

**Health systems in the news: The influence of media representations on
health system functioning in the Western Cape health system**



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Abstract

Health systems are complex systems characterised by constant change and a web of interwoven relationships, connections, and interactions. Health Policy and Systems Research has called for multidisciplinary approaches to understanding health systems. Like health systems, the media has also been described as an important social institution in modern society that is deeply embedded within the socio-cultural and political context. The role of the media as societal watchdog; as a mechanism to improve accountability; as a platform for debate; and as a facilitator of community engagement has been recognised.

Within public health, the role of mass media as a tool in health promotion and health communication campaigns is well-established. Media representation research involves the analysis of discourses in media and has been used to study a range of public health issues. However, there is a major gap in representation studies of health systems, in high-, middle- and low income countries.

This mixed methods study aimed to describe representations of the South African Western Cape provincial health system by analysing dominant discourses emerging from the English-language mainstream print and online news media (1994-2018). A media content analysis was first conducted to highlight the main themes, followed by a discourse analysis to provide a deeper interrogation of underlying issues.

This study suggests that the way a health system is represented in the media potentially influences health system functioning in a variety of ways – for example, how ‘people’ in the system make meaning of discourses, which in turn influences decision-making. ‘Negative’ representations (for example, of a weak or stressed health system), may contribute to a lack of both health worker and patient trust in the health system with a host of undesirable repercussions, such as low health worker morale, health workers failing to speak up for patients, or poor quality of care. The study recommends capacity building of a diversity of people (such as citizens, communities, health workers, civil society) at different levels of the health system to enable them to engage with the media, and mitigate the less desirable repercussions.

Further research is needed to, a) consider the effects of media on health systems more carefully, more frequently, and in more contexts; b) find more effective ways to think of media as *part* of the health system, rather than an instrumental tool, or an external influence; c) to understand how media architecture (the social, political and economic environment in which media are situated) may influence emerging discourses; and d) to understand how media can influence people’s agency and community participation, particularly in the context of responsive and people-centred health systems.

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To my mom, on whom we literally depended for our daily survival and nourishment.

To my husband, my rock, for being my person, and lovingly, enduring me.

To my daughters, for constantly reminding me to appreciate the beauty in life.

I think my seven-year-old summed it up perfectly, when she said, "Why can't you just write, 'HEALTH IS AMAZING. FULL STOP!'"

This thesis is dedicated to the pursuit of good health for *everyone*, everywhere.

Acronyms and abbreviations

AHPSR	Alliance for Health Policy and Systems Research
ANC	African National Congress
CHW	Community Health worker
DA	Democratic Alliance
DENOSA	The Democratic Nursing Organisation of South Africa
DOH	Department of Health
HICs	High-income countries
HIV/AIDS	Human Immunodeficiency virus/ acquired immunodeficiency syndrome
HPSR	Health Policy and Systems Research
HS	Health system
HSG	Health Systems Global
HW	Health worker
IOL	Independent Online
IOM	Institute of Medicine
IPCHS	Integrated people-centred health services
KT	Knowledge translation
LMICs	Low-and middle-income countries
MEC	Member of the Executive Council
MDR/XDR-TB	Multidrug-resistant or extensively drug-resistant tuberculosis
NDOH	National Department of Health
NHI	National Health Insurance
PCHS	People-centred health systems
PEP	Post-exposure prophylaxis
PHC	Primary healthcare
PHM	People's Health Movement
PMTCT	Prevention of Mother to Child Transmission
PPP	Public Private Partnerships
RHAP	Rural Health Advocacy Project
SA	South Africa
SABC	South African Broadcasting Corporation
SAM	South African Media
TAC	Treatment Action Campaign
TB	Tuberculosis
UCT	University of Cape Town
UHC	Universal Health Coverage
USA	United States of America
WC	Western Cape
WCDOH	Western Cape Department of Health
WCHS	Western Cape Health System
WHO	World Health Organization

Glossary of key terms

Civic journalism	Civic journalism aims to promote the inclusion of citizens and communities within the journalistic process of formulating content.
Community participation	Community participation refers to the empowerment of community members to enable them to engage and participate in relevant health-related decision-making processes.
Complex adaptive health system	Complex adaptive health systems are characterised by their constantly evolving, dynamic, and non-linear nature in which multiple feedback mechanisms and a host of interconnected relationships and processes are at work.
Discipline	A branch of knowledge.
Media discourse analysis	Media discourse analysis refers to the analysis of media texts (whether broadcast, written, or audio) in order to understand how they contribute to social meanings.
Health systems	Health systems are embedded in the environment in which they exist and generally seek to create or contribute to health improvements, while promoting broader social goals of equity, responsiveness and financial protection.
Health policy and systems research	Health policy and systems research (HPSR) is an interdisciplinary field that aspires to generate a deeper understanding of the ways in which societies construct themselves with the aim of achieving their collective health goals, and the underlying contextual factors which influence this.
Mass media	Mass media refers to forms of media (including broadcast, print, outdoor, and digital formats) that aim to reach a large audience.
Media advocacy	Media advocacy refers to the strategic use of mass media in order to promote public health goals and policy imperatives.
Media studies	Media studies may draw on a number of disciplines (such as social sciences, cultural studies, psychology and communication science) in order to study various aspects of media (such as the content, history, and effects).
Mixed methods approach	Mixed methods research involves the use of both quantitative and qualitative research in the same study.
People-centred health systems	People-centred health systems place people at the centre of all health system decision-making – including in the design and delivery of health services – and by prioritising people’s needs and voices.
Public health studies	The study of public health draws on a wide range of disciplines with the aim of addressing the broader issues that affect the health and well-being of individuals, families, communities and societies.
Health system responsiveness	Responsiveness is a measure of health system performance based on the non-health aspects of health systems such as dignity, autonomy, confidentiality and access to social support networks.
Social accountability	Social accountability refers to accountability mechanisms which directly or indirectly involve civic or community participation.
Social science methods	Social science research focuses on gaining an increased understanding of social phenomena and how and why people behave the way they do.

Sources: Gilson *et al.* 2011; Gilson 2012; King and Watson 2001; King and Watson 2005; Sheikh *et al.* 2014b; van Dijk 1995; Wallack 2000

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Part A: Dissertation protocol

Health systems in the news: The influence of media representations on health system functioning in the Western Cape health system

Introduction

If we believe that we consume the media as a necessity in the same way as we consume food or drink ... then in studying 'health', we must also study the mass media as a mediator of health 'messages' and constructions of 'health', in order to understand how service users make sense of their health and illness in the context of (socially constructed and sometimes complexly experienced) identities and subjectivities (King and Watson 2001).

People are the heart of health systems. Over the last decade, there has been an increasing emphasis on reorganising health systems to be more responsive to people's needs, to partnering with people in decision-making around their own health and to prioritising the dignity and human rights of people at every step in the provision and delivery of healthcare (Sheikh *et al.* 2014a; Sheikh *et al.* 2014b)

There has been a growing recognition that people play a critical role in every interaction within the health system - from patients to providers to policymakers (Sheikh *et al.* 2014b). Any strategy which aims to deliver improved health outcomes cannot achieve this without including people as active participants in the creation of their own health and wellness (World Health Organization 2008). People-centred health systems (PCHS) encapsulate this idea by highlighting specific criteria to describe health systems that place people at its epicentre (Sheikh *et al.* 2014b).

These criteria include allowing people to express their own voices and providing them with adequate and intelligible health information to facilitate informed decision-making (Sheikh *et al.* 2014b). It also includes aligning people's needs with the structure of the health system and the manner in which services are delivered - for example by assessing the distance people have to travel to reach a clinic or how long they have to wait at the clinic to access health services (Sheikh *et al.* 2014b).

In PCHS, there is an emphasis on the interconnectedness and multidisciplinary nature of health systems and recognition of the importance of strong relationships within and between disciplines in order to better meet patients' needs and to provide a more holistic approach (Atun 2012; Gilson 2012; Sheikh *et al.* 2014a; Sheikh *et al.* 2014b).

People-centred health systems are also driven by a common set of values such as respect, dignity and non-discrimination which are woven throughout the fabric of the system (Sheikh *et al.* 2014b). This is encapsulated in the *Framework on integrated people-centred health services (IPCHS)*, which was adopted at the 2016 World Health Assembly, and encourages the notion that people and *not* diseases need to provide the axis around which the health system revolves (World Health Organization 2016). “*Evidence shows that health systems oriented around the needs of people and communities are more effective, cost less, improve health literacy and patient engagement, and are better prepared to respond to health crises*” (World Health Organization 2016).

As this paradigm shift towards a more people-centric or PCHS gathers momentum, the importance of the macro environment in which the health system exists, cannot be overestimated. Health systems do not exist in a vacuum but are shaped and sculpted by the overarching economic, social and political climate in which they exist (Sheikh *et al.* 2014a). PCHS are required to heed the dynamic interplay between people, the health system and the macro environment. The mass media forms part of the broader macro environment in which a health system exists.

A PCHS is one that is able to deliver clinically appropriate care and also be accountable and responsive to the public (Sheikh *et al.* 2014b). Accountability mechanisms within the health system “*seek to regulate answerability between the health system and/or citizens and between different levels of the health system*” (Cleary *et al.* 2013, p. 1). One way of facilitating increased accountability and monitoring of the health system is through the use of effective feedback mechanisms (Bonino and Warner 2014). Feedback mechanisms serve to monitor and evaluate activities, to foster increased community participation and to build transparency and trust in the health system (Bonino and Warner 2014).

Mass media (such as television, radio, newspapers, social networks) represents a type of feedback mechanism or channel that can facilitate interactions between the public and the health system (Benelli 2003; Hadland 2010; Happer and Philo 2013; Seale 2003). Media provide a useful lens into the inner workings of a health system (Benelli 2003; Bishop 2012; Collins *et al.* 2006; Rosenau 2006) by highlighting wide-ranging issues such as: service delivery; disease prevalence; hospital infrastructure and equipment; health worker concerns; new technologies; corruption and politics. Media also have the ability to impact decision-making around public policies and to shape public perceptions (Akintola *et al.* 2015).

Media *analysis* can provide insight into the social, economic and political contexts within which societies and systems are entrenched (Hodgetts and Chamberlain 2013). An analysis of representations of health systems in media may therefore provide valuable insight into the obvious and underlying forces at work within the system. This study aims to describe the dominant media discourses that exist around the health system. Considering that health systems not only serve people but are also made up of people (Health Systems

Global 2014), media analysis may also enhance our understanding of perceptions of the health system from different actors, depending on their positionality within the health system.

Health systems represented in media

Public health issues have been covered extensively in the mass media, and there have been multiple studies thereof (Cheuvront 1998; Hayes *et al.* 2007; Noar 2006; Seale 2003; Wakefield *et al.* 2010; Wallack and Dorfman 1996). Media studies relating to public health can be usefully categorised into three groups: production, reception and representation (Seale 2003). Media production studies consider how the producers of media may be influenced by political, economic, institutional and other interests (Seale 2003). Media reception studies focus on media audiences and how they potentially respond to messages in media. Studies of media representation analyse media messages closely examining the contextual and ideological underpinnings of specific themes and constructions in media (Seale 2003, p 515).

In a review of global research on health content in media over a decade, Kline (2006) categorised the health topics that have received the most attention into two groups, namely: bodily health challenges and political/sociocultural context issues. The former refers to media's representation of health challenges (e.g., cancer or diabetes) and considers whether these illnesses were accurately represented in media (Kline 2006). The latter explores media's representation of public policies, health controversies and health scares, (e.g., Ebola) and looks at whose interests are being privileged and what effect this may have on the type of media coverage garnered (Kline 2006).

There is also substantive work which analyses the effectiveness of utilising mass media for health education or health promotion campaigns (Seale 2003; Snyder *et al.* 2004; Wakefield *et al.* 2010). *"These media are employed at all levels of public health in the hope that three effects might occur: the learning of correct health information and knowledge, the changing of health attitudes and values and the establishment of new health behaviour"* (Catalán-Matamoros 2011, p. 399). Recently, there has been a proliferation of media studies analysing the effectiveness of social or digital media campaigns to promote health awareness and effect health behaviour changes (Meisel *et al.* 2016; Moorhead *et al.* 2013).

Rapid review of this literature shows few studies assessing media representations of health systems. For example, a study on the portrayal of the Canadian health system in United States newspapers (Rosenau 2006), focuses on evaluating the quality media coverage, rather than appraising the representation of the health system (or what this means for health systems functioning). This study focused instead on the decision-making processes involved in the content of the stories reported, as well as analysing media shortcomings and inaccuracies. Furthermore, the methodology prioritised a quantitative approach, and was therefore unable to provide deeper insight into representations of the health system.

Another media representation study of 44 low-and middle income countries (LMICs) in Africa, the Americas, Asia and the Eastern Mediterranean examined whether and how policymakers, stakeholders and researchers converse in media about three topics: policy priorities in the health sector, health research evidence, and policy dialogues regarding health issues (Cheung *et al.* 2011). While not about the health system *per se*, the study found that stakeholders who are “*interested in supporting evidence-informed health systems need to recognize the importance of engaging the media in pursuing their desired outcomes*” (Cheung *et al.* 2011).

As noted above, in the last decade, a few studies have started to analyse the role of social media and their potential impact on health promotion and communication (Chou *et al.* 2009; Korda and Itani 2013; Moorhead *et al.* 2013). Others have reviewed the use of social media by clinicians (Von Muhlen and Ohno-Machado 2012) and the ethical and professional impact of inappropriate social media utilisation by nurses (Cronquist and Spector 2011). While these studies deal with some aspects of the health system and social media, they do not address media’s representation of the health system or use these representations to build a deeper understanding of health systems functioning.

There is therefore a gap in the literature on media representations of health systems.

The South African health system

The South African health system has undergone huge transformation since the transition to democracy in 1994 (Mayosi and Benatar 2014). The African National Congress’ National Health Plan, based on the principles of primary health care sought to address the inequities of the previous health system and to ensure that essential health services became available to the entire population, particularly in rural areas (Coovadia *et al.* 2009).

Despite huge progress towards the achievement of health care for everyone as enshrined in Section 27 of the South African constitution, the current health system faces many serious challenges (Coovadia *et al.* 2009; Mayosi and Benatar 2014). South Africa faces a quadruple burden of disease: the HIV/AIDS epidemic, tuberculosis, an increase in non-communicable diseases and high levels of violence and injuries (Mayosi and Benatar 2014). Almost 70% of the South African population is completely dependent on the public health care system, with a small minority subscribing to private health care (World Health Organization 2010). In addition, the South African health system is constrained by a serious shortage of health workers, inadequate equipment and infrastructure (especially in rural areas), and poor governance and accountability systems (Coovadia *et al.* 2009) In the context of this challenging environment, the target of creating a health system which promotes community participation and empowerment has not been achieved (Coovadia *et al.* 2009).

A search of the literature resulted in one study analysing media coverage of primary health care (PHC) in the South African print media (Akintola *et al.* 2015). While this study highlighted the “*potential role of media analyses in illuminating patterns in print media coverage of health issues*”, it also recognised the dearth of available studies in LMICs which use media analysis to understand health-related issues (Akintola *et al.* 2015, p. 16), and the importance of more being conducted.

Health systems are “*complex social and political phenomena*” in which the importance of context is emphasised (Gilson *et al.* 2011, p. 2). It has been widely noted that provincial health systems in South Africa are each unique, and strongly characterised by history and context (Gilson *et al.* 2017). Therefore, while national-level system studies are important, crucial detail can be gained by focusing on health systems at a provincial level. This study will examine the local-context specific case of the Western Cape health system (WCHS), which is one of nine provincial health systems in South Africa.

Objectives of study

This study aims to describe the representations of the WCHS in mainstream media, and explore how dominant media representations and discourses may influence the functioning of the health system. This study seeks to contribute to an increased understanding of the WCHS, and also more broadly shed further light on how media representations may influence the functioning of the health system.

Research question

How is the Western Cape health system represented in mainstream print and online media over the period 1994 to 2018?

Sub questions

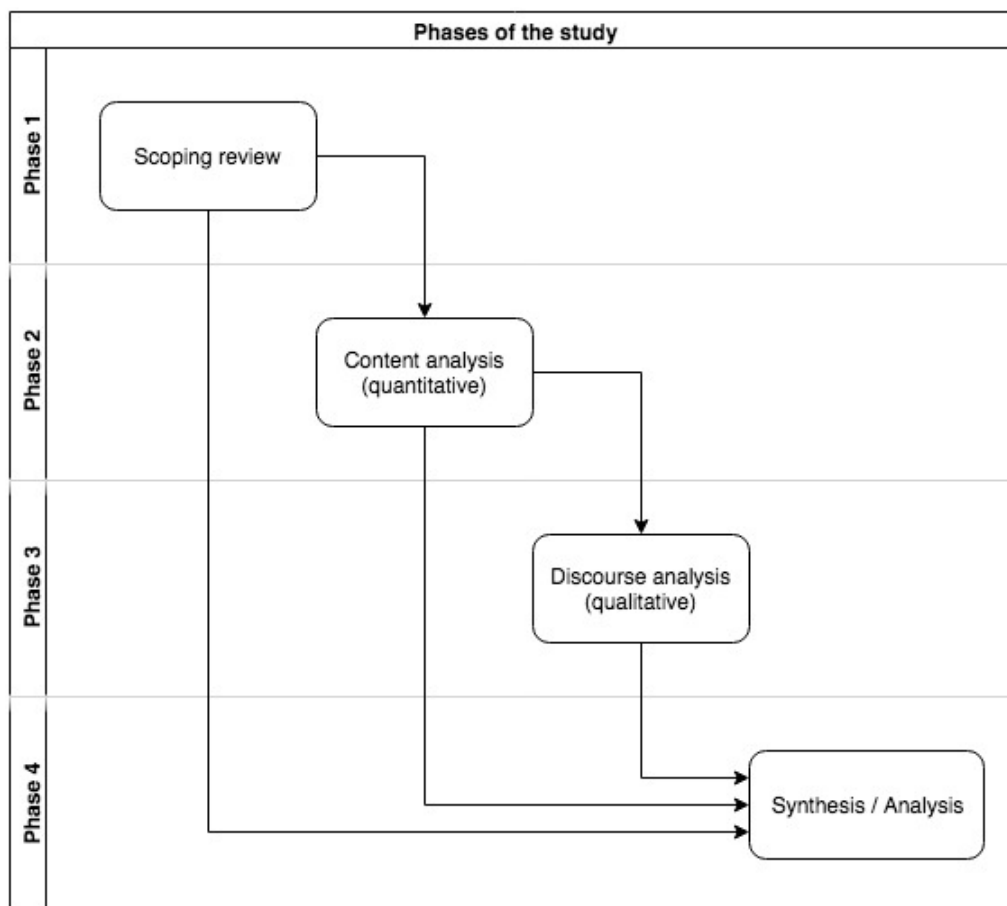
- What are the dominant discourses that are prevalent in media’s representation of the Western Cape health system?
- How might dominant discourses influence the current functioning of the Western Cape health system?

Methodology

This study is a mixed-methods study and will be conducted in four phases (see Figure 1). Phase 1 is a rapid scoping review (Tricco *et al.* 2017) which aims to provide the theoretical framing for analysis of the primary

articles in Part C. The scoping review will also explore the interconnections between health systems and media especially in LMIC settings. Phase 2 is a ‘quantitative’ media content analysis which aims to provide a descriptive overview of frequency and themes within media texts. Phase 3 is a ‘qualitative’ discourse analysis which conducts deeper analysis on the same set of primary texts to provide insight into the dominant discourses of the WCHS in media. Phase 4 provides a synthesis of the findings.

Figure 1. Approach to methodology in this study (Source: Author)



Phase 1: Scoping review

Scoping studies provide a synthesis of the available literature on the research topic (Rumrill *et al.* 2010) and may be useful to rapidly map out key concepts especially in areas that have not been reviewed comprehensively before (Mays *et al.* 2005), such as health systems and media. Scoping reviews are also used to identify research gaps in the existing literature (Arksey and O’Malley 2005). In this study, the scoping review will explore the existing research on media and health systems and identify possible gaps in the literature.

A number of electronic databases as well as web search engines will be searched in order to increase the likelihood of locating pertinent literature. Arksey and O’Malley (2005) advise researchers to carefully

consider which databases will be searched and what the relevant search terms and potential related search terms are. They also suggest trialling the search strategy so that there is room for adjustments (Arksey and O'Malley 2005). The authors also recommend using the help of a librarian or information scientist to provide guidance on the most effective way to conduct the literature search. For this study, assistance will be sought from the UCT Health Sciences Library Reference Assistants.

Search terms for the scoping review will include 'health', 'media' and 'responsiveness' as well as relevant variations thereof including 'healthcare', 'health systems', 'news media' and 'accountability'. Primary sources for the scoping review will include a range of electronic databases such as EBSCOHost, Google Scholar, PubMed, MedLine, Science Direct (Elsevier), Scopus and Wiley Library Online. Important institutional databases and websites will also be searched such as the World Health Organization and other websites which offer information on the Western Cape Government's policies and guidelines. The review will include both peer-reviewed literature as well as grey literature with an emphasis on literature from LMICs.¹ The reference lists of relevant studies will also be searched in order to increase the likelihood of finding more pertinent studies (Arksey and O'Malley 2005). Literature presented in English over the period 1994-2018 as this is aligned with the content analysis study period described below.²

Phase 2: Media content analysis

Content analysis has a descriptive role that aims to increase understanding of media texts or images as portrayed in mass media (Macnamara 2005). The aim of the content analysis in this study is to provide a basic overview or description of the data. Table 1 indicates the types of basic descriptive statistics which can be derived from content analysis of media such as newspaper name, type of news story, year of publication and frequencies of the topics addressed (Akintola *et al.* 2015).

Table 1. Types of basic descriptive statistics from quantitative analysis (Source: Author)

Basic descriptive statistics	Examples
Frequency counts	number of articles, number of publications
Source of media	newspapers, online articles, press releases
Subject matter	service delivery issues, patient complaints
Article type	news, letter to the editor, opinion piece, press release

The parameters of the content analysis (Table 3) are as follows:

Area of study: Given the importance of context-specificity within the field of health systems, this study will focus exclusively on the WCHS.

¹ In HPSR, there is a strong focus on LMIC settings and a general paucity of publications in comparison to high-income countries (Gilson and Raphaely 2008; Koon *et al.* 2016).

² The year 1994 represents a major milestone in the history of South Africa and the South African health system (see section on The South African health system).

Time period: The time period under study will be from 1 January 1994-31 July 2018. The year 1994 marked the establishment of the first democratically elected government in South Africa, with the African National Congress at its helm (Coovadia *et al.* 2009). The transition also represented a huge transformation in the South African health system with a proliferation of new health policies being legislated and implemented (Akintola *et al.* 2015; Coovadia *et al.* 2009). The end of July 2018 was set as the cut-off point for new data, as the end of this study period.

Language: The study will focus on English-language print and online articles. English is the most commonly spoken language used in South Africa in official and commercial spaces (Brand South Africa 2017). Analysis of newspaper circulation statistics for the last quarter of 2016 showed that six out of the top ten biggest-circulating newspapers in South Africa are produced in English (Herman Manson 2015).

Focus on print and online media: Given the novelty of this study in terms of its exploration of health systems *and media*, the focus of the study is on print and online news media (for which there is significant overlap/duplication). Print and online news media is more likely to contain relevant material on health systems compared to other mass media formats such as television, radio and magazines. Furthermore, the availability of databases such as South African Media (SAM), which contains records from South African newspapers and periodicals from 1978 onwards, provides a rich source of data. In order to increase the scope of publications and include important news sources that are *only* found online (such as *Health24*, *GroundUp* and *Health-e News*), a specific and general Google search will also be conducted. Since Google prioritises the most recent articles, the author will suspend the search when the articles generated are no longer relevant (see Appendix 2 for a list of databases and publications included).

In order to be as inclusive as possible, the search strategy in Phase 2 will begin more broadly and narrow down – starting with search terms ‘health’ OR ‘healthcare’ OR ‘health system’ and ‘Western Cape’ and their variations. Only articles pertaining to the *public* health system will be included. As previously stated, the

Table 2. Publications currently covered by the South African Media database, See Appendix 2

Publication	Publisher
Afro Voice	Afro Tone Media
BEELD	Media24
BURGER	Media24
BURGER SATURDAY	Media24
BUSINESS DAY	Times
CAPE ARGUS	IOL
CAPE TIMES	IOL
CITIZEN	IOL
CITIZEN SATURDAY	IOL
CITY PRESS	Media24
DAILY DISPATCH	Times
DAILY NEWS	IOL
DAILY SUN	Media24
DIAMOND FIELDS ADVERTISER	IOL
DITSEM VRYSTAAT	Anulus Bemarking
FINANCIAL MAIL	Times
MAIL AND GUARDIAN	Mail and Guardian
NATAL WITNESS	Media24
PRETORIA NEWS	IOL
PRETORIA NEWS WEEKEND	IOL
RAPPORT	Media24
SATURDAY ARGUS	IOL
SATURDAY BEELD	Media24
SATURDAY DISPATCH	Times
SATURDAY INDEPENDENT	IOL
SATURDAY STAR	IOL
SATURDAY VOLKSBLAD	Media24
SOWETAN	Times
STAR	Times
SUNDAY ARGUS	IOL
SUNDAY INDEPENDENT	IOL
SUNDAY TIMES	Times
SUNDAY TRIBUNE	IOL
THE HERALD(EP HERALD)	Times
THE NEW AGE	TNA
THE TIMES	Times
VOLKSBLAD	Media24
WEEKEND POST	Times
WEEKEND WITNESS	Media24

majority of the South African population are dependent on the public health system, and an analysis of private sector materials is beyond the scope of this study.

General health education and health promotion articles (for example, breast cancer awareness) that do not pertain specifically to the WCHS, or provide insight into its functioning will be excluded. In cases, where comparisons are made between the health systems of different provinces, these will be included. Since the research aims to gain a deeper understanding of the WCHS, material such as letters to the editor, editorials, opinion pieces and blog entries will be included.

Table 3. Summary of inclusion criteria (Source: Author)

Inclusion criteria	
Language	English
Study period	1 January 1994 – 31 July 2018
Geography	Western Cape
Health sector	Public health system
Media format	News articles, letters, opinion pieces, blogs, press releases

Phase 3: Discourse analysis

The major difference between qualitative and quantitative analysis is in the interpretation of meaning allotted to the text (Gunter 2000). There are various types of qualitative analyses but this study focuses on discourse analysis. The latter takes a constructivist approach to media analysis, where:

Representation is the process by which members of a culture use language ... to produce meaning. Already this definition carries the important premise that things ... do not have in themselves any fixed, final or true meaning. It is us – in society, within human cultures – who make things mean, who signify (Hall 1997, p. 61).

Similarly Fairclough (1992) contends that “discourse is a practice not just of representing the world, but of signifying the world, constituting and constructing the world in meaning” (Fairclough 1992, p. 64). Media discourse serves as a reflection of public or dominant attitudes and opinions, while at the same time influencing the way that the public views the world (Verdoolaege 2005). It also provides contextual insight concerning the social, political, economic and cultural structures which shape society and the underlying power dynamics which exist (Verdoolaege 2005). There has been a recent recognition in public health “that the study of media representations of ‘health’ and the audience catered for by such representations is centrally important to that discipline” (King and Watson 2001, p. 406). This study aims to describe representations of the WCHS in media and how these representations may potentially influence the functioning of the health system. The discourse analysis in Phase 3 makes use of the same primary texts.

Phase 4: Synthesis of findings

The final phase will involve an analysis and synthesis of the findings.

Theoretical framing

This study adopts a multidisciplinary approach, borrowing predominantly from the field of Media Studies and Health Policy and Systems Research (HPSR) and specifically people-centred HPSR which is grounded in an understanding that:

...i) health systems are, as part of any fabric of society, social and political constructs that provide vital opportunities for tackling social injustice; ii) human agency, in interaction with broader societal structures, fundamentally shapes health systems; and iii) social science perspectives and approaches offer particular value to this area of trans-disciplinary research (Sheikh et al. 2011, p. 2).

Similarly, scholars have argued that media representations play an increasingly significant role in people's daily lives (King and Watson 2001; King and Watson 2005) and that given *"the complexity of health issues, the approach of medical and social sciences ought to be interdisciplinary"* (Turner 2002, p. 125).

This study is also framed as a mini-dissertation for a Masters in Public Health degree, therefore framed within the field of Public Health, but intentionally positioned within the lesser-explored territory between HPSR and Media Studies.

Rigour

In order to improve the standards of data analysis, various steps will be taken to improve rigour. Transparency in the research process can be achieved by leaving an 'audit trail' or systematic record of steps that are followed, should another researcher want to repeat or confirm the study (Green and Thorogood 2013). This study will provide a detailed account of the main steps in the research process to enhance the transparency and trustworthiness of the study. This will include an explanation of the data collection process, an explanation of how the coding categories were derived, and where possible record of all primary collected materials provided to readers (as supplementary materials). Data triangulation refers to the use of multiple data sources to corroborate findings and improve the rigour of a study (Malterud 2001). This study will use the SAM database and electronic search engines to source news articles. This ensures that a broad range of data is collected, and reduces the possibility of sampling bias. Using both quantitative and qualitative forms of data analysis adds to the rigour of the study through cross-verification (Malterud 2001).

The use of more than one analyst during the research process increases the reliability of the study by improving consistency and minimising researcher bias (Pope *et al.* 2000). Due to the time and cost limitations of this dissertation study, only one researcher will conduct the first round of analysis, but the study supervisor will assist in checking analysis and interpretation. Researcher reflexivity is key for media and interpretive studies such as this, and has also been described as a “*bedrock principle of HPSR that must guide researchers in acknowledging and qualifying their own choices and positions vis-à-vis the research and analysis they undertake, and being explicit about their own interests, power, and relationships with policy processes and determinants of change*” (Sheikh *et al.* 2014a, p. 3). In this study, the researcher will at fixed points in the research process allocate time to reading through the study with the explicit aim of managing subjectivity in the analysis (Green and Thorogood 2013) as well as maintain regular consultations with the supervisor.

Risks and benefits

This is a low or no-risk study, as it does not collect any ‘primary’ empirical data, and is primarily a secondary data analysis. The dominant discourses arising from the study may portray the WCHS in a certain light which may have positive or negative (or both) implications for the health system – this will be taken into careful consideration.

Study limitations

The study is reliant on existing databases and electronic search engines (accessible via the University of Cape Town network), which may not be able to fill gaps in the sourced materials (especially in the earlier years when electronic publishing was less common). Electronic search engines such as Google do not maintain a complete history of articles, but rather rank articles by relevance. This may result in older articles (which are not displayed) being excluded from that type of search. The researcher will include all relevant articles and end the search where the articles are no longer relevant (saturation) – and multiple types of searches of different databases should ensure a substantive coverage. The articles and newspapers included in media content analysis as well as the scoping review are English-language, which results in a language bias and limitations. As previously mentioned, while print and online media is primarily in English in South Africa, English is still only the fourth most commonly spoken language in the country, so this limitation will exclude the viewpoints of certain segments of the population.

Dissemination

The findings of the study are relevant to a number of stakeholders particularly within the Western Cape Department of Health and other health systems researchers. The study will be disseminated in thesis-format as well as a journal article aimed at readers who may be interested in the influence of media on health systems. The study will also be presented at the Public Health Association of South Africa's annual conference in September 2018.

Timeline

The study will be conducted from Jan 2017 to July 2018 with the aim of completion by September 2018.

Table 4. Timeline (Source: Author)

Thesis deliverables	Section to be completed	Date
Part A: Protocol	Draft protocol	September 2017
	Finalised protocol	October 2017
Part B: Literature review	Finalised search strategy	October 2017
	Scoping review	November/December 2017
Part C: Journal article	Media content analysis	January – July 2018
	Final Write-Up	April – June 2018
	Intention to Submit	July 2018
	Submission	September 2018

Budget

The study is funded by the researcher. The potential budget for the study is presented below and represents the total cost of resources required. The principal researcher declares no conflict of interest.

Table 5. Budget (Source: Author)

Category	Item	Cost
Stationary	Highlighters	R 60
	Paper	R 100
Printing	Ink cartridges	R 500
	Final report	R 400
Petrol		R 400
Incidental		R 100
Total		R 1 560

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Part B: Literature Review

Media representing low-and middle-income health systems

Introduction

In an important health policy and systems publication entitled, *Good Health at Low Cost 25 Years On*, researchers reported on health system strengthening interventions in five low- and middle-income countries (LMICs: Bangladesh, Ethiopia, Kyrgyzstan, Tamil Nadu, Thailand), all of which had achieved better health outcomes relative to their neighbours with similar incomes (Balabanova *et al.* 2013). The study identifies a number of features that contribute to health systems strengthening such as good governance, political commitment and resilience (Balabanova *et al.* 2013). Interestingly, amid these recommendations – the study highlights the significant role that *media* plays in a well-functioning LMIC health system (Balabanova *et al.* 2013):

The media has sometimes served as a catalyst for change, disseminating public health messages, increasing awareness of entitlement to care, and tackling deeply rooted beliefs about health... In Thailand and Bangladesh, the media offered a means to hold authorities to account and raise local issues on the national agenda (Balabanova *et al.* 2013).

Within Health Policy and Systems Research (HPSR), the use of different knowledge paradigms and disciplinary perspectives is encouraged (Bennett *et al.* 2018). “*What defines the field is its focus on health systems; it is a subject matter that can be addressed through any disciplinary lens, using multiple approaches. In addition to its disciplinary diversity, there is also diversity in the nature of the research and audiences targeted by the research*” (Alliance for Health Policy and Systems Research 2017, p. 2). As health policies and systems are conceived as social and political constructions, the value of the social science field to HPSR has also been heightened (Gilson *et al.* 2011). Researchers within the global HPSR community have recognised the importance of media to HPSR (Balabanova *et al.* 2013; Green and Bennett 2007; Health Systems Global 2015; Oronje *et al.* 2011; World Health Organization 2000; World Health Organization 2017a; World Health Organization 2017b). The Health Systems Global Strategic Plan¹ specifically names *media* as an important actor (along with policymakers, implementers, non-governmental organisations and civil society) for future collaboration in interdisciplinary HPSR (Health Systems Global 2015).

¹ HSG is the first international membership organisation dedicated to promoting health systems research and knowledge translation (HSG 2015).

Both health systems and media have been (generally) described as ‘social institutions’ – with health systems regarded as “*part of the social fabric in any country*” (Gilson 2012, p. 21) situated in the wider social, economic and political context (Gilson *et al.* 2011). Scholars have argued that within public health, media play an important role in guiding public opinion (Benelli 2003); influencing health behaviours (Wakefield *et al.* 2010), health services utilisation (Grilli *et al.* 2002) and the formation of public policy (Soroka *et al.* 2013; Soroka 2002). Others have argued that representations in media are indicative of broader historical and socio-political discourses and ideologies (Zufferey 2014). “*Within the theoretical perspective of social constructionism, the media is important to focus on because it is a cultural site which reproduces taken-for-granted meanings, framed within certain narratives which shape people’s views of health issues*” (Gonsalves *et al.* 2017, p. 165). HPS researchers have acknowledged the need for methodological diversity in LMICs (Gilson and Raphaely 2008; Koon *et al.* 2016) and called for “*forms of analysis ... that consider the role of language, rhetorical argument and stories*” (Gilson and Raphaely 2008, p. 303). This review seeks to explore the interconnections between health systems and media with a focus on low- and middle-income country (LMIC) settings.²

Scoping review methodology

Rapid scoping reviews can be usefully applied to examine a broad range of literature in order to capture and synthesise the key concepts related to a specific field of interest (Tricco *et al.* 2017). Scoping studies can also shed light on potential gaps in the existing literature and identify areas for future research (Arksey and O'Malley 2005). While it is widely accepted that there is a growing body of work that deals with HPSR (Alliance for Health Policy and Systems Research 2017; Gilson *et al.* 2011) and a substantial body of work pertaining to media studies, this scoping review aims to specifically examine the lesser-explored literature which falls at the intersection of these two fields, that is, health systems *and media*, with a particular focus on LMICs – and so-doing identify the research gaps and most substantively relevant research questions for further work. The following databases were searched: PubMed, Scopus, EbscoHost (Academic Search Premier, Business Source Premier, Africa Wide, Cinahl, Communication and Mass media complete, Health Source: Nursing/Academic Edition, SocIndex), Google and Google Scholar. Relevant databases such as the World Health Organization’s Alliance for Health Policy and Systems Research (AHPSR) were also searched. The search period was limited to 1994-2017, however particularly relevant literature which may have fallen out of this search period were included. This period was selected as 1994 signified a milestone in terms of South African health system transformation (Coovadia *et al.* 2009). The search was limited to publications

² In HPSR, there is a strong focus on LMIC settings, and a general paucity of publications in comparison with HICs (Gilson & Raphaely 2008, Koon *et al.* 2016)

produced in English, but included both peer-reviewed and grey literature. The reference lists of identified studies were also searched to ensure that important texts were included (citation tracking). Searches were conducted around two key clusters: ‘health systems’ and ‘media’ – with related terms (see Table 1).

Table 1. Main search terms and relevant variations (Source: Author)

Cluster	Variations
Health system	Health, health care, hospital, health service, public health...
Mass media	News, print, online media, newspaper, news report, social media, magazine, journal, blog, television, radio....

For the purposes of this study, articles were assumed to have ‘health systems’ relevance³ if they stated that relevance, or if they addressed system-wide effects⁴ across the health system. In addition, studies published in recognised HPSR journals (such as Health Policy and Planning, or Health Research Policy and Systems) and articles or abstracts published by Health Systems Global, an international organisation dedicated to promoting health systems research and knowledge translation were also considered.

