EPISODE 34. BRINGING HEALTH STORIES TO THE FRONT PAGE

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Garry Aslanyan [00:00:08] Hello and welcome to the Global Health Matters podcast. I'm your host, Garry Aslanyan. In an age where misinformation and disinformation have become a valid threat to global health, having access to reliable and trustworthy reporting is essential. Global health journalists at national and international levels play a vital role in uncovering important health stories, and also in shaping the broader narrative of global health. In this episode, I'll be talking to two experienced health journalists who have their boots firmly on the ground to convey the most complex health issues to broad audiences. Stephanie Nolen is the global health reporter for The New York Times, and she has reported from more than 80 countries around the world. She has been an eight time winner of Canada's National Newspaper Award and seven time winner of the Amnesty International Media Award. Paul Adepoju is a Nigeria-based freelance health journalist and scientist. He regularly reports for top media and science outlets such as Nature, The Lancet, Devex and CNN. He is also the community manager of the Global Health Crisis Forum, which is part of the International Center for Journalists. Hi, Stephanie. Hi, Paul. How are you today?

Paul Adepoju [00:01:43] Hi, Garry. I'm doing well. Thank you for having me. I'm glad to be here.

Stephanie Nolen [00:01:48] Hey, Garry. Hey, Paul. I'm very well, thanks. Thanks for having me as well.

Garry Aslanyan [00:01:51] Great. Let's get started. So I want to start by asking each of you about the way you ended up choosing a career in journalism. Maybe we can start with Stephanie and then Paul.

Stephanie Nolen [00:02:02] Honestly, I think you should ask Paul this question first, and I hope that he has a more interesting story. I've never done anything else. I got my first job at a local paper when I was 14, and this is the only skill set I have. So the gradual decline of journalism is ominous because I don't know how to do anything else.

Garry Aslanyan [00:02:21] Stephanie, you said you've done nothing else but you've done a lot of different things when covering a variety of issues obviously over the years, and in fact I have personally learned a lot from reading your stories in various outlets that you work with. This included HIV Aids in Africa, child malnutrition in India. Is there a global health story you worked on that has had a significant influence on you personally?

Stephanie Nolen [00:03:29] Yeah, I would say the one that's probably influenced me the most is the African HIV epidemic. I spent 25 years as a foreign correspondent and I moved to become the Johannesburg Bureau Chief for The Globe and Mail, Canada's national newspaper, in the early 2000s. For the previous 3 or 4 years before that, I had been making intermittent trips to different places, in east and west and southern Africa to report about HIV. But I had become convinced that this was the biggest,
least covered story in the world, and so I moved to South Africa to take up the bureau chief position in Johannesburg and I was supposed to cover everything but really I focused... You had to focus on HIV in the early 2000s. It was the economic story(173,199),(406,224) and the political story and the social and military story; it was the story! It was obviously devastating to report on day in, day out, when I knew people back in Canada who had been living with HIV for a decade and nobody around me could get the medications that they knew would keep them alive, and I would travel to places where... I remember going to villages in Swaziland, Lesotho, Zambia, where there would be nobody my age. I was in my early 30s, and there would be children and old people and nobody my age; it was just extraordinary. So that was personally devastating, but also really inspiring. The treatment activists that I wrote about and their fight with the pharmaceutical industry were so inspiring, and I think what I really took away from that as a reporter was... that was the place where I really started to understand that health stories were not like a niche beast, health stories are economic and political and social stories and they're about the most intimate moments of our lives and the things that matter the most to us, that shape how we interact with each other, but there are also always power stories, there are systems stories, and if people don't have access to health care, then everything else going on in their lives is much less relevant.

Garry Aslanyan [00:05:40] Paul, as you said, you are a PhD in cell biology and genetics. Can you tell us more about how that experience actually had an influence on the types of stories you choose to focus on?

