





RESEARCH ARTICLE

Enhancing media communication of health research: an evaluation of the Journalist in Residence Programme at the Malawi Liverpool Wellcome Trust Clinical Research Programme [version 1; peer review: 2 approved with reservations]

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Abstract


Background: In 2012, the Science Communication department at the Malawi-Liverpool Wellcome Trust Clinical Research Programme (MLW) established the Journalist in Residence Programme (JIR) to train journalists and give them support when reporting health research stories for MLW. However, the programme had not been evaluated since its inception. We assessed the impact of media training and support through this programme on the development of health research reporting in Malawi.



Methods: Qualitative approaches were used to conduct in-depth interviews with five journalists, two editors, two consultants, five researchers, and three Ministry of Health officials. Two focus group discussions were also conducted with selected Community Advisory Group members in Blantyre and Chikwawa. All interviews and focus group discussions were recorded and transcribed verbatim. Data analysis was conducted using Nvivo11.

Results: The JIR programme has a positive impact on the development of health research reporting in Malawi. The quantity and quality of health research stories generated from Malawi Liverpool Wellcome Trust research have increased after introducing the programme. Additionally, journalists are motivated to write health

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research stories as they get training and support through the programme. The health research work being implemented by Malawi-Liverpool Wellcome Trust is appreciated by policy makers and the public at large through stories published by journalists in the programme.

Conclusions: This evaluation found that the JIR programme is a powerful tool for achieving the development of health research reporting in Malawi.

Keywords

health research reporting, support and training, Malawi, science communication, media



This article is included in the [Malawi-Liverpool Wellcome Trust Clinical Research Programme gateway](#).

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Introduction

Public communication of research findings is increasingly being recognised as important, is expected by funders, and is supported by university managers and researchers, including in Africa¹⁻⁴. Sharing findings with the public can increase the impact of research, for example through strengthening community health-seeking and conveying findings to policy makers^{1,2}. Public communication can also facilitate future research through building public support for research, inspiring future scientists and helping communities to make informed decisions on research participation^{2,5}. For researchers, sharing findings publicly can build skills, raise their profile, and stimulate new funding and collaborations². Public communication is also an ethical obligation for researchers, due to taxpayer funding for research, involvement of the public as participants, and the wider societal implications of research findings^{2,3}.

Effective public communication requires different channels to peer reviewed journals, as the public, and particularly communities in low income settings, rarely access these journals².

The media is an important alternative channel for communicating information about health research⁶, partly due to its extensive reach. Many radio, television, newspapers and online platforms have audiences of several million; in Malawi 46% of people have a radio and 11.6% have a television⁷. The media is also often relatively trusted: more Malawians report a high level of trust in journalists (44%) compared to the government (only 37%), scientists (34%) and workers in non-governmental organizations (20%). Furthermore, journalists often have more training than researchers in presenting information in a way that is understandable and appealing to the public⁸. Reflecting these advantages, the media

is regarded as a key target for engagement by researchers in Africa and Asia¹.

However, the media currently plays a limited role in communicating health research, particularly in low-income countries. Barriers to increased coverage lie in both research and media institutes. Researchers may lack skills or incentives for public communication, and may worry that the media will distort their findings^{1,3}. Journalists may be unable to access information on health research, or lack the skills to critically appraise research papers and interpret findings¹. Health research stories are also seen as less attractive to the public than topics such as politics and sports, so may not receive support from editors. Reporting is also constrained by limited networks between researchers and journalists.

Given these challenges and low reporting of health research, the Malawi-Liverpool Wellcome Trust Clinical Research Programme (MLW) introduced the Journalist in Residence Programme (JIR) to improve public communication of health research. The JIR programme involves training journalists, working with media consultants to support production of stories, and pairing journalists and research groups to facilitate interaction. The JIR programme covers radio, TV and newspaper journalism and works with established media houses such as the Malawi Broadcasting Corporation (MBC), Nation Publications Limited and Times Group. Since 2015, 30 journalists have participated in the JIR programme. A call for applications is sent to media houses, and editors also nominate journalists with enthusiasm for reporting health research.

