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**Rooted
in Trust**

THE SPACE BETWEEN US:

*Understanding **trust**, **communication** and **collaboration** between media and humanitarian organizations in public health emergencies*





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In the process of writing this paper, the Rooted in Trust team consulted 51 humanitarian and health practitioners and 51 journalists and editors across 9 countries: Brazil, Colombia, Democratic Republic of Congo, Iraq, Lebanon, Mali, South Sudan, Sudan and Zimbabwe. We appreciate everyone who gave their time and openly shared their insights and experiences with us. Their contributions have been extremely valuable in identifying needs, challenges, and ways to be better prepared for the next infodemic.

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Cover, report design and illustrations by Ganaëlle Tilly

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ACRONYMS

■ COVID-19

Coronavirus Disease 2019

■ CSO

Civil Society Organization

■ GOARN

Global Outbreak Alert
and Response Network

■ HQ

Headquarters

■ INGO

International Non-Governmental
Organization

■ IDPs

Internally Displaced Persons

■ MoH

Ministry of Health

■ Mol

Ministry of Information

■ NGO

Non-Governmental Organization

■ RCCE

Risk Communication and Community Engagement

■ RiT

Rooted in Trust

■ UN

Rooted in Trust

■ UNICEF

United Nations Children's Fund

■ Wg

Working Group

■ WHO

World Health Organization



1. EXECUTIVE SUMMARY

The COVID-19 pandemic, like many crises that preceded it, has shown us once again the importance of promoting strong and healthy information ecosystems. Amidst the crisis, we bore witness to the erosion of trust in the health response, health systems and public authorities as official information competed with misinformation in digital spaces and at family dinner tables.

Likewise, the COVID-19 crisis has shown again that the lack of fundamental understanding, trust and collaboration between humanitarian/health actors and media practitioners results too many times in untimely, inaccurate or irrelevant information that is out of touch with communities' needs or local priorities. This was especially felt by vulnerable and marginalized communities living in humanitarian contexts as public health guidance often ignored or failed to consider the challenging contexts faced by these populations.

Local media once again faced challenges to access the information they needed to report back to their communities. Meanwhile, health/humanitarian actors were not always successful at transmitting the complex science behind the pandemic in a way that was relevant for journalists at the hyper-local level. Efforts were put in place to get accurate messages out, but the gap between health experts and media was not always successfully

bridged at the local level. Issues of connectivity, language, contextual adaptation of information and curtailed access to locally relevant experts affected the relevance of the information provided, leaving communities confused, feeling ignored, and ultimately ill-informed. This resulted in many people turning to other, less reliable, sensationalist or inaccurate information sources, which played the role of sense-making mechanisms in a time of fear and anxiety.

This report was conceived to explore the relationship between humanitarian/health actors and media practitioners amid the pandemic and infodemic. This report identifies new and ongoing gaps and barriers faced by the two groups in their engagement with one another. While the report uses the COVID-19 pandemic as the case study, arguably the challenges identified are relevant in other public health emergencies and humanitarian crises.

The report builds on the voices of 51 humanitarian practitioners and 51 journalists across nine countries (Brazil, Colombia, DRC, Iraq, Lebanon, Mali, South Sudan, Sudan and Zimbabwe). The interviewees shared their experiences working at national and sub-national level with vulnerable communities of people affected by humanitarian crises as part of UN Agencies, INGOs, NGOs, CBOs, CSOs and national or local media outlets.



WHO IS THE MEDIA ?

In this report we refer to 'media' and 'journalists' to encompass the breadth of information produced by broadcast, digital and print media organisations which could be in a range of formats including news, long form investigative reporting, digital content, talkback radio/TV, live interviews, informational, lifestyle and educational programming etc. While interviewees in this report sometimes refer to media as those actors solely focusing on breaking news and short-form news reporting, our comments in this research and guidance refer to the breadth of content created by a range of professional media organisations.



1. EXECUTIVE SUMMARY

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MAIN FINDINGS IN THIS REPORT INCLUDE:

- There is still a **lack of specialized health capacity among journalists**, making it difficult for them to report on technically complex health issues and public health emergencies (especially if they are as fast-evolving as COVID-19).
- Both actors identify that **their differing mandates and lack of mutual understanding for each other's objectives make it difficult to trust each other's intentions**, ultimately affecting their relations and the exchange of essential information prior to and amid an emergency.
- **There is intermittent collaboration among the two groups but a lack of common spaces for continuous engagement** between media, health and humanitarian actors. This ultimately impacts the potential for collective responses and plans, with media often absent from humanitarian/health coordination platforms, and preparedness and response plans in the long run.
- Both actors highlighted the **limited human resources available to respond in time and in adequate**

ways. This influences, for example, how quickly humanitarian and health actors can respond to queries from journalists or their capacity to respond to complex and sensitive issues at the news cycle pace. It also impacts the ability for journalists to have the luxury to specialize in one thematic area such as health reporting. Financial resources also create barriers – for media practitioners, limited funds means less capacity to cover issues that affect remote areas or vulnerable groups. Transportation, accommodation or the need to use long hours of the day to unpack complex and delicate events result in these topics being often neglected. The financial struggles faced by local media in rural or isolated areas only contribute further to gaps in what humanitarian and health actors identified as contextualized media work.

- This lack of contextualized media work can result in **stereotypical or sensationalist coverage of vulnerable groups.** This observation was often linked to perceived agendas on the part of media practitioners or the lack of understanding of local dynamics or complexities by journalists who do not belong to the specific group/area.

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1. EXECUTIVE SUMMARY

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- Journalists **shared their challenges accessing humanitarian and health experts for interviews** – in general but especially those that spoke local languages and understood the local context – a point that humanitarian practitioners also identified as an obstacle due to bureaucratic lines, approval processes, concern over reputational risk, and lack of human resources to respond to all media queries.

To respond to these challenges, we propose a common consensus for a way forward. Journalists and humanitarian actors both say they are interested in more opportunities for collaboration before, during, and after public health crises. They both cite gains made during the pandemic response, paving the way for further opportunities to close the trust gap and determine a collective approach forward. However, they would prefer communication between one another to be smoother and more responsive as they build and foster relations through ongoing engagement.

In this regard, both parties identified the importance of establishing standing media forums to ensure continuous information exchange, building a greater understanding of ways of working together, and identifying combined needs and priorities for action amid complex humanitarian and public health crises. These spaces would support further discussion about the different approaches and principles that drive each other's work and would, we hope, offer opportunities to build greater trust and collaboration.

We hope this paper supports all actors to grow their understanding of some of the relational challenges that contribute to poor health communication outcomes for communities. This report was created within a context of reflecting on our own approach and exploring ways to strengthen our practices. For us at Internews, the findings of this report are inviting us to engage in reflection on how we can evolve our own information and communication practices in order to better contribute to a collaborative and holistic approach to future infodemics, and it is our hope that other actors are inspired to do the same.

- Finally, **issues of security and access to vulnerable populations** were mentioned as additional limitations faced by media practitioners to cover issues affecting humanitarian populations. Humanitarian actors shared that their first and foremost mandate is to do no harm and to protect populations affected by crisis. This concern sometimes translates into highly controlled and choreographed media interactions with humanitarian populations, which can arguably impact opportunities to share complaints about humanitarian actors and for the media to fulfill their role as an accountability actor.

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1. EXECUTIVE SUMMARY

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This report is part of Internews Rooted in Trust 2.0 (RiT), a global infodemic project in 13 countries focusing on the identification and response to COVID-19 and health misinformation among vulnerable communities¹. The overall objective of this project is to contribute to healthy information ecosystems, by reinforcing access to verified, relevant and contextually appropriate information through two-way channels to enable communities to question, express their needs, and contribute to the infodemic response.

One of the objectives of this project throughout the COVID-19 pandemic response, and overall, of Internews, has been to strengthen the linkages between relevant information stakeholders, including humanitarian and health actors, media, CSOs, local authorities and other information generators, to enable more effective collaboration to respond to community information needs, gaps, and preferences.

The gaps and challenges discussed in this report were evident at the beginning of the pandemic and are a common feature of many humanitarian and health emergencies Internews programming responds to. As such, the project included a number of activities aimed at overcoming these barriers:

- Internews supported or created Media Working Groups that operate alongside Risk Communication and Community Engagement (RCCE) platforms in East and West Africa and in the Middle East and North Africa (MENA) region as well as co-leading the global Collective Service/GOARN Media working group. These spaces allowed for humanitarian and health agencies (including those with a media development agenda or strong media focus) to come together with local media to create opportunities for skill sharing, discussion, and collaboration.
- In all the countries where we operated, we created or supported existing peer-to-peer platforms where local journalists could ask questions, collaborate and be connected with experts and the latest scientific

information. One regional African group was also supported which included journalists from over 10 different African nations.

- Throughout RiT and other programming delivered by our Health Journalism Network (HJN) we engaged in continuous capacity-building activities among journalists, bringing the latest health expertise and translating it into local languages and contexts through media dialogues, training, and technical health guidance.

The issue of funding journalists to cover health emergencies figures large in this report and prompts a debate about how journalists can protect their independence while accepting funding to cover specific events and issues. In some countries it is common practice to pay journalists a travel stipend to attend meetings, events or training opportunities. Equally, it is common practice for humanitarian and health agencies to pay for coverage in print, digital or broadcast media. This may be through paying for an ad, or public service announcement, funding regular columns, radio, and TV programs that address humanitarian and health issues, or funding the sustainability of the media partner overall. Journalists, both local or international, are also sometimes 'hosted' by an agency, relying on their transport, logistics, and other support to access crisis affected communities.

As we explore in the report, the financial stability of media is a challenging issue, and many media outlets in humanitarian contexts rely on donor funds to survive. While it is ultimately up to each journalist and/or media organization to determine how much input the donor can have in the content and approach of the finished media product, we recognize the power imbalance that exists in this model. Internews often provides grants to media, including to produce health related content, but as a rule does not maintain any editorial control over the final product. Mentoring and support is provided, but the final product is determined by the partner. Media partners follow their own professional and editorial guidelines in producing content with Internews support. The aim is to build capacity without compromising editorial independence. ■

1. With the financial support of USAID's Bureau for Humanitarian Assistance

2. INTRODUCTION

Despite years of warnings that a pandemic was imminent, the COVID-19 emergency was met with a lack of preparedness on a global level. Preparedness structures failed to foresee the impact on vulnerable and marginalized communities or failed to consider their specific needs when designing and implementing public health guidance². The impacts that were not considered at an early stage included financial constraints that prevented people from observing lockdowns, care for the elderly and other vulnerable and immunocompromised groups, increased psychosocial impacts due to isolation measures, peaks in gender-based violence, lack of alternatives of schooling for children in confinement in contexts with limited access to internet, and increased stigma towards certain groups.