Paul Adepoju [00:05:51] When I was in high school, like I said, news was nice side and good for me, I would go to newspaper stands to read newspapers, to buy newspapers and as a science student I would flip to the science section of the newspaper. Back then, what we often saw would be probably a science story published by The New York Times, finding its way into a Nigerian newspaper, and sometimes these issues published by these foreign journals or newspapers would not be really, really locally relevant. So I decided that since I am in this space where I understand this space much better, and I know the issues that a journalist elsewhere may not even be aware of, then I decided to start looking for opportunities to tell these locally relevant stories that I believe are true and are important to Nigerian and other African audiences that I'm able to reach personally and directly, to a more local audience. So that has always been my journey and that continues to be my interests even to today.

Stephanie Nolen [00:07:00] Garry, I don't want to steal your hat, but can I ask Paul a question?

Garry Aslanyan [00:07:05] Please. Yes.

Stephanie Nolen [00:07:06] Paul, my impression has been that very often health reporting for an African news outlet, and maybe this has changed a bit, certainly post-COVID, but it wasn't like a very high status occupation. Very often I would meet these very long suffering health reporters who would be like, “I get the stories nobody else in the newsroom wants to do. Nobody understands why this is important.” And political news, business news, that would be the status thing to report on, whereas the health stories that had so much to do with the actual lives of readers were not considered a priority. I'm wondering if you found that and if so, how you navigated it.

Paul Adepoju [00:07:45] You're absolutely correct. I was involved in an initiative to actually help improve African health reporters reporting skills on how to identify stories, and I think aside from what is happening in the editorial houses, journalists that probably do not have any form of health or science training or background, may actually themselves struggle to identify which news is actually relevant. And I think it's all encompassing and not just about a singular issue. For instance, even though when there is an outbreak, everybody in the community will be interested in knowing how to keep themselves safe. They'll be interested in knowing what are the latest trends regarding that particular issue is, and of
course we can write health issues from the angle of economics, from the angle of politics. So I think we've grown from struggling to find centre page relevant stories around health, or else stories that are restricted to diseases, to now being able to write our stories in the context of what the people want to talk about. So I think it's a journey and it continues to improve. And COVID has really highlighted that and probably done a lot more in helping to bring health stories to the front page.

Garry Aslanyan [00:09:11] Stephanie, have you observed any change in how journalism evolved over this time and maybe the global health issue coverage? How has this evolved in the recent years, with all of your experience?

Stephanie Nolen [00:09:29] COVID really changed things. Suddenly everybody wants to read an epidemiology story. So that's a significant difference from four years ago, I would say. Global health is just a microcosm of that larger phenomenon. You can get... I'll just give you an example. About eight months ago, I was in a village deep, deep, deep in rural Tanzania. I had driven 12 hours from Dar es Salaam to the regional capital and then four hours from the regional capital on these really bad roads out to these villages. And I was there to talk to people about one specific story that I was reporting, but when I first walked up to a group of women and said who I was and what I was doing and that I was writing about health, these women who had been sorting recently harvested corn on the ground and they were like, "Oh, hey, when's that malaria vaccine coming? The clinical trials are finished and when are our children going to get it?" They 100% knew the status of the malaria vaccine and that their children should be eligible and that it might make a difference and they had access to information and a desire for information that was really different than what I would have found in that situation even ten years earlier.

Garry Aslanyan [00:10:50] Paul, you've been very involved in building the capacity of African journalists to report on health issues from the local perspective and keep even people living in remote areas like the one Stephanie mentioned, informed of the latest health developments, what have been some of the capacity training needs of African journalists?

Paul Adepoju [00:11:14] So it's really, really important regarding capacity training. And unfortunately, we only have very few journalists that went to study health journalism. We rarely see that as a dedicated course of journalism. Journalists focusing on global health, which means many of the skills, many of these reporting skills would have to be acquired by individual journalists or be provided by news organizations to their staff members. I am always organizing webinars and trainings. Sometimes during the COVID pandemic we were doing this weekly; we had the Global Health Crisis Reporting Forum. We were training journalists individually on key issues of COVID-19: what kind of stories they can write, how they can understand those complex scientific times so that they can make sense of it and better inform their readers. And I believe that the more a journalist knows about an issue, the better the ability of that journalist to really write quality stories that the audience and the readers would actually benefit from.

