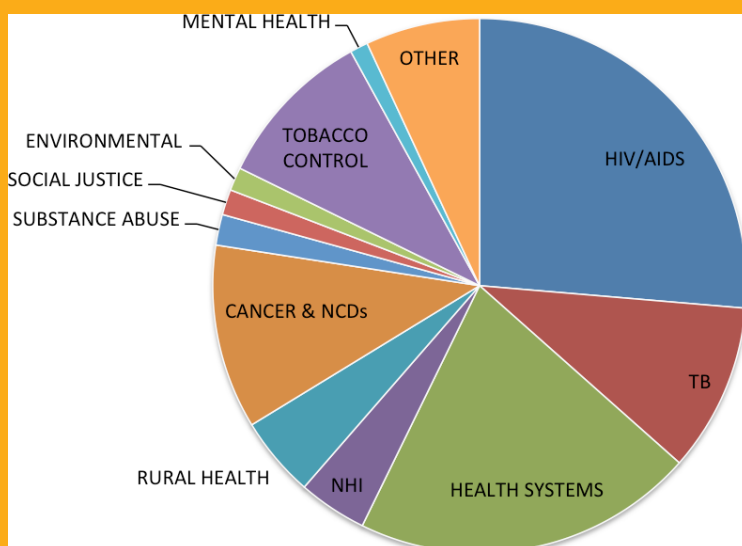


Figure 12: Issues covered by Health-e News staff journalists 2012-2014

access to health care, as seen in figures 11 and 12, comparing issues covered by CJs relative to those covered by Health-e News staff journalists.

"I think (we play) a very crucial role because we have a chance to be able to expose the challenges that our communities, at a grassroots level, are facing."

Tshilidzi Tuwani, citizen journalist, Tshwane⁷

TV programmes focus on stories of particular people and it is often difficult to label them to fall firmly within a specific marginalised population group. However, to the limited extent that story titles allow identification of population groups, most programmes focused on children, followed by PLWHA.

In 2014, Health-e News began producing an ongoing series of mini-documentaries on adolescent health for YOTV's Blue Couch, an SABC youth talk show. The six-minute inserts each feature one youth and offer a real-life, out-of-studio

example of the topic being discussed in the studio. So far, topics have included HIV, MMC, disability, being gay at school, organ donation and substance abuse. Importantly, each video features only the voice of the youth – it is entirely their story and their platform. In this way, Health-e News is able to create content in which youth are given agency and are able to share with and educate their peers.

We all feel that what the inserts did for our show was bring a sense of reality to the topic, it gave our viewers real-life case studies to look at. YOTV has been around for 18 years and has had to evolve with our viewers as the years have gone by. Now more than ever, the youth want to talk and discuss a wide variety of topics. Never before have we had an opportunity to show our viewers case studies to encourage discussion, and since we have started this the youth are talking more and opening up. YOTV Blue Couch Executive Producer Adelaide Joshua⁸

Of Health-e News' 664 radio stories, 250 of them focused on specific groups; again, although the

⁷ Cullinan, 2015a, p. 1.

⁸ Correspondence with Health-e News Managing Editor Kerry Cullinan, 6 July 2015.



focus of much of the radio programming was on HIV and AIDS (accounting for more than half of radio programmes), Health-e News still drew attention to health issues facing marginalised groups that would otherwise garner little coverage – notably women and children.

Catalysing action

Health-e News does not have a system to routinely monitor the responses of the public or decision-makers to its stories. To do so would require an investment of staff time disproportionate to the size and budget of the organisation. However, Health-e News does frequently pick up evidence of action taken because of its stories, and the process of research for this case study has supported the organisation in developing a database that allows it to capture such outcomes.

Health-e News is permanently on the cutting edge in its news investigation; government, advocacy groups and members of the public all respond to the organisation's investigations into potential stories, and to the stories themselves.



© Treatment Action Campaign



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Case study: Drug-resistant tuberculosis

Health-e News was the first to break the story of cases of extensively drug-resistant (XDR) TB being diagnosed in South Africa.⁹

An analysis of the headline and opening line of stories on Health-e News' database indicates that the organisation has produced at least 80 drug-resistant (DR) TB stories – more than three-quarters of them written (print or online) and the rest for radio and TV. The stories describe what DR TB is, explore the experiences of people living with it, and highlight advocacy efforts by groups such as the Treatment Action Campaign (TAC) to get the DoH to take action. Figure 13 overleaf shows Health-e News' coverage of DR TB between 2005 and 2014.

Health-e News' DR TB coverage reflects its theory of change in so far as it aims to influence public knowledge and behaviour; amplify the experiences of marginalised people and the voices of activists for equitable health care; and pressure government into action. The illustrative examples of reports below show this mix in relation to DR TB.

⁹ *Super-resistant TB strains overburdened hospital*, by Kerry Cullinan. Health-e News website: 24 March 2006.

Scope of the problem:

- poverty, lack of adherence to treatment regimes and a lack of infrastructure in the Eastern Cape are the main problems that make curing of TB a major challenge. Eastern Cape MEC¹⁰ for Health Bevan Goqwana says many people in rural areas quickly develop resistance and succumb to TB because they do not take their medication properly¹¹
- about 279,000 South Africans were diagnosed with TB in 2004, up from 185,000 cases detected a year earlier. But while South Africa's TB detection rates are improving, only a few people are getting cured¹²
- XDR TB has now spread to most parts of KwaZulu-Natal after being confined mostly to the Tugela Ferry area. Bruce Margot, head of the provincial TB programme, says XDR TB in the province is "slowly smouldering"¹³

¹⁰ Member of the Executive Council (MEC) is the title used for provincial cabinet members.

¹¹ *Lack of adherence a major problem for TB cure in the Eastern Cape*. Health-e News website: 24 March 2006.

¹² *Information equals better TB cure rates*, by Khopotso Bodibe. Health-e News website: 27 March 2006.

¹³ *XDR TB on the rise in KZN*. Health-e News website: 23 March 2011.



