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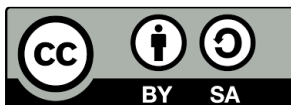
THEMATIC REPORT

COMMUNICATION: KEY PRINCIPLES AND RECOMMENDATIONS



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Background and methods

The current COVID-19 pandemic is having a strong impact in everyday life and creating an unprecedented challenge to health and care systems worldwide. Numerous measures to respond to the urgent care needs of those impacted are being taken, while also trying to reduce the long-term impact on vulnerable people, in all ways possible. Since the first cases appeared, countries have developed several strategies, adapted services and a wide range of innovations came up, requiring flexibility, especially to address people's continued care. After the emergency state, a collaborative leadership approach will be essential and working together as a collective, investing in a participatory citizenship, will be key.

The emergency state, the use of teleworking, the social distance, all implied uncovering new methods of work, understanding society's biggest fragilities and will imply changes in work and training, tools and routines that will only be clear in the next months and years. In this process of living "remotely", by far younger generations had an easier adaptation. If, besides age, we address adults with lower qualifications and skills, as it is often the case in the care sector, this is more serious, as they are easily hampered in the search of reliable information due to missing digital skills.

Apart from all the innovations that are being developed and new ways of delivering services, there is the need to prepare bottom-up initiatives that build-up the competences of the professionals in the care sector so that they are prepared to deal with such emergency situations in the future.

STEP_UP intends to develop a training tool for social care professionals, community leaders, informal caregivers and volunteers, where they are introduced to the actual impact of behaviours in the spread of a pandemic/emergency situation. There they can learn about preventive measures, their impacts and different levels – individual, at work, in the family, at state level, among others.

Although there is plenty of information available online, it is difficult to know which one is reliable. Also, there is the need to prepare the right training methods to approach the care sector, in an adequate and engaging way.

The core of this tool will be an educational game but also a Virtual Library was created to allow measures to be shared, consulted and benchmarked..

Besides the other results, a manual on social and policy interventions will be delivered, offering targeted guidelines and insights on early detection, preventive measures, health and social care interventions and policy measures for EU countries.

Based on the desk research to identify measures to stop spreading the epidemic growth that are stored in the [Virtual Library](#), the information from the first round of workshops and eventual additional publications, each partner of STEP_UP elaborates a thematic report in August 2021.

Each report addresses one of the crosscutting themes to combat epidemic diseases or pandemics such as COVID-19, SARS, Ebola virus or Yellow Fever. The reports will be used to build the Social and Policy Interventions Manual, to be delivered at the end of the project in national languages.

To be sustainable for the future and to detect overarching guidelines to stop epidemic growth, the thematic reports focus on more diseases than COVID-19 only. The length of the report is expected to be 12-15 pages at a minimum.

The crosscutting themes are divided among partners as follows:

Crosscutting theme	Partner
WHO: pandemic and epidemic diseases include among others influenza (pandemic, seasonal, zoonotic), COVID-19, SARS, Ebola, The Plague, Yellow Fever, Cholera	
Early detection: measures, methods and systems available in the partner countries and globally to detect a health emergency virus outbreak before it is widely spread.	AFEdemy
Prevention measures: Limit transmission of COVID-19 – these may be individual or organisational measures. Includes screening (e.g. temperature), washing hands, wearing masks, etc. It is the behaviour itself	SHINE
Healthcare and social care interventions: measures in healthcare organisations, public health, social care	CIPH
Policy measures: Minimize the impact of COVID-19 – these are measures defined / imposed by the government to specific individuals or society. E.g. wearing mask is a preventive measure but the policy measure is the obligation of using mask in the streets. Includes containment, mitigation and suppression measures	ISIS
Communication: governmental, experts communication	WISE

Epidemic diseases and pandemic

Communicable diseases have plagued mankind since time immemorial. In many cases, science has been able to find solutions to keep the spread and burden of these diseases under control. Sometimes, however, a new disease breaks out and increases unexpectedly in the

number of disease cases (epidemic) or there is an exponential disease's growth, mostly affecting several countries and populations (pandemic) before effective solutions are found. The most recent example of such a pandemic is COVID-19.

