



TAKING THE TEMPERATURE:
The Future of Global Health Journalism

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By Nellie Bristol and John Donnelly

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EXECUTIVE SUMMARY

For more than five years, much of the mainstream media in the United States has been foundering economically. Journalism's problems were further exacerbated by the global economic downturn in 2008, which resulted in even more cuts to newsroom resources. Staff downsizing and budget reductions have forced reporters and editors to do more with less and impacted both the depth and breadth of reporting at many outlets. This report set out to understand how coverage of global health issues might have fallen victim to the overall problems facing journalism and whether this beat faced unique challenges of its own.

Interviews with 51 stakeholders in global health journalism—reporters, editors and producers in either mainstream media or at specialized outlets like trade and policy publications; freelance writers and broadcasters; writers and editors of global health advocacy outlets as well as peer-reviewed journals; and funders of journalism—provided a window into what was happening in global health journalism in the U.S. and in select outlets abroad. How were challenges they faced influencing the type and amount of global health coverage available to the public and policymakers? What were the most important trends in reporting global health issues and what could they portend for the future? With mainstream journalism mired in economic trouble, what were the prospects for funding independent journalism going forward?

Several common themes emerged from the interviews. The majority of respondents left little doubt that the industry's financial struggles have affected global health reporting. Foreign bureau closings and diminished travel budgets greatly reduced respondents' ability to report on health in other countries. Additionally, the U.S. media's focus on "hyperlocal news" reduced available space for international stories. Less coverage was not only a resource issue, but what some saw as story fatigue or lack of fresh angles on health stories in developing countries, especially related to HIV/AIDS. Many, though not all, found policy angles, such as U.S. government efforts to improve global health, difficult to incorporate into their stories, and much of the existing coverage tended towards infectious disease outbreaks and disaster-related health issues.

Still, a few of those interviewed detailed how they were able to report on a variety of global health topics. Of those reporters, editors, and producers, many were able to continue, and sometimes even increase, coverage of global health issues often with support from outside funding sources. This report also examined how specialized publications, such as online-only news sites or health-related journals, have begun to provide some independent journalism on global health. At the same time, advocacy organizations have started to produce their own types of "news" that not only inform their constituencies, but in some cases have provided content for mainstream media. So while the flow of global health news may no longer be concentrated in the mainstream media, there is no shortage of information available for those who know where to look.

As the future of global health journalism unfolds, the trends outlined in this report raise questions worth exploring, including:

- 1) While outside funding of global health journalism represents a current bright spot, how sustainable is it? If funding through this method continues to grow, what safeguards are in place to ensure journalistic independence? Are there other opportunities to pay for independent global health journalism?
- 2) Are the evolving specialty and online outlets for global health news reaching policymakers and the public with independent coverage that will help them understand global health issues?
- 3) If advocacy organizations maintain or even increase provision of information and images to the media, how might this affect journalistic integrity, especially if financial constraints facing news organizations remain?
- 4) How will the continual evolution of social media, which is widely used by the global health advocacy community, impact how global health is covered in mainstream journalism?
- 5) As donors spend on global health programs at record levels and the U.S. moves forward with plans to tackle global health problems more broadly than prior efforts focused on specific diseases, how might coverage of relevant policy issues change?
- 6) What are some global health issues and angles that could use more coverage?

INTRODUCTION

For more than five years, much of the mainstream media in the United States has been foundering economically. Newsroom downsizing has forced reporters and editors to do more with less and impacted both the depth and breadth of reporting at many outlets. This report set out to understand how coverage of global health issues might have fallen victim to the overall problems facing journalism today and whether this beat faced unique challenges of its own.

The Kaiser Family Foundation commissioned journalists Nellie Bristol and John Donnelly to interview a variety of stakeholders in global health journalism. The interviewees were selected based on their beats and the varying degrees to which they covered or tracked U.S. policy on global health and health issues faced by the developing world. Those interviewed included reporters, editors and producers working in mostly U.S. mainstream media; writers and editors for specialized outlets like trade and policy publications; freelance writers and broadcasters; writers and editors of global health advocacy outlets as well as peer-reviewed journals; and funders of journalism. The goal of this endeavor was to provide a “case study” snapshot in time from a variety of perspectives to illustrate how the media are covering global health issues (more information on the study design, interviewer biographies and list of interviewees is available in Appendix 2).

This report aimed to answer several questions through the interviews, conducted from May 2010 to November 2010: What exactly was happening in global health journalism in the U.S. and in select outlets abroad? How were challenges currently faced by the media overall influencing the type and amount of coverage available to the public and policymakers? What were the most important trends in the reporting of global health issues and what might they portend for the future? With mainstream journalism mired in economic trouble, what were the prospects for funding independent journalism going forward? While the 51 global health journalism stakeholders who shared their comments in interviews constitute an experienced group of professionals, this report is qualitative in nature and the views and findings from respondents are not necessarily representative of the media as a whole.

Global health coverage caught up in media’s financial woes, faces specific struggles

The telling anecdotes amassed in the interviews gave an overview of the state of global health journalism. The new reality of media downsizing was reflected in the frustrated comments of global health reporters and editors, many of whom had been in the field for decades. As detailed in this report, many of those interviewed said their outlets were covering global health with less vigor and commitment than they have in the recent past.

The consequences of staff reductions and budget cuts across the media have been severalfold for global health coverage. Some veteran global health reporters have left the business. In most cases, when these specialized reporters depart, the coverage goes with them. This has

KAISER’S GLOBAL HEALTH GATEWAY

The Kaiser Family Foundation’s global health gateway is an online clearinghouse for the latest data and information on the U.S. role in global health. It brings together original policy analysis and research from the Foundation, follows legislation and other developments through a Policy Tracker, features fact sheets and country-level data through Kaiser’s Global Health Facts, and more.

The Foundation also produces the *Kaiser Daily Global Health Policy Report*, whose staff search hundreds of news sources each day to bring readers the latest, most relevant information on U.S. global health policy developments and related news. Stories range from health issues on the ground in developing countries and policies addressed by USAID, Congress and the White House to food security and significant scientific advances in the battle against disease.

These resources are designed to offer a comprehensive picture of the U.S. global health policy landscape, highlighting key issues facing policymakers, journalists, non-governmental organizations, and others working in the global health arena. The Kaiser Family Foundation receives substantial support for its work on global health policy from the Bill & Melinda Gates Foundation.

left remaining staff overstretched and less likely to focus on global health issues. The freelancers interviewed, whether print, online, television or even multi-platform “backpack” reporters, said times are rough. Multiple freelancers reported dropping pay rates and an inability to make a living solely through journalism.

Additionally, because of overall funding cuts, news outlets have closed foreign bureaus and reduced travel budgets so many reporters interviewed found it difficult to report on stories in other countries. Furthermore, many outlets have boosted local coverage in an attempt to regain readers and viewers, making it more difficult to get foreign news stories placed.

This dearth of coverage wasn't true across the board, as a few of those interviewed detailed how they were still able to report global health news. Of those outlets, most were able to continue, and sometimes even increase, coverage of global health issues often with support from outside funding sources.

Aside from the struggles facing the media in general, there also were trends identified in the interviews more specific to global health coverage. Many interviewees noted that increasingly, stories they covered tended towards infectious disease outbreaks, like influenza, and disaster-related health issues. This was not only a resource issue, but what some saw as story fatigue or lack of fresh angles on health stories in developing countries, especially related to HIV/AIDS. Many, though not all, found policy angles, such as U.S. government efforts to improve global health, difficult to incorporate into their stories, much less serve as a focal point.

Outside of the mainstream media, this report examined how specialized publications, such as health journals or online-only news sites, have begun to provide some independent journalism on global health. At the same time, advocacy organizations have started to produce their own types of “news” that not only inform their constituencies, but in some cases have provided content for mainstream media. So while the flow of global health news may no longer be concentrated in the mainstream media, there is no shortage of information available for those who know where to look.

This report examines what the interviewees think about these trends and identifies discussion points about the following main themes:

- 1) The constraints faced by journalism in the U.S. have impacted mainstream media's coverage of global health. Some reporters have left the business; those remaining see fewer opportunities to cover global health stories, especially when travel is necessary.
- 2) Interest is still alive at some mainstream publications, especially outside the U.S. Some of this coverage is supported by outside funding.
- 3) Coverage tends to focus on infectious disease, particularly potential pandemics such as H1N1 or disaster-related health issues. Many interviewees said it was difficult to find a fresh angle on developing country health problems, especially HIV/AIDS. Most reporters found U.S. global health policy difficult to cover or include in their stories.
- 4) Specialized publications, such as online-only news sites or health and science related journals, are increasingly a source for global health journalism.
- 5) Web-based outlets produce a growing genre of advocacy stories and research that tap into the power of social media.

THE FUTURE OF GLOBAL HEALTH JOURNALISM

- 1) The constraints faced by journalism in the U.S. have impacted mainstream media's coverage of global health. Some reporters have left the business; those remaining see fewer opportunities to cover global health stories, especially when travel is necessary.

The majority of those interviewed for this report left little doubt that global health journalism has been affected by the overall problems of the news business. Mainstream media were struggling to stay financially viable even before the global economic downturn in 2008, which greatly exacerbated their problems and resulted in even more cuts to newsroom resources. The Pew Project for Excellence in Journalism reports that in 2009, local TV ad revenue fell 22 percent from the prior year, while national and local radio advertising fell by 20 percent and 19 percent respectively in 2009 compared to 2008 [see graphics 1, 2*].^{1,2} Newsroom jobs at newspapers have been cut 26 percent since 2000 [see graphic 3].³ Especially hard hit are the staffs of large newspapers and foreign bureaus where many global health stories are generated. Pew and The Poynter Institute estimate newspapers, which provide the bulk of reporting in the U.S., in recent years have spent \$1.6 billion less annually on journalism, about a 30 percent decline.⁴

As traditional media struggle to adapt and develop business models that keep them afloat, many have increased local coverage in an effort to maintain their audiences. This renewed community focus as well as the cost of covering news abroad has had a large effect on international coverage. In a 2008 survey of newspapers, Pew found that nearly two-thirds of newspapers cut back on foreign news making it the biggest loser in the competition for space in printed publications [see graphic 4].⁵ In this environment, constraints cited by reporters interviewed, included less space for stories of any type, but particularly foreign news and less funding not only for international travel, but even to attend conferences where they could catch up with contacts and global health developments.

