Engaging in effective health crisis communication in times of populism

Actionable insights from the PANCOPOP project

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Introduction

Effective communication plays a central role in successful public health campaigns, especially during a health crisis that involves an emerging disease without proven treatments or vaccines. Efforts aimed at containing viral diseases can be derailed by conflicting opinions and guidance and by the spreading of misinformation, which can undermine public trust and compliance with preventative measures. While the experience with the COVID-19 pandemic gave rise to several recommendations, these have yet to fully account for the new challenges brough by the changing political and information environment.[1] The COVID-19 pandemic occurred in an environment where populist movements and attitudes were on the rise, distrust of elites and expert knowledge increasingly common, and where several countries were led by politicians who downplayed the health threat and challenged expert guidance. At the same time, the information environment has grown increasingly complex and difficult to navigate, with trustworthy information about health threats and preventative measures circulating alongside conspiracy theories. Furthermore, the participatory nature of new communication technologies means that many actors can become involved in the production and dissemination of health information, increasing the risk of conflicting advice. These changes have created an environment in which health information and expert guidance are likely to become subject to political contestation and even polarization, and where citizens are likely to be exposed to health misinformation.[2]

This document offers recommendations for tackling these new challenges, alongside several examples of best practices. These are aimed at three main groups of stakeholders who play important roles in ensuring the effectiveness of health crisis communication: public health authorities and government officials, media regulators and policy makers, and news organisations and journalists. They will also be of relevance to think thanks and other actors involved in public health. The recommendations are informed by the findings of the PANCOPOP project, which examined health crisis communication during the COVID-19

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1. In preparing this report, we have consulted a range of existing policy documents adopted in the aftermath of the COVID-19 pandemic by WHO, European Parliament, Pan American Health Organization, and several individual countries, to ensure that our recommendations complement existing efforts and expand on areas that have not been addressed fully in existing documents. For a summary of the analysis and the full list of documents consulted see www.pancopop.net.

2. In the interest of brevity, this report follows the established practice of using misinformation as an umbrella term that also encompasses disinformation. Misinformation is thus understood as false or misleading information that can be circulated either intentionally or unintentionally, while disinformation is distributed with the intention to deceive, often for political ends. We acknowledge that this terminological solution is not without problems, and that it may not apply in all languages and contexts.

pandemic, focusing on four countries that were led by populist leaders at the beginning of the pandemic – Brazil, the USA, Poland, and Serbia. Although the sample is limited and the four countries all represent cases of right-wing populism, they encompass disparate types of approaches to the pandemic and also differ on a variety of other relevant dimensions. This diversity enables us to draw reasonably robust conclusions about the impact of populism on health crisis communication. The project was developed by an international team of scholars with expertise in political communication, public health, media policy and international relations,[3] and was supported by public research funding agencies associated with the Trans-Atlantic Platform for Social Sciences and Humanities, as part of the "Recovery, Renewal and Resilience in a Post-pandemic World" programme.

3.   For further details on the PANCOPOP project, including publications, see: www.pancopop.net.

Key recommendations

Public health authorities and government officials

1. Maintain the autonomy and transparency of specialized agencies headed by health professionals and the integrity of the scientific process of gathering and analysing information and formulating recommendations.

2. Anticipate political contestation over public health threats and preventative measures and revise existing guidance and training tools for public health emergencies, incorporating advice and scenarios that envisage lack of support from political elites.

3. When developing preventative measures and treatments, avoid purely top-down styles of communication and develop mechanisms for dialogue with a range of actors, seeking to find multipartisan solutions that will have a better chance of being more widely accepted.

4. Nurture cooperative relationships with media organizations, ensure that questions received from journalists are never left unanswered, and facilitate journalists' access to experts with suitable expertise.

5. Develop and implement an integrated strategy for combatting health misinformation both online and offline, coordinating counter-misinformation efforts at national, regional and local levels, and engaging multiple stakeholders from media organisations, regulators and digital platforms to influencers and local communities, paying special attention to vulnerable groups.

Media regulators and policymakers

1. Bolster freedom of information protections during a crisis by improving access to information for journalists; challenging political authorities' attempts at interference with the circulation of information; and enhancing the protection of journalists and other media workers against both physical and online attacks.

2. Support media literacy campaigns and media education initiatives aimed at improving the public health literacy of the population, including public awareness of reliable sources of health information during emergencies.

3. Proactively support the media in a time of crisis, for instance by prioritizing complaints about health topics, extending temporary licences to hyperlocal services sharing health information and tackling misinformation in communities, and facilitating interactions with public health authorities and the public.

4. Maintain the political independence of public service media, both in general and during a crisis.

News organizations and journalists

1. Openly challenge any crisis measures that may interfere with public access to information and improve internal governance structures to increase independence and guard against political instrumentalization during a health crisis.

2. Maintain a balance among the goals of disseminating guidance from health authorities and encouraging compliance, serving as a "watchdog" of public authorities, and providing a forum for public debate on mitigation measures and pandemic policy.

3. Be mindful of the fact that misinformation can originate from political elites, medical professionals, and celebrities, and take appropriate precautionary measures when reporting.

4. Engage in regular monitoring and fact checking of health information from all sources, not only social networking and messaging platforms, but also traditional news sources.

Key findings

The strength of populism in political systems across the world poses new challenges for public responses to health emergencies, including emergency risk communication. These challenges manifest in different forms and across several areas of communication, ranging from crisis communication efforts led by governments and public health authorities to media policies and media coverage. They have an impact on citizens' information seeking habits, on public trust in expert institutions and on vulnerability to health misinformation. Finally, they are also reflected in public responses to the international dynamics of pandemic management, and specifically responses to Chinese and Russian geopolitical efforts during the pandemic.

Populist politics can undermine effective health crisis communication

The analysis of government-led health crisis communication was based on interviews with key actors involved in pandemic communication processes—government officials, journalists and media professionals, health experts and politicians—and on relevant secondary materials. We looked at characteristics normally associated with populist rule and political culture likely to affect health emergency risk communication, including polarization, cultural populism hostile to expertise, personalized rule and machismo, the performance of crisis, and illiberalism. We found that many of these characteristics were present across the four countries, but also identified significant differences in the response of populist leaders between the U.S. and Brazil, on one hand, and Poland and Serbia, on the other.