Moreover, the COVID-19 pandemic posed a challenge to the world's health and humanitarian response systems, which needed to communicate the facts about a virus that was still difficult to understand – a deadly virus that was spreading quickly, not just across borders, but to the entire planet. Humanitarian and health actors, authorities, media, and frontline responders faced what was soon to be coined an infodemic with little preparedness on how to communicate, listen, and respond to communities' diverse information needs and priorities, especially for vulnerable and marginalized groups.

The humanitarian community has built decades-long expertise learning how to place communication with communities at the heart of emergency response. However, lessons from previous disease outbreaks did not solidly shape structures within the community of practice enough to respond to the unprecedented challenge that COVID-19 posed. Responding to the priorities identified in the COVID-19 Strategic Preparedness and Response

Plan³, a strengthened architecture for risk communication and community engagement, was quickly built, responding to priorities identified under pillar 2 of the plan. Health and humanitarian actors deployed resources and expertise to strengthen these interventions to slow down the transmission of COVID-19 and to protect at-risk communities. But were these efforts enough?

Some countries with ongoing humanitarian or health crises and a robust expertise in community engagement were ready to quickly pivot and use tools, networks, and channels to address the needs. But in many others, humanitarian and health actors found limited options to reach people beyond social media or traditional media outreach. This, in fact, highlighted even more the impact disproportionately felt by vulnerable and marginalized communities, whose needs were often unheard or disregarded by information responders when sharing guidance. This was identified in terms of unmet language needs, use of channels or formats that were not often used by the specific groups, or simply, by a lack of understanding of information flows, trust in information providers, and information use dynamics.

This reduced options for people to access contextualized, accurate and timely information and access diverse channels for two-way communication that supported them to ask questions, clarify health information, and understand expert guidance and science within the context of their community. Top-down approaches in the design of public health information and guidance (heavily dependent on medical expertise and less so on community participation and learnings of community practices) further contributed to the spread of misinformation and rumors alongside official information, as people attempted to respond to the unknown with the tools they had.

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2. CDAC Network (2020) *Improving The Response To Covid-19: Lessons From The Humanitarian Sector Around Communication, Community Engagement And Participation*. <https://static1.squarespace.com/static/60996b757eb6521a42f3839d/t/6191e5567e25533e99a29ec2/1636951415288/Learning+and+Evaluation+Global+English+3.pdf> (accessed 24 April 2023)

3. WHO (2019) *Novel Coronavirus (2019-nCoV): Strategic Preparedness and Response Plan*. <https://www.who.int/docs/default-source/coronavirus/srp-04022020.pdf> (accessed 24 April 2023)

2. INTRODUCTION

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Amid increasing uncertainty on the fast-evolving science behind COVID-19, health and humanitarian organizations as well as public authorities faced the challenge of engaging with journalists eager for health information and public health guidance. They sought information that could be at the same time easy to digest and relevant to the needs of their audiences – this was challenging for global and national actors, as the possibilities of what people could do to protect their health differed from one country to another, between contexts on a group and individual level. And yet, despite previous understanding by the humanitarian community on the acute importance of acknowledging and using hyper-local communication structures amidst emergency response⁴, for a variety of reasons (many of which will be discussed in this paper), local media were not always included in the conversation or viewed as key collaborators in the communication response.

WHY IS TWO-WAY COMMUNICATION IMPORTANT IN HEALTH EMERGENCIES?

Two-way communication allows communities to respond to the information provided to them, to clarify information that might not make sense, to comment and complain about how information and services are provided and to guide information providers to help them understand their needs and priorities.

This way, community insights drive conversations that are relevant to the local needs, informing broader risk communication efforts, as well as humanitarian programming and locally led decision-making.

This meant that media, especially local outlets, faced paramount challenges to keep up with the response and provide information that was timely, accurate and contextually relevant. For the first time, a worldwide pandemic was coupled with the widespread use of global communication platforms, such as social media, resulting in conversations that stretched far beyond local issues and national borders. Media had the difficult task not only of staying on top of a technically complex topic, with new information being released daily and rules and regulations constantly changing, but also figuring out how this impacted their audiences and what they could do to keep themselves and their loved ones safe.

Amid the uncertainty and a lack of national or locally available information sources, journalists in many settings looked for guidance in global public health bodies, which were often unable to tailor to vastly different local realities and languages. This contributed to an overabundance of information – some accurate, some unapplicable, and some false and misleading – as journalists, information responders, and communities attempted to find answers that would fit their needs and realities.

Media, especially community-based media organizations, struggled to differentiate the accurate from the false without relevant experts available to respond to questions and misinformation being shared in online and offline spaces. In many instances, well-intentioned journalists attempted to bridge information gaps through consulting local doctors, clinicians or public health experts who had other specialties besides infectious diseases and that were not necessarily up to date with the latest scientific research behind COVID-19, further contributing to the spread of inaccurate (although often well-intentioned) guidance. Some journalists also attempted to stay ahead of the news cycle by accessing and citing preprints of research that was not yet peer reviewed, risking the spread of unsubstantiated, misinterpreted or at times, dangerous misinformation.

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4. WCDAC Network (2014), *Communicating with Communities and Accountability: A Current Debate*. <https://static1.squarespace.com/static/60996b757eb6521a42f3839d/t/61bbfb96e7b8ec012a5fbb33/1639709593009/Working+Paper+-+Communicating+with+Communities+and+Accountability.pdf> (accessed on 3 April 2023) CDAC Network (2019), *Collective Communication and Community Engagement in Humanitarian Action. How-to Guide for Leaders and Responders*. https://static1.squarespace.com/static/60996b757eb6521a42f3839d/t/61b9483840314c544b35780e/1639532625054/190217_How_To_English.pdf (accessed on 15 March 2023)

2. INTRODUCTION

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WHY IS THIS RESEARCH NEEDED?

Journalists and health and humanitarian actors both have important roles to play in times of crisis, but they often get frustrated with each other, due to a lack of understanding about their differing roles, but not dissimilar aims. Each stakeholder faces challenging constraints that make it difficult to navigate and understand the others' perspectives, goals and priorities. For this reason, they often struggle with how best to collaborate effectively.

WHAT'S THE ROLE OF LOCAL MEDIA IN A PUBLIC HEALTH CRISIS?

Local media and community-based organizations play a dual role – they are often both *from* the crisis affected community, while also often being trusted information providers *for* the community. They can share information in a way that responds to local realities, priorities and preferences. Local media also hold a unique position as they can serve as entry points to the insights of the community. People may choose to talk more freely about sensitive issues through these channels, especially if related to criticism of the humanitarian response or individual actors, as they may be perceived as more independent and trustworthy than the complaints and feedback mechanisms and other accountability measures created by humanitarian agencies themselves.

Journalists are well-equipped to support the escalation of concerns, questions, and issues to humanitarian responders, and protect the community by holding responders to account for their actions (or inaction).

Moreover, the role of local media is especially important when we talk about vulnerable groups who may face more obstacles in accessing information due to language and literacy challenges, disability, legal concerns, stigma, and barriers in communicating their needs to aid providers. In this regard, ensuring true access to information for decision making means being able to access a range of diverse sources, in a language that people understand and in formats and channels that are trusted.

This research is important because the challenges in this relationship impact crisis affected communities. Media is less able to report effectively on humanitarian needs, concerns and to act as an accountability measure for the response if they cannot access experts, spokespeople and the crisis affected community. Similarly, humanitarians miss an opportunity to work with existing and trusted information providers who can quickly raise awareness of issues impacting the community, explain aid services, and inform communities of their rights. The community ultimately validates the existence of both actors. Media is nothing without their audience and humanitarians are nothing without a community to serve.

Nexus programming presents another argument for humanitarian agencies to engage and build the capacity and responsiveness of local media to community needs. Long after humanitarian agencies have left, we should leave behind a stronger, more resilient media which is able to continue to defend the information needs of the community and one better prepared to respond in the next crisis.

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2. INTRODUCTION

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While this report does spend time pointing towards the challenges in the relationship between these actors, this shared goal, namely, to respond to the information and other needs of the community, should not be forgotten. Yes, they may take different paths to get there, have different processes, terminology and timelines, yet we note that it is possible to identify common ground and nurture collaboration with respect for each other's concerns and needs:

■ **Both actors are bounded by a similar set of standards to do no harm:** Just as the Humanitarian Principles⁵ stress the principles of humanity, neutrality, and impartiality, the International Principles of Professional Ethics in Journalism⁶ stipulate that journalists should avoid causing harm⁷. These commonalities are an opportunity for both actors to engage in conversations on how to support each other to ensure both mandates are respected while working for a greater public good that ultimately serves the communities in which they are both embedded.

■ **Both actors have a social responsibility - looking for neutral expert guidance is a good way to find common ways forward to do it better all together:** Journalists have a duty to the individuals they report on, just as humanitarians have the duty to serve people experiencing humanitarian crises. Ensuring a close collaboration in these settings provides a great opportunity to share best practices on social responsibility and adherence to do-no-harm principles, with the support of experts who can guide journalists and humanitarian staff in how to avoid perpetuation of trauma and victimization in public communication, the importance of consent, and a dignified representation of people in crisis.

■ **The attention span for humanitarian crisis is limited – both actors can find ways to support each other and shed light on those stories that are still untold:** While it is true that journalists, and

their editors, might quickly lose interest after the initial wave of a big crisis, humanitarians are often equally frustrated by being very dependent on the attention-span of global and national audiences and how donors can be found to follow the public's sense of priorities rather than the priorities on the ground. These similar experiences define a common ground and opportunity to discuss how to bridge these challenges and build further empathy for one another.