³ Health systems relevance is based on the notion that “health systems operate across multi-levels of operation – taking into account the global/national context, the domestic health system as well as individuals in the system” (Gilson 2012).

⁴ System-wide effects considers that “every intervention, from the simplest to the most complex, has an effect on the overall system, and the overall system has an effect on every intervention” (de Savigny and Adam 2009).

Figure 1. Rapid scoping review process (Source: Author)

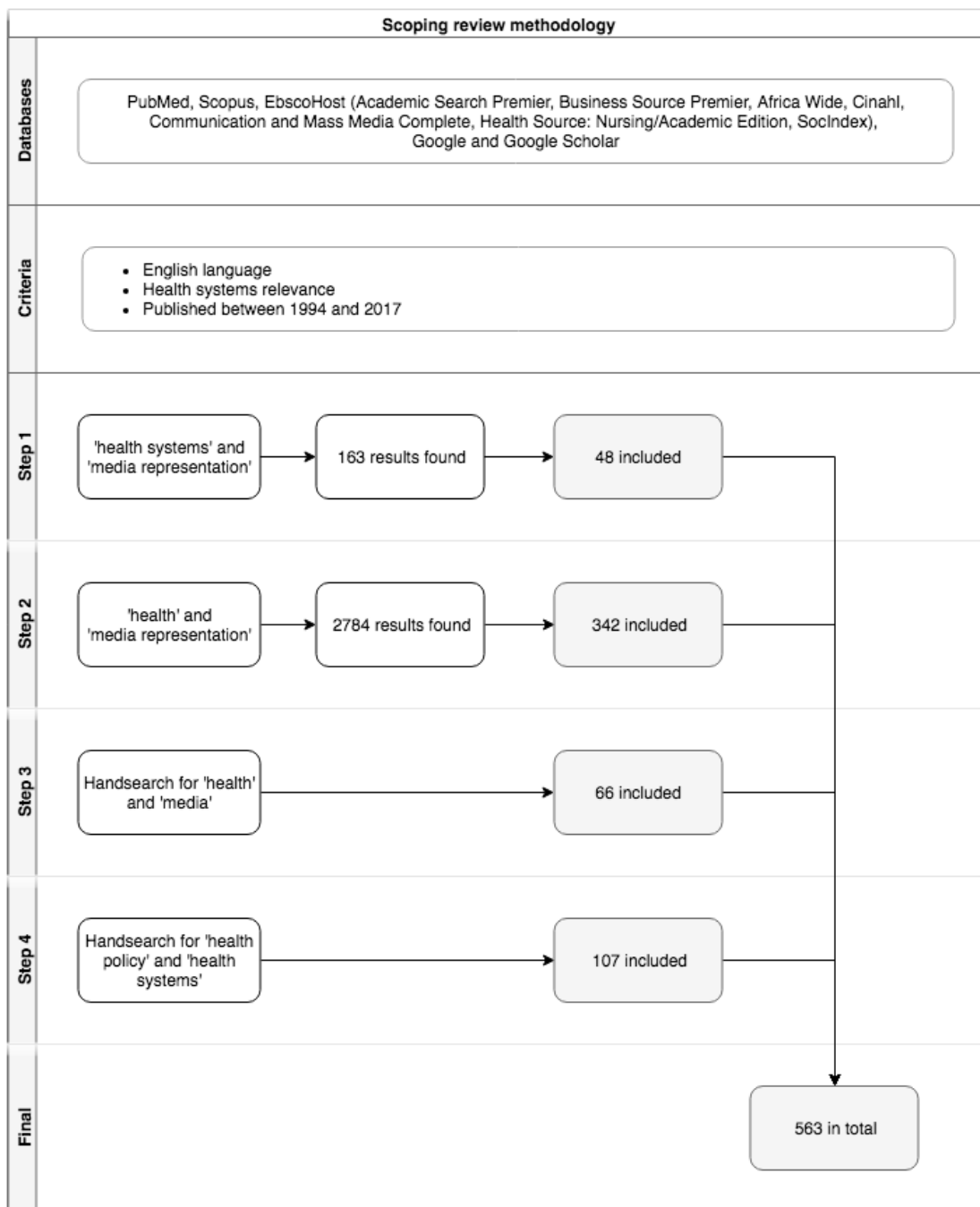


Figure 1 indicates how articles were selected for inclusion in the scoping review. In Step 1, a search for 'health systems' and 'media representation' produced a total of 163 results, of which duplicate studies and studies not in English were removed. Studies that did not provide any insight into health systems (such as: analysis of adverts; representations of animals in the media; analysis of specific digital applications; and comic book and video game representations), were excluded. Only 48 studies were included from this search, with very few having any health systems relevance.

As a result of the lack of materials directly relevant to 'health systems', in Step 2, the search terms were therefore broadened to 'health' and 'media representation' and related keywords, which produced a total of 2784 results. Using the abovementioned exclusion criteria, the search results were reduced to 342. Hand searches of selected relevant websites, journals and key readings produced another 66 results. A separate search was conducted specifically for articles on HPSR which produced a further 107 results, bringing the total of all studies included to 563 results, which were read in full (Figure 1).

In this review, 'mass media' refers to print and online media as well as television and radio. In this review we also recognised the emerging field of social media and its growing influence on public health (Meisel *et al.* 2016; Seale 2005).

We briefly discuss the role of media, in general; then the connection between media and public health; followed by an introduction to the field of media- and media representation studies. Finally, we explore the (limited) available literature on media representation of health systems and health policy, with a specific focus on LMICs.

The role of 'the media' in modern society

*People create their understanding from information reported from the mass media and share this with the world/society that they live in. The fact that society is ever changing and that technology is constantly being updated is important, as our view of the world is constantly shaped and re-shaped through various types of media (Murphy *et al.* 2013, p. 271).*

The mass media contributes to the way that people make sense of the world around them (Happer and Philo 2013; Iyengar and Simon 1993; Meijer 2010; Seale 2003; Wallack and Dorfman 1996). Discourses, also described as "*systems of knowledge*" are promoted in mass media and can have different effects on media audiences (Seale 2003, p. 513). The pluralistic role of media has been described extensively, including media's role as an 'informer' in providing the public with information (Avci *et al.* 2015; Gupta and Sinha 2010; Livingstone 2010; Mukhongo 2010) and as an 'agenda setter' in deciding which information should be published (Rabinowitz 2010; Schnell 2001; Soroka 2002; Walgrave 2008). The literature also describes the role of media in making decisions on how information or issues are 'framed' (Hoffman and Slater 2007; Imison and Schweinsberg 2013; Matthes 2009; Shah *et al.* 2002) and in acting as a 'persuader' of the public in terms of deciding "*who says what to whom*" (Iyengar and Reeves 1997, p. 215).

In LMICs, the influence of media is often explored within a political context, such as the role of media in a "*fragile democracy emerging from authoritarianism*" in South Africa (Kuper and Kuper 2001, p. 355) or media's role in enhancing political accountability within Africa (Lardner 1993; Mukhongo 2010). The role of

social media in advancing political transformation has been studied in both HICs (Harris and Harrigan 2015; Kent 2013; Yaqub *et al.* 2017) and LMICs (Kamel 2014).

Despite the acknowledged influence of the media, it has also been labelled as “*one of the most criticized institutions in modern life*” (Mukhongo 2010, p. 345). The media has been accused of ‘gatekeeping’ by controlling which topics are covered, how much coverage they receive and what message is conveyed (Schnell 2001; Shoemaker *et al.* 2001). “*Journalists and editors draw maps or internal story patterns for their readers, and these maps or frames cognitively serve to structure the public debate, influence readers’ level of information, and attribute policy responsibility*” (Schnell 2001, p. 187). Furthermore, the mass media’s portrayal of unhealthy behaviours such as smoking and substance abuse, especially through advertising media and television, have been slated for acting contrary to the public interest (Hooker and Pols 2006; Kline 2006; Livingstone 2010; Wallack 2000).

Some scholars have argued that the Western epistemologies underscoring news media in LMICs may be inappropriate for fledgling democracies and that more attention needs to be paid to the way in which the Global South is constructed and framed in the media, particularly “*from the vantage point of the everyday lives of ordinary people*” (Willems 2014, p. 18). For example, media coverage of the Marikana⁵ massacre in SA was criticised for not reflecting the ‘ordinary’ voices of miners. A professor at one of the country’s respected journalism schools found that “*...many journalists allowed themselves to become mouthpieces of the rich and powerful, reproducing the official versions of events, and silencing the voices of the workers as rational, thinking beings with their own stories to tell*” (Moodie 2012). Media’s role in prioritising the interests of ‘powerful elites’, such as global media organisations, political powers and multi-national corporations, over public interest, has also been strongly criticised (Gurevitch *et al.* 1982; Herman and Chomsky 1988; Opuamie-Ngoa 2010; Schnell 2001). Fuchs (2010) explored the relationship between global media and global capitalism, questioning whether a “*new imperialism*” existed in the form of “*informational imperialism*” (Fuchs 2010, p. 1-2).

The role of media in public health and public health interventions

The media was named a strategic partner in “*fulfilling the mission of public health*” in a landmark report produced by the US-based National Academies of Sciences⁶ (Institute of Medicine 1988, p. 73). A subsequent report in 2003, determined that the media was an important “*actor in the public health system*” (Figure 2),

⁵ In August 2012, the South African Police Service killed 34 striking mineworkers leading to the Marikana Commission of Inquiry to investigate the deaths of the miners (Moodie 2012).

⁶ Formally known as the Institute of Medicine (IOM).

along with government public agencies; communities; community based organisations, and the health care delivery system (Institute of Medicine 2003, p. 307).

Figure 2. Media as a major stakeholder in the public health system (Source: Institute of Medicine 2002)



The role of the mass media as a *tool* for promoting public health has been the subject of many studies (Noar 2006; Randolph and Viswanath 2004; Seale 2003; Snyder *et al.* 2004; Wakefield *et al.* 2010). It has been argued that media's widespread representation and dissemination of medical information has allowed the field of public health to expand (Hooker and Pols 2006; Seale 2003). *"Public health was and is intrinsically a media product, presenting its messages through periodicals, women's magazines, penny novels, and the exhibitions of the Victorian era, as well as through the commercial and informational advertising that mushroomed in the early-twentieth century"* (Hooker and Pols 2006, p. 5).

Media strategies relying on advertising and entertainment were used to hook audiences and to influence behaviour change (Hooker and Pols 2006; King and Watson 2005; Seale 2003). Indeed, the bulk of the public health literature (predominantly from HICs) focuses on the use of mass media campaigns to create awareness and influence attitudes with the objective of changing health behaviour or producing new behaviours (Catalán-Matamoros 2011). *"Mass media campaigns, because of their wide reach, appeal, and cost-effectiveness, have been major tools in health promotion and disease prevention. They are uniformly considered to be powerful tools capable of promoting healthy social change"* (Randolph and Viswanath 2004, p. 433). And the bulk of this sub-set of literature (on mass media campaigns) is focused on proving the *efficacy* of such campaigns (Brown *et al.* 2012; Happer and Philo 2013; Hutchinson *et al.* 2007; Maher *et al.* 2014).

Wakefield *et al.* (2010) examined a range of mass media campaigns aimed at moderating health-risk behaviours such as substance use, road safety and sex-related behaviours and found that these campaigns can yield both positive results as well as inhibit negative health-related behaviours across large populations. Similarly in a review of health mass media campaign literature over ten years, Noar (2006) found that *"targeted, well-executed health mass media campaigns can have small to moderate effects not only on*

health knowledge, beliefs, and attitudes, but on behaviours as well" with the proviso that effective campaign design should be followed (Noar 2006, p. 21). However, Wallack (2000) argues that traditional behaviour-oriented media campaigns have had limited success partly due to *"the failure of these campaigns to adequately integrate fundamental public health values related to social justice, participation, and social change - values made more important by the increasing research on the relationship between social inequality and health inequality"* (Wallack 2000, p. 338). Happer and Philo also established a link between the mass media and behaviour change. However, the authors found that while media can build trust and credibility, it can also generate doubt and confusion, depending on how audiences interpret or decode messages in the media (Happer and Philo 2013, p. 321). A systematic review found some evidence that mass media communication can increase the utilisation of health services (Grilli *et al.* 2002). However more information was required on whether those who were using more services were the ones who would benefit the most (Grilli *et al.* 2002).

Within LMICs, the limited literature indicates that mass media campaigns have been used for a wide range of public health issues, such as evaluating the impact of a reality radio show on HIV/AIDS in Malawi (Limaye *et al.* 2016), learning which health communication channels should be used to reach young people in Senegal (Adams *et al.* 2017), the scaling up of zinc treatment for childhood diarrhoea in Bangladesh (Larson *et al.* 2011), or the effectiveness of mass media interventions for child survival (Naugle and Hornik 2014). A review on the effectiveness of mass media interventions on changing HIV-related knowledge, attitudes and behaviours produced inconclusive results (Bertrand *et al.* 2006). Interestingly, the authors reported that none of the included studies used *"the full gamut of media ... to reach multiple segments of the general public with messages on HIV/AIDS"* (Bertrand *et al.* 2006, p. 594). This finding seems to reiterate the importance of effective campaign design.

Numerous studies, mainly in HICs, have also examined the influence of social media on public health in the last decade. Some of the benefits of using social media for health communication include facilitating increased interactions, making customised information more widely available, enhancing access to health information, creating support mechanisms, and having the potential to influence health policy (Moorhead *et al.* 2013). Hawkins *et al.* (2016) explored how radiologists can use social media to enhance the patient experience, while Antheunis *et al.* (2013) examined the motives, barriers and expectations for both patients and health professional's use of social media.

A scoping review of the current literature on the use of social media for health in LMICs (Hagg *et al.* 2018) found a small body of work compared to HICs. The main themes identified in the existing work include the use of social media for health education; in crisis and emergency situations; and for examining the producers and consumers of social media for health (Hagg *et al.* 2018).

Media representation studies and public health

If we view cultural/media studies as mobile and adaptive intellectual strategies ... then their application to the study of health seems self-evident (King and Watson 2005, p. 2).

The field of media studies can be categorised into three broad areas of inquiry: production, reception and representation (Seale 2003). Media production studies are related to the producers of media content and the influence they yield (Opuamie-Ngoa 2010; Schnell 2001). Herman and Chomsky (1988) and others refer to the 'political economy' of media institutions referring to mass media control by powerful elites within society (Gurevitch *et al.* 1982; Herman and Chomsky 1988; Mukhongo 2010; Okigbo and Ezumah 2017). Media production studies analyse how various interest groups, such as advertisers; government; and media organisations, utilise media to further specific agendas (Hodgetts and Chamberlain 2013; Seale 2003). Studies of media reception are focussed on audiences (King and Watson 2005; Seale 2003). These studies are concerned with how media audiences engage with and make meaning of media messages. However, given the proliferation in digital technology, such as the Internet, there is no longer a distinctive line between the producers and consumers of media content (Seale 2003; Seale 2005). Studies of media representation concern the analysis of media messages and are the most common type of media study (King and Watson 2005; Seale 2003). *"Such studies may seek ideological biases, or the discursive dominance of particular themes and constructions, or be concerned with whether messages are likely to promote or damage health"* (Seale 2003, p. 515).

Drawing on the work of de Saussure (1960) and Foucault (1980), Hall (1997) suggests that language acts as a system of representations (Hall 1997). *"Representation is the process by which members of a culture use language (broadly defined as any system which deploys signs, any signifying system) to produce meaning"* (Hall 1997, p. 61). Within representation studies, there is also a distinction between the semiotic approach, referring to the overt meaning derived from the text and the discursive or interpretive approach (Hall 1997). Analysis of media content has been described as a means of measuring or gauging the *"cultural temperature"* of society (Hansen *et al.* 1998, p. 92).

Media representations of public health issues cover a wide spectrum of topics, are predominantly situated in HICs such as Australia, USA and Canada, and are most often content analyses of newspaper coverage over a period of time and employ a mix of quantitative and qualitative methodologies.⁷ A significant cluster of studies in HICs examine media representations of mental health issues (Cummings and Konkle 2017; Foster 2006; Holland 2012; Kenez *et al.* 2015; Little 2015), and diseases such as cancer and heart disease (Collin and Hughes 2011; Gonsalves *et al.* 2017; Halpin *et al.* 2009; Henderson and Kitzinger 1999; Seale 2005). However, there is also significant literature on other public health topics such as: the role of media in

⁷ As was found in this scoping review – see Table 3.

construction and presentation of food risks (Henderson *et al.* 2014), representations of health and safety regulations (Almond 2009), representations of homelessness (Zufferey 2014), youth sexual exploitation (Saewyc *et al.* 2013) and representations of obesity (De Brun *et al.* 2015; Quirke 2016).

Far fewer media representation studies are focused on LMICs. Some studies examined media representations of alcohol control in South Africa (Lawhon and Herrick 2013); sexual and reproductive health in Cambodia (Hill and Ly 2004); and food beliefs and practices during pregnancy in Ghana (de-Graft Aikins 2014). The majority of studies in LMICs are related to representations of HIV in media (Table 2). A number of these explore the notion that media often perpetuate negative stereotypes and “*colonial imageries of Africa as the feminised, diseased ‘dark continent’*” (Brijnath 2007, p. 371), in which “*African bodies become equated with disease and helplessness*” (Okigbo and Ezumah 2017, p. 706). Similarly, an analysis of media coverage of HIV/AIDS in India in the US mainstream media found that “*the neocolonial logics of global HIV/AIDS campaigns are enmeshed with logics of the economics of disease*” (Sastry and Dutta 2011, p. 446). There has been significant work done to counter negative discourses in media, such as the dominant discourse on ‘African AIDS’ (Okigbo and Ezumah 2017; Treichler 1987). However, negative social representations continue to permeate the field of public health with serious consequences for affected communities.

Table 2. Examples of media representation studies in LMICs focusing on the representation of HIV/AIDS (Source: Author)

Studies on media representations of HIV/AIDS in LMIC		
Country	Author(s)	Title
South Africa	Campbell and Gibbs 2008	Representations of HIV/AIDS management in South African newspapers
South Africa	Gibbs 2010	Understandings of gender and HIV in the South African media
South Africa	Bishop 2012	Anglo American media representations, traditional medicine, and HIV/AIDS in South Africa: from <i>muti</i> killings to garlic cures
South Africa	Connelly and Macleod 2003	Waging war: discourses of HIV/AIDS in South African media
South Africa	Jacobs and Johnson 2007	Media, Social Movements and the State: Competing Images of HIV/AIDS in South Africa
Africa/South Africa	Okigbo and Ezumah 2017	Media Health Images of Africa and the Politics of Representation: A South African AIDS Choir Counter-Narrative
Sub-Saharan Africa	Brijnath 2007	It’s about <i>TIME</i> : Engendering AIDS in Africa
Malawi	Kaler 2010	Gender-as-Knowledge and AIDS in Africa: A Cautionary Tale
India in US papers	Sastry and Dutta 2011	Postcolonial Constructions of HIV/AIDS: Meaning, Culture, and Structure
Literature review	Labra 2015	Social representations of HIV/AIDS in mass media: Some important lessons for caregivers
Kenya	McMorrow <i>et al.</i> 2013	Coverage and representation of condoms in conjunction with HIV/AIDS in the Kenyan <i>Daily Nation</i> Newspaper from 1989-2003: A qualitative content analysis to inform health promotion

Namibia	Chanda <i>et al.</i> 2008	The Representation of HIV/AIDS in the Media and its Impact among Young People in Namibia: a study of Windhoek and Katima Mulilo
China	Dong 2004	The Discourse of HIV/AIDS in China: News Construction and Representation of the Chinese HIV blood scandal (1998-2002)
China	Ren <i>et al.</i> 2014	Chinese Newspapers' Coverage of HIV Transmission over a Decade (2000–2010): Where HIV Stigma Arises

Despite the large number of health issues analysed in media representation studies, this review found very few studies that examined media representations of 'health systems'.

Role of media in Health Policy and Systems Research

The field of Health Policy and Systems Research (HPSR) is built on an understanding that health systems are shape-shifting dynamic entities that require a diversity of disciplinary perspectives and a range of methodologies to address its evolving challenges (Gilson *et al.* 2011). Health policies and systems are *“constructed through human behaviour and interpretation rather than existing independently”* which makes *“relativist social science perspectives [which] see all phenomena as at least partially constructed”* particularly valuable (Gilson *et al.* 2011, p. 2). Health systems are also influenced by an array of contextual factors which *“demands research that seeks to understand and explain experiences by reference to the many layers of their context, whilst acknowledging the often quite different interpretations of experience across people”* (Gilson *et al.* 2011). Despite having differing objectives, some authors have argued that the goals of the news media corresponds with those of the public health system (Dorfman 2003; Institute of Medicine 2003), and that media should be taken more seriously in HPSR (Gilson *et al.* 2012; Green and Bennett 2007; Health Systems Global 2015; World Health Organization 2000).

In health systems research, good governance has been described as the function of stewardship or oversight over the health system (World Health Organization 2000), and cited as an important characteristic of well-functioning health systems (Balabanova *et al.* 2013). Brinkerhoff and Bossert (2013) advocate for a model of health governance that engages with a diverse range of actors in the health system and recognise the importance of power dynamics (Brinkerhoff and Bossert 2013, p. 685). Similarly, Cleary *et al.* (2013) contend that there is a link between the functioning of accountability mechanisms and the responsiveness of the health system and that *“webs of accountability relationships exist within every health system”* (Cleary *et al.* 2013, p. 1). Concepts of governance, leadership and accountability within the health system strongly resonate with some of media's functions in society to promote democracy and hold those in power accountable (Lardner 1993; Mukhongo 2010; Opuamie-Ngoa 2010; Wasserman and De Beer 2005). Besley and Burgess (2001) studied the extent to which Indian state governments responded to food shortages and found that the more responsive states tended to be those with higher levels of newspaper circulation,

electoral turnout and literacy. The authors contend that mass media can be useful in making governments more responsive to citizens' needs (Besley and Burgess 2001).

Accountability mechanisms for health system strengthening also emphasise community participation (Haricharan 2012; McCoy *et al.* 2011). Similarly, ensuring that communities and civil society are sufficiently equipped with the necessary information to hold those in public office accountable, falls within the ambit of media (Malila 2018; Wasserman *et al.* 2016). For example, Gilson *et al.* (2017) notes how a single patient complaint can escalate with media attention *"to become a political event, putting even more pressure on managers, who often lack confidence in themselves and the wider health system"* (Gilson *et al.* 2017, p. 4).

Within HPSR there is also an increasing emphasis on the value of people-centred health systems which are responsive to peoples' needs and voices in the health system, and strive to design and deliver services which encapsulate these needs (Health Systems Global 2014; Sheikh *et al.* 2014). Health system responsiveness refers to the 'non-health aspects of care' such as respecting the dignity; confidentiality; and autonomy of patients, as well as other dimensions such as receiving prompt attention; sufficient information; and adequate quality of basic amenities (De Silva and Valentine 2000; Murray and Frenk 2000; Peltzer and Phaswana-Mafuya 2012; World Health Organization 2000).

Within media studies, there has also been a move toward the realisation that the mass media is not only a *provider* of information and an *influencer* of opinion about health issues (Dorfman 2003), but that media *"can use its presence and power to lead to the mobilization of societal action that creates the conditions for health"* (Institute of Medicine 2003). Civic journalism requires media to engage with the community in order to tackle social justice issues; to increase community participation; and to inculcate a culture of collective problem solving which contributes to building social capital (Beckett and Kyrke-Smith 2007; Campbell and Gibbs 2008; Hodgetts *et al.* 2008; Meijer 2010; Wallack 2000). In LMICs such as India, Brazil and South Africa, media-driven social accountability initiatives have been used to impact on health service delivery, especially in underreported provinces and rural areas (Cullinan 2013). *"This social accountability attempts to hold service providers accountable and to empower people both to make healthier choices and to demand the health services that they have the right to"* (Cullinan 2013). This process of citizen engagement has also been aided through new forms of technology and participatory media (Harris and Harrigan 2015; Kite *et al.* 2016; Livingstone 2010; Lyu 2012).

Dorfman (2003) argues that the use of media advocacy in public health *"harnesses the power of the news to mobilize advocates and apply pressure for policy change"* (Dorfman 2003, p. 218). Media advocacy has been defined as *"the strategic use of mass media to support community organizing and advance healthy public policy"* (Wallack 2000, p. 351). Hodgetts *et al.* (2008) advocates for a *"journalism of conversation"* which requires journalists to be part of society rather than *"detached observers of society"* (Hodgetts *et al.* 2008, p.

46). An interesting study of local broadcast media in Amsterdam explored what kind of social role the audience wanted media to perform, and found that audiences expected media to “*do more justice to [people’s] perspectives, experiences and concerns*” by facilitating “*informed citizenship or monitorial citizenship, social integration, inspiration, representation, understanding, civic memory and sense of belonging*” (Meijer 2010, p. 338). In essence, media users wanted to be represented, through a more socially engaged media. These expectations are aligned with notions of people-centred health systems, which value the quality of human relationships and “*thrive on mutual trust, dialogue and reciprocity*” (Sheikh *et al.* 2014, p. 2).

Within HPSR, there is also a particular interest in health *policy*, which is “*assumed to embrace courses of action (and inaction) that affect the set of institutions, organisations, services and funding arrangements of the health system*” (Buse *et al.* 2012, p. 6). Many scholars have acknowledged the influential role that media play in policy processes, as both purveyors of information and as ciphers for competing ideas (Baba *et al.* 2007; Bou-Karroum *et al.* 2017; Otten 1992; Soroka *et al.* 2013; Theobald *et al.* 2011; Walgrave 2008). Media are accorded a prime role in the process of policy agenda-setting (Saraisky 2016, p. 28). “*Within this work, the power of media resides in its ability to frame issues, reducing complex issues to problems that can be understood and acted on; that is, to make issues governable*” (Paterson and Marshall 2011, p. 85). Media are also acknowledged to have a significant role in research translation, or transferring research evidence to practice. “*Global health research outside a context in which policymakers, civil society and the media are engaged risks generating more knowledge but little action*” (Labonte and Spiegel 2003, p. 723).

Some studies have examined media representations of specific health policies or policy processes, particularly in HICs (Collins *et al.* 2006; Esmail *et al.* 2010; Paterson and Marshall 2011; Patterson *et al.* 2015; Tieberghien 2014). Tieberghien (2014) explored how discourse across media and policy texts influenced the public as well as policymaker’s understanding of the Belgian drug policy debate. Collins *et al.* (2006) conducted a content analysis of newspaper coverage to examine media representations of the Canadian healthcare reform debate and noted the impact of news media on public agenda-setting processes. An interesting study which examined the relationships between media reporting and the development of Australian indigenous health policy found that “*policymakers’ practices were intimately entwined with news media discourse*” (McCallum 2013, p. 347). Similarly, another qualitative content analysis of newspaper coverage highlighted how civil society in Canada used media to pressure government to introduce legislation which would facilitate access to affordable medicines for developing countries (Esmail *et al.* 2010). Media representations of midwifery frames served to pressure state intervention and legislation in the area of reproductive health in Canada (Paterson and Marshall 2011).

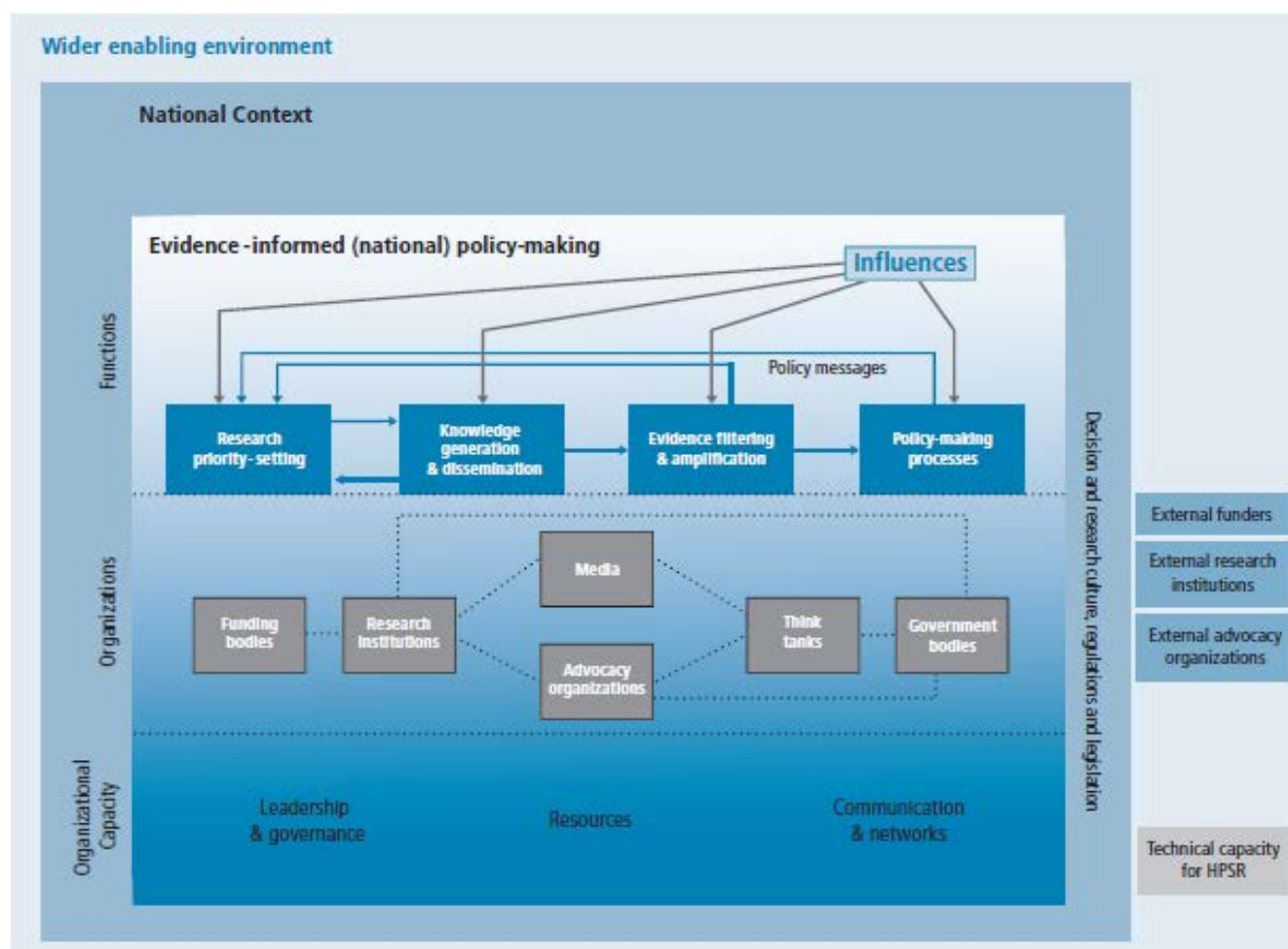
However, despite the widespread recognition of the importance of media to health policy, only two identified studies used media analysis to examine health policy issues in LMICs (Atuoye *et al.* 2016; Haq *et al.* 2010). The latter, Haq *et al.* (2010), assessed a particularly novel approach using television talk shows to influence district level health policy.

The paucity of HPSR on health policy in LMICs has been underscored, with one review describing the body of published work to be “*small, diverse, fragmented and quite descriptive in nature [and] dominated by authors based in Northern organizations*” (Gilson and Raphaely 2008, p. 294). Furthermore, as noted earlier, the importance of media analysis to health policy has also been recognised (Gilson *et al.* 2012; Green and Bennett 2007; Koon *et al.* 2016; Theobald *et al.* 2011). However, a recent review of the use of media to impact health policy (Bou-Karroum *et al.* 2017) identified only one study (out of 21 studies) based in an LMIC-setting.

A report by the Alliance for Health Policy and Systems Research (AHPSR) which investigated the factors that influence the capacity to generate and apply research evidence, especially in LMICs, placed media at the centre of the *Framework for evidence-informed policy-making* (Green and Bennett 2007), and acknowledged the significant role of media in health policy-making processes (Figure 3).

Not only may the media be members of networks, but they also interpret, translate and comment on the procedures, products and processes of such networks and the production of evidence from such networks. There are many examples of where the media have played an important role at some stage of the policy process (Green and Bennett 2007).

Figure 3. Media as central in the Framework for evidence-informed policy-making (Source: WHO 2007)



Media representation of health systems

Table 3 contains a list of 11 studies which are assessed to have *some* media and ‘health systems relevance’ – although considering this is for HICs *and* LMICs, the evidence is scant. These studies are predominantly shaped by quantitative analysis – which is noted as useful for providing basic descriptive data, but is limited in capturing valuable context (Newbold *et al.* 2002, p. 84). Of these studies in Table 3, most could not explore or present health systems implications in much detail, often limited by the quantitative methodology applied, and by the limitations of data type (some combined media and other data, others focused on the quality of media coverage).

Table 3. Studies with health systems-relevance in both high-income and low- and middle-income countries (Source: Author’s analysis)

Author & Journal	Focus of study	Methodology	HS-relevance
<i>High-income</i>			
Hayes <i>et al.</i> 2007 (SS&M)	Relative distribution of health stories in Canadian media	Content analysis (quant)	<i>Relevance:</i> Considers range of HS-relevant topics <i>Limitation:</i> Quantitative, no in-depth analysis

Rosenau 2005 (ARCS)	Fairness of US coverage of the Canadian health system	Content analysis (quant and qual)	<i>Limitation:</i> Focus is on media not HS
Brodie <i>et al.</i> 1998 (HA)	Media coverage of US managed care model	Content analysis (quant)	<i>Relevance:</i> How media coverage affects public perceptions of the health system <i>Limitation:</i> Focus is on media coverage
Catto <i>et al.</i> 2010 (H&P)	Impact of European migration on Scottish health service	Content analysis (quant and qual)	<i>Relevance:</i> Impact of migration on HS <i>Limitation:</i> Does not consider HS-implications but evolving media discourse on threat of migration
Gillett 2012 (NI)	British newspaper representations of academic level of nurse education	Discourse analysis	<i>Relevance:</i> How media discourses affect public opinion, nurse morale, policy and recruitment in nursing
<i>Lower- and middle-income</i>			
Cheung <i>et al.</i> 2011 (HRPS)	Understanding climate for evidence-informed health systems	Content analysis (quant)	<i>Relevance:</i> Insight into media coverage of climate for evidence-informed health systems <i>Limitation:</i> Quantitative
Akintola <i>et al.</i> 2015(HRPS)	Primary healthcare and related research evidence in South Africa	Content analysis (quant)	<i>Relevance:</i> Media's role in highlighting HS issues such as primary health care <i>Limitation:</i> Quantitative
Rispel <i>et al.</i> 2016 (HPP)	Corruption in the South African health sector	Mixed methods	<i>Relevance:</i> Corruption in the health system <i>Limitation:</i> Study did not solely rely on media content
Masselink and Lee 2013 (HPP)	Government officials' representation of nurses and migration in the Philippines	Qualitative (case studies)	<i>Relevance:</i> Explores health system implications of oversupply of skilled nurses <i>Limitation:</i> Study did not solely rely on media content
Campbell and Gibbs 2008 (AJAR)	HIV/AIDS management in SA newspapers	Qualitative	<i>Relevance:</i> Explores HS implications of HIV/AIDS management with focus on community engagement
Daku <i>et al.</i> 2012 (SS&M)	MDR and XDR-TB in SA newspapers	Qualitative	<i>Relevance:</i> Media representations of MDR/XDR-TB and broader HS impact in context of WHO best practices

Key: African Journal of AIDS Research (AJAR), American Review of Canadian Studies (ARCS), Health & Place (H&P), Health Affairs (HA), Health Policy & Planning (HPP), Health Research Policy & Systems (HRPS), Nursing Inquiry (NI), Social Science & Medicine (SS&M)

A content analysis of newspaper coverage examined stories that influenced the health status of the Canadian population, and focused on issues that have system-wide effects such as service provision; management and regulation; and the physical environment (Hayes *et al.* 2007). However, the quantitative nature of the study limited a deeper exploration of these issues and focused the discussion on the most frequently mentioned topics. A companion paper adopted a different approach by conducting formal interviews with health reporters to understand their rationale for selecting, framing and reporting on health issues (Gasher *et al.* 2007). While not a study of media representations, the paper provides insight into issues that influence reporting on health systems (Gasher *et al.* 2007).

Two other studies examined the quality of media coverage using a health systems lens. In one, media coverage of the Canadian health system in American newspapers was compared with information about the Canadian health system in peer-reviewed journals (Rosenau 2006). The other used content analysis to explore the managed care model in the US, focusing mainly on the nature of media coverage rather than any impact on the health system – but discussing the *potential* impact of media coverage on the public's opinion of managed care (Brodie *et al.* 1998).

Catto *et al.* (2010) examined newspaper coverage of the impact of migration on the Scottish health service, and used a framework of social representation theory to analyse how the threat of migration was

understood by the public. This approach, while relevant to the Scottish health system, does not necessarily focus on the health system implications of migration, but rather follows the evolving debate around the 'migration threat' to the health system using media as a proxy (Catto *et al.* 2010).

A discourse analysis examining the academic level of nurse education in British newspapers found that most news reports presented a negative view of increasing nurses' education levels (Gillett 2012). More importantly, Gillett (2012) found that negative media discourses can influence public opinion; policy decisions; the morale of nurses; and has implications for nursing recruitment, and demonstrated the far-reaching impact of negative discourses in the media within the health system (and linking to the earlier observation about negative HIV/AIDS discourses in media).

