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D7.1 Baseline report: Communication and information

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Executive Summary

This report focuses on providing a synthetic description of COVID-19 communication strategies and practices by governments and public health authorities in 15 countries in the EU and beyond. The report contains a description and analysis of national COVID-19 communication by different COVINFORM partners, presenting the work developed for each country. This includes, first, the review and description of communication strategies and practices across time of governments and public health authorities on a national, regional, and local level in selected communities, including strategies to influence behaviour change, and a detailed analysis of factors influencing communication practices. Second, it includes the review of research and professional analysis to national communication on COVID-19 crisis. Third, the main learnings, best practices and successful communications approaches in each country as well as relevant indicators that can be used to evaluate communication efficiency.

The report also identifies at an early stage some main lessons and best practices for effective risk communication in pandemics (beyond the current COVID-19 pandemic), which not only emerge from countries' communication analysis, but which are also supported by literature.

This report is the first outcome of *WP7 Inclusive COVID-19 communication for behaviour change and addressing misinformation* and will be updated in M26. This second iteration will focus communication with and for communities, which will be analysed on COVINFORM case studies.

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1 Introduction

This report focuses on providing a synthetic description of COVID-19 communication strategies and practices in COVINFORM partner countries and identification of main lessons and best practices. The work included a revision of national COVID-19 communication by different COVINFORM partners which was driven by 2 common templates (an excel template used to register communication events and sources, which is provided on Appendix I, and a word template including a set of questions to be answered, which is provided on Appendix II).

Section 2 of this report presents the work developed for each country, including: 1) The review and description of communication strategies and practices across time of governments and public health authorities on a national, regional and local level in selected communities, including strategies to influence behaviour change, and a detailed analysis of factors influencing communication practices; 2) The review of research and professional analysis to national communication on Covid-19 crisis. Academic papers and grey literature were reviewed to pinpoint the main conclusions on it; 3) Main learnings, best practices and successful communications approaches in each country as well as relevant indicators that can be used to evaluate communication efficiency.

Section 3 presents main conclusions including a global analysis across countries as well as a set of good practices to be implemented when communicating about COVID-19 pandemics.

It is important to notice that this report will be updated in M26 with information more focused on communication with and for communities which will be analysed on COVINFORM case studies. Hence this report includes already a few sections directed to gather information on this matter. However, because case studies are still under development, only a few countries provide information under these sections.

1 Communications strategies, plans and practices

This section presents for each country: 1) the review and description of communication strategies and practices across time of governments and public health authorities on a national, regional and local level in selected communities, including strategies to influence behaviour change, and a detailed analysis of factors influencing communication practices; 2) the review of research and professional analysis to national communication on Covid-19 crisis. Academic papers and grey literature are reviewed to pinpoint the main conclusions on it; 3) main learnings, best practices and successful communications approaches in each country as well as relevant indicators that can be used to evaluate communication efficiency.

1.1 Austria

1.1.1 Communication strategies, plans and practices

In this country report, we provide an overview of the official COVID-19 communication in Austria. The findings are based on a desk research conducted in the months of January and February 2021, collecting data from the beginning of the first outbreak in Austria in late February 2020 until February 2021. Much of the official COVID-19 communication was provided by the government and its institutions. In this first section we will outline these channels and their main purpose. This is followed by a short section on communication by public health stakeholders and organisation. This report finishes with a review of evaluations conducted on the government's communication strategy and a summary of reflections on Austria's COVID-19 communication.

Communication strategies, plans and practices applied by governments

In Austria, the national crisis and catastrophe management (Staatliche Krisen- und Katastrophenschutzmanagement, SKKM) is located within the ministry of interior. In case of the COVID-19 pandemic, the ministry of health has the technical lead within the management team. The national crisis and catastrophe management is an institution that support the federal states who are mainly in charge of reacting to situations of crisis and catastrophe. The legal base for action is the Katastrophenhilfegesetz, i.e., the law regulating catastrophes. The SKKM exists in its current form since 2004. Since then, the SKKM has a central coordinating body consistent of relevant actors within the various departments chaired by the chief executive of the public safety.

Additionally, the ministry of health installed its own 'Corona Taskforce'.[1] The members of the taskforce consist of employees of the ministry of health as well as representatives from the Austrian Red Cross, medical professionals, scientists and a broad range of public health stakeholders.[2] The first meeting of the task force was held in February 2020 and continued on a monthly basis, with a summer break in July and August 2020, and bi-weekly meetings from September on. The role of this task force is to advice the Ministry of Health in its decisions and measures. The task forced publicly criticised some of the governmental measures, among others, the mass tests announced in November 2020 (Szigetvari & Pollak 24.11.2020).

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[1] https://www.sozialministerium.at/Informationen-zum-Coronavirus/Neuartiges-Coronavirus-(2019-nCov)/Coronavirus---Taskforce.html

[2] https://www.bmi.gv.at/204/skkm/start.aspx

Through our desk research conducted in the months of January and February 2021, we could not find or access any information on a formal government communication strategy for the COVID-19 pandemic and its crisis management. However, we could identify some cornerstones of the ways in which the Austrian government communicated throughout the first and second wave of the COVID-19 pandemic with the general public.

We could identify six direct means of government communication:

- Press conferences
- Government run websites & dashboards
- Corona Ampel (Corona Traffic Light)
- Information campaigns & advertisements
- Hotlines
- Social media

In the following, we will provide an overview of the different activities carried out in each of these means of communication.

Press conferences

The COVID-19 specific press conferences started on the 10th of March 2020, after several COVID-19 related interviews. Present were Chancellor Sebastian Kurz, minister of health Rudolf Anschober, and minister of interior Karl Nehammer. This was the beginning of a tightknit schedule of COVID-19 related press conferences in which the government presented the current state of the pandemic, new measures or made other important announcements. In the following weeks, Kurz, Anschober and Nehammer were often joined by Vice Chancellor Werner Kogler, a constellation Austrians casually referred to as the 'Corona Quartett' or 'Virologisches Quartett'. Overall, Chancellor Sebastian Kurz and on times also Werner Kogler announced the latest measures in the beginning of the press conference or addressed the public with general comments aimed to increase morale, occasionally fear of the virus and endurance of his audience. Rudolf Anschober and Karl Nehammer, as well as other minsters, occasionally joining the press conferences talked about matters specific to their departments.

Press conferences were held almost daily in March 2020, announcing new (and stricter) measures. In April, first steps of re-opening were announced, with still a tightknit schedule of press conferences until May 2020. June, July and August were a phase of less communication, with reduced measures and the announcement of the 'new normal'. In September and October, with the beginning of the second wave, infections and number of press conferences started to rise again.

In general, press conferences were used to inform about upcoming measures and the current situation; sometimes to announce that new measures will be introduced, i.e. give an outlook of what is to come next. Further, it was a mean to show presence and unity of the governing parties throughout a national crisis.

Websites & dashboards

Most of direct government communication, aside of press conferences, took place in form of orders as well as through information (material) available on various government websites. These all share the common goal to inform and advise the public during the pandemic, they are updated regularly (some of them daily) and are available in German and English. As such, websites and dashboards are

predominantly used to provide access to information, in particular about pandemic response measures.

The main COVID-19 info page developed by the government is run by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz, BMSGPK), which is under control of Rudolf Anschober and also includes the health ministry.

The website provides online brochures to all sorts of topics in relation to COVID-19 including current measure to stop the spread of the virus, FAQ, current COVID-19 statistics and data, support hotlines, medical advice and legal documents. There are links to websites in easy-to-understand German and one site that provides information in sign language. Similarly, this website provided links to information material translated into seven different languages.[3] However, translations are rather incomplete as there is different amount of information sheets available for each of the languages. Nevertheless, the main page does provide a link to the Austrian Integration Funds (Österreichischer Integrations Fond, ÖIF), which is part of the public sector and aims at supporting refugees and migrants. It provides substantial translation into 16 languages.[4]

The website of the BMSGPK also includes a subpage dedicated to misinformation in the form of brochures and other information material available for download.

In addition to the main website, i.e., that of the BMSGPK, topic-specific information can be found on the following governmental websites in German and English:

- The website https://www.oesterreich.gv.at/ is an inter-agency platform that allows Austrians to complete selected official procedures online. It also allows to access public administration information. In a German as well as an English version, the website provides information on tests and test facilities, measures and vaccination, and other relevant COVID-19 related information.
- The Federal Ministry of Education, Science and Research (BMBWF) provides relevant information in particular regarding measures affecting schools and universities such as distance learning, weekly testing, and others.
- The Federal Ministry of Arts, Culture, Civil Service and Sport (BMKOES) provides on its website dedicated Q&A subpages on sport, arts and culture, and civil service, including an overview of the relevant measures for each area.
- Similarly, the Federal Ministry of Finance (BMF) provides a Q&A section on the aid package installed by the Austrian government, including short-time work, hardship fund, corona aid fund, fixed cost subsidy, revenue replacement, loss compensation, and other measures.
- The Federal Ministry for European and International Affairs (BMEIA) provides up-to-date information on travel restrictions and travel warnings. Electronic documents for Pre-Travel-Clearance are offered in German and English.
- The Federal Ministry of Labour (BMAFJ) provides the latest information, frequently asked questions, important contact points and concrete measures of the BMAFJ for workers, families and young people (in German only).

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[3] These include English, Farsi, Arabic, Bosnaki/Hrvatski/Srpski, Croatian and Turkish.

[4] These include Albanian, Arabic, Bosnaki/Hrvatski/Srpski, Chinese, German, English, Farsi/Dari, French, Hungarian, Kurdish, Pashto, Polish, Romanian, Russian, Somali, Turkish and Ukrainian.

- The Federal Ministry of Digital and Economic Affairs (BMDW) gives an overview of the latest information, frequently asked questions, important contact points and concrete measures of the BMDW for affected Austrian enterprises (in German only).
- Finally, the Federal Chancellery (Bundeskanzleramt) provides information about the vaccination campaign, information and advice on prevention, as well as information for families and youths (in German only).

The Austrian government also provides COVID-19 related data to the public. The Austrian COVID-19 Open Data Information Portal[5] (Österreichisches COVID-19 Open Data Informationsportal) provides statistical information from the BMSGPK as Open Government Data (OGD) under the open Creative Commons (CC) licence (CC-BY-4.0). The data is reusable by the general public under the condition of attribution (i.e., citation of the source BMSGPK) in machine-readable format together with the associated metadata. Several non-governmental actors are using this data to create their own dashboards and communication activities.

The Austrian government also launched two dashboards dedicated to the COVID-19 pandemic: the Official Dashboard of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection[6] (Amtliches Dashboard des Bundesministeriums für Soziales, Gesundheit, Pflege und Konsumentenschutz) and the Official Vaccination Dashboard of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (Amtliches Impf-Dashboard des Bundesministeriums für Soziales, Gesundheit, Pflege und Konsumentenschutz). The former provides an overview of tests, confirmed cases, recoveries, deaths, and active cases on a daily basis. The latter gives an overview of delivered and requested vaccination doses, as well as an overview of the vaccination strategies. Both dashboards are available in German and English.

Corona Ampel (Corona traffic light)

The Corona traffic light for Austria was launched on 4 September 2020 and announced via different communication channels (dedicated website[7], press conferences, news/mass media). It was meant to be an early-warning system developed to enable a unified, coordinated and transparent action of public authorities. The idea was that the Corona traffic light informs community members about the potential COVID-19 risk in a certain area and subsequent measures for a geographic or political territory. The classification of an area should not only depend on the number of COVID-19 cases but also other criteria. These would be evaluated by the expert commission who then gives recommendations for each area. Based on the colour, measures would be implemented. This initial plan was adapted and the purpose shifted to a pure advisory function with regards to government-issued measures, and an alert and warning system for citizens.

The Corona traffic light shows the risk assessment for Austria, including both the risk of spread (i.e., risk to public health through the spread of COVID-19) and the systemic risk (i.e., risk of overloading the health care system with COVID-19 patients). A risk assessment over time also shows how the map has changed since September. The traffic light system is updated at least once a week (on Thursday), after the dedicated corona commission has met. The detailed recommendations and their sources are made available for download until Friday afternoon. As such, its purpose is to communicate the COVID-19

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[5] https://www.data.gv.at/covid-19/

[6] https://covid19-dashboard.ages.at/

[7] https://corona-ampel.gv.at/

related risks and recommended measures via the traffic lights; it acts as a tool for assessing the COVID-19 situation in Austria and enables decision-making for personal behaviour and measures required to reduce the spread of the virus.

- Green: low risk, individual cases and isolated clusters;
- Yellow: moderate risk, moderate number of cases that are primarily assignable to clusters;
- Orange: high risk, accumulation of cases that are no longer primarily assignable to clusters;
- Red: very high risk, uncontrolled outbreaks and widespread spread.

The Corona traffic light is comprised of representatives of each of the nine states, five nominated experts, as well as six additional representatives of the federal state, with a total of 20 members. The aim of this composition was to ensure that different perspectives from science and practice can be incorporated into the risk assessment. The Corona Commission meets at least once a week.

While the Corona traffic light commission passes on recommendations to the Federal Minister and communicates its recommendations via the dedicated website, the Federal Minister has no obligation to follow these recommendations. It is also important to point out that measures for educational institutions, in particular for kids required to attend school, are not connected to the traffic light system and have their own, communicated by the Federal Ministry of Education, Science and Research. Regional traffic light system for education have been installed.

Information campaigns & advertisements

In addition to the above, the Austrian government communicated its measures using information campaigns and advertisements via different channels, including TV, radio, and social media.

The information campaign "Schau auf dich, schau auf mich. So schützen wir uns" ("Look after yourself, look after me. This is how we protect ourselves") was launched in March 2020 and is dedicated to communicate the different measures for the whole of Austria. The Federal Government and the Austrian Red Cross jointly provide information about the latest news on the coronavirus in all daily newspapers, on radio and television as well as online and in social media, including Facebook, YouTube, and others. The campaign is financed by the Red Cross and the Federal Government. In the digital domain, the campaign runs through the channels of the Federal Government, detailed up-to-date information is provided on the website oesterreich.gv.at.

According to the information campaign organisers, its aim is to raise awareness of the great risk posed by the coronavirus – in particular the age groups 65+. To this end, concrete tips, instructions for action and information are brought to the population in a target group-oriented, multilingual manner and through all channels.

The information campaign was announced via a press release on 15 March 2020.[8] It was also accompanied by the hashtag #schauaufdich (as well as #StayAtHome) in a social media campaign. It was updated throughout the pandemic. The analogy used to measure the 1 Meter minimum distance – the baby elephant – became famous in this campaign. In December 2020, the government launched an update to the campaign with the baby elephant as its main actor, with a commercial commissioned by the government and the Austrian Red Cross, created by the advertising agency Jung von Matt. The campaign was broadcast on TV, the spot was also uploaded to YouTube, shared on other social media,

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8   https://www.ots.at/presseaussendung/OTS_20200315_OTS0008/bundesregierung-und-rotes-kreuz-starten-neue-infokampagne-zu-coronavirus

printed in several newspapers and advertised in digital newspapers.[9] While the baby elephant raised criticism and mockery too, it also proved to be catchy, and "baby elephant" was made word of the year in Austria. Criticism was also directed at the costs of the campaign, namely €3.17 million (not including the contract fee for the advertising agency Jung von Matt).

Another campaign was initiated by the Federal Ministry of Education, Science and Research (BMBWF), called "GÖNN' DIR"[10] ('treat yourself'), in a collaboration between the BMBWF and the Austrian private TV channel PULS4. Aim of the campaign is to launch a virtual platform with a selection of interactive online sessions, strengthening the resilience of young people so that they can better face the current challenges and cope better with everyday life, also in distance learning. Planned start is 8th of March 2021, the campaign will run until the Easter holidays, with the option to extend it.

Hotlines

The Federal Ministry of Social Affairs, Health, Care and Consumer Protection installed its own hotline. It also linked to others, organised by organisations and public sector/public health actors. The main hotline is the *Telefonische Gesundheitsberatung 1450*, which is to be called by persons experiencing COVID-19 symptoms for a diagnostic clarification. This hotline existed prior to the COVID-19 pandemic as a first point of contact for health issues, but was repurposed with the start of the pandemic. It is a shared project between the Federal Ministry of Social Affairs, Health, Care and Consumer Protection, the states, and the Austrian Social Security. Furthermore, each state installed its own hotline for questions about the care and support regulations.

In addition, the following hotlines are dedicated to specific topics, operated by different governmental actors:

- Questions regarding compulsory education, schooling, universities and examinations (Federal Ministry of Education, Science and Research);
- Questions regarding working in art and culture (Federal Ministry of Arts, Culture, Civil Service and Sport);
- Questions regarding sport (Federal Ministry of Arts, Culture, Civil Service and Sport);
- Questions regarding all economic issues, including the various aid funds, short-time work, tax deferrals and extensions of deadlines (Federal Ministry of Finance);
- Questions regarding travelling and travel restrictions (Federal Ministry for European and International Affairs);
- Questions regarding advice and guidance on questions from the social sphere and helps citizens to find their way through the social system (Service for citizens).

These hotlines were installed to inform citizens and answer specific questions and concerns, i.e., their purpose is to inform and advise the public.

Social media

Additionally, government members communicated in their roles as Chancellor, minister of health etc. almost daily with community members through their Twitter accounts (see for example Sebastian Kurz). Further, government members participated in various TV discussion/interview formats

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[9] https://orf.at/stories/3202606/

[10] https://4gamechangers.io/de/a/goenn-dir/

particularly broadcasted at ORF, the public broadcaster, but also on private TV channels. An analysis of the market and opinion research institute BuzzValue showed that alone in March 2020, members of the government posted more than 2.000 posts across their combined social media pages.[11]

Press conferences were also uploaded to the YouTube channels of the different ministries and shared on social media (see e.g., the channel of the BMSGPK). Similarly, the Facebook pages of each ministry, as well as of the different governmental actors such as Chancellor Sebastian Kurz, regularly shared information Furthermore, the website of the BMSGPK is directly linked at the start of search results if a user searches for anything COVID-19 related and is located in Austria.

Summary

In our desk-based research, we could identify six means of communication, as well as their goals and targets as described above. All of them had the purpose of public warning at the time of the emergency, as well as informing and advising the public, via different channels of communication keeping various target groups seemingly in mind. Responsibilities in the development of the communication strategies could not be identified.

Based on our desk research we could identify that much of the medical advice or data were based on either the Agency for Health and Food Safety (Agentur für Gesundheit und Ernährungssicherheit, AGES), the European Commission or the European Medical Agency and the WHO. Furthermore, based on our findings, part of the communication aimed at specific target groups was outsourced to public health stakeholders, social organisations, and the public sector (for example information specifically targeted at businesses, employees, sport clubs, migrants)

In terms of accessibility, most of the information, including the orders/legislation, are available in German only. Information about the measures, however, are made available in easy-to-understand German, as well as in sign language. Since the second wave, press conferences are accompanied by a sign language interpreter. Translation of information material and current lockdown measures are made available through the website of the Austrian Integration Fund, which is part of the public sector. As mentioned above, these translations do not always provide the same level of detail and content as the German originals.

Further, in February researchers from the Wirtschaftsuniversität Wien and practitioners working at the Volkshilfe Wien claimed that there is a substantial lack of information on the COVID-19 vaccine and the vaccination programme for migrants. They state that, although being a well-thought-out public health campaign, it shows a lack of inclusivity and diversity speaking only to a classically white Austrian audience and hereby ignoring migrant populations. According to Kohlenberger (2021), migrants feel poorly informed about the vaccine and they miss easy to access information on internet channels they frequently visit.

Government actors made heavy use of mass media and other communication channels through press conference, websites, TV and Radio appearances, interviews with newspapers, and social media (in particular, Twitter and YouTube). Together with the Austrian Red Cross, the government developed an information campaign, 'Schau auf dich, schau auf mich', which was distributed on TV, radio, newspapers and social media.

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[11] https://www.buzzvalue.at/single-post/2020/04/02/covid19-krisenkommunikation-der-regierung

In the majority of the government's communication activities, we could not find specific actions to target or deal with misinformation. The website of the ministry of health does include some facts on misinformation, and we also could find efforts in relation to vaccination. However, although we could not find much of this in the communication found through our desk research, in March 2020 the government started a campaign against misinformation and 'fake news' targeting people with migration background. The aim was to particularly address misinformation and 'fake news'. However, main content of the campaign were translations of information on COVID.19 rather than educating community members on COVID-19 myths. The campaign further stated that the government contact over 260.000 people via text messages, emails and other online channels.

Communication strategies, plans and practices applied by public health stakeholders

The main public health stakeholders, that we were able to identify as being involved in COVID-19 communication are:

- Impfservice Wien
- Sozialversicherungsanstalten
- Ärztekammer

Through the information available to us we could not identify communication strategies. However, in this section we will describe the channels and content communicated by these main players.

Impfservice Wien (Vaccination service Vienna)

This is the central vaccination service for the city of Vienna[12]. The Impfservice Wien does not only provide information on the COVID-19 vaccinations. It is also the service through which people living in Vienna can register to receive the COVID-19 vaccination. Central to their communication is their website.[13] Here, people find information about the vaccination as well as links to the website of the BMSGPK which offers a broad range of information on the topic. Finally, the Impfservice Wien provides a separate information section for doctors. The website is also available in English and Turkish. The Impfservice Wien also launched a social media campaign to get community members to register for vaccination.

Sozialversicherungsanstalten

The public health insurance system plays a big role in COVID-19 communication. In 2018, the compulsory health insurance system got restructured. The Sozialversicherungsanstalt is the umbrella organisation of all Austrian compulsory health insurances structured by various types of employment: 1) employee, 2) self-employed, 3) retired, 4) public servants, railway workers and mining 5) the general accident insurance. All of the individual insurance providers offer information on COVID-19. However, particularly the Österreichische Gesundheitskassa (employees) and the general accident insurance developed information portal to the topic of COVID-19. The Österreichische Gesundheitskassa provide particular information relevant to employees as well as their employers and partners (such as GPs) in relation to COVID-19 regulations and the health care system. Similarly, the general accident insurance provides extensive information for employees, employers, parents or legal guardians as well as schools

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[12] Vienna is not only the capital city of Austria but also a state on its own.

[13] www.impfservice.wien

and kinder gardens. Finally, the website of the Sozialversicherungsanstalt itself provides a collection of the information provided by each of the separate insurance providers.

Ärztekammer

The website of the medical association in Austria provides comprehensive scientific and ethical information on the COVID-19 vaccination. They further provide a collection of links to national and international COVID-19 information (mainly scientific). Additionally, they established a platform for doctors to cultivate medical and scientific exchange on COVID-19 related matters. Finally, they provide practical information materials and guidelines for doctors practicing during the COVID-19 pandemic

Communication strategies, plans and practices applied by organizations

In this section we present our findings on communication by organisation. We differentiate between Not-for-profit organisation and organisations belonging to the public section. Rather than presenting a comprehensive picture of all COVID-19 communications by organisations, we have chosen some examples to illustrate general trends we could identify.

Not-for profit organisations

Established and big not-for-profit organisations such as the Austrian Red Cross, Caritas or Arbeiter Samariterbund provide overall COVID-19 information for the general public on their websites. Here, the Austrian Red Cross has a key role. It is the key partner of the Austrian Government in COVID-19 related communication. Examples for the collaboration is the 'Stopp Corona' app and the 'Schau auf dich, schau auf mich' info campaign (see p. 9). Finally, the Austrian Red Cross realised the government financed 'Österreich impft' vaccination campaign launched in the beginning of January 2021. The aim of the campaign was to minimise doubts and fears about the vaccine as well as to inform about the benefits of a vaccination. The campaign includes different medical experts and scientists as 'Speakers' providing statement about the vaccine. It also has partners from economy, mass media, healthcare facilities, NPOs & NGOs, blue light organisations, municipalities, banks, associations, and educational institutions. The campaign also includes pre-defined statements and snippets of information to be shared on Facebook, Facebook profile picture frames, videos, posters, and flyers.

Smaller not-for-profit organisations working with/for a particular social group such as the Integrationshaus (Integration house) or the AIDS Haus (AIDS house) provide specific information catered to their clients e.g., government orders translated in five different language for refugees and migrants or information on living with HIV and COVID-19. Compared to the not-for-profit organisations discussed above they provide unique information which is not covered by other institutions and thus they fill an important information gap.

The public sector

The public sector encompasses organisations such as the Arbeitsmarktservice (unemployment agency), Wirtschaftskammer Österreich (Austrian Economic Chamber of Trade), Arbeiterkammer (lobby for workers and employees), Werbung Österreich (the national tourism organisation) or the Österreichischer Integrationsfond (the Austrian Integration Fund). All of these provide specific information in relation to their field of work and COVID-19. Thus, the Arbeitsmarktservice, for example, provides information in relation to the labour market during COVID-19, trainings for those who are unemployed as well as new regulations for those looking for jobs. Werbung Österreich provides information about the COVID-19 situation in Austria targeted at tourist visiting the country. Further, it

provides information and guidelines for the tourism in relation to COVID safety via their website. Another example is the Wirtschaftskammer. Through their website, they provide support and information to businesses. Here, employers can find information on, for example, mandatory testing for their employees or financial support for business affected by the lockdown. The Wirtschaftskammer also launces campaigns to support struggling business such as travel agents.[14]

The Agency for Health and Food Safety (Agentur für Gesundheit und Ernährungssicherheit, AGES) is a company owned the Austrian state. They belong to the BMSGPK and the Federal Ministry of Agriculture, Regions and Tourism (Bundesministerium für Landwirtschaft, Regionen und Tourismus, BMLRT). The AGES supports the ministries in relation to topics such as health. The AGES is one of the main players of providing health data during the COVID-19 pandemic. Many of the government's actions rely on the data provided by the AGES. Additionally, the AGES runs a publicly available COVID-19 dashboard[15] as well as the main COVID-19 hotline, through which questions about the coronavirus (general information about transmission, symptoms, prevention) are answered.

Finally, we would like to mention the ORF (Österreichischer Rundfunk), the public broadcaster in Austria. Here, we would like to highlight their website[16] as well as their teletext, i.e. textual information provided via television sets, which is mainly used by older people. The website provides daily updated information, in particular about the latest measures, numbers, maps, service information about tests and vaccination registration, FAQs, hotlines, tips and support, as well as background information about vaccinations, and information for contact persons. Respondents of a representative survey generally named the ORF as their main source of information (Lebernegg, Eberl, Boomgaarden, & Partheymüller 2020).

Brief summary of findings: communication strategies, plans and practices applied by public health stake holders and organizations

Overall, public health stakeholders and organisation do not play a major role in the COVID-19 communication in Austria. However, the Austrian Red Cross, a not-for-profit organisation, has a leading role in the Austrian COVID-19 communication and as such they collaborate closely with the Austrian government. They developed the 'Stopp Corona' app, the public contact tracing app, as well as the major COVID-19 public health campaign. As such the Austrian Red Cross is more present in the communication process than the majority of the public health stakeholders.

Further, organisations (not- for profit as well as public sector) often communicated directly to their clients providing specific information in relation to their field of work and expertise rather than general COVID-19 information such as measures to prevent the spread of the virus. The situation is similar with two of the three public health stakeholders we identified: they too provided specific information for example, insurance takers or doctors. As the only public health stakeholder, the Impfservice Wien, ran a broad public health campaign on COVID-19 vaccination.

Communication strategies, plans and practices applied by communities

n/a

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[14] https://www.wko.at/branchen/tourismus-freizeitwirtschaft/reisebueros/corona-kampagne.html

[15] https://covid19-dashboard.ages.at/

[16] https://orf.at/corona/

1.1.2 COVID-19 communication analysis

This section present results on communication evaluation, with a focus on analysis of government communication in Austria. The reviews conducted on national communication during the COVID-19 crisis focused on the perception of community members as well as on rhetoric tropes used by the government.

National

The communication strategies and practices, in particular of the Austrian government, were analysed and critiqued through scientific evaluations, as well as by journalists. The key aspects of these evaluations are outlined below.

Perceptions of the government's communication

The Austrian Corona Panel Project (ACPP)[17] conducted various studies on the impacts and effects of the COVID-19 pandemic in Austria. In January 2021, they published a study on how well government communication was received by community members in Austria. In general, the government and its communication were received positively in the initial phase of the pandemic. However, over time, the positive sentiment started to shift (Eberl, Lebernegg, Partheymüller, & Boomgaarden 2021).

A survey conducted by the ACPP on the satisfaction of community member towards government communication in December 2020 showed that 45% of the participants disagreed when asked if they feel that they receive all necessary information through official government channels. However, 36% think the information provided by the government is easy to understand (28% disagree with this statement). 36% of the participants feel that the amount of information provided by the government is too much. Exactly the same percentage of participants disagree with this statement (Eberl, Lebernegg, Partheymüller, & Boomgaarden 2021).

A journalistic analysis of the government's' crisis communication explains the shift from an initial very positive to a rather negative sentiment with the governments' communication strategy: rather than adapting it to the new situation, the government remained with the same strategy: acting in a processual manner, reacting to current developments. While this was necessary at the beginning of the pandemic, where flexibility – and speed – was need, long-term strategies were needed after the first wave. Contrary to its initial strategy, after the first wave the government also failed to explain the public why certain measures were put in place (and others were not). Furthermore, while the two coalition parties presented themselves united in the beginning of the pandemic, discussions and disagreements began to appear publicly, which impacted their crisis communication (Rosner 2020).

The latter, disagreements between the two coalition parties, has also been commented in an article by the Austrian public broadcaster ORF. A renowned political scientist, Peter Filzmaier, identified trust issues within the Austrian public as a major issue at the start of the second wave, i.e., in September 2020. For example, minister of health Rudolf Anschober announced first vaccinations for the beginning

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[17] The Austrian Corona Panel Project in an interdisciplinary research project of different researchers at the University of Vienna, which carries out a weekly online survey of a representative sample of the Austrian population, funded by the COVID-19 Rapid Response Grant EI-COV20-006 of the Wiener Wissenschafts- und Technologiefonds (WWTF), financial support by the rectorate of the University of Vienna, and funding by the FWF Austrian Science Fund (P33907).

of 2021, while chancellor Sebastian Kurz announced them for the first half of 2021 (Tiefenthaler 2020). This led to confusion and created a lack of transparency.

Information overload: press conferences, 'message control' & media representation

The ACPP study identified particular points of critique in relation to information overload. These were, for example, the government's practice of holding press conferences in which they announced another press conference in which they would then announce new measures. The government was also heavily critiqued for their methods of 'message control', a communication strategy that was already widely used in Kurz led governments prior to the pandemic (Eberl, Lebernegg, Partheymüller, & Boomgaarden 2021).

In terms of media representation, an analysis of the two most-used Austrian online newspapers, *Der Standard* (a quality newspaper) and *Die Krone* (a yellow press newspaper) in the first half of 2020 showed that Rudolf Anschober, the minister of health, was more strongly represented in these two media outlets than other members of government in February 2020. With the beginning of March, Chancellor Kurz became the most present person in media communication: the announcements of the COVID-19 protection measures and the first lockdown were led by the Chancellor, showing that he made the virus a 'matter for the boss' (Fischeneder et al. 2020).

Back and forth: contradictions & confusion

Already in the beginning go the pandemic the government created mistrust and confusing. In a press conference on the 13th of March 2020, two days before a prohibition of entering public places ("Verbot des Betretens öffentlicher Orte") order was finalised, minister of interior Nehammer denied the possibility of a lockdown, for which the government received much critique (Yeoh, Matzenberger, & Kienzl 2020).

A survey of the Austrian Corona Panel Project in September and October came to the conclusion that only 28% of the participants felt well informed about the COVID-19-related risks communicated via the traffic light system. 48% also stated that they would not adapt their individual behaviour based on the traffic light colours (Pollak 2020). This trend also increased from September to October.

Indeed, the Corona traffic light was (and still is) heavily criticised. A journalist reports, the hopes that the federal government would generate an easy-to-understand warning system, the Corona traffic light, were quickly shattered (Rosner 2020). Reasons for this are that the government changed the content of the website prior the announcement, uncoupled the restrictions for schools and kindergartens from the indicators, and that they announced measures that were contradictory to the measures recommended for each colour. This meant that the application of the traffic light system caused more confusion than certainty (John 2020).

Government communication practices & rhetoric tropes

Three journalists, Daniela Yeoh, Michael Matzenberger, Sebastian Kienzl, from the Austrian newspaper *Der Standard* conducted an analysis of government 16 press conferences beginning at the 10th of March 2020 until the 19th of October 2020, and reported the results in two detailed articles.

In their analysis, they identified four main rhetoric categories used by the Austrian government representatives: self-praise, comparison with other nations or drifts into nationalistic discourses, scare tactics, misleading statements, rhetoric tropes such as war or sport metaphors. Particularly often used by the government in the first few weeks of the pandemic were comparisons to other countries,

metaphors and worst-case scenarios to raise awareness of the seriousness of the situation and to foster a sense of fear in society in hope that this would increase compliance to measures (Yeoh, Matzenberger, & Kienzl 2020).

As the numbers started to plateau for the first time at the end of March, the government once again used worst-case scenarios and metaphors to tell their audience that the worst is yet to come and the pandemic is not over yet. After Easter, the period when Austria started to open up again, the strategy slightly changed. Comparison with other countries were now used for self-praise and to show that Austria got better through the pandemic than other countries (Yeoh, Matzenberger, & Kienzl 2020).

The journalist could also identify a shift in the government's 'blame game'. The period between May and mid-August was marked by relatively low Corona cases and substantial easing of restriction. The government repeatedly told their audience that they look positively towards autumn and signified that they are in a process of preparation for the winter period e.g., the development of a Corona Ampel system for Austria. The numbers of new infection stayed low for a few weeks. However, Austria experienced a steady but slow rise in cases in late summer. Here the government initially blamed 'return travellers' from the Balkan region for bringing the virus back into the country as well as young people taking part in so called Corona parties. Already in autumn, Austria now experienced a steady increase of Corona infections, Chancellor Kurz changed his blaming strategy, announcing that the virus is on the rise due to people who willing disobey the rules (Yeoh, Marchat, Matzenberger, & Kienzl 2020).

At the beginning of September, although infection numbers continuously rose, already more than 300 new daily infections, Chancellor Kurz only spoke of recommendations in a press conference on the 4th of September. He again used positive metaphor such as 'There is a light at the end of the tunnel' referring to the upcoming vaccinations. However, a week later Kurz already announced a tough winter ahead. He further used worst case scenarios to introduce first restrictions. However, this time the government did not deny the potential of a second lockdown and informed Austrians that strict measures are not far off.

Lack of openness to critique & lack of legal base

The government received their most negative feedback for (not) being open to critique. Only 13% of participants in the ACPP agreed with the statement that the government is open to critique; 55% heavily disagreed with the statement. Further, 47% think that in their press conferences, the government is more concerned with their appearance than with the actual content. Finally, 40% perceive the decisions of the Austrian government as untransparent and hard to understand. In conclusion, the ACPP has found that government communication was well received in the beginning of the pandemic. However, over the past months', community members lost trust in their government's communication (Eberl, Lebernegg, Partheymüller, & Boomgaarden 2021).

Similarly, journalists have analysed that the above-mentioned practice of procedural action, i.e., reacting to current developments, had the consequence that the rule of law suffered. Initially, at the beginning of the pandemic, this was due to the exceptional situation. But in the second wave, measures are being communicated before they have been negotiated in detail, which is detrimental to acceptance (Rosner 2020). The government repeatedly announced measures for private areas, a curfew and in particular restrictions of the upper limit of persons at private events. While it is constitutionally impossible to make stipulations for the private home of a person, in press conferences, the government implied that this will be checked and sanctioned (Yeoh, Marchat, Matzenberger, &

Kienzl 2020). In addition, the Austrian Constitutional Court found that the ban on entering public places was essentially unlawful because it was not covered by the COVID-19 Measures Act (John & Kainrath 2020). The regulation, at the time of the Constitutional Courts' verdict already outdated, was not the only example or criticism of a lack of lawful basis. As such, the government had to align its PR with this (Yeoh, Marchat, Matzenberger, & Kienzl 2020). Such communication practices, however, led to a loss in trust and should be avoided in the future (Tiefenthaler 2020).

Lack of personal responsibility & inclusivity

While 'personal responsibility' was a much-used keyword in government communication, rather than using personal responsibility for response measures, the government stuck to regulating most areas of social life by decree. Journalists explain this due to a lack of tradition in health education in Austria, contrary to Germany. Press conferences, only reaching parts of the communities, are not an effective measure for health education (Rosner 2020).

The fact that the pandemic impacts societal groups differently was little considered by the government. This also meant that the government did not communicate in a differentiated way, addressing different points of view and vulnerabilities. Furthermore, while in March, all communities within Austria had the same goal – flatten the curve – such a goal went missing in the second wave (Rosner 2020).

Another criticism was the lack of inclusivity in the information campaign launched by the Austrian government, "Schau auf dich". Journalists (as well as individuals via social media, in particular an expert for education policy) criticised that this campaign presents ideals of traditional roles, a particular social group with a specific lifestyle: the upper middle class. These homogenous images and stereotypical ideas, so critics, may lead to the campaign missing its purpose, as many will not feel addressed by it (Hausbichler 2020).

Similarly and as already mentioned above, the information campaign on vaccination, carried out by the Austrian Red Cross, was criticised by experts to be centred on traditional image Austrians as mainly white and German speaking, thus not reaching migrants. The campaign's testimonies provided to reduce fears and answer questions in relation to the vaccine did not include the voices of migrant, despite the high number of migrants among frontline healthcare workers. Similarly, migrant communities reported they do not feel well informed and would appreciate more accessible information material in their native languages – translations of information sheets are not enough.[18]

Information behaviour & misinformation

To understand the effectiveness of the government's and other stakeholders' communication strategies, we need to understand information behaviour of people living in Austria. As main source of information, respondents of the ACPP's survey named the Austrian public broadcasting company's (ORF) offers. Media – both traditional and social media – are the main source of information. However, 11% of the population are reached neither via traditional nor social media. At-risk groups and other groups of the population show different information behaviour: social media more likely to be used by those at low risk included Facebook, Instagram and YouTube. Those at high risk were slightly more likely to use WhatsApp (Lebernegg, Eberl, Boomgaarden, & Partheymüller 2020).

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[18] https://wien.orf.at/stories/3091288/

It is also important to understand news avoidance: according to the ACPP, 75% of the respondents have at least once actively tried to avoid news about the COVID-19 pandemic. In particular, people who have low levels of trust in the government and the media have reported to avoid news. However, avoidance behaviour also depends on one's own risk assessments; those who consider themselves to be at risk of health problems are less likely to avoid messages (Lecheler & Aaldering 2020).

An experiment asking participants to identify misinformation showed that less than half of the participants correctly identified all misinformation; 12% could not identify any of the five incorrect statements. Respondents who inform themselves more often than once a week via the public broadcaster ORF or the newspaper *Der Standard* are less susceptible to disinformation. At the same time, it also shows that respondents who keep themselves informed about the corona virus via private television, the yellow press newspapers *Österreich* or *Kronen Zeitung*, the instant messaging service WhatsApp, the platform Instagram or the video portal YouTube are significantly more disinformed (Eberl, Lebernegg & Boomgaarden 2020).

International

Our desk-based research provided very little information about international analyses of Austrian communication practices during the pandemic. Indeed, the only scientific study on communication practices naming Austria cited results of the already mentioned Austrian Corona Panel Project regarding COVID-19 conspiracy beliefs (van Mulukom et al. 2020). Another study (Willems et al. 2020) names citizens' satisfaction with crisis measures and communication in its title, but does not report on it.

Main learnings and best practices

n/a

Guidelines

n/a

Relevant indicators

n/a

1.1.3 Additional (country-specific) comments/reflections

In Austria, communication about COVID-19 was (and is) predominantly carried out by the Austrian government. The main actors are hereby Chanchellor Sebastian Kurz, Health minister Rudolf Anschober and Interior minister Karl Nehammer. Press Conferences are their main channel of direct communication. However, webpages and online info portals are also part of official communication strategy as well as twitter posts and public heath campaigns and the instalment of the Corona Ampel. Interestingly, the major nationwide public health campaigns were run and organised by the Austrian Red Cross, a Not-for-profit organisation and not a public health stakeholder. The information provided by the government on their various channels is broad and covers most aspects of the pandemic, health advice, measures, legislation and orders. Other important players in COVID-19 communication are the ORF, Austria's public broadcaster and the AGES (Österreichische Agentur für Gesundheit und Ernährungssicherheit). The AGES provided up to date health data on COVID-19 along with publicly available dashboards and the main Coronavirus hotline. The ORF provided a dedicated COVID-19 website, also with dashboards, as well as consistent and comprehensive news coverage via Tv and Radio. In general, the public health sector seemed to play a minor role. Not-for-profit organisations

and the public sector played an important role in providing specialised information to their particular target groups or clients.

While the Austrian government started out well and its communication was initially positively received, it failed to adapt its strategy to the new and changing challenges of the second wave of the pandemic. Information overload, confusion and avoidance of information was the result, as analysed by the Austrian Corona Panel Project. In particular the Corona traffic light, intended as an early warning system to enable a unified, coordinated and transparent action of public authorities, did not live up to its promise, causing more confusion than clarity.

1.2 **Belgium**

1.2.1 **Communication strategies, plans and practices**

Communication strategies, plans and practices applied by governments

In Belgium, the governmental organization in charge of crisis management is the National Crisis Centre (NCCN), which is part of the federal government service for Internal Affairs. In the years prior to the outbreak of the COVID-19 pandemic, the NCCN issued some guidance documents on crisis communication, such as a Crisis Communication Guideline for local governments (Crisiscentrum, 2007) and guidance on the use of Social Media in Crisis Communication (Crisiscentrum, 2013). However, no communication strategy documents specifically focused on crisis communication during pandemics were published.

Even during the COVID-19 pandemic, very few formal government communication strategies were made available for the Belgian context. Although such strategies and plans may circulate internally within government agencies and organizations, they are not freely accessible for the public. Two notable exceptions are 1) a strategy document published by the NCCN in May 2020 about how to organize the crisis communication after the first wave of the pandemic (Crisiscentrum, 2020) and 2) a strategy document relating to the Belgian vaccination policy published in December 2020, which includes a section on communication (Government Commissariat COVID-19, 2020). Our review of Belgian governmental communication strategies during the COVID-19 crisis therefore relies mostly on these two documents, as well as on our own analysis of observed communication practices.

Different layers of administration

Belgian crisis communication is relatively complex due to Belgium's different governmental organisation at federal, regional and community levels. Figure 2 illustrates how Belgian governance can be considered at 1) the federal level, 2) the level of the communities, and 3) the level of the regions. Both the communities and regions are referred to as 'federated entities' and they sometimes overlap geographically (Gerkens & Merkur, 2010). Although the Federal Public Service Health, Food Chain Safety and Environment (more commonly known as the FPS Health) manages the Belgian health system, the Flemish, French and German-speaking communities each have their own community Ministries of Health (Hanover Comms, 2020). The governments of the regions, meanwhile, are responsible for maternity and child health services, health promotion, some aspects of elderly care, and hospital accreditation standards (Vandijck & Annemans, 2009). Interministerial conferences are organized on a regular basis to facilitate cooperation between the federal authorities and the federated entities (Gerkens & Merkur, 2010).
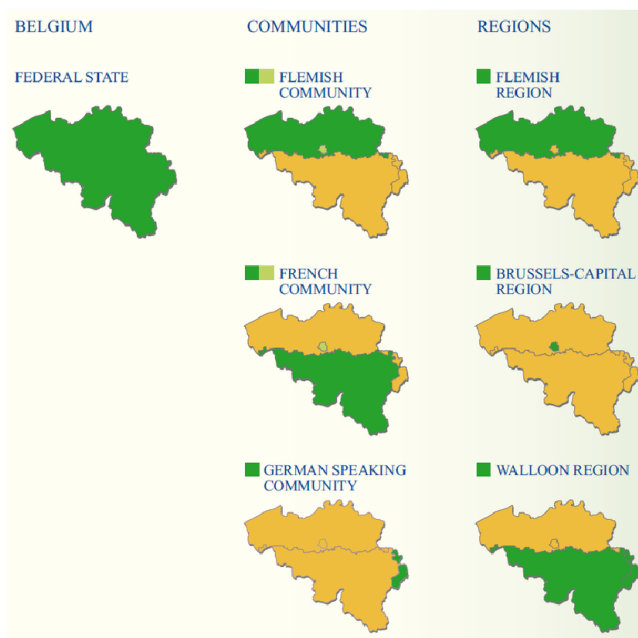

Figure 1. The regions and communities of Belgium, Stroobants et al., 2013

As federal, regional, provincial, and municipal leaders each have their own mandates and responsibilities in Belgium, it can be challenging to communicate a unified message across administrative layers in crisis situations (Derison, 2020). In March 2020 it was therefore decided Belgium would enter a 'federal phase', in which coordination and communication regarding the COVID-19 pandemic would occur at a federal level, carried out by the NCCN (CCVO, 2020). Communication at other administrative levels, such as the communication by the Coordination and Crisis Center of the Flemish government (CCVO), has to correspond with the federally determined messages (ibid.). When the communication regards issues that fall under the federated entities' responsibility, such as education and residential care for the elderly, the federated entities are free to specify how the federal measures apply within their local competences.

Coordination and communication responsibilities

Federal measures agreed upon within the National Security council (before October 2020) and the Consultative Committee (after October 2020) are executed through ministerial orders. These orders were issued by the Minister of Security and Internal Affairs Pieter De Crem, succeeded on the 1st of October 2020 by Annelies Verlinden. The NCCN is in charge of drawing up guidelines describing the application of the ministerial decrees regarding COVID-19 measures. An overview of COVID-19 measures implemented in Belgium can be found [here](#) (in Dutch). Communication about the measures is coordinated by the Information Unit, which is jointly chaired by the FPS Health and the NCCN (FPS Health, 2020a). The federal government's Consultative Committee also organizes press conferences if new COVID-19 rules and measures are decided upon. The flow of information to local authorities occurs through the regional and community governments. For example, the CCVO is the point of contact for the crisis communication of the Flemish government, and is in charge of concretising and clarifying the federal crisis measures for the Flemish population (Vlaamse Overheid, 2020). As such, regional and local authorities use their communication channels to spread federal messages (Crisiscentrum, 2020). In October 2020, director-general of the FPS Health Pedro Facon was appointed to the new position of 'Corona Commissioner' with a mandate to streamline Belgian COVID-19 policy (De Morgen, 2020). One of the main goals of Facon's appointment was to achieve better coordination between the federated entities in terms of decision-making and communication.

Different platforms used for communication

Belgian crisis communication about the COVID-19 crisis started in late January 2020, when the crisis-website www.info-coronavirus.be was first launched (COVID-19 Health System Response Monitor, 2021). This crisis website is managed by the FPS Health but relies on input from the NCCN. The website's contents are available in Belgium's three national languages, and some parts are published in English as well. New information and updates continue to be published on this website. The website includes informational webpages on the basic rules against corona, an overview of the restrictions currently in place, access to visual and audio campaign materials, and webpages specifically targeted to health professionals. The search engine Google refers Belgian users to this official info-coronavirus website when search terms related to COVID-19 are used, in an effort to counter the spread of misinformation and fake news (ibid.). The social media accounts of the FPS Health and the NCCN are used to publish information and answer questions (Crisiscentrum, 2020). Smartphone users can also access information about the pandemic on the contact tracing app CoronaAlert (www.coronalert.be/en/). From the beginning of the pandemic, posters with key hygiene messages were printed and distributed to all Belgian municipalities so that they could be distributed in local schools, hospitals, and other public places. Belgian print, broadcast and online media have also played

a key role in the spread of information about the COVID-19 pandemic, e.g. by organizing special editions of news programmes and providing airtime for spokespeople of the various federal COVID-19 working groups (COVID-19 Health System Response Monitor, 2021). In many cases, the press 'translates' the official governmental texts into more comprehensible form, making the messages more accessible to a broad audience (Goubin, 2020). Written and broadcast media also provide a platform for discussion, letting not just virologists, but also business leaders and prominent figures from the cultural sector have their say (ibid.). Celebrities and influencers have also influenced the public debate by sharing their opinions about the COVID-19 crisis, sometimes leading to considerable controversy. For example, in February 2021 the two actors Peter Van Den Begin and Tine Reymer declared in an interview with the influential magazine HUMO that they do not want to take a COVID vaccine, sparking heated debates both on social media and traditional news outlets (HLN, 2021).

Specific information campaigns

Over the course of the COVID-19 pandemic, various specific information campaigns have been launched in Belgium. For example, in late November 2020 the federal government launched a campaign calling on all Belgian citizens to keep going and collectively beat the coronavirus as 'one team of 11 million' (Belgian Federal Authorities, 2020). This motivational campaign is combined with informational messages about the basic COVID-19 rules and restriction on TV, radio, and social media channels (ibid.) Another example if the #voorelkaar (#foreachother) campaign launched by the Flemish government, which attempts to encourage a sense of solidarity to comply with the COVID-19 rules (Domus Medica, 2020). This campaign also focused on the theme of contact tracing, spreading the message that when someone cooperates with contact tracing procedures they protect not just themselves, but also the people around them

Figure 2. One team of 11 million campaign logo

(ibid.). An ongoing information campaign that is specifically targeted at young people is the MAGDANOG?! (is that still allowed?!) campaign launched by the youth information platform WAT WAT. The campaign is running on Instagram, Facebook and TikTok from February 2021 and includes motivational videos that encourage young people to continue to follow the COVID-19 restrictions (WAT WAT, 2021).

Monitoring public opinion and behaviour

The NCCN has a team of communication professionals who are in charge of monitoring public perception and opinion in times of crisis. This group of professionals, referred to as Team D5, assist the NCCN by screening the press and social media to monitor the evolution of public opinion. They pass on their findings and advice to the NCCN, which can then incorporate these insights into its communication strategies (Goubin, 2020). Since March 2020, a team of researchers from different universities has also been monitoring the motivation, connectedness and psychological health of the Belgian population in the so-called 'motivation barometer' (www.motivationbarometer.com). This barometer has grown into an evidence-based instrument that serves to advise on psychological aspects of the COVID-19 crisis in Belgium. By mid-February 2021, the group of researchers had published 24 interim reports describing how the Belgian population's attitude and behaviour has evolved during the pandemic. Another relevant research study is the citizen science project *De Grote Corona-studie* (the big COVID-study) set up by the University of Antwerp and collaborators from other Belgian universities. This study is based on a biweekly survey that asks questions about various aspects of the COVID-19 crisis, including respondents' mental wellbeing, social distancing behaviour and

willingness to vaccinate (Universiteit Antwerpen, 2021). The results of these surveys provide a useful insight into the Flemish population's level of trust in the various authorities, in the information sources and in the measures taken. It is not clear exactly to what extent the researchers' advice on possible improvements to government communications has influenced those involved in decision making at the federal government level (Goubin, 2020).

Evolution of communication over time

As the COVID-19 pandemic progressed, the informational messages communicated by the Belgian federal authorities shifted in focus. Whereas the initial crisis communication was focused on raising awareness and explaining the public health measures, from late spring 2020 onwards the messages became more focused on 'making new behaviours part of a

Evolution of key messages

- Respect the measures
- Keep going
- Together we can do this!
- Flatten the curve
- Keep the situation manageable in the hospitals

- Adopt the right behavior
- Habit formation
- Healthy and safe forms of staying in contact with others
- Learning to live with the virus
- Controlling the virus

Figure 3. Evolution of key communication messages in Belgium, translated from figure published by Crisiscentrum, 2020

longer-term lifestyle' (Crisiscentrum, 2020). The evolution of the key communication messages in Belgium is summarized in Figure 3.

Communication to reach vulnerable groups

Not all Belgians residents have access to the same information, nor are they able to use this information in the same way (Crisiscentrum, 2020). Among the groups that may be in need of tailored communication strategies in Belgium are low-literate people, non-native speakers, certain groups of young people, the elderly, and ethnic-cultural minorities (Goubin, 2020). For example, a research project on the impact of COVID-19 on ethnic minority groups in Antwerp noted that among Sub-Saharan communities, people rely more on their own social network and social media to acquire information about the virus, and people are more likely to experience fear and uncertainty in the face of the "fake news" circulating about COVID-19 (ITM, 2020). The NCCN has been collaborating with different organizations in efforts to make government communication during the COVID-19 pandemic more accessible to vulnerable groups in society. For example, information about COVID-19 in simple Dutch as well as in a range of other languages has been developed in collaboration with the Flemish organization Wablieft (Wablieft, 2020). These communication materials include texts with basic information, visualizations, and videos. The distribution of such materials is primarily aimed at intermediaries and professionals who work or deal directly with vulnerable target groups (Crisiscentrum, 2020). Communication with vulnerable groups can hereby occur at the community level through social services, other local government services, and local non-profit organizations (ibid.). Local communication strategies in Brussels have been reported to rely on cooperation with religious leaders and imams, input from youth panels, as well as the distribution of flyers in 34 different languages (Bergmans, 2020). By February 2021, information documents about COVID-19 were available in 38 languages on the official government website (https://www.info-coronavirus.be/en/translation/). Multilingual campaigns are also organized at the local level. For example, the Antwerp urban organization for integration and civic integration Atlas has created audio messages, videos and posters in a range of different languages, as well as in 'simple Dutch' (Atlas, 2020).

Communication about the vaccination strategy

In December 2020, the federal Government Commissariat for COVID-19 published a strategy document on the operationalization of Belgium's vaccination strategy (Government Commissariat COVID-19, 2020). This document also outlines how communication regarding the vaccination efforts will be integrated into existing communication structures and how popular opinion will be continuously monitored so that communication strategies can be adapted over time accordingly. The communication strategy regarding vaccination is organized by the 'Social Debate and Communication Unit', which is composed of communication officers from federal public services, as well as external communication professionals with experience in traditional media, digital communication and public debate. National and regional media campaigns are underway via traditional channels (TV, radio) and social media channels, and targeted communication strategies are set up to target vulnerable groups, healthcare providers, and patient organizations (ibid.).

Communication strategies, plans and practices applied by public health stakeholders

The FPS Health

The Federal Public Service Health, Food Chain Safety and Environment, usually referred to simply as the FPS Health, is a key public health stakeholder in Belgium. FPS Health is responsible for developing and implementing health related policies in Belgium and operates under the primary responsibility of the federal Minister of Health. As previously noted, during the COVID-19 crisis the FPS Health has been working together closely with the NCCN and much of the federal crisis communication relating to COVID-19 occurs through collaborative efforts between the two agencies. The FPS Health is linked to some scientific institutions which provide policy-supporting research or advice, including Sciensano.

Sciensano

Another key public health stakeholder in Belgium is Sciensano, which is a federal scientific institution that acts as the national public health institute. Epidemiologists from Sciensano are part of the Risk Assessment Group (RAG) which analyses the risks faced by the population based on epidemiological and scientific data, as part of the 'medical cluster' of Belgium's crisis consultation structure. As such, Sciensano plays an important role in informing federal decisions regarding COVID-19. Sciensano's main responsibilities during the COVID-19 crisis relate to data collection and epidemiological follow-up of the pandemic. From spring 2020 onwards, Sciensano has reinforced and set up different surveillance systems in collaboration with its partners and other healthcare actors (Epistat, 2020). This includes combining data from the national reference lab; hospitals; residential care centres; and GPs (FPS Health, 2020b). This information is supplemented by systematic data collection from other sources, such as monitoring data on absence from work, and including data collection from regional health inspection services (ibid.). Sciensano also set up an online dashboard reporting progressively more detailed case information over the course of the pandemic (Desson et al., 2020). The data collected by Sciensano allows for publication of a daily epidemiological update, as well as a weekly report. Publicly available datasets (see https://epistat.wiv-isp.be/covid/) provide data on cases, hospitalisations and mortality disaggregated by date, age, sex and municipality/province/region (Epistat, 2020). Sciensano's Communications service assists the FPS Health and the NCCN with their communication actions using the scientific expertise available within Sciensano.

Different platforms used for communication

As previously mentioned, the crisis-website www.info-coronavirus.be is an important official communication channel in Belgium. It is a collaborative effort between the FPS health and the NCCN. Messages of a public health character (such as the 'basic rules against the coronavirus', see figure 4) are listed on this website, as well as governmental information e.g. relating to travel restrictions and financial support measures. Since much of the official Belgian crisis communication is carried out jointly between the FPS Health and the NCCN, it is not always possible to distinguish between 'government communication' and 'public health communication'.

Basic rules against coronavirus

1. Wash your hands regularly
2. Wear a face mask
3. Keep a distance of at least 1.5 metres from other people
4. Limit yourself to 1 'cuddle' contact
5. Be considerate to vulnerable people
6. Work from home
7. Ventilate indoor areas
8. Perform activities outside where possible

Figure 4. Basic rules against COVID-19 as communicated on the official coronavirus information website FPS Health 2021

However, it is possible to differentiate between two different types of press conferences organized in Belgium. When new COVID-19 rules and measures are decided upon at the level of the federal government, these are communicated through press conferences organized by the federal government's Consultative Committee (before October 2020 this was done by the National Security council). On the other hand, figures on numbers of COVID-19 cases, hospitalizations, deaths and other relevant data are communicated in separate press conferences by a joint team from FPS Health, the NCCN, and Sciensano (News.Belgium, 2021). All press conferences are available on the official governmental news website at www.news.belgium.be/en/corona. In spring 2020, the press conferences by the FPS Health, the NCCN, and Sciensano were broadcasted daily. These press conferences reduced in frequency over summer 2020, but increased in frequency again when the second wave hit Belgium in autumn 2020 (News.Belgium, 2021). As noted previously, the social media accounts of both the FPS Health and the NCCN are used to publish official information and answer Belgian citizens' questions (Crisiscentrum, 2020). Printed material with public health messages have been distributed through local government structures to public places like hospitals and schools (COVID-19 Health System Response Monitor, 2021).

Communication about vaccination

As discussed, the federal government has published a vaccination strategy document in December 2020 which outlines the communication actions and responsibilities for the Belgian vaccination campaign. The central messages and operationalization of this communication strategy are decided at the federal level, but with considerable involvement of the federated entities as they are ultimately responsible for organizing vaccination at the local level (Government Commissariat COVID-19, 2020). As such, local public health stakeholders play an important role in communication about the vaccination strategy. For example, the Flemish government's agency for care and health has rolled out the regional '*laat je vaccineren*' (get vaccinated) campaign (www.laatjevaccineren.be/campagne-covid-19-vaccinatie). The main messages of the campaign revolve around why getting vaccinated is important, how the vaccine works, why the vaccine is safe, and to explain which groups of people are
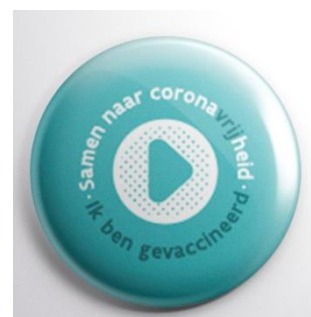
Figure 5. Button distributed by the Flemish vaccination campaign. It reads "Together towards covid-freedom. I am vaccinated"

prioritized in the vaccination strategy. The campaign includes TV advertisements, video materials and animations distributed on social media, brochures, posters, and 'I am vaccinated' buttons (figure 5).

Communication strategies, plans and practices applied by organizations

Communication about the COVID-19 crisis in Belgium is not limited to government and public health stakeholders. Most Belgian organizations and associations have also been communicating about COVID-19 in one way or another, since the pandemic has disrupted many organizations' normal activities and functioning. Although organizations do not typically have publicly available communication strategy documents, they do employ communication strategies that are adapted to the COVID-19 crisis. Many Belgian organizations simply refer to official government and public health communication channels for information about the pandemic, such as the official information website or the most recent press conferences. Others have created their own communication materials and channels. This section provides a non-comprehensive overview of communication strategies applied by Belgian organizations, drawing upon examples from some professional associations, Non-Governmental Organisations (NGOs), and organizations that work with vulnerable groups.

Professional associations

Some professional associations in Belgium have been particularly active in communicating with their members, as well as with a broader audience. For example, the Alliance of Belgian Professional Medical Specialist Associations (VBS) has bundled informational pages related to COVID-19 per medical specialism in collaboration with professional associations (VBS, 2020). Similarly, the Flemish Association of Clinical Psychologists (VVKP) provides resources related to COVID-19 that psychologists can use in their daily clinical work. VVKP members have appeared in the media to inform the Flemish population about mental health issues in the context of the pandemic, and the VVKP website also lists tips on how to stay mentally healthy during lockdown (VVKP, 2020). In this type of communications, the VVKP typically refers to international research on the psychological impact of the pandemic (e.g. Brooks et al., 2020) and applies such insights to the Belgian context.

NGOs

Various NGOs working in Belgium are also actively engaged in communicating about the COVID-19 pandemic. Typically, the messages communicated by NGOs relate directly or indirectly to their organization's mandate or mission. For example, communication by the Belgian branch of Amnesty International has drawn attention to a range of human right implications of the pandemic. The organization calls for solidarity with those living on the streets, monitors the legitimacy and proportionality of restrictive measures, audits privacy concerns relating to the Belgian contact tracing application, and observes issues relating to ethnic profiling in the enforcement of measures (Amnesty International België, 2020a). Communication channels used by Amnesty Belgium include its website, social media, newsletter, press releases, and the publication of official reports. In November 2020, it published a much-discussed report which concluded that the human rights of residents in Belgian care homes were violated during the first wave of the COVID-19 pandemic (Amnesty International België, 2020b). The Belgian branch of Médecins Sans Frontières/Doctors Without Borders (MSF) has also shared experiences from its intervention in care homes in Belgium, publishing a report called 'Left behind in times of COVID-19' (MSF, 2020). Throughout the pandemic, MSF Belgium has continued to share updates on its COVID-19 related work, particularly with vulnerable people in the Brussels region. Much of MSF's communication about the COVID-19 pandemic can be considered a form of advocacy. For instance, MSF Belgium has reported on 'a worrying shortage of shelter options in Brussels for

vulnerable people on the street' during the second wave of the pandemic (MSF, 2021). In such communications, MSF frequently collaborates with other NGOs and civic platforms such as Dokters van de Wereld (Doctors of the World), BxlRefugees, and SOS Jongeren/Jeunes (SOS Youth). Similar to Amnesty, MSF publishes articles on its website, is active on social media, releases reports, and promotes the uptake of its messages by printed and digital media outlets.

Organizations working with vulnerable groups

Some organizations' communication strategies have included a special focus on reaching vulnerable groups. As noted, over the course of the COVID-19 crisis it became clear that not all groups were being effectively reached by official Belgian government and public health communications. To address this issue, some organizations worked on tailored communication initiatives to reach target groups. One example is the Flemish 'centre for clear language' Wablieft, which has developed information about COVID-19 in simple Dutch as well as in a range of other languages (Wablieft, 2020). The information materials are updated regularly as new measures come out, and include posters, brochures and videos. Another relevant example is the independent centre of expertise Gezond Leven (Healthy Living), whose mission is to 'help people live a healthy life in an accessible way'. During the COVID-19 crisis, Gezond Leven started to offer lifestyle advice tailored to the lockdown situation, e.g. by providing tips on how to continue to move and do exercise while respecting the restrictive measures (Gezond Leven, 2021). Gezond Leven also collaborated with the Flemish government to set up the #checkjezelf (#checkyourself) campaign, which encourages people to look after their mental health during the COVID-19 crisis and provides resources for help-seeking (Vlaamse Overheid, 2020).

Communication strategies, plans and practices applied by communities

n/a

1.2.2 COVID-19 communication analysis

National

At the time of writing, there have been no official government-initiated evaluations of the communication strategies employed by the Belgian government and public health stakeholders during the COVID-19 pandemic. However, some relevant analyses have been published by Belgian journalists, academics and other observers. Notably, communication management researcher Eric Goubin has carried out an independent investigation on Belgian government communication during the COVID-19 pandemic. Between March and September 2020, 425 communication professionals completed Goubin's online survey, 30 communication professionals kept a 'communication diary', and Goubin interviewed 22 communication colleagues. Goubin's (2020) final report, which was published in November 2020 by the independent association for government and social profit communication Kortom, served as an important resource for this section.

Praise

Particularly in the beginning of the pandemic, the press conferences organized by a joint team from FPS Health, the NCCN, and Sciensano to present the most recent numbers of COVID-19 cases, hospitalizations, deaths and other relevant data were praised both within Belgium and abroad. The press conferences were described as providing clear and transparent information about the development of the pandemic, and many commenters appreciated that these updates were presented by medical specialists and civil servants, instead of by political leaders (Goubin, 2020). The regularity

of the press conferences – first daily, then three times a week – contributes to their perceived reliability. Some of the previously discussed information campaigns developed at the federal level also received praise, as they have provided consistent and readily available materials for local authorities and organizations to distribute. The strategy document published by the NCCN in May 2020 about how to organize the crisis communication after the first wave of the pandemic has been described to have useful contents as well, despite the fact that its publication came at a relatively late stage (ibid.).

Inconsistency and confusion

However, some aspects of official government communication strategies about COVID-19 have been inconsistent and created confusion in Belgium. For example, confusion arose about the *knuffelcontact* ('cuddle contact'), which is one person you do not live with but are allowed to be in close contact with. In late 2020 there was a widespread assumption that children under twelve did not 'count' as a *knuffelcontact*, but right before Christmas the NCCN clarified that they actually do (Lefevere, 2020). This had been explained incorrectly in local government communication channels, such as on the city of Antwerp's website (ibid.). Some commenters have pointed out that because Belgium has "many ministers and many experts who often disagree with each other", it is often hard to know who to believe (De Sloover, 2020). Particularly young people, who are also often exposed to misinformation or fake news on social media like Snapchat and Instagram, may take the COVID-19 crisis less seriously as a result (ibid.). According to Goubin (2020), the fragmented communication by the Belgian authorities during the COVID-19 crisis is at least partly a result of Belgium's complex governmental structure. Goubin has also pointed out that the Belgian COVID-19 advisory committees are primarily composed of doctors and economists, with a striking lack of behavioural and communication scientists (ibid.). In a similar vein, communication professional Bart Derison has criticized Belgian official communication strategies about the COVID-19 pandemic for lacking a long-term vision, and "responding in retrospect instead of thinking ahead". According to Derison, Belgian communication strategies should focus more spreading hopeful messages and promoting collective resilience (Derison, 2020).

Trust in the context of the vaccination campaign

Throughout the COVID-19 crisis, Sciensano has carried out multiple rounds of a Belgian COVID-19 health survey in which Belgian citizens are asked about the impact of the COVID-19 crisis on their daily lives. In the fifth edition of the survey, which was conducted in December 2020, the COVID-19 health survey included questions about people's confidence in sources of information about the COVID-19 vaccine. The results show that three quarters of the population (76%) trust medical professionals such as doctors and nurses when it comes to information about the COVID-19 vaccine. The official website (www.info-coronavirus.be) is trusted by the 60% of the population, while information from governmental health officials is trusted by 46%, and television, radio and newspaper by 41.5% (Sciensano, 2020).

International

n/a

Main learnings and best practices

As crisis communication about the COVID-19 pandemic is ongoing and there have been no official evaluations carried out so far, it is difficult to indicate with certainty which communication strategies

have been most effective. However, based on Goubin's (2020) findings and recommendations, a number of general lessons can be drawn.

Characteristics of effective communication

In order for people to feel motivated and be able to stick to COVID-19 rules and regulations, communication should be simple, clear and concise. For example, it is more likely people will abide by a general obligation to wear a mask in all shops and public transport, as opposed to a long and complex list of places where it is mandatory. The more rules are diversified, the more likely it is that people lose oversight. Press conferences should be kept brief and be conducted in simple language. Communication should stress the collective importance of imposed measures, but also illustrate the relevance for individuals' daily lives. This includes provision of information that makes people aware of the risks and consequences of COVID-19 infection. It is also important to keep stressing the activities and things that *are* still possible and allowed. Communication strategies should acknowledge that the measures require a real effort from the population and government communication must demonstrate appreciation to those people who continue to stick to the regulations. The "together we stand strong" principle is an important, unifying principle that can be used time and again. Communication practices can promote the idea of a collective effort by including examples of acts of volunteering and solidarity in society, hereby stimulating positive emotion and giving people a sense of belonging. Providing positive examples can also include the involvement of role models, such as athletes or TikTok-influencers. Finally, communication strategies should include complementary efforts to reach specific target populations. As Goubin (2020) puts it, "equal rights to information should be achieved with an unequal use of communication". Tailored communication efforts to reach specific target groups should ensure that the contents, channels and messengers are in line with the particular needs and lived experiences of that group.

Key lessons specific to the Belgian context

Goubin's investigation found that many Belgian communication professionals think the fragmented nature of Belgian governance has contributed to fragmented communication during the COVID-19 crisis. One communication officer indicated that "there is a need for one central place that collects information, converts it into plain language, and makes it available for everyone". According to Goubin, what is needed is a state reform which increases the transparency about the division of responsibilities and facilitates better coordination between government bodies at different levels. Goubin stresses that local authorities are located closest to citizens, and they must therefore be involved in earlier stages in the preparation of decision-making and communication. In line with this, local support centers and welfare organizations must also play a more prominent role in communication strategies. Their local networks and expertise can help governments to sensitize specific target groups and ensure communication efforts reach everyone (Goubin, 2020).