Stephanie Nolen [00:12:23] Okay, wait, so can I play devil's advocate?


Stephanie Nolen [00:12:26] I don't have a science background, at all, and I sometimes think that's useful. I have to be able to really understand it to explain it to my readers, and an expert has to be able to explain it to me as a person who knows nothing going in. I always say this to experts when I start to talk to them: I have been reporting on this for a while, but let's assume I know nothing and you're explaining it to your great granny, and you've got to talk to me about it at that level because I probably need to write about it in an even more simplified way.
Garry Aslanyan [00:13:05] All right. So, Paul, what do you have to say about that?

Paul Adepoju [00:13:09] Yes, I agree with you. I think over the years with training and retraining, especially if you are in a media house that is well structured, you have editors that are able to go there and naturally guide you and say, no, this is not acceptable. We were talking about the early days of the COVID-19 pandemic and we started talking about how vaccines work. There were some journalists that reported that once you get the vaccine, you can no longer be infected with the disease, and these were extensively reported, considering the fact that that was how they thought vaccines work. But we now had to come back and start training them, then "you cannot do this, not all vaccines permanently prevent." So those kinds of education and re-education are what I'm saying could actually really be important so that journalists that are expected to inform the general public and not misinforming them unintentionally.

Stephanie Nolen [00:14:09] I think one of the things you have to do to do this job well is you have to cultivate a roster of sources who are the people who are keen to explain it to the person with the least level of knowledge. And some people just come into an interview and they want to blizzard you with data and big words and just remind you how smart they are. I have huge admiration for their research and their degree in whatever, but they're not people who are useful to you journalistically. The person who is ready to spend the time that it takes to explain it to you in the most accessible possible terms, and who's committed, who really sees value in having the public understand their work. And I don't know that people are always consciously over-complicating things or trying to demonstrate their status through the conversation, sometimes that's maybe unconscious. I pretty quickly figure out who are people who are going to be willing to engage in this process with me and simplify, and people who either aren't able to do it or aren't interested and those people are just less used to you as a journalist.

Garry Aslanyan [00:15:16] There's a lot of conversation about how those involved in global health or in science and research need to improve the way they actually interact with the public or with journalists, and it's a process.

Stephanie Nolen [00:15:32] Yes, but I don't know who designed that process though, Garry, because when someone says to me, "oh, I just had media training", they come out of media training being super defensive, unable to explain anything, incredibly nervous. And "oh, I have these eight things that I'm allowed to talk about" and then they'll read me a piece of paper and I can't use this. Who thought this was media training? That's not media training. This is not helpful. I need you to talk to me like we're having a cup of coffee and I live next door to you and I've said, tell me about your work and what's happening and what's really interesting and what do I need to understand about this and why does it matter to my life? That's what media training should be.

Garry Aslanyan [00:16:13] Well this is really good feedback I'm sure from both of you that our listeners will appreciate. I'm going to jump to another aspect of global health which is, there's a lot of talk of decolonizing the field. Journalism is really imperative to inform the narratives that people hold about global health, especially in countries that are not their own. Stephanie, I know you believe in and you already mentioned, and I quote, "Going there, going deep and really listening." How has this approach helped you in your reporting on global health for major Western news outlets?

