

Reporting health in the disinformation age

A HANDBOOK FOR **JOURNALISTS,**
COMMUNICATORS, AND **CAMPAIGNERS**

africa ■■■
resilience
■■■ network



ACKNOWLEDGEMENTS

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The Institute for War and Peace Reporting (IWPR) empowers local voices to drive change in countries in conflict, crisis and transition.

Where hate speech and propaganda proliferate, and journalists and civic activists are under attack, IWPR promotes reliable information and public debate that makes a difference.

The information provided in this handbook does not, and is not intended to, constitute legal or medical advice; instead, it is intended for general informational purposes only. It is important you learn the relevant media law in your country, and if you are reporting health that you get advice from medical experts as required.

This guide is prompted by the work of IWPR on the Africa Resilience Network (ARN) program which was a rapid response to the Covid-19 pandemic and accompanying infodemic, with a focus on Kenya and Nigeria. We would like to thank the US Government Global Engagement Centre for their support of the programme which gave rise to the ARN and the partners who delivered the programme: Africa Uncensored, Kenya, International Centre for Investigative Reporting, Nigeria and the Centre for Information Resilience. Thanks to Dr Brian M Kimani, Founder of Doctor on Call, and Medical Advisor to the Africa Resilience Network Program in Kenya, Jael Mboga journalist at the Standard Media Group, Jacob Nyongesa, Media Council Kenya, Rikesh Chotai, Medical Student, King's College, London Our gratitude also goes to the Kenyan and Nigerian journalists who have become the Africa Resilience Network and whose queries and questions informed this handbook.

For more information about the Africa Resilience Network programme, go to africaresilience.com.

Funded by Wellspring.

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Introduction

We are experiencing the first truly global pandemic of the digital era.

Some of what we have learnt has been frightening. There are those who have chosen to believe conspiracy theories over science. Fake cures, some centuries old, have been revived and spread via WhatsApp and Facebook.

Others simply refused to believe that Covid-19 exists. Many died needlessly, having taken no precautions to protect themselves and their families, from the disease.

Some died because of lack of access to vaccines, medicines, and other treatments.

But it is also clear that some died due to lack of adequate health information. A deep-seated mistrust of political leaders meant that many people believed the pandemic was exaggerated by governments in order to scam rich Western donors.

Infodemic



'An excessive amount of information about a problem that is typically unreliable, spreads rapidly, and makes a solution more difficult to achieve,' according to the World Health Organisation. Usually refers to false information about Covid-19.

Some political and religious leaders have stoked anti-science sentiment. Billions of people got their information from social media, where fake medical news and conspiracy theories travelled faster and reached more people than health information based on emerging real-life data.¹

Many qualified health journalists had already left the profession because of cuts to newsroom budgets. Access to Covid-19 vaccines is notoriously unequal; at the time of writing,

INTRODUCTION

around 2% of Nigerians and Kenyans have been vaccinated. But in richer countries, like the UK, the figure rises to around 80%. In the UAE 95% of people have had at least one dose.²

Some argued that the lockdown did more damage than good, particularly for the urban poor and those who work in the informal economy.

The pandemic was a 'wake-up call' for those involved in health communication. The World Health Organisation called it an 'infodemic'.³

So how can we report health issues more effectively? What's the good news?

Even the tech giants have started to recognise their role in the deluge of false information. But flagging disinformation is not enough. As communicators, we need to get our facts right. We need to speak to the appropriate experts when things get

complicated, and nurture relationships with people who can tell the story well. There's more on building a contacts book on page 66.

We need to learn new tools, and make the most of open-source intelligence investigative techniques to separate fake medical news from life-saving health information. See page 24 for more details.

But getting the facts right isn't enough. We also need to think about our audiences, and communicate in such a way that our messages hit home.

This might mean thinking about platforms and formats that will work for our audiences: you might start out in newspapers, but end up making podcasts, say. Or learn to halve your word count, because people are reading on mobile devices.

So you'll need to learn new skills along the way, and develop your own

personal development programme: nobody will do this for you.

Alongside these challenges are opportunities. There has been a boom in popular science media: so there are great podcasts and websites to help journalists learn about complex health topics. Many prestigious medical journals have become freely available. See the resources section on page 68.

Even an older generation smartphone usually has a voice recorder on it, and there is free editing software that can be used to record audio and video. There's a YouTube tutorial for almost every aspect of journalism production. It could just be a golden age for African health communicators.

Nick Raistrick,
Africa Resilience Network Editor

 2.8 billion people use Facebook as a source of news

Source: Facebook, 2021, [widely reported](#)



Combattling the infodemic: health as a human right

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Source: Constitution of the [World Health Organization](#) (WHO), 1946. Nigeria and Kenya are both members of WHO, whose current head is Ethiopian biologist Tedros Adhanom Ghebreyesus

Health is a human right. Access to information about health should be available to all. Citizens should be well informed to make the best decisions possible.

This job traditionally fell doctors, nurses, and other medical professionals as well as traditional healers. The experts, in other words. But journalists, campaigners, and communicators have an increasing role to play in this process.

This is particularly true in the context of the Covid-19 pandemic. Many observed that fake news seemed to spread faster than the virus.

The way in which people share information has changed. We know that people didn't just get their information from news bulletins or newspapers but anonymous tip-offs received via WhatsApp, or Facebook videos which look convincing, but have been produced by amateurs passing themselves off as medical professionals.

Peer-reviewed science



Research which has been published in a journal and reviewed by scientists working in a similar field (peers). Whilst no science claims to be definitive, the process aims to filter out 'junk science'.

Source: UNDP Reporting Business and Human Rights

Vaccine hesitancy is global. On page 50 we'll find out more about the history of the modern anti vax movement. But in the context of Africa, any discussion of vaccine hesitancy has to acknowledge the history behind the scepticism of Western health professionals.

We have to talk about formula milk, and the Kano incident. We'll find out from a Nigerian journalist who covered the tragedy exactly what happened, and why some people still don't trust big drug companies.

EDITOR'S NOTE:

When reporting health, it is vital to use the right language for your audience. In this handbook, useful medical terminology will be explained as it appears. You will need to work hard to explain complex issues to general audiences. The best thing to do is to make sure that you have people who can explain things well in your contacts book. Some important journalism expressions are also included.

A good way to get to grips with the language is to sign up to the email newsletters of major health organisations. Many publish the latest data and hold virtual press conferences. More in the resources section at the back of the handbook.

'Pandemic versus epidemic'

Although sometimes used interchangeably in the media, technically an epidemic is a disease that affects a large number of people within a country or region. A pandemic affects several countries. WHO declared Covid-19 a pandemic in March 2020. Prior to that it was classified as a 'Public Health Emergency of International Concern'.

WHO

Founded in 1946, the World Health Organisation is the United Nations agency which is responsible for



We're not just fighting an epidemic; we're fighting an infodemic

Source: Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization

COMBATING THE INFODEMIC

international public health. Its stated aim is to 'promote health, keep the world safe and serve the vulnerable', although it has no power to impose health policies on national governments, WHO has recently been the target of both conspiracy theories and claims that it is 'anti-African'. In fact, all African countries are members including Nigeria and Kenya. Its current Director-General is Ethiopian biologist Tedros Adhanom Ghebreyesus.

Contacts book

Even though they are stored digitally these days, this expression for the network of people whose contact details you have is still in use. It's an important concept: job ads for senior reporters still often specify that reporters should have a 'bulging contacts book', meaning a range of people who you can call on at short notice to get a quote or interview. They should be 'good talkers'.

'Good talker'

You need these people in your contacts book: experts who can simplify, talk passionately, and be entertaining within their topic will liven up your broadcasts and articles. Those who can explain complex topics in plain language are an asset, and are the kind of contacts you should nurture. Note that the most senior official is not always the best talker.

OSINT



Short for 'open-source intelligence investigative techniques'. It means using publicly available material and online tools in order to verify (or falsify) information. A vital skill for investigative journalists today. More on page 24.

Junk science



Bad data, fraudulent research, and misleading but unproven hypothesis... all fall into this category. Often junk science borrows the language of genuine science, so one of the biggest challenges for health communicators is spotting junk science, and those who create it.

Journalism essentials: introduction

Often we hear about international best practice in journalism, and these are the standards we aspire to on the Africa Resilience Network project.

But what does that mean? What is 'good' journalism, and how can we achieve this?

The first and most obvious point is that your journalism should be **accurate**. You should **check facts**, and cross check them.

You should be **fair** to contributors, and not quote them out of context.

However, you should only in exceptional cases give 'copy approval', that is, the chance for your interviewee to look at the piece you have written about them, and the chance to reject this. You are in editorial control, not your interviewee.

If you make a mistake you should let your audience know via a correction, taking legal advice if necessary as you do so: because if you make a correction there is a chance that you make yourself liable to damages. So you need to understand some basic media law. More on this on page 22.

You should be **balanced**, and speak to all sides, **representing your audience** fully: this means not excluding outsider

groups, even if they are very different from yourself.

You have a duty of care to all the people you speak to as a journalist, and in the section on informed consent you can learn about trauma-informed reporting.

You should avoid plagiarism and churnalism, and **carry out your own research and investigations**, including OSINT techniques.

You should be aware of a range of different storytelling techniques, and **avoid boring stories that nobody wants to read, watch, or listen to** because the language was wrong for your audience, or your story lacked a hook.

You should be aware of **conflict-sensitive reporting techniques**, and understand something about **behaviour change communications**: that is, how people change their minds, and how to avoid bombarding them with facts that don't work.

Finally, you need to understand the subject fully. **To report on Covid-19, you need to have some of the skills of a health reporter**. It is impossible to research Covid-19, or any other health story, without an understanding of what peer-reviewed science is, as well

as the challenges it faces. You'll need to be aware of concepts in epidemiology like risk, incidence, sample size, and distribution to do your job properly.

EDITOR'S NOTE:

The 'elephant in the room' is that a lot of the training material for journalists working in English is generated by Western media houses, like the BBC, Reuters, or the New York Times.

Many of the publicly accessible editorial guidelines therefore assume that you work for a large, rich, Western media organisation: where you can get things 'legalled' by in-house lawyers, say, or refer up to a senior editor who is trained to deal with your thorny editorial problem.

They do not take into account the fact you may be working in a much smaller media house, or even working alone, without this kind of support. We've tried to avoid doing this in this handbook, but there is an international focus to some of the examples: there are several excellent science and health podcasts being made in the UK, but relatively few made in Nigeria and Kenya. Hopefully we can change this...

How to use this handbook

This handbook is aimed at journalists, communicators and campaigners who cover health in sub-Saharan Africa.

This might mean specialist health reporters, but will also include journalists who cover health as one of the many subjects they cover.

We hope that communicators and campaigners who need to understand how the media works to tell their stories will also find the handbook useful.

It is aimed at communicators working in all media and has been designed as an introduction to the topic. It is not comprehensive, and will send you to the best available resources online.

There is a resources section on page 68.

There is also an [Africa Resilience Network](#) learning area where you can take online courses in some of these topics.

It features material in English, Swahili, and Hausa.

Disinformation



Information which is created and spread deliberately in order to deceive. It has a long history, and is often associated with military deception: the term is sometimes [inaccurately] credited to Stalin. It has more recently been used to refer to online propaganda. In the context of health reporting includes fake cures and falsified data.

Misinformation



If something is untrue, but shared 'innocently' it is known as misinformation: unlike disinformation which is shared with the knowledge that it is false.

Links



[Africa Resilience Network learning resources](#)
[BBC Media Action learning resources for journalists \(iLearn\)](#)

The right to health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, healthy occupational and environmental conditions, and access to health-related education.

Source: [UN Human Rights](#)

Activity



What's the biggest killer of young African people today? It's road traffic accidents. According to WHO estimates, 1.3 million die in road traffic accidents worldwide a year, with 650 Africans killed every day.

Find out what the biggest risks to health are in your area: rural and urban areas have very different risks. You can plan an editorial calendar around some of these: for example, malaria is seasonal, so cover the issue just before it strikes.

Source: World Health Organisation

How to save lives as a health reporter

Reporters who cover health as a beat have a unique opportunity to save and improve lives. With that comes a responsibility; if you repeat false and damaging health information people can suffer. To get it right, you'll need to be a lifelong learner, because the subject is changing all the time.

As well as understanding some science, physiology, and medical terminology, you'll also need a sense of perspective. What kills us? What makes us sick? And what can journalists and communicators do about it?

CORONARY HEART DISEASE

The problem: The biggest killer both globally and in Africa, claiming 9 million lives in 2020.¹ It is sometimes referred to as *ischemic heart disease* or *coronary artery disease*. Whilst it will inevitably claim lives, many early deaths can be prevented through lifestyle choice and spotting and treating symptoms early.

What you can do about it: More of us lead urban, sedentary lifestyles; we need to encourage our audiences to get out more, eat better. Lobbying for safe spaces to walk, cycle, and exercise is also important.

Challenges: The fast-food industry is worth several billion dollars, and advertises extensively in the media! See also the tobacco industry playbook (page 21).

DIARRHOEAL DISEASE

The problem:

Diarrhoeal disease is the second leading cause of death in children under five years old, according to the World Health Organisation. The poorer parts of Africa are amongst the worst hit.

What you can do about it: Education is key: we need to encourage better hygiene practice - like handwashing. We also need to lobby for safe drinking water and sanitation.

Challenges: There's no point in telling people to wash their hands if the water supply is inadequate: this is a disease of poverty.

HIV AND AIDS

The problem: HIV is not one of the leading causes of death worldwide, but it is in Africa: 91% of the world's HIV-positive children are African.² Because deaths have not always been recorded well, nobody knows how many people have succumbed to HIV, but WHO estimated are between 27.2–47.8 million people have died. Due to better information and antiretroviral medicines, HIV-related death rates are being significantly reduced across the region.

What you can do about it: Listen to the experts, get your facts right, and share life-saving information.

Challenges: To begin with, large sections of the media did a terrible



job, stoking fear and sharing false information which led to stigma and isolation for sufferers. Media coverage has generally improved, but keeping the story on both local and global news agendas remains a challenge.

MALARIA

The problem: 96% of malaria deaths occur in the African region, according to WHO. Every two minutes, a child under 5 dies of malaria, and the consensus is that it is significantly more deadly on the continent than Covid-19. WHO recommended a vaccine in 2021, following successful trials.

What you can do about it: We need to keep on communicating the benefits of nets, and lobby for affordable drugs.

Challenges: There is a significant amount of malaria disinformation. The false rumour that mosquito nets cause bed bugs has been debunked, but the story needs to gain more traction. Vaccine hesitancy may become a challenge.

COVID-19

The problem: It is estimated that just under 6 million people have died of Covid-19 worldwide.³ As a continent with a relatively youthful population, Africa lost fewer to the disease than Europe and North America, although according to the Institute for Health Metrics and Evaluation, it was the second biggest cause of death in Africa

during the summer of 2021. It will be impossible to know an exact figure, as there was a chronic shortage of testing, particularly in many countries.

What you can do about it: Factchecking can combat the infodemic

Challenges: Data is emerging all the time, so you'll need to keep up to date. There's a lot of mistrust, disinformation, and disbelief online, as people seek to exploit the issue for political and commercial ends, or innocently share false information. Challenging such falsehoods requires editorial tact as well as accuracy.

