Content Production Guidelines
Shared vision and common grounds

Prepared by the Core AV group – validated by the CoCos (November 2020)

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1. What are these guidelines for?

No set of guidelines can anticipate every situation, so self-regulation and honesty are required to avoid misrepresentation in the material we gather. What is presented in this document aims to guide staff towards general content production best practices. This applies to both production and use of the content to avoid exploitation, stereotypes, offence or harm.

These guidelines are the result of intersectional work to identify the common grounds, shared vision, rules and principles related to producing and collecting content while in the field.

1.1 What is ‘producing content’? Who is a content producer?

The notion of ‘producing content’ is broad and can include actions such as: taking a photo of a ward, preparing a post for social media, making a video, collecting footage or working on a written testimony.

Content production doesn’t happen in a vacuum and should be thoughts out from the onset – define your audience, your messages, your dissemination strategy before you start collecting material.

Important : Regardless of the type of content you are working on or whether it is for personal or MSF use, the current guidelines apply.

This document refers to all content production from the field:

- Videos
- Photos
- Written pieces and testimonies
- Audio
- Comics and drawings

1.2 Who needs to read these guidelines?

Regardless of the dissemination channel, anyone who is producing this kind of content needs to take these guidelines into consideration. We don’t apply silos. As a producer you have to think of **content** not **formats**.

So these guidelines are for all producers and final users (broadcasters):
You are:

- FCM-FCO;

- CA;
- HAO;
- Comms departments in Operational Centres (OCs);
- AV - Digital teams in OCs and partner sections;
- External freelancers contracted by MSF;
- General staff visiting or working in our countries of operations;
- Fundraising teams in OCs and partner sections.

1.3 Why do we need these guidelines?

Over time, various MSF offices have produced documents on the topic of content production/best practices/ethics, leading to confusion and misconceptions. There is a need to ensure that messages are consistent and owned by a majority of content producers.

Moreover, given the recent implementation of new regulations on data privacy, MSF has a greater legal responsibility to ensure that content produced and used is done so in a way that protects the patient/community/staff it portrays.

These guidelines give you the basic and (intersectional) shared rules and principles regarding content production in the field. If the answer to your question is not in these guidelines, you can still get in touch with the AV group in MSF. (more on that in point 3.2)

1.4 Key takeaways of these guidelines (spoiler alert!)

1. Our comms have to be authentic - 'Telling it as it is'.
2. We have a responsibility to protect those contributors (and their families and communities) from any harm caused by participating in the content production. That said, MSF also has a duty to respect the patient's choice and the consent given.
3. Intersectionally, we share the same global vision towards content production but we also acknowledge the differences we have and deal with them.
4. We are looking for quality not quantity. Think carefully about your content production and what you really need in terms of stories and images. Developing a more focused brief allows you more time to gather only those images and stories that you know will be used.

2. Shared vision on the way of producing

2.1 Telling it as it is - MSF Public Communication in 2020

MSF Public Communications Framework 2020 aims to affirm the role and objectives of our public communications. It is a framework for the overall direction MSF communications should follow and takes into account what we have seen that works and some of the common mistakes or flaws we've identified that can be avoided.

Here some relevant excerpts to apply to content production:

"MSF communications are made up of a multiplicity of voices describing the field realities our teams see and our actions. This is no accident; it is a deliberate choice. We choose not to centralise MSF communications by default as 'one MSF', to allow space for different viewpoints and analyses, and avoid a systemic 'death by consensus' in our messaging, even though most audiences see MSF as 'one'."