The JIR programme's theory of change sets out its aims and strategies (see Figure 1). As shown in this diagram, this

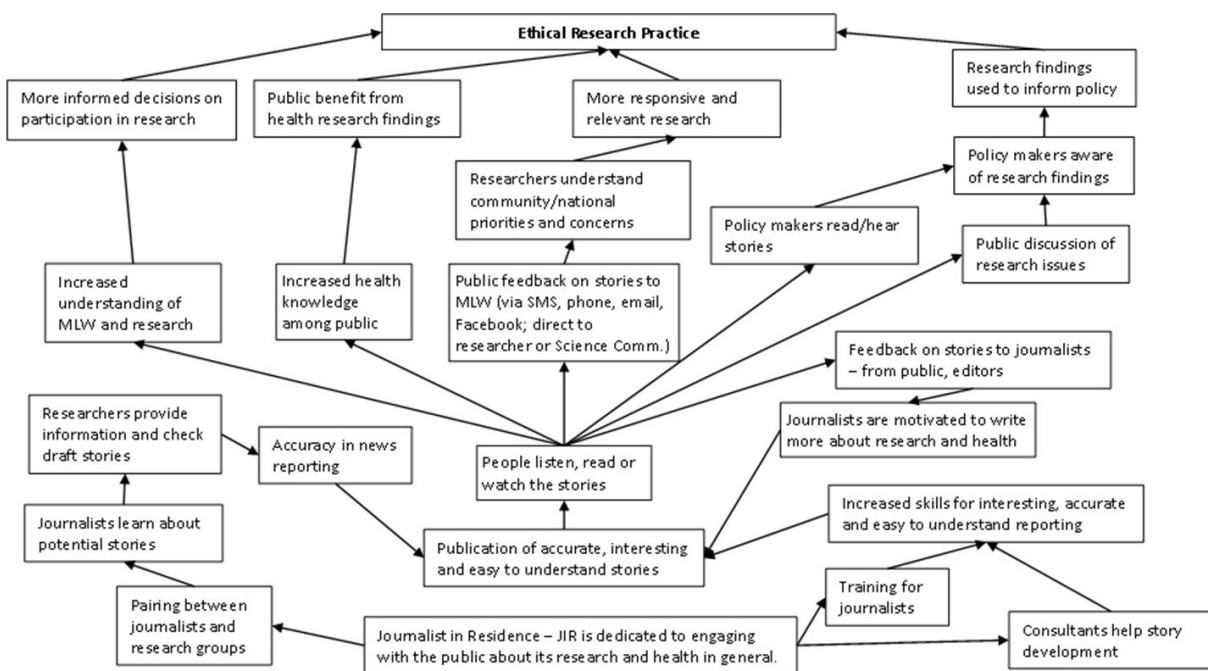


Figure 1. Theory of change informing the Journalist in Residence (JIR) programme.

programme ultimately aims to enhance ethical research practice through improving public understanding of research and informed decisions on research participation, increasing effective health seeking behaviour, providing feedback on research to enable relevance, and sharing findings with policy makers to promote use. To support these aims, it works to improve the quantity and accuracy of media stories about health research by increasing journalists' skills and motivation to write about health research, and by providing opportunities for interaction with researchers to help identify stories and check their accuracy.

This evaluation was conducted to assess JIR's contribution and inform future programme design. The evaluation focused on intermediate outcomes and steps in the theory of change⁹ specifically the JIR programme's contribution to journalists' motivation and skills to write about health research, changes in the quantity and quality of stories, effects on researchers, and initial indications of the value of the programme for awareness of health research and MLW among the public and policy makers. Ultimate outcomes of public benefit, informed research participation, responsive research and use of findings in policy were beyond the scope of this evaluation.