Case study (continued)

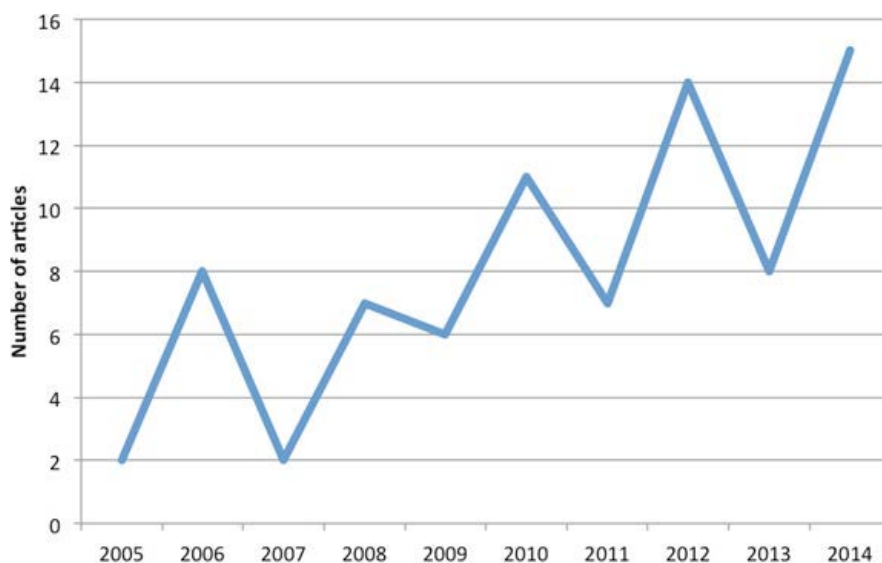


Figure 13: Health-e News print, radio and TV stories on drug-resistant tuberculosis 2005-2014

- patients who are not receiving chronic ARV and TB medication due to stock-outs at clinics are worried that they will develop resistance to their treatment.¹⁴

Individual experiences:

- there is only one way to get well after being diagnosed with multi-drug resistant TB. It is to stay positive and to adhere to taking the prescribed treatment. This according to Siphamandla Nkukayi, an in-patient at Sizwe Hospital in Gauteng¹⁵
- a 36-year old man in Lusikisiki in the Eastern Cape is left with one functioning lung after a severe TB infection. He is frustrated with the health services, whom he feels keep him in the dark about his condition¹⁶
- the power of understanding and support gave two Saulsville residents the courage to see their TB treatment through to the end. Both are now

healthy and try to tell as many people as they can that a TB diagnosis is not a death sentence.¹⁷

“My name is Lungi Langa. I am a 24-year-old HIV-negative health journalist. I am living with TB. It sounds odd when I say that. But it’s real.”

Lungi Langa, former Health-e News intern¹⁸

The science:

- the long duration of treatment and huge pill doses that TB patients must take are seen as the major obstacles to patient compliance. It is for these reasons that scientists are working to discover new and better medicines to cure TB¹⁹
- pharmaceutical giant Tibotec and the non-profit Global Alliance for TB Drug Development (TB Alliance) have teamed up to expedite the development of TMC207, which could become

¹⁴ *Patients worried as medicine stock-outs continue*, by Mishack Mahlangu, Tshilidzi Tswana & James Thabo Molelekwa. Health-e News website: 15 July 2013.

¹⁵ *Coping with MDR TB*, by Ayanda Mkhwanazi. Health-e News website: 2 April, 2012.

¹⁶ *OurHealth: TB patient in the dark about treatment*, by Mtshana Mvlisi. Health-e News website: 21 October, 2012.

¹⁷ *Finish your treatment and live, say two ex-TB sufferers*, by Tshilidzi Tswana. Health-e News website: 25 April, 2014.

¹⁸ *I didn’t think I’d have TB*, by Lungi Langa. Health-e News website, 23 March 2010.

¹⁹ *Finding better cures*. Health-e News website: 31 March 2006.



the first TB drug with a new mechanism of action in 40 years²⁰

- TB is the leading cause of natural death in South Africa and over 10% of all new TB cases are drug-resistant. One of the most important measures for controlling the spread of the bacteria is quick diagnosis and treatment. Revolutionary new testing technology may make this possible²¹
- the first new TB treatment in 50 years was recently approved by the US Food and Drug Administration; efforts strengthen to make the drug available in South Africa.²²

Advocacy:

- the TAC says TB is underfunded and that progress and action against the epidemic is slow. TB has been one of the most important causes of premature death in South Africa, made worse by the HIV pandemic²³
- advocacy drives by civil society organisations are bringing about positive change in Lusikisiki in the

Eastern Cape – for example, a new sophisticated TB diagnostic machine at the St Elizabeth Hospital in Lusikisiki²⁴

- civil society groups have called for government to declare DR TB a public health emergency, as the DR TB response remains underfunded. Minister of Health Dr Aaron Motsoaledi, however, has not joined health workers and experts in supporting this call.²⁵

Decision-makers' actions and responses:

- health officials countrywide are battling to cope with the growing numbers of patients with DR TB, and provinces are divided about whether to hospitalise all patients or not²⁶
- despite government promises, there are no guidelines on how TB and HIV services can be integrated, and this delay is killing patients²⁷
- health care providers in Khayelitsha on the Cape Flats outside Cape Town are once again blazing the trail, finding innovative ways to tackle the DR TB epidemic with great success by decentralising the treatment to primary care level rather than relying on the overburdened hospital system²⁸
- all patients diagnosed with DR TB will now have access to a promising new drug called Bedaquiline, which is still undergoing trials, via a clinical access programme driven by the national DoH.²⁹

²⁰ *New development in TB treatment.* Health-e News website: 18 June 2009.

²¹ *Breakthrough in TB diagnostics*, by Fathima Simjee. Health-e News website: 30 March 2011.

²² *SA TB patients need newly approved drug.* Health-e News website: 9 January 2013.

²³ *TAC: TB neglected*, by Dipuo Sedibe. Health-e News website: 29 March 2011.

²⁴ *Diagnostic machine a boon for TB patients.* Health-e News website: 23 November 2012.

²⁵ *DR-TB a 'public health emergency' – activists and Minister does not join call for DR-TB emergency*, both by Laura Lopez Gonzalez. Health-e News website: 11 & 17 June 2014, respectively.

²⁶ *Provinces struggle with drug-resistant TB.* Health-e News website: 23 October 2008.

²⁷ *Integration of TB and HIV services 'not rocket science'.* Health-e News website: 3 June 2010.

²⁸ *The success of decentralising DR-TB treatment*, by Anso Thom. Health-e News website: 23 March 2011.

²⁹ *Drug-resistant TB patients have access to new drug*, by Sibongile Nkosi. Health-e News website: 21 June 2013.



Health-e News is permanently on the cutting edge in its news investigation; government, advocacy groups, and members of the public all respond to the organisation's investigations into potential stories, and to the stories themselves.