In Brazil and the United States, populist leaders dismissed the seriousness of the health threat and sought to build political support by attacking the experts and institutions managing the health response in the name of individual liberty and economic growth. In this process, they also frequently shared health misinformation. As evident from interviews,

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Text Box 1: Politicization of public health as a surprise

"For years we have done a lot of exercises, tabletop scenarios, playing out, you know, what ifs. And you come up with all these crazy schemes of, like, what could happen? What could go wrong? ... This chemical gets released, this bomb goes off ... Never did we play out the potential element that the White House, the President, the Vice President of the country, would completely disagree or say things contradictory to what the scientific experts within the government were saying.... that concept just never crossed anybody's mind, as we write these scenarios ... So I think the fact that that happened, caught a lot of people off guard."

(Interview with a communication official at Health and Human Service, 13 February 2023)

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these developments took government officials in public health institutions by surprise (Text Box 1). In Poland and Serbia, populist leaders initiated strong responses, embraced scientific expertise and presented themselves as defenders of the people against the health threat; they also, however, sought to use the health emergency to enhance their political power, and pulled back from following many measures recommended by experts once these became politically inconvenient. Polarization, as a strategy of populist rule and a characteristic of populist political culture, was extremely strong in the U.S. and Brazil throughout the pandemic, and obstructed the formation of political and social consensus. In Poland and Serbia, polarization was set aside in the initial phase of the pandemic, but eventually asserted a strong role. Anti-expert sentiment was deployed strategically by the leadership in the U.S. and Brazil, but the Polish and Serbian leaderships also had to defer to it as the pandemic went on. In Brazil, Serbia and the U.S. personalist rule and machismo also had strong impact. Illiberalism was more evident in Poland and Serbia, where mitigation measures could be used to limit opposition activity. But it was present in the U.S. and Brazil in the assertion of political control over public health institutions and the attacks carried out against opposition governments at state and local levels. These patterns are replicated, in different forms and combinations, in many countries around the world. These findings clearly show the potential for populism to undermine the integrity of evidence-based decision-making, the effectiveness of emergency risk communication, and the ability of society to move toward the consensus and solidarity necessary for effective action in the face of a common threat.

Two obvious conclusions can be drawn from our research. First, societies need to find ways to avoid polarization in the face of common threats—whether it is a health emergency like a pandemic or something broader and more long-term like climate change. Second, it is important to maintain the autonomy of science and public health as well as their ability to communicate with the public, and to avoid excessive politicization of science—which can occur in different ways, either by political actors attacking scientific experts and overriding and silencing specialist institutions, or by political actors coopting and instrumentalizing science for political ends.

It would be naïve, however, simply to leave it here, to say that politics needs to be set aside, and the pandemic response based purely on science. Populism is not going to disappear, and professionals involved in health crisis and emergency risk communication are likely to have to operate for the foreseeable future in an environment where polarization and

Text Box 2: Moving away from the 'command and control' model

Many of the public health officials among our interviewees expressed frustration that public health was not allowed to "take the lead" as it should during the COVID pandemic. Many, though, also recognized that the challenge was more complex than that. One, for example, stressed the need to move away from a "command and control" model in which health authorities carefully craft guidelines based on the best available science, and then assume that they can simply disseminate those guidelines and expect everyone down the line to put them into practice.

skepticism are widespread. The COVID pandemic illustrates the fact that the response to a health emergency is inevitably in many ways political and requires discussion and buy-in from the wide range of actors affected. This suggests several additional conclusions from the experience of pandemic communication in times of populism. First, health communicators need to incorporate into their training and planning the possibility of political contention, and the kinds of responses it might call for. Second, social science expertise needs to be incorporated more fully into the health agencies that take the lead in emergency risk communication. Finally, most fundamentally, health communicators need to move away from top-down models, according to which health knowledge is produced in laboratories, clinics and specialized agencies, and later transmitted to downward by actors like journalists and public officials, to the lay public. Instead, they should shift to more participatory, dialogic models of communication (Text Box 2).

Populist media policies may limit access to trustworthy health information

The analysis of media policies sought to establish how populism manifested itself in media policies during the Covid-19 pandemic, and how these changes affected the ability of the media to contribute to effective health crisis communication. The analysis was based on semi-structured interviews with four groups of actors involved in health crisis communication during the pandemic, information from available legal and regulatory documents, selected policy statements and news reports, and relevant quantitative data on media revenues and distribution of state advertising. Despite a marked difference in the way the pandemic was handled by the leaders of the four countries – namely, following a denialist approach in US and Brazil vs. following a more technocratic approach in Poland and Serbia – this difference was not reflected in the realm of media policy. Rather, general media policies in all four countries oscillated between the control of access to public information and support for the media in crisis. How far in either direction each country went depended primarily on the counterbalancing powers of other institutions, safeguards, and the national context. Ultimately, however, the drive to control proved to be much more dominant and common than the drive to support. As a result, policies implemented during the pandemic – or, in some cases, a complete lack of effective policymaking – had detrimental effects on public access to trustworthy information during the pandemic. This was evident in four key areas affected by media policies: fundamental rights; economic conditions; disinformation and/or misinformation; and the role of public service media.

In the realm of fundamental rights, analysis showed that infringements on media freedom increased in all four countries, with attacks on journalists and media workers specifically reported in the US and Brazil. In Brazil, President Bolsonaro even encouraged his supporters to attack journalists. In addition, journalists' access to information was restricted in all four countries, either thanks to new COVID-19 policies that made it more difficult for journalists to cover the pandemic in a timely and effective manner, or simply

because populist leaders refused to provide information or placed restrictions on media appearances of key public health officials (Text Box 3). In all countries, however, the problematic laws were challenged by relevant courts or journalists' associations, which showed that counterweights in power proved immensely important.

