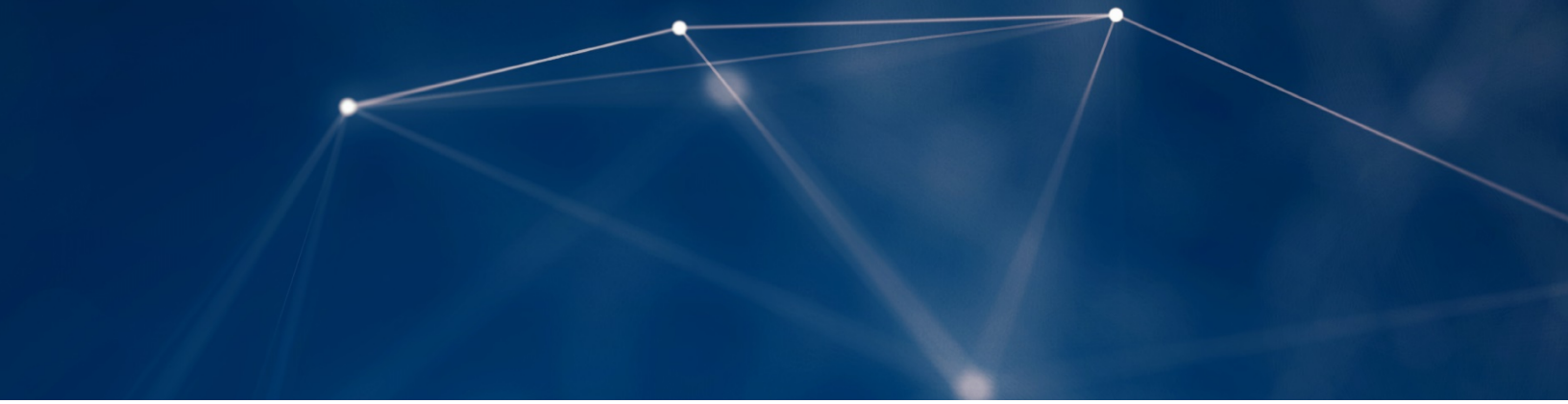
Research Report

An Exploration of the Lived Experience of African Journalists During the 2014 Ebola Crisis



WFSJ
World Federation of Science Journalists

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Executive Summary

In the digital era, one would think that factual information could spread like viruses. Yet, in the case of the 2014 Ebola outbreak in Western Africa, which claimed over 11,000 lives, the virus propagated faster than reliable data, leaving local journalists facing both an unprecedent epidemic and a shortage of credible information.

This report explores the experiences of local journalists during the 2014 Ebola outbreak. Produced by researchers in Department of Journalism at Concordia University (Montreal) and the World Federation for Science Journalists (WFSJ), it examines key professional, technological and social elements impacting journalists and leading to the information crisis that surrounded Ebola. Achieved through qualitative surveys, face-to-face semi-structured interviews and an open access online survey with members of the WFSJ, the findings highlight the experiences of participant journalists including:

- 81% facing challenges while producing journalism about Ebola;
- The important role of credibility during the crisis, with 93% of participants expressing a pressing desire to improve the use of credible information during such outbreaks; and
- A clear difficulty with contacting experts and working in a non-collaborative environment.

As shown in the report, it was not so much the accessibility but the credibility of information that often felt to be missing during the Ebola outbreak. According to the participants, effective journalism for future health crises thus requires improving real-time collaboration between the health sector, governmental agencies and journalists, as well as the use of verification tools.

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Report Context

The unprecedented 2014 Ebola (EVD) viral epidemic in West Africa[1] was not just a health crisis. It was also a crisis of information. After heavy criticism that thousands of deaths were avoidable, the World Health Organization (WHO) acknowledged this crisis of information saying "[t]he Ebola outbreak points to the need for urgent change"[2]. Beyond the devastating outcome of EVD, the epidemic highlighted the ineffectiveness of using top down messaging to reach and inform various communities and publics, as well as the challenges journalists faced in bridging information gaps between scientists, NGOs, development and government agencies, and local communities. Research is needed to better understand the elements that could improve future journalism during infectious disease outbreaks.

This brief report therefore continues the emerging and important discussion about how to improve journalism during crisis situations related to health[3]. Research has shown the media both shape consumer expectations and interpretations of health interventions and influence how people think about their need for care and the sustainability of the system.[4] Thus, given that the majority of the public obtain information about health care from the popular media, understanding and improving knowledge transfer from the experiences of journalists to health care professionals, scientists, scholars and government officials is critical. It is intended that the current report will encourage discussion and research in this field, as well as add valuable baseline data to shape ongoing work by the *World Federation of Science Journalists (WFSJ)*.

[1] Osterholm et al. (2015). *JAMA internal medicine* 175.1: 7-8.

[2] http://www.cbc.ca/news/health/who-s-ebola-response-forcing-agency-to-reflect-reform-1.2930947

[3] Hallin and Briggs (2015). *Media, Culture & Society* 37.1: 85-100; Secko and Roos (2014). *First Do No Harm: Reporting on Health and Healthcare.* Oxfordshire: Libri Publishing (pp. 57-65); Secko and Smith (2010). *Canadian Journal of Communication* 35(2): 265-274; Capurro, G., Secko, D. M. (2013). "Final Report: Pitfalls in Health Policy Reporting," World Café on Health Policy Reporting.

[4] Soroka, S., Perceptions and Media Coverage of Canadian Healthcare, CHSRF Commissioned Research, November, 2011.

Report Methods

The objective of this report was to explore the lived experience of African Journalists and begin to explore the key professional, technological and social elements required for effective journalism during emergency and post-outbreak periods. This question was explored through a qualitative survey, face-to-face semi-structured qualitative interviews, and an open access online survey with members of the WFSJ. All participants gave their informed consent to participate and the work was approved by the research ethics committee of Concordia University (Montreal).

QUALITATIVE SURVEY (57 PARTICIPANTS)

Between September 2015 and February 2016, 57 participants of four WFSJ journalism training workshops on Ebola were qualitatively surveyed. These workshops occurred in the Ivory Coast, Liberia (Monrovia), Sierra Leone and Guinea Conakry. They were designed to support on-the-ground communication and build the capacity of local media to undertake high quality health and science journalism. See Appendix for more information on this sample.

QUALITATIVE INTERVIEWS (33 PARTICIPANTS)

As part of the four training workshops, 33 participants who covered the Ebola crisis daily and weekly were selected for an in-depth interview. Participant selection was based on knowledge and experience level with the 2014 Ebola crisis. The interviews occurred in Ivory Cost (30%), Liberia (31%), Sierra Leone (18%) and Guinea Conakry (21%). They sought to better understand the lived experiences of participant journalists and the challenges they faced during the crisis. The participants predominately worked in radio (61%), with others working in print (18%) or a mix of media types (21%). No journalists who worked in TV with the required knowledge and experience were present, so this perspective is not included in the sample. Of the participants, only 4 of 33 interviewees defined themselves as a "science journalist", "health reporter", or "health journalist". The interviews were completed in French or English based on preference.

ONLINE SURVEY (133 PARTICIPANTS)

Following the qualitative survey and interviews, an online survey was distributed to 680 African journalists who were identified by the WFSJ as relevant to this work. The survey contained 24 questions and was available in English or French. In total, 68 participants (51%) answered in English and 65 participants (49%) answered in French (133 total; 19.5% response rate). Of the 133 respondents, 16 participants did not produce journalism on Ebola during this period and were therefore excluded from completing questions directly related to the outbreak (i.e., for some questions only 117 participants answered the questions).

DATA ANALYSIS

Analysis followed the knowledge organization methods of Given and Olson[5].

[5] Given and Olson (2003). *Library & Info Sci Res* 25: 157-176.

Results

This study was exploratory in design and the results are closely linked to the experiences of those surveyed and interviewed. As such, any results should be viewed as a sub-set of those likely to exist in the wider community. Nevertheless, with this caveat in mind, this brief report focuses on four dominant categories that cut across the professional, technological and social elements arising in the data[6]. Results are purposefully described with limited reference to a single individual and are best viewed as a set of emergent themes to guide the development of post-EVD responses.

THEME 1: SOURCES OF INFORMATION AND THE COMMUNICATION ECOSYSTEM

Sources of information are important during a health crisis as they can guide the framing of coverage and influence the tone of news. It is therefore important to gauge how journalists negotiated between the different types of sources available to them and made meaning of the information they accessed in the field. It was clear from the workshop survey that journalists who covered Ebola in 2014 collected information in **six main contexts**, but stated the clear importance of gaining information 'on the ground' and from official communication sources (Table 1).