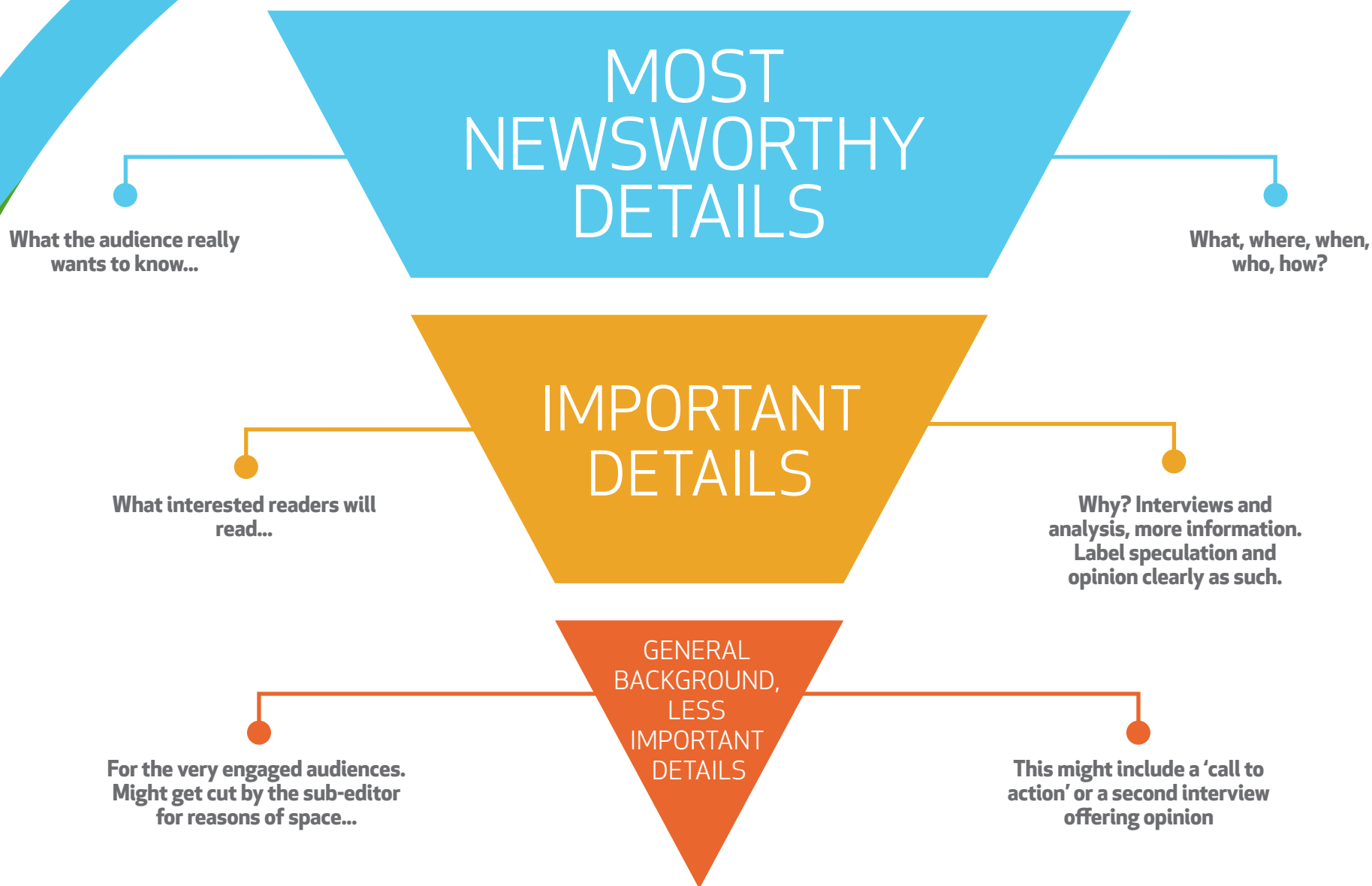
EDITOR'S NOTE

The fact is that many journalists don't come from a science background; many of us enter the profession because we excel at English and humanities subjects, rather than maths and science. If this sounds like you, make sure you learn the basics, and nurture contacts who can help you when you leave your comfort zone!

It's also important to understand the underlying and complex causes of death in a particular region. For example, road traffic accidents are the biggest killer of young Africans, so poor roads, bad driving and unsafe cars are themselves a public health issue.



Newswriting: the 'inverted pyramid'



Scenario

The Kenyan health ministry has shared the latest vaccination statistics, in a press release entitled "960,379 doses successfully given!"

How would you cover the story in first line of the news section of your website?

OPTION 1

"As of May 26, 2021, the total number of Oxford/Astrazeneca vaccinated citizens in Kenya, which includes Nyaza, Rift Valley and Nairobi states, according to figures calculated by the Ministry of Health, based on field hospital data, is 960,379"

OPTION 2

"Almost a million Kenyans vaccinations have been distributed so far, according to government statistics"

OPTION 3

"The government's response has been woeful. The number of vaccinated citizens in Kenya was only 960,379"

OPTION 4

Journalists should always ignore press releases, and get their own story



Most journalistic codes agree that accuracy, impartiality and fairness are the foundation stones of good journalism

Source: [IWPR handbook](#)

FEEDBACK:

Most journalists would spot that in a news story, you should not use judgemental language like 'woeful'. This might be right for an opinion piece, but fact and opinion should be clearly separated: in a newspaper, these are traditionally towards the middle pages and labelled 'opinion', 'guest voices', 'our view', or similar. Of course, someone else might think this is a good vaccine response, given the challenges.

As a journalist you might think that the best thing is to provide as much detail as possible to be accurate. But here, the number is likely to increase as more vaccines become available, so the figure will become instantly obsolete.

Also, even the official records will inevitably include a margin of error.

So, it is actually more accurate to tell your audience that the figure is an approximation, and you could add a line to this effect, perhaps explaining 'and the figure is increasing daily'.

In this case, it's also important to know that there is a big difference between number of vaccinated people and distributed doses: and you don't need to specify the states. This is unnecessary detail, as you've already said 'in Kenya'.

If you are going to specify the vaccination brand – which is probably unnecessary until later on in the piece – get it right. *Oxford/Astrazeneca* should read *AstraZeneca*. In general your first line should be the most important information: see the inverted pyramid diagram on this page.

Getting names wrong damages your credibility, and sends discerning audiences away from African media outlets towards international sources of news. Such typos also harm your 'searchability'.

There are several inaccurate ways of spelling Covid-19. It is not *covid19*, *COVID.19*, or *Covid 19*. The correct spellings are *Covid-19* or *COVID-19*, depending on your stylesheet. Be consistent. *Covid* is an acceptable adjective. More on stylesheets on p 68.

Finally, it can be a good instinct to ignore press releases. And if the figures are announced daily, then there's no need to lead with it. But ultimately, the number of vaccinations given by a country is of public interest, and should really be in the public domain.



A bad journalist...

IS BIASED

"Opposition MP lamented the woeful lack of vaccine distribution in Kengeria"

"Vaccine distribution is a huge success, says Kengerian president"

IS UNAWARE OF LIBEL

"Everybody knows that BigPharma Ltd has been bribing health officials"

"We hear rumours that the health minister is a thief"

PRESENTS OPINION AS NEWS

"The lockdown has been a disaster laments opposition MP"

"Western medicine is designed to kill Africans, urges minister"

A better journalist...

WILL STRIVE FOR IMPARTIALITY...

"International comparisons show Kengerian vaccination levels amongst the lowest in the world. We look at why..."

...is editorially independent, holds politicians, business, and NGOs accountable.

Editor's note: speaking to all sides in a story is best practice, even if you have an opinion on the performance, let the facts point to it rather than your biased language.

UNDERSTANDS ACCURACY AND THE NEED TO SEPARATE FACTS FROM OPINION AND HEARSAY...

"It is our opinion that the health minister is not doing a good job"

"We have evidence that the health minister stole from the budget"

...understands you need to be provably accurate.

Editor's note: You need evidence that will stand up in court. This will often mean something physical as opposed to a comment: receipts and other documentation, emails, and photographs are seen as better evidence than statements. Repeating rumours is dangerous: but opinions are generally okay, so long as signposted.

WILL PROMOTE BALANCED OPINION

"how have you been affected by the lockdown? Share your thoughts"

...will understand that you need to speak to a range of people.

Editor's note: You should reach out to all sections of the community, to get their views. Opinions and comment should be labelled clearly as such, and you should be careful not to share libelous comment, or amplify falsehoods.

IS DERIVATIVE

"Find out about the latest cure taking America by storm"

"And here are the share prices..."

(at the end of a rural news bulletin)

WILL THINK ABOUT WHAT IS LOCAL AND RELEVANT

"And now for the weather report..."

(because farmers and rural audiences are more likely to be interested in this, because fewer people have shares)

...will understand audiences, and what they want.

Editor's note: Just because something is covered by international media, it doesn't mean it's relevant to your community and audience. Find out what your audiences cares about.

BEHAVES LIKE AN INFLUENCER

"I want to increase my profile in order to boost my brand and get exposure"

"I'll get plenty of 'likes' if I cover this topic"

REALISES THAT THEIR JOB IS TO SERVE A COMMUNITY

"I want to ask questions on behalf of my audience"

...a better public service journalist realises that their job is to serve a community.

Editor's note: Of course it is important to make sure that people are interested in your work. But your long term reputation should be based on integrity, not chasing popularity,

REPRODUCES PRESS RELEASES

"Wonder drug shows miraculous results"

is guilty of 'churnalism'

IS EDITORIALY INDEPENDENT AND AUDIENCE FOCUSED

"New drug released: we brought in experts to review the data"

...even if the organisation sending you a press release has good intentions, you should put your audience first.

Editor's note: If a story isn't right for your audience, you should not cover it.

Churnalism



'Churnalism' is closely related to plagiarism and fake news, and involves desk-based journalists who are too busy (or lazy) to do their own newsgathering. They copy and paste or rewrite internet-based research, other people's original journalism, or material from a press release. This has always gone on in journalism, but as newsroom budgets are squeezed, the phenomenon appears to be on the increase.

Source: BBC Media Action Zambia radio handbook

What makes a 'good' health story?

Summary



- News values: likely to include change, impact, proximity, bizarreness, celebrity
- A hook or a news peg
- Rejecting the first idea
- Knowing your beat
- Interrogating the idea

It will be **accurate**, and likely to contain **new information** and **original research** or **interviews**. It will be written in plain language, and of interest to your audience: maybe even something they'd want to share.

It might feature **unusual storytelling to explain complex** topics.

It won't blame or judge people for failing to understand the complicated science behind a disease.

It will be **balanced, but avoid 'false balance'**. It will not amplify fake medical news or research of dubious quality, and will not be based on small scale research. Commercial interests will be clearly pointed out and discredited rumours will be clearly labelled as such.

It is unlikely to be yet another think piece bemoaning the performance of the government. **It will take into account audiences**, and how they consume media behaviour: so no 10, 000 word essays for people who are using mobile devices to read your piece.

Finding ideas:

What kind of story makes the front page? Leads a news bulletin? Gets viewed and shared millions of times?

Knowing what audiences care about and remember is at the heart of

journalism; but it can be quite hard to define what makes a 'good' health news story.

It's important to think about news values, and whilst not everyone agrees on what they these are, **change, impact, proximity** are often mentioned, sometimes with the addition of **bizarreness** and **celebrity**.

It's obvious there should be change – news must be 'new'. And impact, often linked with proximity: more people care about a local clinic closure, than one hundreds of miles away.

Conflict tends to be at the heart of a news story, and sadly where there is a high death toll, people take notice.

All this bad news can become stressful. People want a break from all this relentless bad news, and take comfort in less serious news items: so we have celebrity, sport, or plain weird stories making the news, usually after the main bulletin.

Every media house will have its own news values. So an urban hip hop station in Lagos with a youth audience will feature different topics to a community radio up country, with an older demographic.

Although when a big story breaks, there is usually agreement across a range of media: editors who might

struggle to define what news is, tend to agree when they've seen a big story.

Obviously Covid-19 has dominated the world's media since 2020. But many have had enough of the story. So you'll have to work hard to keep audiences interested in this topic.

It's all about your audience, and you should be in touch with them to find out what their concerns are; successful media houses always have their finger on the audience's pulse. Get them to call, text, tweet their concerns.

EDITOR'S NOTE

Good health reporting and communication will acknowledge doubt. People may be sceptical of new cures, or have heard bad things from people they trust about a particular treatment or vaccine. Some people don't respond well to facts and figures, for example, but will to first person accounts of survivors and sufferers. So you will need a range of storytelling techniques to be an effective health communicator.

Sources



The best journalists get their stories from a wide range of sources. It's often important to feature authoritative, 'expert' sources when reporting a Covid-19 issue. So it can be useful to be on the mailing lists of health NGOs and ministries, UN bodies, unions, science journals, medical associations, campaigners who specialise in this field, as well as connecting with people via Twitter...

But it's also vital to speak to the regular people you should be representing; so speak to 'ordinary' health workers, patients, families, and so on.

BEHAVIOUR CHANGE THEORY

Knowledge

I'M AWARE OF THIS ISSUE

"I've heard that facemasks can prevent me spreading respiratory diseases"

Approval

I UNDERSTAND THIS CHANGE IS GOOD, BUT I'M NOT READY TO MAKE IT

"I was pleased to see people wearing masks. But I still feel odd about them"

Intention

I ACTIVELY WANT TO MAKE THE CHANGE; IT WILL HAPPEN AT SOME POINT

"I've bought the mask, and tried it on"

Practice

I'VE DONE IT!

"I went to the market with my mask on today. Whoop!"

Advocacy

I'VE DONE IT AND I WANT TO TELL OTHER PEOPLE ALL ABOUT IT

"I've told people on WhatsApp, they need to mask up, brothers and sisters"

Behaviour change communications



"the strategic use of communication to promote positive health outcomes, based on proven theories and models of behaviour change," according to one definition. Note that modify our behaviour in response to media messages, at different rates.

Source: MeasureEvaluation.org

EDITOR'S NOTE:

There are various models of change within behaviour change theory, and this one is based on a 1970s study of smokers. Google 'behaviour change theories' for more.



Scenario exercise



Which do you think is the most true?

OPTION 1

“Editorial team meetings should be quiet places where you explain your idea to the editor and she says yes or no to your story.”

OPTION 2

“Editorial team meetings should be noisy places where reporters justify their editorial choices.”

OPTION 3

“All meetings are a waste of time.”

FEEDBACK:

It is certainly true that many meetings are a waste of time and are best avoided; but editorial meetings are vital to any successful media house. Hosting them is an important skill for any editor.

The format will vary on things like the media you work in and the size of your team: newspapers have different schedules to a radio station. But often the day (or the shift) will start with a creative team meeting where ideas are discussed. Later in the day, production meetings refine and update emerging stories, as reporters start to file.

The best editors take newsroom management seriously, and will lead team meetings, taking firm responsibility for decisions. Some editors are famously withering to bad ideas, believing that their news teams should be pitching only the best stories.

But the best editors will also listen to the views of others, and create an atmosphere where people aren't scared to put ideas out there, and get people to collaborate and chip in with their expertise.

So a football correspondent might complain that it's a slow news day with few matches on; and the women's editor might say that UNESCO are launching a girls physical fitness drive with a focus on mental well-being and social interaction. Maybe that could be covered?

And your community reporter might chip in with their knowledge that a sports team based in Kibera slum has just built a library, and is launching after schools clubs for girls. Taken together, a story is emerging.

Creative team meetings certainly need to be controlled, and bad ideas need

to be weeded out before any reporter resources are spent on them: they should be short, so as not to eat into time spent on reporting.

But 'yes/no' meetings do not allow for interrogation of ideas, follow-up, and for people to share their resources and expertise, and so are best avoided.

If you don't work with newsroom colleagues you should still try and get opinions on which stories to cover: ask your audience, and run your ideas past colleagues to refine them.

Both the stories you cover, and the way that you tell them, are creative decisions, and will usually benefit from some kind of collaboration.

Top lines

'What's the top line?'

This is a variation of the question you will hear in editorial meetings around the world. **An experienced editor knows that for a story to work, it can be explained in a simple sentence or two: a short description of the issue: what, when, who, how.**

Even if you work as a lone freelance, getting used to being able summarise a story idea in a compelling but brief way is an important skill. A variant of the top line is likely to be the first paragraph your audience will read, see, or hear, and will decide whether they are drawn into the story or not.

For a news story to work, it's usually best to include an action verb in the top

line, as opposed to somebody saying something. A politician's statement, an NGO report, an opposition minister criticising a policy are usually weak top lines: audiences soon get tired of opinion presented as news.

Words like 'lamented' and 'applauded' can be replaced with 'said'.

In general, **be very careful about reporting comments by politicians as news.** Stories in which somebody laments, urges, commends, cautions against, warns, or calls upon should be avoided: use 'said' instead

Questions for an editorial team meeting

- What's the top line?
- What's the source?
- Is it new?
- Are you adding something to an existing story?
- Do audiences care?
- Who will you speak to?
- What will you add?
- What footage/pictures can we get (for visual media)?
- Is it right for this specific audience?



Scenario exercise



You have covered a story about how a big international pharmaceutical company has been paying social media influencers to amplify criticism of a rival vaccination supplier.

The problem is that you can't get a comment from a senior person at the firm. You are worried that you'll get sued because you aren't sure about all the information

What would you do?

OPTION 1

Spike the story if you can't get a comment.

OPTION 2

Spike the story if you aren't sure everything is accurate.

OPTION 3

Publish and be damned. You don't need their statement.

FEEDBACK:

Fairness is an important news value. You should normally give the people you report on the right to reply. They have the right to a reputation and to give their side.

However, sometimes senior figures refuse to speak to the media in the knowledge that reporters are less likely to cover a story without a quote. Remember: it is ethical to give right to reply, but not to kill a story because you can't get a comment from an official.

The big challenge here is that if you aren't sure the story is accurate, you shouldn't publish. So you should try and seek evidence to make sure the story is true. More on libel on page 23, but you should get more proof before going live with a story. Even if you don't get sued, it's unethical to be inaccurate.

Frustratingly, sometimes you need to spike a story you feel is very likely to be true, because you simply can't make it 'stand up'. If you don't have an audit trail of evidence to prove the story is true, there is a risk you can be sued for libel. The burden is on you to prove you are right.

Note that big pharmaceutical international companies tend to have legal teams who aren't afraid of litigations. Libel damages can run into millions of dollars and have put many news outlets out of business. The best defence against libel is to be provably accurate.

Also, some media houses will publish stories they know to be untrue, and

take a risk on libel. This is considered unethical.

EDITOR'S NOTE

It is important for journalists to be approachable. The best stories, and certainly the exclusives, will come about as a result of people getting in touch with you because you are seen to be a trustworthy journalist who covers stories well. This means that, as well as online investigative skills, you need to get out there and talk to people.



Whistleblower



Someone who speaks out from within an organisation, often with sensitive information that makes that organisation look bad. They can be good sources of news, but you will need to work with them carefully. Sources should always be protected.

