



COronavirus Vulnerabilities and INFOrmation
dynamics Research and Modelling

**COVID-19
Communication
Practices, Lessons
Learned, and
Recommendations**

Bi-Monthly Report: 16

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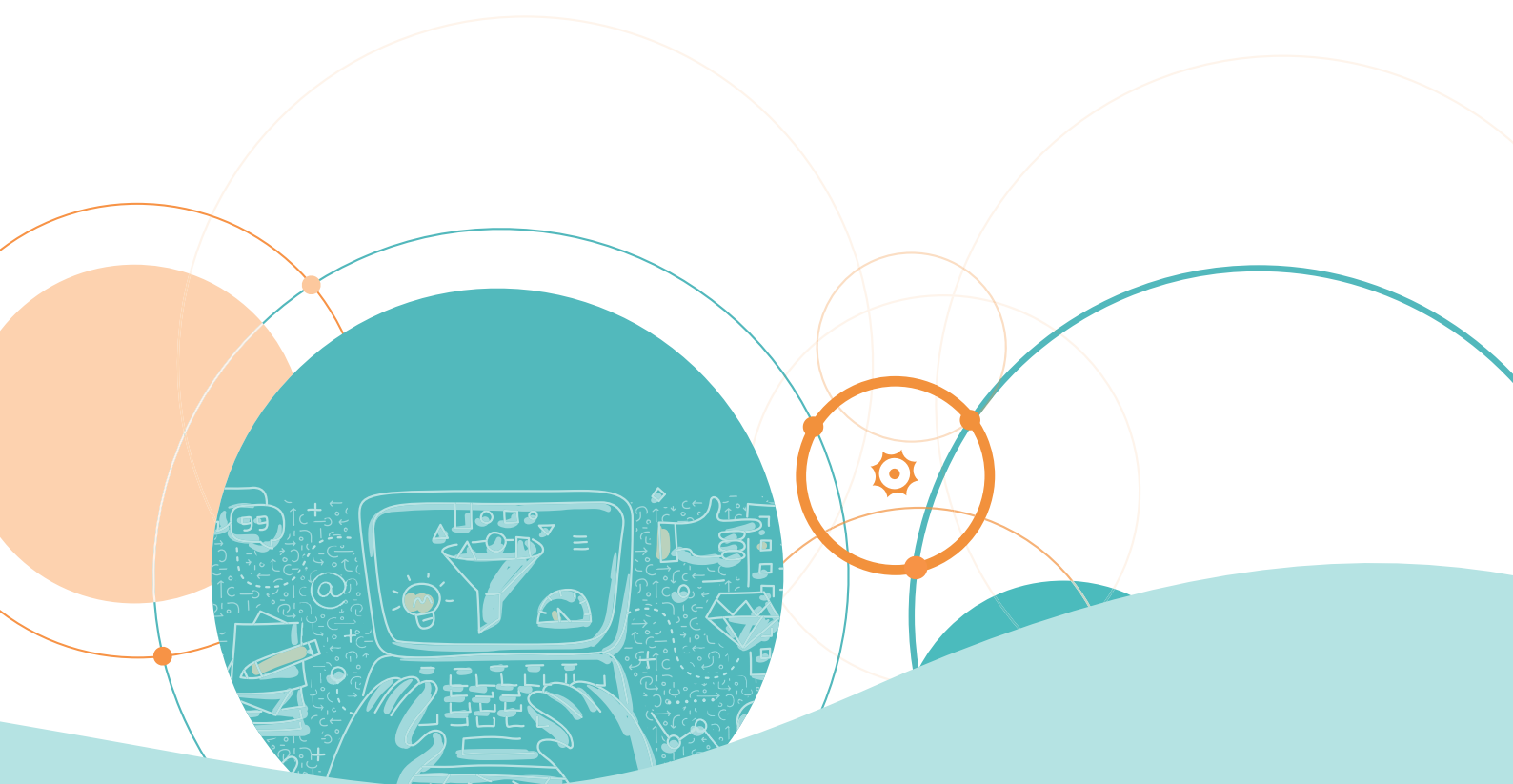
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INTRODUCTION



The COVID-19 pandemic has highlighted the key role that communication plays throughout a crisis. Prior to the development and rollout of vaccines, government responses focused on communication policies and communicating protective measures the public should adopt, such as lockdown and “social distancing” (Fakhruddin, Blanchard and Ragupathy, 2020). Communication also supported the rollout of vaccines (Quinn et al., 2023).