Table 1. Contexts used by participant journalists to collect information

Rank	Context of information collection	Description
1	On the ground	First-hand information obtained through physical presence from survivors, communities, health practitioners
2	Official communications	Information from direct contact with official sources (e.g. prefectural, ministries of health, the office of national security)
3	Online	Use of a wide variety of information gained from indirect contact (e.g. use of WHO, CDC and universities websites)
4	NGOs	Use of NGOS (e.g. MSF, Unicef) without specifying how this information was accessed
5	News media	Use of radio, talk shows, news and TV to gain information
6	Telephone access	Specific use of health care lines and phone-in radio

[6] Additional results and analysis will be forthcoming in a variety of academic publications.

These informational contexts are predicted to be somewhat linked to sources used by journalists during the outbreak. We defined a source as any person, document or organization that provided information used in a participant's journalism. In the online survey, the 117 participant journalists[7] who covered Ebola made use of 14 types of sources (see Table 2, which is divided between journalists responding in French or English). Table 2 shows the heavy use of the WHO and CDC (99 of 117 journalists; 84.6%) and local Ministries of Health (97 of 117 journalists; 82.9%) as a source. Somewhat in contrast to the suggested importance of 'on the ground' information in Table 1, local authorities (ranked 6th), community leaders (ranked 8th) and Ebola patients and survivors (ranked 10th) were reported as used less frequently by participants of the online survey. This may be due to the wider sample in the online survey group reporting on Ebola from afar, as opposed to those who attended workshops in affected countries

Table 2. Sources used by participant journalists to collect information

Rank	Source	English survey	French survey	Total
1	WHO and CDC	52 of 59	47 of 58	99 of 117 (84.6%)
2	Ministry of Health and National Ebola Response Centre	50 of 59	47 of 58	97 of 117 (82.9%)
3	Doctors, nurses, health workers	39 of 59	39 of 58	78 of 117 (66.7%)
4	International journalism	30 of 59	44 of 58	74 of 117 (63.2%)
5	NGOs and UN agencies	36 of 59	34 of 58	70 of 117 (59.8%)
6	Local authorities and government officials	33 of 59	31 of 58	64 of 117 (54.7%)
7	University, research center and scientific papers	24 of 59	34 of 58	58 of 117 (49.5%)
8	Community leaders	24 of 59	18 of 58	42 of 117 (35.9%)

[7] As noted in our methods, 16 of the 133 participants did not produce journalism on Ebola and were excluded from answering this question; this left 117 participants to answer questions specific to their coverage of the outbreak.

9	Local newspapers	22 of 59	18 of 58	40 of 117 (34.2%)
10	Ebola patients and survivors	28 of 59	11 of 58	39 of 117 (33.3%)
11	Rural, local and national radio	15 of 59	17 of 58	32 of 117 (27.4%)
11	Local and national TV	13 of 59	19 of 58	32 of 117 (27.4%)
13	Traditional healers	9 of 59	3 of 58	12 of 117 (10.3%)
14	Mullah and priests	4 of 59	7 of 58	11 of 117 (9.4%)
15	Other	4 of 59	6 of 58	10 of 117 (8.5%)

Interviewed journalists echoed the results in Table 1 and 2, speaking about the need to seek a diverse set of sources from all layers of society.[8] As an exemplar, one journalist explained:

> I went to the victims, […] Ebola is highly technical and it is the same thing with many other science stories, so it is not enough for a journalist to go to attend the press briefing then come and present that as a concrete story. With Ebola, you have to work very hard, you have to get very many sources, so I…was trying to get information from victims, from the side of the government and then also from the experts…

It was, however, made clear by interviewed journalists that some sources were prioritized over others. Reasons for prioritization are addressed in the next section.

THEME 2: CONDITIONS FOR THE USE OF INFORMATION IN THE COMMUNICATION ECOSYSTEM

While understanding what sources journalists used during the 2014 Ebola outbreak is important, it is equally valuable to explore the conditions that impacted the use of one source over another. In the online survey, participant journalists were asked to report on the ease of access to the sources listed in Table 2 during their coverage of Ebola. Journalists could respond by noting that a source was easy, difficult or neutral in terms of access (see Table 3).

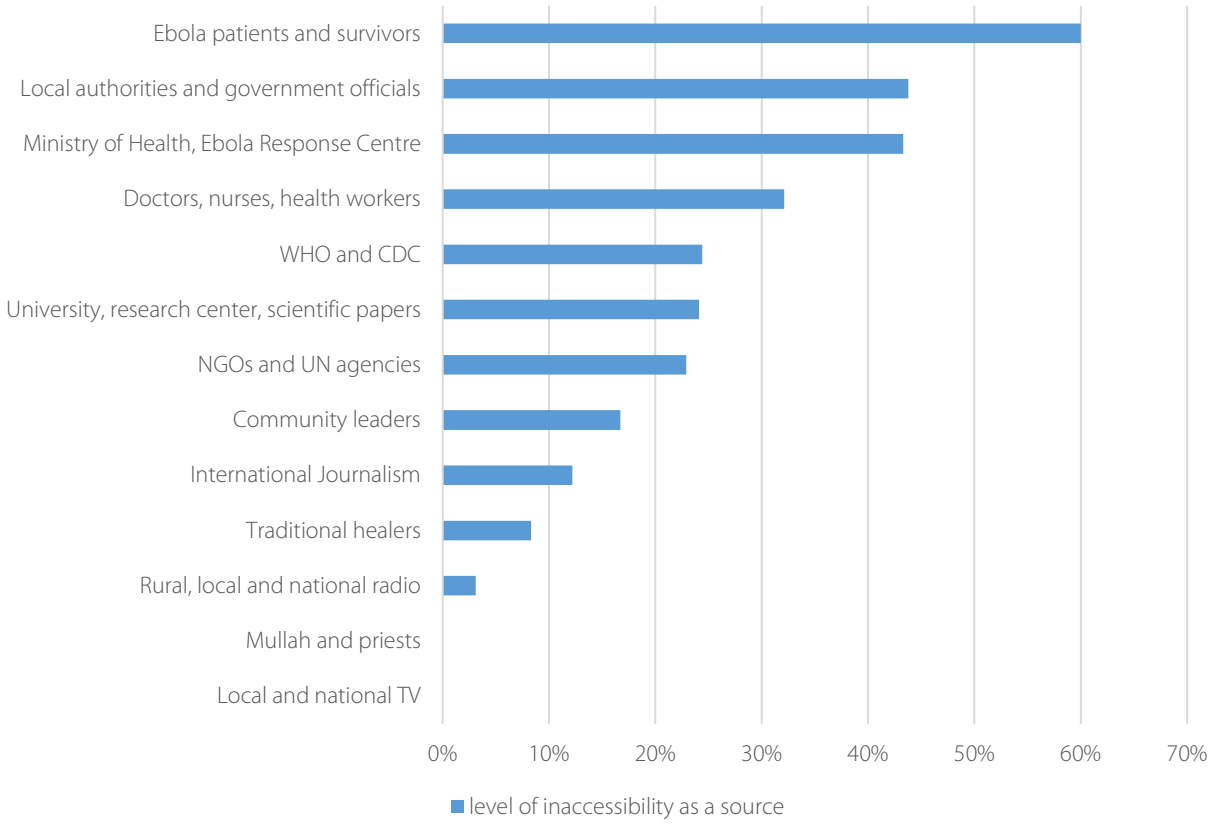
[8] For a more complete analysis of these interviews, please see: http://spectrum.library.concordia.ca/981299/

Table 3. Ease of access to sources used by participant journalists to collect information

Rank	Source	Easy	Difficult	Neutral	Total
1	WHO and CDC	64	24	12	99
2	Ministry of Health, Ebola Response Centre	44	42	11	97
3	Doctors, nurses, health workers	41	25	12	78
4	International journalism	59	9	6	74
5	NGOs and UN agencies	42	16	12	70
6	Local authorities and government officials	31	28	5	64
7	University, research center, scientific papers	34	14	10	58
8	Community leaders	31	7	4	42
9	Local newspapers	35	1	4	40
10	Ebola patients and survivors	10	23	6	39
11	Rural, local and national radio	29	1	2	32
11	Local and national TV	31	0	1	32
13	Traditional healers	9	1	2	12
14	Mullah and priests	10	0	1	11
15	Other	9	0	1	10

Participants were not required to respond to all source types, and as such, Table 3 is a representation of both level of access and source priority as seen in Table 2. Ease or difficulty of source access does not, however, match the ranking of source use and thereby suggests that ease is unlikely to be the only factor driving why a participant accessed one source over another (see below). Nonetheless, table 3 reveals that the Ministry of Health and Ebola Response Centre were the most difficult to access, followed by local authorities and government officials. Only Ebola patients and survivors were deemed as *more difficult than easy* to access. All other sources gained more "easy" responses than "difficult". This result should not diminish the fact that a percentage of journalists found various sources difficult to access as shown in Figure 1.