■ **Both actors need each other to function properly – regular engagement sets the expectation that this is a matter of course, as opposed to something unusual or challenging.** Health and humanitarian organizations engaging with the media as best practice can create opportunities for building technical expertise and supporting capacity building in multiple areas on both sides, such as human rights or humanitarian principles, but also more practical knowledge on how not to perpetuate trauma or how to explain the scientific processes that inform decisions in a health emergency. The more fluent each stakeholder is in the other's area of work, the better they can leverage their expertise and position within a response.

Finally, localization and enhanced accountability to affected populations will benefit from humanitarian actors not just tolerating, but actively supporting the presence of third-party actors like civil society organisations and local media. When they are acknowledged and included, the humanitarian response can benefit from their presence and contextual expertise, and ultimately people will be better informed and better off. These actors should be allowed to monitor and question the humanitarian response from the perspective of the local population, pointing to the local priorities that may be overlooked, concerns that may not reach feedback mechanisms, and community driven solutions. In summary, promoting an environment of trust of local actors will contribute to the increased localised accountability efforts of the humanitarian response.

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5. OCHA (2022), *OCHA on Message: Humanitarian Principles*. https://www.unocha.org/sites/unocha/files/OOM_Humanitarian%20Principles_Eng.pdf (Accessed 3 March 2023)

6. Accountable Journalism, International Principles of Professional Ethics in Journalism, <https://accountablejournalism.org/ethics-codes/International-Principles> (Accessed 5 March 2023)

7. Principle VI of the Code talks about respect for privacy and human dignity, urging journalists to respect the right of the individual to privacy and human dignity, in line with provisions of international and national law. Principle IX makes direct reference to the ethical commitment to abstain from any justification for, or incitement to, wars of aggression and all other forms of violence, hatred, or discrimination. See more in Accountable Journalism, International Principles of Professional Ethics in Journalism, <https://accountablejournalism.org/ethics-codes/International-Principles> (Accessed 5 March 2023)

2. INTRODUCTION

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Through the Rooted in Trust project, Internews has worked to create opportunities for media, health and humanitarian actors to work together. Through forums, RCCE taskforces (such as the Eastern and Southern African Region RCCE Media Working Group or the RCCE Collective Service Media Sub-working group) we built bridges that allowed each actor to benefit from each

other's perspectives and expertise. This research presents our key findings from these interactions. We hope that this research helps readers to better understand the frustrations felt by all actors and to consider the practical steps that can result in improved and more sustainable outcomes for crisis affected communities. ■



3. METHODOLOGY

In this study, we interviewed participants in nine countries: Brazil, Colombia, Democratic Republic of Congo, Iraq, Lebanon, Mali, South Sudan, Sudan and Zimbabwe. All these countries take part in the Internews Rooted in Trust (RiT) project. Participants were selected using purposive sampling, from the existing networks of health/humanitarian actors and media professionals already known to the individual country teams of the project⁸.

Researchers ensured oral informed consent was sought from participants before beginning the interviews. Identifying data such as their personal names, organizations and roles have been anonymized, supporting participants to speak freely. Interviews were conducted both remotely and where possible, in person.

The interviews lasted between 20 and 60 minutes. In total, 51 practitioners from humanitarian and health organizations implementing pandemic related programming were consulted (these were staff with a wide range of professional backgrounds from multilateral organizations, INGOs, local NGOs and CSOs). On the media side, 51 journalists and editors from media and media associations were consulted. In total, 102 interviews were conducted across all countries.

Results were then analyzed using thematic coding methodology, with a common consensus of shared approach across all RiT countries. Country findings were compiled and summarized in this report. While common thematic findings were identified throughout the interviews, the quotes selected to illustrate the findings do not necessarily represent either side at large or actors within a specific country.

LIMITATIONS

This study involved a relatively small sample size of 102 participants (51 practitioners from humanitarian and health organizations and 51 journalists and editors), across nine countries. While we always aimed for gender equality and diversity, given the small sample size within each country, this was not always possible. In some countries, contextual and logistical factors

meant that equal numbers of humanitarian actors and media professionals could not be recruited.

Time constraints also posed a limitation. The data was collected over a two-month time period in March and April 2022. A longer study, or a study taken during a different health or humanitarian crisis may unveil different challenges to those listed in this report.

Additionally, while health/humanitarian participants were asked questions that invited them to explore their positionality and reflexivity, questions on this aspect were not included in most of the interviews with journalist participants and in future studies we would seek to include these questions for both groups. Nor was significant reflection sought on the relationship of humanitarian actors and media with the local community within the focus of this study, given that this study explored the dynamics, gaps and challenges faced by media and humanitarian/health actors in their engagement with one another. However, these actors were invited to reflect on the ultimate impact that these obstacles posed on their work and the communities/audiences they were intending to serve and inform. Finally, the context of the ongoing COVID-19 pandemic meant that it was not always possible to conduct in-person interviews and so many of the interviews were conducted remotely. ■



8. For this survey, our teams mainly reached out to members of organizations and media they regularly interact with. Our role is to foster relationships between different actors in the information ecosystem, including media, humanitarian and health agencies. As a result, we consider that there may be some bias in the selection of interviewees, as these are actors who are already open to these conversations.

4. FINDINGS

4.1 WHAT DO HEALTH AND HUMANITARIAN ORGANIZATIONS SAY ABOUT OBSTACLES IN ENGAGING WITH MEDIA/JOURNALISTS?

SCARCE SPECIALIZED CAPACITY

One of the most common concerns voiced by representatives of health and humanitarian organizations was the media's lack of specialized staff to report on technically complex health issues or public health emergencies. The COVID-19 pandemic highlighted the challenges faced by many journalists to quickly absorb fast-evolving and highly complex health and scientific information and translate it for their audiences.

Iraq has a major issue which is the absence of health specialized media, this would have improved the approach and the mechanism of delivering the messages.

(UN Agency specialized in health, Iraq).

However, training in health reporting is not the only gap identified by humanitarian organizations. Respondents also talked about a lack of specialized capacity to report on other complex issues related to humanitarian crises, such as legal issues, protection, and gender sensitive content.

As a result of this scarce technical capacity, information shared by health/humanitarian actors with journalists is not always easily understood and interpreted by journalists who are not well acquainted with these issues. Oftentimes, misinformation can be spread through inadvertent and unintentionally inaccurate reporting simply because media workers lack the expertise to unpack and translate the technical information provided.

Media needs to be trained on conveying easier and simplified messages, as well as in scientific fact checking. In other countries, the media receives specialized training on how to report health. This is not present in Lebanon.

(Research Institute, Lebanon).

Epidemiologists/researchers and the media do not speak the same language. The technicality of the language used in research makes it very hard for the media to converse with the community. Also, there are not enough meetings between the two present to simplify or explain technicalities.

(Research Institute, Lebanon).

(...) humanitarian organizations sometimes don't communicate their ideas in an easy to digest way and/or don't articulate their efforts with media to co-create content that does inform using an easy-to-understand language (...)

(UN Agency, Colombia)

In addition, respondents believed that the technical language favored by representatives from humanitarian and health organizations could also deter journalists from covering certain issues.

Some respondents also shared that journalists and media editors are not always sufficiently trained in media industry codes of ethics or good practices to report on certain issues, including which sources to use and how to verify and balance information. Respondents noted that this ultimately impacts the quality of reporting on sensitive topics and connected these shortfalls to the need for specialized training on these issues.

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More capacity building training is needed. Journalists must understand topical issues and know how best to report such issues. There is a need to train journalists in community engagement, issues of concern and ethical reporting.

(INGO, Zimbabwe)

4. FINDINGS

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LACK OF A COLLECTIVE APPROACH

Respondents in several countries highlighted difficulties in shaping a collective response with the media due to their absence from coordination platforms. As reflected by interviewees, media is never or rarely invited to these spaces (such as Risk Communication and Community Engagement platforms) where organizations share relevant updates and discuss how to address the information, communication and engagement needs of the community. The lack of inclusion of journalists and media in these coordination mechanisms results in a significant gap in information sharing, identification of common needs, and limited understanding of priorities in an emergency response.

This siloed approach to coordination also highlights an acute gap in the communication provided by these organizations on the aims and priorities of the response rather than simply on the health/science aspect of the emergency. This includes information on what needs to be done (measures, regulations, timeframes), the actors involved in the response (and the why behind those actors taking the decisions and consequent actions), as well as the evolution of the response in terms of advances and setbacks at each stage of the management of the emergency.

This approach would help to manage expectations from communities and guide them through the limitations and potentials of the actors involved, also opening the dialogue on what community structures can do to contribute to a positive outcome – rather than imposing mandates without a clearly defined ‘why’. Media can have an impactful role in this process by framing conversations around these important issues and creating two-way communication mechanisms where the community can share their thoughts and concerns.

It would be good to activate platforms such as a media engagement committee, inviting media to all coordination meetings. (UN Agency specialized in health, South Sudan)

Some respondents expressed the need to have media involved in these spaces to build more sustainable and sustained relations that can allow further support to one another, as well as the opportunity to co-create and collaborate in all phases of emergency planning, response, and beyond.

There is a need to create a platform so that humanitarian actors and journalists engage and network for better working relations when serving the community. (INGO, Zimbabwe)

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For example, several informants in Lebanon highlighted how attempts to streamline interactions with the media ultimately resulted in long delays and poorer health coverage. It was decided that all media inquiries would be directed through the RCCE group, rather than to individual agencies. This was, in principle, supportive of a coordinated response and ensured consistency across all messages, with organizations 'speaking with one voice'. However, in reality it created a bottleneck of long delays in responding to media requests and reduced the opportunity to react in a timely or flexible manner, making it difficult for media to access health expertise and public health authorities. It also did not result in greater media access to verified health experts for interviews as was originally intended. This is a reminder that while coordinated action is important, that shouldn't be at the expense of meeting community information needs in a timely and appropriate manner.

DIFFERENT OBJECTIVES, MISUNDERSTANDINGS AND MISTRUST

Respondents from humanitarian and health organizations in several countries expressed their frustration aligning the different processes, goals and timelines between programmatic responses and media. This perception of mismatched objectives, along with a common lack of strategy for collaborative work, creates an unnecessary distance and mistrust between these two actors.