It is not possible to consider that no other health emergency situations will occur in the future. To enable the target group of adult learners of STEP_UP to be prepared for future outbreaks, this report also focuses on measures on epidemic diseases or pandemics that infested Europe in the past or are compatible to COVID-19. Main source: United States Center for Disease Control and Prevention.

Black Death/Plague

The Black Death or Plague is a bubonic plague that struck Europe and Asia in many different centuries in the past. The plague caused many casualties: estimations are that about 50% of the populations were killed. The plague is spread by a bacillus that travels from person to person through the air, or by bites of infected fleas and rats. Symptoms are that people are covered with black boils that oozed blood and pus. The disease was very effective: people could go to bed healthy and be dead in the morning. Prevention from the plague is to make the environment rodent-proof, avoid skin contact and control fleas on pets. Plague vaccines are in development but are not expected to be commercially available in the immediate future (Sun & Singh, 2019) .

1918 H1N1 / Spanish Flu

The 1918 H1N1 flu pandemic, sometimes referred to as the "Spanish flu," killed an estimated 50 million people worldwide. Mortality was high in people younger than 5 years old, 20-40 years old, and 65 years and older. An unusual characteristic of this virus was the high death rate it caused among healthy adults 15 to 34 years of age. At that time there was no vaccine to protect against influenza infection and no antibiotics to treat secondary bacterial infections. Control efforts were limited to interventions such as isolation, quarantine, good personal hygiene, use of disinfectants, and limitations of public gatherings.

SARS-CoV

Severe acute respiratory syndrome (SARS) is a viral respiratory illness caused by a coronavirus called SARS-associated coronavirus (SARS-CoV). SARS was first reported in Asia in February 2003. The illness spread to more than two dozen countries in North America, South America, Europe, and Asia, before the SARS global outbreak of 2003 was contained. Since 2004, there have not been any known cases of SARS reported anywhere in the world. In general, SARS begins with a high fever (temperature > 38 degrees Celsius). Other symptoms may include headache, discomfort and body aches. Some people also have mild respiratory symptoms at the outset. Most patients develop pneumonia. SARS is spread by close person-to-person contact and droplets spread by air.

2009 H1N1 / Mexican Flu Pandemic

In 2009 an influenza (flu) virus emerged that had never been seen before in humans. This virus contained a unique combination of influenza genes not previously identified in animals or people. The United States Center for Disease Control and Prevention estimated that 150,000-575,000 people worldwide died during the first year the virus circulated. 80 percent of these deaths were estimated to have occurred in people younger than 65 years of age. This is quite different from typical seasonal influenza epidemics, during which about 70-90 percent of the deaths are estimated to be people older than 65. An effective vaccine is available and many younger people were vaccinated in 2010.

MERS

Middle East Respiratory Syndrome (MERS) broke out in 2012 and is an illness caused by a virus (more specifically, a coronavirus) called Middle East Respiratory Syndrome Coronavirus (MERS-CoV). Most MERS patients developed severe respiratory illness with symptoms of fever, cough and shortness of breath. About 3 or 4 out of every 10 patients reported with MERS have died. MERS-CoV can be spread through close contact, such as caring for or living with an infected person. Preventive measures are washing hands, cover mouth and nose with a tissue, avoid personal contact and clean and disinfect frequently surfaces.

Introduction to the measures

At the start of the Stop epidemic growth through learning (STEP_UP) project, partners performed a desk research to identify measures that are used or recommended to stop the spreading of epidemic diseases or pandemics. The identified measures are categorized and stored in the virtual library on the project website.