While communication has a key role, it is also “one of the key factors that can either increase or decrease people’s vulnerability to disasters” (Hansson et al., 2020, p.1). The need to consider vulnerability when communicating in a crisis is highlighted by the whitepaper “Inclusive Communication in Times of Crisis” developed

by the COVINFORM and PROACTIVE projects. The whitepaper outlines how the pandemic has reinforced the differential impacts that a crisis has on different groups and how there is a need to engage with vulnerable groups to understand their information needs, concerns and barriers that may prevent them from following protective measures. This understanding should inform the design of communication.

Communication has therefore been a cross-cutting topic in the COVINFORM project. This bi-monthly report outlines the lessons learned and recommendations relating to communication across the COVINFORM project’s Work Packages (WPs). Particular attention will be paid to WPs 2-8, which focus on:

- The development of a risk assessment model to evaluate the response and impact at different geographical levels (WP2),
- Case study design and evaluation (WP3),
- Government responses and impact assessment (WP4),
- Public health responses and impact assessment (WP5),
- Citizen and community responses and impact assessment (WP6), and
- Inclusive COVID-19 communication for behaviour change and addressing misinformation (WP7),
- The development of solutions, guidelines, and recommendations (WP8).

WP2: THE COVINFORM RISK ASSESSMENT MODEL



The COVINFORM project is creating an interactive risk assessment dashboard that will provide insights on different types of COVID-19 vulnerability (i.e., physical, social, economic and information) and the related impacts. The insights provided by the dashboard, that is being developed as part of WP2, can inform the design of risk and crisis communication. The dashboard will be made readily available at the end of October 2023.

The risk assessment dashboard is based on extensive and complementary quantitative and qualitative data collection practices. This includes a risk model that is based on quantitative data collected at a national level that covers; the threat (risk) of COVID-19; vulnerabilities; the consequences (impacts) of COVID-19; and resilience. The vulnerability data is further segmented to cover four categories of vulnerability:

- **Physical** (e.g., pre-existing health conditions)
- **Social** (e.g., education level, rural vs urban, gender, migrant population)
- **Economic** (e.g., GDP, % living in poverty, income inequality, unemployment rates)
- **Information** (e.g., literacy, digital access, digital skills)

The quantitative data available at the national level provides some high-level insights on vulnerability in a country that can be further explored. For instance, the data for information vulnerability may highlight low levels of digital access and the need to use traditional (e.g., print) communication channels to reach different groups. However, relying solely on national level quantitative data will not provide the detailed insights required to understand a vulnerable communities' information needs and any concerns and barriers that may prevent them from following protective measures. To address this, the COVINFORM risk assessment dashboard combines both quantitative data at the national level with qualitative interview data collected at the local level across ten case study sites in WP3 (Figure 1). The qualitative data covers:

- ➔ The characteristics of the study population in each case study
- ➔ The different factors which make these groups more vulnerable to COVID-19