Very few studies in LMICs used media analysis to analyse the intricacies of the health system, despite recognition of the importance of media in the health systems literature (Cheung *et al.* 2011; Gilson and Raphaely 2008; Health Systems Global 2015). Two studies, both employing quantitative methods (Akintola *et al.* 2015; Cheung *et al.* 2011), focused on the role of the print news media as a tool to promote evidence-informed health systems – defined as the “*systematic and transparent use of research evidence to strengthen health systems*” (Cheung *et al.* 2011, p. 1). Cheung *et al.* (2011) examined print media representations in 44 LMICs and found that the climate for evidence-informed health systems required improvement – noting only 2% of the gathered articles mentioned health systems research. The authors called for more “*proactive media engagement strategies*” (Cheung *et al.* 2011, p. 1). “*Considering the many roles played by the news media, knowledge translation platforms and others interested in supporting evidence-informed health systems need to recognize the importance of engaging the media in pursuing their desired outcomes*” (Cheung *et al.* 2011, p. 6).

Akintola *et al.* (2015) observed that media coverage has the potential to influence public opinion as well as policymakers on important healthcare reform debates such as the re-engineering of primary health care in South Africa. In this unique study, a quantitative analysis of newspaper content of primary health care and related research evidence in South Africa was conducted – and noted the need for researchers, particularly in LMICs, to focus on media analyses as a tool for disseminating research and highlighting important health-related issues (Akintola *et al.* 2015).

Recognising the lack of formal research on corruption in South Africa, Rispel *et al.* (2016) used a content analysis of print media reports in conjunction with other methodologies to examine the possible effects of corruption in the South African health sector – highlighting issues of governance and accountability, also central to health systems functioning. While the study noted that media analysis may not be the most reliable tool for assessing corruption, it acknowledged the importance of media coverage in raising public

awareness and influencing public perceptions on the importance of addressing corruption (Rispel *et al.* 2015).

Another interesting paper used a combination of newspaper articles and key informant interviews to understand how Philippine government officials portrayed nurses in the controversy around nurse migration. Media representations reveal a complex narrative of political, economic and health system-effects as a result of a 'surplus' of nurses in the Philippines (Masselink and Daniel Lee 2012). In Cambodia, discourse analysis facilitated a "*gendered exploration*" of the reporting of sexual and reproductive health and rights issues (Hill and Ly 2004, p. 104)

As previously highlighted (Table 2), a number of studies examine representations of HIV/AIDS in media. Most focus on specific aspects of the disease such as the promotion of condom usage as a prevention strategy (McMorrow *et al.* 2013); social representations of post-exposure prophylaxis for HIV (Jaspal and Nerlich 2016); and the impact of media representations on the sexual attitudes and behaviour of young people (Chanda *et al.* 2008). Two studies showed some health systems relevance: one highlighting dominant representations of HIV/AIDS management in media to examine how community engagement is portrayed - across various aspects of the health system including government and leadership, politics, and the health workforce (Campbell and Gibbs 2008). The other health systems-relevant study, examined the representation of MDR and XDR-TB in South African newspapers (Daku *et al.* 2012).

Conclusions

The scoping review found that media's role in providing information, acting as an agenda-setter and influencing public opinion is well established. Within public health the role of media has mainly been explored in relation to mass media health communication and health promotion campaigns. Media representation studies, which cover a range of public health issues, have demonstrated the important role media can play in interrogating health issues. However, the literature on health systems is scant and predominantly of a quantitative nature.

Health systems are viewed as complex adaptive systems embedded within particularly nuanced social, economic and political contexts. The HPSR literature emphasises the significance of people-centred health systems, based on principles of equity, justice, access to information, responsiveness, accountability and the importance of community participation. The mass media forms part of the broader macro environment within which health systems exist and has been found to play an important role in promoting many of the same issues – such as accountability, access to information and community engagement. Furthermore the role of media in contributing to health policy-making processes has been highlighted.

However, despite the increasing recognition that media have an important role to play in HPSR, there is a paucity of literature exploring the interconnectedness of media and health systems, in HICs, but especially in LMICs.

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Part C: Journal article manuscript**Targeted Journal: Health Policy and Planning****Health systems in the news: The influence of media representations on health system functioning in the Western Cape health system**

Thania Gopal

*Instructions for authors in Appendix 6. For the purpose of this thesis, the student is the sole and first author of the work.***Abstract**

Health systems are complex systems characterised by constant change. Within health policy and systems research, the paucity of multidisciplinary approaches and methodological diversity has been recognised. Like health systems, media have been described as an important social institution in modern society. While the mass media's influential role in health promotion and health communication campaigns has been established, there is a gap in the literature on the interconnection of health systems and media, especially in low- and middle-income settings. This mixed method study aimed to describe representations of the South African Western Cape provincial health system by analysing dominant discourses emerging from English-language mainstream print and online news media from 1994-2018. A media content analysis was first conducted to highlight the main themes, followed by discourse analysis to provide a deeper interrogation of underlying issues. The study found that the way in which people interpret media representations have important implications for health systems functioning. Positive representations may enhance public trust and public opinion, and therefore influence access to the health system and public institutions. Negative representations of health systems potentially contribute to a range of undesirable repercussions (unintended consequences) for the health system – including low health worker morale, poor quality of care, and a lack of patient trust. The study recommends that more capacity is needed within health systems across different actor groups to engage with media, and mitigate the less desirable repercussions. Further research is needed to, a) consider the effects of media on health systems more carefully, more frequently, and in more contexts; b) find more effective ways to think of media as *part of* the health system, rather than an instrumental tool, or an external influence; c) to understand how media architecture (the social, political and economic environment in which media are situated) may influence emerging discourses; and d) to understand how media can influence people's agency and community participation, particularly in the context of responsive and people-centred health systems.

Keywords: Media representations, health system functioning, discourse analysis, low- and middle-income countries, people-centred health systems

Key messages:

- Health systems and mass media have many similarities – for example, they are both understood to be complex social institutions that emphasise the importance of governance, accountability, citizen engagement, and acting in the public’s best interest (or people-centredness).
- Literature exploring the interconnectedness of health systems and media is scant, in both HICs and LMICs, and predominantly shaped by quantitative methodologies.
- The way in which people interpret media representations have important implications for health systems functioning. Positive representations may enhance public trust and public opinion, and therefore influence access to the health system and public institutions. Negative representations of health systems potentially contribute to a range of undesirable repercussions (unintended consequences) for the health system – including low health worker morale, poor quality of care, and a lack of patient trust.
- There is a need for capacity-building of a diversity of people (such as citizens, communities, health workers, civil society) at different levels of the health system to enable them to engage with the media, and mitigate the less desirable repercussions.
- Journalists should be included as ‘part of the conversation’ on health systems and also need to undergo a process of capacity building in order to engage and be *part of* the health system.
- Further research is needed to, a) consider the effects of media on health systems more carefully, more frequently, and in more contexts; b) find more effective ways to think of media as *part of* the health system, rather than an instrumental tool, or an external influence; c) to understand how media architecture (the social, political and economic environment in which media are situated) may influence emerging discourses; and d) to understand how media can influence people’s agency and community participation, particularly in the context of responsive and people-centred health systems.

Introduction

When we see systems as social institutions primarily defined by the people who constitute them and their human relationships, the ways of bringing about change in health systems go beyond altering written rules and distributing resources, and extend to managing these chains of relationships effectively (Sheikh et al. 2014b, p. 3).

Health systems are complex systems characterised by constant change and a web of interwoven relationships, connections, and interactions – both within the system and with the broader ecosystem in which health systems are embedded (Gilson 2012; Pourbohloul and Kieny 2011). Health systems consist of more than just health services and are intricately linked to the context in which they exist (Atun and Menabde 2008). As such, *“health systems are also human systems”* (Sheikh *et al.* 2014b, p. 1). People-centred health systems recognise the importance of placing people at the centre of all health system decision-making (Sheikh *et al.* 2014b). This includes the development of mechanisms to strengthen community voices, to promote values such as respect and justice and to institute measures to hold health systems accountable, such as participatory governance (Sheikh *et al.* 2014b).

Blaauw *et al.* (2003) assert that the tendency to view health systems as a ‘black box’ without adequately accounting for the *“complex, socio-cultural inner-workings of the organisations and networks that make up health systems”* have led to the failure of some initiatives to improve health system functioning (Blaauw *et al.* 2003, p. 24). Others agree, that because health systems are best understood as social systems, more attention should be paid to interdisciplinary approaches, with a particular need to draw from the social sciences (Blaauw *et al.* 2003; Gilson *et al.* 2011) – that can *“help understand health systems complexities: the behaviours of actors, and the perceptions and culture of the people related to health systems”* (Swanson *et al.* 2012, p. 58). Within health policy and systems research (HPSR) there is therefore a current emphasis on a *“diversity of disciplinary perspectives”*, and calls for *“richer methodologies”* (Gilson *et al.* 2011). Media studies emerge from the social sciences, but media analyses have been applied to nearly every disciplinary area, with significant useful application in public health (King and Watson 2005).

Like health systems, mass media have also been described as an *“important social institution”* in modern society (Gupta and Sinha 2010, p. 19). *“The mass media constitutes an undeniably powerful; and complex component of the public sphere. Its power to shape, inform and direct derives from its multifaceted and, in the modern world, universal character”* (Hadland 2010, p. 120). The role of media in achieving public service goals such as improved accountability, contributing to good governance and providing a platform for political debate has been highlighted (Mukhongo 2010).

Although their approaches and end goals are somewhat different, the news media’s mandate coincides with that of the public health system: to serve and be accountable to the public. It is imperative for its own objectives and those of the public that the media ‘get it right’ (Institute of Medicine 2003, p. xvi).

The emphasis on community participation, governance and leadership, responsiveness and people-centeredness within the health systems field is congruent with media’s function in society to serve the public

interest, to promote active citizenry; and to hold public servants accountable. However, these complementarities have rarely been investigated.

Within public health, mass media have been used extensively as a tool for health promotion and health communication campaigns (Kline 2006; Noar 2006; Rogers 1996; Wakefield *et al.* 2010). The emergence of social media has also provided new opportunities for public health communication and the promotion of health issues (Hagg *et al.* 2018; Kelly *et al.* 2012; Kite *et al.* 2016; Meisel *et al.* 2016). Media's role in contributing to health policy processes such as policy development, agenda-setting, or communication has also been acknowledged (Akintola *et al.* 2015; Collins *et al.* 2006; Koon *et al.* 2016; Saraisky 2016). Media studies can be categorised into three broad areas: the study of media production (e.g. focusing on media producing organisations), reception (on audiences), and representation (on content of message, see Seale 2003). Media representation studies have been used to examine media portrayals of a large number of health issues including mental health (Foster 2006; Kenez *et al.* 2015), electronic cigarettes (Rooke and Amos 2014), physical activity (Abioye *et al.* 2013), cancer (Halpin *et al.* 2009; Seale 2005), obesity (Boero 2013; De Brun *et al.* 2015), and work-related stress (Lewig and Dollard 2001). As King and Watson (2005) argue, it is therefore *"...necessary to engage with the study of media as a field that is immensely influential in its use and scope, is richly productive of message and content and is inherently reflective of contemporary discourses"* (King and Watson 2005, p. 3).

Despite a wealth of studies on media representations of health issues more broadly (King and Watson 2005; Seale 2003), very few examine the significance of media discourses for health policy and systems. A scoping review (see Part B) found only 11 studies which contained some 'health systems relevance' across both high-income countries (HICs), and low- and middle income countries (LMICs). These studies were predominantly quantitative in nature and most did not explore health systems implications with any thoroughness, instead focusing on the quality of media coverage. Two studies in LMICs, highlighted the importance of media to evidence-informed health systems (Cheung *et al.* 2011), and in influencing policymakers and public opinion (Akintola *et al.* 2015), both noting the paucity of literature on health systems and media. The review also showed that understanding media representations can provide rich insight into complex phenomena such as HIV/AIDS – so in this study, we set out to explore how representations of health systems might influence health system functioning.

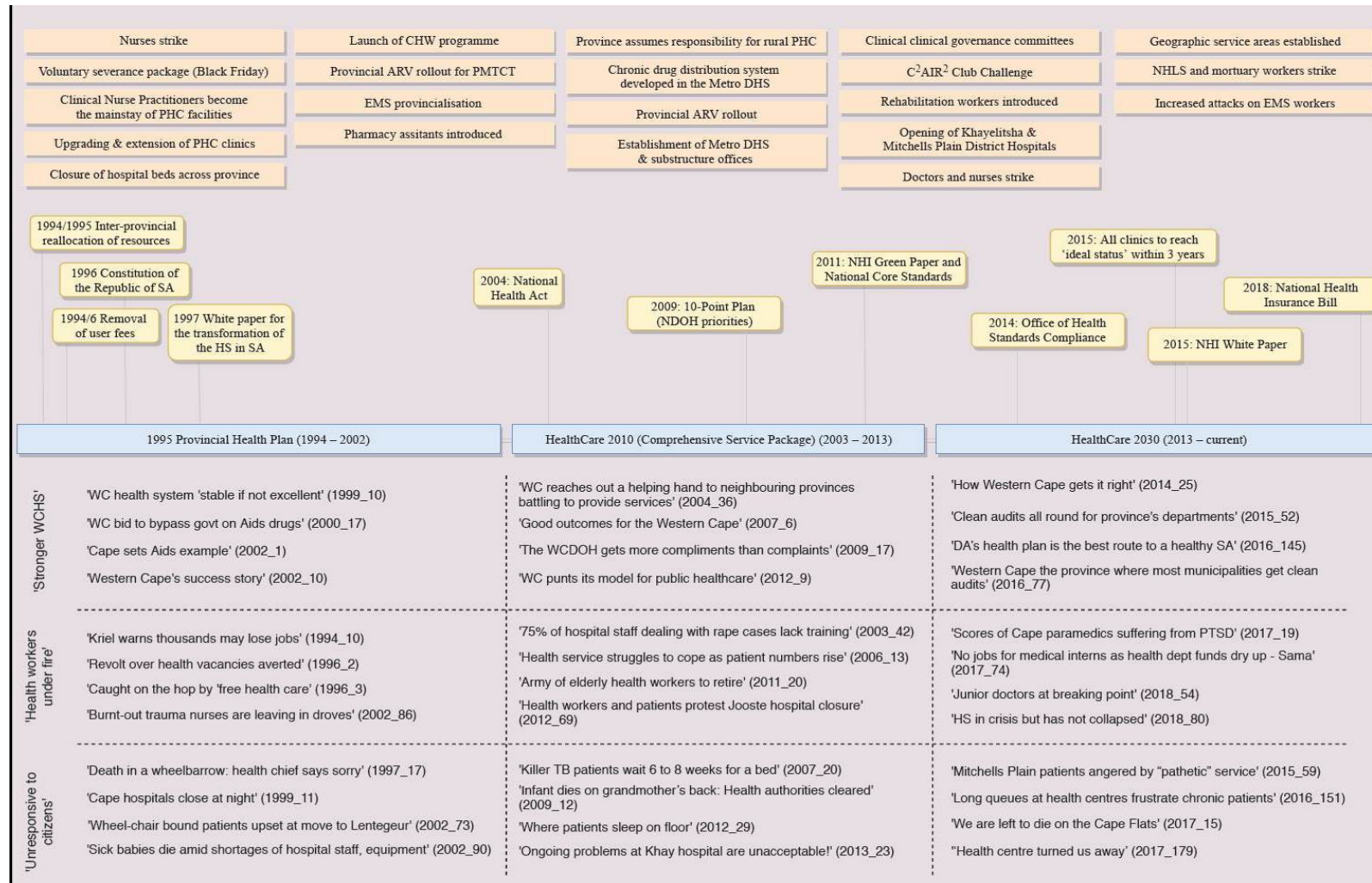
Given the context specificity of systems and media representation – we have narrowed this exploration, by conducting a media discourse analysis of representations of a South African provincial health system (the Western Cape health system, or WCHS), focusing on English-language, mainstream print and online media, over the period 1994-2018. A closer in-depth analysis of a single provincial case (the Western Cape) facilitates a deeper understanding of the experiences within a particular health system and context.

Background: South African and Western Cape health systems

The replacement of the apartheid government by an African National Congress-led government in 1994 resulted in massive restructuring aimed at reducing inequalities within the South African health system (Coovadia *et al.* 2009; Mayosi *et al.* 2012). Despite the transformation of the public health system into “*an integrated, comprehensive national service*”, massive inequities still exist between and within the country’s nine provinces (Coovadia *et al.* 2009, p. 817). The majority of South Africans are dependent on the public health system (82%) while the private health sector provides services to around 18% of the population (Statistics South Africa 2017). In an attempt to provide more equitable health services, the South African National Department of Health (NDOH) has been striving toward a plan for universal health coverage (UHC) (South African Government 2018). The National Health Insurance (NHI) Bill, which prioritises access to quality health services for all South Africans based on their health needs and not their ability to pay, was recently tabled by the National Minister of Health (South African Government 2018). The South African Constitution guarantees the right to health services for every citizen with the responsibility for providing services being shared between the national and provincial governments (South African Government 1996).

The Western Cape “*inherited quite a different apartheid legacy from that of the other provinces*” (Gilson *et al.* 2017, p. 60). As a result of historical spending patterns based on race, the Western Cape received an inequitable share of resources (including health) compared to other provinces (McIntyre 2012). After 1994, the redistribution of public health care resources towards a more equitable allocation amongst all nine provinces (McIntyre 2012), resulted in major budget cuts to the WCHS and massive downsizing of the health workforce (Coovadia *et al.* 2009).

Figure 1. Critical issues influencing development of the WCHS and dominant discourses in media (Source: Gilson *et al.* 2017 and author’s own analysis)



Note: These references are codes from the print and news online media articles, see Appendix 3 for the full list of source codes.

The development of the WCHS has been guided by three successive provincial health strategies (Figure 1): the 1995 *Provincial Health Plan* which focused on developing primary health care within a broader framework of social development; *HealthCare 2010* aimed at securing access to quality services for the whole population; and *HealthCare 2030* which adopted a broader health systems approach focusing on prevention, promotion, wellness and patient-centred care (Gilson *et al.* 2017). Significant national priorities over the study period included the removal of user fees, the reallocation of resources amongst provinces and the new NHI Bill (Figure 1). A number of important contextual factors have affected the development of the WCHS such as the provincial rollout of HIV/AIDS treatment, establishment of the district health system, and various health worker strikes. Figure 1 also introduces three dominant discourses (and related media headlines) emerging over the same time period, discussed below.

The Western Cape has benefitted from a *“legacy of socioeconomic advantage”* which contributed to comparatively better health outcomes than other provinces (Gilson *et al.* 2017, p. 60). It also has a history of being considered as stronger than the rest of the country, including being the only health department with a continuous record of clean audits (Gilson *et al.* 2017). The province has been described as having a *“politically marginal character”* as one of only two provinces which did not elect an African National Congress government, after the first democratic elections in 1994 (Booyesen 2014, p. 80). The Western Cape was governed by a number of coalition governments until the 2009 national elections, in which opposition party, the Democratic Alliance won an absolute majority (Booyesen 2014). Attempts by the African National Congress to win back the Western Cape, proved unsuccessful with the Democratic Alliance increasing its majority rule in the Western Cape during the 2014 elections (Booyesen 2014). The on-going political rivalry over the Western Cape has resulted in continued tensions between the African National Congress and the Democratic Alliance, which has spilled over into the health system.

Background: South Africa's print media landscape

The role of the media in post-apartheid South Africa is currently a hotly-debated topic *“in which the emphasis has shifted from apartheid-era governmental control of the media (often in the name of ‘the national interest’) to one of self-regulation (in the ‘public interest’)”* (Wasserman and De Beer 2005b). Under the apartheid regime, press freedom was virtually non-existent and state regulation of media predominated. The South African Constitution, adopted in 1996, ushered in a new era of media freedom, freedom of expression and increasing access to information (Wasserman and De Beer 2005a). However, this era also raised different challenges, with some arguing that media should play a bigger role in facilitating democratic participation and contributing toward ‘nation-building’. Other criticisms pertained to a lack of diversity in both media ownership and media content (Daku *et al.* 2012; Reid 2016). The print media industry in South

Africa is controlled by four major (commercial) publishing groups¹ which own the majority of predominantly English-language newspapers and magazines in South Africa (Media Club South Africa No date). The state-owned South African Broadcasting Corporation is a dominant player in broadcasting (radio and television) and also provides an online news service. The news media in South Africa has been described as “*fragmented*” with audiences divided by language barriers and socio-economic factors that hinder access (Rodny-Gumede 2015, p. 110).

Method

This descriptive sequential mixed-methods study conducted a media content analysis of print and online media materials relating to a provincial health system in South Africa (1994-2018). Mixed methods research has been recognised to be “*especially important in low- and middle-income country (LMIC) settings, where understanding social, economic and cultural contexts are essential to assess health systems performance*” (Ozawa and Pongpirul 2013, p. 323).

There were four phases to this study: a rapid scoping review (see Part B), a quantitative content analysis, a qualitative discourse analysis, and a synthesis phase. The rapid scoping review found very little evidence of studies that analyse representations of health systems in media, especially in LMICs – and confirmed the importance of that type of work. The content analysis was conducted in the style of a preceding study by Akintola *et al.* (2015) which analysed print media coverage of primary health care and related research evidence in South Africa. Content analysis is a relatively common approach in media studies, generally (Hodgetts and Chamberlain 2013; Macnamara 2005), and in public health (Clarke and Everest 2006; Clement and Foster 2008; Collins *et al.* 2006; Cummings and Konkle 2017), and is utilised here to provide a broad outline of the main themes represented in the print and online media.

The more qualitative discourse analysis, in the style of McIntyre *et al.* (2011) was applied in order to unpack and understand dominant representations of the provincial WCHS. Discourse analysis is also a common approach in media studies, and has been found to be useful in understanding how people make sense of the world around them (Foster 2006). Within discourse analysis, media texts are viewed as “*representations of social meanings and resources that people draw upon to help define and clarify behaviours and experiences*” (Gonsalves *et al.* 2017, p. 165). In this study, discourse analysis was used to provide deeper insight into representations of the WCHS in media, and to understand how these representations may influence the functioning of the health system.

¹ Media24, Independent News and Media, Avusa and the Caxton and CTP Publishers and, Printers and Distributors

Content analysis

The content analysis primarily made use of the SA Media (SAM)² database to search for news stories (Sabinet 2018). Additional articles were sourced through Google searches, which were accessible from 2000 onwards and more readily available for recent years, as a result of the way Google prioritises and indexes items. The search strategy (Table 1) was initially broad and inclusive, with the main search terms being 'health' and the 'Western Cape'. Eligible articles were included from January 1994 to July 2018. The starting point of 1994 represented a pivotal moment in terms of South Africa's health system restructuring as a result of the first democratic government under African National Congress rule (Coovadia *et al.* 2009). Only articles published in English were included, English being one of three official provincial languages in the Western Cape (Western Cape Government 2017), and the main language of mass media in the country. Only articles focusing on the public health system were included as the majority of the South African population are dependent on this system (World Health Organization 2010).

Table 1. Article selection for content analysis (Source: Author)

Database	Year	No of articles	Search terms	Inclusion criteria	Media formats
SA Media	1994–2018	823	'health'	<ul style="list-style-type: none"> - English - health systems-relevant - public health system - Western Cape-specific 	<ul style="list-style-type: none"> - news articles - editorials - opinion pieces - letters to the editor - official speeches - press releases - blog entries
Google	2000–2018	500	AND		
Total articles included		1323	'Western Cape'		

Media articles were assessed on their relevance to 'health systems'. A health systems approach recognises complex causality, that any change to one part of the system has ripple effects throughout the health system (Adam and de Savigny 2012; Atun 2012). Articles were assessed to be 'health-systems relevant' if they explicitly referred to the WCHS or contained content with system-wide implications (Adam and de Savigny 2012; Gilson 2012). For example, news articles on health workers, health financing or service delivery which have an effect on the overall system were included. Articles which did not show a clear impact on the overall health system such as content featuring basic health promotion messages or disease-specific information were excluded.

Articles pertaining directly to the Western Cape, *or* referencing the Western Cape were included. For example, articles about the Eastern Cape health system, which drew comparisons to the WCHS were included.

² SA Media is a news research service, produced by Sabinet, that contains records from South African newspapers and periodicals from 1978 to present day (Sabinet 2018).

The focus of the study was on articles published in the mainstream print and online media, which consisted predominantly of news articles. In order to gather a diversity of perspectives, editorials, opinion pieces, letters to the editor, official speeches, and press releases were also included. Content and thematic analysis took the form of a detailed and systematic reading and coding of all included articles by date, source, type of article and main themes.

Discourse analysis

The content analysis was followed by a discourse analysis – which comprised a second round of coding of grouped sub-categories (based on revised categories), and the application of a slightly different analytic lens. After revising the categories, themes and patterns were drawn out, assigning meaning within the context of the broader social, political and economic structures that shape the WCHS (Verdoolaege 2005).

There are many varieties of discourse analysis (Wodak 1996). This analysis followed the approach common in media and cultural studies, which is strongly influenced by Michel Foucault – who argued that discourses are produced within power relations, and the ‘dominant discourses’ commonly visible in public texts, have been made successful by their connection to institutions or networks of power, and in particular ‘unnoticed power’ (Foucault 1970) (so here, power is productive not repressive). Dominant discourses have been naturalised, to the point that they have become ‘common sense’ or ‘comfortable truths’. Gibbons (1987) notes, *“What explains the success of any particular discourse of knowledge is its connection with networks of power. In all societies, power-knowledge functions to produce some forms of truth and to disqualify others”* (Gibbons 1987, pg.2). In this study, we seek to highlight and deconstruct the dominant discourses that have emerged representing the WCHS in South Africa, to better understand the connection between media and health systems, and the potential influence of media representations on health systems functioning.

Limitations

This study was limited to print and online media, whilst recognising that other media formats (such radio, television and social media) may also provide insight into representations of health systems. The analysis was limited to English-language articles which may result in important voices being omitted (given that SA has nine official languages). The use of online media databases such as SA Media and Google may also bias the data in favour of certain publications. Given the time and cost limitations, the primary analysis was conducted by a single researcher which may introduce researcher bias into the study. Discourse analysis involves a process of interpretation or ‘making meaning of the data’ which can be subject to researcher bias (Finlay and Gough 2008). These biases were managed through practiced reflexivity, and checking by the study supervisor.

Findings from the content analysis

The content analysis resulted in a total of 1323 included print and online media articles (that had health systems relevance, and were addressing the WCHS). These were primarily collected using SA Media database, with additional articles gathered through Google searches. Letters to the editor, analysis and opinion pieces, blog entries, press releases and speeches were included, however, the vast majority of the articles were news reports, with a predominantly urban focus (see Appendix 3).

Figure 2. Breakdown of articles by publication (Source: Author)

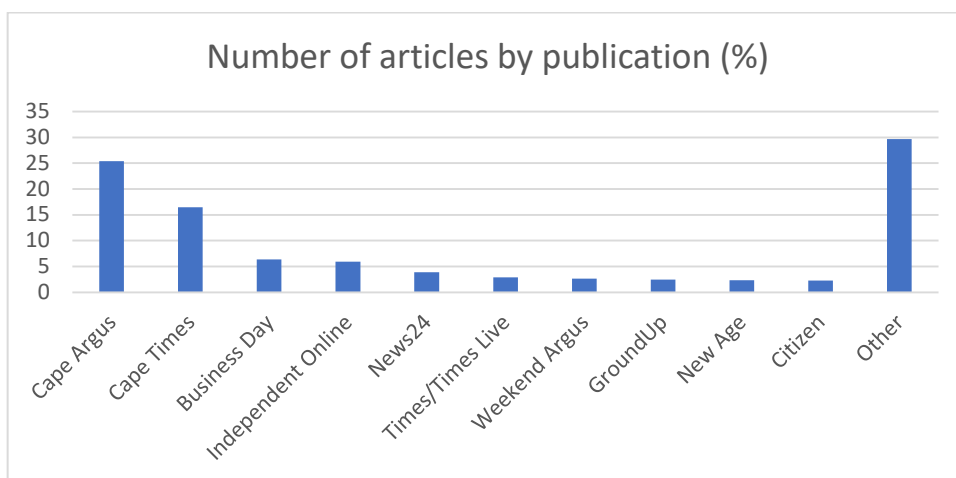


Figure 3. Most mentioned topics from the content analysis (Source: Author)

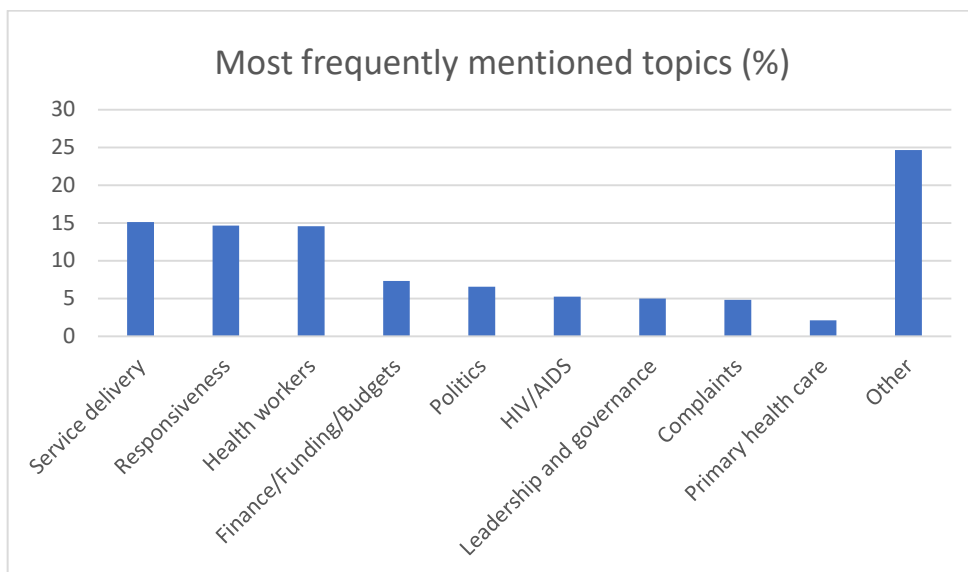


Figure 2 shows the number of articles included by publication. The majority of articles were from the provincial-based *Cape Argus* and *Cape Times* newspapers, which are the biggest English-daily newspapers in the Western Cape. *Independent Online (IOL)*, *News24* and *TimesLive* are amongst the biggest news websites in South Africa (MyBroadband 2017). The appearance of online news website *GroundUp* in the top ten list of publications is interesting since this is an independently-owned news agency, which specifically emphasises reporting on the human rights of vulnerable communities (GroundUp 2018). The study period spanned over more than 23 years which resulted in a large number of smaller publications being included, which contributed to the substantial 'Other' category in Figure 2. Appendix 2 provides a list of databases used and publications included in the content analysis.

The content analysis found the three most frequently mentioned health system topics (Figure 3) to be service delivery (14%), responsiveness (14%) and health workers (14%). Issues around financing/funding and budgets contributed 7% of total mentions. This was followed by politics (6%), HIV/AIDS (5%), leadership and governance issues (5%), complaints (5%) and decentralisation (2%). The 'Other' category in Figure 3 contains a wide range of sub-categories such as primary health care, tuberculosis, NHI, substance abuse, Public-Private Partnerships and ambulance services. Each of these sub-categories contributes a small amount of mentions, which equate to about 1% or 2% of the total mentions.

Given the interconnectedness of issues within the health system, it is possible to understand how predominant categories such as service delivery, responsiveness and health workers ranked closely together. Appendix 1 provides a description of the most frequently mentioned topics, with examples of how coding categories were assigned.

The content analysis showed an increasing trend in the number of health systems-related articles over the study period (Appendix 3). This may be attributed to a rise in dedicated health journalists at news outlets as well as an increase in the number of digital news publications over the time period.

The majority of articles in the early years (1994-1999) were concerned with the implementation of new health reforms, and the impact of budgets cuts on the WCHS (Figure 1). There was also a strong theme of political one-upmanship as political leadership of the Western Cape Government and the Western Cape Department of Health (WCDOH) changed hands between various political parties. During the period (2000-2005), the majority of health-related articles were dedicated to the impact of HIV/AIDS on the health system. Issues facing health workers such as poor working conditions and staff shortages were also a consistent theme over the study period and will be discussed in more detail below. From 2015 onwards, an emerging theme was the impact of crime on the WCHS, with a reported spike in the number of attacks on health workers and paramedics. Reporting on the plight of junior doctors in the health system also heightened after the death of a doctor in a car accident after a long shift in 2016. In 2018, the bulk of

reporting thus far, has concerned the impact of the drought in the Western Cape on the health system and media debate around the new National Health Insurance Bill (Appendix 3).

There is also an increasing trend of reporting on patient complaints in the health system with very few (under 10) articles included for the early years between 1994 and 2000 and far more (over 30) in the latter years, between 2014-2018. While this trend can partly be attributed to the lack of earlier data, there is also a trend toward both citizens and civil society organisations using media to draw attention to health systems issues. The majority of patient complaints concerned service delivery issues, staff attitude, negligence, long waiting times and issues with medication.

This content analysis found that the majority of articles focused on 'bad news' with few mentions of positive or 'good news' stories of the health system. However, this follows a general trend, both in South Africa (Gould and Mulaudzi 2014; Media Monitoring Project 2004) and globally (Brainard 2007). Good news stories in media were mainly based on health outcomes or achievements of the WCHS (see Table 3). Furthermore, the analysis reflects a tendency toward reporting in an episodic fashion "*focusing on events rather than systemic failures*" with a lack of deeper analysis of the problem (Malila 2018a; Malila 2018b, p. 2). For example, despite the large amount of reporting on HIV/AIDS (Appendix 4), the focus was mainly on statistics, politics, or funding, rather than, say, the underlying social determinants of the disease and how this impacts the health system. In recent years, the content analysis showed a slight increase in analytical pieces (mostly opinion pieces) from independently owned digital news publications such as *Groundup* and *Daily Maverick*.

In general, the content analysis identified a tendency to rely on official spokespersons (such as the WCDOH, academic institutions, or trade unions) as primary news sources, which is supported in the literature (Hodgetts *et al.* 2008), and a lack of 'ordinary' voices featured in media – both in terms of health workers and users' experiences of the health system.

Findings from the discourse analysis

Dominant discourses drawn from analysis of these same 1323 articles have been clustered into three main discourses: 'Stronger Western Cape health system', 'Health workers under fire', and 'Unresponsive to citizens' (unpacked below). Dominant discourses consist of multiple micro-discourses (see Table 2), and are supported by institutions of power (Foucault 1970). Social groups may derive social power from their access to influential public discourse such as mass media (Van Dijk 1995). Often, the most dominant discourses are ones that go unnoticed – dominant discourses are naturalised or may appear as 'obvious' representations (Treichler 1987; Van Dijk 1995).

Table 2. Dominant and micro-discourses emerging from the discourse analysis (Source: Author)

Dominant discourses	‘Stronger Western Cape health system’	‘Health workers under fire’	‘Unresponsive to citizens’
Micro-discourses	‘State within a state’	‘You can stretch an elastic band only so far’	Uncaring health workers
	Performance and achievements of the WCHS	‘Abuse of young souls’	Unresponsive to poor and vulnerable communities
	WCHS in comparison to other provincial health departments	‘Constant state of fear’	Poor complaints management
	WCHS approach to HIV-treatment	‘We are just tools’	Unresponsive to community participation
	WCHS in comparison to the national health system	‘Devils in white’	
		‘Fear of speaking up’	
		‘Where’s the care for community health workers?’	

‘Stronger Western Cape health system’

There is a dominant discourse of a ‘Stronger WCHS’ which is built by varied and consistent media representations portraying the WCHS as comparatively stronger and more efficient than other provincial systems and at times, the national health system. This discourse consists of representations in media which portray the Western Cape as ‘separate’ from the rest of the country, which reinforce the achievements of the WCHS, and which juxtapose the WCHS against other provincial health systems and the national health system. These micro-discourses are also portrayed in selected media headlines in Figure 1, in the context of key national and provincial health strategies.

‘State within a state’

After the Democratic Alliance assumed control of the Western Cape in 2009, a discourse of separatism emerged with the Democratic Alliance ruled Western Cape on one side and the African National Congress ruled rest-of-South-Africa on the other (2016_73, 2016_75, 2017_189) – and much of the news relating to health systems was (and is still) framed within this discourse. The African National Congress accused the Democratic Alliance of trying to create a “state within a state” (2017_73). The ANC also said that the Western Cape was the only province in SA to have adopted its own constitution and that they had “always been at odds with the national government” (2017_73).

An editorial from a newspaper in the Eastern Cape (previously classified as a ‘homeland’ or ‘bantus’ state, and deliberately under-resourced during apartheid) attempted to explain how the WCHS benefitted from resource distribution during the apartheid era (2012_67). “Cape Town was where National Party ministers elected to go for medical treatment. The standards were maintained as a flagship of apartheid rule while the Eastern Cape languished as an unresourced human dumping ground” (2012_67).

South Africa's National Minister of Health stated: *"The problem with the Western Cape is they regard themselves as a different country, because they are under the DA"* (2013_3). He cited an example as the WCDOH's refusal to send medical students to Cuba for training like the rest of the country (2013_3, 2014_8). The Western Cape Minister of Health stated that the Cuba programme was *"not oriented towards the Western Cape's health system"* in an article with the headline *"Cuba option 'not for us'"* (2014_8). African National Congress Ministers were reported as saying that the *"province must be whipped into line"* while the National Minister of Health said that the Western Cape should follow the national example as it *"was not a sovereign state"* (2014_8). This type of political wrangling was common in media representations (2013_2, 2013_5, 2013_6, 2013_7, 2013_8, 2014_35, 2017_72, 2018_128) and contributed to the discourse of the Western Cape being characterised as 'different' or 'separate' from the rest of the country (2002_92, 2016_73, 2016_145, 2016_153, 2018_16).

