

Editorial policy for Key Correspondents

The Key Correspondents Programme (KCP) aims to influence HIV and broader health policy, programming and financing at a local, national and international level by supporting Key Correspondents (KCs), with a particular focus on representatives from marginalised groups most at risk of HIV, to report the HIV, health and human rights stories that matter to them

The KCP is a network of citizen journalists supported by the International HIV/AIDS Alliance (the Alliance) which assists the network with mentoring, training and opportunities to be more widely heard

As part of the KC charter, KCs agree to produce work in line with this KC editorial policy.

KCs should write on the following core issues

- 1. HIV and the human rights of vulnerable groups:** Stories relating to those most at risk of HIV i.e. men who have sex with men, transgender people, sex workers, injecting drug users, prisoners, women and children in regard to criminalisation, discriminatory legislation, violations and hate crimes (including gender based violence), stigma from state/law enforcement agencies, healthcare providers.
- 2. HIV prevention and treatment:** Condoms, community sensitisation, public health education, harm reduction, access to services, financing, counselling and testing, ART, scientific advances, medical training for health workers
- 3. HIV and care:** Community-based care, home-based care, wider socioeconomic impact on carers, access to services, financing.
- 4. HIV, sexual and reproductive health and maternal, newborn and child health:** Family planning, sero discordant couples, parent to child transmission, breast feeding, male participation.
- 5. HIV and its links with other health issues:** TB, non-communicable diseases, neglected tropical diseases, healthcare resourcing and health systems, universal health coverage.
- 6. HIV, children and youth:** Children living with HIV, children impacted by HIV, families impacted by HIV, orphans, education
- 7. HIV and links with wider development issues:** Livelihoods, food security, emergencies, fragile states, poverty, governance, water and sanitation.

8. **HIV and the key players:** National and international donors, multilateral and bilateral agencies, the private sector including pharmaceuticals and health insurers, public-private partnerships, civil society, community engagement, post MDGs, corporate-social responsibility, health strengthening systems.

KCs should report these issues by telling these type of stories

- **Stories based on first person testimony:** Human interest stories/quotes to show how the issue impacts on the lives of individuals backed up by official, up-to-date statistics and quotes from people in authority/relevant experts.
- **Stories with a strong advocacy angle: Stories should demonstrate the effect of positive/negative policies and programming and in doing so could act as an evidence base to effect change.** Stories should show the impact a programme or intervention has had on someone's life or draw attention to problems and solutions in the HIV response. **Strong stories are those that are relevant to the KC audience (i.e. HIV related) timely and have impact.**
- **Opinions and comment pieces:** More opinionated/argumentative blog/comment pieces expressing your point of view on an issue, ideally including why you hold this view (relevant experiences, conversations you have had, links to other information sources).
- **Avoid:** Straightforward reports of a meeting or workshop, reworked press releases with no fresh content/angle/quotes included.

KCs should work to these journalistic standards

As citizen journalists and representatives of the KC programme the following standards are required:

Work must be original

Any work you submit in your name must be wholly your own work. You must clearly attribute information that is not your own to its original source.

Work must not be inaccurate, misleading or distorted information, including pictures

Submitting work that you know to be untrue, inaccurate or misleading seriously undermines your reputation and the reputation of the KC programme and must be avoided at all costs. Unknowingly submitting work that contains inaccurate or misleading information is a sign that sources have not been checked correctly.

Work must not be libellous or offensive

Libel is the communication of a statement that makes a claim, expressly stated or implied, that may give an individual, business, product, group, government, religion or nation a negative or inferior image. If a source you have spoken to makes a defamatory statement which is central to your story it is important to clearly attribute this as an opinion provide further evidence to the validity of this claim if appropriate and include the opposing view to balance this statement out.

Balance

It is important to remember that all stories are constructed – the way an introduction is written, the choice of people quoted and how they are quoted (in full or just certain phrases), the information given and the order it appears all serve to create the story's 'angle', which helps to inform the way the facts of a news story are understood.

Although you will write from a certain angle, good journalism will balance this angle by including an other, sometimes contradictory, opinion on the issue in question. This is called the 'right to reply'. For example, if you were writing a story about a mother criticising local health workers after her baby dies in labour you should include quotes from the health workers or from the health unit's spokesperson so that both sides of the story are reported.

Balance can be a delicate thing to get right, especially when writing about sensitive subjects such as sex workers and men who have sex with men. Regurgitating press releases from official sources and organisations without getting original quotes or putting it into a wider context (known as 'puff pieces') should also be avoided.

Evidence

Good journalism includes evidence in the following form:

- **Quotes from direct sources:** The closer to a story a source is the better. If you are writing about the issues facing someone living with HIV, interview someone living with HIV and include these quotes but change the name if the interviewee requires confidentiality.
- **Statistics:** For example, if you are writing a story about corruption at a particular centre and you are aware of a recent report on national corruption include these statistics in your article. Make sure you attribute them to the report.
- **Facts:** Always attribute new factual claims (e.g. 'the lack of ARVs in Mbale district is leading to a rise in new HIV infections, according to UNAIDS, who have conducted a report into the recent shortage'). If you are referring to accepted facts, there is no need to attribute (e.g. mosquitoes spread malaria).