"To manage the increasing autonomy that comes with having a variety of public voices, audiences and communications channels, we need to agree on the driving forces behind our communications and make sure MSF's social mission remains at the core: to save lives and reduce the suffering of people caught in natural or manmade disasters and to bear witness to the situations we see. 'Telling it as it is' is the general compass provided by this document. It applies to the field realities our teams see; the crises we work in; the medical and humanitarian impact on the people and patients we assist; the actions we carry out; the obstacles encountered; and the choices we make, including our dilemmas and shortcomings." (page 2)

"(...) The basis of our témoignage and bearing witness is the here and now; the urgency of the moment, of what we see and do to assist people, with our own limitations and uncertainties. ***We have seen tremendous growth within MSF and, with it, a growing risk that public perception and reputation can drive our communications****. This is certainly not a path MSF should take. Perception and reputation may be factored into our thinking but they should never take it over. This is an issue that the whole of MSF must confront, from operations, to communications and fundraising. It is a responsibility of both our associative and executive leadership. (...) We must acknowledge that our communications can certainly be used by powers to support their agendas and, while it is important to try and anticipate the consequences of our speaking out, fear of instrumentalisation should not be a reason to remain silent per se. (...) We must have confidence in describing the reality as we see it; we are certainly very well equipped to do so. We have the communications teams, the media contacts and the digital channels necessary to deliver and react rapidly. Above all, we have MSFers in the field who want to bear witness to what they see. MSF must encourage its members to take this initiative and accompany them when they do so." (page 4)*

Link to document

2.2 Our way of producing and using content

Principles to abide by and basic rules are the same for producing and using the content.

Here are the principles to follow in every situation:

1. **Respect and courtesy:** Always identify yourself and announce your intention to gather material and say what it will be used for (no covert camera, no hidden investigation). MSF content producers always conduct themselves in a way that shows tact, sensitivity and professionalism towards medical staff, public authorities, patients and members of the public.

2. **Obtain necessary permissions**: MSF is often **not** the 'owner' of the medical facility in which we work – the structure may belong to the Ministry of Health or local authorities. It is vital that the content producer obtains permission from the necessary authorities running the facility before starting to work. You have to do the same with facilities 'owned or run' by MSF via the PC/Field Co.

3. **Sensitive information** (p**rivacy)**: The medical condition of a patient is often a vital piece of information for communications staff to use the image in a more effective way. However, medical confidentiality should always be paramount. MSF staff should not disclose medical and personal information to the content producer without the patient's prior and explicit consent. You have to obtain freely given, specific, informed consent from any person whose story you plan to use.

4. **Do no harm:** MSF content producers are mindful of the potential consequences of their coverage and don't seek to expose or put patients, MSF staff, or the organisation itself at risk through the collection and/or dissemination of material and the associated private data. Ask yourself: Do I need this story/picture? Could the subject portrayed be at risk now or in the future? Could it do any harm? Am I exploiting the subject in any way (race, gender, power, etc.)?

5. **Fairness:** MSF content producers do not pay their sources for information or the subjects of their photographs, videos or testimonies. Furthermore, MSF employees will not use their position to favor sub-contractors or provide access to projects for financial (or equivalent) gain.

6. **Sensitivity, taste and decency:** Some activities may be considered too sensitive to be filmed or photographed. So before producing anything, you'll have to discuss the sensitivity of the topic with people in the field, the OC you are working with or your production team. MSF seeks to show dignified human beings, not helpless objects of pity. Showing gratuitous suffering is not necessary. Avoid stereotypes. If you have a doubt, consult colleagues around you and in other offices.

7. **Accuracy**: Content producers should be accurate and honest in the situation they portray and avoid sensationalist shots. Producers will not manipulate and over-edit images, and people who use these images will do so according to the same principle of truthful

representation of subjects. If someone suffers from malaria, it would be wrong to use their image to illustrate an article about a different disease. If a child is not an AIDS orphan, it would be wrong to describe him/her as one.

8. **The right timing :** Even though the content stored on the media database shouldn't be used after five years (retention period for sensitive content), content older than five years should only be used if it is still an accurate presentation of the situation today. Each user/broadcaster has a responsibility to ensure the material used will not cause any harm to the people portrayed.

2.3 Harvesting consent

2.3.1 Informal consent vs formal consent?

Informal consent

Situation : Public spaces - people in the background

You need to inform people appearing in the background of your intention to collect AV material and give them time to move away. In the eventuality that you collect material before informing them, you will need to collect their consent afterwards.

In the case of **crowd** and **general scenes**, where no single person is the identified subject of a photograph, the producer is required to ensure that every effort has been made to:

- Identify himself/herself to the people who may be photographed/filmed;
- Take into consideration the potential repercussions on individuals identified within a crowd in terms of their safety, privacy and right to remain anonymous;
- Ask the crowd if anyone is against being pictured/filmed (show of hands).

