What can research evidence tell us about:

Effective communication strategies during COVID-19 outbreak

Key messages

→ Planning for communication needs to be part of the planning process to manage a disease outbreak. In the event that this was done, then it needs to be instituted as soon as possible.

→ The aspects of effective communication are; (i) Announcing early, (ii) lay/ appropriate language, (iii) transparency, (iv) building trust, (v) listening to the public and (vi) planning.

→ More frequent and evolving communication coupled with a common message from the authorities helps build trust and dynamic relationship with the public.

→ Deliberate measures to address misinformation and myths about the outbreak need to be instituted. These include; public education, targeted interventions, reaching out to opinion leaders and influencers, one stop fact checking platform, harsher measures, and media cooperation and coordination.

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Summary

Background

Policy and decision makers in Uganda are cognisant of the importance of effective communication from the responsible authorities in the prevention and control of an outbreak, as a lack of which can lead to community outrage and mistrust, hindering different outbreak mitigation measures. This has led the authorities to request for evidence on effective communication strategies in responding to the current Covid-19 outbreak.

Rapid response question

What strategies can be used by the ministry of health for effective communication during the public on the COVID-19 pandemic?

Findings

Effective communication is a crucial part of responding to a disease outbreak. Planning for communication needs to be part of planning process for disease outbreak response and management. However, in the event that this was not done, then planning for communication has to be instituted as soon as possible. Failure to achieve effective communication impedes measures put in place to prevent and control the outbreak.

The different aspects of effective communication during a disease outbreak are; announcing early, use of lay/ appropriate language, transparency, building trust with the public, listening to/getting feedback from the community and planning for all communication activities. More frequent and evolving communication coupled with a common message from the authorities during an outbreak helps build trust and a dynamic relationship with the public.

During an outbreak, there is always a tendency of information overload, some of which is not true. It is therefore crucial to identify and address misinformation in an outbreak. Public education, targeted interventions for different groups, reaching out to opinion leaders and influencers, setting up a one stop fact checking centre online, cooperation and coordination with the media, and using punitive measures such incarceration for those spreading false information are measures that can be used to address misinformation.

The Uganda community uses different means of communication and information transfer; radios with 65.3% coverage, television and phones with 21.8% and 70.9% coverage respectively with newspapers. Internet access is still limited at 12.1%. Whereas social media platforms provide an advantage of conveying timely information to the public as well as obtain immediate feedback, it is limited to a small section of the population that has access to internet. This therefore requires government to use all these communication channels to transfer information on Covid-19 if wide coverage is to be achieved.

Government needs to convey information that matches the phase of the i.e. pre-crisis phase (plan for communication), initial phase (build trust and address misinformation), maintenance phase (reassurances and obtain feedback from community) and the resolution phase (acknowledge collective effort by community and gather information on what works best), however these considerations can applied across the different phases of the diseases outbreak.

Conclusion

Authorities need to plan for communication during the planning phase of addressing a disease outbreak. However, in the event that such a plan is not in place, then one needs to be drawn up. The communication plan drawn has to be based on the different aspects of effective communication and there needs to be deliberate measures to address myths and misinformation. It is only with effective communication that a disease outbreak can be prevented and controlled.

Background

Effective communication during a disease outbreak with the public by government and public health officials is among the most important components of a successful pandemic response as it is a key driver of public adoption of appropriate behaviour to prevent and control the pandemic [1]. Policy and decision makers in Uganda are also cognisant of the fact that a lack of effective communication from the responsible authorities creates a vacuum which can be filled by information from several sources, some of which from untrusted sources which is not necessarily accurate. A breakdown in communication and inaccurate information dissemination during a disease outbreak such as Covid-19 can lead to community outrage, mistrust and hinder different mitigation measures [2].

Information should be conveyed from a trusted source such as different government ministries, agencies and departments to the community so as to prevent and control the spread of Covid-19, but also to keep the public updated about the disease [3]. Mainstream media (radio stations, television stations, and print media), internet and websites and social media platforms [4] are among the channels that can be used to transfer information to the public as well as get feedback.

The above communication related topics in an outbreak have shaped part of the ongoing discussions at both the national and subnational levels in response to Covid-19 in Uganda. However, policy and decision makers are still grappling with how to achieve effective communication during the current Covid-19 outbreak so as to achieve maximise the impacts of the planned prevention and control measures. This led one of the policy makers to request for a rapid response brief on the strategies to achieve effective communication during the current disease outbreak.