Spurring Department of Health action

Health-e News' ability to catalyse action is partly because journalists can "cut through red tape" (Cullinan, 2015b). Many politicians and government managers fear negative press and hence respond quickly to queries from journalists. Some illustrative examples of how Health-e News stories have contributed to influencing action by the DoH include:

- in December 2007, Health-e News reported on the rural village of Nqileni in the Eastern Cape, where many newborn babies were dying of severe diarrhoea. There was no access to clean water and no toilets, and people and animals were all drinking from the same dirty water source.³⁰ The articles caught the attention of the Minister of Water Affairs and a delegation was sent to the village to investigate the deaths and the lack of water and sanitation. After this visit, a borehole was installed in the village
- in June 2009, Health-e News reported on the decision by the Edendale Hospital in KwaZulu-Natal to suspend the initiation of ARV treatment for new patients because of staff shortages and lack of space. The articles were published in



the Sunday Tribune and led directly to a high-level intervention at the hospital involving the KwaZulu-Natal premier and health MEC, and to the removal of a district health official who had not only sent misleading reports to the provincial DoH but also blocked an international non-governmental organisation (NGO) from assisting the hospital³¹

- in March 2010, the Health-e News documentary *In the line of duty* (about health workers being most at risk of getting TB) broadcast on the SABC's Special Assignment.³² One of the case studies featured in the film was that of Nerissa

³⁰ See for example, *Nqileni: The E Cape village that fell off the map*, by Anso Thom. Health-e News website: 19 December 2007.

³¹ See for example, *Staff boost for ailing Edendale*, by Kerry Cullinan. Health-e News website: 17 July 2009.

³² *In the line of duty*, by Sasha Wales Smith and Fathima Simjee. Health-e News website: 26 March 2010.



Pather, a former medical doctor who contracted TB meningitis due to lack of infection controls at the hospital she was working at, and was subsequently left wheelchair-bound and in incredible pain. What is more, she was not receiving the compensation she was entitled to. The week after the programme aired, the MEC for health in KwaZulu-Natal visited her at her home and undertook to ensure she received the compensation she was owed

- in June 2011, a Health-e News story in The Star newspaper on the deaths of premature babies at the Jubilee Hospital in Gauteng³³ resulted in the provincial DoH buying the hospital five new incubators (the incubators the hospital had were all broken), although the department denied that the lack of incubators was the cause of the babies' deaths
- in October 2014, Suprise Nemaale, a CJ who was a 'youth groundbreaker' in the organisation LoveLife, combined her citizen journalism role with a role in educating young people in her community. As part of her investigation into a story on lack of water in two villages in the Vhembe district in Limpopo, she hosted a dialogue with community members and an elected councillor. He promised to solve the problem and two weeks later water was restored³⁴
- in April 2015, The Star newspaper carried CJ Thabo Molelekwa's story about a man diagnosed with meningitis dying at the Natalspruit Hospital in Vosloorus east of Johannesburg, allegedly after waiting on a gurney for 12 hours for a bed.³⁵ The next day, Gauteng MEC for Health Qedani

Mahlangu announced that the provincial DoH was appointing 27 new health workers to the hospital.

Prompting action by members of the public

There are also cases where citizens have taken action in response to Health-e News stories. For example:

- in April 2008, M-Net's investigative programme Carte Blanche broadcast a Health-e News documentary on the critical shortage of health professionals in Mpumalanga and the impact this was having on patients. Following the broadcast, viewers called in and offered to pay for medical assistance to one of the patients who had suffered a botched operation by a locum doctor but who could not afford proper care to put this right
- in October 2011, after the broadcast of the Health-e News documentary *Behind her smile* (about a young mother's battle with breast cancer) Health-e News was informed by the client, the SABC's Special Assignment, about the many emails the Special Assignment team had received from viewers saying that the documentary had prompted them to have breast exams and mammograms. Health-e News staff also received emails from viewers about their own experiences with cancer and requesting further information – these individuals were referred to cancer organisations that offer support. Some viewers also set up a bank account for people to send donations for the woman's young daughter
- in March 2012, Health-e News was contacted by Dr Kishor Bugarith, a senior lecturer at the University of Cape Town's medical school, requesting copies of Health-e News documentaries to be used as part of the teaching and training of medical students.

³³ *Five babies die from faulty incubators*, by Dipuo Sedibe. Health-e News website: 24 June 2011.

³⁴ *Water restored to Matavhela and Mufulwi*, by Suprise Nemaale. Health-e News website: 15 November 2012.

³⁵ *Man dies after alleged 12-hour wait for Natalspruit Hospital bed*, by James Thabo Molelekwa. Health-e News website: 29 April 2015.



Helping individual members of the public

Individual members of the public use social media as well as telephone to ask Health-e News for help.

For example, in September 2012, after the broadcast by the SABC's Cutting Edge of the Health-e News documentary *Secrets and lies* (about multiple and concurrent partnerships and the spread of HIV/AIDS) several viewers contacted Health-e News to find out more about where to get tested for HIV in their areas.

Raising awareness and amplifying activism

Health-e News both brings issues to the attention of activist community organisations and amplifies concerns of such organisations. Some illustrative examples of this interaction include:

- between 2006 and 2008, Health-e News reported extensively on German vitamin salesman Matthias Rath and his Rath Foundation. Rath was encouraging HIV-positive people to abandon ARVs for his multivitamins. Health-e News searched for, found and interviewed families of people who died while following the Rath vitamin regime, and their testimonies were included in

the court action launched by the TAC against Rath and government. The judge ruled that government had a responsibility to investigate Rath, and Health-e News was acknowledged by the TAC as playing a critical role in driving the Rath Foundation out of the country. Two Health-e News journalists published a book on AIDS denialism called *The Virus, Vitamins and Vegetables: The South African HIV/AIDS Mystery*.³⁶

The book launched at the SA AIDS Conference in Durban in 2009 and was followed by a series of books that became the focus of media attention as key public figures – from former Deputy Health Minister Nozizwe Madlala-Routledge, to Salim Abdool Karim, a prominent epidemiologist and infectious diseases specialist, and Judge Edwin Cameron – gave expression to the national concern regarding government denialism

- in 2009, the Health-e News documentary *Baby blues* was broadcast on e.tv's 3rd Degree, covering how some HIV-positive women in South Africa and Namibia had been sterilised by hospitals without proper consent, an issue that civil society groups subsequently took to court
- in October 2012, CJ Mtshana Mvlisi, who was a

³⁶ Cullinan, K., & Thom, A. (2009). *The Virus, Vitamins and Vegetables: The South African HIV/AIDS Mystery*. Johannesburg: Jacana.