Formal consent

Mandatory : Obtain an *informed, freely-given, specific, time-bound* consent

Situation : testimonies - close shot - portraits

You have to obtain formal and personal consent (*freely given, specific, informed and time-bound*) for people you are gathering testimonies from (audiovisual, sound or written) or those who can be identified in AV material.

You have to remember that obtaining a valid consent is driven by the protection and interest of the subject and is not to protect MSF.

Definition of formal consent

Informed consent is given based on a clear appreciation and understanding of the facts, implications, and consequences of an action. Adequate informed consent is rooted in respecting a person's dignity. The individual concerned must have adequate reasoning faculties and be in possession of all relevant facts.

In all cases, each patient should have a real choice, not feel compelled to consent, and understand that their refusal to take part in a photo/video or the gathering of any other material will not affect the medical care they receive from MSF.

This consent must be **documented and stored on the Media Database - or on a secured server in your section/office.** (See below type of consent).

2.3.2 Different types of consent

Consent is an essential element of all content production; please find below the links to obtain all types of consent :

> Written consent. Collected using this standard consent form (other languages will be added as they become available).

Important note: in some contexts, filling out a consent form and leaving a copy with the patient can put them at risk. In such cases, using a different approach for gaining consent, such as videos, is recommended.

> Audio/video consent
Collected using this standard video script for audio/video consent.

2.3.3 How can you obtain a valid consent in the field?

- The consent you collect can be written, video or audio. Always choose a form of consent that is easy to understand or adhere to for the subject (e.g. film the consent if the person cannot read/write). See details on consent typology.

- Consent should be requested by the content producer (not medical or operational staff); Content producers need to clearly identify themselves;

- Consent negotiations must be carried out in the subject's native language;

- Explain any possible uses of the material gathered, local or international – including on the internet and in their home country. Take your time to explain what it means to share a story and where the content can be seen – and by whom. Show examples of FB posts or MSF websites;

- Acknowledge the right of individuals to be unidentifiable and provide them with the means to do so: offer solutions to film or photograph or write in a way that keeps the patient anonymous and unidentifiable;

- Explain the possibilities for withdrawing consent or applying the right to be forgotten. Be honest about the fact that it's not always possible to withdraw all material already published;

- If you used a written consent form, you may choose to leave a copy with the subject since the form also includes contact details in case they would wish to withdraw their consent. However, ask yourself whether leaving a written form with the subject can put them at risk with regard to armed groups, authorities or others if the written consent form is taken away. Will they be seen as spies/collaborators/traitors for having told you their story?

- Some situations make it hard for patients to give meaningful consent to be photographed or filmed. For patients who are mentally ill, unconscious, in great pain or distress, or in a state of shock, a caregiver or close relative should be asked for consent on their behalf. But again, ask yourself whether or not you *really* need this material at this given moment.

- In the case of video/photo you can reconfirm the consent of your subject by showing them the video/photo collected (double consent).

2.3.4 Withdrawal of consent

In accordance with privacy data regulations, a person has the right to withdraw their consent for use of their image. MSF has to respect this and record that consent has been removed. Anyone wishing to remove consent can send their request to mailto:dataprotection.io@geneva.msf.org, or use the process described on the copy of the consent form they received from the AV producer. The material will be removed from the media database and all attempts to track and erase previous uses will be made.

2.3.5 Specific cases

(see cases studies and illustrations in sections below)

Minors' consent

1) Although the legal age of majority varies from country to country, MSF considers that all individuals **under the age of 18 are minors**
2) To collect and use identifiable images of minors you **must get consent from the minor and from a parent or guardian**. When you cannot obtain informed consent from a parent or guardian, it is often an indication of a high level of vulnerability (ie: orphans, children separated from their family, abuse victims), where you need to take extra care in taking and using images, and consider whether any images or the story should be produced at all.
3) Even with consent, for images featuring minors victim of abuse of any form, exploitation or suffering from a highly stigmatised condition, change the name and obscure the visual identity.