The measures are categorized as follows:

- Early detection: measures, methods and systems available in the partner countries and globally to detect a health emergency virus outbreak before it is widely spread
- Prevention measures: Limit transmission of COVID-19 – these may be individual or organisational measures. Includes screening (e.g. temperature), washing hands, wearing masks, etc. It is the behaviour itself
- Healthcare and social care interventions: measures in healthcare organisations, public health, social care
- Policy measures: Minimize the impact of COVID-19 – these are measures defined / imposed by the government to specific individuals or society. E.g. wearing mask is a preventive measure but the policy measure is the obligation of using mask in the streets. Includes containment, mitigation and suppression measures

- Communication: governmental and experts' communication towards the general public.

Based on this categorization of measures and additional information, each project partner prepared a thematic partner report. This report will become part of the manual on social and policy interventions, Intellectual Output 2 of the project. The manual will target adult learners that work as professionals in municipalities and welfare organizations as well as social and health care providers, mainly those in auxiliary positions and lower skills. Additionally, volunteers in associations, initiatives, and other community organisations will be provided with options and strategies to contribute for public awareness.

In particular, the present report focuses on the latter topic of the above list and presents a compilation of communication and information recommendations based on a scoping analysis of the communication strategies adopted by governments, public entities and experts towards the citizenry.

The role of effective, tailored and trustable communication amidst the COVID-19 pandemic is particularly significant given the magnitude of the situation and the need for the public to be provided with pertinent information regarding COVID-19.

Specifically, there is a compelling need for communication and information strategies to focus on the spread of the virus, the risks associated with contracting it and why people should comply with recommendations and restrictions even when and where the number of cases is low. Such strategies must operate on a set of basic public health communication principles of reliability, trust and transparency which we will discuss in the next pages along with the identification of the main key challenges to effective communications.

The report will then concentrate on a set of key recommendations extrapolated from the analysis of scientific and gray literature and finally enumerate some exemplary good practices to serve as a guidance for any actor involved in the design and delivery of communication, strategies, campaigns and messages aimed to support the application of measures and the adoption of recommended behaviours as well as to inform people about the risks and the evolution of the pandemic.

Background

There is no 'best practice' for communication during a complex public health emergency, but past experience has led to several principles that may contribute to a successful strategy.

There are a number of published guides from the World Health Organization (WHO), the US Centers for Disease Prevention and Control (CDC), and others that outline good communication based on lessons learned from past health crises, including Ebola and Zika (Toppenberg-Pejcic *et al.*, 2019).

In spite of the abundance of guidance documents, it is important to highlight the main factor that makes COVID-19 different from previous medical crises, in part because of our collective access to communication technologies. "This is the first pandemic of its kind in the age of social media," explains K. Vish Viswanath, Lee Kum Kee Professor of Health Communication and director of the Applied Risk Communication for the 21st Century program at the Harvard T.H. Chan School of Public Health. "Because of the saturated information environment, we are getting overwhelmed, even though each medium is covering information in a careful and responsible way, especially the mainstream press," he explains. "The collective exposure is causing stress. People are struggling with how to stem the tide of information flooding them."

It is also relevant to stress that most of the reports and publications focus on risk communication strategies. Studies have suggested that risk communication strategies are an effective non-pharmaceutical intervention (NPI) for COVID-19 (Haug *et al.*, 2020); other NPIs could include travel restrictions, physical distancing, or personal protective equipment — each of which, in turn, requires clear communications. Moreover, accurate communication about the fast-track political measure adoption processes and the use of emergency funds is crucial to enhance transparency and accountability for the governmental decisions. Last but not least, the role of communication and government efforts to build trust in vaccines has undoubtedly become evident, as highlighted by the OECD which has also collected a series of good practices and lessons learnt (OECD, 2021).

Several studies have centred their analysis on identifying lessons from social psychology and cognitive science that inform how to communicate with clarity and motivational power in order to encourage behavioural shifts although the extent to which behavioural insights are able to change behaviour within the context of COVID-19 are still not completely understood (Ontario Hospital Association, 2020).

In general, we witnessed that risk communication has been increasingly handled, planned and delivered in conjunction with community engagement actions thus moving from the directive, one-way communication, which characterized the early stages of the COVID-19 response, towards the community engagement and participatory approaches that have proven to help control and eliminate outbreaks in the past (UNICEF, WHO & IFRC, 2020a).