Humanitarian and health respondents felt that the emphasis and demand for breaking news from some media agencies, as well as a fatigue with ongoing or protracted crises, results in significant barriers for humanitarian organizations to have issues placed on the agenda. COVID-19 is an example of how certain issues become less and less interesting for the media as competing needs, new disease outbreaks, or domestic events take more relevance in people's lives (yet they may be still relevant for the public health response).

Local journalists are interested in other topics than COVID-19 right now, and they always want to talk about something new, so they are not really responsive to communication that has to do with COVID-19 anymore.

(INGO, Lebanon).

The media ... doesn't seem to care about development and humanitarian work – except when there is a scandal of some kind.

(INGO, Sudan)

...aspects such as violations to international humanitarian law, which are happening right now within the framework of the peace agreements, are not being addressed by the media, which was very interested in the topic back when the implementation process was just starting. But nowadays, even though it's a big portion of the humanitarian agenda, they've moved on to newer, trendier issues...

(UN Agency, Colombia)

Some interviewees in Colombia shared how, due to the fear of being misquoted or having issues covered with a sensationalist angle, humanitarian and health organizations very often shape their media relations in terms of public relations, thus allowing little space for journalists to do 'their work'. They express the risks of having issues shaped for political or personal agendas, potentially stigmatizing some populations or providing a biased picture of complex conflicts, as well as the proper role (and reputation) of the organization. Concerned about the lack of neutrality of journalists, they sometimes prefer to remain silent.

[There is a challenge in] UN Agencies, as in NGOs it works differently. We are restricted from giving information. Giving a statement or being a spokesperson is difficult. Journalists in the region look for the crudest information they can get... and this sometimes makes it less attractive to talk to a multilateral agency. [...] It has happened to me many times with many types of journalists, where you say something and the next day, they come out saying something else from the UN.

(UN Agency, Colombia)

Yet despite these concerns, many informants saw the high value of connecting to local journalists. These can also be reliable sources of community insights and provide organizations with guidance on how to best communicate with certain groups and how to navigate relations and dynamics that outsiders may fail to see.

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Journalists in the region are part of their context and therefore replicate the same fears of their communities. Journalists are sometimes also social leaders...they make denunciations [...] They are a source of reliable information about what is being talked about in their communities. Their way of doing news is very different from a newsroom. They are friends with everyone, they are part of parties and are immersed in the regional social configuration.. (UN Agency, Colombia).

Some interviewees in Brazil acknowledged how attempts to control messages through institutional communications can indeed have an impact on the relations with journalists and potential opportunities to build trusting relations. Ultimately, this affects the coverage of serious topics that need attention within the broader population.

There is not much mention of more political issues on our part, communication is more institutional; entering this territory with the press would be more difficult. [...] The dynamic of the [UN Agency] on the ground is more focused on visibility and not on advocacy. This leads to a more superficial relationship with the media. (UN Agency, Brazil)

The dynamics mentioned above often result in communication practitioners from health and humanitarian organizations reaching out to media for programming visibility purposes (and needed funding) as opposed to meaningful engagement with the media on issues that touch upon complex dynamics.

Improving visibility of the various projects being implemented by both the state and non-state actors is crucial as it assists in securing funds for COVID-19. (CSO, Zimbabwe)

Many times, this outreach for visibility is coupled with efforts to raise awareness of the populations' needs and what the organization is doing about it. This is especially highlighted by community-based organizations, civil society organizations or NGOs that look to influence broader media and political agendas around the needs of the communities they work with – yet, as discussed above, these public relations efforts do not always allow journalists to unpack broader issues and meet their mandate.

9. Quilombolas are Afro-Brazilian residents of quilombo settlements in Brazil. These are settlements established by slaves of African origin who escaped slave plantations until abolition in 1888, and resided in by their descendants. The quilombola identity is experienced nowadays as an ethnic-racial group strongly linked to their territory and the process of historical resistance for the oppression suffered by African ancestors.

Communication is one of the strategies for visibility and accountability of all our actions. [...] Externally it is supported by the media which not only supports visibility but also allows a wider audience to have knowledge about the actions of the organization through debates [...], documentaries on the project, testimonials on the impacts of the project and the strengths and weaknesses of the organization. (CSO, Mali)

LIMITED BUDGETS

Respondents identified some common constraints within organizations that prevented them from engaging with the media adequately. The impossibility to respond in a timely manner to media requests was one of the most common obstacles that organizations shared. This was often connected to limitations in terms of human resources available to respond to queries – more often mentioned by smaller NGOs or CSOs which cannot always have specialized staff to focus full time on media relations or communication purposes.

While reflections from UN Agencies' interviewees showed an improvement in the flexibility of organizations structures to share essential information as timely as possible, a few of the informants mentioned the long procedures still in place to get messages out with the proper leadership clearances.

Time is a main barrier; the media works much faster than organizations and similarly do rumors. (INGO, Lebanon)

We have a communication collective led by a journalist [...] and a group of volunteer journalists who have a background in social communication and experience with the quilombola⁹ agendas [...] we put together the articles, discuss them and send them to the media to sensitize this group so that they can publish and give visibility to what we really want. This is not [often] happening, [but] we ourselves keep producing.. (CSO, Brazil)

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[We have a] limited capacity as a small organization to reach out to big media outlets. Usually, small local and international media outlets reach out to us and not the other way around. (CSO, Lebanon)

In that sense, the [Inter-Agency] spokesperson [role] is small [...] so this limits my interaction with the media... Getting [a high-level representative of the UN] is impossible, it requires a validation of the messages that they themselves are going to give...
(Inter-Agency Working Group, Colombia)

These insights were shared as organizations also highlighted the limited in-house expertise on media engagement available within humanitarian teams. The gap between the media work and health and humanitarian expertise becomes a challenge for inexperienced staff who do not have the time, nor the training to deal with media. Many times, programs miss the opportunity to engage with journalists because their information is irrelevant or poorly packaged, or does not meet the needs of journalists.

Media engagement is a skill. It is important to network with journalists so that they understand your organization and how it operates. This will lessen challenges faced in engaging with journalists.
(INGO, Zimbabwe)



[It would be good] to have a training between humanitarian and media houses on what we expect from each other.
(INGO, South Sudan)

Several organizations shared the need to leverage internal capacities in this direction through media engagement training or spaces where humanitarian organizations and media could learn from one another. As mentioned in sections above, these spaces would not only contribute to understanding each other better, but they would also help in sharing up-to-date information with journalists and build skills among media on complex technical issues well in advance of the potential emergency – contributing thus to preparedness capacity strengthening. Building these relations in a sustained manner prior to crises would eventually remove the need to respond to hundreds of requests for technical background at the onset of the emergency.

The limited financial resources dedicated to communication efforts were also expressed in terms of constrained budgets to support media-related events and teams' capacity to engage with media routinely or to do so in the spoken language (see next section for more insights). As already mentioned, communication activities at health and humanitarian organizations often focus on program/donor visibility or resource mobilization efforts as a side activity to what is considered 'core' humanitarian services or public health interventions, ignoring the value that media engagement can contribute to wider risk communication, social behavior change, and community engagement and accountability efforts. This is sometimes reflected in the communications manager holding the media relationships, rather than program staff who might consider working with media to link media engagement with programmatic needs.

This was mainly highlighted by small and local NGOs which are willing to communicate with the media but cannot always dedicate program resources to this purpose. Because of these limitations, many organizations said they usually only communicate with media when the latter approaches them or in concrete moments such as project launch and closure events, as opposed to engaging regularly and influencing the agenda on what is important for communities.

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Additionally, respondents across most countries (all except Lebanon and Brazil) highlighted journalists facing challenges covering issues without financial support i.e., stipends, meals, transportation, or even costs for broadcasting. Respondents acknowledged the challenges faced by media to survive and some, especially large organizations and UN agencies, recognized supporting paid collaborations. This ultimately promotes an unhealthy relinquishing of editorial control, given that organizations can have a veto on the contents prepared (see more on this in the next chapter).

After the efforts of employees in communicating with communities, the media are the first to support our communication efforts. However, their interventions are most often limited to the services requested and paid.

(CSO, Mali)

Everything happens but with costs to pay and without money, no media can ever give free space. You have your budget and your message; they give you space.

(CSO, DRC)

LOCAL AND MINORITY LANGUAGES IGNORED

The issue of language is another limitation shared by health and humanitarian organizations as a potential barrier for effective engagement with media. Some interviewees acknowledged that they still operate and ‘think’ in jargonistic terms, making it difficult to translate humanitarian concepts and priorities into something that makes sense for media (and ultimately their audience), in the languages that journalists speak.

Empowering staff who speak national and minority languages to receive training and support to engage with media and feel comfortable interpreting these concepts in real time – is important, as is the need to respond to questions in a way that makes sense for local journalists and communities. This is critical not just to ensure that the appropriate language is used, but also to explain concepts within the local context and reality (rather than the HQ theoretical

interpretation). However, this does not seem to be the norm in the practices and processes of these organizations and few staff are given permission to engage with media. In many examples we heard, expat staff in leadership positions were sometimes prioritized for these interactions, which can make it challenging to have continuity of relationship and contextually informed engagements.

Smaller locally based organizations expressed financial constraints that prevent the translation and adaptation of materials into minority languages as the main barrier which limited the options for targeted media engagement. Larger organizations often rely on translations of technical information from the regional or global HQ offices packaged for communication purposes and media engagement. However, local teams do not always have members from the target communities involved in the design or review of their content or in media relations roles. This limits the options for contextual adaptation.

As explained by some INGOs in Brazil and Sudan, simply translating humanitarian information into local languages for media use is not always a simple solution, as certain concepts may not have local language equivalents. This ends up presenting another barrier to engagement, or putting the onus on media to adapt the materials and, due to the jargonistic nature of humanitarian terminology, risk misinterpretation of information.

We mainly use international content, with translations and adaptations of materials that arrive from [INGO headquarters] [...] A challenge [identified] is thus the need to adapt language, format, and narrative (e.g. interviews with expatriates, etc.).

(INGO, Brazil)

Language is a great barrier – the people who write the message in English are from the humanitarian sector, and the media thinks in Arabic. When you bring [these] people together, they're unable to communicate effectively – there's a communication gap even when there's translation.

