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IFMSA Policy Document Infodemic management

Proposed by IFMSA Team of Officials

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Policy Commission

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Policy Statement

Introduction

The Pandemic was accompanied by widespread misinformation, circulation of unfounded rumours and spread of anti-science sentiments have always been present in health crises, but the rise of digital communication, especially social media, has exacerbated this problem even further. A new term - *infodemic* - was coined to describe this phenomenon. The response to the COVID-19 pandemic, still ongoing worldwide at the time of this policy document's publication, has been marked by a powerful influx of false information, at times hardly discernible from the truth for large portions of the population. Individual behaviour during an epidemic/pandemic, essential in any such crisis, is being affected for the worse. As this problem continues to mount, it becomes all the more evident that a unified approach is required to secure high levels of compliance with public health measures and recommendations so that disease outbreaks can be more easily contained

IFMSA Position

IFMSA, as a body of future healthcare professionals, acknowledges the serious impact of the infodemic and the health problems it creates and believes that it is necessary to work to end the negative impact of false and excessive information on epidemics on communities. IFMSA affirms the need for actions on international, national and local levels by each country with a vision for effective infodemic management. IFMSA advocates the involvement of relevant parties and stakeholders to take interdisciplinary actions for a healthier future with accurate information on epidemic diseases. IFMSA firmly believes that public access to accurate and sufficient information is indispensable in combating epidemics.

Call to action

IFMSA calls for:

- **Governments to:**
 - Provide comprehensive education accessible for all citizens by making it part of the national school curriculum, thus strengthening health literacy skills.
 - Publish a fact-based, plain-language explanation to every public health measure that is being introduced to ensure a high compliance rate among the population.
 - Ensure that up-to-date public health messaging is available to the entirety of the population, including language minorities, people with disabilities and those disadvantaged by the digital divide.
 - Engage public broadcasters in countering the spread of false health-related reports by providing reliable, evidence-based information to the public,



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- **United Nations and World Health Organization to:**
 - Continue to provide global leadership in the field of *infodemic* management by providing and updating universal guidelines and ensuring that the vision set out in the Infodemic Management framework and other relevant documents is being continuously enacted.
 - Assist the Member States and other associated entities with public health legislation, policy and communication to ensure full accountability of all public health recommendations and mandates.
 -
- **Non-governmental Organizations (NGOs) to:**
 - Maintain openness and transparency in terms of communicating a commitment to following evidence-based medicine and public health guidance
 - Create spaces for all members to raise their concerns about an ongoing health crisis and provide expert-driven assistance, if necessary.
- **Healthcare professionals to:**
 - Provide guidance to the patients through proper and concise health education and effective health communication.
 - Use the Primary Health Care (PHC) services to build and strengthen the culture of resilience to the incessant flow of medical information among the population.
- **Media outlets and social media corporations to:**
 - Evaluate the fact-checking system and set more vigilant security standards to ensure that the information shared, especially that concerning health, is evidence-based.
 - Aid in combating misinformation by joining forces with experts such as healthcare professionals.
- **Universities, particularly medical schools, to:**
 - Include health communication as part of medical education in an effort to move towards a socially accountable curriculum.
 - Initiate, conduct and publish research that contributes to the medical knowledge and aids in the making of policies on infodemic management.
 - Collaborate with national and regional governments, media outlets, and other relevant stakeholders to help halt the spread of health-related misinformation.
- **IFMSA National Member Organizations (NMOs) and medical students to:**
 - Recognize the *infodemic* as a major threat to global health security and identify stakeholders that might have a role to play in creating a unified response to this issue.
 - Retain a proactive attitude by engaging in meaningful public debate, such as academic debate and policy making, that lead to conclusive and lasting solutions with measurable impact on public health.
 - Organize projects and activities on infodemic management with stakeholders that are considered to be in the frontlines of the infodemic



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Position Paper

Background:

Health misinformation can cause significant harm during health emergencies. The Coronavirus disease 2019 (COVID-19) pandemic has emerged as a global public health crisis. The rising number of cases, burgeoning death figures across nations have forced billions of people into lockdown to contain the infection. Many of those affected have been frantically searching for credible sources of health-related information, yet mass hysteria and an overwhelming sense of panic went on to create a hidden epidemic of "information" .

According to the WHO, an "Infodemic" is too much information including false or misleading information in digital and physical environments during a disease outbreak. It causes confusion and risk-taking behaviours that can harm health. It also leads to mistrust in health authorities and undermines the public health response." [1]

With the digital boom and extensive use of social media across all demographics, information spreads at lightning speed, reaching even the remotest corners of the world in a few minutes. In turn, it has made tackling false information propaganda even more challenging.

