

EDITORIAL

The “Who” in Health communication: Role of Credibility and accountability in public health messaging

Sadia Yaseen ¹



Affiliation:

¹Rashid Latif Medical College, Lahore, Pakistan.

Correspondence:

Dr. Sadia Yaseen, Assistant professor, Medical Education, Rashid Latif Medical College, Lahore, Pakistan

E-mail: sadia.yaseen@proceedings-szmc.org.pk

DOI: <https://doi.org/10.47489/szmc.v39i4.892>

Public health communication effectiveness is closely tied to the individual or entity presenting the message. With expansion of digital media use, influencers and celebrities increasingly assume a central role in dissemination of health-related information. While this may broaden the reach of health news, it raises concern about credibility, spread of misinformation and dilution of medical authority. Building on lessons learnt from COVID 19 pandemic and ongoing global health effort, this editorial stresses the need of ministry of health oversight of health messaging, capacity building of influencers and celebrities health spokesperson and protection against inappropriate medicalization of public dialogue. This editorial highlights critical importance of the “Who” one of the core 5 W’s of journalism in ensuring responsible and evidence-based public health messaging.

Adhering to journalistic principles of 5 Ws : Who, What, When, Where and Why, among these, the “Who” plays a pivotal role in determining the credibility and influence of a message, particularly in today’s environment of information saturation and rising health misinformation. In the COVID-19 pandemic, governments in many countries, leveraged celebrities to enhance the reach of health messages on vaccination, mask use and social distancing. A YouTube study covering January to March 2020 showed that celebrities and influencer COVID-19 content reached nearly 450 million views across 200 videos but proved effective only when aligned with evidence-based guidance from health agencies. Accordingly structured partnership between influencers and public health institutions are key to spreading authentic and reliable health information [1]. The WHO acknowledged this requirement at the pandemic’s onsets engaging trained celebrities and social media influencers to make public health guidance both extensive in reach and scientifically accurate. [2]

However, this balance is very delicate and can be disrupted when celebrities and self-proclaimed health influencers spread misinformation, whether intentionally or inadvertently, often fueled by commercial interest or personal belief lacking verification. Endorsement of antivaccine, rhetoric or unproven supplements by unqualified social media figures exemplify how pseudo-medical authority can compromise public trust in evidence-based medicine and oversight agencies.[3] A Study following the Fukushima natural disaster showed the evacuees who received information from trusted local govt resources exhibited lower anxiety levels than those relying on sensational social media demonstrating the critical influence of “who” in news dissemination. [4] The COVID-19 pandemic exposed how dangerous this vacuum can be. Myths about herbal cures and vaccine hesitancy thrived in the absence of accurate education [5].

This trend reflects the deeper problem. People lack access to authentic health education. From nutrition to mental health and chronic disease prevention, the public is left to explore complex issues through guesswork and influencers. For example, A pharmacist speaking like a cardiologist, or a Wellness coach warning about steroids, these are not harmless opinions; they are signs of a policy vacuum [6].

Pakistan still has no national framework for teaching health in schools, guiding community education, or training digital communicators. Health misinformation itself should be treated as “Public Health Emergency” monitored, tracked and countered like an infectious outbreak. Therefore, to address this growing concern of unqualified individuals delivering public messages, it is imperative that ministries of health should follow key strategies. Firstly, not only choose credible spokesperson but also train them appropriately and control the messaging process. Messages must be medically vetted and ethically sound when especially disseminated by non-health professionals. Stakeholders must remember that not everyone with a large followership qualifies to speak on

health matters. Celebrities and influencers involved in the campaign should undergo proper training in Health Communication and medical ethics. It is time for the Ministry of Health, PTA (Pakistan Telecommunication Authority, and PMDC (Pakistan medical and dental Council) need to step up. One bold step could be the creation of “Health influencer license” A certification system for digital content creator who wish to share medical advice ensuring only trained and qualified voices guide the public. Secondly, Pakistan can learn from Finland integration of media literacy in schools and World Health Organization ‘s digital myth busting teams and adapt to our cultural context [7].

Thirdly, the government must regulate the use of medical titles on public platforms to prevent misinformation by nonprofessionals posing as experts. Fourthly, the partnership with trusted local voices such as community leaders and trained journalists can enhance message acceptance and cultural relevance. Finally, establishing a centralized registry of approved health campaigns and messengers who promote transparency and allow the public to verify message authenticity. Most importantly, understanding the digital psychology of generation Z and Alpha and utilizing their potential, a youth led communication movement is needed, where medical students can act as digital health ambassadors using shorts, engaging formats to counter viral misinformation on platforms like Tik Tok and Instagram.

In conclusion The ‘Who’ of health journalism must be chosen with care. Health Communication is not merely about message delivery; it is about responsibility ethics and protection of public well-being. A collaborative model where influencers act as conduit rather than creator of health messages under the guidance of health ministry and experts should be the way forward.

REFERENCES:

1. Basch CE, Basch CH, Hillyer GC, Jaime C. The role of YouTube and the entertainment industry in saving lives by educating and mobilizing the public to adopt behaviors for community mitigation of COVID-19: successive sampling design study. *JMIR Public Health Surveill.* 2020;6(2):e19145. doi:10.2196/19145. PMID: 32297593; PMCID: PMC7175786. <https://doi.org/10.2196/19145>
2. Tangcharoensathien V, Calleja N, Nguyen T, Purnat T, D’Agostino M, Garcia-Saiso S, et al. Framework for managing the COVID-19 infodemic: methods and results of an online, crowdsourced WHO technical consultation. *J Med Internet Res.* 2020;22(6):e19659. doi:10.2196/19659. PMID: 32558655; PMCID: PMC7332158. <https://doi.org/10.2196/19659>
3. Loomba S, de Figueiredo A, Piatek SJ, de Graaf K, Larson HJ. Measuring the impact of COVID-19 vaccine misinformation on vaccination intent in the UK and USA. *Nat Hum Behav.* 2021;5(3):337–48. doi:10.1038/s41562-021-01056-1. <https://doi.org/10.1038/s41562-021-01056-1>
4. Orui M, Nakayama C, Kuroda Y, Moriyama N, Iwasa H, Horiuchi T, et al. The association between utilization of media information and current health anxiety among the Fukushima Daiichi nuclear disaster evacuees. *Int J Environ Res Public Health.* 2020;17(11):3921. doi:10.3390/ijerph17113921. PMID: 32492886; PMCID: PMC7312024. <https://doi.org/10.3390/ijerph17113921>
5. Tabish Shoukat [Internet]. Sasti Dawai – YouTube channel by registered pharmacist Tabish Shoukat [cited 2025 Aug 19]. Available from: <https://www.youtube.com/@tabishshoukat>
6. Waris A, Khan AU, Ali M, Ali A, Baset A. COVID-19 outbreak: current scenario of Pakistan. *New Microbes New Infect.* 2020;35:100681. <https://doi.org/10.1016/j.nmni.2020.100681>
7. Palsa L, Salomaa S. Media literacy as a cross-sectoral phenomenon: Media education in Finnish ministerial-level policies. *Central European Journal of Communication.* 2020;13(2(26)):162-182. doi:10.19195/1899-5101.13.2(26).2 [https://doi.org/10.19195/1899-5101.13.2\(26\).2](https://doi.org/10.19195/1899-5101.13.2(26).2)

The Authors:

- Dr. Sadia Yaseen, Assistant professor Medical Education Rashid Latif Medical College, Lahore, Pakistan.