



# **Me, Mandela and the Media**

## **2009 Everett M. Rogers Colloquium**

A presentation by the winner of the  
Everett M. Rogers Award for Achievement  
in Entertainment Education

## **Garth Japhet, M.D.**

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## THE NORMAN LEAR CENTER

The Norman Lear Center is a nonpartisan research and public policy center that studies the social, political, economic and cultural impact of entertainment on the world. The Lear Center translates its findings into action through testimony, journalism, strategic research and innovative public outreach campaigns. On campus, from its base in the USC Annenberg School for Communication & Journalism, the Lear Center builds bridges between schools and disciplines whose faculty study aspects of entertainment, media and culture. Beyond campus, it bridges the gap between the entertainment industry and academia, and between them and the public. Through scholarship and research; through its conferences, public events and publications; and in its attempts to illuminate and repair the world, the Lear Center works to be at the forefront of discussion and practice in the field.

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## PARTICIPANTS



### Martin Kaplan

Lear Center founding director Martin Kaplan, a former associate dean of the USC Annenberg School, holds the Norman Lear Chair in Entertainment, Media and Society. A summa cum laude graduate of Harvard in molecular biology, a Marshall Scholar in English at Cambridge University, and a Stanford PhD in modern thought and literature, he was Vice President Walter Mondale's chief speechwriter and deputy presidential campaign manager. He has been a Disney Studios vice president of motion picture production, a film and television writer and producer, and a radio host, print columnist and blogger.



### Peter Clarke

Peter Clarke holds two appointments at the University of Southern California: Professor of Preventive Medicine and of Communication. His most recent book (with Susan H. Evans) is *Surviving Modern Medicine* (Rutgers University Press, 1998). In addition to his research and work in social action, Clarke has chaired or served as dean of four academic programs in communication at three universities including the Annenberg School for Communication & Journalism.



### Garth Japhet

Garth Japhet is chief executive officer of Heartlines, an organization that aims to achieve positive social change by promoting lived values, strong relationships and civic action in southern Africa. Trained as a physician with a specialty in maternal/child health, he previously created the pioneering multimedia edutainment platform, *Soul City*, which now reaches 35 million people in eight southern African countries through entertainment programming, community mobilization and advocacy. He has been a Fulbright scholar, a fellow of the World Economic Forum, a Bishop Tutu Andrew Murray Prize for Media recipient, a member of the World Economic Forums Global agenda council, and a Senior Ashoka fellow.

## A 2009 Everett M. Rogers Colloquium

**Martin Kaplan:** Good afternoon. I'm Martin Kaplan, director of the Norman Lear Center. I'm delighted to have you here and also delighted to have a number of distinguished guests here whom I'll mention in a moment.

The Lear Center's mission is to study and shape the impact of media on society. I always like to find in the day's paper something that's relevant to what we're doing. And every time I've gone on that search, I have never been disappointed. In today's *New York Times*, there is a story on the front page of the business section about a telenovela on the network Telemundo. It's called *Más Sabe el Diablo* – "The Devil Knows Best."

The lead character is a woman named Perla Beltran who sells empanadas on the street. Her husband was a thief and was murdered. A census-taker is going to meet her and explain what the upcoming 2010 census is. And ultimately, she will become a census-taker.

That storyline is running because there is hope in the Hispanic community for a full and adequate census count. But there is also fear in the Hispanic community that being counted is a step toward deportation. This show is using a storyline in a five-night-a-week serial soap opera in prime time in order to communicate a pro-social message to its watchers.

And that's the topic we're discussing today. We're going to talk about a field called entertainment education and you're going to hear a lot about it in a moment. Before we begin, I wanted to say how pleased I am by the number of people who have been able to make it, some from quite far away. There's an award that our

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speaker will receive tonight, and a couple of our special guests here today have also received it.

Please join me in applauding and recognizing David Poindexter and Arvind Signhal, two men who have taken entertainment education all over the world. They also have both worked with the person for whom this award is named, Ev Rogers. [Applause]

I would like now to introduce Peter Clarke, who is a professor on the School of Communication faculty here at Annenberg. He is also the chair of the jury, which annually selects the winner of this prize. He's going to tell you a little bit about the prize and why it exists. He will introduce our speaker, whom we're incredibly lucky to have with us today.



Peter?