Key challenges to effective communication

Many contextual and behavioural factors influence the impact of communication during health crises.

Information processing is affected by stress and uncertainty

- In general, people may not hear, not remember, or misinterpret information.
- People hold on to tightly held beliefs and may be less likely to engage in behaviour that they perceive counterintuitive.
- People may exhibit “confirmation bias” i.e. the tendency to favour, search for, interpret and remember information that confirms our own beliefs. According to some experts, this might be one of justifications behind the messages of calm issued by Spanish authorities in March 2020 despite the alarming information coming from other countries such as China, South Korea and Italy (Garcia-Alamino, 2020).
- How people interpret messages is also influenced by people’s tendency to exhibit “optimism bias”, i.e. to overestimate the likelihood of positive events in our future while underestimating the likelihood of negative events. Such human cognition pattern showed to reduce adherence to behavioural change (Fragkaki *et al.*, 2021).

Emotions and social ties affect risk perception and decision making

- Emotions, such as fear, form the basis for judgements of risk. However, messages that incite fear tend to only be successful in producing a desired behaviour when people feel a strong sense of efficacy (Bavel *et al.*, 2020).
- Under stress, people tend towards herd behaviour, making decisions based on the behaviour of others. A study showed how due to the global outbreak of COVID-19 individuals saw the panic buying of other people in stores, which triggers their own feelings of anxiety and stimulates them to act like others (Lee *et al.*, 2021).
- Perceived social norms among peers (e.g., family, friends, community) influence a person’s own likelihood to engage in a particular behaviour. Social networks can promote the spread of beneficial as well as harmful behaviour.
- Cultural norms and cultural identity factor strongly into how people make decisions but may also underlie disease risk. Messaging needs to be framed in a way that is culturally relevant to the target audience (Airhihenbuwa *et al.*, 2020).

Communication shall adjust to changing information needs

- Leão *et al.* report data (2021) from a content analysis of 293 questions submitted to online, radio, newspaper and TV channel forums during the first months of the

pandemic in Portugal. First of all, they found a high degree of uncertainty and doubt, regarding both medical questions, daily life practicalities related to lockdown and other measures, and questions related to infection control. It is interesting to see how certain uncertainties and doubts were reduced during the early weeks of the pandemic, while the frequencies of others increased.

- “Every crisis has a life cycle, and emotional states and needs vary with the cycle’s stages”. Departing from this assumption, the leaders’ guide released by McKinsey (2020) frames a crisis in three evolving steps which communicators should be thoughtful of: (i) In the crisis’s early stages, governments and major media outlets first focused on clear, simple instructions about physical distancing and “lockdown” guidelines; (ii) as people began to follow safety instructions, communication shifted to a focus on adjusting to change and uncertainty, e.g. from health basics to socio-economic recovery; (iii) finally, as the crisis’s end will come into view (which is still too early on a broader perspective), communication shall strive to help people make sense of its magnitude and its impact.

People do not generally understand the scientific process

- Scientific research progressed as long as measures were being implemented. For instance, guidelines evolved on masking, which vaccine is recommended for which age group and what is or is not safe to do.
- In an era dominated by social media and a general problem with people mistrusting public authorities, this could transfer to the public the wrong feeling that “science was changing its mind and coming up with contradictory recommendations, flip-flopping on issues”. However, “that’s how science is done. It’s always about changing your position based on new information” (Wang, 2021).

Stigma and Misinformation lead to the rise of harmful stereotypes

- UNICEF, WHO and IFRC (2020b) defines social stigma in the context of health as “the negative association between a person or group of people who share certain characteristics and a specific disease”. The many unknown aspects on the diseases and the fears associated to them have been fueling stereotypes.
- In turn, people who are afraid of being stigmatized can be driven away from getting screened, diagnosed, and quarantined.
- The responsibility for nurturing and amplifying stigmas is collectively shared among policy makers, citizens and – most importantly – journalists. Some media outlets have, for example, focused on speculating on the source of COVID-19, trying to identify “patient zero” in each country.