This drop in coverage conveyed by the journalists interviewed comes after strong, continued global health journalism in the early and mid-2000s, spurred by President George W. Bush devoting billions of dollars

to tackle HIV/AIDS worldwide, billionaire donors Bill and Melinda Gates dedicating much of their energies toward these issues, and celebrities such as Bono and Angelina Jolie stirring up support for global health problems. A recent analysis by the University of Leeds, Queen's University Belfast, the Berlin-based Institute for Futures Studies and Technology Assessment (IZT) and Euromed Management School in Marseille examined how a variety of development-related topics were covered in 115 broadsheet newspapers from 41 countries between 1990 and 2010. Graphic 5 illustrates how coverage of many health topics during that time frame was either stagnant or on the decline in the later years.⁶

Even as mainstream media's global health journalism declines, resources for global health remain at unprecedented levels. In 2001, total U.S. government global health spending was \$1.7 billion, or 22 percent of all donors' global health spending. By 2008, U.S. global health spending was \$8.2 billion, a nearly fourfold increase in eight years [see graphic 6]. It also represented 31 percent of donor spending for global health around the world in 2008 [see graphic 6].

Much of the increase in U.S. global health spending came from the President's Emergency Plan for AIDS Relief (PEPFAR), which spent nearly \$19 billion from 2004 to 2008—the largest single initiative ever for a single disease.⁷ Through 2010, U.S. global HIV/AIDS funding had exceeded more than \$32 billion over seven years.⁸ In 2009, U.S. contributions against HIV/AIDS (through PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria) represented 58 percent of all donor funding globally.⁹

Private funders, notably the Bill & Melinda Gates Foundation as well as Warren Buffett's multi-billion dollar contributions, also boosted funding for global health. From 1998-2007, the Gates Foundation spent \$8.95 billion on global health programs.¹⁰ In 2008 and 2009, the Foundation's global health allocations totaled more than \$3.6 billion.¹¹

*Graphics are available in Appendix 1.

Cutbacks on travel, foreign bureaus decrease field reporting

But even as governments and foundations committed billions of dollars to global health projects, newsrooms were finding it difficult to allocate a few thousand dollars to cover those stories unfolding on the ground. Donald G. McNeil Jr., the only designated reporter covering global health fulltime at *The New York Times* (although several others have written frequently about it, including Tina Rosenberg, Celia Dugger and Denise Grady), has been writing on the issue since 2002. In years past, if he wanted to travel for a story, he would write a memo and editors generally would say yes within a week or two.

In 2009, *The New York Times*' Science desk had its budget cut. In November of that year, McNeil read a report written by Robert Hecht, a managing director at Results for Development, a Washington, D.C., non-profit, which said that a half-century after AIDS was first discovered the virus would still be transmitted to 1 million people every year. McNeil had his hook, and so he pitched a story that he wanted to tell from several poor countries around the world. He wanted to document a piece that would examine whether the war on AIDS was falling apart in the developing world, exploring the tension between numbers on AIDS treatment continuing to grow and the interest in funding starting to plateau. His proposal took months to get approval. When he received the go-ahead, McNeil was limited to reporting only from Uganda and neighboring Rwanda. Because of budget pressure, he tacked on two unrelated stories about cassava disease and Rwandan health insurance and received a break in costs when the photographer and videographer for the story happened to be a couple, which meant they shared a room. "That was the perfect scenario," McNeil said, referring to money saved in Africa. "I also felt I had to justify my trip so I wanted to do more than one story."¹²

For McNeil, and many others, the issue wasn't only about money. It also was about whether the story felt like news to editors. "There's a certain amount of editor fatigue from all this death by disease," he said. "There was much more excitement for this kind of coverage in the earlier days. It waxes and wanes, but once it became clear I was doing this story on AIDS, and the battle falling apart, people got

“ There's a certain amount of editor fatigue from all this death by disease. ”

— Donald G. McNeil Jr.

excited about it because to them it was counterintuitive. To them, they heard about the Global Fund, the Gates Foundation, PEPFAR, they thought the problem was solved!”

The Washington Post's David Brown said he didn't think his newspaper would have sent him to do the story McNeil wrote on HIV in Uganda. He estimates that 20 percent of his

“ As news staffs shrink, foreign bureaus shrink, it's hard not to have that equate to less global health coverage in the bigger media outlets. ”

— David Brown

time is spent on global health stories. He also says he has made little headway in pitching stories on those issues in the last few years. Although he has attended the last six International AIDS Conferences, Brown did not go to the 2010 conference held in Vienna, Austria. "As news staffs shrink, foreign bureaus shrink, it's hard not to have that equate to less global health coverage in the bigger media outlets," he said.

Malaria coverage vs. King Tut's Gold: What do readers want?

A 2010 Kaiser Family Foundation survey¹³ looked at Americans' views, knowledge and attitudes about global health and U.S. efforts to improve health in developing countries. Graphic 7 illustrates the different sources people have for receiving global health information. Reflecting national trends in where people get their news more generally, cable news outlets and their websites stand out as the predominant source for global health information, followed by national broadcast networks, local television news, newspapers and radio. The survey also found that there seems to be at least some appetite among the public for more coverage of global health issues. While about four in ten (43 percent) said the news media spend about the right amount of time covering health issues in developing countries, another four in ten (41 percent) said they spend too little time covering the issue, and one in ten say the media spend too much time reporting on health in developing countries.

Still, Larry Klein, an independent filmmaker and former executive producer of *Rx for Survival*, a \$15 million PBS series on global health produced in 2005, said the biggest hurdle for him now with global health stories is a perceived lack of interest among the public. That perception is making funders hesitant to support a documentary

on global health. “I do think it’s a hard sell now to the American public,” said Klein, who has made documentary films on a variety of environmental and health issues, mostly for WGBH in Boston, for more than a quarter-century. “People are really in a ‘How does this help me, don’t we have problems at home to solve first’ kind of mentality.”

“*King Tut’s Gold* will always get a bigger audience than a show around malaria.”
— Larry Klein

He said broadcast funding for independent projects was in as bad shape as newspapers: “Everybody’s budgets are really much skimpier now,” he said. “We’ll never see a project at the level of *Rx* again. There’s not the money out there to do them. *King Tut’s Gold* will always get a bigger audience than a show around malaria.”

Maria Cheng, a London-based health and medical reporter for The Associated Press, said the appetite for global health stories is fairly small. “AP is a general news service wire and it’s very consumer oriented,” Cheng said. “I do like global health stories but I just find they’re a hard sell.”

Earlier in *USA Today’s* Steve Sternberg’s 13 years at the newspaper, he had more latitude to cover global health. While he did report on the U.S. aid mission from Haiti after the 2010 earthquake, he rarely writes about other global health topics like HIV/AIDS anymore. He said this is “driven by the perception we have covered it into the ground.” As at the AP, Sternberg said his health and medical coverage is now consumer-focused. At *USA Today*, he says, “There’s a big push to find a way to draw readers who will bring with them advertisers, and those people are consumers.”

For Philip Hilts, director of the Knight Science Journalism Fellowships at Massachusetts Institute of Technology, the decline in global health coverage in mainstream media outlets “is not so much the appetite [for the stories] as it is the business is in trouble.” Hilts said that global health stories should become more important because of the spread of disease. “I’m just hoping that when the economy returns and businesses in journalism find ways to keep themselves afloat, [global health] will be back on the agenda,” he said.

Some journalists leave the business; freelancers watch rates drop

The economic decline affecting many media outlets has had the predictable impact of reporters seeking work elsewhere, often outside of journalism. Starting in 2007, at *The Seattle Post-Intelligencer*, editors asked reporter Tom Paulson to stop writing so much about global health and the Gates Foundation. “They thought it was boring, too much explanation,” he said. “They wanted me to return to writing wacky science stories, but I was stubborn and I kept writing about global health. Finally, they basically told me that I would get in trouble if I didn’t stop doing global health stories. I said, ‘OK, who is going to cover (global health issues)?’ They said, ‘Nobody.’”

When *The Post-Intelligencer* became a completely online publication in March 2009, Paulson left. In

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— Tom Paulson

the summer of 2010, he joined a new initiative organized by National Public Radio that created 12 news jobs for local stations aimed initially at providing Web content. Paulson now blogs on the website for radio station KPLU, covering Seattle’s influence on global health programs.

In California, longtime global health reporter Sabin Russell saw the *San Francisco Chronicle* shrink in content and interest in global health fade. He took a buyout in August 2008. In 2010, he became a writer and editor for the Lawrence Berkeley National Laboratory. In Boston, where *The Globe* still wrote about global health issues that had a local tie-in, Jim Smith, a former foreign editor who had been writing a column called “Worldly Boston,” took a job in communications at Harvard University.

The current financial reality for many global health freelancers, whose work is viewed as filling the gap created by media staff reductions, is pretty grim. Samuel Loewenberg who has written on global health issues for publications ranging from *The New York Times* to *The Lancet*, said freelance rates for many publications have fallen. Arthur Allen, a former AP staff writer and now an author and freelancer, said a prominent online publication recently dropped its rate from \$1,000 to \$500

a story. Another pays \$300 a story. “I asked why they are decreasing payment and they say, ‘Some people are writing for nothing;’” Allen said. “It’s a hobby for people who have other gigs. ... Certainly doctors and lawyers have a lot to say about things, but it’s difficult for people like me who are journalists.”

Even higher paying pieces may not pay much on an hourly basis. Although *The Washington Post* will pay him up to \$1,000 for a piece, Allen said the stories can take two or three weeks to complete. So, he thinks hard about story selection, making sure that he can do quality journalism on a tight deadline. “My journalism has become over the last year or two, picking low-hanging fruit and grabbing something that I feel I can do a relatively quick kill on,” he said.

Even freelancers with plenty of work and ability to provide material in a variety of media are finding it hard to make ends meet. Carmen Gentile, a former United Press International reporter, is one example. Gentile is a backpack journalist, who can write for print as well as provide audio and video for a story. He travels extensively for his reporting and often finds it hard to make ends meet, even with several clients for one trip. “It takes a great deal of number juggling to get it right,” Gentile said. Multimedia projects also come naturally to *Science* correspondent and freelancer Jon Cohen, who has a steady contract with a publication and a solid niche as an experienced HIV/AIDS reporter and author. But he, too, has watched the number of freelance outlets and available funding shrink.