Tobacco industry playbook



A set of techniques used by PR teams to discredit the link between smoking and lung cancer. The idea was not to refute scientific studies, but to confuse and disorientate consumers. 'Big Tobacco' funded several scientific studies in other areas, ensuring that for decades after the link was discovered, there were no successful legal actions against tobacco companies.

p-value



When looking at research, you need to check the probability of a set of results happening by chance. So the smaller the p-value, the better. In clinical research less than 5% chance of the results being completely accidental looks like this < 0.05 and some journals insist on a $p < 0.01$. More probability on page 39.

Medicalese



Informal term for complex jargon used in the medical professions. Very often used disparagingly: possibly because so many peddlers of fake cures will try and 'blind people with science' and use a kind of phoney medicalise in their communication. They know some journalists will amplify, rather than question...

Media law in Africa

Copyright (©)



Laws which protect creators from people stealing their intellectual property, which includes words and pictures. Google 'copyright fair use' to find out more about what is acceptable. You can't legally grab most online images without paying the copyright owner, although this doesn't always stop people.

Everybody has the right to freedom of expression. This was recognised in the Universal Declaration of Human Rights, proclaimed in 1948; all 192 UN member states have adopted the Declaration.

As with all rights, there is a responsibility. As a journalist, yours is to make sure that you get your facts right: because everyone has the right to a reputation, and to legal compensation if this reputation has been damaged unfairly by a false story.

So if you wrote that the health minister is a thief, and you can't prove this is true to the satisfaction of a judge, that's libellous. It damages her reputation.

If you say that you don't like the health minister, this is 'fair comment'. You are expressing an honestly-held opinion.

So being provably accurate, and separating fact from opinion should help you avoid being sued for libel. Where possible, you should always seek legal advice if you aren't sure: a senior editor might be able to advise.

As well as libel, journalists need to be aware of certain national and international media law. Some laws exist to prevent people inciting hatred or violence and to prevent the publication of offensive material. Others exist to try and prevent the theft of copyright material, or protect national security. Some laws have been

To 'spike' a story



To reject a story for editorial reasons: best done at the earliest stage possible - like an editorial meeting - before you allocate resources to it. For health and safety reasons, actual spikes and paper are no longer a feature of most newsrooms.

used cynically by corporations and governments in an attempt to silence reporters.

Whilst many anglophone African countries have a legal system based on those developed during colonial times, media law varies by country. You will need to learn the relevant penal codes for your region, and keep up-to-date with how these laws are being used.

EDITOR'S NOTE:

Nothing in this handbook constitutes legal advice: you will need to learn the relevant media law in such areas as libel, copyright, and fair comment, you should seek informed advice as part of your work as a journalist and communicator covering business and human rights.

Everyone has the right to freedom of opinion and expression; the right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media regardless of frontiers.

Source: Article 19, Universal Declaration of Human Rights



Media law



As well as libel, journalists need to be aware of certain national and international laws. Some laws exist to prevent people inciting hatred or violence and to prevent the publication of offensive material. Others to prevent the theft of copyright material, or to protect national security. Many are used cynically in an attempt to silence reporters.

Libel tourism



The practice of launching legal actions across international borders on the grounds that what originates on Lagos or Mombasa can be viewed anywhere in the world as items are 'published' via the Internet. Usually there is a London connection, as pay-outs are notoriously high in the UK, so this is a particular concern for English language media houses.

Hate speech



Whilst there is no specific definition of hate speech in international law, the Oxford English Dictionary describes it as 'abusive or threatening speech or writing that expresses prejudice against a particular group, especially on the basis of race, religion, or sexual orientation'. Laws to combat hate speech exist in most countries.

Libel (defamation)



A defamatory comment 'lowers the reputation of the affected person in the eyes of the right-thinking members of society'. In the past, defamation was divided into 'spoken' (slander) and 'published' (libel). In modern times slander has tended to be replaced, as the definition of a published defamation is so wide: a tweet, broadcast, or web article is considered to be published material.

Decency and obscenity laws



These laws are designed to protect public 'public morals', although this can be hard to define particularly as many of these laws date from colonial times, and standards have moved on. They can be used to censor, or victimise certain groups: sometimes those providing information on safe sex have fallen foul of these laws, for example.

To make (a possible story) 'stand up'



To prove that a story is absolutely true. Good editors will ask for proof of a story, usually in some written format. Whilst many still talk about a 'paper trail' this includes emails and digital records, as well as receipts, official documents, and legal papers. On-the-record testimonies are considered useful (but potentially not as reliable) evidence.

'OSINT' tools for journalists

Scenario exercise

You receive an image anonymously. It features an image of several dead bodies in a Lagos street, who have been killed by a new variety of Covid called the Zeta strain, according to the text. To find out whether it is fake or not, what should you do first?

OPTION 1

You should devote all your energy on finding out who sent it. Are they a trusted source?

OPTION 2

You should start with a detailed reverse image search: use TinEye or Google to find out where and when the photograph was taken.

OPTION 3

Tap some of the text into a factchecking site.

FEEDBACK:

Finding out who sent the image is a good instinct. Where are they based? When was it taken? On what device? OSINT tools can, in many cases, answer these questions.

But it can be time consuming to trace a source who wishes to remain anonymous, and it is possible for people to cover their tracks. So this wouldn't necessarily be the first thing you'd do.

A reverse image search is a bit quicker, and there are various types of free software out there to help you do this. Learning how to use Google Images is something you can teach yourself online.

But it can still be fairly time consuming, particularly on the kind of poor web connections you sometimes get in Port Harcourt or Nairobi. You need to upload the image, then filter through all the places it has appeared.

So whilst these are both useful techniques, when you think you have a story, the first step would be type in a few key words of the accompanying text and the word 'factcheck'.

Most of the time, you'll find that a reputable factchecker, like Associated Press, Snopes, or Africacheck.org will have investigated the story in detail already. If they haven't, then your own investigation can begin!

OSINT (AKA open source investigation techniques)

Skills needed: analytical skills, specialist software, investigative techniques, focus

Further resources: The Columbia University School of Journalism and Centre for Investigative Journalism both have good comprehensive guides to the topic. Also, Google 'Bellingcat'...

Digital footprint

Sometimes known as a 'digital shadow', this is the traceable evidence of a person's Internet activity and important for OSINT investigations. Often divided into the active (things like Facebook posts and likes which the user opts into) and the passive footprint (which a user may not be aware of, such as a search history).

Tweetdeck

This is a social media dashboard application which can help journalists carry out advanced and targeted Twitter searches and manage multiple accounts.

Q What is OSINT?

A It's the use of publicly available information to investigate an issue. For reporters it involves using online tools to verify parts of a story; although the term has its roots in military intelligence.

Q Why is OSINT important? What's wrong with interviewing people the old-fashioned way?

A OSINT techniques are complimentary to traditional journalistic activities and interviews are still at the heart of journalism, but what happens when people don't want to talk to you? When institutions are trying to hide something? Or when you are trying to find the source of a fake rumour? OSINT journalism involves digging deeper. It has its roots in traditional investigative journalism, but involves applying verification thinking to digital technologies. And it's changed journalism; some of the biggest scoops of recent years have involved OSINT.

Q What are some basic tools?

A Some things are really simple, like using an alternative search engine. If you use search engines like Bing and Yandex instead of just Google, and learn some advanced search techniques you can improve your online investigations. Learning to analyse Twitter data is important, and being able to look at videos and images to find out where they came from is useful. Beyond that, it depends how deep you want to go. There are more than a dozen geolocation tools, but most journalists will only ever use a handful.

Q How technical do you need to be?

A It depends on how deep you want to go: but the most commonly-used tools require downloading some fairly basic new software. Many tools are free and very easy to use, and there are YouTube tutorials for a lot of these.

Sometimes it means using very common tools, like Google, with a different mindset and learning some advanced settings. Many of the 'Osint pioneers' were non-journalists using their home computers.

Q Is it ethical?

A Open source investigations involve accessing information which is already in the public domain, not hacking into systems. Although you do need to have an ethical mindset: grabbing someone's photos from Facebook and putting them on the front page of your newspaper, for example, might be considered unethical. You'll need to stay safe too: watch out for your own 'digital footprint', and remember that journalists are often themselves targets, particularly on social media. For more on staying safe as a journalist, go to page 67.

Q How do I learn more?

A The Africa Resilience Network website has some useful tools; the [Nieman Lab](#) and the [Global Investigative Journalism Network](#) also have good online resources. Many of the best OSINT journalists are self-taught, using tools which are available on the Internet.

You really have to have a play with some specific tools to find out how they work and what they can do. The best way to understand Tweetdeck, for example, is to download it and use it, perhaps working your way through a couple of tutorial videos or articles.

Geolocation



Software and techniques used to find the location of a person or a thing. Journalists can locate a person by an IP address on a computer or mobile they are using. Geolocation has been used by reporters to find buildings, 'hidden' coronavirus graves and the sources of missile launchers.

IP address



This is a unique identifier which is used by devices that connect to the internet. IP is short for Internet Protocol, the set of rules which define how data is sent from one 'computer' (whether iPhone, laptop, smartwatch) to another, and an IP address looks something like this: 109.181.203.169.



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First, you need a 'killer intro'

News intro



By convention, news introductions cover the basics: who, what, when, where... the diagram on page 12 shows the inverted pyramid model. Less important material and background comes later.

Feature intro



These can be more creative. One 'classic' technique is the buried intro: the best quote from an interview is the lead, or a provocative question is the 'hook' sentence to draw readers in.

Standfirst



A brief introductory summary of an article in a newspaper or on a website, typically appearing immediately after the headline and typographically distinct from the rest of the article.

Source: Oxford English Dictionary

Whatever medium you work in, writing is a key skill for journalists. Perhaps just as important is deleting. Ask any sub-editor: it can be amazing just how many unnecessary words can creep into your copy.

In other words, the judicious writer will most certainly watch out for unnecessary flourishes, because readability-wise you are adding a cognitive burden which impairs understanding and in any case the average reader may skim read, and you make their job more difficult, by adding long sentences, with multiple

clauses separated by commas, so **make the reader's job easier** by deleting superfluous words and naturally avoid adverbs which obviously don't literally add anything, instead it is advised to **use short, active sentences instead.**

It is vital for health reporters to use plain, accurate language that connects with your audience. Remember that medical professionals understand each other because they have received advanced training, and speak the same 'industry language' - but it may confuse average person in the market square.

Have a look at this example, which was an early draft of a piece for a newspaper.

It's an introduction paragraph. Your first 'par' is the most important sentence you will write. If there is a problem with this paragraph people won't read on.

So you need a strong intro. You want to draw people into the story, or summarise it; if people are confused, they are unlikely to read on.

FEEDBACK:

This is clearly too complex for a general audience. It was based on a press release aimed at doctors announcing new research findings. A health reporter with a general audience should rewrite and simplify.

Incidentally, PLOS ONE stands for the Public Library of Science. It's well-respected and seen as a good source. But by having so much which is hard for the average reader to understand so early in the story is a guarantee that you will lose much of your audience.

You can add more detail later in your story; explain that PLOS ONE is peer-reviewed open access scientific journal later in the piece.

"Research published in the journal PLOS ONE suggests that SARS-CoV-2 RNA can be detected in people one to three days before their symptom onset, with the highest viral loads, as measured by RT-PCR, observed around the day of symptom onset, followed by a gradual decline over time. And it says that one person who has contracted SARS-CoV-2 is able to transmit the virus to 2.87 people on average, who are able to reproduce the virus at that rate."

Dramatic buried intro



It was another stormy night in Kampala, and the writer's long, dark hair blew in the wind. She was thinking, how could she explain? That a buried intro is a way of starting a certain type of feature? Where you don't go straight in with the top line, but slowly tease out details to get the audience interested, in a way that wouldn't work well for a news bulletin, but does for certain kinds of features? (That was a buried intro, exaggerated for illustration purposes)

Creative copywriting



Writing words (AKA copy) on behalf of a client in such a way as to inspire, inform, entertain, change behaviour: lifestyle and features journalists will need these skills, as well as communicators and campaigners.

Typo



Short for typographical error, typos are misprints that you often fail to spot in your own writing but stand out a mile in other people's. Avoid, by getting someone to edit your work before you publish or 'go live'.

EDITOR'S NOTE:

Sometimes people say that you should explain abbreviations (like *UN*, *USA*, *BBC*), at first use. But this isn't always good enough.

Even if you replaced *SARS-CoV-2 RNA* with 'severe acute respiratory syndrome coronavirus 2 ribonucleic acid', it doesn't make the story easier for most people to follow.

A better writer will try and reduce abbreviations, or explain them using words. In this case, you can explain in a sentence 'the virus that causes the coronavirus disease.' The full scientific term is not normally helpful for general audiences.

'Bury the lede'



To 'bury the lede' (or lead) means to accidentally put the essential or most interesting information in a news story later in the piece. To put secondary details first is generally bad practice. The unusual spelling is said to originate from the time when printers used lead (the metal). Not that a deliberate buried intro in a feature article can be a good technique.

"Clarity of writing usually follows clarity of thought. So think what you want to say, then say it as simply as possible... Use the language of everyday speech, not that of spokesmen, lawyers or bureaucrats"

Source: *the Economist style guide*

- 1. Never use a metaphor, simile, or other figure of speech which you are used to seeing in print.**
- 2. Never use a long word where a short one will do.**
- 3. If it is possible to cut a word out, always cut it out.**
- 4. Never use the passive where you can use the active.**
- 5. Never use a foreign phrase, a scientific word, or a jargon word if you can think of an everyday English equivalent.**
- 6. Break any of these rules sooner than say anything outright barbarous.**

Source: George Orwell, *'Politics and the English Language'*

Scenario



This is an extract from an press release on molokhia leaves as a cure or prevention for Covid-19. What should you do?

“Covid-19 miracle food?”

Dr Bangheva and his research team at the Institute of Food Studies have revealed that a 100 g of molokhia leaves contained Carotene 10,000 µg, Calcium 500mg, Potassium 650mg, Iron 3.8mg, Vitamin B1 0.24mg, and Vitamin B2 0.76mg. The food scientists also confirmed that molokhia leaves as a nutritional component that includes fibre, potassium, iron, calcium. It’s being touted as a possible prevention for Covid-19”

OPTION 1

Get an interview with Dr. Bangheva, but make sure that you speak to another health professional for balance.

OPTION 2

Factcheck the numbers, then rewrite to make it clearer. The public has a right to know about possible Covid-19 prevention.

OPTION 3

Rewrite it to make it clearer. Include it in a round-up of fake cures.

FEEDBACK:

In this case, this is a factually accurate description. The numbers do add up, and describe the minerals in a particular plant. It’s a version of something that was doing the rounds on social media in Nigeria during the Covid-19 pandemic.

But more importantly, so what? Is this relevant to Covid-19? What does it all mean? Your job is to provide context. Maybe get a medical professional to help. Or do some factchecking online.

The first and most important point that you should make very clear to your audience is that – whilst having a healthy immune system and balanced diet is clearly a good thing - no food prevents Covid-19. Like many false

Covid-19 stories, it contains just enough scientific language to sound convincing, and confusing, to a non-scientific audience. Several so-called ‘wonder foods’ and immune boosting concoctions have falsely been linked to a whole range of diseases, often with the false claim that ‘Western’ medicine has not studied these ‘overlooked’ cures.

Note that ‘µg’ is another way of saying a microgram, or a millionth of a gram. It’s a specialist measurement that most people would not be able to visualise: and even 7,000 micrograms is a tiny weight. The ‘average’ person needs around 4,000 mg potassium daily. So you would need to eat almost 1000g of molokhia to get your daily amount!

In fact, if you have a healthy, balanced diet already, you get enough potassium anyway.

(And some people have too much: hyperkalemia can lead to death, which is why doctors don’t recommend you take on a high potassium diet unless instructed to do so by your doctor).

Like the other nutrients of molokhia, you get traces in most vegetables, so the idea that this is a miracle food is totally false.

EDITOR’S NOTE

Avoid allegedly*. It is lazy journalism to say something you aren’t sure of, then add ‘allegedly’ to it. Some people falsely believe this may offer protection against libel. This is not true, and it can sound as if you are knowingly passing on rumours.