Figure 1: Level of inaccessibility as a source of information



While accessibility is important, the interviews revealed an additional six criteria that were at play in the selection and use of sources (see Table 4). Furthermore, almost all the interviewed journalists agreed that credibility, not accessibility, was the key criterion when it came to selecting sources to cover Ebola. As one journalist explained:

> […] you have to make sure that your source is credible; you don't want to report something that will distort a certain message that you have going across.

The criterion of credibility was spoken about were reference to the issue of trust, in this case stemming from the belief that a source is not seeking to distort or manipulate scientific evidence to their interests or advantage. The interviews also made it clear that participants combined an assessment of credibility with accessibility (timely and easy responses), the ability to do quick verifications on accuracy, and the closeness of the source to the ground, among other selection criteria. The importance of these criteria varied depending on the situation and a journalists' need for a particular story, but often blended all seven criteria (Table 5) with notions of social responsibility, meaning whether the source could be held accountable.

Interviewees also explained a general feeling that due to the magnitude and complexity of the Ebola outbreak, it was important to start with experts or specialists to be sure of the information. This may explain some of the ranking

of the WHO and CDC as sources in Table 2. The use of CDC and WHO experts was followed by using the local government, and/or communities as sources to a minor extent. Only a few interviewees prioritized Ebola patients and survivors. This highlights a key outcome of the interviews: few journalists started with patients or those directly experiencing the Ebola outbreak, even though those that did spoke emphatically about the importance of this point.

Table 4. Seven criteria used by participant journalists to select their sources

Criteria of source selection	Definition from interviewees
Credibility	The ability to find a source that is trusted and reliable to provide information that is verifiable
Accuracy	Whether or not the information provided by the source is true, and if it fits with the numbers
Relevance	The level of importance of the information to a current story
Accessibility	The ability to communicate easily and in a timely fashion with the source
Proximity	Whether the source has a real feel of the crisis because they care for the sick or were exposed to the disease
Expertise	Specialized knowledge and ability to explain medical terms without jargon
Influence	The amount of power or authority that the source has with a community or group

THEME 3: CHALLENGES FACING PARTICIPANT JOURNALISTS

One of the key interests of this study was to explore the challenges faced by participant journalists during their time covering Ebola. When asked if they faced any challenges while producing journalism about Ebola, 81% (95 of 117) of participants of the online survey answered that they did, providing a clear indication of issues that are important to rectify.

Those interviewed spoke[9] of challenges that involved: (a) **political factors** involving the reluctance of government officials to communicate with and inform journalists; (b) **geographical factors** involving the remote coverage of the crisis; (c) **cultural factors** stemming from a lack of understanding of the cultural habits and practices of the affected

[9] For more information see pp. 68-75 here: http://spectrum.library.concordia.ca/981299/

population; (d) **economic factors** involving a lack of money for coverage; and (e) **technological factors** such as a lack of access to the Internet.

The relative importance of these factors, however, was not clearly distinguished in the interviews. This did become clearer in the online survey, when the 95 participant journalists who reported challenges were asked if they faced various issues (Table 5). This resulted in a relative ranking that placed (1) a difficulty contacting experts, (2) separating rumours from fact, (3) accessing transportation, and (4) accessing documents, as the most reported issues for those covering Ebola. This ranking points to the importance of informational concerns for participants, while suggesting that fewer in the sample experienced social and political pressures. Again, this should not diminish the fact that a percentage of journalists reported facing political pressure that may reverberate through wider media coverage.

Table 5. Ranking of issues experienced by participant journalists covering Ebola in 2014.

Rank	Issue encountered	English survey	French survey	Total
1	Difficulty contacting experts	30 of 49	37 of 46	67 of 95 (70.5%)
2	Difficulty separating rumours from facts	34 of 49	18 of 46	52 of 95 (54.7%)
2	Difficulty accessing transportation	22 of 49	30 of 46	52 of 95 (54.7%)
4	Difficulty accessing document sources	26 of 49	25 of 46	51 of 95 (53.7%)
5	Difficulty accessing protective equipment	27 of 49	22 of 46	49 of 95 (51.6%)
6	Information was not clear	25 of 49	19 of 46	44 of 95 (46.3%)
7	Difficulty accessing technology (e.g. internet)	17 of 49	20 of 46	37 of 95 (39%)
8	Sources did not believe Ebola was real	13 of 49	20 of 46	33 of 95 (34.7%)
9	Difficulty communicating with sources (language barriers)	11 of 49	9 of 46	20 of 95 (21%)
10	Social pressure within the community	12 of 49	6 of 46	18 of 95 (19%)
11	Political pressure	9 of 49	8 of 46	17 of 95 (17.9%)
12	Afraid of being stigmatized	9 of 49	3 of 46	12 of 95 (12.6%)

The existence of informational concerns in Table 5 points to importance of how credible scientific information is effectively used. In the qualitative survey, 54 of the 57 participants (95%) reported that the credible use of information needs to be improved when dealing with outbreaks of the magnitude of Ebola. Similarly, in the online survey, 93% of the participants agreed that the credible use of information should be improved. When asked an open-ended question on the problems preventing access to credible information on Ebola, participants gave 212 responses that could be categorized into nine ranked types (Table 6).

Table 6. Challenges faced in accessing credible information on Ebola

Rank	Challenge	English survey	French survey	Total
1	Lack of collaboration	30 of 97	52 of 114	82 of 211 (38.8%)
2	Misinformation	36 of 97	23 of 114	59 of 211 (27.9%)
3	Technical / material issues	9 of 97	12 of 114	21 of 211 (9.9%)
4	Fear	2 of 97	18 of 114	20 of 211 (9.5%)
5	Cultural barriers / illiteracy	9 of 97	3 of 114	12 of 211 (5.7%)
6	Stigmatization	5 of 97	3 of 114	8 of 211 (3.8%)
7	Lack of training	5 of 97	2 of 114	7 of 211 (3.3%)
8	Other	1 of 97	1 of 114	2 of 211 (0.9%)

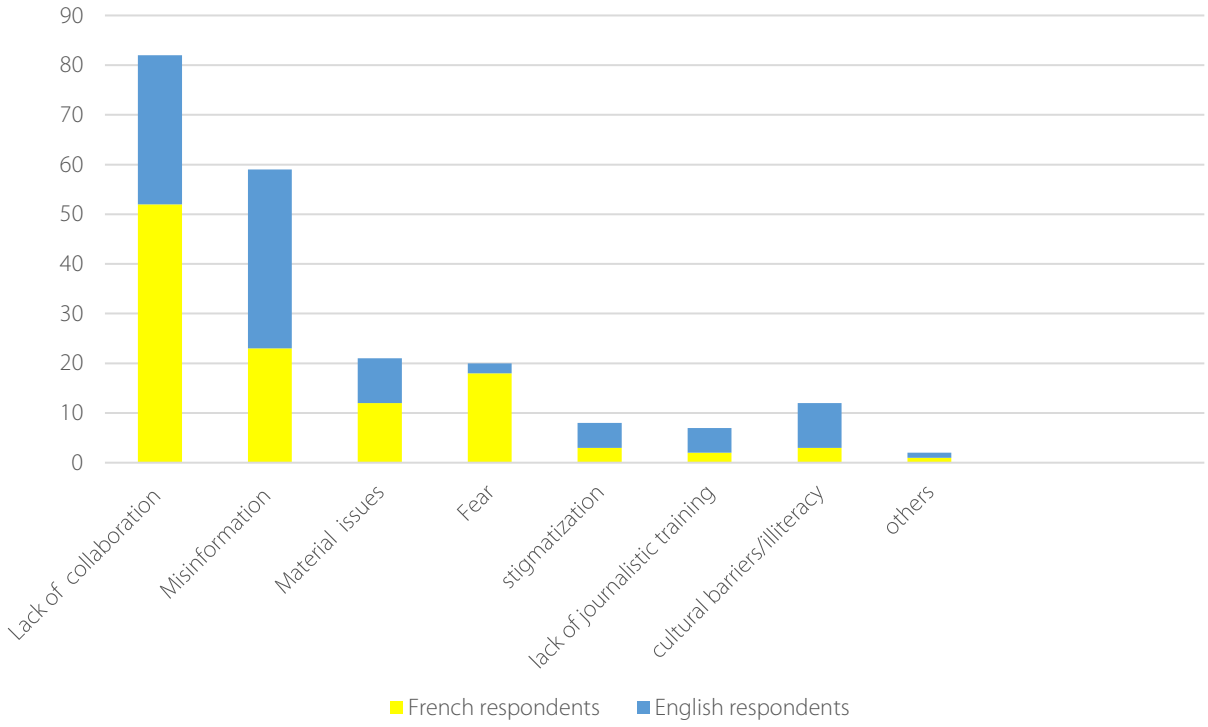
The responses show a typology of issues faced by participant journalists (Figure 2). The highest ranked issue (~39% of answers) was a perceived **lack of collaboration** with authorities and health professionals, particularly with reference to withholding, hiding, controlling and manipulating information in many ways. This was seen as fostering delays and as political interference that resulted in the growing misinformation during the crisis. Many respondents pointed out that health specialists and doctors did not collaborate with the media because they needed governmental authorizations to do so. However, the survey analysis also revealed a perceived absence of cooperation from health professionals, whether experts, doctors or health officials, with no direct link to governmental restrictions.