Distinguishing between new information and accepted facts is a hard thing to do sometimes. If you are unsure, attribute the claim. If the editor thinks this is unnecessary they can remove the attribution.

Ethical conduct when reporting

- Everyone is entitled to respect for his or her private and family life, home, health and correspondence.

- It is unacceptable to photograph individuals in private places without their informed consent. Informed consent means checking the person understands how the photos may be used. (*For more on photography see later section*).
- A child under 16 must not be interviewed or photographed on issues involving their own or another child's welfare unless a custodial parent or similarly responsible adult is present.
- You must not, even if legally free to do so, identify children under 16 who are victims or witnesses in cases involving sex offences. Care must be taken that nothing in your report implies the relationship between the accused abuser and the child.
- You must not identify victims of sexual assault unless the victim consents to you doing so.
- You must not engage in intimidation, harassment or persistent pursuit in order to get a story.
- In cases involving personal grief or shock, enquiries and approaches must be made with sympathy and discretion and your work handled sensitively.
- You have a moral obligation to protect sources of information that request to have their identities kept confidential. It is unacceptable to put your source at risk by identifying them.

If you are ever unsure as to how to work to these standards or need advice on ethical conduct contact the KC Programme Support Officer

Language

Language shapes beliefs and may influence behaviours. Considered use of appropriate language has the power to strengthen the global response to the HIV epidemic. Please use language that is non discriminatory in your work by following this guidance (for further information see [UNAIDS' editors' notes for authors](#)):

Acronyms

Try not to turn people into acronyms. Acronyms dehumanises people. Say 'a person with a disability' rather than PWD or 'men who have sex with men' rather than MSM.

Drug use

'People who use drugs' is the preferred term to describe drug users. This term, influenced by the term people living with HIV, is used to assert that people who use drugs are more than just a risk group. They are people first and foremost.

It is also acceptable to use injecting drug user to refer to the particular subset of people who inject drugs. Injecting is the behaviour that is the focus, and so sometimes injecting drug user is more specifically relevant. Sometimes, for brevity, use drug user. Avoid terms like drug addict, drug abuser or junkie as they are stigmatising and have negative values attached to them.

Sex work

The term 'sex worker' is intended to be non-judgemental and focuses on the working conditions under which sexual services are sold. Sex workers include consenting female, male, and transgender adults and young people over the age of 18 who receive money or goods in exchange for sexual services, either regularly or occasionally. Do not use the term prostitute.

If children are involved, refer to commercial sexual exploitation of children.

Men who have sex with men

The term describes males who have sex with males, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but have sex with other men. However, abbreviations should be avoided whenever possible. Writing out the term in full is preferred.

Women who have sex with women

The term women who have sex with women is useful as it includes not only women who self-identify as lesbian or homosexual and have sex only with other women but also bisexual women as well as women who self-identify as heterosexual but have sex with other women. As with the term 'men who have sex with men' it is preferable to write out the term.

Transgender

A transgender person has a gender identity that is different from his or her sex at birth. Transgender people may be male to female (female appearance) or female to male (male appearance). It is preferable to describe them as 'he' or 'she' according to their gender identity, i.e. the gender that they are presenting not their sex at birth.

People living with HIV

Avoid 'AIDS patient', 'AIDS victim' or 'AIDS sufferer' as these imply the individual in question is powerless, with no control over his or her life. It is preferable to use 'people living with HIV', since this reflects the fact that an infected person may continue to live well and productively for many years. Avoid the expression 'people living with HIV and AIDS' as you will either be living with HIV *or* be living with AIDS. Avoid the abbreviation 'PLWHA', 'PLHA' etc.

If you are writing for an audience who may not be familiar with the term 'key populations' use 'people at higher risk of HIV' or when talking about people who are affected by HIV but who are not necessarily HIV positive (e.g. families and children of people living with HIV) use 'people at higher risk of being affected by HIV.'

Referring to people living with HIV as 'innocent victims' (which is often used to describe HIV-positive children or people who have acquired HIV medically) wrongly implies that people infected in other ways are somehow deserving of punishment.

Photography

General portrayal of subjects Optimism is uplifting. Show people who are empowered, active and engaged members of their community where this is possible.

Treat the people whose images you take with consideration and respect. Show people in a dignified way and avoid reinforcing racial or cultural stereotypes.

Portrayal of women Try to take images that show women as empowered, equal to men and a beacon of hope for the future.

Portrayal of children When photographing or filming a child, the child's best interests should always be the primary consideration. Filming or photographing a child should be a positive experience for them, providing a potential for learning and enjoyment.

Portrayal of the disabled Using images of disabled people is encouraged as it is important to promote diversity. Images of disabled people should be commonplace and people with disabilities should be portrayed alongside their non disabled peers.

Portraying emergency situations Show people with dignity; do not reduce survivors to passive victims. For example, a picture of people waiting for aid or lying in shelters is only part of the truth and only shows a brief moment in the development of an emergency. Groups rescuing people show a more positive reality.

The Key Correspondent Programme Support Officer reserves the right to edit and fact check before content goes live.

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