

Who, what, where, when and how? - reporting the full HIV and AIDS story – Anso Thom

Teacher at the Wits Journalism School Franz Kruger wrote in a column in February that Journalists need to report on the AIDS pandemic in new and interesting ways, even when the sometimes narrow-minded views of audiences or traditional news values seem to be in the way.

It needs imagination, and a bit of will, he said.

He warns that normal practices and news values can obstruct coverage. Yet the ethical imperative is clear - it must be told, and told well.

I agree that this extraordinary epidemic calls for an extraordinary response from us as South Africans, as journalists, as ministers, as presidents, as religious leaders, as school children and so on.

In a sense as a journalist, telling the story of the AIDS epidemic is quite straightforward when you are telling it from the perspective of those who are truly affected.

It challenges you as you find new and innovative ways to report on it. One day is never the same, there are new developments on all fronts, every day. Whether it's on the scientific front, on the civil society front or on the political front.

We have time on our hands to travel to the rural areas or those urban areas that do not have the luxury of a daily newspaper. We are able to spend time researching stories, time to spend with people and time to write the features.

And in the case of Health and HIV/AIDS we have time to keep phoning government representatives in the hope of setting up interviews or getting responses to stories.

You sometimes need a thick skin, able to not take no for answer or be able to interrogate the response you are given.

Not only to hold the moral high ground and be able to report on both sides of the story, but to be able to make the story readable, interesting and relevant.

We are not writing for our fellow journalists, or to impress our editors, we are writing because we need to make sense of issues for our readers. Surely if we haven't come to grip with the issues ourselves, we cannot expect our readers (or listeners) to.

Yes, it leaves a lasting mark on you as journalist and as a human being when you are confronted with poverty and HIV/AIDS issues, sometimes so disturbing you struggle to get your head around.

Walking into a homestead where drought and famine has brought a family to its knees. Where one or both caregivers are dead. Or where a young toddler, ravaged by Aids induced diarrhoea lies weak and limp among a litter of puppies in a dimly lit outbuilding while his mother stares with empty eyes into space.

An image that has always stuck in my head, one that I often revert to when I feel like throwing the towel in and becoming a surfer is a grandmother who had been left with several grandchildren after her children died one by one.

At night she boils a pot of water until her hungry grandchildren fall asleep, too exhausted to wait for the promised food that was never there to cook in the first place.

It is these images that should drive us towards holding those in the power seats accountable.

People like this grandmother have no audible voices, they have a vote yes, but at the end of the day we are the ones who can relay their personal stories and try to ensure that a difference is made and that hopefully their stories images are also imprinted in the minds of those making decisions. So as much as we need to deal with governance issues, we need to always keep these images in mind.

As a journalist interacting with and reporting on our Government around the HIV/AIDS issue – I can only say it has been a rollercoaster ride – Often frustrating with sometimes shortlived moments of celebration. Many celebrated when Dr Manto

Tshabalala-Msimang was appointed as the new Health minister in 1999. She had a good track record as a health activist and had chaired Parliament's health committee for quite some time where she fearlessly interrogated government officials around the Sarafina scandal.

This week I read a letter which she had sent to me shortly after I had sent her an e-mail, congratulating her on her appointment and requesting an interview.

By now you must all have a specific image or opinion of her, perhaps after hearing this letter you will like me be reminded that she was handed a huge task, but that she has also been her own worst enemy.

I struggle to bring the person who wrote this letter together with the person I now interact with via a thick red tape called bureaucracy.

After her predecessor Dr Nokosazana Zuma's stubborn refusal to entertain any discussions around a programme to prevent the transmission of HIV from a pregnant woman to her child, there was a belief that Tshabalala-Msimang would be different. She happily dished her cellphone number out to journalists and said she would be handling her own media queries.

And a few weeks after her appointment the new minister boarded a plane for Uganda after receiving reports of promising studies around a more cost effective drug being used in PMTCT programmes – Nevirapine.

She returned cautiously optimistic that there was great reason for hope.