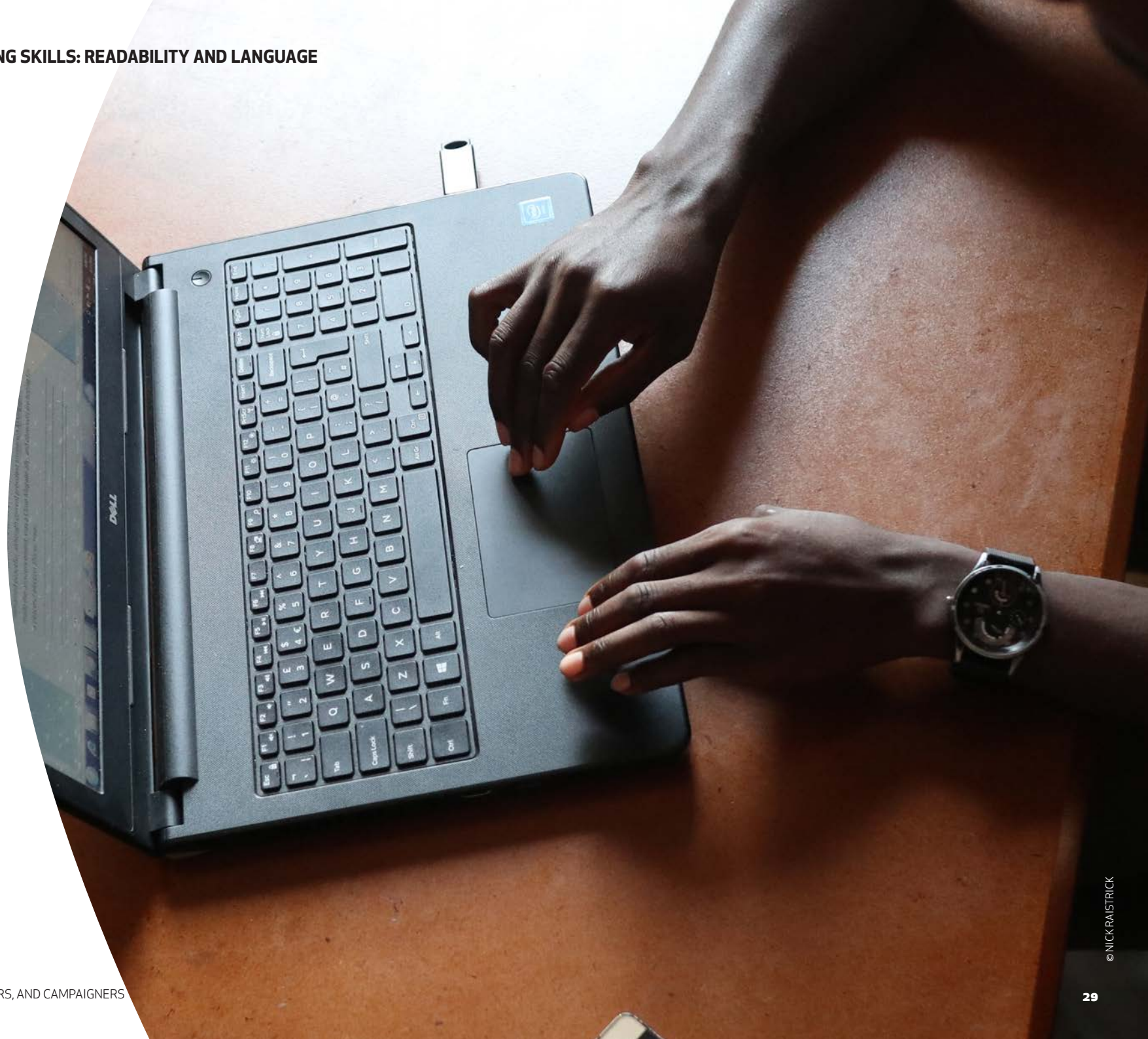
*unless you are reporting a court case, in which case privilege applies: you can repeat the allegations but you also must state that the charges have been denied.

The (almost) science of readability



The best way to improve your writing is to be edited well, by a constructive colleague who understands that short, active sentences are easiest to understand. If this option is unavailable to you, digital tools like Readable and Grammarly that can help you. Most African journalists should ensure their spellcheck in Word is set to British English, as opposed to American English.

There are also tools that run your copy through 'readability' tests, of which the most famous is probably the Flesch-Kincaid test. Whilst useful, these are usually pretty basic.¹



Choosing the right words for your audience is vital

Scenario

You are interviewing a professor in epidemiology in order to provide context for your Covid misinformation story. He is the top expert in his field, and is talking in detail, and at length, about the difference between K numbers and R numbers. He sounds impressive, but you don't understand much.



OPTION 1

This sound like a great subject, ask lots of detailed follow up questions.

OPTION 2

This will probably be confusing to my audience. Stop him.

OPTION 3

To get the most out of this kind of interview, do lots of detailed research beforehand, and use this kind of language in your questions.

FEEDBACK:

If you are making a specialist podcast for public health professionals this might be okay. But for a general audience, you should get the professor to explain what he means, and in language your audience understands.

If you are confused, it's likely your audience will be. Be confident enough to ask for clarity.

Ultimately, be guided by your audience in whether this is suitable language. As with all interviews, briefing your guest helps. Certainly do your research into the topic, but explain to your interviewee that they should explain technical terms.

Let your guest know that you might jump in with follow-up questions

or clarifications. Some experts aren't 'great talkers', and are good for background rather than live interviews. Great science communicators are a useful addition to any journalist's contacts book, so nurture them as useful sources.

The language of health and medicine in general can be confusing to audiences, and daunting for those reporting on it. It is rooted in the 'industry language' of doctors, epidemiologists, virologists, and public health decision makers, and as such reflects the need for precise, detailed language. Terminology based on Latin is often used. But certain phrases have very specific meanings which you may need to explain or reword for general audiences.
 "((4-hydroxybutyl)azanediyl)

bis(hexane-6,1-diyl)bis(2-hexyldecanoate) (ALC-0315)", for example, reads like a toddler got hold of the keyboard. You cannot expect a general audience to know what it is.

Even if I tell you it's a 'lipid nanoparticle coating', you might remain in the dark; in fact it's an ingredient in the Pfizer vaccine. In other words. "...long, fatty molecules, similar to cell membranes, which form nanometre-sized blobs, and are hence known as 'lipid nanoparticles'."

For most audiences, explaining that is 'part of the oily coating that gets the active ingredient of a vaccine into cells' is probably enough information.

Style guide



Different media houses develop their own 'house style' to suit their audiences, and these are described in editorial style guides, sometimes called 'manuals of style'. Some issues are technical - like do you capitalise 'Prime Minister', or not?

They add clarity and consistency and a good style guide can be an entertaining and useful resource. The Economist and Guardian style guides* are famous in print circles, whilst the BBC's Editorial Guidelines are detailed and useful for broadcasters.

Source: *UNDP BHR handbook*

*There's also the Chicago Manual of Style, AP, the New York Times Style Guide... But not all are freely available online, neither are African editorial style guides. See page 68 for more.

"I am firm. You are obstinate. He is a pig-headed fool."

Source: Katharine Whitehorn

Watch out for loaded language!

Avoid ‘NGO speak’

This is a version of English laced with jargon and academic phrases, that nobody actually speaks. But it has crept into some African media houses, via UN bodies and non government organisations.

Do not say: “we need to carry out some capacity building with stakeholders on awareness raising with target populations in order to leverage support for maternal pediatrics infrastructure”

Say: “We need to tell people about the new mother and baby clinic”

Avoid euphemistic language

Which attempts to shy away from the issue being covered through ‘delicate’ use of language. To do so means you are failing to be accurate. Useful information around ‘taboo’ topics like testicular cancer, infertility, or sexual violence can only be shared with audiences when they are clearly mentioned. More on reporting GBV and sensitive language on page 36.

Do not say: “he was accused of having his way with her”

Say: “he was accused of rape”

Be ‘audience appropriate’

...but always respectful. If you are talking about sexual and reproductive health for a Lagos hip hop FM station, the language is going to be different for a Catholic rural radio station where a wider demographic might not be expecting discussions. Clearly you need to be respectful in your language, and think about your target audience:

children might be listening,

Do say: It depends on your audience!

Avoid sensationalism

Don’t exaggerate, or jump to conclusions. Show caution, particularly around breakthroughs which are relatively rare. Audiences lose trust in health journalism over time, if we every new study is described as a ‘ground-breaking wonder cure’

Do not say: “Cancer cure discovered”

Say: “Early data promising in new cancer drugs trials”

Avoid overly technical language, as per the page overleaf

Unless you are writing for a specialist publication aimed at doctors, you should avoid ‘medicalese’, complex medical language that only those in the profession understand.

Do not say: “she suffered following an incident featuring the female anopheles: plasmodium, a genus of unicellular eukaryotes was involved”

Say: “she caught malaria”

Avoid stigmatising language

Keep up to date with preferred language, particularly for outsider and marginalised groups. It is easy to stoke up fear, mistrust, or hatred against against groups as varied as sex workers, street children, or homosexuals, for example through poor language choice.

Say: Find out how people prefer to be referred to when you speak to them.

Be particularly careful with mental health

This is a complex issue, but sometimes simplistic reporting reinforces the myth that all people with mental illness are violent or a risk to the general public. In fact, people with mental illness are more likely to be victims of crime than perpetrators. Also, if you are called upon to report issues like suicide, cyberbullying, and self-harm, make sure you understand these issues well. In some cases there have been avoidable ‘copycat’ incidents.

Do not say: “he is mentally unstable”

Say: “he suffers from schizophrenia”

Make sure contributors, guests and callers understand the rules

Be prepared to challenge, rather than amplify, language which is not clear, or discriminates. If you host a live programme, you need to be confident enough to politely correct people, or ask them to simplify, where appropriate.

EDITOR’S NOTE

Only you and your editor can make specific language decisions, so these are suggestions. Think of your audience when making these decisions. One obvious editorial decision is which language or dialect to use.

If you are working in a language spoken by relatively few people, you’ll find there’s less editorial guidance available, so you’ll find yourself making more style decisions independently.

But the basic principles apply whether you file in Igbo, Hausa, Pidgin, Swahili, Turkana or another language: make your meaning clear, don’t stigmatise people.

The ICD code is a good startpoint. Short for ‘International Statistical Classification of Diseases and Related Health Problems’, it is an ‘official’ list of diseases and is available at the [WHO website](#).



Fairness and straight dealing

Scenario

A high-profile pastor and TV evangelist who has been preaching against lockdown and vaccination, and who has previously claimed that Covid-19 was made up by the Western media, has tested positive for the virus. He is now in hospital. This is clearly in the public interest, so as an investigative reporter, how do you find out more?



OPTION 1

Go through the official channels.

OPTION 2

Pretend to be a relative to get past reception.

OPTION 3

Interview a doctor in the car park of the hospital.

FEEDBACK:

To be fair to the people you interview means being fair both in how you gather the information and in how you present it. Interviewees have the right to know what an article or programme will be about: what kind of contribution they are expected to make; whether a broadcast interview will be live or recorded, and how it might be edited. Subjects have a right to know if they are being filmed, and if so, how that film will be used. Investigative inquiries might require some variation of this, but fairness to the parties and the story remains the guideline.

As an ethical reporter, you should realise that the right to privacy is like any other human right: it is 'inalienable,'

meaning it cannot be taken away. And Article 12 of the Universal Declaration of Human Rights is clear: 'Everyone has the right to the protection of the law against such interference or attacks.'

Trying to get an interview with a doctor would be unprofessional. Doctors are not at liberty to share private medical information. She may feel threatened. It would be totally unprofessional. Pretending to be a relative would also deny the pastor his right to privacy.

So whilst it is frustrating, you should go through official channels. The actual information might be limited, but you could use this story as a 'news peg' for a more creative treatment of the story.

You could get vox pops from his congregation, or get a statement about vaccine hesitancy from a health official. It could be the focal point of a radio phone-in programme where the actual risks associated with vaccines are discussed, or the chance for you to speak with people who have suffered from the disease or lost loved ones... there are so many different ways to cover this issue without breaching ethical guidelines.



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Fairness and straight dealing

A well-informed public is the cornerstone of all civil societies. Hard-hitting but fair journalism about issues that matter to the public helps create pressure for change and improvement.

Source: *BBC Editorial Guidelines*

How can you be an ethical health reporter? Some things are easier to define than others. **Impartiality** means speaking to all sides, whilst avoiding false balance. **Accuracy** means thorough factchecking.

Across the world, codes of conduct agree on what journalists should avoid: libel, plagiarism (passing off others' material as one's own), accepting bribes, and fabrication are all wrong.

But what does it mean to be fair? To our audiences, contributors and sources, as well as to those we seek to represent? How can we make sure that we act with honesty, transparency and common sense in newsgathering and storytelling?

Journalists' codes of ethics generally emphasise the protection of sources, and people have gone to prison rather than give up the details of people who provide them with stories.

Editorial independence is something to strive for. Whilst it is hard to define, in practical terms this means not accepting payment for stories, unless you disclose this: paid for features and sponsored radio programmes, for example, should be clearly labelled as such.

Many people say they want to become journalists to serve society. Exposing injustice, holding politicians

Audit trail



Documents and records such as receipts, invoices, and emails which show proof that an activity has taken place. Useful for defending a libel action because, unlike witnesses, documents cannot change their mind about giving evidence. Note that someone's digital footprint can be part of an audit trail. See page 25 for more details.

accountable to the public, helping the country in a time of crisis – good journalism does serve society in several ways.

A well-informed public is the cornerstone of all civil societies. Hard-hitting but fair journalism about issues that matter to the public helps create pressure for change and improvement. This means access to reliable information about what political leaders and officials are doing. Is government policy fair and effective?¹

Is a particular leader or official honest? Are promised policies and project going ahead as planned? Are citizens' rights respected? If not, why not?

Fairness in presentation means allowing someone you are criticising the chance to respond to those comments within

the same story. This right to reply does not mean reading out the story itself, but it does mean explaining the substance of your critical remarks.

Your article will appear more balanced and more reliable, if you also include all the counter-arguments.

Journalists should certainly be persistent in their reporting, but must not use harassment or intimidation.

Finally, to be fair means covering all sections of community; you should work hard to recognise your own biases, and ensure that all members of your community are served by your journalism.

Jigsaw identification



"We should be careful not to reveal several pieces of information in words or images that, when pieced together, could lead to revealing the identity of the individual," according to the BBC's Editorial Guidelines.

In other words, if you say in other words, if you say 'a 45 year-old senior nurse who has been working at Charuru Dispensary since 2017' it could be easy to work out who the person is...



REPORTING HEALTH IN THE DISINFORMATION AGE

Informed consent



For your interview to be fair, you need to inform your interviewee of these potential risks. Many GBV survivors who have spoken 'on the record' have later faced a range of problems resulting from being identified, including attacks and community rejection.

Scenario



You are an investigative reporter looking into the flawed vaccine rollout programme. By chance, whilst visiting a relative in your small town's hospital, you overhear a detailed conversation: a senior nurse, who has been given special responsibilities for the rollout is complaining about the fact that some vaccines are being thrown away as people miss their appointments.

OPTION 1

As a public service reporter, you feel duty-bound to spike the story, if the senior nurse won't provide an interview.

OPTION 2

As a public service reporter, you feel duty-bound to report the story in detail. Make sure that you get the nurse to speak on record.

OPTION 3

As a public service reporter, you feel duty-bound to report the story but you should change the name of the nurse.

FEEDBACK:

Investigative journalists often get great leads through keeping their eyes and ears open. Having said that, in this case, you should be aware of the ethical issues in pressurising the nurse to speak.

The International Federation of Journalists says, "The journalist shall only use fair methods to obtain news, photographs and documents." This means identifying yourself as a journalist under normal circumstances, and never using threats or displays of force to get information.

As well as being ethical behaviour which is fair to the people who give us stories, there is also an element of self-

interest: every journalist who 'breaks' these rules makes it harder for other journalists to get stories.

Whilst none of these answers are particularly satisfactory, option 3 is the best choice. But you also need to do more than change the name of the nurse.

Firstly because this might reveal her identity, because of jigsaw identification (see box). If you say 'a senior nurse in Kasempa working on vaccines', her bosses could work out who she is, and assume she has spoken to you as a journalist.

Also, to make the story stand up, you should try and get someone official

to speak on the record, or find some other kind of 'audit trail' of evidence. A photograph of the dumped drugs? In this case you could cover the story well without mentioning the initial source of the story. Or you could get more details from her and negotiate: does she want to become a whistleblower?

It's a thorny editorial issue. Some journalists would not see a problem with using her as a source. They would argue this should be in the public domain. Others would be concerned that you could be getting her into trouble. People have had their career ended by journalists quoting them without consent.

We should not interview anyone who is distressed or in pain and we should only attempt to interview the patient after taking advice from the clinical team.

Source: [BBC Editorial Guidelines](#)

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Sensitive interviews

Scenario

You are a health reporter who has heard from a school governor that there have been incidents of gender-based violence (GBV) against teenage girls at a well-respected private school.



OPTION 1

If you can get him to speak on the record, you should run the story.

OPTION 2

You should make sure you get one of the girls to speak on the record.

OPTION 3

You should bury the story to protect the survivors.

OPTION 4

You should investigate further.

FEEDBACK:

Your instinct as a journalist would probably be to interview those directly involved in the story. In this case, you should proceed with caution.

Victims of sexual assault have experienced shock, and you risk re-traumatization if you ask them to relive their experience. This is a particularly sensitive kind of interview.

Children and victims of sexual crimes must be treated with care, and legislation in many countries requires that they not be named or photographed.

Most advice to journalists on interviewing children suggests that you should get permission from a parent or guardian before making contact. In this case informed consent is particularly important. There may be consequences for those speaking out, and you should understand the concept of informed consent (see previous page) before going ahead.

There have been cases where GBV survivors have been targeted because people don't believe them. The truth of this kind of abuse is that our stereotype of an 'outsider' in the shadows is often wrong.

Sometimes people in power are guilty, but are able to hide behind their 'respectable' positions in the community. There have been cases where community leaders, teachers, religious figures, and sports coaches have been found guilty.

Having said that, there can be culture of impunity if people remain silent. It would be a good idea to take advice from a senior colleague or a local NGO which works with this kind of case before progressing. And of course you should investigate further. You need to find out if the allegations are true.

