



Health journalists: Mistrusted and sensationalist, or important allies for researchers? Examining the barriers to effective health journalism

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Introduction

This paper examines factors that have an impact on the ability of health journalists to report accurately and effectively and to support informed debate on health. Many researchers are wary of media misreporting and sensationalism, and thus shy away from engagement with the media. At the same time, the lack of accessible and accurate information and research from national health ministries, health agencies and governments in some countries, drives journalists to seek information from alternative sources, including pharmaceutical companies. In still other settings, political pressures and even direct intimidation are used to discourage investigative reporting on particular government health policies or the health impacts of particular industries.

This paper draws on data gathered for the Health Journalism Partnership (HJP, 2006)¹ on the state of support to health journalism worldwide. It includes a global survey questionnaire of over 450 organisations engaged in health media support; key informant interviews in 16 countries; and four in-depth case studies of the part played by the media in particular national health responses, such as the role of the Jamaican media in tackling stigma and discrimination around HIV and AIDS.

Drawing on the HJP research and existing studies on the agenda-setting role of the media, this paper outlines priorities for improved support to health journalists. In addition, it highlights areas for further research and policy action, not least ways to promote greater engagement between journalists and researchers and health agencies, that would enhance the potential role of the media in effective health responses.

The media's role in promoting public debate on health – the example of HIV and AIDS

Studies of the media's role in influencing public debate have shown that when an issue is given priority in key influential media, this can ensure the issue enters public debate, which can sometimes influence the policy agenda (Dearing and Rogers, 1996). In the case of HIV and AIDS in the USA, Singhal and Rogers (2003) have shown that the initial relative silence on HIV and AIDS from the mainstream media in the early 1980s after the discovery of AIDS, was broken by reporting around the film star Rock Hudson and schoolboy Ryan White in 1985. Reporting of these two stories in mid 1985 saw a tenfold increase in coverage compared with previous similar periods. When the basketball player Magic Johnson disclosed in

¹ For more information on the HJP, see www.panos.org.uk/healthjournalism

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1991 that he had HIV, there was another flurry of media coverage. Increased media coverage in both cases promoted public discussion of HIV and AIDS and ultimately translated into greater priority being given to HIV and AIDS in policy circles. They also found that in a number of other countries, such as Uganda and Brazil, popular singers played a role in sustaining HIV and AIDS as a topic for media attention and public debate.

Recent research on the media in Uganda has shown that coverage works to promote dialogue and interpersonal discussion, rather than in a more direct didactic way: it is bad at influencing *what* people think, but good at setting the agenda of topics that people talk about. The researcher found the Ugandans have a hunger for news, and want more medical and scientific stories in particular – they want ‘facts debates and news’ (Wendo, C 2003 cited in De Waal, 2006). By comparison, public service announcements and messages of the sort often put out by health ministries and non-governmental organisations (NGOs) may risk switching people off, since ‘people are instinctively distrustful of any message purveyed with earnest consensus’ (De Waal, 2006 p10). A review by UNAIDS similarly finds that the media can play a role in stimulating and leading open and frank discussion, as well as a number of other roles, such as enabling people living with HIV and AIDS to air their views; challenging stigma with information and positive images; and encouraging leaders to take action (UNAIDS, 2005).

Whilst this emphasis on news media promoting debate may be welcomed by many scientists and researchers for its congruence with the scientific spirit of reasoned public dialogue, it is important to note that it has been shown more generally, that ‘real-world indicators’ rarely determine the priority a social problem is given in the media agenda (Dearing and Rogers, 1996). It is much more likely that key ‘trigger’ events, or the kind of celebrity stories mentioned above will precipitate media interest, rather than research studies or indeed more objective measures of the importance of particular topics for public discussion (Dearing and Rogers, 1996).

It is also important to recognise that the media as a sector can revolve around commercialised content driven by the needs of advertisers and an institutional tendency to reflect the interests of powerful global elites (Williams, 1990; Herman and Chomsky, 1995; Castells, 1997; Bourdieu 1998). This is all too easily forgotten amidst the current enthusiasm among development donors and organisations to embrace the media as an ally in promoting good governance for its purported ability to ‘hold governments to account’ (DFID, 2006). While the media may sometimes play an important role in the scrutiny of governments in some contexts, more needs to be done to understand the media’s ‘public interest’ role in promoting dialogue and diversity of voices in different contexts. Equally important are questions about how to support media independence and pluralism in the current flux of changing global ownership, regulatory and funding patterns, and emergent electronic media. There is also the related need to understand media environments

better – a concern reflected in recent work by Panos London on media environments in southern Africa (Panos London, 2005) and the BBC World Service Trust's current research as part of the African Media Development Initiative.²