To make a living and continue in a field to which they are strongly committed, some global health freelancers are finding writing jobs with public relations firms, corporations, NGOs, and the U.S. government. Christine Gorman, a former global health reporter for *TIME Magazine*, took a freelance contract as a technical writer for the Institute of Medicine before going to *Scientific American*. Paulson, the former *Seattle Post-Intelligencer* reporter, started ghost writing a book for a corporate leader before joining KPLU. Allen became a speechwriter for four months recently for Dr. Margaret Hamburg, commissioner of the Food and Drug Administration. Others are leaving journalism for good.

But freelancers still hold out hope that a sustainable funding mechanism can be developed that will support their work. While a Nieman fellow at Harvard, Gorman wrote a business

plan for a Web-based global health news service, but no “angel investor” appeared.

Other freelance writers, including the Berlin-based Sam

Loewenberg, have explored similar arrangements. Paulson, before he started his full-time job at KPLU, also reached out to freelancers about the idea, hoping to build a stable of writers not unlike what photo agencies had done decades ago.

“There are so many new technologies for distribution—video, multimedia—journalists can do things they’ve never done before,” Loewenberg said. “But if people don’t get paid, they will leave journalism. We’ve already lost a bunch of good people and they’re probably not coming back.”

“ But if people don't get paid, they will leave journalism. We've already lost a bunch of good people and they're probably not coming back. ”

— Sam Loewenberg

2) Interest is still alive at some mainstream publications, especially outside the U.S. Some of this coverage is supported by outside funding.

While the majority of those interviewed saw a decline in coverage of global health issues, not every mainstream media outlet included in this report has fallen on hard times when it comes to global health coverage. Some of the interest is driven by long-standing commitment to the issues, while other outlets have been able to find local angles on global health topics. *The Economist* and *The New Yorker* magazines frequently write long, well-reported stories on global health. *The Financial Times* and *The Globe and Mail* in Toronto both have reporters writing nearly full time on some aspects of global health. At *The Financial Times*, the coverage is more focused on business aspects of health, while *The Globe and Mail* has supported in-depth reports from Africa and Asia over the last several years. *The Seattle Times*, in pursuing an increase in local coverage, bulked up its resources in response to the virtual global health industry created by and around the Seattle-based Gates Foundation.

The New Yorker's coverage often features the work of global health and science writer Michael Specter and has included pieces on HIV/AIDS, tuberculosis, pandemic flu, malaria and water issues. "I think the general public has become more attuned to [global health]," he said. "I think they understand that viruses are global, that things like H1N1 come around, that we were actually lucky in the virulence this time."

The Seattle Times and *The Boston Globe* both have been able to maintain global health coverage by tying it in to the global work of local entities. "Our [coverage] is driven in some respects because it's a hometown industry," said Jim Simon, assistant managing editor of *The Seattle Times*. "Seattle, with the initial presence of the Gates Foundation, has really emerged as a global hub for, if you will, the global health industry." *The Globe* supplements its local take on global health with interviews gathered electronically, according to Jim Smith, who at the time of the interview was the "Worldly Boston" column writer. "With almost all of the stories I talk to people on the ground as well. It's becoming increasingly affordable, using Skype. Everyone in Africa seems to have a cell phone, so it's not hard to call Africa anymore," Smith explained.

Several reporters for Canadian and British outlets said their publications remained very interested in global health stories, including field-based coverage of U.S. policy and funding decisions. Stephanie Nolen, a foreign correspondent for *The Globe and Mail* in Toronto, moved to South Africa on a six-month contract with the paper in 2003 and spent more than five years there. At first, she said, "There was a belief no one would want to read about 'dying black people'—someone in management literally said that to me before I went. There was a concern it would be a static story. But there was a massive public reaction from readers, and I think that reflected people had a vague sense something awful was happening and they weren't hearing about it, and they wanted to hear about it."

Nolen, who later moved to India for *The Globe and Mail*, said her editors have encouraged her to write even more about global health in the past few years, frequently running 2,000 words or longer stories, including one that took up the entire front page. Before the 2010 G8 Summit in Canada, the paper's correspondents in five developing countries each wrote a story from their region on maternal mortality. Nolen herself estimates that she has spent between 40 and 60 percent of her time writing and reporting global health stories since 2003.

At *The Economist*, Johnny Grimond, a 41-year veteran of the publication who now holds the post of writer-at-large, said he believed the days of major HIV/AIDS coverage had largely passed. But he believed interest would grow in other health issues, such as sanitation and health concerns related to water supply. In the magazine's May 22, 2010 issue, Grimond produced a long report on water issues around the world, including impact on sanitation and malnutrition. He expected more attention to water-related health issues in *The Economist* and other media outlets because readers and viewers are concerned about how water issues could affect them in the future. "With an increasing number of mouths to feed, and the need increasing for goods and services, all that takes more water," Grimond said.

Outside funders facilitate coverage at other mainstream outlets

Other mainstream news media are making their global health coverage work with the help of outside funding. PBS NewsHour and Public Radio International's (PRI) *The World* have received grants from the Gates Foundation to cover global health stories. NPR also has received funding from the Gates Foundation, although the national station no longer allows targeted funding for specific coverage. Nonetheless, NPR remains committed to global health coverage. In the fall of 2010, the Gates Foundation also entered into separate agreements with *The Guardian* newspaper in the U.K. to partially fund a blog on global development as well as with ABC News, dedicating \$1.5 million toward the network's \$6 million budget for a year-long series on global health issues.

Other foundations also have helped underwrite global health reporting, if on a smaller scale. NPR's affiliate KPLU's "Humanosphere" blog is devoted to coverage of

“The ability to actually travel all over the world and shoot these pieces would not be there if it weren't for the grant.”

— Talea Miller

Seattle's influence in fighting poverty and illness around the world; KPLU is one of the 12 NPR stations nationwide that received support

for a pilot project funded by grants from the Corporation for Public Broadcasting and the Knight Foundation. The "Humanosphere" blog's reporter Tom Paulson covers everything from cholera in Haiti to goings on at the Gates Foundation.

At PBS NewsHour, a Gates Foundation grant has allowed it to expand its staff to pursue a range of global health stories. NewsHour Reporter/Producer Talea Miller said before the grant, global health was not a distinct beat for

“There is a considerable amount of interest in global health at NPR.”

— Joe Neel

the program and was only covered sporadically by one person.

Three producers and reporters and a correspondent now cover the issue at least part-time and travel has increased dramatically. “The ability to actually travel all over the world and shoot these pieces would not be there if it weren't for the grant,” she said.

Joe Neel, who has been deputy science editor at NPR since 1996, said “There is a considerable amount of interest in global health at NPR.” Neel lost two reporters who worked on global health stories in 2010 (Brenda Wilson and Joanne Silberner) but still had two others who partially worked on these issues (Richard Knox and Joe Palca) as well as foreign correspondents who occasionally also covered it. Neel hopes to hire a reporter in 2011 to cover global health. “I really feel like in global health we need to bring accountability to this huge amount of money that is being poured into programs all over the world, especially by the Global Fund and I want to know more about what kind of effect it is having. We don't know enough about what the money is doing and what the true results are,” Neel said.

In Britain, Sarah Boseley, *The Guardian's* health editor, said the money from the Gates Foundation grant is targeted for the paper's Global Development Website. She hopes more funding will be available to cover travel. “My hope is we will have a budget that will allow more reporting, and do more investigative stories, more descriptive stories, more stories from the field,” she said. “I would prefer not to rely on an NGO or a U.N. agency to support us because their funds are needed for other things.”

In a meeting among *Guardian* and Gates Foundation staff before the joint website was launched, Boseley said she asked those representing Gates how they would feel if *The Guardian* wrote a critical story about the foundation. “They said that they wouldn't object,” she said. Still, she has found herself treating stories involving the Gates Foundation with great circumspection because of a fear that readers might question the credibility of a piece about the funder of the website. She emphasized she was speaking about her own personal beliefs, not speaking for *The Guardian*. “I am shying away not because I will find something bad, but because it will be too good,” Boseley said. “I don't want it to look as if I am doing them any favors. ... My approach is not that I would go and cover what the Gates Foundation is doing. I only do stories on issues that I'm interested in, and I invariably find the Gates Foundation is putting money into it. Once or twice, I drew myself back from covering them, so it's a disincentive to cover them. It's not a difficulty that I expected to find.”

One outlet's use of multiple funders

At PRI's *The World*, David Baron, the health and science editor, has five staff reporters in foreign bureaus, and most of them produce occasional global health pieces for the show. Baron also travels to do stories.

Baron said his station's mission is to "cover the world, and often cover the uncovered part of the world." Still, he said, telling global health stories is often a challenge because "it's really hard to find new things to say. How many times can you report on bed nets for Africa or DOTS (directly observed TB treatment)? ... So much of global health coverage is predictable—you get through the first paragraph and you know where the story is going."

“...it's really hard to find new things to say. How many times can you report on bed nets for Africa or DOTS (directly observed TB treatment)? ... So much of global health coverage is predictable—you get through the first paragraph and you know where the story is going.”

— David Baron

He said that the station's main funder for global health coverage is the Gates Foundation. The station has put up an effective firewall between it and the Foundation, and he has never felt any influence from the Foundation

to report on topics. Baron also said he or his reporters have benefited from grants or fellowships from the Kaiser Family Foundation, the International Reporting Project, the Pulitzer Center on Crisis Reporting, and Rosalyn Carter Fellowships. "There is money out there, but it's not a lot of money," he said.

Implications for outside funding of journalism

Some groups helping journalists do more reporting on global health issues through grants or fellowships have changed their missions from largely offering educational opportunities for mid-career journalists to supporting newly unemployed freelancers to function in a multimedia environment. They also are providing supplemental international coverage for a variety of media that don't have the resources to offer it themselves.

"We initially began 13 years ago as a fairly traditional fellowship program that was intended to train future foreign correspondents on a wide range of global issues," said John Schidlovsky, director of the International Reporting Project (IRP), which receives Gates funding for some of its work. "But over the last decade, many of those traditional foreign bureaus have disappeared."

IRP grantees are often U.S.-based freelancers or staffers who need financial support to pursue an international story. "We're very story oriented and we're very much more oriented toward maximum exposure and showcasing stories in multimedia form," he said.