TAC member, discovered that the Village Clinic in Lusikisiki in the Eastern Cape had been closed because the provincial DoH had failed to pay rent. He covered the closure, the relocation to a park home with no running water, and the community campaign about it led by the TAC. The campaign ultimately resulted in the commitment by the provincial DoH to establish a new clinic, a process which is currently underway³⁷

- in September 2014, CJ Cynthia Maseko reported on a TAC march to a clinic in Mpumalanga. Protesters demanded improved service delivery and a stop to medicine stock-outs.³⁸ This was the result of a partnership between the TAC and Health-e News to draw attention to the concerns of community members regarding health service failure.

A number of civil society groups such as the TAC, Amandla.mobi, Soul City and Local Government Action share Health-e News stories to promote discussion on their own media platforms – see for example the tweet copied in here by the TAC’s head of policy, communications and research, Marcus

Low. Another example is Rise, Soul City’s talk show for young women broadcast by the SABC.

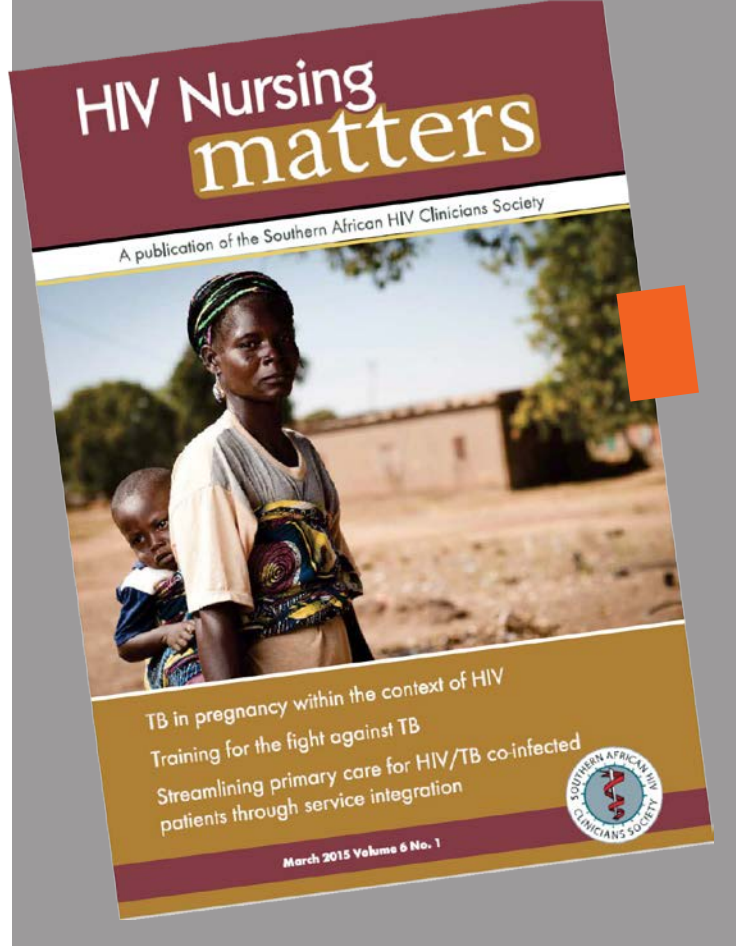


Educating the public and health care providers

Stories by Health-e News are also used to educate the public and health care providers. An example of this is the collaboration in 2011 between one of Health-e News’ donors, Johns Hopkins Health and Education in South Africa, and the DoH to show an award-winning Health-e News documentary (on preventing mother-to-child HIV transmission) at antenatal clinics and also use it in training sessions for counsellors.

³⁷ See for example, *Village Clinic: TAC pressure sees minister step in*, by Mtshana Mvlisi & Tandeka Hlongwane. Health-e News website: 8 July 2013.

³⁸ *Treatment Action Campaign marches on Mpumalanga clinic*, by Cynthia Maseko. Health-e News website: 18 September 2014.



Also, in 2013, Health-e News partnered Big Fish – a film school for students from disadvantaged backgrounds—to produce 14 short films on aspects of health transformation in the run-up to the introduction of the NHI. These have been shown to health workers by health managers in districts and in public clinic waiting rooms across the country.

Comments from DoH staff on the Health-e News website reinforce the value of the organisation's materials. Below, some examples of this feedback.

As a health care professional, I use health-e to follow health system related issues and new research, etc. DoH clinical psychologist (Tswaedi, 2014, p. 10)

I am a librarian at a state hospital. I need an overview of health developments for my own understanding of the field and I also run an in-hospital information service. I pass on relevant information to nurses and medical staff. Especially important has been advertising and making available the DoH Guidelines in pdf e.g. TB and Children Guidelines recently made available on your site. Health-e is a great

provider of current, relevant information and helps fill the gaps... Please keep up the good work!
Public hospital librarian (Health-e News website)

Interesting current Health info hot off the press.
DoH manager (Health-e News website)

Tomorrow I will be assisting with a training on Quality Improvement for the DoH in Port Elizabeth. Core Standards will be covered. This [information on website] is an appropriate example to use to illustrate practices measured against the core standards. NGO clinical care coordinator (Health-e News website)

Other examples of Health-e News stories serving educational purposes include:

- in June 2014, The Star newspaper ran CJ Tshilidzi Tuwani's story *My friend died even though he knew about HIV*. In the beginning of July the same year, the TAC's Bonginkosi Mthembu, who subscribes to the newsletter of Health-e News, circulated Tuwani's story to TAC provincial offices so that TAC branches could use the article as a case study when conducting workshops on HIV stigma



- the Southern African HIV Clinicians Society's March 2015 edition of HIV Nursing Matters carried two Health-e News stories; one on a Constitutional Court judgment regarding health care providers (*Judgement: Constitutional Court sets certificate-of-need legislation aside*); and another about a tool developed by the Rural Health Advocacy Project to assist policy-makers in determining whether health policies meet the needs of rural populations (*Guidelines: Rural proofing for Health*)
- Similarly, in the June 2015 edition of HIV Nursing Matters, Health-e News supplied all five articles for the news section of the magazine, including one about the pneumococcal vaccine (*Pneumococcal vaccine cuts hospitalisations by 70 percent*), one on sex workers (*Guidelines: Study estimates 153,000 sex workers active in South Africa*) and one by CJ Bontle Motsoeneng about a young woman having sex with older men to get money to feed her family (*'Isleep with older men so that we can eat'*).

Providing leads for further investigation

As Health-e News' theory of change indicates, the process of investigation and of putting out stories lead to responses from the public, which can alert Health-e News to the need for further investigations.