Recommendations

The following set of recommendations are based on our own elaboration of relevant studies and reports which have compiled the most relevant principles which should inform an effective communication strategy. For each of the seven clusters of recommendations a series of *do's* and *don'ts* is proposed, as well as relevant examples are indicated.

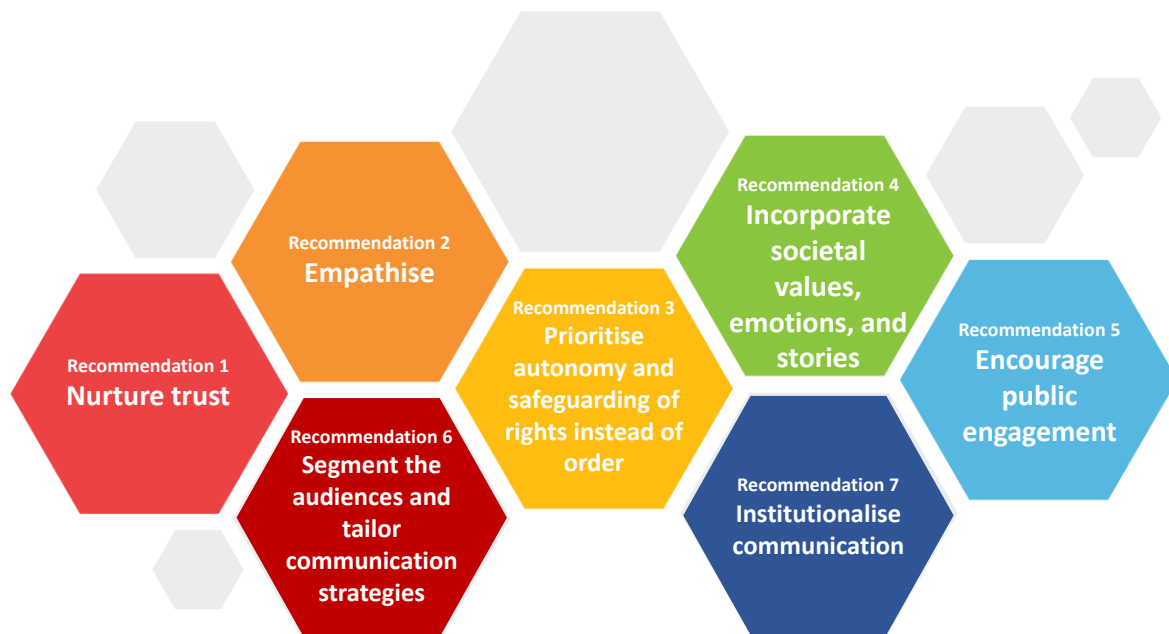


Figure 1. Clusters of recommendations for policy makers and communicators in COVID-19 times

Recommendation 1: Nurture trust

Brief description: Trust is the key principle in risk and, in general, public health communication. Experts converge on defining trust as a “vital driver” for behaviour shifts and measure acceptance. Reasons for mistrust are varied and related to structural, historical and cultural factors. Understanding them is key to developing trust-building strategies. Without trust, people will not believe or act on information provided by the health officials or experts (WHO, 2020). Recent global data suggests that people tend to have highest levels of trust in information shared by scientists, doctors and health experts (68%), followed by WHO (56%) (Babalola *et al.*, 2016). However, trusted and credible institutions do not only have to focus on risk communication and messages aimed to support the application of public health measures: during a crisis, timely and accurate updates on the utilization of emergency relief funds are fundamental to enhance transparency and public accountability (UNDP, 2020).