**Peter Clarke:** Thank you, Marty. I first became a colleague of Ev Rogers in 1975 when he came to the University of Michigan. He had been at Michigan State previous to that. He was on the Michigan faculty for a number of years. He left there to go to Stanford and then I came out here to be dean of the Annenberg school and we were able to persuade Ev to leave Stanford and to come here to Annenberg.

So I knew Ev Rogers across a very broad span of time since 1975 – maybe ante-date the birth date of many people in this room – and also, at a couple of institutions. In addition to being a remarkable scholar and the figure to launch entertainment-education studies worldwide, he was a remarkable human being and a joy to know and to be with.

As this part of the year rolls around, my committee and I have the joyous opportunity to select another individual in whose spirit and in whose work you can find Ev Rogers. It's really a very rewarding experience.



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You've just met two previous recipients of the Everett M. Rogers Award for Education and Entertainment. Two others who couldn't be here are Miguel Sabido and Al Bandura. You can sense from that collective roster the distinguished company in which this year's award recipient is about to join.

It's a very logical choice. Garth, as many of you know, launched *Soul City* in the early 1990s, perhaps the most sustainable application of entertainment education. Not resting on that laurel, he has created yet another incredible project called Heartlines, which more generally addresses issues of human values.

He's just remarkable. He's an Ashoka fellow, which identifies leading social entrepreneurs worldwide. Garth is trained as a physician and he brings certainly a physician's sensitivity and sensibility to his work. He also blends a real scholarly insight and a real sense for what can be done practically on the ground to get important things done.

He's here today to tell us more about his work and share in particular some of his latest experiences, which perhaps many people in this room haven't had a chance to get in context.

It's my very great pleasure to introduce to you Garth Japhet. [Applause].

**Garth Japhet:** Thanks so much and a good afternoon to all of you. What an honor this is for me. I had the privilege of knowing Ev Rogers. I met him and his wife, Corinne, on a couple of occasions. It's a fantastic honor to receive an award

in his name and to join illustrious people like my friend Arvind and David Poindexter. I also want to thank the Norman Lear Center and Marty Kaplan for the work that you do and for giving me the opportunity to come and address you.

Thank you Sandra de Castro Buffington and Hollywood, Health & Society. I really, really commend the work that you do. Then, finally, Mandy Berkowitz: thank you so much for all the logistical support. I think it's about 3 a.m. in South African time and she somehow managed to have me here with my eyes open. I thank you all for that.



This is going to be a bit of a journey and a bit of a story because stories are probably the most compelling way of escorting people through a path of thinking. I've titled my presentation: "Me, Mandela and the Media." I did that for a range of reasons. One is that I thought Mandela might be one person that all of you know and I liked the "M, M, M" alliteration. That seemed to work. And I had the pleasure on a few occasions of actually meeting Mr. Mandela.

I was born in South Africa in 1963. I was born in this place, here [shows slide with map of South Africa] – Johannesburg – which some of you may have heard is the heart of darkness. It's not. It's actually quite a nice place. But I was born into a society that was very racially divided, as you know.

I grew up in the heart of apartheid. That was my reality. But I was also extraordinarily fortunate to have parents who understood these injustices of our time. So from a very early age, I learned to question the rights and wrongs of our society.

Being South African is both a blessing and a curse. It's having lived continuously with change through most of my life. So your global financial crisis – what crisis? [Laughter]. This is just



“Being a clinical doctor in that setting was very frustrating. I’d see 100 people a day with largely preventable diseases.

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another crisis, as far as I’m concerned.

But it became quite clear to me quite early on that I wanted to make a difference. I wanted to do something that would contribute to making a change in the country I was born in.

Funny enough, what started me thinking about narrative and about being a doctor was a series of books written by Paul White called *The Jungle Doctor*, which I read at the ages of about 11, 12 and 13. I liked the idea of the doctor in the Land Rover with the giraffes and doing operations by candlelight and saving people and wild rivers. This appealed to my romantic side so I have no doubt that it led me into medicine. I liked the idea that one could make a difference in this way.

Everyone said, “You can do what you like, but don’t do medicine.” So that solved it; I did medicine. I was on a mission through medicine to save the world and I was also a pimply, acne-ridden teenager. So medicine became a fairly attractive prospect for me as well. [Laughter]

For the first two or three years of my career, I worked in a largely rural area of South Africa. There’s somebody here with a South African t-shirt on who said she was there. It was an area called Pietermaritzburg.