Stephanie Nolen [00:16:58] I guess I would separate those two things. I think the decolonization process has only just begun and is incredibly important and as much as possible the power and ability to tell those stories should be in the hands of the communities that are actually living them. I do think, on a case-by-case basis, there's use for someone playing an interpretive role, whether it's what Paul was talking about earlier; let's make sure that we're telling stories that are actually relevant to this audience,
and how can I take what's out there in the ether and package it or present it in a way that's useful to people? I want to hear these stories from the people who are living them, and I want to tell them from the perspective of the people living them. I just did a story that broadly was about how the clinical trials system, the drug development system as it exists globally now, it completely shuts out the process. Research coming from the Global South that's trying to produce particularly treatments for neglected tropical diseases. There's no profit incentive, no big pharma companies doing it. If you don't have big pharma's kind of financial resources, you might have a super promising treatment, like the ones that I was writing about from Colombia, but you're not going to get those to market. So I went to Colombia, to Medellín, to see the research at the institutions, the political institutions, but I also went out with the doctors who were using these treatments to the communities to talk to people about why the existing drugs don't work for them and to really see... It was just this incredibly arduous trip just to get to those people, and that's the trip that they're being asked to make in reverse every day, to get to a hospital that will administer the current treatments that are on the market. So here's why those are completely non-viable, which is something that someone could have said to me on the phone, but I think I told that story in a more powerful way, in a more accessible way for a reader, by actually describing what it was like to get to those people.

**Garry Aslanyan [00:18:58]** Through the experience.

**Stephanie Nolen [00:19:00]** Yes. I have to actually really understand it. And COVID was interesting in this sense, because suddenly we all had to report from our desks and look, you can do it. I don't think that you do it as well. To give you one other quick example. The first trip that I took when I could finally travel again during the pandemic was to South Africa, and this was, rather ironically, the day I was leaving was the day that South African scientists announced with their colleagues from Botswana, the discovery of Omicron. I covered that press conference, got on the plane, my plane landed in Amsterdam and international borders had closed. So I don't know if you remember that story, but I was on that plane that got isolated at Schiphol Airport for a long time. One doesn't always desire to be in the middle of the news in quite the same way. Anyway, I went to South Africa, talked to Tulio and others about variants, and they were doing this amazing science, which was the thing I was going to write about. The thing that I hadn't understood until I got there was that that was only 50% of the variant hunting effort and the other 50% was being done by unpaid community health workers, almost all of them women, who were going around working on treatment adherence, on HIV treatment adherence in communities, because there was this concern that people with untreated HIV who also had COVID might be inadvertently incubating variants of the virus. And it was like, yes, here's this incredibly sophisticated scientific effort. There is also walking along dirt paths in townships by unpaid community volunteer health workers, effort that is like 50% of that piece and equally important. That's not something that I was going to hear about or understand on the phone. So, to some degree, you just have to go.

**Garry Aslanyan [00:20:47]** Paul, do you have any insights into this, please?

**Paul Adepoju [00:20:52]** Yes. And I think what I also want to add is, it has also the issues Stephanie highlighted has also necessitated the need to empower journalists in these countries, to ensure that these issues are also being covered at a globally relevant standard such that we don't have to rely on somebody coming from 10,000 or 15,000 miles away to report a story when there are actually journalists much closer to where the issue is happening. And I think, for me, when I started my journey and I thought I would just be reporting on this for local outlets, until I started reading stories about my region by journalists, I didn't even travel at all and you would know when a journalist that reported the story did not even make any effort to visit. So you would see how those loopholes, you would see all those shortcomings...
Stephanie Nolen [00:21:53] Never got on the plane!

Paul Adepoju [00:21:57] You would see all those shortcomings and unfortunately, when those journalists that didn't make the effort to actually pick things, but they only relied on their limited knowledge or understanding of information they could easily get around them. When the right stories in top leading platforms, sometimes these stories are shadowed from the policies that global organizations rely on indirectly and it was evident during the COVID when nobody could fly around, when you can't just jump into Africa and go back, that there is a need to start listening to journalists in this part of the world, start making reference to their stories and relying on them. I and a few others that are from Africa in countries that are writing for top quality international outlets, decided to continue. We were consistently reporting, and a lot of these outlets had to heavily rely on our stories, which is a reason why when we are talking about decolonization, it's not just about ensuring that journalists issue the true voices on the ground, a true reflection of what is being reported, but people like journalists that are around and closest to these places are actually empowered and adequately trained to be able to professionally report these stories at global, international journalism quality level.