The Pulitzer Center on Crisis Reporting also has expanded into multimedia production and training and as an agent connecting funders with journalists to produce material for a variety of outlets, according to Executive Director Jon Sawyer. Earlier, mainstream media mostly shied away from stories funded by outsiders for fear of violating standards of journalistic integrity and independence. As outside groups develop a proven track record and as their own resources dwindle, outlets are more accepting of the practice, Schidlovsky said. "The appetite and interest in news organizations is sometimes even larger than ever before because they no longer have their own correspondent or their own reporters doing those stories," he said.

Funders can sometimes put stipulations on the coverage by steering funding toward particular topics. For example, the Pulitzer Center received money from the MAC AIDS Foundation to write about AIDS in the Caribbean. The Rockefeller Foundation is funding work on electronic health advances in the developing world. The Gates grant to the NewsHour, on the other hand, is unrestricted, said global health unit Producer Merrill Schwerin. "They haven't told me how to do my job ... I think they're savvy enough to realize that any public attention sheds lights on the [topic] that they have an interest in," Schwerin said.

One group looking closely at the implications of outside funding for journalism is Harvard University's Nieman Foundation for Journalism. It operated a global health journalism fellowship for five years funded largely through a grant from the Gates Foundation. Gates discontinued

the grant and the program is now being supported by Nieman's own funds while it looks for other donors. As of October 2010, Nieman entered into a collaboration with the Pulitzer Center on Crisis Reporting. The Center awarded a \$250,000, three-year grant funding field work for the global health fellows. While searching for additional support, the Nieman staff is wrestling with the question of what funding sources are appropriate for bankrolling journalistic enterprises.

"We could, of course, easily attract funding from ... foundations and from places that would sort of take away credibility," said Nieman Special Projects Manager Stefanie Friedhoff. "Once you get away from the typical journalism funders, Knight, etc., independence and perception become more of an issue." Independent filmmaker Linda Harrar sees a similar dilemma. Foundations often want to know the impact of a film, which she said was not easy to forecast or to document later.

Foundation funding also can be unpredictable as the Gates and Nieman situation shows. And there is no guarantee, for instance, that the NewsHour's Gates grant will continue after its three years are up. Despite the potentially fickle nature of non-profit funding sources, leaders of grant and fellowship programs are optimistic about the future. They say the Web will continue to expand low-cost distribution of a variety of materials and believe more funding sources will become available. "As mainstream media shrink, foundations are going to have a larger role than ever before in commissioning and underwriting these stories, that's a major trend," Schidlovsky said. "As long as you have strong journalistic standards and strong journalistic controls, I don't see any negative aspects to that."

KAISER FUNDING FOR HEALTH JOURNALISM/HEALTH JOURNALISTS

Since 1993, the Henry J. Kaiser Family Foundation has had a strong interest in reporting on U.S. and global health policy and has provided a range of opportunities and support to hundreds of journalists to gain deeper understanding of the issues and to undertake in-depth research and reporting projects. Most of the journalists have been based in the U.S. or worked for U.S. print, radio, TV, and online news outlets. In addition to providing fellowships and internships, the Foundation has organized innumerable site visits and briefings, multimedia training programs and workshops.

As a result, many of the journalists interviewed for this report have taken part in the Foundation's programs, in one way or another, over the years. They have helped judge journalism awards; provided editorial input and oversight; and joined travelling seminars and journalism workshops in cities across the U.S. and around the world—from Detroit, New Orleans and Sacramento to Accra, Ghana, Jaipur, India and Moscow. Several have been Kaiser Media Fellows or have mentored Kaiser Media Interns; some are working now with Kaiser Health News, the nonprofit news service launched in 2009 by the Foundation to provide in-depth coverage of U.S. health policy issues.

The main focus of Kaiser's Fellowship and Internship programs has been on U.S. health policy issues. In a more limited fashion, Kaiser has also supported global health reporting through a fellowship program started in 2002, providing travel and project support to mostly U.S. journalists to undertake a reporting project on a global health topic. These were supported by a grant from the Bill & Melinda Gates Foundation. The Foundation's global health policy work and its daily summaries of global health policy reporting and video and other coverage of global health topics also provide journalists and other audiences with timely information.

Journalists participating in Foundation programs have complete editorial independence. In identifying an initial group of journalists to interview for this report, it was inevitable that many of them would have worked with the Foundation in some capacity at some point. We appreciate their time and input to this first in a series of initiatives to learn more about the current status of global health journalism.

- 3) Coverage tends to focus on infectious disease, particularly potential pandemics such as H1N1, or disaster-related health issues. Many interviewees said it was difficult to find a fresh angle on developing country health problems, especially HIV/AIDS. Most reporters found U.S. global health policy difficult to cover or include in their stories.

In addition to looking at how much global health was being covered, this report also aimed to characterize the types of stories our interviewees were reporting. Global health reporting in the U.S., from its inception, has largely focused on outbreaks and epidemics involving infectious diseases, such as cholera, polio, malaria, and, beginning in the mid-1980s, the HIV/AIDS crisis. As the pandemic worsened, especially in Africa, the coverage grew and was largely sustained from 2000–2007. The start of an intensive run of coverage, according to many reporters interviewed, was the 13th International AIDS Conference in Durban, South Africa, in 2000. This, the first AIDS conference held in a developing country, showcased the heart of the epidemic, where millions could not access life-extending drugs that at the time were widely available in rich countries. “Several reporters from the U.S. came to the Durban conference, which was the start of the movement to get cheap (antiretroviral) drugs to Africa,” said Sabin Russell, the former *San Francisco Chronicle* reporter.

Today, many reporters interviewed said that they have been writing or producing fewer stories on AIDS, the result of a perceived lack of interest in global health from both editors and readers. By 2007, the interest in HIV/AIDS coverage had waned somewhat, and that, coupled with many mainstream media outlets reducing foreign coverage, meant that fewer global health stories received attention. This trend was quantified in an analysis that showed between 2000 and 2010 coverage of HIV/AIDS overall dropped by 70%. Graphic 8 provides a country breakdown.¹⁴

One exception, according to some interviewees, was the opportunity to cover health issues linked to major disasters. Global health reporters see these tragedies as at least an opportunity to inform readers and listeners about the dangers of diseases spreading and the need for a proper medical response and adequate health care infrastructure. “When you look for global health news, you notice less out there, except when there are tremendous cataclysms, and reporters write about global health in that context,” said Russell, citing the 2004 Indian Ocean tsunami and

the 2010 earthquake in Haiti. “There are huge global health components in those stories, and I think it will be an opportunity, though limited, for coverage in the future.”

NPR’s Joe Neel agreed and put together a list of stories that the station produced on global health in 2009 and 2010. What stood out most were at least 14 stories on Haiti’s cholera outbreak during the fall of 2010. “A fair amount of NPR’s coverage of global health is driven by news events,” Neel wrote in an email. “And simply reacting to news events without providing context leaves people feeling informed but not really learning much from a particular moment. That’s why NPR really tries to use news events in global health as teachable moments, when people are more receptive to deeper immersion in a subject.”

Policy angle usually not a focus for global health coverage

Coverage of HIV/AIDS stories involving the U.S. government has dropped significantly during major events in the last few years, according to PEPFAR’s own media-tracking reports. In 2006, the U.S. government’s own report on the World AIDS Day coverage was 228 pages, and it cited 101 articles about PEPFAR in U.S. or international media. In 2008, the fifth year of PEPFAR and the final World AIDS Day during the Bush administration, the U.S. report was also stuffed with coverage, citing roughly 200 articles published about PEPFAR in U.S. and international media. The majority of the articles in 2006 and 2008 also were deemed positive, according to PEPFAR communications officers. In 2008, for instance, the office deemed 19 stories as positive, 14 as neutral, and just two as critical.

But for the 2009 World AIDS Day media-tracking report, the coverage dropped significantly, and more articles were deemed critical. It found that more than 50 stories were published in domestic and international media outlets, and of those, nine were positive, nine critical and the rest neutral. But that told just part of the story. Not only were the numbers of stories plummeting, but for the first time, a significant part of the coverage tracked by PEPFAR

was not done by independent journalists. “The positive coverage,” according to the report, “was written primarily by the U.S. Government” in government-funded outlets such as America.gov, Voice of America, and the White House Blog. In 2010, for an announcement connected to the Global Health Initiative (GHI), a \$63 billion, six-year plan, the coverage dropped even more: a 43-page report found just 22 stories in U.S. or international media or blogs,

“ We need to cover global health because we’re the world’s biggest donor to global health causes. We need to know what and who we’re giving money to, and how our money is being used. ”

— Betsy McKay

and of those, three were judged positive stories, six negative, and 13 neutral.

Only a few reporters or editors interviewed expressed much interest in covering U.S. global health policy, including the GHI. U.S. officials tout the program, which

was launched in May 2009, as a new way of looking at development that will allow countries to take more ownership of programs—and eventually shift the costs onto developing countries and away from donors. One reporter actively looking to cover the GHI is *The Wall Street Journal’s* Betsy McKay. The paper’s Atlanta bureau chief, McKay spends half her time writing about health issues, and the other half editing. While she tries to report from the field as much as possible, she also believes it is critical to write about global health policy. “We need to cover global health because we’re the world’s biggest donor to global health causes. We need to know what and who we’re giving money to, and how our money is being used,” McKay said.

In February 2010, she broke a story about the Obama administration’s plans for its GHI, and in June 2010, she was the first to report the first eight “GHI-Plus” countries that will receive special attention through the program. “I’m interested in following GHI because there are some big and valid questions over it: How do you address the war on AIDS? How do you continue to put people on treatment and maintain obligations and expand to other health needs?” she said. “In the world of infectious diseases, this is the issue: Where do you put your money? How do you be all things to all people?”

A LOOK AT THE GHI ANNOUNCEMENT COVERAGE

President Barack Obama’s Global Health Initiative (GHI) was made public at a White House press briefing on May 5, 2009. Reuters, The Associated Press, *The New York Times*, BBC, Britain’s *The Telegraph* newspaper and Inter Press Service (IPS) covered the announcement. All of the articles detailed how Obama planned to ask Congress to fund the GHI at \$63 billion over six years as well as how the new program would include PEPFAR and broaden the U.S. work in other areas of health. Reuters, BBC and *The Telegraph* had the most basic coverage (fewer than 250 words each), focusing almost exclusively on the announcement without reporting on broader context, such as how Obama’s new initiative differs from President George W. Bush’s PEPFAR program. The Reuters article, written by reporter Caren Bohan, and the BBC clip included quotes from then-Deputy Secretary of State Jack Lew’s statements at the White House briefing. Aside from then-White House Press Secretary Robert Gibbs, Lew was the only administration official to speak at the briefing, but Obama and Secretary of State Hillary Rodham Clinton released statements about the GHI. Reuters, BBC and *The Telegraph* quoted excerpts from Obama’s statement with the latter also including quotes from Clinton’s statement.