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Text Box 3: Restrictions on journalists' access to information

New Guidelines to the HIPPA Privacy Rule introduced by Trump's administration in 2020 made it difficult for the media to photograph the crisis playing out inside hospitals, and the federal administration also placed restrictions on public comments and media appearances of key public health officials. In Brazil, the Ministry of Health ceased to disclose new cases of Covid-19 infections and deaths, President Bolsonaro repeatedly refused to provide information to journalists, and the federal government also suspended the deadlines for providing public information. In Serbia, Covid-19 related regulations likewise limited journalists access to information, while in Poland, a special COVID-19 act introduced a delay in providing public information, and journalists complained of selective treatment and silencing of criticism.

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Economic conditions in the media industries declined in all four countries, yet none of the countries adopted media-specific forms of support to mitigate the impact of economic hardship. In Poland, Brazil and Serbia, these problems were compounded by non-transparent and unfair distribution of state advertising and/or state funds for the media, which benefitted pro-government media. While this was an issue before the pandemic, this problem intensified during the pandemic especially in Poland and Brazil. For instance, in 2020, the Brazilian federal government spent the largest share of its TV advertising budget, including the budget for Covid-19 campaigns, on Record TV, a pro-Bolsonaro broadcast company.

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Despite the problems caused by health misinformation, including disinformation, during the pandemic, none of the four countries implemented a consistent policy in this area while populists were in power. In the US and Brazil, populist leaders were themselves important sources of misinformation, while in Serbia, the circulation of false and misleading information about COVID-19 was simply not seen as an issue that the government should address. In Poland, some initiatives to counter disinformation were present, but remained uncoordinated and inconsistent. In the US, a more consistent approach was adopted only after the electoral defeat of Trump, with the US Department of Health and Human Services and Office of the US Surgeon General launching an online advisory service on Health Misinformation. These shortcomings were to an extent mitigated by other institutional actors: state and local-level administrations in Brazil and the U.S., and NGOs, factchecking and research communities in Poland and US. Covid-19 content policies (mainly targeting and removing problematic content) were implemented by all major platforms in the US, Brazil and Poland, but not in Serbia.

In Brazil, Serbia and Poland, the ability of public service media to contribute to effective health crisis communication was limited, largely due to their lack of independence from populist leadership. This meant that public service channels largely supported the stance of populist leaders and failed to provide a forum for open public debate on the pandemic. In some cases, public service media also contributed to the spreading of

COVID-19 related misinformation, most notably in Brazil and Poland. All of this undermined the ability of public service channels to act as trustworthy sources of information during the pandemic. In contrast, in the US, public service channels provided quality and up to date information on the pandemic and were often critical of Trump's pandemic response, but due to the historically marginal role of public service broadcasting in US their impact on public debate remained limited.

These findings underscore the importance of strengthening media policies and regulatory efforts designed to safeguard media freedom, journalists' safety, and access to information during a health crisis. During crisis situations professional news media should arguably enjoy even greater access to public information, as this will enable them to counter the circulation or rumors, conspiracy theories and other forms of unverified or false information that tends to increase during crisis. In line with this, protection of journalists against
infringements, and particularly attacks, detention or arrests, should also be increased during crisis periods. Our findings also highlight the importance of financial sustainability of independent media organizations during a crisis, and of an equitable and transparent approach to media support, including state advertising and promotional campaigns. Furthermore, the findings foreground the need for coordinated counter-misinformation efforts, which involve cooperation with digital platforms, and take into account the possibility of health misinformation being spread by political elites. Finally, the findings also underline the necessity of political independence and editorial autonomy of public service media, especially in countries where public service channels enjoy high audience ratings.

## Politicization of health can reduce the focus on health guidance in news

The impact of populism on media coverage of the pandemic was examined based on a sample of reports drawn from three outlets from each of the countries, covering the period from January 2020 to December 2022 (N=2,089). The sample included a mix of newspapers (broadsheets and tabloids) and news websites, and covered both public service and commercial outlets as well as media of different ideological and political orientations: the broadsheet *New York Times*, the mid-market *USA Today*, and the conservative news website Fox News in the US; daily newspapers *O Globo* and *O Estado de S. Paulo*, and the public service news website Agência Brasil in Brazil; the oppositional daily *Gazeta Wyborcza*, the tabloid *Fakt* and the news website TVP Info, run by the public service broadcaster in Poland; and the oppositional broadsheet *Danas*, the pro-government tabloid *Kurir*, and the news website RTS Vesti, run by the public service broadcaster in Serbia. The analysis identified five main frames that were present, to different degrees, in all four countries:

- Attribution of responsibility (stories about how different governments, public health authorities and other bodies—both national and international—were handling the pandemic)

- Socio-economic consequences (stories focusing on the consequences of the pandemic and associated mitigation measures on issues such as unemployment, poverty, the public budget, as well as on the entertainment and sports industry)
- Human interest (stories about the impact of the pandemic and mitigation measures on daily life, including profiles of victims and survivors, as well as stories about community support or people reporting neighbors for flouting rules)
- Conflict (stories that highlighted conflicts over the pandemic response, e.g. between federal, regional and local governments, or between the populist leader and public health authorities)
- Science and technology (stories about scientific achievements related to pandemic mitigation measures, including development of vaccines).

Although the distribution of frames varied somewhat from country to country, several common patterns can be observed (Figure 1). In all four countries, news stories that adopted the science and technology frame were in a minority and accounted for only 11% of all coverage on average. Instead, most of the news coverage adopted either the attribution of responsibility frame (40% on average), with most stories in this frame focusing on the responsibilities of national governments and their responses, or the socio-economic consequences frame (26% on average). This means that the media in all four countries paid only limited attention to science-driven interventions and solutions to the crisis and foregrounded either the different government responses to the pandemic or the socio-economic consequences of mitigation measures.