The following note on Facebook is illustrative:

Dec 08, 2014 1:19pm

I would like to remain anonymous, some health workers don't know how often should they collect blood for viral load. And some they collect the blood but they don't do anything with the results. Am not sure if it's ignorance or lack of knowledge. HIV and Aids data capture, working for the department of health

Building capacity of journalists

Interns

Health-e News was given a three-year grant (2008-2010) by The Atlantic Philanthropies to train interns to improve the standard of health journalism in South Africa. In the first year, it chose three interns from 100 applications and the idea was that three new interns would be trained every year. However, it soon became clear that a year was insufficient to prepare the interns for employment in a competitive media environment. As a result, some interns effectively underwent two years of training. Overall, Health-e News trained six interns. Three of these – Fathima Simjee, Lungi Langa and Sipho Stuurman – remain journalists today, and they all received awards for their reporting while doing their internships. Langa is now the health reporter for the isiZulu newspaper, *isoLezwe*; Stuurman works as a radio producer for the SABC; and Simjee, who started as a TV intern with Health-e News, now runs its TV department as a producer.

Overall, Health-e News trained six interns. Three of these – Fathima Simjee, Lungi Langa and Sipho Stuurman – remain journalists today, and they all received awards for their reporting while doing their internships.

Working with interns prepared Health-e News to take on CJs in the OurHealth programme. In particular, it made clear that training new journalists requires an estimated 25% more work from Health-e News' full-time journalists in terms of management as well as editorial support. However,



in the light of its values and priorities, Health-e News considers this time well spent because it produced competent young black journalists.

OurHealth citizen journalists

Health-e News' OurHealth Citizen Journalism programme has already been described. While 22 of the 45 CJs trained by Health-e News continue to work for the organisation, the others have used their training in diverse ways. For example, one who had no writing experience at all at the start found work with a community newspaper in Standerton in Mpumalanga. Health-e News has also taken on one CJ as an intern and will take on more if it can increase its funding base.³⁹

Journalist and media training

Health-e News staff have often conducted short training sessions for journalists and given talks to various organisations on how to deal with the media. They have also been involved in longer

training sessions, frequently with donors and international agencies. In this vein, for example, Health-e News:

- produced HIV resource materials for journalists with Soul City in 2004
- organised a two-day training workshop for African journalists together with the American Cancer Society, ahead of a cancer conference in Namibia in July 2014
- ran training during a UNAIDS four-day programme on HIV/AIDS reporting for journalists in South Sudan, also in 2014.

Another example relates to a significant focus in Health-e News' work: preventing tobacco companies from expanding into Africa, which they see as a market with great potential. With this in mind, in 2011, Health-e News accepted a contract from the Campaign for Tobacco-Free Kids, to partner with it to run a training course for 30 African journalists and mentoring 15 others on tobacco control and tobacco farming. The aim was to increase public awareness about how tobacco companies have identified the developing world as their new target markets, with the resultant increased vulnerability to smoking-related diseases in Africa. All the mentored journalists subsequently had stories on tobacco published.

³⁹ See also the section *Raising awareness and amplifying activism* above, which gives examples of how the location of CJs within activist movements strengthens the movements' ability to identify issues and to get their concerns into the public space and onto the agendas of decision-makers.

Social justice journalism | Lessons from Health-e News



My productions [...] aired in the main news of Radio Phoenix of Lusaka. I also had some stories aired on Pan Africa Radio also of Lusaka. [...] On Radio Phoenix I produced and presented a popular radio talk show called Let the people talk, besides many others in which various topics on tobacco were discussed.

[...] I was also privileged to run a series of three months, one-hour radio programmes on the national broadcaster ZNBC on behalf of a local NGO. The knowledge from the training equipped me with necessary munition to successfully run the programmes from an informed perspective. John Chola, freelance journalist, broadcaster and media consultant, Zambia

I have published at least 10 articles since the training in 2011. [...] I have been fully immersed in covering tobacco control activities in Kenya, including enlightening the public on the link between tobacco and non-communicable diseases. Consequently, I reported from the two past World Conferences on Tobacco or Health in Singapore and Abu Dhabi. John Muchangi, health writer/editor, Star Newspaper, Kenya

[I published two articles in the] Sunday Express Newspaper. [...] I have since been a tobacco-free advocate/cancer advocate and have been working together with the Kenya Cancer

Association [...] in addressing preventive measures in curbing the cancer menace.

[...] I have also been advocating through writing proposals and recently came up with a 13-episode TV drama series on the dangers of tobacco smoking [which] will be screened on one of the digital TV platforms soon.

Joel Magu, public relations consultant and feature correspondent, Daily Nation, Kenya

Monitoring to support health service improvements

As discussed, the process of investigative journalism can itself catalyse action. Health-e News' full-time journalists and its CJs had been reporting on stock-outs of medicines for some time, when – recognising this role – the Southern African Regional Programme on Access to Medicines and Diagnostics approached Health-e News to participate in a Southern African Development Community initiative, the TENDAI⁴⁰ Project for Community-level Monitoring by Civil Society of Access to Medicines in Southern Africa.

⁴⁰ TENDAI being Tracking Essential National Medicines and Diagnostics Access Initiative.



Districts & clinics	Stock-out events		Restocked in 1 month		Restocked in 2 months		Restocked in 3 months or more		Events not solved in this period	
Alfred Nzo		27		9		0		3		15
Gateway Clinic	11		1		0		1		9	
Meje Clinic Bizana	16		8		0		2		6	
OR Tambo		52		22		2		1		27
Goso Forest Clinic	18		7		1		1		9	
Mpoza Clinic	11		5		0		0		6	
St Elizabeth Clinic	9		2		0		0		7	
Village Clinic	14		8		1		0		5	
Vhembe		11		0		0		0		11
Mathavheli Clinic	4		0		0		0		4	
Tshiombo Clinic	6		0		0		0		6	
William Eddie Clinic	1		0		0		0		1	
Total number of stock-out events	90		31		2		4		53	

Table 3: Instances of stock-outs identified by citizen journalists in the Eastern Cape and their resolution time July 2014-July 2015

In South Africa, the initiative had relied on membership-based activist organisations to play this role, but these organisations were unable to do the required routine monitoring. The CJs of Health-e News were not only on the ground and in the communities, but they were also well informed about the issues and already writing an article a month.