The Democratic Alliance also criticised the NDOH's strategy for UHC, developing its own strategy instead (2012_17, 2012_19, 2012_20, 2012_22, 2016_153, 2018_52, 2018_97). In an opinion piece, the Democratic Alliance Shadow Minister of Health, referred to the Democratic Alliance as a *"national government-in-waiting"* when it launched its alternative plan titled 'Our Health Plan' for UHC in 2016 (2016_145). After the recent NHI Bill was gazetted, the Democratic Alliance stated: *"The DA has proven that we can run a healthcare system within the current budget that performs better and attracts healthcare professionals. While the NHI fails to address the current crisis, the DA's Our Health Plan works in practice in the Western Cape, whereas the NHI pilot projects have failed dismally"* (2018_97).

When the NDOH raised the issue of centralising tertiary hospitals in the country, the WCDOH faced the possibility of losing control over two of its biggest hospitals (2012_11, 2012_21, 2013_1, 2013_2, 2013_4, 2013_6). Media discourses evoked images of two warring factions battling over territory. One headline referred to a *"Cape hospital turf war"* (2012_21), while another referred to a *"hospital takeover"* (2012_11). The Western Cape Minister of Health was framed as the *"Cape health boss"* (2013_3) who would *"fight the transfer of hospitals"* (2013_6). The Western Cape Minister of Health was reported as saying that the African National Congress government was trying to nationalise well-managed and efficient hospitals in the Western Cape because of poor performance in other provinces (2013_6). *"These two hospitals are provincial assets, are run provincially and they render a quality service. There is no reason to put them in basket with other hospitals that are poorly run"* (2013_6).

Performance and achievements of the WCHS

The discourse of a stronger WCHS was also reinforced through media representations which highlighted the performance and achievements of the WCHS (Table 3). In her 2016 budget speech, the Western Cape Minister of Health stated: *"Our entrenched governance and management practices, investment in*

infrastructure, innovation and a culture of caring for both our clients and staff have given us a robust health system” (2016_43).

Table 3. Strengths and achievements of the WCHS highlighted in media articles (Source: Author)

HS aspect	Examples in media	Selected quotes in media
Technology and innovation	HIV ARV Clubs (2014_37, 2012_78)	<i>“The Western Cape Department of Health has made significant strides in addressing the challenges faced by men and the youth by introducing HIV clubs designed to promote adherence to antiretroviral treatment”</i> (2014_37).
	HIV treatment rollout (2002_40, 41, 45, see Appendix 4)	<i>“Our task, as government, is primarily to protect and save the lives of our people. It is our view in this regard that the benefits of nevirapine far outweigh the possible negative effects”</i> (2002_41). <i>“Any steps aimed at preventing the Western Cape from dispensing nevirapine and thereby stopping this life-saving intervention will be viewed very seriously”</i> (2002_41).
	Chronic medication dispensing (2010_24, 2017_164)	<i>“A system piloted by the Western Cape health department allows patients to collect their chronic medicine at nearby venues so they don’t have to stand in queues for hours at hospitals and clinics”</i> (2017_164).
	Wellness Mobile for School Health (2014_22, 2015_28)	<i>“The Wellness Mobile School for Health is a Western Cape government flagship project ... which forms part of the provincial government’s drive to provide general health screenings, dental and oral health care and optometry services to pupils who live in ‘hard to reach’ areas”</i> (2015_28).
	Public-private partnerships (1997_29, 2001_15, 2003_1, 2011_2, 2013_9 and 41, 2017_63)	<i>“The State pays lip service to the need to partner with the private health-care sector, but most partnerships have been bound up in red tape. The Western Cape, run by the Democratic Alliance, is the first province to make public-private partnerships a firm policy”</i> (2001_15).
	Social impact bonds (2016_33 and 44)	<i>“March 18 was an historic day for early childhood development (ECD) financing—the Departments of Social Development and Health of the Western Cape province of South Africa committed ... funding for three social impact bonds (SIBs) for maternal and early childhood outcomes. This is the first ever funding committed by a middle-income government for a SIB”</i> (2016_44).
Governance	Clean audits ³ (2014_25, 2015_52, 2016_138, 2017_159)	<i>“The department has also achieved unqualified audits for 11 years in a row. This is testimony to good corporate governance ...”</i> (2016_78). <i>“To achieve an unqualified audit ... is an amazing feat. No other province, nor the National Department of Health, can match this achievement”</i> (2016_78).
	Finance (1999_10, 2010_8, 2012_9, 2014_25, 2016_54, 2017_60 and 96)	<i>“The Western Cape’s financial management has been vastly superior to [all the other provinces]. It had an advantage coming out of the starting blocks and has kept it”</i> (2014_25).
Health outcomes and standard of living	Standard of living (2003_12, 2008_5, 2007_50, 2011_15 and 16, 2014_25 and 26, 2016_93 and 144)	<i>“The Western Cape has made good progress in addressing its people’s basic needs such as education, health and social services”</i> (2007_51).
	Health outcomes (2005_12, 2007_6, 2009_24, 2014_30, 2016_78)	<i>“The Western Cape reports the lowest number of maternal deaths in South Africa, more than 70% lower than the national average”</i> (2016_78). <i>“The Western Cape has one of the highest ratios for the number of doctors to population in the country. Our mother-to-child transmission rate is 1%, which is among the lowest in the country. The Western Cape has approximately 181 000 patients on ARV treatment and, despite a large TB prevalence, the TB cure rate of 80.6% is among the best in the country”</i> (2016_78).

³ *“A clean audit does not tell you whether a population’s health needs are being met, but it does indicate whether a department can keep track of its money, which in turn reflects its management capacity”* (2014_25).

Infrastructure	<p>Infrastructure (2006_11, 2008_33, 2009_34, 2013_38, 2016_49 and 65, 2017_91 and 137)</p>	<p>Mitchells Plain Hospital, New morgue, Atlantis emergency unit, Beaufort West Clinic, Valkenberg Hospital upgrade <i>“Western Cape Premier Helen Zille described the R600 million hospital as a world-class facility with spectacular architecture. Not only did the hospital boast all-electronic records, but Zille also commended its designers and landscapers who turned it into one of the greenest buildings in the country” (2013_38).</i></p>
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Numerous examples portrayed the WCHS as being on the cutting edge of new technology, innovations and pioneering initiatives to improve the provincial health system (see Table 3). The majority of these were reported in mainstream news media with a few press releases (2009_34, 2014_22, 2014_37, 2016_138, 2017_91) opinion pieces (2016_78), speeches (2017_63) or annual reports (2014_30) issued by the WCDOH. An example is the chronic medicine dispensing programme, which allowed patients to collect their chronic medicines from alternative locations (such as churches and community halls), thereby reducing the waiting time at public health facilities (2010_24, 2017_164). The Western Cape Minister of Health said: *“The delivery of chronic medication has played a significant role in the promotion of the Western Cape department of health, as patients receive neat, professionally packaged parcels”* (2010_24).

A number of other initiatives were also represented in media as significant achievements of the WCDOH which set the province apart from the rest (Table 3). These included the award winning⁴ antiretroviral therapy adherence clubs which encourages patients to stay on treatment for HIV/AIDS (2014_37), the introduction of Wellness Mobiles for early health screening of Western Cape school learners (2014_22, 2015_28) the use of integrated real-time technology by community health workers to identify patients at greater health risk and match them to appropriate services (2017_63), and the WCDOH’s e-Vision strategy to consolidate patient information in the province (2017_63). The WCDOH was also reported as being first to enter into a number of partnerships with the private sector to provide strategic and financial support to the public health system (1997_29, 2001_15, 2003_1, 2011_2, 2013_9, 2013_41, 2017_63).

Another recurring theme was the WCDOH’s reported commitment to clean governance (2014_25, 2015_52, 2016_138, 2017_159) and financial accountability (1999_10, 2010_8, 2012_9, 2014_25, 2016_54, 2017_60, 2017_96). The WCDOH has been widely commended (in local and national newspapers) for being the only health department in the country to receive a clean financial audit over 13 years running (2016_78). One article stated: *“This suggests the Western Cape health department has better financial management skills than many of its counterparts, which are deep in the red.”* (2010_8). In a media report, a Democratic Alliance Member of Parliament also stated: *“We have demonstrated where we govern we govern better. Our policies and processes are cleaner and more efficient”* (2017_95).

⁴ Impumelelo Social Innovations Award Centre rewards innovators who find creative solutions to public problems in South Africa (Impumelo 2018).

Investment in infrastructure was portrayed as another accomplishment of the WCDOH (2016_49, 2016_65, 2016_97, 2016_99, 2016_103, 2016_104, 2017_136, 2017_182, 2018_15). This was also driven by numerous press releases from the WCDOH regarding infrastructural developments. *“The work that we do in health mostly depends on our infrastructure. Therefore, infrastructure forms part of our priorities as a way to address patient experience and service pressures”* (2017_136). There are also many reports of the opening of new facilities, such as the opening of a new hospital in one of the provinces largest townships, Khayelitsha, which was broadly and favourably covered in media. *“The WC is the province that seemingly fares the best in public healthcare. This is no surprise, considering the province boasts the best doctor-to-patient ratio in the country ... It also boasts a state-of-the-art hospital in one of South Africa’s poorest communities”* (2012_23).

A ‘Stronger WCHS’ was also reinforced through examples of the Western Cape’s superior health outcomes (2005_12, 2007_6, 2009_24, 2014_30, 2016_78, 2017_63) and socio-economic indicators (2003_12, 2008_5, 2007_50, 2011_15, 2011_16, 2014_25, 2014_26, 2016_93, 2016_144). Media reports claimed that the *“WC adds ten years to your life”* (2005_12). Media reported on an *“exodus of healthcare workers”* from other provinces to the Western Cape, as well an increase in people moving to and using health services in the Western Cape (2004_11, 2006_6, 2007_26, 2009_1, 2012_18, 2012_36, 2013_2, 2017_127). In the annual State of the Province address, the Western Cape Premier stated: *“It is quite an incredible statistic to consider but it is a fact: between the census of 1996 and that of 2011, the City of Cape Town grew by 45%. The resources available in real terms have not kept pace”* (2016_11). The Western Cape Head of Health called for additional resources from national government to deal with the influx of people. *“Western Cape has history of efficient management and utilisation of services. If a significant number of patients come to the Western Cape, surely the logical thing to do is to put the money here”* (2013_2).

WCHS in comparison to other provincial health departments

Constant comparisons were drawn between the WCHS and other provincial departments (1997_11, 1999_9, 1999_10, 2000_2, 2003_12, 2007_50, 2014_25, 2017_22, 2017_54, 2017_59, 2017_93). For example, one report described the WCHS as *“head and shoulders above other provinces in almost all indicators”* (2017_59) while another stated that the Western Cape provided *“a helping hand to neighbouring provinces battling to provide services”* (2004_36). In a debate on delivering of socio-economic rights and creating public value, the Western Cape Minister of Finance highlighted major weaknesses in other provincial health departments compared to the Western Cape:

We have not had 94 mental health patients die as in Gauteng, after they were transferred from Life Esidimeni Centre. We are not experiencing the level of inefficiency that has led to the total breakdown of Health care in Kwazulu Natal thereby denying citizens the basic right to health care. We do not have a Health Department under administration as is the case in seven other provinces. In fact, the

Western Cape Health Department has outperformed provincial counterparts by being the first to obtain an unqualified audit opinion (2017_131).

WCHS approach to HIV-treatment

The discourse of a stronger WCHS was also supported through representations of the WCDOH's decision to provide HIV-treatment (Figure 1), over the period 1999-2005, despite a national directive not to do so (2000_17, 2002_40, 2002_41, 2002_92). Media headlines stated that the *"Western Cape takes the lead in saving babies from HIV"* (2002_23) and *"Western Cape asserts leadership in AIDS war"* (2002_57). In a court ruling a Judge likened the Western Cape's HIV treatment plan to the *"promised land"*, stating: *"What they (the Western Cape) did is what actually should have been done"* (2001_22).

Numerous media articles lauded the WCDOH's HIV/AIDS treatment programme and successes. Appendix 4 contains selected headlines describing media framing of the WCDOH's determination to provide access to HIV-treatment (2002_1, 2002_13, 2002_43). *"Prevention of mother-to-child transmission of HIV has become the flagship programme in the Western Cape's anti-Aids initiative, leading the way not only for the rest of South Africa but also for the continent"* (2002_68).

The HIV/AIDS treatment discourse seems to have increased the divide between the Western Cape and other provinces (or in other words, strengthened the discourse of a 'separate, stronger WCHS'). A Gauteng newspaper reported: *"While the rest of the country is splitting hairs around treating HIV-positive people, Western Cape is forging ahead"* (2002_43). The HIV/AIDS discourse also reinforced overall notions of the WCHS as stronger through representations (mainly in the Western Cape provincial papers) which portrayed the WCDOH as the protagonist acting in the best interests of the public while the national government delayed life-saving treatment. (2003_22, 2003_32, 2003_33).

WCHS in comparison to the national health system

More recently the discourse of a Stronger WCHS became even more distinct against a strengthening discourse representing the national health system as being *"in crisis"* (2018_83), *"in a shambles"* (2018_86), and *"on the verge of total collapse"* (2018_63). This example highlights the influence of media – as when this national discourse (of national systems failure) surfaced again in 2018, the National Minister of Health immediately went to great lengths to 'correct' this discourse, clarifying in media interviews that the national health system was *"very distressed, but not collapsing"* (2018_77, 2018_78, 2018_80). In the meantime, the opposition led- Democratic Alliance used the opportunity to reinforce the WCDOH's strengths revealing that the *"DA-run Western Cape has the highest doctor-per-resident ration in the country"* (2018_97) and claiming that public hospitals in other parts of the country had become *"death-traps"* for the poor (2018_52). In a press release, the Democratic Alliance Shadow Minister of Health stated: *"The DA has shown through our*

management of the Western Cape Health Department, our Health Plan and the strengthening of health oversight that better services are possible in South Africa” (2018_97).

Potential effects of this dominant discourse on the WCHS

This dominant discourse of a ‘Stronger WCHS’ is built up from many threads – including the political and socio-economic history of the Western Cape (Cornelissen and Horstmeier 2002) as well as representations in media which have portrayed the WCHS as comparatively stronger, and also supported through institutional power (Western Cape Government 2014). The effects of this dominant discourse on the functioning of the WCHS has not been explored.

We found that the discourse of a ‘Stronger WCHS’ was rooted in media portrayal of the WCHS as efficient, goal-oriented, technologically advanced and financially astute - in many ways, functioning like a well-oiled machine. This discourse was mainly based on tangible and functional aspects (Table 3) such as infrastructure, finance, technology and legislation, the so-called hardware of health systems (Sheikh *et al.* 2014a). There is evidence that supports the ‘truth’ of this discourse, for example the consistently clean financial audits (Auditor General South Africa 2017), or research that assesses the WCHS to have comparatively robust management and governance (Gilson *et al.* 2017).

This dominant discourse has complex dual potential effects on the health system - advantageous and potentially problematic for the WCHS. On the one hand, the notion of a stronger WCHS creates a discourse of separatism between the WCHS and other provincial health departments. This is especially challenging given that the idea of an ‘independent Western Cape’ (Johnson 2016) and attempts to “*foster an autonomous provincial identity*” (Cornelissen and Horstmeier 2002, p. 55) have also surfaced periodically. Considering that the WCHS forms part of a larger collective of nine provincial health departments, this discourse may contribute to disunity within the national health system. This is particularly relevant within the context of a country that is moving towards UHC, based on principles of fairness, equity and social solidarity. Furthermore, the discourse of a ‘Stronger WCHS’ is currently at odds with a larger discourse in media around the national health system being in a ‘crisis’, further reinforcing the representation of the WCHS as comparatively stronger and more stable than the rest of the country, and contributing to a sense of social polarisation. This discourse also highlights the inherently political nature of health systems (Cassels 1995; Gilson 2016) and the potential for representations in media to be influenced by political motives, especially in a highly-contested political space, such as the Western Cape.

On the other hand, the media discourse of a stronger WCHS may potentially improve access to the health system and in this case, we refer to broader definitions of access beyond simply the opportunity to use health services but an understanding of access as “*the empowerment of an individual to use health care ... based on the interaction (or degree of fit) between health care systems and individuals, households, and*

communities" (McIntyre et al. 2009, p. 179). We argue that a discourse of a 'Stronger WCHS' that is perceived as more effective, competent, and reliable can potentially influence how people interpret dimensions of access such as the availability, affordability, and (cultural) acceptability of the health system (McIntyre et al. 2009).

Furthermore, the discourse of a stronger WCHS may potentially enhance public opinion and trust, which could have wider implications for the health system and the public sector more broadly. Gilson and Daire (2011) contend that creating public value extends further than simply meeting service delivery objectives but includes far-reaching effects on the wider community and for *"trust in and the legitimacy of Government"*.

A health system may not only be seen as valuable by the public because it offers treatment in times of sickness, but also because it acts as a safety net for all – and particularly the most vulnerable ... it promotes processes that the public deems valuable in themselves, such as being treated respectfully (Gilson and Daire 2011, p. 71).

'Health workers under fire'

This dominant discourse described the enormous challenges and routinised stress facing public sector health workers in the WCHS. The discourse is made up of multiple micro-discourses (Table 2): *'You can stretch an elastic band only so far'*, *'Abuse of young souls'*, *'Constant state of fear'*, *'We are just tools'*, *'Devils in white'*, *'Fear of speaking up'* and *'Where is the care for community health workers?'*. Figure 1 highlights selected media headlines which capture this discourse in the context of key national and provincial imperatives, as well as the overarching Western Cape provincial health strategy.

'You can stretch an elastic band only so far'

Media representations portrayed numerous challenges facing health workers including the pressure of multiple health sector reforms, massive budget cuts, tough working conditions, and a quadruple burden of disease⁵ (1994_8, 1994_11, 1994_13, 1996_18, 1997_10, 1997_16, 1997_28, 2002_6, 2002_50, 2002_52, 2002_86, 2009_24, 2011_20, 2013_19, 2013_24, 2013_33, 2016_26, 2017_31). The Head of the Department of Medicine at the University of Cape Town and Groote Schuur Hospital told media that *"hard decisions were being forced"* on health workers and it was *"breaking their hearts to turn away people they can save"* (2002_6). *"The Western Cape is haemorrhaging critical care nurses as they grapple with dangerous working conditions, burn-out, poor salaries and HIV/AIDS,"* stated one media report (2002_86).

Severely understaffed facilities were tasked with managing the complex implementation of a range of new policies after 1994 (see Figure 1) such as the introduction of free primary health care, the implementation of

⁵ South Africa is said to be facing a quadruple burden of disease: the HIV/AIDS epidemic, a high burden of TB, high maternal and child mortality, high levels of violence and injuries, and an increase in non-communicable diseases.

a district health system and the rollout of antiretroviral therapy for HIV/AIDS treatment (1994_3, 1994_4, 1996_10, 1997_3, 1997_4, 1997_31, 1999_1, 1999_21, 2011_22, 2013_35, 2016_40). *“Changing a stable health system from one model to another is always difficult, but trying to change a health system that is already in a state of turmoil is even more turmoil”* (1999_21).

Appendix 5 highlights selected news articles and media headlines which describe a persistent representation of job instability characterised by potential job losses, a dire shortage of health workers, health reforms and low health worker morale. Headlines such as *“3000 health jobs axed”* (1997_19), *“City hospitals face closure”* (1997_33), and *“Revolt over health vacancies”* (1996_2) contributed to the discourse of overworked health workers facing numerous challenges under very difficult conditions.

News articles also portrayed a series of strikes and protest action by health workers demanding better working conditions and salaries (2004_6, 2007_17, 2009_15, 2009_18, 2009_22). The WCDOH was taken to court by the Treatment Action Campaign, after some health workers were dismissed for participating in the public sector strike⁶ (2007_27, 2007_38, 2007_42). A Groote Schuur doctor who led the committee opposing budget cuts stated: *“You cannot be a health worker and not care about this issue. Not one bed, not one clinic, not one health worker can be lost. We are going to march through the streets of Cape Town like you have never seen before”* (2007_25). Other major strikes involved forensic pathology officials (2017_109, 2017_117) and employees from the National Health Laboratory Service, who provide medical laboratory services to patients in state facilities (2017_112). The Western Cape Head of Health acknowledged the tremendous strain facing the health system stating, *“You can stretch an elastic band only so far, and then it breaks”* (2014_25).

‘Abuse of young souls’

A discourse of young doctors in the health system as vulnerable and susceptible to bullying emerged. Media coverage portrayed the dire working conditions facing junior doctors in the public health system, in particular, the long working hours (2016_68, 2016_76). Extensive media coverage of the death of a young doctor in a car accident after a long shift also led to widespread anger from health workers and members of the public (2016_74, 2016_76, 2016_82, 2016_83, 2016_98, 2016_106, 2016_118, 2016_119, 2016_128).

It’s literally a system of abuse of young souls who want to be doctors and everybody else forces you to go through that. Even despite the 30 hours they [sic] are some instances where these young souls are expected to continue working because they can’t leave the injured and the sick without anybody taking care of them (2016_106).

⁶ By law, health workers may not strike as they provide essential services.

News articles reported on *“desperate measures”* adopted by doctors to stay awake at work - including the use of sleeping tablets and anti-depressants (2016_81, 2016_84, 2016_120, 2016_133). Some doctors said that *“it depends on your position in the ranks how hard you toil”* (2016_81), while the Junior Doctors Association of South Africa contended that the problem extended beyond working hours to the poor state of the health system (2018_54). *“Medical practitioners are at high risk when it comes to anxiety, depression or suicide and its a result of the working conditions but it’s also a result of our health system that is in dire need of more support”* (2018_54).

Discourses in media represented junior health workers as vulnerable and susceptible to bullying in the health system as a result of its deeply hierarchical structure (2016_98, 2016_131, 2018_54). Another doctor stated, *“Medicine is a profession that has a toxic culture of hierarchy, mistreatment and bullying. The problem extends deeper to include medical students, allied health professionals, support staff and others”* (2018_54). The poor treatment of doctors within the medical profession was portrayed as an acceptable norm that *“every doctor went through”* (2016_83, 2016_84, 2016_86, 2016_98). A young medical doctor, based in KwaZulu-Natal, posted an online video detailing claims of bullying, racism and sexual harassment by senior managers (2016_117, 2016_131), which started a country-wide conversation around the treatment of doctors in the health system (2016_131). The Head of the Division of Public Health Medicine at the University of Cape Town and a member of the People’s Health Movement was reported as saying that not enough was being done to protect health workers (2016_131). He said that doctors faced many occupational hazards and experienced difficulty in asserting their rights in the health system (2016_131). Young doctors were reportedly being bullied by senior medical staff who believed that *“long slogs through the night are a rite of passage”* (2016_86). The recent reported suicide of one of South Africa’s top cardiologists and Dean of the University of Cape Town’s Health Sciences Faculty drew attention to the enormous pressure facing public sector health workers in South Africa (2018_100), with one article examining *“Why so many of SA’s doctors are killing themselves”* (2018_103).

‘Constant state of fear’

Media representations portrayed health workers as feeling unsafe⁷ and constantly under threat in the health system (2016_30, 2016_37). Numerous articles covered attacks on health staff including the kidnapping and rape of a health student, the murder of a doctor, and incidents of health staff caught in gang violence (2008_14, 2014_17, 2014_28, 2015_16, 2015_21, 2015_22, 2018_101).

One article reported that nurses were *“tired, burnt out, felt unsafe at work and often come into conflict with patients”* (2016_30). Nurses also marched to the provincial legislature calling for the implementation of

⁷ The Western Cape has one of the highest crime rates in the world (Business Tech 2016) and this often spills over into the health system.

“danger allowances” and for increased security at health facilities (2016_30). The WCDOH acknowledged that safety had emerged as the number one concern for health staff in a staff survey (2016_116) and further stated: *“We are very aware of the personal and safety risks to our staff and thus we wish to show our solidarity with them today; we are committed to safe hours and to make their environment as safe as possible”* (2016_116).

Broad media coverage of attacks on Emergency Medical Services staff - who provide essential paramedic services – continue to fuel the discourse of a lack of safety and fear for health workers (2012_59, 2014_1, 2016_57, 2016_94, 2016_96, 2016_101, 2016_102, 2016_111, 2016_112, 2016_115, 2016_116, 2016_126, 2016_130, 2016_158, 2017_3, 2017_4, 2017_5, 2017_9, 2017_19, 2017_33, 2017_34, 2017_35, 2017_42, 2017_44, 2017_52). Health officials said the attacks on staff had led to a mass exodus of personnel (2017_19) and the Western Cape’s Head of Emergency Medical Services was reported as saying that large numbers of paramedics were being booked off for post-traumatic stress disorder (2017_35). *“This is a cancerous growth and continues to grow worse and worse. It is our biggest challenge, we used to worry about response times but now we worry about the staff”* (2017_35).

‘We are just tools’

Amidst the representation of poor working conditions, there was also a discourse of health workers feeling undervalued and unappreciated within the health system (2002_46, 2009_8, 2016_61). *“You seldom hear the words ‘Thank you’ from management or patients. To everyone we are just tools, and sometimes we wonder why we put up with this, but it’s the nurse in you that carries on”* (2009_8).

Media reported that health workers felt a lack of respect and appreciation from administrators, politicians and the public and that bureaucrats and administrators made decisions for medical staff, leaving them feeling undermined and neglected (2002_46). Chairperson of the Cape Metropolitan Health Forum⁸ said that doctors and nurses were being bullied by managers (2012_27), while some nurses stated that the communities they worked in also threatened and verbally abused them (2002_28). *“Most of us come here because we want to serve our community. But sometimes you ask yourself, is it worth it?”* (2002_28).

Media coverage also portrayed health workers as victims of an ailing health system (2009_5, 2009_8, 2009_9, 2009_16, 2014_10, 2016_61, 2018_51). *“Nurses’ apparent callousness has hit the headlines in recent weeks, but a closer look reveals the stresses they have to deal with, such as lack of staff, insufficient and inefficient equipment, and low wages”* (2009_8).

Health workers described the personal impact of having to deal with health system problems – such as turning away sick babies (2002_90), or sending mothers home after giving birth to make beds available (2009_8). *“It is very bad to work like that because sometimes you need the beds and you have to send people*

⁸ The parent body of all health forums in Cape Town (2012_27).

home early. We like to keep them in the post-natal ward for six hours but sometimes we had to send people home two hours after giving birth because we had other mothers waiting" (2009_8). The tough working conditions faced by nurses was underscored by a nursing trade union member (2009_9).

.....it is a reality that nurses work under extreme pressure, having to work long hours under difficult conditions. Many of our public hospitals are understaffed and nurses often find it difficult to cope with the work and trauma. Nurses go through emotional trauma because they work with human lives (2009_9).

'Devils in white'

Media representations sometimes portrayed health workers as abusive, uncaring and disrespectful (2015_31, 2015_32, 2016_34, 2016_36, 2017_179) with some patients reportedly claiming that they would rather die on hospital benches (2009_9) than approach nursing staff (2013_17). *"I don't have a folder and nurses there have referred me here to get a new folder. Now I'm too scared to tell them that I'm too sick to do that. They are very rude"* (2009_9).

Media headlines such as *"Nurses drink on duty say terrified patients"* (2009_9) and *"Rude nurses putting young women off HIV treatment"* (2017_107) further reinforced this discourse. South Africa's National Minister of Health was rebuked for his speech on International Nurses Day, when he stated that *"[patients] want a warm smile and soothing hands"* and not a *"devil in white"* (2016_60, 2016_64). Nursing unions *"condemned the reckless"* words of the Minister, saying that nurses' lives were already endangered within the health system (2016_62). A media report stated, *"But nurses did not take kindly to this and accused the minister of giving an impression that he hated them, which, they said, could fuel the hatred of nurses by society"* (2016_62). Others stated that the National Minister of Health's statements would tarnish public opinion of nurses (2016_7).

'Fear of speaking up'

There was a notable absence of health worker voices in media representations of the WCHS. Earlier media articles (between 1994 – 2002) portrayed a sense of openness and collective spirit between the WCDOH (mostly senior managers) and media (1996_2, 1996_3, 1996_14, 1996_20, 1997_50, 1998_4). For example, during the deepening 'financial crisis' which threatened to collapse academic hospitals in the province, the Head of Surgery at Groote Schuur Hospital spoke directly to the public using the media (1996_14). *"My advice to you is this weekend don't get sick, don't get injured... as you are likely to end up in one of our academic institutions. Despite the best will in the world, we are going to treat you badly"* (1996_14).

Some health workers seemed to be more open with media about their issues and expressed concerns around potential hospital closures (1998_15) and a nurse, who was named, described his safety concerns

(1997_21). *“I feel afraid working here because my life has been threatened and I’ve been physically abused on many occasions”* (1997_21). Similarly, a WCDOH director made a direct appeal to the public to assist with the pharmacy crisis facing hospitals. *“May I through the columns of your newspaper appeal to pharmacists who may be able to help in either a part-time or full-time capacity to contact me”* (1997_30).

However this discourse appeared to shift after 2002 when staff in the WCDOH were “gagged”, that is, not allowed to talk to media (2002_47, 2002_61, 2002_67, 2002_75). One sub-headline explained, *“We trust them with our lives but province doesn’t trust them to toe line”*. Doctors referred to the order as a *“draconian measure”* that had not even existed during the apartheid era (2002_47, 2002_53, 2002_61). The Western Cape’s Head of Health said the aim was to *“maintain organisational coherence”* and that *“communications practitioners”* would still be allowed to talk to media *“within their specific functional areas”* but not regarding department policy (2002_67). *“We have 25 000 people in the employ of the department, if each one spoke on his or her own we would have chaos”* (2002_67). Despite the ‘gag’, a senior doctor broke his silence regarding budget cuts relaying that doctors had *“tried and failed to use conventional channels to voice their concerns”* (2007_18). He stated that he was acting in the interest of the public since *“the public needs to be informed about these bed closures and the impact this will have on patient care and waiting lists”* (2007_18).

After the ‘gag’, health worker voices were seldom represented in news media. More often, official voices such as spokespersons, senior management and political figures were heard. Health workers who did agree to speak to media, usually spoke under conditions of anonymity (2007_20, 2002_90, 2012_29, 2014_10). The issue of health workers being silenced was raised in an opinion article after the Life Esidimeni⁹ tragedy in Gauteng province, which resulted in the deaths of 141 mentally ill and vulnerable patients (2017_190). The article explored some reasons why health workers feel unheard (2017_190), especially since health workers and civil society had contested the transfer of patients.

Life Esidimeni was never a once-off incident. It is a very graphic representation of the fear of speaking up, the failure to stand up because of health care worker despondency and most disturbingly, the failure on the side of the department of health to listen to those health care workers who did indeed speak up. For every Life Esidimeni tragedy that reaches the media, there are thousands that go unnoticed daily (2017_190).

‘Where’s the care for community health workers?’

The WCDOH’s Healthcare 2030 Vision is based on the primary health care approach (Western Cape Government 2014) and central to this is the involvement of community health workers (2016_11).

⁹ Life Esidimeni tragedy involved the deaths of 141 people who were transferred by the Gauteng government from a private health care provider (Life Esidimeni) to the care of their families, non-governmental organisations and other hospitals, with most patients deaths attributed to starvation or neglect (Dhai 2018).

Civil society organisations described community health workers as being *“employed in abusive conditions, where they are overburdened, don’t know the roles that they need to fulfil, are poorly supervised and have little support”* (2016_70). One of the main grievances is that the majority of community health workers are employed by non-governmental organisations and not directly by government, which has contributed to job instability and uncertainty for both community health workers and the communities they serve (2014_18, 2014_24, 2016_149, 2016_150, 2016_162, 2018_28, 2018_96). Media reported that thousands of community health workers did not qualify for the proposed minimum wage structure as this was not applicable to volunteers who received a stipend (2016_162).

In all this time, my work has not been recognised as work by government. This means that I do not have access to any worker benefits and protection, and I do not receive a regular decent wage. The work I do benefits this country, yet my efforts are not acknowledged. Many community care workers have suffered and died as a result of the lack of support and protection in the workplace (2016_162).

Another community health worker spoke about the daily challenges she faced including low wages, safety concerns, job insecurity and a lack of equipment. A group of community health workers described how they were operating from under a tree in their community, after their offices were burgled and vandalised (2017_92). *“We want to tell our story so people can know what’s happening. It’s time for government to notice us. No one cares if we’re okay as long as the work continues”* (2017_92).

Potential effects of this dominant discourse on the WCHS

The discourse ‘Health workers under fire’ features consistently across the study period with multiple potential effects. Discourses in media which portray health workers as uncaring, abusive and disrespectful could potentially contribute to poor public opinion of nurses and low morale of nurses (Buresh and Gordon 2006; Gillett 2012; Kalisch and Kalisch 1983). An organisation which examines media portrayals of nursing found that *“just as people influenced by commercial or political ads will also be affected by substantive health messages, people influenced by health messages will also be affected by how the media portrays the roles and conduct of health professionals”* (The Truth about Nursing 2005).

Discourses that portray health workers as undervalued and unappreciated may also contribute to low levels of health worker trust in the health system, especially in the context of a challenging, unsupportive and at times, unsafe work environment (Gilson 2003; Gilson *et al.* 2005). A recent South African study found that health workers had lost trust that the health system was acting in their best interests (Govender 2017). Health workers lack of trust in the public health system may result in a number of coping mechanisms (Van der Colff and Rothmann 2009; Walker and Gilson 2004) such as affecting quality of work, performance, or health workers acting out towards patients.

Disillusioned health workers may leave the health sector altogether or decide to work in the private health sector, where conditions and remuneration are perceived to be better (Pillay 2009). One study found that the practise of moonlighting¹⁰ and agency work was widespread amongst nurses in South Africa (Rispel *et al.* 2014). *“Some of the significant health system consequences include that nurses are too tired when they are on duty, that they sometimes stay away from work without authority, and these impact on the quality of care provided to patients”* (Rispel 2015, p. 2; Rispel *et al.* 2014).

Media representations that depict health workers as having a lack of ‘voice’ in the system may result in health workers feeling repressed, especially if they are unable to respond to negative discourses about themselves in the media. A study analysing newspaper coverage of New Zealand mental health nurses’ strike found that it was important for nurses to *“establish relationships with the media that allow negative representations to be challenged”* (Farrow and O'brien 2005, p. 187). This discourse may potentially have broader system implications if health workers are afraid of speaking out. The issue of health worker voice was raised by the Rural Health Advocacy Project and other civil society organisations, which found that many health workers do not know what to do when faced with *“abuses or rights violations”* of patients in the health system (Rural Health Advocacy Project 2017, p. 6).

Health care providers should not be punished for acting in the best interest of their patients. After all, it is their ethical duty and professional responsibility to do so. Speaking out should be encouraged and rewarded. Unfortunately many health care providers have found themselves in hot water after doing so (Rural Health Advocacy Project 2017, p. 7).

The restriction of health worker voices in the system may reduce their ability to stand up for patients or to act as patient advocates. A recent study, in the wake of the Life Esidimeni tragedy in South Africa, found that the *“core values”* of health professionals such as compassion, competence, autonomy and respect for human rights were being challenged as a result of *“policies imposed by state actors and pressure to yield to their powerful interests”* (Dhai 2018, p. 384). Another South African study found that health workers needed a more supportive environment in which they feel *“respected, empowered and safe to share their concerns”* (Govender 2017; Govender 2018, p. 3). Further evidence suggests that health worker’s job satisfaction would be improved if they had more say in the policies that affect them and their working environments (Ditlopo 2015).

Negative discourses around community health workers experiencing a lack of support and protection within the health system may create a sense of disillusionment and affect their willingness to contribute to the public health system. This is especially problematic in rural areas, which are highly reliant on their services. Community health workers visit patients in their homes; identify and treat minor ailments; and provide an

¹⁰ Holding a secondary job in addition to a primary full-time job (Rispel *et al.* 2014).

essential role in health promotion activities (Languza *et al.* 2011). Therefore, negative discourses may have undesirable implications for service delivery in the areas that need it most. Similarly, media representations which portray junior doctors as vulnerable and susceptible to bullying in a deeply hierarchical medical profession may deter young people who are interested in a career within the health system and also create a negative impression of the health system for health workers who are embarking on a career in public service.

'Unresponsive to citizens'

A responsive health system *"contributes to health enhancement by being more conducive for individuals to seek care earlier, to be more open in their interactions with health care providers, and to better assimilate health information"* (Valentine *et al.* 2003, p. 574). The discourse of an unresponsive health system also consists of a few micro-discourses (Table 2) and relates mainly to media representations of patient complaints in media (especially within poor and vulnerable populations) characterised by uncaring health workers, patients experiencing a lack of respect and dignity, service delivery issues, poor handling of patient complaints, and a lack of community participation. In Figure 1, these micro-discourses are also portrayed in selected media headlines, in the context of key national and provincial health strategies.

Uncaring health workers

Complaints represented in media often depicted health workers as being uncaring (2009_7, 2009_9, 2012_63, 2013_23, 2013_26, 2013_28, 2014_21, 2015_13, 2015_24, 2015_58, 2015_59, 2016_24, 2016_36, 2016_41). *"I still feel that the hospital staff didn't care enough, even though they could see that the child was really sick – Even when I showed the clerks how ill he was, they didn't care. If I had money I would have taken him to Red Cross – maybe he would still be alive today"* (2009_7). A common refrain was that health workers showed a *"lack of work ethic and a bad attitude"* (2017_179) and acted insensitively toward patients (2016_41, 2014_32). One patient said that despite being ill, she would not return to the public health system (2013_17).