To consider any exception to these rules, specific cases with a very robust rationale can be brought to the Dircom5 for review.

Staff consent

We tend to take for granted that MSF staff can be photographed/filmed without asking for their consent. Most MSF staff don't have an issue with it but in light of new privacy data regulations and good practices, staff also need to give their consent. Ask them! Keep in mind that staff in a hospital are sometimes not linked to MSF, but to the MoH instead. In such cases, it is recommended to obtain formal consent.

2.4 We are looking for quality not quantity

Stop overproduction

There are many opportunities for content to be broadcast. Each digital platform needs specific content: vertical, horizontal, long read, exposure, pics alone, quotes, etc. Meanwhile, MSF's digital footprint is growing, with more and more websites and channels to feed.

MSF needs to collect content but we believe in a 'reasoned' way of collecting material. Collect what you need according to a predefined strategy. Avoid collecting and storing material that will not be used.

We want to produce content that is timely, compelling, contextual, honest, human and medically credible, which allows MSF's voice to fulfil its mission of *témoignage*/bearing witness.

We want to produce content with a clear message, a defined audience and a thought-out dissemination plan.

Have a message

We are not a news agency; we want to have a specific point of view, a message and we don't have an opinion on every single topic. We only bear witness (*témoignage*) if we have something to say – this is part of our social mission, along with providing medical assistance to people and communities in distress.

Seek the story outside the medical facility

Most stories included in our communication are gathered in a medical facility. While this is often the most convenient place to discuss with a patient or a medical staff member, content producers should try to follow patients into their lives, outside the medical setting. Not only will this approach visually diversify the material gathered, it will also provide more context and insight into a patient's life.

Captions are important – work on them

Writing a clear caption is part of good practice. Without clear, accurate notes or captions photographs are, at best worthless, and at worst potentially harmful. Don't forget that people using photos and videos from the Media Database may need to edit captions for their own purposes. The clearer the caption is, the less likely they are to distort the context.

Each photo should have a unique caption, including the following key elements:

- Description of WHO is in, or WHAT is happening in the photograph;
- Date of WHEN the photo was taken;
- Location region/town and country WHERE the photo was taken;
- Name of the photographer.

Note: if the photographer is a freelancer contracted by MSF, this needs to be specified in the contract.

The gathered material (audiovisual and written) has to be qualified with as much information as possible to describe it in order to ease the indexation and the use of the material.
Key words, countries, date, contextualisation etc;. are part of the needed indexation.

2.5 Who is responsible for using the content?

Every employee with an MSF address can access, view and download or request the content from the Media Database (media.msf.org). Therefore, each employee with an account has a responsibility to only select appropriate images for the intended use.

The decision to use an image/video/written piece rests within each MSF section. It is therefore the responsibility of the Director/Head of Communications or the Director of Fundraising who has been delegated this responsibility from their General Director.

3. Accept our differences and all the “grey zones”.

There are some differences of perception and best practices between OCs and partner section offices. It’s a reality that we all have to deal with and take into consideration when we are producing content.

Below, we list some case studies that illustrate the divergences we have and how we tried to resolve them. In case of doubt, always remember to seek advice from your OCs’ AV manager.

3.1 Case studies

1. **The case of gathering AV material in a hospital ward (2018)**

Yemen: OCP production. *Inside Yemen, 5 days in an emergency hospital* - Web series shot in an MSF field hospital in Mocha, Yemen, December 2018.

[FRENCH]

Context : Armelle Loiseau (camerawoman) and Agnes Varraine-Leca (CA+producer) went to Mocha in December 2018. The initial idea was to talk about the ongoing raging battle in Hodeidah from Mocha hospital, through the testimonies of patients from the area (Mocha is located 180 kilometres south of Hodeidah). The nearest frontline was around two hours away by car, meaning that MSF's hospital was receiving a lot of war wounded. Landmines are another problem in the area. At that time, the hospital was working at full capacity. One third of mine victims were children playing in the fields. Nothing was prepared in advance: no script, no identification of patients willing to talk, no idea of the final format.