Figure 1: Prevailing frames in the media coverage of COVID-19
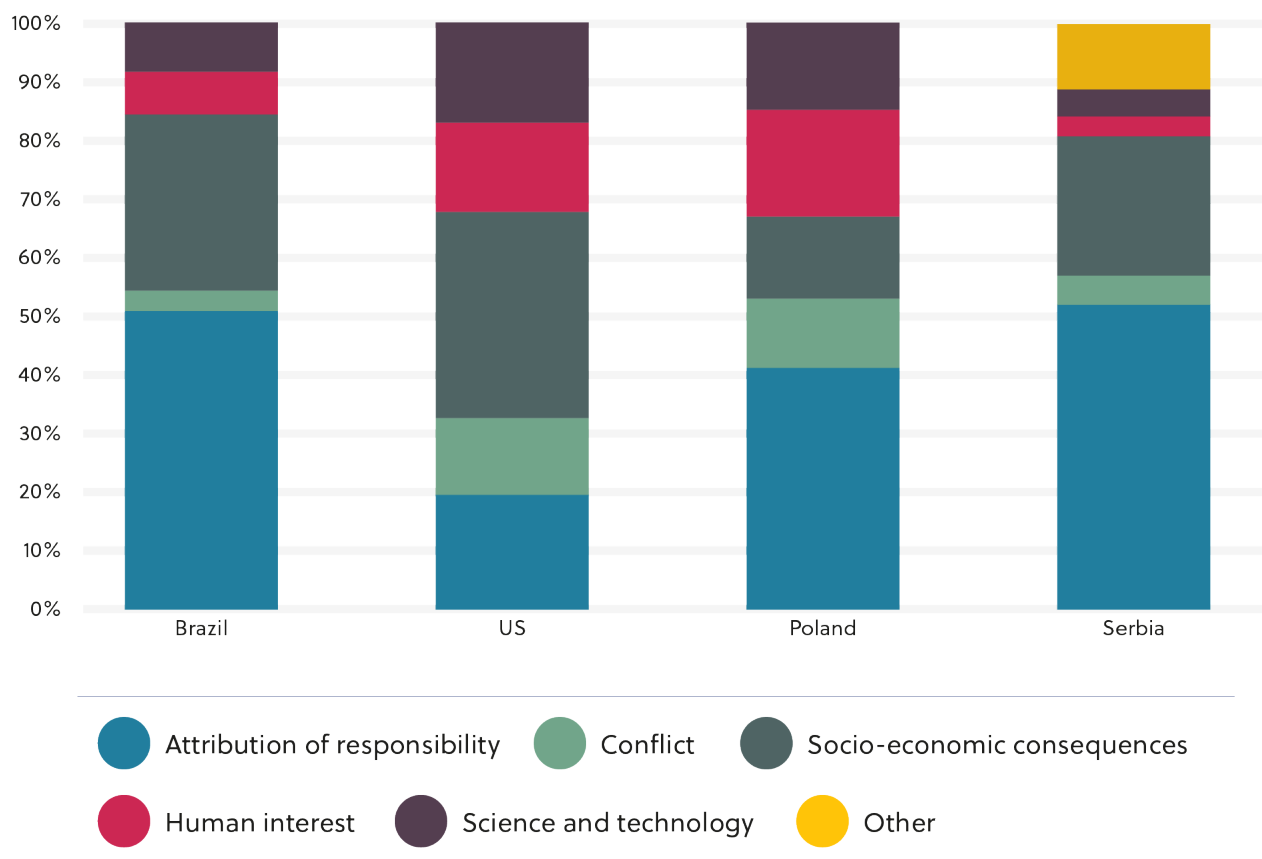
Despite high levels of politicization and polarization during the pandemic, stories foregrounding conflict were least common (9% on average). Furthermore, only some of these stories reported the pandemic through characteristically populist conflict frames, foregrounding the tension between public health authorities and the populist leader, or between state control and individual freedom (most commonly in the US). However, politicization was evident, in more indirect ways, in much of the coverage, even in stories that focused on economic and social consequences of the pandemic or reported on it from the perspective of human-interest stories. Especially in the context of attribution of responsibility and socio-economic consequences frames, and particularly in Brazil and the United States, the public debate was often dominated by electoral disputes or conflicts fueled by science denialism and disbelief of public health authorities. The media across the political spectrum were often preoccupied with attributing blame—be it blaming the federal government for downplaying the threat of the virus or attacking state or local governments who followed expert advice for stifling individual freedom or damaging the economy—leaving less space for sharing information about public health advice or engaging in a measured debate on effective responses to the crisis.

Furthermore, as one might expect given the presence of populist leaders and governments, the coverage was often polarized, with significant differences in the stance to populist leaders between outlets in each country. In Poland and Serbia, state-controlled public service media praised the populist leader and state authorities, conveyed official positions and arguments, and blamed the opposition for generating discord, while critical reporting was limited to opposition outlets and (especially in Serbia) rather rare. In Brazil, public service media also conveyed official positions, but less emphatically so than in Poland and Serbia, while commercial outlets were critical of Bolsonaro. In the US, foxnews.com framed Trump positively, while The New York Times and USA Today were critical. The only exception were stories focused on scientific developments, including vaccines, where such polarization was virtually absent.

The influence of populism on coverage operated also on a systemic level. In Poland and Serbia, where populist authorities exert significant control over the media system, a significant part of the coverage (in Serbia, the vast majority) largely amplified government messages. In Brazil and the US, where media enjoy greater levels of freedom from populist interference, mainstream media outlets were able to provide more effective spaces for public debate, including critical voices.

In all four countries, even reputable outlets occasionally amplified misinformation, for instance by reporting on key political leaders who were spreading misinformation without providing any context, or by interviewing untrustworthy medical experts to provide an artificial balance of opposing views. This was particularly obvious in US and Brazil, where Trump and Bolsonaro openly challenged health authorities, but also occurred in Serbia and Poland, where the media occasionally amplified the voices of untrustworthy medical experts.

These findings have several implications for stakeholders involved in health crisis communication. They underscore the dangers of polarization in face of a common threat and suggest that the excessive politicization of science poses specific challenges to journalistic responses to the health crisis. As these challenges are here to stay, it is important that journalists become better versed in science communication and familiarise themselves with the key principles of emergency risk communication. To counter the detrimental consequences of excessive polarization and politicization of science in a health crisis, journalists should seek to maintain a balance among the goals of disseminating guidance from health authorities and encouraging compliance with health recommendations, serving as a "watchdog" of public authorities, and providing a forum for public debate on mitigation measures and pandemic policy. They should also enhance measures designed to tackle misinformation coming from a range of sources, including political elites and unqualified medical experts, and hold authorities spreading misinformation to account.

