

# COVID-19 and Communication Planning for Health Emergencies

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On March 11 2020, the World Health Organisation (WHO) declared the novel coronavirus (COVID-19) a global pandemic as the number of cases outside China had increased 13-fold in the span of two weeks. As of 19th March 2020, the number of cases reached more than 207,000 across 141 different countries involving over 3,000 deaths in China alone (WHO, 2020).

With so much information available on COVID-19, the masses struggle to stay updated on the developments with many unclear on how the virus spreads, their risk of infection, and the preventative measures that they can take. This is made worse by the amount of misinformation, disinformation and false news circulating social networks which has resulted in much health anxiety and panic behaviour such as cancelled travel plans, increased visits to the hospital, and xenophobia (Muller, 2020). At the same time, in some countries, mass gatherings are still organised and public assemblies have proven a hotbed for the virus to spread, as witnessed in the recent religious gathering in Malaysia where at least 680 people were infected (Reuters, 2020).

Medical journals (Wellcome Trust, 2020) are making new COVID-19 discoveries accessible and although this is very efficient in communicating among the scientific community, it does not mean much for the general public. If anything, technical jargon and terms used in these journals may even scare people who are seeking information and trying to understand more about the disease. As a result, people may resort to alternative sources to seek clarity and to help them better understand the current situation. Unfortunately, messages that are easily understood are not necessarily accurate, or worse, could influence people to make erroneous health behaviour decisions. We also observed how messages on social media have escalated fear and racism in Japan (Shimizu, 2020) and other countries like Malaysia. The ongoing fear of stigma was also the reason for the change of name from coronavirus to COVID-19 as an effort to dissociate specific ethnicities, places or animals (New York Times, 2020).

It is crucial to communicate effectively during a health emergency. Although WHO has done a commendable job communicating about COVID-19 via their website, and has recently introduced a Massive Open Online Course on COVID-19, the majority of countries directly affected by this disease are non-English speaking countries. Therefore, the information provided would not necessarily be understood or shared by all. Local health authorities must ensure that information is delivered in native languages so that the messages are able to reach more people and engage discussions in public discourse. Communication strategies such as

using layman terms, simple infographics, storytelling and metaphors may also be used to explain terminologies and the latest scientific findings that would help to calm and assure the public that the relevant steps are being taken to curtail COVID-19. In health emergencies such as this one, close collaboration with journalists, social media influencers and content producers is needed to help bridge the gap between health officials and the public. Curating clear and persuasive messages consistently could help lessen the public's anxiety, reduce the circulation of false information and promote correct health prevention behaviors.

#### BIODATA

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