Nowadays, virtually anyone sitting in any part of the world can create, edit and publish pieces of information that they think are factually correct, without any scientific justification provided. Information flow has been seamlessly adopting newer modes of communication breaking regional, linguistic and social barriers. The tsunami of information flow about do's and don'ts during the pandemic has found mass viewership with people frantically searching the Internet to gain knowledge and keep their families safe. With all physical interactions and social gatherings discontinued, everyone has switched to the online mode to connect, interact and help their near and dear ones in what is a challenging time. The digital pandemic has not left any section of society untouched, be it people who are not even directly or actively using digital and social media [2].

Infodemics affect the physical, mental as well as social health of communities. It is a pressing need to forge collaborations with individuals and organisations that have intersecting interests, build action plans to create awareness and manage the misinformation spread across all mediums of communication. During the 73rd World Health Assembly and the G20 Health Ministers' Declaration at the Riyadh Summit, the Resolution on COVID-19 adopted then emphasised the necessity to provide the world population with "reliable and comprehensive information on COVID-19" and implement appropriate measures to "counter misinformation and disinformation " [3].

The WHO defines Infodemic management as "The systematic use of risk- and evidence-based analysis and approaches to manage the infodemic and reduce its impact on health behaviours during health emergencies." It aims to enable good health practices through four types of activities which include listening to community concerns and questions, promoting



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understanding of risk and health expert advice, building resilience to misinformation and engaging and empowering communities to take positive action [1].

Working towards providing high quality health information is an essential activity but also not the only solution. There is a pressing need to walk an extra mile to reimagine what social listening is in the contemporary online and offline information ecosystem and build appropriate systems to assess what the community resilience to the infodemic is and what misinformation really looks like.

DISCUSSION

Misinformation vs disinformation

In this digital era, falsehoods abound. However, not all wrong information is the same, as there exists two types of false information: misinformation and disinformation. Despite being used interchangeably, a critical distinction between these confusable terms is the intent of the sharer or purveyor. Misinformation is false information that one spreads regardless of intent to mislead. If one spreads false information, without actually knowing of its falsehood, then this is called misinformation.

Meanwhile, disinformation is false information that someone spreads despite knowing that such information is false. In other words, deliberately misleading people or providing biased information, manipulated narrative or propaganda is termed as disinformation. The distinction between these terms is critical for how people, decision-makers, companies and societies at large react to different falsehoods and their sources. [4]

Infodemic Susceptibility and Persistence

Factors and characteristics which increase the susceptibility of misinformation are extremely important to be understood, especially when it comes to health-related issues, as the increase in such susceptibility negatively impacts individuals' compliance to appropriate public health measures [5]. Among these factors are the presence of pre-existing attitudes and beliefs among individuals [6]. Just as misinformation can shape and influence one's attitudes on specific matters [7], the harboring of pre-existing attitudes was shown to increase not only the susceptibility to misinformation that comes in congruence with the attitude [6], but also the incorporation of this misinformation into one's chain of reasoning [7]. Pre-existing attitudes also played a role in the sustenance of the misinformation even after it was retracted and disproved, influencing one's inferential reasoning and memory; this is known as the continued influence effect [8]. It was shown that individuals whose attitudes were in line with the misinformation resisted its retraction more strongly [9]. According to some studies, retractions were most effective when they were in congruence with already present attitudes [10]. In other words, if the retraction of the information does not contradict or is in congruence with one's attitude, it is more likely to be accepted [7]. However, if the retraction requires the person to let go of a present attitude, the retraction is resisted [7].



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Infodemics and Social Media:

Social media has played an undeniable role as being among the fastest means to spread information and news, with 78.5% traditional media reporters recounting relying on the use of social platforms in order to follow up on breaking news and information [11]. However, along with the rise of the internet and increased internet access also came the spread of misinformation, with the World Economic Forum warning back in 2013 of the potential “viral spread” of deceiving information through these platforms whether intentionally or unintentionally (World Economic Forum, 2013). This comes off as a valid concern when social media algorithms can contribute to the spread of false information exponentially [12] either through deliberate sharing by users to their social networks, or merely interacting with the information, a phenomenon known as organic reach [13]. Evidence suggests that false information is disseminated widely and swiftly through social media platforms owing to such algorithms and actions [14]. In fact, when the dynamics of the spread of both false and true information through social media was studied, evidence showed that false news diffused and spread through social media significantly more rapidly and broadly than true information across all the different categories of information studied [14].