Compared with the three clips examined above, the AP’s Philip Elliott devoted more space to the story (724 words) and included longer quotes from Obama, Clinton and Lew. It also featured reaction from global health advocates. In the article, Christine Lubinski, director of the Center for Global Health Policy, criticized the GHI for not living up to Obama’s campaign promise to provide an additional \$1 billion a year for global HIV/AIDS programs. Rock star Bono was quoted with praise for the GHI saying that Obama’s leadership on global health was saving lives abroad and protecting America’s long-term interests.

The New York Times focused on the difference between Bush’s global health policy and Obama’s new initiative, noting in the lede that Obama’s plan would “reshape one of the signature foreign policy efforts of his predecessor.” The 623-word article, which quoted Obama and Lew, included more GHI funding specifics than other news sources. Reporter Sheryl Gay Stolberg

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One of her other motivations to continue reporting on global health is that fewer people are doing so. “A part of me feels there is a moral imperative for people to know what is going on out there in terms of health issues in other countries,” she said. “As a society, we want to know about other countries’ politics, economies, and trade policies, so why shouldn’t we be informed about their global health policies?”

Andrew Jack, who covers health and the pharmaceutical industry for *The Financial Times*, estimates 10 to 20 percent of his stories focus on global health. About half of those include a mention of U.S. global health policy, including some on the GHI, “because [the U.S. is] such a big player in the funding equation,” Jack said.

Still, several reporters said that the GHI so far was a non-starter for coverage because a) not much was happening and little additional money has been designated to fund it; b) readers and viewers dislike policy stories; and c) it was boring to cover from Washington.

The Times’ Donald McNeil: “Do I realize it affects what I do, and should I be paying attention to it? Yes. Given the choice between spending my time covering the policy effects in Washington, or covering things on the ground, what I would actually do is cover things on the ground.”

“It’s hard to define these stories and explain what they mean.”

—Brenda Wilson

Brenda Wilson, formerly a reporter at NPR: “It’s hard to define these stories and explain what they mean.”

David Baron at *The World*: “I’m still looking for a way into GHI—I’d much rather do something from the field.”

Several reporters commented that administration policy like the GHI more likely would be covered by

“I’m still looking for a way into GHI—I’d much rather do something from the field.”

—David Baron

outlets’ White House staff. Another talked about it not being easy to cover in an interesting way. “It’s incredibly important, but it’s difficult,” said KPLU “Humanosphere” blogger Tom Paulson. “It’s like the way people cover politics. Some will make it look obscure, wonky, boring, but

a good political writer can put it into context. I think that global health policy is not really covered right now. Hardly anyone knows that Obama has a Global Health Initiative. I’m surprised that so many people have not heard about PEPFAR.”

Another reason few reporters are covering GHI: The administration isn’t actively promoting it. Two U.S. government spokespeople said in interviews that part of it was the number of “signoffs” required for press releases (White House, USAID, PEPFAR, Health and Human Services, among others) slowed things to a crawl. But they also acknowledged that even more than a year after the Obama administration first announced the GHI, there simply wasn’t much to report yet. Part of that was due to a natural lag time between the announcement of a program and demonstrable results in the field. But part was due to the lack of a consensus inside the Obama administration about what could be labeled as a GHI success.

“I don’t think global health has a very coherent audience.”

—Andrew Quinn

For U.S.-based foreign affairs writers, global health has rarely generated

sustained coverage. One reporter dedicated to the issue has been Andrew Quinn, Reuters’ State Department correspondent. Quinn covers Secretary of State Hillary Rodham Clinton, writing frequently about the problem spots of the world from a U.S. policy perspective—Iraq, Afghanistan, North Korea, and Iran, among others—and he estimates global health stories account for 10 percent of his work. “The same criticisms you can make of journalism generally, you can make of global health coverage—it’s sporadic, it’s event driven,” Quinn said. “Another one of the problems is I don’t know who the audience is. If you are writing for policymakers, that is one way of presenting the issue, driving the discussion, but if I’m writing for taxpayers, or NGOs, [it] might be a different set of things.”

He continued, “I don’t think global health has a very coherent audience. If you compare it to climate change, [there is] a built in interest level [in Washington]. But if you are talking about diarrhea in Bangladesh, that is not going to reach the same audience.”

Policy publications don't focus on global health for variety of reasons

While Washington-based policy publications are largely holding their own financially, reporters said their biggest constraints were in balancing competing demands for coverage. Because of this, global health policy was not a priority for policy publications like *Congressional Quarterly* and *National Journal*—with the exception of a public health crisis. Global health falls under the purview of health reporters and foreign policy reporters for most policy publications, whose audiences are principally policymakers, government representatives and lobbyists. Reporters said the Congressional agenda largely drives their coverage. In the last year, many health reporters were consumed with coverage of domestic health reform. Now, they said, they expect to spend much of their time covering implementation of the act and the continuing controversy around it.

Global health “is not the only issue that’s going by the wayside,” said Marilyn Werber Serafini, who at the time of the interview was a reporter with *National Journal*. Serafini is now the Robin Toner Distinguished Fellow at the Kaiser Family Foundation. “Believe me, if there was another outbreak of H1N1 or there was a public health emergency, I would turn my attention to it. But short of that, it’s very hard to write meaningful stories about global health or public health right now.”

“It’s a bandwidth issue in terms of time, trying to balance everything that’s going on at once ... what is the fire that needs to be put out now. Larger structural reforms tend to get ignored,” said Emily Cadei, *CQ* foreign policy reporter. Cadei added that global health has not received much attention in Congress recently.

A LOOK AT THE GHI ANNOUNCEMENT COVERAGE

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also wrote about reaction to the initiative, including backlash from HIV/AIDS advocates. Infectious Diseases Society of America officials called the increase in AIDS funding “meager,” while the Global AIDS Alliance’s Paul Zeitz said the Obama administration was “expanding the mandate, but not expanding the pie.” The article included an excerpt from Bono’s statement praising Obama for leading the “next chapter in the U.S. response to global health crises.” *The Times* also wrote of then-Obama advisor Ezekiel Emanuel: “The [global health] plan appears to closely reflect the thinking of Dr. Emanuel, who is the older brother of Rahm Emanuel, the White House chief of staff.” *The Times* quoted a 2008 *Journal of the American Medical Association* commentary Emanuel co-wrote that argued for the U.S. to have a global health strategy broader than the focus on HIV.

IPS’s 1,039 word piece explained the plan, but focused on advocates’ reaction and disappointment with proposed funding amounts for HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Reporters Ali Gharib and Jim Lobe also quoted Lubinski and Zeitz, who both said Obama broke campaign promises about HIV/AIDS funding. The article differs from other coverage because it focuses more attention on the initiative’s implications for the Global Fund. Kaytee Riek of the Health Global Access Project is quoted in the piece and provides analysis about Global Fund donations and the U.S. contribution.

In a 583-word story on May 9, *CQ Politics*’ Adam Graham-Silverman covered the controversy that had been brewing in the four days since the announcement of Obama’s GHI. The article reported on an open letter Zeitz sent to colleagues chiding Bono for “prematurely praising President Obama’s meager effort” on HIV/AIDS funding. Representatives from the Global Health Council and the Global Access Project are also quoted expressing concerns about funding. Excerpts from Obama’s statement on the initiative and a quote from a Bill & Melinda Gates Foundation statement, which expresses support for Obama’s effort “to fight against the diseases of the poor,” appear in the piece, but overall more space is devoted to explaining the advocates’ concerns. *CQ* also broke down the numbers to explain the \$63 billion initiative.

4) Specialized publications, such as online-only news sites or health-related journals, are increasingly a source for global health journalism.

While appetites for global health information might be waning within much of mainstream media, this report found there are other opportunities for global health journalism including Web-based outlets that either focus on humanitarian issues or foreign affairs. The finding is not surprising as Pew cites specialized journalism enterprises as one of the more promising developments in the news business overall.¹⁵

One mainstay of humanitarian and global health news is the Integrated Regional Information Networks (IRIN), housed by the United Nations Office for the Coordination of Humanitarian Affairs.

Started in 1995, Director Ben Parker calls the news site “the largest producer of specialized content in the field.” He adds: “One of the reasons we exist is that we feel there is a very great deal of extreme humanitarian suffering which is very poorly covered by the mainstream conventional media.” But IRIN’s resources are tied to donor government funding, and that has dropped recently. IRIN shrunk about 20 percent in the last year, a situation that resulted in staff cuts.

One Web portal expanding its global health journalism capabilities is Devex, a social enterprise site providing professional information to the international development field. Started in 2000, it added development news to the site three years ago according to editor Rolf Rosenkranz. Its offerings focus on news aggregation and aid business news as well as broader trend stories and interviews with officials on humanitarian relief and global health policy. Rosenkranz said journalists should think more creatively about global health pieces, calling a story featuring a suffering woman or child in the developing world “a cliché narrative that’s been worn out over the years. Really it’s a debate what progress is and it’s a debate how to help. It’s not as clear-cut as people think,” he said.

“ One of the reasons we exist is that we feel there is a very great deal of extreme humanitarian suffering which is very poorly covered by the mainstream conventional media. ”

– Ben Parker

Global health policy’s move away from disease specific approaches to broader strategies like health system strengthening may be making the subject more difficult to cover, Rosenkranz said. “I think journalists tend to have a problem, or editors, frankly, tend to have a problem, when things get a little more complicated, not as visual as they would want it to be. So this whole new drive to improve health systems around the world I think is one thing that journalists have not been able to package in a format that would really get through to their readers. I think therefore it has not really been reported in a way that matches the importance of the whole issue.”

