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Fighting the COVID-19 pandemic with enhanced risk communication

Messages, compliance and vulnerability during the COVID-19 outbreak

Oslo, September 12th 2022

Presentation plan

1. Introducing the PAN-FIGHT research project
2. The COVID-19 outbreak in five European countries
3. Handling COVID-19 with risk messaging
4. Public information preferences, perceptions and reactions
5. Key findings and analytical reflections

Fighting pandemics with enhanced risk communication: Messages, compliance and vulnerability during the COVID-19 outbreak (PAN-FIGHT)





City of Stavanger



Statens legemiddelverk
Norwegian Medicines Agency



Statsforvalteren i Agder
County Governor of Agder

W
UNIVERSITY of
WASHINGTON

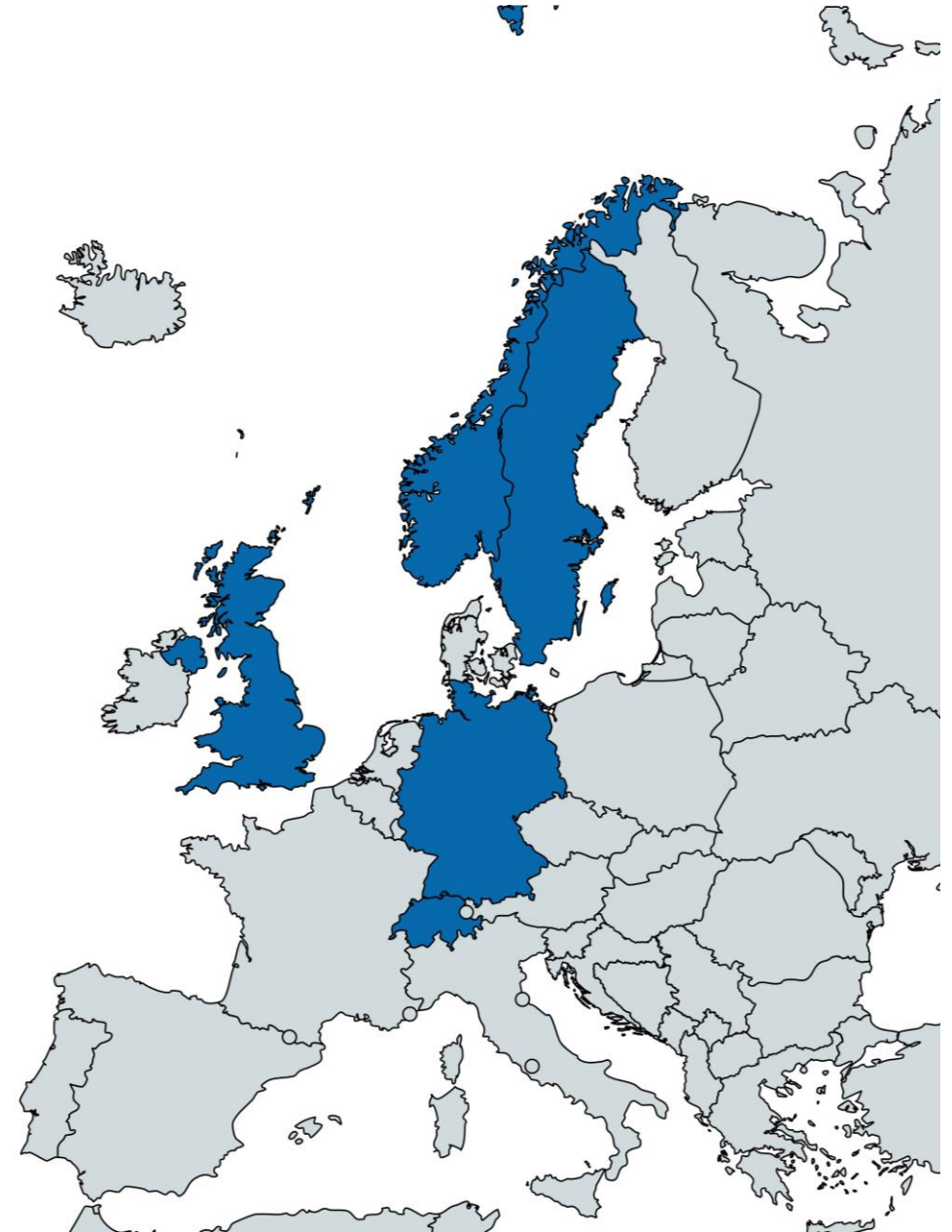
Project objectives

Uncover the correlation between risk communication and social vulnerability in the context of the COVID-19 outbreak.

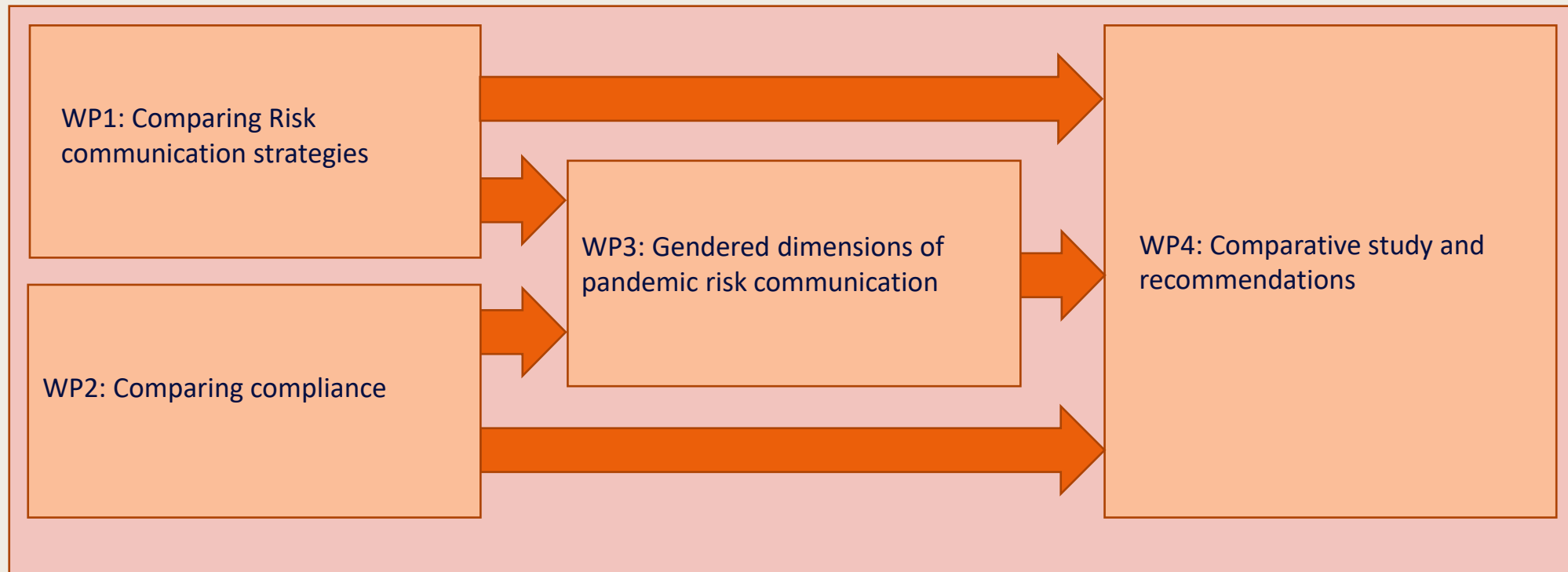
- 1) Map national strategies and practices for pandemic risk communication
- 2) Identify any correlations between risk communication, risk perception, adherence and social factors
- 3) Translate this knowledge into recommendations for enhanced risk communication strategies – for the next crisis.

