






Negotiating the media's role during pandemics: recommendations for future preparedness

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INTRODUCTION

During periods of uncertainty, people's desire for information increases.¹ This was true for the COVID-19 pandemic, where news consumption increased significantly in 2020, aided by widespread lockdowns that compelled many people to stay at home for months on end, with uninterrupted access to news from the entire media spectrum.¹ These conditions paved the way for an 'infodemic' characterised by a large volume of both new scientific information and false claims.² The role of social media in spreading misinformation (false stories) and disinformation (intentionally false stories) has been well documented.² However, news media organisations also played a major role in shaping people's understanding of the COVID-19 pandemic and decisions around health behaviours. For example, a study from the USA demonstrated how consumption of partisan news influenced their use of COVID-19 preventative behaviours, where the prioritisation of politically biased and economically focused narratives by news agencies harmed public health.³ Similar associations between news consumption and health behaviour have been found in Serbia and China which suggests that globally, media organisations play a critical role in influencing the uptake or rejection of health interventions during a pandemic.^{4,5} We argue that the news media's role in global pandemic preparedness and response should receive more focus in pandemic preparedness dialogue.

UNDERSTANDING THE MEDIA'S ROLE DURING A PANDEMIC

As a sociological phenomenon, the term media encompasses all methods used to communicate information from person to person. Functions of the media at large

SUMMARY BOX

- ⇒ The news media's role should receive more focus in pandemic preparedness dialogue.
- ⇒ Investments into dedicated health reporting that strengthens media expertise in science communication are a critical component to this.
- ⇒ We need to improve access to reliable health information in the interpandemic period to build trust with communities.
- ⇒ If we expect media organisations to counter misinformation, this should not come at the cost of the safety of journalists.

include advertising, socialising, entertainment and dissemination of information.⁶ With the rise of social media, single organisations are increasingly serving all functions. However, distinctions between types of media organisations continue to prove analytically useful, particularly given the diversity of interventions needed to combat misinformation.² For the purposes of this paper, we focus on the role of the news media—that is, all organisations that employ journalists to deliver news. This ecosystem continues to play various critical and distinct roles during a health emergency (box 1).

The news media communicates and contextualises government policy while also conveying to policymakers the realities faced by different communities, particularly in how global policy translates to local contexts (for instance, the implications of stay-at-home regulations for people who rely on hourly wages for in-person employment).¹ Having an independent, free, diverse media is essential to ensure people have access to credible information while holding public institutions accountable, especially in the context of health emergencies where governments use emergency legislation that could lead to an abuse of power.⁷



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Box 1 Contributions of news media to pandemic response

- ⇒ Partnering with public health organisations to support risk communication
- ⇒ Providing the public consistent access to information in a period of uncertainty
- ⇒ Translating scientific information into easy-to-understand information to the public
- ⇒ Sharing diverse individual lived experiences of the pandemic through media pieces
- ⇒ Exposing corruption (e.g. related to personal protective equipment tenders)
- ⇒ Communicating to policymakers key implementation considerations for pandemic policy and lessons from other countries
- ⇒ Holding governments to account for the creation and implementation of evidence-based policies, and voicing dissent when appropriate

However, these functions are hindered by several prevalent forces in the modern media ecosystem. In countries with a more polarised political and media environment, partisan disinformation and populism have been linked, where populist actors disseminate misinformation through partisan media channels and encourage mistrust of expert knowledge.⁸ Moreover, since the rise of online media, and consequent almost collapse of traditional media organisations' economic model in the form of print advertising, for-profit media houses have faced increasing financial pressures. The pandemic and ensuing inflationary environment have magnified this issue, often at the cost of specialist reporting teams and increasing the pressure to publish more 'newsworthy' stories.⁹

This highlights where we believe more attention should be focused: strengthening the ability of news organisations to interpret and explain critical scientific information, including the uncertainties that lie within the science, that can lead to greater understanding, informed opinions and the ability to act accordingly. We provide three recommendations on how this could be strengthened.