Here are a few guiding points used by the team when preparing the web series:

- Introduce yourself to the medical staff: don't take it for granted that everyone knows what you're doing.
- Take the time to visit the facility without any gear; explain the specific goal of your visit.
- The emergency room is a sensitive place to shoot: people often arrive in very bad condition, between life and death. There is graphic content, minors without their parents and situations that require sensitivity and empathy. The question of consent is very tricky. The team tried, as much as possible, to shoot general footage with people in action but without showing the patients' faces. At one point, a patient was followed from the moment he entered the emergency room. He was interviewed later. The team explained their work and obtained consent from the patient.
- For children, the team first asked the permission of their relatives before shooting.
- In the operating theatre: either you report on a specific type of surgery and you want to make a medical video with close ups or you want to illustrate a story and graphic scenes will not help your storytelling. Instead of filming blood and open wounds, the AV producers decided to show the atmosphere, the tensions on the faces of surgeons, etc. Again, ask yourself whether or not you really need this material at this given moment.
- Detailed medical and personal information is not always useful for the story you want to tell: be careful to respect the patient's privacy and confidential medical information.
- Testimonies of patients from armed groups: be careful with the questions you ask; don't put the patient or his family at risk, especially when the patient wants to be unidentifiable. The team interviewed a soldier who shared a lot of details on when and where he was shot, the village he came from, the number of children he had: the team chose to use only general information.
- Women's wards: in Yemen, as in some other countries, it's usually not appropriate for you to enter women's wards if you're a man and non-medical. In this case, it was easier to ask the staff and interview elderly women outside the ward, with appropriate techniques if they wanted to be unidentifiable.
- Wherever the team collected AV material within the hospital, they let the people around know what they were doing.
- Gathering content within a hospital means interviewing people when they are at their most vulnerable: content producers bear the responsibility of telling the patient's story in a truthful manner and sticking to what the subject depicted.

2. **The case of consent withdrawal (2020)**

A partner section prepares a Facebook post for Valentine's Day in 2020. The post was published on 14 February and featured a photo of two refugee men in Greece holding hands and standing in the sea as they faced the camera. The photo was shot in June 2017 by a professional photographer and the men are clearly posing and appear to be a couple. The caption confirms this and includes both men's stories, the usage rights include social media.

One of the men in the photo now lives in Europe. He sees the post and is disturbed by this image on Facebook. He complains, first in the comments,then by sending messages to the page owner. The man claims in multiple messages that we cannot use his image, that he never gave consent and that he has reported it to the police.

The Social Media Officer keeps getting more direct messages and is actively looking for solutions, advice and confirmation of consent. However, it takes several days to land in the hands of AV specialists and to trace the process followed during production and confirm the existence of a consent document. During that time, the post was removed.

The assignment was a deal between the photographer, her agency, three OCs and the FCM. A typical, but complex set-up whereby only those involved can say how it was handled. The ToR, contract and consent documents were not conserved on the media database, but on a server in the mission. Everyone responded quickly, but the complexity of production set-up, the lack of a clear policy to document the process and the missing consent doc had an impact on the reaction time.

3. **The case of consent during SAR activities (2017-2020)**

At the beginning of our SAR activities, oral informed consent was always used for images of groups of refugees. When GDPR was introduced, images were no longer taken without proof of consent.

Starting in 2018, MSF decided that, in so far as possible, rescue operations would be filmed and photographed without showing people's faces. Once on the boat – during the briefing given by the cultural mediator – the FCM would ensure that consent was asked from everybody, following the consent request form.

If people have concerns about photos of them being used, they are encouraged to express it, so the photographer can identify them and make sure no further photo is taken. The FCM records the consent gathering on video and sends it together with the rushes or pictures to be uploaded to the MDB. For portraits and interviews, the protagonists have to sign a written consent form.

Here are a few guiding principles used by the SAR team:

- Never film people near the boat's engines during rescues. They could be accused of being smugglers;
- Ask consent from each group of rescued people and record it on video. Explain where the images will be published, what for and tell them they have the right to refuse to give

consent and can change their minds. Those who don't want to be pictured can freely express it;

- Ask for written consent from any person that is in close or about whom we share personal information;
- Don't ask for consent from anyone during a medical visit as they might feel obliged to say yes;
- Send consents with material and give originals once back at HQ or on land.