As a result, in May 2013, the OurHealth Citizen Journalism programme began a medicines monitoring project in which CJs took responsibility to check on the availability of 22 essential medicines at their local clinics every month and to send this information to Health-e News, which then reported any stock-outs to the national DoH. The director general of health wrote letters to all

provincial heads of health requesting that they allowed the CJs access to the clinics. The national DoH assisted in selecting which medicines to monitor and the list covers a wide spectrum, from TB medicine, to ARVs, antibiotics, chronic medication and painkillers. The DoH committed to responding immediately to any stock-outs. There was also an understanding that Health-e News could write media articles about any stock-outs, should these not be addressed within two weeks.



[I]n May 2013, the OurHealth Citizen Journalism programme began a medicines monitoring project in which CJs took responsibility to check on the availability of 22 essential medicines at their local clinics every month and to send this information to Health-e News, which then reported any stock-outs to the national DoH.

Importantly, CJs also report these stock-outs to the Stop Stockouts Project (SSP), which was established in 2013 by a group of organisations concerned with health system failure—including Médecins Sans Frontières, the Rural Doctors Association of South Africa, legal group Section27, the Southern African HIV Clinicians Society and the TAC. The SSP has generated a wide range of relationships with activists, health providers and health service users, who report stock-outs, which the SSP then compiles into an annual national report to use for advocacy.

Initially, Health-e News chose 12 different medicines to be monitored every month out of the 22 drugs the national DoH had suggested, to preempt the clinics from anticipating which medicines were to be monitored. However, since July 2014, all CJs have monitored all 22 medicines.

An analysis of the medicine monitoring by the CJs over the period July 2014-June 2015 shows that their monthly reporting from on average 26 local clinics picked up 442 cases of a medicine not being available in a clinic. Some 45% of stock-outs reported by CJs were resolved, i.e. medicines were restocked—in most cases within a month, but in a few cases restocking took two months or longer. To illustrate, table 3 on the previous page shows CJ reporting and restocking statistics for clinics in the Eastern Cape between July 2014 and July 2015.

The medicine monitoring project also serves the purpose of alerting Health-e News to key trends, and the issue of stock-outs has become a focus of its stories as part of the organisation's work on health service capacity. The DoH often highly values this role and uses it to address problems. For example, in



September 2014, CJ Lungile Thamela's story *Soweto clinic hit by nationwide HIV medication stock out* featured in Health-e News' weekly email alert and on its website. Two days later, Thembi Shabangu, sub-district pharmacy manager in Soweto, contacted Health-e News saying she had seen the story and was taking action to address the problem. She also asked Health-e News to send medicine stock-out reports directly to her in the future.

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Further, during a field visit in November 2014 to the Maria Rancho clinic in Pretoria, nurses told the representative of the Making All Voices Count initiative (which provided funding for the

OurHealth Citizen Journalism programme in 2014) that before the medicine monitoring project, certain medicines would be delayed, but now they usually get a call from the province to let them know that medicines will be delivered.







5

Conclusion: learning from the experience of Health-e News

The descriptions of Health-e News' outputs and outcomes in the previous chapters demonstrate how it is pursuing its theory of change and seeing its intended results.

There is overwhelming evidence that media play a critical role in influencing public perspectives and placing pressure on decision-makers to behave in an accountable manner and take actions to address problems – which is why advocacy groups and advocacy training programmes always include media engagement (Asibey et al., 2008). Media are a key component of contemporary democracies, described by Keane as 'monitory democracy', in which diverse

[...] monitoring bodies [...] have the effect, thanks to communicative abundance, of continuously stirring up questions about who gets what, when and how, as well as holding publicly responsible those who exercise power [...]
(Keane, 2011, p. 231)

What makes Health-e News relatively unique is that it facilitates high-quality, independent reporting with an advocacy intention. The organisation has an explicit values base of commitment to a more just, equitable and healthy South Africa and brings the key values of journalism (ethical, credible,

independent, balanced) to bear in investigating both the experiences of those who are most vulnerable and have least access to health services, and the quality of services available to them.

Advocacy organisations and funders of social justice initiatives can use the experience and influence of Health-e News to consider whether it would be valuable to support similar initiatives on other issues in other social contexts. This chapter draws out some specific lessons for funders and others in the media-for-social-change arena, as well as for Health-e News itself.

Strategies to amplify uptake of a story

Health-e News has learnt from experience that a number of strategies can be used to amplify a story.

The first is, where possible, to assess what is in the news so that a story is not completely overshadowed by some other major breaking news. While no one can anticipate the breaking news of the day, Health-e News steers clear of launching a major story when key, more predictable events such as the opening of parliament or the start of a big court case are on the calendar.

Similarly, if one can put out a story when there is a general media focus on the issue, or a related issue,



Dying in our Homes



A report by Kyla Herrmannsen

it may garner greater interest. For example, Health-e News has taken advantage of the annual World AIDS Conference and World AIDS Day to put out key stories on HIV, AIDS and related issues.

The second is to try and get a story into diverse types of media so that an issue raised in a TV programme is also covered in print media, and so on. A major challenge in this regard, however, is the slow pace and high cost of television production, given that it is a powerful medium that can really move a story.

“TV is a very ‘hungry’ medium that can swallow all of us, so [it] needs to be managed carefully.”

Kerry Cullinan, Health-e News managing editor⁴¹

The third is that close relationships with social movements can both contribute towards alerting journalists to an issue as well as increase the likelihood of those movements picking up stories in their own advocacy. For example, as this report was being written, Health-e News sent out a notice that their documentary about lack of emergency services in the Eastern Cape would be shown on

public television. The title of the documentary was *Dying in our homes*, which has immediate resonance with the TAC and the Eastern Cape Health Crisis Action Coalition’s publication and related campaign, *Death and dying in the Eastern Cape*. Within an hour, a notice was sent out by another civil society group, the Black Sash, to its general mailing list, alerting recipients to watch the Health-e News documentary. This illustrates the value of an investigative journalism unit having deep and consistent communications and trusting relationships with others in the field.

The last strategy, related to the above, is that it is often the investigation of the story itself that catalyses action, whether by social movements, other civil society groups, or indeed decision-makers. Since high-quality journalism requires interviewing all those implicated in a story, these stakeholders will hear about an issue during the investigative process and may well initiate action at that time. If the journalists are perceived to be investigating and listening to all sides, these stakeholders take the stories seriously. It is through this process that many DoH decision-makers have signed up as subscribers to the Health-e News weekly newsletter and hence pick up on issues and take action—sometimes even contacting Health-e

⁴¹ May 2015 Health-e News workshop for this case study.



News journalists for more information in the process.

Strategies to reach people on the margins

Health-e News' decision to train CJs has allowed an organisation of the equivalent of only four and a half full-time journalists to find stories across the country, including in small rural villages, and to ensure that these stories are framed through the experience of local journalists from the very communities they are writing about.