Methods

This evaluation used qualitative methods, including document reviews, observation, in-depth interviews (IDIs) and focus group discussions (FGDs) with key stakeholder groups. Interview participants were selected purposively based on involvement with the JIR, and included five journalists, two editors, two consultants, three Ministry of Health officials and five MLW researchers. Two FGDs were conducted with Community Advisory Group (CAG) members in Blantyre and Chikwawa. Specific individuals for interviews and the focus groups were identified through discussion with the Science Communication team for information on participants and contact with the JIR programme or with MLW research. Interview participants were contacted by JP, and the focus group discussion participants were invited to participate by the Science Communication team, because they hold the relationship with the CAG. No invited participants refused, but one invited participant from the Chikwawa CAG was sadly unable to participate on the day due to attending a funeral.

The topic guides were tested and refined through the initial interviews. Interviews and focus groups were conducted by JP. All took place in work offices, apart from the CAG FGDs which took place outside in Blantyre and Chikwawa districts. One interview with the MoH was by phone, due to the location of the participant in Lilongwe.

We observed two JIR review meetings to familiarize ourselves with JIR processes, challenges and achievements. Detailed notes were taken during observation. Document review covered project documents, monitoring records and JIR reports produced by MLW, to analyse the number of stories produced and challenges or successes identified in these reports.

Data analysis

IDIs were conducted in English while FGDs with CAGs were in Chichewa. Discussions were recorded then transcribed verbatim, and FGD transcripts were translated into English. We used thematic analysis, using a coding framework that was developed based on the evaluation questions and then adapted to include emerging themes. Example themes included journalists' motivation to cover health research stories, production of stories, and public awareness of health research and of MLW. Coding was conducted by JR. Summary memos were written during analysis to record emerging findings. Data analysis was conducted using Nvivo11.

Ethical approval

The College of Medicine Research Ethics Committee (COMREC) approved the evaluation (providing a waiver as the study involved low-risk programme evaluation). Interviews were conducted in a private space to support confidentiality. Participants were given identification numbers and no names were recorded on transcripts or used in final reports. All individuals selected to participate in focus groups or interviews were provided with information about the evaluation, including the rationale and selection process of individuals for participation. Verbal consent was sought from participants. Verbal consent was approved by the ethics committee and was considered adequate for this study, given that this is a project evaluation with no significant risks and involving existing MLW stakeholders who have some familiarity with research.

Results

This section reports findings on the JIR programme's effectiveness, considering in turn the number and quality of stories, scientific accuracy, journalists' reporting skills, their motivation to cover health research, the impact on researchers and research, community awareness of health research and MLW, and translation of findings to policy.

Production of stories

The introduction of the JIR programme increased the number of media stories about MLW research. Programme documents showed an increase in stories produced by JIR fellows from five in 2015 to 44 in 2018, with a further increase in 2019, when 17 stories were published in the first quarter (see [Figure 2](#)). Publication channels included newspapers, television and radio; with some special programmes like phone-ins and documentaries.

The range of subjects covered has also increased over time, partly reflecting the growing breadth of MLW's research and development of new research groups. In 2015, all five articles focused on malaria. In 2016, there were also articles on other themes such as tuberculosis and HIV/AIDS, and the range increased further in 2017 and 2018, to include stories on health seeking behaviour, non-communicable diseases, Typhoid and other areas.