Do's

- Acknowledge uncertainty; explain what is known/unknown
- Be honest and recognise if you do not have an answer
- Be transparent, explain what actions are being taken and why
- Disclose what evidence was used to inform public-health recommendations, who was consulted, and what scenarios and trade-offs were considered (Hyland-Wood *et al.*, 2021) 0
- Employ mechanisms of accountability, such as releasing digestible information on COVID-19 expenditures and their impact
- Rely on messengers who are competent and experts in the field
- Be consistent in messaging
- Use simple messages
- Correct misinformation

Don'ts

- Over reassure
- Foster unrealistic expectations
- Draw too much attention to misinformation

Relevant examples:

Angela Merkel, chancellor of Germany, used science and clear explanations of the epidemiological basis behind her government's lockdown exit strategy (Oltermann, 2020).

Likewise, Christian Dorsten, a leading coronavirus virologist in Germany and advisor to Angela Merkel, launched a podcast in February to explain the science behind the virus and latest research (*ibid.*).

During the peak of the crisis, The Spanish government soon opted for handling health and science messages to the Head of the Health Ministry's Coordination Center for Health Alerts, Dr. Fernando Simón. Through daily reports on Spanish national television channels, Simón quickly became the voice of science and a rutinary appointment for Spanish citizens around 18.00pm from Monday to Friday to uncover latest developments in the national epidemiology situation (El País, 2020).

Recommendation 2: Empathise

Brief description: Finset *et al.* (2020) highlight some elements particularly important in directing communication during a health crisis, such as the one with COVID-19. One of these elements is about the acknowledgment of the psychological impact related to the uncertainty

of the situation and fear of infection. A recent study (Pfattheicher *et al.*, 2020) also suggested that prosocial mental dispositions, such as empathy and gratitude, might promote adherence to social norms of distancing, hygiene practices, and ultimately may influence the psychological impact of measures restricting individual freedom.

Do's

- Acknowledge concerns, hardship and express understanding
- Express gratitude
- Praise groups or sectors of people on the front line
- Avoid stigmatization

Don'ts

- Shame and blame people and organizations
- Minimize people's concern

Relevant examples:

Nicola Sturgeon, Scotland's First Minister, delivered a speech to Parliament on September 22, 2020, that is empathetic and expresses gratitude to the people of Scotland for their ongoing sacrifices (Duffy, 2020).

Nowegian Prime Minister Erna Solberg chose to answer hundreds of online queries from children asking concerned questions about their own birthday celebrations, meeting up with their friends or when they were going back to see their grandparents. (Peytibi, 2020)

Recommendation 3: Prioritise autonomy and safeguarding of rights instead of order

Brief description: During a crisis which heightened and revamped prior political arguments around personal autonomy and individual rights and freedoms, an interesting debate has emerged around the extent to which health communications can also be democratic if they encourage forms of democratic practice (Tworek *et al.*, 2020). It is also regarded important for communicators to transmit respect and a belief that they trust the public, as this is more likely to autonomously elicit cooperation (van Bavel *et al.*, 2020).

Do's

- Rely on individuals and organizations to make responsible judgments themselves
- Acknowledge that individuals are the best judges of the appropriateness of their own conduct
- Give people choice within a set of guidelines/principles
- Express confidence in people's ability

- Provide specific descriptions of desired behaviours to encourage personal empowerment

Don'ts

- Be paternalistic and overly authoritarian
- State or indirectly imply that the facts are too difficult to understand

Relevant examples:

Adrian Dix, Minister of Health, and Dr. Bonnie Henry, British Columbia (Canada)'s provincial health officer, laid out a set of principles for safe socializing rather than issuing specific restrictions on smaller gatherings (British Columbia Gov., 2020).

The Behavioural Economics Research Group of the Inter-American Development Bank has designed a series of pedagogical materials directed at thinking about society and other fellow citizens. A notable example is their “Do it for OTHERS campaign” (Outdoor spaces; Tell your doctor; Handwash; Elbow Cough; Right use of facemasks; Six feet apart) (IDB - BEG Web, 2021).

