A series of statements from national social science and humanities bodies in the G7 on one of the greatest challenges we face: the COVID-19 pandemic and our recovery from its impacts.
This statement on trust, transparency and data gathering focuses on how COVID-19 has affected society’s relationships with information, government and private data, the media and the role of experts.

It outlines some of the key insights from the humanities and social sciences on how the response to the pandemic and its unfolding effects has shown that there is a need for better understanding, use and integration of knowledge in policymaking from different sources, evidence and types of data, in healthcare, climate change and more broadly.

Data sharing and collection

Data linkage, governance and learning across contexts is critical to resolving long-term, interconnected societal impacts. The impact of rapid development and deployment of health technologies used in the pandemic response such as contact tracing apps, combined with the severity and immediacy of the current crisis, has pushed the boundaries of what people may normally consider to be appropriate levels of data collection. There is an important balance to be drawn between benefit and risk, ensuring that suitable safeguards are in place particularly for those from more vulnerable groups or communities.

The speed of the roll-out of technological responses to the crisis prompts a corresponding difficulty in effectively sharing valuable data in a timely and relevant way between sectors and between national and regional or local levels of government. A lack of trust in the motives of governments and other bodies for the use of public health surveys and the data they collect is not new. While many people may accept the use of their data to support efforts to control and overcome the current crisis, there may not be a similar level of acceptance if such data continues to be used for other purposes once the pandemic has ended, when such levels of data gathering may no longer be widely seen as proportionate.

Greater involvement of a broad section of the public in setting future standards for the use and development of health data, as well as in the framing of data partnerships, could be beneficial. Qualitative evidence is also a vital form of data which can provide rich and critical contextual insight. Gathering appropriate and reliable data will need locally and culturally appropriate systems and solutions alongside equitable and responsible sharing of information.

Safeguarding against profiling of different demographic groups and other misuse of data is critical to build public trust in data gathering and data use. There is also a risk that overreliance on technologies could become a gateway to privileges for some, while further disadvantaging others. Some technological initiatives, used appropriately and designed well, may also have longer-term benefits for specific groups, such as better data on those with disabilities. However, simply gathering more and better data on underrepresented groups is not a solution to inequalities in and of itself.

Decision-makers need also to make data sharing on health with other agencies the default position, including at international levels when appropriate, and even more actively during a crisis, as a more coordinated and shared view of the facts is in the public interest. Such sharing should take place in the context of robust security systems regarding storage and access.
Communicating information, the media and social media

Lack of information or, conversely, the spread of disinformation, carries associated health risks, a situation we have seen unfold in many different health crises over the years. It is also gaining increased attention in relation to vaccine hesitancy.

Media use in certain countries has often proven to be a good predictor of health behaviours, with a positive relationship between health-protective behaviours and use of traditional media for COVID-19 information and a negative relationship between regular social media use and negative health behaviours during the pandemic. Digital platforms (social media, video sharing sites, messaging apps) have had high levels of use throughout the pandemic, though there is limited trust of news and information about COVID-19 on these platforms. These channels do often promote official health information, but also have serious issues related to the circulation and consumption of misinformation.

Attention has not always been paid to the way in which information about how individuals can protect themselves and others is received in different cultural or linguistic contexts. Communicating the importance of individual action has been complicated by the rapidly evolving nature of the COVID-19 pandemic and the changing nature of the message being delivered. Conditions of uncertainty make communicating the safety and efficacy of measures such as masks, social distancing and vaccines more difficult. This has been exacerbated by the lack of regulation of major social media players, as well as the erosion of public service broadcasting, which will be further compounded by the legacy of previous health scares. Ineffective communication can lead to differences between public and expert conceptions of the risk from health crises and pandemics. Scaremongering has proven ineffective in the past, and communication can better focus on individual and lived experience to convey a more positive message, to balance the 'facts', modelling and worse-case scenarios. Improving communication through enhanced science advice mechanisms will be critical to address these issues.

The flow of data and evidence is a crucial aspect of any communication. Efforts should be taken to make communication a two-way process: informing while also engaging people and organisations to participate by feeding back information. There should be greater transparency of sources – and efforts to address the varied ways in which different societal groups access, receive and consume information. Communication needs both to reflect and to learn from people’s lived experience and to go beyond simple information sharing. Given the global exponential trend in population ageing, there is also a need to ensure the inclusion of the elderly in communications, who may have limited access to virtual environment, limited knowledge of technologies, or have a disability such as visual or auditory impairments.

Recommendations

We ask that all G7 Governments:

- Consider ways to improve the institutional memory of past crises and use this to help improve the communication of decisions, including learning from different geographical areas, cultures and countries.
- Strengthen data linkage, including data collection and management, within and across government bodies (especially across health and social data), in particular via appropriate governance mechanisms and the establishment of a commission, and improve data access, including concerning localised data, for external accredited experts, researchers and/or local agents on a more ongoing basis.
• Consider ways to improve communication of risk, uncertainty and unknowns, particularly helping to narrow the gap between official and public understanding of risk, by creating accessible mechanisms for local communities to engage and deploy their local knowledge in planning decisions, with emphasis on empowering underrepresented voices and improving public trust.

• Advocate for greater regulation of social media, along the lines of the regulatory framework applied to print and broadcast media, whilst maintaining a commitment to free expression.

• Explore ways to increase transparency of the underlying science, research and information for policy decisions in the long-term response to COVID-19, with greater focus on public communications from non-political and widely trusted expert sources.

• Enhance the breadth and depth of expertise in research, data analysis and communication across governance levels.

• Establish and maintain better incentives, support structures and frameworks for social media platforms to tackle the spread of misinformation and foreground highly and broadly trusted expert sources of information to build positive relationships within and between groups and communities and reach groups who tend not to consume mainstream media and official sources.