Guidelines

n/a

Relevant indicators

n/a

1.2.3 Additional (country-specific) comments/reflections

n/a

1.3 **Cyprus**

1.3.1 **Communication strategies, plans and practices**

The Cypriot government **had a pandemic plan in place before the outbreak of the pandemic of COVID-19** and the Ministry of Health also had a **National Pandemic Influenza Plan**. The pandemic plan includes emergency response mechanisms, actions, responsibilities, and communication and is linked to several legislations: **The Quarantine** Law **(Ministry of Health, 2020) the Occupational Health and Safety Regulations, and the Decision No 1082/2013/EU of the European Parliament and of the Council of October 22nd, 2013 on serious cross-border threats to health and prohibition of mass events and gatherings** (Committee on the Environment, Public Health and Food Safety, 2014). The multiple Decrees for the measures to prevent the transmission of COVID-19 were based to a large degree on the Quarantine Law. The Quarantine Law is referring to the protection of public health and the health care system which are under the responsibility of the Republic. It aims to minimize the spread of communicable diseases, such as COVID-19, protecting public health and preventing any possible collapse of the health care system due to the spread of the disease, considering the human resources, infrastructure, and medical equipment available (COVID-19 Health System Response System, n.d.). In addition, the Crisis Management Department of the Ministry of Foreign Affairs (MFA) is responsible for the assessment of a situation before and during crises both in the Republic of Cyprus (RoC) and overseas (Crisis Management Department of the Ministry of Foreign Affairs, n.d.). However, since a global pandemic in the same degree have not had an outbreak like COVID-19, Cyprus did not have a holistic communication plan. Previously efforts were focused only to inform citizens on basic hygiene guidelines and was mainly through printed material in crowded places such as schools, hospitals etc. The Cypriot government collaborating with the Ministry of Health developed the campaign for COVID-19.

Communication strategies, plans and practices applied by governments

Official advices and guidelines regarding the necessary personal preventive measures against COVID-19, such as hand hygiene, respiratory etiquette and social distancing were implemented quite early in the COVID-19 outbreak (in January 2020) through multiple press briefings, Ministerial speeches, social media posts, leaflets and posters that were placed in all health care facilities. Further, special guidelines were prepared and sent to schools, airports and ports. Advice was also published on the Cyprus government website[19], which has a specific page for COVID-19[20] and includes instructions on measures to prevent infection, advice for travelers and answers to frequent questions. This information is also translated into Turkish, English and Chinese, while more recently guidelines regarding coronavirus symptoms and steps for protection have been translated into many other languages such as French, Arabic, Georgian, Filipino, Persian, Vietnamese etc. in an effort to keep as many people informed as possible about the new pandemic. In addition, a call center began operation on March 13th, 2020, for those seeking more information on coronavirus (Charalampous, Gabriel, Theodorou, & Kantaris, 2020).

It must be mentioned that **no official holistic campaign has been created from the government**, but only an informative one.

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[19] www.pio.gov.cy

[20] https://www.pio.gov.cy/coronavirus/

The Ministry of Health in collaboration with the government disseminated from the very beginning, information regarding COVID-19 measures, hygiene guidelines and all kind of information regarding COVID-19 to inform citizens about the pandemic and how to protect themselves. The Ministry of Health and the Press and Information office also created a dedicated web page for citizens to find all useful information as well as government gazettes regarding COVID-19. In addition, all the materials created for the pandemic were available on the website. Hence, the goal for the governmental communication strategy was to inform people and disseminating all the necessary information regarding COVID-19, through all types of communication (radio, tv, print, posts etc.). Nevertheless, the campaign was mainly an informative effort to reach all citizens in Cyprus in a simple way and basically by integrating all the official guidelines from well-known organizations (WHO etc.) translated and adapted accordingly.

The government in accordance with the Ministry of Health developed the communication campaign using information and guidelines from official organizations such as the World Health Organization in accordance with the national experts committee (Ministry of Health, n.d.). In addition, all the materials were published through the Press and information Office. The communication evolved under the same disciplines in all waves and the vaccination communication strategy is mainly informative without any special material communicated. Nevertheless, an effort to inform vulnerable people was made by publishing special guidelines on how to take further measures to protect themselves and for the general public on how to pay more attention in protecting vulnerable individuals (Cypriot Ministry of Health, n.d.).

However, at this point it needs to be highlighted that since Cyprus is interconnected with Greece, multiple tv channels are broadcasting the same program. Hence, through the tv was communicated the Greek communication COVID-19 campaign. More precisely, two of the well- known tv channels in Greece Alphatv and Ant1 have Cypriot channels, the AlphaCyprus (AlphaCyprus, n.d.) and Ant1.cy (Ant1, n.d.).

Finally, the Deputy Ministry of Tourism in the Republic of Cyprus by its dedicated page ''Visit Cyprus'' created an international communication campaign to inform travelers about procedures and safety measures in visiting Cyprus[21]. Specifically, after the first wave and when the travel restrictions were lifted with the hashtag Better days are here the campaign was created to advert Cyprus and reassure travelers that the country is safe (Visit Cyprus, 2021).

Communication strategies, plans and practices applied by public health stakeholders

n/a

Communication strategies, plans and practices applied by organizations

IOM: The Cypriot Branch of the International Organization of Migration adhere to the main COVID-19 policies and communication strategies that have been developed from the main base of IOM operations. IOM emphasizes on public awareness, risk education, informing and warning the public among other frequent activities on issues relating directly to refugees and migrants. Currently, the IOM has emphasized the importance of protecting vulnerable groups such as refugees and migrants from the Covid-19 pandemic (IOM, 2020). Despite the Cypriot branch of IOM being relatively new-founded, since 2015 the organization has focused on the Mediteranean region on migration-related topics such

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[21] https://www.visitcyprus.com/index.php/el/cyprus-covid19-travel-protocol.

as resettlement, reintegration, assisted voluntary return and counter-trafficking. In addition, IOM in Cyprus is tasked to provide support to the domestic authorities in a "number of critical areas related to migration management and capacity building of officials on migration-related matters" (IOM, 2015).

In March 24, 2020 the United Nations Network on Migration, a network in which IOM serves as Coordinator and Secretariat (UN Network on Migration, n.d.), issued a statement regading COVID-19 and migration (IOM, 2020). In their public statement, IOM and the UN Network on Migration welcomed the efforts to combat the crisis and urged all parties, including migrants and refugees, to assist in the fight against the pandemic. IOM has emphasized that migrants should be seen as potential victims due to xenophobia and discrimination, highlighting the vulnerabilities of host states in facilitating decent housing and working conditions. Moreover, IOM has stressed obstances such as denial of service in the health sector due to cultural and language barriers as well as the poor living conditions refugees and migrants may currently live in. IOM has stressed out the need of necessary measures to address every migrant and refugee's right to accessible healthcare, particularly during Covid-19, whilst highlighted that authorities ought to abide to international law and human right obligations (IOM, 2020). Furthermore, the UN network on refugees stated that frequent risk communication messages shall be issued in several languages and media formats, emphasizing in protection measures and urging community engagement (IOM, 2020). Concluding, the UN network on migration and IOM have stressed out that migrants and refugees have elevated Covid-19 risk exposure in high human density locatons such as temporary residence camps and that States should also protect migrants from the economic impact of the pandemic (IOM, 2020). On April 1, 2020, OHCHR, IOM, UNHCR and WHO participated in joint press release reaffirming abovementioned statements, urging States to adopt an inclusive approach which will protect every individual's rights to life and health (OHCHR, IOM, UNHCR, WHO, 2020). On March, 2020 the head of IOM branch of Cyprus, Natasa Xenophontos Koudouna has reaffirmed the solidarity towards vulnerable migrant communities. As part of the IOM Covid-19 response strategy, the local branch has provided materialistic support to migrants such as food, hygiene items, clothes as well as made accommodation arrangements (IOM, 2020). Moreover, IOM has actively cooperated with local authorities and other NGO's to provide Covid-19 related information and translated social distancing measures that have been issued by the Cypriot government in more than two dozen languages (IOM, 2020). In June, Natasa Xenophontos Koudouna (Head of IOM Cyprus) and the Eastern Mediterranean Studies Initiative co-hosted a video podcast which emphasized on Migration in the Eastern Mediterranean during Covid-19 pandemic (IOM & Eastern Mediterranean Studies Initiative, 2020).

WHO: The World Health Organization implements a holistic, clearly defined communication strategy which encompasses every member state. The communication strategy does not discriminate and is directed towards a wide audience, with a local, regional and global scope. It aims in increasing public awareness, risk education, aligning messages in accordance to the public perception, shares frequent public warning and informing content. The World Health Organization actively cooperates with the Cypriot Ministry of Health and lately their cooperation has been enhanced based on the WHO Country Cooperation Strategy WHO – Cyprus (WHO, 2015). According to the Country Cooperation Strategy, Cyprus seeks to align the domedic public health framework in accordance to relevant global and regional health bodies of Member States, associated with WHOs' Health 2020 policy framework (WHO, 2015). The strategic agenda of the CCS Cyprus, encompasses four mutually agreed priorities, namely, collaboration in promoting the Health 2020 policy framework, information exchange in endorsing life-course approach to healthy ageing, enhanced cooperation on national health system sustainability and

promotion of cross-border collaboration on health issues (WHO, 2015). In 2013, WHO initiated the Small Countries Initiative, an under two million resident 12-member State initiative aiming in the successful implemention of Health 2020 which includes the promotion of health and reduction of health-related inequities, as well as better media engagement on health issues (WHO, n.d.). In October 2020, WHO conducted an in-depth analysis of the COVID-19 pandemic in general and emphasized on how can small countries improve their resilience and strengthen their capacity. WHO found that several small countries that are tourist-active like Cyprus, might be more vulnerable to transmission of infectious diseases, procurement of health equipment was a seriously challenging case during the initiation of the pandemic and the inability to operate several hospitals dedicated to treating covid-19 (WHO, 2020). To address these challenges, WHO begun developing a new initiative which would involve global cooperation, thus, accelerating the development, production and equitable access to COVID-19 related equipment and vaccines (WHO, 2020). In another assessment, WHO concluded that Cyprus which redesigned its General Health System coverage policy in 2019, successfully narrowed the health coverage gap removing several financial barriers to healthcare access, thus, Cyprus was better prepared to respond to the economic and health challenges of the pandemic (WHO, 2020).

UNHCR – The UN refugee Agency: The UNHCR has a similar modus operandi with WHO and IOM, thus, emphazes mostly on migrants and refugee populations. The Refugee Agency in cooperation with WHO, has uploaded COVID-19 related updates and posts, available in several languages which intent to raise awareness on COVID-19, enhancement of personal hygiene practices and informational support on the economic impact of COVID-19 in Cyprus (UNHCR, n.d.). On early December 2020, the UNHCR Country Office in Cyprus held the second Annual Integration Conference emphasizing on the topic of "The Integration Process in Cyprus and the Impact of Misconceptions about Refugees" in order to identify gaps, challenges and develop a better intergration practices (UNHCR, 2020). A year after the initial pandemic outbreak, the UN Refugee Agency collated statistics from several sources and shed more light on the impact that the pandemic has on vulnerable individuals, including refugees. Raouf Mazou, Assistant High Commissioner for Operations at the UN Refugee Agency, highlighted that drastic reduction of employment rates was observed which negatively impacted food security, community relationships, physical and mental health and increased gender-based violence (WHO, 2021).

Cyprus Refugee Council: Similarly to the abovementioned Refugee and Migrant-related Organizations the Cyprus Refugee Council (CRC), a localized refugee entity, has adhered to the same communication strategy in regards to the pandemic. CyRC which has a decade of actively operating in Cyprus, has implemented a UNHCR funded project during 2006 until 2017 and has implemented a number of related projects under various funds such as UNVFVT, EPIM, EC funds, ECRE, German Embassy among other (Cyprus Refugee Council, n.d.) The Cyprus Refugee Council (CyRC) has emphasized in safeguarding, supporting and advocating for the rights of vulnerable groups in Cyprus, thus, promoting their effective integration. The Organization has been focusing on refugees, detainees, asylum seekers, trafficking victims and survivors of torture, whilst working closely with the local society in order to provide adequate quality services at an individual, community and national level (Cyprus Refugee Council, n.d.). Besides actively advocating for the human rights vulnerable individuals, CyRC has engaged in capacity building, public awareness raising, research and community-based activities (Cyprus Refugee Council, n.d.). In regards to COVID-19, CyRC has facilitated a constant stream of pandemic related information such as protective and containment measures, information sharing on health issues such as proper hygene practices, social distancing and proper use of masks, in several

languages such as English, French, Somali and Arabic, mainly based on Governmental sources (Cyprus Refugee Council, n.d.).

Communication strategies, plans and practices applied by communities

n/a

1.3.2 COVID-19 communication analysis

n/a

National

n/a

International

n/a

1.3.3 Main learnings and best practices

n/a

Guidelines

n/a

Relevant Indicators

n/a

1.3.4 Additional (country-specific) comments/reflections

n/a

1.4 **Israel**

1.4.1 **Communication strategies, plans and practices**

Communication strategies, plans and practices applied by governments

According to the statements of the Ministry of Health, a communication strategy has been defined and has been modified and developed from the spread of COVID-19 until now, based on the evolving situation. This strategy does not include the other ministries and they are not committed to it. On several occasions, the Ministry of Health published information or instructions that were modified later, as the Government decided differently.

The three authorities that are probably in charge of developing the communication strategies are the government; the Ministry of Health, and the National Security Council (in the Prime Minister's Office).

The Ministry of Health and other Ministries are responsible for the implementation of the strategy. This is being done by publishing information on the different platforms, interviewing in media channels, and managing communication campaigns, some are specific for certain communities.

Several of the targets that were identified include individual behavior instructions (social distancing, using facemasks, washing hands), and encouragement for vaccination. The messages were communicated in different ways to the different communities. First, the language used was customized to the various communities (Hebrew, Arabic, Russian, Amharic). Second, the means of communication were also suitable for the communities (ultra-orthodox does not use the internet, thus were not exposed to social media and web campaigns, and were targeted by other media channels link newspapers or posters in the streets.

At the beginning of the outbreak in Israel, the information that was published was limited and updated at a low rate, but as the COVID-19 situation continued, more information became available to the public and is being updated several times every day. The information regarding the current situation in the country is available to the public on a website and is presented in simple and easy-to-understand forms. One thing that was published at the beginning of the outbreak and is no longer being published is the epidemiologic investigations, and where and when COVID-19 patients were, so people can know if they need to be isolated and get tested.

As the phenomena of "fake news" and misleading information grew, the Ministry of health started in a communication campaign against this information and the creators and spreaders of this information. This was more significant towards the third wave of the outbreak and the initiation of the vaccination campaign

Communication strategies, plans and practices applied by public health stakeholder

n/a

Communication strategies, plans and practices applied by organizations

n/a

Communication strategies, plans and practices applied by communities

n/a

1.4.2 COVID-19 communication analysis

National

We were able to find one report that analyzed the national communication on COVID-19. This is a review paper that studies the accessibility of the information to the public and was published in June 2020. Its main conclusions are that in Israel there are several entities that are responsible for collecting and publishing information (the National Information and Knowledge Center established as part of the national COVID 19 crisis cell of the MoH, the Israeli Center for Disease Control, the Ministry of Health PR division and the Home Front Command PR division). For most of the presented information, there aren't any overlaps and each of them publishes a different type of information. Another conclusion is with regards to the published information, how it is presented and how frequently it is being updated. According to the report, in the beginning, only very limited information was available to the public, and it created some criticism with regards to the way the government makes decisions and takes action. As the situation continued more information became available. The information that is not being published is the source of the contingency of the patients (according to the report in several countries it is available) and the predictions and forecasting models for the possible scenarios. This information is what the government uses to plan and to base its decisions on. It is also mentioned in the report that the raw data is also being published (updated once or twice a week) and is accessible to the public. The Ministry of Health publishes daily situation reports and so does the National Information and Knowledge Center, that also publishes research updates regarding various health issues related to the COVID-19 pandemic. The major limitation is that those reports are being published only in Hebrew (can be accessed here: https://www.gov.il/he/departments/corona-national-information-and-knowledge-center).

International

n/a

Main learnings and best practices

No studies on the effectiveness of the communication were found at this point.

Guidelines

n/a

Relevant indicators

n/a

1.4.3 Additional (country-specific) comments/reflections

- Israel has some specific groups that demand very different communications strategies (not only different languages but a different approach). Among them the Ultra Orthodox religious Jews (with many subgroups among them), the Arab community, and the "general public".
- In Israel social media plays a major role (in some instances more important than "official communications" channels).
- As the discussions on the COVID response in Israel, after May 2020 became highly politicized, it will be extremely difficult to separate the discussion on pandemia response and

communications from the political discussion and the elections declared following a coalition crisis (December 2020).

1.5 Ireland

1.5.1 Communication strategies, plans and practices

Viruses, epidemics, and pandemics are recurring features of Irish history.[22] Even today, a full century after the Spanish flu pandemic, the histories of previous epidemics and pandemics clearly demonstrate that effective communication and solidarity matter, now more than ever, especially for people living in vulnerable or precarious circumstances.[23] In Ireland, guidance on dealing with emergency communication challenges arising from national-level emergencies, up to this point, were focused on severe weather, animal disease outbreaks (foot and mouth), influenza and severe weather events. For which, rapid emergency services – the Garda Siochana (Irish police service) and the publicly funded Health Service Executive (HSE), are enlisted to tackle immediate unexpected events. When emergencies require a long term sustained response, as required by COVID-19, other delegated State agencies are called upon.

The state Pandemic Strategic Emergency Management National Structures and Framework[24] identifies 50 emergency/incident types across a range of Government departments, providing a basis for the national-level strategic emergency management and the support required. The framework, published in 2017, considers pandemic response for influenza only, which has been the primary focus for pandemic planning in Ireland to this point. In 2019, the latest National Risk Assessment was published, similarly, pandemic influenza was described as the reasonable worst-case scenario in terms of major pandemics, with vector borne pathogens deemed 'non-significant' in Ireland[25]. This proceeded the previous National Pandemic Influenza Plan in 2007[26], which detailed the primary communication plan to keep healthcare professionals and the public informed and advised.

The main elements of this communications plan included:

- Leaflet drop to every household before the pandemic reaches Ireland advising of measures you should take
- Regularly updated website
- Press briefings
- Advertising campaign
- Telephone hotline
- Television and radio updates

In 2007, the 'Pandemic Influenza Preparedness for Ireland: Advice of the Pandemic Influenza Expert Group', was sent to every home in Ireland in the form of a booklet as well as television and radio updates focusing on public health guidelines to reduce influenza transmission and when to seek treatment. The Department of Health and Children (now known as the DoH) and the HSE, were tasked

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[22] Kelly B. D. (2020). Plagues, pandemics and epidemics in Irish history prior to COVID-19 (coronavirus): what can we learn? *Irish journal of psychological medicine*, *37*(4), 269–274. https://doi.org/10.1017/ipm.2020.25

[23] Reddy, B. V., & Gupta, A. (2020). Importance of effective communication during COVID-19 infodemic. *Journal of family medicine and primary care*, *9*(8), 3793–3796. https://doi.org/10.4103/jfmpc.jfmpc_719_20

[24] https://www.emergencyplanning.ie/system/files/media/file-uploads/2018 06/Strategic%20Emergency%20Management%20National%20Structures%20and%20Framework_0.pdf

[25] https://merrionstreet.ie/en/news-room/20190804_national_risk_assessment.pdf

[26]   https://www.hse.ie/eng/services/publications/emergency-management/national-plan-for-pandemic-influenza-january-2007-.pdf

with preparing plans to deal with the avian flu H5N1 strain, through collaboration with expert groups on vaccines and antiviral medicines, surveillance, communications, case management, laboratory operation, personnel, and supplies. The publication states 'when the next pandemic occurs, it will require a whole-of-government response to ensure that threat to public health and disruption of services and society are minimised.' In 2018, the Department of Defence released the Strategic Emergency Management Guideline 2 – Emergency Communications[27] (superseding the Strategic Planning Guidance published in 2004), describing the principles underpinning communication surrounding any national emergency with a focus on timely, concise, complete, and accurate information and advice.

This Emergency Communication Plan is effective in advance of a National Emergency Coordination Group (NECG) being convened and is reviewed during any national level emergency by the Lead Government Department (LGD) responsible. *"The objective of all emergency communications is to protect the public and responders, by ensuring that the necessary information is available to facilitate timely and informed decision making, and that the public and responders are given relevant, timely, concise, complete and accurate information and advice regarding imminent and ongoing emergencies." (p1)*

The Government Taskforce on Emergency Planning, led by the Minister of Defence, holds responsibility for the oversight and coordination of national-level emergency management, however, the responsibility for the response to an actual emergency at a national-level remains with the LGD, this being the Minister for Health in the Department of Health (DoH), during the COVID-19 pandemic. In the Irish context, the International Health Regulations (IHR) (2005), together with Decision no. 1086/2013/EU, provides the legal framework for a broad range of international public health risks and events[28]. Through these, Ireland is represented on the EU (European Union) Health Security Committee, the DoH and the HSE maintain close contact with the European Centre for Disease Prevention and Control (ECDC) and the World Health Organisation (WHO).

In response to emerging and ongoing pandemics, a Cabinet Committee is also created to give policy direction, as necessary, on actions recommended by the DoH, following an assessment by the National Public Health Emergency Team (NPHET). The Department of An Taoiseach (Prime Minister), in consultation with the DoH, make the ultimate decision to assemble the Special Cabinet Committee.

Communication strategies, plans and practices applied by governments

Three weeks prior to the first confirmed COVID-19 case reported in Ireland, there had been an inconclusive general election in Ireland. The active government, led by the Fine Gael Party and Leo Varadkar as Taoiseach, failed to obtain the number of seats required to hold position in the Dail (Parliament). With no party achieving sufficient seats, discussions began on the formation of a new government, which took up office on the 27 June 2020. As per the Irish Constitution, the current government stayed in power until the new government was formed, which meant a handover in leadership during the pandemic.

During the first wave of the pandemic, Leo Varadkar and all ministers in-place took responsibility in delivering the decisions in Ireland's response to COVID-19. The Government established the Special

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[27]   https://www.emergencyplanning.ie/system/files/media/file-uploads/2018-08/Strategic%20Emergency%20Management%20Guideline%202%20-%20Emergency%20Communications.pdf

[28] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2013:293:FULL&from=IT

Cabinet Committee on COVID-19 Response, chaired by the Taoiseach on 3 March 2020. The Committee is supported by a committee of senior officials across all Departments and the HSE and a dedicated Communications Group which coordinates a whole-of-Government communications response.

Leo Varadkar's first address to the nation came from Washington on 12 March 2020. The Taoiseach announced the closure of schools, colleges, and other public facilities in response to the pandemic.[29]

> *"I need to speak to you about Coronavirus and Covid19. For the past few weeks, the Government and our public services have been focused on the impact of the virus. In that time, we have taken several important and unprecedented measures to protect public health. We have been preparing for all eventualities.*
>
> *Yesterday, the World Health Organisation formally described it as pandemic and the European Centre for Disease Prevention and Control (ECDC) updated it guidelines advising us all to act early to be effective. Our own National Public Health Emergency Team met last night and has issued new advice to Government. We are acting on that advice today."*

The timing of the first wave of the pandemic in Ireland coincided with the country's national day, St. Patrick's Day, 17 March, an event which is celebrated worldwide, it was therefore a strong decision for the government to cancel all festival celebrations. Varadkar delivered a ministerial broadcast to the nation on St. Patrick's Day[30];

> *"This is the calm before the storm before the surge. And when it comes, and it will come, never will so many ask so much of so few. We will do all that we can to support them."*

The decision showed leadership at a time when the political situation was unstable. This strength of leadership is critical when communicating action in a time of great uncertainty, when unity in the public response is crucial. At this time, a key public campaign was launched to recruit additional healthcare workers to the HSE. "Be on call for Ireland Initiative" hoped to recruit both healthcare and non-healthcare professionals to register (or re-register) to boost resources in the event they may be required. Within the first week 60,000 people had applied[31].

Early in the pandemic (20th March 2020) the government published 'Ireland's National Action Plan in response to COVID-19[32]. The focus was on delivering a multi-agency response to COVID-19 and the governance structure for the national response can be seen in Fig.1.

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[29]https://merrionstreet.ie/en/news-room/news/statement_by_an_taoiseach_leo_varadkar_on_measures_to_tackle_covid-19_washington_12_march_2020.html

[30] https://www.youtube.com/watch?v=hNmm5OLBx8c

[31] https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/oncall/

[32] https://www.gov.ie/en/publication/47b727-government-publishes-national-action-plan-on-covid-19/
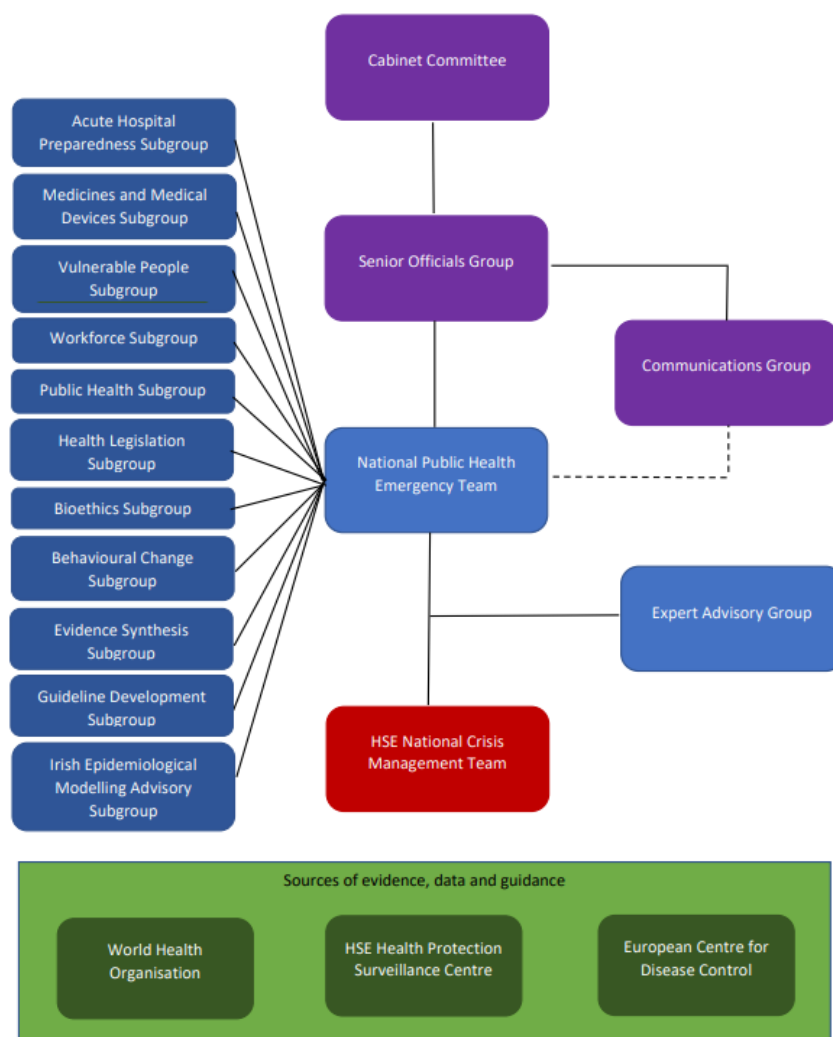
Figure 6. Governance Structure for COVID-19 National Response

On St. Patrick's Day, the Taoiseach reported that more social restrictions would be introduced, with a focus on public health guidelines and recommendations; testing, contact tracing, and physical distancing. In addition, details regarding financial support for individuals and businesses were disclosed. The focus of this communication was 'Stay at Home,' and a travel restriction of 2km was introduced. The term 'cocooning' was also first introduced, whereby older people and those with a long-term illness were advised to stay at home for extended periods of time, from weeks in the initial stages of the pandemic to months as Ireland entered Wave 3 in late December 2020.[33] There was a strong feeling within the Irish population that they needed to act collectively.[34]

During the St. Patrick's Day national address, the Taoiseach urged people to only access news from trusted sources, expressing concern about the impact of false information.[35]

> *"We need to halt the spread of the virus, but we also need to halt the spread of fear. So please rely only on information from trusted sources. From Government… from the HSE,*

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[33]https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/a-guide-to-cocooning-easy-read-.pdf

[34] https://www.tcd.ie/research/researchmatters/covid-psychology.php

[35] https://www.gov.ie/en/speech/72f0d9-national-address-by-the-taoiseach-st-patricks-day/

from the World Health Organisation and from the national media. Do not forward or share messages that are from other, unreliable sources. So much harm has already been caused by those messages and we must insulate our communities and the most vulnerable from the contagion of fear."

There was an outpouring of gratitude to the Taoiseach on social media during and after the St. Patrick's Day address and at subsequent public broadcasts for the remainder of his time as Taoiseach. His words were seen as genuine, authoritative, informative, calming and emphasised the need for unity.

"We're asking people to come together as a nation by staying apart from each other,"

These parliamentary televised addresses continued through to June 2020, taking place at intervals determined by the restriction's roadmap, while Varadkar, a qualified GP, demonstrated further solidarity by re-joining the medical-register early and spent some time every week working as a healthcare support.

In addition to government briefings, public health briefings were televised daily, and various communication channels were employed: PR, press and broadcast advertising, outdoor, social media, and direct mail, with a COVID-19 booklet delivered to every home in the country.[36] The guide offered information about Ireland and COVID-19 including how the government is responding, the symptoms of COVID-19 and how to self-isolate. The booklet was produced jointly between the Government of Ireland and the HSE, and was delivered free of charge by An Post, the national postal service. The design of all material was consistent, simple, and used the colour yellow as the base for everything. From the beginning of the pandemic the messages were straightforward, for the general population - wash your hands, sneeze into your elbow, keep your distance. An Post delivered the booklet to all Irish homes from the 27 March 2020. An Post CEO David McRedmond said:

"An Post-delivery staff across Ireland are proud to deliver this advice leaflet to every household. It's just one of many actions the postal service and post offices are taking to support the national effort to combat COVID-19. The great support of the Communications Workers' Union, led by General Secretary, Stevie Fitzpatrick, means that we can use our unique local knowledge and experience to support all our communities during this crisis."

A myriad of social media campaigns was organised by every area of society with hashtags such as "#InThisTogether." For those whose first language is neither English or Irish, public health information was translated into 24 other languages and telephone helplines were also set up. The languages included Albanian, Arabic, Bulgarian, Simplified Chinese, Czech, Farsi, French, Georgian, German, Greek, Hungarian, Italian, Kurdish, Latvian, Lithuanian, Pashto, Polish, Portuguese, Romanian, Russian, Slovak, Spanish, Urdu, and Yoruba, Somali and Eritrean.[37] However, these translations did not consider the culture differences or tone in which the original resources were communicated to the general target audience. Additional information was made available online for deaf and hard of hearing residing in the community and in healthcare settings. For those whose first language is Irish Sign Language, from 20 March 2020 online YouTube videos were created and continually updated in line

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[36] https://www.healthpromotion.ie/hp-files/docs/HNC01340.pdf

[37] https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partne resources/?fbclid=IwAR14GiDCSmaNr9TYghciqcGopMckmgswxqnPmGIhdNzZk5bAtAxiDDXs1OQ

with public health guidelines.[38] On 27 March 2020, the government banned all "non-essential" travel and contact with people outside one's home, including family and partners. The elderly and those with certain health conditions were told to cocoon. People were encouraged to adhere to physical distancing practises in public, with government and public health materials appearing in retail outlets and public spaces, such as public parks and transport facilities. An Garda Síochána were given powers to enforce the measures, which were repeatedly extended during the first wave, until 18 May 2020.

In May 2020, a special parliamentary committee was established to consider the State's response to the pandemic. When established it was the sole committee in the Houses of the Oireachtas at which the State's response could be held to account. The committee meets weekly, and its proceedings are streamed live on national television and radio. The President of Ireland, Michael D Higgins, a well-respected figure in Irish society addressed the nation on numerous occasions, reaffirming the need to follow public health advice and to focus on citizenship, and fundamental values such as care, compassion, and solidarity.[39] The government introduced a five-phase roadmap of easing restrictions at the end of the first wave. The roadmap was reduced to four phases in an accelerated version of the original plan announced on 5 June 2020. The focus was on testing and tracing and the COVID-19 tracker app was launched on the 6 July. Over 2 million downloads and 1.3 million active users have engaged with the app. Following an increase in cases in the previous two weeks, the government announced on 11 July via ministerial broadcast that Phase 4 of the roadmap was to be postponed from the 20 July to the 10 August.[40] New public health measures were introduced on the 20 July and the wearing of face masks was made mandatory on all public transport.

To demonstrate the public's support for the government in power at the time, Leo Varadkar's approval ratings surged to 75%, according to an Irish Times/Ipsos MRBI opinion poll. The first such poll conducted since the general election in February 2020, indicating that support for Varadkar had increased by 45% to 75% since then, with approval ratings for Fine Gael (37%, an increase of 17%) and the Government (72%) increasing significantly in the time that the COVID-19 pandemic has impacted on Ireland. A programme was subsequently put in place for the 'rotating' Taoiseach, Michael Martin, to take over as Taoiseach from the 27 June 2020 until the end of 2022, until Leo Varadkar, who now assumes role as the Tánaiste (Deputy Prime Minister), will regain his position for two more years. The change in government and the uncommon programme for a rotating government may have contributed to some challenges in communication from this point in the pandemic.

Ireland has additional complexities to consider as an island of two jurisdictions taking different approaches to combating the virus. From late February 2020, Taoiseach Leo Varadkar had been calling for an all-island response, stating that "viruses don't recognise boundaries or borders". At the time when travel in the Republic of Ireland was restricted, motorists from Northern Ireland could travel from anywhere in Northern Ireland into the Republic of Ireland. This meant that after some confusion in the beginning, the two jurisdictions had to work more closely together to ensure consistency of their messaging. On the 7 April 2020, the Irish government and Northern Ireland Executive signed a memorandum of understanding, setting out areas of cooperation and information sharing for the

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[38] COVID-19 Deaf and Hard of Hearing Communications Resources - HSE.ie

[39] https://president.ie/en/diary/details/message-from-president-michael-d-higgins-reflections-on-covid-19-solidarity-care-compassion-and-kindness/video

[40] https://www.irishtimes.com/news/ireland/irish-news/miche%C3%A1l-martin-phase-4-delayed-to-august-10th-1.4305474

duration of the pandemic. This became a more substantial challenge in wave 3 of the pandemic in December 2020, when travel to Ireland from the UK was suspended due to substantial community transmission and identification of a more contagious UK variant. Given the social behaviours and traditions during the Christmas period, movement between the UK and Ireland continued with many nationals travelling to Northern Ireland, due to travel restrictions in the Republic of Ireland, before continuing to travel across the border to the South for the Christmas period.

Unlike the first wave of the virus, the government met increased criticism and backlash during the second wave and coming to the year end in 2020, prior to wave 3. Communications from the government regarding vulnerable groups were often general,[41] with a lack of tailored messages to vulnerable populations where the behavioural public health requests did not apply. In August 2020 two isolated outbreaks in Direct Provision centres and meat packaging facilities led to new restrictions and the beginning of the second lockdown. In both instances, the general advice to self-isolate and physical distance are not possible due to the communal living and working conditions of both groups. Demonstrating how the most economically and socially disadvantaged could not work from home or self-isolate and are at increased risk for COVID-19. The Taoiseach announced that more restrictive measures would be immediately reintroduced nationwide.[42] Among the new restrictions there were a limit on indoor gatherings and events to six people and between county travel that should only take place if deemed essential (i.e., to provide care, essential work) again not considering the living and working conditions of the migrant communities. The universal failing in the management of Direct Provision centres and the living and working conditions of migrant workers in meat factories in Ireland has highlighted the disproportionate impact COVID-19 has had on these communities.[43] The measures taken to protect those deemed vulnerable have not been extended to include some 7700 international protection applicants living in Direct Provision centres. Physical distancing and 'cocooning' are effectively impossible in accommodation settings with shared communal facilities such as kitchens and bathrooms. The Government's approach to protect 'our most vulnerable' clearly demarks who is considered vulnerable and in February 2021 a white paper set out measures that would include ending Direct Provision by 2024 and replacing it with a not-for profit accommodation system.[44]

Tailored guidance for some vulnerable groups, including the Roma and Traveller communities, residents of Direct Provision centres, and those at risk of domestic sexual gender-based violence were published by the government agency later and in a reactive manner to the previous shortcomings.[45] Some charities were required to create their own resources for certain vulnerable groups, the National Adult Literacy Agency (NALA) has compiled words about coronavirus (also called COVID-19) with plain English explanations that were heard frequently on the news, radio, TV and online.[46]

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[41] https://www.gov.ie/en/publication/22d28a-advice-for-vulnerable-people/

[42] https://www.gov.ie/en/speech/e1067-statement-by-an-taoiseach-announcing-new-public-health-measures-which-will-last-until-13-september/

[43] Gusciute, E. (2020). Leaving the most vulnerable behind: Reflection on the Covid-19 pandemic and Direct Provision in Ireland. *Irish Journal of Sociology*, *28*(2), 237–241. https://doi.org/10.1177/0791603520940145

[44] https://www.thejournal.ie/state-to-end-direct-provision-by-2024-and-replace-system-with-not-for-profit-accommodation-5364917-Feb2021/

[45] https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/vulnerablegroupsguidance/

[46] https://www.nala.ie/covid-19-words-explained/?mc_cid=fd1f97c31f&mc_eid=1a2a6bcc3e

More government controversies ensued, on the 19 August, the day following the Ministerial broadcast announcing the new wave 2 restrictions, several past and present members of parliament attended an Oireachtas (parliament) Golf Society event.[47] A total of 81 guests attended, including high-profile members of parliament, many of whom had travelled across the county, and others from international locations going against government and public health advice, whilst an exhausted nation was entering the next period of restrictions and uncertainty. There was wide-scale public anger and a general observation of class and power imbalances in the response to the pandemic. Due to increased public pressure several attendees resigned from their political offices. This scandal diminished the strength of the national slogan for solidarity in our fight against COVID, InThisTogether. The Taoiseach, Michael Martin, commented at the time;

> *'It compromises and potentially undermines the important communication of the public health message.'*

The level of trust in the government continued to waiver as decisions were made against public health advice later in 2020, with regard a temporary easing of restrictions for the Christmas period. Consequently, and as anticipated, there was increased social gatherings, foreign travel, and intergenerational mixing, which contributed to the early reintroduction of Level 5 restrictions from Christmas Eve, and the devastating increase in deaths and cases that followed in early 2021. During the first week of January 2021, Ireland had the highest rate of coronavirus infection in the world, according to data compiled by Johns Hopkins University.[48] There was a public sense of frustration and fatigue, which can be attributed to Irelands strict and extended lockdowns, one of the toughest globally, as reported by the Oxford Government Response Stringency Index.[49] Confidence in, and support for, the Government dropped by 13% in terms of public opinion regarding good management of the pandemic by February 2021. The Taoiseach, Mr Martin, has rejected claims in relation to mixed messages surrounding public health measures and denied the easing of restrictions before Christmas was a 'trade-off' for the subsequent ongoing lockdown. At this time, the governments communication shifted towards vaccinations, and a sign of hope, as the EMA approved the first vaccine for use in Europe.[50]

A survey of 2,200 adults across the country by Amárach Research in February 2021 revealed that almost half (44%) reported feeling frustrated in early 2021, with two in five (40%) also saying they felt stressed.[51] The proportion of the population that believes the government's response to the pandemic is appropriate (44%) is also lower than at any point since last March. More people (16%) than ever before now think the government's response is too extreme, while two in five (40%) also believe the government's response is insufficient.

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[47] https://www.irishexaminer.com/news/arid-40035389.html

[48] https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

[49] https://ourworldindata.org/grapher/covid-stringency-indextab=table&stackMode=absolute&time=2020-01-22..latest&region=Europe

[50] https://www.ema.europa.eu/en/news/ema-recommends-first-covid-19-vaccine-authorisation-eu#:~:text=EMA%20recommends%20first%20COVID%2D19%20vaccine%20for%20authorisation%20in%20the%20EU,-News%2021%2F12&text=Comirnaty%20is%20now%20authorised%20across,Commission%20on%202021%20December%202020.

[51] https://www.gov.ie/en/collection/6b4401-view-the-amarach-public-opinion-survey/

The confusion about how the government plans to handle the next phase of the pandemic was not just about mixed messages, but also about poor communication. On the 23 of February 2021, the Taoiseach Micheál Martin was asked if the government had a problem with communicating a clear plan.

> *"No, the message is the clearest message of all: we all have to be careful with the virus, especially with the new variant which is more dangerous and does more damage to people. The basic message is we have to be careful going forward. Eventually we will open the schools and we will be able to do more week after week."*

Numerous miscommunications ensued in the following days, and throughout February 2021, including certain media outlets not being invited to a briefing with the Health Minister Stephen Donnelly. News of the mass vaccination centres were published by press release instead of a government notice or press conference, and before some vaccination facilities had been informed, they were on the list. Additionally, there was confusion about school restart dates with a few ministers confirming different dates to different media sources over a two-day period. At a sub-Cabinet meeting in February 2021, information was leaked to social media that ministers were informed that Level 5 restrictions were to remain in place for longer than initially communicated to the public, which was subsequently reported by various cabinet members to the public, via Twitter. While the idea of an extended nine-week lockdown at this stage came as a shock to many people, it is something the Taoiseach maintains he has been flagging since January.

> *"I have been very clear in the Dáil that difficult times are ahead of us. On the other hand, vaccines give us hope and the ability to conquer the virus."*

The trouble when citizens heard those stark messages in January and February, the cases were high, and hospitals were in crisis. It was not until 23 February 2021, that the Taoiseach addressed the public, 4-weeks since he announced the extension of Level 5 lockdown. A contrast to the weekly Ministerial broadcasts observed at the start of the pandemic. This creates vulnerabilities in the government's communication approach and impacts the public's trust, which is vital to prevent people from seeking information from other sources, less reliable and someday dangerous resources. Furthermore, the public's perception of hope at this stage in the crisis, with a vaccination plan was in place, was negatively impacted as numerous barriers in the supply of vaccines seen Ireland struggle to make ground in inoculation targets in Q1 2021.[52]

The government unveiled an update to the Living with COVID-19 Plan starting from 1 March 2021, with the revised plans mapping out how the country could reopen in the months ahead.[53] The new communication strategy focused on resilience and recovery and illustrates how services will be reinstated in a phased manner, prioritising children, and schools, with the key message drawing on the earlier 'Hold Firm' campaign.[54] It further highlights the cautious approach to lifting restrictions by reinforcing the message that any lifting of restrictions will only be considered if transmission of the virus reaches acceptable levels, the vaccination programme progresses as planned and public health advice allows.

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[52] https://www.rte.ie/news/2021/0305/1201187-ireland-vaccine-latest/

[53] https://www.gov.ie/en/campaigns/resilience-recovery-2020-2021-plan-for-living-with-covid-19/

[54] https://www.youtube.com/watch?v=ndJrYIm5zHs

Communication strategies, plans and practices applied by public health stakeholders

Health policy in Ireland is determined by the Department of Health (DoH), headed by a Minister of Health, (Dr. Simon Harris until June 27th, 2020, superseded by Stephen Donnelly) and publicly funded healthcare is delivered by the HSE. The Irish health system incorporates public, voluntary, and private aspects in the delivery and financing of healthcare.

Beyond the Ministerial addresses to the nation, all decisions were driven by medical/scientific evidence and advice and primarily communicated to the public by health professionals. Daily briefings from the National Public Health Emergency Team (NPHET) were presented by Dr. Tony Holohan, Chief Medical Officer of the HSE and Chair of NPHET, who became a highly respected spokesperson.[55] The briefings were primarily used to communicate updates on Ireland's daily increase in cases and to notify the public of any deaths due to COVID-19[56]. Public health advice from the Government and the HSE emphasised frequent handwashing, appropriate respiratory etiquette (recommending that people cover their mouth and nose with a tissue or sleeve when coughing or sneezing), the importance of maintaining a two-metre distance between people, and the need to avoid touching one's eyes, nose, and mouth.[57] During the second wave, the importance of wearing face coverings on public transport and in indoor settings had been emphasised. Traditional and social media have been extensively used to convey basic public health messages.

NPHET is also supported by an Expert Advisory Group as well as 11 sub-groups, including an expert modelling group.[58] NPHET works closely with the HSE National Crisis Management Team which manages the HSE's response. As subsequent waves occurred and the rate of admission to hospitals and ICU beds increased, the local and national numbers were also reported. For a period of the pandemic Dr. Holohan stepped down from his role in NPHET, as his wife entered palliative care, and his deputy, Dr Ronan Glynn, assumed his position before he returned later in 2020. Dr Holohan was widely accepted by the Irish people as a 'national treasure' and his communications regarding public health measures to contain or mitigate the virus were adhered to by the public.

The Health Protection Surveillance Centre (HPSC) is an agency within the HSE and is Ireland's specialist agency for the surveillance of all communicable diseases. The HPSC data forms the foundation for the other three sources as it collates data relating to all confirmed and probable cases of COVID-19 in Ireland.[59] Since 23 March 2020, the HPSC has published daily update reports for NPHET on their website.[60] Since mid-May 2020, the Central Statistics Office (CSO) has also published a series of information bulletins containing an analysis of people who have died or contracted COVID-19.[61] Additionally, the status of COVID-19 containment or the requirement for mitigation measures to be initiated, were also communicated. Transparency was a key attribute for NPHET, to be a source of reassurance to the Irish public. Information and data were made freely available, which facilitated

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[55] https://twitter.com/i/status/1346057832928571392

[56] https://www.gov.ie/en/press-release/18834-statement-from-the-national-public-health-emergency-team-monday-1-march/

[57] https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/

[58] https://www.hiqa.ie/hiqa-news-updates/hiqa-establishes-covid-19-expert-advisory-group-support-evidence-based-response

[59] https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casesinireland/

[60] https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/casesinireland/

[61] https://www.cso.ie/en/releasesandpublications/ep/p-covid19/covid-19informationhub/

debate and discussion within the country. Daily statements are delivered by NPHET via national broadcast and social media outlets, on behalf of the DoH and the HPSC, providing an update on the day's case numbers, county-by-county cases, and incidence rates and most recently, the numbers of people vaccinated to date.[62] NPHET ensured Ireland was one of the first countries in the world to report cases in a completely accurate way (including all cases in all settings, hospitals, and care homes). This enabled NPHET to establish the public's trust and ensured their communication was taken seriously.

As the situation developed, daily briefings were supplemented by weekly briefing from the HSE, and their purpose changed several times over the course of the crisis. The briefing took place in a range of different healthcare facilities to visually reassure the viewing public. In wave two, the public health message requested prolonged effort, knowing the news of a return to restrictions would test the nation again, with campaigns directing the public to '#holdfirm - stay safe, protect each other'.[63] Acknowledging that for the last number of weeks and months, everyone in Ireland had taken steps to flatten the curve, to protect our health service and save lives. There was an increased need to motivate and inspire people to keep going with those actions that help us to stay safe and protect each other. The overriding story has been trust in science and the Irish government has prided itself on following this advice.

Communication strategies, plans and practices applied by organisations

Throughout the pandemic, the Irish Government worked with trade unions, local authorities and businesses to devise strategies which would be safe for everyone. The positive response from the public was notable when you consider that so many cultural, social, sporting and religious events were cancelled and schools, colleges, childcare facilities along with many retailers considered non-essential, were closed. When restrictions became important or lockdowns were introduced, schools were closed. Since March 2020 universities across Ireland asked staff to work from home if they could, and to deliver blended learning to limit contact between students and staff. On the 19 May 2020, the Minister for Education announced that the Leaving Certificate state examinations (A-Levels) would not take place and a decision was made that all students would receive predicted grades, which would be calculated by their own teachers.[64] The delay in confirming this decision and overriding the decision to postpone the State Examination the previous week, caused anxiety for students and second level academics.

Local authorities joined with local voluntary and community groups to ensure that the elderly and most vulnerable in their communities were not left alone. The state postal service, An Post, launched a series of community initiatives including that postman and postwoman across the country called to the front doors of older and vulnerable customers along their delivery routes and a 'check-in' service was later announced.[65] Charities reported a boost in numbers of people offering to volunteer, including ALONE, a national charity providing supports for older people, particularly those experiencing loneliness.[66]

Overall, the Garda Síochána strategy was one of calm intervention rather than aggressively implementing COVID-19 restrictions based on its tradition of policing by consent. This has seen members of An Garda Síochána engage, educate, encourage and, as a last resort, enforce. The Justice

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[62] https://covid19ireland-geohive.hub.arcgis.com/

[63] https://twitter.com/roinnslainte/status/1259166049204875265?lang=en

[64] https://www.education.ie/en/Press-Events/Press-Releases/2020-press-releases/PR20-03-19.html

[65] https://www.anpost.com/Community/Request-a-Check-In

[66] https://alone.ie/

sector updated plans covering various community groups including the coroner and mortuary services, prisons, immigration service delivery, a special focus on tackling domestic violence/abuse was established.[67] Additional measures were introduced during the pandemic to respond to the ever-evolving situation. Garda Síochána was given additional powers including arrest without warrant. Non-compliance was considered a criminal offence and punishable by a fine of up to €2500, up to six months imprisonment, or a combination of both. Further restrictions were imposed in February 2021 when all international travel for non-essential purposes was deemed a breach of COVID-19 restrictions, and a finable offence. As of 12 February 2021, Gardai had issued almost 5,000 fines for non-essential travels and it was revealed that more than 6,500 fines have been issued by Gardai for people in breach of COVID-19 restrictions, with over 4,900 of these issued for non-essential travel. A total of 132 fines for non-essential journeys to airports and ports were also issued.

The Department of Transport acted swiftly to implement public health guidelines on all public road services. Rail and bus services continued to operate at reduced capacity and restricted access to seating within a 2-metre distance. Guidelines were continually reviewed and updated as the pandemic progressed, and it soon became mandatory to wear a face mask on all public transport.[68] Public health advertisements were present at all stations and on-board transport. The communication plan for public transport delivered some key messages: use public transport only for essential journeys, avoid peak travel and walk and cycle when possible.

The Department of Transport published guidance for hauliers, maritime staff, pilots and aircrew, ground staff, port staff, maintenance staff, engineering staff and all others involved in the maintenance and repair of critical infrastructure to allow freight operations in and out of Ireland to continue and aims to provide these essential workers with information and guidance as regards their continued work. Increased restrictions were put in place from February 2020 regarding non-essential travel from Ireland and several 'red-list' countries were identified that required mandatory quarantine on arrival to Ireland. COVID-19 Passenger Locator Forms were required for all overseas travels to and from Ireland. It became known in February 2021 that Ireland was in breach of the WHO's International Health Regulations on contagious disease control by failing to appoint a 'competent authority' at ports and airports. Findings of this nature, during a sustained wave of COVID-19 restrictions, test the ability of the public to sustain their efforts. When fines for non-essential cross-border travel came into operation on the 8 February 2021 - data showed that traffic volumes in border areas was down 13% within the first week of the legislation being introduced.

Business and retail premises were provided tailored advice, whether they were deemed essential (food and some household goods) or non-essential (clothes retailers, hairdressers, hospitality including restaurants and public houses). The level of restrictions varied depending on the level of community transmission as determined by the R number and ranged from total closures to time-restricted bookings at restaurant or public houses, provided a substantial meal was also purchased. 'Wet pubs', or public houses faced the hardest restrictions and have been closed for most of the pandemic. From Wave 2, supermarkets were no longer able to sell non-essential items including non-essential clothing and electrical goods.

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[67] http://www.justice.ie/en/JELR/Pages/Information_regarding_the_Justice_Sector_COVID-19_plans

[68] https://www.transportforireland.ie/covid-19-updates-face-coverings/#:~:text=It%20is%20mandatory%20to%20wear,effect%20since%20Monday%20July%2013th.&text=244%20of%202020)%20applies%20to,services%20licensed%20by%20the%20NTA.

National media outlets-initiated campaigns to tackle fake news which was infiltrating social media from the initial stages of the pandemic, the campaign 'Tick, Tick Boom – The Spread of COVID-19 Misinformation in Ireland, provided useful tips in identifying 'fake news' and 'de-bunking' misleading news stories or public health advice.[69] Later in the pandemic a campaign to tackle fake news targeted at young people was launched in Ireland.[70] The campaign focused on disinformation and freedom of expression in Ireland, which Article 19, a London based company, said is critical during the ongoing global pandemic when the public must be made aware of how online disinformation can hinder access to accurate and reliable sources of information. In Ireland, research from the Institute for Future Media and Journalism (FuJo) and the Broadcasting Authority of Ireland found that social media companies have not done enough to counter the spread of disinformation on their platforms[71,72].

Communication strategies, plans and practices applied by communities

In late March 2020, Community support forums and helplines were established by all local authorities and were collectively referred to as the 'Community Call' initiative.[73] All 31 local authorities were asked, over the course of a weekend, to establish community support helplines and forums to lead the coordination of COVID-19 community support and resilience within their local areas. National guidance and templates were provided to local authorities to ensure vulnerable members of the community were appropriately supported as the country faced the impact of the COVID-19 pandemic. Some of the most vulnerable members of our community are older people, people with underlying health issues and those living in poverty. To date 64,054 calls have been received by the community support helpline and 691 forum meetings have taken place between the 31 participating local authority members.[74] The most frequent requests for help relate to a need for collection or delivery (i.e., food, household items, fuel and medicines), social isolation and meal services. Each local forum worked with State agencies and community and voluntary groups to provide support to vulnerable people in-need. ALONE, a national charity for older people, partnered with each COVID-19 Community Forum as a voluntary service offering information, reassurance, supports with physical and mental health, finances or loneliness to vulnerable older adults when required.[75]

Each forum was chaired by the Chief Executive of the local authority, with membership including:

- Relevant local authority staff (e.g., Directors of Service, senior staff from community departments, Chief Officer of the Local Community Development Committee, GIS officers etc.)
- Community Champions

[69] https://www.thejournal.ie/how-to-spot-fake-news-5132675-Aug2020/

[70] https://www.irishtimes.com/news/ireland/irish-news/new-campaign-to-combat-fake-news-targeted-at-young-people-in-ireland-1.4427694?mode=sample&auth-failed=1&pw-origin=https%3A%2F%2Fwww.irishtimes.com%2Fnews%2Fireland%2Firish-news%2Fnew-campaign-to-combat-fake-news-targeted-at-young-people-in-ireland-1.4427694

[71] https://www.bai.ie/en/new-report-highlights-inconsistencies-across-digital-platforms-in-tackling-disinformation/

[72] https://www.rte.ie/news/2020/0916/1165543-rte-truth-matters-campaign/

[73] https://www.gov.ie/en/publication/259c34-local-authority-volunteer-guidance/?referrer=http://www.gov.ie/communitycall/

[74] https://community-call-covid-19-geohive.hub.arcgis.com/

[75] https://alone.ie/alone-launch-a-covid-19-support-line-for-older-people-working-in-collaboration-with-the-department-of-health-and-the-hse/

- Representatives of local and regional organisations, and state agencies (such as the Health Service Executive (HSE), An Post, Community Welfare Service, An Garda Síochána, Tusla, Local Volunteer Centre, Local Development Companies, Red Cross, Civil Defence, GAA, Irish Farmers Association (IFA), Public Participation Network, Age Friendly Network, Local Link, Citizens Information, Alone, Migrant Forum, religious organisations)

The purpose of the Forum, was to lead the coordination of COVID-19 community support and resilience, including:

- Working with the HSE, An Post, local community groups and the local Community Welfare Office Service to identify vulnerable groups and individuals in each local authority area;
- Ensuring delivery of targeted social care supports and assistance to those vulnerable groups and individuals;
- Identifying issues arising through Older Persons Councils, PPNs [Public Participation Networks];
- Community groups and helpline calls;
- Providing assistance to vulnerable individuals in isolation;
- Ensuring the resilience of existing community services;
- Harnessing offers of assistance from enterprises/businesses generally; and,
- Collecting and mapping information on services and voluntary groups across the Country to help
- Direct requests for assistance and identify gaps in service

Several national and local campaigns were created since the start of the pandemic. A #Antiviral movement was created by young adults.[76] The aim of the movement was to motivate young people to live their lives within the current guidelines and was used to share their experiences for living with or having had the virus.

In the face of a crisis, local authorities showed their capacity to adapt and rise to the challenge. As the vaccine rollout commenced in Ireland, a few vulnerable populations were targeted with misinformation regarding the ethical and medical qualities of the vaccines available. For example, false information regarded the ethical manufacturing processes of the vaccine were disseminated across social media targeting Muslims and other minority groups not to take the vaccine.[77] In response, a leading Irish Muslim scholar, Dr Umar al-Qadri, reassured the Islamic community that the vaccines being rolled out are Halal and fully comply with Islamic religious requirements. Further to this, Dr al-Qadri offered the use of a major Islamic centre, in the Irish capital, for use as a vaccination centre. This demonstration of minority community leadership is vital to ensure at-risk community compliance with public health recommendations.

1.5.2 COVID-19 communication analysis

Risk and uncertainty are key features of modern society and risk mitigation is a central role in modern governments[78]. Agreement on public policy requires balance between the scientific and public health considerations and the economic consequences. The extent to which public policy decisions relating

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[76] https://www.antiviralireland.com/about

[77] https://www.irishexaminer.com/news/arid-40223888.html

[78] Clapton, W. (2011). Risk in International Relations. *International Relations*, *25*(3), 280–295. https://doi.org/10.1177/0047117811415480

to the pandemic were based on health, political, or economic priorities had a major impact on the nature and timing of decisions that were to be implemented in Ireland, and who should deliver this message to the public.

The coronavirus created uncertainty, elevated stress and anxiety, and focused people's attention on current events rather than toward the future. During crisis, when information is unavailable or inconsistent, and when people feel unsure about what they know (or what others know), behavioural science points to an increased human desire for transparency, guidance, and making sense out of what has happened. At the onset of COVID-19, the Irish government responded decisively by introducing emergency legislation that gave the government powers to combat the spread of the coronavirus and to mitigate economic collapse. This was communicated strongly, with compassion and with transparency with a display of strong leadership. The government acted quickly to introduce a scheme to support those suffering income loss due to the pandemic and emergency legislation was introduced to enact a freeze on rents and evictions. Through these actions, the public trust and level of compliance to these measures were well-received. The government were slow and responded reactively in outbreaks within vulnerable and marginalised groups in Ireland. There was a lack of understanding and consideration in the public health guidelines to ensure coverage of all groups in Irish society. Whilst community initiatives were for the most part successful, greater two-way engagement would be beneficial in the development of solutions and the in capturing the public's trust.

There was measurable success in the government and public health's guidelines and policies. Cities and towns were notable quieter after the introduction of restrictions in March 2020, data obtained by the Irish National Seismic Networks allowed researcher to track the changes to human-made ground vibrations during the first wave, the data showed the level of seismic noise to be three times lower than before COVID-19 measures were introduced in Ireland.[79]
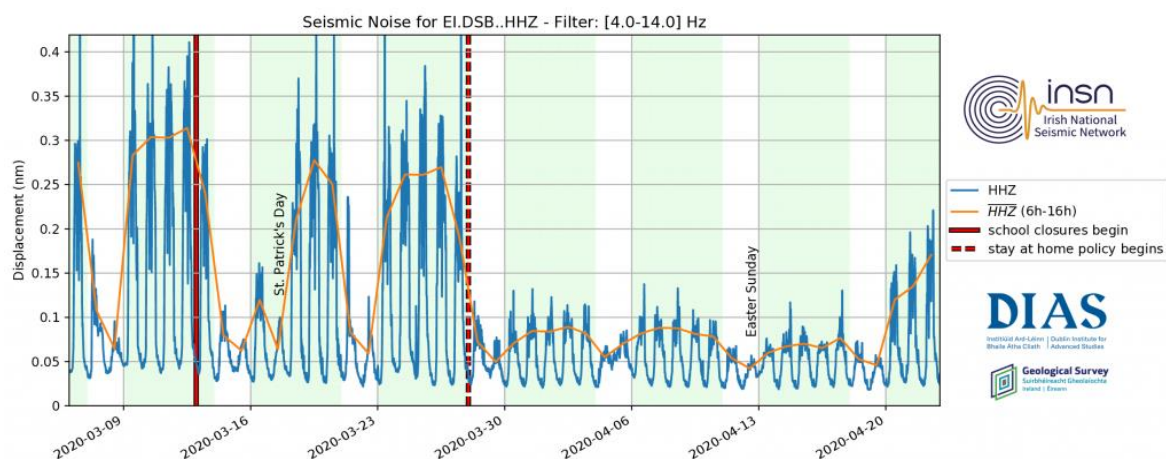
Figure 7. Irish National Seismic Data showing changes in human-made ground vibrations in Spring 2020

During the first month of the crisis, around 1400 public service workers received training in contact tracing. Many of these have been deployed along with existing HSE staff in a series of contact tracing centres that have been set up countrywide. A special mobile phone app to track and trace COVID-19 infections was developed by a collaboration between the private sector and health authorities and was launched on July 7th and has subsequently been downloaded over 1.4 million times.

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[79]   https://www.dias.ie/2020/04/08/dias-seismologists-detect-decrease-in-human-made-noise-across-ireland-due-to-covid-19-lockdown/

We can indirectly assess the success of the communication strategy by exploring the compliance to public health measures during the pandemic. The Central Statistical Office reported that less than two in three rated their compliance with government advice as high whilst living under Level 5 restrictions in November 2020, a 10% decrease compared to August 2020. In April 2020, 80.6% rated their compliance with government advice as High, approximately a month after initial COVID-19 restrictions were implemented. [80]. Respondents were also asked whether they thought the Level 5 response to managing the current COVID-19 related risk was *Appropriate, o*ver 71% agreed. Interestingly, 84% of respondents believed they had a Low chance of getting COVID-19 over the next three months, during wintertime, compared to 76.3% at the start of the pandemic in April. Indicating that the severity of the situation was not being as effectively communicated in the latter half of the year, the government sensed the shifting mood in the country and campaigns focused on 'holding firm' and a need to resilience.

Referring to the national response to COVID-19, the Chairman of the special committee stated in October 2020,[81]

> *'The guidance announced by the Government on 12th March was followed. Through individual and collective caution and sacrifice, the people of Ireland "flattened the curve" and in so doing provided sufficient space for hospitals to handle a surge in cases that could have led to avoidable deaths from hospitals being overstretched.' He also acknowledged the country's response and the need for clear communication, '..we need to be able to react faster where there are outbreaks in terms of testing and contact tracing. Above all we need to stop the unwitting transmission of the virus and that is difficult given that a lot of people are growing tired of restrictions. Clarity around the message being delivered by the State is, therefore, key.' (p9)*

As the pandemic continued and the country navigated through the many challenges arising from the varying degrees of restrictions, a notable sense of fatigue became apparent. The clear 'buy-in' has been a hallmark of the Irish public's response to the first wave and could largely be attributed to proactive, coordinated communication from the government and the Irish people's sense of citizenship and community. Government communication deteriorated since the second wave in late summer 2020, a change in government, political game-playing and inter-party rivalries among the coalition partners have led to frustrations. So too, the poor judgements made by parliament members, 'golf gate', in August 2020 have all contributed to a poor demonstration of 'togetherness' and a loss of solidarity from the people of Ireland.

National

In general, compliance with the various public health measures were high. At a policy level, there has been little disagreement about the various steps that have been implemented. Many of the limited disagreements have been more about the timing of measures than the merits of the measures themselves. From the onset the government focused on preparedness, informed decision making and

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[80]https://www.cso.ie/en/releasesandpublications/ep/p-sic19wbl5/socialimpactofcovid 19surveynovember2020wellbeingandlifestyleunderlevel5restrictions/

[81]
https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/special_committee_on_covid_19_response/report s/2020/2020-10-09_final-report-of-the-special-committee-on-covid-19-response-sccr004_en.pdf

honesty in the potential disruptions the population were likely to experience in the coming months. There is a very high level of trust in NPHET and politicians from all parties were generally supportive of the caretaker Government's handling of the pandemic, with a strong sense of national unity during the crisis. Ireland's response to the COVID-19 crisis has been comprehensive and timely in many respects. Transparency, a commitment to a relatively open data policy, the use of traditional and social media to inform the population, and the frequency of updates from the Department of Health and the HSE are all commendable. Other areas such as testing and contact tracing took some time to work effectively but have been operating efficiently within a few months.

International

Australia is a notable international example who demonstrated a quick and decisive response.[82]There was strong concordance between public health advice and responses by leaders. The public response included the widespread uptake of a range of preventative behaviours, including physical distancing. The Australian Government DoH sought advice from a multidisciplinary task force comprising experts from the country's eight leading universities. This taskforce prepared an independent report titled *COVID-19 Roadmap to Recovery: A Report for the Nation*[83] presented to the National Cabinet and Australian Government in May 2020. In the report, public health communication was considered central to addressing the pandemic, and it was defined as "*a two-way process engaging policymakers and communities*".

Main learnings and best practices

The Irish are proud of their identity and their perseverance through struggles such as the Potato Famine (1845), the Irish War for Independence (1919-1921), community support and connectedness are key characteristics of the people of Ireland, many feels connected to their county (administrative areas) and attachment to one's place. The timing of the first Wave of the pandemic in Ireland coincided with the country's national day, St. Patrick's Day, an event which is celebrated worldwide, it was therefore a strong decision for the government to cancel all festival celebrations. The social and economic impact as a result of the cancellation were a hard-hitting message for the Irish population. At this time, key public communications were focused on *community, support and togetherness*, "Be on call for Ireland Initiative", and "Community Call", resonated with the Irish peoples' nature.

Citizen's information needs changed during the crisis and there was a need for government and public health's communication to change. For the most part, this was observed in Ireland, with an initial focus on preparation, resilience, plans for change and hope towards vaccination and a potential end in sight.[84] Different forms of information were made available throughout, to help citizens stay safe, and complying with the most up-date and accurate guidelines. A clear oversight on the needs and lived circumstances of vulnerable communities was apparent and the need for tailored information for marginalised groups came too late. The success of community initiatives, and 'on the ground' *community leaders* with good local connections were vital in the later stages and future

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[82] https://johnmenadue.com/hal-swerissen-the-new-normal-how-well-live-with-covid-19/

[83] https://go8.edu.au/wp-content/uploads/2020/05/Go8-Road-to-Recovery.pdf

[84]Kennelly, B., O'Callaghan, M., Coughlan, D., Cullinan, J., Doherty, E., Glynn, L., Moloney, E., & Queally, M. (2020). The COVID-19 pandemic in Ireland: An overview of the health service and economic policy response. *Health policy and technology*, *9*(4), 419–429. https://doi.org/10.1016/j.hlpt.2020.08.021

communication plans should focus on improved ***public involvement and engagement*** in developing the national communication strategy in response to emergencies.

Consistent, timely and inclusive communication was a key feature of the Irish communication strategy, the weekly Ministerial addresses to the nation were watched by many and resembled a 'war-time' feel, and a need for a shared and immediate response. Similarly, the daily public health briefing by NPHET ensured the public were fully informed with accurate and up to date information. The importance of ***transparency and accessibility to information*** were central to gaining the nations trust and the decision to report cases and other public health data as open source helped secure this loyalty. Resilience was a key theme during the height of the crisis, this was critical to focus on strengths required at a local and national level. Ministerial broadcasts decreased in frequency and in clarity later in the pandemic and several public health and government decisions were leaked to the press or on social media before a parliamentary broadcast was delivered. There was clear frustration seen by those most impacted, namely schools and businesses. Whilst public health messages remained focused, and were repeated continually, on radio, tv and visual materials in all localities and public spaces. The importance of routine, inclusive, communication is vital in public engagement and response.

Guidelines

The Monitoring and evaluation framework for COVID-19 response activities in the EU/EEA and the UK,[85] provides a list of standardised indicators they can be used to assist decision makers at subnational, national and EU level to support preparedness and response planning. The indicators should be tailored to meet the needs of the targeted community. The usefulness of these indicators is largely reliant on accurate and timely harmonised data collection by public health authorities.

Relevant indicators

Several key indicators for effective pandemic risk communication were identified over the course of the pandemic in Ireland. Key themes were identified and should be considered in further communication plans;

- Consistent and simple information, delivered in an uncomplicated way
- Avoid contradictory advice and ensure clarity in all communications, from all key figures
- Need for tailored information for vulnerable and minority groups
- Strong leadership, nationally and within local groups to establish trust and ensure a level of compliance
- Community leadership from respected community members with good local connections
- Two-way engagement through public involvement, nationally and within specific groups with unique needs and challenges
- Accessibility to information to ensure reach and to establish trust through open communication

1.5.3 Additional (country-specific) comments/reflections

n/a

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[85] https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-framework-monitor-responses.pdf

1.6 **Italy**

1.6.1 **Communication strategies, plans and practices**

Communication strategies, plans and practices applied by governments

In Italy there was a formal communication strategy adopted to communicate about the pandemic, however it was not made explicit in an official document by the Italian Government during the period of the first wave (February-May 2020).

Building on the empirical observation of the facts and on the scientific literature, we can however trace the main characteristics of the communication applied by the Italian Government in this phase. The communication strategy was based on several elements:

- Communication about the content of the government's measures regarding the containment of the epidemic (state of emergency, lockdown, controls at borders, etc.) was provided directly by the Italian Prime Minister to citizens, businesses and institutions through press conferences widely attended by the media and broadcasted live to the population (via traditional and social media);
- A series of communication campaigns by the Presidency of the Council of Ministers (PCM) that have included, in addition to television and radio commercials, a plurality of initiatives: Apps, dossiers and information materials diversified according to the public, dedicated telephone numbers, infographics and pages of institutional websites dedicated to Covid-19 and regularly updated. In addition, during the pandemic, both public and major private television networks have granted free promotional space for social communication for the broadcasting of radio and television commercials to raise awareness about Covid-19 promoted by the PCM. During Phase 1 and 2 of the emergency (through September 30), 22 PCM communication campaigns were conducted. Almost all of the campaigns promoted by the Government for the prevention of Covid-19 are present in institutional social channels where it is possible to detect indications of the perception of the public involved (used for analysis by some institutional Task Forces);
- The evolution of the epidemic through the main data was communicated via a daily press conference (since May it became weekly) by the Civil Protection together with the most important national health authorities: the Ministry of Health (MOH), the Italian National Institute of Health (ISS) and the Technical Scientific Committee (CTS). Since the beginning of the health emergency, data on the evolution of the pandemic were also made available by the Ministry of Health and the Civic Protection in a dedicated website that was realized with a layout very similar to the one provided by John Hopkins University for the Global Pandemic data. The website is updated daily, and data are freely available.