Countries included in our study, with partner institutions

- Norway UiS
- Germany DIALOGIK
- Switzerland UNIGE
- Sweden MIUN
- United Kingdom KCL



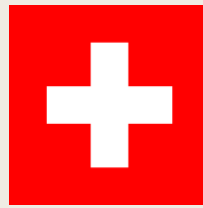
Project structure



Data collection

- Mapping of pandemic preparedness in the five study countries:
 - System for crisis management (relevant to pandemics)
 - Handling of COVID-19 through December 2020
 - Protection measures
 - Messages to the public
 - Pandemic development
 - Other factors relevant to the country of study
- Questionnaire survey with representative sample of ca. 840 persons in each of the five countries (total of 4.206 respondents).
- Interviews with authority representatives in each of the five study countries.
- Focus group interviews with members of the public in Norway and Sweden

The pandemic G5...



- Different governance systems, yet these are all financially robust democracies with well-functioning control mechanisms.
- They have all, to a large extent, managed to absorb the economic, political and social consequences of the pandemic.
- They have all fairly swiftly re-established a state of 'normality'.
- Overall lack of attention to psychosocial 'side effects' (some exceptions)

Pre-COVID pandemic preparedness

- Experience from the handling of SARS (2002-2003), Avian flu (2004) and H1N1 (2009-2010)
- Ebola was a 'wake-up call' (2014-2016)
- Following measles outbreaks, WHO listed 'vaccine hesitancy' as threat to global health in 2019
- Variations in political systems influenced on contingency plans and crisis management procedures



PHOTO: INGUNN TOMBRE

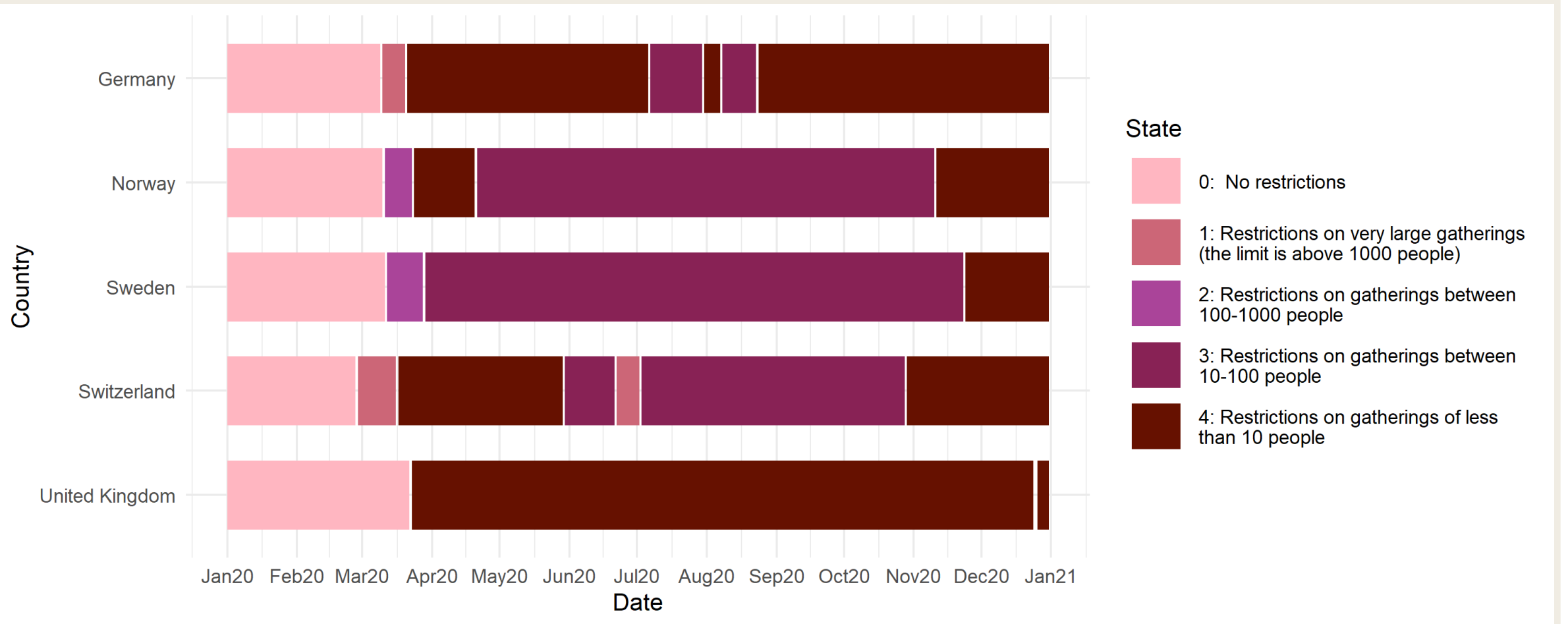
Non-pharmaceutical interventions (NPIs)