Recommendation 4: incorporate societal values, emotions, and stories

Brief description: Every society has a social contract that frames the ways we act and prioritize decisions and choices. One of the key lessons for a global response to a pandemic is that the cultural logic of different societies shapes and influences their prevention strategies (Airhihenbuwa et al., 2020). A recent study in the US confirmed the need for promoting prosocial values: compared to messages that induce fear, prosocial messages capable of arousing a positive emotional state have proved to be more effective in the willingness to accept e.g. self-isolation (Heffner *et al.*, 2021). Moreover, high level of civic awareness and voluntary cooperation have demonstrated to strengthen the collective efforts to overcome this public health emergency, as it has been the case of South Korea.

Do's

- Focus on messages of solidarity, kindness, and love
- Appeal to “collective” good
- Link behaviours to people’s identities
- Focus on people adopting desirable behaviour
- Outline stories that encourage public cooperation
- Mobilize people who have recovered from COVID-19 to act as community champions to build social trust and hope
- Respect cultural beliefs/values

Don'ts

- Draw attention to undesirable behaviours
- Scare but provide sufficient information for the recipients to be “appropriately worried” (Petersen, 2020)
- Use militaristic analogies/metaphors that may increase stress and fear (Bates, 2020)
- Use wording or narratives that may encourage discrimination or segregation

Relevant examples:

In New Zealand, Jacinda Ardern has live streamed her conversations with regular New Zealanders to share their stories and advice in “Conversations through COVID” (Podchasers.com, 2020). On March 25, as the country’s national lockdown began, Ardern recorded from her couch at home (Facebook.com, 2020) to express sympathy.

Italian Prime Minister Giuseppe Conte has been quoted as the builder of memorable sentences in his speeches pushing towards the national sacrifice, good will and the common values of the people. A notable example was the concept of “staying apart today so that we can go back to hugging tomorrow” (Peytibi, 2020)

Recommendation 5: Foster public engagement

Brief description: Collaborating with citizens and civil society may create a more robust response; in turn, listening and responding to citizens’ problems and concerns strengthens democratic values such as solidarity and collective responsibility. One of the key objectives of a successful communication strategy is to ensure effective feedback mechanisms are in place and used to ensure two-way communication between health/response authorities and communities, the public and stakeholders.

Do's

- Engage public in raising awareness
- Use messengers trusted by target audience
- Amplify public voices by giving visibility to testimonials, ground workers, etc.
- Implement social listening and community feedback systems

Relevant examples:

Portsmouth City Council (UK) (2021) has been looking for members of the community to become champions and support the roll-out of the COVID-19 vaccination programme to ensure everyone is receiving trusted and up-to-date information about the vaccine.

The Community App of the Estonian municipality of Järva Vald is an online digital community hosting a public discussion forums, an RSS feed and a calendar with community events. During the worst times of lockdown measures, its users continuously received “infocards” with the most updated COVID-19 information and legislation applying in their community. The app thus opened a reliable communication channel between residents and the municipality (ADB & McCann, 2021)

Recommendation 6: Segment the audiences and tailor communication strategies

Brief description: It is important to keep in mind that for communication purposes, the general public does not exist as a unit, but rather as a combination of sub-groups. Women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities may experience the highest degree of socio-economic marginalization thus become are likely to become more vulnerable in emergencies (UNICEF, WHO *et al.*, 2020). Diverse social and economic contexts, vulnerabilities and experiences, as well as demographics, requires communicators to adopt tailored approaches. Inequalities in access to information and literacies also demand for different communication means and channels as clusters with different levels of ICT skills and uses for health-related activities experienced the pandemic differently (Ihm & Lee, 2021).

Do's

- Make messages sensitive to demographics and socio-economic and cultural background of the intended targets, e.g. tailor messages for the elderly, including for the illiterate, and make them actionable for particular living and health status
- Ensure translation of key messages and materials to the languages people understand
- Select appropriate channels and tools
- Engage with social influencers, such as religious leaders, on prompting reflection about people who are stigmatized and how to support them, or respected celebrities to amplify messages that reduce stigma
- Disseminate information that uses clear, inclusive and simple language and accessible formats

Don'ts

- Use geographic/ethnicity labels (e.g. “Wuhan Virus”)
- Forget that public health information pertains to all of the public, making sure you reach marginalized and/or vulnerable communities, without labeling them specifically

Relevant examples:

In the United Kingdom, the Department for Digital, Culture, Media and Sport launched a campaign to tackle false vaccine information shared amongst ethnic minority communities, providing a toolkit with content designed to be shared via WhatsApp and Facebook community groups, as well as Twitter, YouTube and Instagram. The campaign is fronted by trusted local community figures such as religious leaders, clinicians and others who provide simple tips on how to spot misinformation and what to do to stop its spread in short, shareable videos (UK GOV., 2021). Also, a full social media toolkit for background information and suggested social media posts are provided.