RECOMMENDATION 1: THERE IS A NEED FOR INVESTMENTS FROM DIVERSE SOURCES INTO DEDICATED HEALTH REPORTING THAT STRENGTHENS MEDIA EXPERTISE IN SCIENCE COMMUNICATION

Specialised health reporting makes a critical contribution to scientific literacy to ensure people understand the nuances of scientific decision-making. Scientific evidence is generated in an iterative process, based on repetition, leading towards an ultimate consensus from the majority of experts (with parameters for statistical uncertainty). This process is necessarily 'messy' and can result in some scientists holding opposing views. Lending undue weight to dissenting voices can provide sensationalist headlines, but also, more subtly, present 'false balance', according

to a study on media portrayals of climate change.¹⁰ Exposure to minority dissenting views alongside the consensus reduce people's confidence in the expert consensus. However, when this is instead presented as a 'weight-of-evidence statement', people were more likely to align with the consensus opinion.¹⁰ The regular, uncontextualised presentation of opposing views may therefore carry consequences for public confidence in scientific results. There is nuance in conveying that a finding can still be robust despite dissenting voices and underscores the need for specialised health reporting. The establishment of external centres for health journalism or regular lines of communication between outlets and academic institutions can improve access to evidence-based resources for general media organisations. For example, partnerships between specialist health news agencies with local TV outlets during the COVID-19 pandemic demonstrated how new collaborations can expand the broader health reporting capacity and reach new audiences. Although there has been some philanthropic investment in health journalism reporting desks over the past decade, the field requires a larger and more diverse investment to achieve significant impact.

RECOMMENDATION 2: THE MEDIA NEED TO BUILD TRUST WITH COMMUNITIES THAT ARE OFTEN MARGINALISED TO ENSURE EQUITABLE ACCESS TO RELIABLE INFORMATION

While providing evidence-based information is critical, it is equally important to ensure people have equitable access to this information. The COVID-19 pandemic highlighted social disparities, including pre-existing differential levels of trust in authorities. These variations can be improved or further entrenched by the media. The media has the power to 'other', particularly if the burden of disease typically falls more heavily on those already stigmatised. This has been demonstrated during the AIDS crisis, with early articles contributing heavily towards a homophobic rhetoric and additional discrimination towards the gay community.¹¹ Similarly, during the West African Ebola outbreak, Western media coverage perpetuated exclusionary attitudes towards Africans and Africans living abroad.¹² During the COVID-19 pandemic, the frequent repetition of country-named strains, even among reputable sources, contributed to travel bans that had little scientific merit but responded to public support.¹³

In contrast, the media also has the power to introduce compassion and context in outbreak narratives.¹¹ Journalists have the ability to bring individual stories to larger audiences and contribute to a collective understanding of the societal impacts of disease. Other potential solutions to reach broader audiences can include partnerships with local or community-level news outlets, involving public contributors from diverse communities (as is now a standard requirement in academic research) and social listening

efforts to better reflect the concerns of the community in reporting.

RECOMMENDATION 3: THE NEWS MEDIA NEEDS SUPPORT TO COUNTER MISINFORMATION DURING PANDEMICS AND DURING INTERPANDEMIC PERIODS

The COVID-19 pandemic highlighted the negative impact of misinformation, which extends to other health topics but also political reporting.

Ecker and colleagues recommend consistent 'prebunking' and 'debunking' as one of the most effective interventions against widespread misinformation.¹⁴ The news media is well positioned to be a source of these efforts. Many outlets did in fact take on this work during the pandemic, with partnerships to fact-checking organisations or in-house teams dedicated to combatting misinformation.

While traditional media organisations can and should play a role in combatting misinformation, it comes at a cost. Proactively combatting misinformation at the required pace is laborious. It includes regularly consuming and (indirectly or directly) responding to social media posts, often from personal social media accounts. The physical and mental health impacts of this type of reporting should not be ignored. During the COVID-19 pandemic, journalists were subjected to scores of online abuse and intimidation.¹⁵ Without adequate support, this can lead to burnout and general unwillingness to engage with controversial topics.¹⁵

Measures to ensure the safety of journalists, particularly where there is state-sponsored disinformation, are vital to accurate reporting during a health emergency. Protective measures may include mental health support, workplace protections and resources for legal recourse if required.

CONCLUSION

News media organisations play a critical role in modulating public response to pandemic policy. The global cooperative dialogue on pandemic preparedness should seek to embed specialised health reporting, building trust with marginalised audiences and combatting misinformation before the next crisis. Compassionate, fully contextualised and nuanced health reporting must exist during the interpandemic period to establish a shared understanding of health interventions to be called upon when the next pathogen appears.

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