(INGO, Sudan)

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DIMINISHING LOCAL MEDIA OUTLETS TO RESPOND TO COMMUNITY INFORMATION NEEDS

Many respondents agreed that the media has had an important role in the context of COVID-19 to provide regular and up-to-date information on the science behind the virus, on preventative measures, and on the impact it was having on populations. However, organizations in Brazil, Colombia, Mali, and South Sudan highlighted how, similar to health and humanitarian actors, media was not always able to produce information that was localized and responded to the particularities, demands, and needs of communities.

National media outlets sometimes have trouble contextualizing content due to a lack of presence in certain regions, or the need to respond to the needs of a broad audience base. On the contrary, local media covering sub-national regions, specific cities or rural areas may be more physically present and ready to provide information that is relevant for their immediate audience. For example, they have more ability to talk about events that affect daily lives in their specific area,

provide local references, and produce information in local and/or minority languages. However, these smaller media outlets face another series of challenges that make it difficult to deliver content that is always relevant or useful for communities.

For example, in Colombia, hyper-local media face greater financial constraints than national media and have a high dependence on public/government support. Their staff face greater personal risks when operating in insecure environments, receive lower wages, and face greater difficulties adapting to digital journalism due to connectivity challenges and lack of proper public infrastructure. The issues of reaching isolated communities – many of them being indigenous and speaking different languages - or communities affected by acute violence are other significant barriers that make it harder for journalists to identify stories and deliver information that is useful.

Similarly, humanitarian staff (especially teams leading media relations) tend to be less present in rural areas or have fewer resources available, making it more difficult for journalists to obtain the necessary information on the humanitarian needs or dynamics impacting people's lives.

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These challenges can often result in local events going unreported, communities/audiences only accessing fragmented information or accessing stories that generalise experience and do not speak to their specific hyper-local information needs. In some cases, when they do access the information, it is not always timely or it ignores the challenges faced by communities, thus leaving space for misinformation to emerge.

In the North Region of Brazil, the region with the largest news deserts¹⁰ in the country, these constraints threaten the survival of grassroots media. Small media there is usually concentrated in the state capitals, often producing news about the urban context and thus leaving little space for information that is relevant for people living in rural areas or isolated communities such as indigenous or quilombola groups. These gaps often result in news production that ignores hyper-local specificities which make information relevant and actionable at the local level. Health and humanitarian organizations, as well as CSOs, highlight how these approaches and limitations can result in media coverage that is not adapted to minority languages or is often blind to their culture and worldviews, thus reducing the positive impact that media products can have on the information ecosystem of these groups.

The media played a correct and committed role in passing on the information, but they did so within what they are used to. They did not seek to adapt languages for those that are not being reached. (CSO, Brazil)

There are gaps in the transfer of information in rural areas where access to the media is very limited, only to radio and quite complicated sometimes. (UN Agency specialized in health, Mali)

As identified throughout the interviews, co-creation efforts among communities, media, and humanitarian responders are scarce. Community feedback is collected by many organizations as an exercise of strengthened accountability to adapt programming to community needs (including community engagement efforts). However, this data does not always inform media relations and the information given to journalists in a systematic manner.

When done, the findings are often shared as part of 'media packages' that may include studies, needs assessments or any other additional information on the program to inform journalists 'about' the community, rather than informing them about where there may be information gaps the media could work to address. These findings thus highlight the traditional way in which media relations continue to be conceived, as something separate from relations with communities. Even when social listening or community feedback is being collected by organizations, the findings are rarely considered to guide what must be discussed with journalists.

Usually the data and feedback are collected in the line of data management in the organization for better future planning and implementation. However, some of the hard situations of people have been shared on TV stations and social media platforms previously. (CSO, Iraq)

It is important for the community to be increasingly involved in the communication and media processes on the planned themes. Journalists and communicators should be people from the community itself - which would involve community engagement processes and training. In this way, it would be easier to be careful about reinforcing things that should not be reinforced at the level of misinformation. (UN Agency, Brazil)

In some countries, such as Mali and South Sudan, where local radio plays a significant role in communities' articulation and dialogues, both UN Agencies and NGOs were active in sharing community feedback findings directly with local media, so they could better shape their live shows, podcasts, or online broadcasting. This relationship draws into decades-long learnings of necessary collaboration between humanitarian responders and local radio networks amidst complex crises that required strengthened community engagement efforts.

Yes [we collect community feedback data and share it with media], we must bear in mind that the communities believe in their local media and therefore the audience of the media is the rural populations (...) necessarily there is a link. (CSO, Mali)

¹⁰ **News desert** is a community, either rural or urban, with limited access to credible and comprehensive news and information

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We identify gaps from the feedback we get from the community and provide information to be disseminated by media and we also ask them to tell us what is not tackled, and we work together to develop programs.

(UN Agency specialized in health, South Sudan)

However, in other contexts such as Lebanon, this nexus between community insights and media work for health emergency response was mainly done through joint efforts with the national RCCE group or WHO/UNICEF-led campaigns. This coordinated work helped to pinpoint the information voids on some pressing issues and collectively identify national rumor trends. However, with these groups operating at the national level and utilizing country-wide data, the local specificities on the community data were missed.

RISKS, ACCESS AND POLITICAL AGENDAS

Health and humanitarian organizations working with vulnerable and/or marginalized groups highlighted challenges faced to ensure that issues impacting these communities are reflected in media coverage – whether at the national or local level. Although organizations expressed different reasons why this was important, most of them saw an opportunity to create a general understanding among the public on the issues faced by these populations and the role that they were playing in bridging the gaps. This was often identified among larger international and national organizations. Civil society organizations and smaller NGOs that worked closer to communities more often saw the value of media in serving directly the information needs of communities. Interviewees highlighted how the financial constraints suffered by media result in journalists not always covering local issues or those of vulnerable/marginalized groups because they may not be as profitable or attractive to audiences as other issues of national significance. As mentioned above, many organizations perceive that issues impacting these communities are only covered when there is an extraordinary event or there is outstanding public attention. Yet, the day-to-day coverage of events that affect their life seems to be ignored.

For example, informants in Colombia highlighted how freelance journalists are more likely to be paid by national media outlets to cover stories of national significance, rather than smaller issues or local events that impact minority communities.

I think it depends on the level of the media... Last year we did a webinar (...) and one of the guests was the health editor of [a national media outlet]... he said that being such a big media it is difficult to have close contact with communities, because the most important thing for the media should be to understand what happens in the communities... The big media know the urban but not the depth of each territory. (CSO, Colombia)

Some organizations also expressed how they saw the potential risks with the exposure of vulnerable communities to journalists and interviews and this clashed with their mission to protect these communities. This limits the quality and scope of the engagement with media on issues that affect minorities and vulnerable communities. As shared by interviewees, journalists sometimes request information on sensitive topics or individual data that organizations are unable to provide, which can result in reducing their interest in covering these kinds of stories.

With the principle of protection at the center of any humanitarian operation, organizations struggle to provide journalists with what they need to do their part of the work. Any leakage in sensitive information, including personal data or location of community members, can put people at serious risk of being targeted or extorted by parties to the conflict or individuals. Poor interview technique can further traumatize participants and sloppy reporting can work to erode the communities' trust in aid providers.

Some humanitarian interviewees referenced times where the coverage of issues impacting vulnerable communities had been interpreted as insensitive, sensationalist, perpetuating stereotypes or at times, politically biased. In response, they try to control the narrative with calculated institutional approaches in their communication with the media, they offer limited interactions with communities, or share pre-defined messages with journalists. In some cases, openness for in-depth interviews with organization staff was curtailed.

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Perhaps greater media interest on more sensitive topics such as the health of Indigenous populations, health of immigrants, or human trafficking, could promote some different kind of information being shared, but [our agency] would not speak openly on any topic related to these issues. (UN Agency, Brazil)

As the quote above illustrates, talking publicly about certain populations and their needs can be a sensitive issue for humanitarian and health agencies due to political and social tensions. Health and humanitarian organizations may choose to be publicly silent about sensitive topics and advocate with government and other responders in private to maintain working relationships with governments or to avoid negative portrayals of vulnerable communities that could contribute to fueling tensions.

However, this can also have direct consequences on the ability of the media to place these issues at the center of the agenda and create public awareness of the needs of these communities and the gaps in response. For example, amidst the COVID-19 pandemic, the official government figures of the rate of COVID-19 illnesses and deaths in quilombola and indigenous communities' in Brazil was limited or non-existent in some cases. This had flow-on effects for the communities themselves and the national awareness of the impact of the pandemic on these vulnerable groups. For instance the mainstream media generally ignored the impacts of the health emergency on these communities, while local and indigenous led media were unable to fully explain the impact of the pandemic in these communities

and combat rumors and misperceptions about the severity of the pandemic. Quilombola and indigenous populations were further prevented from accessing useful information that could help them better understand the pandemic scenario and how it affected them – and ultimately advocate for adaptations in the health response to their specific needs.

We work with our communication team, in partnership with alternative media. In general, mainstream media does not recognize the importance of the work done by our social organizations. It's much easier [for them] to show blood on the screen than to divulge actions that can at least alleviate people's suffering. (CSO, Brazil)

Finally, the difficulty in accessing certain geographic areas was an acute barrier identified throughout the pandemic to ensure coverage of/for certain groups. Many times, the lack of appropriate access to electricity, poor communication infrastructure, ownership of digital devices or unreliable internet connections impeded the access of journalists to these communities – contributing to an underrepresentation of the impacts of the pandemic on these communities in national media narratives. In many contexts, security concerns were another factor that limited the access of journalists to the communities. ■

In two years of pandemic, over the course of five months, there may have been some short articles. But no one went to villages to write stories (because they could not). (CSO, Brazil)



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4.2 WHAT DO MEDIA SAY ABOUT THEIR RELATIONSHIP WITH HEALTH AND HUMANITARIAN ORGANIZATIONS?

Journalists are trained to think critically, and although media interviewed as part of this study highlighted many positive aspects of their relationship with health and humanitarian organizations, respondents tended to home in on the challenges, calling for solutions that would be beneficial to strengthening future collaboration and communication.