The second reported challenge was **misinformation** (~28% of answers) and encompassed all answers mentioning the multiplication of rumors based on fake information and sources, the ignorance of the disease, the overload of

information, and the difficulty to accurately cross-checked information. Those responding in English particularly insisted on the nature of these misrepresentations, expressing concern of a dearth of misleading messages from health officials and experts, as well as by the lack of coordinated messaging in an overall context of distrust towards the media.

The third reported challenge was **technical/material issues** (~10% of answers) that mainly involved problems of transportation and technology. Close behind this challenge was the fourth issue of **fear** (~9.5% of answers), which related to the fear public authorities showed towards fomenting panic, and journalistic fear due to worries about contracting Ebola. The proportion of the references to fear was different between French and English respondents, with the notion of fear much more clearly present in participants who answered in French (see Table 6).

Figure 2. Typology of problems preventing access to credible sources during the 2014 Ebola Outbreak



Several respondents argued that Ebola information was originally withheld by others due to a fear of fostering panic and spreading rumors. Some participants pointed out the economic reasons why governments did not want news of Ebola outbreaks spreading.

The fifth reported challenge was **cultural barriers/illiteracy** (~6% of answers), which noted illiteracy and some cultural beliefs (burials) as barriers to access credible information on Ebola, as well as the lack of news outlets that use local dialects. This was followed by issues of the **lack of journalistic training** and **stigmatization** (less than 5% each). Some participants commented on the long-standing issue of needing additional scientific training, which

made it difficult to cover the health crisis. In contrast, stigmatization was expressed as preventing survivors from expressing themselves in general and in the media.

THEME 4: SOLUTIONS PROPOSED BY PARTICIPANT JOURNALISTS

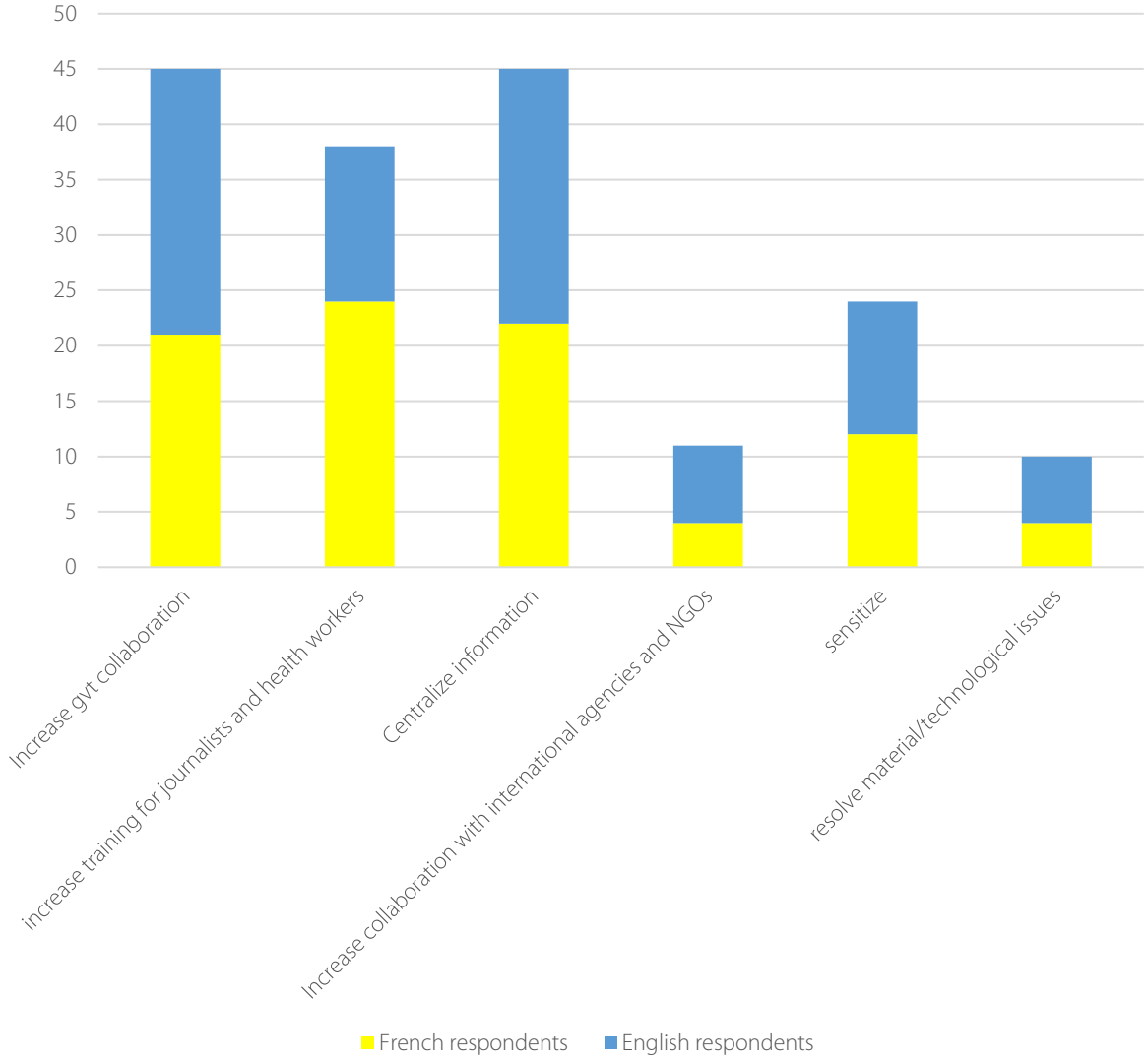
The final theme represents proposed solutions to the challenges faced by journalists who covered Ebola in 2014. An open-ended question on the solutions from participant journalists resulted 179 responses that could be categorized into seven proposals (Table 7 and Figure 3)

Table 7. Solutions to the challenges faced by participant journalists

Rank	Challenge	English survey	French survey	Total
1	Increase collaboration	24 of 86	21 of 87	45 of 173 (26.1%)
1	Centralize information	23 of 86	22 of 87	45 of 173 (26.1%)
3	Increase training	14 of 86	24 of 87	38 of 173 (21.9%)
4	Sensitize	12 of 86	11 of 87	24 of 173 (13.8%)
5	Improve efficiency	6 of 86	4 of 87	10 of 173 (5.7%)
5	Resolve technical/material issues	6 of 86	4 of 87	10 of 173 (5.7%)

First, **increasing governmental collaboration** (~26% of answers) and **centralizing information** with specialist input (~26% of answers) were proportionally the most recurrent answer provided by the participants. Many participants believed the lack of cooperation from the government and the unavailability of health professionals were the most important problems preventing improvements to science-based journalism during the Ebola outbreak. In particular, participants advocated for the creation of an information center, database, network or website that would provide journalists with accurate, credible and real-time information. There was a clear desire expressed for interactive discussions with experts during an outbreak, rapid ways to provide equipment, and the development of interactive maps or mobile application tracking the evolution of the disease. Participants called for the creation of an independent organisation/network that would react quickly (faster than the WHO) to provide journalists with three things: Personal Protective Equipment (PPE), technical materials to cover (camera, recorders, etc.), and useful information (easily usable journalistic material such as reports, statistics, understandable description of the disease and its symptoms, etc.)

Figure 3. Solutions to improve access to credible information during an infectious disease outbreak



With respect to the improvement of the relationships between the government and journalists, participants indicated two main directions: (1) work to stop political interference, and (2) ensure that local government collaborates more actively in the communication process. In the interviews, these relationship issues could be described as the **politicization of Ebola**, which was seen as highly influential on the 2014 media coverage. Interviewees spoke of governments failing to provide information in a timely fashion and, for some, providing information that was in disagreement with WHO figures (for example), or keeping information secret. As one journalist explained:

> l'information par le gouvernement…qui a l'effet pervers de pouvoir mettre les journalistes dans une paille administrative interminable…Donc l'administration dans ces lourdeurs a été un frein pour les

> journalists (it's often control of information by the government who has the unnatural effect of making journalists go through endless administrative procedures…so it is the administration, through its heavy procedures, that was a challenge for journalists)

The bureaucratic steps often led journalists to give up on the topic in frustration, which for some interviewees contributed to the reiteration of misconceptions and misbeliefs.