Number of stories published from 2015-2019

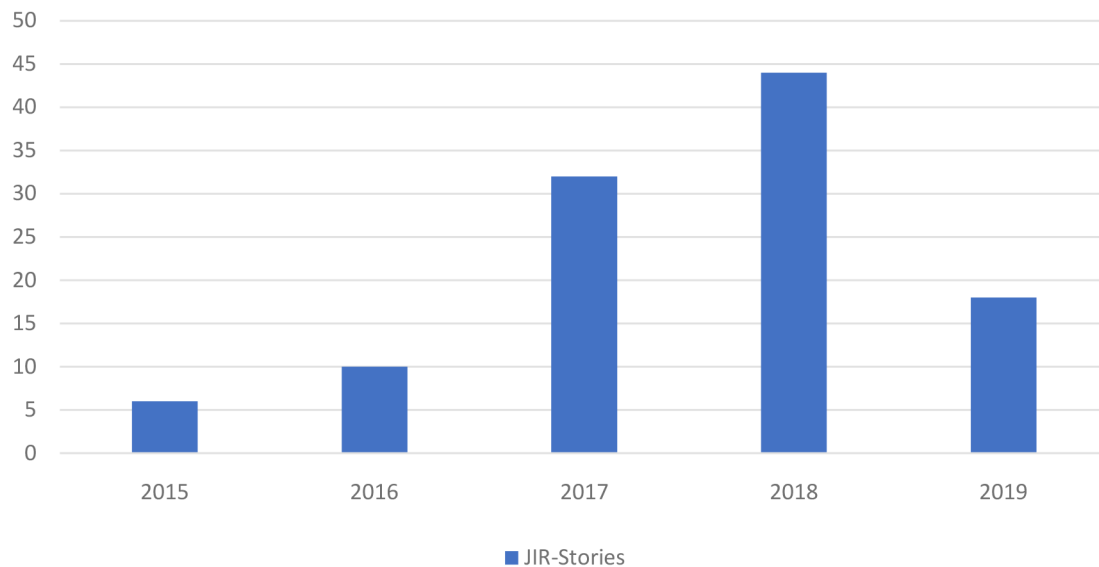


Figure 2. Annual compilation of Journalist in Residence (JIR) health research stories.

The evaluation also identified factors that continued to limit production of stories, pertaining to both researchers and media houses. Tight schedules among researchers limited their involvement and willingness to spend time with journalists, reducing opportunities for journalists to identify and develop stories and their ability to meet media deadlines. Media editors indicated that they were not involved in the JIR programme and so found it hard to appreciate the value of health research reporting; consequently, some editors did not prioritize health research stories for editorial attention or allocate publication space. This lack of editorial support also reflects the political economy of news production, with political stories considered more attractive to the public:

“Editors were left behind., [...] And then when the editors don’t understand the issues that reporters are writing or why they matter, editors will leave out that important story for a lesser important political story that is going to sell.” (Editor 1)

Scientific accuracy of stories

Most researchers thought accuracy had improved as, through the JIR programme, researchers check stories before publication. Increased interaction and improved relationships between researchers and journalists enhanced researchers’ trust in the process:

“If you look at the quality of health reporting over the past year, it’s really been phenomenal. I mean the stories being important national stories but also accurately reported and that’s because the journalists are now able to interact with the health professionals or the

researchers instead of writing the stories on their own and not actually verifying their writing.” (Researcher 4)

Reporting skills

Journalists said the interactions with researchers improved their understanding of scientific vocabulary and their ability to report accurately.:

“In most of the cases when the researchers are talking about trials or research projects, they usually use words like RANDOMISED TRIALS, PLACEBO or they could keep mentioning combination of drugs like TRUVADA in PREP or maybe ARVs like 5A, 6A stuff like that. The terms are not like something that a layman can understand just like that. They need an explanation.” (Journalist 1)

JIR support to journalists was also seen as meeting a gap in training on scientific reporting in Malawi, as other journalism courses do not specifically cover health research. Training under the JIR programme is also free of charge, and enabled trainers to cover issues in-depth.