- Social gatherings
- Workplace closures
- School closures
- Stay at home
- Closed borders
- Face coverings

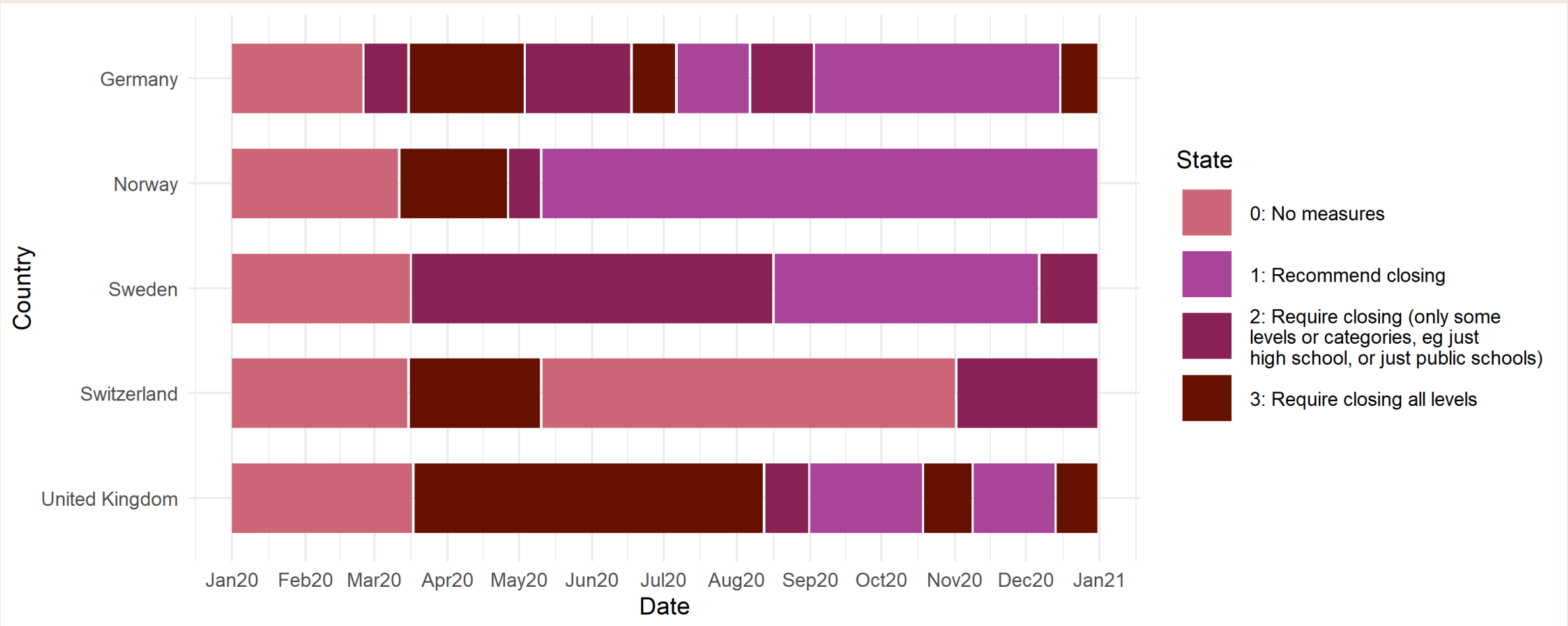


PHOTO: HELSEDIREKTORATET

Social gatherings



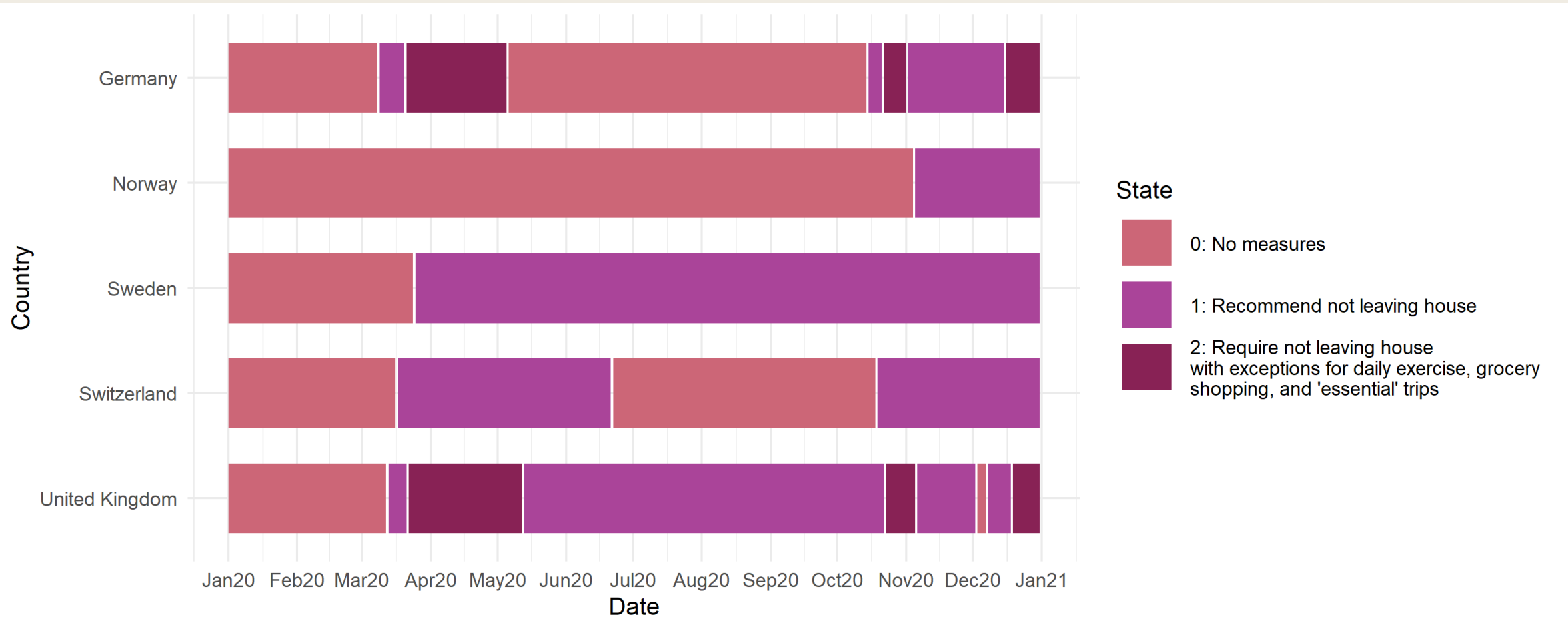
School closures



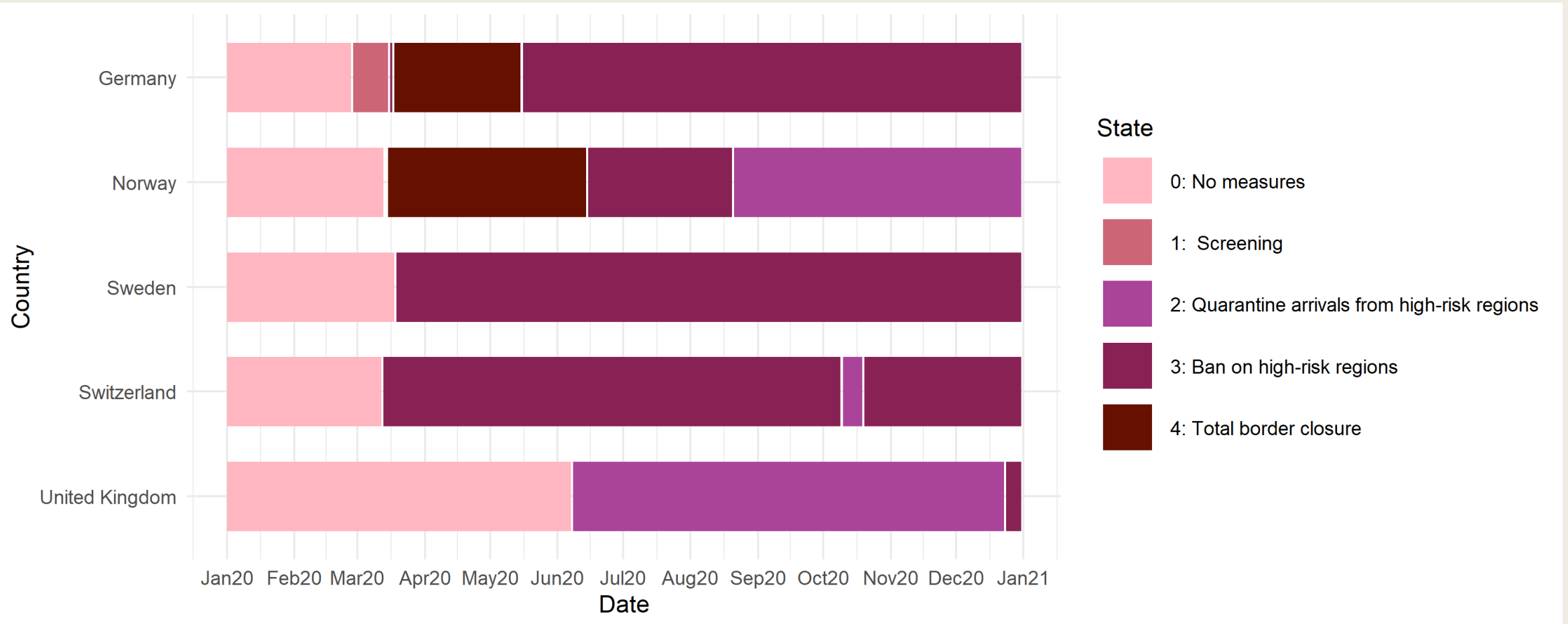
Source: Oxford COVID-19 Government Response Tracker.

As data were unavailable from 1 January, we assumed no school closures up until data collection began

Stay at home



International travel to country



Some country particulars

Norway strictest on border closures. Space became a capacity and infection rates were comparably low.

Sweden slow in shifting from health to societal crisis, leaving large share of responsibility with medical experts. High initial death rates, especially among senior citizens.

Germany had high ICU bed & PCR testing capacity. Prioritised to shelter persons over 70. Avoided first wave.

Switzerland had relatively fresh pandemic contingency plans that were activated. Low infection rates.

UK observant of social diversities but “disorganised response” was not in line with plans and procedures.



Risk communication

- All countries applied large variety of communication channels, with emphasis on 'traditional press briefings'
- Digital communication channels were used extensively
- Artificial intelligence was used, for example chatbots and decision support systems
- Dashboards were generated to provide access and communicate data



A matter of morality

Similar message across countries...