Nonetheless, the presence of social media has played an important role as a platform to dissipate valuable information by credible sources to the vast public easily, especially during emergencies [15]. However, despite this, the large scale and rapid dissipation of information through these platforms lead to issues of information overload among users, presenting new challenges to the use of social media by emergency managers [16].

Impact on Public Health

Misinformation on health-related matters has shown to have adverse effects on communities and public health—from skepticism of medical regulations [17] to fostering hostility against healthcare professionals. In recent years, the role of social media and other platforms as health information platforms came to the forefront—with the start of the COVID-19 pandemic and the immense propagation of information related to the virus on various platforms [18]. The nature of the information disseminated had a significant impact on public health on both societal and national levels [19]. The spread of rumors online under the guise of credible preventative measures against the virus had serious consequences on the public, especially when this misinformation was prioritized over evidence-based recommendations [19], resulting in several reported hospitalizations and deaths around the world following such misinformation [20][21]. The exponential propagation of inaccurate and misleading information also had detrimental effects on drug utilization behavior [22] and consequently, the availability of several drugs such as chloroquine and hydroxychloroquine that governments all over the world promoted [23].

When it came to societal vaccine hesitancy, a significant positive association was found between the exposure to vaccine critical websites and public concerns on vaccine safety and a negative impact on the intention to vaccinate [24] ^[11]. The case for COVID-19 vaccinations were consistent with the literature as the exposure to misinformation lowered the intent for



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individuals to take the vaccine to protect themselves, in addition to lowering the altruistic motive of vaccinating to protect others [25].

Racism and Discrimination:

The spread of misinformation and disinformation has been shown to be associated with an increase in prejudice and discrimination against vulnerable and minority populations, especially when this spread is politically driven [26]. Such discrimination attributed to fake news has impacted different vulnerable groups in different parts of the world [27-28]. This type of “fake news” which relates to what is known as “identity threat” and stokes already standing ethnic and racial tensions has shown to be more persistent and resistant to correction [29]. This resistance is further extenuated when the targeted “out” group is already believed by the consumer of this false information to be a threat to the present social order [29].

During the COVID-19 pandemic, deliberate spread of disinformation has triggered waves of discrimination and assaults against the Asian Community [30]. The data collected by the Asian Pacific Policy & Planning Council (APPPC) in fact showed a significant surge in the number of reported hate crimes targeting the Asian American community following the spread of the virus and politically driven misinformation, including physical and verbal assault, vandalism and workplace discrimination [30]. In this situation, politically driven misinformation which aimed to paint a specific group as being responsible for the pandemic led to negative consequences against these vulnerable groups and had far reaching impacts that would go beyond the pandemic itself [26].

Digital medicine in health literacy

According to WHO, health literacy is the “personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.” This definition was further integrated and summarized in a conceptual model where “access,” “understand,” “appraise,” and “apply” are considered competences for health literacy under the dimensions of public health from health care service delivery to health promotion. [31]

Before the emergence of the pandemic, the role of digital technology in health has proven to be correlated with health literacy. Technological advancements in health have opened a wide array of opportunities for patients and healthcare providers to improve the quality of health and health delivery, respectively. [32] Digital medicine as a social determinant of health is now very evident during the pandemic. [33] With limited face-to-face interactions from public health responses, access to prompt healthcare services and accurate health information is limited. Tech-deficient communities are subjected to worse conditions because of their limited access to digital health, especially as these communities are most likely to be composed of vulnerable populations [34]. While this field is yet to be explored in-depth, developments have been accelerated by the public health responses being done by many governments around the world. Effective strategies from these responses may be adopted to address various public health issues in health information and health promotion. [35]



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The easy access to health information contributes to the increased health literacy—ultimately affecting patient's health seeking behavior. However, it was shown that high-level health literacy is, likewise, needed to access accurate information. [30] With that said, strategies in improving access to correct information should also target methods in improving patient's health literacy, such that digital health literacy assessment models are utilized and future physicians become literate enough in digital medicine to shape the landscape of the future of healthcare. [37]

The role of Health Communication and Governance

Health communication has a pivotal role in mitigating the infodemic as the influx of information from the COVID-19 outbreak has brought about many uncertainties leading to fear, anxiety and other psychological effects to the general public. [38] One study has shown that people perceive more uncertainty when public health and risk are communicated, [39] hence a transparent, accurate, and fact-based information dissemination is crucial to promote sustainable behavior change. In another study by Lu et. al., delaying information disclosure and discounting its effects by governments lead to the aggravation of public health. [40] With this, public servants and governments, along with public health professionals, play an active role in health information intervention. [41] A study by Pomeranz et al. found that protecting the right to free expression, releasing evidence-based and accurate information, protecting whistleblowers (e.g. fact checkers), and supporting the media are key to addressing COVID-19 misinformation [42]