Effects on researchers

Researchers saw that the JIR programme was helping to improve their media engagement skills and career development, and was supporting implementation of research. Regarding research implementation, one researcher saw the media as playing a critical role in supporting recruitment of participants for a typhoid vaccine trial (28,000 children in 6 months). Another researcher explained that the JIR programme had increased his ability to, and interest in, engaging with the

media, providing a platform to communicate with the media and address their questions and concerns:

“the programme had a big impact on how I conduct research and how I communicate with the media on what I do and I am really open to questions from the media on this kind of work.” (Researcher 4)

Media attention has also helped researchers’ profile and networks. For example, one researcher explained that stories by JIR fellows brought recognition and appreciation from the Ministry of Health and influenced his nomination into a national taskforce:

“I have had a lot of attention personally, and I sit on [a national] taskforce, so I would say there’s been a direct impact from the JIR program.” (Researcher 5)

This government recognition in turn supports opportunities for researchers to share finding with policy makers.

Journalists’ motivation to cover health research in Malawi

JIR alumnae felt the JIR programme had increased their motivation to report on health research. Two JIR alumnae from print media said the programme provided career opportunities because they used examples of their published stories to apply for grants and enter competitions, like the Media Institute of Southern Africa (MISA) Malawi annual media awards.

“It has opened doors for me. There are many instances that I have used the stories that I have written for Malawi Liverpool Wellcome Trust as part of JIR to apply for some fellowships and I have also used the stories to enter some competitions.” (Journalist 2)

Journalists also indicated that they were motivated to publish health research stories because they received financial support from their media houses (or MLW) to participate in the programme and produce health research stories:

“[...] when MLW recruits you as a fellow, they ensure you are well motivated because in the process of developing a story, you do waste your time and some resources. So, when the story is published they make sure that they should pay you something just like a token of appreciation” (IDI, Journalist 1)

This interest in financial support could challenge the sustainability of health research reporting, if journalists will not develop health research stories without financial incentives from research institutions.

There are also indications of enhanced motivation to publish health research stories among some editors. One editor indicated that they were encouraged to publish on health research because of the feedback they received from readers

about stories by JIR fellows. This public interest enhanced the editor’s motivation to invest and support more stories on health research:

“the most exciting thing that has happened is that our readers really care about health reporting. [...] We get letters to the editor and sometimes we get tweets, we get it on Facebook” (IDI, Editor 1)

Public awareness of health research and MLW among communities

There is some evidence that the JIR programme helped to increase awareness of health research and MLW among the general public. Some researchers reported examples of members of the public commenting on stories they had read, for example:

“I was very surprised going to the gym and a number of people coming and say, oh that was very interesting. I didn’t know that you do that kind of work. [...] So people are really reading my work.” (Researcher 4)

CAG members reported that in general, the media is one channel for learning about health research:

“these issues most of the times I hear about them on the radio and I also watch on the TV, [...] On top of that, I read in the newspapers.”(CAG Member, Blantyre)

However, some CAG members noted that the cost of access to media products was a barrier for many poor people, with the cost of buying a newspaper, television or radio above the income of many rural Malawians:

“If we look at the cover price of a newspaper right now it is the same as the price of a basin full of maize. The price of batteries is the same as that of small fish [Bonya]. So these are difficult and expensive mediums [...] for us to get such information” (CAG Member, Chikwawa)

This suggests that, while the JIR appeared effective in reaching some sections of the public, there are challenges in using the media to reach other communities, particularly in rural settings. CAG members suggested that community meetings were more valuable for disseminating research information among these rural groups, or using radio listening clubs to help rural communities access health research information through the radio.

“...there is need to have groups which will be listening to the radio so they follow health programmes.” (CAG Member, Chikwawa)

Policy makers’ awareness of health research

The government policy makers interviewed for this evaluation were unaware of the JIR programme and so unable to comment directly on its effectiveness in translating research

findings to policy. However, they were able to comment in general about the role of the media in providing policy makers with information and about channels through which they learn about MLW's research.

In relation to MLW's research, policy makers suggested that direct communication from MLW is their primary source of information. This is partly because some policy makers were responsible for authorising research, so they already knew about most health research projects at the planning stage.