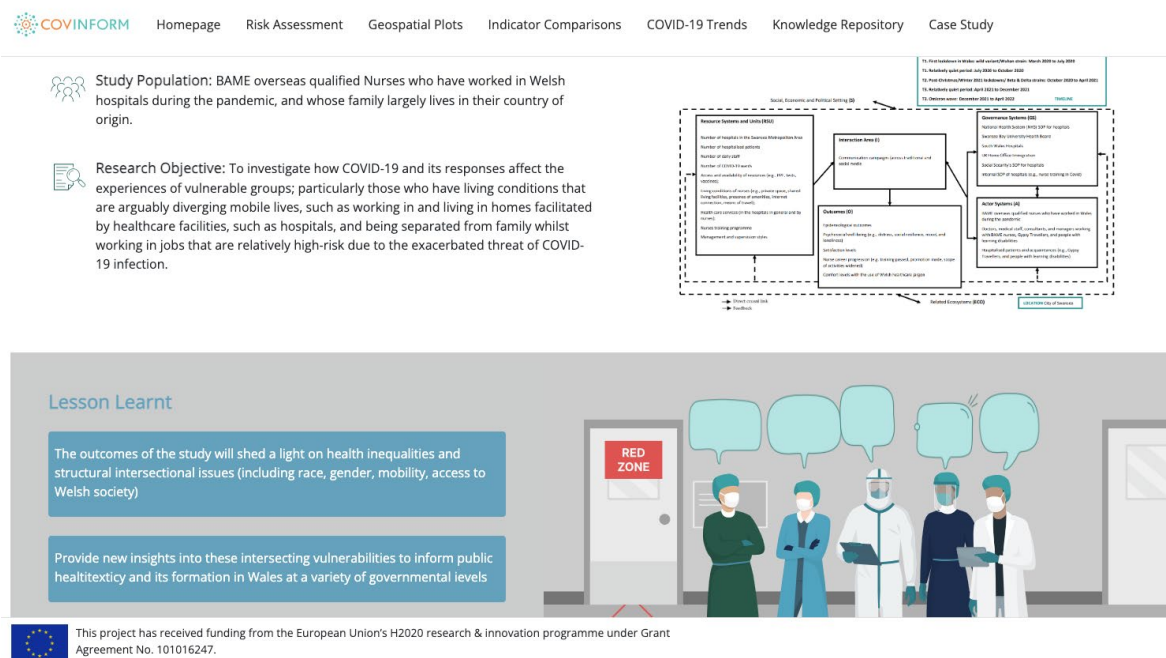


Figure 1. COVINFORM risk assessment dashboard: Case Study Overview (Mock-up version)

The inclusion of this qualitative data in the dashboard provides complementary contextual insights that enables a deeper understanding and explanation of the quantitative data at a national level. For instance, whilst the quantitative data may show a high level of information vulnerability, it is the qualitative data, as demonstrated by the quote below, that provides the context in which it makes people and particular groups more vulnerable:

“It is hard to learn a language when you live alone and have to stay at home every day, not talking to other people, especially as I have no internet at home and no laptop.”
 (Case Study: ‘Migrant communities in Borgerhout and Antwerpen Noord, Belgium’)

Recommendation from WP2



Combine quantitative and qualitative data to gain a holistic understanding of vulnerability and information needs. While national level quantitative data can provide high-level insights for further exploration, qualitative data collected at a local level can offer rich insights to understand the information needs of vulnerable groups and any concerns and barriers that may prevent them from following protective measures.

Relevant deliverables:

- [COVINFORM D2.1 Database containing different data sources](#)
- [COVINFORM D2.3 Technical Report](#)
- [COVINFORM D2.4 Cloud-based interactive dashboard for displaying geospatial layers](#)

WP3: COVINFORM CASE STUDY EVALUATIONS: SPOTLIGHT ON COMMUNICATION VULNERABILITIES IN ETHNIC MINORITY GROUPS IN ENGLAND



WP3 focuses on the COVINFORM project's design and evaluation of case-study research, which aims to identify promising practices in vulnerable communities. Early in the project, COVINFORM partners defined 15 target communities for in-depth desk-based research. Target communities were determined on the basis of scientific interest and partner access. From these 15 communities, 10 case studies were then selected for empirical research. The case studies explore vulnerabilities at a local level (municipality, region, etc.) with specific target populations (healthcare professionals, migrants, etc.), to better understand their lived experiences of COVID-19 (e.g., impacts and the ability to overcome challenges).