Health-e News' multilingual TV coverage extends its reach to people who prefer or can only view programmes in their own language.

Strategies to increase media coverage on particular issues

Health-e News is already issue-focused in that its terrain is health, broadly speaking. This focus means that its journalists have built relationships over time with civil society groups and with key people in government at national, provincial and local levels. Good relationships are critical to identifying issues and gaining substantive insights into the factors influencing them. This is one advantage of setting up an issue-specific organisation like Health-e News. Since Health-e News began, the weekly newspaper the Mail & Guardian has initiated its own funded health news centre – Bhekisisa – which suggests the newspaper's recognition of the power of this approach.

Health-e News' training programmes also provide some lessons. The content of the programmes provides the mix of information, motivation and skills that is core to shifting individual

practice (World Health Organization, 2015).

For example, CJ training includes writing skills – how to construct a story, how to use a tablet, and so on; it includes journalism skills – for instance, how to build relationships with people in local government; and it has also improved the knowledge of the CJs in terms of health and human rights, while building their motivation to cover these issues – the training includes well-known speakers who discuss both the meaning and value of reporting on health and human rights, as well as a representative from the Presidency's monitoring and evaluation unit to discuss why local government monitoring is important in helping government achieve its health and human rights commitments.

The outcomes from the Health-e News/Campaign for Tobacco-Free Kids 2011 training course for African journalists to cover the health impacts of tobacco similarly indicates that this kind of training does result in higher levels of coverage, and more informed coverage, on an issue. The training programme involved a week-long course and funding for fellowships for 15 participants to support investigative journalism on tobacco issues in their countries over a further three months. In the survey done for this case study, when asked in what ways the training could have been improved, participants were exceptionally positive about the quality of training; they indicated, however, that they needed an ongoing learning platform that would continually update them on the issues and keep them motivated. Some indicated that ongoing access to funds for investigations would also make their task easier. Hence even while the stand-alone training did result in more stories and in some journalists continuing to cover the issues, this could be enhanced with ongoing support.



“[Increase] media activities and activations all through and keep the messages burning and moving at all times. In essence, [d]on’t stop the job until the job is done.”

Joel Magu, public relations consultant and feature correspondent, Daily Nation, Kenya⁴²

Health-e News drew lessons from this training for its approach to skills building of the CJs. Their training comprises a three-day intensive course with ongoing mentoring and editing support that build skills in practice. The fact that CJs are paid for published articles provides one component of motivation to write, as does the monthly awards for best article, and the possibility of their stories getting into the public eye. In addition, their becoming part of a cohort working together builds their sense of purpose and value.

Relations with government

Journalists always walk a fine line since they have to provide accurate information, irrespective of whether those in a story or implicated by a story are happy with the content or not. At the same time, given that Health-e News works continuously on health issues, it needs access to key stakeholders. Health-e News has found itself at times actively excluded by particular arms of government, and at times welcomed.

For example, in 2008, its relationship with the KwaZulu-Natal DoH deteriorated when officials took offence to articles written by Health-e News’ managing editor about MEC for Health Peggy Nkonyeni’s attacks on rural doctors, particularly at the Manguzi Hospital in the far north of the

province. Departmental media officials refused to co-operate with the journalist and removed her from their media list so that she did not get their press releases. The South African National Editors Forum took up the matter on Health-e News’ behalf and the journalist was reinstated on the media list.

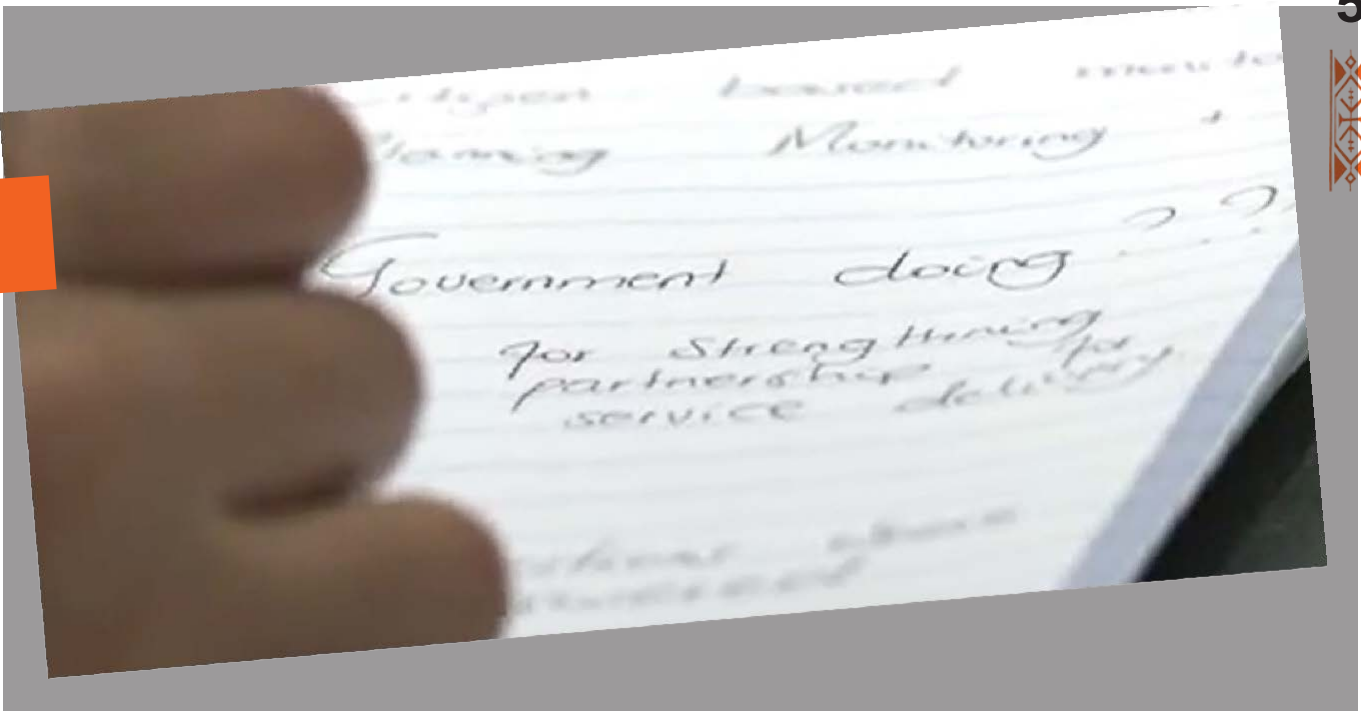
In contrast, in 2013, the monitoring and evaluation unit in the Presidency named the OurHealth Citizen Journalism programme as a positive example of citizen monitoring of government service delivery and invited Health-e News to engage the unit and other organisations involved in government’s monitoring processes.