I was so hurt by her attitude... I felt so humiliated that I walked out of that clinic and have never set my foot in there again. I'm still sick and sometimes get so much pain that I can't get out of bed, but I'd rather go through that and die at home than to be treated like a nobody seeking free health services (2013_17).

Some patients complained that nurses were abusive and rude which sometimes led to confrontations (2009_9). Descriptions such as *"Grieving mom says nurse threw newborn on the floor"* (2018_21), *"Dying seven-week-old baby turned away"* (2018_36) and *"nasty nurses are largely responsible for people refusing to go to clinics to get tested and treated for HIV"* (2017_107) reinforced this discourse. One patient commented, *"I*

don't blame this woman for being scared of approaching nurses. You must have a lot of guts to deal with them" (2009_9).

Complaints in media reported on patients being turned away from health services (2015_82, 2017_179) and patients sleeping on the floor (2012_29, 2012_33, 2015_31, 2015_32, 2015_36, 2015_81, 2017_166, 2018_35, 2018_104). Patients also complained about a lack of respect and dignity in the manner they were treated. *"When Blanche Appollis, 62, woke up after being resuscitated, her family said her hands were tied, she was naked and three porters laughed at her when she asked them to cover her up"* (2015_34). Media reported on complaints, collected by the Treatment Action Campaign, detailed the poor treatment of women in maternity and obstetric units in the WCHS (2015_46, 2015_58, 2015_61, 2015_63).

I was tied up with belts at the wrists to the bed and I was told to push. It was difficult but I eventually did it and the baby came out. The baby wasn't crying. I overheard one of the doctors say 'I have never seen such a flat baby', then my baby was taken away. One of the doctors who had stayed behind with me said 'Do you see what you've done?' (2015_58).

Unresponsive to poor and vulnerable communities

Poor and vulnerable populations often experienced the health system as being more unresponsive than other groups (2009_12, 2010_17, 2012_29, 2013_28, 2015_59, 2017_15, 2017_135, 2017_146, 2016_24, 2016_41, 2017_166, 2018_47). One patient explained that he needed to take leave from work in order to attend the clinic. *"As a contractor who operates under the 'no work, no pay' system, the clinic costs him a day's wages"* (2016_151). Pensioners also described additional challenges in trying to access health services such as lack of transport, lack of food and unsafe communities (2015_54, 2017_135). *"We sit there the whole day. We sit there hungry"* (2017_135). Poor communities expressed the sentiment that wealthier suburbs received better health services (2017_15). For example, community members said they felt "cheated" after the hospital in the area was not rebuilt, as promised by the WCDOH (2012_69, 2017_15, 2015_35, 2015_39, 2016_89).

Ambulances don't go in here in Manenberg because of the gang violence. There is poor police visibility and vans patrolling the streets. When people need medical attention they have to go to Heideveld, Mitchells Plain and Khayelitsha. We don't have transport to take ailing people. If this was in other suburbs like [wealthier] Constantia none of this would be happening (2017_15).

Service delivery issues mainly involved long waiting times, drug-related issues, missing patient folders and patients being turned away and told to return the next day (2009_9, 2013_23, 2013_26, 2014_21, 2015_24, 2015_59, 2016_151, 2017_15, 2017_135, 2017_179). *"You know why they call this a day hospital? Because they expect you to sit here the whole day"*, quipped one patient (2014_25). In a visit to Western Cape health facilities, the country's former Public Protector stated that she wanted to draw attention to numerous "blind spots" in the

WCHS such as waiting times for ambulances, language barriers, uncaring attitudes and alleged racism (2013_22, 2013_28).

Poor complaints management

Media representations highlighted dissatisfaction with the manner in which complaints were handled, including a lack of action and a lack of effective communication (2009_12, 57, 2013_17, 2013_22, 2014_10, 2015_24, 2015_54, 2018_27, 2018_56, 2018_105, 2016_24, 2017_1, 2017_179). *"We have been complaining for a long time. They tell us to put the complaints in a box but they never do anything about it"* (2015_24). Families stated that they had not been informed about the progress of investigations (2009_11, 2014_2, 2014_10, 2015_34, 2015_5, 2015_51, 2015_54). A mother who lost her child under mysterious circumstances complained about the manner in which the case was handled (2016_41). *"We are in limbo. The way the hospital carries on is as if it has something to hide. This experience just adds on our pain... it's like we are not taken seriously at all"* (2016_41). The notion of the Department *"covering themselves"* (2014_10) was also expressed by a mother whose four-month-old son died after reportedly being turned away from Groote Schuur Hospital (2014_2, 2014_3, 2014_4, 2014_5, 2014_6, 2014_10). *"I don't believe in negativity and anger, but when I heard via the media that the investigation was complete, I felt so upset. They promised they would contact us"* (2014_10). A doctor who spoke on conditions of anonymity said, *"Most of these patients and their family members cannot speak up against atrocities because they don't know what they are entitled to. Most don't know their rights and patient families are in such victim mode that they just accept anything the doctor tells them"* (2012_29).

Unresponsive to community participation

Aside from complaints in media, the health system was also portrayed as unresponsive to community participation. The importance of community participation to improving health service delivery and health outcomes has been underscored in the literature (Haricharan 2012; Meier *et al.* 2012). While references to community participation were scant in this study, the prevailing media discourse was one of dissatisfaction with the current processes (2002_34, 2012_4, 2008_33, 2015_45, 2016_79, 2016_89). *"In poor communities things are dictated to us. There is no public participation or engagement"* (2017_15).

Numerous attempts to develop the appropriate legislative framework for community participation resulted in many revisions (2011_6, 2012_37, 2015_55). Despite this, community health forums and members of civil society consistently expressed their dissatisfaction with the legislation, saying it was *"confusing and needed to be reworked"* (2015_55). *"While community forums argue that the bill is a 'noble idea' as it is meant to give communities a voice, the apparent lack of consultation during the drafting of the bill has upset many residents"* (2015_55).

The Chairperson of one district health forum said the Western Cape Health Facility Boards and Committees Bill was structured in such a way that the Minister of Health retained power *“effectively making her a judge and a jury at the same time”* (2015_55). Another community health forum leader stated, *“Many people don't even know about the bill yet it's expected to serve their interests. What's the point of having these clinic committees if they are going to be dictated to anyway?”* (2015_55). Civil society discontent with the new Bill escalated in December 2015 when members of community health forums, and other non-governmental organisations marched to the Provincial Legislature to protest against its enactment. Civil society organisation, People's Health Movement, criticised the Bill for its *“top down approach”* which lacked community involvement and involved decision making outside the control of communities (2015_79). *“This threatens the very essence of and rationale for community participation in the right to health”* (2015_79).

Potential effects of this dominant discourse on the WCHS

Discourses in media which portray the health system as being unresponsive to citizens could potentially have a number of negative implications for health system functioning. Media representations that portray health workers as uncaring, disrespectful and abusive towards patients may affect patients' levels of trust in the health system (Mirzoev and Kane 2017). Patients who lose trust may no longer seek care or resort to more expensive alternatives such as private doctors. A loss of trust in the health system may also cause patients to act out against the health system, for example, by being abusive towards health workers or vandalising property.

Media representations which portray health systems as not taking action may potentially be associated with weak disciplinary and accountability mechanisms (Gilson *et al.* 2005) and may result in patients not bothering to lodge complaints. While the use of formal complaints systems is generally low (Gal and Doron 2007), a lack of patient feedback has further implications for quality of care and the system's ability to improve responsiveness. Representations which portray a lack of community participation may contribute to increasingly ill-feelings between communities and the health system with negative implications for health system functioning since community involvement is viewed as integral to building people-centred health systems (Sheikh *et al.* 2014b).

The Western Cape's Healthcare 2030 strategy, based on the promotion of wellness and preventive measures in communities, emphasises the importance of the patient experience and encapsulates the Department's commitment to people-centred health systems (Western Cape Government 2014).

The goal is to ensure that patients are always treated with dignity and respect in a safe and clean environment. Waiting time should be acceptable and essential drugs must be available at all times. Our focus will be on improving the patient experience and we will be making a significant investment in our staff to achieve this (2011_21).

However, discourses of 'Health workers under fire' and 'Unresponsive to citizens' may work against the attainment of people-centred health systems which requires the needs of all 'people' in the health system to be accounted for, including patients, communities and health workers. Aberese-Ako *et al.* (2014) found that frontline health workers "*had the feeling of being let down by the health system as they perceived that they did not receive 'people-centred care' from their employers, despite being asked to provide 'people-centred care' to the clients*" (Aberese-Ako *et al.* 2014, p. 24).

Furthermore, discourses around the health system's treatment of poor and vulnerable populations are especially critical since these groups are usually wholly dependent on the public health system and may have greater health needs. Negative representations may deter vulnerable groups from seeking care or may result in them incurring "*catastrophic*" financial costs (Harris *et al.* 2011) to seek care in the private health system.

Clashing dominant discourses and their potential effects

The three dominant discourses described above appear to contradict one another, which is commonly what dominant discourses do, and is frequently found during the analysis of dominant discourses in media where interpretation involves the negotiation of public 'truths' (Treichler 1987). On the one hand, there is a very positive discourse about a stronger WCHS and on the other hand, there are negative discourses which relate to the enormous challenges faced by health workers in the health system and a lack of responsiveness to citizens. Closer inspection of the first discourse portrays an emphasis on tangible and functional aspects (Table 3), regarded as the hardware of health systems (Sheikh *et al.* 2014a). Negative discourses seemed to focus on the intangible aspects such as trust-building, values, relationships and organisational culture – the so-called software of health systems (Sheikh *et al.* 2014a). While there is some evidence to support a lack of attention to software issues within the WCHS (Mash *et al.* 2013), the overall discourse of a health system that is unresponsive to citizens is problematic. From the perspective of patients, contrasting discourses which represent the health system as both 'strong' and 'unresponsive' may contribute to uncertainty and dissonance for patients about how to make sense of the health system and what to expect from the WCHS, given that patients experiences of the health system are evaluated based on their initial expectations (Mirzoev and Kane 2017). From the perspective of the WCDOH, negative discourses may undermine their main public relations strategy, how they would prefer to be represented, and perhaps how they prefer to see themselves. The clash between dominant discourses may also add confusion in terms of strategy and policy – should the WCDOH be addressing an 'unresponsive' health system or celebrating a 'stronger health system'? Political actors in the health system make seek to mobilise positive discourses for their own interests.

From the perspective of health workers, clashing discourses which negatively stereotype health workers, yet present an image of a 'strong' health system, may undermine their significance in the health system and

create frustration. Health workers also have their own interpretations of the way they view the WCHS, which may or not be congruent with representations in media.

From the perspective of policymakers, clashing dominant discourses may inappropriately influence policy decisions as it is well-established that *“both policymakers’ perceptions of policy issues and the public’s acceptance of potential policy responses are considerably influenced by media debates”* (Weishaar *et al.* 2016, p. 1).

Discussion

Health systems are socially constructed phenomena (Gilson *et al.* 2011), a product of the socio-cultural and political environment in which they are embedded. Within, social constructionism, there is an emphasis on how meaning and experience is shaped by cultural and social systems (Conrad and Barker 2010). This study puts forward the idea that media also forms part of the broader social system in which health systems are situated and therefore play a significant role in potentially influencing the way people understand and make meaning of health systems.

The results of this study highlighted three dominant discourses emerging from representations of the WCHS in media. A prominent discourse of a ‘Stronger Western Cape health system’ was supported through representations of the WCHS’ achievements in media and representations portraying the WCHS as comparatively stronger and more efficient than other provincial health systems. The second discourse ‘Health workers under fire’ focused on the pervasive challenges facing health workers, including job uncertainty, poor working conditions, feeling unappreciated and unheard, and being stereotyped as uncaring and abusive. The hierarchical nature of the medical profession and the vulnerability of health workers, such as junior doctors and community health workers, were also highlighted. A third discourse ‘Unresponsive to citizens’ captured negative patient experiences, portraying the health system as unresponsive, uncaring and sometimes defensive. This discourse also reinforced the previously mentioned stereotype of health workers as insensitive and abusive.

...the power of the media to set agendas and to construct, maintain and reproduce dominant discourses is often overlooked. In order for a story to be meaningful, events must be identified, contextualised and located within a range of known social and cultural identifications or ‘maps of meaning’. The media therefore define what significant events are taking place and offer powerful interpretations of how to understand these events (Connelly and Macleod 2003, p. 64).

The findings of this study suggest that the way in which ‘people’ interpret representations in media have important implications for health system functioning. As previously discussed, the dominant discourse of a

comparatively 'Stronger Western Cape health system' may inspire public confidence and trust in the health system. However, this discourse may also reinforce notions of separatism between the WCHS and the rest of the country particularly in the context of a national health system described as being in 'crisis'. Discourses in which health workers are negatively portrayed may have far-reaching consequences for health workers and the health system in general (Gillett 2012; Kirby 2009). Health workers are critical to the optimal functioning of the health system (Rispel and Bruce 2015) and their dissatisfaction may result in a domino effect of undesirable outcomes – including low morale, lack of trust, migration, poor accountability and poor quality of care. Similarly, media representations which portray the health system as unresponsive to citizens and communities may deter user access (McIntyre *et al.* 2009) and also have a detrimental effect on trust and public support of the health system *and* other public institutions (Gilson and Daire 2011). These negative media representations also contribute to a larger discourse of people as '*victims of an ailing health system*' (2009_5, 2009_8, 2009_9, 2009_16, 2014_10, 2016_61) with serious repercussions for the way in which people relate to the health system. It is also important to establish whether the health system is portrayed as 'stronger' for certain groups of society and not for others (such as poor and vulnerable communities) as this will also influence the effective functioning of the health system.

We have shown that representations in media may potentially influence the functioning of the health system. While this study did not seek to prove the causal link between, for example, media discourse and quality of care, it is strongly suggested that such a link exists, and should be further explored.

Implications for HPSR, policymakers and other key actors within LMIC-settings

Dominant discourses or representations in media can have potentially damaging effects. For example, the influential role of media discourses has been highlighted in studies examining the role of media representations of mental health in contributing to stigma associated with mental illness (Foster 2006; Murphy *et al.* 2013). Similarly, in her work on HIV/AIDS, Treichler (1987) argued that the discourse of HIV/AIDS can be as damaging as the disease itself, that "*the very nature of Aids is constructed through language and in particular through the discourse of medicine and science*" (Treichler 1987, p. 31). Another study used media coverage to examine the history of nursing and found that "*flawed but nevertheless influential reports led to misrepresentation of nursing based on misconceptions rather than on evidence*" (Kirby 2009, p. 2725). Lessons emerging from the recent Ebola virus disease outbreak in West Africa indicate that a reliance on scientific knowledge alone, was insufficient to address the disease and importantly, that discourses around cultural and religious practices which framed public understanding of the disease, should be taken into account (Daniels *et al.* 2017; Falade and Coultas 2017). Therefore, the relevance of media to the material *and* the symbolic realities of peoples' daily lives (Livingstone 2010) should be considered - especially from a health systems perspective.

Media have sometimes been known to work against the 'public interest', for example, through its validation of unhealthy or risky behaviors such as smoking and substance abuse (Hooker and Pols 2006; Seale 2003). This has contributed to reluctance amongst public health practitioners to work with the media (Nelkin 1996), especially since public health systems are mandated to act in the best interest of the public, and negative representations can be contrary to the values that health systems want to promote. Therefore, there is a potential (and a history of) values clash between media and public health. *"If the relationship between medicine and the media has always been intimate, it has also at times been tense and antagonistic"* (Hooker and Pols 2006, p. 2). While literature has highlighted the tension between media and public health (Nelkin 1996), it has also established that media is instructive in the sense that it helps people to navigate their way through health issues with important implications for how people understand and relate to the health system. *"When people get sick, or make decisions about health, or visit their health service providers, or decide what to think and vote about health care policy and finance, their behaviour may be formulated in large part from resources drawn from various mass media"* (Seale 2003, p. 514).

Just as health systems cannot be examined in isolation, so too is a deeper understanding of the structures and architecture that govern media necessary. The social power of the news media refers not only to *"the influence of the media on their audiences, but also... the role of the media within the broader framework of the social, cultural, political, or economic power structures of society"* (Van Dijk 1995, p. 9). This perspective shifts the emphasis away from media as an objective actor toward a more rigorous interrogation of the political and commercial environments in which media are embedded or what is referred to as the *"political economy approach to media institutions"* (Seale 2003, p. 515). This lens advocates for deeper insight into the owners, producers and sponsors of media messages, in order to better understand whose voices or interests are being privileged and why. For example, in this study, media representations highlighted an over-reliance on official spokespersons and an under-utilisation of health worker and 'layman' voices. Closer scrutiny of the inner workings of media institutions may enhance our understanding of why certain discourses have emerged over others.

Negative representations in media (whether 'true' or not) may have potentially harmful effects on the health system (discussed above). This raises the question whether efforts should be made to develop counter narratives to disrupt and renegotiate or shift negative discourses such as with *"homophobic meanings associated with Aids"* (Treichler 1987, p. 65-66) and *"African images of HIV/AIDS"* (Okigbo and Ezumah 2017, p. 706). This would require building the capacity of people in the health system to engage with media. In fact, despite the acknowledgement of media's importance to health systems (Cheung *et al.* 2011), very few public health practitioners are competent or confident to work with media (Chapman 2004). Media studies should be incorporated into the academic syllabus of public health studies.

Health systems need to move away from an approach to media that relies on traditional media managers to maintain the ‘public image’ of the health system in a reactionary way (usually characterised by media statements and press releases), toward a long-term and multimodal approach which encourages a wealth of perspectives across the health system (Hodgetts *et al.* 2008). There is, therefore, a need for capacity building of a diversity of people (such as citizens, communities, health workers, or civil society) at different levels of the health system (including local, district, and provincial), to ensure the voices featured in media are not only appointed communications spokespersons. In addition, the traditional role of official spokespersons should be re-evaluated to ensure that they too are equipped to engage with media and not just called on to ‘fight fires’ or manage crises – and that they understand (and can represent) the system as a whole. While there is an expectation that “*public institutions tend to have skilled spokespersons, well organized press conferences and a ready-to-use supply of press releases*” (Meijer 2010, p. 339), responsive health systems should strive toward building more meaningful ways of interacting with media, which are aligned with citizens’ needs.

From a media perspective, journalists would also need to undergo a process of capacity building in order for them to understand and engage with health systems as ‘part of the conversation’ and not merely as neutral observers. This requires a process of trust-building between journalists and health systems researchers as well as harnessing ways to build an on-going interest in and motivation to report on health systems issues (Oronje *et al.* 2011). Journalists have stressed the importance of having sources that are “*accessible, credible and reliable*” and noted that government officials and health providers were often the most accessible (Hodgetts *et al.* 2008, p. 55). This is an important learning, particularly within the context of people-centred health systems, and reinforces the idea that a wider range of people within health systems need to be capacitated in order to participate and engage with media.

It has been strongly argued that public health is intrinsically a *media product* with public health officials relying on the ‘power’ of media to promote health messages (Hooker and Pols 2006), and this research has demonstrated how the health system can also be understood as a ‘media product’. If media analysis provides a way of “*gauging the cultural temperature*” of society (Hansen *et al.* 1998, p. 92), this raises the possibility of utilising media as part of health systems assessment (Balabanova *et al.* 2013). There is a global body of work on assessing health systems (their strengths, their resilience, their performance, see Bennett and Peters 2015; Kruk and Freedman 2008; Murray and Frenk 2000) but this rarely takes media into account. Instead, there is a tendency to instrumentalise media, by focusing on its value as a tool within public health promotion campaigns (Wakefield *et al.* 2010) or as a neutral ‘watchdog’ (Rodny-Gumede 2015), rather than understanding it as a social entity or a system, which interacts with other systems. If the media is conceived as part of the broader social context in which health systems are enmeshed, with the understanding that complex systems consist of networks of interconnected components that influence each other (De Savigny

and Adam 2009; Pourbohloul and Kiény 2011), then analysis of media *about the* health system is not just a descriptive ‘nice to do’ – but in fact, could be utilised as part of health system’s evaluation. In addition, the importance of qualitative health research in understanding context-specific health systems (Swanson *et al.* 2012), and the ability to track change over time (Gilson 2012) is underscored in the HPSR literature, therefore media analysis provides a relatively inexpensive option to ‘keep a finger on the pulse’ of complex adaptive health systems.

The role of media in functioning as a bridge between government and citizens and forging social accountability is increasingly being recognised: *“the collective effort of citizens and civil society in holding governments to account for their management and use of public resources”* (Malila 2018b, p. 1). There have also been calls for a more civic-oriented journalism (Campbell and Gibbs 2008; Hodgetts *et al.* 2008; Wallack *et al.* 1999) in which journalists assume a broader social responsibility and contribute to building social capital (Beaudoin 2007; Wallack 2000). These values within media resonate with similar values proposed in people-centred health systems which emphasise community participation and participatory governance mechanisms that *“can channel the power of communities to mould health systems in the public interest, and hold them accountable”* (Sheikh *et al.* 2014b, p. 2). This emphasis on participation and authentic community voices underscores a need within health systems to develop the capacity for ordinary citizens and communities to engage with media.

The proliferation of digital media (Hagg *et al.* 2018; Meisel *et al.* 2016) also provide an opportunity to drive the values of people-centred health systems by facilitating large numbers of relationships and interactions between actors at different levels of the health system including individuals, communities, health care providers, researchers, policymakers and administrators. However, evidence suggests that *“citizens are challenging more established media for the right to interpret public discourse”* (Livingstone 2010, p. 53) with important implications for how people understand health systems. *“As laypeople become more involved in collective illness behaviour, including generating lay knowledge, and ever-more active consumers of medical care, what will be the impact on the meaning of illness, the delivery of services, and the role and influence of the medical profession?”* (Conrad and Barker 2010, p. 76). Furthermore, using a media lens, health systems should interrogate whether ‘people’ are truly valued as being at the heart of health systems, or whether there is an over-emphasis on maximising service delivery and structural efficiencies.

There has been a general decline in public trust of democratic institutions (Livingstone 2010) and in particular health authorities (Conrad and Barker 2010), while reliance *on media* appears to have grown. In fact, it has been suggested that *“people’s willingness to contact the media is the only form of political action that has increased”* (Livingstone 2010, p.42). Others have noted that states that are more responsive tend to be those with higher levels of newspaper circulation (Besley and Burgess 2001). The influence of media in

people's lives – in both the political as well as socio-cultural spheres points to an increasing imperative to conceive of media as part of the nuts and bolts of health systems, rather than as a siloed entity.

Conclusions

Given the significant reach, scope and effects of media, and its pertinence to a wide range of disciplines, including public health, the limited literature exploring the interconnectedness between health systems and media is surprising. This study seeks to make an initial contribution towards understanding of this intersection.

With great power comes great responsibility. The power of 'the media' (and the people that make up and shape media) is significant. While it is not commonly considered (and this is a problem), the intersection of 'media' and 'health system' is closer and more immediate than it first seems. As anthropologist Ralph Linton (1936) quipped, 'the last thing fish would notice is water', and perhaps it is because we live in such deeply mediated societies that the potential impact and synergies between media and health systems have not been adequately acknowledged.

Further research is urgently needed to, a) consider the effects of media on health systems more carefully, more frequently, and in more contexts; b) find more effective ways to think of media as *part* of the health system, rather than an instrumental tool, or an external influence; c) to understand how media architecture (the social, political and economic environment in which media are situated) may influence emerging discourses; and d) to understand how media can influence people's agency and community participation, particularly in the context of responsive and people-centred health systems.

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Appendix 1: Description of the most frequently mentioned categories emerging from the content analysis with examples

Categories	Categories defined	Examples
Human Resources for Health	Issues raised in the content which affect health workers	Budget cuts which affect job losses Training of the health workforce Working conditions Management issues Patient complaints
Service delivery	Issue raised regarding the delivery of health services	Budget cuts which affect equipment, infrastructure, maintenance, lack of drugs, etc. Poor quality of patient care Patient complaints
Responsiveness	Patient's actual experience with the health system and how this relates to their initial expectations Attempts from the health system side to improve the general patient experience	Any patient complaint such as: Long waiting times, Uncaring staff Drug stock-outs Initiatives to improve staff attitudes and enhance the patient satisfaction at health facilities Catch and Match Chronic Medicine Dispensing Programme
Finance	Content related to finances, resource distribution or funding of the health system	Budget cuts Donor funds for projects Resource distribution between provinces
Politics	Any content related to any political party in relation to the health system	Rivalry between the DA and the ANC in the Western Cape
HIV/AIDS	Content related to HIV/AIDS	Provision of antiretrovirals Prevention of Mother to Child Transmission (PMTCT) TAC activism around HIV/AIDS
Leadership and governance	Content related to management, accountability and stewardship of the HS	Internal fighting within the Department Speeches by Health MECs Audit results of WCHS
Complaints	Patient complaints raised by any party, including: the media, patients, HW, civil society	Unabantu Mali case TAC complaints on conditions of MOUs Doctors reports on turning away sick babies
Decentralisation	Process of decentralisation as result of the implementation of health reforms, such PHC, District Health System and the proposed rationalisation of tertiary hospitals	New referral system Shifting of resources from tertiary to primary care

Appendix 2: Databases and list of print/online media publications

Databases	Description
SA Media	SA Media is a news research service, produced by Sabinet, that contains records from South African newspapers and periodicals from 1978 to present day.
Google	Online search engine

List of online/print media publications

AA All Africa	FM Financial Mail	SABN SA Breaking News
AM Aidsmap	GH George Herald	SABC SABC News
Algoa Algoa FM	Grem The Gremlin	SALI Southern African Legal Information Institute
AN Athlone News	GSNB Groote Schuur Negligence Blogspot	SAMJ South African Medical Journal
ANW Africa News Wire	GU Groundup	SI Sunday Independent
AS Atlantic Sun	H24 Health24	SM Southern Mail
BD Business Day, Business live	HEN Health E-News	ST Sunday Times
BizN Biz News	Her Herald, EP Herald	STrib Sunday Tribune
BSA Brand South Africa	Huff HuffPost South Africa	Spot Spotlight
BTech Business Tech	HS Health Staff	Sow Sowetan
BR Bush Radio	IOL Independent Online News	Star
CA Cape Argus	Lead The Leader	SU Stellenbosch University
CBN Cape Business News	M&G Mail & Guardian, Bhekisisa Centre for Health Journalism, Weekly Mail & Guardian	SW Sunday World
CGB Chris Gibbons Blog	MB Medical Brief	TAC Treatment Action Campaign
Cit The Citizen	MedCh Medical Chronicle	Times Times Live, The Times
CL City Life	MC Mediclinic	VOCFM The Voice of the Cape FM News
Conv The Conversation	MU Media Update	Vuk Vuk'uzenzele
CP City Press	MX Medical Xpress	WA Saturday Argus, Saturday Weekend Argus, Sunday Argus, Sunday Weekend Argus
CTalk Cape Talk	N24 News 24	WCG Western Cape Government
CT Cape Times	NA The New Age	WCN West Cape News
DA Democratic Alliance	NM News Medical	Wit The Witness, Weekend Witness
DC Destiny Connect	NGO NGO Pulse	WKN The Weekender
DD Daily Dispatch, Dispatch Live	PHM People's Health Movement	WP Weekend Post
DFA Diamond Fields Advertiser	PN Pretoria News	YK Yazkam Blog
DM Daily Maverick	PP People's Post	YNITU Young Nurses Indaba Trade Union
DN Daily News	PW Politics Web	
DS Daily Sun	RE Rekord East	
ECR East Cape Radio	RF Rise FM	
eHosp eHospice		
EHN ehealthnews		
Fin24 Fin24.com		

Appendix 3: List of primary print and online media articles

To be submitted as Supplementary Material to HPP with article.

Code	Month	Title (abbreviated)	Source	Source
1994_1	Jan	Health care 'appalling'	CT	SAM
1994_2	Mar	Close to 4000 Aids cases in WC	CA	SAM
1994_3	Jun	Govt health plan: Real impact	CT	SAM
1994_4	Aug	Health care plan primed	BD	SAM
1994_5	Aug	AIDS, TB to be 'top priority'	CT	SAM
1994_6	Aug	TB alarming in WC - Rasool	CT	SAM
1994_7	Sep	Shock findings in rural injury study	CA	SAM
1994_8	Sep	Workers protest at hospital	CT	SAM
1994_9	Oct	Cape gets biggest bite of health cake	BD	SAM
1994_10	Oct	Kriel warns thousands may lose jobs	CT	SAM
1994_11	Dec	Crisis in hospitals	CA	SAM
1994_12	Dec	Medicine shortage is 'due to manufacturers'	CA	SAM
1994_13	Dec	Drastic health cuts 'inevitable'	CT	SAM
1994_14	Dec	Verbal battle over City's health department	CT	SAM
1995_1	Jan	EC medicine shortages now 'critical'	BD	SAM
1995_2	Jan	Medicine shortages cause chaos	CT	SAM
1995_3	Jan	Medicines: E Cape chaos is claimed	Cit	SAM
1995_4	Feb	Two months to comment on health plan	CA	SAM
1995_5	Feb	Protest over health plan	CT	SAM
1995_6	Feb	Public talks on health plan	CT	SAM
1995_7	Feb	Viws invited by Rasool	CT	SAM
1995_8	Feb	WC Health Plan, Have your say!	WA	SAM
1995_9	Mar	Education, health care under huge pressure	CA	SAM
1995_10	Mar	Drastic steps to balance books	CT	SAM
1995_11	Mar	Attack on health cuts	CT	SAM
1995_12	Apr	Health care must reach more	CA	SAM
1995_13	Jun	Top health officials appointed	CA	SAM
1995_14	Jun	Clinic survey: HIV infection rate has doubled	CT	SAM
1995_15	Jul	Plan to boost WC health, ambulance services	CA	SAM
1995_16	Jul	Medical interns may go rural	Her	SAM
1995_17	Aug	Bosberaad' planned on academic hospitals	CA	SAM
1995_18	Sep	Life-line for WC jobs	CA	SAM
1995_19	Sep	Plan for one health faculty rejected	CT	SAM
1995_20	Sep	Cape health workers won't lose jobs	Cit	SAM
1995_21	Dec	Directors appointed to WC Health Dep	CA	SAM
1996_1	Jan	Province fighting off budget guillotine	CT	SAM
1996_2	Mar	Revolt over health vacancies averted	CT	SAM
1996_3	Mar	Caught on the hop by 'free health care'	WA	SAM
1996_5	Apr	Finance needed for health care programme	BD	SAM
1996_6	Apr	Free primary health care is here	CA	SAM
1996_7	Apr	Legislators tour health facilities	CT	SAM
1996_8	May	New process to rationalise WC health services	CA	SAM
1996_9	May	TB declines in WC	CA	SAM
1996_10	May	Free PHC short-sighted	CT	SAM
1996_11	Jun	Major problems in TB care	CT	SAM
1996_12	Jun	District surgeons seek R4.5m in back pay	CT	SAM
1996_13	Aug	Health care hikes won't affect poor or pregnant	CT	SAM
1996_14	Sep	WC health leaders challenge gov policy	BD	SAM
1996_15	Sep	Community will own R23-m private hospital	CA	SAM
1996_16	Sep	Probe to tally hospital baby deaths	CT	SAM
1996_17	Sep	More health cuts on way for Cape	CT	SAM
1996_18	Sep	Public urged to adopt healthier lifestyle	CT	SAM
1996_19	Sep	A real reduction in services	FM	SAM
1996_20	Oct	Hospital cuts will kill women - Cape docs	CA	SAM
1996_22	Dec	Rasool plea: Keep drunk drivers off the roads	CT	SAM
1997_1	Jan	Consultants to help reshape hospitals	BD	SAM
1997_2	Jan	Hospital savings plan on cards	CA	SAM
1997_3	Feb	Cape child health given a boost	BD	SAM
1997_4	Feb	Nearly 100 seek abortions in Cape	CA	SAM
1997_5	Feb	Red Cross closes outpatient service in cost-efficiency plan	CA	SAM
1997_6	Feb	Ombudsmen for WC hospitals	CA	SAM
1997_7	Feb	WC may be winning TB battle	CA	SAM
1997_8	Mar	A new commitment to controlling TB	CT	SAM

Code	Month	Title (abbreviated)	Source	Source
1997_9	Mar	Cape cuts 'not punishment'	CA	SAM
1997_10	Mar	WC community health centres in crisis	Cit	SAM
1997_11	Mar	WC has lowest HIV infection rate in country	CT	SAM
1997_12	Apr	Gugulethu TB project wins WHO praise	CA	SAM
1997_13	Apr	ANC prefers basic essentials to NP's power-sharing ploy	CA	SAM
1997_14	Apr	Health departments 'battling to cope'	Cit	SAM
1997_15	Apr	Cape cuts health education funding	Cit	SAM
1997_16	May	Bitter pill for Cape health care	CA	SAM
1997_17	May	Death in a wheelbarrow: health chief says sorry	CA	SAM
1997_18	May	Poor health services' news report shocks DP	CA	SAM
1997_19	Jun	3000 health jobs axed in WC	CA	SAM
1997_20	Jun	Rasool gets tough on health	CA	SAM
1997_21	Jul	Clinic staff 'fed up' with assaults	CA	SAM
1997_22	Jul	A bouquet for Minister Rasool	CA	SAM
1997_23	Jul	Census finding: call to review R230-m budget cut	CA	SAM
1997_24	Jul	Province unveils strategy to tackle hospitals crisis	CA	SAM
1997_25	Jul	Map guides locals to correct hospitals	CA	SAM
1997_26	Jul	Lack of funds halts Aids plan	CA	SAM
1997_27	Jul	The cost of no Aids education	CT	SAM
1997_28	Aug	Meiring pleads for job cuts	CT	SAM
1997_29	Aug	Business, province would do well to link up over health	CA	SAM
1997_30	Aug	Hospitals pharmacy crisis is a bitter pill	CA	SAM
1997_31	Aug	Better basic health care one step closer	CA	SAM
1997_32	Aug	Cape's academic hospitals may get cash injections	CT	SAM
1997_33	Aug	City hospitals face closure	CT	SAM
1997_34	Aug	Health cutbacks can hurt poor	CT	SAM
1997_35	Sep	Health service mapped out for you	CA	SAM
1997_36	Oct	Proposed closures of Somerset and Valkenberg hospitals 'illegal'	CA	SAM
1997_37	Oct	McKenzie tipped for welfare post	CA	SAM
1997_38	Nov	Fears as TB on rise in HIV cases	CA	SAM
1997_39	Nov	Hospitals in need of a transfusion	CA	SAM
1997_40	Nov	Danger signals	CA	SAM
1997_41	Nov	Let us join hands, Professor Benatar, in fight for medical care	CA	SAM
1997_42	Dec	Health budget cut a crisis in the Cape	CA	SAM
1997_43	Dec	HIV takes its deadly tithe..	CA	SAM
1997_44	Dec	Teaching hospitals face collapse as cuts loom	CA	SAM
1997_45	Dec	Key hospitals saved by health cash boost	CA	SAM
1997_46	Dec	Nursing graduates today, jobless tomorrow	CA	SAM
1997_47	Dec	Give us the facts about education and health	CT	SAM
1997_48	Dec	WC health department thrown a R600m lifeline	CT	SAM
1997_49	Dec	Satisfactory health care impossible after cuts	CT	SAM
1997_50	Dec	Feeling the cut of old budget practices	CT	SAM
1997_51	Dec	Cape health is fighting budget cuts	Cit	SAM
1997_52	Dec	Marais gives Rasool huge farewell jab	WA	SAM
1998_1	Jan	EU gives R48m to health care bodies	BD	SAM
1998_2	Jan	Health goes to grassroots	CA	SAM
1998_3	Jan	R48m tonic for PHC in WC	CT	SAM
1998_4	Jan	Rasool exit as health MEC	CT	SAM
1998_5	Jan	Everyone gets a say on HC	WA	SAM
1998_6	Feb	Death prompts promises	CT	SAM
1998_7	Mar	Infection rate in WC catching up to rest of country	CA	SAM
1998_8	Mar	HIV set to hit one in four	CA	SAM
1998_9	Apr	Proposed closures of Somerset and Valkenberg hospitals 'illegal'	BD	SAM
1998_10	Apr	Somerset safe but ANC fears for new clinics	CA	SAM
1998_11	Apr	Rasool ANC leader in WC	Cit	SAM
1998_12	Apr	Rasool expected to lead ANC in WC	Cit	SAM
1998_13	Apr	Cape Town's Somerset might be saved: MEC	Cit	SAM
1998_14	May	Cape health care 'on brink'	CA	SAM
1998_15	May	No one is fighting for us, say psychiatric staff	CA	SAM
1998_16	May	Marais braced for health plan battle	CT	SAM
1998_17	Jun	2000 WC health staff to lose jobs	CA	SAM
1998_18	Jun	Rasool a candidate for top health award	CA	SAM
1998_19	Jun	Just reward for Rasool	CT	SAM
1998_20	Jun	Rasool awarded honour for healthy passion	CT	SAM
1998_21	Sep	Video link aims to end isolation	CA	SAM
1998_22	Oct	EC has one doctor to 8000 people	SI	SAM