My clinical practice at that time focused on a whole range of issues, most were largely preventable. Being a clinical doctor in that setting was very frustrating. I’d see 100 people a day with largely preventable diseases. What was the number one cause of child death in South Africa at that time? Dehydration. I saw more than one child per week coming in with dehydration. And that is what kills them. They are dying of a completely preventable illness.

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This experience got me thinking about not only how to treat the symptoms, but how to start making a difference on these issues. How do you reach people with this knowledge, change behavior and so on? This was an interesting time. As I say, I have not yet lived in a non-interesting time. But the beginning of the 1990s was a particularly interesting time in South African history.

In February of 1990, Nelson Mandela was released from prison and it became a time of intense social change. Everything was turned on its head in terms of what we had been used to, the political order, etc. I was very fortunate because it was a time – in a way, a bit like this time – where we were encouraged to look for new solutions to old problems. The old system was not working, as we have seen with the global financial system. Suddenly, there was this opportunity to innovate – which I wasn't really aware of except in retrospect.

In the area I was working in, there was a lot of political violence. So our country's health issues were compounded by violence, by the presence of refugees, etcetera. But sometimes desperation is a good tool for innovation. How do we reach people in a way that will resonate with them?

As you Americans would say, it was a “no-brainer” for me. Media teaches. It tells us what is normal, how to dress, what is fashionable. This is how you reach people, particularly those who are beyond any formal school. The health system does not have the capacity to spend time with people in order to educate them; it just doesn't.

I was aware of that and in my very sort of amateur way, I did two things. I started writing for





this newspaper, *The Natal Witness*, in Pietermaritzburg. I did long, wordy essays about how it was good for pregnant women to go clinics, which I'm sure no one ever read. I went onto Radio Zulu and did a few things like that. It was just the toe in the water.

Because I was working with refugees, I had the pleasure of meeting Mr. Mandela for the first time three months after he was released from jail. And I remember thinking, "Wow, you're tall." [Laughter]. He is an amazingly tall man. And he is more extraordinary in person than he is in reputation. I was this nobody and yet he was extraordinarily interested in me and in what we were doing in this area. I have been fortunate to meet many amazing people in my career and he is one of them.

I then moved back to where I had trained in Johannesburg and started working in Alexandra Township, a square-mile area with half-a-million people. It's actually surrounded by very affluent suburbs. You've got this interesting juxtaposition.

I still didn't know what I was going to do. I had this crisis of, "Where am I going? What am I going to do?" Then I had this sudden thought, "What about television and radio?" I was still working with print. I had started to write for another newspaper called *The Sowetan*, which is one of the region's largest newspapers with a mostly black readership.

It suddenly came to me, "What about going prime time? What about going where the action is? And what about doing it all the same time?" For example, what if I see it on a billboard and then I see it on television and I hear it on radio?

Clearly, again, this is a no-brainer. It must make an impact and it must be meaningful to people. And, well, doctors are not good communicators. No, we don't communicate terribly well.



To resonate with people, I wanted to tell stories that would address the issues. But I had to place it in context without saying, for example, "diarrhea is an infection of the gastrointestinal tract caused by a rotavirus." That's doctor-speak.

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**-Garth Japhet**

So with these ideas, I went to the newspaper and told them I wanted to do television and radio. And to their everlasting credit, they offered to back me. I told them, "I've got to earn a living; I'm a full-time doctor." And they offered to pay my salary for three months. I raised a little bit of money, climbed on an airplane to the U.S. and decided to find somebody who had also been thinking about these sorts of things.

I had a limited amount of money and was staying in these \$20-a-night places with bedbugs and it was great. It was lovely. I went to all of these institutions. Then I crossed the ocean. I went to the University of Limburg in the Netherlands. I went to Comic Relief who do "Red Nose Day" in the U.K.

I came back not having changed broadly. But instead I was exposed to people like David Poindexter and others who had been thinking like this as well. Once I came back, I was convinced that it had to be drama. My initial idea of a game show was thrown out and it's got to be drama. It's a – sorry, because I'm in America and I can use this phrase a lot – it's a no-brainer.

But think about it. This is not new. Teaching through story is not new. We've got people from many different cultures here in this room. In every single culture in history, we have taught through story. We teach our kids through story; we read them books; we tell fables, legends, whatever. All of them often have some story behind them.