The ISS - weekly provides detailed information on the evolution of the epidemic (Weekly Surveillance Bulletin- Epidemic Covid-19). In particular, the surveillance Bulletin provides the communication and commentary of the following data: number of infections according to gender, age, region of residence, clinical status at the time of diagnosis; number of infections among health workers; the transmission index Rt (daily punctual and interval estimation); number of diagnostic tests performed according to type; number of deaths according to the main demographic characteristics; number of hospitalizations and recoveries.

Data have assumed a central role in communication, both in informing citizens about the evolution of the epidemic and in explaining government measures and their effects in dealing with it.

During the transition phase a specific communication strategy has been developed. It is explained in the document *"Prevention and response to COVID-19: evolution of strategy and planning in the transition phase for the autumn-winter season"* published by the MOH and ISS, in which the 8 strategic pillars identified by the WHO for the response to COVID-19 in the second phase for the autumn-winter season were taken as reference. The second of these pillars relates to the risk communication plan and the involvement of the population.

As explained in the document (page 26): "In the new epidemic phase (end of May-September 2020), communication aims to maintain the results achieved during the lockdown period and to promote further containment of the epidemic. At this stage, the production of scientifically rigorous content is vital. In view of the main targets (media, health professionals and citizens) it is necessary to use a simple and clear communication. To involve the entire population in adopting correct behaviours to contrast the epidemic, it is essential to acquire the imperative of transparency, also sharing the margins of uncertainty that characterize scientific knowledge in all times of emergency.

At this stage, it is crucial to conduct constant, coherent and coordinated communication with the other institutions, in order to develop trust in the public and represent a constant, authoritative and reliable reference.

The Press Offices of the institutions involved are a liaison for the coordination of communication. In ISS, in particular, the Risk Communication and Community Engagement (RCCE) coordination mechanism, started in the first emergency phase with the establishment of the Communication Group (Press Office, Scientific Communication Unit with the integration of some reference experts), continues to be active."

The strategic plan mentions explicitly the "Initiatives to strengthen preparation for the autumn-winter season" that are designed to ensure:

- "constant production of content aimed at increasing population awareness and at contrasting fake news through the main institutional channels (press releases, web sites and social media, infographics and videos);
- support for the dissemination of surveillance data and of information on the epidemiological situation through social channels and the web;
    - management of interviews and the identification of institutional spokes-people;
    - communication actions aimed at prevention for vulnerable population groups;
    - activation of inter-institutional synergies to promote stakeholder training;
    - dissemination of technical content and related updates on the management of this phase of the emergency to stakeholders (school, supermarkets, etc.)."
    - Moreover, there is also an effort for "preparedness activity to address increased transmission scenarios including:
    - constant monitoring of population sentiment through research, surveys and focus groups;
    - adaptation of the communication strategy to the different epidemiological scenarios by preparing where necessary media briefings and press conferences, with the presence of representatives of the institutions involved;
    - adaptation of the strategy and possible enhancement of activities on social channels;
    - timely information on new diagnostic and prevention tools."

- The Ministry of Health's webpage dedicated to Covid-19 devotes specific sections to three population groups: the elderly and frail, women, and children.
- *Elderly and their caregivers*. The ISS in collaboration with the National Institute for Insurance against Accidents at Work (Inail) and the Center for Promotion and Development of Geriatric Care (Cepsag) has created and published the booklet "Practical Guide for Caregivers of the Elderly". The booklet is published in several languages to facilitate understanding by caregivers often of foreign origin, it aims to help all those in charge of daily care for the elderly, deepening the knowledge on Covid-19 and behaviours to be followed at home and outside to protect their own health and that of the person assisted.

The Ministry of Health has dedicated a web page to information about Covid-19 of particular relevance to frail older people. The page of the Ministry advertises a toll-free number for over 65 promoted by Senior Italia FederAnziani, WINDTRE and SIPEM SoS Federazione.

- *Women victims of domestic violence*. The Department for Equal Opportunities has launched the #LiberaPuoi (English translation: free you can) campaign to promote a toll-free number for reporting domestic violence.

In order to strengthen the information and to provide further guidance on how to ask for help and report domestic violence safely, a memorandum of understanding has been signed between the Minister for Equal Opportunities and the Family, Elena Bonetti, and the Federation of Pharmacists Orders, Federfarma and Assofarm. For this purpose, informative guidelines have been prepared and were made available in pharmacies. In addition, the dissemination of the anti-violence hotline 1522, active 24 hours a day, has been strengthened. The information in the pharmacies support the anti-violence centers, the number and the App 1522.

- *Children and Teenagers*. At the Department for Equal Opportunities and the Family of the Presidency of Council of Ministers there is a National Observatory for Childhood and Adolescence that has established a Covid-19 Emergency Group. This group has produced a report: Contrasting the impact of pandemic on children and adolescents.

The Agency for Childhood and Adolescence (AGIA), has tailored the decalogue of rules to be followed by the general population to avoid the spread of the contagion with a language suitable for children, both in Italian and in English

- In the portal of the *Ministry of Education* has been created a site dedicated to the pandemic with all the references and useful tools for students and teachers for teaching, correct information, useful links.
- *Youth*. At the local level, Regions and Municipalities have promoted awareness campaigns addressed to young people. For example, the Umbria region has produced a short video.

Communication on Covid-19 plays an informative and service role in making the characteristics of the virus known and in indicating precautions to avoid contagion. In the first months, the adoption of an emergency communication aimed at protecting the health and lives of people against an imminent and poorly known danger prevailed. It was characterized by strategies aimed primarily at guiding people towards preventive behaviors by promoting shared and participated actions with the community.

Following the analysis of the government's communication campaign by Faccioli et al. (2020), several phases and basic strategies can be identified.

Phase zero: uncertain awareness. The topic of the virus had been on the Government's agenda for some time following the World Health Organization's (WHO) declaration on January 30, 2020, of a public health emergency of international concern due to the coronavirus outbreak in China. The following day, January 31, the Italian Government, considering the particularly widespread nature of the epidemic, declared a state of emergency and implemented the first measures to contain the contagion throughout the country.

In February 2020, , two campaigns promoted by the Ministry of Health were implemented, , with the aim of informing citizens of the basic precautions to follow to defend themselves from the virus, which are hand washing, how to contain sneezing, avoid contact of hands with face, nose and mouth. In both campaigns there is also an explicit call to consult the website of the Ministry of Health to get the necessary information more in depth.

Phase 1: between awareness and fear, which runs from the Prime Ministerial Decree of March 9, 2020 to May 4, 2020, characterized by provisions for lockdown measures, first gradual, then extended to the whole of Italy. The communication campaigns carried out in this context, having to be designed and built with the accelerated time of the emergency, follow less traditional paths and reveal some innovative aspects. Some of these are promoted by several administrations. In addition to the Ministry of Health, other ministries appear, testifying to a search for collaboration between several institutions, with a view to shared communication oriented towards effectiveness, rather than promotion of the image of individual ministries. The first campaign is from March 11, at the start of the lockdown, and is promoted by the PCM Sports Office. The message focuses on the need to stay home, to respect the rules, but also to feel united in playing the same game. The call to action is aimed at different audiences (young people, students, workers, vulnerable categories including the sick and elderly) through communication strategies designed to ensure that all citizens can feel adequately involved.

In this phase, the administrations try to adapt to the new scenario by introducing a mix of languages and styles of communication in their releases, at times innovative with respect to the usual top-down and paternalistic clichés. In this process, the use of social platforms becomes central as a channel of integration and support to other means of communication to "reconnect" institutions with citizens.

The call to stay home can become a danger where the domestic walls represent a place of oppression and limitation of freedom. A particularly risky situation is that of women victims of violence who experience the home not as a place of safety and protection, but of violence and fear. To tell these women that they are not alone, but can count on the anti-violence dedicated phone number and on the chat to report dangerous situations, and on the commitment of the institutions to find a housing solution, the Department for Equal Opportunities promotes the already mentioned campaign *Libera puoi* (April 15).

Phase 2: between responsibility and hope, from May 4 to September 30, communication campaigns revolve around the concept of maintaining correct behaviors with a view to enhancing the positive results achieved with the lockdown.

This is the phase in which the communication path proposed by the Government's campaigns appears less homogeneous than in previous months.

Several campaigns were developed dealing with very different topics: the campaign promoted by the Ministry of Health and ISTAT to inform citizens about the serological survey and its importance; the campaign promoted by the Department for Technological Innovation and Digitization to inform about the usefulness of the *Immuni app* for tracking contacts of positive cases and promote its use; the campaign on child mistreatment, which has increased significantly during lockdown, to raise

awareness and inform the public about everyday violence. The campaign dedicated to the return to school in presence promoted by the Department for Youth Policies and Universal Civil Service, in collaboration with the National Youth Agency and supported by the PCM's Sports Department (July 4). The campaign promoted by the Ministry of Education to reassure students and families about the security measures taken to ensure the baccalaureate exam in presence; the campaign was also aimed at teachers and school staff to invite them to undergo serological testing and, possibly, molecular testing.

Phase 3, the second epidemic wave, from October 1 to date, characterized by regionally differentiated containment measures. Compared to the previous phase, the specific communication concerns the explanation of differentiated containment measures in the territory. It is a phase in which critical issues emerge in the relationship between the national government, regional governments and trade associations, which are manifested in the complaints and protests on the measures of government regarding the notice periods and economic activities affected by the openings and closures of activities.

During this phase, the communication about the vaccination campaign has also been introduced. The vaccination campaign and related communication has been implemented by the Extraordinary Commissioner for the implementation and coordination of the measures needed to contain and combat the Covid-19 epidemiological emergency (appointed by the decree of the President of the Council of Ministers of March 18, 2020). A dedicated website has been issued to inform about the vaccination. It contains 4 main sections dedicated to: 1) who can get vaccinated and how (4 vaccination phases are foreseen), 2) FAQs about the vaccines, 3) Data about the vaccination campaign (available on a dedicated website), 4) Strategic Plan on vaccination. The communication on the vaccination campaign is realized via television and media advertisements. For instance, "The room of hugs" is the title of the first of three commercials, designed and directed pro bono by Giuseppe Tornatore, at the request of the Extraordinary Commissioner for the Covid-19 emergency, for the national promotion of the vaccination campaign that has just begun.

Tornatore accepted to contribute with his talent to the fight against the virus, calling to collaborate for the music also the maestro Nicola Piovani. The Italian Ministry of Health has also realized the video "Why to get vaccinated?" advertised by traditional media and social media.

The "*Monitoring Unit for countering the spread of fake news related to Covid-19 on the web and social networks*" has been established on April 4, 2020 by decree of the Undersecretary of State with responsibility for Information and Publishing.

The activities of the operative program of the Unit were planned along a different temporal articulation. In the start-up phase, in order to combat fake news and misinformation, the following actions were planned *to harmonize the contents scattered among the different institutional sites*, encouraging the convergence of users towards a sort of hub through which they can access the information related to the epidemiological emergency and creating a unified database of the main FAQs on Covid-19. The realization of *distance training courses for public communicators* was also foreseen, in order to acquire specific knowledge on the mechanisms at the basis of fake news and disinformation. Those preliminary interventions were followed by *Citizen Awareness Campaigns*: in order to mitigate the risks of misinformation to which web users are exposed, it is necessary to spread a greater knowledge of digital tools and, at the same time, a greater awareness of the cognitive mechanisms that influence the use of information by each individual, on which the methods of dissemination of fake news are based. In this context, the Autorità per le Garanzie nelle Comunicazioni

(AGCOM) (English: Authority for Communications Guarantee) has appointed a *Task force on data science and online disinformation* with the aim to conduct studies and analysis on online disinformation and on the social / economic impact of both fake and real news on the epidemic. This has allowed AGCOM to acquire the relevant knowledge and expertise in order to set up effective monitoring systems and analysis tools which may serve to tackle online disinformation spreading across social media. The data collected and the analyses performed by the task force represent an important analytical and informative base that are used by the Unit to carry out the following actions:

- guide the content of the FAQs;
- identify the topics on which particular attention needs to be paid in the communication to the citizen;
- assess the impact of online institutional communication (e.g., Ministry of Health) in terms of engagement/performance and user perception, in order to provide tools Institutions to guide and refine the design of new communication campaigns.

Communication strategies, plans and practices applied by public health stakeholders

ISS (Istituto Superiore di Sanità) was among the first to establish relations with international organisations, driven by the intention to develop a communication plan focused on prevention and management of health emergencies, which was then referred to by the media, newspapers and public health stakeholders.

ISS provides research results, surveillance data and technical advices in the field of public health to the Ministry of Health, the National Health Service and Regional Councils, as well as to Italian citizens and residents. Its work focuses on disease prevention, promotion of healthy behaviours, treatment of chronic diseases and quality and safety control of health technologies. In terms of information dissemination, ISS has a website and social media accounts on YouTube and Twitter. It also provides information through a knowledge management platform (ISS Salute) and an online magazine (*Epicentro*).

As of 28 February 2020, ISS coordinated a surveillance system that integrates at individual level the microbiological and epidemiological data provided by the Regions and Autonomous Provinces (PAs) and the ISS National Reference Laboratory for SARS-CoV-2. On a daily basis, a dedicated infographic is provided, with graphs, maps and tables, a description of the spread in time and space of the Covid-19 epidemic in Italy and a description of the characteristics of the people affected. Its press office provides daily support to ISS researchers and staff in their interactions with the media.,Its web page and social channels are constantly updated with close-ups, focuses, news, events and videos. A special Covid-19 section has also been created with updated information on virus variants, vaccines, general information, and relevant documents, with special attention to FAQs and the fight against fake news.

In its communication policy, however, the ISS has not established a specific target audience. According to Tagliacozzo (2021) ISS messages on the Twitter platform and in press releases were formulated for a general audience (64.1%) and included information that tended to be relevant to everyone (e.g., information on disease evolution). The most frequently targeted social groups were health workers (11.7%), people with medical preconditions (9%) and patients with Covid-19 infection (9%). The least represented groups included caregivers (2.8%), parents (2.1%), adolescents, pregnant women, persons with disabilities, migrants and the elderly (all below 2%). Public facilities and services were hardly mentioned. The most represented categories were enterprises (2.1%), food (1.4%) and nursing homes (1.4%). No information was directed to correctional and mass transit facilities, religious organisations

or childcare and emergency services. Information provided on Twitter and in press releases was rarely or never directed at pregnant women, persons with disabilities, immigrants and homeless populations.

The information produced by ISS was followed and amplified by the main health organisations and the newspapers they refer to, which in turn promoted information, recommendations and guidelines.

The *Quotidiano Sanità*, for instance, in agreement with the ISS, collected the indications in daily news letters sent every evening to the mailing list of about five hundred thousand health workers, in order to promote a maximum and constant dissemination.

The Ministry of Health has promoted several communication campaigns with outstanding testimonials to disseminate information through the media. To name a few: "To smile together again", whose aim was to raise awareness of the use of the mask and illustrate the simple rules for wearing and using it safely, "Stay home" "Do your part: spread the message among your contacts", in support of the regulatory measures issued by the Government to deal with the emergency, "Protect yourself and others" - "Let's help each other. Together we can do it", with a well-known TV personality as testimonial, also in Italian Sign Language (LIS), "Protect yourself and others - "Wash your hands well", with an exceptional testimonial, a famous face of scientific popularisation by RAI (The Italian state broadcaster).

As stated in 2.6.1.1, ISS and the Ministry of Health issued a decalogue on the coronavirus, shared with the regions, professional orders and scientific societies, which was then acquired and displayed by all commercial establishments.

In addition, guidelines for the management of hospital and domiciliary Covid patients were communicated and support campaigns were launched for health care personnel working on the front line to fight the virus (fundraising for collective protection devices and support for family members)

Taking into account what happened during the first wave of the pandemic and the problems encountered at the communication level (see 2.6.2.1), the ISS, together with the Ministry of Health, drew up the document "Prevention and response to COVID-19: evolution of strategy and planning in the transition phase for the autumn-winter season" (see 2.6.1.1).

Overall, the communication strategy adopeted in the second epidemic phase, was aimed at maintaining the results achieved in the lockdown period by promoting further guidelines and suggestions for containing the epidemic. Particular attention was focused on the production of scientifically rigorous content, with simple and clear communication to the main targets (press, health professionals and citizens). The search for transparency was imperative, also sharing the margins of uncertainty that characterise scientific knowledge in all periods of emergency.

As mentioned above, the lack of a defined and shared communication strategy in the early stages of the epidemic contributed to the increase in the circulation of fake news. Right from the start, the Italian Ministry of Health adopted specific digital communication strategies to cope with the Covid-19 emergency, devoting intense efforts to keep citizens constantly informed and to reduce misinformation, using data and images to make messages easily understandable. In February, it signed a partnership with Facebook and other digital companies to channel user searches on ministerial channels. In April, the Italian government launched a specific task force to promote collaboration with fact-checkers and encourage citizen activism in reporting disinformation.

All these actions have also been crucial for health stakeholders in dealing with the acute phase of the infodemic, increasing the visibility of official sources and aiming to restore credibility by reconnecting

with citizens. In this period of fear and uncertainty, transparent, strategic and proactive use of social media by public health organisations appears to have been key to increasing trust and reducing the impact of misrepresentation.

Communication strategies, plans and practices applied by organizations

Several public and private organisations have developed a communication strategy about the Covid-19 Pandemic. We report here some examples of the communication strategy adopted by both the organisations of public health stakeholders and of private companies.

Organisations of public health stakeholders

- The National Council of the Order of Psychologists has drawn up a Vademecum for citizens with practical indications on how to protect themselves and their children from fear and possible misbehavior.
- The National Association of Families of People with Intellectual and/or Relational Disabilities (ANFFAS Nazionale) has promoted several initiatives addressed to people with disabilities. Its Crisis Unit Covid-19 has produced a document entitled "Epidemic emergencies in residential facilities for people with disabilities" with the primary objective to provide the appropriate knowledge and health regulations issued by national, regional and local authorities, able to ensure appropriate management of residential facilities in situations of epidemic emergency. The Crisis Unit has also published a text on Coronavirus and intellectual disabilities providing some suggestions to families and caregivers on how to manage information on the pandemic and the adoption of preventive behaviours as well as on how to reduce the stress.
- The GIMBE Foundation, which has the aim of encouraging the dissemination and application of the best scientific evidence, has created a page for monitoring the Covid-19 epidemic in which the dataroom has been fed since 21 February 2020 with data disseminated daily by the Ministry of Health.
- The National Observatory on Health in the Italian Regions, which was set up on the initiative of the Institute of Public Health-Hygiene Section of the Catholic University of the Sacred Heart, contributes to the reflections on the dynamics of the Covid-19 pandemic through a specific section. The contribution that the Observatory intends to give to citizens and the media is based on a few indicators represented graphically, focusing on the intensity of the spread of the pandemic, the severity of the infections and the impact they have on the National Health Service. The dashboard provides an economic and a trend picture of the dynamics of the pandemic.
- Other Professional Associations and Scientific Societies have created dedicated pages on their websites with a Covid-19 focus, reporting guidelines shared with the ISS and the WHO. We report the case of the FIMMG (Italian Federation of Family Physicians), which has a dedicated section with press releases, articles, radio and TV interviews on the Coronavirus, with a focus on both health workers (Protocol for Medical Practices for the post-emergency management, home care for patients with Covid-19 presenting with mild symptoms and management of their contacts) and a wider audience not strictly related to the health world.
- The FNOPI (Federazione Nazionale Ordine Professioni Infermieristiche - National Federation of Nursing Professions) launched the #NOICONGLI INFERMIERI campaign in support of the families of nurses who lost their lives during the Covid-19 emergency, supported in turn by "Barilla (Mulino Bianco)" which undertook to donate the proceeds from the sale of one of its

products to the FNOPI Solidarity Fund until it reached 2 million euros, all sponsored through TV commercials and web platforms.

▪ The FNOMCeO (Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri - National Federation of the Orders of Surgeons and Dentists) set up a special Covid-19 page with press releases and information to raise awareness about the doctors who died during the pandemic, while Farmindustria (Association of pharmaceutical companies) set up the campaign "#Covid19: noi non ci fermiamo - Assistenza Medica" (#Covid19: we don't stop - Medical Assistance) to support doctors, health workers and researchers in the front line against Covid19.

Private companies

A study realized by Mangiò et al. (2020) stresses the main characteristics of advertising and communication strategies and tactics of brands during the pandemic. The analysis is conducted using about 12,000 tweets from 76 leading Italian brands belonging to seven different industrial sectors. It provides empirical evidences that, on the one hand, brands were forced to dramatically change their communication and adverting strategies and tactics moving from a heterogeneous, industry-specific style and jargon to a highly homogeneous language polarized around the topic of the Covid-19. On the other hand, new socially-conscious appeals gearing around an increased sense of emotional solidarity, enhanced call-to-actions toward collective safety and hope in a prompt economic recovery emerged and outclassed traditional rhetoric appeals. Indeed, results from this study outlined that brands' followers seem to favor and reward, at least with their engagement, brands' ability to shift their Twitter rhetoric towards more socially-conscious issues. In fact, social pathos not only positively affected consumer engagement in the period before the lockdown, but also became the leading driver of consumers' social media engagement with brands from the lockdown date onward. Being social media platforms aimed at establishing, maintaining and fostering social ties between actors, there is no wonder that are especially those messages and contents that have social relevance to be prized with higher rates of engagement. In addition, considering the different industrial sectors involved in the analysis, the authors identify some specific characteristics. For instance, the pharmaceutical and the travel & tourism industry preferred relying on facts, figures and objective evidences in their communications via Twitter. The automobile industry instead, which was severely hit by the pandemic, gave partly up to a logos based rhetorical appeal in the lockdown phase to leave room to other more emotionally oriented appeals like social pathos. Once that the pandemic went to a slow recovery, brands playing in the fashion & beauty industry rapidly came back to their pre-Covid level as communication style is for these brands an essential component of their authentic aura as well as of their exclusive character.

Communication strategies, plans and practices applied by communities

n/a

1.6.2 COVID-19 communication analysis

National

During the early stages of the spread of Covid-19 in Italy, there was a lack of coordination between the political-scientific levels, institutional policy makers and the media, which resulted in an inefficient management of the crisis when the first outbreaks occurred. In particular, the management of the epidemic suffered from the five communication weaknesses identified by Reynolds (2005) relating to:

- mixed messages from multiple parties;
- delay in the release of information;
- paternalistic attitudes;
- lack of immediate reaction to rumours;
- political confusion.

The absence of a shared narrative at the dawn of what soon became a global health emergency was also revealed by research carried out as part of the 'Covid&Media' project of the Catholic University of Milan. Analysing the Facebook comments of the main Italian newspapers, it noted a strong variability in the opinions of ordinary users regarding different aspects of the crisis: its causes, judgments regarding the restrictive rules adopted, the definition of public enemies and the behavioural norms to be adopted.

A recent study published in December 2020 (Casalegno et al. 2020) analysed some of the controversies within the communication in Italy during the Covid-19 emergency, finding a situation of entropy that resulted in an increase of KGB (knowledge-behaviour gaps) among the public at several levels.

An analysis carried out by Faccioli et al. (2020) highlights the characteristics of the Italian government's communication on Covid-19 in the context of traditional and social media. Communication campaigns and more specifically television commercials, in the first months of the pandemic followed an emergency communication pattern. Their aim was to protect the health and lives of people against an imminent and little-known danger (crisis communication). Later on, the communication has been characterized by strategies and objectives aimed primarily at guiding people towards preventive behaviours (care communication) and the search for moments of involvement and inclusion by promoting shared and participatory actions with the community (consensus communication).
According to the same authors the Covid-19 pandemic has represented a turning point for public sector communication. While confronted to an emergency situation, it has acquired new visibility and it has been forced to redefine consolidated communication models. The informative and service function of the institutional communication has revealed in some phases innovations in languages and strategies. The alignment and synchronicity between different institutional voices and platforms, and the presence of an effective coordination, emerged during the lockdown while they become weaker in the following phase. The article suggests investing in permanent research on public communication to foster a more sophisticated use of campaigns and social media so as to nurture a constructive dialogue with citizens.

Giorgino (2020) stresses that there are at least three aspects that emerge from the analysis of the institutional and mass communication during the first 9 months of the pandemic.

a) There is the presence of a plurality of communicators in the communication process, with a pre-eminent role for the Prime Minister. Within this condition, moreover, we have witnessed a first phase in which the conflict between territorial levels (above all Government and Regions) was above all institutional, and a second phase in which the conflict became also communicative;

b) In Italy, public discourse seems to have been almost monopolized by the "health" point of view on the pandemic, with negative repercussions for the choice of programmatic priorities and for a more complete analysis of the impact of the pandemic itself;

c) We observe a conflict that is difficult to resolve between the need for high-level scientific communication and the media logic that dominates mainstream journalism and especially the world of social media.

In order to assess the effectiveness of the communication campaign we can use the data provided by the paper of Scaglioni (2020) on television consumption. By analysing the television consumption during the different phases of the pandemic, the authors stress that it grew rapidly just a few days after the news of the first cases in Italy on February 23 (in this period it exceeded an average of 5 hours per day). From that moment on, the demand for television has been growing to reach a peak in the week between March 22 and 29: a dramatic week, with similar peaks both in the number of cases of contagion reported by the Civil Protection and in the number of deaths (over 900 deaths recorded in 24 hours on March 27); during this week was announced, late in the evening, of the most stringent lockdown measures (March 21) and of the transmission of the Urbi et Orbi Prayer by Pope Francis from the deserted St. Peter's Square (March 27). From the end of March, television consumption slowly begins to decline, although it remains significantly higher than the averages of previous years (with an average increase of 20% over the same periods).

Another way to assess the effectiveness of the communication campaigns and, in particular, of the campaigns adopted by the government is to study the interactions of the citizens with the campaigns posted on social media. Faccioli et al. (2020), have analysed the trend in views of the 22 campaigns launched on the social media accounts (YouTube, Facebook and Instagram) of the PCM within the period February-September 2020. They stressed significant differences between the three social channels. In particular at the beginning of the pandemic, the Facebook account of the PCM collected the most important number of visualization and/or Like in comparison to YouTube and Instagram. The same occurred in the second phase of the pandemic, when Facebook continues to be the primary government social media outlet for campaign visibility by connected audiences, with the exception of the serology survey campaign (May 26) reaching more contacts on Instagram. One interesting point of analysis reported by Faccioli et al. (2020) is that the Presidency of the Council of Ministers has not enabled some interaction and dialogue functions in its institutional social channels: for example, one cannot comment on videos on the YouTube channel. And the PCM did seldom answer to comments posted by citizens on Facebook and Instagram during the period of analysis. The authors argue that this lack of interaction can be perceived as a lack of governmental attention to the citizens, or it can be seen as the reiteration of old unidirectional models of communication that are also implemented in social spaces in which citizens are, however, accustomed to two-way and equal relationships with their peers or private organizations. Finally confronting the campaigns posted on the social media accounts of the PCM and of other Governmental stakeholders such as the Ministry of Health and the Ministry of Education, the authors highlight that Covid-19 campaigns perform better on the thematic channels of the Ministries than on those of PCM: in particular, this is the case for the social channels of the Ministry of Health and the Ministry of Education, which reach significant numbers of audience thanks to the more frequent publication of commercials, the use of sponsored campaigns, as well as the centrality of health and school themes in public debate and media coverage.

The study of Sfardini (2020) has identified some shortcoming in the management of the communication of the Italian emergency. First, because there are multiple actors representing institutional sources, giving contrasting messages to the citizens. Second, the institutional body witnessed a crisis of credibility especially during phase 1. This loss of trust can be assessed by the trend of the television audience of the Civil Protection bulletin. The daily bulletin of the Civil Protection

became the daily appointment with the tragic account of the contagions and deaths in the first two months of the pandemic. At the end of the first phase (end of April) the bulletin has lost audience, because citizens were discouraged by the lack of understanding of data collected.

A survey by Observa Science in Society, repeated between mid-March and mid-April, shows that Italians' opinion of emergency communication is not positive. Nearly one Italian out of three judges the government's communication to be barely sufficient, while 17% judges it to be poor. According to the Observa sample, the communication of municipalities is unclear and ineffective, while the opinion is more positive for the Italian National Institute of Health and the Civil Protection. On the other hand, public opinion seems rather divided on the evaluation of the communication activities of "scientists" and "experts". In fact, almost one Italian out of two believes that the diversity of opinions given by experts in their interventions has generated confusion (48%) (Castellin & Palano, 2020). The opinion that experts' interventions have created confusion, already high in April, increases further in the second wave of the survey realized by Observa Science in Society during the second wave: 62% of citizens believe that experts' interventions have created confusion, while the quota of those who consider their interventions in the media effective has dropped below 20% (Observa Science in Society 2021).

Using the data of the survey of Observa Science in Society collected during the first wave, Saracino (2020), adopted a two-step cluster analysis to summarize in three types of profiles the relationship of Italian citizens with information and their trust in the sources, the judgment on the work and role of science and scientific experts at the beginning of April 2020.

43% of Italians fall into the first group: they get their information primarily through television news and institutional web channels and trust mostly the indications coming from these sources. They judge positively both the work and the communication of major institutions and the communicative role of scientific experts. convinced that effective solutions will come from science in a short time. This group is composed mainly by young people.

35% of Italians appear substantially disoriented: they follow a mix of information sources (media, relatives and friends), but tend to uncertain on how to judge either the work or the quality of communication by scientists. The multiplicity of opinions given by experts in public confuse them. This group is composed by citizens with low educational qualifications.

Finally, 22% of those interviewed falls into a group with predominantly negative judgements about both the work and the communication of scientists. This group is formed by those who are more inclined to use social networks and relatives or friends as a privileged source of information and to rely on these also for practical indications to reduce the risk of infection. This group is skeptical about the ability of experts to communicate effectively and is more skeptical than others about the possibility that solutions against Coronavirus will come from science.

Lovari & Righetti (2020) analysed the role of the Facebook page of the Ministry of Health stressing that in a context of infodemic the Italian Ministry of Health has taken steps to assume a key role from a communicative point of view to respond to the growing requests of citizens and the media, and stem the myriad of inaccurate information circulating online. They used both qualitative and quantitative methods to analyse all the posts (N = 459) published on the official Facebook page of the Italian Ministry of Health during the emergency phase, from 30 January to May 3, 2020 (the day of the end of the country's lockdown and start of the so-called phase 2). They showed that, soon after the declaration of the epidemic by the WHO (end of January 2020), the Ministry of Health Facebook page

become a thematic page almost completely dedicated to dealing with the emergency (93.5% of the messages were focused on Covid-19). The page acted also as a relevant source to fight against fake news (12.3% of the messages on the topic with an important use of Infographics). The authors identified two types of infographic aimed at 1) countering misinformation by tackling and debunking specific fake news, and 2) raising awareness of the public problem and of the importance of using reliable sources of information. Messages containing infographics were particularly effective and can be considered as the most effective format to reach the public on Facebook during the pandemic.

International

A recent study (Tagliacozzo et al. 2021) analysed the online communication plan of public health agencies in Italy, Sweden and the United States in the first months of the pandemic (21/02/2020 - 21/05/2020 for Italy), which showed that ISS in Italy collaborated more frequently with international and governmental organisations than the other countries analysed.

A closer examination of the different levels of involvement, based on the content analysis of Twitter (n = 856) and agency press releases (n = 95), revealed that ISS collaborations with external organisations were mainly established with governmental organisations (9.7%) and scientific institutions (4.1%). The Italian Ministry of Health was the governmental organisation with which ISS was most involved in collaboration. In 13.8% of cases, ISS reused information (e.g. quoting a sentence) produced by an employee of the institute itself, and in 8.3% of cases it reused communications from an external government agency (e.g. through retweets).

Main learnings and best practices

The main findings of the studies realized so far allow to point out the main learnings of the communication campaigns and some best practices identified in specific governmental actors. One of the main issues with the communication strategies has been the presence of a plurality of communicators in the communication process, during the early stage of the emergency, providing mixed messages to the citizens and the major stakeholders. As a consequence, the opinions about the crisis were also mixed. There was a large confusion around the causes of the pandemic, the reasons and the acceptance of the restrictions adopted and the behavioral norms to be followed.

One of the most innovative way to get in constant contact with the citizens and stakeholders has been the use of social media by the Governmental actors. It seems that the use of campaigns especially in social media may represent a new opportunity for Governments to nurture a constructive dialogue with citizens (Faccioli et al., 2020). The communication strategies most appreciated by the citizens are those of the Ministry of Health and of the Italian National Institute of Health.

In the case of the Ministry of Health (MOH) it seems that its approach giving centrality of health themes in social media is highly appreciated by the audience (number of access to websites, like, retweets, numbers of visualization of the videos, other forms of interaction). In particular, the role assumed by the MOH Facebook page in providing information in how to deal with the emergency has been particularly relevant for the citizens. In addition, the page was also a relevant source to fight against fake news. In this context the messages containing infographics were particularly effective and can be considered as the most effective format to reach the public on Facebook during the pandemic.

The role of the Italian National Institute of Health (ISS) has been equally important as it has acted in close cooperation with the Ministry of Health for its communication strategy both on social and on the traditional media and on its own web page. One of the strongest points of its communication strategy

has been the aim to communicate to the general public and the wealth of information produced by the ISS followed and amplified by the main health organizations and newspapers to which they refer, in turn promoting information, recommendations and guidelines.

Guidelines

1) It is essential to ensure shared and unambiguous communication on the main themes of the emergency;
2) It is important to engage citizens with the help of media and social media campaigns that provide for their direct involvement, for example by using themes and topics close to the citizens or narrated by popular people (Sport and TV personalities);
3) It is fundamental to interact with the recipient of the communication campaigns on social media, for instance replying to the published posts to prevent the circulation of fake news.
4) It is necessary to provide information that is based on science and to communicate it in a simple way to the population.

Relevant indicators

According to the literature that we have collected so far, the most relevant indicators to evaluate communication effectiveness are:

- television consumption (in Italy data are provided by Auditel);
- consumption and interaction in social media channels where the communication campaigns are vehiculated (number of access to websites, like, retweets, numbers of visualization of the videos, other forms of interaction);
- sample surveys on the effectiveness of the campaigns and on the trust of the institutions vehiculating the campaigns.

1.6.3 Additional (country-specific) comments/reflections

n/a

1.7 **Germany**

1.7.1 **Communication strategies, plans and practices**

Communication strategies, plans and practices applied by governments

A communication strategy was defined at the federal level in early 2020, and has been iteratively modified in the months since. The strategy has been multi-channel from the start, operating through a continual stream of governmental press releases and informational website updates, augmented by specific, media-savvy print and digital communications campaigns (e.g. hashtag campaigns on social media).

National Pandemic Plan

Germany's national pandemic plan, last issued in March 2017 by the Robert Koch Institut (RKI), focuses on influenza. The plan emphasises transparency and a focus on scientific evidence. It further specifies that, in addition to basic information on protective measures that can be conveyed quickly, in-depth information offers should be tailored to reach as many population groups as possible. Written information materials should be offered in German and in various other languages, and target-group-specific materials (e.g., those aimed at medically at-risk or difficult-to-reach population groups) should be intensively pre-tested during interpandemic phases. The plan also reflects on different groups' varying affinities for using internet-based information and communication services, suggesting that in order to reach certain population groups, central telephone information and counselling services should be established during crisis periods.

The AHA-Formula

In February 2020, the Federal Ministry of Health debuted the slogan "Through the year with AHA" ("Mit AHA durchs Jahr"), which established the so-called AHA-Formula (AHA-Formel) to publicise basic risk mitigation measures and promote their acceptance:

1. „Abstand halten" – "keep a safe distance"
2. „Hygiene-Maßnahmen beachten" – "pay attention to hygiene measures"
3. „Alltagsmaske tragen" – "wear a mask on an everyday basis"

As of spring 2021, the AHA-Formel has remained at the core of government communications measures, as underscored by Professor Lothar H. Wieler, Director of the Robert-Koch-Institut, in a federal press conference on 26 March 2021 (https://www.bundesgesundheitsministerium.de/coronavirus/chronik-coronavirus.html).

Harnessing the psychology of risk

As winter 2020 gave way to spring, the federal government rolled out more elaborate communications strategy that took risk psychology into account. The March 2020 communique How We Will Bring COVID-19 Under Control (Wie wir COVID-19 unter Kontrolle bekommen, Ministry of the Interior) outlined the aspiration to move the pandemic narrative towards a more serious tone in order to sharpen awareness of the risks facing the population as a whole and vulnerable groups in particular. How We Will Bring COVID-19 Under Control was distributed to the press during the period between 18-27 March 2020, well before it was made available to the public (leaked 7 April 2020; official public release 20 May 2020). The AHA-Formel remains at the core of this report, however, a new strategic

approach to the messaging around the formula is outlined. This report takes up some of the longer-term main narratives of the political actors: 1. the promotion of self-protection behaviours and emphasis on the moral obligation to protect others in one's immediate environment; 2. the promotion of civil society solidarity; and 3. the need to bear with restrictions and deprivations for an extended period of time.

Multi-channel communications

The communique asserts that in order to be successful, communications should be broadcast in a coherent and comprehensible way by all political actors. Awareness of the problem should be raised by focusing on the specific health risks facing all age cohorts, while moving certain indicators, such as the relatively low case mortality rate for younger people, into the background:

> *"We have to get away from communication that is centered on the case mortality rate. With a case mortality rate that sounds insignificant in percentage terms, and which mainly affects the elderly, many then unconsciously and unacknowledgedly think to themselves: 'Well, this way we get rid of the old people who are dragging our economy down, there are already too many of us on earth anyway, and with a bit of luck I will inherit a bit earlier this way.' These mechanisms have certainly contributed to the downplaying of the epidemic in the past."*

One method of communication proposed is to deliberately emphasise a possible worst-case scenario as a shock message. As a result, various shock scenarios (including suffocation as a primal fear, the danger of complicity as a carrier, and the danger of incurring permanent lung damage) are elaborated. As the year 2020 progressed, the de facto communication policy expanded to encompass tones and strategies other than fear as well: for instance, target-group-specific messages emphasising pro-social values (mutual assistance, the public good).

A chronological record of major actions and the press statements in which they were communicated is maintained by the federal government.[86]

At the beginning of the corona pandemic, the main focus of governmental efforts was the information campaign around the slogan "Through the year with AHA" On the advice of public health stakeholders, the *AHA-Formel* was subsequently extended to form the so-called *AHA+L+A-Formel*:

> *„Abstand halten" – "keep a safe distance"*
> *„Hygiene-Maßnahmen beachten" – "pay attention to hygiene measures"*
> *„Alltagsmaske tragen" – "wear a mask on an everyday basis"*
> *„Lüften" – "ventilate"*
> *„App benutzen" – "use the (contact-tracing) app"*

Various emotional means were tried to persuade the public of the importance of these measures. The communique *How We Will Bring COVID-19 Under Control* describes the campaign's early goal as to move away from case mortality statistics, which can sound insignificant in percentage terms and give the impression that the disease primarily affects the elderly, toward a more emotionally-charged emphasis on individual human beings' real experiences of risk and suffering. In risk impact assessment terminology, this entailed shifting from an emphasis on the probability of incurring consequences to

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[86] https://www.infektionsschutz.de/coronavirus/alltag-in-zeiten-von-corona.html

an emphasis on the severity of the consequences. Shock effects were adopted as a means to illustrate such experiences: for instance, the portrayal of suffocation as a primal fear; children as a source of infection killing the parents; permanent lung damage, which hovers over recovered COVID-19 patients like a sword of Damocles. Toward this end, the federal, state, and local governments were instructed to "act in a proactive and coordinated manner":

> *"The main message of the communication from state actors is that the virus is a risk for everyone. It will change our lives in the short, medium and long term. We have recognized the risk, are working together at all levels, are guided by the scientific and practical evidence, and are acting decisively but not in panic. Only with a coming together and working of all forces in society can we manage the slowing down of new infections and eventually containment of the virus. The state needs the help of all citizens, only then can we contain the virus as quickly as possible and guarantee democratic coexistence (both politically, socially and economically)."*

Over the course of summer, autumn, and winter 2020, a shift can be observed from a tone of shock and fear to a more nuanced tone of resilience. Target group-specific messages were added, which primarily addressed the "common good" dimensions of selflessness, the conservation of public health, and mutual responsibility for community wellbeing. The *AHA+L+A-Formel* and related risk-avoidance measures (staying at home; protection of fellow human beings; working together to minimise public health risk; etc.) were taken up and reframed in individualised, personified, emotionally-charged media campaigns, often featuring public figures and celebrities: e.g. #besondereHelden (#SpecialHeroes); #ichhatteCorona (#IhadCorona); #WirBleibenZuhause (#WeStayHome); #FürMichFürUns (#ForMeForUs).

As of December 2020, the topic of vaccination was added to the existing strategic strands, and with it, the topic areas of the science behind vaccines, their safety, vaccination capacity, and vaccination plans and scheduling. Here, too, a far-reaching media campaign was initiated under the hashtag #DeutschlandkrämpeltdieArmehoch ("Germany rolls up its sleeves"), which is intended to increase vaccination readiness by providing information about vaccination by means of posters, video clips, radio spots, and online information. An estimated 25 million euros were invested in the campaign, with 12 million going toward posters[87]. The 18 December 2020 review document *Communication Strategy of the Federal Government on Measures to Fight the Corona Pandemic* (*Kommunikationsstrategie der Bundesregierung bezüglich der Maßnahmen zur Bekämpfung der Corona-Pandemie)* establishes the need for multi-channel coordination in the face of the second wave of infections:

> *"Even after the first signs of - only temporary - relaxation were observed in the summer, it was important to keep the population's attention for the necessary protective measures. Therefore, inter alia BMG's AHA campaign continued on all channels. At the same time, the use of the Corona warning app was advertised at an early stage in order to get as many people as possible to participate."*

The review document assesses the government's online presence as largely successful, noting that the website www.bundesregierung.de provides information for employees, companies, and the self-employed on rent and consumer protection, hospitals, medicine and care; information for families;

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[87] https://www.zm-online.de/news/politik/deutschland-krempelt-die-aermel-hoch/

information for people working in the cultural and media sectors; information on voluntary work and civic engagement; and relevant telephone numbers and websites. All information is provided in standard German, simplified German, a number of foreign languages, and sign language.

The March 2020 communique *How We Will Bring COVID-19 Under Control* emphasises that Coronavirus is a danger for all of society, not just members of particular groups. However, it only barely touches on the topic of targeted communications, mentioning that older people are also currently reachable online and via smartphones.

Over the course of 2020, a number of targeted campaigns were rolled out to supplement the general information made available on governmental websites. Age was adopted as the primary targeting criteria: age-cohort-specific risks were pointed out and the willingness to make age-appropriate sacrifices was praised. The #besondereHelden campaign, for instance, focused on the efforts of the younger generations, while the #ichhatteCorona campaign focused on risks to multiple generations. The main modes of distribution were the distribution of videos via wesites and YouTube and the sharing of the hashtags on Twitter, Instagram and Facebook.

The #ichhatteCorona campaign is particularly interesting insofar as it featured individual COVID-19 patients discussing their personal experience of the virus' psychological and physical dangers and impacts. The starting point of the campaign was a compilation of individual portraits on 24 November 2020, from which weekly videos were distributed via the Ministry of Health's YouTube channel using the hashtag from 25 November 2020 until the beginning of January 2021. Different narratives were shared depending on the target groups in focus. For example, a younger representative discussed the risk of losing her sense of taste and the health risks for her parents, whereas a university lecturer and rock musician discussed the suffering of her family members and her own helplessness and finiteness. Different target groups were thus be made aware of the different suffering scenarios relevant to themselves and their environment. Since the majority of individuals featured are between 50 and 70 years old, this age cohort can be assumed to be the main target group. A list of videos produced before 19 February 2021 follows:

- 24.11.2020: Wir hatten Corona [We had Corona] (https://www.youtube.com/watch?v=ZQLpnBE7t74)
- 25.11.2020: Amelie, 31, Fitnesstrainerin [Fitness trainer] (https://www.youtube.com/watch?v=mbAbg5nAThc)
- 25.11.2020: Stefan, 52, Hochschuldozent und Rocksänger [University lecturer and rock singer] (https://www.youtube.com/watch?v=Q4kOWOZ_quc)
- 30.11.2020: Wolfgang, 67, Unternehmer [Entrepreneur] (https://www.youtube.com/watch?v=yItMD9e2vg0)
- 7.12.2020: Hanai, 22, Studentin [Student] (https://www.youtube.com/watch?v=8o5CC1sOWP4)
- 9.12.2020: Matthias, 69, Fotograf [Photographer] (https://www.youtube.com/watch?v=_bi0_KgXVs8)
- 14.12.2020: Manfred, 62, Friseurmeister [Hairdresser] (https://www.youtube.com/watch?v=28FpTjnRbPE)
- 16.12.2020: Monika, 57, Designerin [Designer] (https://www.youtube.com/watch?v=Ppf0f8iTZ-s)
- 21.12.2020: Anne, 51, Heilerziehungspflegerin [Curative education nurse] (https://www.youtube.com/watch?v=dCLJUd5SI-U)

- 23.11.2020: Ilkay Gündogan, 30, Fußball-Profi [Professional football player] (https://www.youtube.com/watch?v=RzNCfIDVhXw; https://tv.dfb.de/video/ichhattecorona-ilkay-guendogan/29078/)
- 4.1.2021: Gerd, 62, Unternehmer im Sanitätsfachhandel [Entrepreneur in the medical supplies trade] (https://www.youtube.com/watch?v=yIc1-WgyDa0)

Two other prominently-featured campaigns are #WirBleibenZuhause and #FürMichFürUns, both of which appear designed to mitigate growing frustration at extended social distancing measures. #WirBleibenZuhause features testimonials by a range of public figures and celebrities on why they stay at home, adopting a mix of "playful seriousness" and hopeful anticipation of the post-virus return to social normalcy. #FürMichFürUns deconstructs the apparent contradiction between restrictions and normal social life: it shows that the former are actually the only viable pathway to the latter, insofar as they are needed to keep transmission under control. Its slogans include "I want to go to my favourite restaurant again. That's why I think of AHA" and "I want to travel again – that's why I keep my social contact down."

Childrens' media outlets have also taken efforts to educate younger generations. For instance, the popular children's television show "The Show with the Mouse" ("Die Sendung mit der Maus") answered questions such as: "what does 'lockdown' mean?", "how much longer will Corona last?", "why do you need an injection to be vaccinated?", and "how can we celebrate Christmas?"[88].

White papers and other high-level communications were developed by the government itself, in cooperation with state research institutions like the Robert-Koch-Institut. However, multi-channel campaigns were often outsourced to private media and communications agencies, through the mediation of framework contract partners. This was the case on both the national and the state level For instance:

- #besonderehelden: the campaign was coordinated by the agency Florida Reklame, a subsidiary of Florida Entertainment, a production company owned by the popular television presenters Joko Winterscheidt and Klaas Heufer-Umlauf. The agency was commissioned by the Hirschen Group, which is a framework contract partner of the government to which advertising activities are outsourced.[89]
- #ichhatteCorona: the campaign was developed and realised by the Munich-based film production company Megaherz in cooperation with Tactile News. Meanwhile, rollout to various channels was being handled by the ministry's regular agency, Scholz & Friends, together with the agency Cosmonauts and Kings. Various directors were involved in the project, among them Federal Film Award winner Corinna Belz. The director of the TV spot was Niko Karo. Contact persons at the Federal Ministry of Health were Marc Degen, Meike Mader-Luckey and Oliver Höhno.[90]
- #wirhaltenzusammen: the campaign was developed by the agency Scholz & Friends, as commissioned by a consortium of the Federal Ministry of Health, the Robert-Koch-Institut, and the Federal Centre for Health Education.[91]

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[88] https://www.wdrmaus.de/extras/mausthemen/corona/

[89] https://www.bundesregierung.de/breg-de/themen/coronavirus/besonderehelden-1-1811518

[90] https://www.wuv.de/marketing/gesundheitsministerium_setzt_auf_corona_abschreckung

[91] https://www.horizont.net/agenturen/nachrichten/scholz--friends-so-wirbt-die-bundesregierung-fuer-die-corona-schutzimpfung-188180

- On the state level, the youth-targeted campaign #BeatTheVirus was developed and coordinated by the agency Castenow in cooperation with a number of influencers and celebrities on behalf of the Ministry of Health of the State of North Rhine-Westphalia[92]. The Ministry's official statement sheds light on the logic behind the campaign: "In line with the target group, the #BeatTheVirus campaign mainly takes place in social media, especially on Instagram, Snapchat, Spotify and Youtube. Well-known personalities - the so-called influencers - will have their say; there will be regular publications, and also the opportunity to virtually put on a mask with the campaign's identifying mark and share the photo. The preliminary highlight of the campaign will be a digital Deutschrap [German rap] festival on 19 December as part of a joint lockdown. On stage we expect LUCIANO, SSIO and OG KEEMO, while ROTE MÜTZE RAPHI and SUGAR MMFK will be in the studio as special guests. The evening will be hosted by VISA VIE."

With regard to public health, the primary scientific contact point for most federal and state-level action have been the Robert-Koch-Institut. Other major scientific research institutes, such as the Helmholtz Centre for Infection Research[93] and the Charité Institute of Virology[94] have also played an important role, with Director Christian Drosten emerging as a primary public voice of the scientific community via his podcast "Das Coronavirus-Update".[95] Unfortunately, Dr. Drosten's raised profile exposed him to threats from COVID sceptics.[96]

Scenario-building and modelling exercises have generally also incorporated experts from outside the field of public health. For instance, the foundational paper *How to Get COVID-19 Under Control* was prepared under the guidance of State Secretary at the Federal Ministry of the Interior, Building and Community Dr. Markus Kerber in cooperation with an interdisciplinary group of external scientists in March 2020. This group included Michael Hüther and Hubertus Bardt from the Institute of the German Economy, Christoph M. Schmidt and Boris Augurzky from the RWI Leibniz Institute for Economic Research, and a number of international experts from several relevant fields, including health care, crisis management, administration and economy (including researchers from the University of Bonn; University of Nottingham in Ningbo, China; University of Lausanne; and University of Kassel).

The March 2020 communique *How We Will Bring COVID-19 Under Control* recognises the need to generate bottom-up momentum against misinformation within online communities:

> *"The online community should be actively involved in order to reduce the spread of misinformation. In particular, celebrities and other nodes with a wide reach (e.g. Joshua Kimmich and Leon Goretzka's We Kick Corona initiative, #wirbleibenzuhause) play an important role here and should actively convey messages of solidarity, cohesion and civil society activation."*

In a May 2020 press release on "Recognising Fake News," the Federal Government addressed the problem of false reports and conspiracy theories. The press release refers to a section of the federal

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[92] (https://rp-online.de/nrw/staedte/duesseldorf/duesseldorfer-werbeagentur-entwickelt-landesweite-corona-kampagne_aid-55153093

[93] https://www.helmholtz.de/en/current-topics/coronavirus/research/

[94] https://virologie-ccm.charite.de/en/

[95] https://www.ndr.de/nachrichten/info/podcast4684.html

[96] https://www.dw.com/en/scapegoats-virologists-face-death-threats-during-coronavirus-crisis/a-53613193

government website, titled "Myths and False Reports", which was set up to provide information and guidance with detecting and handling misinformation. In addition to a list of reputable sources, the website section provide instructions on how false reports can potentially be identified in three steps (https://www.bundesregierung.de/breg-de/themen/coronavirus/fakenews-erkennen-1751994, 11.05.2020):

1. Think critically and ask questions before you pass along information: "False reports are often spread by private individuals not maliciously, but because people are worried. In case of doubt, false reports lead to uncertainty being stirred up or panic being spread. The more emotional a report is, the more frequently it is spread. This makes it all the more important not to take part in it and to remain calm. It is better to delete than to spread."

2. Cross-check sources: "It always helps to compare questionable news with two other sources. Get information from the official portals of the federal and state governments as well as from the media offerings of the public news channels and reputable daily and weekly newspapers."

3. Use fact-checking services: "Some governmental and private organizations, and also some public media, are engaged in concretely checking and correcting individual false reports. The topic of 'corona' is taking up more and more space in this context."

Federal Health Minister Jens Spahn took up this topic further in an interview with Redaktionsnetzwerk Deutschland (RND).[97]

In September, the federal government followed up on this press release with a set of recommendations for how people can deal with conspiracy adherents[98]:

1. Inform yourself well
2. Speak to the person instead of writing to them
3. Ask questions and make offers
4. Get help

Has played a supporting role, making available accessible reports and videos on scientific topics such as the pathways by which mis- and disinformation are spread[99] and the differences between different kinds of vaccines.[100] While it is claimed that most critical governmental communications are made available in multiple languages, this does not always appear to be the case, at least with regard to the topic of misinformation.

Communication strategies, plans and practices applied by public health stakeholders

The communication strategies pursued by public health stakeholders appear to follow the general guidelines established by the federal government.

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[97] https://www.bundesgesundheitsministerium.de/presse/interviews/interviews/rnd-140520.html, 14.05.2020

[98]   https://www.bundesregierung.de/breg-de/themen/mythen-und-falschmeldungen/umgang-verschwoerungstheorien-1790886, 28.09.2020

[99] https://www.bmbf.de/de/so-gehen-sie-richtig-mit-fake-news-zu-corona-um-11226.html

[100] https://www.bmbf.de/de/das-sollten-sie-ueber-impfstoffe-wissen-12724.html

Federal Ministry of Health

The Federal Ministry of Health is the primary node for governmental cooperation with public health stakeholders. It maintains the comprehensive German-language website "Together Against Corona"[101], which is divided into three main sections:

1. Information about Coronavirus, including basic virology; means of transmission; protective actions; symptom recognition and management; risk factors and groups; testing; restrictions and advice on everyday life, travel, and work; targeted information for elderly people; resources for psychological self-care; and links to the Corona-Warn-App (contact tracing) and the #IchHatteCorona campaign.

2. Information about vaccines for both citizens/residents and practitioners, including a link to current vaccination statistics.

3. Information on how to contribute, entailing links to the AHA-Formel, the #WirBleibenZuhase and #FürMichFürUns campaigns, and citizen initiatives. The latter are accessed via a set of filter questions (age; health care experience; access to an automobile), and include:

   a. #CoronaCare[102], an information and networking platform maintained by the media company Focus

   b. "Quarantine Heroes"[103], a networking platform designed to arrange assistance for those in quarantine

   c. "Coronaport"[104], "Neighbourhood Saviours"[105], "The Hero Exchange"[106], networking platforms maintained by various organisations to directly connect people in need of assistance (e.g. with shopping, social contact, etc.) with people who can provide it

   d. "Nobody Remains Alone"[107], a platform to connect people in need of social contact with people able to provide it

   e. "Silver Wire"[108], a telephone-based platform to connect seniors with information and social support (conversation partners, etc.)

   f. "Coron-a-Mat"[109], a collection of tips for common complaints like loneliness or domestic irritation, and "Post-Coron-a-Mat"[110], a crowdsourced collection of things

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[101] https://www.zusammengegencorona.de/

[102] https://www.focus.de/perspektiven/deutschland-hilft-sich/

[103] https://www.quarantaenehelden.org/#/

[104] https://www.coronaport.net/

[105] https://www.kiez-retter.de/

[106] https://www.die-heldenboerse.de/

[107] https://www.keinerbleibtallein.net/

[108] https://www.silberdraht.tel/

[109] https://coronamat.de/

[110] https://postcoronamat.de/

"that we don't want to forget, once Corona is over" – both produced by the ideation SME iRights.Lab GmbH.

The website also features a news ticker with information on vaccine distribution and other current developments, as well as links to virtual events like live discussions with experts. Concise versions of the website are currently available in sign language, simplified German, English, Russian, and Turkish. The contents are targeted primarily at the general population.

Federal Centre for Health Education

The Federal Centre for Health Education maintains a parallel website with much the same categories of information[111], supplemented with printable materials, short films, and infographics designed for different target groups (e.g. printable posters for small businesses; films for children and young adults; etc.).

Robert-Koch-Institut

The primary public health research institute involved in communications measures has been the Robert-Koch-Institut, which cooperated with the federal government on all of the above-mentioned top-level policy documents and several of the above-mentioned specific campaigns. The RKI also provides information on its own website, which is primarily oriented toward a scientifically literate audience. This consists of:

- A download link for the Corona-Warn-App (a contact tracing app)
- Information on symptoms
- Weekly situation reports covering the epidemiological situation, risk assessment, test numbers, vaccination numbers, intensive care capacities, and other data points
- A dashboard with real-time updates of case numbers per state
- A vaccination dashboard with daily updates on first and second doses administered to the general population and risk groups indicated by age, medical risk, occupational risk, and residence in a care home
- An information sheet on coronavirus infection and home quarantine
- An information sheet on self-isolation at home for confirmed COVID-19 cases
- An evaluation tool of testing, quarantine, and isolation practices
- Scientific advice and regulatory decisions on vaccines
- National vaccine strategy recommendations endorsed by scientific and regulatory boards
- Links to travel information hosted by the Federal Foreign Office, Ministry of Health, and Ministry of the Interior
- Links to information on the international situation hosted by the European Centre for Disease Control and Prevention (ECDC) and World Health Organisation (WHO)
- Information about the Robert-Koch-Institut's international activities

In general, the content made available directly by the Robert-Koch-Institut is targeted at highly-educated audiences; some is intended for specialists.

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[111] https://www.infektionsschutz.de/coronavirus/

1.1.1.1. Communication strategies, plans and practices applied by organizations

General communications initiatives

A range of non-governmental organisations based in Germany have released Coronavirus-related content, mostly related to their focal areas. Examples follow:

- The Federal Centre for Political Education offers a wide range of information and discourse on the political and socioeconomic dimensions and consequences of the COVID-19 crisis (https://www.bpb.de/politik/innenpolitik/coronavirus/), including a series of videos on key political topics – such as human rights, freedom of speech, freedom of religion, and protest – which are targeted at younger adults (https://www.bpb.de/lernen/projekte/312283/der-corona-check).
- The German Association of Community Colleges (Volkshochschule) offers a range of online courses on topics directly related to COVID, such as risk avoidance and mitigation, and indirectly-related topics such as handicrafts and fitness (https://www.volkshochschule.de/verbandswelt/service-fuer-volkshochschulen/corona/index.php)
- The migrant advocacy organisation ProAsyl maintains critical information portal for migrants and a ticker of COVID-related news relevant to migrants (https://www.proasyl.de/hintergrund/newsticker-coronavirus-informationen-fuer-gefluechtete-unterstuetzerinnen/)
- The data aggregation firm Statista.de has made a wide range of statistics related to COVID-19 publicly available for free, including on topics such as the impact of the pandemic on various economic sectors (https://de.statista.com/themen/6018/corona/).
- The German Red Cross Institute for Education and Communication offers both information on relevant medical topics such as home caretaking and online courses (https://www.drk-bildungsinstitut.de/)

While some larger organisations (such as the German Red Cross) may have a formal communications strategy, none appear to have been made publicly available.

Focus on misinformation

Several organisations, primarily media organisations, have focused specifically on misinformation and disinformation. Examples follow:

- The Federal Centre for Political Education has released a series of podcasts on the topic "The 'Truth' in Corona Times: Conspiracy Theories and Myths Around the Virus." Episodes cover the various conspiracy theories currently circulating; the information infrastructure that enables their circulation, including a discussion of social media, algorithmic curation, and filter bubbles; strategies that public sector stakeholders have used to prevent the spread of conspiracy theories; and the emergence of a semi-organised "resistance" to coronavirus responses – the so-called "Unorthodox Thinker" (Querdenker) movement, which forces the question of what kinds of speech should be tolerated during a public health crisis (https://www.bpb.de/gesellschaft/medien-und-sport/306942/corona-und-verschwoerungstheorien).
- FUNK, the youth-oriented channel of the public broadcasters ARD and ZDF, runs a fact-checking video series called "Mr. Science2Go" (MrWissen2Go), which has aired several

episodes on coronavirus-related conspiracies and "fake news" in general (https://www.funk.net/channel/bubbles-11545/fakenews-zu-corona-erkennen-mrwissen2go-1680842).

- So Geht Medien, a youth-oriented channel maintained by the public broadcasters ARD, ZDF, and Deutschlandradio, has produced a series of videos on coronavirus-related facts and misinformation as part of a general series on "fake news" and other online social risks (https://www.br.de/sogehtmedien/corona-virus-fake-news-100.html).

- The Bavarian radio station BR24 maintains a regularly-updated fact check website (https://www.br.de/nachrichten/wissen/fake-news-ticker-falschmeldungen-zu-corona-im-faktencheck). This is a spin-off of its more general fact-check campaign #Faktenfuchs (#FactFox) (https://www.br.de/nachrichten/faktenfuchs-faktencheck).

- The German Association of Community Colleges has published a guideline/checklist for checking the credibility of news sources, incorporating the questions:
    - Can I find at least one more independent source for this information?
    - Do I assess the information source as credible?
    - Can I find this information on multiple sites?
    - Does the site refer to external information sources?
    - Are the central claims correct?
    - Does the information include a picture? If so, conduct a reverse-image search.

Communication strategies, plans and practices applied by communities

The City of Berlin

A formal communication strategy appears to have been defined on the Berlin level, but has not been publicly released. Key actors have included the Berlin Senate Chancellery, local district offices, the tourism promotion department Visit Berlin, and the radio broadcaster rbb24.

Another main actor is the official website of the governing mayor of Berlin – Senate Chancellery (https://www.berlin.de/corona/en/). The website is available in five different languages, as well as in barrier-free formats (e.g. sign language). It maintains information and produces YouTube videos on the entire range of coronavirus-related topics, including:

- Infection chains and contact restrictions
- Explanation of changes in prevention strategies
- Information about fines if rules are not followed
- Updates concerning testing and vaccination centres
- The hashtag campaign #BerlingegenCorona (#BerlinAgainstCorona), which has utilised several catchphrases: e.g. "withstand the waves," "talking is silver, speaking with someone is gold," "home alone? Welcome to the club," and "we keep our distance together – solidarity means avoiding new infections through social distance."

It has also implemented a beta version of a multilingual chatbot:
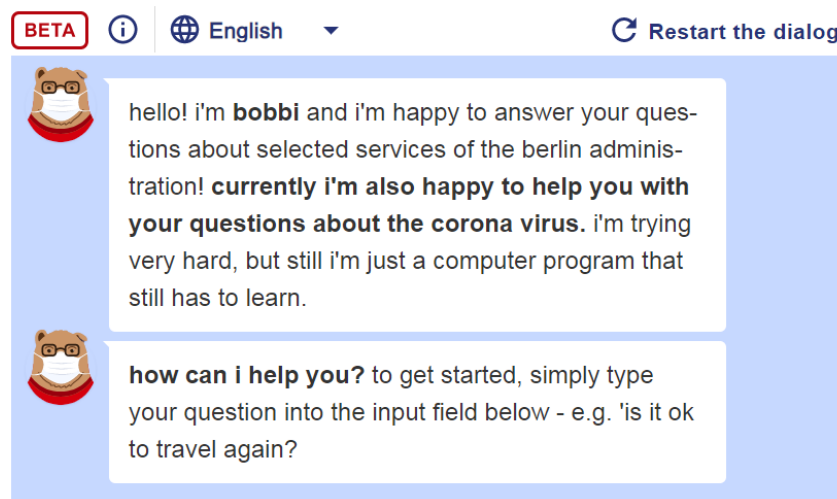
Figure 8. Multilingual chatbot preview

These campaigns were created in cooperation with the advertising and creative agency Connex Berlin, which describes its communicative aim as to "give an overview of the numerous initiatives and organizations, showing by far the most beautiful side of Berlin on all social media channels: solidarity, strength and willingness to help. The goal: to attract attention, but above all to convey confidence and joie de vivre"[112]. Further publicity was achieved through cooperation with the online magazines *Mit Vergnügen* and *Notes of Berlin*.

Targeted information

In addition to information for individuals, the Senate Chancellery has produced information resources for businesses (specifically, the Senator for Economy, Energy and Business and the Senator for Integration, Labor and Social Affairs). These resources combat the "public health vs. economy" dichotomy, emphasizing that business conditions will never return to normal unless the public health risk is contained. Links are provided to information on support mechanisms for small businesses, non-profits, self-employed persons, and other vulnerable economic actors.

In cooperation with the Senator for Economy, Energy and Business, Visit Berlin and the German Hotel and Restaurant Association (DEHOGA) ran a highly visible poster and online campaign.[113] Two elements of its strategy can be assumed to be multilingual and multicultural outreach and the use of humour as a communication technique.

Multilingual and multicultural support

Berlin is a superdiverse city, as recognised by integration coordinator Katarina Niewiedzal: "We have mainly provided people from different communities with official information via social media channels - low-threshold and multilingual." The public radio broadcaster for Berlin and Brandenburg, rbb24, has produced information on regulations and risk avoidance and mitigation measures in German, English, French, Italian, Romanian, Polish, Turkish, Arabic, Persian, African-English, Creole and Azerbaijani.

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[112] https://www.connex-berlin.de/

[113] https://about.visitberlin.de/unsere-initiative-zum-einhalten-der-corona-regeln

Multilingual counselling is also available online, by phone, and face-to-face (subject to regulations). Support was provided by the Intercultural Awareness Team (Interkulturelles Aufklärungsteam, IKAT.[114]

These include:

- A regularly-updated blog featuring updates on local regulations, case numbers, political decision-making processes, and events (e.g. sporting events).[115]
- #WieGehtEsUns? (#HowAreWe?), a human-interest series highlighting individual experiences of the pandemic, its effect on various economic sectors (such as the fitness branch and local bars and restaurants), and means of coping with physical, psychological, social, and economic distress.[116]

The use of humour and local cultural idioms

The Visit Berlin website states that "With a [so-called] 'Berlin snout' (Berliner Schnauze = sassy or sharp tongue) and humorous motifs, we advertise in the city, and especially among visitors to bars, cafés and restaurants, to urge compliance with the pandemic measures such as the obligation to wear mouth-to-nose coverings and to keep your distance".[117] Slogans include "mask on – otherwise the bar is closed" and "keep your distance – or your favorite dive bar will black out before you can [pun: *dicht* =

closed or drunk]." This campaign was launched in September 2020, and ran until the end of October 2020, focusing on tourist hotspots (e.g. Warschauer Straße, Rosenthaler Platz, Hackeschen Markt, Kastanienallee, Alexanderplatz). The campaign was well-received, winning a special award at the Advertisement of the Year 2020 competition.[118]

Notably, an earlier campaign poster designed by the city government with 'Berlin snout'-humorous intentions, featuring the slogan "A raised middle finger to everyone without masks: we obey the Corona rules", proved more controversial.

Centre-right politicians criticised this particular poster, while the local newspaper Tagesspiegel praised it, stating that the critique itself served a purpose of drawing attention to the seriousness of the situation.[119]

Figure 9. Berlin campaign poster

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[114]   https://www.rbb24.de/politik/thema/2020/coronavirus/beitraege_neu/2020/11/berlin-massnahmen-migranten-deutschkenntnisse-integration.html   and   https://chance-berlin.com/index.php/unsere-angebote/interkulturelles-aufklaerungsteam-gesundheitsmittler

[115] https://www.rbb24.de/panorama/thema/2020/coronavirus/

[116] https://www.rbb24.de/panorama/thema/2020/coronavirus/wie-geht-es-uns-/wie-geht-es-uns-.html

[117] https://about.visitberlin.de/unsere-initiative-zum-einhalten-der-corona-regeln

[118] https://awards.die-zeitungen.de/anzeige-des-jahres/

[119]   https://www.theguardian.com/world/2020/oct/14/berlin-gives-middle-finger-to-anti-maskers-in-tourism-agency-ad

CONNEX BERLIN:

- #Berlin gegen Corona: #Berlin against Corona: With the campaign #BerlinGegenCorona, the Senate is addressing Berliners directly - to encourage them, but also to promote consideration and solidarity, as well as information and assistance.
- Responsible person: senate
- Solidarity and Community: home alone? Welcome to the club
- Strength and Helpfulness
- Goal: create attention, confidence and joie de vivre
- Strategy: portraits of people living in Berlin
- Channels: Instagram, use of hashtag, Cooperation with the Online-Magazin "Mit Vergnügen" and „Notes of Berlin" ⬜ bigger range of communication, posters around Berlin
- Open communication of their communication strategy on their website
- Catchphrases: „Drinnen, draußen und im Kasten", „Den Wellen standhalten", „Überdurchschnittlich Lust auf Ausgehen"
- "Reden ist Silber. Mit jemandem sprechen Gold." („Talking is silver. Talking to someone is gold.")
- "Wir halten zusammen Abstand." ("We keep our distance together.") – Solidarität heißt, durch soziale Distanz Neuansteckungen zu vermeiden. („Solidarity means preventing new infections trough social distancing.")

Targeting misinformation

The District Office of Neukölln has produced multilingual videos that debunk myths and conspiracy theories surroundin the virus, and most recently, vaccines.