Another online outlet that covers global health issues is GlobalPost. Started in 2007 as a for-profit news enterprise, GlobalPost boasts more than 50 reporters throughout the world. Its partners

include CBS News, Reuters, PBS, the Council on Foreign Relations, and the Pulitzer Center on Crisis

“ Fat in Japan: massive traffic. Our series on drug resistant TB: less traffic. ”

– Charles Sennott

Reporting. Executive Editor and Vice President Charles Sennott said his organization has “benefited, sadly, from so many talented reporters who may not have the same ability to have that staff position writing about health issues.” Sennott said the start-up is only able to offer modest payment rates—\$250 a story. As a result, he said, GlobalPost covers the issue “insufficiently.”

“It’s hard to get people to really dig down if the economy isn’t there for them to focus on the complex bigger projects that really require a lot of time and study and attention to detail,” he said. Stories covered include river blindness, malaria and maternal mortality in India. But, Sennott said, as with other media, the most popular stories are the most sensational or those on issues with the potential to affect the reader personally. Among the most read pieces: stories on obesity in various countries. “Fat in Japan: massive traffic. Our series on drug resistant TB: less traffic,” he said.

Sennott said GlobalPost has used outside funding for several stories and continues to develop other funding mechanisms to improve and deepen coverage.

Medical, science and health policy journals have expanded their global health reach, supported both by grants and a larger global health professional audience. While the journals' primary purpose is to publish research, several also now offer news columns or field-based reporting that focus on global health. *The Lancet*, for example, intensified its publication of global health news, research and commentary as a result of the particular interest of its editor, Richard Horton, according to journal World Report Editor Udani Samarasekera. The journal provides news and feature stories on global health issues through its World Report section, almost entirely with freelance writers. Despite *The Lancet's* dedication to global health, funding for travel is low to non-existent, and editors and freelancers often need funding assistance from outside groups for trip expenses, an arrangement that is declared as part of the article.

Another journal, *Nature Medicine*, also has maintained a strong commitment to covering global health news. With its audience of scientists, the news section follows global health policy changes that could affect the scientific agenda, according to Roxanne Khamsi, senior news editor. *Science* stepped up its global health coverage starting in 2002 and has continued to devote resources to it. "The appetite among our audience hasn't waned a bit," said correspondent Jon Cohen. While there may be some scaling back of freelancer travel funding, "if there's a good story, we find the money," said Leslie Roberts, *Science* deputy editor. The publication also expanded beyond articles to start a live blog covering developments during the H1N1 influenza outbreak.

“ The appetite among our audience hasn't waned a bit. ”
— Jon Cohen

With grant funding from the Gates Foundation and others, the health policy journal *Health Affairs* has greatly expanded its attention to global health over the last six years. Most of the content consists of peer-reviewed research papers, but funding also supports "Reports from the Field," which can feature global health issues, as well as "Entry Points"

pieces, which are news-oriented updates on international health concerns. "I think we're moving a little counter to the trend of the mass

“ I think we're moving a little counter to the trend of the mass media. If anything we sense the interest in global health is increasing. ”

—Susan Dentzer

media. If anything we sense the interest in global health is increasing, not just among our traditional policy audience at *Health Affairs*, but it's of core interest generally on college campuses [and other places]," said Editor-in-Chief Susan Dentzer, who prior to joining the journal in 2009, was a health correspondent at PBS NewsHour for 10 years.

The journal has featured several issues on global health topics. The November 2009 edition featured a cluster of papers on HIV/AIDS funding and a second cluster on neglected diseases. The February 2009 issue focused on e-health in the developing world, supported by the Rockefeller Foundation. Dentzer said the publication also hopes to start a global health blog to provide an outlet for commentary that may not warrant a full article, but nonetheless is noteworthy.

Among all journalists interviewed, journal staffs were among the most optimistic about the future of global health journalism, at least in their outlets, and see coverage remaining steady or even increasing.

5) Web-based outlets produce a growing genre of advocacy stories and research that tap into the power of social media.

Journalists covering global health are not the only ones feeling pinched by the downturn of coverage in the mass media. Global health groups and advocates also have experienced greater difficulties in placing stories in mainstream media in the last few years. Some of these groups have successfully reached the public through other measures, including blogs, social media and producing their own “news.” So even though the flow of global health news is no longer concentrated in mainstream media, information on these issues is readily available for those who know where to look.

“It’s very difficult to get a reporter’s attention with these kinds of stories,” said Deirdre Shesgreen, former editor of the “Science Speaks” blog, which was started by the Center for Global Health Policy to get out more news on HIV/AIDS and TB. The group is associated with the Infectious Diseases Society of America, and part of its mission is to advocate for more U.S. funding of HIV/AIDS and TB programs. Reporters and editors, said Shesgreen, “are facing smaller news holes, and more pressures internally. There are fewer reporters covering these issues. It’s also hard to get op-eds placed. We have tried a million places with an op-ed sometimes, and then we can post it to [our] blog just to get it published. It became our own way of reporting something and getting it published.”

Laurie Garrett, senior fellow for global health at the Council on Foreign Relations, author of global health books, and former global health reporter at *Newsday*, recounted her frustration in trying to publish various research findings. “I’m waving my damn Pulitzer Prize at these editors, and I still can’t get op-eds published,” she said.

She described one instance in writing an op-ed with a U.S. Navy captain, a guest fellow at the Council, which looked at hurricane forecasts for the Caribbean, and what it would mean if a category 3 hurricane hit Port-au-Prince, Haiti as it recovered from the January 2010 earthquake. They shopped it to *The New York Times*, *The Washington Post*, *International Herald Tribune*, *The Wall Street Journal*, *Newsweek* and *The Los Angeles Times*. None was interested. So they placed it on The Huffington Post blog, Garrett said.

Global health groups’ expansion beyond mainstream journalism hasn’t been limited to blogs. Organizations also are developing TV stories or B-roll, podcasts, magazines and books. Several hire former journalists and freelancers to write stories for their own publications or in media outlets. They also are making better use of social media.

Two examples:

- 1) Medecins Sans Frontieres (MSF) produces original content, including videos for the Web, audio pieces or slide shows. It also now provides more raw materials, footage and interviews with their experts, especially for TV. “For TV, sometimes I think that can be the difference between a story getting on or not,” said Doctors Without Borders/Médecins Sans Frontières (MSF)-U.S. Communications Director Jason Cone. The TV producers edit the piece and “still retain the editorial independence,” explained Cone. “But we’re responding a little bit to a resource gap probably in the news gathering budget and that’s evidenced by the closure of foreign bureaus all across the world which has been a trend for at least five years if not longer now.”
- 2) Center for Global Development, a Washington, D.C.-based think tank, has developed an active blog on global health issues. “It makes us less reliant on the news for every single product,” said Ben Edwards, the center’s media relations coordinator, who since the interview has become a press officer at the U.S. Agency for International Development. The group also builds an audience through social media sites like Twitter and Facebook. “Re-tweeting” findings for a report, or other news, is proving to be an effective tool, Edwards said, adding, “That’s where you really get the biggest impact because if you have a thousand followers and 10 people re-tweet something you’re sending and they each have a thousand followers, all of a sudden you’ve reached 11,000 people instead of just 1,000.” A home run for Edwards: having a message re-tweeted by someone with a large following.

Communicators and mainstream journalists comment on this trend

“I think I’ve seen a drop off in journalists, but not necessarily a drop off in coverage,” Edwards said. “And now there is the question of whether the lack of journalists means the coverage is less credible. I can’t really speak to that but maybe that’s one of the effects.” Added Cone:

"You want a vested interest in journalists ... digging and doing the research for a lot of these stories. They still need someone to go out there and report them and ask hard questions if they're going to be done right."

Respondents from PBS NewsHour said while they don't air material from outside sources, it is useful for keeping up with global health news and identifying spokespeople for on air interviews. "I've been really impressed by blogs and outreach efforts from people working in the field. I think there's a really healthy community of people working on these issues that has found ways to inform other people what they're seeing," said global health unit Reporter/Producer Talea Miller.

Some journalists expressed concerns about news outlets using NGO-produced pieces rather than paying for their own coverage. Kira Kay, reporter and director of the non-profit production organization Bureau for International

Reporting, recounted how a program she was working with opted to air NGO-produced footage for a story rather than pay the expenses involved in sending her to the field.

"NGOs do provide good information to the public on distant places and crises, and quite often also compelling storytelling that makes such issues human and understandable," Kay wrote in an email. "But that the work is ultimately produced from an advocacy perspective, not one that has as its primary goal to uncover facts—to look at the political underpinnings of a crisis for example, or raise concerns that might exist about the way such humanitarian efforts are carried out. I fear that the blurring of this line not only hurts the public but could also potentially hurt the NGOs as the public learns less about the whole of an issue, including potential political solutions, and only gets absorbed into the story of a momentary crisis—one they'll move along from thinking about after they've made their donation."

QUESTIONS FOR THE FUTURE

The telling anecdotes amassed in the interviews gave an overview of the state of global health journalism and several common themes emerged. The majority of respondents left little doubt that industry financial struggles have affected global health reporting. Foreign bureau closings and diminished travel budgets greatly reduced respondents' ability to report on health in other countries. Additionally, the industry's focus on "hyperlocal news" diminished available space for international stories. Less coverage was not only a resource issue, but what some saw as story fatigue or lack of fresh angles on health stories in developing countries, especially related to HIV/AIDS. Many, though not all, found policy angles, such as U.S. government efforts to improve global health, difficult to incorporate into their stories, and much of the existing coverage tended towards infectious diseases outbreaks and disaster-related health issues.

Still, a few of those interviewed detailed how they were able to report global health news. Of those outlets, many were able to continue, and sometimes even increase, coverage of global health issues, often with support from outside funding sources. This report also examined how specialized publications, such as online-only news sites or health journals, have begun to provide some independent journalism on global health. At the same time, advocacy organizations have started to produce their own types of "news" that not only inform their constituencies, but in some cases have provided content for mainstream media. So while the flow of global health news may no longer be concentrated in the mainstream media, there is no shortage of information available for those who know where to look.

Pulitzer Center on Crisis Reporting Executive Director Jon Sawyer said he sees a "bright" future for global health reporting as "traditional news media outlets are increasingly open to working with the Pulitzer Center and

other independent non-profit journalism organizations that have specialized in this field." Sawyer also noted the presence of online platforms that "encourage engagement by the broadest possible audience."

Health Affairs' Susan Dentzer said, for those with an interest in global health "the world is your oyster right now because you've got amazing access to information and analysis on the Internet." The downside, she said, is that newspapers and TV news have less capacity to devote to global health coverage.