The third reported solution was to **improve training** (~22% of answers) so that journalists where better equipped to access and make use of any centralized health information system that may be created. Participants advocated for training by emphasizing the importance of training journalists in how to better use the tools already put at their disposal. As suggested by some participants, this could take the form of regular skype sessions with health and science experts accessed through a centralized database. During a health crisis, this system would enable journalists to access and share crucial straight-forward information rapidly.

This was followed by other solutions such as sustained **sensitization** campaigns outside the outbreak, improving the **efficiency** of the responses of international organizations and working to provide journalistic **funding** for transportation and better access to technology such as the internet or smartphones.

Conclusions

According to the CDC, the death toll from the 2014 Ebola Outbreak in West Africa was 11,310, in addition to the 15 deaths that occurred in previously affected countries.[10] Among the reasons for the rapid spread of the epidemic, misinformation appeared as an essential one. Whether this was due to a lack of expertise on the nature, origin and transmission of the virus, health infrastructure issues, or to the populations' distrust toward governments and journalists, along with conspiracy theories, the communication on the Ebola Virus Disease (EVD) has left room for improvement in how credible information is accessed and collaboration is maintained in a time of crisis.

Based on two surveys and semi-structured interviews led by researchers at Concordia University and in collaboration with the World Federation of Science Journalists (WFSJ), Fondation Hirondelle, African Associations of Science Journalists and Associations of Community Radio in West, Central and Eastern Africa, this brief report provided an exploration of some issues faced in the sourcing and production of journalism on Ebola in Western Africa, thereby highlighting aspects of the lived experience of African journalists involved in the 2014 Ebola Outbreak.

[10] In Guinea, Sierra Leone and Liberia, as of April, 13th 2016. For more information, see http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html

The presented results, and those found in the appendices, point to several key outcomes:

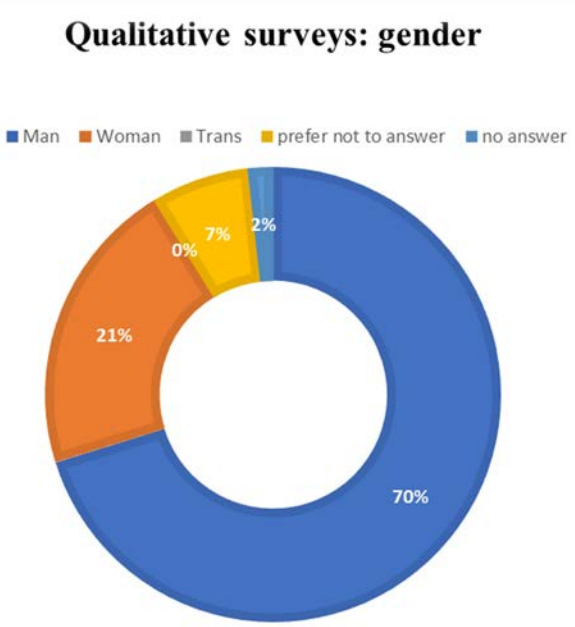
- 81% (95 of 117) of online participants faced challenges while producing journalism about Ebola;
- 93% of online participants agreed that the credible use of information during an outbreak such as Ebola needs to be improved;
- Credibility, not accessibility, was the key criterion when it came to selecting sources to cover Ebola;
- Difficulty contacting experts was the most highly ranked issue experienced by participant journalists covering Ebola;
- Local Ministries of Health and Ebola Response Centre were reported as the most difficult sources to access, followed by local authorities and government officials;
- Only Ebola patients and survivors were deemed as more difficult than easy to access;
- Few journalists started with patients or those directly experiencing the Ebola outbreak, even though those that did spoke emphatically about the importance of this point;
- Lack of collaboration was the highest ranked challenge preventing improved access to credible information;
- Increasing governmental collaboration and centralizing information with specialist input were proportionally the most recurrent solutions provided by the participants.

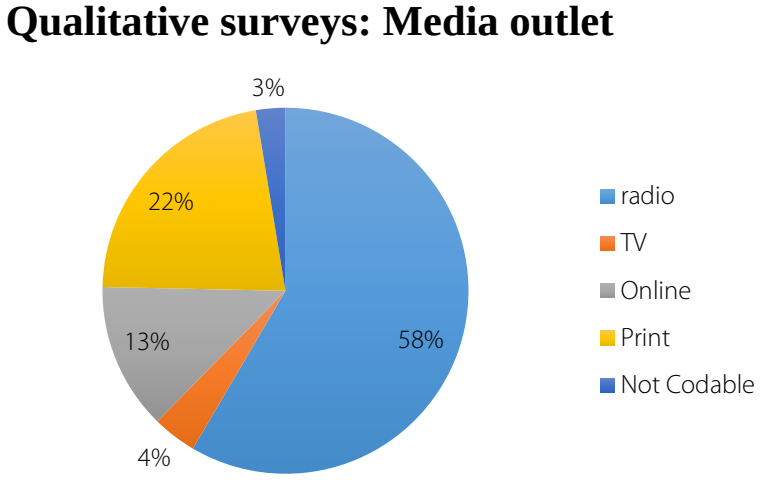
In conclusion, while these outcomes point to many questions for future research, they suggest the recurring need for increased capacity building through mentorship and training to improve available techniques of reporting health epidemics and, importantly, to anticipate health epidemics in the future. The journalists involved in this report used all of the means at their disposal to report on the 2014 Ebola crisis. They reported on the crisis to the best of their ability, putting their lives on the line in some instances. In sharing their experiences, they highlight the further need to increase real-time collaboration and the use of information verification tools between journalists and experts in preparation for the next outbreak.

Appendix

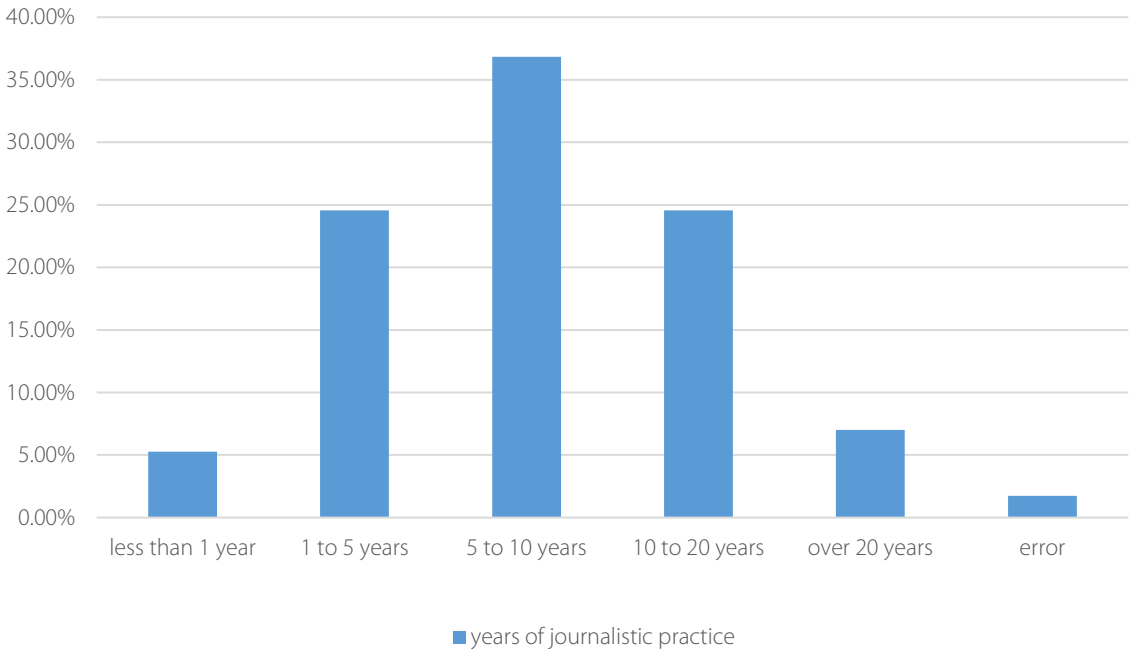
DESCRIPTION OF QUALITATIVE SURVEY SAMPLE (57 PARTICIPANTS)

Of those surveyed, 70% were male and 21% female, with 9% of participants preferring not to provide their gender or leaving the question blank. The participants came from all ranges of journalist experience (5% has less than one year experience; 24.5% had 1-5 years; 37% had 5-10 years; 24.5% had 10-20years; 7% over 20 years) and 87.5% of them covered the 2014 Ebola crisis either daily or weekly. The journalism they produced during this period was for radio (58%), print (22%), online (13%) and TV (4%) outlets. As a result of this experience, those surveyed self-reported that after the outbreak they had high (49%) or moderate (47%) knowledge of Ebola.