> *"People don't just listen to public broadcasting. Many are more likely to get information in their native language. They are on the move in social media and are more likely to watch forwarded Whatsapp videos than to look at the official gazette. That's why we serve all media - with the clear message: we can only defeat Corona together. And broad vaccination readiness is part of that."*

Videos are available in Turkish, Bulgarian, Romanien, Arabic, and German, reflecting the multicultural composition of the District itself.[120]

1.7.2 COVID-19 communication analysis

National

For Germany, high levels of trust in the government can be observed throughout most of the pandemic due to their focus on collecting and analysing data and communicating the results to the public. Clear expectations, transparency and epidemiological considerations to the public on the criteria for government decision-making further helped to gain public trust (Wieler, Rexroth & Gottschalk 2021; Sjölander-Lindqvist et al. 2020). Communication was clear in its focus on individual responsibility and self-discipline; and speeches by government actors focus on democtracic values of the German (Sjölander-Lindqvist et al. 2020). However, over time, a rupture in consensus can be observed (Holzscheiter 2021). The cumulative impact has been severe: the COSMO COVID-19 Snapshot

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[120] www.berlin.de/ba-neukoelln/corona/impfengegen-corona-wem-kann-ich-glauben-1050378

Monitoring study indicates that between April 2020 and March 2021, trust in the federal government has dropped significantly. This trend is most severe among the disadvantaged: 77% respondents identified as belonging to the "precarious" social milieu reported that their trust in the federal government had decreased during the pandemic, as compared to 55% of the population as a whole[121].

International

Initial comparative analysis of German communications strategies and strategies in the UK, Austria, and Switzerland has been conducted.

The first thing to note is that all four countries entered the COVID-19 crisis with pandemic preparedness plans in hand. These plans addressed the need for risk and crisis communication tailored to hard-to-reach and at-risk population groups, mentioning age and language ability in particular as factors that influence information behaviour. The German plan furthermore suggested that materials targeted to these groups should be pre-tested during interpandemic phases. Despite these precautions, our research suggests that early risk communications measures taken in all four countries did not match up with early scientific assessments of the likely severity of the coming crisis, especially with regard to vulnerable groups.

Once communications were underway, common dimensions, such as an emphasis on solidarity and valued institutions, became apparent. The UK, for instance, focused on slowing the spread of coronavirus and reducing the impact on NHS services, Germany's March 2020 campaign 'How We Will Bring COVID-19 Under Control' ('Wie wir COVID-19 unter Kontrolle bekommen') focused on the promotion of self-protection behaviours and emphasised the moral obligation to protect others in one's immediate environment. It also promoted civil society solidarity, as well as the need to bear with restrictions and deprivations for an extended period of time.

In both Germany and Austria, appeals were made to emotion. Press conferences were used both to increase morale and, occasionally, to induce fear of the virus and increase endurance of the audience. Furthermore, press conferences were used to show unity of the governing parties. Both Austria and Germany also used targeted communications measures to raise awareness of the health risk to vulnerable populations, in particular age groups 65+. Germany aspired to move the pandemic narrative towards a more serious tone in order to sharpen awareness of the risks facing the population as a whole and vulnerable groups in particular. This meant to move away from mortality statistics, which can sound insignificant in percentage terms and suggest that the disease primarily affects the elderly, toward a more emotionally-charged emphasis on individual' real experiences of risk and suffering.

1.7.3 Main learnings and best practices

Germany appears to present a comparatively successful case of crisis, risk, and health communication. Positive practices include the following:

- A pandemic preparedness plan was created and regularly updated, which included comprehensive sections on communication strategy based on social scientific research
- Communications planners were encouraged to conduct audience testing of core health-protective messages during the relative calm of inter-pandemic periods, especially with regard to vulnerable groups

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[121] A social milieu is a group of people who share common values and socioeconomic status indicators, the interplay between which help determine everyday lifestyle.

- A simple and uncontroversial core message emphasising easy behavioural modifications – the AHA Formula – was identified quickly after the recognition of the crisis, and has been maintained consistently throughout all subsequent communications
- A multi-channel
- Steps were taken to harness the psychology of risk by telling true stories of harms suffered by a wide range of real individuals, but in a calm and objective manner and without resort to the rhetoric of panic
- Private sector competence in fields such as design, as well as with regard to specific target groups (e.g. youth), was harnessed through framework contracts
- The WHO recommendation to adopt culturally sensitive messages was taken seriously, especially in Berlin, where local humour was adopted as the cornerstone of an award-winning communication strategy.[122]

Guidelines

Lessons learned follow:

- Crisis and risk communications plans should be scientifically informed with regard to strategy as well as content: i.e. not only must the content transparently reflect the natural scientific consensus with regard to the risks at hand, the strategy should (transparently) reflect the social scientific consensus with regard to inclusive communications
- Private sector competence, for instance in fields such as design and market research, should be harnessed when feasible
- In large countries, local authorities and stakeholders have a crucial role in ensuring that communications reach groups that may not be sufficiently represented on a national level to warrant targeting by federal authorities
- Likewise, local authorities and stakeholders should translate the core messages promoted by federal authorities into languages and cultural idioms that resonate with local populations

Relevant indicators

Specific indicators used to assess the German communication strategy have not yet been found; however, public opinion surveys utilising standardised questions for tracking trust in government communications could prove a useful inspiration for the project: see, for instance, the Federal Press and Information Office's Trend Questions Corona series of tracking surveys, which ran from Week 12 to Week 41 of 2020 (https://search.gesis.org/research_data/ZA7651).

1.7.4 Additional (country-specific) comments/reflections

Forthcoming comparative analysis with the Swiss and Austrian cases should provide a multiperspective view on governmental and social structural factors influencing communications planning, as well as on the outcomes of different strategies within different social contexts.

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[122] https://awards.die-zeitungen.de/anzeige-des-jahres/

1.8 **Greece**

1.8.1 **Communication strategies, plans and practices**

Prior to the COVID-19 pandemic, an influenza pandemic preparedness plan was in place. The Influenza Pandemic Action Plan was created since 2005 but has undergone substantial revision since then due to the evolving threat from new influenza strains, the influenza A (H1N1) 2009 pandemic and the subsequent program of pandemic planning and exercises that have been implemented. The Plan is currently being revised and adapted again, depending on the course of the pandemic and international information from the relevant agencies, as well as the National Pandemic Council (Economou, Kaitelidou, Konstantakopoulou, & Vildiridi, Police responses for Greece 5.Governance, 2021). Nevertheless, because prior pandemics or epidemics have been presented many years before, the communication plans were also of a very basic level. The absence of many social media as well as the fact that the internet access was not that popular during those periods of time, resulted to having all the communication being made through tv and print media or printed materials in places such as schools, transportation, hospitals etc. Hence, a holistic communication strategy was not defined, as there were only efforts, to inform and sensitize the public in a user-friendly way.

In addition to pandemics, it has to be underlined that Greece is a highly earthquake -prone country and thus, people are educated from young age to be safe during an earthquake. Guidelines and safety protocols are communicated through media such as tv, radio and newspapers as well as in schools and offices there are frequently emergency exercises following the guidelines from governmental sources (General Secretary of Civil Protection, n.d.). Due to the fact that Greece is not a highly populated country, there were not any pandemics or epidemics the last years in order to be implemented specific communication strategies. However, when it is necessary specific communication strategies emerge such as:

(i) during summer months there are mainly tv spots to inform citizens for communicable diseases such as West Nile Virus

(ii) every fall there is a campaign to inform and encourage citizens to get vaccinated for influenza.

In addition, travel guidelines are always available to EODY website dedicated to countries with communicable diseases such as EBOLA or Malaria (National Public Health Organization, n.d.). Except from tv spots, there are often printed posters put accordingly in public services, pharmacies, and health related places. Since 2017 the General Secretary of Civil Protection (GSCP) published guidelines and prevention information for emergency situations such as wildfires (especially during the summer period). Also, the GSCP created a campaign encouraging people to create a plan for any emergency to always be prepared and know how to react in each crisis. The campaigns are available in the GSCP website and social media whereas more often advertising spots are communicated through national broadcast tv channels (General Secretary of Civil Protection, n.d.).

National Public Health Organization (EODY)[123]

In Greece, the National Public Health Organization under the supervision of the Minister of Health develops and promotes actions aimed at promoting health, preventing chronic diseases and reducing, in general, the burden of non-communicable diseases. The predominant functions of the EODY include

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[123] https://eody.gov.gr/eody/.

activities such as epidemiological surveillance, risk assessment, scientific consultation, preparedness and response, provision of reliable and comparable epidemiological data and statistics to national, European, and international authorities; education and training in the field of public health, informing the public and health professionals about the risks of serious health threats and promoting public awareness-raising actions.

EODY is the operational center for the planning and implementation of public health protection actions, maintaining readiness to respond to emergency health risks and adjusting its operations to the needs of the country and the international organizations with which EODY collaborates. Some of its key goals include; the epidemiological surveillance and monitoring of the consequences of communicable diseases on public health, developing and taking preventive measures and informing the target population on how to protect their health and safeguard their well-being, measures aimed at protecting the population against all kinds of communicable disease threats promoting actions aimed at improving health, preventing chronic and non-communicable diseases and addressing adverse health conditions (National Public Health Organization, 2021).

Hellenic Ministry of Health[124] - General Secretary of Civil Protection[125] - Hellenic Ministry of Citizen Protection[126]

All the above ministries and their specialized bodies create campaigns for COVID-19 or adopted the general one to inform further their employees and citizens. Specifically, the ''Menoume Spiti'' was communicated through all governmental entities and ministries but during special occasions such as summer or Christmas holidays some ministries create tv spots to promote further the communication for COVID-19. For example, the Ministry of Citizen protection where the Hellenic Police belongs and it is the main body in charge for the measures implementation, created a tv spot with Santa Claus with an undergoing message to remind people about the importance of keeping the measures even during holidays (Hellenic Police, 2020). Other than that, the General Secretary of Civil Protection with the completion of the first wave created a sentimental tv spot to give courage to citizens and both in the first and second wave communicate multiple material regarding COVID-19 (General Secretary of Civil Protection, n.d.).

Communication strategies, plans and practices applied by governments

From the beginning of the pandemic in Europe, the Hellenic Ministry of Health launched an information campaign using graphic illustrations of WHO hand hygiene guidelines, as part of official efforts to raise public awareness on the best ways to limit and delay the spread of COVID-19 (Hellenic Ministry of Health, 2019). The campaign communicates advice on hand hygiene, physical distancing, as well as personalised guidance for specific segments of the population, such as the elderly, vulnerable groups, and children (Economou, Kaitelidou, Konstantakopoulou, & Vildiridi, 2020). When the first cases confirmed in Greece the second and official holistic campaign was launched using the slogan of ''Menoume Spiti'' (We stay at home). The campaign was broadly communicated through TV, newspapers, magazines, on the radio, online, on social media and on billboards. Information and guidance to healthcare professionals, to people using public transportation, to the elderly, and to vulnerable groups, as well as psychological support for adults and children during the home-isolation and universal lockdown enactment, are also available on the websites of the Ministry of Health and

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[124] https://www.moh.gov.gr/.

[125] https://www.civilprotection.gr/el.

[126] http://www.mopocp.gov.gr/main.php.

Hellenic National Public Health Organisation (National Organization of Public Health, 2021) accordingly and on the official dedicated twitter and Instagram pages of the campaign "MenoumeSpiti" ("We stay home"). All the governmental information and advice on COVID-19, including the policies and decisions, the restrictions and guidelines that are in force, answers to frequently asked questions, information on the Government's arrangements during the state of emergency, as well as on the coronavirus information packs from different ministries, is accessible on the dedicated webpage covid19.gov.gr (Economou, Kaitelidou, Konstantakopoulou, & Vildiridi, 2020).

The first step of the communication strategy and mainly the campaign that was launched had as a goal to create awareness on the public about the pandemic. After the initial stage of the information sharing regarding the pandemic the second step was to educate people on all the necessary hygiene guidelines as well as on the preventive measures, aiming to break the chain of infections and combat disinformation. The campaign has been regularly updated being adapted to the necessary changes each wave demanded. The government collaborating with the Ministry of Health and EODY when created the communication strategy set clear the goals for the campaign. Due to citizens in Greece were not familiar with emergency crisis it was the first attempt in a holistic process to inform people and communicate in a simple and instant way. The first goal was to create a communication tool between citizens and officials for the former to be informed in an easy and comprehensive way. Since the campaign was communicated with all the available tools and mainly through tv channels with a broad range, they managed to share the message to a broad audience to keep people up to date and protect them from fake news. However, the campaign was not limited only to tv; it was communicated through social media, printed ads, radio and generally in all available ways, targeting different groups, ages and population. As part of the information campaign carried out by the General Secretariat for Civil Protection, an emergency alert was sent on March 11th, 17th and 22nd to smartphone devices in the country (iefimerida, 2020) which reoccurred (and continues to occur) whenever deemed necessary. The emergency alert was sent through the Emergency communications service number, 112, which is also the number that can be used for citizens in any kind of emergency in the European Union (General Secretary of Civil Protection, n.d.). Further, a 4-digit line 1135, created on March 7th (General Secretary of Civil Protection, 2020), has been operating on a 24/7 basis directing people to the National Public Health Organization's call center in order to provide information and answer any questions regarding to COVID-19 (Economou, Kaitelidou, Konstantakopoulou, & Vildiridi, 2020).

The government is mainly responsible for the development of the communication strategy, which has been adjust to the needs of each COVID-19 wave and the new measures each period demanded. When the campaign communicated a message regarding isolation, hygiene guidelines, vaccination information etc. always referred to either WHO guidelines or to national experts committee decisions or guidelines and advice from the European Commission, to reinforce these messages. In addition, since the beginning of March, a live daily briefing (at 6 pm) (National Public Health Organization, 2020) was taking place, where the Head of the Expert Committee on Infectious Diseases appointed for the combat of COVID-19, serving as the Spokesperson for the Ministry of Health, provided the public with the latest updates globally and nationally with regard to new cases, deaths, cases in critical condition, treatment options and vaccine development (Economou, Kaitelidou, Konstantakopoulou, & Vildiridi, 2020). The communication strategy was implemented through all ministries and public services. In addition, the campaign was communicated through various ways and it was adopted from various entities. In more depth, regarding the media all radio and TV stations were broadcasting one-minute-long information messages on the prevention of the spread of the Coronavirus COVID-19. The Journalists' Union of Athens Daily issued an announcement on 18 March 2020 reminding all press

stakeholders of their obligations about factual reporting, abstinence from spreading fake news and compliance to journalistic deontology against the TV station (Journalists' Union of Athens daily newspapers, 2020) (Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications, 2020). The communication messages through the campaign had generally the same content for all target groups. The only differentiation was in guidelines for older people or persons with chronic diseases who were called vulnerable groups and the importance of staying health was underlined. In addition, messages and information were available for deaf people in every live broadcasting or by being able to access all the information regarding COVID-19 in the Development of Accessible Digital Educational Material [website](#) (Ministry of Education and Religious Affairs, Institute of Educational Policy, n.d.). Finally, all the guidelines of COVID-19 were translated into seven different languages (Κορωνοϊός Covid 19 – Χρήσιμες Οδηγίες, 2020).

During the whole period of COVID-19 the Prime Minister used mass media such as the tv to address the Greek population regarding new measures and information. His messages have been broadcasted live from all tv channels so as for all the citizens to be able to have access to the actual content of these messages. According to Tsekeris and Zeri, 2020 the basic news source for the pandemic for Greeks is television (48%), and followed by websites (25.4%), health officials (9.1%), media social networking (7.5%), radio (3.7%), family and friends (2.9%), newspapers (1.8%). Thus, the communication through tv spots and live broadcasting were quite effective (Tsekeris & Zeri, 2020). The communication strategy evolved during the pandemic waves keeping the same core content by only changing the specific message that had to be emphasized among the waves. For example, In the first wave the message was to stay home and keep safe, taking care of all the hygiene protocols. During the second wave, the pre-mentioned message was accompanied by the strong vaccination campaign, which lasts till the current (third) pandemic wave. Currently during the third wave the predominant campaign is in regard to vaccination. The [National Vaccination Campaign](#) was launched to inform citizens about the COVID-19 vaccination plan (Hellenic Ministry of Health, National Vaccination Campaign, n.d.). Information was shared for frequently asked questions about the COVID-19 vaccine to even appointments procedure and motivating people to book their appointment since the slogan now it is ''Den Fovomaste Emvoliazomaste'' (We are not afraid we got vaccinate''). Multiple tv spots were created to encourage people to participate volunteering to vaccination and to share all the necessary information regarding the vaccination plan (Hellenic Ministry of Health, National Vaccination Campaign, n.d.). Finally, the National Vaccination Campaign materials are supported from the ONASSIS foundation.

Incidents of fake news and misinformation have been reported. In specific, according to news articles, on 6th March 2020, the Minister of Health pressed charges against a newspaper for spreading fake news and offence according to [article 191](#) of the Penal Code (Naftemporiki, 2020). Further, the National Council for Radio and Television (NCRTV) also received complaints against a TV station which advertised a commercial ointment as minimising the risk of Coronavirus COVID-19 contamination. NCRTV immediately initiated disciplinary procedures against the TV station (Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications, 2020). In any case that the spread of fake news could lead to a devastating result the legal path was chosen. However, the government created a dedicated web page regarding COVID-19 myths and misinformation. In the dedicated [webpage](#), there were scientific responses to myths in regard to COVID-19 as well as answers to frequently asked questions (Hellenic Ministry of Public Health, n.d.).

Communication strategies, plans and practices applied by organizations

IOM: International Organization of Migration, Regional office in Greece abides by the communication strategy established by IOM's HQ. In regard to COVID-19, IOM has raised concerns regarding human mobility and has based the communication strategies from a mobility perspective based on previous

emergency cases such as the Ebola outbreak (IOM, 2021). In cooperation with WHO and UN network on Migration, IOM addresses concerns on both a regional and international level. IOM bases the communication strategy on recommendations that stem from partners in the Communication and Community Engagement network (RCCE). Culturally and linguistically adapted communication messages: IOM provides technical guidance and other tools in order to ensure that migrants are included in national, regional and global outreach campaigns (IOM, n.d.). Community engagement activities: IOM is in constant communication with communities to receive feedback specifically for mobility corridors, entry points, and between migrant and mobile population networks, including tour operators, travel agencies, employers and recruiters. Adapted psychological first aid for pandemics: IOM recognizes the necessity to develop the capacity of health workers and other relevant experts, based on previous models developed for endemic/pandemic outbreaks such as the Ebola outbreak (IOM, n.d.). Information on good hygiene practices: IOM issues digital leaflets and informative posts with the goal of having communities incorporate health recommendations through the development and dissemination of information and educational communication materials adapted to the needs of migrants and related communities. Consultations with communities and local associations: This objective includes associations led by women, organizations of individuals with disabilities, students, children or youth networks, enhancing their participation and community outreach efforts in order to allow improved accountability for affected populations, particularly migrant and refugees on temporary camps that may have and/or risk being infected by COVID-19. Prevention and recovery of violence, discrimination and xenophobia: This objective is met through community participation by promoting messages and activities of social cohesion prior and during the pandemic. Cross-border awareness raising: This type of effort is supported at the community level in close coordination with municipal authorities in border communities, as well as by training municipal officials and community members on preparedness and prevention measures, using appropriate physical and medical precautions. This information/communication effort has an international, regional and a local scope which aims to raise awareness on health hazard issues such as COVID-19. Repository of products and practices for inclusive communications for migrants: Communication material has been developed as well as the development and translation of standard messages for migrants on recommended measures and rights of assistance (IOM, n.d.). Commitment of migration authorities: Due to its characteristics, powers and scope, IOM recognizes the necessity to involve and secure the commitment of migration authorities to support communication activities against COVID-19 at border points, such as by disseminating information, as well as advice on prevention and when/how to seek medical care for travellers (IOM, 2020). IOM recognizes that the public likely perceives migrants, refugees and individuals with disabilities as groups of people with elevated risk exposure, thus, tailors the communication strategies according to the needs of the communication campaign (IOM, 2020). Overall, IOM classifies migrants, refugees and people with disabilities a highly vulnerable groups of people, thus, aims to constantly work on effective communication, based on a holistic approach in regard to the means of communication, to minimize the impact and strengthen ties with the migrant population and authorities and actors close to said population, as a necessary baseline to face the pandemic.

UNHCR – The UN refugee Agency: The UNHCR has similar modus operandi to IOM, thus, places emphasis on the well-being of both indigenous citizens and Migrants and Refugees. The Refugee Agency in cooperation with Solidarity Now, among other intergovernmental organizations, has uploaded several podcasts and posts, available in several languages which intent to raise awareness on COVID-19 and how to enhance personal hygiene during the pandemic, as well as topics revolving

around awareness on disinformation campaigns (fake news) and practices on how to avoid falling victim to malicious propaganda and disinformation (UNHCR, n.d.). These podcasts include: Say No to fake news, COVID-19: Instructions for home care of patients and State Guidance on Worship and Ramadan in the times of COVID-19 (UNHCR, n.d.). Concluding, the UNHCR issued a paper on March 16, 2020 highlighting the need for States to ensure the effective access of asylum applicants to the asylum procedure despite the health measures taken which aim to tackle COVID-19 (UNHCR, 2020). The UNHCR has a targeted communication strategy which is highly similar with the abovementioned strategy employed by IOM.

WHO: In 2018, the World Health Organization begun the process of establishing new country office in Athens, Greece, which were tasked of providing a platform for daily collaboration with the Greek Ministry of Health and other public health stakeholders, setting national health priorities (WHO, 2018). The establishment of the new office, set to be operational for the next five years, was based on a variety of factors which include Greece's resilience and successful management of the initial COVID-19 outbreak, the experience the country gained in regard to patient care and safety quality with the establishment of the National Organization for Quality Assurance in Health (Ekathimerini, 2020). The Country Office is tasked to provide assistance to the Greek Government which is aimed at shaping the national health agenda, provides technical support, support and leadership in quality of healthcare and patient safety, monitors and assesses health trends. The office supports the host country in its efforts towards universal health coverage, a sustainable and effective health system, taking a holistic health-system approach (WHO, n.d.). The priorities for the Country Office are set out in a biennial workplan between WHO/Europe and the host country, implemented in close collaboration with national institutions and international partner agencies (WHO, n.d.)**.** Similarly, to IOM and other relevant organizations, WHO's communication strategy emphasizes the need of providing adequate healthcare and welfare assistance on vulnerable populations, particularly minority populations, forcibly displaced individuals, refugees and migrants of all ages that have a high-risk exposure from health hazards. In order create more efficient communication strategy and methods, in 2013 WHO initiated The Emergency Communications Network (ECN) designed to build cohorts of trained, tested and trusted communication officers in WHO, partners and Ministries of Health (WHO, n.d.). To this day, WHO has trained 230 communication officers and have been deployed to emergencies through the world (ibid). WHO frequently uploads posts, podcasts, informative material in digital form in a variety of languages, predominantly languages spoken by host countries and countries of origin in regard to refugees and migrants. The communication strategy is developed and implemented by the assigned communication teams in the respective regional and national communication office, aligned with the main core values and holistic approach of the organization. The informative material which is provided by WHO's office in Greece emphasizes on daily and weekly news feed on health issues, including physical and mental issues, which seek to raise awareness aimed in increasing prevention and a better way to handle health hazards such as COVID-19. In addition, WHO has offered in-site assistance on refugee and migrant camps on Greek islands (Lesvos), which can also be considered as part of the communication strategy, which supports the active offer of assistance to vulnerable groups. With the rapid assistance offered towards vulnerable groups, just two years since its establishment in Greece, the national WHO office succeeds in carrying out several objectives defined by the overall communication strategy. Concluding, the local country office website offers a variety of nation-specific news, events, publications, data and statistics, daily information on COVID-19, infographics and media in over 30 languages revolving around COVID-19 and other health hazards based on qualitative and quantitative research (WHO, n.d.).

Médecins Sans Frontieres: Médecins Sans Frontières (MSF) is an independent, international, medical humanitarian organisation tasked to deliver emergency aid to people affected by armed conflict, natural disasters, epidemics such as COVID-19 and exclusion from healthcare. MSF aids people based on need, irrespective of religion, race, gender or political affiliation (MSF, n.d.). Medecins Sans Frontieres has issued a report on March 12, 2020 highlighting need to evacuate refugee camps on Greek islands due to unhygienic conditions and overcrowding which pose an imminent threat to public health (MSF, 2020). MSF communication strategy has revolved around the abovementioned core principles and operates several healthcare centres in Athens, Central Greece, Northern Greece and Northern Aegean Islands. Specifically, MSF responds to the medical physical and mental needs of asylum seekers, migrants, pregnant women, tortured survivors, providing cultural mediation, legal aid, mental and physical healthcare, reproductive and health promotion, among other relevant activities, often in cooperation with other public health stakeholders like Solidarity now. The local MSF office's communication strategy include daily and weekly news updates on a variety of topics, mainly in regard to healthcare issues and hazards, and socio-political developments that directly influence the highly vulnerable populations such as refugees and migrants. In addition, MSF shares the stories of vulnerable individuals via interviews and posts to raise awareness of health-risking issues that these vulnerable groups deal with (MSF, n.d.). Part of MSF's communication strategy is to share informative content via videos, events, digital magazine, photos and reports of activities. The two latest publications emphasized on COVID-19, aimed at raising awareness on the implementation of prevention mechanisms, good hygienic practices, offering information of the COVID-19 status quo in Greece and MSF's activities in regard to the pandemic (MSF, 2021). MSF's communication strategy draws data from own activities, other public health stakeholders such as WHO and has a holistic approach in regard to topics and target groups.

Stavros Niarchos Foundation: Stavros Niarchos Foundation Cultural Centre is a well-known organization which is supervised by the Ministry of Finance and actively engages in a wide range of cultural, educational and sport activities. Regarding COVID-19, SNF hosts a wide range of COVID-19 related informational resources by highly reputable sources such as Johns Hopkins University, iMEdD (the incubator for Media Education and Development), Chatham House, Mount Sinai Health System, NewYork–Presbyterian, Northwell Health, Montefiore Health System, UNICEF and UNICEF USA, Child Mind Institute and Center to Advance Palliative Care (SNF, n.d.). The communication strategy of SNF, which includes the information resources aims to support civilians of all ages, without discrimination during the pandemic and includes, via partners, access to daily video chats with clinicians, free online resources to healthcare professionals on communicating with patients and families, practicing telemedicine, and managing symptoms as well as general information regarding COVID-19. SNF has been engaged in a variety of COVID-19 informational activities, including YouTube videos, digital leaflets, facilitation of online, livestreaming lectures among other activities. The latest lecture emphasized on Covid-19 and patients during in pregnancy, children and teenagers (SNF, 2020). More importantly, SNF and partners, have facilitated the SNF global relief initiative for the COVID-19 pandemic, an investment of more than $100 million on prevention, handling and research revolving around COVID-19 (SNF, 2020). The initiative emphasizes in medical research focused on effective testing, treatment, and prevention related to Covid-19, whilst SNF has invested an additional 400 million dollars into the construction of three new hospitals, emergency and diagnostic equipment, nursing education, trauma care training and infectious disease training in Greece (SNF, 2020). The communication strategy of SNF actively employs a variety of means, including social media platforms,

events, webinars and news articles. SNF has adopted a holistic approach towards the pandemic, based on its principles and has a wide target group.

Oloi mazi mporoume: Oloi mazi mporoume is an entity with an orientation towards social, educational, environmental, welfare and medical topics. Since 2011, Oloi mazi mporoume has conducted several activities such as facilitating voluntarily blood donations, recycling, activities of volunteers tasked to clean the environment and plant trees (environment rejuvenation activities), facilitation of educational sessions (use of computers and internet), collection of medicine, food and donations of necessary items (Oloi Mazi Mporoume, n.d.). This entity has active partnerships with both non-governmental organizations, governmental agencies and intergovernmental organizations. Oloi mazi mporoume has actively used social media platforms, Facebook in particular, to spread awareness over covid-19. Oloi mazi mporoume in cooperation with the municipality of Attica, Medical Association of Athens and the National Organization of Public Health has promoted an application titled «Doctor Next 2 me», without charge, so that citizens that may have questions in regard to COVID-19 can contact volunteer healthcare experts (Oloi mazi mporoume, 2020). Citizens may request custom medical information online from medical professionals via video call, without having to visit a hospital.

PRAKSIS: Similarly, to the abovementioned Refugee and Migrant-related Organizations, PRASKIS is a localized refugee entity, founded in 2004, which adheres to the same communication strategy in regard to the pandemic (PRAKSIS, n.d.). One of the main objectives of PRAKSIS is to combat socio-economic exclusion of socially vulnerable groups of people and advocating in favor of their human rights. PRAKSIS's main principles are based in prevention, immediate intervention and support. PRAKSIS is highly active all over Greece, particularly in Attica, Central Macedonia, Lesvos, Samos, Chios and Patra (PRAKSIS, n.d.). The Organization emphasizes on vulnerable individuals that may be deprived from basic needs such as on refugees, migrants, economic migrants, asylum seekers, unaccompanied minors, sex workers, drug users – addicts, trafficking victims, Greek Roma community members, individuals that have sexual-transmittable diseases/viruses, homeless and individuals without medical coverage or any short of financial income (PRAKSIS, n.d.). Besides actively advocating for the human rights of vulnerable individuals, PRAKSIS has engaged in capacity building, public awareness raising, research, development of a constant flow of information, regulation change documentation, best practices exchange and community-based activities (PRAKSIS, n.d.). PRAKSIS provides temporary housing, socio-psychological and legal support, interpretation and cultural mediation services, basic needs services and products. PRAKSIS is a member and actively cooperates with the national and European network, thus, participates in several European-funded programs. In regard to COVID-19, PRAKSIS has been in constant communication with the Hellenic Organization of Public Health (EODY) and employs a wide range of public communication means to promote their public awareness raising campaigns such as tv, magazines, radio and social media (PRAKSIS, 2020). PRAKSIS bases the communication campaign mainly on governmental sources drawn from the Hellenic Organization of Public Health (EODY) (PRAKSIS, 2020) and besides informational content within PRAKSIS's webpage, this NGO has shared leaflets on five languages (Greek, English French, Arabic, Farsi) with detailed information for COVID-19 protection measures (PRAKSIS, n.d.).

Hellenic Society of Cardiology, Hellenic Atherosclerosis Society and Me odigo ton diaviti: These entities have a clear medical orientation (Cardiovascular conditions and Diabetes). As part of their communication strategies, they engaged in awareness raising and publication of content related to prevention methods (Me Odigo ton diaviti, 2020), facilitation of COVID-19 related webinars (Hellenic Atherosclerosis Society, 2020), vaccination (Naftemporiki, 2021), information regarding the respective

medical condition and COVID-19. Their communication strategy has emphasized on patients that may have a cardiovascular condition, diabetes, their relatives, caregivers and other medical experts (Hellenic Society of Cardiology, 2020).

Concluding, it should be mentioned that there are several non-governmental organizations and intragovernmental organizations of similar or lesser calibre, which abide by and employ the COVID-19 awareness - information campaign of official entities. In this section, it has been decided that the most prevalent NGO and Intragovernmental entities shall be included, without however diminishing the importance of additional, likely lesser-known entities that base their informational campaign on official entities.

Communication strategies, plans and practices applied by communities

n/a

1.8.2 COVID-19 communication analysis

n/a

National

n/a

International

n/a

1.8.3 Main learnings and best practices

n/a

Guidelines

n/a

Relevant indicators

n/a

1.8.4 Additional (country-specific) comments/reflections

n/a

1.9 **Portugal**

1.9.1 Introduction/Method

In this task of reviewing COVID-19 communication in Portugal, we collected information in a systematic way: first by compiling and structuring it into an excel, then by using the information already duly divided and systematized for this document.

In the information search phase, we initially looked for COVID-19 (and pre-covid-19) communication plans and strategies developed by government entities. Not having much success, the focus turned to COVID-19 (and pre COVID-19) communication plans and strategies developed by public health entities.

In a second phase of research, we looked for articles on COVID-19 communication to the population (or to specific target populations), both by governmental entities and by public health entities (including videos, brochures, scientific articles, etc).

In a third phase, we looked for COVID-19 communication strategies from organizations (such as the Order of Psychologists, the Portuguese Medical Order and the Authority to Working Conditions). We tried to complement this information with communication articles from the same organizations to the population (or specific target populations).

In a fourth phase, we searched for articles analysing or evaluating COVID-19 communication in Portugal (preferably scientifically based).

It should be noted that all these steps followed the literature review method proposed by Chitu Okoli (Okoli, 2015).

1.9.2 Communication strategies, plans and practices

Governmental communication plans/strategies prior to COVID-19

After a long and exhaustive research, we didn't find any governmental communication plans or strategies prior to COVID-19 in crisis context. We only found a communication plan that aimed to fight against the 2007 influenza pandemic, which was developed not by the government but by the public health stakeholders. The strategy is described further below, in the section dealing with strategies applied by the public health stakeholders.

Governmental communication plans/strategies

The government organizations didn't develop a COVID-19 communication plan. The government assigned the development of the preparedness and response plan against COVID-19 (including the communication plan) to the Health Authorities. Therefore, the communication plans and strategies on a governmental level are implemented by the Health Authorities.

Governmental practices

Since the beginning of the COVID-19 pandemic in Portugal until today, we can find around 1000 articles on the government's website. Between news, press releases and video press conferences - both from the prime minister and the council of ministers - the government has tried to make all the necessary information to fight COVID-19 available on its website.

The Prime Minister communicates with the population mostly via press conferences, mainly by conveying rules and legislation for the general population as well as for specific sectors, and also by

answering some journalists' questions. These conferences are aired on open television channels, and the information is then converted, summarized and provided through a brochure and/or through a written press release, which can be found on the government's website and on its social networks.

In a COVID-19 context, the Council of Ministers usually communicates to the population on a weekly basis, usually approving decree-laws that establish exceptional measures for specific sectors of activity - for example for support and extraordinary measures for the business sector, the education sector, teleworking parents, and so on. These conferences can be found on the government website in video or written communication format.

The news we can find on the government's website included the most varied topics, but always focusing on the measures adopted and communicated by the government. This type of communication aims to update the population on what is being done and what has been done to control the pandemic. Among a wide range of news, we can highlight news about measures to support different sectors of activity, companies and teleworkers; news about closing commercial and leisure spaces; news about the closing of borders with other countries; news about the creation of a crisis cabinet; and news about the method of tests applied to the population. Further on, we can find news about the progress of the vaccination process against COVID-19 in Portugal.

Finally, both the Prime Minister and the Minister of Health frequently accompanied campaign actions, such as inauguration of field hospitals for COVID-19, vaccination process, among others. At the end, they would talk to the population about the specific action. These campaign actions and conferences were shown on national television news programs.

Vulnerable communities

At the government level, we did not exactly find specific communications for vulnerable populations, perhaps because they may be different from each other and need help at different levels, and perhaps identification and communication is needed at a more local level, such as in parishes or municipalities.

Although, the Government frequently communicated (via news on the website) that, in coordination with local authorities, they "will remain attentive to the needs of the most vulnerable populations in the face of the pandemic, among which are some Roma communities, and will provide the necessary measures to help these vulnerable communities". We can also find a statement advertising a youth volunteering initiative to help disadvantaged communities. "In order to support, strengthen and qualify the community support responses carried out by Portuguese parishes during the isolation period, the Portuguese Institute of Sports and Youth (IPDJ), in partnership with the National Association of Parishes (ANAFRE), promotes the volunteering action "Greater Support". This volunteer project engaged the participation of about 150 young volunteers, aged 18 to 30. The volunteers, properly equipped and complying with safety standards, perform tasks such as: supporting the distribution of food and medicine; providing advice on public support services; clarifying doubts to the community; telephone and digital dissemination of health support programs; among other necessary logistics, back-up, or support to Parish Councils.

Misinformation

To fight the misinformation problem in the COVID-19 era, the Ministry of Foreign Affairs has translated a UNESCO document that aims to combat misinformation. The four key points are: seek credible information; educate your children about the media and misinformation; be wary of false experts; evaluate your emotional reaction.

Also, in one of the Council of Ministers, when asked about the misinformation problem, the Minister of State and of the Presidency, Mariana Vieira da Silva, defended that the Government has made "every possible effort of transparency of information, regular communication and transmission of the measures" in the fight against COVID-19, stating that it is a shared responsibility with the media to combat the misinformation.

Evolution of the strategy/communication

Given that we could not find any government strategies in response to COVID-19, we could not tell if the strategy evolved over time. Nevertheless, communication by the Prime Minister usually takes place after meetings with experts, and communication does not seem to have evolved over time. The communicational practices seem to remain more or less similar, both by the Council of Ministers and by the Prime Minister.

Communication strategies, plans and practices applied by public health stakeholders

Public health communication plans/strategies in crisis context prior to COVID-19

2007 Influenza Pandemic

Prior to COVID-19, the General Department Of Health (Direção Geral de Saúde - DGS) developed a National Contingency Plan against the Influenza Pandemic, for the Health Sector - "Pandemia de Gripe: Plano de Contingência Nacional do Sector da Saúde para a Pandemia de Gripe".

The Specific Communication Plan was an integral part of the National Contingency Plan and was a tool to support threat and crisis management. This plan was thought to be evolving and adapting according to the influenza activity and its impact on health and society.

The general lines of this plan were:

- Address the problem(s)/threat(s) in a direct and transparent way;
- Construction of a proactive model, avoiding a merely informative and reactive communication;
- Dissemination of transparent and accurate information (to the general public, health professionals, the media, and other social partners) at the right times to build trust;
- Concerted communicational approach by the various entities to prevent or minimize the anxiety and fear generated by public misperceptions of risk.
- Key principles for an effective communication: Cooperation; Accountability; Stakeholder legitimization; Use of opinion leaders.
- it is necessary to appoint: The entity responsible for leading the communication process, in the sector health sector; The coordinator of the team responsible for communication; The spokespersons; The target audiences.

Communication steps:

1. Evaluate the communication needs and limitations of the different target audiences;
2. Identify and define objectives and strategies/methodologies;
3. Select and train communicators and interlocutors;
4. Prepare messages, according to the objectives and target audiences;
5. Identify communication strategies for each target audience
6. Communicate
7. Evaluate the messages' repercussions/results

Main areas of intervention:

  a. strategic communication - involves the government and the different national entities and organizations;
  b. professional communication - refers to the dissemination of information to health professionals and entities;
  c. Communication to the public and the Media - concerns the interactive dissemination of relevant information and advice to these audiences.

Public health COVID-19 communication plans/strategies

The public health stakeholders that developed the COVID-19 communication plan were the Ministry of Health (Ministério da Saúde) and the General Department of Health (DGS). Three main public health documents were found:

1. "Princípios orientadores para comunicação de riscos e crise baseados na percepção de risco" (Guiding principles for risk and crisis communication based on risk perception) developed by the DGS and the Ministry of Health;

2. "Plano Nacional de Preparação e Resposta à Doença por novo coronavírus (COVID-19)" [National Plan of Preparation and Response for Disease of the New Coronavirus (COVID-19)]. This document provides general guidelines for the preparation and response to Covid-19, including the introduction of the communication plan.

3. "Plano da Saúde para o Outono-Inverno 2020-21" (Health Plan for the Autumn-Winter 2020-21). This document aims to prepare the response to COVID-19 in the 2020-21 Autumn-Winter, addressing the existing challenges.

The first document aimed to reinforce the DGS communication strategy for the Covid-19 and customize the communicated information to people's perceptions of risk and hazard. It is introduced by 3 main themes: 1. previous considerations; 2. risk perception, adherence to protective behaviours and the role of communication - including the main goals and differences between the risk communication and the crisis communication; 3. characterization of the situation - including crisis and danger theoretic models.

Finally, it provides two checklists: one for the risk communication for the new coronavirus (COVID-19) at a national and a regional/local level, and another for the basic principles of risk communication in a crisis context.

The second document, more general and that introduces the communication plan, aimed to ensure an effective flow of information in the context of the outbreak of COVID-19, according to the level of risk and the target audience, and is structured on three strategic axes - internal communication, external communication and social mobilization. It provides the purposes, the strategic approach (for both external and internal communication), the critical points and the partners.

Main steps

DGS had five main steps in the process of the communication plan - collection and analysis of information, production of communication content, validation of information, dissemination of information and monitoring of communication.

 On a national level, the communication plan included these were the steps:

- Planning:

    1. Appoint a spokesperson: National Health Authority/General Director of Health;

    2. Create National Response Committee for Covid-19;

    3. Create and regularly review the communication plan

    4. Identify communication channels

    5. Create a list with support network (health professionals, health promoters)

    6. Prepare a set of key messages for different contexts and levels of emergency

    7. Develop messages for the media with the aim of educating the population and promoting prevention practices

    8. Set up a media monitoring team

- Beginning of the communication:

    1. Be the first to initiate the communication phase with the objective of maintaining confidence and transmitting realistic expectations

    2. Constantly update the information to be disseminated

    3. Identify who should be notified according to the chain of command and the seriousness of the situation (the whole community or just a few members?)

    4. Spread the information

    5. Monitor communication

Alongside with these steps, this plan provided some basic principles and guidelines of the risk communication in crisis situation:

- Be the first; Be assured; Do not provide too many guarantees; Recognize the uncertainty; Express that you are in the process of obtaining more information; Provide guidance in advance; Excuse yourself, don't be defensive; Acknowledge people's fears; Acknowledge the shared tragedy; Express wishes; Stop trying to relieve the panic; At some point, be willing to answer the "what if" questions; Assign people things to do; Demand more from people; Be empathic, demonstrate experience, dedication and support; Communicate in a simple way; Be respectful.

The main goal of the communication plan was to customize the communicated information to people's perceptions of risk and hazard and ensure an effective flow of information in the context of the outbreak of COVID-19.

Also, the communication aimed to provide the population with information focused on influencing their behaviour and reducing the time needed to control the emergency; Avoid panic and social alarm during the COVID-19 epidemic; Minimize social disruption.

The communication strategy was developed by the Public Health Stakeholders: DGS and Ministry of Health, alongside national experts, mostly in Psychology (Risk Perception, Risk Analysis, Risk Communication, Crisis Communication..). DGS and the Ministry of Health were the responsible for the implementation. The spokespersons who communicated daily were the General Director of Health - Graça Freitas and the Health Minister - Marta Temido.

Sources of information in the communication strategy/plan:

1. On the first document reviewed, the sources referred were national and international experts of: Risk Perception, social amplification of risk, crisis and emergency risk communication, normal deviation approach.

2. On the second article reviewed, the sources referred were the national Ministry of Health and the European Centre for Disease Prevention and Control (ECDC).

In September 2020, the third document was published - The Health Plan for the 2020-21 Autumn-Winter.

This plan aimed to prepare the Portuguese Health System and the SNS for the Autumn-Winter in the current pandemic context, maintaining the programmed assistance activity, protecting the most vulnerable populations and contributing to the resilience of society through public health.

Regarding the communication, this plan defines the goal as the implementation of strategies to understand what motivates behaviour and facilitates the adoption of healthy health protective behaviours, thus adjusting the channels, methods, and means to be used.

The main features are:

1. Ensuring an informative and formative communication aimed at health professionals, through the production of informative materials and training actions on the content of this Plan.

2. Implementing a campaign for the promotion of health literacy of users, families and caregivers, representative organizations of users and patient associations

3. Reinforcing campaigns and communication products, adapted to different audiences, related to non-pharmacological measures to prevent and control infection by SARS-CoV-2 - specific actions for sectors of activity, especially targeted at educational establishments, workplaces and cultural activities

4. Implementing an extended campaign promoting the vaccination, with the involvement of professional orders, aimed not only at the general population, but also at higher risk groups, vulnerable populations, and health professionals;

5. Reinforcing the messages and products focused on seasonal health, in particular for the most vulnerable populations - dissemination of recommendations, manuals, and information directed to different target audiences, including ERPI residents, migrant and refugee populations, among others;

6. Developing campaigns or communication products focused on the promotion of healthy lifestyles for all populations.

Public Health COVID-19 Communication Practices

Initially, the Minister of Health and the DGS communicated with the general population via daily press conference, also answering questions from journalists. These conferences were aired on all "open" television channels, and the videos of the conferences were then uploaded to the websites and YouTube channels of the Ministry of Health and the DGS.

This video was informative. The number of new COVID-19 cases, the number of deaths, the number of active cases (with the daily variation) were reported daily. Afterwards, this information was converted into a brochure. Later on, this information was no longer transmitted by conference or video, but only through daily brochures containing the same summarized information - the last conference was aired in May 2020.

In addition, the DGS and the Ministry of Health have made available dozens of leaflets and brochures containing instructions on best practices and sanitary procedures for protection, prevention, and disinfection, customized for the various sectors of activity and for their workers. Mental and occupational health was not forgotten either: some leaflets also focused on best practices in lockdown, both for parents, children, and adults in telecommuting situations. Some brochures also include information aimed at fighting for inclusion and against wrong stigmatization: guidelines for non-stigmatization associated with contracting the virus, stressing the importance of excusability in this fight against stigmatization.

Both the prime minister and the minister of health frequently accompanied campaign actions, such as inauguration of field hospitals for COVID-19, vaccination process, among others. At the end, they would talk to the population about the specific action. These campaign actions and conferences were shown on national television news programs.

Communication to vulnerable groups

In September 2020, the General Director of Health stated that one of the main goals of the communication strategies were "preserving human lives and protecting the most vulnerable, particularly the elderly population living in Residential Care Facilities for the elderly".

The DGS and the Ministry of Health have tried to address all groups, including the most vulnerable. The main form of communication with these groups, in addition to press conferences, was carried out through partnerships with associations or local authorities, for example in the presentation of pamphlets with best practices and by raising awareness and attention given by these stakeholders to the most vulnerable groups.

Evolution of the communication process

Regarding the evolution of communication by the DGS and the Ministry of Health, the main difference was the fact that communication began (since the first case) with daily press conferences reporting the data and the main numbers, as mentioned above, and then these data began to be communicated only via leaflet after the month of May. The conferences became more occasional, either in campaign actions or when there was new information to be shared with the population.

Communication to deal with misinformation

Publishing and sharing false information is one of the biggest risks to public health when it comes to emerging problems like COVID-19. To deal with misinformation, DGS formed a partnership with Jornal

O Polígrafo - online fact checking journal - to fight against misinformation about the new coronavirus disease. This partnership consisted in identifying, evaluating and classifying the information that is being publicly shared about a topic that is already a worldwide case study on misinformation, which contributes to distinguish false from reliable information. From the day the first two cases were discovered, all fact-checks published by "*O Polígrafo*" on this subject have been and continue to be subject to prior scientific validation by a specialist appointed by the DGS.

Beyond this partnership, the Ministry of Health together with the DGS have created a website where they make available and provide all the information related to COVID-19.

Communication strategies, plans and practices applied by organizations

In this segment, we have reviewed plans and practices of three different organizations: Ordem dos Psicólogos Portugueses - OPP (order of the Portuguese psychologists); Ordem dos Médicos (Portuguese Medical Order); and the Autoridade para as Condições de Trabalho - ACT (working conditions authority).

Organizations' Communication Plans and Strategies

OPP - Ordem Dos Psicólogos Portugueses

The Order of the Portuguese Psychologists (OPP) has published many articles with some COVID-19 Communication guidelines, best practices and recommendations for the population. We started by reviewing two articles with some strategies and recommendations for an effective Covid-19 communication.

- Comunicação de Risco e Comunicação de Crise Baseada na Evidência Científica - Recomendações Globais para Fases de Crise e Futuros Cenários de Pandemia por Covid-19 (Risk Communication and Crisis Communication Based on Scientific Evidence - Global Recommendations for Crisis Phases and Future Pandemic Scenarios for Covid-19)

This paper presents a set of global risk communication and crisis communication recommendations, customized for:

1. Different crisis phases associated with the current and future pandemic situation of COVID19 - particularly in the Maintenance, Resolution, and Assessment phases;

2. Different future crisis resolution or maintenance scenarios - 4 scenarios varying according to the assessment of the degree of threat perceived by citizens, based on the degree of individual/social control over the situation and level of perceived demands and resources.

The authors distinguish between risk communication and crisis communication - which can occur simultaneously or sequentially, depending on the stage of a crisis. In this article, authors following the CERC model (Crisis & Emergency Risk Communication; Reynolds & Seeger, 2005), described crisis in 5 phases: Pre-crisis; Initial Phase; Maintenance Phase; Resolution; Assessment. These are equivalent to the alert and response levels identified in the National Plan for Prevention and Response to New Coronavirus Disease COVID-19.

In the COVID-19 pandemic, the "Initial Phase" and part of the "Maintenance Phase" of CERC prevailed on risk communication supported by psychosocial data monitoring based on the DecodeR paradigm (Domingos, Gaspar, et al, 2019), with a focus on prevention behaviors that should occur regardless of the type of hazard (e.g. respiratory etiquette).

The "Maintenance Phase" of the CERC model is characterized by a prevalence of crisis communication with a specific focus on COVID-19, underpinned simultaneously by evidence and previously initiated risk communication.

The "Resolution Phase" of the CERC model has not yet been reached. It is considered that this should be characterized by a prevalence of risk communication with three overarching goals: Raise awareness, motivate and train to increase future resilience; Recognize, learn, plan, adjust and change; Engage citizens, groups and organizations in society.

According to this article, the ultimate goal of all these steps is to confer a greater perception of control on an individual and social level - from a psychological point of view.

- Risk Communication for Public Health - Information and Strategies for Decision Makers and Social Mobilizers (Comunicação de Risco para a Saúde Pública - Informações e Estratégias para Decisores e Mobilizadores Sociais)

This article urges decision makers and social mobilizers to consider a range of information and strategies in order to optimize their intervention and contribution. They must:

1. Communicate in ways that promote prosocial/ pro-health behaviors and reduce anxiety and stress in citizens;

2. Use diversified strategies to promote prosocial/pro-health behaviours;

3. Do not forget self-care and be aware of potential mental breakdowns.

Organizations' Communication Practices

OPP

Regarding communication practices, the OPP published articles related to COVID-19 and isolation very often. The diversity of articles covers topics related to mental and occupational health but not only: we can find articles with best practices of communication to the population; recommendations on how to deal with mental health problems such as anxiety; recommendations on how to combat stigma and discrimination; recommendations to focus on different groups of people such as teleworkers, athletes, coaches, parents, health professionals, policy makers, among others; how to deal with fake news and misinformation; among many others. Overall, the OPP has remained active in communication, being one of the main organizations to contribute in a very relevant way to the fight against the pandemic.

Ordem dos Médicos

The Portuguese Medical Order published 2 articles under the "Choosing Wisely Portugal" program - a global program of Health Education with the goal of promoting health choices based on the best scientific evidence available, promoting appropriate use of complementary diagnostic tests and reducing the number of unnecessary interventions, without proven efficacy/evidence and/or with an unfavourable risk-benefit ratio.

Following information from the World Health Organization, the Portuguese Medical Order has made available in the website two leaflets - one with recommendations for the general population and the other for health professionals. The recommendations for the population insist on the importance of staying at home and not going to the hospital without prior telephone contact, so as not to overload hospitals, health centers and clinics. The leaflet for health professionals contained more specific

guidelines: to prioritize non-face-to-face appointments, not to refer patients with minor symptoms to hospitals, not to prescribe therapies without scientific evidence of efficacy for COVID-19, and not to intubate elderly patients with significant comorbidities without first discussing the decision with the family.

On the Portuguese Medical Order website we can also find news related to and for physicians, but also related to medicine for the population. However, not all of this news is related to the pandemic COVID-19, and there is no dedicated space for news on this topic.

ACT

On the Authority to Working Conditions website, we can find press releases, news, useful information for companies and workers, recommendations, and additional measures to help workers and employers. to ensure safety in the workplace.

Among these publications, we can find leaflets with focused recommendations for employers and decision-makers to adapt workplaces and protect workers; documents with useful questions and answers for workers and employers - such as questions on teleworking, emergency working hours, extraordinary support and incentives for returning to work, and support for the self-employed or freelancers. We can also find articles on the action of Safety and Health Services at Work in the context of COVID-19. Among these publications, we can find leaflets with focused recommendations for employers and decision-makers to adapt workplaces and protect workers; documents with useful questions and answers for workers and employers - such as questions on teleworking, emergency working hours, extraordinary support and incentives for returning to work, and support for the self-employed or freelancers. We can also find articles on the work of the Occupational Safety and Health Services in the context of COVID-19. The ACT has tried to centralize and organize information related to COVID-19 so that it is available for consultation for all labour entities.

Communication strategies, plans and practices applied by communities
n/a

1.9.3 COVID-19 communication analysis

National

In this task, we reviewed some papers that aimed to analyse COVID-19 communication in Portugal.

In the first article we examined - "COVID-19: When Journalism Takes a Stand as a front to fight the pandemic" - the authors surveyed 200 individuals, including journalists, editors, and information directors, in order to study COVID-19 media communication in Portugal, from 18th March and 2nd May. They concluded that this was a time of changes in the official communication, but not as deep as those that the journalistic field needed. The study stated that political entities and, above all, health authorities did not always respond to the questions, to the demand for information, to the need for additional explanations that newsrooms needed. Also, the Prime Minister and the President of the Republic were the main voices at key moments, but more information was needed.

The DGS held daily press conferences and responded within certain time and resource constraints to the various requests. However, the permanent flow of information that was being produced centred on COVID-19, the climate of great uncertainty about what it was, and the proliferation of false information demanded more.

The author concludes that it is exactly this way of communicating when public health is at stake that can, and should, be deeply revisited to find new ways of communicating when public health is at stake, revisited in order to find new modes of action. If journalism assumes itself as one of the means of fighting pandemics, official information sources must also focus resources focus resources that permanently channel rigorous information, reliable data, and interlocutors and interlocutors who know how to transmit what citizens need to know to take care of their health, their own and that of others. their health and that of others.

Some communication experts, when invited by communication channels and newspapers, mentioned that Portugal has a crisis in communication and in the ability to mobilize citizens to adopt certain types of behaviour in the fight against the covid-19 pandemic. In particular, they point to the inability of public authorities to communicate with certain groups in society and make them understand that the decisions they take are not sectarian, but rather to protect the common good. However, they note that Portugal "is not one of the most complex cases," giving examples of several European countries where there have been protests against restrictive measures. In this piece, a director of a university (Faculdade de Ciências humanas da Universidade Católica) stress the need to aggregate and call a set of agents (namely specialists in the science of behaviour change) who are able to mobilize people to adhere to restrictive measures, adding that these decisions should not be taken by a small group of people, but rather to listen to specialists with different backgrounds to look at the reality from different perspectives - interdisciplinary vision to aggregate people and respond to complex challenges. Thus, science should be put at the service of political discourse and health communication should be separated from political communication, since when issues are politicized, people begin to perceive these issues as ideological, about which each person can have their own opinion depending on their political position, which ends up being negative and discredits the experts, associating them with a political narrative. Finally, it is a complex task, it requires communicating to different audiences, with different communication strategies, since communication is not synonymous with information - communication has a relational component, it is necessary to build credibility.

 In another media news item, in January 2021, we can read that "a group of scientists sent today an open letter to the Government and the President of the Republic alerting them to the need to include behavioural science in the management of the deteriorating pandemic situation in the country".

In this letter, among other things, the authors considered it essential that behavioural science should considered in the decision-making processes regarding the formulation of measures to combat Covid-19, as well as in the design of strategic plans for their implementation and communication. This was signed by 68 scientists, university professors and experts in behavioural science, with Marta Moreira Marques, researcher at Trinity College Dublin (Ireland), Centre for Behaviour Change-University College London (United Kingdom), Comprehensive Health Research Centre, NOVA Medical School (Portugal) as the first signatory.

In this letter, addressed to the Prime Minister, António Costa, the Minister of Health, Marta Temido, and the President of the Republic, Marcelo Rebelo de Sousa, the researchers expressed their concern about the absence of specialists in the area of behavioural change in health, since, despite the daily deaths exceeding 200 in recent days (in January 2021), adherence to containment measures did not seem to accompany the acceleration of the progression of covid-19 transmission in the country.

These authors further postulated that since individual and collective behavioural change is essential in preventing covid-19 transmission, as well as in the success of the vaccination plan, it is essential that

experts in this field be consulted so that decisions can be informed by scientific knowledge about the factors that influence behaviour and effective ways to change them." According to them, this is the only way to "ensure a public health response to covid-19 based on the best evidence on human behaviour, aimed at protecting and promoting the physical, psychological and social health of all citizens, recommending some points for "effective communication" of evidence-based measures, exemplifying that "communication purely based on fear and blame can have counterproductive results.

Developing research on factors associated with adherence and non-adherence to covid-19 transmission prevention behaviours is another measure that can be found in the letter, as well as "synthesize and disseminate existing evidence on factors associated with adherence and non-adherence to covid-19 transmission prevention behaviours.

In another headline, in November 2020, some experts pointed out flaws in the government and health entities' management of the pandemic, particularly when it comes to communication. In this piece, Tiago Correia, associate professor of International Health and senior researcher at the Global Health and Tropical Medicine unit of the Institute of Hygiene and Tropical Medicine at the New University of Lisbon, José Manuel Mendes, coordinator of the Risk Observatory - OSIRIS, based at the Centre for Social Studies at the University of Coimbra, and Jaime Pina, pulmonologist, and board member of the Fundação Pulmão, made some criticisms:

- the first one was keeping the same protagonists communicating, including the director-general of health, the minister of health, or the secretaries of state of health. They also add that "the director of the DGS became associated with politics and, as an expert, lost the confidence of citizens, because she became associated with politicians, in whom citizens do not trust".
- Secondly, they stated that there was no risk communication, it was basically transmission of information to the media, and control of the narrative, and the conferences were not risk communication, they were a legitimization of the political narrative.
- Third, strategic communication was misguided, too much based on numbers. This, taking into account that more than 2 million people are over 65 years old and that Portugal is one of the countries with greater illiteracy in health and one of the countries in the European Union with less access to the media, made the population not internalize the messages. For risk communication to be effective, authors stated it is necessary to segment the target audiences and find interlocutors capable of delivering the messages to this audience, for example youtubers and influencers, if necessary, and artists, people who are able to pass the necessary messages also to young people.
- Fourth, risk communication was based on the old conventional model, what was called the public understanding of science, where, you assume that the citizen is ignorant, and you have to give them the data to understand what the facts are. But people are co-producers, they will analyze and evaluate, right from the start, the legitimacy of who is communicating. And you only cooperate if you have trust.
- Finally, the communication strategy with the population didn't transmit to the people the rules that they should have internalized, and it caused more cases in the second wave of infections by the new coronavirus, which would always have to exist.

In a November 15th news report, we find that the Prime Minister, António Costa, took responsibility for "having badly transmitted the message", after criticism and accusations to the government's and DGS's communication (namely accusations of disorientation in the guidelines, restrictions and

exceptions) that contributed to the worsening of the pandemic in Portugal (the increase of cases and deaths and an intensification of pressure on the National Health Service).

Some specialists - Margarida Pinto da Fonseca, manager of the communication consulting firm S Consulting, specialized in the health area, Rui Gaspar, professor at the Catholic University and psychologist specializing in crisis communication and who has been advising the DGS throughout the pandemic, Andreia Garcia, director of the health communication consulting firm Miligrama - looked at this recognition of failures by the government leader as an opportunity to re-engage the Portuguese in the fulfilment of prevention measures - since "people deal more easily with the truth than with a lack of trust".

They also point out that excessive guilt was being created in people that leads them not to adhere to the authorities' recommendations - "people feel tired, and it's important to recognize that tiredness and the right to it, adding that when you involve people in the communication itself, the guarantee of success and adherence will be greater."

The interviewees also added that there is a "confusion" between information and communication - "one cannot expect that linear communication models, based only and solely on the transmission of information, can promote behaviour change. The problem is not the absence of information, but the inability to involve and listen to the population".

It is important then, according to them, to separate technical communication from political communication - "When the technical side is not distinguishable from the political side, this will always be a problem, and communication should be done by technicians and it's not just communicating epidemiological information and numbers, it's also having an empathic side and showing people that what they are doing is doing it right".

Another criticism and situation noted by Rui Gaspar was the risk of desensitization of the population - "there is a numbness effect associated with the communication of numbers that become just that: numbers. It is important then to refer concrete examples and give emotional meaning to numbers."

The specialists also point out the urgency to adapt the message to the different audiences - "the communication cannot be a generalized act that works in all contexts, for all audiences, simultaneously, because the complexity of the virus and the irregular way it behaves bring a special need to segment the messages", adding that "there should be a strategic communication plan at a more regional level or even for the municipalities with higher risk."

 In an article published on January 18, 2021, the President of the Portuguese Psychologists' Association, Francisco Miranda Rodrigues, addressed the communication of governmental and public health entities, stating as a starting point that "The more tired people are, the more the decision making about the behaviours to have is automatic, more emotional, more likely to make more mistakes, and more biased in the analysis".

About communication, he mentioned that signals were given for Christmas (namely in the lightening of measures) in the opposite direction: the population's perception of risk was already low, and communication to the population only worsened the pandemic situation, stating that little work has been done to increase the perception of risk and the population realizes it.

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The chairman also pointed out the difficulty in perceiving the messages, which in his opinion happens due to the lack of definition of which population group is being communicated to, and the lack of a specific channel directed to that group - "For example, if among teenagers the perception of risk is lower, I have to pass the message only to that group, and not make a communication for the general population, directed to that group, that's the only way to increase the perception of risk and change behaviours. In other words, what we saw was communication directed to different groups through the same channels, and this leads to people in other groups receiving messages that were not directed to them. This confusion of messages creates noise, and when there is too much confusion, people disconnect."

Finally, in an article published on January 7, 2021, the coordinator of the political party Bloco de Esquerda, Catarina Martins, mentioned that the Government has not done an efficient job in communicating the risk of COVID-19.

International

In this analysis, we reviewed some international articles in order to try to identify best practices, communicational practices that have proven to be effective, and indicators that may be relevant to evaluate the effectiveness of communication.

According to Öcal et al. (2020) in their "Public reactions to the disaster COVID-19: a comparative study in Italy, Lebanon, Portugal, and Serbia" article, females had more psychological reactions to COVID-19 than did males, people who had one child were more stressed than people with no children, extensive knowledge of COVID-19 was found to trigger more anxiety and stress and overall emotional reactions increased with age. That said, these results may give some indicators of a future path in a possible adaptation to government or public health communication, namely a clear, brief communication - focusing only on the important points, trying not to buffet the population with diffuse and mass information - may be a practice that protects the population in general from harmful emotional effects.

Strzeleck et al. (2020), in their article named "A Correlation between the Spread of COVID-19 and the Interest in Personal Protective Measures in Poland and Portugal", discovered a correlation between the spread of COVID-19 and the search in Google for Personal Protective Equipment and hand hygiene and especially that Google Trends can help, to a certain extent, to understand people's concerns, behaviour and reactions to sanitary problems and protection recommendations. This may be a relevant indicator to evaluate an effective communication regarding COVID-19 protection measures. Additionally, if the official bodies provide proper information during a disease outbreak this can, to a certain extent, preview and guide the population behaviour, as well as help better manage supplies during a pandemic. It could also decrease an excessive amount of information and misinformation circulating in affected countries which might cause public anxiety or panic. These results also demonstrated that GT could potentially define the proper timing and location for risk communication.

Ricoca Peixoto et al. (2020), in "Initial Assessment of the Impact of the Emergency State Lockdown Measures on the 1st Wave of the COVID-19 Epidemic in Portugal" reported that, when lifting more stringent measures, a strong surveillance and communication strategies that mobilize individual prevention efforts are necessary, namely strong risk communication strategies are important to guarantee compliance with preventive measures such as physical distancing, mask wearing, respiratory and hand hygiene and test seeking behaviour when symptomatic. To increase risk perception, authors recommend maintaining a high level of awareness through innovative, group targeted communication strategies that address misinformation and promote responsible individual risk management and compliance with prevention control measures.

According to Paulino et al. (2021) in "COVID-19 in Portugal: exploring the immediate psychological impact on the general population", the key risk conditions to a bad psychological impact were, among all: people unemployed; people with lower education; people living in rural area;, people with flu-like symptoms or chronic disorders. Authors also stated that it urges to identify vulnerable groups to better inform and adapt mental health policies and interventions. These results show that particular attention is needed for the general population's mental health, particularly in the presence of some risk factors, described above. It would be important to provide online psychological intervention and health education, in order to improve psychological wellbeing during the COVID-19 pandemic. Thus, this unprecedented outbreak should concede room and momentum to address critical questions in a collaborative fashion and from a global perspective, allowing the development and application of adequate interventions and communication practices to improve psychological resilience and minimize the negative impact of the present and future pandemics, mainly in more vulnerable individuals.

Nogueira et al. (2020) in "Excess Mortality Estimation During the COVID-19 Pandemic: Preliminary Data from Portugal", found that there was an excess mortality of 2400 to 4000 deaths, associated with older age groups (over age 65). Data also suggests a ternary explanation for early excess mortality: COVID-19, non-identified COVID-19 and decrease in access to healthcare. These results, according to the authors, indicate that district-level preparedness plans are important to prevent alarm and to avoid widespread fear, panic and overloading the healthcare system, with the communication being important to deliver the correct message, namely to the over 65 age group, considering the high prevalence of chronic diseases in this specific age group. Therefore, the message to younger groups should be to protect this over 65 age group at all costs, namely by encouraging a policy of solidarity. For this over 65 group, the message should focus on increasing the perception of risk so that they adhere to COVID-19 protection measures.

1.9.4 Main learnings and best practices

n/a

Guidelines

n/a

Relevant indicators

n/a

1.9.5 Additional (country-specific) comments/reflections

n/a

1.10   Romania

1.10.1 Communication strategies, plans and practices

It was not long before the government had to clarify ANCOM's role in removing online content. It announced that the communication authority would simply carry out the content take-down, acting on recommendations made by the Strategic Communication Group, a task force set up to manage the response to the crisis. The Strategic Communication Group sits within the Ministry of Internal Affairs – which has expertise in handling matters of security and control but no expertise in media matters – and was put in charge of policing what can be published online.

The ease with which these "extraordinary" measures were drafted and implemented raises serious concerns over the future of freedom of expression in Romania.

The ongoing public health threat posed by the COVID-19 pandemic challenged the modus operandi of public health authorities, governments, and even international organizations, due to the length and intensity of the crisis. Health is a fundamental right of every human being, as stated in the Constitution of the World Health Organization since 1946. It is also understood as a major element of sustainability; the United Nations 2030 Agenda for Sustainable Development included health distinctively as a goal (SG3), with actions being necessary to "strengthen the capacity of all countries (. . .), for early warning, risk reduction and management of national and global health risks" [1].

The international community tried to make sense of and contain the pandemic, find the appropriate responses, and mobilize all forces to overcome the effects of the multi-level crisis brought on by COVID-19. As the World Health Organization (WHO) acknowledged "humbly", the fast-evolving situation made it difficult to anticipate the evolution of the situation. The organization also recognized that "there is no one-size-fits-all approach to managing cases and outbreaks of COVID-19" and advised the public to stay informed and follow the lead of healthcare providers as well as national.

In the analyzed case of COVID-19, a spatial–temporal contextualization is needed to understand the specificity of public communication outcomes. The disease began as an outbreak in the Wuhan province of China, but it spread rapidly around the globe. The COVID-19 outbreak at the beginning of 2020 took Romania by surprise. Prior global health emergencies of the 21st century, such as the Ebola virus in 2014, H1N1 (Swine Flu) in 2009 and SARS in 2003, although creating public awareness that they lurked in the world, did not affect Romania. As in other societies where large-scale disasters were absent for decades, which is the case in many countries since World War II.

The communication of risk mitigation measures during a major crisis adds significant challenges. The severe acute respiratory syndrome Coronavirus 2, known as SARS-Cov-2 or Novel Coronavirus 2,

and ultimately referred to as COVID-19, is the first major health challenge for Romanian

public life. The World Health Organization (WHO) declared COVID-19 a Public Health

Emergency of International Concern on 30 January 2020 [2].

 On 21 February, the Romanian government took its first COVID-19-related measures, announcing a 14-day quarantine for persons coming to Romania from disease-stricken regions. The first documented case in Romania occurred on 26 February 2020, but it did not stir public concern at the time [3]. However, it soon became obvious that the novel coronavirus had the features of a pandemic, as WHO reluctantly recognized 11 March 2020.

On 14 March, after over 100 people had been diagnosed with the coronavirus, Romania had enough reasons for public health concern. On 16 March, President Klaus Iohannis announced his decision to decree a state of emergency for a 30-day period, which was prolonged until 14 May. After that date, Romania entered a state of alert, which meant the relaxation of some of the measures [4].

Article 2 of the Decree lists the rights that could be limited during the state of emergency. The list of the rights that could be limited during the state of emergency was provided in article 2 of the decree and comprise the following: Freedom of movement; Right to intimate, family and private life; Inviolability of home; Right to education; Freedom of assembly; Right to private property; Right to strike; and Economic freedom. The exercise of these rights could be restricted proportionally with the gravity of the health threat, by means of military ordinances issued by the Minister of Interior.
In Romania, the state of alert was initially declared on 15 May 2020, by Decision of the National Committee for Emergency Situations, for a period of 30 days. The state of alert was prolonged on 16 June 2020, by the Decision of the Government, for another 30 days, and renewed for successive periods of 30 days on 17 July and 16 August 2020.

Romania dully notified the Council of Europe, in accordance with article 15 of the European Convention on Human Rights and the UN Secretary General, according to article 4 of the International Covenant on Civil and Political Rights, on the above-mentioned actions.

According to the principle of subsidiarity, the district (county) level is immediately under the national one. It organizes all public life in the territory from an administrative point of view, including health issues. In Romania, there are 42 district public health authorities (DPHAs), 41 representing districts and one for the national capital, Bucharest.