Support for journalism is another key component of strengthening public interest media on health and HIV and AIDS – something that the network of Panos Institutes and the Panos Global AIDS Programme, among others,³ has been pursuing through journalist fellowships, capacity development and more sustained relationships with journalists over a number of years (on HIV and AIDS and a range of development issues).⁴ It is this history of engaging journalists that lead to a recent study by Panos London, the International Center for Journalists (ICFJ) and Internews to investigate the state of support to health journalism worldwide, under the auspices of the Health Journalism Partnership (HJP). This study highlighted some of the practical and institutional constraints on journalists which need to be addressed if health journalism is to be strengthened, something which is returned to below.

Communicating health research and the media

In recent years, research and development circles have seen a growing interest in the mechanics of more effectively communicating research, driven by the desire to see policy and practice informed by evidence (Court, Hovland and Young, 2005; Vincent, 2006) and the role media can play in this endeavour (Panos London, 2006). The pathways of influence from research evidence to policy on paper and implementation in practice, are more convoluted than the mantra of evidence-based policymaking might suggest however.⁵ A number of recent studies have highlighted the mediating role of a range of factors, including the shaping of assumptions and ideology in powerful policy networks (Walt, 2004), the dominance of northern research priorities (Hovland, 2003), (the '10/90 gap' being another good example); and the influence of powerful lobbies such as the pharmaceutical and private healthcare industries. Such influences also tend to add up to a disconnection between the research priorities of developing countries and the research that is commissioned and produced (Vincent, 2006).

The media is only one part of the complex web of influence surrounding the consolidation of policy discourse and broader trends and priorities, but it is a key one, as most case studies of policy influence attest. Researchers are often suspicious of the media, fearing misrepresentation, distortion of findings, and sometimes sensationalist reporting. At a Global Forum session on communicating research at Mumbai in

2 See www.bbc.co.uk/worldservice/trust/specials/1552_trust_ami/index.shtml

3 See also the work of the Kaiser Foundation, the International Center for Journalists (ICFJ) and Internews

4 See www.panosaid.org

5 Something which has been extensively investigated by the RAPID programme of the Overseas Development Institute; see www.odi.org.uk/RAPID (accessed 12 September 2007)

2005, an impassioned participant suggested that the media tended to distort the complexity of research findings and in many ways they were ‘an enemy’ of research communication. The HJP research which we consider below suggests that it is undoubtedly true that research may be misrepresented, though in fact it is more often neglected than distorted – something which is the case for health reporting more generally. But the study also highlights that there are many institutional constraints that need to be addressed if health reporting is to be supported and promoted, and that there is room for a more constructive engagement between researchers and the media.

The constraints on health journalism – lessons from the HJP

A summary of findings from the HJP highlights some of the institutional constraints faced by journalists and points to potential areas where researchers could work more effectively with the media. In 2006 the HJP gathered data from around the globe on the support that has been provided to health journalists to identify the existing gaps and needs in training and support programmes and the shortcomings of health journalism. The resulting database, profiling the experience of 450 organisations worldwide, was supplemented by more in-depth information gathered in 16 countries⁶, through interviews with key informants with long-standing experience in media and national health initiatives, combined with existing desk studies. In addition, four in-depth case studies looked at factors enabling and constraining health journalism around a particular health issue or country⁷, employing a combination of semi-structured in-depth interviews, focus group discussions, background desk research and media content analysis.⁸

Overall, the study found that media coverage of health issues tends to be shallow and reactive, driven by announcements of new drugs or official health promotion campaigns, and lacking in investigative depth. Equally, reportage is often sensationalist or inaccurate. Occasionally, in-depth reporting will explore the social and economic issues that lie behind any particular health challenge, but this is the exception rather than the rule. It is largely media NGOs which are supporting health journalists, accounting for nearly 30 per cent of the 450 questionnaire respondents. However, most of these are small and new: none of them spent more than US\$20,000 on all forms of journalism support (not just health reporting) in 2005, and few undertake comprehensive evaluation.

6 Countries were selected across geographical regions and a range of indicators likely to impact on the potential for health journalism, such as media freedom indices, levels of inequality measured by GINI co-efficient. See www.panos.org.uk/healthjournalism

7 In-depth case studies looked at HIV and AIDS and stigma in Jamaica, HIV treatment in South Africa, health rights in the new Indian state of Jharkhand, and avian influenza in Indonesia

8 The information gathered during the HJP one-year pilot phase was not exhaustive: it comprised a small number of interviews with key informants in each of the selected countries and case studies, and was not a scientific sample. The consistency of findings across all the countries studied and across the range of sources of data provided a measure of triangulation, and is strongly suggestive of priority areas for further research in order to strengthen health journalism support in future

The study highlighted the following leading obstacles to good health journalism:

- many journalists lack basic journalism skills and understanding of science and health issues
- health reporting tends to have low status and few rewards
- many countries restrict access to health statistics and information
- many journalists lack time, equipment, travel expenses and access to communication
- relationships between journalists and a range of health actors need to be strengthened.