The citizen journalists are empowered to look for issues that require attention or improvement and to make these known. This increases the power of citizens to hold service providers to account. The ability to alert oversight bodies, such as the Health Ombudsman, to problems, as well the media, provides an incentive to find solutions to problems that might otherwise be tolerated by passive users and unmotivated staff. The project moves from the premise that both praise and criticism of officials through the media drive service delivery improvements. (Department of Performance Monitoring and Evaluation, 2013, p. 10)

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The key imperative is for journalists to ensure that they abide by the fundamental standards of journalism described in the values underlying Health-e News’ theory of change further up in this report – constructive criticism and balanced, critical, credible and independent information

⁴² Quoted from survey done in preparation for this report.



and analysis. For this reason, any peer review will validate both the content of Health-e News stories and the ethics of its information gathering.

This speaks to the role of journalism in public accountability. In the most positive scenario, accountability dynamics are built around relationships of trust, but in contexts of high levels of corruption, accountability is about sanction (Mansbridge, 2014). Health-e News' approach to building relationships with government aims to build trust, but the organisation will play a sanctioning role when necessary.

Monitoring outcomes

Identifying the ways in which Health-e News stories are used is not easy. In the absence of resources to fund someone to routinely review newspapers, blogs, other health and social justice websites to see whether and how Health-e News stories are picked up, or to interview those whom the stories aim to influence, it is left to Health-e News staff to try to capture what they hear anecdotally, or happen to see online or in other media. One of the outcomes of this review, in fact, was for Health-e News to identify ways in which it will routinely document at least those outcomes it hears of.

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In Health-e News' theory of change, its investigations and its stories, as well as those of journalists that Health-e News has trained, all contribute towards creating more informed publics, health advocacy groups and health decision-makers, and possibly to shifting their emotional responses to the issues in ways that motivate them to take action.

However, given that there are multiple media outlets beyond those carrying Health-e News' stories and multiple other actors advocating to address the health and rights of people on the margins, it is not possible to attribute specific changes to Health-e News alone. Nevertheless, as this report attests, there is credible anecdotal evidence of Health-e News' influence on decision-makers, advocacy groups, and members of the public.

With the advent of social media, Health-e News can use analytics to monitor trends in engagement and reach; and it already knows the reach of the print



and TV media that carry its stories. The challenge then is to collect as much anecdotal evidence as possible of actual use of Health-e News stories by its target audiences, and how this in turn has shifted public discussion as well as political and health system action.

In the process of this review, Health-e News developed a system for categorising its stories in terms of population, issue focus, geographic focus, and (where it had the information) also in terms of outcomes to which its stories contributed—for example, actions taken by government or actions taken by advocacy groups. If Health-e News can sustain this system going forward, so that every instance of such outcomes that are reported to them is recorded, it will allow the organisation to have at least a sense of its effects, albeit not a complete picture. To do this more systematically would require Health-e News to run a full-time research project, which is impossible given financial constraints and would arguably not be worthwhile relative to the value of funding more journalists or more mentoring and editorial support for CJs. But Health-e News could either allocate responsibility to someone to substantiate a proportion of these outcomes, or include this in the terms of reference for occasional external evaluators (see also below).

Funding investigative journalism

Shifts in overall economic context will inevitably affect organisations like Health-e News. The financial crisis following the 2008 crash had both positive and negative impacts on the organisation. It led media outlets to cut staff and hence to rely more on Health-e News for health coverage. On the other hand, the SABC's own financial difficulties meant it contracted less outside journalists.

One of the downsides of being a specialist agency whose work is bought by media outlets is that one cannot control whether they take a story, or how they edit and present it. This is one of the key reasons why Health-e News invests substantial time in its website—it is the one venue where Health-e News controls its messaging and can ensure accuracy.

Also, in a context such as South Africa where there is a relatively small cohort of media outlets willing to pay for stories and where the going rate is low—particularly if a story entails travel costs—an initiative such as Health-e News is not self-sustaining. It relies on funds from philanthropy to carry the full costs of reporting, which allows the organisation to focus on journalism for social change and to be driven by issues rather than by what clients say they need. Hence, in many



contexts, a subject-specific investigative journalism initiative to enhance national attention to an issue will require donor funds.

Health-e News' experience with donors also raises some generic lessons. For example, it received funding from two donors to develop a television unit, but when the resources of one of these donors diminished, this donor cut the funding despite having committed itself to a five-year contract. As a result, Health-e News was left with an insufficiently funded, costly but highly effective television unit.

Health-e News has also had the experience of funders who had themselves devised initiatives that included a journalism dimension but without involving Health-e News in the conceptualisation of that aspect. These funders then wanted to shape Health-e News' approaches and predetermine its outcomes, which is antithetical to journalistic independence and unrealistic in terms of the predictability of responses to journalism. Some funders have shifted priorities or reporting requirements in the middle of a grant contract. One funder required Health-e News to participate in monthly meetings, which effectively used up time that journalists should have been spending doing their work.

While Health-e News has some donors who fully grasp its role and its need to operate without editorial interference from its donors or any others, in general, the desire of funders who support social change advocacy to control the work and work products of their grantees, and to have them commit to predictable outcomes that can be measured at population level, is not in keeping with current evidence and best practice thinking on evaluating social justice advocacy. Methodologies such as 'outcome harvesting' are increasingly being recognised as providing meaningful assessments of organisational effectiveness in comparison to

approaches that try to predict outcomes in advance (Britt, 2013; Wilson-Grau and Britt, 2012; and World Bank, 2014).⁴³ Funders would do better to monitor what actually happens, and to provide groups like Health-e News with funding that enables this kind of monitoring rather than trying to predict outcomes.

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What Health-e News has found useful is where donors have alerted it to other relevant initiatives or grantees, which have brought added value to Health-e News' work – ranging from groups that have been able to advise Health-e News regarding its institutional systems, to groups of health professionals and advocates who have increased Health-e News' pool of possible informants alerting them to issues.

⁴³ The outcome harvesting methodology includes a process of substantiating outcomes identified by an organisation. The evaluators send a description of the outcome and of the actions of the organisation that contributed towards influencing the outcome to the social actor responsible for the outcome. The actor is asked to what extent he/she agrees with the descriptions of the outcome and the contributions of the organisations named (Wilson-Grau & Britt, 2012).





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