



COronavirus Vulnerabilities and INFOrmation
dynamics Research and Modelling

**A Glimpse of the
Lessons Learned During
the COVID-19 Pandemic**

Bi-Monthly Report: 03

Authors

Dalila Antunes, José Manuel Palma-Oliveira,
Factor Social

To cite this report: Antunes D., Palma-Oliveira JM, (2021). A Glimpse of the Lessons Learned During the COVID-19 Pandemic. Bi-monthly report 3, May 2021. COVINFORM H2020 Project No. 101016247.

Disclaimer

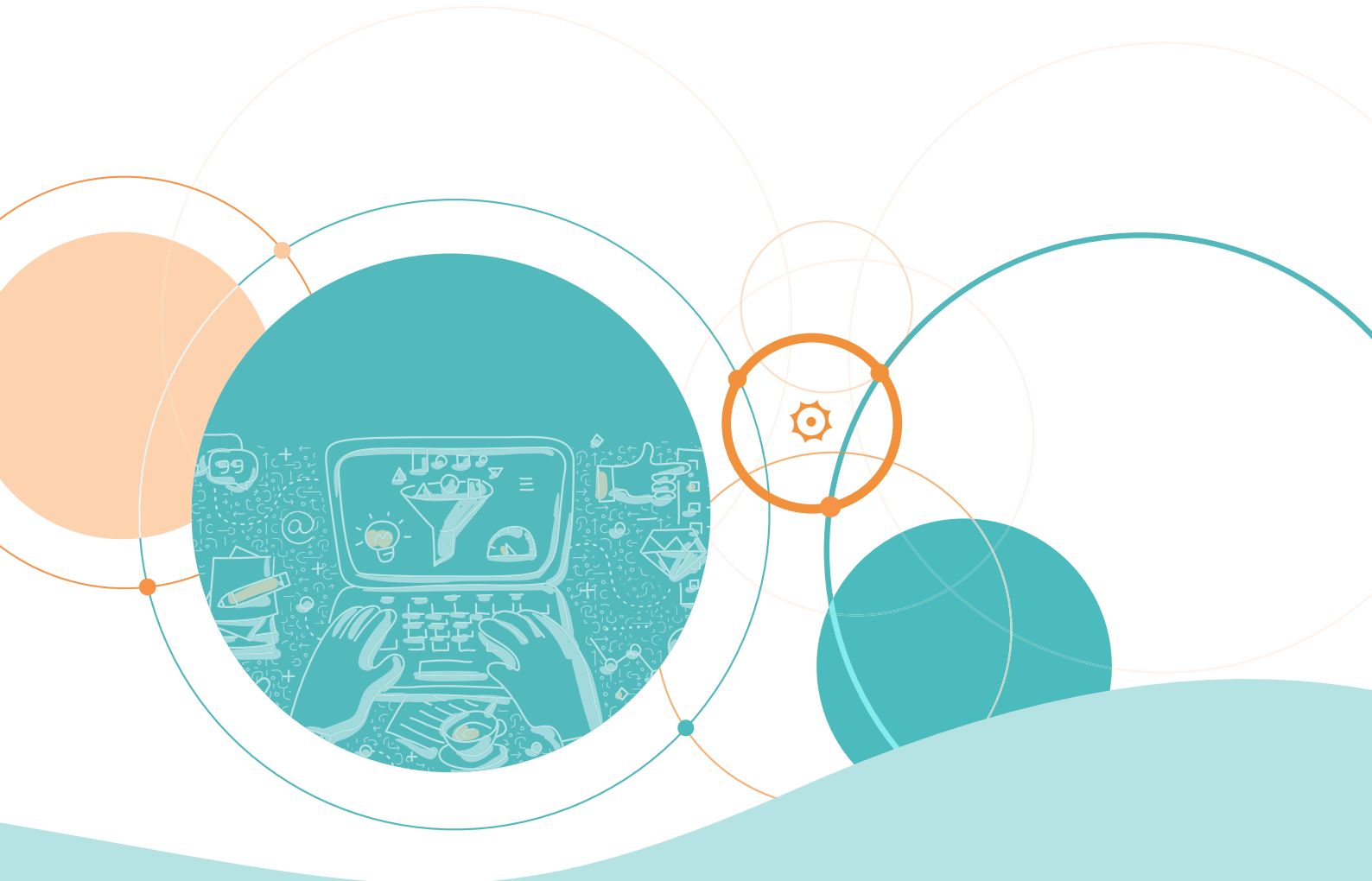
Disclaimer: The content of this publication is the sole responsibility of the authors, and in no way represents the view of the European Commission or its services.