The issues that we are dealing with are not slogan issues. You can say, “Wear a condom; prevent HIV.” Duh. It doesn’t hit you where a story can. Then you’ve got this wonderful theory called Parasocial Interaction – where the gap between reality and fiction completely blurs and people begin to see themselves in the characters.

Arvind, Ev and others have written about the wonderful *Archers* soap opera in the U.K., which was the most-listened to radio program in England in the 1950s. Three out of five British adults were listening to this radio soap every week. In one episode, one of the key characters died in a fire. Her name was Grace and after that broadcast there was national mourning for a week. Newspapers in the U.K. had big, banner headlines: “Grace Archer Dies in Stable Fire.” The power of narrative to completely transport people and, as a result, to impact heavily on how they see the world, was profound.

This was what I had been thinking about at that time. Right from the beginning, I didn’t set up *Soul City* to deal with one issue. It would deal instead with many issues over time. It would be a brand-builder, on which we could – like a Christmas tree – place things.

But if we were going to compete, we had to be as good as – if not better than – anything else after. Just because it had a social value, people were not going to listen or watch.

I started going to ad agencies, who all told me, “Well, ‘hi,’ you’re a doctor and it’s a nice idea – come back with money.” I was a total beginner. I didn’t even know production companies existed. I was just a doctor.

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-Garth Japhet

Then somebody talked to somebody at an agency about me, saying, “There’s this crazy young doctor and he’s got these ideas and maybe you should talk to him.” So one day as I was working in the emergency room and this very smart folder arrives addressed to me and it is a proposal from a production company. To give you a mental picture, in the emergency room you’re covered in various forms of human excrement, and then you get this really smart proposal.

I didn’t know that there were any other production companies out there. So I went with that one. If one wants to know how I started producing, well, I didn’t, thankfully. Otherwise, we wouldn’t be here today.

My other idea was to go multimedia right from the beginning. Radio at that time had much more of an impact than television. You back it up with print. If you want to build a brand over time, then you’ve got to have multiple topics. When you think back to the sorts of dramas and soaps that you love, it takes time to build those characters.

We were looking to speak to our audience about barriers to change. I may be a doctor, but I actually don’t know why people change or don’t change their behavior. Countering those barriers to change is at the core of *Soul City’s* success. Basic to this is the research process. It takes on average 18 months to develop a new series. And most of that is in the research process. We look at a combination of what experts say and what the audience is telling us, looking particularly at barriers to change.

Then we write the story. Then we do something that is unusual within the production world: we pretest. Just because I think it’s a great script doesn’t mean it’s a great script. A number of times we’ve tested a story that people love, but, in fact, the message they get is completely different from what we’ve intended.



As a doctor, one of the things we're taught is: First, do no harm. I don't know how many of you are involved in the media. I think it's quite a good maxim for the media too: First, do no harm. How much harm is done by the media? That's why we spend a huge amount of time on pretesting and then on the intervention.

So what is *Soul City*? It originated as a serialized form of drama. It's drama and not soap opera. It has varied over time between a half hour and a full hour. Strangely enough, it is popular in a lot of other places, including Papua, New Guinea. Funnily enough, it is based in the same Township of Alexandra where I started my clinic work. And the seat of the drama is the clinic I was working in.

As a doctor, one of the things we're taught is: First, do no harm...I think it's quite a good maxim for the media too.

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In the first iteration of the series, we had the cameras and we working, but we fortunately were not acting. [Laughter]. Otherwise, it would have been a disaster. It was a bit like Hitchcock, like when I actually walked across the set once. Then as backup, and building the brand, we used a lot of print information. We've distributed about 40 million copies of booklets across 10 countries now. We'll talk a bit about that later.

This was all in the run-up to 1994 – a period where we were developing and finding money. That's a whole other story which I won't go into. Then in 1994, Nelson Mandela became the first democratically elected president of South Africa. Unfortunately, in the run-up to the election there was violence. But on the day of the election, it was a historic moment.

Six weeks after the first democratic election, *Soul City* went on the air for the first time. These are some of the press clippings from that early time about *Soul City*, which began at 6:30 in the evening and migrated later into an 8 p.m. slot as it became popular.

It was about that time, shortly after, that I had the pleasure of meeting Ev Rogers and Arvind. I had previously heard so much about them and have subsequently built a friendship with Arvind and some of his colleagues.