Understanding health issues and critically analysing data: most journalists have a weak grasp of the basic medical and social aspects of the health topics being covered and many lack the ability to critically analyse and interpret information and statistics. Investigative journalism plays an important part in some of the best reporting, as illustrated in the HJP case studies on HIV and AIDS coverage in Jamaica and South Africa. But all too often, press releases from governments and pharmaceutical companies are the focus of reporting, and the broader context of social, political and economic aspects of health are frequently neglected, as is prevention, in favour of treatment.

The low status of health reporting: health is often seen as a 'soft' issue, and in a handful of country studies it is explicitly seen as a woman's beat where the high value beats go to men. Sports and politics are seen as more of a priority and this is linked to the perception that they sell more newspapers. In some countries, such as Thailand, health is often reported as a consumer lifestyle issue, focusing on beauty or weight-loss for example. In other cases the health issue is merely a pretext for reporting a related political scandal, such as the controversy over polio immunisation in Nigeria, or the tendency to focus on medical malpractice in Georgia. Low esteem for the subject is reflected in low wages and status for journalists who do cover health issues, encouraging them to seek other work. In extreme cases, such as the example highlighted in the Cambodia country profile, poor pay makes journalists more ready to accept bribes, with a detrimental impact on the independence and perception of media.

Neglect of important national health issues and rural matters: In two thirds of the countries surveyed, the HJP found that one or more major health issue, in terms of national burden of disease and mortality from available statistics, is barely covered in the media. Malaria is conspicuous by the lack of attention it draws in the media in many countries, including South Africa, Thailand and Kenya. Other major challenges such as tuberculosis, child and maternal mortality, and many non-communicable diseases that are an increasing issue in many developing countries are often neglected. In a handful of countries, our contacts reported that HIV and AIDS tends to eclipse other health issues, and that there is an 'HIV and AIDS overload'. But this perception may reflect the lack of coverage of most health issues rather than an excessive reporting on HIV

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and AIDS. In South Africa, for instance, one media content analysis between January 2004 and August 2005 showed that only 1 per cent of overall coverage was on HIV and AIDS in a country where it is a major national issue.⁹ A tendency of the media to neglect rural coverage was cited in just under one quarter of the HJP country profiles. The lack of resources for journalists to travel and investigate noted above is obviously a factor here, and rural 'stringers' are particularly neglected, leading in many cases to poor quality coverage.

One place that partly bucks the trend of disinterest in health reporting is Jharkhand.¹⁰ The growing media industry in this new Indian state has prioritised health as a newsworthy topic, with some newspapers having dedicated health beats and health news even being a source of competition between news outlets. The increasing growth in local media, driven by advertising revenue and commercial opportunities, leads to local editions that often report on health as a topic of interest to the public. Paradoxically however, the case study suggests that health reporting is driven more by a concern to market to local audiences, than a genuine interest in accurate and informative health reporting.

Lack of access to reliable health information: HJP interviews reported that two thirds of the surveyed countries block access to national health data for journalists in one way or another. In China and Botswana, permission to publish sensitive reports has to be obtained from government ministries. In many cases, secrecy stems from government concerns over critical coverage of government health initiatives. But respondents in nearly half of the countries surveyed said government officials worry that journalists will write inaccurate reports. In Chile, informants raised concerns about the fact that pharmaceutical companies are better at providing information to journalists than the government, even though a lot of the information provided is really marketing material, while in Georgia, difficulties of access to information means that journalists often get information from pharmacies.

Lack of time, equipment, travel and other expenses: In almost all the countries surveyed, lack of resources was cited as a barrier to effective journalism. Journalists lack resources to do the necessary research and investigation for strong stories – whether this is to travel, investigate or take time to do background research. Equally, lack of access to communications and information sources in general, and the Internet in particular, is an issue in many countries.