In Sweden, the COVID-19 Center on the City of Stockholm's website provided updated coronavirus information in over 10 languages as well as sign languages. The city also provided multi-lingual telephone service for citizens with additional questions. This work of translation was ultimately focused at fostering unity and provided increased access to government guidances to foreign residents and international migrants beyond the Swedish language (ADB & McCann, 2021)

In Italy, Pampers Italia (a famous brand for children products) made special jingle ofr young childres about the WHO's handwashing protocols and how to follow them. Communicating in a catchy, understandable way is essential to ensure understanding towards wider audiences. The jingle video currently accounts 3+ million views on the dedicated Youtube Channel (ADB & McCann, 2021)

Recommendation 7: Institutionalise communication

Brief description: Institutional structures for communications provide an essential infrastructure to support non-medical interventions during a pandemic. Countries without communications units have sometimes struggled to deliver consistent information over time or to update citizens swiftly on how pandemic guidelines might be changing. On the other hand, institutionalisation guarantees the necessary resources and innovative capacities to deploy novel tools and services, compile accurate data and publish compelling data visualizations.

Do's:

- Depoliticize health communication by putting health officials at the centre of communications
- Create a pandemic communication unit
- Limit the number of institutions/people delivering messages
- Innovate around new communications technologies, e.g. chatbots to answer questions

Relevant examples:

In South Korea, the MERS outbreak of 2015 dramatically affected the country's institutional response as well as the behaviour and understanding of its citizens. Taking advantage of the lessons learnt in the previous epidemics, the country has given all communication control to the Korean Centres for Disease Control and Prevention (KCDC) and its Office of Communication which has also been upgraded through increased staffing and training, particularly in epidemiology (Chung & Sahib Soh, 2020).

In Denmark, the country has been able to safely re-open schools while keeping infection rates low due to an institutionalised collaboration between school (and its personnel) and the government offices. To support local schools as the designated responsables for executing policies, the Danish Ministry of Health established a phone hotline to answer questions on how to enforce country-level protocols. The national Board of Helth also issued a guide specifically designed for schools, teachers and other educators. This ensured general understanding of the policies and compliance across the several actors involved in the process (ADB & McCann, 2021)

Conclusions

The present report collects a series of reflections, challenges and recommendations on how to handle effective, transparent, credible and trustable communication strategies and campaigns during a pandemic.

Several international institutions and experts across the world have highlighted the risks behind the (still ongoing) “infodemic” of misinformation and rumours that has been spreading more quickly than the current outbreak of the new coronavirus (COVID-19).

In the frame of the broad analysis of public health, social and political measures conducted by the STEP_UP project team to identify what worked and what did not work, extract lessons learnt and build the ground knowledge for the Social and Policy Intervention Manual, communication acquires a specific relevance as a cross-relevant strategic determinant for the success of any intervention.

Our report illustrates practical hints and suggestions on communication modalities and strategies which have been clustered around seven key recommendations: (i) Nurture trust; (ii) Empathise with the audience; (iii) Prioritise autonomy and safeguarding of rights instead of order; (iv) Incorporate societal values, emotions, and stories in messages, narratives and speeches; (v) Use communication to foster public engagement; (vi) Segment the audiences and tailor communication strategies appropriately; and (vii) Institutionalise communication to increase reliability.

These recommendations will be further elaborated in the Manual and used as a valuable basis for the design of the different scenarios and situations the players of the STEP_UP game will face.

Sources

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