Exploring communication vulnerabilities was the primary objective for many partners. Media Diversity Institute and Trilateral Research aimed to better understand the local case study of England (West Midlands), how communication was experienced in hard-to-reach communities (ethnic and religious minorities) and to examine the extent to which the official government and health authorities' COVID-19 messages reached members of minority groups. The main objective of the case study is the identification of alternative communication practices developed within these communities as a response and adjustment to the pandemic.

A total of 31 interviews were conducted and analysis of the case study findings are ongoing. Below are some preliminary findings, which will further be elaborated on in deliverable D3.8, "Final case study reports and comparative report – update" due in M35 (September 2023).

Key lessons learned relating to communication identified from the interviews include:

Misinformation

One interviewee commented that during the vaccination drive, there was a lot of misinformation, particularly within ethnic groups. The interviewee reported that they felt it was important for medics, doctors and professionals specialising in vaccination to approach ethnic communities and explain the vaccines carefully. The interviewee explained:

"As I said, even during the vaccination drive, there was a lot of misinformation, particularly within the ethnic groups, about what this vaccination is about, what does the vaccine contain, or whether we should go for it, whether we should not. I believe that was another key moment where we had to make sure our medics, our doctors, professionals within that particular field, came up and explained to the community that what is this about."

Another interviewee commented that misinformation was fought by reaching out to professionals for advice, and then communicating with specific groups about the safety of the vaccine.

Representation

The interviewee findings revealed that their shared identities helped with the communication of COVID-19 information to their target audience. For example, one interviewee explained that when she wore a Sari, a women's garment from the Indian subcontinent, this helped with the distribution of key messages to the community. The interviewee commented:

“Again, I realised it was important they could relate to me. I wore a sari, for example, which I think is really important if you're getting these key messages out to the community.”

Alternative communication channels

When communicating COVID-19 information, the interviews revealed that a range of communication channels were used to educate the public about the pandemic. For example, one interviewee disclosed that they did some work on radio talking in Gujarati addressing the local Indian radio stations in and around England, talking about the COVID-19 vaccine, and putting the government's messages in languages that were understandable. Furthermore, another interviewee explained that as a member of the Leicester Council of Faiths, they would translate messages coming from the National Health Service into their own languages. Then, they would make short videos and short messages, which would then be sent to communities via social media platforms.

Recommendations from WP3

Upon reflection of the WP3 interviews, recommendations include:



Working on strategies to overcome misinformation, which include advice from trusted professionals, representation from minority groups to gain and build trust, and using alternative communication channels where the audience includes hard to reach community members.

Relevant deliverables:

- [COVINFORM D3.1 Case Study Selection](#)
- [COVINFORM D3.4 Case Study Reports and Comparative Report](#)

WP4: GOVERNMENT COVID-19 COMMUNICATION STRATEGIES



For the COVINFORM project, WP4 focuses on government responses to the COVID-19 pandemic.

This WP explored the different communication strategies implemented by the COVINFORM countries under study for WP4: Austria, Belgium, Cyprus, Germany, Greece, Ireland, Israel, Italy, Portugal, Romania, Spain, Sweden, Switzerland, and the United Kingdom (England and Wales). The exploration of communication for WP4 is particularly important as government actors generally provided updates at a national level during the crisis, and how well a government communicates during a crisis has a direct impact on public trust, compliance, and support from the public (Sanchez, 2020).

Besides secondary research, WP4 has involved interviews with relevant stakeholders. Thus far, 57 interviews have been carried out across the COVINFORM countries.