4. **The case of staff consent (± 2013)**

A photographer worked for MSF in an HIV project in Africa. On assignment for MSF, he took a photo of a nurse or lab technician looking at the results of a test under the microscope. The nurse was recognisable, and the husband of the staff member was a lawyer in the area. He recommended that she take MSF to court for using a picture of her without her consent.

Fortunately, the photographer had indeed asked for her consent, just not in writing. He did have images of her looking straight into the lens, and he had spoken with her for a good 15 minutes before photographing her, explaining the purpose of the images and how they could be used.

So, in the end, the staff member admitted that she had indeed been asked for permission and that she had initially agreed.

3.2 How/Where to get the support you need

Consent, sensitive information, conflicting opinions amongst colleagues; What are the solutions to handle these sometimes complex situations? What can you do when you find yourself in a 'grey zone' an unclear situation, or when you have doubts about what you are producing?

3.2.1 Before you go, briefing is key.

You need to get one solid and accurate briefing prior to your departure in the field. You will need to make sure you have a coms focal point to guide you along the way and answer any potential questions you may have throughout your field assignment.

Make sure the following is clear:

- I know the scope of my mission;
- My contract/ToR is clear;
- My deliverables are clear;
- I know who my focal point is;
- I am familiar with the current guidelines, consent forms and any other relevant material in the comms tools box.

3.2.2 Support in the field

When you are on an assignment in the field and you encounter problems or are faced with an ethical dilemma you can reach out to different people.

- The AV team of the section you are working for. In case of intersectional assignments, ask any person from the AV Group of Core AV group for support. At any time, you can send an email, ask questions etc.
- The Comms Advisor you are reporting to could also help you.

To get in touch with any AV professional, send an email to List_AV@msf.org (DL-List_AV in Outlook).

3.2.3 What is the CoreAv Group and when to contact them?

The CoreAv Group is composed of one member of each OC's production unit, usually the coordinator of the creative team. They are senior AV editors with plenty of experience who can help you answer difficult questions, resolve conflicts and provide sound advice.

4. Focus - Media Database

What is the Media Database (media.msf.org)

MSF's international Media Database (MDB) is the sole intersectional audiovisual tool used across the MSF movement to manage and curate our vast audiovisual collection and is the repository for all our audiovisual material. Material collected in MSF's field programmes is uploaded, categorised and disseminated from the MDB across our offices in the world.

It is also available, in a restricted form, to non-MSF staff such as media, researchers, other NGO staff and academics.

What can you find on the MDB?

In the media database you can browse, search and download from a collection of over 150,000 multimedia assets such as photos, videos, audio recordings, podcasts and predesigned PR and fundraising material. You can also find useful tutorials on content production as well as the complete logo collection in multiple formats and the branding guidelines of our organisation.

How can you get access to the MDB?

Click "Register" on www.media.msf.org and use your MSF email to get access within 24 hours. Everyone with a valid @xxx.msf.org email gets immediate, basic access.

Access to unfinished content, and access to uploading is more restricted. Please consult with your AV referent to define the type of access you will need for your project/mission.

How can you upload your content on the MDB?

The MDB offers a variety of tools to upload and go through a validation process, such as an uploader app, synchronising a folder on a PC with a folder on the MDB, private folders, etc.

Most sections have their own way of handling content, so it's good to make these decisions part of the production planning. Who will upload and tag the final content? How will you share the raw footage? If you plan to upload to the MDB from the field, make sure you have the uploader or folder sync set up on your laptop. Test it before leaving.

How long is the content kept on the MDB?

Not all content is meant to last 50 years, some of the content we produce for social media today is not even meant to be preserved any longer than a year. The MDB also needs to manage the lifecycle of content to ensure privacy standards and protection for the people in the photos. The photos and videos on the MDB that hold personal and medical information are therefore set to expire after a period of five years.

Other stories or content usually come in large volumes when they're uploaded, but are cleaned up over time to preserve only a relevant selection of material for archival purposes.