GBV



According to the UNHCR, “Gender-based violence can include sexual, physical, mental and economic harm inflicted in public or in private. It also includes threats of violence, coercion and manipulation. This can take many forms such as intimate partner violence, sexual violence, child marriage, female genital mutilation and so-called ‘honour crimes.’”

EDITOR'S NOTE:

This checklist is designed to help with sensitive and traumatic interviews. There are further resources available for sensitive interviews of this nature, including the [The Dart Center for Journalism and Trauma](#) and IWPR's own resources.

SENSITIVE INTERVIEW CHECKLIST

In carrying out your interviews, have you been sympathetic to the trauma suffered by a GBV survivor?

Have you made every effort to interview without causing re-trauma?

Have you made sure that your interviewee has been made aware of appropriate counselling and support services?

Do you know what help is available?

Is consent to the interview informed, and have you discussed anonymity?

(a survivor may be empowered in telling their story, without realising that the story will appear online, permanently; or that sometimes people believe the abuser. They should know where the story will appear, and when)

Have you pointed them in the direction of appropriate support services in this region?

Have you protected your sources/interviewees?

Have you made sure that there will be no negative repercussions from your interaction with a GBV survivor?

Have you been specific in your terminology and avoided vague or ambiguous euphemisms?

e.g. ‘she accused the guard of rape’ has a very different meaning from ‘she accused the guard of sexually inappropriate advances.’

(this is because rape is a specific and serious crime; an ‘inappropriate advance’ could be something less serious, such as a comment)

Have you avoided prejudicial descriptions of the victim?

e.g. ‘she was wearing a make up at the time of the attack’ (this description is not relevant, and could imply judgement of the person who has suffered from an attack)

Have you challenged inaccurate or misleading comments made by contributors?

e.g. if a caller claims that a woman ‘did not report an incident of GBV to the police immediately and must therefore be making it up’, have you explained the reasons that might be behind this?

(This is because there are many enduring rape myths which often go unchallenged. A woman may not report a GBV incident for fear of reprisals from her attacker, because she was disorientated following her trauma, or because of inadequate legal systems. Lack of immediate reporting does not imply she has ‘made up’ the incident.)

Where appropriate, have you made sure that you have quoted all your ‘expert sources’ and included a direct link to the relevant page of any organisation you have mentioned?

e.g. if you mention a particular NGO working with GBV survivors, have you linked to their material? If you work for a radio station have you given details of how people can access services?

Have you avoided ‘single source’ journalism?

e.g. If you have quoted a government official talking about GBV, have you also spoken with a local NGO about the issue?

Have you used plain language that your audience can understand, and explained unfamiliar language?

Source: these have been adapted from the [UNFPA's guide to reporting gender-based violence](#)

Scenario

It's a slow news day in November 2021. You keep seeing something on WhatsApp groups: it says that more than 100 people have died within 6 months of taking a Covid-19 vaccine.



OPTION 1

Ignore the figure, WhatsApp is an unreliable source.

OPTION 2

Check it out, this sounds like a big story.

OPTION 3

Do a feature on how risky the vaccine actually is.

OPTION 4

Speak to a prominent anti-vaxxer to get the full story, because that seems like a high number.

FEEDBACK:

On the one hand, WhatsApp can be unreliable. Because so much of it is unsourced, you don't know where it came from. But that doesn't mean you should ignore it: it can be a potential lead to a story, and it's often a good indicator of the kind of health issues your audience is concerned about.

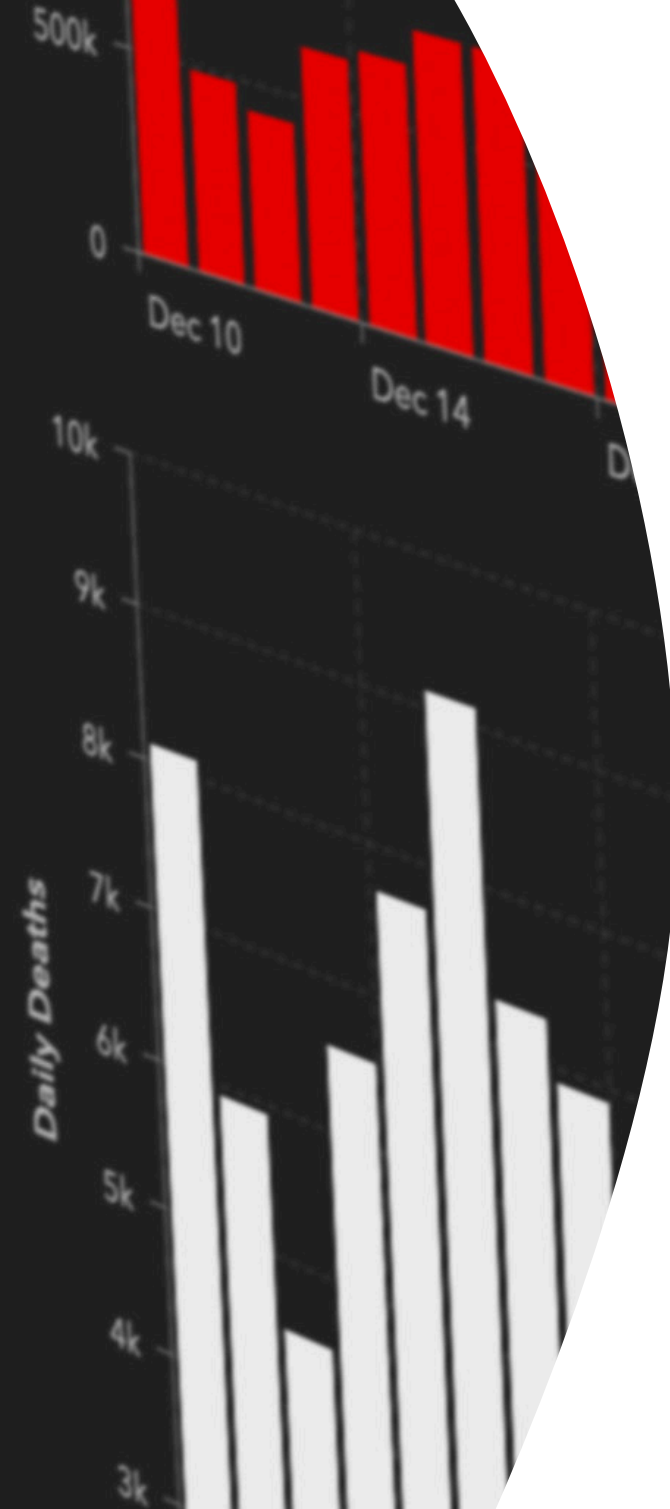
You need to know some numbers and ask some follow-up questions.

How many people had taken the vaccine in total? As of November 2021, more than 4 billion people had been vaccinated, which is more than half of the world's population. Many of these were older people. Next, you would need to find out what the 'expected' death rate would be?

This is sometimes called the mortality rate or 'natural death rate'.

A simple Internet search will let you know that approximately 150,000 people die every day from all causes. In the 6-month period leading to November several billion people took a vaccine, including many older and vulnerable people.

You would expect several thousand people to have died within 6 months of taking the vaccine. The number seems incredibly low. Even on a slow news day, this tells you nothing about the actual risks of taking a vaccine: other than numbers, when taken out of context, can be misleading.



Reporting numbers

How can you understand risk, big numbers, and compare datasets between countries?

When you come to write your story, how do you simplify numbers so your audience can understand and relate to them?

A riddle might help: I have more than the average number of legs, for a human. How many legs do I have? Statisticians will get the answer straight away, possibly rolling their eyes at how obvious this is. But journalists? Many of us are better with words than numbers.

The 'mean' number of legs per person

is a little less than two, because the number of people who have lost a leg or both legs, brings the average number down. Admittedly, the number is 1.9999 (and possibly a few more 9's). And obviously most people have two legs. So the answer to the riddle is two.

Here's another old statistician's joke. A man, with his head in an oven and his feet in a bucket of ice? When asked how he felt, he replied, "On average I feel just fine."

These examples work well in making us think about averages, because we can picture a single person with their head in the oven, or with two legs. But when the numbers get big, it gets more

complicated, as it does with all public health stories.

For example, if someone said you are 20% more likely to get a blood clot from AstraZeneca than a Moderna vaccine, would that put you off taking it? It might. Even though the chances of you getting a serious blood clot are tiny, because of the very large numbers of people who take the vaccine without a blood clot.

To put it another way, you are more likely to win big on the lottery than die from a blood clot caused by taking AstraZeneca, say, and the risks are similar to getting a blood clot whilst taking a long haul flight.

The figures are in the range of 4 per million* for AstraZeneca, and 5 per million for Moderna although this is affected by your age and gender.

And blood clots are up to 10 times more common with Covid-19 than with vaccines.

You are 100 times more likely of being hit by lightning, say, and you could compare the risk with just about anything relevant to your audience.

In fact, this is good practice. Numbers out of context can be misleading: providing context is your job.

EDITOR'S NOTE:

Most journalists don't actually need higher level maths. It's unlikely you'll need much algebra or have to do a quadratic equation.

But you will need to be able to compare datasets between countries and understand the difference between cause and correlation. And once you've understood these terms, you'll need to be work hard to explain them in a way that your audience will understand.

R number



The R number is a way of rating a disease's ability to spread. R means reproduction. Measles has an R number of 15*, meaning one person will infect 15 others, in populations without immunity. Chicken pox and mumps are about 10. Both are really, really infectious, in other words.

A cold is about 2-3, and thankfully Ebola is also pretty low, 1.78 according to estimates based on the 2014 outbreak. Whereas Covid-19 seems to have a reproduction number of about three, if no action is taken to stop it spreading. If the R value is higher than one, (R > 1) then the number of cases keeps increasing.

P (for probability)



How likely is something to happen? This is vital information when reporting health. How risky is a particular drug? Are you more likely to die of side effects than the disease? It can easily get complex.

Most people realise a coin flip probability is one in two (or P = 0.5). You might hear people say that you have a one in a million chance of getting hit by lightning; which is almost true, annually. But if you are lucky enough to live to be 80, it becomes more like 1 in 13,000.

Cause versus correlation



When ice cream sales rise, so do the number of shark attacks on humans. This 'classic' example illustrates how correlations can be misleading. It's the warm weather which causes both increases.

There is an entertaining website dedicated to these 'spurious correlations', which are the opposite to 'genuine causalities', such as the increase in deaths after the outbreak of a disease.

'Excess mortality'



Death rates are usually measured per year, and per 1000 people. The 'natural' or 'expected' death rate is the number of deaths which would be average for a particular time period and population.

'Excess death rates' are calculated by looking at the difference between reported death rates and this average. It has been useful for measuring deaths caused by Covid-19, particularly where testing has not taken place. So 'excess deaths = reported deaths minus expected deaths.'

Interview skills

Vox pops



Very short interviews, typically asking the same question to a variety of people. Can be used in many ways, for example as part of a package, as reaction to a news event, or to bring ordinary voices to a round table discussion. Particularly useful when you want to bring a data story 'alive' or get opinions. Beware of spreading false Covid-19 information through vox pops!

The idea is to be representative but not to amplify false information.

Copy approval



When an interviewer asks to see and potentially amend your interview, that's copy approval. You should not give it. As a reporter, you and your editor should make editorial decisions. It's both unethical and impractical to allow interviewees to decide what you say. Similarly don't share questions in advance. It's fair to share the subject matter to allow people to research the topic, but not your specific questions.

Q How should you start an interview?

A It depends on the kind of interview, and what you want to get out of it. An in-depth interview might start gently and slowly is different from a vox pop, for example.

Q What's a vox pop?

A It's a really simple question you ask many people. Useful for getting a cross section of community voices and adding variety. You can also get local responses to national and international issues. Watch out for spreading falsehoods and repeating libel though...!

Q What other kinds of interview are there?

A The opposite of a vox pop is an in-depth profile: a much longer interview with a high-profile person of interest, say. Most interviews are something in between: an informational interview might be speaking to someone who has specific information of interest to your audience. A confrontational interview might be holding elected leaders to account, whereas an informational interview might be more neutral in tone: getting a health official to explain what to do to stay safe.

It's really important to gear your interview technique to the person you are speaking to.

Sensitive interviews draw upon advanced interview skills. You always have a duty of care to the people you interview, but particularly if something traumatic has happened to the person you have interviewed. You might retraumatise a survivor of gender-based violence if you get them to relive a traumatic event, for example. Also, they might want to go public but face recriminations if they do so.

Q Who should you interview

A as wide a range of people as possible: not just the most senior. Often getting to speak to the right person takes time and tenacity, but is worth it for a better interview. And good health reporters build a good contacts book of sources who can speak well on a range of topics. There's more on building a contacts book on page 66.

Q Are there any specific things about health interviews which are important?

A You have to make sure that you have the confidence to challenge false statements, so you need to do your research. For example, if you speak live to someone who thinks that bleach is a Covid

cure, you risk amplifying the falsehood. So be ready to jump in and present data. You have a responsibility to make sure the best possible health information is shared, in the clearest possible way, but you aren't obliged to provide a space for people to share false information.

Q What else?

A If you are interviewing a health expert, be sure to get them to use language your audience will understand. Follow up questions like "can you explain that for readers/listeners who may be unfamiliar with that term?"

Q What kind of mistakes do journalists make when they interview people?

A Not listening to the answer is a classic: it leads to poor follow up questions. Asking several questions, one of which goes unanswered. Long, rambling interviews which take an age to edit. Going in too hard, too early can backfire, sometimes you need to build up a rapport.

But the worst is not doing your research. It is impossible to challenge false statements without a bit of prior desk research. Be armed with figures. So, for example, when a megachurch minister says that "Covid-19 vaccines are being tested by the West on Nigerians as guinea

pigs", you can quote the actual statistics, that only 3% of Nigerians are vaccinated, but 70% of Europeans have been.

Q How do you wrap up an interview?

A Once again, it depends. If you are asking a nurse about how to stay safe, you might ask if there is anything you've missed, or for a summary. But if you are interviewing a businessman who has been selling fake cures, it's more likely you'll build up to the most challenging questions at the end: they might cease the interview at that point!

Q Is there anything else you'd like to say about interviews?

A Go out there and practice. It's the only way to get better. Speak to a wide range of people, and always think about your audience. You are supposed to be answering questions on their behalf. You aren't showing how clever you are to your interviewee.

Wherever possible, try and get interviews face-to-face. You can use eye contact and gesture to encourage, or discourage, your interviewee as required.

And remember that you can interview a colleague, yourself, even: the Q and A format about a specific subject gives you full editorial control. Like on this page.



Health news in the digital age

Perhaps the biggest change in health media around the world in recent years has been the relative decline of 'traditional' media... newspapers, radio, and TV.

At the same time there has been a rise in 'social' and online media.

We know that many people no longer get their health information from journalists; they get it via social media. It has changed the way journalists do their work, providing both opportunities and challenges

For example, with social media, you can reach a huge global audience: potentially millions of people around the world can access your scoop minutes after you click 'publish'. You don't need to pitch to an editor anymore, and you can create your own podcast or blog in an instant. The downside is that most struggle

to find an audience. Worse, there is a tidal wave of misinformation and disinformation out there.

Well-researched and balanced reports featuring original investigations and interviews don't often go viral, whereas outrageous lies sometimes do. Often the most unbelievable stories spread like wildfire.

Totally false claims about gargling with warm water to prevent Covid-19, for example, spread around the world, despite being factchecked in real time by journalists, health experts, and others.

Audiences are left confused; some have stopped trusting the 'mainstream media' completely, and many others have stopped paying for it, getting their 'news' for free online. Because advertisers have shifted billions of dollars away from 'legacy media' the

problem can feel like a spiral. In the face of competition from the social media giants, newsroom budgets have been cut. Specialist reporters are sometimes the first to go.

So what can responsible reporters do? Is there a space for public service health reporting? How can you be a part of the solution?

In order to report health you need to understand a cluster of topics. You'll need to be able to report numbers, including very big numbers and risk, as well as understand the language of academia.

You will need to understand some physiology, of course, and you'll have to be able to understand things well enough to explain them in the kind of language your audience will understand.

EDITOR'S NOTE: 'Legacy media' refers to TV, radio, and newspapers. Whilst it is sometimes implied that these are 'old-fashioned' media forms, in many places radio is consumed much more than any online media.

'Mainstream media' has a similar meaning, and again, sometimes there is a negative connotation. Those using the term sometimes imply that certain stories are not covered by the major news corporations.

The Disinformation Dozen account for up to 73% of Facebook's anti-vax content

Source: [Centre for Countering Digital Hate Report](#)



*Ty and Charlene Bollinger are wealthy anti-vax entrepreneurs who run a network of accounts that market books and DVDs about promoting vaccine hesitancy: although they started their misinformation careers by falsely claiming that chemotherapy does not cure cancer. They make money from discredited pseudoscientific treatments.

Interview with a health reporter

Jael Mboga works as a journalist at The Standard Media Group which includes television, radio and digital outlets, and Kenya's oldest newspaper. She was involved with the Africa Resilience Network programme.

Q How long have you been reporting on health?

A Almost ten years. And until recently there was not so much focus on health reporting. Right now, we've had instances where even really big political stories that would ordinarily be selling the paper are given less space, thank health stories, especially Covid being given a much larger space. So it's really been different. I think so many people are now realising that we cannot keep ignoring health articles as before.