Key lessons learned relating to WP4 communication includes:

- Most of the COVINFORM target countries under study for WP4 opted for centralised communication strategies. Strategies predominantly consisted of communications via official websites and regular press conferences, usually led by well-known Epidemiologists, Prime Ministers, Ministers, and appropriate governmental agents, particularly from the Ministry of Health. In this project, it has been reported that the success of the communication strategies rested on the actors involved in the communication and the level of public trust in the actors communicating COVID-19 information.
- Apart from the official government websites, dedicated COVID-19 official websites and social media that contained all measures and relevant information on COVID-19 evolution were adopted. In addition, specific thematic and targeted campaigns were created. The campaigns touched on hygiene measures, social distancing practices, vaccination plan and procedures, the protection of certain vulnerable populations, and counteracts to misinformation
- It was identified that consistency, transparency, and timing of information dissemination were the factors that contributed to the success rate of communication in each country.
- Communication efforts that focused on vulnerable populations initially lacked a tailored approach. However, communication towards such populations became more structured towards the later phases of the COVID-19 pandemic. Attention was paid to vulnerable populations because of their increased needs, which mainly comprised of conveying information in different languages and sign language. Targeted campaigns also included visualisations and videos to address the needs of illiterate citizens.

Recommendations from WP4



Collaborative communication structures should be in place preceding future (health) crises. These structures must prioritise their ability to respond to quickly evolving emergencies and crisis sensitivities. The incorporation of scientific evidence into political decision-making can strengthen policy initiatives and public trust.



Pre-existing communication structures and plans should include developed strategies that focus on reaching vulnerable groups. To reach vulnerable groups effectively, there should be a commitment to advance targeted and tailored communication that teach, inform, and stimulate protective behaviours, strengthen trust in the source, and eliminate myths.

Relevant deliverables:

- [COVINFORM 4.1 Baseline Report Governmental Responses](#)
- [COVINFORM 4.3 Analysis Government Responses to COVID-19 and impact assessment](#)
- [COVINFORM 4.4 Synthesis and Lessons Learnt on Governmental responses and impacts](#)

WP5: PUBLIC HEALTH MESSAGING DURING THE COVID-19 PANDEMIC







WP5 focuses on public health responses to the COVID-19 pandemic. The WP explored the COVID-19 impact and response from a public health perspective, with a specific focus on health inequality and vulnerability. Various communication and information strategies were implemented by public health experts to inform the public about COVID-19, the risks and benefits of specific actions, policies, and measures. And in the latter stages, public health messaging focused on COVID-19 vaccination. Researchers investigating COVID-19 communications during the pandemic have revealed that public health messaging has influenced public compliance (McCloughlin et al, 2023). They reported that effective health messaging offers manageable instructions, which influence public confidence that adhering to COVID-19 advice is worthwhile (ibid). As stated by researchers Robb Butler and Noni E MacDonald, poor public health communication can “cause confusion, scepticism, and resistance in the population, which may negatively impact the implementation of immunization programs.” (Butler & MacDonald, 2015). The COVINFORM project partners identified key lessons from their desktop-based research and interviews with public health experts and healthcare professionals. Note that the interviews cover public health communication. For the first iteration of analysis of WP5 interviews, 15 health care workers’ interviews were analysed and synthesised (the analysis of outstanding interviews completed is ongoing).

Key lessons learned relating to communication identified from the research include:

- Public health actors played an important role in COVID-19 specific communication and information strategies. However, there was significant variation across countries in the degree to which public health actors took centre stage in communicating about the pandemic. In all countries, it was identified that public health officials with training in fields like epidemiology and virology were tasked with communicating about the epidemiological situation, providing updates on figures such as COVID-19 case numbers and hospitalization rates.
- As vaccination campaigns were rolled out, these were accompanied by specific communication efforts to inform the public about COVID-19 vaccines. Examples include the Österreich impft (Austria vaccinates) campaign by the Austrian Red Cross, and the RO Vaccinare (Rovaccinate) campaign by the Romanian government. Österreich impft featured a website as well as campaigns in traditional and social media. RO Vaccinare is a Facebook page run by the Romanian government. Regarding the RO Vaccinare campaign, good practices include adopting a different method from the standard messages urging vaccination (Obreja, 2022). One strategy of the RO Vaccinare campaign included revealing the alternative narratives that vaccinated individuals bring into discussion (ibid). Exposure to positive messaging was said to heighten the probabilities of persuading people to get vaccinated (ibid).