"Any research that happens... has to pass through my desk. I've got to provide the support letter and so forth. So that is part of the mandatory process, I get to know the kind of research that is actually going on in the district." (IDI, MoH Official 3)

This direct contact with research organisations and MLW meant officials were in less need of the media as a source of information. However, policy makers also reported obtaining information on health research from the media, and suggested that the media played an important role in disseminating findings:

"You see the main source of information is MLW itself. [...] Otherwise apart from that yes we could hear from sometimes radio." (IDI, MoH Official 1)

"[...] they give you a different understanding of what is going on. They are like a third eye, you know. That's how I look at the media." (IDI, MoH Official 3)

Another policy maker recalled a media article on Pneumococcal vaccines, suggesting that at least some media stories do reach government officials.

Researchers also emphasised direct contact with policy makers as a key way to share findings, but also noted the potential value of the media for supporting implementation. For example, one researcher explained that the Ministry of Health and MLW are in regular contact regarding health research and policies, but the media helps bring attention to the issues.

"we do engage policy makers in what we think is really important research that will have impact on national policy. And that involves us talking to the policy makers but actually that is enhanced if you have the media backing you up as well. [...] when you do get the results if the national media puts out to the public and this is what is happening, the policy makers actually do take interest as well." (IDI,R4).

Discussion

The evaluation suggests that training and support for journalists through the JIR programme has helped to improve the quantity and accuracy of media stories about health research. Most researchers, reporters and editors agreed that coverage of health research has improved, with more in-depth coverage and few factual errors. Journalists are more knowledgeable

and motivated to cover health research due to the JIR programme. The evaluation therefore broadly supports the JIR theory of change, in particular providing evidence for intermediate outcomes such as enhancing motivation and skills. However, editorial space and researcher time and commitment to the programme remain barriers to increasing the number of stories. This suggests aspects of context required to maximise the impact of programmes such as the JIR programme and additional areas to incorporate within the programme theory, such as researcher time and interest and editorial preferences and pressures. The finding that positive public feedback about health research stories encouraged one editor's interest suggests that enabling this feedback could encourage editorial support.

The findings also suggest some adaptations to the theory of change and additional or alternative pathways through which the programme may have impact. For example, there are indications that media attention may support policy impact by helping researchers to connect with policy circles, rather than just directly via policy makers reading findings.

The Science Communication department is working to address ongoing challenges to media communication. Examples include further discussion with editors, media awards to increase the status and profile of health research reporting, and media workshops for researchers to increase their interaction and confidence to collaborate with journalists. MLW also uses multiple other routes for public and policy engagement, to overcome limitations of the media. Examples include radio listening clubs, community meetings and other outreach activities to reach rural community members and others who may not access newspapers or other media. At a policy level, MLW established a policy engagement unit in 2018 to support connections between researchers and policy makers, and this unit collaborates with the Science Communication department to maximise the value of different channels.

Lessons from this evaluation are similar to those from other projects aiming to enhance media communication of health research. In particular, the key components of skills, motivation, and links between researchers and journalists have been identified as important by [other studies on media training and support](#)^{8,10}.

Frequent dialogue between researchers and journalists has often been identified as important to tackle misunderstandings^{11,12}. Other evaluations also point to similar challenges to those identified for the JIR programme, including [the need for editorial support](#).

While the evaluation provides some evidence of the JIR programme's value, further research is needed to fully understand its contribution, particularly in terms of awareness of MLW research among the public and policy makers. This evaluation was restricted to a small sample, and in particular the community sample came from the southern region only, and was restricted to CAG members, who already have information about health research and MLW. Therefore, their views cannot be generalized to the broader public. Women, though

encouraged to participate in focus groups, were underrepresented as they were committed to other activities such as farming. Further studies in different regions and with a broader community sample would be needed to fully assess the media's role in creating awareness among different population segments. In addition, the evaluation was not able to explore all aspects of the theory of change, and further research could explore any contribution of the JIR to outcomes such as enhanced engagement with research and use of public feedback to improve research relevance.