Populist beliefs are likely to undermine trust in experts and weaken resilience to health misinformation

The impact of populism on media habits, trust in experts and vulnerability to misinformation was examined using a representative cross-country survey (N=5,000) in the four countries. Our research revealed notable levels of beliefs in some of the most popular COVID-19 misinformation, rumours and conspiracy theories in all four countries (see Table 1).

Table 1: Beliefs in misinformation about COVID-19 (% of those who agreed)

	BR	PL	RS	US	ALL
COVID-19 was purposefully created in a lab	34	32	46	38	37
The official numbers of deaths from COVID-19 have been grossly exaggerated	36	32	37	34	35
Face masks can make people ill	19	37	27	28	27
The U.S. military is behind the creation of the virus	10	9	21	16	14
COVID-19 vaccines are experimental, and their health risks are not properly known	40	45	51	40	43
Natural immunity from COVID-19 is better than vaccines	27	45	54	38	39
COVID-19 vaccines can change people's DNA	14	21	12	21	17
COVID-19 vaccines have been developed using human embryos	10	15	8	20	14
COVID-19 vaccines contain microchips	10	10	8	19	12

Most importantly, we found that that vulnerability to health misinformation was significantly higher among those members of the public who hold populist beliefs or vote for populist politicians. In Brazil, Bolsonaro voters believe in 67% more falsehoods than voters for opposing candidates or abstainers, while in the USA, Trump voters believe in 52% more misinformation than those not voting for other candidates or abstaining. The impact of the populist vote on the vulnerability to COVID-19 misinformation was particularly noticeable in Brazil and in the USA, where populist leaders actively engaged in spreading misinformation and challenging expert guidance. However, populism can also be an ideology which generally makes people more gullible to falsehoods, independently from how populist leaders behave. Polish and Serbian populist presidents did not actively promote COVID-19 misinformation and, at least at the start of the pandemic, supported preventive measures recommended by public health authorities and experts. Nevertheless, populist voters in Poland and Serbia were more likely to believe in more false statements, albeit to a lesser degree than Brazilian and American populist voters. These results suggest that emergency risk communication strategies, health information literacy efforts, and campaigns against health misinformation should pay particular attention to parts of the public where populist attitudes are more widespread.

At the same time, our results also showed that trust in experts—including scientists, medical experts and public health authorities—reduced vulnerability to COVID-19 misinformation in all four countries. The positive impact of trust in expert institutions was similar in all four countries, regardless of whether the political elites established a largely cooperative relationship with public health authorities and experts (as in Serbia and Poland, at least initially) or openly contested their advice (as in Brazil and the USA). In all four countries, trust in expert institutions was also consistently higher than trust in political institutions. This suggests that emergency risk communication could take advantage of higher levels of public trust enjoyed by experts and expert institutions, as opposed to political elites. Given the ability of trust in experts to enhance resistance to misinformation, suitable expert institutions should seek to influence the agenda for public debates on health, and their representatives should be foregrounded in government-led health crisis communication.

With regards to the role of the media, our results call for a more differentiated approach. Contrary to previous findings, we did not detect a significant role of social media in general in increasing people's belief in misinformation. Rather, only one subtype of social media—namely, social messaging apps (e.g., WhatsApp, Facebook Messenger, Viber, Telegram)—proved to be associated with greater exposure to and beliefs in misinformation. Furthermore, access to COVID-19-sceptical media brands, like Fox News in the United States, proved to have an even more significant impact on misinformation beliefs than access to social media platforms. Finally, the results also pointed to podcasts as an additional—hitherto unrecognized—influential source of misinformation in three out of four countries. Taken together, these results call for a much more differentiated approach

to assessing the role of social media in spreading of misinformation, as well as point to the importance of established news brands and mainstream news media as impactful channels of misinformation.

Covering vaccine diplomacy: Russia and China as populist proxies?

The role of Russia and China in providing the language that feeds populism and misinformation has been well studied. After its initial mishandling of the COVID19 outbreak, China tried to improve its international reputation by offering help in the form of PPE shipments, medical help, and vaccines, while Russia was the first country to offer a COVID-19 vaccine. In our four countries, depending on their political culture, populist politicians positioned themselves differently with regards to Russia and China. To analyze this dynamic, we explored the mentions of Russia and China's reactions to COVID-19 in domestic media coverage, from January 2020 to December 2022. The analysis was based on a sample of news coverage published in the twelve outlets we studied and covered roughly 14% of the total coverage on COVID-19 published in these outlets over the three years.

We found that each country had a specific timing of discussing Russia and China, with somewhat different peak moments, even if there are shared trajectories and common thematic patterns, such as discussing China as the origin of the pandemic in March-April 2020 or connecting Russia's vaccine diplomacy to Moscow's aggressive foreign policy in 2021 (Figures 2 and 3).