Garry Aslanyan [00:23:33] In an age where so many people consider themselves reporters of news in 140 characters, what's the unique perspective and value that you, as journalists, can contribute, not only to the public's understanding of global health, but also to the understanding of global health professionals? Paul, maybe then Stephanie.

Paul Adepoju [00:23:55] I personally, as a journalist, I always like having lots of information, and my job as a journalist is to now process that information that I'm having, take that information through the sieving process, analysing what is true, taking that step further, not just either dictating or amplifying what is being shared in 140 characters. I think this onslaught of information actually has its own benefits, and I think what we are currently dealing with highlights the need for journalism, for true journalists, for well trained journalists, for independent journalists who are not amplifying unconfirmed information. While misinformation continues to grow, I think these issues are highlighting the gap that journalists are expected to fill and eventually the world will continually need journalists to be able to be the ones to see that what is the noise and what is actually factual and should be reliable. Do you agree with me, Stephanie.

Stephanie Nolen [00:25:08] I think we're in a really complicated moment and I don't actually know what the resolution is because people's attention spans have so completely eroded and they think if they read an Instagram post that they're now fully informed on something. And so I think I value social media enormously, especially in the COVID years when I couldn't go anywhere, letting me connect with people and find people and hear voices that I wouldn't otherwise hear. I think it's really valuable, and that's valuable for a reader, too, who can do that themselves, but we haven't at all solved the misinformation problem. I think COVID made the incredible risks that come with that really clear. And then also, I think we've really lost the ability to be critical readers and I don't know how you teach this on a population on like a global level. How to evaluate what's a real source, how to evaluate when something has been diligently reported or thoroughly reported. And there's this sort of... I'm baffled by, in lots of ways, the polarization of the media. I get this email that accuses me of having a political agenda for things where I think, wow, like how did you arrive at that conclusion? So there's a huge challenge in trying to regain or establish some level... Regain, I don't know, did we ever have it? But to try and have credibility and make people willing to engage with accurately reported information. And I have zero idea how you fix these things.
How do you see the field of global health journalism helping to achieve global health goals by ensuring the important stories are told? What would you like to see changed? Paul maybe and then Stephanie.

Paul Adepoju [00:27:01] We need to sustain the momentum that COVID created for health stories and ensure that health stories, health issues, don't find their way back to one tiny corner of the newspaper. There is also the need to empower and amplify and bring more attention to dedicated health reporting platforms, because no matter what we do, there is still a limit to what a general news publication can commit to health reporting and there are a lot of health issues. There are lots and lots of health issues, there are different angles to them. There are different issues that are always competing for attention. A publication that only has just one page per day or three pages per week for health, where publications they only do a topical issue only once in a week. There is little that can be done to ensure these issues, that all issues that are relevant are getting attention. If we are not even interested in reading about them, if we are not even interested in bringing attention to them, if we are not even interested in amplifying the reporting of these issues, then the achievement of these global health goals will be threatened. We cannot underestimate the importance of health reporting in achieving those goals that we achieved during the COVID-19 pandemic. The news organizations, the news outlets were fully involved in bringing attention, sometimes updates and keeping people informed regarding what is happening. And when the people are well informed, then it translates into real changes. Imagine if we are having reporting on other health issues as COVID was getting all the attention, when other health issues too were also getting all the attention. So I think we need to ensure and be aware that we are talking to each other. We need to ensure that stakeholders come to terms with the fact that these global goals are almost impossible to achieve without adequate reporting, and whatever needs to be done to promote that reporting. And I think we need to start seeing health from a bigger picture that is relevant to us and we can actually build an entire ecosystem around such that those journalists that are interested in reporting stories would have bigger mics or bigger platforms or bigger opportunities to actually tell their stories. So it's not just the work of journalists. It's not just the work of media houses. It's all about everybody involved in this ecosystem coming to terms with the fact that if we want to be better protected against the next pandemic, if we want to ensure that people are well informed, which should continually empower, support and give platforms to journalists, listen to journalists, respond to their questions, answer their questions, be genuinely interested in simplifying our complex issues to them.