This project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under Grant Agreement No 101016247.

Table of Contents

BOTTOM LINE	4
GLOBAL METHODS FOR COMMUNICATION... ..	5
... <i>from national governments</i>	5
... <i>from public health decision-makers and experts</i>	6
... <i>from non-governmental organizations (NGOs)</i>	6
LESSONS FOR COMMUNICATION.....	7
BEST PRACTICES AND GUIDELINES... ..	8
... <i>before the pandemic</i>	8
... <i>during pandemics</i>	10
CONCLUSION	11
REFERENCES	12



BOTTOM LINE



National governments, public health decision-makers and experts, and non-governmental organizations were witnessed as communicators of COVID-19 statistics, advice, and advocacy. These stakeholders were seen to be effective by delivering constant communication to the public to alleviate concerns, yet some criticism has been levied for misinformation and the presentation of what some have referred to as “fake news”. These stakeholders should prepare their constituents with the response framework of a crisis or pandemic that is concise and simple to follow. Implementing resiliency into a pandemic response is complex but an effective communication strategy stimulates a resilient outcome.

In this report, the global methods for communication during the COVID-19 pandemic are discussed. Lessons learned from the communication vehicles are witnessed, leading to best practices and guidelines for improved communication in the future.

GLOBAL METHODS FOR COMMUNICATION...



This bi-monthly report summarises the findings and best practices of an extensive desk-based research activity of communication practices. As outcome, a synthetic description of COVID-19 communication strategies and practices by governments and public health authorities in 15 countries in the EU and beyond has been elaborated.

The 15 countries considered were: Austria, Belgium, Cyprus, Israel, Ireland, Italy, Germany, Greece, Portugal, Romania, Spain, Sweden, Switzerland, United Kingdom and United States of America. These countries each have their own communication processes, yet similarities exist. The communication analysis are presented from the lenses of national governments, public health decision-makers and experts, and non-governmental organizations (NGOs). The following sub-sections explore the nuances and similarities between communication platforms below.

... from national governments

Only four countries created a formal communication strategy at the national level. The remaining countries either had no strategy or their strategy was sparse. Similarity occurred for every country when top-level governmental offices acted as the primary voice. In general, these voices were either presidents or prime ministers/chancellors. Internal security officials were also seen to have speaking roles in some countries, and Spain also witnessed experts and data technicians as impactful voices.

While these governmental bodies set the vision for guidelines and future goals for the pandemic, the mission of communication was left to outside health entities. For example, communicating the measures for protecting oneself from the pandemic for every individual and stakeholder type (elderly, migrants, and disabled, for example) was the job of outside health entities. Governmental communication reverberated the advice of health professionals, encouraging safe physical distancing, mask-wearing, hand washing, and also considered the reopening of economies.

... from public health decision-makers and experts

Six countries had formal communication agendas set in place for public health decision-makers and experts. The targeted audience of these decision-makers were health professionals, education professionals, leaders of different economic sectors, and eligible candidates for the vaccine. Some countries, such as the UK and Sweden, targeted minority populations such as refugees and migrants more than other countries. Germany opened a communication forum amongst differing professionals, such as epidemiologists and practitioners. Spain was witnessed to target at-risk populations. These examples have in common the sharing of information on how to prevent the spread of the pandemic for different stakeholders.