Figure 2: General mentions of China 2020-2022
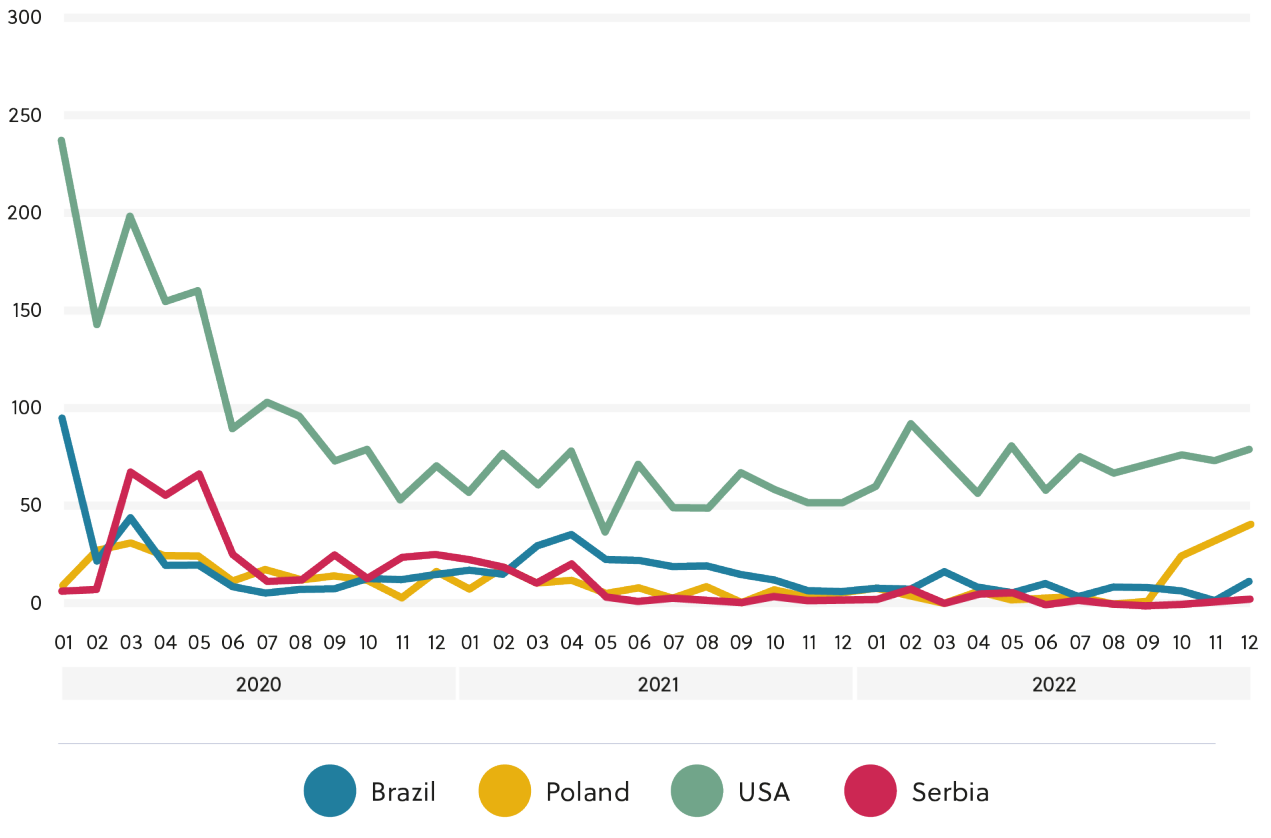
Figure 3: General mentions of Russia 2020-2022
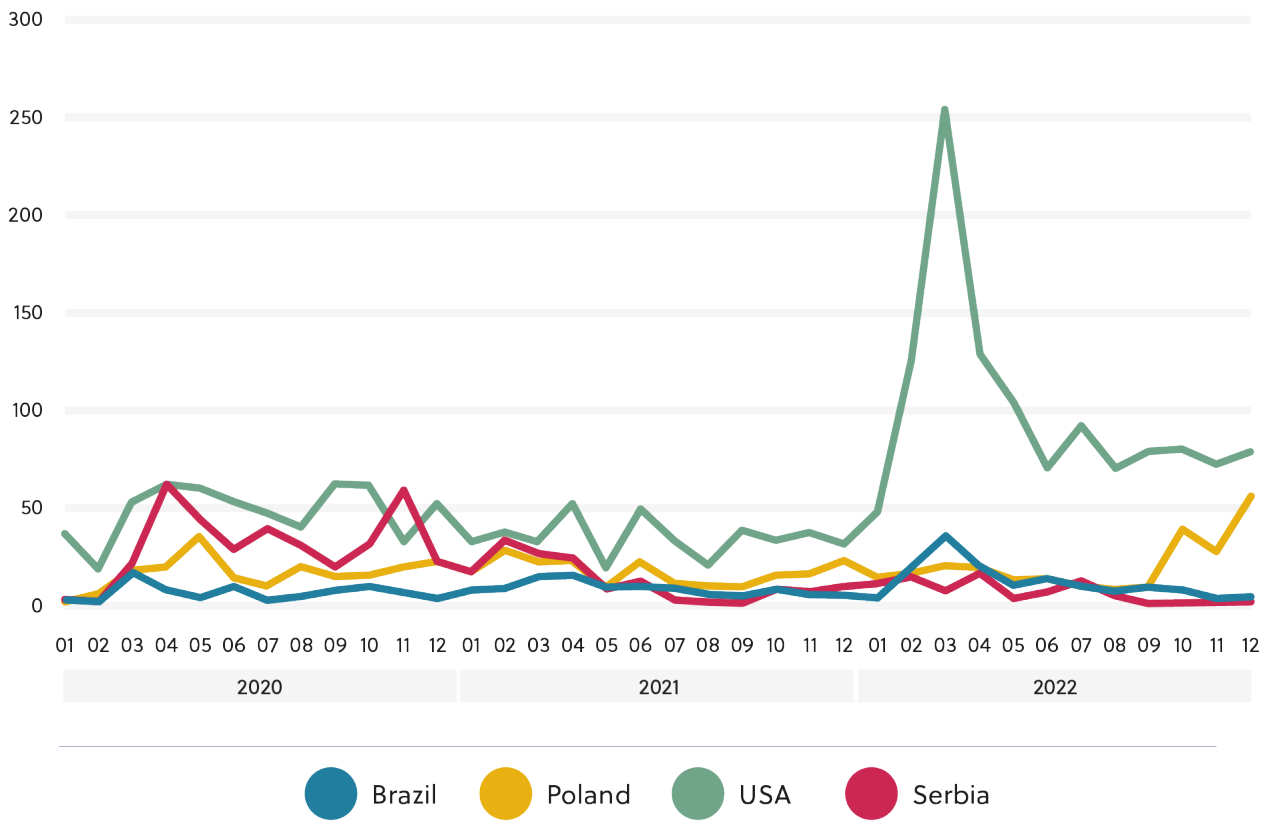
The most important differences, however, appear in the tone of coverage. Serbia stands out for its welcoming policy toward Russia and China and especially towards their vaccines, which were made available to the Serbian population from early on. This welcoming approach is reflected in largely positive media coverage, which is shared by all media outlets regardless of differences in their political orientation, with only minimal critical reflection on the geopolitical dimensions of vaccine diplomacy in relation to China evident in the oppositional daily Danas. The Polish response was considerably more negative, in line with European COVID-19 policies, and reflected the negative assessment of Russian and Chinese vaccines by EU authorities. This critical approach was reflected in the media, especially in relation to Russia, where the media also highlighted concerns about Russian health misinformation. Brazilian coverage was more ambiguous in tone, principally in relation to Russia; although significant attention was paid to the geopolitical dimensions of Russia's vaccine diplomacy, the tone remained largely neutral. In contrast, Brazilian media were much less alert to the geopolitical dimensions of Chinese vaccine diplomacy, and covered Chinese vaccines in largely positive tones, arguably reflecting the country's investment in the local production of Sinovac in the state of São Paulo. The US response, much as its media coverage, was largely negative, particularly so in relation to Russia, and paid particular attention to the geopolitical dimensions of vaccine diplomacy. In conclusion, it appears that each of the four countries – along with its media – responded to Russian and Chinese pandemic response vaccine in line with its foreign policy orientations to two countries: Poland and the USA thus adopted a more critical stance, while Brazil and especially Serbia reacted more positively. These findings also suggest that Russian and Chinese vaccine diplomacy cannot be seen as a pure instrument used as a geopolitical weapon, but as a strategy that followed broader foreign policy goals aimed at securing respectability on the international scene.