Need to bridge gaps between journalists, health professionals and other health actors: The importance of closer relationships between journalists and a variety of health professionals, including researchers, comes out strongly across the information gathered. In some cases, organisations have helped to bring together

⁹ See HJP case study of South Africa: www.panos.org.uk/healthjournalism

¹⁰ See HJP case study of Jharkhand: www.panos.org.uk/healthjournalism

health officials, journalists and people most affected by a health condition to promote a useful dialogue. In Jamaica, Panos and local HIV and AIDS organisations helped to build mutual trust between journalists, government health officials, and people living with HIV and AIDS that was essential for in-depth reporting. Health ministries and health NGOs sometimes recognise the importance of the media as a development player and proactively seek to build relationships with journalists and media houses. In Jamaica and South Africa, AIDS advocacy organisations with an appreciation of the role of the media have built long-term relationships with journalists and supported them with sources of information and contacts with groups of people most affected by HIV and AIDS.

These links were a key to developing powerful human interest stories around HIV and AIDS in Jamaica that helped to break the silence over the issue and promote public discussion. In South Africa, the Treatment Action Campaign was proactive in courting the media as part of its advocacy strategy. Most governments however, relegate media to a much less active role: 'using the media' to publicise government campaigns or initiatives or health messages remains the focus of many health ministries and organisations.

Strengthening health journalism

Where the media has played a constructive role in providing sensitive and informed coverage of health issues, this is often underpinned by engagement between journalists and those most affected by a health condition, and good ongoing relationships with health ministries.¹¹ It has also been important to get a mix of support and training – from health thematic experts, and journalists and editors who are aware of the real world pressures of the news room. Journalists need to balance both worlds and make complex medical information accessible and interesting to non-scientists, often with a human interest angle. At the same time they need to place health issues in broader social, economic and political contexts, and tackle issues relating to health infrastructure and resources. Among the range of recommendations for strengthening health journalism support, which are reported elsewhere in detail (HJP, 2006), two that are most relevant to health researchers are the need to:

- support government health ministries to provide news media freer access to health information and research in accessible language and formats
- support journalists to better link with health agencies, health researchers, and people most affected by health issues.

While the HJP found that there were many initiatives in the area of support to journalism, in particular on the part of NGOs that focus on media support, the study also found that the resources invested in this enterprise

¹¹ See HJP case study of Jamaica: www.panos.org.uk/healthjournalism

were meagre, and much support amounted to short one-off trainings with little follow up or ongoing support. Where effective health reporting did occur, it was usually underpinned by more ongoing support and networking between journalists and organisations involved in the health issue concerned, as already mentioned. There is clearly a great need to take more seriously and invest in the capacity of the media to report on health, in the context of a greater understanding of media environments and the role of 'public interest' media, as we noted above. The HJP also found that in most countries radio and television were people's major source of news on health, suggesting that the focus for engaging media needs to go beyond the print media that were the predominant focus of the HJP study.

One initiative that addresses both of the challenges emerging from the HJP study noted above, is the Panos Relay programme. The focus of Relay has been on supporting the communication of a range of development research through partnership with the media – on land rights, conflict and agriculture, and more recently sexual and reproductive health. Relay has sought to both build communication skills and capacities among researchers and policymakers, while promoting networking with and between journalists in a range of developing countries. It produces accessible summaries of current research and promotes links between journalists and researchers, discussion forums and thematic training for journalists.¹² A number of publications for researchers offer advice on opportunities and dangers of engaging the media (Panos, 2006).

Other initiatives that go beyond thematic focused workshops for journalists include a telephone enquiry and liaisons service provided to journalists by the TB communication organisation Results UK.¹³

The neglect of health reporting – who is filling the vacuum?

Another important issue highlighted by the HJP research is that journalists face pressure from a range of interests that seek to compromise their independence. In a number of countries journalists were concerned not to report negatively on government initiatives. Conflicts of interest also arise when information or training is provided from pharmaceutical companies, as the HJP found in Mexico and China, or a private health insurance company, as noted in Chile. Even more direct pressure comes in the form of harassment of journalists, both legal and physical, which was reported in a third of countries profiled. In Mexico, pressure from drug cartels was blamed for the sparse coverage of the drug trade or drug-related issues in the media (HJP, 2006).

A more subtle form of influence however, is in the provision of accessible information. Where journalists struggle to get access to information produced by government health ministries and research institutions, or

¹² See www.panos.org.uk/relay and paper presented at Forum 11 'The unique role of the media in addressing the 10/90 gap'

¹³ See the ACTION programme at: www.results.org

they find it difficult to evaluate the sometimes impenetrable or complex way in which it is presented, the HJP study found that they may turn to more readily available sources of information. The many NGOs profiled by the HJP are one obvious source of such information – bringing with it agendas around putting particular health topics and issues into the public domain through the media. Pharmaceutical companies are another source of this more accessible health information for many journalists. The tendency of much health reporting to focus on new drugs and health technologies, to the neglect of many of the broader social and economic issues surrounding health issues, may not be unrelated to the ongoing efforts of pharmaceutical and healthcare companies to promote their products. A brief foray – by no means exhaustive – into some of the communication practices of the pharmaceutical industry highlights some of the dangers of researchers and research institutes surrendering the space of public information and awareness on health.