Recommendations for preventing the spread of the pandemic were grounded by statistics from these public health decision-makers. The statistics included cases, hospitalizations, and deaths to inform governmental bodies about testing, vaccinations, travel recommendations, and opportunities for financial assistance.

... from non-governmental organizations (NGOs)

A wide range of NGOs were witnessed to represent at-risk populations as well as minority groups. Several countries translated the pandemic statistics to affected stakeholders and the NGOs acted as a vehicle for communication to those at risk or affected. For example, in the UK, the Black, Asian, and Minority Ethnic family pandemic hotline was created to assist individuals that represent those minorities aged eleven and up.

From the professional standpoint, labor, economic, and professional organizations provided considerations for how the workforce must adapt to the pandemic and the considerations for another crisis. For some companies, the need for an adapted work environment was made clear in public announcements.

Public health non-governmental organizations worked to gain money and support for everyone impacted by the pandemic. Mental health issues gained notoriety during the pandemic and organizations such as the Red Cross, UNICEF, and Save the Children developed campaigns for mental health among other necessities such as blood donation and online school. Disabled individuals were also targeted by organizations such as the National Associations of Families of People with Intellectual and/or Relational Disabilities.

Political and socioeconomic concerns were also addressed by organizations. For example, in Germany, human rights, freedom of speech, freedom of religion, and protest as it related to the pandemic were addressed. These addresses also lumped in the existence of misinformation surrounding these political tenets.

LESSONS FOR COMMUNICATION



Methods for dealing with uncertainty for the pandemic is vital for a country's communication platform. A main trend in the countries evaluated in this report are that open and transparent messages were relayed with the most accurate data available. Sometimes this came with consequences, such as the uncertainty around mask-wearing early during the pandemic.

In general, the constant flow of information to citizens was positively accepted by citizens. While information was withheld at the beginning of the pandemic, the transparency was witnessed to increase as more research and facts were found about how the virus is transmitted. In all 15 countries different entities and organizations have taken charge of publishing this information with little overlap, which slowed the passing of information early during the pandemic.

Daily press conferences and the use of social media by governmental bodies to relay information about the pandemic was seen to be positive. The same conferences and social media platforms used by health experts was also seen to be commendable and relevancy was witnessed. Information flowing from public speakers attaining to more trusted parties was followed more closely than from politicians, in general. While press conferences can be quite antiquated, this communication platform was witnessed to be quite successful at relaying important messages. Social media made these messages even more accessible to all parties and aided with fact-checking.

However, timing, clarity, and uncertainty in the research proved to be difficult for communicators. Mass media was seen to be inaccurate at times, causing confusion. The timeliness of the data was criticized, generating mistrust and further confusion. Furthermore, this presented the opportunity of misinformation to surface, compounding the effects of confused parties.

An uncertainty with the relation between governmental and non-governmental bodies sparked confusion as well. These bodies used different communication strategies, with some being more or less inclusive of information than others. Overarching organizations have autonomy to present information, which was poorly understood by the public. This led to the creation of misinformation, or "fake news" as some countries coined the phrase. In Spain, the correlation between individuals with an interest in the idea of "fake news" was seen to increase COVID-19 related deaths.

While many lessons learned on the communication front can be garnered, an important takeaway is the need for transparent, frequent communication that connects research to real-life scenarios. Findings were bolstered when differing agencies or organizations shared similar datasets. Timely messages about these findings to the public was witnessed to have a positive response for the majority of people.

BEST PRACTICES AND GUIDELINES...



As a result of the COVID-19 pandemic, many lessons learned were gathered from top-level executives to the common person. These lessons learned can be compiled temporally into two sections: before the pandemic and during the pandemic, as highlighted in the below sections of this report.

... before the pandemic

While this is complex to achieve, governments must realize that risk communication is required ahead of a crisis. This risk communication process bolsters a country's resilience during each part of the cycle seen in Table 1 below.

