

BRIEFING NOTE

Using Communication to Support Implementation of Public Health and Social Measures

Purpose

This briefing note outlines key considerations for a risk communication and community engagement strategy that supports effective implementation of public health and social measures for COVID-19.

Background

COVID-19 is an infectious disease that causes respiratory illness, with symptoms including cough, fever, and in more severe cases, difficulty breathing, pneumonia, and even death. As of April 2020, there were more than 2 million cases worldwide, with confirmed cases in nearly every country. Roughly one in five people infected requires hospitalization, with higher rates of severe illness in people over 60 and those with underlying conditions.

Because COVID-19 is transmitted by droplets that require humans to be closer than 1.5 meters, improved hygiene practices and physical distancing measures, known as “public health and social measures (PHSMs),” can slow the spread of disease and save lives. In the absence of effective treatment or a vaccine, PHSMs are the only available tool for governments to reduce deaths from COVID-19. But PHSMs can cause devastating social and economic disruption. They must be managed carefully and adapted for local contexts, and paired with relief measures such as fiscal stimulus to reduce damage to social and economic systems.

Risk Communication

A CRITICAL TOOL IN COVID-19 RESPONSE

Effective implementation of PHSMs requires cooperation from the public; individuals and communities must change their behaviors to prevent the spread of COVID-19. Before putting PHSMs into place, it is critical for policymakers to explain when and why PHSMs are needed, and to motivate these changes in behavior. Communicating with the public about the risk of

COVID-19 and the need for PHSMs early, and continuing communication as the pandemic progresses, is key to maintaining public trust and support for PHSMs, even as they disrupt daily life and compound uncertainty and fear.

COVID-19 spreads quickly and the situation evolves rapidly; effective communication must reflect changing realities on the ground. Policymakers should continually adapt messages and strategies to keep them aligned with communities' understanding of the health crisis, their information needs, and what is most likely to prevent and control infections at that moment.

Effective and proactive risk communication can:

- Prevent the public from becoming confused by too much information, and minimize and manage misinformation;
- Build trust in the response and increase the probability that health advice will be followed;
- Inform the public and help them understand the health risks that they and their loved ones face;
- Adapt and deliver complex scientific information, so that the perception of risk among affected populations is more in line with that of experts and authorities; and
- Involve communities in public health and social measures thereby increasing the measures' effectiveness.

Source: USAID & PAHO, Leadership During a Pandemic: What Your Municipality Can Do, Tool 12: Fundamentals of Communications During Crises and Emergencies, Tool 13: Communications Plan Implementation for a Severe Pandemic.

Tips For Supporting PHSMs through Effective Communication

A strong communication strategy that supports PHSMs will:^{1,2,3}

- **Send clear, practical messages that align with changing conditions.** Strong messaging is based on a clear objective that captures the nature of the risk and the actions needed to mitigate it: why COVID-19 is dangerous to individuals and communities, and how PHSMs will reduce risk and save lives.⁴ Messaging should be reassessed and revised as conditions in communities (e.g. level of COVID-19 transmission, PHSMs implemented) evolve. Recommendations for action should be simple, feasible and culturally appropriate, and should anticipate likely barriers that the public may face.³
- **Tell the truth, including about uncertainty.** Because there is still much that is unknown about COVID-19, it may be tempting to delay communication with the public until more information is available. But acknowledging uncertainty can build trust in the government response and help prepare the public for rapidly evolving conditions.² Officials should not withhold stark information about risk from COVID-19; instead, they should accompany it with information about specific actions that can be taken to slow the spread of disease and protect communities.

1 Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza; 2019. Licence: CC BY-NC-SA 3.0 IGO.

2 Cairns G, de Andrade M, MacDonald L. Reputation, relationships, risk communication, and the role of trust in the prevention and control of communicable disease: a review. *J Health Commun* 2013;18:1550-65.

3 Toppenberg-Pejcic D, Noyes J, Allen T, Alexander N, Vanderford M, Gamhewage G. Emergency Risk Communication: Lessons Learned from a Rapid Review of Recent Gray Literature on Ebola, Zika, and Yellow Fever. *Health Commun* 2019;34:437-55.

4 Health Protection Network. Communicating with the Public About Health Risks. Health Protection Network Guidance 1. Health Protection Scotland, Glasgow, 2008.

- **Consider public concerns.** Effective implementation of PHSMs requires cooperation from communities. Communication should be two way: the public receives important information from the government, and information from the public should help shape government response. Assessing the public's knowledge and attitudes about COVID-19 and PHSMs throughout the pandemic will allow policymakers to more effectively manage fears, counteract rumors and misinformation, and anticipate challenges in implementing specific interventions.
- **Engage local leaders and the community.** Communication about COVID-19 should be provided through credible channels that are accessible to the local population, particularly vulnerable groups. Trusted faith leaders, heads of community-based organizations, business leaders, and other informal authorities should be involved in decision-making about PHSMs, and should help communicate to the public why these actions are needed. Making communities partners in the response can help motivate action and promote local solutions.
- **Leverage mass media.** During society-wide crises including the current pandemic, the public becomes more reliant on news media. Leveraging as many media channels as possible will help messaging about COVID-19 and PHSMs reach a broad audience. The media should be treated as a partner, rather than an adversary, in building support for PHSMs; quickly correct any erroneous reports to maintain consistency across coverage.

Resolve to Save Lives' COVID-19 PHSMs program

Resolve to Save Lives has partnered with the Africa Centres for Disease Control and Prevention, World Economic Forum, and leading market research firm Ipsos to support decision-makers in countries in Africa to implement PHSMs effectively by providing real-time data and guidance about PHSMs impact on social and economic indicators. A team of researchers will collate and analyze big data from several sources, including social and traditional media, country-based polls, mobile phone movement, and indicators of economic and social unrest. Resolve to Save Lives will produce specific guidance and distribute its recommendations through a variety of channels to stakeholders including civil society, policy- and decision-makers, and business leaders. As the pandemic progresses, more detailed support and guidance will be provided to high-risk countries or countries with a high prevalence of disease.

Consequences of ineffective risk communication

EXAMPLES FROM THE 2014-2015 EBOLA OUTBREAK IN WEST AFRICA

Failure to communicate about PHSMs can set back efforts to reduce the transmission of disease and result in violence.

In Guinea, volunteers with the International Federation of Red Cross and Red Crescent Societies (IFRC) faced ongoing attacks from local community members. Though the IFRC had used local television and radio media to dispel myths around Ebola, misconceptions and fear about the disease persisted, and some community members rejected guidance around safe burials, increasing the disease's spread. Local adaptation of burial practice in partnership with communities and religious leaders reduced attacks and promoted safe burials.

In Liberia, community members of the West Point slum raided a quarantine center for suspected Ebola patients, causing patients to flee, and bringing items that were likely infected, including bloodied sheets and mattresses, back into the community. Long-running distrust of the government and animosity toward foreigners, whom many locals believed to have brought the disease, fueled the raid. This distrust and fear of forced quarantine also led to families hiding sick household members at home, without treatment.^{5,6}

5 University of Minnesota Center for Infectious Disease Research and Policy. "Red Cross highlights attacks on Guinea Ebola workers." (Feb. 12, 2015). Available at: <https://bit.ly/39MEN4J>

6 CBS News. "Report: Armed men attack Liberia Ebola clinic, freeing patients." (Aug. 17, 2014). Available at: <https://cbsn.ws/2JBE2k3>