But the train finally left the rails when the then deputy president Thabo Mbeki questioned the toxicity of anti-retrovirals while addressing a sitting of the National Council of Provinces.

Not a politically astute minister, almost a bit naïve in her blind loyalty to the president (despite her earlier expressed views that she believed HIV caused AIDS and that anti-retrovirals could assist greatly) the minister lost the plot and created a legacy for herself that will always be tainted by her response to this overwhelming epidemic

– despite the good work that she has done in other parts of the portfolio.

After Mbeki's utterances Government closed ranks with the only responses in hushed tones on condition of it being off the record. The National Department of Health's communication strategy became one of silence and avoidance.

Health journalists expressed frustration at trying to garner any responses from the Department. Article after article asked questions, make accusations, but the silence was deafening. The only voice that of a health minister who had painted herself into a corner and had become the fallguy for a dissident president who had swiftly sidestepped the furore he had caused and placed the health minister between him and media.

In years to come the media will have to answer as to why it had allowed him to simply pronounce that he would no longer be making any statements on the HIV/AIDS epidemic. I believe he got off lightly. But the rest, as they say, is history.

Yes, the president had made astute observations around the link between poverty and HIV/AIDS – He had managed to put this approach firmly on the agenda, but unfortunately he had also contributed to making it impossible for any future debates to take place.

It had become a debate or you are either for anti-retrovirals or you are against anti-retrovirals in which case you are a dissident.

This places us (journalists reporting on the epidemic) in a very difficult situation. I, for one, agreed with some of the statements the president and the minister had made around poverty, nutrition and so on. But in their minds it was an either or. In mine it wasn't.

It was distressing to watch how newspapers were keen to keep reporting on the epidemic purely driven by utterances from the health minister, who had by now been dubbed Dr No or Dr Garlic or Dr Beetroot or Dr Doolittle.

For example, the important debate on nutrition became a source of ridicule. For this I believe both the minister and the media are to blame.

It was also distressing to see how reports in the media merely repeated what was being flung about in the media arena with no sense of responsibility, no sense that we may be playing with fire.

It also often happened that journalists seeking sensational media reports would misquote the minister – making myself and other colleagues wonder whether we had been at the same briefing.

This is a unique epidemic. A wrong report, or a confusing report could see someone being infected or making wrong decisions.

As much as we can blame politicians for much of the confusion, we need to ask how we as the media contributed towards it. And more importantly we need to defer from repeating our errors.

On a practical level it is extremely challenging to work with government officials. Some of them are terrified of the media and find very interesting ways to duck calls.

An important role of journalists is to hold Government and others accountable. For example, the minister of Health holds parliamentary briefings soon after the President's State of the Nation address in February.

A hefty document is handed out with many, many promises of legislation that will be introduced, hospitals that will be upgraded, diseases that will be tackled and in the case of HIV/AIDS, people that will be treated with anti-retrovirals.

We are in a position to keep a tab on these promises.

Taking it to another level, the provincial health ministers do the same. After his appointment Western Cape premier Ebrahim Rasool made several promises, including shorter waiting hours for drugs, more staff, etc.

This is a perfect opportunity to hold them accountable as there was a very detailed checklist. Following up on this story could produce a

good news story (they have met all their promises) or a story containing less good news if they have not. But it is important to not only slam and criticize, but to also try and contextualize and understand why this is happening. Turning this health system around is a monumental task – something that Government's across the world grapple with.

In fact a viewers poll conducted by Sky News this week in the run up to the UK elections has shown that healthcare is the most important election issue in the eyes of the electorate.

Clearly Tony Blair understands this as he travels across Britain sitting in forums where residents in various towns bring their unique health issues to the table.

Another huge issue in South Africa is policy. Our health policy is acknowledged as one of the best in the world. Our comprehensive plan to address the HIV/AIDS epidemic is deemed the best. But with so many other good intentioned policies and plans, it all goes off the tracks when it reaches provincial and district level.

Provinces are failing to dedicate the resources necessary to tackle the epidemic. Those placed in decisionmaking positions (middle management) often do not have the competencies and skills to spend the money that is given to them. By the time it reaches district level, the train is a crumpled mess.