It was then that we started to think more considerately about what we were doing. By this point, we had been able to draw upon a whole range of theories that existed out there. One of the theories that influenced us a lot was one in public health called Health Promotion Theory. It says that in public health the idea of the “individual” does not exist. A lot of interventions are aimed at individuals: “You must stop smoking; you must wear your seatbelt; you must not drink and drive.” But the reality is, we are not islands. We are instead influenced profoundly by what is happening in our communities and by our peers, our families and in the sociopolitical environment around us.

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This model helped us understand how to do interventions around a range of issues. Every single intervention issue you can think of is at these three levels. It’s a very simple way of thinking about it.

An example that typifies our work – and for those who have seen this, forgive me, you’ll see it again – is summed up in what we did on violence against women. We were able to take what we knew about individual community and work with partners and the sociopolitical environment to create an intervention.

Here is a clip from the television series. This clip takes a 13-part series and consolidates it into five or six minutes.

[\[Watch the clip.\]](#)



We were looking at these issues at the level of community. The concept of beating pots and pans, for example, was new to South Africa. It's from South America. We had read about it and so we introduced it into the drama as a way that the community would get involved to stop domestic violence. This is one of the barriers to change. Getting involved is not something people do. "It's not my problem," as they said in the drama. So we gave people a tool, a way they could get involved.

About six months later, this picture appeared in one of the newspapers near Capetown of the Pots and Pans Campaign. It was a campaign started by the community as a way to bring attention to issues of domestic violence. The newspaper article says that the idea for the campaign sprang from the *Soul City* television program. This is probably one of the most remarkable examples of life imitating art.

Drama can deal with all three of these different levels of Health Promotion Theory. It can get to policymakers; it can look at community issues; it can look at the person. But what we do – and this is where some of Ev Rogers' work comes in – is look at the theory of Diffusion of Innovation.

I call it "the Disney effect" because Disney takes stuff and makes a packet of money by plugging it to your kids. That's the Disney effect – you take the brand credibility and popularity and you then leverage it for commercial gain. But what we do is leverage the brand popularity and credibility instead for social gain.

Then about eight years ago, we noticed that kids were also really keen on *Soul City*. It's one of the two most watched programs in South Africa. But our research process



had never been about children. So we started *Soul Buddies*, which is very similar to *Soul City*, except it's about a group of kids between the ages of eight and 12 who get together after school and do cool things, including getting involved in their community.

Kids then said, "We want to be Soul Buddies." And now we have 5,000 clubs with over 90,000 members. These kids get together after school, facilitated usually by a schoolteacher. We provide them with materials and curriculum. It's the biggest children's movement in South Africa.

Then we moved regionally. We moved into Tanzania, Zambia and Malawi, Mozambique, Zimbabwe, Swaziland, Botswana and Namibia. Instead of a brand dump, however, we worked with partners to spawn each country's own initiatives using *Soul City's* materials. We adapted them in the context of the individual country. But, very specifically it was a research-and-theory-based approach to social change.

“We know a lot about impact. [*Soul City* is] in 22 languages, 24 series, 35 million books, etc.”

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Evaluation-wise, just look at the statistics. After *Sesame Street*, *Soul City* is probably the most evaluated intervention of its kind. I'm not sure about that, but probably close to it. So we know a lot about impact. It's in 22 languages, 24 series, 35 million books, etc.

A lot of people say to me, "But how do you measure impact?" For me, it's about people; it's about people saying, "This has changed my life." Then you get to the tangible things – the products, the books, the t-shirts. There are 10 or 12 communities around the country that have called themselves "Soul Cities." So all of these things are markers in the sand, as well as the huge amount of research that has shown undeniable impact.

Multimedia has been shown to be more effective than one medium without any doubt. Stuff done by Johns Hopkins University called the Propensity Score Analysis has been used



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-Garth Japhet”

extensively in the evaluations, which allows you to actually take out the clutter and see cause and effect.

I’m fortunate to be here receiving an award, but in fact, this is not my work. This is the work of a big team of people. So the award really is to acknowledge their work and not just the contribution I’ve made. After 16 years, I left *Soul City* last year. It still continues with those core people. It’s doing probably better than ever. Go figure why, but it’s doing well now.

I have been thinking about what are the core elements of human change. One of the problems with *Soul City* is that it is very issue-based. And as a result, it’s extremely well known in parts of our population and not in others.