Stephanie Nolen [00:30:17] To draw on something that the Paul mentioned, I think it would be really useful to move past this idea of the health page, or that once a week we cover these subjects. To go back to the idea I mentioned earlier about health stories being also political, economic, social stories, we just need to take it out of that, this is a very overused word, but out of the silo. And to Paul's point about people needing education and training, make sure lots of reporters are both, have some baseline level of ability to cover those stories that editors have the educational level to edit them, but also that they're looking for them and they're seeing them and they understand them. It's wonderful that The New York Times has a global health correspondent, but like Paul said, it's what is happening in people's immediate lives, the risks that they face, the steps that they can take, to be healthier. That's a local journalism issue. And local journalism, as we all know, is desperately starved of funds and retracting, contracting all the time, and so I really worry about that. I worry about what's available. Where are people going to get that information and what's going to fill up that vacuum if it's not credible local health journalism? I think that's really a problem and I think we're only at the beginning of trying to figure out how to make that kind of journalism sustainable and good. And so I worry. I worry about the industry. I worry about the future of the industry as a whole. I worry about where people get their news,
and I think COVID showed us it’s critically important that people have access to accurate, high quality and directly relevant coverage of health issues. And frankly, I feel like we’re not headed in the direction of that becoming more accessible to people.

Garry Aslanyan [00:32:08] Thank you. This was a great conversation. I certainly learned a lot.

Stephanie Nolen [00:32:12] So did I!

Garry Aslanyan [00:32:13] So both, Paul and Stephanie.

Stephanie Nolen [00:32:16] Thanks for having me.

Paul Adepoju [00:32:18] Thanks for having me. I appreciate the opportunity to share my insights on this topic. It has been a really good conversation. Thank you.

Garry Aslanyan [00:32:25] Thank you. In this episode, we’re reminded by Stephanie that health stories are economic and political and social stories. They are also stories of power. For this reason, Stephanie and Paul both highlighted the value of combining the local with global when reporting health stories. Nothing can replace speaking to people affected by the issues first hand to understand how health shapes them at the individual and collective level. Collaborating with journalists is a contribution all of us in the global health sphere can make to combat misinformation and write a healthier global health narrative together.

Garry Aslanyan [00:33:15] Let’s hear from another one of our listeners, Habib Benzian, a professor at the New York University’s College of Dentistry.

Habib Benzian [00:33:29] Hi, Garry. I listen to your podcast regularly, especially during my morning runs when I can focus and immerse myself in the topics presented. My name is Habib Benzian. I’m a professor of epidemiology and health promotion at New York University’s College of Dentistry. I’m also co-director of the WHO Collaborating Centre on Oral Health. What I like about the Global Health Matters podcast is the variety of topics, combined with the deep and experienced insights of your invited guests. In times where the global health community is more and more fragmented along vertical topics, it is very helpful to keep a universalist mindset to confront the challenges of global health and to focus on the cross-cutting issues. I’m allowing myself to propose a future podcast topic for you and your listeners; it’s oral health. Virtually every person on the planet is affected by oral health issues, and almost half of the world’s population are suffering from one or several oral diseases. Oral health is a new and challenging public health frontier very suitable to be explored in your podcast. Thank you Garry and please keep up the good work.

Garry Aslanyan [00:34:40] Thank you Habib. It’s great to know that you enjoy the podcast and we thank you for your suggestion for a future episode.

Garry Aslanyan [00:34:46] To learn more about the topic discussed in this episode, visit the episode’s web page where you will find additional readings, show notes and translations. Don’t forget to get in touch with us via social media, email or by sharing a voice message with your reflections on this episode.
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