Conclusions

This evaluation examined the impact of journalist training and support on health research reporting in Malawi. The results can inform future initiatives for strengthening media reporting of research. Going forward, the findings suggest the need to continue using a variety of channels to reach intended audiences, including continued use of community meetings to

reach those who may not access newspapers or other media, as well as direct contact with policy makers. The findings also indicate the importance of involving editors so that they are aware of reporters' work on health research and encouraged to provide editorial space. Sharing positive public feedback on health research stories with editors could help to promote their interest and support.

Data availability

It is not possible to fully anonymise the data since participants are drawn from a small group within a research institution and specific JIR programme. These participants would be easily identifiable to others who know the institution (MLW) and JIR programme even with names removed. Researchers wishing to access the field notes and transcripts should write to the principal investigator (jphumisa@gmail.com) with a detailed description of the purpose for requesting the transcripts and field notes.

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Evaluating and understanding the impact of interventions in public-facing engagement and communication programs is of central importance to the field of science communication and engagement. Too often, interventions go under-reported and under-scrutinized, when they are evaluated at all. The authors are to be commended for remediating this trend. Through their interviews with a wide range of stakeholders, from journalists to researchers and Ministry of Health officials, the authors illustrate the impact of a journalist in residence programme on the reporting of health research in Malawi. We would recommend this article for indexing, pending several revisions to improve the arguments in the manuscript. These suggestions aim to help create a more robust reporting of the evaluation's findings, especially in relation to the theoretical basis for the JIR programme. The revised paper's structure, especially the presentation of its findings and associated discussion, could serve as a basis for academic publications involving similar evaluation initiatives.

First, the Introduction should provide additional details on both the Malawi-Liverpool Wellcome Trust Clinical Research Programme (MLW) and the Journalist in Residence Programme (JIR). How long and how often do journalists engage with research teams/labs? Do they just work with one team/lab, or do they rotate around different research groups affiliated with the MLW? The authors could also provide additional details on several background information presented in the Introduction. Is there any data on the percentage of people in Malawi that have access to newspapers and/or online news platforms (or at least, the percentage of people that have a smartphone)? How was the theory of change for the JIR programme developed, was it based on

another programme? One to two sentences that provide these details more explicitly would suffice. Finally, we are not sure if “ethical research practice” is the best term to describe the ultimate goal of the JIR programme, given that it is focused more on improving health reporting and public knowledge on projects associated with the MLW, rather than fostering greater reflexivity in scientists and encouraging them to reflect on ethical issues associated with their research. Perhaps, “impactful and engaged health research” would better capture the ultimate goal of the JIR programme.

For the methods, the authors should provide more information on the topic guides they used for the interviews, perhaps as an appendix.

The Results section needs to describe the demographics of the interviewees and focus group participants. There is no need to provide this information for each participant, but providing the age range of the interviewees and the percentage of participants that are male/female/“prefer not to disclose” for each stakeholder group would be great (given that the authors mentioned underrepresentation of women in their focus groups). The authors could also provide a breakdown of the publication channels where the media stories were reported, either in text or in the bar graph (Figure 2). As we have suggested for the Introduction, providing additional information on the MLW programme and the research topics involved would provide better contextual understanding on the media coverage of various subjects. Are there any lines of research in the MLW programme that are not covered by published articles? Finally, with the Introduction and Discussion mentioning the JIR programme’s theory of change, the authors could provide more information which elements in Figure 1 the JIR programme achieved, based on their interviews. That mapping would be very useful for future evaluations in seeing the relationships between what a program sets out to achieve, how it does it, and where it has succeeded or fallen short of its aims.