Table 1 – Steps to resilience from a crisis for a country as presented by the RESILENS project

Before	During	After
Learn	Respond	Learn
Prepare	Mitigage	Transform
Prevent	Adapdt	Adapt
Protect	Learn	Recover

Resilience and safety culture should be placed at the forefront for decision-makers before a crisis takes place. These two concepts can prepare the critical infrastructure that is required to manage a pandemic (UNISDR, 2015). During these stages, risk communication must consider the nature of risks and risk perception (Slovic, 2000; Covello & Sandman, 2001; Paek & Hove, 2017), the risk culture of target populations (Dressel, 2015), and promote prevention and science (Marec & Schiele, 2018; Petras, Israelashvili & Miller, 2020; Sloboda & David, 2020). This enhances public media and information literacy, which can prevent misinformation. Since the use of smartphones and technology is prevalent in today's society, bits of media education for the public can help target misinformation at the source to prevent the infiltration of misinformation.

The risk communication strategy must consider the following (Cabinet Office, 2012):

1. The public perception of information and how people will respond, understand, and react to emergency information
2. Timely details up front with more in-depth information to follow
3. Informing the public of the imminent actions to take, the responders' actions to assist recovery, and the actions the public should take to reduce the impact of the crisis itself

Governments must be active stakeholders throughout this process. Basic questions of the crisis should be answered directly with the most recognizable office conveying the details. This governmental body must synthesize available information to package it into the essential takeaways for the possibility of a crisis.

A process for stakeholder engagement must also take place for transparency and accessibility to information. This stems from the levels of community engagement presented by EDCD (2020) that summarizes engagement into five synchronous categories: outreach, consultation, involvement, collaboration, and shared leadership. In other words, invigorating stakeholders with information creates a sense of teamwork such that an individual agent can trust the system that he or she embodies. Ataguba & Ataguba (2020) summarize this process further:

1. Set up and strengthen risk communication systems
2. Strengthening internal coordination to recognize inherent strengths
3. Timely and effective communication to give public health advice
4. Active community engagement that is inclusive of all stakeholders
5. Addressing uncertainty and misinformation
6. Capacity assessment as the situation evolves

... during pandemics

Once a pandemic or crisis occurs, tangible action must have already occurred to optimize resiliency. Since communication is a vast responsibility and requirement, it is imperative that a structure is nominated to coordinate, plan, and monitor the communication responses. A coordinator is an individual that assumes the role of coalescing stakeholders to allow for communication. This central coordinator must be knowledgeable of the crisis and should be in constant contact with the decision-maker for the crisis. To manage the crisis, it is important that the communication system:

- Maintains strong leadership nationally and within local groups
- Identifies community leaders
- Creates opportunities for engagement, such as through interactive forums for the public to ask questions

Messages relayed from these coordinators must be relevant at all times. Their recommendations must be actionable, grounded in factual evidence, and consequences of not following their recommendations must be identified. This coordinator must speak in simple language to be easily understood and use a variety of techniques to adequately convey the necessary message. These messages should be phrased how the public best receives messages: in a narrative style (Ngai, Singh, & Koon, 2020).

Acknowledging uncertainty is essential. Information must not be withheld for fear of how the public will respond because trust with and for the public takes time. Consistent messages prevent speculation, such as through timely social media updates.

Information to targeted audiences must come from credible and trusted sources. While no strategy is perfect at finding the best individual, agency, or office to be the spokesperson, it may be effective to find role models at the local level to take on the responsibility for a more localized approach. These individuals can be medical professionals, scientists, public communicators, or even religious leaders. These individuals can use multiple channels to coordinate information, such as:

- Traditional mass media (TV, radio, and newspapers)
- Official channels and groups
- Text alerts
- Social media

Throughout this display of information, it is important to monitor public feedback. In this way, this enables the modification of messages to suit the public optimally. Furthermore, the information cycle must also be monitored for the media to ensure that the televised, printed, or broadcasted information represents accurate data and findings.