The links with the behaviour of populist politicians are less immediately visible. In the US, the negative coverage to an extent resonated with the characteristic populist framing that blames domestic problems on external Others, which was most evident in Trump's initial attempts to blame the pandemic on China. In Serbia, on the other hand, the positive coverage of Russia and China contributed to the spreading of narratives about (Western) mismanagement of the pandemic and the inefficiency of the EU pandemic response, contrasted with Serbia's efforts to secure vaccines for its people. These narratives were skillfully exploited by President Vučić, who – in a typically populist fashion – positioned himself as the heroic leader protecting the Serbian people from the virus, while also compensating for the ineptitude of EU elites by drawing on the help received from Russian and Chinese 'friends'. Arguably, the coverage of Russia and China had potential to feed into populist frames about Western ineffectiveness even in cases where the media did not celebrate Chinese or Russian pandemic and vaccine strategy. One can therefore say that Russia and China were used as proxies exploited by domestic political and media actors, in ways that often resonated with populist frames.

Full recommendations and best practices

These findings underpin our recommendations for three groups of professionals involved in health crisis communication: public health authorities and government officials, media regulators and policymakers, and news organizations and journalists. These recommendations will also be of interest to think thanks and other actors involved in public health,

Public health authorities and government officials

1. Ensure that public policy during a health crisis is informed by the best available science, and public health authorities should be at the centre of the policy-making process, with the understanding that some policy decisions may involve value choices that require wide consultation across society and for which political leaders will have to take ultimate responsibility.

2. Avoid politicizing the health crisis and preventive measures as this leads to the erosion of trust.

3. Maintain the autonomy and transparency of specialized agencies headed by health professionals and the integrity of the scientific process of gathering and analysing information and formulating recommendations. Ensure that experts within these agencies are able to communicate freely with policymakers, the media and the public.

4. Anticipate political contestation over public health threats and preventative measures and revise existing guidance and training tools for public health emergencies, incorporating advice and scenarios that envisage political contestation and lack of support from political elites.

5. Review existing decision-making structures and communication channels for managing a public health crisis, especially arrangements for collaboration between public health authorities and political leaders. Ensure that public officials from the full range of agencies involved in the health crisis communication response are familiar with the principles of emergency risk communication.

6. When developing preventative measures and treatments, avoid purely top-down styles of communication and develop mechanisms for dialogue with a range of actors, seeking multipartisan solutions that will have a better chance of being more widely accepted. Integrate experts in social and communication sciences into the formulation of health guidelines.

7. Vaccination campaigns should be transparent about both the benefits and potential adverse effects.

8. Nurture cooperative relationships with media organizations, ensure that questions received from journalists are never left unanswered, and facilitate journalists' access to experts with suitable expertise.

9. Develop and implement an integrated strategy for combatting health misinformation both online and offline. Such a strategy should:

    - Seek to coordinate different actors and their efforts at combatting misinformation.

    - Acknowledge the possibility of top-down misinformation, and devise strategies to combat it.

    - When addressing criticisms coming from prominent vaccine sceptics and similar actors, frame responses in a way that does not inadvertently amplify misinformation.

    - Ensure public access to trustworthy medical information throughout the crisis. Such information should be provided both directly, through channels operated by public authorities themselves, and indirectly, through collaboration with journalists. With regards to the latter, public authorities should ensure that journalists have easy access to experts with suitable expertise.

    - Provide access to reliable statistical data and present them in a form that is easily understandable by non-experts.

    - Incorporate collaboration with local or regional public health authorities, media organizations, NGOs, communities, influencers and other actors to develop local channels of information that could counteract top-down misinformation.

    - Pay special attention to communities that are likely to be particularly vulnerable to health misinformation and engage with them and their leaders particularly closely.

    - Collaborate with media regulators to bolster freedom of information protections during a health crisis.

    - Work with digital platforms to devise a strategy for ensuring greater visibility of trustworthy expert health advice in the event of a health crisis.

Best practices: Public health authorities and government officials

- In the absence of a nation-wide vaccination campaign in Brazil, several state governments organised their own vaccination campaigns.

- In Brazil, qualified health professionals became widely available to the media, granting interviews and responding to specific queries in a timely manner.

- Several public health officials in Brazil and the US provided ad-hoc training in public health and health communication to journalists, recognizing that many of them were assigned to cover public health issues at short notice and without prior training.

- To counter politicization, local and regional public health authorities in the US took special care to engage with communities of different political, ideological and religious affiliations, attended both Republican and Democratic events, as well as a range of churches, mosques, synagogues and temples.

- To connect with local communities and tackle distrust, regional public health authorities in the US introduced special mobile units called 'care-a-vans', which were designed to provide information on protective measures and distribute protective equipment at a local level.

- Public health communicators in the US found effective new channels of reaching communities, engaging with non-traditional trusted messengers, from hairdressers and barbers to school principals and local DJs, and involving them in their communication strategies.