Social distancing and quarantine measures have forced people to rely on remote platforms such as social media, internet and news outlets to gain information. These platforms may be utilized by the government in implementing science-based communication in disseminating accurate, fact-based information. Moreover, multi-sectoral collaboration between experts, governments, technology companies, and health organizations in identifying various techniques for information dissemination and in providing recommendations for the amplification of existing methods may help facilitate how the general public perceive and receive factual information. [38]

Community engagement and Inclusion

Health misinformation is a very old phenomenon, and it can cause real harm amidst uncertainty of a health emergency. However, the additional challenge in the past decades is how global emergencies have been taking place in a digitally transformed world in which information spreads faster than ever before. People and communities—both online and offline—are connected in complex ways as information spreading online affects even those who are not directly using these platforms. This highlights the need for contextually appropriate community engagement strategies when managing health emergencies. [2]

Community engagement has been considered a successful and fundamental component of eliminating past outbreaks as it is crucial to achieve primary healthcare and implement



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community-based interventions. [43] A clear example of this is during the 2014–2015 Ebola epidemic, which had several barriers, including suspicions regarding the existence of the disease and conspiracy theories. These barriers were overcome through a community engagement approach. Several measures to engage communities were undertaken, by collaborating with local and religious leaders and working with the community to develop and adjust key messages for behavioral change. These measures notably contributed to the success achieved in controlling the outbreak. [44]^[x]

In the case of the COVID-19 pandemic, community participation is crucial in managing the outbreak by adapting local views, voices, and concerns in health crisis response efforts and implementing recommended measures such as social distancing. The importance of community engagement is to promote these measures in the communities to build trust and delay disease spread as vaccination development and distribution continue. [45]^[x]

Health Care Professionals Approach on Infodemic

Healthcare workers face the risk of both physical and mental health deterioration during the COVID-19 period. [46] Healthcare workers who work long hours under challenging conditions are in the high-risk group for COVID-19 transmission. [47] Besides all these risks, infodemics negatively affect the mental health of healthcare workers and undermine their fight against COVID-19. [48] The infodemic undermines trust in the healthcare system, workers and institutions, prevents access to basic and accurate information, and as a result, causes an increase in transmission and mortality due to COVID-19.

In addition, misinformation about the pandemic can be observed among healthcare professionals. In a study conducted with a certain group of healthcare professionals, more than half of healthcare professionals state that they received misinformation during the pandemic. Social media, family and friends were shown to be the source of this misinformation. [49]

Vaccines against COVID-19 are now commercially available and recommended by the WHO. [50] These vaccines are a part of many countries' vaccination programs. [51] Despite all these efforts, the anti-vaccine movement is undermining the public's trust in science. [52] Healthcare professionals and health organizations have an important role in curbing vaccine hesitancy through patient education. In addition, innovative studies should be initiated for the wide acceptance of vaccines. [53]

Interdisciplinary work among healthcare workers is required for an effective fight against infodemics. It is possible for healthcare professionals to prevent infodemics by correcting misinformation and referring to updated information. [54] Good leadership in healthcare, successful health policy creation and implementation, and effective communication with communities are required to effectively address infodemics.

Role of Youth in Infodemic Management



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Outbreaks of infectious diseases impact all social and demographic groups, leaving some individuals significantly more vulnerable, while others are affected only indirectly. The COVID-19 pandemic has forcibly altered the way of life of the young generation. This move was an essential measure taken to control the spread of the virus, even though the individual health risk of teenagers and people in their 20s is significantly lower. [55] Student Organizations strive to provide growth-oriented learning environments for the academic community, as well as for professionals at the onset of their careers. Any public health crisis, including the occurrence of misinformation, constitutes a threat to the health, education, and life conditions of their members; therefore, these organizations have a substantial role to play in the process of mitigation.

Youth and Student Organizations often have a wide and dedicated following on social media platforms, most of which consist of young people. Through responsible content creation as well as sharing information posted by health authorities and government institutions, the outreach to this particular demographic group is strongly amplified, which helps maintain a sense of urgency and collective responsibility, despite lower personal risk to the individuals in question. Young people are more likely to access the news through the Internet, which makes such anti-misinformation efforts essential to securing popular compliance with public health measures, including high vaccine uptake rates. This need should be stressed in non-medical Youth and Student Organizations, the members and followers of which may have lesser scientific knowledge needed to critically analyze the information that is spread online. [56]

It is often advised that senior medical students be encouraged to serve as volunteers to keep medical systems afloat whenever a disease outbreak is severely impacting a country or community. Such cases of workforce mobilization may cause distress—everything from working conditions to protective equipment shortages, may result in false rumours circulating within the academic circles. The organizations in question often step up to represent the interest of all students while working to provide a reliable source of reference as far as current legislation is concerned. [57]

Management of Infodemic

Effective management of epidemics requires public health leadership. Today, with COVID-19, effective leadership is important in terms of the following issues: social determinants of health, the impact of COVID-19 on physical and mental health from various aspects, and the impact of economic conditions on health.