They represent the Ministry of Health at the local level and are responsible for the provision of public health services locally. DPHAs are responsible for the collection of data from the territory, the monitoring of the health of the population and health determinants and the identification of public health needs of communities. The reform of public services in Romania, carried out in the post-communist period, shifted competencies from the central government towards local/regional bodies, but studies show that the burden is perceived at times as overwhelming.

In times of crisis, public authorities are expected to share knowledge, communicate with relevant audiences, find alliances in society and build confidence.

The newly created "Risk Communication and Community Engagement" division of the WHO recommended authorities in all countries to "implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during

One of the first measures applied was to communicate with the citizens who returned form Wetsern Europe in order to investigate the country they came from.

The National Council for Emergency situations asked for permanent support from experts. This is how the National Group for Strategic Communications was formed and also a telephonic Green line for citizens.

The whole communication about the pandemic: legal provisions, health statistics, case evolution, prevention measures, international situation, Romanians abroad, etc. was and still is coordinated through this National Strategic Group.

In Romania, the state of emergency brought with it measures limiting freedom of speech and free access to information. It remains to be seen whether these practices were just a one-off or if they will set a precedent. https://en.ejo.ch/ethics-quality/romania-coronavirus-and-the-media

On 16 March 2020, once the number of coronavirus infections in Romania had reached the 100 mark, President Klaus Iohannis declared a state of emergency. The first few paragraphs of the presidential decree underlined the extraordinary nature of the measures being introduced and emphasized that they were needed to allow the government to efficiently manage the crisis. One of the provisions was intended to counter the spread of pandemic-related "false information" online and allowed for the takedown of articles and entire websites.

The body put in charge of removing online content was the National Authority for Management and Regulation in Communications (ANCOM), the government agency that oversees the country's communications infrastructure. It is ill equipped to deal with thorny issues such as disinformation, yet the "false information" provision did not allow for any kind of appeal to be made against ANCOM's decisions.

As part of its efforts to counter misinformation, the government also launched a website, www.stirioficiale.ro , as a portal for the dissemination of all official communication relating to Covid-19. At first, this just carried press releases and official statements already published on the website of the Ministry of Internal Affairs and that of other ministries. It now also hosts a data section and carries useful advice on coronavirus-related topics.

The statement of clarification issued by the Ministry of Internal Affairs noted that "the regulation does not concern media institutions recognised at the level of public opinion, who have a known identity and with whom the authorities are engaged in constant dialogue and cooperation". This makes it clear that the authorities believe a press institution's respectability is defined by the extent to which it cooperates with the state. They appear to forget that in a democratic society, media that take their role of holding power to account seriously are more likely to have an uncomfortable relationship with the state. To retain their credibility, watchdogs cannot allow their relationship with the authorities to become too cosy.

The state of emergency decree also placed restrictions on requests for information, specifically by extending the deadline for the authorities to respond from 30 days to 60 days (for complex requests). At first, the authorities in individual counties were not allowed to publish information on the number of confirmed Covid-19 cases, the number of tests carried out or the state of health of infected persons in their area in March. However, after public pressure was brought to bear – including a petition signed by more than 150 journalists and 97 media organisations – local authorities began to release county-specific data again.

There have been cases in which a local authority used the provision relating to "misinforming the public" as a pretext to issue a criminal complaint against the creators of video footage highlighting the poor quality of protective equipment issued to health service personnel. Furthermore, one website was blocked by its service provider after a criminal complaint for defamation was made against it. In this case, the defamation complaint was unrelated to Covid-19 and no judgement had been reached, but the alacrity with which the service provider pre-emptively blocked the publication shows the ease with which content can be taken down without due process having been followed. The site in question has since been restored. Finally, a Secretary of State in the Ministry of Justice threatened to bring

criminal charges against journalists who criticised her in connection with the state of the public health service, on the grounds that they were "spreading misinformation".

By the time the state of emergency came to an end on 15 May, ANCOM had taken down 15 websites and had ordered two other websites to remove articles on the grounds that they disseminated false information. It sought to justify this action by claiming that such false information represented an immediate risk to the population. However, no explanation was given of how the risk is assessed and the decision-making process, like the make-up of the Strategic Communication Group, remained shrouded in secrecy. Examples of the kind of content that was taken down include reports on the imminent closure of all supermarkets and on violent attacks against ambulances, as well as content promoting alternative treatments for Covid-19.

Some of the blocked websites, such as OrthodoxINFO and genocide.ro, responded swiftly to the action against them and either continued publishing by transferring to other domains or mobilised their readers to take up their cause with President Iohannis and Prime Minister Ludovic Orban. Others did not respond but benefited from the publicity they received as a result of the takedown being widely reported by the mainstream media. Once the state of emergency was over, ANCOM officially restored all the blocked content. Almost all 15 sites taken down are now up and running again.

The ease with which these "extraordinary" measures were drafted and implemented raises serious concerns over the future of freedom of expression in Romania. Once dangerous precedents have been set, they can all too easily be regarded as valid future options.

Communication strategies, plans and practices applied by governments

In order to contribute to the dissemination of the information communicated to the general public, the Romanian Government, through the National Communication Strategic Group used the following official channels:

- Hotărâri ale Comitetului Național pentru Situații Speciale de Urgență: https://gov.ro/ro/masuri
- Recomandări privind conduita socială responsabilă în prevenirea răspândirii coronavirus (COVID-19): http://www.ms.ro/recomandari-privind-conduita-sociala-responsabila-in-prevenirea-raspandirii-coronavirus-covid-19/
- Guvernul României: https://gov.ro/ro/info-coronavirus-covid-19
- Ministerul Sănătății: http://www.ms.ro/coronavirus-covid-19/
- Institutul Național de Sănătate Publică: https://www.cnscbt.ro/
- Ministerul Afacerilor Interne: https://www.mai.gov.ro/utile/
- Departamentul pentru Situații de Urgență, http://www.dsu.mai.gov.ro/
- Ministerul Afacerilor Externe: http://www.mae.ro/node/51759
- Centrul European pentru Prevenirea și Controlul Bolilor: https://www.ecdc.europa.eu/en
- Organizația Mondială a Sănătății: https://www.who.int/home

Each night, during the emergency state, the Ministry of Interior and the State Secretary for Emergency Situation had press conferences, broadcasted by all TV Channels announcing the case evolution and the measures taken.

First measures communicated were: the attitude towards returned Romanians and the possible intervention scenarios.

Then, the Government issued and communicated military ordinances regarding the emergency state and the lockdown provisions (limitation of some rights and liberties and also of economic activities).

In the same time, the Government started in partnership with NGOs (Romanian Red Cross and UNICEF) an education and information campaign for the general public – info about COVID-19, prevention measures, steps to follow in case of infection. Channels used: TV, radio, social media, outdoor advertising, door to door with printed materials.

The Government also communicated the measures taken in order to re-organise the activity of essential local and national authorities: gendarmerie, police, border police, army, public health, hospitals, document issuing, taxes, etc.

Each decision taken at central level was also discussed and communicated through the prefect office in each country to all local authorities that were meeting regularly in the County Emergency Committees.

The vaccination campaign is accompanied by a communication campaign with the purpose of promoting and encouraging vaccination.[127]

At some point, there was a request and a changing in the government ordinance that stipulated the translation of the communication materials concerning the vaccination campaign in the minority languages: Hungarian, Romani and Russian.[128]

Communication strategies, plans and practices applied by public health stakeholders

In Romania, public health is defined by Law 95/2006 as "the organized effort of the society towards the protection and promotion of population health" [5].

Public health services include health promotion, disease prevention and improving quality of life and

comprise the following activities: immunization; control and surveillance of diseases and risk factors; monitoring population health and health determinants; measuring the efficiency and effectiveness of health care; the assessment of population needs; health promotion and health education campaigns; occupational health; and environmental health, among others.

The National Health Strategy 2014–2020 is still in use, and it includes public health as one of the three main priority areas. The coordination for the provision of public health services is the responsibility of the Ministry of Health, which is also responsible for the strategic planning and organization of public health services. Other institutions with responsibilities in public health are the National Centre for Environmental Monitoring of Risks in the Community, the National Centre for Communicable Diseases Surveillance and Control (NCCDSC), the National Centre for Methodological Coordination and Information on Occupational Diseases and the National Centre for Health Status Evaluation and Health Promotion. In addition, six regional public health centers, which are located in Bucharest, Cluj, Iasi, Sibiu, Târgu Mures, and Timisoara, function as the regional branches of the National Institute of Public Health (NIPH). The regional centers have mainly methodological and technical roles. At the local level, the Ministry of Health is represented by 42 DPHAs. Their responsibilities include [6] monitoring the health of the population and health determinants; identification of public health needs of

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communities; performing controls of health institutions; coordinating the implementation of national public health programs at the local level; carrying out sanitary inspection and health promotion activities, etc.

Romanian health system describe it as hyper-centralized, antiquated, and failing to ensure communication between health information system players.

These features had an impact on the public communication effort during the COVID-19 lockdown. Duplicated information appeared on websites and communication projects developed by each player, most of the time without ensuring interoperability or cross-fertilization of the initiatives. Traditional media monitoring showed that the main voices in television were President Klaus Iohannis, Prime Minister Ludovic Orban (who went through a period of self-isolation due to exposure to a risk population), Health Minister Viorel Costache, replaced in the middle of the crisis by Nelu Tataru, and the Head of the Department for Emergency Situations Raed Arafat, the four officials whom the population trusted most during the lockdown [7].

Other ministers or top health experts were also invited to the fore, to offer stewardship and guidance for different aspects of life, from individual behaviors to work, leisure and faith-related activities. At times, these voices did not form a coherent view, a feature identified in other countries as well, despite the warning of experts that "any conflicting information carries a risk of harm, but unfortunately it abounds"; the response to the crisis was addressed mainly at national levels in a variety of ways.

The local public health authorities had their own local information campaigns, in coordination with the local authorities and the NGOs. Most of the information communicated concentrated on the prevention and protection measures, but also on the needs concerning the medical system: doctors, beds, protection equipment, specific medical equipment.

Communication strategies, plans and practices applied by organizations

The communication campaign implemented by the government was amplified by NGOs in Romania. There was a general focus on fundraising for the frontline in order to supplement the lack of protection and medical equipment.

Except for organizations specialized in disaster management, such as the Red Cross, the involvement of most NGO was prompted by fear of the uncontrolled consequences of the pandemic and a personal or organizational sense of responsibility. As Romania was about two weeks behind countries like Italy and Spain in the outbreak, the entire population, including NGO and companies, could contemplate a possible impact on Romania. With the medical system ranked among the weakest in terms of quality in Europe, Romania had a large vulnerability in fighting a crisis for which stronger systems had turned out to be unprepared. Massive NGO involvement came as an attempt to mitigate the effect of the outbreak on beneficiaries, stakeholders and local communities. For NGO that had worked in the health sector before the involvement came naturally. For example, Dăruiește Viață Association or the Vodafone Foundation, which had contributed to the renovation and modernization of the Neonatal Intensive Care Unit at the County Hospital of Constanța had already been involved in the health sector. Participation of other NGO actors was driven by the fear of the impact of the outbreak and by the sense of their normal work losing relevance in the face of the rapid spread of the virus threatening lives and communities. Thus, many NGO representatives who had no prior experience in the health sector describe their decision to get involved in the pandemic response as "natural."

Communities that prioritized the sharing of information among all entities proved to be the most effective in tackling the crisis: they avoided duplicate spending, delays and resource waste. However, much work has been also done without having the bigger picture, by responding to local needs on the ground.

Beyond money raised and medical supplies purchased, successful cooperation of the public and non-profit sectors required high levels of trust and mutual understanding. Previous experiences of cooperation paved the way for quick, open communication.

During the first weeks of the crisis, most of the COVID-19-related medical supplies were purchased by NGOs. This system for procurement designed to prevent fraud could not support quick purchases in emergency.

When failing to connect to the official authorities, NGO found shortcuts to connect to the grassroots needs of the medical system. This didn't give them the big picture of the needs in the system but helped to close critical gaps. When central authorities were not available, local ones were pursued; where this failed, hospital management was reached; and where this too didn't work, individual doctors and nurses provided information on the support needed and served as liaisons in the distribution channel.

With no planning, little or no medical expertise and little time to build a strategy, NGO played their part in addressing the COVID-19 crisis. Many of the lessons learnt in the two months of intense activity can be incorporated into a preparedness plan for the next disaster to hit Romanian communities, be it the second wave of the pandemic or a major earthquake. As this experience shows, good planning is only possible if all parties that could be involved meet, share information and start working together.[8]

Romanian Red Cross, UNICEF, Save the Children, and others had separate information campaigns, according to their target group and tackling subjects as: mental health, online school, blood donation, NCD as risk factors.

Communication strategies, plans and practices applied by communities

Since 27 February, Romania's 24h/7 national hotline, Tel Verde (Green Line), has answered over 150 000 calls from Romanians asking for the latest information and advice on COVID-19. The hotline employs medical and health experts.[129]

WHO/Europe provides financial support to engage responders, technical assistance to the Romanian authorities and Green Line on logistical planning and rapid fact-checking, as well as background documentation. Setting up a hotline for emergency situations was part of Romania's emergency risk communications plan, also developed with assistance from WHO/Europe for emergency preparedness.

For COVID-19, the hotline serves three critical purposes:

- Establish a link between responders and people.
- Understand people's risk perceptions and concerns.
- Provide public health advice.

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[129]   https://www.euro.who.int/en/countries/romania/news/news/2020/4/covid-19-hotline-in-romania-provides-up-to-date-public-advice-with-who-support

- Expanding service to meet demand

The hotline started with five operating lines that were scaled up to 15 within a few days. Since 17 March, the hotline has expanded to 60 lines and has relocated to the press room of the National Arena, the largest football stadium in Romania.

With plans to extend the service to 100 lines, the main challenge is to find sufficient staff, explains Florentina Furtunescu from the National Institute of Public Health. "Human resource capacity needs to match technical capacity and we are always looking for ways to engage more personnel. It is a very demanding activity, given that the average number of calls varies between 40 and 120 calls per phone line. But it is also an opportunity because servicing the hotline is about the hands-on learning of risk communication and improving professional skills."

Green Line responders are trained medical and health care personnel from the National Institute of Public Health, the Ministry of Defense and other partner institutions who bring together extensive expertise from the fields of public health, epidemiology, hygiene, family medicine and psychology, to name a few. They are backed up by a support group that helps formulate answers to specific, technically complex questions, in collaboration with other epidemiologists, health promotion specialists, lawyers and scientists.

Specialists from the National Institute of Public Health instruct all responders about symptoms, case definitions, recommended preventive measures, essential sources of information and phone communication skills. Their training is updated every day, based on any changes that may have occurred in the affected areas or with methodologies, specific recommendations and national regulations.

The Green Line is a prime example of collaboration across different sectors. It is operated by the National Institute of Public Health (NIPH) and the technical scientific arm of the Ministry of Health while the Special Telecommunication Service (STS) provides telecommunication support. The Ministry of Defense staffs the lines during night shifts, ensuring continuous 24/7 service.

The services of Green Line are also available for Romanians living abroad via another dedicated phone number. Given that Green Line is not a medical emergency number, citizens are instructed to call 112 for any health emergencies.

Green line number in Romania: 0800 800 358

Green line number from outside Romania: +40 21 320 20 20

During the lockdown and further, all communication was focused on empathy, respecting the legal provisions. The social distancing had a great impact on each individual, especially from the "connection" point of view. Technology was the saviour, though, through the social media especially. While before the pandemic Facebook, Instagram, WhatsApp or Telegram were only a way to spend your time, they became necessary tools to keep contact and communicate with others.

Aven companies, brands chose to communicate directly, via email, media and social media with their customers or he general public. They changed though the way to communicate, they are more careful, more prudent.

Retail Brands changed their communication strategies. While before their campaigns were focused on promotions, now they communicate prevention safety measures taken for their customers and they encourage responsible behaviours.

1.10.2 COVID -19 communication Analysis

National

There are studies that begun in order to analyse the communication strategies and the possible gaps. For example, one started by the University in Bucharest, Journalism Faculty[130] - Researching the current COVID19 crisis can contribute to understanding how information about the emergency is flowing through diverse social groups and help to improve communication for future crisis scenarios.

In the global media systems, with a multiplicity of channels and transmitters, overload of information and proliferation of fake news, an agile and efficient management of communication is indispensable to gain the cooperation of citizens to manage the crisis. Nevertheless, the existence of singular audiences that have informative relations only to certain groups and are informed only through the so-called eco cameras are increasing. Groups are able to transfer inaccurate or untrue information to other audiences, jeopardizing the development of coordinated actions.

GO: The mission of this network is to monitor the communication management of the COVID 19 crisis in diverse countries and from diverse perspectives and methodologies.

SO1: To monitor the main channels of information used by the general population regarding COVID 19

SO2: To understand the trust of the general population from diverse information sources regarding COVID 19

SO3: To evaluate the effectiveness of governmental communication by the general population

SO4: To cluster the knowledge about COVID 19 by general population

In a first phase at the EUPRERA Com-Covid project a survey was launched to monitor channels of information, sources, levels of trust and information comprehension by the general public in three countries (Spain, Italy, UK). A second survey will be launched in October 2021 in a new set of countries like Finland, Portugal, Turkey, Croatia, US, Brazil, Argentina, Nigeria, Romania, Georgia, China.

International

We did not find any study on this topic.

1.10.3 Main learnings and best practices

- Transparency
- Timely communication
- Prevention of misinformation
- Promotion of official channels, international in case of Romania – it was the first time when international official channels were promoted as reliable sources – EU, WHO, UNICEF etc.
- The vaccination campaign had no target group defined, it contained testimonials from several public figures but the message did not reach as there was no clear destination. This is why the National Audio-visual Council stopped the broadcast of those testimonials.[131]

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[130] https://euprera.org/what-we-do/member-networks/com-covid/

[131] https://www.cna.ro/In-aten-ia-radiodifuzorilor,11057.html

Guidelines

- Communication through networks that were already in place and functional – eg: The Red Cross network covers the whole country and it was easier to send information, supplies, food. This also encouraged the donors to come to the Red Cross as it functions as a network
- Communication in crisis works better in a network less bureaucratic, with a two-way communication flow and also with e more relaxed decision-making process.

1.1.1.2. Relevant indicators

- Degree of population knowledge on the case evolution
- Degree of the target groups' knowledge concerning the legal provisions

1.1.2 Additional (country-specific) comments/reflections

n/a

1.11 Spain

1.11.1 Communication strategies, plans and practices

Communication strategies, plans and practices applied by governments

The crisis resulting from the coronavirus pandemic has posed a significant challenge to the Spanish government on several levels. On 14 March 2020, a state of alarm was declared throughout Spain. This exceptional regime, set out in Article 116.2 of the Constitution, allows extraordinary measures to be taken in the event of a serious alteration of the country's normality (natural disasters, health crises such as a pandemic, paralysis of essential public services and situations of shortages of basic necessities) (Organic Law 4/1981, of 1 June, on states of alarm, exception and siege).

Within this regulatory framework, the Spanish government's communication strategy between March and May was based mainly on telematic press conferences broadcast live from the Moncloa Palace (headquarters of the Presidency of the Government and the crisis committee). They were organised by the Secretariat of State for Communication. As indicated in Article 10 of Royal Decree 136/2020, this department depends organically on the President of the Government and functionally on the minister spokesperson and has, among other functions, the coordination of the government's information policy or the management of communication in situations of national alert (as in the case of the pandemic).

The layout of these press conferences consisted of two parts: a first intervention by the speaker and a question-and-answer session by journalists. In the first stage, these questions were asked via a WhatsApp group moderated by the Secretary of State for Communication, and then, following a formal complaint from the journalists' associations, they were asked live via a video call format.

With regard to the comparators at the press conferences, the media presence of exclusively technical experts and spokespersons and political representatives was combined (Graph 1), with a balanced presence of both groups.
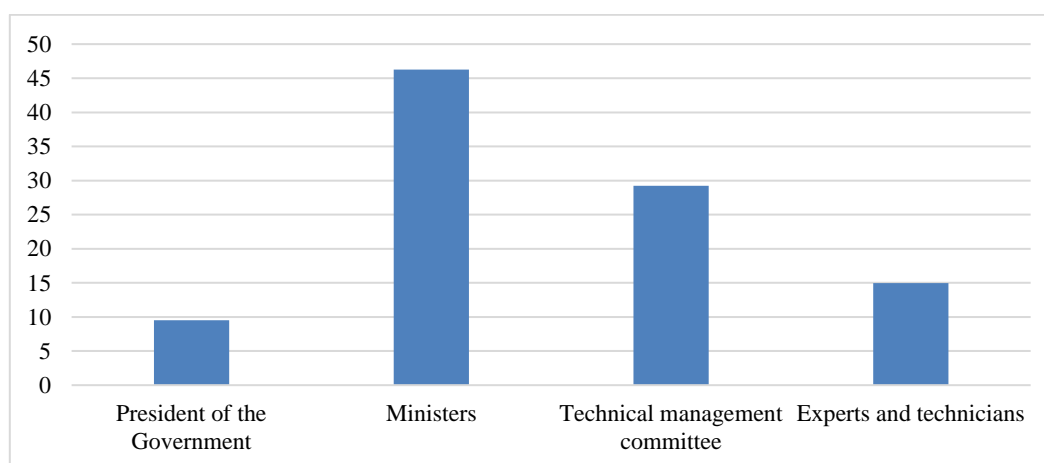
Source: State Secretariat for Communication [132]

Figure 10. Participants at press briefings on the pandemic between March and May 2020

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[132]https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/presidencia/Documents/2020/170520-Comparecencias%20del%20Ejecutivo%20sobre%20el%20COVID-19.pdf

During the state of emergency, press conferences with information on the evolution of COVID-19 became the centre of the news, appearing live and simultaneously on all the main television and radio channels, as well as on the websites of the most important print media. The need for information derived from the crisis gave these media events sufficient strength to condition the agendas and the pace of the news.

This centrality was partly due to the combination of information with three types of news:

- Medical and public health information: focused on aspects of the evolution of the pandemic along with features of contagion, recommendations to prevent the spread of the virus, dissemination of hospital care protocopoles, etc.
- Political information: information from members of the government (especially the Prime Minister) regularly detailing the political measures adopted: declaration of a state of alarm, centralisation of competences in health matters held by other regional government organisations, pacts between political organisations, etc.
- National security information: During the first months of the pandemic, both public health and political measures were communicated with information on state security. For this purpose, leaders of the army and the security forces (police and Guardia Civil) appeared at press conferences.

It is worth noting that on many occasions the dissemination of these three types of information was intended to have a pedagogical component and responded to the need to neutralise disinformation tendencies. As previous studies have shown, the hoaxes identified during these months had a wide variety of themes (contagion, forms of prevention, public and private measures, security-related issues, etc.), increased as the pandemic developed and adapted to multiple communication tools (social networks, WhatsApp, etc.) (Sánchez-Duarte and Magallón-Rosa, 2020).

As Guillermo López (2020), professor of communication at the University of Valencia, points out, the Spanish government's communication strategy during the COVID-19 crisis revolved around four axes:

1. Continuous communication: Press conferences from the seat of the Spanish government, any day and with alternating political actors, experts, technicians and members of state security forces.
2. Seriousness of the crisis: Alerting the public to the existing risk and the extreme seriousness of the events. This continuous warning served as a framework for explaining restrictive measures (prohibition of movement and freedom of movement, curfew, etc.).
3. Sense of control: Faced with chaos, overcrowded hospitals and a steady death toll, the communication strategy was to demonstrate the government's control of the situation.
4. Unity: In a national context of high political polarisation, the government continuously appealed to the unity of all Spaniards to fight the virus. In fact, the slogan adopted by the government during these months was: "We can stop this virus together".

After the end of the state of alert and the significant decrease in the number of infected people and deaths, the communication strategy concentrated almost exclusively on experts and technicians from the Ministry of Health, who were in charge of reporting during the de-escalation period after containment (from May-June 2020) and the successive waves of infection (September and December-January).

Communication strategies, plans and practices applied by public health stakeholders

After Franco's dictatorship (1939 - 1975) and the arrival and consolidation of democracy, Spain adopted a state design enshrined in the 1978 Constitution and articulated around the Autonomous Communities. This state structure ceded a significant part of the central government's powers to territorial entities in matters as diverse as the organisation of their institutions of self-government, territorial planning, public works and health. This institutional architecture was decisive for the management of the pandemic and the development of a communication strategy by the health authorities, as each of Spain's autonomous regions (17 in total) initially faced the crisis in different ways and with different management capacities.

Following the State of Alarm Decree (14 March), management of the crisis was entrusted to the Coronavirus Technical Management Committee. This body, chaired by Prime Minister Pedro Sánchez, was composed of the Ministers of Health, Interior, Defence and Transport and Mobility, the Secretary General for Transport, the Director of the Centre for the Coordination of Health Alerts and Emergencies (CCAES), the Chief of Defence Staff and representatives of the State Security Forces (Police and Civil Guard).

Although the President of the Government gave an account of many of the interventions of the agreements adopted in this committee, its most official spokesperson was Dr Fernando Simón, Director of the CCAES. This doctor, an expert in health crises, had been in charge of national health emergencies since 2003 and had been ratified by 12 different ministers from both left-wing and right-wing parties. Dr. Simon's credibility and legitimacy were based on the following facts: (1) he was not chosen as Head of the CCAES by the current government, but by the party currently in opposition; (2) his CV and background is that of an expert in epidemiology; (3) he successfully handled the Ebola crisis in Spain (2014); and (4) he was in charge of the CCAES for 17 years before the current pandemic emerged.

With regard to exclusively medical information, the presence of Fernando Simón alternated with that of the Minister of Health, Salvador Illa. As noted above, the Ministry of Health played a very insignificant role within the Spanish Council of Ministers, as it lacked a structure and the competencies derived from the Autonomous Communities. In spite of this, and unlike what has happened in other European countries where members of the government have not appeared as much or as directly but rather by giving recorded messages or interviews (Crespo and Garrido 2020: 16), in Spain the Minister of Health has played a key role. His role was not only to manage the pandemic, but also to communicate this management to the public, appearing at press conferences, as did other ministers.

Therefore, both the Director of the Health Alerts and Emergencies Coordination Centre, Fernando Simón, and the Minister of Health, Salvador Illa, became the official spokespersons for medical information and for the different expert commissions created by the government to manage the crisis. In July 2020, the number of committees established in Spain to advise on the pandemic was seven: COVID-19 Evaluation and Monitoring Committee, Interministerial Coordination Committee, Technical Scientific Committee, Multidisciplinary Working Group of the Ministry of Science and Innovation, Committee of Experts for de-escalation, Committee of Experts for the preparation of the Spain 2030-2050 report and Advisory Committee for the COVID Vaccination Strategy.

In this context the information from public health experts and managers was based on the following stages with two different time periods and two different strategies:

- First months of the pandemic. Reactive and emergency communication. Constant appearances by official spokespersons (Director of the Director of the CCAES and Minister of Health). The appearances of these spokespersons were the central axis of the strategy in the first months of the crisis, with the intention of communicating the health alert in a reactive manner and in response to the multiple information needs that arose.
- Months after the start of the pandemic. Proactive and educational communication. Development of communication channels and public health information materials. The Ministry of Health's website[133] became an archive for the creation of multiple materials on how to avoid contagion, recommendations for the use of masks, medical advice, etc. This type of resource translated the indications of international organisations such as the World Health Organisation into accessible and easy-to-understand materials.

As the study on the content of health websites (especially focused on the Spanish case) indicates, the information provided to citizens could be summarised in the following categories (Villegas-Tripana, 2020):

- Masks: use and different types of masks
- Handwashing: form and number of times of handwashing
- Hygiene and care: tips to avoid infection
- Household: recommendations on how to clean up at home and when you get home
- Recommendations: Prevention of contagion, detection of symptoms, etc.
- Emotional well-being: how to manage emotions, advice for children, adolescents, how to cope with grief.
- Vaccination: basic information, vaccination groups, etc.
- Pregnancy and breastfeeding: general information and guidelines
- Chronic diseases
- Child population: advice and recommendations.
- Gender-based violence: an action guide for women who are experiencing gender-based violence.
- Pets: recommendations on cleaning up after pets

Along the same lines, communication professors Carmen Costa-Sánchez and Xosé López García (2020) identified three distinct stages in crisis communication: pre-crisis, initiation and maintenance of the crisis with different spokespersons and, most importantly, with different key messages adapted to the developing situation:

1) Pre-crisis:

- Spokesman: Fernando Simón (Director of CCEAS)
- Key messages: reassurance, control and low risk

2) Start:

- Spokespersons: Fernando Simón (Director of the CCEAS), Salvador Illa (Minister of Health) and Pedro Sánchez (President of the Government).
- Key messages: reassurance, control, trust in the National Health System and moderate risk.

3) Maintenance:

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[133] https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/home.htm

- Spokespersons: Coronavirus Technical Management Committee and Institutional Spokespersons
- Key message: war, alertness, togetherness, gratefulness, empathy, self-efficacy messages, anticipation of negative scenarios, uncertainty and high risk.

To conclude this section, it would be necessary to identify the criticisms focused on the communication policy of health experts, highlighting the following:

- Contradictions: The proliferation of expert and advisory committees and the recommendations offered at different stages of the pandemic were contradictory, leading to confusion among the public. The work of Dr Fernando Simón was repeatedly criticised for making statements that later turned out to be incorrect.
- Erroneous claims: The data offered by these spokespersons, especially regarding the number of deaths, were erroneous. Throughout the pandemic, official statistics and the calculation of these statistics were changed, leading to mistrust of the official data.
- Opacity: Following several media reports and disinformation verification agencies, the health authorities were forced to disclose the composition of the various committees set up to manage the pandemic.
- Lack of infrastructure and resources: By centralising communication on COVID-19 in a Ministry with hardly any competencies, many of the communication tools were created on an ad hoc basis and without adequate means, resources and professionals. This meant that public health information was intermingled with political or security decisions.
- Slowness and risk of disinformation: Considering that disinformation adapts to any context by seeking local modes and global forms at the same time, and that this adaptive capacity is implemented at a very fast pace, the communication strategy of public health managers was insufficient. Their response was slow, in line with obsolete communication models and with a certain dependence on conventional media.

Communication strategies, plans and practices applied by organizations

As an example of communication during the pandemic, we analysed the communication strategy developed by the Universidad Rey Juan Carlos. We selected this case study because it was the benchmark for the rest of the universities in Madrid in designing a crisis communication plan that was later implemented by many universities in Spain.

The communication strategy was centralised in the university's governing team and, in particular, in a driving group formed by the Rector, the Director of Institutional Relations and the Director of Communication. The objectives of the communication strategy were as follows:

- Regularly report on developments regarding the impact of the pandemic on the university.
- Communicate the decisions of the COVID-19 University Commission (technical body formed to assist the Rector in decision-making).
- Maintain the remote operation of the university. To provide teachers, students and administrative and service staff with the necessary guidance for the remote operation of the university.
- Avoid misinformation and accompany the university community during the pandemic.

Types of communications:

- E-mails from the Rector to the entire university community:

- From 1 March to 15 March: information on the creation of the COVID-19 university commission, links to documents on the adaptation of research, questions and answers, information on the first case detected.
        - From 15 March to 1 June: Under the slogan: "The university does not close. Work differently", information on the remote operation of the university (adaptation of exams, teaching guides) and messages of encouragement were constantly sent to the university community.
    - Web space [134]with information about the class adaptation protocol, preventive measures, information about the disease, course on basic and advanced notions about COVID-19. All this information was produced using infographics and was very well received by members of the university community. All the information contained on the website was also disseminated on social networks through the university's official profiles.
    - WhatsApp groups with deans of faculties and directors of university departments. Through these groups, regular information was provided on the progress of the pandemic and its impact on the university. Likewise, regular, regular and telematic meetings were held with all the managers.

Communication strategies, plans and practices applied by communities

n/a

1.11.2 COVID-19 communication analysis

National

The following typologies can be found in the academic research and research reports identified in Spain:

- COVID-19 Communication and crisis. General summary

It finds that the absence of an early announcement (or pre-emption of the negative scenario) and control messages in a context of uncertainty led to an abrupt transition to the next stage of the crisis, coinciding with an explosion in the number of infections, which generated fear.

- Costa-Sánchez, C., & López-García, X. (2020). Communication and coronavirus crisis in Spain. First lessons. Profesional De La Información, 29(3). https://doi.org/10.3145/epi.2020.may.04

Government communication

The importance of emotions, especially negative ones, in the perceptions of the population in crisis contexts such as COVID-19 is demonstrated through official messages.

- Losa Díaz, J. C., Rodríguez Fernández, L., & Paniagua Rojano, F. J. (2020). Governmental communication and emotions in the Covid-19 crisis in Spain. Revista Latina, (78), 1-18. https://doi.org/10.4185/RLCS-2020-1467

Analysis of the role of the police and military in government communication.

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[134] https://www.urjc.es/actualidad/covid-19#protocolo-de-adaptacion-de-la-docencia-covid-19-curso-20-21

- López-García, G. (2020). Surveillance and punishment: the role of the military, police and civil guards in the communication of the Covid-19 crisis in Spain. Profesional De La Información, 29(3). https://doi.org/10.3145/epi.2020.may.11

This article is based on a study of the role of official spokespersons in the Spanish government's crisis communication strategy.

- García-Santamaría, J.-V., Pérez-Serrano, M.-J., & Rodríguez-Pallares, M. (2020). Official spokespersons and audiovisual strategy in the Covid-19 crisis in Spain. Profesional De La Información, 29(5). https://doi.org/10.3145/epi.2020.sep.13

The websites analysed contain electronic information material on COVID-19 in terms of prevention and protection. Social networks play a fundamental role in the dissemination of information.

- Villegas-Tripiana, I., Villalba-Diaz, A., & López-Villegas, A. (2020). Analysis of COVID-19 information on websites of public health organisations. Revista Española De Comunicación En Salud, 234-242.

Media coverage and approach to the crisis
The institutional actor most present in the discursive analysis of the headlines was the government, represented in the figure of its President.

- Núñez-Gómez, P., Abuín-Vences, N., Sierra-Sánchez, J., & Mañas-Viniegra, L. (2020). The approach of the Spanish press during the Covid-19 crisis. A framing analysis through the front pages of the main national newspapers. Revista Latina, (78), 41-63. https://doi.org/10.4185/RLCS-2020-1468

The graphic display was restrained, respectful and opted for large metaphorical snapshots. The mechanisms of protection against the pandemic - personal protective equipment (PPE), masks or goggles - often made it difficult to recognise the protagonists. In addition, pixelation of the face was used extensively to prevent personal identification.

- Maciá-Barber, C. (2020). COVID-19 on the front page: ethical radiography of the photographic coverage of the pandemic in Spain. Spanish Journal of Health Communication, 42-58.

The results show that digital media are the most used to publish on the subject, with a clear increase since the state of alarm decree.

- Lázaro-Rodríguez, P., & Herrera-Viedma, E. (2020). Covid-19 and 2019-nCoV news in Spanish media: the role of digital media in times of confinement. Profesional De La Información, 29(3). https://doi.org/10.3145/epi.2020.may.02

The study contributes to understanding the evolution of COVID-19 by analysing the front pages of the main newspapers in Spain, and the results may involve comparative analyses in relation to other crises, time periods and geographical contexts.

- Fusté-Forné, F. (2020). Explaining the virus from the front pages: a study of Spanish newspapers. Spanish Journal of Health Communication, 210-217.

The results show the connection between the role played by the media in situations of social alarm and health crisis, and the processes of construction and legitimisation of cosmovisions of "reality" derived from disinformation, hoaxes and news noise.

- Roman Etxebarrieta, G., Álvarez-Rementería Álvarez, M., Pérez-Izaguirre, E., & Dosil Santamaria, M. (2020). The role of the media in health crisis situations. The population's

perception of control and social norms during the COVID-19 pandemic. Revista Latina, (78), 437-456. https://doi.org/10.4185/RLCS-2020-1484

Disinformation and pandemic

The increase in misinformation is developing in parallel with the evolution of the pandemic, with the viralisation of hoaxes through social networks and instant messaging services, as well as their international reach and the difficulty of identifying their promoters.

- Sánchez-Duarte, J. M., & Rosa, R. M. (2020). Infodemia and COVID-19. Evolution and viralization of false information in Spain. Revista española de comunicación en salud, 31-41.
- Magallón-Rosa, R. & Sánchez-Duarte (2020) Learning pandemics: misinformation and COVID-19. Telos Journal.

The results reveal the prominence of fallacious political language, which favours the production of online hoaxes and requires the effectiveness of the fact-checking system of international agencies and the media to combat falsehoods:

- Pérez-Curiel, C., & Velasco Molpeceres, A. M. (2020). Impact of political discourse on the spread of hoaxes about Covid-19. Influence of misinformation on audiences and media. Revista Latina, (78), 86-119. https://doi.org/10.4185/RLCS-2020-1469

During the course of the pandemic, there was a correlating trend between Spanish citizens' interest in fake news and the increase in deaths from Covid-19.

- Villa Gracia, A. D., & Cerdán Martínez, V. (2020). Bulos during the Covid-19 pandemic in Spain: a study through Google Trends. Revista Latina, (78), 169-182. https://doi.org/10.4185/RLCS-2020-1473

Consultations with official and impersonated sources prevailed. Most common was fabricated and impostor content disseminated through social networks and WhatsApp.

- Aguado-Guadalupe, G., & Bernaola-Serrano, I. (2020). Verification in the Covid-19 infodemic. The Newtral case. Revista Latina, (78), 289-308. https://doi.org/10.4185/RLCS-2020-1478

The media on the ideological right have published more information with more political content than the left-wing media.

- Román-San-Miguel, A., Sánchez-Gey-Valenzuela, N., & Elías-Zambrano, R. (2020). Fake news during the COVID-19 State of Alarm. Analysis from a political point of view in the Spanish press. Revista Latina, (78), 359-391. https://doi.org/10.4185/RLCS-2020-1481

Fact-checking is proving successful in disproving falsehoods through the use of data. It is a current phenomenon that needs to be investigated in various academic fields.

- Pozo-Montes, Y., & León-Manovel, M. (2020). Fact-checking platforms: fakes news disproved by Newtral in the coronavirus crisis in Spain. Spanish Journal of Health Communication, 103-116.

This study makes theoretical contributions within the framework of the emerging studies on information disorders. Specifically, it provides its own definition of hoaxes, as well as a typology in which four types of hoaxes are identified: hoax, exaggeration, decontextualisation and deception. Based on these four types, a 'hoax severity diagram' is proposed.

- Salaverría, R., Buslón, N., López-Pan, F., León, B., López-Goñi, I., & Erviti, M. C. (2020). Disinformation in times of pandemic: typology of Covid-19 hoaxes. El profesional de la información (EPI), 29(3).

Media consumption during the pandemic and its relationship to the COVID-19 crisis:
YouTube is functioning in the COVID-19 pandemic as a repository platform for information from conventional media systems.

- Gil Ramírez, M., Gómez de Travesedo Rojas, R., & Almansa Martínez, A. (2020). YouTube and coronavirus: analysis of video consumption on the COVID-19 pandemic. Revista Latina, (78), 121-153. https://doi.org/10.4185/RLCS-2020-1471

Television is regaining the younger audience it seemed to have lost to digital media, consolidating an increasingly complex and competitive media landscape:

- Montaña Blasco, M., Ollé Castellà, C., & Lavilla Raso, M. (2020). Impact of the Covid-19 pandemic on media consumption in Spain. Revista Latina, (78), 155-167. https://doi.org/10.4185/RLCS-2020-1472

Overall, the results of this study allow us to conclude that the radio is once again playing a leading role in the coronavirus crisis, as it has occurred throughout the history of Spain.

- Rodero, E. (2020). Radio: the medium that best copes in crises. Listening habits, consumption, and perception of radio listeners during the lockdown by the Covid-19. Profesional De La Información, 29(3). https://doi.org/10.3145/epi.2020.may.06

The results show that citizens are more informed and more frequent than before the health crisis. However, they remain critical of the information provided by the media, which provide coverage conditioned by the editorial line, in a sensationalist manner and generating unnecessary social alarm.

- Masip, P., Aran-Ramspott, S., Ruiz-Caballero, C., Suau, J., Almenar, E., & Puertas-Graell, D. (2020). News consumption and media coverage during the Covid-19 confinement: overinformation, ideological bias and sensationalism. Profesional De La Información, 29(3). https://doi.org/10.3145/epi.2020.may.12

A relationship has been found between users who trust a particular media outlet and other media outlets that they also trust and that have a similar ideological bent.

- López-Rico, C. M., González-Esteban, J. L., & Hernández-Martínez, A. (2020). Polarization and trust in Spanish media during Covid-19. Identification of audience profiles. Revista Española de Comunicación en Salud, 77-89.

Information and disinformation distribution channels
The two main types of developers (governmental entities and private initiatives) focused on disease monitoring and diagnostic applications along with others that sought to alleviate the growing demand for information.

- Gil-Torres, A., Martín-Quevedo, J., Gómez-García, S., & San José-De la Rosa, C. (2020). The coronavirus in the mobile device ecosystem: creators, discourses and reception. Revista Latina, (78), 329-358. https://doi.org/10.4185/RLCS-2020-1480

Not all of the influencers observed have focused primarily on generating COVID-19 related content.

- Romo, Z. F. G., & Aguirre, S. I. (2020). Analysis of the communication management of Spanish pharmaceutical influencers on Instagram during the COVID-19 pandemic. Spanish journal of health communication, 9-30.

The results indicate that the corporate projection of PSM was increased by emphasising their role as essential services and their defence of the values that characterise them. The pandemic forced the adaptation of programme production from technical standards to an emotional approach, accelerating a formal hybridisation with native online contents.

- Túñez-López, M., Vaz-Álvarez, M., & Fieiras-Ceide, C. (2020). Covid-19 and public service media: Impact of the pandemic on public television in Europe. Profesional De La Información, 29(5). https://doi.org/10.3145/epi.2020.sep.18

Information limits in pandemics

The results illustrate that there is a significant statistical association between supporting information restriction and several indicators of support for the central government: voting for and sympathising with the PSOE, being on the far left, trusting the central government's handling of the pandemic, and trusting its president.

- Valera-Ordaz, L., & Doménech-Beltrán, J. (2020). Sociodemographic profile and political attitudes of groups for and against limiting the free flow of information during the pandemic. Profesional De La Información, 29(6). https://doi.org/10.3145/epi.2020.nov.16

International

In the case of Spain, there is little published academic literature that deals with comparative studies with other countries or examines issues related to crisis communication:

The results show that the situation in the US dominates the conversation, despite the fact that at that time there were hardly any cases and Europe had become the global epicentre of Covid-19. Moreover, among the actors with the most prominent positions in the network, there is little presence of scientists and institutions to help debunk the hoaxes and explain hygiene measures.

- Pérez-Dasilva, J.-A., Meso-Ayerdi, K., & Mendiguren-Galdospín, T. (2020). Fake news and coronaviruses: detecting key actors and trends through the analysis of Twitter conversations. Profesional De La Información, 29(3). https://doi.org/10.3145/epi.2020.may.08

This official communication space took into consideration the structural elements of vulnerability involved in the spread of the pandemic, which is closely related to the state's call for individual and collective responsibility.

- Guibarra, N. I. L., & Sánchez, J. C. A. (2020). Press conferences and COVID-19: exploring the Mexican governmental response from health communication. Revista española de comunicación en salud, 128-141.

1.11.3 Main learnings and best practices

We can draw several lessons about the communication of the coronavirus crisis in Spain on several levels: 1) In relation to general aspects, 2) In relation to the use of government spokespersons and 3) In relation to misinformation.

1) General aspects and assessment

As Professors Carmen Costa-Sánchez and Xosé López-García (2020) point out, in the evaluation of the crisis communication, several deficiencies were found in the failure to prepare the community for the most negative scenario and in overprotecting the public with a message of calm in the initial stages, which later clashed with reality. These issues were coupled with constant contradictions, misleading statements, certain opacity and lack of infrastructure and communication resources that sometimes gave the impression of improvisation. Perhaps all these indications respond to the serious shortcomings in science communication at both governmental and media level and the almost complete absence of a culture of prevention information.

2) Use of government spokespersons

In relation to the official spokespersons and according to the work of García-Santamaría, Pérez-Serrano and Rodríguez-Pallarés (2020), the communication of the COVID-19 crisis has had several lessons to learn:

- The strategy of concentrating communication strategy on government spokespersons, mainly on television and on free-to-air TV, has proved effective.
- The government's spokesperson policy involving the president, ministers and senior police officials was interesting but they were often unprepared for the media exposure.
- This multi-spokesperson strategy has succeeded in restoring an image of a team and of working together.
- The format of the recurrent, daily and repetitive press conferences became progressively exhausted. At the end of the state of alert, many of the interventions of some spokespersons became meaningless.
- This communication format brought television back into the limelight as a privileged channel for information during the crisis, which was enhanced by the fact that the majority of the population was locked up at home.
- There was no health-specific or public service-oriented communication. This approach may have limited the scope of many fake-news stories.

3) Disinformation. Resilience and adaptation of fake-news.

In periods of high information intensity and unforeseen events, citizens need to expand on the data and facts narrated in the news. During the COVID-19 crisis and in parallel to the evolution of the pandemic, a very accentuated and intense disinformation trend was identified, which showed the following characteristics and which serves to draw a series of lessons:

- The eruption and development of the crisis demonstrated that the disinformation cycle is adaptive. Its existence is linked to eventual and opportunistic niches and its resilience is based on confusion, media deficiencies and information saturation.
- In the case of Spain, in the first two months of the coronavirus crisis, new types of hoaxes were identified, a very significant percentage of which were linked to the evolution of the pandemic. A category in which misinformation was stored on the evolution of contagion, the detection of symptoms or cures and remedies for the disease. As the state of alarm developed, the information also became more diversified, and political and discourse-oriented hoaxes began to become more relevant.
- On the other hand, disinformation linked to the pandemic developed and enhanced several of its classic characteristics. The forms of dissemination defined a multi-layered ecosystem in which social networks took centre stage alongside instant messaging services, complementing rather than substituting each other. Platforms such as Whatsapp or Telegram viralised a high

percentage of hoaxes, most of which had no known origin, and increased the speed of their transmission.

Guidelines

In relation to the lessons learned from the communication of the coronavirus crisis, five recommendations and guidelines for dealing with similar situations can be made.

- Multi-layered communication system. Although in the case of Spain, television was the preferred channel for disseminating information during the pandemic, the dissemination of information products through multiple channels that combine (and do not replace) conventional media with new media and digital platforms should be promoted.
- Formats: the translation of science into an accessible and understandable language and the attraction of new audiences makes it necessary to think of new communication formats: infographics, live broadcasts on social networks, etc. These dissemination formats should not be reduced to conventional media events such as press conferences that, due to their constant repetition over months, have exhausted their pedagogical capacity.
- Training of institutional spokespersons: the regular appearances of members of the government, state technicians or police officers showed a certain lack of experience and explanatory capacity. As a recommendation, it would be necessary to improve the communication skills of this type of actors.
- Boosting fact-checkers: The verification of hoaxes fell almost exclusively to verification agencies such as Maldita.es [135]or Newtral[136] during the pandemic. Although their activity grew exponentially, their impact was limited. It would therefore be necessary to establish direct communication channels between governmental actors and these agencies for the exchange of data. This would allow a more effective and less reactive fight against disinformation to be waged through institutional channels.
- Promoting a culture of science and prevention: the construction of news linked exclusively to scientific successes and major discoveries prevents a clear and precise vision of events such as a pandemic. A new culture of scientific information should therefore be encouraged.

Relevant indicators

Indicators for measuring the effectiveness of pandemic communication would include the following:

- Accredited spokespersons with communicative competences
- Constant, fast and effective communication
- Accessible information formats with a strong pedagogical component
- Visual information products, available for viewing on any digital tool (mobiles, tablets, etc.).
- Tools for information verification.

1.11.4 Additional (country-specific) comments/reflections

In the Spanish case, no relevant and significant studies have yet been developed at regional and local levels. As indicated above, the centralisation of competencies in a single command (both security and

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[135] https://maldita.es/

[136] https://www.newtral.es/

health) meant that the communication strategy and the official spokespersons were always the same actors: Fernando Simón (Director of CCAES), Salvador Illa (Minister of Health) and Pedro Sánchez (President of the Government) during the worst months of the pandemic.

Future lines of research could include the following:

- Role of the Autonomous Communities. As of the de-escalation plan (June-July 2020), the regional governments once again took over health competencies, adapting the measures and recommendations to the characteristics of each territory. This has continued until the present day, generating a certain amount of controversy and struggle between administrations (both between these governments and with the central government).

- Health institutions and experts in the media: The recurrent presence of researchers and experts in news formats is relevant. These scientific influencers have gained media visibility and legitimisation.

- Vaccines and vaccination schedule. Data from the Centro de Investigaciones Sociológicas during the months of September to December 2020 showed a high rate of refusal to receive the COVID-19 vaccine. This refusal was linked to certain political options located on the right and extreme right. On the other hand, supporters of the left-wing government showed a massive and high acceptance of being vaccinated. This shows how political and media polarisation was also present in scientific circles.

1.12 **Sweden**

1.12.1 Introduction

Sweden's handling of and communication activities during the corona pandemic have taken place under the following conditions:

As a result of the authorities' inadequate handling and communication in connection with the tsunami disaster in 2004, when over 500 Swedes died in Thailand, the Swedish Civil Contingency Agency (SCCA) was appointed in 2009. The main assignments of the agency is to support society's preparedness for accidents, crises and civil defence and to coordinate the work of different government authorities in connection with crises that affect all or parts of the Swedish society. A central part was the establishment of Krisinformation.se (www.krisinformation.se), a website for government information and communication in case of crisis and serious incidents. The purpose of the website is to make it easier for the public to find verified and reliable information from Swedish authorities by publishing it in one place, and hence to reduce the risk of incorrect information being disseminated. Krisinformation.se has thus been one of the government agencies' main channel of information during the corona crisis.

In line with the Swedish constitution, Sweden cannot introduce a state of emergency during peacetime, only during wartime, and Sweden's institutional design relies heavily on autonomous government agencies (Pierre 2020). The government rules by instructions, budgets and informal contacts, but the government cannot directly command agencies how to act in a specific situation (Johansson & Vigsö, 2021).

From the very beginning, the government made it clear that the response to the pandemic would be according to the strategies applied by the Public Health Agency (PHA). The Government thus relied on the scientific expertise of the agency, and the recommendations issued by it (Giritli Nygren & Olofsson, 2020). This strategy was widely applauded by all political parties and the media.

Swedes have high trust in government authorities (Medieakademin, 2020) and in unknown others (Esaiasson et al. 2020). The levels of trust even increased during the first phases of the pandemic.

Swedes, on average, take part in news media to a large extent (Nordicom 2021). On an average day (2018), 64 % read a newspaper (online or paper), 35 % watch tv-news, 62 % listen to the radio. Internet penetration rate is 98 % (Internetstiftelsen, 2020).

Swedes' have high trust in news media, 65% in Public Service radio, 62% in Public Service television, 41-47% in daily newspapers (Medieakademin, 2020).

Communication strategies, plans and practices applied by governments

Communication strategies, plans and practices

- The royal family
- The Government and Government Offices, including The Ministry of Health and Social Affairs, The Ministry of Foreign Affairs, The Ministry of Finance
- The Public Health Agency (PHA)
- The Swedish Civil Contingency Agency, including Krisinformation.se
- The National Board of Health and Welfare (NBHW)
- The Swedish Media Council (SMC)

Royal Family

According to the constitution, the Swedish monarch, King Carl Gustav, has no political power. It is part of the king's role as a representative of Sweden to turn to the people in times of war, crises and disasters, such as the tsunami disaster and 2004, and now during the corona pandemic. On 18 March 2020, the King made a speech at an extra council at Stockholm Castle, where he emphasized the need for consideration and empathy and the responsibility to protect risk groups. On April 5, the king delivered an exceptional speech to the nation urging the public to be responsible and to exercise caution during Easter holidays.

Eight months later, in the annual Christmas tv-program about the royal family, the king states that the Swedish people have suffered enormously under difficult conditions, and that Sweden has failed to save lives.

The king's statements and speeches had no political consequences but great symbolic value for the Swedish debate on the corona pandemic.

Government offices

Communication plans/Strategies prior to Covid-19

The Prime Minister's Office, including the Ministry of Health and Social Affairs, the Ministry of Finance, and the Ministry of Foreign Affairs prior to the covid followed a communication policy issued in 2012 (Prime minister's Office, 2012). The policy served as a guidance in day-to-day work, and its overall objectives were to give a clear picture of the Government's policies and actions, contribute to impact of Government decisions, create confidence, promote open dialogue, and support Government and Government Offices in the event of serious incidents and emergencies. Identified target groups are private individuals, Parliament, agencies, media, companies, stakeholder organisations and international decision-making bodies.

Communication plans/strategies related to Covid-19

The government and the ministries have mainly communicated in three different ways: through press conferences, interviews in news media and the authorities' websites. The Government's communication followed three main themes: to respect and take into account the restrictions that were induced, to confirm and support new restrictions and recommendations - during the autumn also related to vaccinations, and to announce support for measures aimed at entrepreneurs and the business community.

As already mentioned in the introduction, the Swedish Government, including the Ministries, followed the PHA's strategy of controlling the pandemic (see below). In practice, this meant that the Prime Minister and / or the Minister of Social Affairs participated in the press conferences arranged by the Swedish Civil Contingency Agency (see below). During the spring of 2020, government representatives participated on a regular basis, and then, as the death toll decreased during the summer months, they participated less often. Their appearances have also been rarer during the autumn, as well as media coverage of the pandemic has generally been less extensive than during the spring, despite a large second wave of the infection. The Minister of Finance has given a number of separate press conferences, especially during the spring.

In addition, the prime Minister, the Minister of Health and Social Affairs, The Minister of Finance and the Minister of Foreign Affairs gave numerous individual interviews in the news media. Also, the Prime

Minister twice made a speech to the nation. The first one on 15 March, to encourage people to mentally prepare for what awaited. The second one on 22 November, urging the Swedish people to do their duty to reduce the spread of infection.

The Ministry of Foreign Affairs issued corona related messages on its web site under the headline "The Government's work in response to the virus responsible for COVID-19", primarily by linking to the websites of other government offices and agencies. Also, the Government Office and other Ministries used their web sites to promote corona information, mainly by linking to Krisinformation.se (see below).

Related to the corona pandemic the Government issued the following decisions involving the Public Health Agency (PHA), the Medical Products Agency, the Swedish Civil Contingency Agency (SCCA) and the National Board of Health and Welfare:

- 19 March 2020 (SCCA only): to ensure that the authorities' information due to the outbreak of the new coronavirus is coordinated and clear, and that there are effective channels for disseminating the information. The assignment includes urgently preparing national information material that will be communicated in an effective way to as many people as possible.
- 15 November 20202: to prepare and implement reinforced communication efforts which may be needed to increase compliance with the advice and restrictions issued to reduce the spread of covid-19, and to develop a communication strategy that ensures that communication at national, regional and local level is coordinated and a clarification that regional adaptations and orientations of the strategy may occur.
- 11 December 2020 (SCCA & PHA only): to send an SMS to the entire Swedish population. The purpose of the mailing is to inform about, and urge the public to follow the advice that is available to reduce the spread of the virus that causes covid-19 before upcoming holidays and vacations.
- 20 December 2020: to carry out national information initiatives on vaccination against covid-19. The decision also stated that the authorities should pay particular attention to the need for information measures aimed at those groups where vaccination coverage is already lower for other types of vaccines in order to contribute to a higher vaccination coverage against covid-19 in these groups. In addition, the authorities should continuously monitor and, if necessary, deal with misinformation, desinformation and rumors about vaccination against covid-19. Information on vaccination should, where relevant, be coordinated with the national and regional pandemic communications.

Communication strategies, plans and practices applied by public health stakeholders

The Public Health Agency (PHA)

The PHA is responsible for coordinating infection control on a national level. The agency is also responsible for taking action to uphold an effective infection control, and initiate measures to protect citizens from contagious diseases and other serious health threats during crises and in situations of increased preparedness. This includes risk and crisis communication.

Communication plans/Strategies prior to Covid-19

The overall goal of the agency's communication during a crisis is that all target groups, both internal and external, must receive a correct and up-to-date picture of the crisis as possible and be able to act and/or make decisions in a rational way based on it.

- All information must be accurate, clear, prompt, reliable and respectful.
- The agency must be responsive and accessible to issues that are part of our area of responsibility.
- Communication should contribute to mitigating the crisis and provide security among target groups.
- Confidence in the authority must remain high during and after the crisis.

A number of target groups are identified: General public/media, vulnerable groups/groups with specific needs, victims and their families, other agencies and employees and opinion leaders and networks.

Identified channels to disseminate information are press-agency, external and internal websites (a specific crisis website can be used if necessary) social media, receptions telephone service.

Communication plans/strategies related to Covid-19

In the crisis communication plan produced for the Covid-19 pandemic there are five overarching goals identified in order to reach the general goal: Communication providing support for initiatives that minimize the spread of infection and gives organizations and individuals tools to themselves contribute to reduced spread of infection.

1. Create a strong sense of belonging among employees in the agency, where all employees feel included and needed regardless of involvement in covid-19.
2. Make it easy for the target groups to act accordingly in order to contribute to prevent infection and alleviate other adverse effects of the pandemic.
3. The crisis management of the pandemic takes both direct and indirect effects on public health into account
4. A strengthened ability to follow up and adapt measures, as well as prevent and address misconceptions, through a communication structure where listening to different actors/groups using different channels is possible.
5. Maintain and strengthen trust in the agency as a social actor and source of knowledge, through the continued crisis management of the pandemic.

Communication practices

Daily press conferences - from March 6th until June 10th - were decided to be the main channel for external communication. The press briefings were held during the fall as well, but less often. Still, 2 p.m. is the time when PHA releases the updated information about the covid-19 situation in Sweden and new or changed recommendations (using their webb, social media and press releases). The press conferences were broadcasted on public service television, but also on on-line media outlets and social media. State epidemiologist Anders Tegnell, became a central communicator to update the Swedish situation globally, nationally and inform about protective measures and recommendations. Especially Tegnell, but also other representatives from the agency, received extensive media attention and became to some extent celebrities.

Apart from the press conferences, the leading representatives from the agency, the chief/ deputy epidemiologist and deputy have been available for interviews from the news media. This availability is

seen as essential for disseminating information during the pandemic. The PHA also points out that the PHA website is a resource to meet the need of information from various target groups. The section of the website dedicated to Covid-19 has a number of sub-sections (FAQ, information about protective measures to the general public, information about vaccination, information to limits spread directed to health organizations and employees, information about testing, information about regulations and recommendations to other organizations, the task and work of the PHA during the pandemic, information about Covid-19 to the non-speaking populations/visitors and information in Swedish for those with limited understanding of Swedish language, statistics). All these subsections contain a number of pages and links to other agencies. In addition, posters and films are available to what and share (they are also posted on PHA's channel on Youtube). The section with information in foreign languages contains information in 29 languages, where the most extensive information is in Arabic, English and Somali. All textual information is also available as sound clips.

Beside these channels, the PHA uses digital/traditional billboards and social media advertising to disseminate information about covid-19 to reach the general public. PHA also provides information material to health organizations, which is adjusted to regional and local settings. The County Administrative Boards are responsible to coordinate and adjust the information on the regional and local level.

In order to reach vulnerable target groups, the PHA declares that they will produce a separate communication plan. They work today with translations of information and "easy Swedish". Further they make target efforts on different languages, using Facebook and websites run by other government bodies and different NGO:s.

Dis-/misinformation

In the communication plans and other documents, the PHA is concerned about a risk of increased desinformation during the pandemic, not at least in relation to vaccination. To meet these challenges, it is stated in the communication plan regarding the vaccination that transparency in central. This both in relation to all processes concerning the vaccin, and also to acknowledge when there is no knowledge available. This is carried out in information campaigns about vaccination; how a virus works, how vaccines work, the process of producing and approving a new vaccine, the vaccination plan, etc. Reliable, expert information in combination with transparency characterize the vaccine campaign, in order to meet rumors and desinformation.

Strategy to meet false information:

1. Sense making: understand the situation and risk assessment. Who is behind? Fact checks and evaluation of how spread the messages are and of their impact.
2. Action: inform target groups and internally in the organization. Contact those who spread false information, ask them to correct. Post correct facts and inform relevant journalists about the situation. Participate in interviews, write opinion pieces and use internal communication channels to inform about the situation.
3. Advocate and defend: Should only be used in exceptional cases and include more dialogue with stakeholders and external communication.

National Board of Health and Welfare (NBHW)

The National Board of Health and Welfare is a government agency under the Ministry of Health and Social Affairs, with a very wide range of activities and many different duties within the fields of social

services, health and medical services, patient safety and epidemiology. The majority of the activities focus on staff, managers and decision makers in the above-mentioned areas. The NBHW gives support and exert influence in many different ways: NBHW collects, compiles, analyses and passes on information, develops standards based on legislation and the information collected and undertakes other official duties such as maintaining health data registers and official statistics.

Communication plans/Strategies prior to Covid-19

NBHW publishes a multitude of knowledge-based reports and web-based guidance for the health and social care workforce and to support decision-makers on different levels of the health system. In terms of media relations, the mass media plan states that to NBHW news media is an important channel for disseminating information from the agency, and that media relations and communications in general should be implemented in the spirit of openness and transparency, in line with the Swedish laws on freedom of expression.

Communication plans/strategies related to Covid-19

The NBHW provides support to the health system and social services during the Swedish COVID-19 response. NBHW supports and coordinates the crisis preparedness in the 21 Swedish regions, and also collaborates with the regional preparedness organisations, other competent authorities and the Swedish Association of Local Authorities and Regions, the employers' organisation that represents and advocates local government in Sweden. Further, the NBHW also supports the PHA during the Covid-19 and follows the crisis communication plan developed by the Swedish Civil Contingencies Agency (see above).

On 12 March 2020, the NBHW was commissioned by the government to implement information efforts directed to staff in the social services' areas of activity and the municipal health care. Four target groups were identified: elderly, mentally ill, handcapped and ethnic minorities. The result of this campaign was mainly published on the website, including information on different languages, easy-to-read Swedish and videos and voice-clips. In the project collaboration with other agencies (Swedish Agency for Participation) and NGO:s (FUB, The Swedish National Association for People with Intellectual Disability) was also carried out.

Communication practices

The NBHW was one of the regular participants on the daily press conferences, where they informed about the national preparedness, situation and prognoses related to the healthcare system (resources, capacity etc.). On their website a section is devoted to Covid-19, with subsections targeted to different groups (health care worker, social workers, dental care workers), status reports about the current situation in the healthcare system, education on how to prevent spread of the disease, statistics, FAQ:s, information about vaccination, information in English about Covid-19. Other websites like Kunskapsguiden.se (Knowledge Guide) and Utbildningsportalen.se (Education Portal) were also identified as important channels to reach target groups. In addition, the NBHW emphasizes the use of media relations and social media.

Dis-/misinformation

No such information is available

Swedish Contingencies Agency (SCCA)

The Swedish Civil Contingencies Agency (SCCA) is responsible for issues concerning civil protection, public safety, emergency management and civil defence as long as no other authority has responsibility. Responsibility refers to measures taken before, during and after an emergency or crisis. The role of the agency is mainly to support and coordinate risk and crisis management and response between different actors, especially in the public sector. Even if it's not a main task, SCCA also produces information campaigns directed toward the general public.

Communication plans/Strategies prior to Covid-19

MSB's communication plan states that both internal and external communication should be characterized by the values of the organization, being open, driven and competent, with a focus on the individual citizen and society. The content must be correct, coordinated, factual and clear and communicated in channels where target groups are active and present.

Communication plans/strategies related to Covid-19

On 5 November 2020, the Government gave the SHA, the County Administrative Boards and the SCCA a special assignment to coordinate, strengthen and develop covid-19 communication initiatives aimed at the general public. The government assignment had two parts, on the one hand, strengthening communication initiatives and on the other hand, developing a communication strategy. This was seen as crucial in relation to the upcoming campaign for vaccination.

Communication practices

SCCA was organizing the daily press conferences mentioned earlier. SCCT is also participating regularly giving information about survey research about to what extent citizens follow recommendations, trust government agencies, evaluation of the crisis management, vaccine opinion and other results.

SCCA also regularly provides situation reports about the covid-19, giving an overview of the pandemic situation in Sweden. The situation report is based on information provided by relevant authorities and actors. The analysis of the situation relates to the goals for Sweden's security - that is, to secure life and health of the citizens, to secure the functionality of society and to uphold the fundamental values as a democracy. The situation report is produced when needed, which is currently every other week, and is then submitted to the Government Offices and so-called surveillance authorities.

The SCCA was the sender of the SMS to the whole population in November as mentioned earlier. This communication effort was criticised due to different reasons and SCCA published a section on their website to defend and explain the process. The Kantar/Sifo's reports are available on the SCCA website.

Krisinformation.se (Crisisinformation.se - CISW) is a website driven by the SCCA, where verified information from government agencies is gathered and disseminated. In addition to the website, Krisinformation.se (CISW) is available on Twitter, Facebook, Instagram and Youtube as well as on a mobile app. The CISW also publishes factual texts about risks and threats, information about the Swedish crisis management system, questions and answers from responsible actors in relation to an event, blog posts linked to crisis management, link to responsible actors/agencies and notes from external monitoring. The most important news is translated into English.

On its website, CISW presents its communication tasks as to publish news about events / risks

- that deviates from normal conditions,
- that risks developing into a crisis,

- that involves a serious disturbance, or an imminent risk of a serious disturbance in important societal functions,
- that affect many people (in Sweden or with connections to Sweden),
- that may guide the public to confirmed information from responsible actors,
- that may be educational about how the crisis management system works (for example, clearly points to the authority is responsible for handling the risk/crisis),
- that raises many questions with the public.

A prerequisite for publication is that the responsible authority or actor has provided information in their own channels, which can be linked to. In exceptional cases, when the situation requires it, the CISW may publish news based on oral information from an authority.

The CISW editorial staff is primarily active on social media during office hours, but also answers questions and comments during evenings and weekends. In the event of a major crisis or disturbance to society, the editorial staff will be active around the clock.

Communication plans/strategies related to Covid-19

See above for decisions made by the Government on 3 March 2020, 15 November 2020 and 20 December 2020.

During the corona pandemic the CISW has on its website linked to information in additional 27 languages, sign language and easy-to read texts, published on the website of the PHA. The information published during the corona pandemic contains guidance regarding implemented national recommendations and restrictions, how to reduce spreading of the infection, specific recommendations on wearing face masks (from 7 January 2021), travelling recommendations for both within Sweden and abroad, recommendations for use of public transports, regional restrictions, guidance on vaccination, pharmaceuticals and medical treatment, specific guidance for risk groups and for support to immediate family members of infected persons, what to do ife feeling anxious.

Dis-/misinformation

On the CISW website there is information to the public on how to detect and handle dis- and misinformation. A checklist is published including advice on controlling who's behind the information, to search for original source, to question who benefits from the information and why the information is available, how old the information is and if it still is relevant, where it was found and if the source is trusted, and if the information can be found in other sources. Also, the reader is advised to look for information that does not confirm his/her current opinion and to avoid looking only for information that reinforces his/her current perception.

The Swedish media council

Communication plans/Strategies prior to Covid-19

The Swedish Media Council (SMC) is a government agency whose primary task is to promote the empowerment of minors as conscious media users and to protect them from harmful media influences. Children and young people are the ultimate target group, but parents, educators, social workers, media and Internet industry as well as policy makers are also important target audiences and stakeholders for the agency. All resources can be ordered or downloaded free of charge from the website.

Communication plans/strategies related to Covid-19

In order to increase knowledge about misinformation during the ongoing pandemic and instruct the public in how to be source-critical in the infodemy, the SMC published 9 links to material on how to sharpen knowledge of misinformation, find reliable knowledge, and get tips and training in fact-checking.

Communication strategies, plans and practices applied by organizations

No national organizations were identified.

Communication strategies, plans and practices applied by communities

n/a.

1.12.2   COVID-19 communication analysis

National

In Sweden, using 'nudges' rather than prohibition, i.e. recommendations of behaviour rather than legal restrictions, was considered a more effective and, most importantly, a

sustainable way to manage the pandemic (Pierre, 2020).

According to national surveys conducted with the Swedish public, the majority was well informed about what measures to take in order to avoid getting infected in covid-19, and the implementation of measures increased notably during the autumn of 2020 (Novus, 2020). None of these measures were mandatory in the sense that they would result in fines if violated.

Most Swedes kept informed about the spreading of the virus, protective measures that were imposed, consequences on citizens and society, and vaccination strategies through Swedish news media (Strömbäck et al., 2020). Also, the websites of government authorities were frequently used as well as news media from other countries (Ghersetti & Odén, 2021).

The corona pandemic is probably the single largest news theme in Swedish news media since WW2. A tsunami of media content about corona swept over the Swedish public during 2020, many times less than during the swine flu pandemic in 2009 or the Ebola epidemic in 2014-2015 (Ghersetti 2021).

In April 2020 a majority of Swedes were satisfied with the information that news media provided on the following corona related topics: How dangerous it is to get infected by the coronavirus (75%), How to protect oneself from getting infected (88%), what to do if infected (78%), and consequences for the Swedish society (69%). (Ghersetti & Odén, 2021)

Our conclusion is that Swedes were well informed and that the information on a national level from government and government agencies effectively reached the public. The news media assisted government in reaching out to the public with essential information during the corona crisis, and the websites of government authorities provided frequently updated information on restrictions and recommendations, statistics on the spread of infection, and burden of infection on healthcare, in Swedish, a large over 20 other languages, sign language and easy-to-read texts.