Pharmaceutical industry influence on health reporting

The landscape of information and communication about health and health research is changing, with the recent growth of the internet and the proliferation of ‘direct-to-consumer’ websites, and the massive investment in lobbying and communication of the pharmaceutical and healthcare industries. Another trend is for medical news to appear in dedicated slots sponsored by drug companies – the association between the US television network CNN and Bristol-Myers being one example, where the company funded a large team of health reporters. Questions about the objectivity and accuracy of the information that is available through such media loom large. In this context, is non-engagement with the media effectively an abdication of responsibility by researchers and research managers?

The pharmaceutical industry has a record of concealing the negative effects of drugs by withholding data from unpublished studies which make the performance of their products appear more equivocal.¹⁴ This is something that has resulted recently in renewed calls to strengthen the US Food and Drug Administration (FDA) guidelines for research (Caplan and Cohen, 2007). An example is provided by research on the dominance of drug treatments in psychiatric practice, which has documented in detail the aggressive marketing of psychiatric drugs for treating those who experience mental disturbance, above other approaches such as psychotherapy. It also highlights the routine practice of pre-publishing overly positive results before clinical trials have concluded (while burying the more cautious conclusions which are eventually published) (Breggin, 1994).

A related concern about the influence of the pharmaceutical industry on journalists has suggested that the volume of publicity material may lead to a preponderance of reports on the benefits of new drugs (Aldhous,

¹⁴ See for example, Whittington et al (2004) Selective serotonin reuptake inhibitors in childhood depression: systematic review of published versus unpublished data, *The Lancet* Vol 363, p1341-45

2007). A study of media coverage of restless leg syndrome – currently the focus of a marketing campaign by GlaxoSmithKline, which makes a drug for the condition – found that stories typically exaggerated the prevalence of the disease and the need for treatment, while failing to consider problems of over diagnosis (Aldhous, 2007). Workshops for journalists sponsored by pharmaceutical companies have sometimes been shown to underplay evidence that questions the safety of the treatments being promoted by the company (Aldhous, 2007).

Increasingly, the Internet has become an arena where debate about science and research is conducted, outside of the bounds of the more established channels, from promoting AIDS denialist science¹⁵ to apparently grassroots campaigns for access to new drug treatments that may be supported by pharmaceutical companies. This latter practice has been termed ‘Astroturfing’ by some, for substituting an artificial campaign supported and funded by external interests, for a genuine mobilisation of the public.¹⁶ In the case of ‘direct-to-consumer’ pharmaceutical websites, a recent study found that such websites fail to communicate risk information accurately, consistently underplaying the risk of side effects of the drugs being presented (Davies, Cross and Cowley, 2007). It has been argued that the provision of such information on drugs gives the public a greater knowledge of illnesses and treatment options, but conversely, it also promotes drug treatments – and particular prescription drugs at that – over broader preventative or lifestyle options for promoting health (Davies, Cross and Cowley, 2007).

The full complexity of issues surrounding the independence of journalism are beyond the scope of this paper, but the brief example of the pharmaceutical industry, with its large communication and public relations budgets, merely highlights the issue of access to information, and the need for the media to balance the competing interests (that include governments, NGOs, the private healthcare industry, and other campaign and interest groups) that may seek to set public agendas through the media. It also underlines the importance of finding ways to ensure that research evidence has more visibility and is more accessible to the media, as just one part of improving research communication and as an important component of promoting informed public debate on health.

Strengthening the engagement between researchers and the media

This brief review of health journalism has shown that there are many institutional challenges and pressures that make it difficult for journalists to effectively and accurately report on health and health research. At the same time, there are some positive examples of building engagement between researchers and the media, and some clear avenues for strengthening support to journalists that we have outlined above. It is imperative that

¹⁵ See ‘Scientists must fight internet AIDS denialism’, *PLoS Medicine*, 24 August 2007

¹⁶ See ‘The World: Astroturfing’, *New Scientist*, 10 February 2007

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researchers and research institutions do not neglect the media as an important player in promoting public and policy debate on health issues. Such engagement is all the more necessary in the changing landscape of information and communication, where commercial interests may increasingly succeed in promoting a drug and technology focused approach to health, to the neglect of broader questions of public health.

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