Q What are the big challenges for health reporters in Kenya?

A Because Covid-19 is the big story I think many people think they can report the story, but not everyone is a health reporter. Covering politics, say, there's a lot of hearsay, there's a lot of opinion, you don't always talk to experts when you're writing politics.

But with health, it's a very technical subject, you have to know what you're talking about. There's a lot of research that has to go into it. And most of the

reporters were not used to that before, even in newsrooms.

Q So what makes a good health reporter?

A First of all, it's important to know what you do not know! Reporters need to understand that you need to find someone to explain it to you. Some people don't think that they need to go in deeper and understand themselves before they can report on it or write about the technical subjects that are involved in health reporting. We like to say that if you can't explain it to a two year old, then you really do not understand it.

Q Aside from Covid, but what are the other big health stories at the moment?

A HIV knowing that has been with us for the longest time, but it's like we have forgotten that we have to deal with that. The other big health story that I think we are not giving as much attention as we need to is I think obviously cancer. We only wake

Duty of care



You always have a duty of care to the people you interview, but particularly if something traumatic has happened to the person you have interviewed. A gender-based violence survivor, for example, might want to go public but face recriminations if she is publicly identified.

up when it's October, National Breast Cancer Awareness Month.

And then when we move on to the next month, we forgotten about it, we've moved on. So many things still need to be told. And we tend to forget, because all the focus now has gone to COVID.

Q How is the Kenyan health system coping with 'Western' diseases? Like obesity, heart disease, and Type 2 Diabetes?

A One of the main problems is that if people have money, they will seek medical help outside the country. We have so many members of

parliament, who have cancer, but none of them are seeking treatment in any of the public hospitals in the country, all of them are going abroad.

Q Is there a problem in Kenya with people getting fake medical news online?

A Definitely... Definitely... people were afraid of getting the vaccine because they've heard rumours that they might not conceive in future, or that it's unsafe for young women. Women who have children say, "I've heard that if I get the jab, I might not be able to, say produce breast milk if I'm nursing." And there are men who are afraid that they will become sterile if they were to be vaccinated.

So when people hear all of these rumours, unfortunately, they'll go searching "COVID, sterile, man." And when they Google with such key words, they find so much information. Unfortunately, not everyone who will know what is correct and what to ignore, because it's obviously wrong. So they will not go for the vaccine or take informed measures.

If you are interviewing a health expert, be sure to get them to use language your audience will understand

The solution for us is to go where the problem is. We need to write a lot of correct stories and and really 'blast' them out there. If people are listening to 7 pm bulletins in a local language, get that information there, where people can find it. The government can send short messages on phones, where you don't even need airtime to receive it.

Q What happened with Stephen Karanja?

A He was one of the proponents of not taking the vaccine, but it was strange because the Catholic Church came out strongly to say, "please ignore Stephen's comments", that he's not speaking on our behalf. Even the Vatican said it was okay to take the vaccine. But still Stephen would call press conferences, just by himself and tell people not to take the vaccine.

It's unfortunate because people in authority make such comments about not taking the vaccine, it has an impact.

I remember a tough editorial meeting at the Standard (media group) where there was a tough debate on whether we should we cover this? Because if he's saying that people do not need to take the Covid vaccine, why are we giving him the platform? We covered him, but a decision was made later on that we shouldn't continue giving him the platform.

But there's social media, he can release a press release. And just because Standard is not giving him the platform, he can still get the platform from other small media houses, which he did. He was all over social media. It was unfortunate that he died of Covid-19 complications.

Q How does gender imbalance affect newsrooms?

A Having more women present in the newsroom influences the decisions that are made about stories about women. Sometimes you have horrible headlines. Recently we had a newscaster who landed a plum State House job, and it was because of her expertise.

But one of the main dailies went with the headline 'TV girl gets State House job'. They would never have said 'TV boy'. We need to go out there and pick women to be in management jobs, not just doing it for optics. It will affect how women's health stories are communicated.





To achieve impartiality, you do not need to include outright deniers of climate change in BBC coverage, in the same way you would not have someone denying that Manchester United won 2-0 last Saturday. The referee has spoken.

Source: [BBC editorial policy briefing](#): following a review in which the corporation admitted its 'mistakes' in allowing climate change deniers too much exposure

Balance versus 'false balance'

Members of the Flat Earth Society believe that we live on a planet which is basically flat. It was founded in 1956 by an Englishman called Samuel Shenton, although flat earth beliefs of one kind or another have existed for centuries, and some continue to this day. When satellite images appeared showing the earth to be spherical, Shenton thought this was an elaborate hoax.

It should be obvious that these views are so far outside of mainstream science that is not considered necessary to 'balance' a news report that includes references to the shape of the earth!

As public service journalists we would normally seek to as wide a range of views as possible and to show balance.

For example, if you are hosting a phone-in programme you should speak to supporters of the opposition parties as well as those in power. You should actively seek out and speak with minority and overlooked groups and reflect the wide range of voices in your communities, not just the people in the newsroom.

All voices should be reflected: different religions, tribal groups, income brackets, age groups, and a mix of genders.

Activity



Listen to the [How they made us doubt everything](#) podcast. It includes a very deep dive on 'the tobacco industry playbook', a set of techniques used by the tobacco industry in order to discredit the data which proved that smoking causes cancer. They put charismatic speakers who appealed to audiences up against scientists in TV debates: it was successful for decades.

But reflecting this balance does not mean that you should opt out of making important editorial decisions. The rise of the Internet has led to a proliferation of pseudoscientific theories, conspiracy theories, and fake medical news.

Some of the ideas put about by fringe, extreme groups on the Internet spread quickly despite being totally untrue. You should have the confidence to call this out, just as you would question someone who claims the earth is flat. If you refer to a false statement, you have to label it very clearly as false, or you risk amplification.

Conflict sensitive communication

Scenario

You are putting together a panel programme about why some people are vaccine hesitant. What should you consider when you put together your guest list?

OPTION 1

People who disagree. Everyone loves a good argument. Then you'll get lots of angry callers too. It'll be good for audience figures.

OPTION 2

Lots of scientists on who can prove that vaccinations are logical. Make sure they are armed with data. It's your duty to make sure people take the jab.

OPTION 3

Go for a wide range of people, as it's important to reflect all views.

OPTION 4

Use your editorial judgement and make sure that you don't give undue prominence to false claims.

FEEDBACK:

Clearly some radio hosts like to stoke up disagreements on their talk shows; others aren't in control and let things get out of hand. Neither can be considered as ethical.

By stoking up conflict, audiences can be left feeling helpless and frustrated, and you may end up amplifying false and damaging information.

Rather than getting people to restate their positions, it may be better to get people to look for shared interests.

It is better practice to give very careful editorial thought about who you get on your show. Generally, you should show balance, whilst not giving undue prominence to false claims.

Even if you believe that people should be encouraged to take the jab, say, people don't like being told they are wrong. Many people don't respond to science and data, which is why the best health communicators will use narratives and creative storytelling to get their message across.

'False balance' AKA 'bothsidesism'

The misleading presentation of a false theory (e.g. "the Earth is flat") to 'balance' a fact ("the Earth is roughly spherical"). To avoid this you need to be confident in your understanding of a subject, and to be very clear with your language. Explain early in your piece if a claim is false or unsubstantiated.



By stoking up conflict, audiences can be left feeling helpless and frustrated, and you may end up amplifying false and damaging information

The truth about Bill Gates...

In the words of Bill Gates, at least three billion people need to die

Source: This is a **false claim**, made by Robert O. Young, a fraudulent naturopathic practitioner. He was famous for claiming to have cured cancer naturally, until many of his patients died

There have been some strange rumours circulating since Covid-19 began. Some people believed the whole thing was a hoax, others that taking the vaccines developed to prevent the spread of the disease will turn you into a **vampire**. Lots seem to feature Bill Gates, the US software billionaire and philanthropist.

In 2020 a false rumour by The Coalition of United Political Parties (CUPP) spread online in Nigeria and internationally that Gates had bribed the Nigerian government \$10 million to pass a law to test vaccines on children.

False messaging of this nature is often successful because it builds on the high levels of mistrust for authorities that is already commonplace in Nigeria.

40% of children in the country receive incomplete immunisation, for example, even when they live close to a hospital. Bill Gates and the Gates Foundation have played a prominent role in boosting vaccination rates in Nigeria.

Perhaps this is one of the reasons why some Africans believe that vaccines are a Western intervention: in fact, the modern anti-vaxx movement has its origins in the US, and in particular the

Amplification



In the context of editorial decision-making, amplification means giving a voice and 'amplifying' concepts which may be harmful. For example, if you report on copycat suicides, terrorists or certain kinds of murder you may amplify their cause. In the context of online disinformation campaigns, reporting false cures may encourage people to seek them out, particularly if your labelling is unclear.

evangelical movement with links to Donald Trump.

Billy Graham believed in the New World Order, a conspiracy theory about a singular, antichrist government of politicians and billionaires who seek to take over the world through modern technological advancements such as implanted chips and barcode tattoos, ultimately destroying the freedoms of Christians around the world. He preached extensively in Nigeria, and influenced the evangelical movement.

By 2020, Gates had become more vocal in his criticism of President Trump's

claims and policies on the coronavirus, and doubled down his advocacy for vaccination.

Gates' comments in an interview about digital certificates which will record of testing vaccination in the future were twisted by conspiracy theorists who claimed he intended to implant microchips through vaccines and tattoos.

Some videos were edited to make it appear that he wanted to kill Africans.

It's not just Christians who share anti-vax messages featuring Bill Gates; in many Muslim countries and areas, the same messages which were generated by evangelical Christians are repackaged and shared.

In Somalia, al-Shabab terrorists have been known to force citizens to view anti-vax content which was created by pro-Trump evangelical Christians who, we can assume, would be surprised that it should have travelled so far.

EDITOR'S NOTE: much of this page is based on an investigation for the Africa Resilience Network by Emiene Odauda Erameh, Nelly Kalu and Elise Thomas.

Pizzagate



A thoroughly debunked and particularly fanciful conspiracy theory dating from c. 2016: that an aide of US presidential candidate Hillary Clinton operated a child sex trafficking ring from a pizza restaurant in Washington, DC, and Donald Trump has been sent by God to stop this. Some Trump fans strongly believed this false claim, and the then president even retweeted messages from those who supported this idea.

QAnon



Another bizarre US Internet-based conspiracy which has gained international importance: as well as spreading the Pizzagate rumours, QAnon supporters have spread Covid vaccine conspiracy theories which, via Pentecostal church networks have spread to Africa. This includes the false claim that drinking industrial bleach can cure Covid-19.

Links



"My Friend Thinks Bill Gates Will Microchip Humanity"
(A short guide to communicating with someone who believes in anti-vaccine conspiracy theories)



It cuts across all cultures. Yoga moms in Europe and in North America, but also health and wellness people all over the world are getting caught up in QAnon theory....information gets picked up by international networks of people in whose best interest is that people should not get vaccinated. Those interests could be political or financial: they might be flogging vitamins or a political candidate...

Source: film-maker and disinformation expert Charles Kriel and a lead trainer for Africa Resilience Network

Activity



For a deeper dive into the link between US populism and vaccine disinformation, listen to the ARN's own podcast, [Covid-19: the Africa Story](#), particularly episode #4, which features film-maker Charles Kriel. The [Things Fell Apart](#) podcast is good on the origins of culture wars globally, and for a (very) deep dive into Pizzagate, and how conspiracy theories can develop over time, [the Coming Storm](#) is worth a listen.

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Populism, pseudoscience, and quackery

Pseudoscience

Theories which have been disproved scientifically, can't be tested scientifically, or lack evidence to support them can be considered pseudoscience. Belief in the Loch Ness Monster or Big Foot? That's pseudoscience, as is astrology, flat earthism, climate change denial, and 'creationist cosmologies' (beliefs in the origin of the universe which follow a biblical timeframe, as opposed based on archeological evidence). There is a multibillion dollar health industry based around pseudoscience, which includes alternative therapies, 'immunity boosting' diets, steaming, and wellness products that don't work.

The wellness industry

The multitrillion dollar global industry includes things that are good for you – like exercise and better diet. It also includes 'cures' and 'treatments' for which there is no evidence at all, like the idea that taking essential oils could cure depression: one of the several unsubstantiated and false claims for which Hollywood actress and health influencer Gwyneth Paltrow, via her online store Goop, was fined.

Whilst health campaigners and human rights defenders have been using media as a tool for change on the one hand, there has also been a rise in the use of misinformation, disinformation, and downright lies in the public domain.

Conspiracy theories which might have once been fringe beliefs have become part of the mainstream political discourse. This has partly been influenced by American politics: under Donald Trump there was an attack on the independent, non-partisan journalism.

Around the world there has been a rise in identity politics, nativism, and a generation of leaders who have been happy to blame 'experts'.

Sometimes these divisive tactics have been described as 'culture wars'. Whereas conflict sensitive communicators will look for the shared ground in any conflict, others will stoke up distrust, often demonising outsider groups and those with differing backgrounds, views, or religious affiliations.

Sometimes these culture wars can be a smokescreen for bad governance. For example, if people are angrily antivax, they are unlikely to hold their government to account for failing to provide vaccinations for its citizens.

CULTURE WARS

The term is often associated with US politics and particular issues which can be divisive: these include abortion, gun politics, separation of church and state, privacy, homosexuality, censorship. But these are global, in one form or another: whether African tribal politics, Indian Hindu nationalism, or Brexit is the issue, culture wars can take on many forms.

CONFLICT SENSITIVE COMMUNICATION

This is based on the idea that people can resolve their conflict through dialogue. It has roots in the conflict resolution theories of theorists like Johan Galtung. It is based on the idea that we should look beyond our positions on a particular issue, and look to shared interests, as opposed to focusing on the perceived faults of 'the other side'.

POPULISM

A political movement which channels the frustration 'ordinary' people feel towards 'elite' groups. Whilst populist leaders may themselves be mind-bogglingly wealthy, they use the language of people who are frustrated with 'the establishment'. Populists tend to rail against 'experts', lockdowns, and public healthcare in favour of experimental cures such as bleach and chloroquine which were promoted by some as a 'coronavirus cure', despite evidence that they do not work.

HEALTH INFLUENCERS

Ranging from gym instructors and genuine medical doctors with a knack for explaining complex topics in plain language, through to Hollywood, Bollywood and Nollywood stars with a sideline in selling questionable products to their adoring fans, health influencers are amongst the most virulent spreaders of health information, both good and bad. Many made their fortunes via the largely unregulated social media space and subtle marketing: sometimes the revenue stream is hard to spot, and some are conspiracy theorists who copy the language and dress code of science to peddle ideas.

BIG PHARMA

Short for the global pharmaceutical industry, and particularly the big multinational, multibillion dollar firms such as Pfizer and Johnson and Johnson. The phrase is often used negatively, and sometimes in conjunction with a conspiracy theory that, for example, cures for diseases have been deliberately suppressed, or that 'all natural' cures for cancer are more effective than commercially available drugs.

Vaccination hesitancy timeline

Vaccinations are sometimes described by its opponents as a Western intervention. Yet there is evidence that **variations of the technique had been saving lives in the Middle East, Africa, and Asia for centuries, before the technique became popular in Europe.**

In fact, an enslaved African man called Onesimus is said to have introduced the technique to America in **1706.**

Despite this, **in 1796 Edward Jenner, an English country doctor, became widely known as the founder of vaccinology.** He discovered that by injecting cowpox into patients, he could build up their immunity to the much more deadly smallpox.

Despite this success, he was widely ridiculed. Cartoons of the time showed people with cow's heads. **During the early 19th century, there were various anti-vaccination 'leagues' in England,** with many clergymen claiming the jab was 'ungodly'.

By the late 19th century, when the deadly and disfiguring disease was largely wiped out in Britain, **most people changed their minds.**

Several mass vaccination programmes followed **during the twentieth century.** **Polio, diphtheria, tuberculosis, whooping cough and tetanus are amongst the diseases which were reduced or eradicated.** It has been estimated that 5 million lives per year

have been saved through smallpox vaccinations alone..

Various anti-vaccination movements continued; most were small scale and involved religious groups or people who were seeking to sue drugs companies. **In 1982 US TV documentary called Vaccine Roulette aired: despite misleading claims, it led to the creation of a number of anti-vax advocacy groups.**

In 1998 a paper on autism in the prestigious British medical journal The Lancet, by (then) **Dr Andrew Wakefield falsely claimed to have identified a novel form of enterocolitis linked to autism caused by measles, mumps, and rubella vaccination.**

In 2010, the General Medical Council found that Wakefield had been 'dishonest in his research, had acted against his patients' best interests and mistreated developmentally delayed children.

Despite being '**struck off**', he moved to America and has been credited with kickstarting the modern anti-vax movement.

In 2016, Wakefield directed the anti-vaccination propaganda film Vaxxed: From Cover-Up to Catastrophe. His celebrity backers include Hollywood stars. **During the Covid-19 pandemic, from 2020, the anti-vax movement increased in size,** to become a truly global phenomenon.



GOOD NEWS IS COMING

"I'm interested in criticism based on fact, not on projections. If you want to f— with me, bring your A game."