Rapid Response question

What strategies can be used by the ministry of health for effective communication with the public during the COVID-19 pandemic?

Summary of findings

Communication is a crucial part of infectious diseases outbreak control [5]. Effective communication is defined as a process of exchanging information and knowledge such that the purpose and intention of the communication is fulfilled in the best possible way. In this Rapid response brief, we summarise the evidence on the elements of effective communication in an outbreak, the different channels that can be used for communication and information dissemination and which target audiences those different channels would target, different strategies for addressing misinformation on the pandemic and communication considerations at different stages of the outbreak. The evidence we provide is from lessons learnt during the Covid-

19 outbreak in different countries as well as lessons learnt from previous outbreaks such as the Ebola outbreak in West Africa, and the SARS and MERS outbreaks. The evidence provided is from observational studies and opinion papers with its impact inferred from different observations made during responses to different outbreaks in different countries.

Elements of effective communication

Below are the elements of effective communication [3, 6];

1. Announcing early: This is regarded a key mainstay in addressing an outbreak as early announcements help shape prevention and control measures much earlier in time. Early announcement also helps build confidence in the public that authorities are transparent and sets a precedence that there will be no concealment of information [3].

2. Lay Language: Communication during an outbreak should be in lay language, avoiding jargons, so that people can understand the information conveyed [6].

3. Transparency: During global infectious disease emergencies, there is need for transparency in reporting and actions both for own populations and the international community in order to facilitate and accelerate cooperation in curtailing the outbreak and minimizing harm[7]. Transparency can be defined as candid, clear, complete, accurate and easily understandable communication [3]. People must be told the complete truth about the situation to ensure cooperation in quarantine, reporting and surveillance measures[8]. It is important to communicate, even in the cases of uncertainty, that authorities are seeking for answers to avoid creating a vacuum [3, 5, 9]. In cases of uncertainty, as is with many aspects of Covid-19 such as the availability of a vaccine or a cure, it is important that authorities communicate the uncertainties and any new developments to avoid voids that can potentially be filled with misinformation.

4. Build Trust: It is crucial to build, maintain or restore public trust in those responsible for conveying information to the public and those managing the outbreak. Trust is built from the public perception of the motives, honesty and competence of different government Ministries, Departments and Authorities (MDAs) that leading in addressing the outbreak [3, 5]. More frequent and evolving communication helps build trust and dynamic relationship with the public [6]. It is also important that all individuals involved in communication communicate the same information so as to further build confidence from the public [5, 10].

5. Listening: Listening to, respecting, and considering and addressing public concerns during an outbreak is key. Public concerns shape the public's response to control and prevention measures, and thus affecting the impact of the response impact [3].

6. Planning: This is essential for effective communication and outbreak communication planning has to be part of the outbreak management planning [3]. Deliberate communication plans should be drafted before the outbreak and these should address communication plans at the beginning of the outbreak, during the outbreak and after the outbreak. This however does not mean failure if there was no planning before the outbreak, but planning should be instituted immediately where one did not exist. During the outbreak, Google trends could be used to monitor public restlessness due to COVID-19 and hence come up with the information most needed to meet public demand. Google trends could potentially define the proper timing and location for practicing the best risk communication strategies to the affected communities [11].

Addressing misinformation

There is a lot of spurious information that circulates about a disease outbreak. It is not uncommon for media outlets to create dramatic headlines as well as publish speculations about the outbreak [10]. The challenge that misinformation, myths and exaggeration pose is that they can seriously damage the reputation of science, public health, media and policy makers. It also creates disbelief which jeopardizes the prospects of appropriate response in case another epidemic strikes in the future [10, 12]. There is thus a need to monitor and address any misinformation during an outbreak.

1. Public Education: Educating the public on different aspects of the disease and how to prevent and control it is as important as managing the disease itself. Public education empowers the community with sufficient information and knowledge and sways them from any misleading information on the outbreak [13].
2. Targeted intervention: Online communities are prone to misinformation and also have a tendency of dismissing information from authorities. Identifying these communities and designing interventions that are tailored for them can go a long way on addressing misinformation. Interventions that lead such communities to other sources of information outside their niche increase the likelihood of these individuals to read other sources. This has a more positive result in disseminating the right content to such groups as compared to outright confrontation [13].
3. Reaching out to influencers or super spreaders: Misinformation, especially in online communities is typically influenced by some individuals and widely spread by a select few as well. Identifying and reaching out to these particular individuals is one of the ways to control the spread of misinformation [13].
4. One stop fact checking platform: Malaysia through Malaysian Media and Communication Council is using the councils website as a one stop centre for individuals to fact check information found on different media platforms [14].
5. Harsher approaches: Some countries are using intelligence agencies to investigate individuals who are peddling misinformation about Covid-19, and when found guilty, are incarcerated [14]. This approach however is criticised as violating human rights, and there has to be a law in place in which one will be convicted.
6. **Collaborate with the media:** It is important for the national authorities and public health community to collaborate with the media on information they look for on the break and right content of the information they publish. This is important because sometimes the media goes ahead of the evidence which might result in misinformation [15].