- Interviewees reported that the sheer quantity of frequently changing evidence led to information overload, which was hard for people to deal with.
- Communication with ‘vulnerable groups’ around vaccination involved translating the latest COVID-19 guidance to a range of different languages, as well as making materials available in sign language and ‘simple language.’

Recommendations from WP5

-  Public health communication needs careful planning to avoid the undermining of public participation and compliance. Emergency, and reactive communication should be replaced by strategic communication involving all relevant stakeholders. To this end, preventive plans, and communication drills should be carried out to develop future crisis scenarios and increase citizenship participation. Note that a drill is *“a method of learning or training where you do something over and over again until you are very familiar with it and can do it well and easily.”*¹
-  To overcome confusion around changing evidence and feelings of information fatigue, pre-existing preparedness plans should be developed to strengthen good practices. A developed plan should also include effective public health responses to consider for future pandemics.
-  Attention should be paid to addressing the concerns of vulnerable groups. With a particular focus on refugees and migrants, information should be translated and then disseminated through efficient channels including NGOs, refugee or migrant volunteers, and respective communities.
-  Public surveys could help identify failures, scope, and drawbacks of the communication strategies to improve and plan future actions in the field of public health.

Relevant deliverables:

- [COVIFORM D5.1 Baseline Report on Public Health Responses](#)
- [COVIFORM D5.3 Analysis Public Health Responses and Impact](#)
- [COVIFORM D5.4 Synthesis and Lessons Learnt on Public Health Responses and Impacts](#)

¹ Scientology. (N.d.). Retrieved from <https://www.scientologycourses.org/tools-for-life/communication/steps/communication-training-drills.html>

WP6: COMMUNITY LEVEL COVID-19 COMMUNICATION



COVINFORM also examines the COVID-19 impact and response at the “community” level in WP6. This includes analysing different community structures and stakeholder networks, the local implementation and impacts of governmental pandemic responses, and voluntary and citizen-led responses to the pandemic.

Focusing on the community level impact and response to COVID-19 is important as the measures implemented did not impact all groups equally. For example, communication gaps during the pandemic disproportionately impacted vulnerable groups (Clark-Ginsberg & Petrun Sayers, 2020). This has been suggested to be due to a lack of access to technology and high-speed internet that reduces access to particular communication channels, decreased confidence and mistrust of authorities, and the spread of misinformation (ibid.).

For WP6, COVINFORM partners conducted a combination of desk-based and primary research at the community level to understand the COVID-19 impact and response, and promising practices for policy co-production or co-implementation. The primary research comprises 38 qualitative interviews, and continues to enrol participants, across sub-national sites in nine countries.




Key lessons learned relating to communication identified from the research include:

- Community led approaches to communicating COVID-19 information to vulnerable groups involved a variety of different stakeholders (e.g., key community figures, religious institutions, and stakeholders, NGOs/CSOs, and socio-cultural organizations). These stakeholders were involved in launching and/or participating in different practices to promote COVID-19 information by translating, adapting, and/or disseminating official information to their networks. Examples of practices identified include:

1. The City of Antwerp, Belgium, recruited people with a broad network in their neighbourhood, religious community, or migrant community as ‘Sensi Ambassadors’. The Sensi Ambassadors received training about COVID-19, distributed multilingual communication materials, and acted as a trusted source of information for their network.
2. Birmingham City Council, UK, launched a [*“COVID-19 Community Champions”*](#) initiative whereby people aged over 18 years old who live or work in Birmingham were able to volunteer to share COVID-19 guidance and advice with their networks, family, and friends. As of 16th March 2021, Birmingham had 766 Community Champions.

- Most interviewees highlighted their target groups as vulnerable to disinformation and misinformation and highlighted the need for more effective ways to counter these threats.
- Cooperative, synergistic, and/or complementary actions by Governmental Organisations and NGOs/CSOs were associated with positive outcomes and were widely praised as good practices.