Sverige: Skydd dig själv och andra

Storbritannia: We all must do it
to get through it

Tyskland: Zusammen gegen Corona

Sveits: Ensemble et solidaire

Norge: Korona-dugnad

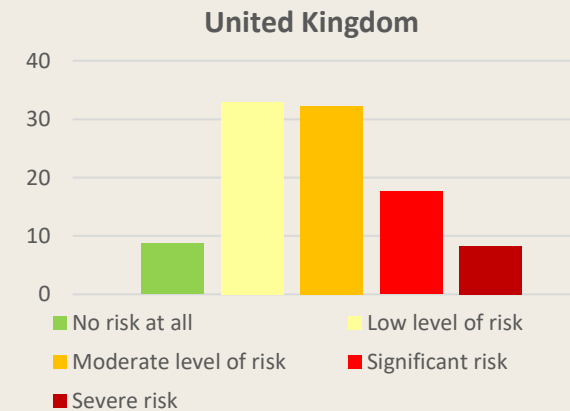
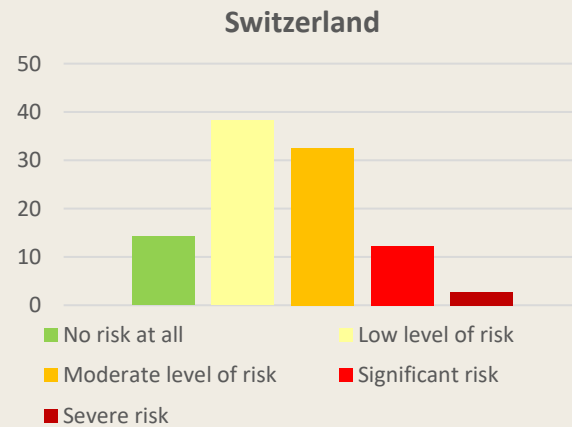
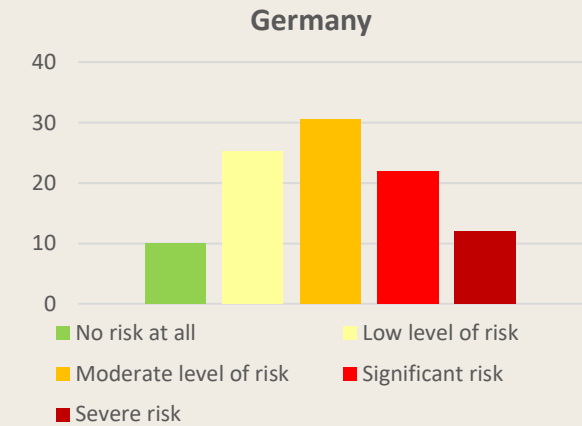
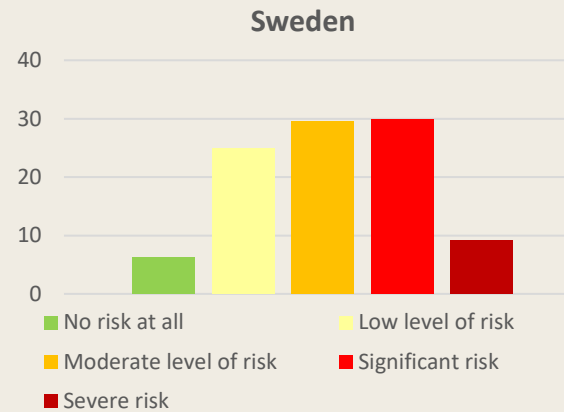
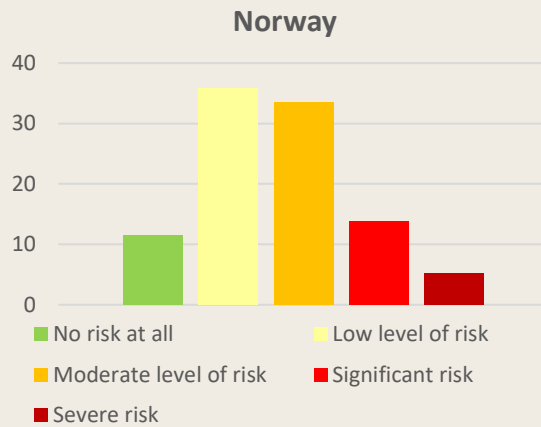