Channels of communication/ information dissemination

The main channels of communication or sources of information for the public during an epidemic are; main stream media (Radio, television and newspapers), social media and internet (websites and mHealth).

Social media has become a major channel of communication with so many people obtaining their information from the different platforms. This therefore makes social media platforms function as first-hand information channels from which the public can get disease related information and

share it quickly and in real time[1]. The shortcomings of mainstream media in some instances, to provide relevant, timely information for the public has also propelled social media further a major communication route. However, it should be noted that not everyone is on social media platforms and therefore other channels have to be used as well.

Using the Uganda context of communication and information transfer, the National Information Technology Survey 2017/18 indicated 65.3% of households in Uganda reported owning a radio set while only 21.8% reported owning a television set. 70.9% reported owning personal mobile phones of which 65.7% of rural dwellers compared to 78.5% of urban dwellers owned phones [16]. Only 15.8% of the individuals who owned phones has smart phones. In addition, access to internet was reported as still very low reported at 12.1% [16]. Other means of information transfer are newspapers and community public address systems in some places. This presents a unique challenge of conveying information to every Ugandan; government has to communicate using all these available channels. More emphasis needs to be place on communication via radio and innovative ways on mobile phones such as short messages, call back tones and call waiting tones if information is to reach majority of the population. Using internet and social media has its limitations in Uganda as they are not widely spread, and are concentrated mainly in urban areas among a small section of the population.

Communication considerations at different stages of a disease outbreak

A disease outbreak can broadly be looked at in four phases; pre-crisis, initial, maintenance and resolution phases. There are different communication considerations under each phase as shown below [17, 18] however considerations under a particular phase can apply in another phase were necessary;

i. *Pre-crisis Phase:* Planning phase before a disease outbreak prepare and produce a communication strategy with developed and tested messages; articulate communication protocols; identify available communication resources; define roles and responsibilities of various actors including communities themselves; identifying and developing strong stakeholder relationships and collaborations; and build trust with key players including first responders.

ii. *Initial phase:* Characterized by confusion and initial media interest – This phase needs accurate and prompt information. Information is often incomplete with several knowledge gaps arising from uncertainties in this phase and rumors and misinformation can quickly overtake accurate facts. Trusted people need to be trained in public health emergency communication and used to dissipate misinformation.

iii. *Maintenance Phase:* As the crisis evolves and more information becomes available about the threat, two-way communication channels and networks allow responders to listen to stakeholders and gather audience feedback. Dialogues allow for identification and expeditious communication and correction of misinformation. Keep in mind that people may feel anxiety, sadness, numbness, denial, anger, hopelessness, and grief.

iv. *Resolution phase:* As threat comes under control, communities are usually more responsive to risk avoidance and mitigation communication, and the opportunity to gather information

about what works best arises at this point. Inform stakeholders about control of the threat and acknowledge the collective effort to overcome it because it is relevant.

Conclusion

Responsible authorities need to plan for communication during the planning phase of addressing a disease outbreak. However, in the event that this did not happen, a communication plan needs to be drawn up immediately. The drawn communication plan has to be based on use of appropriate language, building trust in the community, being transparent, announcing any outbreak developments early and listening to community. There should be deliberate measures to address myths and misinformation in order to close the loop of effective communication. It is only with effective communication that a disease outbreak can be prevented and controlled.

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Conflicts of interest

None known.

Acknowledgements

The following people provided comments on a draft of this Response: [Name, Affiliation; Name, Affiliation].

This Rapid Response should be cited as

Julian Apio., Edward, Kayongo., Ismael, Kawooya., Pastan, Lusiba. & Rhona, Mijumbi-Deve. 2020. Effective communication strategies during infectious disease outbreak; *Rapid Response Brief.* The Centre for Rapid Evidence Synthesis (ACRES): Makerere University, College of Health Sciences.

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