Worth mentioning is the important function of the daily press conferences. From mid-March, 2 p.m. became the point of orientation for most Swedes. Pundits and experts talked about it as "the new campfire", where citizens received updated information about the pandemic situation. Press

conferences are mostly seen as a quite old way of media relations, but this old style of communication became somewhat surprisingly a successful crisis communication channel.

International

n/a.

1.12.3 Main learnings and best practices

n/a.

Guidelines

n/a.

Relevant indicators

n/a.

1.12.4 Additional (country-specific) comments/reflections

n/a.

1.13 **Switzerland**

1.13.1 Communication strategies, plans and practices

Communication strategies, plans and practices applied by government

The Swiss COVID-19 government response consists of multiple nationally coherent health measures and economic support packages. These are backed by the Epidemien Gesetz (epidemic law) and since 25.09.2020 by the Covid-19 law. Based on the Epidemien Gesetz, the Bundesrat (Swiss Federal Council) in cooperation with the cantons can define the strategies to contain an infectious disease. However, as claimed by Eichenauer & Sturm (2020), the handling of the Corona virus has disrupted the usual democratic system of Switzerland, a system consistent of a Vereinte Bundesversammlung (Federal Assembly) and 26 autonomous constitutions on the level of each of the cantons. This mainly happened through the announcement of the so-called 'extraordinary situation' on March 16th 2020. The announcement meant that the Swiss Federal Council has the power to make decisions for all of Switzerland, not needing to consolidate with the cantons.

The main communication players in the ongoing COVID-19 pandemic in Switzerland are the Federal Council, Federal President and the Federal Office of Public Health FOPH (Bundesamt für Gesundheit BAG) particularly represented by Health minister Alain Berset and Daniel Koch, head of the infectious disease within the FOPH. The Swiss Federal Council also implemented two taskforces relevant to the handling of the COVID-19 crisis, as described in the following.

Taskforce FOPH Covid-19

This taskforce is directly run and located at the Federal Office of Public Health (FOPH). Its main purpose is the handling of the crisis and its potential long-term consequences. The taskforce is meeting multiple times a week. The monthly meeting protocols beginning with November 2020 can be found on their website.

Scientific Taskforce

The Swiss National COVID-19 Science Task Force (SN-STF) is a scientific advisory board of the government. The scientific taskforce supports and advices the public authorities with scientific expertise in relation to the novel Corona virus. However, they do not make decisions. Their role is to ensure that impartial scientific advice is given to the political authorities. As indicated in the figure below, the scientific taskforce does not only inform political institutions but also the general public. Their main channel of communications are policy briefs, which are freely available through their homepage.

The fact that none of our researchers is located in Switzerland is a limitation to the data gathering process for this country report, as much of the communication that is not documented or available online, was missed. The following and brief overview of government crisis communication is based on an evaluation of the government's communication during the first wave conducted by the journalist Geraldine Wong Sak Hoi (2020), which was published in an online outlet of the Swiss public broadcaster, swissinfo.ch.

Before the first COVID-19 infection in Switzerland, the FOPH was the institution that published information accessible to the general public about the novel virus. However, since the first known cases in Switzerland, the Swiss Federal Council became the face of the crisis communication. The Swiss

Federal Council identified two main goals of their communication: 1) spread information about the virus with them aim to protect community members, and 2) inform the public about government responses to the virus and its consequences. For this, they used multiple channels such as social media, press conferences, webpages, expert rounds and so on. All seven cabinet members communicated regularly with the general public about matters within their departments. Hereby, health minister Alain Berset and Daniel Koch, head of the infectious disease within the FOPH, played a key role. The government also had regular appearances at the Tagesschau, a popular news TV show broadcasted by the Swiss public TV network (Schweizer Rundfunk, SRF).

Between the 16th of March and the 19th of June, the period in which Switzerland declared an 'extraordinary situation' the Federal Council held 54 press conferences in relation to COVID-19, all of which were broadcasted live and streamed via various internet channels (Wenger at el. 2020). Beside press conferences the Federal Council also held so-called Points de Presse which are media conferences focusing on technical expertise.

Communication strategies

We have found two documents outlining pandemic crisis communication. The first document is the Influenza-Pandemieplan Schweiz (Influenza pandemic plan Switzerland), with its latest version from 2018. The second chapter of this document is dedicated to crisis communication and states that communication is an essential part of pandemic response. The pandemic plan identifies two main areas: (i) coordinated communication to support implementation of pandemic response, and (ii) insightful information for behaviour change (or behaviour influence) with different target groups. The plan acknowledges that in declaring the state of escalation, coordination of information between actors becomes more challenging. A clear leadership in communication thus becomes increasingly important, and communication channels, responsibilities and intersections need to be clear, following a 'One-Voice-Principle' that communicates concisely, continuous and target group-oriented. As such, a 'core group communication' (Kerngruppe Kommunikation) is organised as part of the crisis management of the FOPH, containing the following actors: army pharmacy, FOPH, Federal Chancellery (Bundeskanzlei, BK), Federal Commission for Vaccination Issues (Eidgenössische Kommission für Impffragen, EKIF), Association of Swiss Doctors (Verbindung der Schweizer Ärztinnen und Ärzte, FMH), General Secretariat of the Federal Department of Home Affairs (Generalsekretariat des Eidgenössisches Departement des Innern, GS EDI), Senior Field Surgeon/Commissioner Coordinated medical service (Oberfeldarzt/Beauftragter Koordinierter Sanitätsdienst, KSD), Swissmedic and Canton representative (Kantonsvertreter). Depending on the level of escalation, the coordination is with the FOPH or EDI (or the Federal Chancellery). This is decided by the Federal Council (Bundesrat). In any case, the functional administration of the communication is with the FOPH (BAG 2018)

As outlined in the pandemic plan, the key function is to inform the citizens and other community members with the necessary knowledge and motivate them to actively protect themselves and others. A 'climate of trust' needs to be created so the authorities and their decisions are trusted, considering the public as a partner in this process. This goal may change depending on the level of escalation and the phases of communication: (i) sensitisation, i.e. planning of communication measures and channels, information of the communities; (ii) risk communication for the early phases of a pandemic, i.e. comprehensive, transparent and ongoing information using all channels and multiplicators, also acknowledging uncertainties; (iii) crisis communication during the pandemic, i.e. continuous and fast information of all groups via specific campaigns, communicating all measures to increase acceptancy; and (iv) post-pandemic communication. The last phase also acknowledges the need to communicate

that certain essential professions (e.g., caregivers, police, politicians, etc.) are of higher priority than others when distributing certain health resources. In all of these phases, transparency is the guiding principle; no information should be kept from the public and uncertainties should be communicated following scientific transparency.

- The plan foresees the following challenges, which are enforced by the increasing dispersion of communication channels though social media.
- Uncertainties regarding the extent of the threat and dangerousness;
- Ensure that the population quickly reaches an appropriate level of knowledge about the existing crisis;
- Rumours, misinformation, which are also spread via social networks, etc.;
- Stigmatization and discrimination of ill persons and their environment;
- Necessary solidarity in the area of protective measures (getting vaccinated to protect others).

Communication must be set out the ethical values that underpin the management of the health crisis. These values include solidarity, non-stigmatization of people who are ill or at risk, or protection of life.

The strategy also foresees (i) knowledge goals with the aim to fight misinformation and rumours, as well as (ii) attitudinal and behavioural goals with the aim to create trust in Swiss authorities, enforce personal responsibility following behavioural recommendations, protecting oneself and others (e.g., via vaccinations), act as multiplicators, and keep solidarity within the population.

Multiplicators are key to reach the Swiss population and people living in Switzerland. These include the cantonal medical services and the municipal authorities, as well as the medical profession and primary care providers and nurses, medical professionals and professional societies, as well as the media, especially public radio and television, and social networks. These must therefore be provided with information quickly and comprehensively. Other stakeholder groups can also play a special role in communication. For example, school institutions can become multipliers for the authorities if they inform students, pupils and parents directly (BAG 2018)

The influenza pandemic plan also foresees certain messages to be communicated in case of a pandemic outbreak. While this is not entirely comparable to the COVID-19 pandemic (in particular, messages that are meant to prepare the population before a pandemic, which could not have been the case with COVID-19), the general principle may be the same: messages must be short, simple, easy to understand, and memorable/catchy. Similarly, the rules mentioned in the plan may stay the same: messages must contain facts and scientific insights in a transparent way. It is counterproductive to create fear or overexaggerate facts (BAG 2018)

Finally, the influenza pandemic plan outlines guidelines for communication behaviour of the actors in charge, first and foremost the FOPH. Communication has to acknowledge the regional and language pluralism of Switzerland, without ignoring the global character of a pandemic. The communication should be planned flexibly so that new insights and measures can be considered. The plan also states the importance that always the same government representatives should communicate with the general public. If several agencies are communicating at the same time, the coordination of crisis communication by the federal bodies (Federal Chancellery, Communications Core Group) has top priority from the outset. The contents of all communicating bodies must be congruent. The communication is based on a comprehensive assessment of the hazard situation in coordination with the recommendations of the national expert group for risk assessment, the World Health Organization (WHO) and the European Center for Disease Control and Prevention (ECDC) (BAG 2018).

We do not have any data evaluating if these strategies were implemented as lined out. However, based on our desk research, we could identify that the FOPH was the institution that provided the majority of information in this health crisis. Further, Switzerland did make great use of social media in their public health campaign such as Instagram, Facebook and Tik Tok particularly through its public health campaign (see below) This approach is also mentioned in the influence pandemic plan, which plans to make use of the internet, social networks, fact sheets, bulletin articles, hotline, media releases (with the cooperation of multipliers: cantons, cantonal medical services, municipalities, medical professionals and in contact with the public, especially primary care and pharmacies, media, etc.).

In October 2020, the Swiss government published a new strategic paper on how to tackle the ongoing COVID-19 pandemic in the following winter months. In this paper they only briefly mentioned crisis communication. Here, they only point out that the already close communication between the Swiss Federal Council and the individual cantons' needs to continue and would profit from even closer cooperation (BAG 2020).

In the following section we present the various communication channels we could identify through our desk research. The majority of the COVID-19 communication was coming from the Federal Office of Public Health (FOPH) which is located within the Federal Department of Home Affairs (Eidgenössisches Department des Innern). Alain Berset, the Swiss health minister, is leading this department.

FOPH Website

Based on our desk research, we could identify the homepage of the Federal Office of Public Health (FOPH) as the main channel of communication and infopoint in relation to COVID-19 in Switzerland. The website provides general information on the Coronavirus, the situation in Switzerland, measures and orders, SwissCovid App, isolation and quarantining, the Corona public health campaign, medical information, testing, vaccination, traveling and so on. On top of the webpage, one finds three different COVID-19 hotlines, one for general information, one for vaccination and one for travellers. Of particular interest is that the section on measures and orders as it contains a comprehensive collection of COVID-19 related measures and orders on national, regional or cantonal level, the current COVID-19 law as well as explanations to those documents. Further, there is a specific section providing comprehensive information on measures and safety concepts for businesses, skiing resort, bars and restaurants. Similarly, there is a section providing documents for the health care sector and its personnel on the centralised FOPH webpage. However, as our desk research has shown this information is easier found through other institutions such as public health stakeholders or Not-for-profit organisations working in public health.

Interestingly, the site also reminds community members that individual responsibility is key in stopping the spread of COVID-19. And, just below this message is a news ticker which contains the most important changes and information in a chronological order a link to the live broadcast to press conferences.

The website also provides specific information on situation in Switzerland (daily and weekly reports on infection rates, conducted testing, vaccine distribution) and an overview of how the Swiss government is aiming to manage the crisis. For this reason, the government provides strategic papers on the level of the Federal Council as well as for the cantons that outline the crisis management as well as relevant scientific studies and links and information to the multiple taskforces and scientific bodies supporting the government in tackling the ongoing health crisis.

Finally, the information provided at the FOPH webpage is available in German, French, Italian, English and easy language for all four languages.

The Federal Office of Public Health dedicated a separate page for Covid-19 statistics for Switzerland and Liechtenstein. The data used for the statistics and dashboards is provided by the Federal Office of Public Health. Information available on the site are for example: reproductive number, hospital capacity, tests and share of positive tests, vaccinations, virus variants as well as other indicators of public interest.

'Protect yourself and others Campaign' (So schützen wir uns)

The public health campaign run by the FOPH works on many channels such as websites, Instagram, LinkedIn, Facebook, Twitter and TikTok. As we collected the data for this country report through a desk research, we may have missed potential TV or Radio transmission of the campaign. The FOPH also installed a Coronavirus Info-hotline.

A main channel is the website. It is accessible in all national languages (German, Italian, French, but also the local dialect Rumantsch (Regals and Infurmaziun) as well as English, barrier-free content is available as well as translations in 20 additional languages. It also provides newsletter from the Federal Office of Public Health.

The page contains a 'current situation' tab which links to the main FOPH site where one can find all important Corona related information such as isolation and quarantine regulations, symptoms and treatments, information around testing, vaccination, masks, traveling and so on. Further, there are easily explained hygiene rules and 'how to behave' instructions on the site, both with text and pictograms. Information videos are embedded in the frontpage of the website, tackling topics such as "Doctor deciding to get the vaccination", "Coronavirus check" (explaining symptoms), or "Travel: what do I need to know?".

On the website one can find extensive information on the vaccines. The information provided covers vaccinations plans and registration but also medical information and a site that engages with myths around the vaccines. Further, the section provides not only information to lay people in multiple languages (varying for the different materials) but also COVID-19 vaccination information for medical professionals. Under a tab for downloads one can find posters, stickers, leaflets, screen savers and many more campaigning materials. These are accompanied by the information videos which are also embedded in the front page. As mentioned above, in these videos, COVID-19-related content is explained and discussed in an accessible way. Again, specific videos are available for medical personal. In general, most of the information available through the website of the public health campaign is provided in the form of external links which redirect the use to the homepage of the FOPH.

The SwissCovid app is also part of the FOPH public health campaign. Here again, information videos are used to explain the app to community members. The app can be downloaded from the campaign's webpage. Additionally, the site also provides a quick COVID-19 symptom checker which can be used online. Finally, the campaign provides a collection of links to various Not for Profit organisations, health as well as mental health organisations as well as youth support groups.

The public health campaign also initiated a hashtag #howtoprotectourselves (#soschützenwiruns). Using this hashtag, people are posting their personal measures to stop the spread of COVID-19. The social media campaign was widely circulated in Switzerland. The current health minister Alain Berset for example actively participated in this Instagram campaign.

To communicate during the crisis, the Swiss government seemed to have opted for a centralized communication strategy rather than each canton communicating on their own, i.e., the government followed the communication strategy outlined in the influenza pandemic plan (One-Voice-Principle). The measures mentioned in the influenza pandemic have been implemented more or less as outlined. Communication channels and mediums we could identify include factsheets, technical articles, Frequently Asked Questions (FAQ), websites, hotlines, media releases & media conferences, , campaigns using radio and/or TV commercials, distribution via social networks, advertisements, flyers, posters, etc., in order to reach all target audiences including people who do not use classic media outlets.

Similarly, responsibilities, tasks and competencies seemingly have been implemented according to the influenza pandemic plan: leadership and coordination of the communication of the pandemic and pandemic measures was taken over by the FOPH in collaboration with different actors, i.e., involved federal agencies, the cantons (cantonal medical services) and other important stakeholders. As for other responsibilities, i.e., monitoring of public health-relevant topics and the evaluation of the pandemic response, we do not have insights from our desk research. Further research within the COVINFORM project may shed light on these questions.

Communication strategies, plans and practices applied by public health stakeholders

The Swiss public health system is overseen by the Federal Office of Public Health (FOPH), an office of the Federal Department of Home Affairs. Health care is provided by a mix of agencies, public-sector actors (e.g., university hospitals, canton hospitals), and private-sector actors (e.g. health insurance companies, private hospitals, private clinics and practices, pharmacies, etc.). Health care is universal and mandatory, but provided by private insurance companies.

The FOPH has taken a leading role in governmental communications in Switzerland during the COVID-19 crisis to date, as defined in the Influenza-Pandemieplan Schweiz, in coordination with other public health stakeholders (the EKIF, FMH, KSD, Swissmedic; actors at the canton level such as hospitals; and international actors such as the WHO and ECDC) (BAG 2018). Unlike in Germany and Austria, the Swiss Red Cross does not appear to have taken a leading roll in risk, crisis, and health communications. As mentioned above, the FOPH ran a centralised, multi-channel communications campaign centred on its multilingual website as a key dissemination point, but supplemented by social media campaigns (Facebook, Instagram, TikTok).

The FOPH took comparatively early action in response to the late February identification of the first COVID-19 cases in the southern canton of Ticino. An information campaign was launched focusing on basic hygiene and health-protective behaviours: hand-washing; not coughing or sneezing into the open air; and staying home if flu-like symptoms are present. The boldly-designed "So Schützen Wir Uns" campaign was launched in early March, centred on the website https://bag-coronavirus.ch/ , which features:

- easy-to-understand illustrations of hygienic and health-protective behaviour;
- informational videos;
- a symptom check guide;
- infographic, printout, and brochure downloads;
- a download link and information on the SwissCovidApp contract tracing app;
- a "solidarity" section focusing on the #soschützenwiruns social media campaign;

- links to help organisations, including public health stakeholders Caritas and Swiss Red Cross; mental health and psychosocial support organisations (e.g. Die Dargebotene Hand, Pro Mente Sana, Dure Schnufe, Ensa); youth organisation Pro Juventute; elderly advocacy organisation Pro Senectute and Unabhängige Beschwerdestelle für das Alter; addiction organisation SafeZone.ch; and mutual aid organisations/sites such as Selbstorganisierte Nachbarschaftshilfe and the Wie Geht's Dir platform.
- The campaign has been updated regularly as the COVID-19 situation has progressed: for instance, in September 2020, a test-trace-isolate-quarantine campaign was launched. Once vaccines had been approved in winter 2020, materials focusing on vaccination acceptance were launched.

The FOPH also maintains an information portal, launched in November 2020.[137] In contrast to https://bag-coronavirus.ch/, which is designed to be eye-catching and can be described as targeted toward the general public, the information portal is functionalist in design and can be described as targeted toward stakeholders.

The following public health stakeholder cooperations and resources specifically designed to counter misinformation were found:

- Twitter-Aufklärungstool: Designed by Twitter in cooperation with the FOPH (#Coronavirus: Twitter startet in der Schweiz Aufklärungs-Tool (horizont.net)).
- Infovac: information on all aspects of SARS-CoV-2 vaccines, including myth-busting info (Coronavirus / COVID-19 (infovac.ch))

Communication strategies, plans and practices applied by organizations

A number of civil society organisations have taken a role in communicating accurate information on various aspects of the COVID-19 crisis, its impacts, policy responses, health-protective behaviours, and related topics relevant to this project. However, none of these organisations appear to have made a formal communication strategy publicly available. It is unclear at this point whether Swiss CSOs generally create formal crisis and risk communication strategies, though a plausible assumption is that it varies organisation-by-organisation based upon topical focus, mission statement, and size and resources: for instance, while large health organisations like the Red Cross Switzerland likely have scientifically-based, (semi-)formal strategies covering specific stages/steps, targets (including vulnerable groups), and means of mitigating communications failures, it is likely that smaller groups without a background in risk governance operate more on an ad-hoc basis. This hypothesis can be tested during the empirical research phases of this project.

Three examples of CSOs in Switzerland that participated in risk, crisis, and health communication are children's and youth foundation **Pro Juventute** and the mental health awareness platform **Dure Schnufe**. Both organisations are accessible via links on the FOPH website.[138] Pro Juventute offers confidential counselling for children and young people, around the clock and free of charge. On the website, under the keyword "Corona", information texts as well as testimonials can be found, which offer young people points of contact and are thus intended to help them further. As a "platform for mental health around the new corona virus", Dure Schnufe pursues similar goals. Through simple

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[137] https://www.covid19.admin.ch/en/overview

[138] https://bag-coronavirus.ch/

language and different categories in which problems are addressed and tips and tricks are referred to, the website attempts to be a point of contact in the unfamiliar situation.

The following media resources specifically designed to counter misinformation were found:

- Schweizer Radio und Fernsehen (SRF):
  - Controversial, or just false? Fact-checking statements by Coronavirus skeptics (Coronavirus - Umstritten oder falsch? Aussagen von Skeptikern im Faktencheck - News - SRF)
  - Coronavirus: a fact check (10 vor 10 - Coronavirus, der Faktencheck - Play SRF)
- Blick.ch: the four biggest Coronavirus myths (Fake News zu Coronavirus: Das sind die 4 grössten Mythen - Blick)
- NZZ: what is true and what is false: 11 myths about the effects, risks, and side effects of Coronavirus vaccines (Corona-Impfung: 11 Mythen zu Risiken und Nebenwirkungen | NZZ)
- Telebasel: fact-checking four myths about Coronavirus vaccines (Vier Mythen über Corona-Impfung im Faktencheck - Telebasel)
- Südostschweiz: the four most widespread myths about Coronavirus vaccines (Die vier gängigsten Mythen über Corona-Impfung | suedostschweiz.ch)

Communication strategies, plans and practices applied by communities

Due to its proximity to both Germany and Austria, the consortium decided to focus attention on the Swiss municipality of St. Gallen. Reference must be made to two important sources: the website of the canton of St. Gallen[139], and the website of the city.[140]

An official communication strategy in St. Gallen does not appear to have been developed. Nevertheless, it seems that the canton focuses on providing information and advice as transparently as possible. The official website is central to this: it shows a news ticker, as well as the latest news on COVID-19, drawing on official documents from the Federal Council as well as the FOPH; there is also a subsection with data on the current situation in the canton of St. Gallen. In addition, the Infoline Coronavirus is referred to, as well as the possibility to register for vaccination by referring to the vaccination campaign[141] and a tool to enable searching for medical professionals is also linked. There is a noticeable and positive emphasis on inclusion: the website links to the FOPH's videos, which in turn are available in 24 languages, and there is also the option to have the website read aloud. If one wants to read the website in easy language, one is also redirected to the website of the FOPH. Additionally, the canton website seems to rely on infographics from the FOPH. This is in accordance with the Influenza-Pandemieplan Schweiz and the 'One-Voice-Principle' of centralised communications guidance supplemented by local distribution.

Another website that is relevant here is the website of the city.[142] Under the subcategory "Information on the coronavirus", links are listed to other websites that could be important in the context: for example, the Infoline of the FOPH, the hotline of the canton of St. Gallen mentioned above, rapid tests, vaccinations, points of contact and support and offers of help. On the website itself, however, no

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[139] http://www.sg.ch

[140] http://www.stadt.sg.ch

[141] http://www.wir-impfen.ch

[142] http://www.stadt.sg.ch

further information is passed on, there is only the possibility to ask questions and to be redirected to the advice centre of the town hall.

It seems that also at the cantonal level, in keeping with the Influenza-Pandemieplan Schweiz and the 'One-Voice-Principle', Switzerland aims to ensure a communication strategy that is as uniform as possible by referring to the information provided by the FOPH. On the one hand, this should be accessible to as many population groups as possible, and on the other hand, it should be as informative as possible and provide a complete overview. The fact that the website refers to the FOPH website in many subcategories suggests that a similar communication strategy is being pursued here in cooperation. This is presumably intended to prevent contradictory information from being passed on.

It is striking that the information often focuses less on prevention and more on the correct action to take in the event of an emergency (immediate and long-term post-emergency). This is also reflected in the FOPH's explanatory videos, which, as previously mentioned, can be found on the canton's website.

By linking these videos, efforts were also made precisely in terms of inclusivity. However, vulnerable groups were not further addressed here either. Under the category "current measures", various subcategories such as "public events", "spontaneous gatherings" or also "protection of particularly vulnerable persons" are additionally addressed.

1.13.2 COVID-19 communication analysis

National

In December the Swiss Federal Chancellery (Bundeskanzlei) published an evaluation they conducted on the federal government's crisis management of the COVID-19 pandemic covering the time period from February to August 2020. The scope is to assess the effectiveness and efficiency of the crisis management strategy, aiming to generate first lessons learned. The paper is based on the outcomes of an online survey of public servants working in the federal government as well as on those working on the canton level, expert interviews conducted with key personal and the analysis of not further specified documents.

In the evaluation they identified two important functions of crisis communication. The internal communication should ensure that all actors and institutions involved have access to the same information. The external communication has the role of informing the media and community members in a timely and comprehensive manner with correct and consistent information. The external communication was overall positively perceived. The regular media conferences of the Swiss Federal Council as well as the so-called Points de Presse, technical press conferences created trust towards the government and were perceived as efficient ways of communication. The strong cooperation between the Swiss Federal government and the individual canton was evaluated as working well. The strong cooperation between the various political institutions was one of the key factors why external communication was perceived as coherent by the public (Bundeskanzlei BK 2020).

However, the evaluation also identified areas that need improvement. A main point of critique was that in some cases unsubstantiated information that was either lacking scientific evidence or consent withing the government was communicated to media. This created confusion in the in the general public. External communication could be improved by double checking information and relying on scientific recommendations. Further, at the beginning of the pandemic, the evaluation showed a lack

of reliable and easy to interpret statistical data as well as dashboards that the general public could access. Finally, the was a decrease of direct communication from the Swiss Federal Council over the observation period which was negatively perceived (Bundeskanzlei BK 2020).

The internal communication of the Swiss Federal Council received more negative critique than the external communication. Overall, it worked well, as 71% of the survey participants perceived the internal communication as 'coordinated' or 'more or less coordinated'. Nonetheless, some of the communication took place through informal channels or was perceived as coincidental. Further, on times information came too late, from too many different channels and was contradictory. Here, the recommendation is to clarify the modes and channels of communication and to clearly define duties and responsibilities within the federal administration (Bundeskanzlei BK 2020).

A review on the economic and political COVID-19 measures in Switzerland at the beginning of the pandemic found that there was a lack of so-called 'forward guidance' in the government's communication. This created a lack of planning reliability for businesses (Eichenauer & Sturm 2020). Finally, an evaluation conducted by Wenger et al. (2020) described the government's crisis communication as overall positive and well thought-out. According to Wenger et al. (2020) the government's crisis communication followed the already existing pandemic plan by, for example, choosing to communication only through a few government representatives aiming to create a unified voice. The government was able to communicate timely and in a transparent and coherent manner. Simultaneously, the government acknowledged the existing lack of certainty and complexity in decision finding processes in this extraordinary situation. Wenger at al. (2020) point out that the government created concise communication campaign. This already accounts for the 'So schützen wir uns' public health campaign which signalled urgency with its red and yellow colour scheme. Wenger et al. (2020) point out that the government's communication aimed at people's solidarity and individual responsibility. However, similar to the government's evaluation Wenger at al. (2020) critiqued confusion spread by unsubstantiated information which led to contradictory statements.

Journalistic evaluations were also mixed. A selection follow:

- Positive

  - The federal council made citizens a part of the solution) (May 2020): "Der Bundesrat machte die Menschen zu einem Teil der Lösung" - SWI swissinfo.ch

- Balanced

  - Communication during the crisis – the federal council was communicating more clearly in spring (February 2021): Kommunikation in der Krise - Bundesrat hat im Frühling überzeugender kommuniziert - News - SRF

  - The corona virus shows: communication of authorities in exceptional situations is difficult; epidemic specialists of the federation switched to crisis mode (February 2020): Das Coronavirus zeigt: Die Kommunikation der Behörden in Ausnahmesituationen ist anspruchsvoll. Der Epidemie-Spezialist des Bundes hat auf Krisenmodus umgeschaltet | NZZ

- Negative

  - The communication from the side of the government went thoroughly wrong (October 2020): Die Kommunikation von Seiten Regierung ging gründlich schief (bajour.ch)

- Criticism on the BAG-campaign: „The people want leadership") (October 2020): Kritik an BAG-Kampagne: «Die Leute wollen Führung» (bluewin.ch)
- Documents on Corona communication published: minutes confirm spat within task force (January 2021): Protokolle bestätigen Kritik an Corona-Taskforce - Blick
- The federal health office lost the control of its communication (July 2020): Coronavirus Schweiz: Epidemiologe Marcel Tanner kritisiert BAG (nzz.ch)
- The federal council should take back the lead (October 2020): Darum läuft die Corona-Kommunikation des BAG schief - Blick

Overall, internal as well as external evaluation of the first few pandemic months drew a positive picture of government's crisis communication. The government followed the pandemic plan in its communication strategy aiming for a coherent and unified external communication following a 'One-Voice-Principle'. However, there are points of improvement which need to be considered for future pandemic planning.

International

At this stage, comparative analysis was not conducted. However, comparative analysis with the German and Austrian cases is planned.

1.13.3 Main learnings and best practices

The Swiss case presents an example of a centralised communications strategy: centrally planned narratives and resources distributed both centrally and through local channels. Overall, internal as well as external evaluation of the first few pandemic months drew a positive picture of government's crisis communication. The government followed the pandemic plan in its communication strategy aiming for a coherent and unified external communication following a 'One-Voice-Principle'. However, there are points of improvement which need to be considered for future pandemic planning. As mentioned above, government and public health communications were perceived as relatively coherent, but not always transparent. Strong cooperation between the stakeholders within different federal institutions, as well as between the Swiss Federal government and the individual cantons was evaluated as a strong point of the Swiss strategy (Bundeskanzlei BK 2020).

Guidelines

Lessons learned follow:

- In small jurisdictions, a centralised communication strategy (the 'One-Voice-Principle') can lead to perceived coherence; however, care should be taken that the messages broadcast are transparent and easy to trace back to their scientific basis.
- A richly multilingual and barrier-free campaign is a necessity and should be interpreted as the starting point for inclusive communication planning, not the end goal.

Relevant indicators

KPIs used by the Swiss Federal Council to measure its performance follow, allow with survey questions utilised in a survey of government employees. KPI 6 is relevant to communications planning:

- 1. The basics of crisis management have proven themselves.

- 1.1 I was familiar with the basic principles for crisis management of the federal administration relevant to my area of responsibility.
- 1.2 For my area of responsibility, in view of the challenges of the crisis, there were appropriate bases of the federal administration for crisis management were available.
- 1.3 The available bases of the federal administration left enough leeway for me to act in a manner appropriate to the situation.
- 2. The cooperation between the bodies of the federal administration has proven itself.
  - 2.1 The responsibilities and tasks between the bodies (regular structures and crisis bodies) were clear.
  - 2.2 Cooperation between the bodies (regular structures and crisis organs) enabled enabled timely decisions to be prepared.
  - 2.3 The coordination between the bodies (regular structures and crisis organs) enabled made it possible to perform tasks in a timely manner
- 3. Cooperation between the federal administration and the cantons has proven successful.
  - 3.1 In my area of responsibility, the regulation of responsibilities of the crisis management bodies of the federal administration and the cantons has proven its worth.
  - 3.2 In my area of responsibility, cooperation between the crisis management bodies of the federal administration and those of the cantons was coordinated.
  - 3.3 In my area of responsibility, the involvement of the cantons in the crisis management of the federal administration was appropriate.
  - 3.4 In my area of responsibility, the cantons were involved in the crisis management of the federal administration at the right time.
- 4. Cooperation between the federal administration and other actors has proven successful.
  - 4.1 In my area of responsibility, the federal administration cooperated with the right other actors in managing the crisis.
  - 4.2 In my area of responsibility, the extent of the involvement of other actors was appropriate to the situation.
  - 4.3 In my area of responsibility, the involvement of further actors in the federal administration's crisis management was results-oriented.
- 5. The products developed have proven their worth.
  - 5.1 In my area of responsibility, the products relevant for the preparation of decisions were were available in good time.
  - 5.2 The products resulting from crisis management were of sufficient quality (coherent, comprehensible, complete).
  - 5.3 The products developed by the committees made a significant contribution to crisis management.
- 6. Information and communication have proven their worth.
  - 6.1 My panel had timely access to relevant information from the federal administration's crisis management.
  - 6.2 The information my panel received from other federal administration panels made a significant contribution to crisis management.
  - 6.3 Responsibilities for the federal administration's external communications were clear.

- 6.4 The implementation of the Federal Administration's external communication was coordinated.

1.13.4 Additional (country-specific) comments/reflections

Forthcoming comparative analysis with the German and Austrian cases should provide a multiperspective view on governmental and social structural factors influencing communications planning, as well as on the outcomes of different strategies within different social contexts.

1.14   United Kingdom

While the United Kingdom is comprised of four countries, England, Northern Ireland, Scotland and Wales, this country report focuses specifically on Wales and England due to the research teams being based in these countries and having an in-depth knowledge of the communication practices implemented in these countries.

1.14.1   Communication strategies, plans and practices

Pandemics have been long-recognised as one of the top global threats, and they have been integrated into counter-terrorism and homeland security concerns in the UK. Plan and preparedness for biosecurity matters are not specific to Wales but prepared for the UK as a whole. Global health security and pandemics concerns have been addressed in the National Security Strategy and Strategic Defence and Security Review[143] in 2015, in the UK Biological Security Strategy in 2018 and in the Joint Committee on the National Security Strategy Inquiry started but abandoned in 2019. However, as outlined below, while the UK prepared for pandemic influenza, COVID-19 is an emerging infectious disease.[144] It has been reported that the former UK Health Secretary Jeremy Hunt admitted that the UK prepared for the wrong pandemic (ibid).

In 2008, the UK Government published its first National Risk Register outlining the key risks that could significantly disrupt the UK[145]. Pandemic Influenza was included in the Risk Register as a risk with a high relative likelihood and the highest relative impact related to the other risks included. The 2015 "National Risk Register of Civil Emergencies chapter 2: risk summaries" outlined how "there is a high probability of another influenza pandemic occurring" and that "the likelihood of a new [emerging infectious] disease spreading to the UK is low".[146] The 2017 version of the National Risk Register[147], again assessed pandemic influenza as having a high likelihood (rated four out of five) and a high impact severity (five out of five). Links to further pandemic influenza related resources are included in the 2017 National Risk Register, including links to the: 1) the UK pandemic influenza strategy[148], 2) the pandemic influenza evidence base[149], and 3) the UK pandemic influenza guidance[150]. The UK Influenza Pandemic Preparedness Strategy 2011[151] includes a chapter on "communication and public engagement". The chapter covers:

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[143] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/478933/52309_Cm_9161_NSS_SD_Review_web_only.pdf

[144] https://www.independent.co.uk/news/health/jeremy-hunt-wrong-flu-pandemic-covid-b1800583.html

[145] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61934/national_risk_register.pdf

[146] https://www.gov.uk/government/publications/national-risk-register-for-civil-emergencies-2015-edition/national-risk-register-of-civil-emergencies-chapter-2-risk-summaries#human-diseases

[147] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/644968/UK_National_Risk_Register_2017.pdf

[148] https://www.gov.uk/government/publications/responding-to-a-uk-flu-pandemic

[149] https://www.gov.uk/government/publications/review-of-the-evidence-base-underpinning-the-uk-influenza-pandemic-preparedness-strategy

[150] https://www.gov.uk/guidance/pandemic-flu

[151] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf

- Aims of the Government's pandemic influenza communications and public engagement strategy including explaining the outbreak, establishing confidence, and minimising the risk of infection
- Enabling people to share responsibility for preparedness and response
- Communications for the public
- Communicating statistical data in an influenza pandemic
- Communications for health and other professionals
- Suggested key messages for the public

The pandemic influenza evidence base includes a document on "Principles for effective communication. Scientific Evidence Base Review" that was commissioned by the Department of Health in October 2010[152]. The document prepared by academics Bish, Michie, and Yardley covers effective communication during a pandemic and also covers how to best communicate risk to minimise negative public reactions and maximise compliance with the recommended behaviours. The principles of effective communication identified include openness/transparency, clear and simple communication and acknowledging uncertainty. The UK pandemic influenza guide also includes content on "Pandemic flu: communication and public engagement".

In 2012, the Department of Health, England, and Health Departments of the Devolved Administrations of Scotland, Wales and Northern Ireland published the UK Pandemic Influenza Communications Strategy 2012[153]. The strategy covers roles and responsibilities, communications objectives and principles, impact level and phases, and learning from 'Swine Flu' and other considerations.

In 2016, the UK government conducted Exercise Cygnus, an exercise designed to assess the UK's preparedness and response for a pandemic influenza outbreak.[154] The exercise included Local Resilience Forums and public health departments from England, Northern Ireland, Scotland, and Wales. Part of the exercise focused on the coordination of messaging to the public. The exercise highlighted communication gaps at a national level with health messaging in England failing to provide specific advice to the public and responding organisations. The exercise also highlighted the need for consistent messaging across organisations and the four nations that comprise the UK. For example, conflicting messages from Public Health England and NHS England had the potential to result in public confusion.

In terms of the structure of emergency planning, the Civil Contingencies Secretariat (CCS) is part of the UK Cabinet Office and is responsible for emergency planning and response. The Civil Contingencies Act[155] and accompanying measures provides the framework for civil protection in the UK. The Act includes duties for Category 1[156] responders to maintain plans to prevent emergencies and reduce, control and mitigate the effects of emergencies. It also includes duties for them to communicate

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[152]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215678/dh_125431.pdf

[153]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213268/UK-Pandemic-Influenza-Communications-Strategy-2012.pdf

[154]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/927770/exercise-cygnus-report.pdf

[155]   https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others

[156] A category 1 responder includes organisations that are key to the response such as the Police, Fire and NHS

with the public. Emergency Preparedness is the statutory guidance that relates to Part I of the Civil Contingencies Act. The guidance covers different topics with one chapter being dedicated to "Communicating with the Public"[157]. At a local level in England and Wales, the Category 1 responders plan and prepare for local emergencies through Local Resilience Forums (LRFs) which are multi-agency partnerships including relevant organisations[158]. Strategic Coordinating Groups (SCG) also operate at a local level, with documents outlining how it would be likely for the SCGs to be convened in the event of a pandemic to take overall responsibility for the multi-agency management at a local level.[159] In 2006, the Cabinet Office published guidance on pandemic planning in a document titled "Contingency planning for a possible influenza pandemic".[160] This document outlines the main areas that Category 1 responders should focus on including "Co-ordinated multi-agency planning to support central Government in communicating public messages on hygiene measures to reduce the risk of infection and its spread" (p.6). In 2007, the Cabinet Office issued "Preparing for Pandemic Influenza. Guide for Local Planners" which was subsequently updated in 2013.[161,162] Both versions cover considerations for communication during pandemic influenza including:

- Supporting central Government communication including communicating advice to the local population (2007, 2013)
- Identification of methods to communicate with the public including methods appropriate for individuals with "hearing, visual and other disabilities or limited English speaking" (2007, p.22)). The 2013 update outlines how "All mainstream information and campaign materials need to be accessible to the widest possible audience, including the vulnerable, hard-to-reach groups and those with special needs" (p.23)
- The need for tailored approaches for different audiences - "Messaging should avoid "one size fits all" approaches and instead [be] targeted to segments of the population so as to achieve the greatest level of engagement with any communications campaigns (p.23-24)
- The need for flexible and pragmatic communication plans (2013)
- In Wales, the Welsh Language Act has to be taken into account in regards to providing bilingual public advice (2013)

Wales is part of the United Kingdom as a nation and has devolved powers in several sectors including health and social care. The Welsh Government is comprised of several departments, with Public Health Wales devoted to deal with health emergencies. Emergency planning in Wales is consistent with the United Kingdom's Civil Contingencies Act 2004, but it includes the Welsh Government's involvement and the participation of operating organisations unique to Wales. Wales Resilience Forum[163] is the

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[157]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61030/Chapter-7-Communicating-with-the-Public_18042012.pdf

[158] https://www.gov.uk/guidance/local-resilience-forums-contact-details

[159]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf

[160]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/60941/contingency-planning-flu-pandemic-guidance.pdf

[161]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/62085/flu_lrf_guidance1.pdf

[162]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf

[163] https://gov.wales/wales-resilience/what-we-do

highest authority for emergency planning in Wales and works in cooperation with local resilience forums and other agencies. The main goal of Wales Resilience Forum is to 'strengthen preparedness, build collective capability and enhance resilience' (Wales Resilience forum website) in emergency situations. The Wales Resilience Partnership Team supports the Wales Resilience Forum through subgroups such as the Joint Emergency Services Group which brings together all the emergency services in Wales including Public Health Wales, the Welsh Government, UK armed forces among others. They address together issues of contingencies and crisis in Wales and are responsible for assessing risks and planning appropriate responses to these contingencies.

The Wales Resilience Forum provides the national multi-agency overview for pandemic preparedness, with four local resilience fora addressing local multi-agency requirements. The Health and Social Services Directorate has responsibility for health and social care preparedness, with the Chief Medical Officer leading on public health and the use of medical countermeasures. The Welsh response arrangements for a pandemic build on arrangements for managing any national emergency. These arrangements are set out in the Pan-Wales Response Plan, which outlines the response structure, including establishing an Emergency Co-ordination Centre Wales and a Health Response Team.

 The Civil Contingencies Act 2004[164] defines 'emergency' as '(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom […] if it involves, causes or may cause—

a. loss of human life,
b. human illness or injury,
c. homelessness,
d. damage to property,
e. disruption of a supply of money, food, water, energy or fuel,
f. disruption of a system of communication,
g. disruption of facilities for transport, or
h. disruption of services relating to health.'

In an audit dated 2012, it was suggested that the delivery of many of the arrangements of the Civil Contingencies Act in Wales 'work well but the role of the Welsh Government is unclear and there are opportunities for increased efficiency in local delivery' (p.4) adding that 'the Welsh public sector has very limited information about the resources it dedicates to ensuring resilience but there is clear scope to improve efficiency and effectiveness' (p.4) and that 'the approaches taken by Category One responders [Wales Resilience Forum and other operating organisations] to implement the Civil Contingencies Act 2004 are inconsistent and responders are not effectively monitoring their activities' (p.5)[165].

Limited documentation is available specifically for Wales on governmental communication strategy for crisis in general and pandemics in particular, prior to COVID-19. The British Government has put together an Emergency Planning Framework[166] which lays out a comprehensive plan to establish good communication and to deliver effective and timely information to members of the public during times

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[164] https://www.legislation.gov.uk/ukpga/2004/36/section/1

[165] https://business.senedd.wales/documents/s12705/PAC4%2002-13%20Paper%201%20Civil%20Emergencies%20in%20Wales.pdf

[166] https://3x7ip91ron4ju9ehf2unqrm1-wpengine.netdna-ssl.com/wp-content/uploads/2020/04/Emergency-planning-framework-1.pdf

of crisis. The document has been prepared by the Government Communication Service which is the professional body of individuals working in communication roles within the British government. The document provides practical advice to anticipate crisis, create an effective emergency response, and develop a strategy to communicate and manage this response. Moreover, the UK National Framework established in preparation of the influenza epidemic in 2009 has been deemed excellent by WHO[167]. However, as outlined above, while the UK focused on planning and preparing for pandemic influenza, COVID-19 is an emerging infectious disease.

Communication strategies, plans and practices applied by governments

Initially the four nations forming the United Kingdom worked together to respond to the coronavirus pandemic. After WHO declared the outbreak of COVID-19 a 'Public Health Emergency of International Concern' on January 30, 2020, the UK announced the first measures to control the virus on January 22, 2020, followed by the publication of an action plan on March 3, 2020 (Atchinson et al., 2021). A government-funded UK-wide information campaign was launched at the beginning of February 2020 that included advice on how to slow the spread of coronavirus and reduce the impact on the NHS.[168] The campaign, including hygiene practices, and was featured on the radio, print media and social media. On 12th March, the Prime Minister Boris Johnson made a statement on coronavirus highlighting "it is now a global pandemic", the plans in place and that the "measures will cause severe disruption across our country for many months".[169] On 15 March 2020, the UK government started the three-part structure "Stay home, protect the NHS, save lives" campaign, followed on 24 March 2020 by the national 'Stay at Home' text message distribution by mobile phone operators stressing "you must stay at home." (Independent SAGE, 2020). The British Health Secretary and the Prime Minister urged the public to avoid all non-essential contacts on March 16, and insisted on March 23, 2020 that people must stay at home, with UK-wide legislation enforcing this decision on March 26. Although Wales entered lockdown with England on March 23, schools and non-essential retail were already closed since March 20. The Coronavirus Restrictions were approved by the Welsh Parliament on March 25, giving Wales the power to manage the pandemic independently of the other British nations.

On 29 March a letter was sent to 30 million households that included "one simple instruction – you **must** stay at home. The letter included rules in relation to meeting others, leaving home for very limited reasons and physical distancing. It also warned that "These rules must be observed. So if people break the rules, the police will issue fines and disperse gatherings" and that "we know things will get worse before they get better". A leaflet "Coronavirus - Stay at home, Protect the NHS, Save Lives" was also included with the letter. As outlined below, this message was updated in England only in May 2020.

In April 2020, Queen Elizabeth II made two speeches broadcast on television. The first, watched by 24 million people on 5 April, thanked people for following the government rules and praised those "coming together to help others"[170]. The second televised broadcast was the first time that the queen

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[167]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61252/the2009influenzapandemic-review.pdf

[168] https://www.gov.uk/government/news/coronavirus-public-information-campaign-launched-across-the-uk

[169] https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020

[170] https://www.bbc.co.uk/news/entertainment-arts-52183327

had delivered an Easter message and included the message that "Coronavirus will not overcome us"[171].

In April 2020, the Welsh Government issued a coronavirus response called 'Leading Wales out of the coronavirus pandemic: A framework for recovery' based on three pillars:

1. monitoring of infection and transmission rates
2. management of restrictions
3. collaboration of the health system to survey, respond and protect people's health.

In the document, the third pillar highlights the need to collaborate with Public Health Wales to engage and communicate with the public about the coronavirus pandemic. In May 2020, the Welsh Government set out in more detail what it had envisioned in its framework for recovery, and starts the campaign 'Test Trace Protect', which in June 2020 Public Health Wales promises to actively support alongside other national communications[172].

In May 2020, the UK Government published a document "Our Plan to Rebuild. The UK Government's COVID-19 recovery strategy" [173]. The document includes the following sections: 1) The current situation; 2) Our aims: saving lives; saving livelihoods; 3) Our approach: a phrased recovery; 4) Our roadmap to lift restrictions step-by-step; 5) Fourteen supporting programmes; 6) How you can help; Annex A: Staying safe outside your home and Annex B: Summary table: COVID-19 vulnerable groups.

 On 9 May 2020 the UK newspapers revealed the new campaign slogan, "Stay Alert, control the virus, save lives" before the UK government explaining what "Stay Alert" would mean in terms of behavioural changes. This new campaign started fragmented responses across the four UK nations with Wales, Scotland, Northern Ireland and England following their own approach (Wardman, 2020). Only England updated the message to "stay alert, control the virus, save lives'. The First Minister of Wales "decided the stay-at-home regulations must stay in place for another three weeks"[174] and the First Minister of Scotland wrote that "#StayHomeSaveLives remains my clear message to Scotland". The clarity of the new messaging was immediately challenged by the public and professional bodies alike and considered as 'meaningless slogan' that undermined trust and secure adherence to the measures necessary to control COVID-19 in the UK nations (Independent SAGE, 2020). It also received criticism that is could be confusing (Sanders, 2020).

The main governmental communication strategy lies in the test-and-trace or contact tracing approach. Each nation of the UK has its own contact tracing service including "Test, Trace and Protect" in Wales, NHS Test and Trace" in England, "Test and Protect" in Scotland, and "Contact tracing service" in Northern Ireland.[175]

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[171] https://www.bbc.co.uk/news/uk-52255054

[172] https://phw.nhs.wales/about-us/board-and-executive-team/board-papers/board-meetings/2020-2021/25-june-2020-board-meeting/board-meeting-papers/5-1-25-06-20-appendix-2-evidence-submission/

[173]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884760/Our_plan_to_rebuild_The_UK_Government_s_COVID-19_recovery_strategy.pdf

[174] https://twitter.com/fmwales/status/1258810642045296642

[175] https://www.bbc.co.uk/news/explainers-52442754

Communication strategies, plans, and practices applied by the Welsh Government

The Welsh Government relies heavily on Public Health Wales to support and rely information and communications on the coronavirus pandemic. The Welsh Government stated that:

> *"Chief Scientific Advisor for Health Dr Rob Orford joined the UK Government's Scientific Advisory Group for Emergencies (SAGE) COVID-19 meetings in February 2020. SAGE is responsible for ensuring timely and co-ordinated scientific advice is available to decision makers to support UK cross-government decisions in the Cabinet Office Briefing Room (COBR). Wales' Chief Medical Officer Dr Frank Atherton and Dr Orford agreed a formal technical and scientific advisory structure within Welsh Government was also needed to provide official sensitive advice to Ministers. The terms of reference for a Technical Advisory Cell (TAC) were agreed on 3 March, in accordance with SAGE guidance."*[176]

The Welsh Government communicated through televised briefings to update the public on the situation and outline the restrictions in place; it made use of media and social media to convey messages about social distancing and barrier gestures. Such communications were intended for a general public and often disregarded their applicability in real-life contexts; it was noted that the adoption of social distancing measures was related not only to willingness but to ability, and consequently the ability to comply with the restrictions was lower among disadvantaged groups (Atchinson et al., 2021). Low-income individuals, or self-employed individuals with little business activity, cannot always afford to isolate. Communications from the government were often general, while delivering specific messages for different vulnerable groups was left to private and public organisations. Over time we see a few attempts from the government to address the needs of vulnerable groups or groups 'left out' of policies implemented during the pandemic. For example, the government's promise for financial support to those who could not work did not initially applied to self-employed individuals. Similarly, people with severe learning disabilities and their unpaid carers were put in vaccination priority group 6 following the UK's independent Joint Committee on Vaccination and Immunisation (JCVI) advice[177].

If we look at the Excel table for Wales accompanying this report, we can see that Wales has been consistent in providing information about daily hygiene practices to minimise the risk of transmitting coronavirus, and somewhat consistent in reminding people not to meet friends and meet other households, especially at times such as Christmas. Using the Excel table for Wales, we can identify three main phases of communication. **Phase one** conveyed an atmosphere of fear and danger in the first months of the pandemic, and a lot of behavioural suggestions were developed in the communication strategy. The **second phase** was one of uncertainty, with an emphasis on care and self-care, and discourse related to safety. The **third phase** was one of hope and relief, with messages focusing on the importance of vaccination as Wales, amongst other countries, started its campaigns to vaccinate; this phase is of cautious optimism accompanied by the message to 'keep going' and to keep practising social distancing and barrier gestures until Wales is at lower risk.

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[176] https://gov.wales/written-statement-coronavirus-providing-scientific-advice-wales

[177] https://gov.wales/covid-19-vaccinations-individuals-learning-disability-or-severe-mental-illness-html

Communication strategies, plans, and practices applied in England by the UK Government

As outlined above, while there were strategies, plans and practices implemented by the UK Government that covered England and Wales, there were also approaches that only targeted the population of England. This included regular televised COVID-19 briefings with the slides, datasets and transcripts from the press conferences being shared online.[178] The information from these briefings were then widely shared by the news media and on social media.

The UK Government have also faced criticism from the public and in the media in relation in their management of the pandemic in relation to the following aspects:

- Coronavirus-related contracts – of £18bn of coronavirus-related contracts awarded in the first six months of the pandemic, £1.5bn was awarded to companies with connections to the ruling party.[179] The media criticised the lack of transparency and limited competitive tendering process and highlighted the importance of transparency and accountability to maintain trust. A YouGov COVID-19 tracker highlights that the percentage of people in the UK who think the government is handling the coronavirus "very" or "somewhat" well fell from 72% on 27th March 2020 to 31% on 5th January 2021.[180]

- Government staff breaking lockdown measures – government advisors and staff reported to not be following the lockdown measures undermined the public health messages the government were sending. For example, there was outcry following Dominic Cumming's trip to Barnard Castle and criticism that it did not create a consistent message.[181]

- Changing messages in relation to Christmas 2020 restrictions – In November 2020, the UK Government announced that a maximum of three households would be able to mix indoors and stay together overnight between 23-27 December.[182,183] However, due to a new variant of the coronavirus, this relaxation of measures was scrapped for households in Tier 4, which affected 21 million people.[184] The changing measures resulted in confusion over what the measures were for during the Christmas period.

In January 2021, the UK Government launched a new national campaign that featured hospital staff and COVID-19 patients and asked the public to think about the impact of their actions with the message "Can you look them in the eyes and tell them you're helping by staying at home?"[185] This campaign was scheduled to run across "TV, radio, press, digital, out-of-home advertising and social media" (ibid).

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[178]   https://www.gov.uk/government/collections/slides-and-datasets-to-accompany-coronavirus-press-conferences

[179]   https://www.theguardian.com/commentisfree/2020/nov/21/tories-covid-contracts-public-trust-government

[180]   https://yougov.co.uk/topics/international/articles-reports/2020/03/17/perception-government-handling-covid-19

[181]   https://www.independent.co.uk/news/uk/politics/dominic-cummings-barnard-castle-buckland-b1769898.html

[182] https://www.theguardian.com/world/2020/nov/24/the-five-day-christmas-covid-bubble-how-will-it-work

[183] https://www.gov.uk/government/publications/making-a-christmas-bubble-with-friends-and-family

[184] https://www.bbc.co.uk/news/uk-55382861

[185] https://www.gov.uk/government/news/new-hard-hitting-national-tv-ad-urges-the-nation-to-stay-at-home

Communication strategies, plans and practices applied by public health skateholders

The Chief Medical Officers for England, Scotland, Wales and Northern Ireland are the UK government's principal medical advisors and the professional heads of all medical staff in these respective nations. Their wide-ranging roles during the pandemic include advising ministers on the potential effects of policies, interventions and measures to reduce the impact of the disease, providing strategic leadership to medical professionals, and acting as the government's spokesperson in England, Scotland, Wales and Northern Ireland.

In England and Wales, planning for the management of additional deaths during a pandemic is carried out at a local level by Local Resilience Forums. The process involves category 1 responders, including the police, local authority emergency planners and NHS staff, coroners, registrars, funeral directors, and other stakeholders such as cremation and crematoria managers, with a number of central government departments and agencies acting as a source of guidance and expertise.

The first worldwide pandemic of the 21st century occurred in 2002-2004 and was caused by severe acute respiratory syndrome coronavirus (SARS-CoV virus), followed by an influenza A (H1N1) virus in 2009-2010 during which several countries developed comprehensive pandemic plans[186]. In Wales, guidance was first issued by the government during the influenza outbreak in 2009-2010, and updated in December 2014 with the Wales Framework for Managing Major Infectious Disease Emergencies. In 2016, these documents were used to present guidance on how to 'set out the requirements on NHS organisations in developing surge capacity to manage large unplanned increases in demand for critical care'[187]. NHS Wales has compiled several resources relating to civil contingencies and emergency planning arrangements on a dedicated manual and webpage[188]. There was also an Emergency Response Plan compiled in 2016[189].

During the COVID19 pandemic, Public Health Wales issued a statement daily with information on infection rates, restrictions on social contact and gatherings, testing, and short guidance on what to do if one develops symptoms.

In England, Public Health England stated on 2nd March that the widespread transmission of the coronavirus was highly likely.[190] On 13th March 2020, the weekly Friday message from Duncan Selbie from Public Health England (PHE) focused on COVID-19.[191] The message included the advice that people with symptoms should stay at home to protect others. It also included a link to PHE guidance for households with possible coronavirus infection[192]. The guidance includes multiple resources in different languages, including:

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[186]   https://www.euro.who.int/en/health-topics/communicable-diseases/influenza/pandemic-influenza/past-pandemics

[187]   https://gov.wales/sites/default/files/publications/2019-11/all-wales-critical-care-escalation-guidance-for-the-management-of-large-unplanned-increases-in-demand.pdf

[188] http://www.wales.nhs.uk/governance-emanual/standard-4-civil-contingency-and-emergen

[189]http://www.wales.nhs.uk/sitesplus/documents/888/The%20Public%20Health%20Wales%20Emergency%20Response%20Plan%20-%20Public%20Publications1.pdf

[190] https://www.bbc.co.uk/news/uk-51700604

[191] https://publichealthmatters.blog.gov.uk/2020/03/13/duncan-selbies-friday-message-13-march-2020/

[192] https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

- Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection[193]
- Stay at home illustration[194]
- Stay at home: what to do if you or someone you share your home with has coronavirus symptoms (easy-read guide)[195]
- Guidance for households with grandparents, parents and children living together where someone is at increased risk or has possible or confirmed coronavirus (COVID-19) infection[196]
- Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection available in multiple languages including Arabic, Bengali, Simplified Chinese, Traditional Chinese, French, Gujarati, Polish, Portuguese, Punjabi and Urdu[197]

Public Health England also updated the weekly national flu surveillance report to include information on COVID-19.[198] The reports include summaries of information (e.g., confirmed cases broken down by different demographic factors and type of residence, hospital admissions, COVID-19 related deaths) from surveillance systems that monitor COVID-19 and other respiratory viruses in England. Each report is also accompanied by an infographic[199]. Summaries of data from the reports are also published on Facebook.[200] As well as the summaries, Public Health England shares additional content on social media (Facebook, Instagram and Twitter) such as infographics including guidance on "How to stop the spread of COVID-19"[201], information on the roll-out of the COVID-19 vaccine[202,203,204] messages about looking after mental health and well-being[205] and information from the NHS.[206,207,208]

The NHS currently has a free COVID-19 app that is part of the NHS Test and Trace service in England and the NHS Wales Test, Trace and Protect service[209]. The app, launched in September 2020, enables

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[193] https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection

[194]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961291/Stay_at_home_illustration_Feb_2021.pdf

[195]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961289/Stay_at_home_Easy_Read_February_2021.pdf

[196]https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/guidance-for-households-with-grandparents-parents-and-children-living-together-where-someone-is-at-increased-risk-or-has-symptoms-of-coronavirus-cov

[197] https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

[198] https://www.gov.uk/government/statistics/national-flu-and-covid-19-surveillance-reports

[199]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/880848/COVID19_Weekly_Report_22_April.pdf

[200] https://www.facebook.com/PublicHealthEngland/photos/a.366632073374148/3871702762867044

[201] https://www.facebook.com/PublicHealthEngland/photos/a.366632073374148/3867562276614426/

[202] https://www.facebook.com/PublicHealthEngland/photos/a.366632073374148/3793985857305402

[203] https://www.facebook.com/PublicHealthEngland/photos/a.366632073374148/3788176027886385/

[204] https://www.facebook.com/PublicHealthEngland/photos/a.366632073374148/3661612330542756/

[205] https://www.facebook.com/PublicHealthEngland/photos/a.366632073374148/3005825012788161/

[206] https://www.facebook.com/PublicHealthEngland/photos/a.366632073374148/3787875597916428

[207] https://www.facebook.com/PublicHealthEngland/photos/a.366632073374148/3148425455194782/

[208] https://www.facebook.com/PublicHealthEngland/photos/a.366632073374148/3041728375864491/

[209]https://covid19.nhs.uk

users to check-in at venues, check their symptoms, read the latest advice, enter their test results, as well as offering the contact tracing feature. The NHS website[210] also has a webpage that is dedicated to coronavirus and that includes information and advice on:

- Symptoms – the main symptoms of coronavirus and what to do if children have them
- Self isolation and treating symptoms
- Vaccination
- Testing and tracing
- People at higher risk from coronavirus including older people, people with health conditions and pregnant women
- Long-term effects of COVID-19 (long COVID)
- Social distancing and changes to everyday life
- Taking part in coronavirus research

Doctors of the World has translated a variety of government coronavirus advice and resources into 60 languages (Afrikaans, Albanian, Amharic, Arabic, Armenian, Bengali, Bulgarian, Burmese, Czech, Dari, Dutch, English, Estonian, Farsi, Filipino, Finnish, French, German, Greek, Gujarati, Hausa, Hindi, Hungarian, Igbo, Indonesian, Italian, Kiswahili, Korean, Krio, Kurdish Sorani, Latvian, Lithuanian, Malayalam, Nepali, Oromo, Pahari, Pashto, Pidgin, Polish, Portuguese, Punjabi, Romanian, Romany, Russian, Simplified Chinese, Sindhi, Slovak, Somali, Spanish, Tamil, Tetum, Tigrinya, Traditional Chinese, Turkish, Twi, Urdu, Vietnamese, Wolof, Yiddish, Yoruba) in a project supported by the Mayor of London.[211] The translated documents includes resources including:

- Coronavirus information
- Six steps to improve your wellbeing
- Keeping young people healthy
- Infographics: Migrants' right to healthcare

- Infographics: Coronavirus overview and self-care
- Key COVID-19 information for migrants
- Flu vaccine information

In October 2020, the NHS outlined how there has been a rise in mental health problems in children and young people during the pandemic and encouraged children and young people to seek help.[212]

Communication strategies, plans and practices applied by organisations

Throughout the pandemic, the Welsh Government has worked with trade unions, local authorities and businesses to come up with strategies which would be safe for everyone.

In the education sector, schools and universities have adopted the Welsh government response, based on the latest scientific advice. When restrictions became important or lockdowns introduced, schools closed. Consistently since March 2020 universities across Wales have asked staff to work from home

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[210] https://www.nhs.uk/conditions/coronavirus-covid-19/

[211] https://www.doctorsoftheworld.org.uk/coronavirus-information/

[212] https://www.england.nhs.uk/2020/10/nhs-encourages-children-and-young-people-to-seek-help-as-new-data-shows-rise-in-mental-health-problems/

if they could, and to deliver blended learning to limit contact amongst students and between students and staff. Most educational institutions have also offered support to their students, for example Swansea University has decreased rent in student halls during the pandemic.

Rail and bus services in Wales and the UK also follow Welsh Government guidance, and have increased the flexibility of their service to respond to this guidance. Capacity and timetables are consistently updated and adjusted to reflect the level of restrictions in place in Wales at each particular time. For example, when the alert level is very high and all non-essential travel is restricted, services are kept at an absolute minimum.

Business and retail premises need to operate following guidance from the Welsh Government. During times of lockdown, non-essential retail shops are expected to close. Since the 'firebreak' lockdown in Wales in October 2020, supermarkets selling a diversity of goods are expected to cordon off the aisles selling products which are deemed non-essential. What is considered essential has been the subject of several debates; for instance, Welsh Government guidance includes 'Stationery and greetings cards' as essentials.

The same approach has been followed in England, whereby the education, transport and business and retail sections operated in accordance with measures from the UK Government.

Non-Government Organisations operating across both England and Wales have also been supporting the response to COVID-19 and sharing government information. For instance, the British Red Cross provides support through their support line in more than 200 languages.[213] Their website also includes coronavirus advice and practical advice[214] covering:

- Judging the risks when going out during the coronavirus pandemic
- Stay well, keep active and fight anxiety
- Maintaining a healthy lifestyle
- Feeling safe
- Keeping children busy and active
- The coronavirus vaccine – this information is available in English, Punjabi, Hindi, Bengali, Arabic, Urdu and Yoruba[215]

Many charities also provide coronavirus-related information on their website. Charities dedicated to medical conditions such as different cancers and heart conditions typically include information on coronavirus in relation to the medical condition. For example, the British Heart Foundation provides tailored information from medical experts in relation to different heart conditions and any increased risk from coronavirus.[216] Children's Charity Barnado's has created Boloh – The Black, Asian and Minority Ethnic family COVID-19 Helpline for those aged over 11 years.[217]

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[213] https://www.redcross.org.uk/get-help/coronavirus

[214] https://www.redcross.org.uk/get-help/coronavirus#Coronavirus%20information%20and%20practical%20advice

[215] https://www.redcross.org.uk/get-help/coronavirus/coronavirus-vaccine

[216] https://www.bhf.org.uk/informationsupport/heart-matters-magazine/news/coronavirus-and-your-health

[217] https://helpline.barnardos.org.uk

Communication strategies, plans and practices applied by communities

 If we understand vulnerability as being 'exposed to', everyone is potentially vulnerable in the COVID19 context. Some groups have been recognised by the government as vulnerable, such as individuals with chronic diseases, Black and Minority Ethnic people, or the elderly. However, we can see that the general message in government, public health and organizations' guidance is set out to respond to the 'least' vulnerable individuals. This critique has been widely circulating in Wales and in the UK. General recommendations and restrictions best cater for white, healthy, employed, middle class individuals with access to information. For example, the advice to 'isolate' when you have symptoms remains out of reach for low-income families who are not eligible for financial support schemes. Similarly, the five-mile rule, advising anyone not to travel beyond five miles of their home, is unsuitable for people living in rural areas or for nomadic Gypsies and Travellers, and what is considered 'essential' varies from one individual or culture to another. To cater for the needs of certain groups, several communities have compiled guidance for specific groups. Examples are given below:

- Ethnic Minorities and Youth Support Team Wales has a dedicated section of its website devoted to COVID19[218] as well as the latest guidance in over 60 different languages.
- Social care Wales has developed a website with information and resources on COVID19[219] for staff and carers, adults and elderly individuals, as well as people with dementia and learning disabilities. Mental health organisations and charities have also gathered information and resources to help individuals throughout the pandemic.
- Resources for people working with charities and communities have been compiled by the Interim Youth Work Board's Digital Youth Work Advisory Group and supported by the Welsh Government and local authorities[220]. A helpline for young people is helping them through the difficulties they may face during the pandemic[221].
- The organisation Travelling Ahead provides information and support for Gypsy and Traveller Communities[222].

Most of these organisations have developed 'Easy read' versions from official guidance documents to facilitate the transmission of information among various groups. To encourage vaccination among groups which are suspected of vaccine hesitancy, many influential individuals have encouraged people to get the vaccine, including Queen Elizabeth II. Several organisations have asked trusted members of the community to speak out in favour of vaccination, such as in a video of the Asian British Trust[223] or with Cardiff imam Hafiz Siddique[224] on behalf of Cardiff and Vale University Health Board. Overall, pandemic communication strategy was focused on the 'core target audiences' while also attempting to be sensitive to the concerns and values of diverse publics, and employed various modes of information sharing (Hyland-Wood et al., 2021).

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[218] http://eyst.org.uk/covid.php

[219] https://socialcare.wales/service-improvement/information-and-resources-to-guide-you-through-covid-19

[220] https://www.notion.so/Digital-Resources-for-the-third-and-youth-sector-in-Wales-Covid-19-bdf7a6dcdb66478a9a3477c4cda7eaf1

[221] https://www.meiccymru.org

[222] http://www.travellingahead.org.uk/home-page/corona-virus-advice-and-support/

[223] https://www.youtube.com/watch?v=ZD0zRUHOCUc

[224] https://www.youtube.com/watch?v=gzcwYFlkEgU

COVID-19 has also witnessed the establishment of Mutual Aid in the UK, which includes over 2,000 support groups that have formed during the coronavirus pandemic[225] People can search by postcode to identify the local groups in their area. The website also includes Coronavirus safety advice and links to information and resources provided by other organisations. This includes:

- Guidance for Supporting Migrants During Coronavirus compiled by Migrants Organise[226] – links to other relevant organisations (e.g., Joint Council for the Welfare of Immigrants, NACCOM – the No Accommodation Network) are also provided
- Useful Links for Disabled People COVID-19-UK[227]
- A link to The Outside Project that is helping to coordinate a Mutual Aid Network for LGBTQ+ people in London
- A link to the National Autistic society hub of resources for autistic people
- Links to organisations and networks that provide resources and advice for those suffering from or concerned about domestic abuse

The Local Government Association has provided communications support and templates to support volunteers, including in filtering council's communications to volunteers and local groups[228].

1.14.2 COVID-19 communication analysis

National

Despite its prominence in government security strategy, the majority of the British population seemed unconcerned by the threat of a global pandemic[229]. A strong communication strategy could have been adopted from the beginning of the COVID19 pandemic to communicate the seriousness[230] of the threat to the public: "a successful response to COVID-19 has depended on the public taking the threat seriously and behaving accordingly with measures such as social distancing". Instead, the message in February 2020 was one of caution rather than immediate danger, and the government response was slow. This concern has been highlighted in an independent evaluation[231] of the UK preparedness to the influenza pandemic of 2009, which insisted that the government response had to be proportionate to the level of risk. If the influenza pandemic of 2009 had been over-estimated, we may wonder if the coronavirus pandemic of 2020 had at first been under-estimated, as response from the UK government was slow.

The independent evaluation mentioned above that a UK-wide response may have been unhelpful and that local circumstances and flexibility were primordial. However, it was equally important to be able to communicate these local circumstances and differences to manage effectively the public's

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[225] https://www.mutual-aid.co.uk

[226] https://docs.google.com/document/d/11cKMCy08ebN-lJQsP1jvsTcSfwC6YeE8FYrmAZCoZ1w/edit

[227] https://docs.google.com/document/d/1-PpyrWoz-Q5Eoooh0rqfDvsqlGf1aQ8WxaKEaslWhCU/edit

[228]   https://www.local.gov.uk/our-support/guidance-and-resources/comms-hub-communications-support/coronavirus-communications-0

[229] https://blogs.lse.ac.uk/politicsandpolicy/public-fear-and-awareness-before-covid-19/

[230] https://blogs.lse.ac.uk/politicsandpolicy/public-fear-and-awareness-before-covid-19/

[231] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61252/the2009influenzapandemic-review.pdf

understanding, in particular relating to restrictions and rules. Half of the respondents in a study[232]did not know that England, Scotland, Wales and Northern Ireland had different rules and restrictions, leading to confusion about lockdown measures in particular. On December 18, 2020, Wales introduced a four-level alert system which summarises what one **must** do and what one **can** do at each level. This system is supposed to simplify information regarding the restrictions in Wales and to avoid confusion, and it was introduced almost nine months after the first measures against coronavirus were taken.