Recommendations from WP6

-  Governmental organisations should collaborate with CSOs to adapt risk communication messages into forms that their target groups can understand. CSOs can act as bridging organisations to communities.
-  Enable proactive cooperation between governmental risk communicators and CSOs and representatives of vulnerable groups to debunk myths.
-  Information exchange should be bidirectional and include opportunities for communities to be heard.

Relevant deliverables:

- [COVINFORM D6.1 Baseline report Community and citizen responses](#)
- [COVINFORM D6.4 Synthesis and lessons learnt on community and citizen responses and impacts](#)

WP7: INCLUSIVE COVID-19 COMMUNICATION FOR BEHAVIOUR CHANGE AND ADDRESSING MISINFORMATION



As communication has played a key role in the response to COVID-19, COVINFORM WP7 is dedicated to inclusive COVID-19 communication for behaviour change and addressing misinformation.

People's behaviour has been key to the COVID-19 response during the different stages of the pandemic including both the adoption of protective measures (e.g., physical distancing) and vaccination. In the early stages of the pandemic, policies focused on national and regional communication of public health measures due to the absence of a vaccination and approved treatments (Fakhruddin, Blanchard, & Ragupathy 2020). However, the pandemic did not only involve the communication of protective measures but also saw the spread of false information. This included misinformation (unintentionally false information) and disinformation (false information purposely spread (Lazer et al., 2018)). In response to the overwhelming information, including mis- and disinformation, the World Health Organization categorised COVID-19 as an 'infodemic' (WHO, 2020).





For WP7, partners conducted desk-based and primary research to identify and analyse the communication practices used, main lessons, and best practices across the COVINFORM partner countries. The findings and recommendations presented below are based on the findings of the desk-based research across 15 countries as the data from the primary research is currently being analysed. Thirty-eight interviews have been conducted thus far, and the interview findings will be presented in D7.7, "Analysis Communication and Information – update" due in M34 (August 2023).

Key lessons learned relating to communication identified from the desk-based research include:

- Inconsistencies and conflicting messages were common in almost all of the countries analysed. This included unclear messages, contradictions, disagreements between politicians or between politicians and experts, and/or erroneous claims that all caused confusion and uncertainty.
- Trust and transparency both play a key role in communication. In some countries, there was already a lack of trust in official (government) communication, while in others, a perceived lack of transparency may have caused a decline in trust.
- Risk communication followed a multi-channel strategy, which increases the reach of the messages, across all the countries under research. However, COVID-19 communication was predominantly one-way and top-down approach with all countries using press conferences, (government-run) websites and dashboards, as well as mass media (TV, radio, as well as printed and online newspapers).

- Government communication mainly appeared to target the general public, however, official communication in most countries did also address certain vulnerable groups, at least to some degree. This included targeted communication to: those affected by language and/or cultural barriers; older people; children and young people; people living with disabilities; people living with health vulnerabilities; and healthcare workers.
- Close relationships between the government and various NGOs and CSOs were identified in some countries with NGOs and CSOs playing an important role in shaping and/or amplifying risk communication and tailoring communication to different vulnerable groups.

Recommendations from WP7

-  Two-way communication channels (e.g., hotlines) should be used to engage with the target audience and gain insights into their perceptions, information needs, and the impact of the communication. This will foster inclusivity which is particularly crucial for effective communication of information to vulnerable groups, those who may be at increased risk of harm, such as the socioeconomically disadvantaged, and ethnic and linguistic minorities, among others (Anson et al., 2021, b).
-  Identify sources (e.g., religious or community leaders) that are credible to different target audiences to share messages (Bavel et al. 2020) as trusted and credible communication is essential for effective risk communication.
-  Information should be reliable and grounded in scientific evidence. For instance, messaging regarding personal mitigation measures such as wearing facemasks and social distancing should be accompanied by information regarding their scientific basis.
-  Research should be conducted to understand the support systems available such as civil society organisations (e.g., community centres, faith-based institutions) that provide alternative information sources for vulnerable groups. This research should also consider the capacity that CSOs and NGOs have for tailoring, shaping, and amplifying communication to different vulnerable groups.

