

COVID-19 through the lens of the media

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KEY MESSAGES

It is imperative for the media to maintain accuracy in shared and available information while delivering organized, timely, and informative messages to the public.

The media has the responsibility to mitigate misinformation by fact-checking, reviewing inaccurate content, and utilizing legitimate stories for the dissemination of information.

The media plays a key role in decreasing public panic, rumors, and stigma.

Social media platforms should, therefore, be used as a critical tool in disseminating timely and accurate information and to provide reliable guidance to the public.

INTRODUCTION

COVID-19 has spread internationally, disrupting lives, communities, and economies worldwide. The rate and severity of the growing pandemic has become a crisis of international concern causing widespread feelings of confusion, panic, rumors, misconceptions, and fear. The pandemic spread has widely affected humanity in different aspects; the rate of information dissemination and information saturation has thus spread worldwide [1].

MEDIA MANAGEMENT DURING THE COVID-19 OUTBREAK

During a public health outbreak, a surge of information sharing and widespread coverage in the media is inevitable. However, in a time where

information is more accessible than ever, the rapid spread of misinformation and false claims consequently has the potential to evoke feelings of panic or confusion to the public [1].

The media, therefore, plays an important role in mitigating the spread of misinformation and limiting feelings of panic and stigmatization by appropriately fact-checking sources of information, eliminating inaccurate content from reporting, and following appropriate communication guidelines before reporting [1,2].

Responsible reporting, from a media standpoint, encompasses appropriate message development, rumor control, and dissemination of messaging through reliable communication channels [3].

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In Rwanda, the dissemination of information to the public and the media is facilitated by the Risk Communication and Community Engagement team at the Ministry of Health through Rwanda Biomedical Centre [4]. To ensure accuracy in coverage and reporting, preparedness and response following Rwanda's index case in March 2020, updates have been issued daily and shared with relevant media houses on the number of confirmed cases and other relevant information [9]. In addition, a media list is consistently updated and shared with relevant authorities to build credibility in reporting [1,4].

COMMUNITY MOBILIZATION MESSAGING

In Rwanda, the circulation of rumors is managed through community mobilization teams tasked to effectively handle information gathering strategies and ensure accurate and appropriate responses [4]. The sharing of information to the public and media is done through consulting technical staff including clinicians, scientists, and epidemiologists [1]. Sources of information such as radio, television, social media, and other media platforms, enable technical subcommittees to disseminate authentic messages and correct information to the media, and thus the public [2,4].

It is also important for the management of disease outbreaks to undertake rapid assessments to understand what the community knows and believes about the virus and its sources of information. Knowledge, attitudes, and practices must be recognized to guide messaging to the community mobilization interventions[4]. for effective Through a rapid research team, comprised of staff from the district and national level, including the district health promotion and disease prevention officers, the district health director, the district community health worker supervisor, a social researcher, and social mobilizer from the national level. Rwanda is able to identify and assemble a data team at the district level for the data collection on the population perceptions about COVID-19 [3,4].

Through Rwanda's 24/7 toll-free hotline, 114, the public, including media, is encouraged to call for COVID-19 related questions and corresponding

answers through the assistance of preparedness and response teams of the Ministry of Health through the Rwanda Biomedical Centre [4].

THE AGE OF SOCIAL MEDIA

Now more than ever, in an age where the public has immediate access to news and information at the click of a button, social media has served as both a positive source of information and a platform to perpetuate rumors and false information sharing at a rapid rate during the COVID-19 outbreak [1,4].

With growing instructions being put in place by authorities, including nationwide lockdowns, more are turning to social media to receive instant updates and guidance [3]. With the general population spending more time at home to prevent the spread of the virus, social media has risen as one of the most popular platforms for news and information. Rwanda has Rwanda has implemented strategies, to particularly and timely respond to social media messaging and rumors to prevent the spread of inaccurate information [4].

In addition, social media continues to serve as a platform to provide the public with suggestions on how to protect themselves, to post positive messages antagonizing fears and concerns, to spread messages of support to one another, and to provide community-based prevention guidelines [4].

In conclusion, feelings of stigma and fear, especially during an outbreak such as COVID-19 have the potential to cause rumors and misinformation sharing in the media. In such situations, a mishandled media response can create conflicting messaging, further disease spreading, and panic throughout the community. On the other hand, through social mobilization and community engagement efforts, disease awareness and prevention measures can be accurately disseminated through effective response efforts in order to mitigate mixed or inaccurate messaging. Through factual media messaging, legitimizing sources of content, and disseminating appropriate information, the media can be a paramount and useful source of information sharing in response to COVID-19 disease outbreaks.

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