Code	Month	Title (abbreviated)	Source	Source
1998_23	Nov	City may sue province over R18-m debt	CA	SAM
1998_24	Dec	Up to 25pc of medical waste 'illegally dumped'	Cit	SAM
1999_1	Jan	Cape will give pregnant women AZT	CA	SAM
1999_2	Jan	AZT project going ahead	PN	SAM
1999_3	Feb	Aids drug drive creates tension	CA	SAM
1999_4	Feb	The source of the problem	CA	SAM
1999_5	Mar	Blow to NNP as Nic Koornhof joins DP	CT	SAM
1999_6	May	Voluntary sterilisation association appoints national organiser	CA	SAM
1999_7	Jun	City hospitals battle to head off service cuts	CA	SAM
1999_8	Jun	R13-m bill for safety cuts deep into health care budget	CA	SAM
1999_9	Jun	Health strategy is working in the Cape	CT	SAM
1999_10	Jun	W Cape health system "stable if not excellent"	CT	SAM
1999_11	Jun	Cape hospitals close at night	Cit	SAM
1999_12	Jun	Health care system sick	CP	SAM
1999_13	Jun	Let's work together	Lead	SAM
1999_14	Jul	Health boss to tackle long queues	CA	SAM
1999_15	Aug	Production hitch hits TB vaccine supply	CA	SAM
1999_16	Aug	Cape clinics in poor health as budget falters	WA	SAM
1999_17	Sep	Business will be forced to fight HIV	CA	SAM
1999_18	Sep	'Bed-hopping' ANC jibes fail to find mark in coalition	CA	SAM
1999_19	Sep	WC is top spender	CA	SAM
1999_20	Sep	Still much to be done says health prize winner	CA	SAM
1999_21	Sep	Health at the forefront	SI	SAM
1999_22	Oct	Condom supplies in WC running out	CT	SAM
1999_23	Oct	Cape condom stocks are stretched again	CT	SAM
1999_24	Oct	Govt urged to get tough over medical waste	Sow	SAM
1999_25	Dec	Hospital systems set for Y2K	BD	SAM
2000_1	Jan	Big thanks to the services during celebrations	CT	SAM
2000_2	Jan	Health authorities on alert	M&G	SAM
2000_3	Feb	How Cape health shapes up	CA	SAM
2000_4	Feb	'Inequality 'stunting' abortion law	CA	SAM
2000_5	Feb	Deployment plan for health workers	CT	SAM
2000_6	Feb	R16m in medication and linen stolen	CT	SAM
2000_7	Mar	HIV survey highlights teen risk	SI	SAM
2000_8	May	New HIV campaign to start	Cit	SAM
2000_9	Sep	Morkel offers to join fight for anti-HIV drugs	CA	SAM
2000_10	Sep	WC, St Petersburg sign pact	CA	SAM
2000_11	Sep	Crackpot Aids dissident's work was out of place	CT	SAM
2000_12	Sep	Provincial clinics supplies of condoms don't stretch far enough	CT	SAM
2000_13	Sep	No heart transplant quota	Star	SAM
2000_14	Sep	Severe head injuries who gets treated?	HEN	Google
2000_15	Nov	HIV drugs isn't about elections	CA	SAM
2000_16	Nov	Unchanged EC hospital fees makes medical care expensive	Her	SAM
2000_17	Dec	WC bid to bypass govt on Aids drugs	Star	SAM
2001_1	Jan	WC goes on full cholera alert	CA	SAM
2001_2	Jan	More medical staff for WC hospitals	CT	SAM
2001_3	Jan	Cape cholera victim cured	Cit	SAM
2001_4	Jan	WC cholera case isolated incident	Her	SAM
2001_5	Feb	Hospitals participating in the programme	M&G	SAM
2001_6	Feb	Human Tissue Act needs to be updated	STrib	SAM
2001_7	Mar	Robbing Peter to pay Paul	CA	SAM
2001_8	Mar	Cities 'need to compete'	Cit	SAM
2001_9	Apr	Drug fears puts MTC plan on hold	CA	SAM
2001_10	Apr	Aids drug available at public health facilities	Sow	SAM
2001_11	May	Fighting on all fronts: in the absence of a cure, prevention pays dividends	CA	SAM
2001_12	June	Koornhof stands firm on Aids drug for WC mums-to-be	CA	SAM
2001_13	Jun	WC Aid drug scheme grows	CA	SAM
2001_14	Jul	TB treatment to continue, even without Santa	CT	SAM
2001_15	Jul	Business-like WC takes healthcare plunge	FM	SAM
2001_16	Oct	WC off TAC's antiretroviral hook	BD	SAM
2001_17	Oct	HIV puts big dent in health cash	CA	SAM
2001_18	Oct	Cape Aids drive beefed up	CA	SAM
2001_19	Oct	US funders ready to help WC with AIDS drugs for those in need	CT	SAM
2001_20	Nov	AIDs group drops actions against WC	BD	SAM
2001_21	Nov	Anti-Aids programme flourished under DA	CT	SAM
2001_22	Nov	Judge knocks Aids policy	Cit	SAM

Code	Month	Title (abbreviated)	Source	Source
2001_23	Nov	AIDs programmes will survive	FM	SAM
2002_1	Jan	Cape sets Aids example	CA	SAM
2002_2	Jan	Cape scores Aids drugs	CA	SAM
2002_3	Jan	WC receive 5 years free Anti-Aids meds	CT	SAM
2002_4	Jan	Government slammed over gang-raped baby	PN	SAM
2002_5	Feb	WC, Bayer in talks over drug	BD	SAM
2002_6	Feb	Hospitals turn away the ill as funding is diverted	BD	SAM
2002_7	Feb	Minister lauds WC health services	CA	SAM
2002_8	Feb	Gauteng specialised medical funds cut	PN	SAM
2002_9	Feb	Marais: HIV/Aids is enemy number 1	WA	SAM
2002_10	Feb	WC's success story	Sow	SAM
2002_11	Feb	Aids causes 30% of deaths during childbirth	STrib	SAM
2002_12	Mar	WC gets R1m boost for Aids education	CA	SAM
2002_13	Mar	Pledge to pregnant women as WC doubles HIV budget	CA	SAM
2002_14	Mar	The scourge of the preventable killer	CA	SAM
2002_15	Mar	HIV/Aids sufferers to get disability grants from province - MEC	CT	SAM
2002_16	Mar	New fleet of ambulances for Cape patients	CT	SAM
2002_17	Mar	New vaccine to help end TB epidemic in WC	CT	SAM
2002_18	Mar	Ministers highlighted their dept's interventions in support of the HOOC Campaign	CP	SAM
2002_19	Mar	New TB vaccine could be tested in SA	PN	SAM
2002_20	Mar	No need for rocket scientists in Aids treatment plan	WA	SAM
2002_21	Mar	Saving babies from HIV is easy	Star	SAM
2002_22	Apr	Sekunjalo health-care system under way	BD	SAM
2002_23	Apr	WC takes lead in saving babies from HIV	CT	SAM
2002_24	Apr	Sekunjalo secures R150, IT contract	Star	SAM
2002_25	Apr	Polio drive begins in the Cape	CA	SAM
2002_26	May	Safety to be addressed after unconscious patient flung out of ambulance in accident	CT	SAM
2002_27	May	Mass polio immunisation plan launched	CT	SAM
2002_28	May	Cape Flats nurses sick of gangland abuse	IOL	Google
2002_29	Jun	Man sent home to die after hit and run	CA	SAM
2002_30	Jun	Hiv on rise among teens in WC	CT	SAM
2002_31	Jun	Unions attack decision to close Conradie hosp	CT	SAM
2002_32	Jun	HIV infection rate in WC lowest in country	CT	SAM
2002_33	Jun	Does HIV cause Aids, Evita asks the Minister	Cit	SAM
2002_34	Jul	Communities get across-board input in hospitals	CA	SAM
2002_35	Jul	Bread and black boards	CA	SAM
2002_36	Aug	Healers seek know-how to help fight Aids	CA	SAM
2002_37	Aug	Study can clear air on nevirapine	CA	SAM
2002_38	Aug	'We have other drugs to give HIV mothers'	CA	SAM
2002_39	Aug	The private side of public health care	CA	SAM
2002_40	Aug	Province wants to give Aids drugs - premier	CT	SAM
2002_41	Aug	Deregistering aids drug would be "massive human disaster" say Van Schalkwyk	CT	SAM
2002_42	Aug	Lack of funds limits WC to 14 abortion clinics	CT	SAM
2002_43	Aug	Tentative steps to save Aids patients	Sow	SAM
2002_44	Aug	Aids drug ban will be a human disaster	Sow	SAM
2002_45	Sep	WC considers providing antiretrovirals to employees	BD	SAM
2002_46	Sep	Heath 'warned of hospital debacle'	CA	SAM
2002_47	Sep	Doctors gagged	CA	SAM
2002_48	Sep	Hospital doctors overtime banned	CA	SAM
2002_49	Sep	Private hospital reopens for public	CA	SAM
2002_50	Sep	Unhealthy state of affairs	CA	SAM
2002_51	Sep	Rural docs plead for help	CA	SAM
2002_52	Sep	Top docs vow to defy new orders on overtime	CA	SAM
2002_53	Sep	DA's Zille calls for urgent debate around Cape Doc gag	CA	SAM
2002_54	Sep	Almost nil HIV babies in 2 years	CT	SAM
2002_55	Sep	R16m civil case settled out of court	CT	SAM
2002_56	Sep	Alarm at HIV rate in WC	Cit	SAM
2002_57	Sep	WC asserts leadership in AIDS war	FM	SAM
2002_58	Sep	Legal action over R166m due to Cape hospitals	Her	SAM
2002_59	Sep	Roll out the drugs	M&G	SAM
2002_60	Sep	Misspent R166m used for training nurses, health department tells specialists	WA	SAM
2002_61	Sep	Van Schalk Wyk gags hospital staff	IOL	Google
2002_62	Oct	Province outlines changes to health system	BD	SAM
2002_63	Oct	R230m Aids grant gives new hope to families	CA	SAM
2002_64	Oct	It's my job to make harsh decisions'	CA	SAM
2002_65	Oct	Doctors begin pay cut battle	CA	SAM

Code	Month	Title (abbreviated)	Source	Source
2002_66	Oct	Feeding budget lags behind inflation	CA	SAM
2002_67	Oct	Househam explains why medics were gagged	CA	SAM
2002_68	Oct	MTC campaign has broken silence	CA	SAM
2002_69	Oct	State health seeks treasury quick-fix	CA	SAM
2002_70	Oct	Hospital care for premature babies has never been more effective	CA	SAM
2002_71	Oct	Same will fight for docs overtime	CA	SAM
2002_72	Oct	State docs overtime contracts stay as health officials back down	CT	SAM
2002_73	Oct	Wheel-chair bound patients upset at move to Lentegeur	CT	SAM
2002_74	Oct	Heart unit in crisis	Cit	SAM
2002_75	Oct	Doctors meet over pay issues	DN	SAM
2002_76	Oct	Health care funds run dry	M&G	SAM
2002_77	Oct	GS cash crisis	IOL	Google
2002_78	Oct	Heart patient died after doc postponed surgery	N24	Google
2002_79	Nov	Where Aids is whispered	CA	SAM
2002_80	Nov	Reaching out in fight against Aids	CA	SAM
2002_81	Nov	Rural people also in denial	CA	SAM
2002_82	Nov	Tell a difficult story	CA	SAM
2002_83	Nov	Courageous combatants	CA	SAM
2002_84	Nov	Child malnutrition in WC halved over past three years, says prov health department	CT	SAM
2002_85	Nov	City clinics to get drugs by Monday, vows health MEC	CT	SAM
2002_86	Dec	Burnt out trauma nurses are leaving in droves	CA	SAM
2002_87	Dec	The HIV/Aids cycle must be broken	CA	SAM
2002_88	Dec	Praise for Cape's Aids programme	CA	SAM
2002_89	Dec	New strategy document will guide provincial gov on needs of disabled people	CT	SAM
2002_90	Dec	Sick babies die amid shortages of hospital staff, equipment	CT	SAM
2002_91	Dec	Departures of nurses leaves hospitals in serious straits	CT	SAM
2002_92	Dec	Enough hot air- only a war strategy can ensure victory against pandemic	CT	SAM
2002_93	Dec	Report says 4.2% of pop in WC inf with HIV, 14% in country	CT	SAM
2002_94	Dec	WC has higher levels of HIV but Free State tops list	DN	SAM
2002_95	Dec	HSRC study of HIV released	Sow	SAM
2003_1	Jan	Bidding process for public-private health contracts set to begin in WC	BD	SAM
2003_2	Jan	Sangomas dispel myth	Cit	SAM
2003_3	Feb	Controversial health plan still open for input	CA	SAM
2003_4	Feb	On the road to health change	CA	SAM
2003_5	Feb	Dean slams health heads for lack consultation	CA	SAM
2003_6	Feb	City may lose top hospital	CA	SAM
2003_7	Feb	Staying within limits of the budget is an uphill battle for medical services	CA	SAM
2003_8	Feb	Groote Schuur may go	Star	SAM
2003_9	Mar	Health sectors finance woes	CA	SAM
2003_10	Mar	Provinces allocated R66m to combat Aids	CT	SAM
2003_11	Mar	WC to give all its Aids babies ARVs	CT	SAM
2003_12	Mar	WC fairest to the fairer sex	M&G	SAM
2003_13	Apr	Cape Aids babies to get ART	CA	SAM
2003_14	Apr	Public hospitals deal set to reduce members bills	BD	SAM
2003_15	Apr	Authorities rush to fix vandalised hospital	CA	SAM
2003_16	Apr	Hospital's destruction 'appalling'	CA	SAM
2003_17	Apr	Trenches dug for killer bug	CA	SAM
2003_18	Apr	TAC has it all wrong	CA	SAM
2003_19	Apr	WC health dep welcomes ruling	CT	SAM
2003_20	Apr	SARS clinic opened at city airport	CT	SAM
2003_21	Apr	Down's hysterectomy verdict gets thumbs-up	Star	SAM
2003_22	Apr	Poor lie in droves as government fiddles	SI	SAM
2003_23	Jun	Health services offer bare minimum	CA	SAM
2003_24	Jun	Gov to hand out ART soon, says Meyer	CT	SAM
2003_25	Jun	WC seeks R848m from global Aids, TB fund	CT	SAM
2003_26	July	Interns to be denied jobs in WC and Gauteng	CT	SAM
2003_27	July	Medical interns needed most in rural communities	CT	SAM
2003_28	Aug	Province aims to double HIV drugs programme	CA	SAM
2003_29	Aug	WC to point way for other provinces	CT	SAM
2003_30	Aug	Blood transfusion service in plea to remain independent	CT	SAM
2003_31	Aug	More money and streamlined system are essential for an adequate health service in SA	CT	SAM
2003_32	Aug	More pressure on government	Sow	SAM
2003_33	Nov	WC spends most on AIDS but has lowest rate	BD	SAM
2003_34	Nov	R455m Aids boost for WC on cards	CA	SAM
2003_35	Nov	Health services thrown a R90m lifeline	CA	SAM
2003_36	Nov	New TB strain is resistant to drugs	CA	SAM

Code	Month	Title (abbreviated)	Source	Source
2003_37	Nov	New TB strain in SA	Cit	SAM
2003_38	Nov	Historic awards in health sector	Sow	SAM
2003_39	Nov	R455m Aids boost for WC on cards	Sow	SAM
2003_40	Nov	New TB strain is resistant to drugs	Star	SAM
2003_41	Dec	WC spent most on AIDS but has lowest rate	BD	SAM
2003_42	Dec	75% of hospital staff dealing with rape cases lack training	CT	SAM
2003_43	Dec	WC extends Sekunjalo unit's IT medical contract	Star	SAM
2004_1	Jan	Medics urged to go where they're needed	Star	SAM
2004_2	Jan	Fewer circumcision horror stories	ST	SAM
2004_3	Feb	MEC promises health services won't be slashed	CT	SAM
2004_4	Feb	New hospital to be built in Khayelitsha or Mitchells Plain	CT	SAM
2004_5	Feb	State will pay health workers R1000	Sow	SAM
2004_6	Feb	Cosatu to march with doctors	Sow	SAM
2004_7	Mar	Twice as much for HIV/Aids in health spend	CA	SAM
2004_8	Mar	New boost for Cape Aids fight	CT	SAM
2004_9	Mar	HIV+ pregnant women to get additional drugs	CT	SAM
2004_10	Mar	Parents suing department over infecting of child with HIV	CT	SAM
2004_11	Mar	Patients from outside the province cost millions	CT	SAM
2004_12	Mar	CHW to be paid R1000 a month	CT	SAM
2004_13	Mar	Staff shortage hassle	DD	SAM
2004_14	Mar	WC shows way on Aids	CA	SAM
2004_15	Apr	Health boss airs hospital's dirty laundry	CA	SAM
2004_16	Apr	Officials probing drug supply problems at Delft Day Hospital	CT	SAM
2004_17	Apr	Department of Education to take over school feeding scheme	CT	SAM
2004_18	Apr	Linen stolen from Cape hospitals being sold in Europe	WP	SAM
2004_19	Apr	Western Cape Getting it Right	HEN	Google
2004_20	May	Less hospital linen stolen	CA	SAM
2004_21	Jun	Cape to keep two cancer clinics	BD	SAM
2004_22	Jun	World health body scraps two generic antiretrovirals	CA	SAM
2004_23	Jun	Plan to cut queues at health centres in nine communities	CT	SAM
2004_24	Jul	Stellenbosch centre to help children with FAS	CT	SAM
2004_25	Jul	Cape plans to lure UK medical staff	BD	SAM
2004_26	Jul	Wake-up call for health services	PN	SAM
2004_27	Jul	Bid to lure docs from abroad as children's hospital crisis looms	WA	SAM
2004_28	Jul	More money reaching fewer people	Star	SAM
2004_29	Aug	Roadblocks keep avian flu from WC	CA	SAM
2004_30	Sep	Parents sue for R3.57m after baby contracts HIV	CT	SAM
2004_31	Sep	Parents sue Health Dept over HIV baby	Cit	SAM
2004_32	Oct	Schools targeted as HIV figures rise	CA	SAM
2004_33	Oct	Alarming leap in HIV infections in teenagers	CT	SAM
2004_34	Oct	Huge grant set to double WC ARV rollout	Star	SAM
2004_35	Nov	R50 to cut the wait at hospitals	CA	SAM
2004_36	Nov	WC reaches out a helping hand to neighbouring provinces battling to provide services	CT	SAM
2004_37	Nov	Budget cut hits EC patients	WA	SAM
2004_38	Nov	WC budget cuts leads to death of PE patient	WP	SAM
2005_1	Jan	Warning of measles epidemic in Cape Town	BD	SAM
2005_2	Jan	Bill to turn up heat on medical waste	CA	SAM
2005_3	Jan	Measles: schools asked to aid drive	CA	SAM
2005_4	Feb	Drug laws will cost Cape R120m to implement	Star	SAM
2005_5	Mar	Hospitals get shot in arm	CA	SAM
2005_6	Mar	Health and education the focus in WC budget	CT	SAM
2005_7	Mar	Provincial control of clinics to free up R60m	CT	SAM
2005_8	Apr	Row over national blood service keeps law on ice	CT	SAM
2005_9	Apr	NHA will join public private HC for collective good	CT	SAM
2005_10	Apr	Pyjama protest	Cit	SAM
2005_11	Apr	Health dep to double patients on ARVs	CT	SAM
2005_12	May	WC adds ten years to your life	CA	SAM
2005_13	May	Dietary support to be offered at ARV sites in WC	CT	SAM
2005_14	May	Life expectancy higher in WC - but heart attacks leading cause of death	CT	SAM
2005_15	Jun	Rasool squares up to Ngculu	M&G	SAM
2005_16	Aug	Province to miss out on nursing college plan	CA	SAM
2005_17	Aug	Healthcare for all	CT	SAM
2005_18	Sep	Top medics want MEC to turn away Rath	CA	SAM
2005_19	Sep	Health workers tackle Rath's campaign against Aids drugs	BD	SAM
2005_20	Sep	WC doctor first health mediator	CA	SAM
2005_21	Sep	DA sceptical over slashing of health rates	CA	SAM

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2005_22	Oct	New alert over drug resistant TB strain	CA	SAM
2005_23	Oct	Stop Rath or we'll see you in court, activists tell MEC	CA	SAM
2005_24	Oct	Steps taken to avert drug resistant TB crisis	CT	SAM
2005_25	Nov	Interns still waiting for placements to be finalised	CT	SAM
2005_26	Nov	Provincial health departments forfeiting money due to underspending	Her	SAM
2005_27	Dec	WC blood reserves suffer in festive season	CT	SAM
2005_28	Dec	Provinces suffer unequally	FM	SAM
2005_29	Dec	WC recruits paramedics but more staff still needed	Star	SAM
2006_1	Mar	Province is short of bird flu vaccine	CA	SAM
2006_2	May	Nursing profession faces numerous challenges	IOL	Google
2006_3	Jun	Lack of skills stymies PPP, says Groote Schuur CEO	BD	SAM
2006_4	Jul	Cape businesses advised to step up HIV fight	BD	SAM
2006_5	Jul	Syphilis infection rate in WC on rise	CA	SAM
2006_6	Jul	It's inexcusable that people are denied proper healthcare	DD	SAM
2006_7	Sep	Health officials to meet as TB deaths rocket	CA	SAM
2006_8	Sep	Public input sought to help boost health delivery in province	CT	SAM
2006_9	Sep	Rate of HIV pregnancies contributes its upward trend	CT	SAM
2006_10	Sep	1 in 5 women in WC HIV+	DD	SAM
2006_11	Sep	Valkenberg Psychiatric Hospital	M&G	Google
2006_12	Oct	Medics must pay up or be struck off	CA	SAM
2006_13	Oct	Health service struggles to cope as patient numbers rise	CA	SAM
2006_14	Oct	Parents urged to vaccinate children against polio	CA	SAM
2006_15	Oct	Province braces for threat of deadly TB strain	CA	SAM
2006_16	Oct	Anti-polio drive targets children under 5	CT	SAM
2006_17	Nov	Cape docs 'over the top' with antibiotics	CA	SAM
2006_18	Nov	Senior paramedic faces 50 charges for using ambulance as private transport	CA	SAM
2006_19	Dec	Cape Argus launched provincial ARV barometer	CA	SAM
2006_20	Dec	MSF 'still hands on' role in Khayelitsha ARV project	CT	SAM
2007_1	Jan	Initiation unit to cut deaths and injuries at traditional initiation schools	CA	SAM
2007_2	Jan	WC health officials on leave pocketed R1m in overtime	CA	SAM
2007_3	Feb	Tough measures on illegal dumping of medical waste	CT	SAM
2007_4	Feb	WC projects net 11 Impumelelo awards	CT	SAM
2007_5	Feb	Budget cuts threatens top hospitals	ST	SAM
2007_6	Feb	Good outcomes for the Western Cape	HEN	Google
2007_7	Mar	Cuts reduce beds at top Cape hospitals	BD	SAM
2007_8	Mar	Cape health chief seeks to reassure staff	BD	SAM
2007_9	Mar	Doctors rally to fight over budget cuts	CA	SAM
2007_10	Mar	R100 m injection set to boost nurses' pay	CA	SAM
2007_11	Mar	Hospitals 'will cope with R30m budget cutback'	CT	SAM
2007_12	Mar	Doctors set for war on cuts	CA	Google
2007_13	April	ARV rollout faces R50m deficit	CA	SAM
2007_14	April	Commission to probe province's health care	CA	SAM
2007_15	April	Cape challenge	CA	SAM
2007_16	April	HRC intervenes in Western Cape health care	CT	Google
2007_17	May	Cosatu rallies behind health workers	CA	SAM
2007_18	May	GS moneyspinner ward about to close	CA	SAM
2007_19	May	Manto's No 2 intervenes in hospital budgets row	CA	SAM
2007_20	May	Killer TB patients wait 6 to 8 weeks for a bed	CA	SAM
2007_21	May	Health authorities in bid to improve capacity	CA	SAM
2007_22	May	Cape gets thumbs down on cutting down crime	CA	SAM
2007_23	May	Health budget is inadequate - Uys	CT	SAM
2007_24	May	Budget cuts would cripple healthcare, says doctors	CT	SAM
2007_25	May	Angry medical staff, activists protest R30m funding cuts	CT	SAM
2007_26	May	Bhisho needs to recruit and retain healthcare workers	DD	SAM
2007_27	Jun	Restore health services - court	BD	SAM
2007_28	Jun	DA demands answer on medical posts	CA	SAM
2007_29	Jun	Its war' say unions as nurses are fired	CA	SAM
2007_30	Jun	Doctors furious at firing of health staff	CA	SAM
2007_31	Jun	Job reservation wrong	CA	SAM
2007_32	Jun	Politics lies at root of child malnutrition - expert	CT	SAM
2007_33	Jun	Communication breakdown cited for emergency services' ills	CT	SAM
2007_34	Jun	Unhealthy surgery	CT	SAM
2007_35	Jun	Province told to restore Khayelitsha health services	CT	SAM
2007_36	Jun	Health MEC, woman settle	CT	SAM
2007_37	Jun	Court rules on services	Cit	SAM
2007_38	Jun	TAC backs clinic staff in fight to keep jobs	WA	SAM

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2007_39	Jun	White doc gets senior Tygerberg post	WA	SAM
2007_40	Jun	Unhealthy approach	ST	SAM
2007_41	Jul	We are changing how health service works	CA	SAM
2007_42	Jul	Health workers remain dismissed	M&G	SAM
2007_43	Aug	Officials in bid to prevent diseases	CA	SAM
2007_44	Aug	Use public healthcare	CT	SAM
2007_45	Sep	Ill-judged reform	BD	SAM
2007_46	Sep	Manuel backs hospital cuts	BD	SAM
2007_47	Sep	Budget cuts threaten Cape hospitals - UCT	BD	SAM
2007_48	Sep	Cosatu to take battle for beds to court	CA	SAM
2007_49	Sep	Marie Stopes Clinics fight for right to stay open	CT	SAM
2007_50	Sep	WC one of only three poor-friendly provinces'	CT	SAM
2007_51	Sep	WC does well on service delivery	CT	SAM
2007_52	Sep	DOH lifts doctor suspension	CT	SAM
2007_53	Sep	HW increasing woes under spotlight	Star	SAM
2007_54	Sep	Health movement aims to hold the state accountable	Star	SAM
2007_55	Sep	Hospitals to face more pressure	WA	SAM
2007_56	Sep	"United front" to fight for proper health care	WA	SAM
2007_57	Sep	Budget cuts cripple healthcare	WKN	SAM
2007_58	Oct	Mental health treatment in spotlight	BD	SAM
2007_59	Oct	Student nurses launch protest	CA	SAM
2007_60	Oct	We will strike if healthcare is cut - Cosatu	CT	SAM
2007_61	Oct	Two WC hospitals shed apartheid era names	CT	SAM
2007_62	Oct	Rise in illegal abortions	Her	SAM
2007_63	Nov	Cape health services set for R332m boost	CA	SAM
2007_64	Dec	WC to target HIV hot spots after survey	BD	SAM
2007_65	Dec	R41m boost for Aids	CA	SAM
2007_66	Dec	TAC hails success of Aids battle in WC	CT	SAM
2008_1	Jan	State health sector hampered by lack of experience	CA	SAM
2008_2	Jan	Positive TB feedback	CT	SAM
2008_3	Feb	Committee ticks off health minister	BD	SAM
2008_4	Feb	Barometer of poverty shows up illness trends	CA	SAM
2008_5	Feb	Inequality flagged in Cape health services	CA	SAM
2008_6	Feb	Increase in health spending could put new hospitals plan back on track	CA	SAM
2008_7	Feb	Abortion clinics waits MEC decision	CT	SAM
2008_8	Feb	Tshwane tops list of health cities	PN	SAM
2008_9	Feb	Survey notes trends in healthcare provision	Star	SAM
2008_10	Mar	Shortage of pharmacists harms patients	CA	SAM
2008_11	Mar	Partnership uses DVD to upgrade hospital staff skills	CA	SAM
2008_12	Mar	Illicit use of dagga highest in WC	CT	SAM
2008_13	Mar	Imbizo discusses plans to manage TB defaulters as risk factor	CT	SAM
2008_14	May	Rape: Hospital 'window-dressing'	N24	Google
2008_15	Jun	Man sues Health MEC over operation	CT	SAM
2008_16	Jun	Compassion key to meeting public health challenges'	CT	SAM
2008_17	Jun	Namibians join exclusive open heart surgery club	CT	SAM
2008_18	Jul	Young people in SA are hazardous binge drinkers	CT	SAM
2008_19	Jul	Mfuleni clinic names after late city director of health	CT	SAM
2008_20	Aug	Fransman focuses on cancer unit	CA	SAM
2008_21	Aug	Patients the weakest link in war on TB, says MEC	CT	SAM
2008_22	Sep	GF Jooste Hospital under fire	CA	SAM
2008_23	Sep	Against the odds	CT	SAM
2008_24	Sep	Nurses at risk of violence	IOL	Google
2008_25	Oct	Booklet aims to help communities in battle against drugs	CA	SAM
2008_26	Oct	Metal detector to curb crime at clinic	CA	SAM
2008_27	Oct	WC has most unnatural deaths	CA	SAM
2008_28	Oct	Cape TB levels shock MEC	CA	SAM
2008_29	Oct	Auditor Gen grants province near clean bill of health	CT	SAM
2008_30	Nov	Ticking time bomb	CT	SAM
2008_31	Nov	Khayelitsha hospital accused of abuse	CT	SAM
2008_32	Dec	WC to focus on health research issues	CA	SAM
2008_33	Dec	Red Cross surgical ward renovated	CA	SAM
2008_34	Dec	High alert as city baby tests positive for cholera	CT	SAM
2008_35	Dec	Mental illness largely ignored	DN	SAM
2009_1	Jan	Health care is sick	CT	SAM
2009_2	Jan	Almost 50 cholera infections in one day	Times	SAM
2009_3	Jan	Deadly strain reaches WC	Times	SAM

Code	Month	Title (abbreviated)	Source	Source
2009_4	Mar	Unabantu probe set to start	CA	SAM
2009_5	Mar	In defence of Gugs health centre	CA	SAM
2009_6	Mar	Taxi drivers to hand out masks to coughing commuters on World TB Day	CT	SAM
2009_7	Mar	Grandma sent from pillar to post, baby dies	CA	Google
2009_8	Mar	Nurses also victims of poor health care	IOL	Google
2009_9	Mar	Nurses drink on duty, say terrified patients	IOL	Google
2009_10	Apr	Call to suspend EMS sex pest	CA	SAM
2009_11	Apr	Unabantu family 'left the dark over probe'	CA	SAM
2009_12	Apr	Infant dies on grandmother's back: Health authorities cleared	WCN	Google
2009_13	May	Continuity between DA health MEC and ANC health ministry a source of concern	CT	SAM
2009_14	May	Cape of medical storms	M&G	SAM
2009_15	May	Junior docs set to strike	Sow	SAM
2009_16	May	Lessons of tragedy	CT	Google
2009_17	Jun	The WC health department gets more compliments than complaints	CA	SAM
2009_18	Jun	MEC in bid to convince drs not to strike	CA	SAM
2009_19	Jun	Plans to tackle multibillion-rand health crisis - Zille	CA	SAM
2009_20	Jun	UCT supports health workers' pay disputes	CA	SAM
2009_21	Jun	Province on standby to deal with possible strike by drs	CA	SAM
2009_22	Jul	Striking doc reject pay offer	CA	SAM
2009_23	Jul	WC health services ready for 2010	CA	SAM
2009_24	Jul	Unhealthy figures	CT	SAM
2009_25	Jul	Smoke and mirrors	CT	SAM
2009_26	Jul	Stolen baby: No new leads	Times	SAM
2009_27	Jul	Health indicators in SA vary by district, report indicates	NM	Google
2009_28	Aug	Swine flu infections leap ahead in prov	WA	SAM
2009_29	Sep	Trauma will be the casualty	CA	SAM
2009_30	Sep	H1N1 statement welcomed	Cit	SAM
2009_31	Sep	Controversial health chief gets the chop	CP	SAM
2009_32	Sep	SA TB patients sell sputum to grant fraudsters	WCN	Google
2009_33	Sep	Cape Argus scoops top newspaper awards	CA	Google
2009_34	Sep	New hospital for Mitchells Plain	BSA	Google
2009_35	Oct	Provincial authorities play down measles fears	CA	SAM
2009_36	Oct	Traditional healers seek respect	CA	SAM
2009_37	Oct	WC better than gov, but still fails to get clean financial bill of health	CT	SAM
2009_38	Oct	KZN move on health plan praised	Star	SAM
2009_39	Oct	A sickly state of affairs	CA	Google
2009_40	Nov	Metro clinic security put on ice	CA	SAM
2010_1	Jan	Private healthcare is inefficient	BD	SAM
2010_2	Feb	Province has 447 cases of measles	CA	SAM
2010_3	Feb	Health dep blame each other for measles "cover-up"	CA	SAM
2010_4	Feb	Measles: officials in race against time	CA	SAM
2010_5	Feb	No measles panic in NC	DFA	SAM
2010_6	Feb	Running health like a business - WC	HEN	Google
2010_7	Feb	20 abortions a week at Khay clinic	WCN	Google
2010_8	Mar	Provinces overspend by billions on health	BD	SAM
2010_9	Mar	25 children die of measles and diarrhoea	CA	SAM
2010_10	Mar	Drink, drug abuse a heavy burden on health budget - MEC	CA	SAM
2010_11	Apr	Community workers earn a healthy income	CA	SAM
2010_12	Apr	Patient records still available	DD	SAM
2010_13	May	Reshuffle at three tertiary hosps	CA	SAM
2010_14	May	Institute reports two new cases of Rift Valley Fever in SA	Cit	SAM
2010_15	May	Curbing cowboy ambulances	ST	SAM
2010_16	Jun	22 die in Cape measles outbreak	CA	SAM
2010_17	Jun	Health dep to probe patient's complaints	CA	SAM
2010_18	Jul	Cape Aids fight gets boost with R15m mobile lab	CA	SAM
2010_19	Jul	WC's HIV fight clinches R1 billion	CA	SAM
2010_20	Aug	Heart machine gives False Bay Hosp a boost	CA	SAM
2010_21	Aug	Watchdog to investigate health services complaints	CA	SAM
2010_22	Aug	Military medics may fill breach	CT	SAM
2010_23	Sep	Chronic medication supply crisis after department intervenes and enforces stricter controls	CA	SAM
2010_24	Sep	Dispensing with clinic queues	Times	SAM
2010_25	Sep	Collective sigh of relief but things weren't all dire	Times	SAM
2010_26	Oct	New bill seeks to regulate all ambulance services	CA	SAM
2010_27	Oct	Prov aims for huge gains in health	CT	SAM
2010_28	Oct	Pre-NHI workshops to take SA's pulse	CT	SAM
2010_29	Oct	Disabled left in lurch	Sow	SAM

Code	Month	Title (abbreviated)	Source	Source
2010_30	Dec	WC Health Complaints Commission: First Independent Body for Patients	WCG	Google
2011_1	Jan	WC to use up excess flu doses with early vaccination drive	BD	SAM
2011_2	Feb	Pharmacy chain offers a healing hand to state patients	CA	SAM
2011_3	Feb	TB screening to be taken to communities	CA	SAM
2011_4	Mar	Risky illegal abortions still rife	CA	SAM
2011_5	Mar	The death of Conradie hospital	M&G	SAM
2011_6	May	Health forums call for council plan to be scrapped	CA	SAM
2011_7	May	Alarming HIV-prevalence stats	M&G	Google
2011_8	May	Manual to ensure patients know their rights, Unabantu Mali	CA	Google
2011_9	Jun	NGOs join WC Cape Aids Council	CA	SAM
2011_10	Jun	Fetal alcohol syndrome: dashed hopes, damaged lives	WHO	Google
2011_11	Jul	Court row stalls Cape plan for medicine by post	BD	SAM
2011_12	Aug	HIV cases need mental health care	CA	SAM
2011_13	Aug	WC is leading ART way	CA	SAM
2011_14	Aug	WC hit by shortage of medicines	CA	SAM
2011_15	Aug	Joburg ranks only 20th in audit of health services	Star	SAM
2011_16	Aug	MPs get glimpse of NHI planning	Times	SAM
2011_17	Aug	Motsoaledi: SA healthcare needs an attitude transplant	M&G	Google
2011_18	Sep	More money should be spent at primary health care level'	CA	SAM
2011_19	Sep	Mobile testing units show success in linking people to HIV care ...	AM	Google
2011_20	Oct	Army of elderly health workers to retire	CA	SAM
2011_21	Nov	Minister Botha on Health Care 2020	WCG	Google
2011_22	Dec	Health care will improve, says prov	CT	SAM
2011_23	Dec	Which province is best to live in?	H24	Google
2011_24	Dec	Provincial Health Department plans to improve patient experience	WCG	Google
2012_1	Jan	Doctor crisis in rural hospitals	IOL	Google
2012_2	Jan	Khayelitsha hospital open for surgery	CT	Google
2012_3	Feb	Cape teens having multiple abortions	CA	SAM
2012_4	Feb	Prov health complaints body to disband	CA	SAM
2012_5	Feb	MECs health watchdog plan a total failure	CA	SAM
2012_6	Feb	KZN kids most malnourished in SA	Star	SAM
2012_7	Feb	Unabantu Mali: A dismal failure	CA	Google
2012_8	Feb	Legal argument between complainant and WC government	SALI	Google
2012_9	Mar	WC punts its model for public healthcare	BD	SAM
2012_10	Mar	R14.6bn for WC healthcare	CA	SAM
2012_11	Mar	"I'll fight hospital takeover" says MEC	CA	SAM
2012_12	Mar	Education and health get bulk budget	CA	SAM
2012_13	Mar	No more imported nurses'	CA	SAM
2012_14	Mar	Clinic tragedy haunts family	CA	SAM
2012_15	Mar	Long wait for nothing	CA	SAM
2012_16	Mar	R700m for emergency services	CT	SAM
2012_17	Mar	Queue starts to move	FM	SAM
2012_18	Mar	Sick woman: Zille hits back	Her	SAM
2012_19	Mar	A shot in the arm	CA	SAM
2012_20	Mar	NHI will diminish the quality of care - MEC	WA	SAM
2012_21	Mar	Cape hospital turf war	WA	SAM
2012_22	Mar	WC's NHI prejudices cause for concern	SI	SAM
2012_23	Mar	Khayelitsha hospital boosts community health	Star	SAM
2012_24	Mar	Zille's health "refugee"	Times	SAM
2012_25	Mar	WC will receive R14,6bn for health services	N24	Google
2012_26	Apr	Prescription service on track, says MEC	BD	SAM
2012_27	Apr	Medical staff are victims of bullying	BD	SAM
2012_28	Apr	Promises but still no pills	CA	SAM
2012_29	Apr	Where patients sleep on floor	CA	SAM
2012_30	Apr	Hospitals in dire straits	CA	SAM
2012_31	Apr	Launch of CDU still delayed	BD	SAM
2012_32	Apr	A long wait for medicine	CA	SAM
2012_33	Apr	Allegations against hospital seem to be a vendetta	CA	SAM
2012_34	Apr	MEC urged to say sorry for breaching Madiba's privacy	CT	SAM
2012_35	Apr	Rollout of 10 pilot projects marks first phase of NHI	Sow	SAM
2012_36	Apr	Defence furious with DA	Times	SAM
2012_37	Apr	Du Noon clinic closure	WGN	Google
2012_38	Apr	New Khayelitsha Hospital officially opened	PW	Google
2012_39	Apr	New Khayelitsha Hospital Officially Opened	WCG	Google
2012_40	May	Deal ensures equal training access for health students	CT	SAM
2012_41	May	Health Foundation Launch	Sow	SAM