These are issues that community journalists can champion. Give the people in your community a voice. Find their stories that relay their frustrations and their problems and hold the people in power accountable. Try to understand the issues. Speak to researchers, academics, and so on, people who will only be too happy to explain the issues to you.

Armed with a good understanding, you are able to change many things for the better.

There are many other topical issues that you can turn into good, relevant stories.

On a national level the issue around the treatment of People living with Aids has received a lot of mileage in the media. But often they have missed the whole point. For example quite recently there has been a lot of reporting around the number 53 000. This is the number of South Africans that should be on anti-retrovirals by now. Latest figures show we are at around 33 000, but this also includes projects where donors are involved.

But this again highlights the important role of the media in taking it a step further and trying to figure out why it is 53 000? Is this sufficient? Should we be treating more people and so on.

For instance, the last Antenatal survey was the one for 2003 that estimated HIV prevalence among antenatal clients (pregnant women, who are already at high risk because their last sexual act was obviously without a condom) to be 27.9%. In a recent interview the head of HIV/AIDS in the National Department of Health DR Nomonde Xundu (a woman who by the way is well respected among her peers and should be praised to being willing to accept this job) indicates that this increased to 29.6%, presumably based on the ANC survey for 2004 (not released yet), which is more or less exactly in line with the observed trend over the last few years:

"With about 45 million people [in South Africa], the annual antenatal clinic surveillance shows us that, of the pregnant women who come to public health services, 29.6 percent of them are infected with HIV. But with additional information from other sources we can infer that about 16 percent of the 45-million may, in fact, be living with HIV, which makes it about 5.2 million.

We are thinking that about 16 percent of the 5.2 million are actually living with AIDS, in terms of the progression of the disease, and would require antiretroviral (ARV) therapy, amongst other interventions for AIDS-related complications."

16% of 5.2 million is about 830,000, which makes the projected 53 000 a drop in the ocean and also puts the quantities involved in the recently awarded drug tender in perspective: the awarded 3-year tender is sufficient for around 175,000 people.

Now, this is an example of how we as journalists should be holding Government accountable. Not always seeking out the easy way out to report on an epidemic by quoting number ad nauseam, but to find clever and innovative ways to hold them accountable.

By making our sums, taking the story a step further than the press release, you can put together a well considered piece of work. There are many experts out there who will only be too happy to help you.

At local district level you should be able to get a pretty good picture of what the situation is. Before they established an ARV site they would have made projections of the number of people expected to access the drugs. Try to find out what the prevalence is in the community – speak to NGOs, speak to religious leaders running the homebased care services and speak to the politicians and government officials.

Something that we have always believed in and it has worked for us is to read. Read as many reports, newspapers, journals and so on you are able to lay your hands on. I know resources are scarce, but many will send you their publications if you take the time to write them a note explaining your situation. Try to find a way to access the web, there is more information you could every use. If you have web access, sign onto discussion lists and so on.

I end off with an exert from an interview my colleague Khopotso Bodibe held this week with Supreme Court of Appeal Justice Edwin Cameron, who launched his memoir “Witness to AIDS”. Cameron lives openly gay and is HIV positive. Khopotso comments that in the book it reads as though Cameron is at pains to understand how the government in South Africa responded, or did not respond, to the AIDS epidemic from the period pre-1994 to the democratic South Africa when Nelson Mandela was president up to now when President Mbeki is ruling the country.

Cameron responds: I think there is much to criticise about how both (the) pre-1994 and post-1994 government has responded to the epidemic. But another paradox about it: Many people say AIDS is an example of the failure of our new democracy. Paradoxically, I believe the opposite. We had a Constitutional Court decision which set the government on the correct path, which meant including antiretroviral

therapy as one element of a much more complex AIDS programme. We had civil society activist organisations like the Treatment Action Campaign, COSATU, the (SA) Council of Churches, other civil society groupings which came out and spoke out and acted out; and that is why we eventually in August 2003 got government to commit itself to making antiretroviral therapy part of the programme. So, I see AIDS as a success story of our democracy.