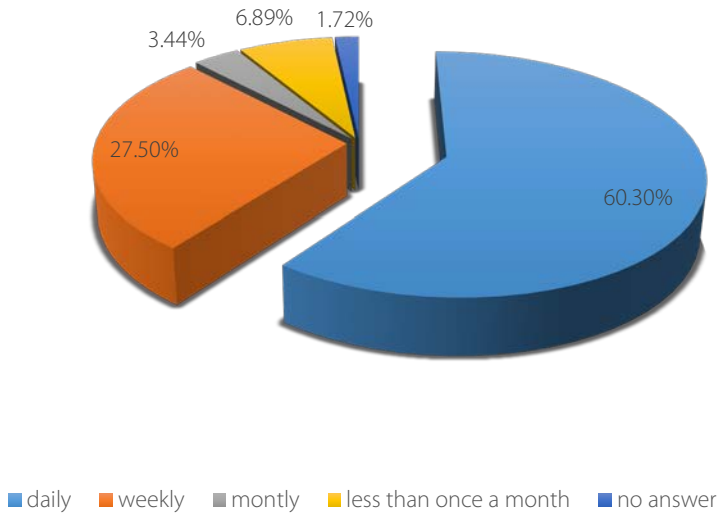




Qualitative Survey: Journalistic experience

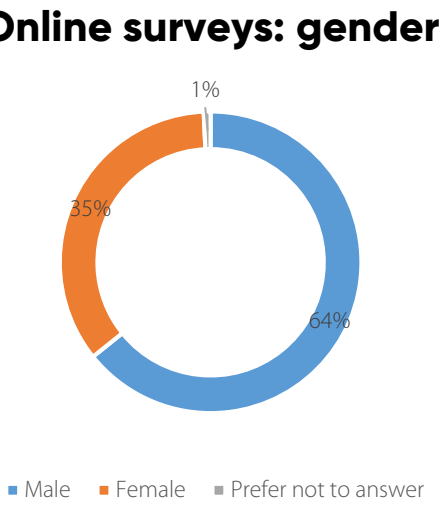


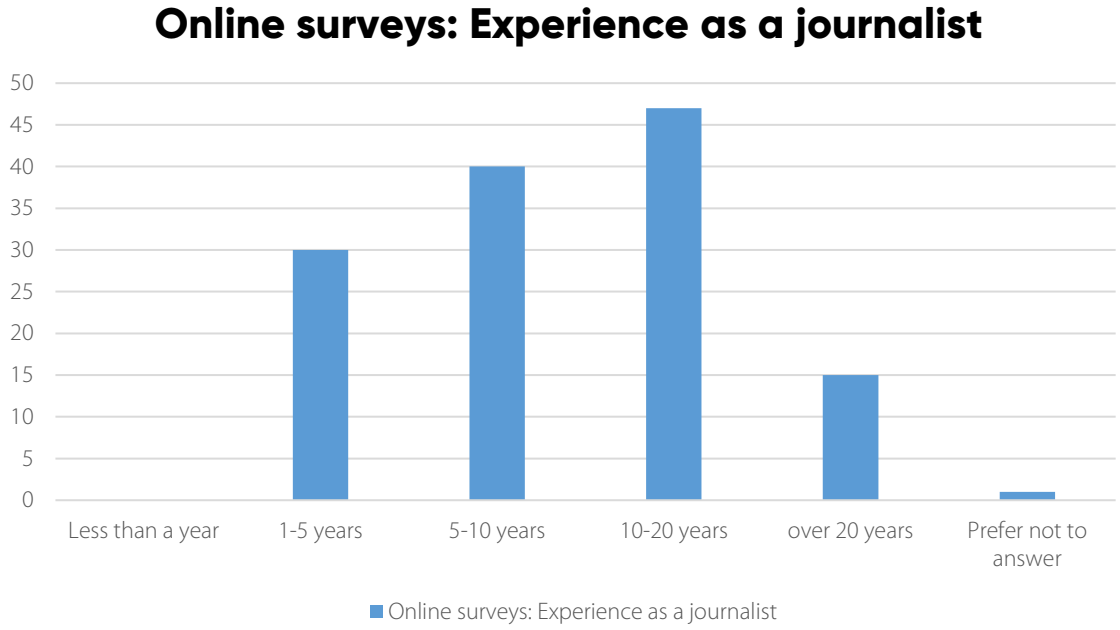
Qualitative survey: frequency of coverage



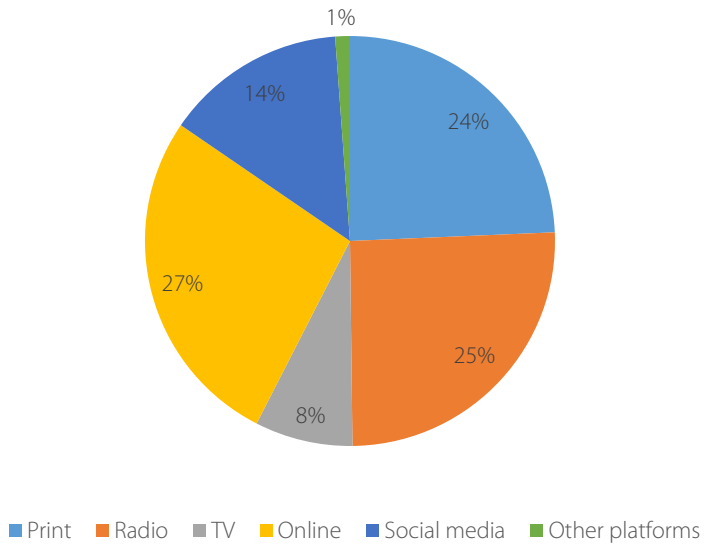
DESCRIPTION OF ONLINE SURVEY SAMPLE (133 PARTICIPANTS)

These participants produced journalism for print (29 EN; 34 FR), radio (35 EN; 31 FR), TV (9 EN; 11 FR), online (41 EN; 29 FR), social media (17 EN; 20 FR), and other platforms (3 EN; 0 FR). The market of this journalism production included local (13 EN; 23 FR), regional (24 EN; 24 FR), national (43 EN; 51 FR) and international (32 EN; 42 FR) levels. The media outlets of those surveyed where owned by government (9 EN; 20 FR), non-profit organizations (22 EN; 13 FR), private companies or individuals (36 EN; 29 FR), were independent (9 EN; 16 FR), or owned in other ways (5 EN; 7 FR). This set of participants reported producing journalism about the 2014 Ebola outbreak in West Africa either daily (45; 28 EN, 17 FR), weekly (34; 15EN, 19 FR), monthly (17; 8 EN, 9 FR), or less than once a month (21; 8 EN, 13 FR).