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2012_42	May	WCG signs multilateral agreement for health professionals	WCG	Google
2012_43	May	Province and universities scrap old apartheid health agreements	WCN	Google
2012_44	Jun	R11.5 m for Cape NHI pilot	CA	SAM
2012_45	Jun	March against ill health	CA	SAM
2012_46	Jun	Patients can complaint to committee	CA	SAM
2012_47	Jun	Traditional leaders welcome new, safe circumcision site for boys	NA	SAM
2012_48	Jun	Med student attacked in hospital	N24	Google
2012_49	Jun	Eastern Cape's so-called health system: In dire need of resuscitation	DM	Google
2012_50	Jun	Atlantis hospital gets much-needed revamp	WCN	Google
2012_51	Jun	A shot in the arm for WC healthcare	Vuk	Google
2012_52	Jul	Patients Desperate	CA	SAM
2012_53	Jul	End this fiasco	CA	SAM
2012_54	Jul	Security beefed up at hospitals	CA	SAM
2012_55	Jul	Treatment throws drug addicts lifeline	NA	SAM
2012_56	Jul	Official decries cuts in education, health	PN	SAM
2012_57	Jul	Cape calls for speed in medicine tender	BD	Google
2012_58	Aug	Company finally takes blame	CA	SAM
2012_59	Aug	Paramedics to be escorted in dangerous areas	CT	SAM
2012_60	Aug	R3.4m drugs destroyed	NA	SAM
2012_61	Aug	Western Cape health pilots patient complaint line	HEN	Google
2012_62	Aug	Lessons Learned from the Red Cross War Memorial Children's Hospital	DM	Google
2012_63	Aug	Nurse accused of being drunk, abusive	IOL	Google
2012_64	Aug	Chronic start for drug dispenser	M&G	Google
2012_65	Sep	Stop blame game and help us find a solution	CA	SAM
2012_66	Sep	WC stems nursing brain drain	CT	SAM
2012_67	Sep	Will to do better vital	DD	SAM
2012_68	Sep	WC hosp upgrades on track	NA	SAM
2012_69	Sep	Health workers and patients protest Jooste Hospital closure	GU	Google
2012_70	Oct	Mental illness rife among young people	NA	SAM
2012_71	Oct	Hope that NHI will cure ills	IOL	Google
2012_72	Oct	WC Health Minister Calls for Compassionate Care	eHosp	Google
2012_73	Oct	Healthcare Technology is Changing Lives in the WC	N24	Google
2012_74	Nov	R130m claims for Cape health	CA	SAM
2012_75	Nov	Free health services at stores	CA	SAM
2012_76	Dec	Big strides made in fight against Aids this year	WA	SAM
2012_77	Dec	Cape Health ups the innovation bar	SAMJ	Google
2012_78	Dec	Out-of-clinic adherence club for delivery of ARVs	AM	Google
2013_1	Jan	Don't fix it if it isn't broken	BD	SAM
2013_2	Jan	Hospital grant for WC cut	BD	SAM
2013_3	Jan	Cape health boss warns on hospital takeovers	BD	SAM
2013_4	Jan	State cancels plans to cut WC health grants	BD	SAM
2013_5	Jan	Health a priority	CA	SAM
2013_6	Jan	DA 'will fight transfer of hospitals'	CT	SAM
2013_7	Jan	Crime stats pull down WC's excellent record, says SAIRR report	CT	SAM
2013_8	Jan	DA's Botha is 'ignorant'	NA	SAM
2013_9	Feb	A click away	FM	SAM
2013_10	Feb	New clinic for Malmesbury	NA	SAM
2013_11	Feb	NHI project to focus on healthcare for pupils	BD	SAM
2013_12	Mar	DA cries foul over Health Facility Audit	BD	SAM
2013_13	Mar	Matsoso defends health audit	BD	SAM
2013_14	Mar	Celebrating 100 years of mental health	NA	SAM
2013_15	Mar	PPP to ease health burden in Western Cape	MedCh	Google
2013_16	May	DA in WC "proud of successful NHI pilot site" Eden district	BD	SAM
2013_17	May	'I'd rather die than go back to that clinic'	CA	Google
2013_18	June	George mother sues WC health dep	Algoa	Google
2013_19	Jul	WC 'finds job for 98% of its bursary doctors'	CA	SAM
2013_20	Jul	Madonsela hones in on WC hospitals	ENCA	Google
2013_21	Jul	Mental illness neglected by gov	ENCA	Google
2013_22	Jul	Madonsela to probe racist claims in WC hospital and clinic	M&G	Google
2013_23	Aug	Ongoing problems at Khay hospital are unacceptable!	TAC	Google
2013_24	Aug	Healthworkers unite for positive work environment	HEN	Google
2013_25	Aug	Which is SA's best province?	EWN	Google
2013_26	Sep	Madonsela probes 1821 complaints in WC	CT	SAM
2013_27	Sep	Gauteng girls top SA obesity list	Star	SAM
2013_28	Sep	WC health services under scrutiny	YK	Google
2013_29	Sep	84% of South Africans get 2nd rate healthcare - Motsoaledi	N24	Google

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2013_30	Oct	Activists spotlight mental health	CA	SAM
2013_31	Oct	Huge study seeks to curb HIV spread	CT	SAM
2013_32	Oct	SA's worst places to be a woman, mother	HEN	Google
2013_33	Oct	Drug use spirals but services lag behind	HEN	Google
2013_34	Oct	Gov switches strategy on drugs	HEN	Google
2013_35	Oct	Healthcare 2030	WCG	Google
2013_36	Oct	Drug use spirals but services lag behind	HEN	Google
2013_37	Oct	Motsoaledi defends priorities	N24	Google
2013_38	Nov	Mitchells Plain Hospital officially opens	EWN	Google
2013_39	Dec	Trailblazing move to take HIV treatment out of clinics	HEN	Google
2013_40	Dec	Woman dies after long wait for op	IOL	Google
2013_41	Dec	Provincial health authorities sidelining GPs	SAMJ	Google
2014_1	Jan	Outraged by attacks on lifesaving EMS staff as they work	CA	SAM
2014_2	Feb	Baby death at Groote Schuur	CA	Google
2014_3	Feb	Groote Schuur staff disciplined	EWN	Google
2014_4	Feb	Groote Schuur staff to be disciplined	EWN	Google
2014_5	Feb	MEC slams hospital for 'turning baby away'	EWN	Google
2014_6	Feb	Medics to face music after baby turned away	CA	Google
2014_7	Feb	What you can expect from the health department's dream clinic	N24	Google
2014_8	Mar	Cuba option 'not for us'	NA	SAM
2014_9	Mar	Patient gets okay to sue Zille	Times	SAM
2014_10	Mar	Hospital silent after death probe	CT	Google
2014_11	Apr	Health programme aims to focus on staff and patients	CA	SAM
2014_12	Apr	Activists march to demand improved health services	CT	SAM
2014_13	Apr	Cape health authorities deny patient negligence	SABC	Google
2014_14	Apr	Speech: WC Health Provincial Budget Vote 2015/2016	WCG	Google
2014_15	May	George Hospital responds to complaints	GH	Google
2014_16	Jun	Polio vaccine coming back in stock	H24	Google
2014_17	Jul	Medics paranoid after killing of doc	CA	Google
2014_18	Jul	Where's the care for community health workers?	GU	Google
2014_19	Aug	Doctors held at hands of a mob	CA	Google
2014_20	Aug	Woman sues after child is born with Down syndrome	H24	Google
2014_21	Aug	Sickened to the core	PP	Google
2014_22	Sep	Wellness Mobiles to screen WC learners	H24	Google
2014_23	Sep	Clever Dick campaign kicks off in the Cape	H24	Google
2014_24	Sep	Analysis: Why policy is failing community health workers	M&G	Google
2014_25	Sep	How WC gets it right	FM	Google
2014_26	Oct	New barometer reveals the haves and the have nots	HEN	Google
2014_27	Oct	XDR-TB patients smuggle pills as treatment priced out of reach	HEN	Google
2014_28	Oct	Gang warfare in state hospitals	CA	Google
2014_29	Oct	Shorter waits for hip and knee surgery patients	H24	Google
2014_30	Oct	A successful health story in the Western Cape	H24	Google
2014_31	Nov	State of art cardiac facility	H24	Google
2014_32	Nov	Bedsore nightmare: Tygerberg Hospital under investigation	EWN	Google
2014_33	Nov	Business class' heart unit at Tygerberg Hospital a first in SA and Africa	BizN	Google
2014_34	Nov	More joint replacement surgeries in Western Cape	H24	Google
2014_35	Nov	Wrangle over medicines shortage	BD	SAM
2014_36	Dec	Changing HIV treatment for expecting mums changes more than pills	HEN	Google
2014_37	Dec	Western Cape sets trend with HIV treatment clubs	H24	Google
2015_1	Jan	Cutting cost to conceive	HEN	Google
2015_2	Jan	WC cabinet reshuffle due to health issues	Times	Google
2015_3	Jan	Police still searching for kidnapped newborn	SABN	Google
2015_4	Jan	Nomafrench Mbombo appointed New Western Cape Minister of Health	EHN	Google
2015_5	Feb	How the Free State health system is being destroyed	DM	Google
2015_6	Feb	Foetal Alcohol Syndrome not confined to Cape	HEN	Google
2015_7	Mar	Decentralise treatment for drug resistant TB	HEN	Google
2015_8	Mar	How drinking devastates the Western Cape	H24	Google
2015_9	Mar	World first penis transplant successfully transplanted in Cape Town	H24	Google
2015_10	Mar	Mbombo to unleash public sector patients watchdog	CA	Google
2015_11	Mar	Baby snatcher in court	EWN	Google
2015_12	Mar	WC Health Budget Speech 2015	WCG	Google
2015_13	Mar	Medical staff blamed for mom's death	IOL	Google
2015_14	Apr	MEC WC Prov Budget 2015/2016	WCG	Google
2015_15	Apr	Man strangled by mental patient	IOL	Google
2015_16	Apr	Hamstrung by gang violence and crime	IOL	Google
2015_17	May	CT teen pregnancy on decrease	ENCA	Google

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2015_18	May	Tygerberg breakthrough to revolutionise burn treatment	H24	Google
2015_19	May	CHW close clinics in Khayelitsha	GU	Google
2015_20	May	PSC finds DA-run WC Health Dept best at health care delivery	DA	Google
2015_21	May	Gang violence cripples city health services	VOCFM	Google
2015_22	May	Gugs clinic workers fear for safety	IOL	Google
2015_23	Jun	Where have all the medicines gone, long time passing?	GU	Google
2015_24	Jun	Waiting waiting and waiting for the doctor	GU	Google
2015_25	Jun	How nurses who moonlight and do agency work strain the health system	Conv	Google
2015_26	Jun	'Don't send us to the bush' say nurses	CP	Google
2015_27	Jul	Focus on drug abuse to check surge in mental illness	CA	SAM
2015_28	Jul	School mobile health clinic boosts wellness in poor areas	CA	SAM
2015_29	Jul	Fear rare fever outbreak in WC may spread	H24	Google
2015_30	Jul	Rare fever: WC keeping close watch	H24	Google
2015_31	Jul	More horror stories at Cape Hospital	IOL	Google
2015_32	Jul	Family disgusted by horror hospital	CT	Google
2015_33	Jul	Why South African nurses should no longer be sidelined in policymaking	Conv	Google
2015_34	Jul	Mom's last moments of humiliation	CT	Google
2015_35	Jul	Unhealthy state of affairs continues	CT	Google
2015_36	Jul	Horror hospital complaint	CT	Google
2015_37	Jul	'My amputee mom slept in a wheelchair'	IOL	Google
2015_38	Jul	Crime 'rattles' Gugulethu clinic staff	IOL	Google
2015_39	Jul	Manenberg hospital idea slammed	IOL	Google
2015_40	Aug	Painless withdrawal to drug addicts	HEN	Google
2015_41	Aug	NHI to reduce cost of HC	M&G	Google
2015_42	Aug	WC Gov achieves unqualified audit outcomes	Sow	Google
2015_43	Aug	Health train makes track to WC	Times	Google
2015_44	Aug	R79m spend on training of health professionals by WC gov	HS	Google
2015_45	Aug	Our right to participate': Health committees in WC health system	NGO	Google
2015_46	Aug	Mothers march for quality care	GU	Google
2015_47	Aug	Unsupervised interns 'performing procedures'	IOL	Google
2015_48	Aug	Blanche Appollis: probe clears hospital	IOL	Google
2015_49	Aug	There's no quick fix for National Health Insurance	HEN	Google
2015_50	Aug	New department for Red Cross War Memorial Children's Hospital	MU	Google
2015_51	Aug	Hospital probe a cover up says family	CT	Google
2015_52	Aug	Clean audits all round for province's departments	CA	SAM
2015_53	Aug	Hospital train brings hope, medical care	CA	SAM
2015_54	Aug	Clinic's complaints form issued without an address	CT	Google
2015_55	Sep	Drafting of bill has communities up in arms	CA	SAM
2015_56	Sep	Gap in health leadership'	CA	SAM
2015_57	Sep	First thousand days 'critical' to early childhood development	ENCA	Google
2015_58	Sep	"If my baby is dead, why don't they just tell me?"	GU	Google
2015_59	Sep	Mitchells Plain patients angered by "pathetic" service	VOCFM	Google
2015_60	Oct	Healthcare train bids Cape adieu	NA	SAM
2015_61	Oct	TAC: Poor maternal and obstetric care in WC	Spot	Google
2015_62	Oct	WC Health improving on mental health care	AA	Google
2015_63	Oct	A mother's pain	Spot	Google
2015_64	Oct	Mental health - the poor, crazy stepchild	DM	Google
2015_65	Nov	EC government job freeze alarms health professionals	GU	Google
2015_66	Nov	Health Complaints Committee established	GH	Google
2015_67	Nov	Health watchdog here	MC	Google
2015_68	Nov	WC appoints very first Independent Health Committee	BR	Google
2015_69	Nov	WC Health launches committee to address patient-care complaints	EWN	Google
2015_70	Nov	Student docs cry foul over placements	IOL	Google
2015_71	Nov	WC appoints first-of-its-kind Independent Health Complaints Committee	Grem	Google
2015_72	Nov	Monitoring public health	NA	Google
2015_73	Nov	Western Cape appoints first-of-its-kind Independent Health Complaints Committee	DA	Google
2015_74	Nov	'SA hospitals are not conducive to giving birth'	H24	Google
2015_75	Dec	South Africa's longest walk to freedom from HIV/Aids	DM	Google
2015_76	Dec	The festive seasons dark side	DM	Google
2015_77	Dec	iKapa Cares brings affordable HIV counselling and testing to WC	H24	Google
2015_78	Dec	Bovine TB, a major public health risk	SABC	Google
2015_79	Dec	Residents protest against the new health bill	PHM	Google
2015_80	Dec	Health Facility Boards and Committees Bill	GU	Google
2015_81	Dec	People 'had to sleep in chairs'	CA	Google
2015_82	Dec	Patients turned away from Mfuleni clinic	GU	Google
2015_83	Oct	Apartheid corrupted the medical profession	IOL	Google

Code	Month	Title (abbreviated)	Source	Source
2016_1	Jan	Cape records typhoid cases	BD	SAM
2016_2	Jan	Many areas of concern in NHI paper	IOL	SAM
2016_3	Jan	WC hit by typhoid	Cit	Google
2016_4	Jan	WC Health confirms four new cases of meningitis	EWN	Google
2016_5	Jan	How a rural hospital has become a model of good care	GU	Google
2016_6	Jan	33 people being treated for meningitis in Mossel Bay	N24	Google
2016_7	Jan	Re: SA Minister Of Health 702 Interview Podcast On "Damaged Nursing Training"	YNITU	Google
2016_8	Jan	What nurses, teachers and police officers earn in South Africa	BTech	Google
2016_9	Jan	The Big Chill: Health post freeze threatens services	DM	Google
2016_10	Feb	Economy hurting health system	NA	SAM
2016_11	Feb	Helen Zille State of Prov Address	CBN	Google
2016_12	Feb	Health post freeze threatens services	HEN	Google
2016_13	Feb	SA ready to prevent import and spread of Zika virus	ENCA	Google
2016_14	Feb	Tygerberg Hospital without water for days	GU	Google
2016_15	Feb	Horrorifying treatment in SA's maternity wards	H24	Google
2016_16	Feb	Health department denies allegations of frozen posts	HEN	Google
2016_17	Feb	Job freezes threaten healthcare warns DA	H24	Google
2016_18	Feb	Pravin Gordhan's full 2016 budget speech	M&G	Google
2016_19	Feb	Jacob Zuma's Full State of the Nation Address	M&G	Google
2016_20	Feb	Media reports that medical posts are frozen are false – Aaron Motsoaledi	PW	Google
2016_21	Feb	WC authorities on high alert over meningitis	SABC	Google
2016_22	Feb	WC has managed to grow despite gloomy economic outlook	Sow	Google
2016_23	Feb	Population in Cape Town up by 45% in 15 years	Times	Google
2016_24	Feb	Hospital care leaves couple 'disheartened'	IOL	Google
2016_25	Feb	Department of health denies allegations of frozen posts	H24	Google
2016_26	Feb	Nurses leaving SA in droves	IOL	Google
2016_27	Feb	Cape Town's population grew by 45% in 15 years - Zille	N24	Google
2016_28	Mar	Cape budget aims at streamlining and spending cuts	BD	SAM
2016_29	Mar	Doctors 'wont' work outside Cape	CT	SAM
2016_30	Mar	Nurses seek danger pay and additional staff	CA	SAM
2016_31	Mar	Health to focus on healthcare worker safety	NA	SAM
2016_32	Mar	Tutu Foundation donates ECG machines	CA	SAM
2016_33	Mar	R25 million set aside for Africa's for Social Impact Bonds	CBN	Google
2016_34	Mar	Paarl Hospital in hot water after four-year-old rape victim turned away	EWN	Google
2016_35	Mar	WC Govt to spend R19,8 bn on health services	EWN	Google
2016_36	Mar	WC Health Dept investigates claims of negligence at False Bay Hospital	EWN	Google
2016_37	Mar	Crime closes down community healthcare project in Delft	GU	Google
2016_38	Mar	Medicine offers hope for heroin users in Mitchells Plain	GU	Google
2016_39	Mar	Rape Crisis decries 4-year-old's rape ordeal	H24	Google
2016_40	Mar	20 Patients per nurse on Cape Flats	CA	Google
2016_41	Mar	Grieving family slams 'insensitive' hospital	IOL	Google
2016_42	Mar	Nurses declare that #Nightingale must fall	IOL	Google
2016_43	Mar	Health budget speech	WCG	Google
2016_44	Apr	SA is the first middle-income country to fund impact bonds for early childhood development	Brookings	Google
2016_45	Apr	High level of foetal alcohol syndrome found in Saldanha Bay	GU	Google
2016_46	Apr	New organisation to take over Delft health worker services	GU	Google
2016_47	Apr	Masiphumelele's clinic unable to serve township's needs	GU	Google
2016_48	Apr	WC Health Celebrates Centenary of Mowbray Maternity Hospital	AA	Google
2016_49	Apr	Official opening of state of the art Symphony Way Community Day Centre	WCG	Google
2016_50	Apr	Petition for health centre	PP	Google
2016_51	Apr	Teenage pregnancies down	PP	Google
2016_52	Apr	SA in need of 20000 health specialists	SW	Google
2016_53	May	Bursary protest disrupts classes at nurse's college	CA	SAM
2016_54	May	FS lags behind economically	NA	SAM
2016_55	May	Nurses need to be committed and caring	AS	Google
2016_56	May	Health care students in protest march	GU	Google
2016_57	May	WC EMS personal attacked and robbed	SABC	Google
2016_58	May	Makgoba appointed as SA's first ombud	DD	Google
2016_59	May	Staff shortages, poor leadership cripple healthcare	HEN	Google
2016_60	May	Minister: nurses 'devils in white'	IOL	Google
2016_61	May	Nurses sometimes become 'devils in white' for a good reason	DD	Google
2016_62	May	Nurses enraged by 'devils in white' statement	IOL	Google
2016_63	May	SA Health Minister Motsoaledi's 'devils in white' – an 'angel in white' replies	MB	Google
2016_64	May	Patients deserve compassionate nurses, not devils – Minister	RF	Google
2016_65	May	Emergency unit opens its doors in Atlantis	IOL	Google
2016_66	May	'We expect respectful, dignified treatment from doctors'	IOL	Google

Code	Month	Title (abbreviated)	Source	Source
2016_67	May	Mobile counselling clinic for Khayelitsha	IOL	Google
2016_68	Jun	Doctors' working hours under scrutiny	ECR	Google
2016_69	Jun	Construction underway at new District Six health facility	EWN	Google
2016_70	Jun	SA health system is broken	GU	Google
2016_71	Jun	Survey finds massive medicine shortages in clinics	GU	Google
2016_72	Jun	Western Cape DA government 'governs better' only for some ANC	N24	Google
2016_73	Jun	An independent Western Cape?	PW	Google
2016_74	Jun	Death puts junior doctors' working hours under spotlight	SABC	Google
2016_75	Jun	Does the DA create 'change that moves SA forward'?	SABC	Google
2016_76	Jun	'Fatigue killed doctor'	Times	Google
2016_77	Jun	Western Cape the province where most municipalities get clean audits	Times	Google
2016_78	Jun	Allegation that Cape health department worst in country is misleading	CT	Google
2016_79	Jun	PHM-South Africa Hosts The Western Cape Provincial Health Assembly	PHM	Google
2016_80	Jun	Growing the voice of communities in the Western Cape health system	WCG	Google
2016_81	Jun	'Doctors on drugs to cope with shifts'	IOL	Google
2016_82	Jun	'How many accidents have tired doctors caused?'	IOL	Google
2016_83	Jun	Abuse of young doctors deadly	IOL	Google
2016_84	Jun	'Exhausted doctors taking drugs to cope'	IOL	Google
2016_85	Jun	Doctors get backing in shift reduction battle	IOL	Google
2016_86	Jun	Young doctors dangerously overworked	IOL	Google
2016_87	Jun	Official opening of Nomzamo Community Day Centre	WCG	Google
2016_88	Jun	New management at Retreat CHC	SM	Google
2016_89	Jun	Fears over new GF Jooste Hospital site	IOL	Google
2016_90	Jul	Project launched to help moms	CA	SAM
2016_91	Jul	Tik time bomb for Cape mothers	Times	SAM
2016_92	Jul	Western Cape Health On Mental Health Awareness Month	WCG	Google
2016_93	Jul	How We Live: Annual survey reveals the improvements and hardships ordinary SAfricans face	DM	Google
2016_94	Jul	WC Health Dept not suspending services despite attacks on paramedics	EWN	Google
2016_95	Jul	Mobile app for drug stockouts	ITWeb	Google
2016_96	Jul	WC EMS paramedics ambushed	SABC	Google
2016_97	Jul	Minister Mbombo opens new Mfuleni Temporary Community Day Centre	WCG	Google
2016_98	Jul	A tragedy waiting to happen	IOL	Google
2016_99	Jul	Mfuleni centre opens	N24	Google
2016_100	Jul	What the Western Cape population will look like in 2040	Times	Google
2016_101	Aug	Talks over paramedic attacks	BD	SAM
2016_102	Aug	Paramedics get paid peanuts	Times	SAM
2016_103	Aug	Psychiatric unit for Winelands after hospital's R35m upgrade	CA	SAM
2016_104	Aug	New clinic for District Six	CL	Google
2016_105	Aug	Mission impossible? Replacing abuse with empathy	HEN	Google
2016_106	Aug	WC Health reduces junior doctors working hours	ENCA	Google
2016_107	Aug	Reduction of junior doctors working hours cautiously welcomed	EWN	Google
2016_108	Aug	No need to panic about swine flu	H24	Google
2016_109	Aug	6 babies stolen from WC hospitals since Zephany Nurse abduction	N24	Google
2016_110	Aug	75% in WC without medical aid	N24	Google
2016_111	Aug	Cape paramedics in talks with health dept as strike over safety looms	N24	Google
2016_112	Aug	Western Cape govt beefs up security after attacks on paramedics	N24	Google
2016_113	Aug	Health dept allays swine flu fears	SABC	Google
2016_114	Aug	W Cape health authorities manage to contain swine flu outbreak	SABC	Google
2016_115	Aug	Attacks on paramedics now at crisis level	Times	Google
2016_116	Aug	Enhanced Safety measures for Health Staff	WCG	Google
2016_117	Aug	Curing a sick system. Doctors and nurses must speak out for patients and themselves	M&G	Google
2016_118	Aug	Junior doctors given shift relief	IOL	Google
2016_119	Aug	Cape junior doctors' shifts cut to 24 hours	IOL	Google
2016_120	Aug	New film tackles mental lives of SA docs	IOL	Google
2016_121	Aug	The relevance of nursing scholarship	SU	Google
2016_122	Aug	Medical negligence cases make health departments' budgets sick	Times	Google
2016_123	Sep	Bold new world for health professionals	Times	SAM
2016_124	Sep	Global Fund helps WC women fight HIV infections	BD	SAM
2016_125	Sep	38 cases of swine flu reported in Gauteng	DC	Google
2016_126	Sep	EMS attacks could have consequences for communities, MEC warns	EWN	Google
2016_127	Sep	Doctors and nurses out of touch with patient experiences	GU	Google
2016_128	Sep	How long has your doctor been on duty?	H24	Google
2016_129	Sep	Cape Town doctor arrested after woman raped in consultation room	N24	Google
2016_130	Sep	Western Cape emergency workers 'in constant state of fear'	N24	Google
2016_131	Sep	Abused Drs must be protected	Times	Google
2016_132	Sep	Want a sex change in SA? Be prepared to wait 25 years	Times	Google

Code	Month	Title (abbreviated)	Source	Source
2016_133	Sep	Documentary captures medical interns' harsh reality	IOL	Google
2016_134	Sep	Hands off our healthcare staff - Gugs residents	IOL	Google
2016_135	Oct	Health Minister concerned over impact of student protests on health sector	EWN	Google
2016_136	Oct	Trans women risk their lives to be their 'true authentic selves'	M&G	Google
2016_137	Oct	Despite 'stretched budgets' WC government commits to improving mental health services	Times	Google
2016_138	Oct	WC Health receives first clean finance audit outcome	ANW	Google
2016_139	Oct	Why the Gauteng Health Department is coughing up in court	IOL	Google
2016_140	Nov	Major Tygerberg upgrade shelved	CT	SAM
2016_141	Nov	Valkenberg renovations to decrease prisoner waiting time - MEC	EWN	Google
2016_142	Nov	ANC WC may have new leader soon	N24	Google
2016_143	Nov	Cape paramedics caught in gang crossfire	N24	Google
2016_144	Nov	WC residents have the most improved drinking water	N24	Google
2016_145	Nov	DA's health plan is the best route to a healthy SA	PW	Google
2016_146	Nov	Healthcare watchdog launch complaints hotline	Times	Google
2016_147	Nov	Spat over transgender in hospital ward	IOL	Google
2016_148	Nov	SA's public health sector faces crisis	IOL	Google
2016_149	Nov	Too poor to care? The call for a minimum wage has exposed a sick system	M&G	Google
2016_150	Nov	Community Health Workers protest for better working conditions	HEN	Google
2016_151	Nov	Long queues at health centres frustrate chronic patients	Elitsha	Google
2016_152	Nov	Office of Health Standards Compliance still on "learning curve"	PW	Google
2016_153	Nov	Here is how the DA wants to change your next visit to hospitals in South Africa	BTech	Google
2016_154	Nov	Apartheid-era funding blamed for hospital upgrade setback	IOL	Google
2016_155	Dec	Emergency crews boosted for festive season	CT	SAM
2016_156	Dec	Gauteng teens want doctor to circumcise	CA	SAM
2016_157	Dec	WC Hospital rejects non-Xhosa speaking patients	Buzz SA	Google
2016_158	Dec	Cape paramedics held at gunpoint	EWN	Google
2016_159	Dec	WC Health Dept apologises to couple after being refused help at hospital	EWN	Google
2016_160	Dec	WC Health Dept injects R81m into HIV/AIDS prevention programme	EWN	Google
2016_161	Dec	We need a TAC for mental health, says state psychiatrist	GU	Google
2016_162	Dec	Community care workers left to fend for themselves again	GU	Google
2016_163	Dec	Looming crisis for SA healthcare as specialists face 30% pay cut	N24	Google
2016_164	Dec	Quality healthcare still mostly benefits rich - health minister	N24	Google
2016_165	Dec	Concerns grow over initiation deaths	SABC	Google
2016_166	Dec	Report Card 2016	DA	Google
2016_167	ND	List of infrastructure upgrades in WC	WCG	Google
2017_1	Jan	Cape health dep on high alert for disease outbreaks	IOL	Google
2017_2	Jan	Confusion over overtime policy for health workers	IOL	Google
2017_3	Jan	Paramedics protest as attack accused remain behind bars	N24	Google
2017_4	Jan	More CT paramedic attacks, health dept at wits end	CTalk	Google
2017_5	Jan	Rising attacks on ambulance crews prompts union's call to govt	Cit	Google
2017_6	Jan	Addicts at birth: Ocean View's tik babies	DM	Google
2017_7	Jan	Mbombo: We mustn't assume people drink because they're poor	EWN	Google
2017_8	Jan	Premature leadership announcements creating anarchy - WC ANC	N24	Google
2017_9	Jan	Anti-hijacking training for WC paramedics	N24	Google
2017_10	Jan	No shortage of posts for healthcare workers - Motsaoleli	N24	Google
2017_11	Jan	State of emergency: Violent attacks take heavy toll on angels of mercy	ST	Google
2017_12	Jan	WC health dept responds to complaints about Bishop Lavis Day Hospital	CTalk	Google
2017_13	Jan	Why hospitals charge for parking	IOL	Google
2017_14	Feb	Is the DA really governing better? The Real State of the Province	DM	Google
2017_15	Feb	We are left to die on the Cape Flats'	IOL	Google
2017_16	Feb	Call for complete overhaul of mental health care system	IOL	SAM
2017_17	Feb	Schools put on alert after measles outbreak	CA	SAM
2017_18	Feb	Plan to improve province's record on alcohol and drugs	CA	SAM
2017_19	Feb	Scores of Cape paramedics suffering from PTSD	CA	SAM
2017_20	Feb	Heated debate over two-year training course for medics	CA	SAM
2017_21	Feb	Cash-strapped CRL goes it alone on initiates deaths	CT	SAM
2017_22	Feb	Health State of the Province 2017	WCG	SAM
2017_23	Feb	TB Bomb set to explode	CP	SAM
2017_24	Feb	Budget must benefit the poor	DS	SAM
2017_25	Feb	Beating measles, 1 child at a time	WCG	Google
2017_26	Feb	CRL to probe initiate deaths	Sow	SAM
2017_27	Feb	ANC set to press for major changes	WA	SAM
2017_28	Feb	Zille's State of the Province	WA	SAM
2017_29	Feb	SA's woeful psychiatric system fails millions	BD	Google
2017_30	Feb	Children must get measles shots	CA	Google
2017_31	Feb	Dire shortage of nurses nationwide	CA	Google

Code	Month	Title (abbreviated)	Source	Source
2017_32	Feb	Highest unnatural deaths in W Cape	CA	Google
2017_33	Feb	Paramedics afraid to work in the city	CA	Google
2017_34	Feb	Paramedics now require two years training	CA	Google
2017_35	Feb	Militarising services may not protect medics'	CT	Google
2017_36	Feb	School confirms measles	NA	Google
2017_37	Feb	There is no incurable TB	DFA	Google
2017_38	Feb	DA Western Cape committee steps in over leadership race	BD	Google
2017_39	Feb	Thousands vaccinated in WC to fight measles	Times	Google
2017_40	Mar	Unnatural deaths highest in WC	CA	SAM
2017_41	Mar	Khayelitsha Hospital's nursing unit takes in first students	CA	SAM
2017_42	Mar	Paramedics under siege	CA	SAM
2017_43	Mar	Zille's head on chopping block	CA	SAM
2017_44	Mar	EMS crew robbed of equipment, personal effects	CT	SAM
2017_45	Mar	Nehawu members stage city picket	CT	SAM
2017_46	Mar	Attack on ambulance angers union	Cit	SAM
2017_47	Mar	DA faces Rubicon after Zille tweets	CP	SAM
2017_48	Mar	Health has R11.4 bn shortfall	DFA	SAM
2017_49	Mar	New drug on trial to curb drug resistant TB	NA	SAM
2017_50	Mar	Japanese TB drug gives hope to sufferers in SA	PN	SAM
2017_51	Mar	NICD issues measles alert	PN	SAM
2017_52	Mar	Ambulance union condemns ambulance attacks	WA	SAM
2017_53	Mar	Zille faces DA storm	Star	SAM
2017_54	Mar	Zille keeps low profile on social media	Star	SAM
2017_55	Mar	Portrait highlights neglect of teens in TB fight	WA	SAM
2017_56	Mar	Stringent TB control measures needed	WA	SAM
2017_57	Mar	First NGO-owned nursing surgery unit opens in Khayelitsha	H24	SAM
2017_58	Mar	How the Grim Reaper cuts down SA victims	ST	SAM
2017_59	Mar	Furore over Cape hospital food tenders	Cit	SAM
2017_60	Mar	Mbombo explains health budget	NA	SAM
2017_61	Mar	State's dud drugs mess	Times	SAM
2017_62	Mar	Zille a cold hearted racist	CT	SAM
2017_63	Mar	Health Budget Speech	WCG	Google
2017_64	Mar	Shot in arm for primary healthcare in Khayelitsha	N24	Google
2017_65	Apr	Adverse reaction to HPV vaccine claim	CA	SAM
2017_66	Apr	Spotlight on safety of emergency personnel	CA	SAM
2017_67	Apr	Forum to address attacks on medics	CT	SAM
2017_68	Apr	Initiation ceremony at risk	CT	SAM
2017_69	Apr	Fake sick notes' R12bn tag	NA	SAM
2017_70	Apr	Consultant fees probe reopened	WA	SAM
2017_71	Apr	Health department in sick bay	Times	SAM
2017_72	Apr	Grim findings after health facilities inspections	HEN	Google
2017_73	Apr	DA aspires to a state within a state	IOL	Google
2017_74	Apr	No jobs for medical interns as health dept funds dry up - Sama	702	Google
2017_75	Apr	Public health is in critical condition, and the NHI cannot save it	BD	Google
2017_76	Apr	Fewer babies born with HIV in South Africa	GU	Google
2017_77	May	Many toddlers failing through vaccination net	BD	SAM
2017_78	May	More bogus doctors slipping through	CA	SAM
2017_79	May	ANC alleges DA is abusing resources	CT	SAM
2017_80	May	Historic penis transplant	CT	SAM
2017_81	May	Women leading HIV prevention fight	CT	SAM
2017_82	May	Muslim council calls for vaccination amid measles outbreak	DN	SAM
2017_83	May	New hospital almost finished	NA	SAM
2017_84	May	'Litigation will bankrupt health'	Sow	SAM
2017_85	May	State to step up sex education at school	Sow	SAM
2017_86	May	New clinic offers health care without moral judgement	WA	SAM
2017_87	May	Prostitution fuels increase in HIV in town'	WA	SAM
2017_88	May	Medicines nightmare	Times	SAM
2017_89	May	Priority must be given to building a highly effective primary health care	DA	Google
2017_90	May	Work to start on forensic building	N24	Google
2017_91	May	Impressive sustainable design features for Hillside clinic in Beaufort West	WCG	Google
2017_92	May	Home based carers want better work conditions	GU	Google
2017_93	May	More than half of provinces' budgets go to salaries	BD	Google
2017_94	Jun	5 arrested for robbing busy paramedics	CA	SAM
2017_95	Jun	DA's WC councils 'better run'	BD	SAM
2017_96	Jun	New index digs into how well towns and cities manage money	BD	SAM
2017_97	Jun	Morgue staff in protest action	CA	SAM