As the future of global health journalism unfolds, the trends outlined in this report raise questions worth discussing, including:

- 1) While outside funding of global health journalism represents a current bright spot, how sustainable is it? If funding through this method continues to grow, what safeguards are in place to ensure journalist independence? In response to these questions, a deeper look at what support is currently available

STORY IDEAS

Not much was deemed over reported by the journalists interviewed. As freelancer Samuel Loewenberg put it when asked what should be covered more in global health: "Everything but AIDS and war."

From the interviews, here are some story ideas: tuberculosis and drug-resistant TB; shifts in global health funding; research; stories on the haves vs. the have nots/rich world vs. poor world; pneumonia; diarrhea; maternal health; chronic disease; the responsibility of

developing countries to fund their own HIV/AIDS programs; food security; and chronic poverty.

Other potential stories include: river blindness; health systems strengthening; effects of climate change; HIV/AIDS in Eastern Europe; the global health industry; nutrition and intellectual capability; burden of tobacco; disease eradication; malaria; and geography and politics of clinical trials.

These following topics were identified by reporters as being of particular interest to them: "What we're getting for our global health dollars;" tracking funding effectiveness; infectious disease/pandemic emergence; U.N. Millennium Development Goals against the backdrop of climate change; operations research; innovative outcomes; "interventions that make a difference on the ground and their social and economic implications;" and competition in health funding as part of broad foreign policy and development policy.

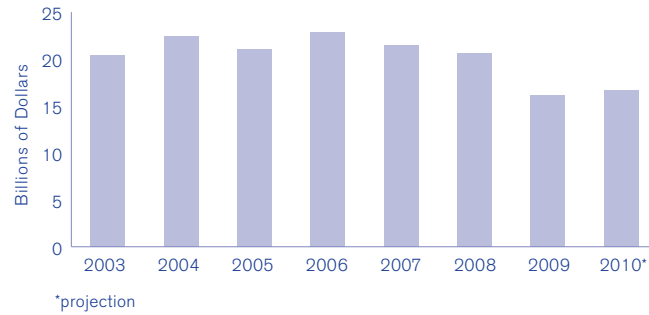
for global health journalism is needed, including: fellowships; journalism project support (e.g. for films or through mini-fellowships); innovative news organizations; organizational grants; training/forums; government, academic or other institutional support of global health journalism.

- 2) Are the evolving specialty and online outlets for global health news reaching policy makers and the public with independent coverage that will help them understand and respond to global health issues?
- 3) If advocacy and health implementing organizations maintain or even increase their provision of information and images to the media, how might this affect journalistic integrity, especially if financial constraints facing news organizations remain?
- 4) How will the continual evolution of social media, which is widely used by the global health advocacy community, impact how global health is covered in mainstream journalism?
- 5) As donor spending on developing country health remains at record levels and the U.S. moves forward with plans to tackle global health problems more broadly than prior efforts focused on specific diseases, how might coverage of the relevant policy issues change? How do policy angles and lack of travel funds square with reporters' desire to report from the field?
- 6) What are some global health issues and angles that could use more coverage? While noting that not much in global health was over covered, the interviewees came up with a wide variety of story ideas.

END NOTES

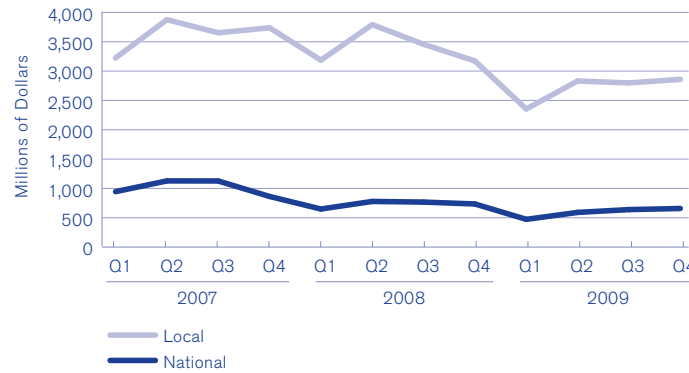
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- ⁸ Ibid.
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- ¹¹ Bill & Melinda Gates Foundation 2009 Annual Report, www.gatesfoundation.org/annualreport/2009/Documents/bill-and-melinda-gates-foundation-2009-annual-report.pdf.
- ¹² A summary of Donald McNeil's stories in *The New York Times* on May 9, 2010 is available here: <http://globalhealth.kff.org/Daily-Reports/2010/May/10/GH-051010-NYT-Series-On-HIVAIDS.aspx>.
- ¹³ Kaiser Family Foundation, "2010 Survey of Americans on the U.S. Role in Global Health," released September 24, 2010, www.kff.org/kaiserpolls/8101.cfm.
- ¹⁴ Barkmeyer, R; Figge, F; Hahn, T; Holt, D; Illge, L & Russon, J-A 2010, "Trends in Sustainability," Leeds, Belfast, Berlin and Marseille: University of Leeds, Queen's University Belfast, IZT Berlin and Euromed Management School Marseille, www.trendsinsustainability.com/downloads/trendsinsustainability.pdf.
- ¹⁵ Pew Project for Excellence in Journalism, "The State of the News Media, An Annual Report on American Journalism, 2010," www.stateofthedia.org/2010/overview_intro.php.

GRAPHIC 1
Local TV Station Revenues 2003-2010



Source: BIA/Kelsey. www.stateofthedia.org/2010/chartland.php?id=1300&ct=col&dir=&sort=&c1=0&c2=0&c3=0&c4=0&c5=0&c6=0&c7=0&c8=0&c9=0&c10=0&d3=0&dd3=1.

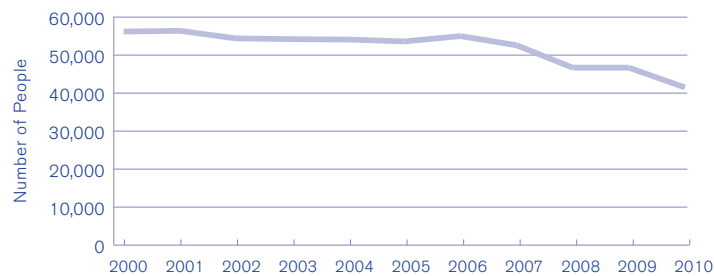
GRAPHIC 2
Broadcast Radio Revenue Changes by Quarter 2007-2009



Source: Radio Advertising Bureau. www.stateofthedia.org/2010/chartland.php?id=1192&ct=line&dir=&sort=&c1=1&c2=1&c3=1&c4=0&c5=0&c6=0&c7=0&c8=0&c9=0&c10=0&d3=0&dd3=1.

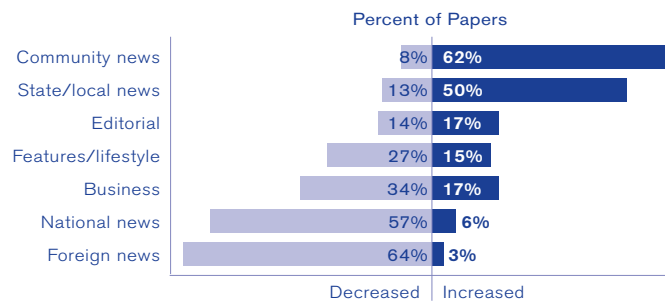
GRAPHIC 3
Newspaper Newsroom Work Force

(Projections based on responses to annual employment census)



Source: American Society of Newspaper Editors, Newsroom Employment Census, 2010. www.stateofthedia.org/2010/chartland.php?msg=1&id=1314&ct=line&dir=&sort=&c1=1&c2=1&c3=0&c4=0&c5=0&c6=0&c7=0&c8=0&c9=0&c10=0&d3=0&dd3=1.

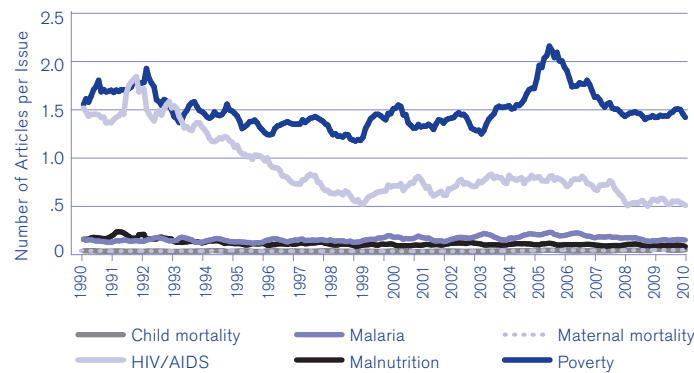
GRAPHIC 4
Percentage of Space Newspapers Devoted to Foreign News and Other Subject Areas in 2008



Source: Pew Research Center's Project for Excellence in Journalism.

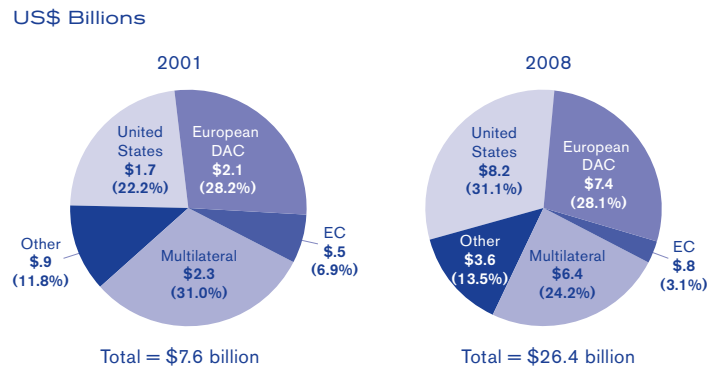
GRAPHIC 5
Newspaper Coverage of Global Health Issues and Poverty

(Based on 115 international newspapers)



Source: Trends in Sustainability, 2010.
<http://trendsinsustainability.com/downloads/trendsinsustainability.pdf>

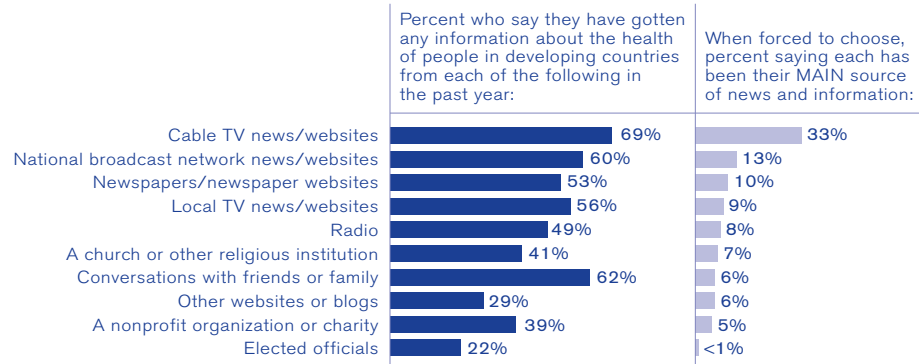
GRAPHIC 6
Health ODA Commitments by Donor, 2001 and 2008



Notes: Amounts in gross US\$ commitments. Health ODA combines data from four OECD CRS sub-sectors: (1) Health; (2) Population Policies/Programs and Reproductive Health (includes HIV/AIDS and STDs); (3) Water Supply/Sanitation; and (4) Other Social Infrastructure and Services – Social Mitigation of HIV/AIDS.