CONCLUSION



Communication is essential for pandemic response. Communication has been coordinated during the COVID-19 response by governmental bodies, public health decision-makers and experts, and non-governmental organizations. For future response to a crisis or pandemic, it is important for these spokespeople to deliver coordinated, transparent,

accessible, and timely information to the public. A clear structure should be delineated for which office or body will be responsible with giving recommendations for health and economic policy. Risk of a pandemic or crisis should be communicated before one begins and resilience must be bolstered through effective communication strategies.

References



Ataguba O-A. & Ataguba, J. E. (2020) Social determinants of health: the role of effective communication in the COVID-19 pandemic in developing countries, *Global Health Action*, 13:1, 1788263, DOI: 10.1080/16549716.2020.1788263 (South Africa)

Cabinet Office (2012). Communicating with the public, Revision to Emergency Preparedness. In Cabinet Office; Emergency preparedness, Chapter 7. Gov.UK.

Covello, V; Sandman, P (2001). Risk communication: Evolution and Revolution. In Wolbarst A. (Ed.) *Solutions to an Environment in Peril*. Baltimore, MD: John Hopkins University Press (2001): 164-178

Dressel, K. (2015). Risk culture and crisis communication. *International Journal of Risk Assessment and Management*. 18. 115-124. 10.1504/IJRAM.2015.069020.

Eurosurveillance Editorial Team. (2020). Updated rapid risk assessment from ECDC on the novel coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK. *Eurosurveillance*, 25(10), 2003121.

Marec, J; Schiele, B. (2018) *Cultures of Science*. ACFAS

Ngai CSB, Singh RG, Lu W, Koon AC (2020). Grappling With the COVID-19 Health Crisis: Content Analysis of Communication Strategies and Their Effects on Public Engagement on Social Media. *J Med Internet Res*; 22 (8). DOI: 10.2196/21360

Paek, HJ; Hove, T (2017). Risk Perceptions and Risk Characteristics. *Oxford Research Encyclopedias, Communication*. <https://doi.org/10.1093/acrefore/9780190228613.013.283>

Petras, H.; Israelashvili, M.; Miller, B. (2020). Introduction to the Special Issue on “Promoting a Culture of Prevention: an International Perspective. *Prevention Science* (2021) 22:1–6

RESILENS-Realising European Resilience for Critical Infrastructure- <http://resilens.eu/>

Sloboda, Z; David, S. (2021). Commentary on the Culture of Prevention. *Prevention Science* (2021) 22:84–90

Slovic, P. E. (2000). *The perception of risk*. Earthscan publications.

UNISDR (2015). *Sendai Framework for Disaster Risk Reduction 2015-2030*. UNISDR, Geneva

The COVINFORM project

Acronym	COVINFORM
Title	COronavirus Vulnerabilities and INFOrmation dynamics Research and Modelling
Coordinator	SYNYO GmbH
Reference	101016247
Type	Research and Innovation Action (RIA)
Programme	HORIZON 2020
Topic	SC1-PHE-CORONAVIRUS-2020-2C Behavioural, social and economic impacts of the outbreak response
Start	01 November 2020
Duration	36 months

Contact

Consortium	SYNYO GmbH (SYNYO) , Austria Magen David Adom in Israel (MDA) , Israel Samur Proteccion Civil (SAMUR) , Spain Universita Cattolica del Sacro Cuore (UCSC) , Italy SINUS Markt- und Sozialforschung GmbH (SINUS) , Germany Trilateral Research LTD (TRI UK) , UK Trilateral Research LTD (TRI IE) , Ireland Kentro Meleton Asfaleias – Center for Security Studies (KEMEA) , Greece Factor Social Consultoria em Psicossociologia e Ambiente LDA (FS) , Portugal Austrian Red Cross (AUTRC) , Austria Media Diversity Institute (MDI) , UK Societatea Națională de Cruce Rosie Din România – Romanian Red Cross (SNCR) , Romania University of Antwerp (UANTWERPEN) , Belgium Sapienza University of Rome (SAPIENZA) , Italy University Rey Juan Carlos (URJC) , Spain Swansea University (SU) , UK Gotenborg University (UGOT) , Sweden
-------------------	--