TRUST

One of the most common concerns voiced by representatives of the media is the lack of a trusting relationship between journalists and humanitarian organization representatives. Many media respondents cited reliable, consistent, transparent, positive and respectful relationships – the cornerstones of trust – with health and humanitarian actors as important to their work but found that those relationships were difficult to develop. In many of the settings described in this report, the relationship between journalists and health and humanitarian actors has emerged from the colonial roots of global health, and that era’s hierarchical hangover and context of suspicion persists, preventing the two groups from connecting with one another without the heavy weight of this history. The movement to decolonize global health is also a trust building process, but it is important to acknowledge that this is not an easy process for either party, given the dynamics that their sectors have inherited.

The lack of trust between media practitioners and health and humanitarian actors poses a challenge to their everyday working relationship, media participants said. Participants perceived that health and humanitarian actors doubted journalists’ intentions and professionalism, or were uncomfortable with journalists’ mandate of reporting independently, potentially undermining the trust and respect that is essential for healthy, sustainable and transparent collaboration.

Journalists complained that health and humanitarian actors do not trust the media to get the story “right” so they do not respond to specific questions, limit access to specialized sources, and instead pass on carefully tailored messages about their activities.

The problem is humanitarians want journalists to adopt their messages, which threatens not only their objectivity but also their ability ‘to tell a story’. (Journalist, Sudan)

Taken to the extreme, journalists say humanitarians often want prior review rights to journalists’ work, which “affects our ability to provide hot news,” and impacts editorial integrity. There was a noticeable level of frustration with humanitarian workers’ dictation of how the media should cover their projects or a humanitarian crisis. Respondents felt this strategy restricts journalists’ ability to access and cover conflict-affected communities and also limited their ability to highlight injustice, poor practices, and advocate for the community.

I tell myself that a humanitarian organization is really about proximity. But today, in any NGO, the directors are invisible. When you see them, they look like supermen that you can’t even get close to talk to...In Mali, people are afraid to speak. Every time, they are afraid of the hierarchy. They say that if the chiefs have not given permission, they might have problems later. (Journalist, Mali)

Journalists cited these as factors that hampered the trust building process. Some also cited the perceived hierarchy between the media and these organizations - with media perceived as at the bottom of the food chain. Journalists claim exclusion and nepotism are major problems among the health and humanitarian sectors. This is one of the reasons mentioned why the media sometimes face challenges in trusting the intentions of these actors.

It’s trust. We have to trust each other, and the humanitarians must stop being suspicious and thinking that we want to give bad publicity to their activities. We have practically the same objectives for the populations, to inform and sensitize them. Let everyone recognize their place and let us do our job properly when we ask for information. (Journalist, Mali)

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The ruling political parties encourage their people who work for the humanitarian organizations to not provide us any information. (Journalist, Iraq)

However, some data skewed this trend. In Brazil, media participants reported greater trust in international public health and humanitarian organizations during the pandemic. In the context of the Brazilian political landscape and the recent presidency of Jair Bolsonaro, who sought to undermine public confidence in COVID-19 vaccines¹¹, media participants said their trust in official government sources of information had been shattered. These circumstances weakened public bodies as reliable sources of information and encouraged journalists to turn instead to international actors.

In the current government scenario, there was no way to trust institutional health information, so the idea was always, especially at the peaks of the pandemic, I looked for information in studies and international agents. (Journalist, Brazil)

The health professionals we contact and seek, we understand that they are committed to public health. Usually, they are doctors and nurses of the health system, and because they are from this sector, they have a responsibility. (Journalist, Brazil)



One journalist said that humanitarians could and should be enablers in negotiating access to help journalists cover the stories of conflict- and pandemic-affected peoples in Sudan. They explained humanitarians' proximity to officials and security places them in the right position to support the media.

I can't tell a story if I don't go see for myself because I'm a witness. The media is a witness, we have to verify...for example, if I go to Souq Omdurman and there is famine, if I see people burying bones, this is a story. I want to address people's suffering – I need to see what people are going through. (Journalist, Sudan)

DIFFERENT INTERESTS, APPROACHES AND PRINCIPLES

Journalists and humanitarian actors abide by different codes of ethics, even though they share a number of principles and common aims. The data revealed that this can pose a challenge for media practitioners, who may have to adopt humanitarian actors' codes of practice while collaborating with them, which can often create intense tensions with journalistic ethics and standards.

Humanitarian actors play an important role, because even when we go to the sites to interview IDPs [internally displaced persons] they refuse to speak without the agreement of the humanitarians present at their side. Moreover, it is they who choose the IDPs to be interviewed instead of the journalists. (Journalist, Mali)

Respondents said some humanitarians declined permission to be recorded during interviews, leaving journalists to take written notes only, leading to a higher likelihood that complex concepts are condensed, information can be unintentionally misinterpreted and preventing journalists from having a clear record of what was said if their story is later disputed by the agency.

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11. 'Brazil's Bolsonaro warns virus vaccine can turn people into 'crocodiles'', France 24, 18 December 2020, <https://www.france24.com/en/live-news/20201218-brazil-s-bolsonaro-warns-virus-vaccine-can-turn-people-into-crocodiles> (accessed February 24 2023)

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There are humanitarian representatives who flatly refuse to allow you to record their voices during interviews, or to use their images to illustrate your press articles. They prefer that you only take notes, which is very complicated for print journalists. **(Journalist, Mali)**

In Colombia, media respondents claimed that humanitarian organizations do not foster relationships with media outlets for several reasons, ranging from lack of time during emergency situations, to the perception that journalists lack the capability to report from a more objective stance, and the perception that humanitarian and health agencies do not have the staff available to engage outside of major centers.

ACCESS TO INFORMATION AND HEALTH AND HUMANITARIAN ACTORS

Journalism can be an extremely time-sensitive business. News is, by definition, about what just happened. Journalists can work on tight deadlines and say they find it frustrating to deal with the humanitarian sector in times of emergency where the humanitarian organizations' communication protocols can make it impossible for them to provide time-sensitive information.

Journalists cited the bureaucracy in the health and humanitarian sector as a barrier to getting information during the COVID-19 emergency response. In some instances, health facilities required journalists to produce clearance letters from the Ministry of Health to gain access. This practice is slow and can mean that media who produce stories critical of the government simply are not granted access. Journalists said when they need information from humanitarian actors, they are sometimes referred to another person, and then to another person, and so on, until their publication deadline passes.

BUREAUCRACY VERSUS DEADLINES: Journalists consistently expressed the importance of accessing health and humanitarian actors but described challenges contacting them for interviews and information, whether by phone, email, or in-person. They reported having to spend significant time chasing humanitarian agencies for a response, with unreturned emails and encountering logistical barriers in arranging interviews

– especially with sources they did not already have an established working relationship with that were critical during a public health crisis.

When humanitarian actors were available, journalists often still experienced delays in accessing important information and meeting deadlines while humanitarian actors sought permission from their superiors to speak to the press.

Very often here, when journalists want to interview humanitarian workers, for example, they tell us they need permission from the hierarchy to speak. **(Journalist, Mali)**

It is a challenge to get information from these organizations due to the usual protocols in terms of giving out information. There is a long line of channels to follow before a green light is given or the required information is provided. Time is essential for journalists because the industry is flooded with new online sites and if you are delayed your story becomes overtaken. **(Journalist, Zimbabwe)**

[It would be good if they would honor commitments] to the radio instead of signing memorandums of understanding and abandoning them halfway. **(Journalist, DRC)**

THE CHALLENGE OF FINDING A SPOKESPERSON OR CURRENT INFORMATION:

Media participants expressed frustration that the names and contact details of health and humanitarian agency spokespersons were often excluded on websites or other organizational documents like brochures and fliers leading to difficulty in contacting them when in need of commentary on health or humanitarian issues.

The absence of information on who to contact in the various organizations makes it difficult for us to contact relevant individuals who can provide us with information. Often when you call, you are referred to someone who at times has no clearance to speak to the media. This makes our work difficult. Perhaps organizations could publish a directory of people in their organizations who could speak to the media on specific thematic areas and our work would be easier. **(Editor, Zimbabwe)**

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Participants in northern Brazil particularly valued input from non-governmental humanitarian actors given the barriers they encountered accessing up-to-date data from government agencies, which are located hundreds or thousands of miles further south. A journalist commented that the usual delays in updating information on official government websites were amplified during the COVID-19 pandemic.

We noticed a problem that is updating data. The websites that are available to supposedly access the information they take time to update. In Amapá they are first handmade and then digitized.
(Journalist, Brazil)

In North and South Kivu and Ituri provinces in Democratic Republic of Congo, the sites of recent Ebola outbreaks, all the media respondents agreed that health and humanitarian organizations are a source of reliable information, allowing them to better cover the issues at stake.

[It is] a sector that constitutes a source that helps to understand and distinguish the true from the false. **(Journalist, DRC)**

Even if the sources of misinformation are often passed on by certain...influential people in the area, the presence of humanitarians raises morale and reassures the population by giving them hope of defeating the pandemic.
(Journalist, DRC)

Media participants said they consulted health and humanitarian professionals not only to access reliable and up-to-date data, but also to provide data analysis.

Find data, filter the data, and work the data. The pandemic demonstrated the importance of data journalism. It was quite difficult because they had to interpret these data, doubts arose and needed to contact sources to support [their] understanding.
(Journalist in Roraima, Brazil)

In Brazil, journalists were able to gather testimonies from community members themselves, but they needed to contact health and humanitarian actors to access statements from public health experts.

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There came a time when we had to make productions to counter this [disinformation], in relation to the vaccine, even. How did we do that? Taking statements from actors outside [the communities] related to the vaccine... This kind of testimony was important to undo the news that was passed on to us as lies. This was an important job that we took on in a month. And you don't [only] rebut that information with scientific arguments. We countered with statements from people who had been vaccinated. (Journalist in Pará, Brazil)

In Colombia, all media interviewed except one stated that humanitarian organizations have never reached out to them. One of the media outlets was contacted, according to its founder, because it is a science-based media outlet and therefore experts from universities, think tanks, and health organizations, may feel that it is easier for them to connect and communicate. A journalist from another media organization in Bogota noted the absence of press conferences from the government organizations as the pandemic began and the lack of open data from the Ministry of Health of Colombia. This placed even greater importance on being able to secure information and expert analysis from local humanitarian and health actors.