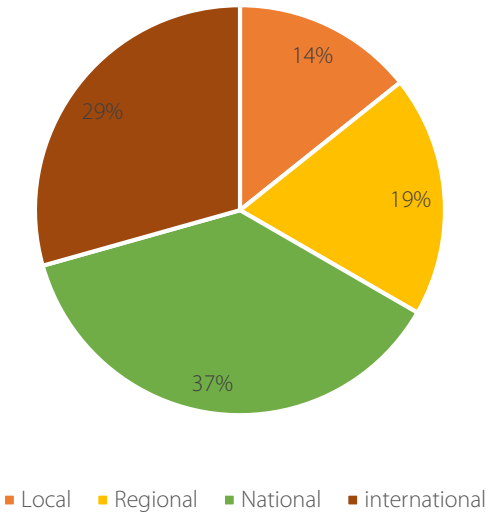




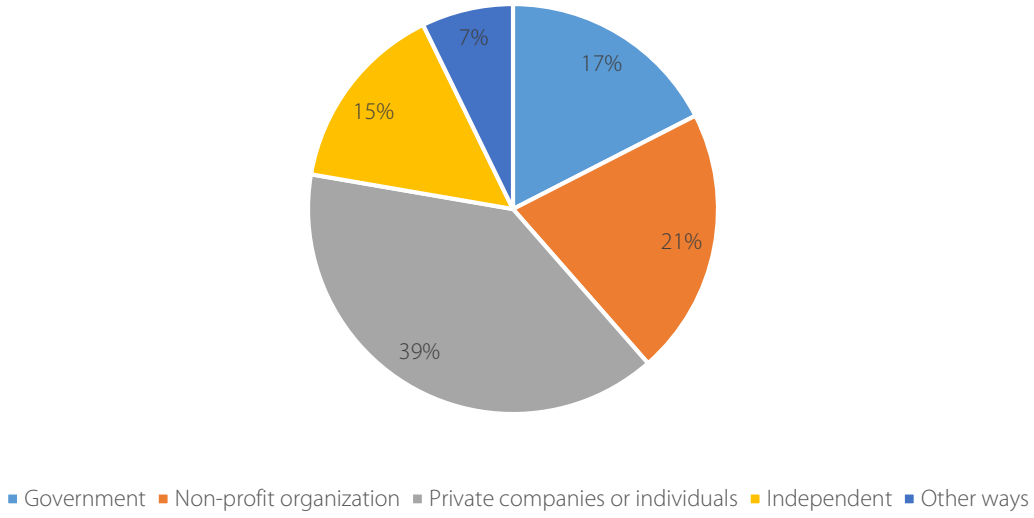
Online surveys: Media outlet



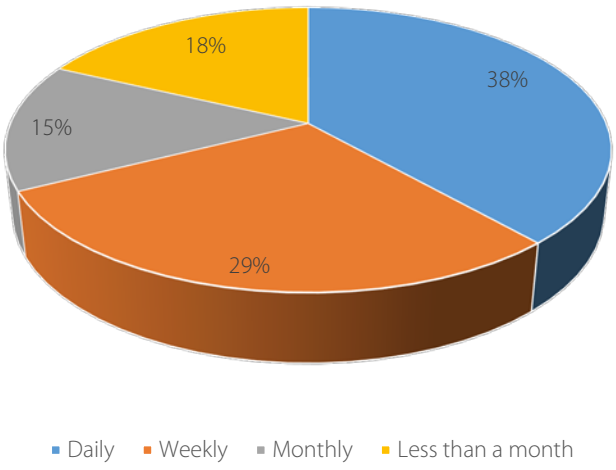
Online surveys: Market production



Online surveys: Market ownership

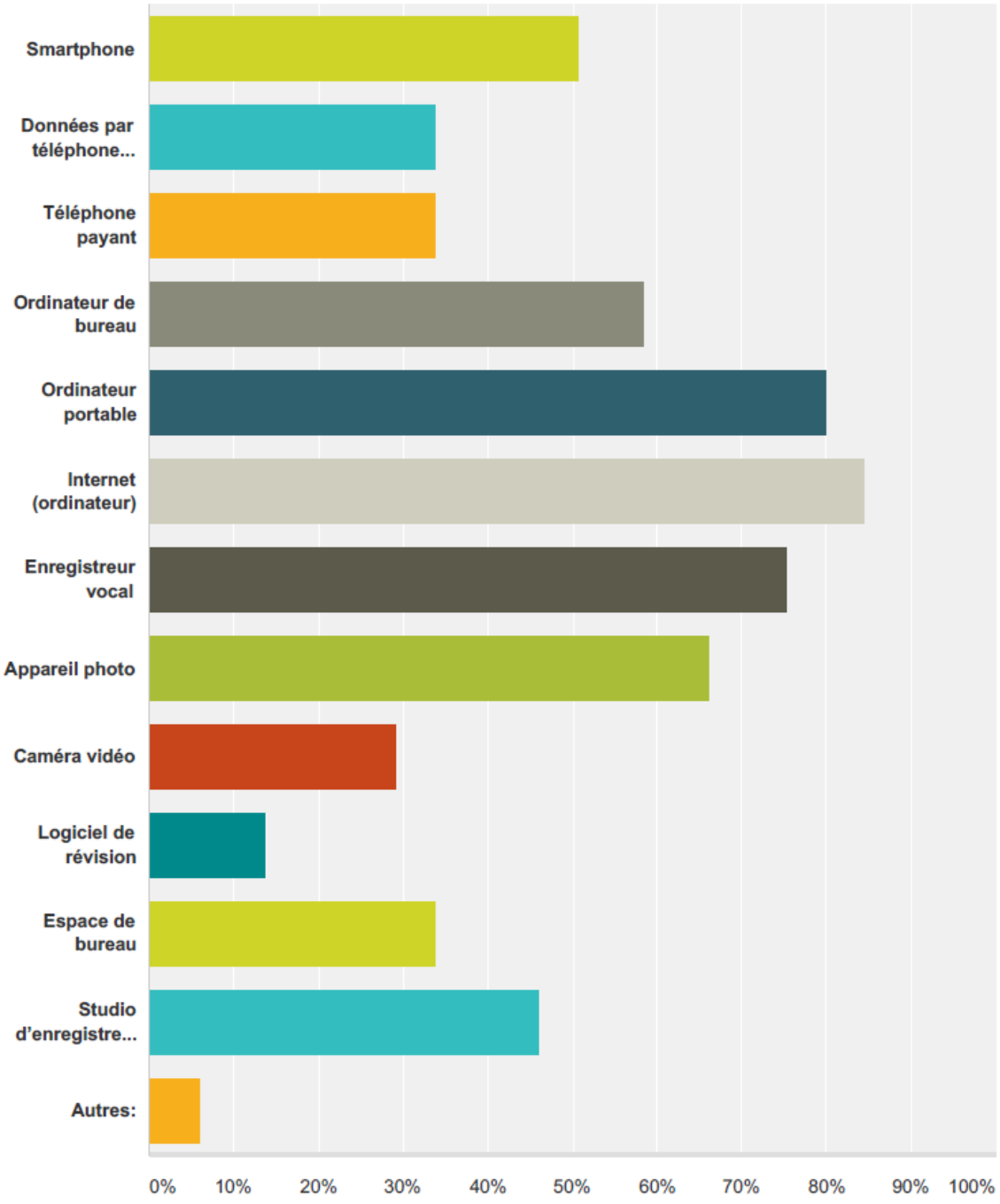


Online surveys: Frequency of coverage during Ebola

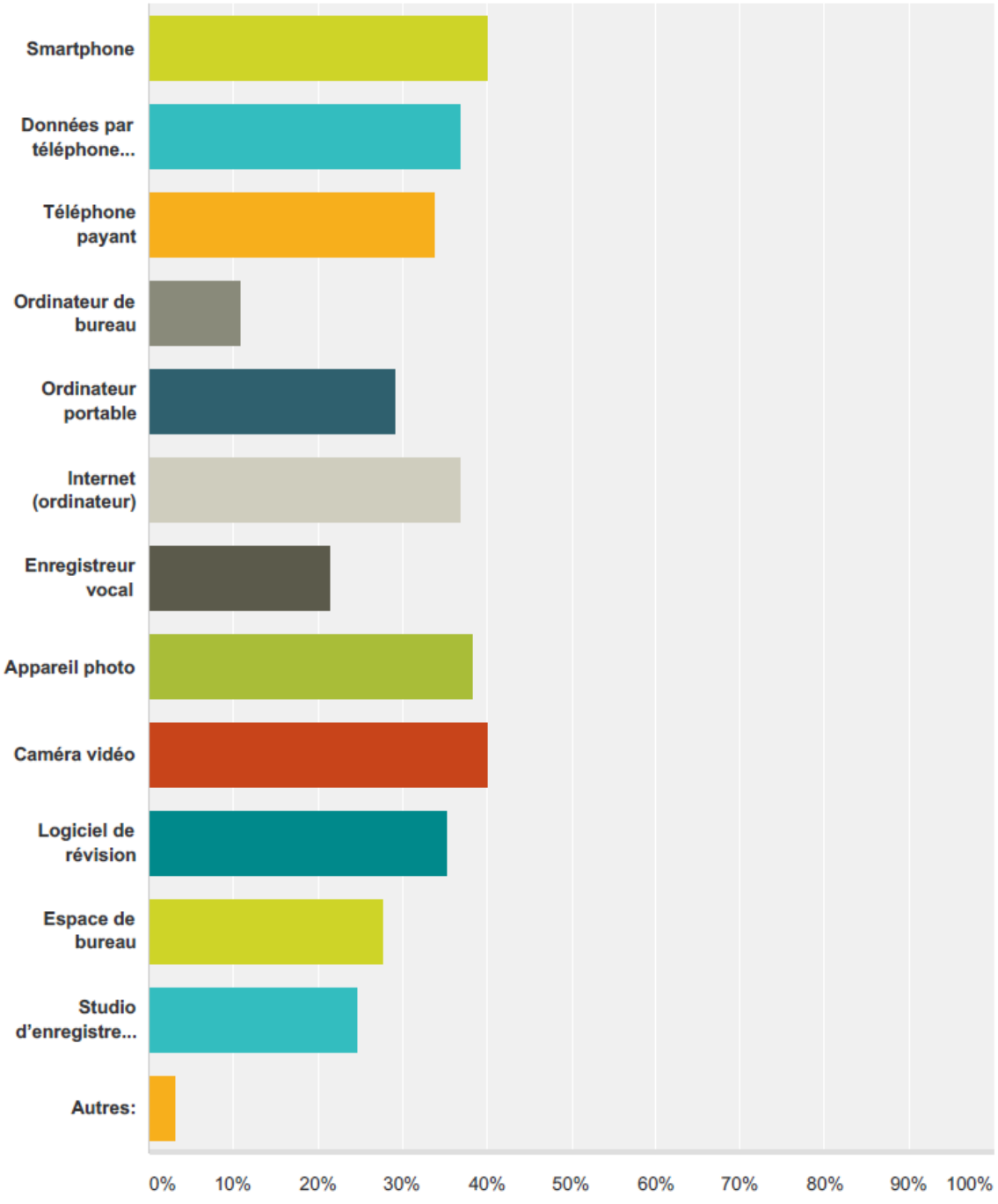


ONLINE SURVEY QUESTIONS RELATED TO TECHNOLOGY USAGE

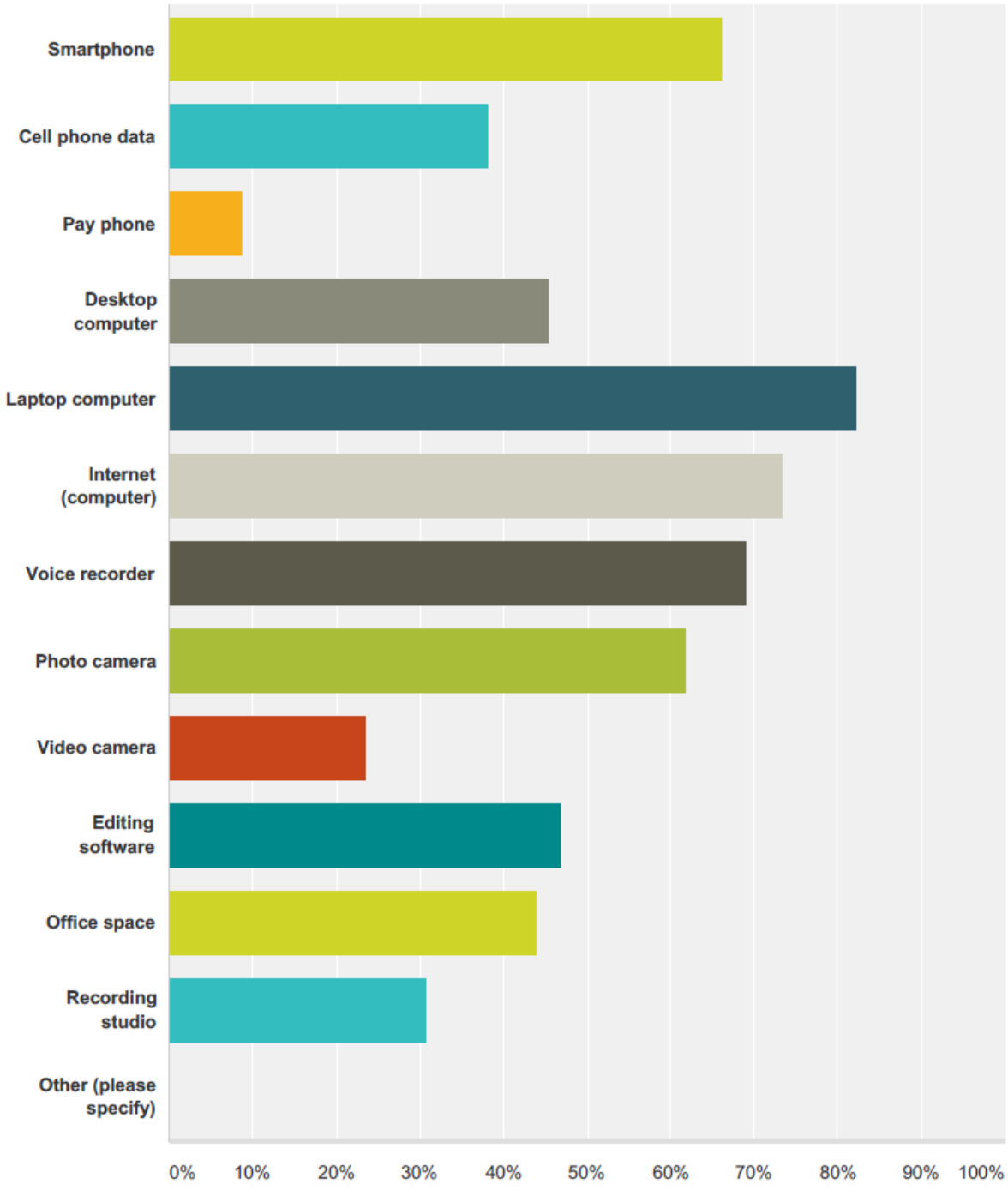