Source: statement by **Gwyneth Paltrow.** **In fact, the California Food, Drug, and Medical Device Task Force fined her \$145,000,** and she was ordered to desist from making false claims.

Activity



If you are a campaigner or communicator, think of a 'call to action' which is appropriate for your media campaign: something your audience can actually do. Use this in your campaign.

The Kano Incident

In 1996 a meningitis epidemic hit Kano, affecting hundreds of children. Some died or were disabled by the disease.

200 children took part in a trial involving an experimental oral antibiotic called Trovan, and a more established drug called Ceftriaxone.

Of these children, 11 died and several others suffered from disabilities as a result of these clinical trials.

The parents sued, and during legal trials which lasted 15 years, Pfizer argued that meningitis and not the antibiotic being

tested caused the deaths and illnesses of the children. It was widely reported that in 2009 an out-of-court settlement was reached with the Kano state government worth \$75 million.

Note that vaccines were not involved: but Pfizer was. A lot of Nigerians still cite the Kano experiment on social media as a reason not to take vaccines.

It was not the only unethical drugs trial in medical history: the Tuskegee Syphilis Study was an infamous drugs trial in which nearly 400 African Americans with syphilis were studied between 1932

and 1972. It looked at the effects on untreated sufferers, but towards the end of the trial period medical advancements meant that syphilis was treatable. It is considered a serious ethical breach which caused unnecessary suffering to those involved and their children.

International standards for clinical trials do exist, and it is hoped that widely reported incidents like this are an exception.

But as communicators covering this issue, we need to be aware of the sensitivities surrounding these topics.

“An insatiable curiosity is a common - perhaps indispensable - quality for journalists. Good journalists have a natural nosiness, energising them to do a good job and enjoy their work day to day. They are quintessential “news hounds” and read everything they can get their hands on, including or especially newspapers they don’t agree with. They care about detail, and always want to know “why?” Then having found something out, they want to tell others.”

Source: *IWPR 'Reporting For Change' Handbook*

Media as a tool for change

The media has the power to change attitudes and behaviour: what you *think* and what you *do*.

This can be done in positive, planned ways. There have been media campaigns around the world which have successfully encouraged people to give up smoking, engage in safer sex, wear seat belts, wash their hands and use mosquito nets.

You can certainly learn about successful communication from these campaigns. You can also see how big companies are successful in their advertising. They spend billions of dollars on making people buy their products. They are good at it!

In the same way, a TV or radio show or a campaign on Twitter may be designed to change your attitudes towards domestic violence, or to encourage you to take more exercise. A poster campaign might try to persuade us to give up smoking, or to inform and educate us about HIV/AIDS.

Media can be a positive tool for change. When a TV or radio programme, a series of photos on Facebook, or a campaign on Twitter, are designed to influence our behaviour or our attitudes.

Media campaigns can be positive. They can increase knowledge, providing information, and stimulating dialogue

They can promote changes in attitudes and behaviour: encouraging people to wash their hands, use sanitiser, or adopt a healthier lifestyle.

They can create a demand for services: awareness can lead to early screening can prevent cancer, for example. Successful campaigns can advocate for change.

Some newsroom journalists might want to stay 'neutral', and some media houses insist that their presenters do not campaign. The BBC, for example, famously does not allow its presenters to tweet about politics or go on demonstrations. On the other hand, some newspapers champion causes, and get behind campaigns which become an important part of their 'brand identity'.

Finally, some media campaigns are negative. For a particular strain of populist leaders, scientists are cast in the role of the 'bad guys'. Rather than engage, and look for solutions, certain kinds of media campaigns target minority groups or blame the medical professionals and experts who are on the frontline of trying to save lives.

BEHAVIOUR CHANGE THEORY

Behaviour change is a process. When people change from one attitude or behaviour to a different one they may move quickly or slowly - usually depending on what kind of a change it

Medical journals

For hundreds of years scientific and medical journals have existed to allow scientists and physicians to communicate with one another. The best are 'peer-reviewed', where research is examined by other scientists.

They tend to have a US/ European focus and are often expensive, although since the pandemic some have become free online.

is - but they will go through a number of steps.

Sometimes they may go backwards a few steps, or mark time for a while, or only progress part of the way and then stick.

The mass media is not the only source of information and ideas which can encourage behaviour change. Community and family networks, traditional media and interpersonal/ group communication may be more powerful at some stages of the change process - in either positive or negative ways.

There are many different behaviour change theories, and what is presented here is based on several theories without relying on any single one.

FIVE STEPS TO BEHAVIOUR CHANGE:

In one commonly used model of communication there are five steps to behaviour change:

1. Knowledge
2. Approval
3. Intention
4. Practice
5. Advocacy

Knowledge

Means that the individual or group (the target audience) is aware that change is possible and that there are individuals who have changed in this way. Change is unlikely without this knowledge, which can be provided in the form of straight information, ideas and/or examples of individuals who behave in the way you want to achieve.

Approval

This refers to the idea that the target audience thinks that the idea of the suggested change is generally a positive one, but also feel that at that moment it is a step too far for them personally, or that it is suitable for other people but not for them.

Intention

Intention is the moment at which the target audience, or some of them, form the intention of changing their attitude or behaviour. They may still think that it's too difficult for them given the environment or their own personalities, but they have decided that sometime in

the future (maybe tomorrow, maybe in five years' time) they will try to change.

Practice

Practice is when those who have decided to change actually make the break with the past and change their behaviour. The behaviour change may only last a day (many smokers for instance give up, and then go back to smoking), or forever.

Advocacy

Advocacy is when those who manage to keep up the behaviour change over a sustained period go on to encourage and persuade others to change too. They become advocates of change.

Communicating with audiences

There are a number of different ways people get hold of and remember new ideas. Acting on those ideas comes later.

Associated information

Use words which are familiar to the target audience.

Source: this was adapted from a post-graduate online learning module written by Francis Rolt and Nick Raistrick for a DfID collaboration with ABU university in Nigeria.

What to avoid...

Q Bad health reporting damages trust. How can you avoid it?

A The first thing is to be completely accurate. This means not amplifying the falsehoods which have been spread by others. So you'll need to understand the issue well: desk research isn't enough, you'll need to speak to people who understand the subject well. Next comes storytelling: if your story is accurate but your first paragraph is so boring people zone out, you've failed.

Make sure you use language people understand, and think about relevance too. Story selection is important, so make sure you select health issues which are relevant to your audience. This means having the confidence to steer clear from health issues which are aimed at audiences in New York or London.

Q What are the common mistakes people make when reporting health?

A A lot of the most common errors happen when people fail to factcheck; journalists are busy, or don't understand the issue. Some get confused between junk science and proper scientific research. The latter involves peer-reviewed papers and in large scale and randomised trials using an agreed methodology which is published as part of the process.

On the other hand, some reporters use language their audiences will not understand, baffling them with unfamiliar jargon.

Finally, some journalists give too much prominence to fake news and false cures. There's more on false balance on page 46.

Q Are there any sources I should be wary of?

A There has been an explosion of fake medical sources in recent years: people passing themselves off as doctors, nutritionists, and medical experts. The basic questions of why is this person telling me this now, and fairly obvious that you need to have medical experts in your contacts book. Of course this means doctors and nurses, but it also means specialists. An expert the medical specialism which you are covering is likely to be more useful than a general practitioner.

Q Is there anybody I shouldn't interview?

A As a journalist your instinct should be to speak to a wide variety of people. But some people comment on health matters without being fully informed of the facts. It's clear that if you interview somebody who has a vested interest in selling a fake cure, you

risk amplifying their disinformation. For somebody selling a fake cure, they have to get you to disbelieve the mainstream science. Similarly if a religious leader wants you to mistrust

Q What kind of storytelling should I avoid?

A Don't be boring! Research by the Africa Resistance Network showed that very few people search for medical information, so you'll need to think about how to 'sell' this story. To get people interested in health journalism don't bombard them with statistics, or repeat facts people already know. Get to the point.

Don't forget to promote and trail your programme to get your audiences interested. It is likely you will need to promote on a range of channels. So you could trail your health radio programme aimed at youth audiences on Facebook or Twitter.

On the other hand, you should avoid sensationalist reporting. People have a right to privacy as to their health issues. You should not intrude on grief, nor photograph people receiving treatment without consent. Be guided by your audience. Use the language they understand, as well as the formats.





Unlike any pandemic in history, we have the power to change the way this goes.

Source: Tedros Adhanom, Director-General of the World Health Organization



REMOVE

THINK
BEFORE
YOU
SPEAK.
READ
BEFORE
YOU
THINK.

“Peer-reviewed journals may include the research of scholars who have collected their own data using an experimental study design, survey, or various other study methodologies. They also present the work of researchers who have performed novel analyses of existing data sources, such as the ones described in this section.”

Source:
(US) [National Library of Medicine](#)

Peer-reviewed journals

To report on health issues you need to know about peer-reviewed journals and their process. They are a vital source.

The process means that certain publications have a higher status than others, because you know that somebody with expert subject knowledge has read and understood the research which has been published. In some cases the research is supplied anonymously – this is called a ‘double-blind peer review’.

In all cases, important information like research methods [how the research was carried out] and sample sizes [how many people were studied] are published.

The National [Library of Medicine](#), some good examples of peer-reviewed journals which are publicly available.

But there are downsides. Peer review involves paying experts to be part of a time-consuming checking, review, and ‘sign off’ process. As a result peer-reviewed research has traditionally not publicly available without a (sometimes very high) fee. The richer universities are amongst the institutions that subscribe to the leading journals tend to be in the West.

To some degree, this has changed during Covid, and many institutions are making their research relating to the pandemic free to users:

PREPRINTS, AND PREDATORY JOURNALS

Also due to Covid, and the need to get information into the public domain urgently, there has been a rise in ‘preprints.’ These are: “open access versions of research papers shared ahead of official review or publication. Scientists post their manuscripts in open repositories known as preprint servers, where others can read and discuss the findings.”

There are, of course, challenges with putting out research which has not yet been fully peer-reviewed, and the practice makes many scientists uncomfortable: although the pace at which safe and effective vaccines have been produced is an argument in favour of faster access to less thoroughly-reviewed material.

Aside from arguments over access, the process itself has come under threat.

Unscrupulous actors, including individuals, commercial interests, and even nation state actors², understand that peer-review is so important, they have been known to fix the system by faking data, or using dubious journals to promote their research.

Certain journals have a better reputation than others, and at worst so called ‘predatory journals’ trick would-be scholars into paying a fee to publish articles, without carrying out the actual

MMR vaccine



‘Measles, mumps, and rubella’ (MMR) vaccines were first used in the 1960s, and is taken widely during childhood: WHO estimates that more than 23 million deaths have been prevented by the vaccine.

peer-review process to the required standard.

Some journals are downright scammers, where it’s possible to peddle research into fake cures.

Other journals are pretty niche. For non-journalists who don’t have a background in science, it can be hard to spot the news story in a long, complex academic research piece.

NOT PERFECT, BUT SELF-CORRECTING

Mistakes have been made, as they say. Whilst these are usually corrected in peer-reviewed journals as new data comes to light, these can be damaging. The high profile nature of a piece in a respected medical journal like the Lancet, for example, means that it will inevitably become news item.

In fact, one of the reasons some people across the world are ‘vaccine hesitant’ can be dated to falsified research in the Lancet which claimed a [false]

link between MMR injections and autism.³

The doctor who provided the hoax data was being paid more than \$200 per hour (in 1998!) by lawyers who wanted to launch a ‘class action’ on behalf of parents, and against the drugs companies involved.

His scam was discovered after the research was published, and he was ‘struck off the list’ of doctors in the UK. But his original research is still cited by antivaxxers around the world, and he continues to campaign against vaccines.

Finally, the world’s leading journals are published in rich countries. This has inevitably skewed the nature of research towards issues of concern in those countries, and excluded scientists in poorer countries.⁴

Sources/ further resources:

This is a long listen: but very good on how scientists describe risks compared to ‘regular’ people: and how this can be exploited:
<https://www.bbc.co.uk/programmes/m000l7q1/episodes/downloads>

¹ [More on open access journals at the Berkeley Library website](#)

² [More on predatory journals](#)

³ [More on the Lancet autism fraud](#)

⁴ [Scientists In Africa Wonder If There’s Bias Against Their Research](#)

[‘Deconstruct racism in medicine – from training to clinical trials’](#)

[‘Often African scholars are the victims of predatory journals’](#)

Evaluating health sources

EDITOR'S NOTE:

The scores on this page are certainly open to debate! The point is that when you decide who to interview and use as a source, you need to think about a range of factors. A health worker might have great knowledge, but can't speak on the record, whereas it's the health minister's job to do so.

All kinds of journalists need to cultivate sources, and be approachable. Ideally people should come to you, and this is one of the best parts of a journalist's job: turning people's concerns and tip-offs into stories that can have real impact. So be approachable, trustworthy and reliable. And know when to step away from your screen.

You should regularly speak with a wide range of people and triangulate and cross reference. An anonymous whistleblower might be good for early stages of the story about a hospital, for example. But you'll also want someone to speak on the record, and then give the hospital management the right to reply later on.

You are not obliged to use all the interviews you record. If somebody says something which is harmful, untrue, libellous, or not right for your audience in some other way, consider ditching it. Do not allow yourself to become the mouthpiece for false theories, and have the confidence to correct mistakes.

Religious leaders

Religious leaders are some of the most trusted people in certain communities. Many have a long track record in campaigning for the best possible medical healthcare for their congregations.

Having said that, some religious leaders have been known to be superspreaders of false information. Some are much better informed than others, and there have been some high-profile cases where religious leaders have gone against medical advice with disastrous results: at the very extreme end of things, some are faith healers who reject modern medicine.

Credibility	Varies
Audience	8
Accuracy	Varies

Other journalists

You would expect journalists to be curious and full of story ideas: and the best health journalists are well-informed.

Some journalists are lazy, however, and will reword press releases without proper fact checking and reproduce errors.

Credibility	8
Audience	8
Accuracy	Varies

Health influencers

As well as real doctors, this category includes people who are 'famous for being famous', or those who achieved celebrity doing something else. Some have a huge audience, but use their high profile to sell potions and fake cures.

For this to be successful, they have to get people to believe that 'mainstream medicine' does not work, and many musicians, sportspeople, and actors have shared provably false health information.

Credibility	5
Audience	10
Accuracy	Varies



You should regularly speak with a wide range of people and triangulate and cross reference

Health ministers

You might get an accurate and detailed statement, or an evasive answer. Either way, you'll need to do your research before interviewing a health minister. They are usually skilled communicators, and have been trained to stay 'on-message' when speaking to the media.

Ability to speak on the record 10

Audience 8

Accuracy No comment

Health workers at an NGO

People on the ground can be great sources. They are likely to be accurate, and a good source of information. The problem is that your audience might not be as interested in hearing a health worker as they would a more high profile figure: also they may be unable to make criticisms or say anything negative for fear of getting into trouble.

Credibility 10

Audience 5

Ability to speak on the record 3





How to spot fake medical news in ten seconds

It takes an experienced editor just a few seconds to spike a story or decide to allocate reporter time to it. These almost instant 'deverification' skills can be learnt: and once you've got the right mindset you'll save time and effort by rejecting stories which aren't right for your audience.

1. What's the story? And is it too good to be true?

For example, if it were possible to gargle away coronavirus with warm water, there'd be no need for lockdowns and vaccines. Both were amongst the fake rumours put out during the pandemic.

2. Or too bad to be true?

Also, early on in the pandemic, footage showed dead bodies piling up in the streets. In fact it came from a 2007 TV drama about a (fictional) deadly bird flu in Los Angeles. Variants which resurface include a Russian music video, and a German art performance. Sadly footage of an overcrowded Italian hospital in 2020 was real: although many people assumed that it was yet more fake footage.

3. What's the source?

No, the actual source... Where did this information come from? Not the sharer, your friend or colleague, who is a trustworthy, reliable, person. But the original source whom you don't know at this stage. This is where your OSINT skills come in. Although in most cases you don't need to do this. Instead:

4. Use a fact-checker

Using a reputable fact-checking site sites like [AfricaCheck.org](#), and the Poynter Institute's [Politifact](#) will save time, as most fake medical news has already been fact-checked by someone, somewhere. Also look out for peer-reviewed science in a relevant field. See if the story exists in a decent medical or science journal, or a global news outlet with a well-respected health desk

5. Watch out for false experts

People with a PhD in engineering, for example, aren't best qualified to talk

about immunology. It won't stop them, and in fact people with an academic background in a different subject can be quite effective at convincing non-academics that their theories are correct. In one case a prominent international anti vaxxer with UN credentials turned out to be a vet.

6. Discard the truth wrapper in any new information you receive.

People who spread fake news and generate conspiracy theories often mix fact and fiction. So yes, there is a 5G phone network in Wuhan, like many other cities. But it doesn't have anything to do with Covid-19.

7. Why is this being shared?

Often it can be quite easy to spot the motive of the person posting the information. Are they selling a product, or an ideology? Or are they motivated by proving scientists wrong?

8. Where has this appeared?

If you read something in Science or Nature magazine, you can be sure that it's been fact-checked by an actual scientist as part of the editorial process. In contrast, an article in an online publication like [Medium](#), or a YouTube video, Facebook, or a news outlet you haven't heard of, might have had little editorial filter. Outlets which are effectively self-published are often less accurate than those which have been rigorously edited.