Relevant deliverables:

- [COVINFORM D7.1 Baseline report Communication and information](#)
- [COVINFORM D7.4 Synthesis and Lessons Learned on Communication, Information and Misinformation](#)
- Anson, S., Bertel, D., Havârneanu G., & Petersen, L. (2021). [Inclusive communication in times of crisis: lessons learned and recommendations from COVID-19 and other CBRNe incidents based on recent COVINFORM & PROACTIVE findings](#). Whitepaper. DOI: 10.13140/RG.2.2.27104.97286

WP8: AN OVERVIEW OF PRE-EXISTING BI-MONTHLY REPORTS COVERING COMMUNICATION DURING THE COVID-19 PANDEMIC



WP8 aims to create reports and materials for stakeholders and to develop recommendations and best practices to influence adherence to behavioural advice across different groups in society. In particular, the objective of task 8.1 (coordinated by Sapienza University of Rome (SAPIENZA)) is to create and publish useful output of the project every two months in the form of brief reports, snippets, webinars, etc. for the different stakeholders. The task started in month three of the project, with the first report published in January 2021, and the final report to be published in September 2023. To date, four reports have touched on communication during the COVID-19 pandemic. The relevant reports are as follows:

[*COVID-19 Vaccines: History and Facts – Bi-Monthly Report: 01*](#)

This report opens with a brief review of the history of vaccines, and then describes the current (as of January 2021) situation regarding COVID-19 vaccines, also exploring the issue of misinformation related to these types of vaccines. Since misinformation falls under communication, readers can turn to page 10 of the report to learn more about how this practice evolved during the COVID-19 pandemic.

[*A Glimpse of the Lessons Learned During the COVID-19 Pandemic – Bi-Monthly Report: 03*](#)

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

[*COVID-19: Findings on the Governmental Responses in COVINFORM countries – Bi-Monthly Report: 04*](#)

This bi-monthly report summarises the findings of the desk-based research that was conducted for the purposes of WP4 in the COVINFORM project. An overall view of the institutional and governmental responses in the 14 target countries have been provided in conjunction with several visuals. For further information on communication practices, please refer to page 13.

[*Viruses of the mind. Coping and joking about COVID-19 – Bi-Monthly Report: 07*](#)

This report presents outcomes of an explorative analysis of memes conducted in the context of the COVINFORM project. The aim of this report is to gain an understanding of how humour was used to cope with the events of the pandemic and communicate with others, to share specific narratives, and to comment on experiences during the pandemic.

CONCLUSION



To conclude, this bi-monthly report has demonstrated the significance of communication across all the different WPs under study. Following the evaluation of pre-existing COVINFORM deliverables containing both desk-top based research and interviews with relevant stakeholders, a number of lessons learned stood out:

- For WP2, both quantitative and qualitative data/insights can help with the identification and understanding of communication vulnerabilities. This includes varying degrees of digital skills and the need to use traditional communication channels to reach different groups.
- For WP3, misinformation, representation, and alternative communication channels were examples of topics that interviewees touched on when addressing communication among vulnerable groups.
- For WP4, the actors involved and the level of public trust in communicators contributed towards the level of success of government communication strategies.
- For WP5, health officials in fields like virology and epidemiology played an important role in communicating public health messages.
- For WP6, community-led approaches focused heavily on supporting vulnerable groups. Support came in the form of translating, adapting, and disseminating official information to networks.
- For WP7, close relationships between government and various NGOs and CSOs were identified in some countries, with NGOs and CSOs paying an important role in shaping and/or amplifying risk communication.
- For WP8, the lessons learned from WP2-7 will be summarised in policy briefs, white papers, and fact sheets.

Finally, the recommendations presented in this report have presented an opportunity for strengthened communication practices, which ought to be acted on should another pandemic breakout in the future. Common recommendation trends across all the WPs include strengthened collaboration between appropriate bodies, careful policy planning, consistent and clear messaging, and understanding the needs of all vulnerable groups.

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The COVINFORM project

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

Contact

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