Source: Analysis of data obtained via online query of the OECD Development Assistance Committee (DAC) Database and Creditor Reporting System (CRS), June 22, 2010.

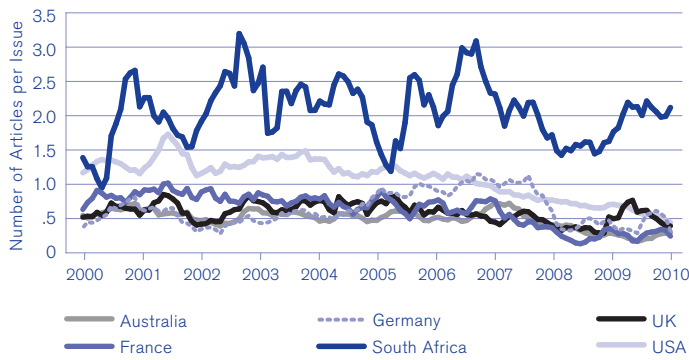
GRAPHIC 7
Cable TV is Main Source of Information on Global Health



Source: Kaiser Family Foundation, 2010 Survey of Americans on the U.S. Role in Global Health, September 2010.

GRAPHIC 8
Newspaper Coverage of HIV/AIDS

(Six countries, 12-month averages)



Source: Trends in Sustainability. 2010.
<http://trendsinsustainability.com/downloads/trendsinsustainability.pdf>.

APPENDIX 2

Methodology

Through this report, the Kaiser Family Foundation set out to understand how coverage of global health issues is faring as the mainstream media struggles with declining ad revenues and crumbling business models. In this current media environment, newsrooms face smaller staffs and budgets, foreign bureaus continue to close and outlets seek financial viability in an industry that was under pressure even before the economic downturn.

Kaiser contracted with journalists Nellie Bristol and John Donnelly (see bios below) to interview a variety of stakeholders in global health journalism. Foundation staff worked with Bristol and Donnelly to identify roughly 75 people who had first-hand experience with producing, publishing or fostering global health news. From May 2010 to November 2010, 51 people agreed to be interviewed (see list below). The interviewees were selected based on their beats and the varying degrees to which they cover U.S. policy on global health and health issues that affect developing countries. Those interviewed represented a variety of stakeholders in global health journalism, including writers, editors and producers working in mostly U.S. mainstream media; writers and editors for trade and policy publications; freelance writers and broadcasters; writers and editors of global health advocacy outlets as well as peer-reviewed journals; and funders of journalism.

This report set out to answer several questions through the interviews: What exactly was happening in global health journalism in the U.S. and in select outlets abroad? How were challenges currently faced by the media overall influencing the type and amount of reporting available to the public and policymakers? What were the most important trends in coverage of global health issues and what could they portend for the future? With mainstream journalism foundering, what were the prospects for funding independent journalism going forward?

This report is a “case study” snapshot in time from a variety of perspectives to illustrate how the media are covering global health issues. Each interviewee gave permission to be quoted in this report. While those sharing their comments constitute an experienced group of professionals, the analysis is qualitative in nature and the findings from the respondents are not meant to characterize the media as a whole. The views in this report are those of the authors and

not necessarily those of the Foundation. This report is part of Kaiser’s Global Health Policy Project, which is supported in part by the Bill & Melinda Gates Foundation. The report and Kaiser’s other global health policy work can be found on the Foundation’s Global Health Gateway.

Interviewer Biographies

Nellie Bristol is a veteran Washington health policy reporter. She spent more than two decades covering domestic policy on Capitol Hill and in the federal government. She is now freelancing and focusing largely on global health. She writes for *The Lancet*, *Health Affairs* and *Global Health Magazine*, among others. In 2005, she was selected for the Centers for Disease Control and Prevention/Knight Foundation Public Health Journalism Boot Camp. She recently received a master’s degree in public health/global health from George Washington University.

John Donnelly is a writer specializing in global health issues and vice president and senior editor at Burness Communications in Bethesda, Maryland. In 2007–2008, he was a Kaiser Family Foundation media fellow, concentrating on U.S.-funded orphan programs in Africa. From 2003 to mid-2006, he opened and ran *The Boston Globe’s* first-ever Africa bureau. Based in South Africa, he traveled widely around the continent, focusing on a wide range of health issues, including AIDS, malaria, tuberculosis, and the attempt to eradicate polio; politics; counter-terrorism; development policy; and the future of oil in Africa.

Before moving to Africa, he was *The Globe’s* foreign affairs correspondent for five years, based in Washington. He covered the crisis surrounding the September 11 attacks on the U.S., the war in Afghanistan, the buildup to the Iraq war, and the war in Iraq. In 2002, he directed a yearlong global health project at *The Globe* called “Lives Lost” that looked at how simple interventions could save millions of lives every year. The project won several major awards. In recent years, Donnelly has received awards from the Global Health Council, RESULTS, InterAction, and the American Society of Tropical Medicine and Hygiene.

Prior to joining *The Globe*, he spent four years based in Jerusalem and Cairo covering the Middle East for Knight Ridder and *The Miami Herald*. He also has worked for the Associated Press in New York City and in Vermont, and was a staff reporter for the *Burlington (Vermont) Free Press*.

Interviewee List

Arthur Allen — author, freelance, former reporter, The Associated Press

David Baron — health and science editor, PRI/WGBH *The World*

Sarah Boseley — health editor, *The Guardian*, U.K. also does a global health blog for the paper

David Brown — health and science writer, *The Washington Post*

Emily Cadei — reporter, *Congressional Quarterly*

Maria Cheng — health and science reporter, The Associated Press

Annmarie Christensen — at the time of the interview was the director of Publications/New Media at Global Health Council, including *Global Health Magazine*

Jon Cohen — author, freelance reporter, *Science*

Jason Cone — communications director, Doctors Without Borders/Médecins Sans Frontières (MSF)

Susan Dentzer — editor in chief, *Health Affairs*

Ben Edwards — at the time of the interview was the media relations coordinator for the Center for Global Development

Sheri Fink — freelance reporter, ProPublica

Robert Fortner — global health blogger

Maggie Fox — editor and reporter, Thomson/Reuters

Stefanie Friedhoff — special projects director, The Nieman Foundation at Harvard University

Laurie Garrett — senior fellow, Council on Foreign Relations; former *Newsday* reporter

Carmen Gentile — freelance reporter

Christine Gorman — at the time of interview was a freelance writer, blogger and professor; now is the health-and-medicine editor at *Scientific American*

Johnny Grimond — writer-at-large, *The Economist*; former foreign editor

Linda Harrar — independent film maker, senior content editor for PBS's "Rx for Survival — A Global Health Challenge"

Philip Hilts — director of the Knight Science Journalism Fellowship at the Massachusetts Institute of Technology

Andrew Jack — reporter, *The Financial Times*

Kira Kay — reporter and director of the non-profit production organization Bureau for International Reporting

Roxanne Khamsi — senior news editor, Nature Medicine

Larry Klein — independent film maker, executive producer for PBS's "Rx for Survival — A Global Health Challenge"

Samuel Loewenberg — freelance reporter

Betsy McKay — *Wall Street Journal* Atlanta bureau chief, reporter

Donald G. McNeil, Jr. — science and global health reporter, *The New York Times*

Talea Miller — reporter/producer, global health unit at PBS NewsHour

Kanya Ndaki — deputy editor for HIV/AIDS, IRIN

Joe Neel — NPR, deputy senior supervising editor, Health and Science Desk

Stephanie Nolen — foreign correspondent, *The Globe and Mail*, Canada

Ben Parker — editor-in-chief, IRIN, a U.N. funded news and analysis service

Tom Paulson — at time of interview a freelancer and blogger; recently hired to cover global health for a Knight-funded NPR blog; former *Seattle Post-Intelligencer* reporter

Andrew Quinn — foreign affairs correspondent, Reuters

John Reichard — editor, CQ HealthBeat

Leslie Roberts — deputy editor for biology, *Science*

Rolf Rosenkranz — editor, Devex

Sabin Russell — former *San Francisco Chronicle* health reporter

Udani Samarasekera — editor, *The Lancet World Report*

Jon Sawyer — director, Pulitzer Center for Crisis Reporting

John Schidlovsky — director, International Reporting Project

Merrill Schwerin — producer, global health unit at PBS NewsHour

Charlie Sennott — executive editor and vice president, GlobalPost; former *Boston Globe* foreign correspondent

Marilyn Serafini — at the time of interview a reporter with the *National Journal*; now the Robin Toner Distinguished Fellow at the Kaiser Family Foundation

Deirdre Shesgreen — at the time of the interview the editor of "Science Speaks" blog at the Center for Global Health Policy; has gone back to reporting though not on health

Jim Simon — assistant managing editor, *The Seattle Times*

Jim Smith — at time of interview wrote "Boston-world connections" for *The Boston Globe*; has since left the paper

Michael Specter — writer, *The New Yorker*

Steve Sternberg — medical and health writer, *USA Today*

Brenda Wilson — former reporter, NPR



THE HENRY J. KAISER FAMILY FOUNDATION

Headquarters

2400 Sand Hill Road
Menlo Park, CA 94025
phone: 650.854.9400
fax: 650.854.4800

**Washington Offices and
Barbara Jordan Conference Center**

1330 G Street, NW
Washington, DC 20005
phone: 202.347.5270
fax: 202.347.5274

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