So I’ve been looking for a deeper intervention and that got me to found Heartlines, which I ran in conjunction with *Soul City* until last year. Essentially it works on the theory of Social Cohesion. Whether you’re in the States or in South Africa, once you get below the level of the poverty line in any country – all of the big issues are actually driven by what we call a “failure of relationship.”

Look at domestic violence. That’s a failure of relationship. HIV-AIDS has been shown to be relational. Most of the big issues are driven by a breakdown in the fabric of our relationships and so my intervention was mobilizing people to do what is right, to fix what is wrong. For some people, that means paying your taxes and not giving a bribe to the policeman. On the other end of the spectrum, there are people who are actually getting involved in social action.

You can take the Diffusion of Innovation model and basically put it back to back. On one side of the spectrum, you’ve got change agents who are really bad news for

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We want to give the people in the middle a sense that the little changes they can make in their lives actually make a difference.

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-Garth Japhet

society. They're innovators but they're up to no good. On the other side, you've got change agents who are good news for society. There's a war going on between them. Which way shall we as a society go?

In a country such as South Africa – with a lot of social change – there is this contested ground about the type of people we're going to be. Our objective essentially is to fan the flames of the good change agents – the people who are innovators who are moving in social cohesion and are making a difference in their communities. We want to connect them, to support them, to tell their stories. That influences the social norm.

Borrowing your president's slogan, we want to give the people in the middle a sense that the little changes they can make in their lives actually make a difference. That, yes they can.



Our objective, and really the point of Ev Rogers' work, has been popularized by Malcolm Gladwell through *The Tipping Point*. Ultimately, we're looking at a tipping point moving in that direction, towards positive change. It's about trying to support those innovators, those people with good intent.

At Heartlines, we started off with eight TV films, each introduced by Nelson Mandela. Each film dealt with a gritty reality, but dealt with a different value and relationship. One of the films won Best Youth and Family Drama at the Banff Film Festival in Canada.

Our newest move is to use the Internet, taking entertainment education online, networking people, trying to connect people where they are and with social content. It's called "For Good" and it uses cell phone text messages and the Internet to inspire, guide and connect people to take action.

And at that point, I thank you.

[Applause]



**Martin Kaplan:** We have a few minutes to take questions and I hope that you'll be brief, so that Garth will be able to answer them.

**Unidentified Audience Member:** It was so wonderful to hear you. I have a question. What do you think of *loveLife*, South Africa's HIV prevention program for youth? What do you think of its messaging? Has it changed?

**Garth Japhet:** Yes, it had changed. The biggest problem with *loveLife* is that they didn't go through the research process we talked about. If they had, they would never have taken the direction they did. So how do you judge stuff? It can look cool, it can look great, it looks pretty, but unless you've done the research upfront, you actually can do more harm than good. So that's the problem with *loveLife*. They were pressured to move from zero to 100 in no minutes. You can't do this type of work in a hurry.

**Unidentified Audience Member:** What is *loveLife*?

**Garth Japhet:** It was 1996 and the Kaiser Family Foundation with the help of a number of organizations created the goal of cutting the HIV epidemic by half in five years. They embarked on a strategy that was largely driven by some very provocative billboards – so their initiative was billboard-driven. They literally had 500 billboards. Advertising people loved it because there used crazy slogans. But it was confusing and it had very little impact.

“*[Kwanda]* takes the concept of “extreme makeover” by getting communities to compete with each other to make themselves brighter, fitter and happier.

—Garth Japhet



**Unidentified Audience Member:** Thank you so much for sharing this with us. Let me quickly ask you about cultural differences. You’re working in a multi-cultural society, multi-ethnic, with a variety of conflicts and issues. Do you think that your concept translates equally across color lines, across languages?

**Garth Japhet:** There are two answers to that. The first is that as we’ve moved into other countries, there have been adaptations, but surprisingly the vast majority of content stays the same. There’s a 80/20 mix where 80% of our topics are human stories. That clip you saw about violence against women, for example, may not be in a context that any of you know about. But you could relate to the story. But also, people may then be able to say, “It’s actually not me, and therefore, not my issue.” So cultural-specificity is important.

*Soul City* in South Africa has done particularly well with the black population of the country, which is by far the majority. The other ethnic minorities are not really represented in here because we focus on low socioeconomic issues. Heartline, on the other hand, has crossed over because we are not addressing issues as much as we are addressing universal human values.