One of the requirements for effective public health leadership is communication. Communication plays a very important role in the management of the pandemic. The infodemic has serious consequences in various aspects. Another task of public health leaders is to effectively manage the infodemic and educate the public on a variety of issues. In addition, leaders should be aware of the concerns and fears of the people and to tell them the most accurate information in the most transparent way. [58] On the national level: the lack of



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accountability and transparency by the government, the lack of acceptance of regulations, media misdirections and low level of media literacy increase the spread of misinformation. Governments, the mainstream media, and the public have an essential role. In order to manage the infodemic, existing data about excessive information and misinformation should be collected, and the sharing of accurate information about COVID-19 in the media should be supported. In the long term, a relationship built on trust between the public and the government should be increased, broadcasting standards should be developed, and the public should be informed.

A national plan is essential in the fight against the crisis created by the pandemic. This coordination should be addressed on the national, regional and local level. It is important to establish an effective team on the local level and to follow current developments. [59]

In addition, for an effective fight against the infodemic on the local level, it is necessary to translate the information about COVID-19 into local languages, to transmit the correct information through local communication channels, and to control the spread of misinformation. [60]

As WHO Director-General Tedros Adhanom Ghebreyesus said: "We're not just battling the virus...we're also battling the trolls and conspiracy theorists that push misinformation and undermine the outbreak response."

The need for taking action against the infodemic has been accepted with an international understanding. The WHO is advancing to manage the infodemic created by COVID-19 with an interdisciplinary approach and is working on responding to the increasing need for information. These actions are provided through various trainings, public health research, campaigns, comprehensive studies, and international collaborations. [61]

In addition, the WHO works closely with social media organizations to ensure that accurate information reaches social media users. When social media users encounter content related to COVID-19 on their social media, the WHO's COVID-19 information page appears on the screen. With one click, social media users can access the most accurate and latest information provided by WHO. [62]

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Bylaws Paragraphs concerning Policy

17.2 Definitions

- a) **Policy Statement:** Short and concise document highlighting the position of IFMSA for specific field(s). A policy statement does not include background information, discussion related to the policy, a bibliography and neither does it quote facts and figures developed by outside sources. The maximum length of a policy statement is 2 pages, including introduction, IFMSA position and call to action.
- b) **Position Paper:** A detailed document supporting the related policy statement that contains background information and discussion in order to provide a more complete understanding of the issues involved and the rationale behind the position(s) set forth. A position paper must cite outside sources and include a bibliography.
- c) **Policy commission:** A policy commission is composed of three people, with 2 representatives of the NMOs and one Liaison Officer. The proposer of the draft is part of the policy commission and is responsible of appointing its members. The tasks of the policy commission are the following:
 - a. They are responsible of the quality of the policy document with the approval of the proposal.
 - b. Ensuring the content is based on global evidence.
 - c. Collecting and incorporating NMO feedback after the call for input.
 - d. Coordinating the discussion during the General Assembly.

Adoption of policies

17.3. A draft policy statement, position paper and the composition of the policy commission must be sent to the NMO mailing list by the proposer and in accordance with paragraph 9.4. Input from NMOs is to be collected between submission of the draft and submission to the General Secretariat.

17.4. The final policy statement and position paper are to be sent in accordance with paragraph 9.4, using the template provided in the call for proposals. The proposal must be co-submitted by two NMOs from different regions or the Team of Officials. A corrected version of this document may be submitted according to paragraph 9.5. Correction may not be used to add members to the policy commission.

17.5. Policy statements and position papers must be presented to NMOs during the first working day of the IFMSA General Assembly.

17.6. A motion to adopt the policy statements and position papers must be submitted the day before the relevant plenary by two NMOs from different regions or an IFMSA Official, the IFMSA Team of Officials or the IFMSA Executive Board. Adoption requires $\frac{2}{3}$ majority.

17.7. Amendments may be sent to the proposer in accordance with Annex 1. Amendments made during a General Assemblies or after the deadline stipulated in Annex 1, shall be submitted to the Chair at the latest 23:59 observed in the timezone of the relevant General Assembly on the day before the scheduled start of the session in which the policy will be voted on. These amendments require $\frac{2}{3}$ majority to pass.