- Rather than reaching out to different communities directly, regional health departments in the US provided micro-grants for local organisations to help disseminate information about preventative measures and vaccines, allowing them to use strategies they felt were most effective.

- To tackle distrust of COVID-19 vaccines, especially following Trump's pressures for fast approval, the US Food and Drug Administration increased the transparency of its decision-making by making relevant committee meetings public and providing open webcasts about its Emergency Use Authorization mechanism.

- In Brazil, state health secretaries adopted several strategies for providing fact-checked information to local media and digital platforms and the Federal Health Institute Fiocruz developed a partnership with fact-checking agencies to challenge misinformative content and provide fact-checked alternatives.

Media regulators and policymakers

1. Bolster freedom of information protections during a crisis by improving access to information for journalists; challenging political authorities' attempts at interference with the circulation of information; and enhancing the protection of journalists and other media workers against both physical and online attacks.

2. Implement legislation or cooperate with digital platforms to ensure that advice on preventative measures from reputable sources is visible and accessible on digital platforms during a healthcare crisis, and that health information circulating online is regularly assessed with the help of independent fact-checkers, and sources of misinformation are marked accordingly.

3. Support media literacy campaigns and media education initiatives aimed at improving the public health literacy of the population, including awareness of reliable sources of health information during emergencies.

4. Proactively support the media in a time of crisis, for instance by prioritizing complaints about health topics, extending temporary licences to hyperlocal services sharing health information and tackling misinformation in communities, and facilitating interactions with public health authorities and the public.

5. Conduct research and inform policies on how media use and information seeking behaviour affects adherence to public health measures and trust in public health institutions.

6. Share best practice examples of policy and regulatory interventions from past pandemics and use them to develop recommendations for media regulators and policymakers to follow in a future health emergency. This effort could be usefully coordinated by international associations of media regulatory authorities, which would increase the possibilities for transnational knowledge transfer in the sector.

7. Maintain the political independence of public service media, both in general and during a crisis. This is especially important in countries with low levels of media independence, where public service media are likely to be instrumentalized by the governing elites or offered privileged access to important public information. In the event of contestation and polarization surrounding pandemic measures, such instrumentalization and unequal treatment can further deepen division and undermine the ability of public service media to act as trustworthy sources of information during the pandemic.

8. Monitor media coverage and the economic viability of the media during health crisis situations. Any supportive measures designed to alleviate economic hardship caused by a crisis should be implemented in a fair and transparent manner, independent of political interests.

Best practices: Media regulation and policymaking

- In Poland, the Commissioner for Human Rights, supported by legal experts and a court judgement, contributed to the lifting of Covid-19 Act provisions that obstructed access to public information during the pandemic.

- In Brazil, the Federal Court of Accounts challenged the unfair allocation of state advertising during the pandemic.

- In US, the bipartisan Select Subcommittee on the Coronavirus Crisis, created to provide congressional oversight over Trump administration's response to the pandemic, conducted several investigations concerning pandemic misinformation.

- In the absence of policy and regulatory efforts aimed at health misinformation, several Polish NGOs and research communities became involved in counteracting pandemic misinformation.

- Major digital platforms, including Facebook, You Tube, and Twitter/X took actions against coordinated disinformation campaigns and harmful misinformation content in the US, Brazil and Poland.

- In Brazil, Google created a fund supporting regional newspapers throughout the COVID-19 pandemic, including outlets with different political orientations.

- At European level, the European Platform for Regulatory Authorities collected several examples of best practices implemented by national media regulators across Europe during the COVID-19 pandemic.

News organizations and journalists

1. Openly challenge any crisis measures that may interfere with public access to information and improve internal governance structures to increase independence and guard against political instrumentalization during a health crisis.

2. Maintain a balance among the goals of disseminating guidance from health authorities and encouraging compliance, serving as a "watchdog" of public authorities, and providing a forum for public debate on mitigation measures and pandemic policy.

    a) In reporting on a health emergency, foreground experts and public health authorities as key sources and ensure that their advice is not overshadowed by opinions provided by political elites and government sources.

    b) Ensure that public health information, including vaccination adverts and guidance on preventative measures, is up to date, prominently displayed, and easily accessible.

3. Be mindful of the fact that misinformation can originate from political elites, medical professionals, and celebrities, and take appropriate precautionary measures when reporting, such as:

    a) Avoid conveying statements from key political representatives or celebrities without context, especially when they might contain misinformation.

    b) Ensure that individuals in positions of authority who engage in spreading misinformation – whether intentionally or not – are accountable for it.

    c) Critically evaluate the credentials and integrity of expert sources, ensuring that only individuals with suitable expertise are consulted. Avoid creating an artificial balance between different expert views.

4. Engage in regular monitoring and fact checking of health information from all sources, not only social networking and messaging platforms, but also traditional news sources.

5. Introduce training on public health and emergency risk communication for all journalists and consider introducing a health correspondent role.

6. Develop recommendations for journalists engaging in health crisis communication, including best practice examples from past pandemics. The development and dissemination of such recommendations could be usefully coordinated by journalistic and media associations.

7. All of the above is particularly important for public service media institutions, especially in countries with long-established and influential public service media channels.

Best practices: News organizations and journalists

- Reacting to the information blackout imposed by the federal government and President Bolsonaro in June 2020, journalistic consortia and networks in Brazil independently collected information on new cases of Covid-19 infections and deaths from 27 state-level administrations and made it public through a joint press release. This effort arguably contributed to the rise in media trust, which grew from 48% in 2019 to 54% in 2021.

- In Serbia, the national association of journalists played an important role in countering attacks on freedom of information and helped release a journalist arrested on grounds of reporting about insufficient protection of the medical staff in one of the regional hospitals.

- Independent media in Poland and Serbia supported the public health campaign but distributing up to date public health guidance and information about vaccination for free.

- In Brazil, journalists sought to counter misinformation spread by the federal government by checking, interpreting and contextualizing statements from government representatives.

- In several countries, journalists proactively sought to educate themselves about public health, talking to public health officials about their work and the COVID-19 data they were presenting, and seeking to understand why certain decisions were taken. This enabled them to counter selective and misleading interpretations of COVID-19 data and public health guidance and make complex issues clearer for the general public.

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