Respondents noted that at times they had to contact a third party or to find people in their network who knew a staff member of an organization to schedule a meeting with them or even to get a response to an email. In the course of reporting accurate COVID-19 information and refuting false information, some journalists found themselves becoming overnight experts in health and science. In many cases, journalists needed to gather data from several sources, some of which could be less reliable than the closest source, because the closest source does not make themselves available.

Work in media requires speed, especially during a pandemic, which we did not find with the organizations. (Journalist, Lebanon)

Many journalists and media associations in South Sudan bemoaned the fact that there were no contact people at the health and humanitarian agencies to talk to when there was a need for information. In many cases, it is

only organizations that have projects dealing with media that journalists find easy to access. Many other health and humanitarian organizations have not put media on the agenda in their programming, journalists said, resulting in a loose link between the media and health and humanitarian organizations.

Access to information has been an issue because sources are not willing to provide information on time when the public needs information. It is not easy to get a spokesperson in humanitarian actors. They ask you to send them an email, but when you write an email, they do not respond. (Journalist, South Sudan)

Poor and even no communication from the humanitarian actors was also a common complaint of journalist respondents in Iraq. All the Iraq media outlets that participated in the survey said there was no support from the humanitarian sector to combat COVID-19 misinformation, leaving Iraqis to create their own log of knowledge, sometimes based on the misinformation circulating on the internet, through social contacts with doctors and other clinicians and sometimes through their own imagination about what causes the disease and how to deal with it.

Only a few doctors have supported us in dealing with misinformation, not any of the humanitarian actors. (Journalist, Iraq)

COMMUNICATION ON A ONE-WAY STREET:

Journalists expressed frustration that they make themselves available to health and humanitarian actors, but that they often do not experience the same reciprocity.

It is not extremely easy to get information from humanitarian actors. Normally the humanitarian actors tend to have a lot of bureaucracy. Sometimes they say send an email. When you send it, they do not respond to it, sometimes they respond. It is difficult except when it is they, the humanitarian actors who want the media, this is when it is easy to get information because they can call you for press conferences and occasionally, they send press releases. (Journalism Union, South Sudan)

While humanitarian organizations expressed dissatisfaction with the media's coverage of local issues or minority groups, in response, media said that humanitarian agencies rarely

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deliver press conferences in rural areas. In North Kivu, DRC, half of the journalists who participated in the survey said they contact health and humanitarian organizations at least once a week, and those in the North Kivu capital, Goma, said they regularly attended press briefings during the pandemic. However, journalists based in rural areas and in Ituri province, where political insecurity and armed conflict pose a challenge, and in Tanganyika province, were less served. They reported having little to no access to press briefings despite a need to know about the evolution of the pandemic, vaccination and the contribution of humanitarian agencies. When briefings were able to be organized in these less-served areas, journalists expressed appreciation.

In Ituri, for example, we cite the press briefing organized at the beginning of 2022 in Mahagi by the EPI head doctor in Aru to explain to the population the merits of vaccination and the type of vaccine available and their compatibility. For the media in Ituri, this was an opportunity to sensitize the population on the second dose of the COVID-19 vaccine. (Journalist, DRC)

Such barriers in accessing health and humanitarian actors were perceived by journalists to be behavioral as well as logistical. When asked about the challenges faced in covering the pandemic, a radio broadcaster in the northern Brazilian state of Pará shared that:

Right at the beginning [of the pandemic] the official agencies were bringing information, implementing a care system, were installing their structures, it was very easy, there was no problem. But then questions began to emerge from the community. Why isn't there a field hospital in every city? Why didn't you get everybody a shot? Why did a vaccine arrive in the city and people from the countryside didn't? When questioning begins and starts to bother health managers, they begin to place a barrier. (Journalist, Brazil)

In Sudan, journalists have also noted that even when they go out on field trips with health and humanitarian actors, they are prevented from going outside of the parameters of the organization's work or speak with the communities impacted by conflict or health emergencies. This has enhanced the level of frustration some journalists have with humanitarians, who are seen in this instance as preventing journalists from



doing their work and telling a more contextualized story that would include the concerns and hopes of the communities.

NEED FOR MORE NETWORKING AND COLLABORATION OPPORTUNITIES

Media participants discussed the ongoing challenges of operating in resource-limited settings, both in terms of the media landscape and their geographical contexts. This factor is not inherent to the dynamic between journalists and health and humanitarian actors, nor is it a result of it, however it does influence aspects of it. Challenges in accessing health and humanitarian actors were exacerbated by limited internet connectivity in some settings, such as in northern Mali, while some respondents expressed frustration about spending their unpaid time chasing humanitarian actors for interviews.

In many parts of the world, including the eastern Democratic Republic of Congo (DRC) and Mali, there is a socially expected, but ethically controversial, practice of providing small stipends for journalists to attend and report on events or press conferences hosted by humanitarian and health agencies. The practice, also known as “envelope journalism,” has no documented genesis but is believed to have been practiced in West Africa in the 1980s and may be rooted in colonial

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practices of administrations or businesses paying for media coverage¹². Today, it is openly offered by some non-governmental organizations¹³ in acknowledgement of an underlying problem: the generally low salaries media pay to their journalists, particularly in the developing world. Media participants spoke about the value of this practice for low-salaried reporters.

In addition to the reliable information they provide, humanitarian organizations provide financial support that strengthens our capacity to raise awareness. (Journalist, DRC)

In the context of this practice, media participants cited a perception among humanitarian actors of journalists driven by money rather than professional integrity.

Some organizations are suspicious of journalists, thinking that they come to get money when they ask for information. They consider us as beggars. (Journalist, DRC)

Respondents in DRC, in fact, said that financial support was less valuable to them than access to training workshops. Financial and logistical support came second. However, in many contexts, the tradition of paying for airtime and program production has created a codependent relationship between the media and the humanitarian and health sector; like any such relationship, it dents the self-esteem and self-respect of journalists and dilutes their professional agency. It also puts NGOs and health agencies in a position where they do not feel equal to their journalist colleagues. In these environments, media houses depend on international aid groups to provide funding to produce programs on their issues, from handwashing to COVID-19 vaccine awareness to what services the organizations can provide. This “pay-for-play” relationship helps sustain local media where the market economy and advertising revenue has failed to provide sustainable funding, but creates a culture of expectation and incentivization, it compromises the media’s editorial independence, binds both groups to a hierarchical relationship rather than a symbiotic one, and compromises journalists’ ability to freely hold humanitarian actors accountable.

There are some programs that need support to get solutions to those challenges of COVID-19, hepatitis, diarrhea, and cholera. If humanitarian actors fund our radio station, the challenges will be limited, and the cooperation will be high between the radio station and humanitarian organizations. Yes, there are other actors like IOM (International Organization for Migration) supporting us, but it is not enough. (Journalist, South Sudan)

Respondents in Zimbabwe shared challenges linked to limited networking and engagement between humanitarian organizations and journalists. They noted that they were hardly invited to press conferences and contacted by humanitarian or health actors to discuss story ideas or review published stories. They identified a need for more opportunities that facilitated engagement and relationship-building between journalists and humanitarian organizations both within and outside of the pressures of the news cycle.

There is a need for regular meetings between journalists and humanitarian actors. This can go a long way in bridging the gap between us. Many of the information officers in these organizations are journalists so they should play a more active role in bridging this gap. (Editor, Zimbabwe)

Constant communication and contact between organizations and the media is necessary. This can be through monthly press conferences. A committee of health personnel can meet the media regularly. There can be a monthly health briefing. These will also help build relationships. (Editor, Zimbabwe)

Journalists in Lebanon observed that the government body they are accustomed to interacting with, the Ministry of Information (MoI), was quiet during the COVID-19 response. Although the RCCE Working Group and WHO closely coordinated with the Ministry of Public Health in leading the pandemic response, they noted a gap in coordination with the Ministry of Information,

12. Nkie Mongo, C. (2021). The practice of envelope journalism in the Republic of the Congo. *Newspaper Research Journal*, 42(1), 111–126. <https://doi.org/10.1177/0739532921990763> (accessed 20 February 2023)

13. Internews does not participate in the practice of providing envelopes to journalists attending press conferences. It funds and strengthens independent journalists and media organizations through grant programs, including providing individual story grants, mentoring and access to fact sheets and webinars for reporters.

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and so journalists, along with the public, were getting their information from live broadcast press briefings by the Health Minister but were not given a space to ask their questions, determine the facts, and ask about misinformation. They said this undermined the relationships they had spent time building in the MoI and a mutual understanding of how each other worked.

This became a serious issue when vaccines started to arrive in Lebanon. As the Ministry of Health and WHO began to announce the arrival of different vaccines, journalists were rushing to fact check and find out more about them. Had proper communication channels been set up between humanitarians and the media, respondents said, journalists would have had access to someone who could explain in layman's terms the sea of scientific data they found themselves drowning in at the time.

In such a pandemic, we should have had a focal point between the organizations and the media, but unfortunately that was absent.

(Journalist, Lebanon)

All media respondents in Lebanon stressed the importance of establishing direct communication channels with organizations to facilitate access to information. With some exceptions, such as Médecins Sans Frontières, which shares information about COVID-19 through a WhatsApp group, few organizations in Lebanon established their own communication channels with journalists. Without significant outreach, journalists expressed concern that they were left in the dark by NGOs and UN agencies regarding the main actions taken during the pandemic. This problem was amplified in remote and vulnerable areas where some of the NGOs operate, as these areas are harder for the media to cover due to their remoteness and lack of public interest. As a result, these remote areas are even more likely to be starved of contextualized media reporting.

Journalists should have quick and easy access to information to allow them to respond to rumors as fast as possible. **(Journalist, Lebanon)**

Journalists in Sudan spoke openly about the coordination vacuum they experienced there and noted that there needs to be a body that coordinates between the media

and health and humanitarian organizations. Health and humanitarian workers who also participated in the survey noted that there was a need for such a body, as it would facilitate communication and engagement between the two sides. One journalist in Sudan noted that due to lack of funding, the UN Information Center was unable to meet the full extent of its mission, which is to establish dialogue and better coordination between humanitarians and journalists.

SECURITY AND STIGMA

Security and stigma affect all groups engaged in the provision of information during crises and epidemics and are predominately external factors that present an opportunity for actors to address them cohesively. Journalist participants interviewed as part of this study spoke about the impact of security issues and stigma on their work and lives. Recent public health crises, Ebola and COVID-19 among them, have seen journalists threatened and attacked for their coverage.