**Unidentified Audience Member:** When I was in South Africa last, I saw that *Soul City* was taking the idea of “extreme makeover” and turning it into “community makeover.” Could you say a little bit about that project? Is that your show?

**Garth Japhet:** Not anymore because I’ve left *Soul City*, but I was a part of the development process.

*Soul City* has developed something called *Kwanda* and it’s on air now. It takes the concept of “extreme makeover” by getting communities to compete with each other to make themselves brighter, fitter and happier.



The actual making of it has been a huge challenge, but the impact has already been seen. People finally see communities that they can relate to organizing around social issues. It's still in its early days, but it's an exciting innovation.

**Unidentified Audience Member:** I'd be interesting to hear how *Soul City* is funded now.

**Garth Japhet:** One of the advantages of our model over, say, a Hollywood model is that we own it, which allows us huge leeway. But our audience is not a paying audience. So we license *Soul City* to television and radio for about half of what it costs us to produce. We're still very dependent on commercial financing. British Petroleum has been a funder of *Soul City* for 16 years. We depend on donor financing and also our own government. But more recently, we have been looking at innovative ways of setting up for-profit alms that will in turn fund the organization.

“One of the advantages of our model over, say, a Hollywood model is that we own it, which allows us huge leeway.”

-Garth Japhet

It's like a public hospital. The reality is that there are things that need sources of funding that are not completely commercially based. *Soul City's* funding model has remained similar over the years, and is similar to Heartlines.

**Unidentified Audience Member:** What about mobile technology?

**Garth Japhet:** For us, that's the next frontier. We've got a population of 48 million people and there are 50 million cell phones. There's only 10% Internet access right now. Though in the next three to five years, that will grow to 80%. That's where our audience is going to get its media from. The social networking trends are very interesting. But in our context – and it's different from the U.S. context – people's primary desire is to be entertained, to be connected to friends. Ultimately, they just want help to live their lives.

We're designing a social network that actually has content as well. It connects people of like mind in the same place, but gives them content around education, health and business topics. But it is using edu-tainment strategies – not just to do an information dump, but to do it in a way that is engaging.



We can begin do a lot of interactive things – talk to me in 10 years time. [Laughter]. We're just beginning to innovate in this area.

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–Garth Japhet

**Unidentified Audience Member:** I'm curious how you marry the research with the drama development. How do your findings make their way into the development of characters and storylines?

**Garth Japhet:** That is at the heart of what we do. I showed you all the arrows with the expert research and the stuff from focus groups and in-depth interviews, etc. It all comes together in a workshop where the researchers themselves – and we are fortunate to have the most outstanding group of community researchers – come and give substance to what people are saying. At the same time, you've got all the academic theory around the causes of violence against women or whatever topic we're exploring.

Our script writers are also involved in that process; they're not just handed a document. Together we talk about integration of storylines. It's a skill they've built up over time as well. Sometimes we throw out really fantastic storylines because they're just not working from a message point of view.

That's the advantage of owning what we do. I think the model that Hollywood, Health & Society is using is a very clever model – trying to subtly impact these writers. We are fortunate to be a bit more blunt and able to say, “No, that won't work.”

**Unidentified Audience Member:** Could you elaborate more upon the community

research process?



**Garth Japhet:** Yes. It's a combination of things. We have 11 different language groups. We have urban, we have rural, we have poor, we have rich. Initially, we tried to cover all bases. We did lots of focus groups in every ethnic group around the country at great expense and great time with real in-depth interviews. Those interviews were taped and then transcribed. The more we did it, the more we saw that the key issues were the same across all of these groups. We were able to pare it down and it became a rural/urban divide rather than a racial divide or a tribal divide.

It's much more focused now. It's rural/urban, it's men and women and it's age. Those are the ways in which we break up the groups. When we're investigating the topic of relationships, we will interview men and women together, but then we also interview them apart. That's when people really tell you what they think. [Laughter].

**Martin Kaplan:** The Rogers Prize comes in the form of a trophy. And Garth will be given that trophy tonight at the Writer's Guild of America, West, in a room full of Hollywood's top television writers and producers, so they can get to see and hear what Garth does.

Please join me in congratulating Garth.

[Applause].

**Garth Japhet:** Thank you very much.