Various arguments in the Discussion also might be further elaborated. First, the authors might provide more than one suggestion on which elements of the JIR programme theory of change have to be revised based on their interview data. They also might connect their results more strongly with the JIR programme’s theory of change, as articulated above, as a kind of ‘mapping exercise’. Second, rather than just saying how the lessons for the JIR programme’s evaluation are similar to other projects, the authors should provide more concrete examples. Are there similar projects in Africa or elsewhere; and if they were evaluated through surveys/interviews/focus groups, how similar or dissimilar is the feedback to that of the JIR programme? In the Discussion, the authors also mentioned that the programme resulted in “few factual errors” in health research coverage. The interview data that they presented do not explicitly support this, so perhaps the authors could rephrase and tone down this claim or add details of the evidence for it.

The Conclusions section should have a sentence related to the JIR programme’s theory of change.

While the paper is very well written, we also have a few suggestions to improve its grammar. In the abstract, “the programme had not been evaluated” should be replaced with “the programme has not been evaluated”. On page 5, there should be a space between “vaccine trial” and “(28,000 children” in the subsection on “Effects on researchers”.

Is the work clearly and accurately presented and does it cite the current literature?

Partly

Is the study design appropriate and is the work technically sound?

Yes

Are sufficient details of methods and analysis provided to allow replication by others?

Partly

If applicable, is the statistical analysis and its interpretation appropriate?

Not applicable

Are all the source data underlying the results available to ensure full reproducibility?

Partly

Are the conclusions drawn adequately supported by the results?

Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: science communication, health communication, bioethics, science and technology studies

We confirm that we have read this submission and believe that we have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however we have significant reservations, as outlined above.

Reviewer Report 22 February 2024

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This research article presents an evaluation of the Journalist in Residence programme at the MLWT clinical research programme. The evaluation is qualitative in nature and involves in-depth interviews and focus groups with people who have been part of the programme and others who have been in positions relevant to the programme.

The background to the project presented at the start points accurately some of the barriers for health journalists and researchers to disseminate health information frequently and accurately. The introduction usefully gives the penetration of various media channels, but it only presents

information about radio (11.6%) and TV (46%). Is there information available on the percent of citizens reading newspapers/magazines?

The methods section gives a detailed list of the types of participants who were involved in the evaluation. But the questions that were discussed in the interviews or focus groups are not presented. I would encourage authors to present the questions used in both settings (interviews/focus groups) in the interest of transparency and replication.

The most direct, immediate and expected result of a programme such as JIR is the production of more health stories, which has happened and is evidenced in the report. However, I would suggest to provide more data here for a more comprehensive overview. Questions that I had when reviewing these results were: 1) How is the rise in published stories related to the number of JIR participants? Meaning, how many participants were behind these stories each year? Is this rise in stories a product of simply more journalists joining the programme or did the same number of participants produce more stories? 2) How many participants were enrolled in the programme each year? 3) Where were these stories published (i.e., TV, radio, print)?

Effects on researchers are also included, but we don't know from the project background who these researchers are. Are they also part of the MLWT clinical research programme or are they part of the larger scientific community in Malawi or elsewhere?

I would caution that the evidence for public awareness is anecdotal at this stage, and so that should be mentioned in the relevant section.

The different positioning of editors compared to journalists in relation to health research is very interesting, and hopefully has led to adjustments of the programme in its later stages to also engage editors and raise their awareness about the importance of health stories.

Overall, an interesting and encouraging evaluation of the JIR programme as part of the MLWT clinical research programme. I would encourage the authors to think further about the possible agenda-setting effects of this programme to the broader health journalism practices in Malawi, as there is potential for knock-on effects.

Is the work clearly and accurately presented and does it cite the current literature?

Yes

Is the study design appropriate and is the work technically sound?

Yes

Are sufficient details of methods and analysis provided to allow replication by others?

Partly

If applicable, is the statistical analysis and its interpretation appropriate?

Not applicable

Are all the source data underlying the results available to ensure full reproducibility?

No

Are the conclusions drawn adequately supported by the results?

Yes

Competing Interests: No competing interests were disclosed.

Reviewer Expertise: health journalism, health communication

I confirm that I have read this submission and believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.