At the beginning of the COVID-19 pandemic, some media professionals in Mali who were communicating information rooted in science were dubbed corrupt or accused of having ulterior financial motives to circulate propaganda about the virus.

This makes us think that, while humanitarian actors

When COVID-19 appeared in Mali, a large part of the population did not believe in the real existence of the disease. They accused us journalists, especially those in radio, of having received money to propagate the pandemic.

(Journalist, Mali)

Media respondents in North Kivu and Ituri provinces in eastern Democratic Republic of Congo spoke about the challenges in operating in a time of prolonged insecurity combined with a pandemic, expressing fears about the risk of being raped and exposed to several eventualities, especially in this period of war and state of siege.

(Internews researcher, DRC).

are wary of their own security concerns or that of communities – and rightly so- they do not often think about the impact that this kind of reporting can have on the safety of the media themselves. ■

5. DISCUSSION AND RECOMMENDATIONS

Moving forward, the process of building and strengthening trust and collaboration should not only rest upon greater frequency of interactions between media and health and humanitarian actors, but fostering deeper engagements for media and humanitarians to get together and explore their knowledge of each other's motivations, approaches, and respective ethical frameworks. This would enable them to recognize each other as allies in a public health crisis, with common concerns and interests, while also managing expectations and establishing important differences in their roles. Such opportunities may also offer a window to unpack the practices, beliefs and dynamics that prevent the two groups from relating to each other as equals, from practices such as envelope journalism to the legacy of colonialism in global health.

Trust is a two-way process, and it is clear in our discussions that both sides feel a trust deficit. However, our conversations have revealed that they both see the value to support each other amidst an emergency. When united against a common threat to accurate information, journalists and humanitarians see one another as allies in public health crises, not adversaries. The process of trust building will likely continue at a gradual pace, but as global health organizations and media houses examine the lessons of COVID-19 and approaches to decolonizing global health, holding themselves and each other up to scrutiny and integrity, this moment in time affords journalists and health actors an opportunity to accelerate this process.

The following set of recommendations stems from the findings of this study and build upon the lessons learned in the Rooted in Trust project and the project's engagement with humanitarian communities and media during the COVID-19 crisis.

RECOMMENDATIONS FOR HUMANITARIAN AND HEALTH ORGANIZATIONS INVOLVED IN EMERGENCY RESPONSES

1. Do not only explain the science, but also discuss the why and how of the decisions taken to manage a health emergency. Health and humanitarian agencies should commit to explain the science and best practices derived from it, announcing what they are doing to address the situation – but

they should also be available to explain how they have reached certain decisions and why they are approaching the response in a certain way. The overall lack of transparency in decision-making is an important breeding ground for rumours and undermines trust in the information and services. Any attempts to explain processes will build media's capacity to translate this for their audience and help in creating further trust in the actors involved and their decisions.

2. Provide training to media practitioners on a range of topics ahead of the next health emergency – this will help them to be better equipped to cover complex crises and be part of preparedness.

Humanitarian and health agencies should consider supporting media practitioners and journalists to build technical capacity and skills to report on health, emergencies, conflict, gender, protection principles and humanitarian law. Specialized organizations should also consider supporting media around journalism ethics, fact-checking and misinformation and rumor response on a regular basis.

3. Shift the perspective: media is a relevant part of the emergency response, not only a loudspeaker for key messages or programming visibility.

Engage with journalists, editors, and media on a consistent basis – not just in times of crisis and not just when something is needed. Allow questions and grant interviews, provide off-the-record briefings to ensure media is in the loop of humanitarian/health responses and build capacity within the health and humanitarian sectors for how media can contribute to common goals. Include budget for greater media engagement as part of grant proposals and other funding opportunities. Build sustainable relations that can help tackle the emergency when it comes.

4. Consider the establishment of media taskforces as a common platform to drive collaboration during, pre, and post emergency.

These spaces can facilitate a neutral space for the constant exchange of information among diverse stakeholders, as well as the continuous identification of needs and priorities for action throughout emergency preparedness, response and post recovery. Moreover, it can contribute to an understanding of the differing principles and approaches of the two worlds and identify opportunities for co-creation and collaboration.



5. DISCUSSIONS AND RECOMMENDATIONS

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5. Don't try to control the media's narrative but rather support the media's independence.

While organizations must ensure the safety and protection of communities, they should allow more space for journalists to enquire, ask and get to the bottom of the issues they are covering. Local journalists are relevant parts of the community, and they have an essential role to hold those in power (including humanitarians and health providers) accountable to their actions. Curtailing their work by restricting access to areas, providing selective interviewees, or controlling their pieces prior to publication risks broader efforts to seek accountability for people affected by crisis. In this context, accountability must include the responsibility to work with all actors within the community (including journalists) to leave people and communities better prepared.

6. Be available and ready for media questions – they may look to un reputable sources if experts are unresponsive.

Health and humanitarian organizations should check how they can ensure responses to journalists' questions in a timely and contextualized manner, in the spoken language.

7. Consider and plan for more resources allocated to media collaborations as part of emergency preparedness and response.

As part of internal processes, organizations could assess the internal barriers that currently prevent them from better engaging with media (i.e., protocols, management lines for engagement, clearances processes, etc.). Building additional capacity among a more diverse range of technical and management staff on why it is important to engage with the media (and the many modalities for how this can happen) is essential to ensure exchanges with journalists are efficient, beneficial, and work to strengthen rather than threaten programming. It is also important to take into consideration the specificities of local media when engaging with them (language for example) as well as the physical constraints that they may face to cover stories.

8. Think of the value of engaging with media beyond the communications team.

Media are part of the community, and they can help you navigate priorities. At the least, comms teams and community engagement and

accountability programming staff should be collaborating to ensure media has a role, not only promoting the work of the organization, but also responding to the identified info needs of the community.

9. Share community feedback and social listening findings with journalists so they can work on media products that are relevant for their audiences.

Closing the loop with communities on their information needs is about strengthening the information ecosystem beyond programming, considering the communities' needs. Share these insights with media, and also consider supporting them to increase their own social listening activities through their social media pages, call-in programming and other interactive styles of media that allow editors to get the pulse of their communities.

RECOMMENDATIONS FOR MEDIA PRACTITIONERS

1. Actively cultivate relationships with humanitarian response actors to build trust.

This can ensure that when crises emerge, there are trusted sources in a diverse range of organizations to rely on to connect to the latest announcements and key spokespeople, as well as background information. Build a contact book that will serve community-wide issues, as well as experts who communicate in a variety of local languages or on issues that might impact minorities or other vulnerable groups.

2. Discuss differing principles, needs and goals to enhance better cooperation.

Invite humanitarian representatives to newsrooms for informal editorial discussions at the outset of health and humanitarian crises, where mutual understanding of needs can be discussed, and ground rules can be established for better cooperation. Humanitarian organizations and journalists do not need to align their mandate but should make efforts to acknowledge their different roles in similar contexts and set some common ground rules with the interests of the community at heart.

3. Stand up for accountability.

Everyone makes mistakes sometimes. If your media organization has

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5. DISCUSSIONS AND RECOMMENDATIONS

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misreported a health or humanitarian story, be quick to correct the fault and explain the mistake to your audience. This will help to build trust with humanitarian and health actors and to demonstrate that you are dedicated to quality reporting. Equally, ensure that you are able to play your role as watchdog and hold health and humanitarian actors accountable. Be fair and informed in your criticism and be driven by the need to protect your community from harm.

4. Ensure financial autonomy for independent reporting.

Ensure editorial independence, even when provided financial support. While media should have the option to seek the support of the international aid sector for access to affected communities in hard-to-reach locations, the media should work, where possible, to reduce any reliance on the aid sector for in-the-field security, transportation, expenses, or stipends, as this jeopardizes the real and perceived independence of their reporting. Media that must rely on funding from the international development sector should seek diverse funding sources and ensure any funding from an aid organization does not come with written or perceived agreements that would compromise the editorial impartiality of the media's news and information operations.

5. Join efforts with other peers to elevate challenges in accessing information.

Media complaints or questions about access to humanitarian and health actors can better be presented collaboratively, through for instance professional bodies or by journalist associations. Journalists may receive more attention to their needs by uniting in one voice to present their needs to the emergency response community and to collaborate on solutions.

6. Leverage the unique position of media and capitalize on local perspectives.

Local journalists are some of the best informed and best-connected people in any community and can increase their profile also by adopting a more deliberate, demand-driven approach to their programming and editorial processes. They could, for instance, encourage people to call in with their concerns and flag issues they see arise in the community they live and work in. This way they can become a vital part in the wider

“community engagement” strategies of humanitarian and health organizations. And while audience reach numbers are often hard to come by in low-resource contexts, a continued and consistent approach to audience engagement can also help convince people to provide more financial support through advertising or other models.

7. Find the balance between the public good and the public's interest in a story – especially in the onset of an emergency.

Tap into the opportunities that the communities' insights give you to approach stories from angles that are relevant to your audience and that help them access the information that they need. Providing in-depth coverage of complex issues can help you avoid sensationalist portraits or superficial reporting on events that affect vulnerable groups. This can also help to build further trust in your work and drive humanitarian actors away from the perception that the media only covers 'if it bleeds it leads' news or sensationalist content.

8. Aim for quality.

Seek out training for journalists on how to report on health and other emergencies. The proper training can ensure journalists approach sensitive topics in a professional and respectful manner, with the understanding that a journalist's coverage of crises can be beneficial or harmful depending on the journalist's level of professionalism in conducting their work. While many media organizations may not have the resources to have individual specialist health reporters, ensure that your whole editorial team has a good understanding of health issues (after all everyone will likely need to produce health programming or news at some stage) and focus your efforts on selecting a few key staff to build specialist skills.

9. Lead dialogues with stakeholders in the humanitarian sector to establish a culture of trust.

In these conversations, which could also take place in the form of radio shows, journalists can integrate the lessons of the COVID-19 pandemic and approaches to decolonizing global health. Both groups should hold each other and themselves up to scrutiny and integrity in order to address systemic obstacles to true collaboration in the journalist-humanitarian relationship. ■