We can partly assess whether the communication was effective by looking at the main UK message during the pandemic: 'Stay at Home. Protect the NHS. Save Lives'. From March 27, 2020 and February 14th, 2021, 5751 fines were given in Wales and 63,201 in England to people breaching Covid laws[233]. During that time, three £10,000 fines were given to organisers of mass gatherings of more than 30 people in Wales and 272 in England. From these numbers, we see that most people respected the 'Stay At Home' message, although national news in late February 2021 suggest that 'lockdown fatigue' coupled with good weather, encouraged the breaching of regulations[234].

When we examine the number of beds available at NHS Wales from April 2020 to March 2021, we see that the goal of 'protect the NHS' has been accomplished. Despite bed availability reaching critically low levels several times during the pandemic NHS Wales had the capacity to admit patients at all times[235].

On 21 May 2020, The Parliamentary Office of Science and Technology (POST) published an article summarizing the concerns of over 1,100 experts in relation to media, communications, and COVID-19 (Bermingham, 2020).[236] The article highlights the following concerns:

- Unclear Government messages
- Inconsistencies in information shared by different parts of Government
- A lack of clarity on what the public is legally required to do and how the requirements vary across the country
- Concerns about the overarching Government communications strategy, the scientific evidence behind it and the number of people it reached
- Inaccurate mass media reporting potentially damaging the public's trust in mainstream media
- Segments of the UK population losing access to news as a result of the closure of independent media outlets
- The Government not doing enough to stop the spread of misinformation

International

n/a

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[232] Coronavirus: fake news less of a problem than confusing government messages – new study (theconversation.com)

[233] https://www.theguardian.com/world/2021/feb/25/covid-fines-surge-in-england-and-wales-as-police-adopt-hardline-approach

[234] https://www.theguardian.com/world/2021/feb/25/covid-fines-surge-in-england-and-wales-as-police-adopt-hardline-approach
https://www.south-wales.police.uk/news/south-wales/protestors-partygoers-and-visitors-to-beauty-spots-among-more-than-350-fined-at-the-weekend/

[235]   https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/nhs-activity-and-capacity-during-the-coronavirus-pandemic/nhsbed-by-date-use

[236] https://post.parliament.uk/media-communications-and-covid-19-what-are-experts-concerned-about/

1.14.3 Main learnings and best practices

Consistent, clear and timely guidelines are essential to pandemic management and its accompanying restrictions. Community engagement is considered an effective communication strategy[237]. Overall, the Welsh Government's response, as well as the British Government's response, were slow in addressing the risks caused by COVID-19. For example, despite scientific evidence that face coverings were effective in **delaying** and decreasing coronavirus transmission, compulsory face coverings in indoor public spaces were only introduced in September 2020 in Wales. It seems that the government guidance was also somewhat conflicted between scientific evidence and the importance of some socio-cultural events; the plan for Christmas 2020 in Wales was to allow a five-day window for people to form a three-household bubble despite infection and transmission being very high at the time, not to mention the bed capacity at hospitals being critically low. The Welsh Government cancelled that original plan at the last minute on December 19 but allowed two households to meet on Christmas Day. However, such contestations in communication are to be expected due to the ongoing concerns about the legitimacy of expertise across different policy areas (health, education, social policy) and competing values (supporting economy while saving lives, cf. Hyland Wood et al., 2021).

Uncertainties around the applicability of policy announced by British Prime Minister Boris Johnson could have been avoided if Welsh Prime Minister Mark Drakeford had more often reminded Welsh residents that Downing street information briefings did not always apply to Wales. It is generally agreed that not enough concerted efforts were made to convey this to the Welsh public.

The C19 Foresight Group evaluated government's communication campaigns as 'imprecise', leading to the decreasing trust in the COVID due to problems of "rhetoric, over-promising and timing" (Hill et al., 2020). Despite these communication issues, the report stresses good levels of support for measures and adherence to the coronavirus rules and suggests that better messaging could improve tackling of the pandemic. Furthermore, the recent report by the Independent Scientific Advisory Group for Emergencies (Independent SAGE), chaired by the former chief Scientific Adviser to the UK government, evaluated the UK government communication strategies as not always inconsistent, lacking clarity and imprecise, stressing that such messaging negatively impacted people's adherence to COVID-19 rules. This report provided five key recommendations for clearer COVID-related communications, including:

1. Need to focus not only on factual information in communication, but consider many assumptions it conveys (the subtext, indirect meanings, inferences, and implications).
2. Messaging should be lexically and grammatically precise and thus easy to enact and adhere to.
3. Messaging should be 'irony-resistant'.
4. 'Branding' or sloganeering should not come at the expense of clarity and precision.
5. Messaging should be underpinned by evidence about what is effective.

Overall, analysis of government's communication strategies acknowledges that messaging directed at saving lives often targets behavioural rather than medical facts and changes. The effects of communication strategies are conflicting: clearer knowledge about COVID19 increases compliance with government guidelines while greater exposure to information about coronavirus may also lead to the violation of rules and induce fatalism (Wright et al., 2020).

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[237] https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-framework-monitor-responses.pdf

Survey research undertaken at multiple points between April 2020 and August 2020 has also identified three key lessons in relation to communications during the coronavirus crisis (Nielsen, Fletcher, Kalogeropoulos and Simon, 2020). The lessons include that:

- While most were relatively informed a large minority did not feel that the news media or government had explained what they can do in response to the pandemic
- Information inequality is growing as the crisis continues – the study identified differences in news use based on age, gender, household income and education
- The 'infodemically vulnerable' are a small but significant and growing part of the UK public – there is a small and growing minority that is a risk of being less informed or potentially misinformed

Guidelines

Since February 2020, the Welsh Government has adopted the guidelines of the World Health Organisation, and WHO recommendations have informed all Welsh COVD19 policies. The six pillars essential to effectiveness according to WHO are that communications should be accessible, actionable, credible and trusted, relevant, timely and understandable[238]. This part of the report is based on the document 'Monitoring and evaluation framework for COVID-19 response activities in the EU/EEA and the UK'[239].

Coordination, planning and monitoring are essential in communication effectiveness. 'The effectiveness of national movement restrictions or recommendations depends on the extent to which they are enforced and on public compliance with the restrictions or recommendations.' To be able to comply with guidance and restrictions, the communication needs to be uncomplicated and coherent. Effective communication should 'clarify roles and responsibilities and the coordination mechanisms in place'. Community representatives and different actors should be engaging in coordination and communication to get better effectiveness. The 'existence of mechanisms that identify and segment specific populations/at risk groups in order to target them with culturally appropriate messages using relevant channels and community networks/influencers' are essential. This is especially true for vulnerable groups: 'All the vulnerable populations identified would likely benefit from carefully targeted messaging, with potentially reduced levels of infection and adverse socio-economic impact. However, targeting this number of different groups in an effective way will be challenging.'

Relevant indicators

- Produce and maintain behaviours such as compliance to regulations and guidance in place, i.e social distancing
- Track efficacy and timeliness of contact tracing programs
- Monitor well-being and resilience
- Minimise vaccine hesitancy

In relation to indicators for assessing the effectiveness of COVID-19 communication practices, the above report for the UK highlights indicators including:

- Open

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[238]   https://theconversation.com/coronavirus-fake-news-less-of-a-problem-than-confusing-government-messages-new-study-140383

[239] https://www.who.int/mediacentre/communication-framework.pdf

- Transparent
- Clear
- Simple
- Understandable
- Credible
- Timely
- Acknowledges uncertainty
- Accessible to the widest possible audience including the vulnerable and hard-to-reach groups and those with special needs
- Tailored to different audiences – not a one-size fits all and targeted to different segments of the population
- Avoids confusion
- Builds trust
- Consistent messaging
- Actionable
- Relevant

1.14.4 Additional (country-specific) comments/reflections

n/a

1.15 United States of America

1.15.1 Communication strategies, plans and practices

In this country report, we provide an overview of the official SARS-CoV-2 communication in the United States of America (USA). The findings are based on research conducted in April 2021, collecting data from the beginning of the first outbreak in USA in late January 2021 until March 2021.

Communication strategies, plans and practices applied by governments

USA response to the SARS-CoV-2 pandemic is decentralized to accommodate federalized power-sharing policies related to public health; the national government through its executive agencies conducts basic research as well as international/interstate organization and resource allocation, while the individual state governments (through their departments of health) provide community-focused discussion pertaining to individual and household activities, including testing, vaccination outreach, and others. In larger metropolitan areas, municipal governments (e.g., New York City) can execute and supplement state communications and mandates, occasionally including increased stringency in lockdowns and reduction in congregate social activity.

The White House Coronavirus Task Force was established on January 29, 2020 (web page no longer available). It was initially chaired by Secretary of Health and Human Services Alex Azar, replaced by Vice-President Pence on February 26, 2020. National communication policy initially focused upon 'flattening the curve' through targeted engagements to limit community spread to levels that would not overwhelm acute care facilities. Chief among these was the President's Coronavirus Guidelines for America, which included written guidelines regarding the steps that households, communities, states, and national agencies should take to improve visibility regarding early spread of disease (when testing capacity was limited) as well as to allow hospitals and alternative care sites (ACS) time to orient operations to emergency pandemic response (White House, 2020).

Through daily briefings across all major news channels and websites, the White House Coronavirus Task Force communicated emerging information regarding SARS-CoV-2 risk, reproductive rate, health consequences, risk factors, community engagement resources, and core messages regarding government goals for pandemic response over time. (These discussions were initially dubbed '15-Days to Slow the Spread'). Later, a sweeping communication strategy was generated to align household, state, and national activity through a goal-oriented reopening strategy (White House 2020b[BT3]). State governments benchmarked their progress and goals, with varying degrees of stringency, against the White House Guidelines, particularly from April-August 2020. However, these were not always aligned with federal government policy as regards mitigation measures, and in late November 2020, a Task Force report declared that "If state and local policies do not reflect the seriousness of the current situation, all public health officials must alert the state population directly."

Each state has developed a public-facing dashboard that includes information pertaining to incidence, prevalence, hospitalizations, deaths, vaccinations, and other information relative to the state. This is the primary avenue through which Americans receive information about their communities in March 2021.

In Spring and into Summer 2020, the White House Coronavirus Task Force was expanded to include functionaries in commerce/treasury, housing and jobs policy, and many others. Alongside core public health missions (including White House, 2020), core pandemic communication included

communication regarding infrastructure development (Alternative Care Sites and testing facilities) as well as clarification regarding the scope, execution, and communication of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, that provided financial support to business, individuals, and hospitals. This role continued, with varying degrees of engagement, through the end of the Trump Administration.

On 20 January 2021, the Biden Administration replaced the Task Force with the White House COVID-19 Response Team. The new "National Strategy for the Covid-19 response and pandemic preparedness" published on January 21 2021 started by addressing communication: "The federal government should be the source of truth for the public to get clear, accessible, and scientifically accurate information about COVID-19. To rebuild the trust of the American people, the National Strategy will signal clear public leadership and a commitment to a robust whole-of-government response that puts science first. The federal government will be transparent with the American people, maintaining an open line of communication with the public and all stakeholders." Public communications on the pandemic placed particular emphasis upon vaccination strategy, equity, and mandates. Discussions, led by Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases (NIAID) and Chief Medical Advisor to the President, included the threat from SARS-CoV-2 variants (particularly the B.1.1.7 lineage, the so-called UK variant) that had spread throughout the US. Additionally, vaccination rollout and herd immunity targets were set by federal discussion, as well as mandates for state departments of health to allow emergency use authorization (EUA) vaccines to be available to all adults by late-April.

Communication strategies, plans and practices applied by public health stakeholders

Public health stakeholders were directly integrated into federal and state government strategy in both the Trump and Biden Administrations. This includes multiple national agencies, including the Centers for Disease Control (CDC), the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR), and the National Institutes for Health. Federal employees within these agencies primarily led public health research and communication on behalf of the US government. Occasionally, prominent scientists were appointed, via a temporary detail assignment, to political or non-political posts to assist with federal agency COVID communications. As well as communications designed for the public in general, agencies also provided material tailored to specific needs, such as the CDC's "Communication Toolkit For Migrants, Refugees, and Other Limited-English-Proficient Populations" that included "current messaging from a trusted source; information in plain language available for downloading and sharing; and translated materials to help communities disseminate messages to a wider audience".

Additional agencies, such as the Federal Communications Commission, worked to provide accurate information from public health authorities to the public via radio, television, and other media (e.g., combatting 'fake news' or persistent rumors/falsehoods).

State and municipal governments utilized public health resources within their Departments of Health. Early on, this included core communications regarding 'policy lockdowns', with television, internet, and audio addresses on a daily basis in many states. Additional discussion included communicating access to resources (e.g., mortgage and rental assistance, testing and vaccination sites, etc). Many state and municipal governments (e.g., Michigan) worked closely with renowned public health universities within their jurisdictions (e.g., University of Michigan, Michigan State University) to craft

communications regarding the necessity and impact of various public health interventions to combat the spread of SARS-CoV-2.

Communication strategies, plans and practices applied by organizations

Many nongovernmental organizations (NGOs) engaged with pandemic response early and continued through March 2021. Much of these efforts were tangential to the public health response and intended to communicate the types of resources available to assist families and individuals impacted by spiking unemployment, and the associated loss of income. Prominent examples include volunteer agencies running food programs, like Feeding America, food banks, and food delivery services, where it is estimated that approximately one in seven Americans became calorically deficient and in need of food aid to meet basic caloric requirements (Feeding America, 2021). Others engaged in the direct provision of public health assistance, such as the American Red Cross.

The communication strategies of most prominent national and regional nongovernmental organizations were tied to those of state and federal government partners. Generally, these organizations develop pamphlets regarding (a) the services or aid that may be provided; (b) the degree of resources required from philanthropic or government assistance to continue such services; and (c) indications to provide interested parties and stakeholders with more extensive analyses and communications regarding the scale of need as well as NGO operations throughout the course of the pandemic. As such, NGO communications tended to be very explicit, and benchmarked against government communication such as the Guidelines to Reopen America Again. Some organizations produced general communications material for broad groups, for example the American Psychological Association's "A kid's guide to coronavirus", targeting 3 to 8 year-olds; while others addressed very specific needs and audiences, such as the American Academy of Family Physicians' Covid testing guide for physicians.

Communication strategies, plans and practices applied by communities

While most Americans relied upon state and federal government communication information and guidance through the pandemic, certain communities also provided written and digital communications regarding explicit issues affecting their targeted community members. Prominent among these are residents of long-term care facilities, which often comprise elderly, disabled, and occasionally hospice residents.

Additional communication strategies, as of January 2021, include community communications regarding vaccine equity, and vaccine access and transportation. This includes basic reference material for what vaccines are available, as well as the types of resources that vulnerable populations might utilize to become vaccinated and/or recover from SARS-CoV-2.

1.15.2   COVID-19 communication analysis

National

The Edelman Trust Barometer published on January 19, 2020, just as the Covid outbreak was starting, suggested that "none of the four societal institutions that the study measures—government, business, NGOs and media—is trusted", placing the US in the bottom quartile for trust in the global survey. The January 2021 report concluded that the pandemic had accelerated the erosion of trust, with government initially gaining trust in leading the fight against Covid-19 up until May, but then losing it. Trust in all information sources also declined during the pandemic, although their relative rankings

stayed the same: search engines most trusted, flowed by traditional media, owned media, and social media.

These findings are in line with the triad of fear, explanation and action put forward in September 1990 by Philip Strong: "A major outbreak of novel, fatal epidemic disease can quickly be followed both by plagues of fear, panic, suspicion and stigma; and by mass outbreaks of moral controversy, of potential solutions and of personal conversion to the many different causes which spring up". If communication strategies are unsuccessful in calming fear of the unknown, their task will be even more difficult in explaining it and generating consensus around proposed actions. In that case, people may turn away from science-based approaches to alternatives. For example, Pennsylvania state representative Stephanie Borowicz introduced a resolution suggesting that the coronavirus is a "punishment inflicted upon us for our presumptuous sins" and called on lawmakers to designate March 30 as a "A State Day of Humiliation, Fasting, and Prayer" in Pennsylvania.

Some of the behaviours studied by Strong have since been amplified by social media, helping to fuel what the WHO and other international organizations termed an "infodemic" of false and misleading information around Covid. They define infodemic as an overabundance of information that includes deliberate attempts to disseminate wrong information to undermine the public health response and advance alternative agendas of groups or individuals.

Against this background, Kim & Kreps (2020) find that considerable evidence exists that many local, national, and international governmental agencies have made serious public communication errors in responding to complex public health emergencies, disseminating inconsistent, incorrect, and contradictory messages via partisan lenses. During the governmental response to SARS-CoV-2, news media in the United States often reported tensions between the President's office and top federal health advisors about how to evaluate and respond to the COVID-19 situation (e.g., Baker, Haberman, & Glanz 2020; Haslett, 2020). Uncooperative and poorly coordinated government communication and response activities by these interdependent agencies led to emotionally-charged conflicting perspectives and reactions between federal and state government leaders concerning the pandemic (Miller et al., 2020).

Houston et al., 2021 reviewed the communication ecologies of American SARS-CoV-2 discourse, which include any communication resources that an individual or group might use to access or share information, and include both mediated and non-mediated resources. Reviewing hundreds of American survey responses, the authors found that, using a network science approach to organize and analyse American communication ecologies, the most important nodes in the COVID-19 communication ecology were partisan, organizational, and faith-based communication resources. Empirically, they discovered that clear networks have coalesced around progressive and conservative sources of news, with differing levels of community engagement in television, internet, and other mediums.

International

n/a

1.15.3 Main learnings and best practices

n/a

Guidelines

Several guidance documents to direct public communication have been generated by government agencies or offered by academia. For example, Igoe (2021) presents strategies to combat misinformation as hosted by the Harvard University School of Public Health. Likewise, government sources (e.g., CDC websites) present guidelines to standardize the collection, analysis, and presentation of scientific data related to the pandemic (CDC 2021).

Relevant indicators

n/a

1.15.4 Additional (country-specific) comments/reflections

In the USA, communication for SARS-CoV-2 is primarily executed by federal leadership (e.g., the President and Vice President, Coronavirus Council leadership such as Dr. Fauci and Dr. Birx, and other appointed officials within the CDC, NIH, Treasury, and other agencies). Press Conferences are their main channel of direct communication. However, webpages and online info portals are also part of official communication strategy. Policymaker discussion and press releases are regularly disseminated and critiqued by news agencies, often within an editorial or partisan lens. Coverage of these press conferences can differ strongly by agency, and is influenced by the political party in power as well as the bent of the news agency's viewership/readership.

2 Global analysis and conclusions

2.1 Analysis of communication in the COVID-19 era: a cross-country comparison

This analysis is built on the plans, practices, and strategies of 13 countries: Austria, Belgium, Cyprus, Israel, Ireland, Italy, Germany, Greece, Portugal, Romania, Spain, Sweden and the United Kingdom. The government communication of two more countries, Switzerland and the United States of America, have been included in the chapters above, but not in the following analysis. While the research team has conducted the desk research, no partners are placed in these two countries and do not have any first-hand experiences. As such, the descriptions were less detailed.

Even though the way each country communicates to their population varies according to its history, culture, and policy-making, among other decisive factors; within this section, we intend to present major cross conclusions and try to identify some common challenges and best practices that were built from the analysis of a synthesis table presented on Appendix III.

2.1.1 Communication strategies, plans and practices applied by national governments

At the governmental level, only four countries present clear governmental communication strategies or plans; six did not present any specific plan; and the remaining three presented some informal features of governmental strategic communication.

The main government speakers for COVID-19 are top level hierarchy members, usually presidents and prime ministers (in the case of Sweden and the UK the king and queen, respectively, also engaged in COVID-19 communication to the people). Besides, ministers (interior ministers, ministers of security and internal affairs) and crisis and internal security offices were also considered. In the case of Spain, experts and technicians were also included as governmental speakers.

Five countries mentioned WHO, HSE and ECDC, European Commission and national expert committees and institutions as the main sources used to develop the communication strategy.

Eight of the thirteen countries identified specific targets of governmental COVID-19 communication, but in many cases the communication was handed over to the health entities. Main communication target groups identified included vulnerable groups. Communication aimed either to inform them on how to take further measures to protect themselves or for the general public on how to pay more attention in protecting vulnerable individuals; translating information for migrants and refugees; tailoring communication for children and to risk groups (those aged 50 to 70 years, for example).

Overall, the contents of governmental communication focused on COVID-19 statistics; general guidelines and recommendations such as physical distancing between people, using facemasks, washing hands; guidelines tailored for economic sectors; financial support; legislation and restrictions; and information on vaccination.

Only five countries reported that the government had no specific actions at all to combat misinformation.

2.1.2 Communication strategies, plans and practices applied by public health stakeholders

Regarding the communication strategies or plans developed by public health entities, six countries reported having specific communication strategies in place, one followed the government strategy,

and six reported having no clear plan or strategy at all, even though actions of communication were reported.

The ministry of health is usually the main speaker, partnering with national health agencies or systems, and national health institutes such as Robert-Koch Institut in Germany or Sciensano in Belgium. In addition, experts from institutions and physician associations also participated in communication.

The main groups considered by the public health stakeholders for target communication were health professionals, education professionals, different sectors of activity, and people eligible for vaccination.

It is important to mention that two countries (UK and Sweden) reported an increased effort to translate information to the most vulnerable communities such as migrants and refugees. One country (Germany) reported having communication forums to exchange information between experts (doctors, epidemiologists), and another (Spain) reported actively communicating to vulnerable groups such as pregnant women, people with chronic diseases, children and women who suffered violence behaviours at home.

The main contents communicated were COVID-19 statistics (cases, hospitalizations, deaths), information on COVID-19 testing, vaccinations, travel restrictions, and financial support measures.

Southern countries also mentioned that public health stakeholders communicated guidelines for non-stigmatization and best practices for lockdown (Portugal), information recommendations, guidelines and best practices for the emotional well-being of citizens (Spain) and also research results, surveillance data and technical advice (Italy).

Only four countries mention that their national public health entities have explicitly addressed the issue of fighting COVID-19 misinformation and 'fake news', with strategies such as partnerships with online fact-checking journals.

2.1.3 Communication strategies, plans and practices applied by organizations

Countries presented a wide range of organizations communicating on COVID-19 as well as multiple strategies, communicators, and contents. This section aims to present the multiplicity of organizations engaged on COVID-19 communication and their contributions for informing community members.

It is important to note that several countries had private companies and non-governmental organizations translating COVID-19 critical information, in an attempt to support communication with migrants, refugees and ethnic minorities. Information topics included, among others, public awareness and risk education. In the UK, the Black, Asian and Minority Ethnic family COVID-19 Helpline for those aged over 11 years was developed. In Germany, a critical information portal for migrants was developed by a migrant advocacy organisation.

Labour organizations, and economic and professional associations provided information on safe professional practices and behaviours to help workers and employers to adapt to COVID-19 pandemic and developed structured procedures to cope with the crisis. We should underline that, according to the restrictions imposed by the governments and to the community risk perception of certain businesses (for instance restaurants and hotels), the need for that strategy was clearer. Larger companies put in place their own plans in a way that followed more directly the norms.

Some Non-Governmental Organizations (NGOs) focused on giving a voice to doctors, scientists, and health experts to communicate COVID-19-related content. National councils of physicians, dentists, surgeons, nurses, and health observatories, for instance, communicated behaviour recommendations

in lockdown, suggestions to manage information, economic graphics of the impact of the pandemic and general guidelines.

National councils of psychologists mainly communicated on the mental health issues raised by confinement, telecommuting, and physical distancing between people that may lead to feelings of social distancing as well. Practical information and supports for people dealing with mental health issues, as a direct or indirect consequence of COVID-19, were made available and communicated to at-risk groups.

Besides spreading public health recommendations and guidelines, the Red Cross, UNICEF and Save the Children also developed campaigns for mental health, online school, blood donation, and raising money to help the public health sector.

Charities tailored information from medical experts in relation to different heart conditions and any increased risk from coronavirus. Contents communicated were for people to stay well, keep active and fight anxiety, maintain a healthy lifestyle, feeling safe and keeping children busy and active. Organizations such as National Associations of Families of People with Intellectual and/or Relational Disabilities also provided behaviour recommendations in lockdown.

In Ireland, there was a strong focus on organizations to communicate and try to gather people to support local authorities as volunteers, charity members or by providing community help.

In Germany, there were also forums for information and discourse on the political and socioeconomic dimensions and consequences, as well as online courses on topics directly related to COVID-19 and statistics related to COVID-19, on information on relevant medical topics such as home care taking, and finally on addressing misinformation, with topics such as human rights, freedom of speech, freedom of religion, and protest - which are targeted at younger adults.

When it comes to fighting misinformation, only organizations in three countries (Germany, Spain and Ireland) were mentioned as having an active role against 'fake news', including Ireland, in which national media outlets initiated campaigns to tackle misinformation which was infiltrating social media from the initial stages of the pandemic, such as the campaign 'Tick, Tick Boom – The Spread of COVID-19 Misinformation in Ireland', that provided useful tips in identifying 'fake news' and 'de-bunking' misleading news stories or public health advice. In Portugal, for a specific amount of time the Health Authority had an agreement with a TV channel to check the coronavirus misinformation that was halted after a short period of time.

2.1.4 COVID-19 Communication Analysis

In most European countries, the main trend on initial communication was openness, transparency and clear messages about the development of the pandemic. Although one can say that, generally, this was pursued, not always was it attained without negative consequences. One of the main rules of pandemic risk communication is the need for a strategy of dealing with uncertainty. In practice, this means that a guidance considered important today can be seen as irrelevant tomorrow (or may have been seen as irrelevant yesterday). The probability of the virus reaching Europe, and most particularly, the use of masks, was a case in point where health authorities and governments did not follow the uncertainty risk communication rules for pandemics – with negative consequences in terms of trust.

As mentioned, the continuous flow of information was positively perceived; the subsequent load of information and the existence of contradictory information rising from evolving research and different

perspectives, however, resulted in information overload, confusion and avoidance of information. Israel presents a different perspective on communication management. In this country, there are several entities that are responsible for collecting and publishing information, but for most of the COVID-19 related information, there are no overlaps and each entity publishes different types of information. In the beginning of COVID-19 pandemic, only very limited information was available to the public. This led to criticism with regards to the way the government was making decisions and taking action. As the situation evolved, more information became available, although not all information supporting the governments planning and decision making has been published publicly: only raw data is published (updated once or twice a week).

A cross country analysis allows to draft some positive evaluations of communication during pandemics, as presented in the following.

A commitment to transparency, a relatively open data policy, the use of traditional and social media to inform the population, and frequent updates (e.g. daily press conferences) from the Department of Health and the Public Health stakeholders are commendable. Having citizens receiving updated information about the pandemic situation by experts (medical specialists and civil servants), instead of political leaders, was deemed relevant. The selection of public speakers should focus on trusted parties by the communities (it is well known that, overall, the general public lacks trust in politicians).

Best practices included the provision of essential information (e.g. contamination paths and protective behaviours) during the COVID-19 crisis. Even though press conferences may be perceived as a quite old-fashioned way of media relations, this style of communication became, somewhat surprisingly, a very successful crisis communication channel. Also successful are the websites of government authorities, frequently providing updated information on restrictions and recommendations, statistics on the spread of infection and burden of infection on healthcare, and easy-to-read texts; in national and foreign languages, as well as sign language. The use of campaigns, especially in social media, represented a new opportunity for governments to nurture a constructive dialogue with community members. Fact-checking for combating misinformation also proved successful.

Some communication analysts suggested that communication strategies should also include spreading hopeful messages and promoting collective resilience.

However, on a more negative perspective, we could also identify criticism on governmental communication.

Timing proved to be a critical feature for pandemic spreading. The absence of early announcements (or pre-emption of the negative scenario) and delay in the release of information was pointed as a critical point of failure in government communication.

Lack of control of messages in a context of uncertainty and information overload often resulted in unclear, inconsistent and/or contradictory information – not only due to evolving research and results on the one hand, but also to disagreement among ministers and experts, on the other hand. Mass media also often proved to be inaccurate, potentially damaging the public's trust in mainstream media. Also lack of clear messages on what the public is legally required to do and how the requirements vary across the country were also criticized.

Many condemned the government for the lack of legal basis for decisions or decisions made against public health advice, as well as governmental paternalistic attitudes, lack of openness to critique and lack of personal responsibility. The opacity and unclear decision-making process also contributed to

the confusion about how governments planned to handle the next phase of the pandemic (due to lack of long-term plans, poor communication – information delay and/or mixed messages).

One of the most confusing aspects of COVID-19 communication is that fact that the public was unable to understand the relation and different responsibility between health authorities, government, and experts. In the great majority of European countries, there are different attributions and autonomy of health authorities in the definition of pandemic-related policies that are poorly understood.

Concerns about the overarching government communications strategy were expressed, questioning about the lack of engagement of behavioural and communication scientists; the scientific evidence behind it; the number of people it reached (e.g., segments of the UK population seemed to lost access to news as a result of the closure of independent media outlets); and the lack of inclusivity – communication from the government regarding vulnerable groups were often found general, with a lack of tailored messages to vulnerable populations to whom the behavioural public health requests did not apply. Criticism also included not considering the living and working conditions of migrant communities, as well as class and power imbalances in the response to the pandemic.

The lack of a strategy against misinformation was also evidenced, resulting, among other things, in lack of immediate reaction to rumours and political confusion, but also on increasing number of deaths. For example, in Spain, a correlation was found between citizens' interest in 'fake news' and the increase in deaths from Covid-19.

To conclude, one can hardly describe the pandemics communication as consistent within and between countries and, most importantly, to be consistent with the risk communication theory, or with the guidelines of risk communication of the European Centre for Disease Prevention and Control, or the ones put forward by the WHO (see ECDPC, 2020; WHO, 2020; Arvai & Rivers, 2014; Palma-Oliveira et al., 2021). That said, it should be underlined that, given the diversity of responses across the EU, UK, Israel and USA and in different moments of the process, that the level of success and the fit with the recommendations were hugely diverse across time and space.

In a nutshell, it was difficult to find a specific case study where all the recommendations and best practices were followed. We could observe the following challenges:

- A lack of risk communication and community engagement through proactive information particularly preparing the community to the unknown and the unexpected (in the majority of countries that was not done properly due to fear of panic that is sometimes present in these situations).
- Inconsistency in setting the risk communication system. Lack of clear definition and separation between the information about the virus and the behavioural change strategies to be implemented.
- Inconsistency in response to "fake news" and the lack of anticipation of non-credible information. Lack of preparation of communities for the appearance of wrong statements.
- Lack of two-way communication and community engagement. Governmental information was almost always framed "as providing information", i.e., in a top-down way without any community engagement.
- In all the studied countries, community engagement never reached more than the second level of the EDCD (2020) and WHO (2020) proposals (see figure 11 below for a better understanding). The communication was always top down (to explain, to inform).

▪ Since risk perception of the communities are frequently different from the experts (and both change during the process) and in order to implement an engagement of a systematic process of evaluation of the knowledge, risk perception and behavioural intentions should be formally put in place and inform the engagement process.

▪ Some countries make serious advances in tailoring the information to minority and socio-economic deprived groups, which is one of the main recommendations. However, tailoring the information to the different age, regional, urban /rural groups were incipient in the majority of cases.

2.2 Main learnings - best practices and guidelines

An analysis of COVID-19 communication within countries of COVINFORM partners and beyond allowed identifying some best practices and guidelines to be used, not only to manage the ongoing COVID-19 pandemic but also to be applied on future health crises. Such best practices and guidelines are framed below, in connection not only with existing general knowledge on crisis communication but also with specific knowledge on communication during pandemics and COVID-19.

2.2.1 Before pandemics

Governments need to realize that risk communication is not only required during crisis events but needs to be considered far in advance to crisis, as a critical element for developing communities' resilience and an element that is present in all the stages of the resilience cycle.

Figure 11. Resilience cycle as presented in RESILENS project

All four priorities of Sendai Framework focus on developing a **resilience and safety culture** far before crisis events take place, through a strong preparedness not only of critical infrastructure and organizations, but also of communities and citizens (UNISDR, 2015). During these stages, it is important that risk communication takes into consideration the nature of risks and risk perception (Slovick, 2000; Covello & Sandman, 2001; Paek & Hove, 2017), as well as the risk culture of target populations (Dressel, 2015), and it is formulated in a way that promotes a culture of science and prevention (Marec & Schiele, 2018; Petras, Israelashvili & Miller, 2020; Sloboda & David, 2020). This is critical to enhance **public media and information literacy** as during crisis people will need to critically evaluate the

information that they encounter on different channels (Hauer & Sood). Social media analyses during the COVID-19 pandemic shows misinformation should be counteracted through an extensive investment in media education and digital literacy to develop a critical awareness of the use of media and digital technologies. Media education should involve society as a whole in order to increase the skills and competences necessary to interact effectively while negotiating the pitfalls of misinformation (Lovari, 2020).

Moreno, Fuentes-Lara & Navarro (2020) emphasize that preparedness is vital to administrations and goes beyond unique efficient responses. They focus on the relevance of **developing a risk communication strategy** early before the crisis develops, in order to reduce its impact; as well as the need to include in such strategy the implementation of a crisis committee, as soon as the crisis starts, that includes professional public relations and strategic communication specialists.

The UK Cabinet Office (2012) identifies that such a risk communication strategy shall consider the stages before, during and after crisis, and include:

1. Public awareness (risk education), including public awareness campaigns, how people may receive emergency information and how to prepare to emergency. During this stage understanding how public perceive risk is particularly important to tailor communication appropriately and align messages with public perception.
2. Public warning/alerting (at the time of emergency), including early warning as soon as possible. Very basic messages shall be provided on an early stage, and as the incident unfolds, more detailed information may be provided. Alerts need to reach as many people as possible, as quick as possible. Deliver accurate, clear, timely information and advice to public so they feel confident, safe and well informed. Make use of a variety of channels and networks to reach community groups and vulnerable people. Use clear terminology, provide factual information avoiding sensationalism or emotive language, content as brief as possible (to avoid confusing or overwhelming).
3. Informing and advising the public (immediate and long-term post-emergency). During this stage, relevant and timely information shall be provided on a) immediate actions taken by responders to minimize risk, b) responders actions to assist recovery phase and c) actions to be implemented by public themselves to reduce emergency impact and details on how to get more information.

For each stage, governments should engage thoroughly with the questions referring to when, what, how, who and to whom (Cabinet Office, 2012). When going through these questions additional thoughts can consider (i) Who is perceived to be the most trustworthy source for providing the information? (ii) Who is best suited to communicate crisis and risk messages at different times and in different environments? (iii) Which messages are most likely to be effective in different circumstances and settings? (iv) Which messages respect the different values, cultures and belief systems? (v) Which messages raise moral or ethical issues? and ultimately, (vi) where, when, and how to communicate risk information to different population groups (Ataguba & Ataguba, 2020).

Governments must ensure that crisis and risk communications strategies engender trust in authority, dispel false and unverified news and information, and contribute to favourable decisions and actions to improve public and population health and safety during the crisis, leaving no one behind (Ataguba & Ataguba, 2020).

The engagement of all the society is presented as a guiding principle for all 4 pillars of Sendai framework (UNISDR, 2015) and beyond, especially during crisis in which containment strongly depends on citizens' behaviour (WHO, 2020). Hence the communication strategy shall also **include and detail a process for stakeholder engagement**. Citizens are part of the community and through their behaviour can significantly contribute to enhance recovery or disruption. Mapping stakeholders and analysing and monitoring them as a significant part of the risk management system can highly contribute to the success of a risk communication strategy (Antunes, 2017).

The figure below presents the levels of community engagement as depicted in the EDCD (2020) in their technical report on public health events caused by communicable disease threats.
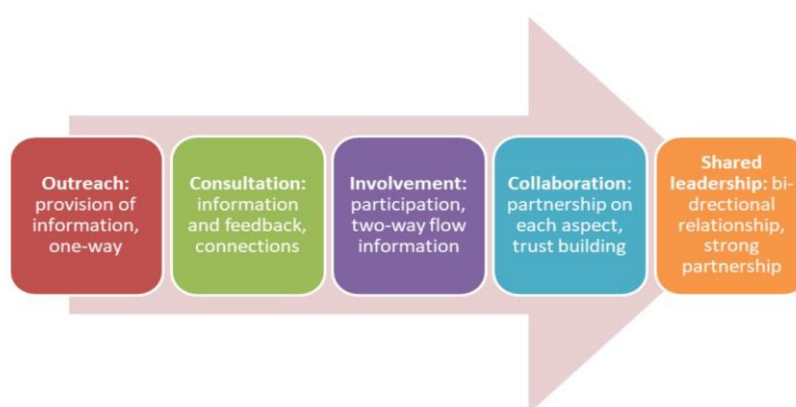
Figure 12. Levels of community engagement as depicted in the EDCD (2020) in their technical report on public health events caused by communicable disease threats.

According to Ataguba & Ataguba (2020), a risk communication strategy shall provide and follow a checklist for risk communication and community engagement (RCCE) readiness for countries' response such as the WHO checklist: (i) setting up, strengthening and managing risk communication systems; (ii) engendering and strengthening internal and partner coordination to harmonise messages and public communication recognising each partners' strengths and outreach capacities; (iii) timely and effective public communication using appropriate channels and media that target different populations in countries, including ensuring that health professionals are aware of public concerns and have the required training to provide public health advice; (iv) active community engagement appropriate for different audiences including affected people, health care workers, political leaders and donors (for instance, adapting communication materials to accommodate different literacy levels, culture and relevant languages); (v) addressing uncertainty and perceptions, and managing misinformation; and (vi) continuous capacity assessment and capacity building for RCCE as the situation evolves.

2.2.2 During pandemics

When a pandemic or other health crisis arises, the media and governmental institutions are urged to provide clear guidance, openly communicate and justify (new) measures to increase trust, and strengthen self-efficacy at early stages of a pandemic, as shown in previous health crises (Tomczy, Rahn & Schmidt, 2020).

In order for the strategic crisis communication strategy to work and be implemented successfully, it is important to **nominate and implement a structure to coordinate, plan and monitor the crisis communication responses**. Coordination means there is a specific person or agency that assumes the

leadership of coordinating the communications and performing regular meetings with all other active parts of the communication system (JESIP, 20016). In order for the communication to be effective, this communication coordinator needs to work in straight connection with the crisis coordinator to make sure communication is aligned with all the remaining crisis management processes taking place at the same time. In order to be succeeded it is important to:

- Develop a timely (continuous and updated), inclusive multi-layered and communication system,
  - Strong leadership, nationally and within local groups to establish trust and ensure a level of compliance;
  - Community leadership from respected community members with good local connections;
  - Two-way engagement through public involvement, nationally and within specific groups with unique needs and challenges; for instance, by creating interactive forums where the public can access up-to-date information. Such interactive forums allow the public to engage with and navigate to find answers to their questions about COVID-19 increases the amount of reliable information that they consume. It is important to recognize that interactive platforms also offer a more tailored experience that allows the user to dictate what information they access (Hauer & Sood, 2020).
- Effectively concentrating communication on government spokespersons and/or a multi-spokesperson strategy can be used for a team to emphasize alignment, concertation and consistency, and to avoid contradictory advice. Relying on trusted spokespersons with communicative competences, or training them for developing such competence, is more effective (WHO, 2017).
- Promoting transparency and accessibility to information.
  - Information accessibility is critical to ensure reach and to establish trust through open communication;
  - It shall be accessible to the widest possible audience including the vulnerable and hard-to-reach groups and those with special needs;
  - Accessible information formats with a strong pedagogical component shall be considered;
  - Visual information products, available for viewing on any digital tool (mobiles, tablets, etc.) can be considered.

Public Health Policies shall prompt the spread of sound scientific information as a foundation for a healthy world (Cazzetta et al, 2020). In addition, they shall be framed in a way that is politically neutral, as political affiliation seems to shape responsiveness to public health leadership (Dhanani & Franz, 2020; Lovari, 2020). **Messages** conveyed shall be *relevant* (Lang, Fewtrell & Bartram, 2001), focused on *actions* people can perform to protect themselves and others (WHO, 2017), and based on *evidence* about what is effective (Dhanani & Franz, 2020). It is also important to clearly explain restrictions are *actionable* (consequences of not compliance with restrictions shall be clearly stated).

The communication also has to be *understandable* (simple, clear and concise). *Continuous* or repeated *short* messages and *to the point*, increase the chances that people will retain it (Glick, 2007; WHO, 2017; Hauer & Sood, 2020). *Brief and simple language* shall be used (Glick, 2007). *Visual and infographics* can be particularly useful (Hauer & Sood, 2020). When developing the messages, one shall focus not only on factual information in communication, but also consider assumptions it conveys (the

subtext, indirect meanings, inferences, and implications). Messaging should be *lexically and grammatically precise* and thus easy to enact and adhere to. 'Branding' or 'sloganeering' should not come at the expense of clarity and precision. It is an asset if professionals can predict and develop 'irony-resistant' messages, even though this is difficult to attain specially in some cultural contexts.

It is important to clearly detail the collective measures, but also to illustrate their impact for individuals' daily lives, while keeping stressing the activities and things that are still possible and allowed. At same time, it is also important to acknowledge that the measures require a real effort from the population and demonstrate appreciation to those people who continue to stick to the regulations. Further, it is relevant to include examples of acts of volunteering and solidarity in society, hereby stimulating positive emotion and giving people a sense of belonging.

COVID-19 communication research has shown that disease prevention posts delivered in a *narrative style* are viewed favourably. It is imperative for health organizations, governments, and researchers to use the public's preferred subdimensions to increase the number of shares, comments, and likes with a view to effectively disseminating new epidemic information (Ngai, Singh & Koon, 2020).

If necessary, in order to be accurate, communication should **acknowledge uncertainty**. To develop a trust relationship with the public, it is important to be honest about what is known and unknown (CDC, 2014). Information cannot be withheld from the public out of fear about how they will respond. Trust with the public is built over time, and consistent messages that acknowledge what is known and what is unknown not only helps building trust, it provides health organizations an opportunity to emphasize what preventive measures are known to work and should be adopted; even if the absence of communication from trusted sources about COVID-19 also creates an information vacuum that leads to speculation (Lu, 2015). Providing consistent updates via social media is an opportunity for organizations to build trust with the public and release information about what is known and not known (Hauer & Sood, 2020).

Tailoring information to different **target audiences** is essential. In particular vulnerable groups, minority groups, and those who are most in need shall be considered (Dhanani & Franz, 2020). Messages shall be targeted to different segments of the population by reflecting their specific set of values and possibilities (Glik, 2007), and channels shall be used accordingly (WHO, 2017). Some authors point out that promotion of equality can be performed by realizing a social gradient for crisis and risk communication strategies to convey relevant information to target populations for attenuating the already high disease burden and health inequalities (Ataguba & Ataguba 2020 Other authors mention the importance of reducing digital access inequalities, considering implementing strategies to reduce the digital gap in the near future, offering affordable access to communication technologies to all (Gabbiadini et al, 2020).

Crisis messages conveyed by Governmental and Public Health Agencies spokespersons shall be repeated and/or supported by other **credible and trusted sources** by the public (WHO, 2017). While there is no one-size-fits-all approach or strategy, an initial step is to understand the predominant communication avenues used by different populations in designing appropriate strategies without just replicating traditional approaches. Role models, places of worship or religious leaders can also be useful for crisis communication (Ataguba & Ataguba, 2020). Medical professionals and scientists should be intensively included in public communication and disseminate important health-related information and advice on proper protective measures, in early stages of communication, due to their high credibility potential (Lep, Babnik & Beyazoglu, 2020). Engagement of online influencers and

celebrities with hundreds of millions of followers and other role models, such as athletes or TikTok influencers, can also amplify the voices of experts, by using their platforms to share messages crafted by experts and health organizations (Hauer & Sood, 2020). These can also be used to provide positive examples, for instance by providing for their direct involvement, or by using themes and topics close to the citizens or narrated by popular people (Sport and TV personalities).

While it is important to communicate fast, timely and to many people regarding crisis alert messages and behavioural mitigating measures, it is also important to recognize people are not passive subjects that limit themselves waiting for the information to come (Lang, Fewtrell & Bartram, 2001). Instead, people are active in search of information as well as on sharing their mental representations of risk, as it is evidenced for instance by the social amplification of risk framework (Breakwell, 2000; Breakwell & Barnet, 2001). This means on one hand it is important to rely on **multiple channels** to deliver alert and behavioural mitigating measures (Lovari, 2020; Moreno, Fuentes-Lara & Navarro, 2020), but it is also important to monitor mental representations of risk and possible misinformation, as well as to provide channels for answering questions that may rise to misinformation circulating around. A set of relevant measures may be put in place during pandemics:

- Use of traditional mass media (TV, radio, and newspapers) as they are still effective on reaching most population, and they allow not to exclude parts of the population or to increase technological and social disparities (Lovari, 2020);
- Promotion of official channels, making sure these channels display correct and updated information (this may imply daily monitoring and cleaning of information especially in case forums where any citizen may add information is available), and eventual references and/or links to reliable sources such as EU, WHO, UNICEF, can be relevant; providing translation of science into an accessible and understandable language is of paramount importance;
- Alerts can be used by sending SMSs to registered cell phone users in the country or specific geographical areas with alerts or information on where to seek help and assistance and urge people to adhere to many measures put in place, including to stay indoors, avoid religious, social and sports gathering, etc. to forestall or attenuate the impact of the COVID-19 pandemic in the country (Ataguba & Ataguba, 2020);
- Strategic and proactive use of social media by public health organizations can also be effective (e.g., the Romanian Red Cross network communicated through its networks that were already in place and functional which covers the whole country – it was easier to send information, supplies, food; and it also encouraged the donors to come to the Red Cross as it functions as a network).

People's feelings and their understanding of communication during crisis, including not only information but also trust towards spokesperson, attitudes, and behaviours towards pandemics, shall be **monitored in order to evaluate communication system and its messages** and adjust them, if required (WHO, 2017; Janoske, Liu & Sheppard, 2012). Moreover, it is important to recognize that some people cope with stress by avoiding news and information on pandemics. It is important to monitor such situations and develop measures to counteract information avoidance, as avoiding information is a maladaptive response to distress by information, which may ultimately interfere with effective crisis management (Siebenhaar, Kother & Alpers, 2020). A few relevant *indicators* identified by partners that can be used on such monitoring are:

- COVID-19 television news consumption;

- interaction in social media channels where the communication campaigns are vehiculated (number of access to websites, like, retweets, numbers of visualization of the videos, other forms of interaction);
- perceived effectiveness of the campaigns and trust of the institutions vehiculating the campaigns evaluated through sample surveys;
- population knowledge on the cases evolution and different target groups' knowledge concerning the legal measures.

There is also the need to **monitor information circulating** in traditional media, websites and social media. Some authors defend that public health authorities shall develop strategies to counter misinformation and address the different messages that the population is receiving from various information sources by targeting misinformation and bias-reduction campaigns including the one disseminated through social media (Dhanani & Franz, 2020; Siebenhaar, Kother & Alpers, 2020). It is important to prevent and combat misinformation for instance by

- clearly identify misinformation circulating on communication networks;
- while it may not be possible to control and prevent the spread of inaccurate or harmful information via media outlets, they can target the sources of media most detrimental for health literacy (e.g., social media) to provide consumers with accurate information that may help to counteract more negative messaging (Dhanani & Franz, 2020);
- interact with the recipient of the communication campaigns on social media, for instance replying to the published posts to prevent the circulation of "fake news";
- developing tools for information verification - boosting fact-checkers;
- get the support of digital companies to collaborate with governments to stop the spread of pandemics misinformation, elevating authoritative content and paying strategic attention to cultural and linguistic factors that could enhance the dissemination of fake news (Lovari, 2020).

References

Austria

Literature

Eberl, J.-M., Lebernegg, N.S., & Boomgaarden, H.G. (2020). Alte und Neue Medien: Desinformation in Zeiten der Corona-Krise. *Austria Corona Panel Project*. Available at https://viecer.univie.ac.at/corona-blog/corona-blog-beitraege/blog21/

Eberl, J.-M., Lebernegg, N.S., Partheymüller, J., & Boomgaarden, H.G. (2021). Selbstinszenierung und mangelnde Kritikfähigkeit: Wie die Regierungskommunikation zur Corona-Krise ankommt. *Austria Corona Panel Project*. Available at https://viecer.univie.ac.at/corona-blog/corona-blog-beitraege/blog97/

Kohlenberger, J. (2021). Judith Kohlenberger: Erreichbarkeit und sozioökonomische Herausforderungen von Migrant:innen und Geflüchteten. Soziologische Perspektiven auf die Corona-Krise. https://coronasoziologie.blog.wzb.eu/podcast/judith-kohlenberger-erreichbarkeit-und-soziooekonomische-herausforderungen-von-migrantinnen-und-gefluechteten/

Lebernegg, N.S., Eberl, J.-M., Boomgaarden, H.G., & Partheymüller, J. (2020). Alte und neue Medien: Informationsverhalten in Zeiten der Corona-Krise. *Austria Corona Panel Project*. Available at https://viecer.univie.ac.at/corona-blog/corona-blog-beitraege/blog04/

Lecheler, S. & Aaldering, L. (2020). Der ganz persönliche Kampf gegen die Infodemie: Nachrichtenvermeidung während der Corona-Krise. *Austria Corona Panel Project*. Available at https://viecer.univie.ac.at/corona-blog/corona-blog-beitraege/blog48/

Pollak, M. (2020). Verwirrung um die Corona-Ampel: Nur ein Drittel weiß, was zu tun ist. *Austria Corona Panel Project*. Available at https://viecer.univie.ac.at/corona-blog/corona-blog-beitraege/blog85/

van Mulukom, V., Pummerer, L. J., Alper, S., Bai, H. M., Čavojová, V., Farias, J., ... & Žeželj, I. (2020). *Antecedents and consequences of COVID-19 conspiracy beliefs: a rapid review of the evidence*. Available at https://psyarxiv.com/u8yah/download/?format=pdf

Willems, J., Knassmüller, M., Ebinger, F., Dinhof, K., & Schmid, M. (2020). *Austria in the COVID-19 Pandemic-Citizens' Satisfaction with Crisis Measures and Communication*. Available at https://epub.wu.ac.at/7591/1/Austria%20in%20the%20COVID-19%20pandemic.pdf

Newspaper articles

Hausbichler, B. (2020). Regierungskampagne "Schau auf dich": Das sind wir nicht. *Der Standard*, 30.4.2020. Available at https://www.derstandard.at/story/2000117181940/regierungskampagne-schau-auf-dich-das-sind-wir-nicht

John, G. & Kainrath, V. (2020). Verfassungsgerichtshof erklärt Corona-Betretungsverbote für weitgehend gesetzeswidrig. *Der Standard*, 22.07.2020. Available at https://www.derstandard.at/story/2000118905927/verfassungsgericht-erklaert-betretungsverbote-wegen-corona-fuer-gesetzwidrig

John, G. (2020). Wie Architekt Anschober die Verwirrung um die Ampel erklärt. *Der Standard*, 16.09.2020. Available at https://www.derstandard.at/story/2000120026205/wie-architekt-anschober-die-verwirrung-um-die-ampel-erklaert

Rosner, S. (2020). Krisenkommunikation in der Krise. *Wiener Zeitung,* 23.10.2020. Available at https://www.wienerzeitung.at/nachrichten/politik/oesterreich/2080332-Krisenkommunikation-in-der-Krise.html

Szigetvari, A. & Pollack, K. (2020). Taskforce im Gesundheitsministerium gegen Massentestung wie in der Slowakei. *Der Standard,* 24. November 2020*.* Available at https://www.derstandard.at/story/2000121950069/taskforce-im-gesundheitsministerium-gegen-massentestung-wie-in-der-slowakei

Tiefenthaler, G. (2020). Eine Frage des Vertrauens. *ORF*, 26.09.2020. Available at https://orf.at/stories/3182473/

Yeoh, D., Marchat, J. M., Matzenberger, M., & Kienzl, S. (2020). Wie die Regierung kommuniziert, Teil zwei: Die Corona-Ampel, "ein Fortschritt für die Transparenz". *Der Standard*, 29.10.2020. Available at https://www.derstandard.at/story/2000121041122/wie-die-regierung-kommuniziert-teil-zwei-die-corona-ampel-ein

Yeoh, D., Matzenberger, M., & Kienzl, S. (2020). Wie die Regierung kommuniziert, Teil eins: "Frei erfunden sind Gerüchte von Ausgangssperren". *Der Standard*, 29.10.2020. Available at https://www.derstandard.at/story/2000119765524/wie-die-regierung-kommuniziert-teil-eins-frei-erfunden-sind-geruechte

Belgium

Amnesty International België. (2020a, October 10). Veelgestelde vragen over coronamaatregelen in België en mensenrechten. Amnesty International. https://www.amnesty-international.be/nieuws/veelgestelde-vragen-over-coronamaatregelen-in-belgie-en-mensenrechten

Amnesty International België. (2020b, November). Woonzorgcentra in de dode hoek. Mensenrechten van ouderen tijdens de COVID-19-pandemie in België. Amnesty International. https://www.amnesty-international.be/nieuws/nieuw-onderzoek-legt-mensenrechtenschendingen-in-belgische-woonzorgcentra-bloot

Atlas. (2020, July 15). Coronacommunicatie toegankelijk maken voor iedereen. Deel 2: Sandy van Team Taal in Atlas. Atlas Integratie en Inburgering Antwerpen. https://www.atlas-antwerpen.be/nl/magazine/coronacommunicatie-toegankelijk-maken-voor-iedereen-deel-2-sandy-van-team-taal-in-atlas

Belgian Federal Authorities. (2020, November 27). Nieuwe campagnegolf tegen het coronavirus moedigt Belgen aan om als 1 ploeg van 11 miljoen het coronavirus te verslaan. https://belgische-federale-overheidsdiensten.prezly.com/overheidscampagne-11-miljoen-redenen-toont-drijfveren-van-belgen-om-zes-gouden-regels-tegen-corona-te-blijven-volhouden

Bergmans, E. (2020, September 28). Met influencers, imams en vertalers corona te lijf. De Standaard. https://www.standaard.be/cnt/dmf20200928_94926247

Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. The Lancet, 395(10227), 912–920. https://doi.org/10.1016/S0140-6736(20)30460-8

CCVO. (2020, March 18). De federale fase: Wat is dat en welke rol speelt het CCVO? (15 maart 2020). Vlaanderen Intern. https://overheid.vlaanderen.be/nieuws/de-federale-fase-wat-is-dat-en-welke-rol-speelt-het-ccvo-15-maart-2020

COVID-19 Health System Response Monitor. (2021, January 4). Policy responses for Belgium. COVID-19 Health System Response Monitor. https://www.covid19healthsystem.org/countries/belgium/livinghit.aspx?Section=1.1%20Health%20communication&Type=Section

Crisiscentrum. (2007). Leidraad Crisiscommunicatie. Crisiscentrum. https://crisiscentrum.be/nl/publication/leidraad-crisiscommunicatie

Crisiscentrum. (2013). Sociale media in crisiscommunicatie. Crisiscentrum. https://crisiscentrum.be/nl/publication/sociale-media-crisiscommunicatie

Crisiscentrum. (2020, May). Van crisiscommunicatie naar risicocommunicatie. Coronavirus: Hoe de communicatie organiseren na de eerste golf. Crisiscentrum. https://crisiscentrum.be/nl/publication/van-crisiscommunicatie-naar-risicocommunicatie-0

De Morgen. (2020, October 6). Aanstelling Pedro Facon als coronacommissaris op applaus onthaald: 'Briljante keuze.' De Morgen. https://www.demorgen.be/gs-bc76a684

De Sloover, S. (2020, October 10). Gezocht: Gezichten die de informatiekloof rond corona willen dichten. Bruzz. https://www.bruzz.be/samenleving/gezocht-gezichten-die-de-informatiekloof-rond-corona-willen-dichten-2020-10-10

Derison, B. (2020, December). De 5 coronalessen voor overheidscommunicatie. Connect.be. https://connect.be/de-5-coronalessen-voor-overheidscommunicatie/

Desson, Z., Weller, E., McMeekin, P., & Ammi, M. (2020). An analysis of the policy responses to the COVID-19 pandemic in France, Belgium, and Canada. Health Policy and Technology, 9(4), 430–446. https://doi.org/10.1016/j.hlpt.2020.09.002

Domus Medica. (2020, July 23). Campagne #voorelkaar wijst op het belang van contactopvolging | Domus Medica. Domus Medica. https://www.domusmedica.be/actueel/campagne-voorelkaar-wijst-op-het-belang-van-contactopvolging

Epistat. (2020). Epistat – COVID-19 Monitoring. https://epistat.wiv-isp.be/covid/

FPS Health. (2020a). What is the government doing? | Coronavirus COVID-19. www.info-coronavirus.be/en/what-is-the-government-doing-about-it/

FPS Health. (2020b, April 14). The COVID-19 figures: Collection, verification and publication | Coronavirus COVID-19. www.info-coronavirus.be/en/news/collection-data/

Gerkens, S., & Merkur, S. (2010). Belgium: Health system review. Health Systems in Transition, 12(5), 1–266, xxv.

Gezond Leven. (2021). Bewegen: Hét geheime wapen tegen COVID-19. Vlaams Instituut Gezond Leven. https://www.gezondleven.be/themas/beweging-sedentair-gedrag/bewegingsdriehoek/waarom-is-bewegen-gezond/bewegen-h%C3%A9t-geheime-wapen-tegen-covid-19

Goubin, E. (2020, November 23). Onderzoek coronacommunicatie: 10 conclusies en aanbevelingen. Kortom - Vereniging voor communicatie - overheid - socialprofit. https://www.kortom.be/kennis/9532/onderzoek-coronacommunicatie-10-conclusies-en-aanbevelingen

Government Commissariat COVID-19. (2020, December 3). Advies voor de operationalisering van de vaccinatiestrategie COVID-19 voor België. Info Coronavirus. www.info-coronavirus.be/nl/news/vaccin-strategie-0312/

Hanover Comms. (2020, September 1). Spotlight on the Belgian Healthcare System. Hanover Communications. https://www.hanovercomms.com/blog/spotlight-on-the-belgian-healthcare-system/

HLN. (2021, February 9). Acteurs Peter Van Den Begin en Tine Reymer willen geen coronavaccin, reacties op Twitter zijn niet mals. hln.be. https://www.hln.be/celebrities/acteurs-peter-van-den-begin-en-tine-reymer-willen-geen-coronavaccin-reacties-op-twitter-zijn-niet-mals~ae83dbec/

ITM. (2020, September 28). Welke impact heeft COVID-19 op potentieel kwetsbare groepen in Antwerpen? Institute of Tropical Medicine Antwerp. https://www.itg.be/N/Artikel/welke-impact-heeft-covid-19-op-potentieel-kwetsbare-groepen-in-antwerpen

Lefevere, F. (2020, December 24). Hoe is het zo fout kunnen lopen met de communicatie over knuffelcontacten jonger dan 12? Een (poging tot) reconstructie. vrtnws.be. https://www.vrt.be/vrtnws/nl/2020/12/24/hoe-is-het-zo-fout-kunnen-lopen-met-de-communicatie-over-kunffel/

MSF. (2020). Left behind in the times of COVID-19: Médecins Sans Frontières/Doctors Without Borders (MSF) sharing experiences from its intervention in care homes in Belgium. https://www.msf.org/left-behind-coronavirus-belgium-care-homes-report

MSF. (2021, January 27). De laatste updates van onze Covid-19-respons in België. Artsen zonder Grenzen. https://www.msf-azg.be/nl/news/de-laatste-updates-van-onze-covid19respons-in-belgi%C3%AB

News.Belgium. (2021). COVID-19: Persconferentie – streaming en archieven. https://news.belgium.be/nl/corona

Sciensano. (2020). Vijfde COVID-19 Gezondheidsenquete: Eerste resultaten (Depot nummer/2020/14.440/95). Sciensano. https://covid-19.sciensano.be/sites/default/files/Covid19/report5_covid-19his_nl.pdf

Universiteit Antwerpen. (2021, March 1). De Grote Corona-studie. Universiteit Antwerpen. https://www.uantwerpen.be/nl/projecten/coronastudie/

Vandijck, D., & Annemans, L. (2009). Belgian Healthcare: Overview of the Health System and Financing. ICU Management & Practice, 9(4). https://healthmanagement.org/c/icu/issuearticle/belgian-healthcare-overview-of-the-health-system-and-financing

VBS. (2020, May). COVID-19. Verbond Der Belgische Beroepsverenigingen van Artsen-Specialisten. https://www.vbs-gbs.org/index.php?id=covid-19&L=300

Vlaamse Overheid. (2020). Crisiscentrum Vlaamse overheid corona COVID-19. Vlaanderen.be. https://overheid.vlaanderen.be/organisatie/crisis-risico-en-bedrijfscontinu%C3%AFteitsmanagement/crisiscentrum-vlaamse-overheid-corona

VVKP. (2020). Hoe hou je jezelf mentaal gezond? [Vlaamse Vereniging van Klinisch Psychologen]. https://www.vvkp.be/hoe-hou-je-jezelf-mentaal-gezond

Wablieft. (2020). Info over corona in eenvoudige taal. Wablieft. https://www.wablieft.be/nl/corona-in-eenvoudige-taal

WAT WAT. (2021). MAGDANOG?! https://www.watwat.be/magdanog

Cyprus

Cypriot Ministry of Health. (March 10, 2020). THE QUARANTINE LAW ACT (CHAPTER 260). February 28, 2021, from https://www.pio.gov.cy/coronavirus/pdf/pou.pdf.

European Parliament, Committee on the Environment, Public Health and Food Safety. (2014). Report on safer healthcare in Europe: improving patient safety and fighting antimicrobial resistance (2014/2207(INI)). Retrieved February 28, 2021, from https://www.europarl.europa.eu/doceo/document/A-8-2015-0142_EN.html.

Cypriot Ministry of health. (n.d.). Information / Guidelines. Retrieved February 28, 2021, from http://www.pio.gov.cy/coronavirus/categories/info.

Cypriot Ministry of health. (n.d.). Infection by the new Corona-virus (COVID-19). Retrieved February 28, 2021, from https://www.pio.gov.cy/coronavirus/.

WHO COVID-19 Health System Response System (n.d.) 5.1 Governance. Retrieved February 28, 2021, from https://www.covid19healthsystem.org/countries/cyprus/livinghit.aspx?Section=5.1%20Governance&Type=Section.

Cypriot Ministry of Foreign Affairs, Crisis Management Department. (n.d.). Crisis Management Department of the Ministry of Foreign Affairs. Retrieved February 28, 2021, from http://www.oikade.gov.cy/mfa/OIKADE/register.nsf/page02_en/page02_en?opendocument.

Charalampous, C., Gabriel, E., Theodorou, M., & Kantaris, M. (2020). Health communication. Retrieved February 28, 2021, from COVID-19 Health System Response Monitor: https://www.covid19healthsystem.org/countries/cyprus/livinghit.aspx?Section=1.1%20Health%20communication&Type=Section.

AlphaCyprus. (n.d.). "Line of Contact» with Katerina Agapitou, Enhanced information from Monday 23 March. Retrieved February 28, 2021, from https://www.alphacyprus.com.cy/shows/informative/grammiepafis.

ANT1. (n.d.). COVID-19. Retrieved February 28, 2021, from https://www.ant1.com.cy/apotelesmata-anazitisis/?q=COVID-19.

Visit Cyprus (n.d.) Travel with Safety to Cyprus. Retrieved February 28, 2021, from https://www.visitcyprus.com/index.php/el/cyprus-covid19-travel-protocol.

International Organization for Migration (IOM). (2015, November 13). IOM Opens New Office in Cyprus [Press release]. https://www.iom.int/news/iom-opens-new-office-cyprus.

United Nations Network on Migration (UNNM). (n.d.). About Us. Retrieved February 25, 2021, from https://migrationnetwork.un.org/about.

International Organization for Migration (IOM). (2020, March 24). COVID-19 Does Not Discriminate; Nor Should Our Response. Retrieved February 25, 2021, from https://cyprus.iom.int/news/covid-19-does-not-discriminate-nor-should-our-response.

Office of the United Nations High Commissioner for Human Rights (OHCHR), International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR), World Health Organization (WHO) [Press release]. (2020, March 31). The Rights and Health of Refugees, Migrants and Stateless Must be Protected in COVID-19 Response. https://www.iom.int/news/rights-and-health-refugees-migrants-and-stateless-must-be-protected-covid-19-response.

International Organization for Migration (IOM). (2020, May 1). IOM Maintains COVID-19 Support for Vulnerable Migrant Communities in Cyprus [Press release]. https://www.iom.int/news/iom-maintains-covid-19-support-vulnerable-migrant-communities-cyprus.

Eastern Mediterranean Studies Initiative, International Organization for Migration (IOM). (2020, June 24). Migration in the Eastern Mediterranean and COVID-19. Retrieved February 25, 2021, from https://cyprus.iom.int/news/migration-eastern-mediterranean-and-covid-19.

World Health Organization (WHO). (2015). WHO Country Cooperation Strategy WHO – Cyprus. Retrieved February 25, 2021, from https://apps.who.int/iris/handle/10665/180616.

World Health Organization (WHO). (n.d.). Small countries initiative. Retrieved February 25, 2021, from https://www.euro.who.int/en/about-us/networks/small-countries-initiative.

World Health Organization (WHO). (2020, December 11). COVID-19: a stark reminder of the importance of universal health coverage. Retrieved February 25, 2021, from https://www.euro.who.int/en/countries/cyprus/news/news/2020/12/covid-19-a-stark-reminder-of-the-importance-of-universal-health-coverage.

World Health Organization (WHO). (2020, October 29). Small countries and COVID-19: how can they improve resilience and strengthen capacity?. Retrieved February 25, 2021, from https://www.euro.who.int/en/countries/cyprus/news/news/2020/10/small-countries-and-covid-19-how-can-they-improve-resilience-and-strengthen-capacity.

World Health Organization (WHO). (n.d.). Building resilience: a key pillar of Health 2020 and the Sustainable Development Goals – Examples from the WHO Small Countries Initiative (2017). Retrieved February 25, 2021, from https://www.euro.who.int/en/countries/cyprus/publications/building-resilience-a-key-pillar-of-health-2020-and-the-sustainable-development-goals-examples-from-the-who-small-countries-initiative-2017.

United Nations High Commissioner for Refugees (UNHCR). (n.d.). COVID-19 / Coronavirus. Retrieved February 25, 2021, from https://help.unhcr.org/cyprus/covid-19-coronavirus/.

United Nations High Commissioner for Refugees (UNHCR). (2020, December 20). UNHCR's Second Annual Integration Conference tackles the integration process in Cyprus and the impact of misconceptions about refugees. Retrieved February 25, 2021, from https://www.unhcr.org/cy/2020/12/20/unhcrs-second-annual-integration-conference-tackles-the-integration-process-in-cyprus-and-the-impact-of-misconceptions-about-refugees/.

United Nations High Commissioner for Refugees (UNHCR). (2021, February 2). Data reveals impact of COVID-19 on livelihoods and futures. Retrieved February 25, 2021, from https://www.unhcr.org/cy/2021/02/02/data-reveals-impact-of-covid-19-on-livelihoods-and-futures/.

Cyprus Refugee Council (CRC). (n.d.). Our Story. Retrieved February 26, 2021, from https://cyrefugeecouncil.org/our-story/.

Cyprus Refugee Council (CRC). (n.d.). Our Work. Retrieved February 26, 2021, from https://cyrefugeecouncil.org/our-work/.

Cyprus Refugee Council (CRC). (n.d.). COVID19 Relevant Announcements and Information. Retrieved February 26, 2021, from https://cyrefugeecouncil.org/coronavirus-covid-19-information/.

Israel

גינזבורג, ע' (2020), עדכון מצב- מדיניות ציבורית במאבק בנגיף הקורונה החדש-3.6.2020. אוחזר מתוך:

http://www.israelhpr.org.il/wp-content/uploads/2020/06/%D7%A1%D7%A7%D7%99%D7%A8%D7%94-%D7%95%D7%A2%D7%93%D7%9B%D7%95%D7%9F-%D7%9E%D7%A6%D7%91-30.6.2020.pdf

Ireland

n/a

Italy

Literature

Agenzia per l'Infanzia e l'Adolescenza (The Agency for Childhood and Adolescence AGIA) https://www.garanteinfanzia.org/decalogo-agia/images/AGIA-covid19-inglese.pdf

Casalegno, C., Civera, C., & Cortese, D. (2020). COVID-19 in Italy and issues in the communication of politics: bridging the knowledge-behaviour gap. Knowledge Management Research & Practice, 1-9. DOI: 10.1080/14778238. 2020.1860664)

https://orsociety.tandfonline.com/doi/pdf/10.1080/14778238.2020.1860664?needAccess=true

Castellin, L. G., & Palano, D. (2020). I leader e la paura: la comunicazione politica nei giorni del contagio.

Faccioli, F., D'Ambrosi, L., Ducci, G., & Lovari, A. (2020). # DistantiMaUniti: la comunicazione pubblica tra innovazioni e fragilità alla ricerca di una ridefinizione=# DistantButUnited. Searching for a

redefinition: public sector communication between innovations and fragility. H-ermes. Journal of Communication, 2020(17), 27-72.