Code	Month	Title (abbreviated)	Source	Source
2017_98	Jun	Mortuary workers down tools in WC	CT	SAM
2017_99	Jun	Setting the record straight - the role of pathology officers in autopsies	CT	SAM
2017_100	Jun	Measles vaccination effort extended	CP	SAM
2017_101	Jun	Now WC mortuary workers join national protest	DN	SAM
2017_102	Jun	Pupils to get condoms at school, says new policy	M&G	SAM
2017_103	Jun	Healthcare for sexworkers	NA	SAM
2017_104	Jun	HIV increase in teachers	NA	SAM
2017_105	Jun	Hospital probes mum's suicide	NA	SAM
2017_106	Jun	It's a case of take it or leave it	WA	SAM
2017_107	Jun	Rude nurses putting young women off HIV treatment	Times	Google
2017_108	Jun	SA's healthcare system strained by refugees and migrants	Cit	Google
2017_109	Jun	Western Cape forensic officers start with 'work-to-rule' strike	N24	Google
2017_110	Jun	Unsupervised post-mortems conducted in WC due to overwhelming workloads - claim	N24	Google
2017_111	Jun	SA a step closer to accessing free healthcare, Cabinet says	N24	Google
2017_112	Jul	Strike season expected to cause disruption as parties gear up	BD	SAM
2017_113	Jul	Health team braves gangs to finish vaccination drive	CA	SAM
2017_114	Jul	New mom lashes hospital as C-section cut opens	CA	SAM
2017_115	Jul	Mortuary strike ends	CT	SAM
2017_116	Jul	Bid for scan before abortions	Her	SAM
2017_117	Jul	Mortuary workers told to return to work	WA	SAM
2017_118	Jul	WC ANC leaders await fate	Sow	SAM
2017_119	Jul	A nation of extremes - haves and have-nots	Star	SAM
2017_120	Jul	Lax attitude contributes to medicine stock-outs	Times	SAM
2017_121	Jul	WC has SA's top hospitals	Cit	SAM
2017_122	Jul	Revitalisation of the historic core of Valkenberg Hospital is complete	Cit	Google
2017_123	Jul	SA's top hospitals are in the Western Cape, patients say	Cit	Google
2017_124	Aug	Change to means test will aid poor patients	BD	SAM
2017_125	Aug	Big four' illnesses account for 81% of medical aid claims	CA	SAM
2017_126	Aug	ANC slams probe of R3000 cake	CT	SAM
2017_127	Aug	Contractors tax snag leaves cancer patients in lurch	Her	SAM
2017_128	Aug	Public protector to probe DA leader	NA	SAM
2017_129	Aug	Inequality continues its march	WA	SAM
2017_130	Aug	Weak economy compromises health service delivery – SAHR	HEN	Google
2017_131	Aug	Debate On Delivering On Socio-Economic Rights and Creating Public Value	WCG	Google
2017_132	Aug	Upgrades at Vredenburg Hospital progressing well	WCG	Google
2017_133	Aug	Millions more to qualify for subsidised health care	BD	Google
2017_134	Aug	Diphtheria kills 1, infects 3 in Western Cape	N24	Google
2017_135	Sep	Atlantis residents demand better service at Wesfleur Hospital	GU	Google
2017_136	Sep	City morgue infrastructure set to cost R281m, departments say	IOL	Google
2017_137	Sep	New morgue for Cape Town	CA	SAM
2017_138	Sep	Max throws hat into DA leadership ring	CA	SAM
2017_139	Sep	What forensic pathology services are	CA	SAM
2017_140	Sep	ANC warns DA against destabilising conduct committee	CT	SAM
2017_141	Sep	Pre-exposure HIV fighter rolled out	CT	SAM
2017_142	Sep	National plan for hospitals	DN	SAM
2017_143	Sep	Paramedic attacks on increase	NA	SAM
2017_144	Sep	'Devil vaccination' blamed for girl's illness	WA	SAM
2017_145	Oct	'Mysterious death of patient found in hospital ceiling must be probed'	NA	Google
2017_146	Oct	Hospital fails to give family closure on body in ceiling	CT	Google
2017_147	Oct	Gunshot deaths increase dramatically in Cape Town	BD	Google
2017_148	Oct	Drug abuse levels soar	CA	SAM
2017_149	Oct	Incompetence led to 118 Esidimeni deaths: ombudsman	CA	SAM
2017_150	Oct	Few answers as bodies pile up at state mortuaries	CA	SAM
2017_151	Oct	Health report shows 'major challenges'	CA	SAM
2017_152	Oct	Health warns of late post-mortems	CA	SAM
2017_153	Oct	How did patient end up dead in hospital's ceiling?	CT	SAM
2017_154	Oct	Essential services needed for all	CT	SAM
2017_155	Oct	High incidence of stroke victims a worry	CT	SAM
2017_156	Oct	Officials to meet over backlogs	CT	SAM
2017_157	Oct	Esidimeni contract extension to save lives	DN	SAM
2017_158	Oct	Cape mortuary backlog delays Muslim burials	Her	SAM
2017_159	Oct	Public funds are safe	NA	SAM
2017_160	Oct	Backlog of corpses from gun deaths'	WA	SAM
2017_161	Oct	Hospitals on water preparedness plans	WA	SAM
2017_162	Oct	Ramaphosa to get majority party votes in WC	WA	SAM
2017_163	Oct	Helping those without medical cover	SI	SAM

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2017_164	Oct	Pick-up point for pills	FM	SAM
2017_165	Nov	Cecilia Makiwane Nurse's Recognition Awards	WCG	Google
2017_166	Nov	Epileptic man left on floor for hours in hospital	GU	Google
2017_167	Nov	Provinces still uncertain on internships for medical students	BD	Google
2017_168	Nov	WC gov't, City of CT partner up to protect EMS crews	EWN	Google
2017_169	Nov	Gauteng's healthcare afflicted by chronic ills	BD	SAM
2017_170	Nov	MEC to cut jobs to fund critical health services	BD	SAM
2017_171	Nov	Illegal doctors exposed	CA	SAM
2017_172	Nov	Shortage child trauma specialists	CA	SAM
2017_173	Nov	NC teen pregnancy rate remains high	DFA	SAM
2017_174	Nov	Fake documents hike	NA	SAM
2017_175	Nov	Ambulance hit vile - federation	Cit	SAM
2017_176	Nov	Billions needed to fill health department posts	Times	SAM
2017_177	Nov	'Ambulance too late'	Wit	SAM
2017_178	Nov	Ambulance attack may halt service	Wit	SAM
2017_179	Nov	'Health centre turned us away'	AN	Google
2017_180	Dec	New Thembalethu health facility is almost complete	WCG	Google
2017_181	Dec	New community health centre to open in D6	VOCFM	Google
2017_182	Dec	Construction of new District Six community health facility is complete	WCG	Google
2017_183	Dec	Our health needs a jab	CP	Google
2017_184	Dec	Government report card 2017	DA	Google
2017_185	Dec	WC government's report card	IOL	Google
2017_186	Dec	Groote Schuur Hospital Negligence	GSNB	Google
2017_187	Dec	Government 'fails' in DA's 2017 report card	N24	Google
2017_188	Dec	ANC scores dismally in DA report card	RE	Google
2017_189	Nov	Could the WC secede?	CGB	Google
2017_190	Nov	Are SA HW being silenced into malpractice	DM	Google
2018_1	Jan	Cape Health department on high alert for disease outbreaks	IOL	Google
2018_2	Jan	Cape water crisis: Helen Zille fears outbreak of deadly diseases	BD	Google
2018_3	Jan	Water Crisis Plus Health Crisis - Cape Town's Double Whammy	Huff	Google
2018_4	Jan	Public 'unaware of health risks' using alternatives to municipal water supply	BD	Google
2018_5	Jan	Groote Schuur Hospital launches 80 year celebrations	IOL	Google
2018_6	Jan	Bitter pill for junior doctors	N24	Google
2018_7	Jan	Cape Town has 92 listeriosis cases	CT	SAM
2018_8	Jan	ANC pressure after death of patient in fire at GS	NA	SAM
2018_9	Jan	MEC inspects burnt ward	NA	SAM
2018_10	Feb	SA health system was better under apartheid, says Malema but Motsoaledi disagrees	N24	Google
2018_11	Feb	The impact of Cape Town's water shortage on public health	MX	Google
2018_12	Feb	Capetonians stock up on tummy drugs amid #DayZero diarrhoea fears	H24	Google
2018_13	Feb	Diarrhoea numbers up in drought-stricken Cape Town	H24	Google
2018_14	Feb	Listeriosis has claimed 172 lives so far - NICD	N24	Google
2018_15	Feb	District Six Community Day Centre welcomes its first patients	IOL	Google
2018_16	Feb	Why a complacent DA could lose Cape Town to ANC	BD	Google
2018_17	Feb	EFF holds nationwide protests on public health	ENCA	Google
2018_18	Feb	Dad made to wait at hospital for three days before being helped	IOL	Google
2018_19	Feb	District Six Community Day Centre welcomes its first patients	IOL	Google
2018_20	Feb	Nurses want minister of health Motsoaledi to go	PN	Google
2018_21	Feb	Grieving mom says nurse threw newborn on the floor	IOL	Google
2018_22	Feb	Hospitals gear up for water crisis	ST	SAM
2018_23	Mar	Better health services rest on building trust among healthcare workers	Conv	Google
2018_24	Mar	Health Budget 2018	WCG	Google
2018_25	Mar	WC Health Dept confirms 115 cases of listeriosis	EWN	Google
2018_26	Mar	How much does government spend on healthcare per person	IOL	Google
2018_27	Mar	Life Esidimeni the tip of an iceberg - What the WC is doing to prevent another tragedy	N24	Google
2018_28	Mar	Community healthcare workers want to be public servants	GU	Google
2018_29	Mar	The reasons for the Life Esidimeni tragedy hidden in Moseneke's report	N24	Google
2018_30	Mar	Western Cape increases oversight on mental health facilities	ENCA	Google
2018_31	Mar	DA Vinci surgery at Tygerberg	CT	SAM
2018_32	Apr	300 complaints a month over SA's health facilities	BD	Google
2018_33	Apr	MPs to visit hospital after death alleged assault	CT	Google
2018_34	Apr	Staff at CPT hospital threaten to resign after Parly visit	CTalk	Google
2018_35	Apr	Khayelitsha hospital rocked by staff & bed shortages	EWN	Google
2018_36	Apr	Dying seven-week-old baby turned away from day hospital	IOL	Google
2018_37	Apr	Khayelitsha hospital under the spotlight	GU	Google
2018_38	Apr	Khayelitsha Hospital 'complaints' interrogated	Times	Google
2018_39	Apr	Antibiotic ticking timebomb in clinics researchers warn	Times	Google

Code	Month	Title (abbreviated)	Source	Source
2018_40	Apr	TB is still the leading natural cause of death in SA but things are different in WC	H24	Google
2018_41	Apr	Diabetes the leading cause of death of women in WC - research	EWN	Google
2018_42	Apr	Drones help to deliver health services	DM	Google
2018_43	Apr	Khayelitsha Hospital services slammed	IOL	Google
2018_44	Apr	ANC's Ximbi accused of 'deplorable conduct' at hospital	IOL	Google
2018_45	Apr	Mbombo on Wow Day	NA	SAM
2018_46	May	Khayelitsha hospital services inadequate say residents	IOL	Google
2018_47	May	Cape Flats residents criticise poor service at clinics	GU	Google
2018_48	May	ANC eats away at DA lead in Western Cape	BD	Google
2018_49	May	NHI to deliver affordable HC despite opposition	IOL	Google
2018_50	May	HC in SA still in disarray	DA	Google
2018_51	Jun	There are plenty of spanners in vast machinery of public health	BD	Google
2018_52	Jun	Public Hospitals have become a death-trap for the poor. Time for drastic action	DA	Google
2018_53	Jun	Crisis rises over junior doctors placements	IOL	Google
2018_54	Jun	Junior doctors at breaking point	IOL	Google
2018_55	Jun	R61 million clinic opens in George	IOL	Google
2018_56	Jun	WC state of health Treatment Action Campaign	TAC	Google
2018_57	Jun	WC Health says plans in place to address waiting times, staff shortages	EWN	Google
2018_58	Jun	Maintenance backlog at Tygerberg is so vast that the hospital needs to be replaced entirely	BD	Google
2018_59	Jun	Healthcare facilities not improving - report finds	Times	Google
2018_60	Jun	The dire state of healthcare	N24	Google
2018_61	Jun	Health minister outlines plan of action	N24	Google
2018_62	Jun	WC authorities appeal for public help following Dunoon EMS crew attack	EWN	Google
2018_63	Jun	SA health care system on the brink of total collapse, says DA	IOL	Google
2018_64	Jun	DA calls for public health inquiry	BD	Google
2018_65	Jun	DA wants judicial commission of inquiry into SA's healthcare collapse	N24	Google
2018_66	Jun	The rich will subsidise the poor' - Motsoaledi outlines universal healthcare plan	N24	Google
2018_67	Jun	Less than 17% of SA households have medical aid - survey	EWN	Google
2018_68	Jun	81% of households that use public healthcare 'satisfied' - Stats SA	N24	Google
2018_69	Jun	New era for healthcare as Motsoaledi wants co-payments abolished	Fin24	Google
2018_70	Jun	8 things you need to know about NHI	Fin24	Google
2018_71	Jun	Healthcare bill set to make sweeping changes	IOL	Google
2018_72	Jun	Everything you need to know about the NHI fund and why it is compulsory	IOL	Google
2018_73	Jun	Anaesthetists say NHI will be detrimental to profession	IOL	Google
2018_74	Jun	Knives out for Motsoaledi over controversial NHI	IOL	Google
2018_75	Jun	Review NHI urge 99 medical professionals	IOL	Google
2018_76	Jun	Motsoaledi - Health system not collapsing	M&G	Google
2018_77	Jun	SA health system one of the best	SABC	Google
2018_78	Jun	Distressed not collapsing - Motsoaledi	N24	Google
2018_79	Jun	Swift action for SA Health crisis	HEN	Google
2018_80	Jun	HS in crisis but has not collapsed	BD	Google
2018_81	Jun	Revealed: SA's Health crisis	BD	Google
2018_82	Jun	Medical specialists crisis	Times	Google
2018_83	Jun	Medical deans call on gov to urgently address health crisis	Times	Google
2018_84	Jun	SACP slams Cape health services and MEC	IOL	Google
2018_85	Jun	Injured pensioner waits a day for medical care at Cape Town hospital	IOL	Google
2018_86	Jun	Public HC in shambles	BD	SAM
2018_87	Jun	Capes biggest hospital in dire straits - TB	BD	SAM
2018_88	Jun	Hospital must close	CA	SAM
2018_89	Jun	TB negotiations for new site	CT	SAM
2018_90	Jun	Gauteng health best in land	Cit	SAM
2018_91	Jun	Two hospitals to replace TB	WA	SAM
2018_92	Jun	Health standards flatline	SI	SAM
2018_93	Jun	A good dose of reality for Motsoaledi	IOL	Google
2018_94	Jun	NHI seen as remedy for SA's ill health	IOL	Google
2018_95	Jun	Despite its flaws NHI good for SA	IOL	Google
2018_96	Jul	It's painful to be called uneducated says community care worker	N24	Google
2018_97	Jul	WCape has best doctor-per-person ratio - Patricia Kopane	PW	Google
2018_98	Jul	National Health Insurance: It's not just about the money	DM	Google
2018_99	Jul	Dr Aaron Motsoaledi is clueless: NHI cannot work in SA	N24	Google
2018_100	Jul	Prof Bongani Mayosi's death highlights mental health issues among doctors	Cit	Google
2018_101	Jul	City to revisit security arrangements at Cape Town clinic after man ...	N24	Google
2018_102	Jul	Zille welcomes opening of healthcare facility, says more should have been done in District Six	N24	Google
2018_103	Jul	Why so many of SA's doctors are killing themselves	Times	Google
2018_104	Jul	Patients still sleep on hospital floor	IOL	Google
2018_105	Jul	TAC pickets over Khayelitsha hospital's 'ongoing crisis'	IOL	Google

Code	Month	Title (abbreviated)	Source	Source
2018_106	Jul	Changing lives with free ops for Mandela Day	CA	SAM
2018_107	Aug	Khayelitsha District Hospital gets new surgical ward, CT scanner	IOL	Google
2018_108	Feb	EFF holds nationwide protests on PH	ENCA	Google
2018_109	Feb	Clinics and hospitals EFF is watching you	Times	Google

Appendix 4: Media headlines representing the Western Cape health system's approach to providing HIV/AIDS treatment

Year	Month	Publication	Media headlines
1999	Jan	Cape Argus	Cape will give pregnant women AZT
2000	Dec	Star	W Cape bid to bypass govt on Aids drugs
2001	Oct	Cape Argus	Cape Aids drive beefed up
2001	Oct	Business Day	Western Cape off TAC's antiretroviral hook
2001	Nov	Business Day	Aids group drops action against WC
2001	June	Cape Argus	Koornhof stands firm on Aids drug for W Cape mums-to-be
2001	Nov	Cape Times	Anti-Aids programme flourished under DA
2002	Jan	Cape Argus	Cape sets Aids example
2002	Feb	Cape Argus	Minister lauds Western Cape health services
2002	Feb	Sowetan	Western Cape's success story
2002	April	Cape Times	Western Cape takes lead in saving babies from HIV
2002	Aug	Cape Times	Deregistering aids drug would be "massive human disaster", says Van Schalkwyk
2002	Sep	Business Day	WC considers providing antiretrovirals to employees
2002	Sep	Cape Times	Almost nil HIV babies in 2 years'
2002	Sep	Financial Mail	Western Cape asserts leadership in AIDS war
2002	Dec	Cape Argus	Praise for Cape's Aids programme
2002	Dec	Cape Times	Reports says 4.2% population in WC infected with HIV, 14% in country
2003	March	Cape Times	WC to give all its Aids babies antiretrovirals
2003	April	Cape Argus	Cape Aids babies to get anti-retroviral treatment
2003	Aug	Cape Argus	Province aims to double HIV drugs programme
2003	Aug	Cape Times	Western Cape to point way for other provinces
2003	Nov	Business Day	Cape vows to wipe out new-born HIV by 2004
2003	Dec	Business Day	WC spends most on AIDS but has lowest rate
2004	March	Cape Argus	Western Cape shows way on Aids
2007	Dec	Cape Times	TAC hails success of Aids battle in Western Cape
2011	Aug	Cape Argus	WC is leading ART way

Appendix 5: Media headlines representing challenges facing health workers in the Western Cape health system

Year	Month	Publication	Headline	"HW under fire"
1994	Sep	Cape Times	Workers protest at hospital	Worker protests
1994	Oct	Cape Times	Kriel warns thousands may lose jobs	Potential job losses
1994	Dec	Cape Times	Drastic health cuts 'inevitable'	HW reallocation to rural areas
1995	Feb	Cape Times	Protest over health plan	Health worker protests
1995	Sep	Cape Times	Life-line for W Cape jobs	Potential job losses
1995	Sep	The Citizen	Cape health workers won't lose jobs	Low morale
1996	Mar	Cape Times	Revolt over health vacancies averted	Worker protests
1996	Mar	Weekend Argus	Caught on the hop by 'free health care'	Potential job losses
1996	Apr	Cape Times	Legislators tour health facilities	Potential job losses
1996	May	The Argus	New process to rationalise Western Cape health services	Health reform, potential job losses
1997	Mar	The Citizen	WC community health in crisis	Low morale
1997	Apr	The Citizen	Health departments 'battling to cope'	HW posts to remain vacant
1997	Jun	Cape Argus	3000 health jobs axed in Western Cape	HW posts cut
1997	Jul	Cape Argus	Province unveils strategy to tackle hospitals crisis	Health reform, shortage of HW
1997	Aug	Cape Times	City hospitals face closure	Potential job losses
1997	Dec	Cape Argus	Teaching hospitals face collapse as cuts loom	Potential job losses Lack of training capacity
1997	Dec	Cape Argus	Nursing graduates today, jobless tomorrow	Difficult finding jobs
1998	Mar	Cape Argus	HIV set to hit one in four. But clinic faces shutdown	Potential hospital closure
1998	May	Cape Argus	Cape health care 'on brink'	Shortage of HW
1998	Jun	Cape Argus	2000 Cape health staff to lose jobs	Potential job losses
2002	Feb	Cape Argus	Hospitals turn away the ill as funding is diverted	Shortage of HW
2002	Jun	Cape Times	Unions attack decision to close Conradie Hospital	Potential hospital closure
2002	Dec	Cape Argus	Burnt-out trauma nurses are leaving in droves	Low morale, Job losses
2002	Dec	Cape Times	Sick babies die amid shortages of hospital staff, equipment	Shortage of HW
2003	Dec	Cape Times	75% of hospital staff dealing with rape cases lack training	Lack of training
2004	Jul	Bus Day	Cape plans to lure UK medical staff	Shortage of HW
2005	Aug	Cape Argus	Province to miss out on nursing college plan	Shortage of HW Lack of training capacity
2006	Oct	Cape Argus	Health service struggles to cope as patient numbers rise	Shortage of HW
2007	May	Cape Times	Angry medical staff, activists protest R30m funding cuts	HW protests
2007	Jul	Mail & Guardian	Health workers remain dismissed	HW dismissed
2008	Mar	Cape Argus	Shortage of pharmacists harms patients	Shortage of HW
2009	Jan	Cape Times	Healthcare is sick	Shortage of HW
2009	May	M&G	Cape of Medical Storms	Shortage of HW, Low morale
2010	Aug	Cape Times	Military medics 'may fill breach'	HW protests
2011	Oct	Cape Argus	Army of elderly health workers to retire	Shortage of HW
2012	Sep	GroundUp	Health workers and patients protest Jooste hospital closure	Hospital closure
2016	May	Cape Argus	Bursary protest disrupts classes at nurse's college	HW protests
2016	May	Health-E	Staff shortages, poor leadership cripple healthcare	Shortage of HW
2017	Feb	Cape Argus	Dire shortage of nurses nationwide	Shortage of HW
2017	Apr	Time Lives	Health department in sick bay	Shortage of HW
2017	Jul	Weekend Argus	Mortuary workers told to return to work	HW protests

Appendix 6: Health Policy and Planning guidelines

Instructions for Authors

Health Policy and Planning improves the design, implementation and evaluation of health policies in low- and middle-income countries through providing a forum for publishing high quality research and original ideas, for an audience of policy and public health researchers and practitioners. *HPP* is published 10 times a year. *HPP* has a double-blinded peer-review policy. All types of papers are peer reviewed and all article abstracts from each issue are translated into French, Spanish and Chinese. Before you submit please make sure you have followed all the relevant instructions. A checklist for authors is available [here](#).

Guidance

Improving chances of publication

As well as the high overall quality required for publication in an international journal, authors should take into consideration:

- Addressing *HPP*'s readership: national and international policy makers, practitioners, academics and general readers with a particular interest in health policy issues and debates.
- Manuscripts that fail to set out the international debates to which the paper contributes, and to draw out policy lessons and conclusions, are more likely to be rejected, returned to the authors for redrafting prior to being reviewed, or undergo a slower acceptance process.
- Economists should note that papers accepted for publication in *HPP* will consider the broad policy implications of an economic analysis rather than focusing primarily on the methodological or theoretical aspects of the study.
- Public health specialists writing about a specific health problem or service should discuss the relevance of the analysis for the broader health system. Those submitting health policy analyses should draw on relevant bodies of theory in their analysis, or justify why they have not, rather than only presenting a narrative based on empirical data.
- Primarily focus on one or more low- or middle-income countries.

The editors cannot enter into correspondence about papers considered unsuitable for publication and their decision is final. Neither the editors nor the publishers accept responsibility for the views of authors expressed in their contributions. The editors reserve the right to make amendments to the papers submitted although, whenever possible, they will seek the authors' consent to any significant changes made. The manuscript will not be returned to authors following submission unless specifically requested.

Should you require any assistance in submitting your article or have any queries, please do not hesitate to contact the editorial office at hpp.editorialoffice@oup.com.

Manuscript format and style for all articles

Only articles in English are considered for publication.

Prepare your manuscript, including tables, using a word processing program and save it as a **.doc**, **.rtf** or **.ps** file. Use a minimum font size of 11, double-spaced and paginated throughout including references and tables, with margins of at least 2.5 cm. The text should be left justified and not hyphenated.

The **title page** should contain:

- Title - please keep as concise as possible and ensure it reflects the subject matter
- Corresponding author's name, address, telephone/fax numbers and e-mail address
- Each author's affiliation and qualifications
- Keywords and an abbreviated running title
- 2-4 Key Messages, detailing concisely the main points made in the paper
- Acknowledgements
- A word count of the full article

In the **acknowledgements**, all sources of funding for research must be explicitly stated, including grant numbers if appropriate. Other financial and material support, specifying the nature of the support, should be acknowledged as well.

Figures should be designed using a well-known software package for standard personal computers. If a figure has been published earlier, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. Colour figures are permitted but authors will be required to pay the cost of reproduction.

Please be aware that the requirements for online submission and for reproduction in the journal are different: (i) for online submission and peer review, please upload your figures separately as low-resolution images (.jpg, .tif, .gif or .eps); (ii) for reproduction in the journal, you will be required after acceptance to supply high-resolution .tif files. Minimum resolutions are 300 d.p.i. for colour or tone images, and 600 d.p.i. for line drawings. We advise that you create your high-resolution images first as these can be easily converted into low-resolution images for online submission.

Figures will not be relettered by the publisher. The journal reserves the right to reduce the size of illustrative material. Any photomicrographs, electron micrographs or radiographs must be of high quality. Wherever possible, photographs should fit within the print area or within a column width. Photomicrographs should provide details of staining technique and a scale bar. Patients shown in photographs should have their identity concealed or should have given their written consent to publication. When creating figures, please make sure any embedded text is large enough to read. Many figures contain miniscule characters such as numbers on a chart or graph. If these characters are not easily readable, they will most likely be illegible in the final version.

Certain image formats such as .jpg and .gif do not have high resolutions, so you may elect to save your figures and insert them as .tif instead.

For useful information on preparing your figures for publication, go to <http://cpc.cadmus.com/da>.

All **measures** should be reported in SI units, followed (where necessary) by the traditional units in parentheses. There are two exceptions: blood pressure should be expressed in mmHg and haemoglobin in g/dl. For general guidance on the International System of Units, and some useful conversion factors, see 'The SI for the Health Professions' (WHO 1977).

Manuscript file must include text body. Title Page, Figures and Tables should be uploaded separately.

Manuscript Preparation

Page 1: **Title Page** – as above.

Page 2: **Abstract**. The abstract should be prepared in one paragraph, no headings are required. It should describe the purpose, materials and methods, results, and conclusion in a single paragraph no longer than 300 words without line feeds.

Page 3: **Introduction**. The Introduction should state the purpose of the investigation and give a short review of the pertinent literature, and be followed by:

Materials and methods. The Materials and methods section should follow the Introduction and should provide enough information to permit repetition of the experimental work. For particular chemicals or equipment, the name and location of the supplier should be given in parentheses.

Results. The Results section should describe the outcome of the study. Data should be presented as concisely as possible, if appropriate in the form of tables or figures, although very large tables should be avoided.

Discussion. The Discussion should be an interpretation of the results and their significance with reference to work by other authors.

Abbreviations. Non-standard abbreviations should be defined at the first occurrence and introduced only where multiple use is made. Authors should not use abbreviations in headings.

All **measures** should be reported in SI units, followed (where necessary) by the traditional units in parentheses. There are two exceptions: blood pressure should be expressed in mmHg and haemoglobin in g/dl. For general guidance on the International System of Units, and some useful conversion factors, see 'The SI for the Health Professions' (WHO 1977).

References. References must follow the Harvard system and must be cited as follows:

Baker and Watts (1993) found...

In an earlier study (Baker and Watts 1993), it...

Where works by more than two authors are cited, only the first author is named followed by 'et al.' and the year. The reference list must be typed double-spaced in alphabetical order and include the full title of both paper (or chapter) and journal (or book), thus:

Baker S, Watts P. 1993. Paper/chapter title in normal script. Journal/book title in italics **Volume number in bold** : page numbers.

Baker S, Watts P. 1993. Chapter title in normal script. In: Smith B (ed). *Book title in italics*. 2nd edn. Place of publication: Publisher's name, page numbers.

Tables All tables should be on separate pages and accompanied by a title - and footnotes where necessary. The tables should be numbered consecutively using Arabic numerals. Units in which results are expressed should be given in

parentheses at the top of each column and not repeated in each line of the table. Ditto signs are not used. Avoid overcrowding the tables and the excessive use of words. The format of tables should be in keeping with that normally used by the journal; in particular, vertical lines, coloured text and shading should not be used. Please be certain that the data given in tables are correct. Tables should be provided as Word or Excel files.

Types of papers

Health Policy and Planning welcomes submissions of the following article types:

- [Original research](#)
- [Review articles](#)
- [Methodological musings](#)
- [Innovation and practice reports](#)
- [Commentaries](#)
- ['How to do \(or not to do\)...'](#) [for example, see [Hutton & Baltussen, HPP, 20\(4\): 252-9](#)] and
- ['10 best resources'](#) [for example, see [David & Haberlen, HPP, 20\(4\): 260-3](#)].

ORIGINAL RESEARCH

Manuscripts should preferably be a maximum of 6,000 words, excluding tables and figures/diagrams.

The manuscript will generally follow through sections: Title page (as [above](#)), Abstract (no more than 300 words), Introduction, Methods, Results, Discussion, Conclusion, Acknowledgements, References. However, it may be appropriate to combine the results and discussion sections in some papers. Tables and Figures should not be placed within the text, rather provided in separate file/s.

For the reporting of statistical analyses please consider the following additional points:

- Focus the statistical analysis at the research question.
- Provide information about participation and missing data.
- As much as possible, describe results using meaningful phrases (e.g., do not say "beta" or "regression coefficient", but "mean change in Y per unit of X"). Provide 95% confidence intervals for estimates.
- Report the proportions as *N* (%), not just %.
- Report *P* values with 2 digits after the decimal, 3 if <0.01 or near 0.05 (e.g., 0.54, 0.03, 0.007, <0.001, 0.048). Do not report *P* values greater than 0.05 as "NS".
- Always include a leading zero before the decimal point (e.g., 0.32 not .32).
- Do not report tests statistics (such as chi-2, T, F, etc.)."

For [acknowledgements](#), [figures](#) and [measures](#) see above.

REVIEW ARTICLES

Manuscripts should preferably be a **maximum of 10,000 words**, excluding tables, figures/diagrams and references.

Reviews may be invited. They generally address recent advances in health policy, health systems and implementation. **Systematic reviews are particularly welcomed**, but may not be appropriate for every topic. If authors are submitting a review article that is not a systematic review then the paper should explain why a systematic review was not feasible/desirable, and the review methods should be described in a way that is as clear and as replicable as possible.

The manuscript will generally follow through sections: Abstract (no more than 300 words), Introduction, Methods, Results, Discussion, Conclusion, References. However, it may be appropriate to combine the results and discussion sections in some papers. Tables and Figures should not be placed within the text, rather provided in separate file/s.

Checklists have been developed for a number of study designs, including randomized controlled trials (CONSORT), systematic reviews (PRISMA), observational studies (STROBE), diagnostic accuracy studies (STARD) and qualitative studies (COREQ, RATS). We recommend authors refer to the EQUATOR Network website (<http://www.equator-network.org>) for further information on the available reporting guidelines for health research, and the MIBBI Portal for prescriptive checklists for reporting biological and biomedical research where applicable. Authors are requested to make use of these when drafting their manuscript and peer reviewers will also be asked to refer to these checklists when evaluating these studies.

COMMENTARIES

Short commentaries on topical issues in health systems are welcomed - please email the editorial office prior to submission. Most such commentaries are commissioned by the editors, but the journal will also consider unsolicited submissions. Commentaries should be of broad interest to readers of *Health Policy and Planning*, and while they are not research papers, they should be well substantiated. Manuscripts should preferably be a **maximum of 1,200 words**, excluding tables, figures/diagrams and references.

The manuscript will generally contain a short set of key take-home messages. Tables and Figures should not be placed within the text, rather provided in separate file/s.

HOW TO DO...OR NOT TO DO

This series is meant to explain how to use a particular research or analytical method (e.g. social network analysis, discrete choice experiment etc.). The research or analytical methods discussed should be well accepted and clearly defined: this category of paper is not meant to address methodological debates but rather to help disseminate and promote the use of well-accepted methodologies.

Manuscripts should preferably be a **maximum of 3,000 words** excluding tables, figures/diagrams and references.

- The sections must be arranged as follows: i) Title page (as above), ii) Abstract, iii) Introduction, iv) Body of the paper, and v) References. Main sections should be coordinated by the author, and inserted between Introduction and Reference sessions. Please contact our office before submitting a manuscript in this category.

Tables and Figures should not be placed within the text, rather provided in separate file/s.

10 BEST RESOURCES

This 10 best is a series of articles that identify and outline the 10 most useful resources from a range of sources to help facilitate a better understanding of a particular issue in global health.

We often commission these articles but we also hear unsolicited suggestions.

For acknowledgements, figures and measures see above.

METHODOLOGICAL MUSINGS

This series is meant to address methodological issues in health policy and systems research, where there is currently a lack of clarity about accepted research methods. This series is intended to support the development of the health policy and systems research field, through supporting methodological discussion.

Manuscripts should preferably be a **maximum of 3,000 words**, excluding tables, figures/diagrams and references.

- The sections must be arranged as follows: i) Title page (as above), ii) Abstract, iii) Introduction, iv) Body of the paper, and v) References. Main sections should be coordinated by the author, and inserted between Introduction and Reference sessions. Please contact our office before submitting a manuscript in this category.
- For acknowledgements, figures and measures see above.

INNOVATION AND PRACTICE REPORTS

These short reports are narratives from the perspective of health managers operating at the national or sub-national level which focus on innovative approaches to strengthen health systems. Papers should highlight the practical experience of health managers or practitioners involved in taking action to strengthen health systems through innovative activities and new practices. The new activities and practices should preferably have been implemented for a sufficiently long time to allow authors to demonstrate the potential for sustained improvement or change in the health system. Examples might include practices to build capacity, develop new partnerships or restructure relationships within health systems. Papers should identify 2-4 key messages or lessons for consideration in other settings. We will not consider clinical and pharmaceutical innovations and practices. Manuscripts should be a maximum of 2,000 words.

The manuscript will generally follow through sections: Key Messages, Abstract (no more than 300 words), Introduction, Methods, Results, Discussion, Conclusion, References. However, it may be appropriate to combine the results and discussion sections in some papers. Tables and Figures should not be placed within the text, rather provided in separate file/s. In the main body of the paper, sub-headings may be useful to signal key elements of the experience reported. Reports must be led by local practitioners, managers or policy-makers.

Submission process

- [Pre-submission language editing](#)
- [Authorship](#)
- [Originality](#)
- [Online submission](#)

PRE-SUBMISSION LANGUAGE EDITING

HPP asks all authors to ensure that their papers are written in as high a standard of English as possible before submission to the journal. If your first language is not English, to ensure that the academic content of your paper is fully understood by journal editors and reviewers, you may want to consider using a language editing service. Language editing does not guarantee that your manuscript will be accepted for publication. For further information on this service, please click [here](#). Several specialist language editing companies offer similar services and you can also use any of these. Authors are liable for all costs associated with such services. If your first language is not English, to ensure that the academic content of your paper is fully understood by journal editors and reviewers is optional. Language editing does not guarantee that your manuscript will be accepted for publication. For further information on this service, please click [here](#). Several specialist language editing companies offer similar services and you can also use any of these. Authors are liable for all costs associated with such services.

AUTHORSHIP

All persons designated as authors should qualify for authorship. The order of authorship should be a joint decision of the co-authors. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based on substantial contribution to conception and design, execution, or analysis and interpretation of data. All authors should be involved in drafting the article or revising it critically for important intellectual content, must have read and approved the final version of the manuscript and approve of its submission to this journal. An email confirming submission of a manuscript is sent to all authors. Any change in authorship following initial submission would have to be agreed by all authors as would any change in the order of authors.

ORIGINALITY

Manuscripts containing original material are accepted for consideration with the understanding that neither the article nor any part of its essential substance, tables, or figures has been or will be published or submitted for publication elsewhere. This restriction does not apply to abstracts or short press reports published in connection with scientific meetings. Copies of any closely related manuscripts should be submitted along with the manuscript that is to be considered by HPP. HPP discourages the submission of more than one article dealing with related aspects of the same study. . For further information on the prior publication policy see https://academic.oup.com/heapol/pages/Prior_Publication.

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- information on prior or duplicate publication or submission elsewhere of any part of the work;
- a statement of financial or other relationships that might lead to a conflict of interest or a statement that the authors do not have any conflict of interest;
- a statement that the manuscript has been read and approved by all authors (see also section on [authorship](#));
- name, address, telephone and fax number of the corresponding author who is responsible for negotiations concerning the manuscript;
- copies of any permissions to reproduce already published material, or to use illustrations or report sensitive personal information about identifiable persons.

All papers submitted to HPP are checked by the editorial office for conformance to author and other instructions all specified below. Non-conforming manuscripts will be returned to authors.

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