9. Watch out for WhatsApp

One of the reasons people like WhatsApp is because it is anonymous and secure. This makes the original source of a WhatsApp message very hard to trace. Many false stories start with 'this is from an internal email for staff in x', or 'So and so works in the hospital and they heard y'. It's relatively rare that junior staff provide newsworthy information on WhatsApp that isn't already in the public domain.

10. 'Shhh, the mainstream media are too scared/biased/dumb to cover this cure,' reads the headline to an advertisement.

Or 'the medical industry don't want you to know this simple cure for xxx'. The cure it describes has usually been covered extensively already and debunked. This is clickbait. The 'mainstream media' are in competition for health stories that appeal to audiences, and do not work together to shut down items that might make them a profit.

11. 'Look, they are so scared of this story, they finally had to cover it'

is the Part Two of this. The problem is sometimes that the buzz about a fake news item, conspiracy theory means the mainstream media is 'forced to deny' something. Or, to put it another way, to disprove. Maddeningly this can amplify the story: so millions of people learned about the Bill Gates vaccine conspiracy through news bulletins.

12. Check the grammar and spelling of 'official' documents.

Many fake Covid-19 rumours were supposed to be from doctors, but riddled with basic language errors (as opposed to the poor handwriting for which they are allegedly famous).

What to ask in an interview

Naturally the questions you will ask will depend on your interviewee. But here are some suggestions for the kind of questions that can improve your health reporting. If you are a health communicator, expect to be asked this kind of question.

Q What did you have for breakfast?

Feedback: This is a 'classic' question used to test broadcasting equipment: making sure the levels are right, that your equipment is working, and that the background hum from a generator won't spoil your recording.

The idea is that you talk about anything but the topic of your interview. Leave that to the main body of the interview. People usually sound less 'fresh' when they repeat themselves, or are inclined to say things like 'as I told you earlier...'. It feels strange to ask off-topic questions at first, but people who are used to being interviewed will be used to this, or a similar question, and they will have confidence in you as an interviewer.

Explain why you are doing this: "This is just for the levels". It's better to do this than have to re-record the whole interview, and it can help loosen people up.

Q Cervical cancer risks can be complicated. Can you summarise the issue for readers/listeners?

Feedback: Questions like this, which give experts the chance to explain an issue for audiences, can be very useful. Sometimes we go in too deep on a topic, forgetting that our audience hasn't done detailed research into it!

Q Can you tell me your name and job title?

Feedback: Okay, so the president might be offended by this question; but most people will appreciate that you've gone to the effort to get this right. It's amazing how some journalists will copy and paste an old or inaccurate job title rather than get this right. You should interview lots of people, and it's useful to have this at the top of the interview.

Bear in mind that sometimes people give themselves long and fancy job titles that you'll need to simplify:

"The lead spokesperson for external media and public affairs correspondence with responsibility for social media interactivity and visioning and Afrovox Public Limited Corporation Precious Ngwale,

issued the following statement."
Can become: "Precious Ngwale, a spokesperson for Afrovox,"

Q According to the Daily News, you have said that a vaccine for cholera is not necessary in Zanzania. And yet the World Health Organisation's report into the issue last year said that it would save 3,000 lives. Who's right?

Feedback: This question shows that you have done your research, and are to be taken seriously: that you cannot be fobbed off. It's based on a live example from a few years ago.

A government initially opposed vaccines and blamed citizens for being unsanitary. This resulted in pressure on the government to fix infrastructure and provide vaccines. You can only ask this kind of question if you've done your desk research. It's quite a 'tough' question, for later in the interview!

Q Why should we use mosquito nets?

This is an open-ended question, which is a good thing. Nervous interviewees in particular can be very literal. So if you ask 'should we use mosquito nets?'

they sometimes say 'yes' rather than explain why.

Q Is there anything else you'd like to say on the subject to the audience who might be concerned about this topic?

Feedback: On page 40 we talked about interview styles, and the importance of getting the tone right. Clearly if you are holding a politician to account, or interviewing a peddler of fake medicine, you would think twice about giving them an opportunity to answer a question like this.

But this question works best for friendly or informational interview types: most health experts will be glad to be given the opportunity to remind people of their key facts. You might want to add something about contact details, or be even more specific in the summing up questions.

Remember to follow up, thank the interviewee, and if they are a 'good talker' with specialist knowledge, add them to your contacts book, and follow up with them on a slow news day.

Summary



- Choose a quiet location
- Test levels and equipment
- Get name and job title 'on tape'
- Warm up with easier open ended questions
- Don't allow people to ramble on
- Mix open-ended questions with those that show research

AND FINALLY...

Record some 'room tone' for when you come to edit. Smile, and make eye contact. And don't be afraid to re-record a section if you are interrupted and you can't use the audio. Start from the last question: no need to record the whole interview.



Sport-for-development



Using “sports to achieve crucial outcomes for children and youth, such as learning, health, empowerment and protection,” according to UNICEF. As well as the benefits of physical activity itself, ‘S4D’ programmes often have a learning component. The [East Africa Cup](#), for example, promotes homework clubs, AIDS education, and first aid classes using the power of sport to encourage youth participation.

Given that some parts of Africa are experiencing an obesity epidemic, encouraging physical activity amongst all age groups, is something that many health journalists feel is important.

“Sport has the power to change the world. It has the power to inspire. It has the power to unite people in a way that little else does. It speaks to youth in a language they understand.

Source: Nelson Mandela

Health reporting checklist

Is this story right for your audience?

Just because the story is appearing in international media, this doesn't mean it's relevant for your audience. Maybe they are sick of the story? Use your editorial judgement.

Have you done your desk research?

Get to know the subject well and cross reference. Get those with better medical knowledge to explain the issue before you think about publishing.

Have you prepared for your interview?

Original interviews are at the heart of journalism; choose the right interviewees, and ask questions on behalf of your audience.

Have you written a killer intro?

If people stop reading or listening before the end of your first paragraph, you've failed. You'll need to work hard to draw audiences in. There's more on intros on page 26.

Is the research you quote peer-reviewed?

You need to be sceptical (not cynical). If a scientist tells you that he has a new wonder cure for cancer, Covid, or even the common cold, you should immediately be wary. This is the age of miracle and wonder, when it comes to health breakthroughs, and an exciting time to be a health journalist. But you need to do some further research to work out whether claims are true.

Have you used plain language?

"Everything must be made as simple as possible, but not one bit simpler," to paraphrase Einstein. Don't repeat medical terminology you don't understand. Explain it, and rephrase if it's helpful for your audience.

Is your source reliable?

Is the quoted scientist is supported by a reputable organisation such as a hospital or university? Even then, be sceptical before you write anything. Big pharma has PR teams which promote their products.

But have the findings have been published in a peer-reviewed journal? If so, this means that independent experts have checked your scientist's methods, facts and conclusions.

Have you cross referenced?

Even if the findings have been published, this does not guarantee that you have a story. All it means is that the science has been scrutinised. Check with other experts whether the findings are really likely to make a difference.

Have you followed the money?

Are you aware of financial and ideological agendas? Try to find out where the money to fund the research has come from. If your scientist has been sponsored by a pharmaceutical organisation, there will be an underlying agenda. Drugs companies want free publicity, as this can increase their share

prices. Even charities and pressure groups have agendas. If they issue a report which praises the research they have funded, this can help them raise more money. It may or may not be a good story, but make sure that you are not being used as a PR tool.

Have you offered right to reply?

It is good practice to give the people you report on the chance to give their side of the story. Give them reasonable time to respond, but don't spike your story if they refuse to comment, and let your audiences know. "We contacted GreatEastern about their safety protocols, but they declined to comment."

Is your finished piece accurate, balanced, and fair?

In an established media house, an experienced editor should review your work. As well as checking for style, typos, and accuracy an experienced sub-editor will check that your story is legally safe. If you are a blogger working alone, run these checks yourself, or better still, get someone else to have a look. It can be hard to spot your own mistakes!





How to build a contacts book

Nurturing contacts is a vital skill. Experienced reporters can draw upon a vast network of sources, both formal and informal. Some will be officials and others will speak only off the record.

Protect your sources

These days, a contacts book refers to all your digital contacts, and is unlikely to be in a book form. You should protect these sources; this includes keeping the details of anonymous sources secure, and understanding informed consent. (page 35) Don't get people into trouble, and take appropriate security measures (see overleaf).

Be varied

The health beat is a big and interconnected, so your contacts book this will depend on your exact specialism.

Be balanced

A journalists' contact book shouldn't just be people you already know. Reach beyond your immediate circle, actively seek out people from outsider groups and with different perspectives from your own.

Make sure you have 'good talkers'...

Guests who are happy to be interviewed, including those who can explain complex topics well, and speak confidently on-air if required.

...But beware pseudo experts

Some people are too happy to be interviewed, and will talk confidently about subjects which are beyond their expertise; at worst, some will regurgitate what they've heard in other media, or use the spotlight to put forward their own theories and 'cures'.

Remember the 'little people'

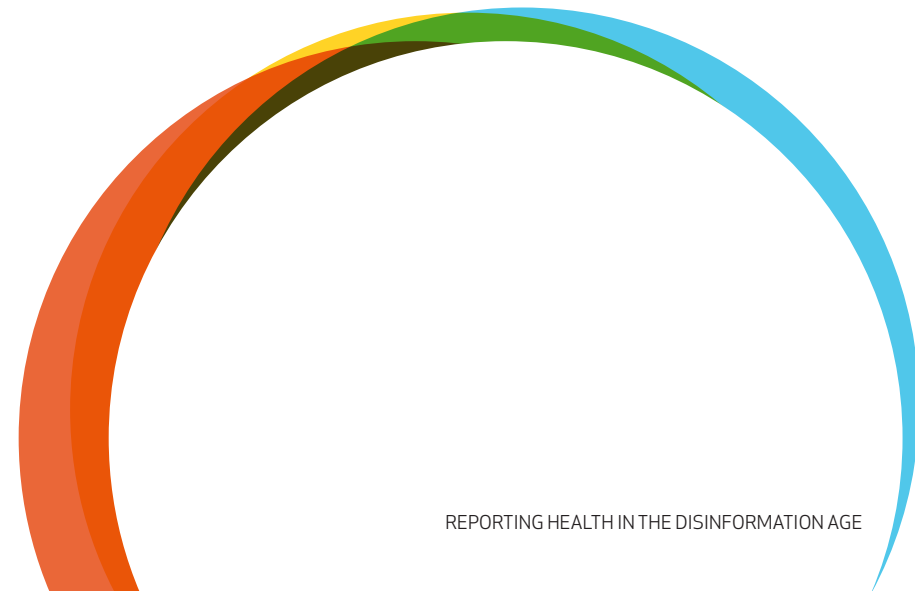
Don't just include seniorspokespeople. The tendency for some reporters to seek out only the most senior staff inevitably reduces the diversity of voices.

'Reach out' to sources

If you are trusted and approachable, people will come to you. Work out how to be available, whilst filtering out time-wasters and managing expectations: you can't write personally to hundreds of people per day.

Don't get too chummy

Over-reliance on existing contacts should not stop you from going out and speaking to people. Go outside of your tribal, political, age, and economic group. And watch out for politicians who have a tendency to brief against rivals, both inside and outside of their party.



Staying safe checklist

Editor's note: It should go without saying that covering health stories should not make you a casualty. This list may be useful for anyone planning to visit a hostile environment as a journalist.

Before travel you should discuss with your editor and/or other local knowledge who can offer specific local advice.

1. Plan, prepare, and take precaution

Have you researched the risks with the same diligence that you would investigate a story? Have you made an adequate risk assessment? Have you made (discreet) enquiries with colleagues and others as to the potential dangers of your reporting? Have you remembered to bring your facemask, mosquito net, and medical ID?

2. Double check your travel plans

When journalists are get killed or suffer serious injury, it tends to happen in a vehicle, war zone, or other specific hostile environment. Have you found out where these places are? More than a million people a year are killed in traffic accidents. Steps like checking your vehicle is safe, wearing a seatbelt, and making sure your driver isn't drunk, can be life-saving. Get recent local knowledge on whether it's safe to travel on a particular road, especially at night-time.

3. Stay healthy

Are you fit enough to travel? Do you have water, food, and medication? Do you need a first aid kit? Have you considered

mental health impacts you might face when reporting traumatic events?

4. Dress appropriately

It sounds strange, but wearing the right footwear at a demonstration is important advice for young journalists. Have you chosen clothes which are practical, help you blend in, and are appropriate for the assignment?

5. Assess the situation

Demonstrations are newsworthy events, and reporters will want to cover them; but remember that both protesters and authorities see you as a target. Have you assessed where stampedes may occur and identified your escape route? Have you made sure an accident site is safe?

6. Carry accreditation (usually)

In most circumstances it's important to identify yourself as a reporter. Have you brought ID to show people at a crime scene, for example? Undercover reporting requires exceptional editorial reasons, plus risks if you are caught.

7. Be digitally secure

Have you made sure that nothing you carry can incriminate you or your sources? (see previous page) Some people carry a disposable 'burner' phone, and remove data from their drives and devices when on assignment, in case they are detained.

8. Consider a buddy system

Filming can mean you lose peripheral focus and put yourself at risk. If you don't have the luxury of working as part of a crew, can you work with other journalists to support each other?

9. Tell people where you are

Have you made sure that somebody knows when you are due back? So that if you are kidnapped or illegally detained, someone will be looking for you?

10. No story is worth your life...

...and sometimes you have to walk away from a situation to stay safe and healthy. Sometimes you need to take advice from the relevant health organisations in the area you are planning to travel on:

Sources: This list was adapted from one written by the same author for the UNDP.

There are several other more detailed guides to journalists safety. The [Reporters Without Borders](#) safety guide for journalists is a useful resource, and the [Committee to Protect Journalists](#) has good checklists.





Further resources

HEALTH REPORTING RESOURCES

The [Africa Resilience Network](#) website a good start!. It includes a detailed list of useful health resources online, as well as several related articles written by Kenyan and Nigerian journalists.

There's also [Covid-19: the Africa Story podcast](#) the ARN podcast. The [World Health Organisation](#) website is a comprehensive and useful resource. [Scidev.net](#) aims to bring science and and development together,

EDITORIAL GUIDELINES/STYLE GUIDES

[BBC's Editorial Guidelines](#)
[Republic guidelines \(Nigeria\)](#)
[Nation Media Group \(Kenya\)](#)
[Economist Style Guide](#)
[Guardian Style Guide](#)

FACTCHECKING SITES

[AfricaCheck](#) (Africa)
[Full Fact](#), (UK)
[AFP Fact Check](#) (France)
[Snopes](#) (USA)

MEDICAL JOURNALS

During the pandemic many [medical journals](#) shared their information free of charge.. This may not continue indefinitely, but journals like [the Lancet](#), and [the British Medical Journal](#) are amongst the journals which have dropped their paywalls. [The African Journal Partnership Programme](#) facilitates exchange between African research and the rest of the world. 'Is peer review flawed?', asks the Journal of the [Royal Society of Medicine](#).

JOURNALISTS' SAFETY

International organisations like the New York-based [Committee to Protect Journalists](#) and the Paris-based [Reporters Sans Frontières](#) are useful organisations for journalists looking for material on safety. The [IFJ](#) represents journalists around the world.

POPULAR SCIENCE AND MATHS FOR JOURNALISTS

There are specialist for journalists who want to improve their maths, including [this](#) from Harvard-Kennedy, and [datajournalism.com](#) has some excellent resources for reporters.

SOCIAL MEDIA

The best place for scientists and health experts on social media is probably Twitter, where academics often share research, [argue](#), and debunk false or misleading science stories in the media. Just following Ben Goldacre's feed ([@bengoldacre](#)) is a science education in itself: he also wrote the [Bad Science](#) and [Bad Pharma](#) blog and books. Big organisations like [@UNICEF](#) and [@GlobalFund](#) are all worth following. Remember to follow the regional variations: so you can follow [@WHO](#) (international) [@WHOAFRO](#) (Africa) and [@WHONigeria](#) (Nigeria) You can use hashtags to catch up on a particular disease ([#malaria](#)). There are various useful round ups of [who to follow](#) on Twitter and remember: you can approach people directly for interview via Twitter.

AND FINALLY...

Tired of empty rhetoric? This guide to online debate is funny and true: http://earthjay.com/radio_shows/econews_20170213/LogicalFallaciesInfographic_A3.pdf

Endnotes

p5/6

¹ see the [ARN website](#) for more details

² for the latest vaccination stats, [Our World In Data](#) is a good resource

³ visit the [WHO website](#) for background

p10/11

¹ Heart disease statistics from [WHO](#)

² 91% of the world's HIV-positive children are African, say [UNICEF](#)

³ Covid-19 stats from [Institute for Health Metrics and Evaluation](#)

p 22/3

[Universal Declaration of Human Rights](#), proclaimed in 1948

p 28/9

¹ [Readable](#) is probably the best-known

p 34/5

Source: IWPR's [Reporting For Change](#) handbook.

91% of the world's HIV-positive children are African

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The vaccination timeline was drawn from a range of sources, including [Science News](#)



The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Source: World Health Organization constitution, 1946. All African countries are WHO members, and the current president is Ethiopian biologist Tedros Adhanom