Giorgino F. (2020) La comunicazione ai tempi del Covid-19, tra distorsioni volontarie e involontarie, LUISS   Policy   Brief: https://sog.luiss.it/sites/sog.luiss.it/files/LUISS_SOG_policybrief%2015%20ok.pdf

Gruppo di lavoro congiunto ISS, INAIL, CEPSAG (2020) Coronavirus. A practical guide for caregivers of elderly people Traduzione a cura di Maurizio Ginocchi. English version: https://www.inail.it/cs/internet/docs/alg-pubbl-guida-cura-anziani-covid-inglese.pdf

Gruppo Emergenza COVID-19 (2020), Contrastare l'impatto della pandemia su bambine/i e adolescenti. Osservatorio nazionale per l'infanzia e l'adolescenza http://famiglia.governo.it/media/2160/contrastare-limpatto-della-pandemia-su-bambine-i-e-adolescenti.pdf

Istituto Superiore di Sanità Comunicati stampa (ISS press releases): https://www.iss.it/comunicati-stampa

'Covid&Media' project of the Catholic University of Milan https://www.youtube.com/embed/4Ot0idl0nJI & https://almed.unicatt.it/almed-opinion-leader-4-future-network-influenzali

Lovari, A., & Righetti, N. (2020). La comunicazione pubblica della salute tra infodemia e fake news: il ruolo della pagina Facebook del Ministero della Salute nella sfida social al Covid-19. Mediascapes journal, (15), 156-173.

Mangiò F., Andreini D., Pedeliento G. (2020) Branding Rhetoric in Times of a Global Pandemic: a Text-Mining Analysis of Tweets Before, During and After the Lockdown, Paper presented at the XVII Conference of the Italian Society of Marketing 29-30 October, 2020.

Ministero della Salute - Istituto Superiore di Sanità (2020), Prevention and response to COVID-19: evolution of strategy and planning in the transition phase for the autumn-winter season. English version. vii, 109 p.

Presidenza del Consiglio dei Ministri, Dipartimento per l'informazione e l'editoria, Unità di monitoraggio per il contrasto della diffusione di fake news relative al covid-19 sul web e sui social network (Monitoring Unit for countering the spread of fake news related to covid-19 on the web and social networks) PROGRAMMA OPERATIVO DI ATTIVITÀ, available at: https%3A%2F%2Finformazioneeditoria.gov.it%2Fmedia%2F3234%2Fprogrammaoperativo.pdf&usg=AOvVaw2SZVnpLUIlKVaqieYJfvwr

Reynolds, B. 2005. "Crisis and Emergency Risk Communication." Applied Biosafety 10 (1): 47-56. doi:10.1177/153567600501000106

Ruiu, M. L. (2020). Mismanagement of Covid-19: lessons learned from Italy. Journal of Risk Research, 23(7-8), 1007-1020. https://www.tandfonline.com/doi/full/10.1080/13669877.2020.1758755

Saracino, B. (2020). Comunicare la scienza al tempo del Coronavirus: tra domanda e offerta di informazione (Science communication at the time of the coronavirus at the intersection of information demand and offer), di Barbara Saracino. In AIS (No. 16, pp. 99-119). Egea.

Scaglioni, M. (2020). Il virus sullo schermo. Il "sismografo" televisivo e la mediazione della crisi. L'ALTRO VIRUS, 17.

Sfardini, A. (2020). Come comunicare la pandemia? Credibilità e fiducia delle fonti istituzionali nell'informazione italiana sul Covid-19. L'ALTRO VIRUS, 63.

Tagliacozzo S., Albrecht F. Ganapati N. E., International Perspectives on COVID-19 Communication Ecologies: Public Health Agencies' Online Communication in Italy, Sweden, and the United States, (February 2021) https://doi.org/10.1177/0002764221992832 https://journals.sagepub.com/doi/pdf/10.1177/0002764221992832

Websites

AGCOM Task force on data science and online disinformation https://agcom-ses.github.io/COVID/index.html?lang=en

Dataset COVID-19 Situazione Italia, Dati forniti dal Ministero della Salute Elaborazione e gestione dati a cura del Dipartimento della Protezione Civile, https://opendatadpc.maps.arcgis.com/apps/opsdashboard/index.html#/b0c68bce2cce478eaac82fe38d4138b1

Farmindustria (Association of pharmaceutical companies) https://www.farmindustria.it/covid-19-coronavirus/

The FNOMCeO (Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri - National Federation of the Orders of Surgeons and Dentists https://portale.fnomceo.it/covid-19/

FIMMG (Italian Federation of Family Physicians) http://www.fimmg.org/index.php?action=pages&m=view&p=30585&lang=it

http://www.fimmg.org/index.php?action=pages&m=view&p=30562&lang=itNAVIRUS.

http://www.fimmg.org/index.php?action=pages&m=view&p=30772&lang=it

http://www.fimmg.org/index.php?action=pages&m=view&p=43&art=3863

FNOPI (Federazione Nazionale Ordine Professioni Infermieristiche - National Federation of Nursing Profession https://www.fnopi.it/2021/01/08/abbracci/

https://www.fnopi.it/2020/04/28/domande-fondo-infermieri/

GIMBE Foundation https://coronavirus.gimbe.org/

Giovani & Covid-19, filmato Regione Umbria https://www.youtube.com/watch?v=r6LYgS9_2ZI&feature=emb_title

Ministero della Salute (2020) #LiberaPuoi, campagna per donne vittime di violenza domestica. Chiama il 1522. Informazioni anche in farmacia http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioNotizieNuovoCoronavirus.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4406

Ministero della salute, Perché fare il vaccino? Youtube video available at: http://www.salute.gov.it/portale/news/p3_2_7_0_1.jsp?lingua=italiano&menu=multimedia&p=video&id=2308

Ministry of Education website, page dedicated to the pandemic: https://www.istruzione.it/coronavirus/index.html

The National Observatory on Health in the Italian Regions https://www.osservatoriosullasalute.it/news/osservasalute-e-covid-19-un-cruscotto-per-misurare-la-dinamica-della-pandemia-in-tempo-reale

The National Association of Families of People with Intellectual and/or Relational Disabilities http://www.anffas.net/dld/files/Le%20emergenze%20epidemiche%20nelle%20strutture%20residenziali%20per%20le%20persone%20con%20disabilit%C3%A0.pdf

http://www.anffas.net/it/news/13962/coronavirus-e-disabilita-intellettive-alcuni-suggerimenti-per-una-corretta-informazione-e-per-gestire-lo-stres

The National Council of the Order of Psychologists https://d66rp9rxjwtwy.cloudfront.net/wp-content/uploads/2020/03/pieghevole-vademecum-coronavirus-CNOP-9-marzo.pdf

Observa Science in Society 2021: https://www.observa.it/la-seconda-ondata-della-pandemia-travolge-la-fiducia-nelle-istituzioni-e-negli-esperti/

Presidenza del Consiglio dei Ministri, Ministero della Salute, Commissario Straordinario Covid-19 Webpage dedicated to the Covid-19 Vaccination campaign: https://info.vaccinicovid.gov.it/

Presidenza del Consiglio dei Ministri, Ministero della Salute, Commissario Straordinario Covid-19 Webpage dedicated to the Covid-19 Vaccination data: Report Vaccini Anti COVID-19 available at: https://www.governo.it/it/cscovid19/report-vaccini/

Presidenza del Consiglio dei Ministri (Italian Government, Presidency of the Council of Ministers) communication campaigns http://www.governo.it/it/coronavirus-campagne-comunicazione

Press Office, Scientific Communication Service with the integration of some reference experts https://www.iss.it/monografie/-/asset_publisher/xMmWlh34K1VK/content/id/5492235.

Quotidiano Sanità website: http://www.quotidianosanita.it/iss_docs/473421bffbaed6200a25b24ef56529827788d446.pdf

Germany

n/a

Greece

Hellenic Ministry of Health. (2009, May – July). National Action Plan to confront the flu epidemic. Retrieved February 28, 2021, from http://www.dypede.gr/media/MAIN_CONT/Efhmerida/GriphA%28H1N1%29/%ce%95%ce%98%ce%9d%ce%99%ce%9a%ce%9f_%ce%a3%ce%a7%ce%95%ce%94%ce%99%ce%9f_%ce%94%ce%a1%ce%91%ce%a3%ce%97%ce%a3.pdf.

Economou, C., Kaitelidou, D., Konstantakopoulou, O., & Vildiridi, L. (2020, 11 18). COVID-19 Health System Response Monitor. Retrieved from World Health Organisation:

https://www.covid19healthsystem.org/countries/greece/livinghit.aspx?Section=1.1%20Health%2 0communication&Type=Section

General Secretary of Civil Protection (n.d.). Earthquake. Retrieved February 28, 2021, from https://www.civilprotection.gr/sites/default/gscp_uploads/seismoi_25_7_19.pdf.

National Public Health Organization (Eody). (n.d.). Ebola. Retrieved February 28, 2021, from https://eody.gov.gr/disease/ebola/.

General Secretary of Civil Protection. (n.d.). Natural Disasters Planning. Retrieved February 28, 2021, from https://www.civilprotection.gr/en/natural-planning.

National Public Health Organization (Eody). (n.d.). Organization. Retrieved February 28, 2021, from https://eody.gov.gr/eody/.

Χαρούμενες ευχές από την ΕΛ.ΑΣ. (short version). (2020, December 22). [Video]. YouTube. https://www.youtube.com/watch?app=desktop&v=A5l7t73_0us&feature=emb_logo.

General Secretary of Civil Protection (n.d.). Coronavirus Covid-19 – Useful guidance. Retrieved February 28, 2021, from https://www.civilprotection.gr/el/koronoios-covid-19-hrisimes-odigies.

Hellenic Ministry of Health. (2019, July). Which is the proper way of washing your hands?. Retrieved February 28, 2021, https://eody.gov.gr/wp-content/uploads/2019/07/ma-ygieinixerion-7.pdf.

National Organization of Public Health. (2021, March 1). New Coronavirus Covid-19 - Guidelines. Retrieved February 28, 2021, from https://eody.gov.gr/neos-koronaios-covid-19/.

Iefimerida. (2020, March 11). Coronavirus: General Secretary of Civil Protection message via 112 – «Stay Home». Retrieved February 28, 2021, from https://www.iefimerida.gr/ellada/koronoios-minyma-politikis-prostasias-meso-112.

General Secretary of Civil Protection (n.d.). 112 Emergency Communications Service. Retrieved February 28, 2021, from https://www.civilprotection.gr/en/112-emergency-communications-service.

European Union Agency for Fundamental Rights. (2020). Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications. Retrieved from https://fra.europa.eu/sites/default/files/fra_uploads/greece-report-covid-19-april-2020_en.pdf.

Economou, C., Kaitelidou, D., Konstantakopoulou, O., & Vildiridi, L. (2021). Police responses for Greece 5.Governance. Retrieved from COVID-19 Health System Response Monitor: https://www.covid19healthsystem.org/countries/greece/livinghit.aspx?Section=5.1%20Governan ce&Type=Section.

Emvolio.gov.gr. (2021). Vaccine against covid-19. Retrieved from https://emvolio.gov.gr/.

Tsekeris, C., & Zeri, P. (2020). Κράτος, κοινωνία και μέσα επικοινωνίας στην εποχή του κορωνοϊού. Επιθεώρηση Κοινωνικών Ερευνών, 109-128.

General Secretary of Civil Protection. (2020, March 10). General Secretary of Civil Protection informs about number 1135. Retrieved February 28, 2021, from https://www.civilprotection.gr/el/i-geniki-grammateia-politikis-prostasias-enimeronei-gia-ton-arithmo-1135.

National Public Health Organization (Eody). (2020, April 3). Briefing of accredited health authors by the Deputy Minister of Civil Protection and Crisis Management Nikos Hardalia and the representative

of the Ministry of Health for the new coronavirus, Professor Sotiris Tsiodras. Retrieved February 28, 2021, from https://eody.gov.gr/enimerosi-diapisteymenon-syntakton-ygeias-apo-ton-yfypoyrgo-politikis-prostasias-kai-diacheirisis-kriseon-niko-chardalia-kai-ton-ekprosopo-toy-ypoyrgeioy-ygeias-gia-to-neo-koronoio-kathigiti-sotir-6/.

Journalists' Union of Athens daily newspapers. (2020, March 18). The role of reporters and the responsibilities of news outlet owners on informing the public. Retrieved February 28, 2021, from https://www.esiea.gr/o-rolos-ton-dimosiografon-kai-oi-eythyn/.

Ministry of Education and Religious Affairs, Institute of Educational Policy. (n.d.). Information on Covid-19 in accessible forms. Retrieved February 18, 2021, from http://prosvasimo.iep.edu.gr/el/de-fovomaste-prostateuomaste-aspida-mas-h-gnwsh.

Hellenic Ministry of Health, National Vaccination Campaign. (n.d.). Vaccination against COVID-19. Retrieved February 18, 2021, from https://emvolio.gov.gr/.

Article 191 – Distribution of Fake News, Greek Penal Code (Law 4619/2019). (2019). https://www.lawspot.gr/nomikes-plirofories/nomothesia/n-4619-2019/arthro-191-poinikos-kodikas-nomos-4619-2019-diaspora.

Naftemporiki. (2020, March 6). Lawsuit from the Ministry of Health against a newspaper for spreading false news. Retrieved February 18, 2021, from https://www.naftemporiki.gr/story/1569382/minusi-apo-ton-up-ygeias-kata-efimeridas-gia-diaspora-pseudon-eidiseon.

Hellenic Ministry of Pubic Health. (n.d.). Myths about COVID-19. Retrieved February 18, 2021, from https://covid19.gov.gr/mythoi-covid19/.

International Organization for Migration (IOM). (2021, January 27). Labour mobility and skills in response, recovery and post Covid-19 pandemic. Retrieved February 18, 2021, from https://www.iom.int/sites/default/files/documents/policy_brief_labour_mobility_and_skills_in_covid_time_final_final_0.pdf.

International Organization for Migration (IOM). (n.d.). How to focus communication towards migrants during the COVID-19 outbreak?. Retrieved February 18, 2021, from https://rosanjose.iom.int/SITE/en/blog/how-focus-communication-towards-migrants-during-covid-19-outbreak.

International Organization for Migration (IOM). (2020, April 10). IOM Calls for European Solidarity and Action on Mediterranean Rescue Amid COVID-19. IOM office in Greece. Retrieved February 18, 2021, from https://greece.iom.int/el/node/4771.

International Organization for Migration (IOM). (2020, March 25). IOM Joins Global Response to Prevent the Spread, Mitigate the Impact of COVID-19 on Crisis-Affected Communities. IOM office in Greece. Retrieved February 18, 2021, from https://greece.iom.int/el/node/4751.

UN High Commissioner for Refugees (UNHCR). (n.d.) About Coronavirus. Retrieved February 18, 2021, from https://help.unhcr.org/greece/coronavirus/.

UN High Commissioner for Refugees (UNHCR). Podcasts. Retrieved February 18, 2021, from https://help.unhcr.org/greece/coronavirus/podcasts/.

UN High Commissioner for Refugees (UNHCR). (2020, March 24). Key Legal Considerations on access to territory for persons in need of international protection in the context of the COVID-19 response. Retrieved February 18, 2021, from https://www.refworld.org/docid/5e7132834.html.

World Health Organization (WHO). (2018, June 20). WHO opens new Country Office in Greece [Press release]. https://www.euro.who.int/en/media-centre/sections/press-releases/2018/who-opens-new-country-office-in-greece.

eKathimerini. (2020, October 16). New WHO office to be located in Athens. eKathimerini. https://www.ekathimerini.com/news/258162/new-who-office-to-be-located-in-athens/.

World Health Organization (WHO). (n.d.). WHO Country Office. Retrieved February 18, 2021, from https://www.euro.who.int/en/countries/greece/who-country-office.

World Health Organization (WHO). (n.d.). The Emergency Communications Network (ECN). Retrieved February 18, 2021, from https://www.who.int/risk-communication/emergency-response/.

World Health Organization (WHO). (n.d.). Greece. Retrieved February 18, 2021, from https://www.euro.who.int/en/countries/greece.

Medecins sans Frontieres (MSF). (n.d.). Who we are. Retrieved February 18, 2021, from https://msf.gr/en.

Medecins sans Frontieres (MSF). (2020, March 12). Evacuation of squalid Greek camps more urgent than ever over COVID-19 fears. Retrieved February 18, 2021, from https://www.msf.org/urgent-evacuation-squalid-camps-greece-neededover-covid-19-fears.

Medecins sans Frontieres (MSF). (n.d.). Stories. Retrieved February 18, 2021, from https://msf.gr/stories.

Medecins sans Frontieres (MSF). (2021, February 1). Without Borders 105. Retrieved February 18, 2021, from https://msf.gr/publications/horis-synora-105.

Stavros Niarchos Foundation (SNF). (n.d.). COVID-19 Informational Resources. Retrieved February 18, 2021, from https://www.snf.org/en/about/_internal-pages/covid-19-informational-resources/.

Stavros Niarchos Foundation (SNF). (2020, December 17). Pandemic: Covid-19 infection in pregnancy, children and teenagers. Retrieved February 18, 2021, from https://www.snfcc.org/en/events/pandemic-covid-19-infection-pregnancy-children-and-teenagers/8641.

Stavros Niarchos Foundation (SNF). (n.d.). SNF Global Relief Initiative for the COVID-19 pandemic. Retrieved February 18, 2021, from https://www.snf.org/en/initiatives/covid-19-relief/.

Stavros Niarchos Foundation (SNF). (2020, April 28). SNF Global Relief Initiative of $100 Million to Help Alleviate the Effects of the COVID-19 Pandemic. Retrieved February 18, 2021, from https://www.snf.org/en/newsroom/news/2020/04/snf-global-relief-initiative-to-help-alleviate-the-effects-of-the-covid-19-pandemic/.

Oloi mazi mporoume. (n.d.). Who we are. Retrieved February 18, 2021, from https://www.oloimaziboroume.gr/.

Oloi mazi mporoume. (2020, April 21). "DoctorNext2Me" brings the doctors next to us with one click!. Retrieved February 18, 2021, from https://www.oloimaziboroume.gr/nea/to-doctornext2me-fernei-tous-giatrous-dipla-mas-me-ena-klik.

PRAKSIS. (n.d.). About. Retrieved February 18, 2021, from https://praksis.gr/en-about/.

PRAKSIS. (n.d.). Refugee Crisis. Retrieved February 18, 2021, from https://praksis.gr/refugee-crisis/.

PRAKSIS. (n.d.). Campaings. Retrieved February 18, 2021, from https://praksis.gr/campaigns/.

PRAKSIS. (2020, September 26). Lessons from the HIV / AIDS pandemic on the way to the vaccine for Covid-19. Retrieved February 18, 2021, from https://praksis.gr/8-hiv-aids/.

PRAKSIS. (2020, December 9). Information on COVID-19 prevention measures. Retrieved February 18, 2021, from https://praksis.gr/actions-for-covid/.

PRAKSIS. (n.d.). Actions for COVID-19. Retrieved February 18, 2021, from https://praksis.gr/covid/.

Me odigo ton diabiti. (2020, April 3). Guidelines for the protection of people with Diabetes mellitus from the coronavirus (Covid-19) by EDE. Retrieved February 18, 2021, from https://www.meodigotodiaviti.gr/wp-content/uploads/2020/04/%CE%95%CE%94%CE%95_Odigies_Infographic_Covid-19_new.pdf.

Helenic Atherosclerosis Society. (2020, May 22). WEBINAR: Covid-19 and Cardiometabolic Diseases (Friday 22/5/2020, 19:00). Retrieved February 18, 2021, from https://www.atherosclerosis.gr/events/webinar-covid-19-kai-kardiometavolika-nosimata-paraskeyi-22-5-2020-19-00/.

Naftemporiki. (2021, January 13). Coronavirus: "YES" to the vaccine says the Hellenic Society of Cardiology. Retrieved February 18, 2021, from https://www.naftemporiki.gr/story/1680119/koronoios-nai-sto-embolio-leei-i-elliniki-kardiologiki-etaireia.

Hellenic Society of Cardiology. (n.d.). COVID-19 and Cardiology. Retrieved February 18, 2021, from https://www.hcs.gr/default.aspx?pageid=1073.

Portugal

Literature

Direção Geral de Saúde (2007). Plano de contingência nacional do sector da saúde para a pandemia de gripe. March 2007. Retrieved from: https://www.dgs.pt/

Direção Geral de Saúde (2020). Princípios orientadores para comunicação de riscos e crise, baseados na perceção de riscos – Doença Respiratória Aguda por 2019-nCoV. February 2020. Retrieved from: https://www.dgs.pt/

Direção Geral de Saúde (2020). Plano Nacional de Preparação e Resposta à Doença por novo coronavírus (COVID-19). March 2020. Retrieved from: https://www.dgs.pt/

Direção Geral de Saúde (2020). Plano da saúde para o Outono-Inverno 2020-21. September 2020. Retrieved from: https://www.dgs.pt/

Okoli, C. (2015). A Guide to Conducting a Standalone Systematic Literature Review. Communications of the Association for Information Systems, 37, pp-pp. https://doi.org/10.17705/1CAIS.03743

Ordem dos Psicólogos Portugueses (2020). Comunicação de risco e comunicação de crise baseada na evidência científica – recomendações globais para fases de crise e futuros cenários de pandemia por COVID-19. March 2020. Retrieved from: https://www.ordemdospsicologos.pt/

Ordem dos Psicólogos Portugueses (2020). COVID-19 - Comunicação de risco para a saúde pública: Informações e estratégias para decisores e mobilizadores sociais. March 2020. Retrieved from: https://www.ordemdospsicologos.pt/

Websites

www.portugal.gov.pt/

www.dgs.pt/

www.covid19.min-saude.pt/

www.covid19estamoson.gov.pt/

www.ordemdospsicologos.pt/

www.ordemdosmedicos.pt/

www.act.gov.pt/

www.24.sapo.pt/

www.publico.pt/

Romania

Literature

United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. Available online: https://sustainabledevelopment.un.org/post2015/transformingourworld (accessed on 15 February 2021).

World Health Organization. WHO Announces COVID-19 Outbreak a Pandemic. Available online: https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-apandemic (accessed on 26 February 2021).

Marin, A.; Vasilescu, L.; Marin, G.G.; Tudosie, V.G.; Baicus, C.A. Retrospective of the first 3 weeks of infection with SARS-CoV-2 in Romania. Mod. Med. 2020, 27, 79–82. Available online: https://medicinamoderna.ro/a-retrospective-of-the-first-3-weeks-ofinfection-with-sars-cov-2-in-romania/ (accessed 26 February 2021).

Presidency.Ro. Available online: https://www.presidency.ro/ro/media/comunicate-de-presa (accessed on 26 February 2021).

Law 95/2006. Available online: http://legislatie.just.ro/Public/DetaliiDocument/71139 (accessed on 26 February 2021).

Regulamentul de Organizaresi Functionare a Directiilor de Sanatate Publica Judetene si a Municipiului Bucuresti [Regulation of Organization and Functioning of the County and Bucharest City Public Health Authorities of 27 July 2010]. Available online: https://lege5.ro/Gratuit/geztmnbsgu/regulamentul-de-organizare-si-functionare-a-directiilor-de-sanatatepublica- judetene-si-a-municipiului-bucuresti-din-27072010 (accessed on 26 February 2021).

Survey: Head of Emergency Service, the Leader Romanians Admire most during Coronavirus Crisis. Available online: https://www.romania-insider.com/unlock-survey-arafat-leader-may-2020 (accessed on 26 February 2021).

Rapid Assessment of Romanian CSO in the Context of Covid-19, Available online: https://openknowledge.worldbank.org (accessed on 28 February 2021).

Websites

https://eur-lex.europa.eu/legal-content/RO/TXT/HTML/?uri=CELEX:52020JC0008&from=EN

https://www.umfiasi.ro/ro/noutati/Pagini/Campaniile-de-comunicare-pentru-promovarea-vaccin%C4%83rilor.-Provoc%C4%83ri-%C3%AEn-contextul-COVID-19.aspx

https://acad.ro/SARS-CoV-2/pag.htm

Spain

Literature

Costa-Sánchez, C., & López-García, X. (2020). Communication and coronavirus crisis in Spain. First lessons. El profesional de la información (EPI), 29(3).

García-Santamaría, J. V., Pérez-Serrano, M. J., & Rodríguez-Pallares, M. (2020). Official spokespersons and audiovisual strategy in the Covid-19 crisis in Spain. El Profesional de la información (EPI), 29(5).

López-García, G. (2020). Vigilar y castigar: el papel de militares, policías y guardias civiles en la comunicación de la crisis del Covid-19 en España. El profesional de la información (EPI), v. 29, n. 3, e290311.

Martínez, I. C., & Garrido, A. (2020). The coronavirus pandemic: crisis communication strategies. Más poder local, (41), 12-19.

Sánchez-Duarte, J. M & Magallón Rosa, R. (2020) Infodemia and viralisation of false information in Spain. Revista Española de comunicación en salud, 1, S31-S41.

Villegas-Tripiana, I., Villalba-Diaz, A., & López-Villegas, A. (2020). Analysis of COVID-19 information on websites of public health organisations. Revista Española De Comunicación En Salud, 234-242.

Websites

https://www.lamoncloa.gob.es/

https://www.mscbs.gob.es/

www.urjc.es

https://maldita.es/

https://www.newtral.es/

Sweden

Esaiasson, P., Sohlberg, J., Ghersetti, M., & Johansson, B. (2020). How the coronavirus crisis affects citizen trust in institutions and in unknown others – Evidence from "the Swedish experiment". European Journal of Political Research. doi:10.1111/1475-6765.12419

Ghersetti, Marina (2021). Den största nyheten. In Bengt Johansson & Lars Truedsson (eds.). Journalistik i coronans tid. Stockholm: Institutet för mediestudier.

Ghersetti, Marina & Odén, Tomas (2021). Cornapandemin våren 2020. En undersökning av nyheter och opinion. Stockholm: Myndigheten för samhällsskydd och beredskap. https://www.gu.se/nyheter/myndigheters-agerande-i-fokus-nyheter-och-opinion-om-corona-pandemin-varen-2020

Giritli Nygren, K., & Olofsson, A. (2020). Managing the COVID-19 pandemic through individual responsibility: The consequences of a world risk society and enhanced ethopolitics. Journal of Risk Research, doi:10.1080/13669877.2020.1756382.

Internetstiftelsen (2021). Svenskarna och internet. https://svenskarnaochinternet.se/. Retrieved 3/08/21.

Johansson, Bengt & Vigsö, Orla (2021). Sweden - lone hero or stubborn outlier? In Darren Lilleker, Ioana A. Coman, Miloš Gregor, Edoardo Novelli (Eds.). Political Communication and COVID-19 Governance and Rhetoric in Times of Crisis, pp 155-164. London: Routledge.

Medieakademin (2020). Förtroendebarometern. https://medieakademin.se/wp-content/uploads/2020/03/Presentation_fortroendebarometern_2020.pdf. Retrieved 3/08/21.

Nordicom 2021. Mediestatistik. https://www.nordicom.gu.se/sv/statistik-fakta/mediestatistik. Retrieved 3/08/21.

Novus (2020). Coronastatus 20201130. (https://novus.se/coronastatus-20201130/). Retrieved 3/08/21.

Pierre, J. (2020). Nudges against pandemics: Sweden's COVID-19 containment strategy in perspective. Policy & Society, 39(3), 478-493.

Prime Minister's Office (2012). Communication Policy for the Government Offices. https://www.government.se/49baf5/contentassets/733006124df143acbc8ae762aa61a42f/communication-policy-for-the-government-offices.pdf. Retrieved 3/08/21.

Statens medieråd (2021). XXX https://statensmedierad.se/press/nyheterkronikorochpressmeddelanden/arkivnyheter/nyheterpressmeddelandekronikor/desinformationochinfodemiicoronatider.4037.html. Retrieved 3/08/21.

Strömbäck, J., Tsfati, Y., Boomgaarden, H., Damstra, A., Lindgren, E., Vliegenthart, R., & Lindholm, T. (2020). News media trust and its impact on media use: Toward a framework for future research. Annals of the International Communication Association, 44(2), 139-156.

Switzerland

Bundeskanzlei Schweizerische Eidgenossenschaft (2020) Bericht zur Auswertung des Krisenmanagements in der Covid-19-Pandemie. https://www.newsd.admin.ch/newsd/message/attachments/64455.pdf, last accessed: 17.03.2021.

Eichenauer, V & Sturm, J (2020) Die wirtschaftspolitischen Maßnahmen der Schweiz zu Beginn der Covid-19-Pandemie, Perspektiven der Wirtschaftspolitik, (21) 3, pp. 290-300. https://doi.org/10.1515/pwp-2020-0027.

Bundesamt für Gesundheit (2018) Influenza-Pandemieplan Schweiz Strategien und Massnahmen zur Vorbereitung auf eine Influenza-Pandemie. https://www.bag.admin.ch/bag/de/home/das-bag/publikationen/broschueren/publikationen-uebertragbare-krankheiten/pandemieplan-2018.html, last accessed: 17.03.2021.

Bundesamt für Gesundheit (2020) COVID-19-Bewältigung: Strategische Grundlagen der GDK und des EDI-BAG. https://www.bag.admin.ch/dam/bag/de/dokumente/cc/kom/covid-19-strategische-grundlagen-gdk-edi-bag.pdf.download.pdf/COVID-19-Bew%C3%A4ltigung%20%E2%80%93%20Strategische%20Grundlagen%20der%20GDK%20und%20des%20EDI-BAG.pdf, last accessed: 17.03.2021.

Wenger, A; Hauri, A; Kohler, K; Scharte, B; Thiel, J (2020) Schweizer Krisenmanagement: Die Coronavirus Pandemie als fachliche und politische Lernchance, Bulletin Krisenmanagement. Center for Security Studies (CSS), ETH Zürich, https://www.research-collection.ethz.ch/handle/20.500.11850/458202, last accessed: 17.03.2021.

Wong Sak Hoi, G (2020) "Der Bundesrat machte die Menschen zu einem Teil der Lösung", (https://www.swissinfo.ch/ger/kommunikation-waehrend-der-corona-krise-_-der-bundesrat-machte-die-menschen-zu-einem-teil-der-loesung-/45784290), last accessed: 17.03.2021.

United Kingdom

Atchison C., Bowman L.R., Vrinten C., Redd, R., Pristerà P., Eaton, J. & Ward, H. (2021) Early perceptions and behavioural responses during the COVID-19 pandemic: a cross-sectional surveyof UK adults. BMJ Open 11 (e043577). DOI:10.1136/ bmjopen-2020-043577

Bermingham, Rowena (2020) Media, communications and COVID-19: What are experts concerned about?. https://post.parliament.uk/media-communications-and-covid-19-what-are-experts-concerned-about/Accessed on 14 March 2021

Hill, R., Pickford, R, West, S. and Potter, A. (2020) Communications and the Covid-19 Pandemic: Rapid insights from practitioners and research. C19 National Foresight Group Report. https://www.ntu.ac.uk/__data/assets/pdf_file/0027/1177902/NTU-C19-NFG-Report-0920-Communications-and-the-Covid-19-Pandemic-Rapid-Report.pdf, Accessed on 1 March 2021

Hyland-Wood, B., Gardner, Leask, J. and Ecker, U. (2021) Toward effective government communication strategies in the era of COVID-19. Humanities and social sciences communications, 8(30), DOI: 10.1057/s41599-020-00701-w

Nielsen, R.K, Fletcher, R., Kalogeropoulos, A. and Simon, F (2020) Communications in the coronavirus crisis: lessons for the second wave, Reuters Institute for the Study of Journalism. 27 October 2020. https://reutersinstitute.politics.ox.ac.uk/communications-coronavirus-crisis-lessons-second-wave. Accessed on 14th March 2021

Independent SAGE (2020) UK government messaging and its association with public understanding and adherence to COVID-19 mitigations, The Independent SAGE Report 22. 13 November, 2020. https://www.independentsage.org/wp-content/uploads/2020/11/Messaging-paper-FINAL-1-1.pdf, Accessed on 1 March 2021

Sanders, K. B. (2020). British government communication during the 2020 COVID-19 pandemic: learning from high reliability organizations. Church, Communication and Culture, 5(3), 356-377.

Wardman, J.K. (2020) Recalibrating pandemic risk leadership: Thirteen crisis ready strategies for COVID-19. Journal of Risk Research, 23(7-8), 1092-1120. DOI: 10.1080/13669877.2020.1842989

Wright, L., Steptoe, A. and Fancourt, D. (2020) What predicts adherence to COVID-19 government guidelines? Longitudinal analyses of 51,000 UK adults. BMJ Yale, doi: 10.1101/2020.10.19.20215376

United States of America

Baker, Peter , Haberman Maggie, and James Glanz J. 2020. "The Tensions Persist between Trump and Medical Advisors over the Coronavirus." New York Times (April 3). https://www.nytimes.com/2020/04/03/us/politics/coronavirus-trump-medical-advisers.html.

Brian Houston, J., Thorson, E., Kim, E., & Mantrala, M. K. (2021). COVID-19 Communication Ecology: Visualizing Communication Resource Connections During a Public Health Emergency Using Network Analysis. American Behavioral Scientist, 0002764221992811.

Haslett, Cheyenne . 2020. "Tension with Trump: Dr. Anthony Fouci on Telling the Truth." ABCNews (March 23).

Miller, Zeke , Colvin Jill, and Superville Darlene. 2020. "Trump Boosts Virus Aid, Warns Governors to Be 'Appreciative." NBCWashington (March 27).

Websites

https://www.aarp.org/content/dam/aarp/politics/government-and-elections/2020/03/031620-coronavirus-guidance.pdf

https://trumpwhitehouse.archives.gov/articles/15-days-slow-spread/

White House, Centers for Disease Control and Prevention. Guidelines: Opening Up America Again. Washington, DC: White House; April 2020. Accessed May 22, 2020. https://www.whitehouse.gov/openingamerica/

https://edition.cnn.com/2020/12/02/politics/white-house-coronavirus-task-force-states-report/index.html

https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf

https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/communication-toolkit.html?deliveryName=USCDC_2067-DM30162

https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf

https://www.apa.org/pubs/magination/kids-guide-coronavirus

https://www.aafp.org/family-physician/patient-care/current-hot-topics/recent-outbreaks/covid-19/covid-19-clinical-resources/testing-guide.html

https://www.edelman.com/trust/2020-trust-barometer

https://www.edelman.com/trust/2020-trust-barometer

https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-9566.ep11347150

https://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2019&sessInd=0&billBody=H&billTyp=R&billNbr=0835&pn=3495

https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation

https://www.hsph.harvard.edu/ecpe/public-health-communication-strategies-covid-19/

https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html

Section 3 – Global Analysis and Conclusions

Antunes, D; Palma-Oliveira, J.M; & Linkov, I (2017) Enhancing Organizational Resilience Through Risk Communication: Basic Guidelines for Managers. Linkov, I & Palma-Oliveira, JM (Eds) *Resilience and Risk - Methods and Application in Environment, Cyber and Social Domains* (469-481). Springer

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)

Breakwell, G. M. (2010). Risk communication: factors affecting impact. *British Medical Bulletin* 2000.56 (No 1). 110-120

Breakwell, G. M.; Barnet, J. (2001) *The impact of social amplification of risk on risk communication*. HSE Books, UK.

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

CDC (2014). *Crisis and Emergency Risk Communication, 2014 Edition*. Centers for Disease Control and Prevention, US Department of Health and Human Services.

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

Dhanani LY and Franz B (2020) The Role of News Consumption and Trust in Public Health Leadership in Shaping COVID-19 Knowledge and Prejudice. *Front. Psychol.* 11:560828. doi: 10.3389/fpsyg.2020.560828

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

Gabbiadini A, Baldissarri C, Durante F, Valtorta RR, De Rosa M and Gallucci M (2020) Together Apart: The Mitigating Role of Digital Communication Technologies on Negative Affect During the COVID-19 Outbreak in Italy. *Front. Psychol.* 11:554678. doi: 10.3389/fpsyg.2020.554678

Glik, Deborah. (2007). Risk Communication for Public Health Emergencies. *Annual review of public health*. 28. 33-54. 10.1146/annurev.publhealth.28.021406.144123.

Hauer MK and Sood S (2020) Using Social Media to Communicate Sustainable Preventive Measures and Curtail Misinformation. *Front. Psychol.* 11:568324. doi: 10.3389/fpsyg.2020.568324

Janoske, M; Liu, B; Sheppard, B. (2012) *Understanding Risk Communication Best Practices: A Guide for Emergency Managers and Communicators* Report to Human Factors/Behavioral Sciences Division, Science and Technology Directorate, U.S. Department of Homeland Security. College Park, MD: START, 2012

JESIP (2016). *Joint Doctrine The Interoperability Framework* (2nd Ed). JESIP, UK

Lang, S.; Fewtrell, L.; Bartram, J. (2001). Risk communication. In Fewtrell, L.; Bartram, J. (Eds) *Water Quality - Guidelines, standards and health: Assessment of risk and risk management for water-related infectious disease.* Published on behalf of the World Health Organization by IWA Publishing

Lep Ž, Babnik K and Hacin Beyazoglu K (2020) Emotional Responses and Self-Protective Behavior Within Days of the COVID-19 Outbreak: The Promoting Role of Information Credibility. *Front. Psychol.* 11:1846. doi: 10.3389/fpsyg.2020.01846 (Slovenia)

Lovari, A. (2020). Spreading (Dis)Trust: Covid-19 Misinformation and Government Intervention in Italy. *Media and Communication* (ISSN: 2183–2439) 2020, Volume 8, Issue 2, Pages 458–461. DOI: 10.17645/mac.v8i2.3219

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

Moreno, Ángeles; Fuentes-Lara, Cristina; Navarro, Cristina (2020). "Covid-19 communication management in Spain: Exploring the effect of information-seeking behavior and message reception in public's evaluation". *El profesional de la información*, v. 29, n. 4, e290402. https://doi.org/10.3145/epi.2020.jul.02 (Spain)

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

Pidgeon, N. (2010) The Social Amplification of Risk Framework (SARF): Theory, Critiques, and Policy Implications. In Bennett, P.; Calman, K.; Curtis, S; Fischbacher-Smith, D. (Eds) *Risk Communication and Public Health*. Oxford Scholarship Online

Siebenhaar KU, Köther AK and Alpers GW (2020) Dealing With the COVID-19 Infodemic: Distress by Information, Information Avoidance, and Compliance With Preventive Measures. *Front. Psychol.* 11:567905. doi: 10.3389/fpsyg.2020.567905

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

Slovic, P. (Ed.). (2000). *Risk, society, and policy series. The perception of risk.* Earthscan Publications.

Tomczyk S, Rahn M and Schmidt S (2020) Social Distancing and Stigma: Association Between Compliance With Behavioral Recommendations, Risk Perception, and Stigmatizing Attitudes During the COVID-19 Outbreak. *Front. Psychol.* 11:1821. doi: 10.3389/fpsyg.2020.01821 (Germany)

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

World Health Organization (2017). *Communicating Risk in Public Health Emergencies A WHO Guideline for Emergency Risk Communication (ERC) policy and practice*. Geneva: World Health Organization

World Health Organization (2020). *Risk communication and community engagement readiness and response to coronavirus disease (COVID-19).* Interim Guidance 19 March 2020. Geneva: World Health Organization

ANNEX I. Excel Template

Document Name	Communication type	scientific/technical support?	If yes, wich scientific area?	scale	channel	Scope / objectives	source	Target group	evaluation	if evaluated/ document	URL document	Date	wave (include wave number)

Guidelines for filling up the excel table (Task 7.1)

- Document name

Please Insert the original name of the document.

- Communication type

Indicate the type of communication. Please select if it is legislation, regulation/procedures/best practices, scientific, media or social media.

- scientific/technical support?

Is the communication based on scientific or technical information? - answer **yes** or **no**.

- If yes, wich scientific area?

If you answered yes to the previous question, please indicate the scientific / technical area underlying the communication.

- scale

The focus of communication is at what geographical scale? (Please select if it is international/beyond Europe, European, national, regional or local).

- Channel

What channel was used for this communication? (Please select if it is TV, Radio, paper, website, social media, newspaper or brochures/leaflets).

- Scope/objectives

What are the scope/objectives of this communication? (Please select if it is transmission of information, individual behavioral instructions, instructions for organisations, public space management, Conforting information, collective indicators, research results / increase knowledge / inform policy or best practices or other).

- Source

Who is the source that transmits the information? (Please select if it is Government, Health system, Social communication, municipalities, scientific publication or other).

- Target group

What is the target group for this communication? (e.g. general population, health professionals, nursing homes, migrants, companies ....)

- Evaluation

Indicate if the document includes the evaluation of communication campaigns / strategies (Please select "done" or "not done").

- if evaluated/ document

If you do an evaluation, what communication do you evaluate? Please indicate the name of the document on which the evaluation is focused).

- URL document

Please insert the URL document.

- Date

Please insert the date of communication.

- wave (include wave number)

Please include the wave number that was taking place at the time of this communication (just enter the number e.g. **1, 2, 3** ....)

ANNEX II. Word Template

3 [Name of the country)

3.1 Communication strategies, plans and practices (maximum 10 pages)

Has a formal communication strategy been defined? who was responsible for this communication strategy? what sources of information were referred to in this communication strategy? (ex

World Health Organization; national medical order; national experts; national health authorities). How did governmental actors make use of mass media and other channels?

How has this strategy evolved along time? (relating either to waves or communication evaluation)

3.2 Communication strategies, plans and practices applied by governments

3.2.1 Communication strategies, plans and practices applied by public health stakeholders

3.2.2 Communication strategies, plans and practices applied by organizations

3.2.3 Communication strategies, plans and practices applied by communities

3.3 COVID-19 communication analysis (maximum 5 pages)

The aim of this section is to present results on communication evaluation.

3.3.1 National

There is review of research and professional analysis to national communication on COVID-19 crisis (e.g. research on how well people were/felt informed; how effective was behaviour change…)? What document (Academic pappers or grey literature)? What are the scope and objectives? What are the main conclusions?

3.3.2 International

In the previous search if you find some document that presents an research and professional analysis that compairs communications between countries please include the main conclusions here.

Presents main learnings, best practices and successful communications approaches in each country as well as relevant indicators that can be used to evaluate communication efficiency. (maximum 2 pages).

3.3.3 Main learnings and best practices (maximum 2 pages)

Presents main learnings, best practices and successful communications approaches.

What factors do you think were relevant to the effectiveness of communication? (e.g. factors related to the communication process – frequency, trusted sources; factors related to the targets – motivation, cultural or social-economic factors…)

3.3.4 Guidelines

Based on main learnings and best practices please provide a few guidelines (lessons learned).

3.3.5 Relevant indicators

Based on main learnings and best practices please provide some indicators that you consider relevant to evaluate/monitor COVID -19 communication effectiveness.

3.3.6 Additional (country-specific) comments/reflections (max. 1 page)

For instance define regional and local level based on the documents that you gathered on the excel.

3.3.7 Relevance of this information to target communities (to be development in M26)

To what extent were the selected documents relevant to managing communication with communities?

There were cases of misinformation, disinformation or malinformation? What relevant responses were given based on the previous information?

3.4 References

ANNEX III. Synthesis Table

	Austria	Belgium	Cyprus	Israel
Communication strategies, plans and practices				
Communication strategies, plans and practices applied by governments				
Has a formal communication strategy been defined?	No		No	Yes
who communicates?	ministry of interior ministry of health	National Security council Consultative Committee Minister of Security and Internal Affairs National Crisis Centre	Crisis Management Department of the Ministry of Foreign Affairs (MFA)	Government Ministry of Health National Security Council
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	Agency for Health and Food Safety (Agentur für Gesundheit und Ernährungssicherheit, AGES) European Commission European Medical Agency WHO	-	World Health Organization national experts committee	-
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	part of the communication aimed at specific target groups was outsourced to public health stakeholders, social organisations, and the public sector	yes, The NCCN has been collaborating with different organizations in efforts to make government communication during the COVID-19 pandemic more accessible to vulnerable groups in society	yes, an effort to inform vulnerable people was made by publishing special guidelines on how to take further measures to protect themselves and for the general public on how to pay more attention in protecting vulnerable individuals	yes, e.g. ultra-orthodox does not use the internet, thus were not exposed to social media and web campaigns, and were targeted by other media channels link newspapers or posters in the streets.
What main contents were communicated?	inform about upcoming measures and the current situation announce that new measures will be introduced show presence and unity of the governing parties current measure to stop the spread COVID-19 statistics and data support hotlines medical advice and legal documents recommendations for each area vaccination campaign	Measures Keep the situation manageable in the hospitals Habit formation Behavior mesures vaccination campaign	instructions on measures to prevent infection guidelines regarding coronavirus symptoms steps for protection hygiene guidelines vaccination campaign	social distancing using facemasks washing hands vaccination campaign
Was there any specific action predicted for targeting and/or dealing with misinformation?	yes	-	-	yes
	Ireland	**Italy**	**Germany**	**Greece**
Communication strategies, plans and practices				

Communication strategies, plans and practices applied by governments				
Has a formal communication strategy been defined?			Yes	Yes
who communicates?	Government (leader of the Special Cabinet Committee, President and Prime Minister), public health entities		Ministry of Health	Prime Minister Hellenic Ministry of Health General Secretary of Civil Protection Hellenic Ministry of Citizen Protection
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	WHO, HSE, ECDC	-	Robert-Koch-Institut, CharitéInstitute of Virology	WHO European Commission
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	Yes, translated info in 24 languages to refugees and migrants, info to deaf people, Tailored guidance for some vulnerable groups (including the Roma and Traveller communities, residents of Direct Provision centres, and those at risk of domestic sexual gender-based violence)	yes:the elderly and frail, women, and children	Yes, children and 50-70 yo people	personalised guidance for specific segments of the population, such as the elderly, vulnerable groups, and children
What main contents were communicated?	Guidelines, reccomendations, financial support, legislation, translated info, News of the mass vaccination	content of the government's measures COVID-19 statistics and data precautions to avoid contagion stay home maintaining correct behaviors vaccination campaign	Reccomendations and guidelines, vaccination	information sharing regarding the pandemic educate people on all the necessary hygiene guidelines preventive measures isolation vaccination information
Was there any specific action predicted for targeting and/or dealing with misinformation?	Yes	-	Yes	yes

	Portugal	Romania	Spain	Sweden
Communication strategies, plans and practices				
Communication strategies, plans and practices applied by governments				
Has a formal communication strategy been defined?	No	No	No	No
who communicates?	Prime Minister Minister of Health	Government	President of the government Ministers Technical management committee Experts and technicians	The king, Prime Minister, Minister of Social Affairs, Minister of Finance, Minister of Health and Social Affairs
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional	-	-	-	-

Associations; national experts; national health authorities...)				
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	no	-	-	-
What main contents were communicated?	content of the government's measures COVID-19 statistics and data Hygienic measures Vaccination campaign Behavioral mesures	legal provisions health statistics case evolution prevention measures international situation Romanians abroad Vaccination campaign	Medical and public health information Political information National security information	restrictions, recommendations, vaccination, support for measures aimed at entrepreneurs and the business community.
Was there any specific action predicted for targeting and/or dealing with misinformation?	yes	yes	-	Yes

	Switzerland	United Kingdom	USA
Communication strategies, plans and practices			
Communication strategies, plans and practices applied by governments			
Has a formal communication strategy been defined?		Yes	
who communicates?	Federal Council, Federal President and the Federal Office of Public Health FOPH (Bundesamt für Gesundheit BAG), Health minister Alain Berset and Daniel Koch, head of the infectious disease within the FOPH	Prime Minister, Health Secretary, the Queen. Different between England and Wales.	President and Vice President, Coronavirus Council leadership such as Dr. Fauci and Dr. Birx, and other appointed officials within the CDC, NIH, Treasury, and other agencies.
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	-	-	-
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	-	-	-
What main contents were communicated?	General information on the Coronavirus, the situation in Switzerland, measures and orders, SwissCovid App, isolation and quarantining, the Corona public health campaign, medical information, testing, vaccination, traveling	Reccomendations, guidelines, vaccination	SARS-CoV-2 risk, reproductive rate, health consequences, risk factors, community engagement resources, and core messages regarding government goals for pandemic response over time. information pertaining to incidence, prevalence, hospitalizations, deaths, vaccinations, and other information relative to the state.
Was there any specific action predicted for targeting and/or dealing with misinformation?	Yes	-	-

	Austria	Belgium	Cyprus	Israel
Communication strategies, plans and practices				
Communication strategies, plans and practices applied by public health stakeholders				
Has a formal communication strategy been defined?	No	-	-	-
Who communicates?	Main players: vaccination service Vienna, medical association, public health insurance system	Main players: FPS Health, the NCCN, and Sciensano	-	-
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	-	-	-	-
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	community members to register for vaccination; employees, employers, parents, schools, kinder gardens; doctors	public places like schools and hospitals: flyers with public health info	-	-
What main contents were communicated?	vaccination, regulations, insurance information, materials and guidelines for doctors	vaccination, travel restrictions, financial support measures, cases, hospitalizations, deaths	-	-
Was there any specific action predicted for targeting and/or dealing with misinformation?	-	-	-	-

	Ireland	Italy	Germany	Greece
Communication strategies, plans and practices				
Communication strategies, plans and practices applied by public health stakeholders				
Has a formal communication strategy been defined?	-	Yes	Following government	-
Who communicates?	Main players: Department of Health (Minister of Health), HSE, National Public Health Emergency Team. Chief Medical Officer of the HSE and Chair of NPHET	Main players: ISS (istituto superiori di sanitá); Ministry of Health; National Health Service; Regional Councils	Federal Centre for Health Education, Robert-Koch-Institut,	-
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	-	Not explicit	-	-

Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	-	No specific target audience	Communication for Specialists	-
What main contents were communicated?	cases, deaths, reccomendations, people vaccinated	research results, surveillance data, technical advices, virus variants, vaccines, general information	Reccomendations and guidelines, vaccination, how to contribute,	-
Was there any specific action predicted for targeting and/or dealing with misinformation?	it was communicated the importance of the trust in science	Yes	Yes	-

	Portugal	Romania	Spain	Sweden
Communication strategies, plans and practices				
Communication strategies, plans and practices applied by public health stakeholders				
Has a formal communication strategy been defined?	Yes	Yes	Yes	Yes
Who communicates?	General Director of Health; Ministry of Health	Health Minister; Head of the Department for Emergency Situations; four officials whom the population trusted most during the lockdown	Director of the Centre for the Coordination of Health Alerts and Emergencies (CCAES); Minister of Health	Public Health Agency - State epidemiologist; Swedish Civil Contingencies Agency (SCCA); National Board of Health and Welfare; Swedish Media Council (SMC)
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	WHO	-	-	-
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	Information tailored for different sectors of activity; Communaction to vulnerale groups	-	Information tailored for pregnants, people with chronic diseases, children, women who suffered violence behaviors	General public/media, vulnerable groups/groups with specific needs, victims and their families, other agencies and employees and opinion leaders and networks - In order to reach vulnerable target groups, they work with translations of information and "easy Swedish", make target efforts on different languages, using Facebook and websites run by other government bodies and different NGO's.
What main contents were communicated?	General Reccomendations and guidelines, best practices in lockdown, guidelines for non-stigmatization	prevention and protection measures and needs for the health system: doctors, beds, protection equipment, specific medical equipment.	Recomendations and guidelines; emotional well-being; vaccination;	restrictions, recommendations, vaccination, support for measures aimed at entrepreneurs and the business community.
Was there any specific action predicted for targeting and/or dealing with misinformation?	Yes	-	-	Yes

	Switzerland	United Kingdom	USA
Communication strategies, plans and practices			
Communication strategies, plans and practices applied by public health stakeholders			
Has a formal communication strategy been defined?		Yes	-
Who communicates?	-		Centers for Disease Control[BT6] (CDC), the Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR), and the National Institutes for Health. prominent scientists were appointed, via a temporary detail assignment, to political or non-political posts to assist with federal agency COVID communications
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	-	-	
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	-	Only translated information for migrants and refugees	public health agencies provided material tailored to specific needs, such as the CDC's "Communication Toolkit For Migrants, Refugees, and Other Limited-English-Proficient Populations[PL7] " that included "current messaging from a trusted source; information in plain language available for downloading and sharing; and translated materials to help communities disseminate messages to a wider audience".
What main contents were communicated?	-	infection rates, restrictions, testing, guidelines, vaccination	'policy lockdowns', mortgage and rental assistance, testing and vaccination sites
Was there any specific action predicted for targeting and/or dealing with misinformation?	-	-	Yes

	Austria	Belgium	Cyprus	Israel
Communication strategies, plans and practices				
Communication strategies, plans and practices applied by organizations				
Has a formal communication strategy been defined?	-	-	yes	-
Who communicates?	medical experts and scientists as 'Speakers'	-	Cypriot IOM; Cyprus Refugee Council	-
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	-	-	WHO; UN Refugee Agency; International Organization for Migration (IOM)	-
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	refugees and migrants - translated info	psychologists - advice for clinical work; vulnerable groups - translated info, lifestyle and mental health and help-seeking advice	refugees and migrants - public awareness, risk education, informing and warning the public among other frequent activities on issues - translated info	-
What main contents were communicated?	vaccination, labour market, general info, specific information in relation to their field of work	mental health issues - tips to stay mentally healthy during lockdown; human right implications; calls for solidarity with those living on streets, legitimacy and proportionality of restrictive measures, privacy concerns relating to the contact tracing application, issues related to ethnic profiling in the enforcement of measures;	public awareness, risk education, informing and warning the public among other activities on issues relating directly to refugees and migrants; resettlement, reintegration, assisted voluntary return and counter-trafficking; enhancement of personal hygiene practices and informational support on the economic impact	-
Was there any specific action predicted for targeting and/or dealing with misinformation?	-	-	-	-

	Ireland	Italy	Germany	Greece
Communication strategies, plans and practices				
Communication strategies, plans and practices applied by organizations				
Has a formal communication strategy been defined?	-	yes	No	-
Who communicates?	Local authorities joined with local voluntary and community groups, charities	National Council of the Order of Psychologists; National Association of Families of People with Intellectual and/or Relational Disabilities; GIMBE Foundation; National Observatory on Health in the Italian Regions; National Federation of Nursing Professions;		IOM Greece; UN Refugee Agency Greece; Médicins Sans Frontières; Stavros Niarchos Foundation; PRAKSIS; Hellenic Society of Cardiology, Hellenic Atherosclerosis Society;

		National Federation of the Orders of Surgeons and Dentists		
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	-	-	-	WHO; IOM; UN Refugee Agency
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	Tailored advice to different sectors of activity	Each one tailored the communication to their target	human rights, freedom of speech, freedom of religion, and protest – which are targeted at younger adults; critical information portal for migrants;	Each one tailored the communication to their target (translated info, for example, for refugees and migrants)
What main contents were communicated?	-	Behavior reccomendations in lockdown, suggestions to manage information, economic graphics of the impact of the pandemic, general guidelines,	information and discourse on the political and socioeconomic dimensions and consequences; online courses on topics directly related to COVID; statistics related to COVID-19 ; information on relevant medical topics such as home caretaking; adrresing misinformation	Reccomendations, Psychological aid, Prevention and recovery of violence, discrimination and xenophobia, inclusive communication, lectures with best practices in lockdown…
Was there any specific action predicted for targeting and/or dealing with misinformation?	National media outlets- campaigns to tackle fake news infiltrating in social media since the initial stages of the pandemic, campaign 'Tick, Tick Boom' provided useful tips in identifying 'fake news' and 'de-bunking' misleading news stories or public health advice.	-	Yes	-

	Portugal	Romania	Spain	Sweden
Communication strategies, plans and practices				
Communication strategies, plans and practices applied by organizations				
Has a formal communication strategy been defined?	Yes	-	Yes	-
Who communicates?	OPP, Ordem dos médicos; Authority for working conditions	Romanian Red Cross, UNICEF, Save the Children	Rector of the University Rey Juan Carlos as the role model	-
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	WHO	-	-	-
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	Each one tailored the communication to their target; OPP with information to fight mental health problems; ACT with information to help workers and	Romanian Red Cross, UNICEF, Save the Children, with campaigns according to their target group and tackling subjects	-	-

	employers and OM with information to help doctors,	as: mental health, online school, blood donation, NCD as risk factors		
What main contents were communicated?	General Guidelines and reccomendations to workplaces; information to fight mental health problems	Raising money to help the public health sector and spread public health information (reccomendations and guidelines)	-	-
Was there any specific action predicted for targeting and/or dealing with misinformation?	-	-	Yes	-

	Switzerland	United Kingdom	USA
Communication strategies, plans and practices			
Communication strategies, plans and practices applied by organizations			
Has a formal communication strategy been defined?	-	-	-
Who communicates?	-	Main players: education, transport and business and retail sections operated in accordance with measures from the UK Government	-
What sources of information were referred for developing the communication strategy? (ex World Health Organization; Professional Associations; national experts; national health authorities...)	-	-	-
Which communication targets were identified? And was the communication different for different groups? Were there any considerations regarding inclusiveness and vulnerability?	-	Charities tailored information from medical experts in relation to different heart conditions and increased risk from coronavirus and created Boloh – The Black, Asian and Minority Ethnic family COVID-19 Helpline for people over 11 years old.	American Psychological Association's targetted kids 3 to 8 years old with "A kid's guide to coronavirus"; while others addressed very specific needs and audiences, such as the American Academy of Family Physicians with "Covid testing guide for physicians"
What main contents were communicated?	-	Judging the risks when going out during the coronavirus pandemic; Stay well, keep active and fight anxiety; Maintaining a healthy lifestyle; Feeling safe; Keeping children busy and active; Vaccination	communicate the types of resources available to assist families and individuals impacted by spiking unemployment, and the associated loss of income (ex: volunteer agencies running food programs)
Was there any specific action predicted for targeting and/or dealing with misinformation?	-	-	-

	Austria	Belgium	Cyprus	Israel
COVID-19 communication analysis				
National				
There is review of research and professional analysis to national communication on COVID-19 crisis?	Yes	Yes	-	Yes
What are the main conclusions?	communication was initially positively received, but failed to adapt its strategy - resulted in information overload, confusion and avoidance of information; Lack of openness to critique & lack of legal base; Lack of personal responsibility & inclusivity;	Praise: providing of clear and transparent information about the development of the pandemic, and many commenters appreciated that these updates were presented by medical specialists and civil servants, instead of by political leaders; regularity of the press conferences; Inconsistency and confusion: many ministers and many experts who often disagree with each other, no strategy against misinformation, lack of behavioural and communication scientists. communication strategies should focus more spreading hopeful messages and promoting collective resilience; Trust in the context of the vaccination campaign	-	in Israel there are several entities that are responsible for collecting and publishing information. For most of the presented information, there aren't any overlaps and each of them publishes a different type of information. in the beginning, only very limited information was available to the public, and it created some criticism with regards to the way the government makes decisions and takes action. As the situation continued more information became available. The information that is not being published is the source of government planning and deciding. raw data is also being published (updated once or twice a week) and is accessible to the public.

	Ireland	Italy	Germany	Greece
COVID-19 communication analysis				
National				
There is review of research and professional analysis to national communication on COVID-19 crisis?	Yes	Yes	-	-
What are the main conclusions?	Unlike the first wave of the virus, the government met increased criticism and backlash during the second wave and coming to the year end in 2020, prior to wave 3. Communications from the government regarding vulnerable groups were often general,with a lack of tailored messages to vulnerable populations where the behavioural public health requests did not apply. not considering the living and working conditions of the migrant communities; class and power imbalances in the response to the pandemic; The level of trust in the government continued to waiver as decisions were made against public health advice later in 2020, with regard a temporary easing of restrictions for the Christmas period. The confusion about how the government plans to handle the next phase of the pandemic was not just about mixed messages, but also about poor communication; There is a very high level of trust in NPHET and politicians from all parties were generally supportive of the caretaker Government's handling of the pandemic, with a strong sense of national unity during the crisis. Ireland's response to the COVID-19 crisis has been comprehensive and timely in many respects. Transparency, a commitment to a relatively open data policy, the use of traditional and social media to inform the population, and the frequency of updates from the Department of Health and the HSE are all commendable.	mixed messages from multiple parties; delay in the release of information; paternalistic attitudes; lack of immediate reaction to rumours; political confusion. Although, use of campaigns especially in social media represented a new opportunity for Governments to nurture a constructive dialogue with citizens	-	-

	Portugal	Romania	Spain	Sweden
COVID-19 communication analysis				

National				
There is review of research and professional analysis to national communication on COVID-19 crisis?	-		Yes	
What are the main conclusions?	-	Investigation started, no results yet	Within many articles, it finds that the absence of an early announcement (or pre-emption of the negative scenario) and control messages in a context of uncertainty led to an abrupt transition to the next stage of the crisis, coinciding with an explosion in the number of infections, which generated fear; (correlating trend between Spanish citizens' interest in fake news and the increase in deaths from Covid-19 - Fact-checking proved successful); Critiques: Contradictions, Erroneous claims, Opacity, Lack of infrastructure and resources; - Slowness and risk of disinformation	Swedes were well informed and that the information on a national level from government and government agencies effectively reached the public. The news media assisted government in reaching out to the public with essential information during the corona crisis, and the websites of government authorities provided frequently updated information on restrictions and recommendations, statistics on the spread of infection, and burden of infection on healthcare, in Swedish, a large over 20 other languages, sign language and easy-to-read texts. Worth mentioning is the important function of the daily press conferences. From mid-March, 2 p.m. became the point of orientation for most Swedes. Pundits and experts talked about it as "the new campfire", where citizens received updated information about the pandemic situation. Press conferences are mostly seen as a quite old way of media relations, but this old style of communication became somewhat surprisingly a successful crisis communication channel.

	Switzerland	United Kingdom	USA
COVID-19 communication analysis			

National			
There is review of research and professional analysis to national communication on COVID-19 crisis?	Yes	Yes	Yes
What are the main conclusions?	The internal communication should ensure that all actors and institutions involved have access to the same information. The external communication has the role of informing the media and community members in a timely and comprehensive manner with correct and consistent information. External communication could be improved by double checking information and relying on scientific recommendations. The government was able to communicate timely and in a transparent and coherent manner. Simultaneously, the government acknowledged the existing lack of certainty and complexity in decision finding processes in this extraordinary situation.	Unclear Government messages; Inconsistencies in information shared by different parts of Government; A lack of clarity on what the public is legally required to do and how the requirements vary across the country; Concerns about the overarching Government communications strategy, the scientific evidence behind it and the number of people it reached; naccurate mass media reporting potentially damaging the public's trust in mainstream media; Segments of the UK population losing access to news as a result of the closure of independent media outlets	none of the four societal institutions that the study measures—government, business, NGOs and media—is trusted. Trust in all information sources also declined during the pandemic, search engines most trusted, flowed by traditional media, owned media, and social media. governmental agencies have made serious public communication errors in responding to complex public health emergencies, disseminating inconsistent, incorrect, and contradictory messages via partisan lenses. During the governmental response to SARS-CoV-2, news media in the United States often reported tensions between the President's office and top federal health advisors about how to evaluate and respond to the COVID-19 situation. the most important nodes in the COVID-19 communication ecology were partisan, organizational, and faith-based communication resources. clear networks have coalesced around progressive and conservative sources of news, with differing levels of community engagement in television, internet, and other mediums..

	Austria	Belgium	Cyprus	Israel
Main learnings and best practices				
What factors do you think were relevant to the effectiveness of communication?	-	communication simple, clear and concise; Brief and simple languaged	-	-

		Press conferences; stress the collective importance of imposed measures, but also illustrate the relevance for individuals' daily lives; keep stressing the activities and things that are still possible and allowed; acknowledge that the measures require a real effort from the population and demonstrate appreciation to those people who continue to stick to the regulations; including examples of acts of volunteering and solidarity in society, hereby stimulating positive emotion and giving people a sense of belonging; Providing positive examples can also include the involvement of role models, such as athletes or TikTok-influencers; include complementary efforts to reach specific target populations		
Guidelines	-	-	-	-

	Ireland	Italy	Germany	Greece
Main learnings and best practices				
What factors do you think were relevant to the effectiveness of communication?	Consistent, timely and inclusive communication; transparency and accessibility to information	transparent, strategic and proactive use of social media by public health organisations	-	-
Guidelines	-	ensure shared and unambiguous communication on the main themes of the emergency; engage citizens with the help of media d social media campaigns that provide for their direct involvement, for example by using themes and topics close to the citizens or narrated by popular people (Sport and TV personalities); interact with the recipient of the communication campaigns on social media, for instance replying to the published posts to prevent the circulation of fake news; provide information that is based on science and to communicate it in a simple way to the population.	-	-

	Portugal	Romania	Spain	Sweden
Main learnings and best practices				
What factors do you think were relevant to the effectiveness of communication?	-	Transparency; Timely communication; Prevention of misinformation; Promotion of official channels, international in case of Romania – it was the first time when international official channels were promoted as reliable sources – EU, WHO, UNICEF etc; The vaccination campaign had no target group defined, it contained testimonials from several public figures but the message did not reach as there was no clear destination. This is why the National Audio-visual Council stopped the broadcast of those testimonials.	concentrating communication strategy on government spokespersons; multi-spokesperson strategy has succeeded in restoring an image of a team and of working together; detailed information about misinformation	
Guidelines	-	Communication through networks that were already in place and functional – eg: The Red Cross network covers the whole country and it was easier to send information, supplies, food. This also encouraged the donors to come to the Red Cross as it functions as a network; Communication in crisis works better in a network less bureaucratic, with a two waycommunication flow and also with e more relaxed decision making process.	Multi-layered communication system; translation of science into an accessible and understandable language; - Training of institutional spokespersons; Boosting fact-checkers; - Promoting a culture of science and prevention	-

	Switzerland	United Kingdom	USA
Main learnings and best practices			
What factors do you think were relevant to the effectiveness of communication?	-	1. Need to focus not only on factual information in communication, but consider many assumptions it conveys (the subtext, indirect meanings, inferences, and implications). 2. Messaging should be lexically and grammatically precise and thus easy to enact and adhereto. 3. Messaging should be 'irony-resistant'. 4. 'Branding' or sloganeering should not come at the expense of clarity and precision. 5. Messaging should be underpinned by evidence about what is effective.	If communication strategies are unsuccessful in calming fear of the unknown, their task will be even more difficult in explaining it and generating consensus around proposed actions. In that case, people may turn away from science-based approaches to alternatives.
Guidelines	-	communications should be accessible, actionable, credible and trusted, relevant, timely and understandable; Coordination, planning and monitoring;	-

	Austria	Belgium	Cyprus	Israel
Main learnings and best practices				
Relevant indicators	-	-	-	-
Additional Comments	-	-	-	Israel has some specific groups that demand very different communications strategies (not only different languages but a different approach). Among them the Ultra Orthodox religious Jews (with many subgroups among them), the Arab community, and the "general public"; social media plays a major role (in some instances more important than "official communications" channels); after May 2020 became highly politicized, it will be extremely difficult to separate the discussion on pandemia response and communications from the political discussion and the elections declared following a coalition crisis (December 2020).
Aditional Notes	-	-	-	-

	Ireland	Italy	Germany	Greece
Main learnings and best practices				
Relevant indicators	Consistent and simple information, delivered in an uncomplicated way; Avoid contradictory advice and ensure clarity in all communications, from all key figures; Need for tailored information for vulnerable and minority groups; Strong leadership, nationally and within local groups to establish trust and ensure a level of compliance; Community leadership from respected community members with good local connections; Two-way engagement through public involvement, nationally and within specific groups with unique needs and challenges; Accessibility to information to ensure reach and to establish trust through open communication	- television consumption (in Italy data are provided by Auditel); consumption and interaction in social media channels where the communication campaigns are vehiculated (number of access to websites, like, retweets, numbers of visualization of the videos, other forms of interaction); sample surveys on the effectiveness of the campaigns and on the trust of the institutions vehiculating the campaigns	-	-
Additional Comments	-	-	-	-
Aditional Notes	Ireland mixed government entities with organizations and communities. The whole text is confused and hard to access information.		-	-

	Portugal	Romania	Spain	Sweden
Main learnings and best practices				
Relevant indicators	-	§ Degree of population knowledge on the case evolution; Degree of the target groups' knowledge concerning the legal provisions	Accredited spokespersons with communicative competences; Constant, fast and effective communication; Accessible information formats with a strong pedagogical component; Visual information products, available for viewing on any digital tool (mobiles, tablets, etc.).; Tools for information verification.	
Additional Comments	-	-	In the Spanish case, no relevant and significant studies have yet been developed at regional and local levels. As indicated above, the centralisation of competencies in a single command (both security and health) meant that the communication strategy and the official spokespersons were always the same actors	In line with the Swedish constitution, Sweden cannot introduce a state of emergency during peacetime, only during wartime, and Sweden's institutional design relies heavily on autonomous government agencies (Pierre 2020). The government rules by instructions, budgets and informal contacts, but the government cannot directly command agencies how to act in a specific situation (Johansson &Vigsö, 2021); The king's statements and speeches had no political consequences but great symbolic value for the Swedish debate on the corona pandemic. In Sweden, using 'nudges' rather than prohibition, i.e. recommendations of behaviour rather
Aditional Notes	-	-		than legal restrictions, was considered a more effective and, most importantly, a sustainable way to manage the pandemic

	Switzerland	United Kingdom	USA
Main learnings and best practices			
Relevant indicators	-	Communcation Open; Transparent; Clear; Simple; Understandable; Credible; Timely; Acknowledges uncertainty; Accessible to the widest possible audience including the vulnerable and hard-to-reach groups and those with special needs; Tailored to different audiences – not a one-size fits all and targeted to different segments of the population; Avoids confusion; Builds trust; Consistent messaging; Actionable; Relevant	
Additional Comments	-	-	Policymaker discussion and press releases are regularly disseminated and critiqued by news agencies, often within an editorial or partisan lens. Coverage of these press conferences can differ strongly by agency, and is influenced by the political party in power as well as the bent of the news agency's viewership/readership.
	-	-	
Aditional Notes	-	-	