Quel(s) type(s) de technologie utilisez-vous quotidiennement pour effectuer votre travail de journaliste ? (choisir toutes les réponses qui s'appliquent)



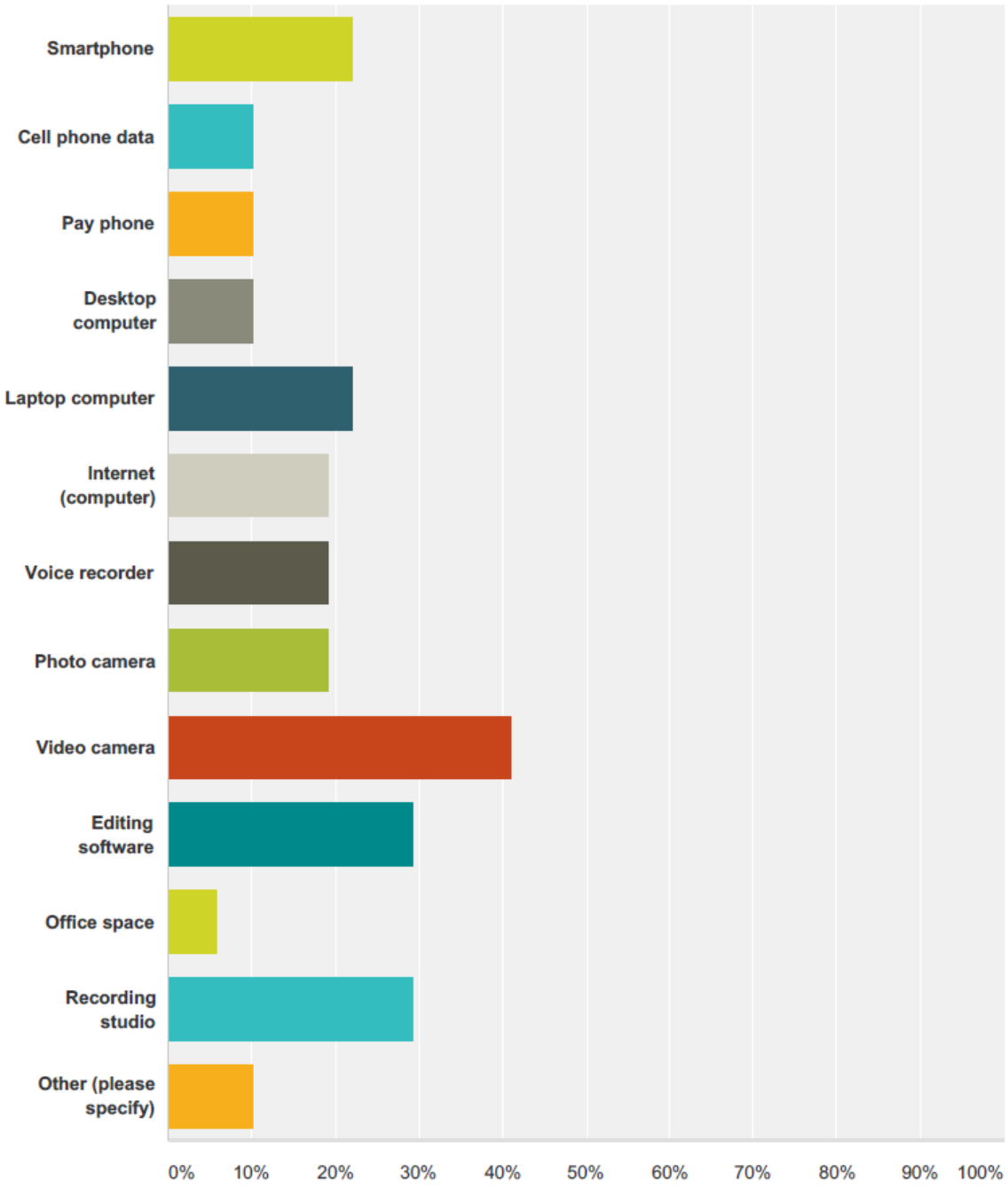
Quelle(s) technologie(s) vous fait(font) défaut, qui vous permettrait de mieux faire votre travail ? (choisir toutes les réponses qui s'appliquent)



What technology do you use daily to produce journalism? (Select all that apply)



What technology are you lacking, but would improve your ability to do your job? (Select all that apply)



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