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Survey results

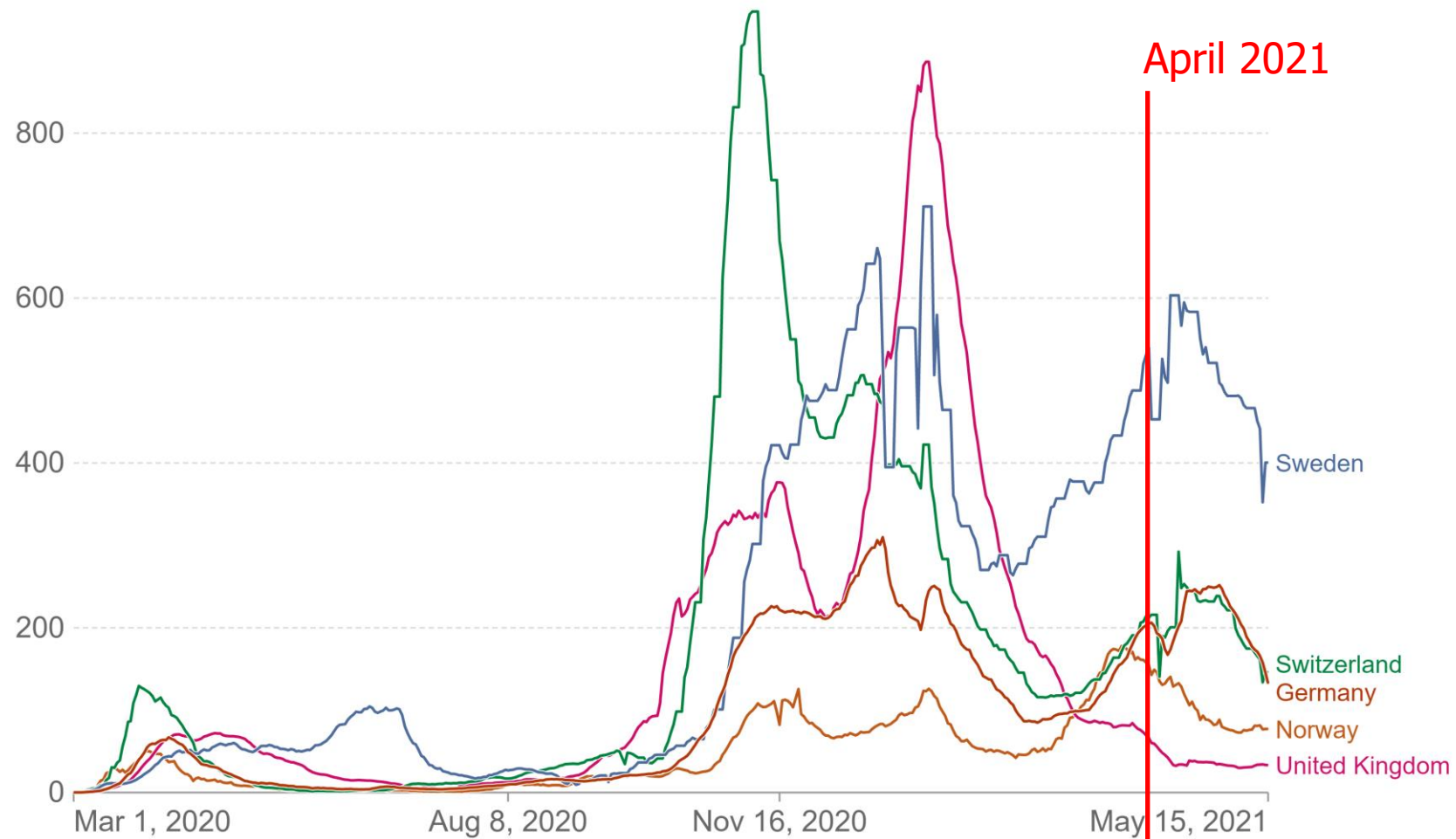
Overall personal health risk perceptions



Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World
in Data



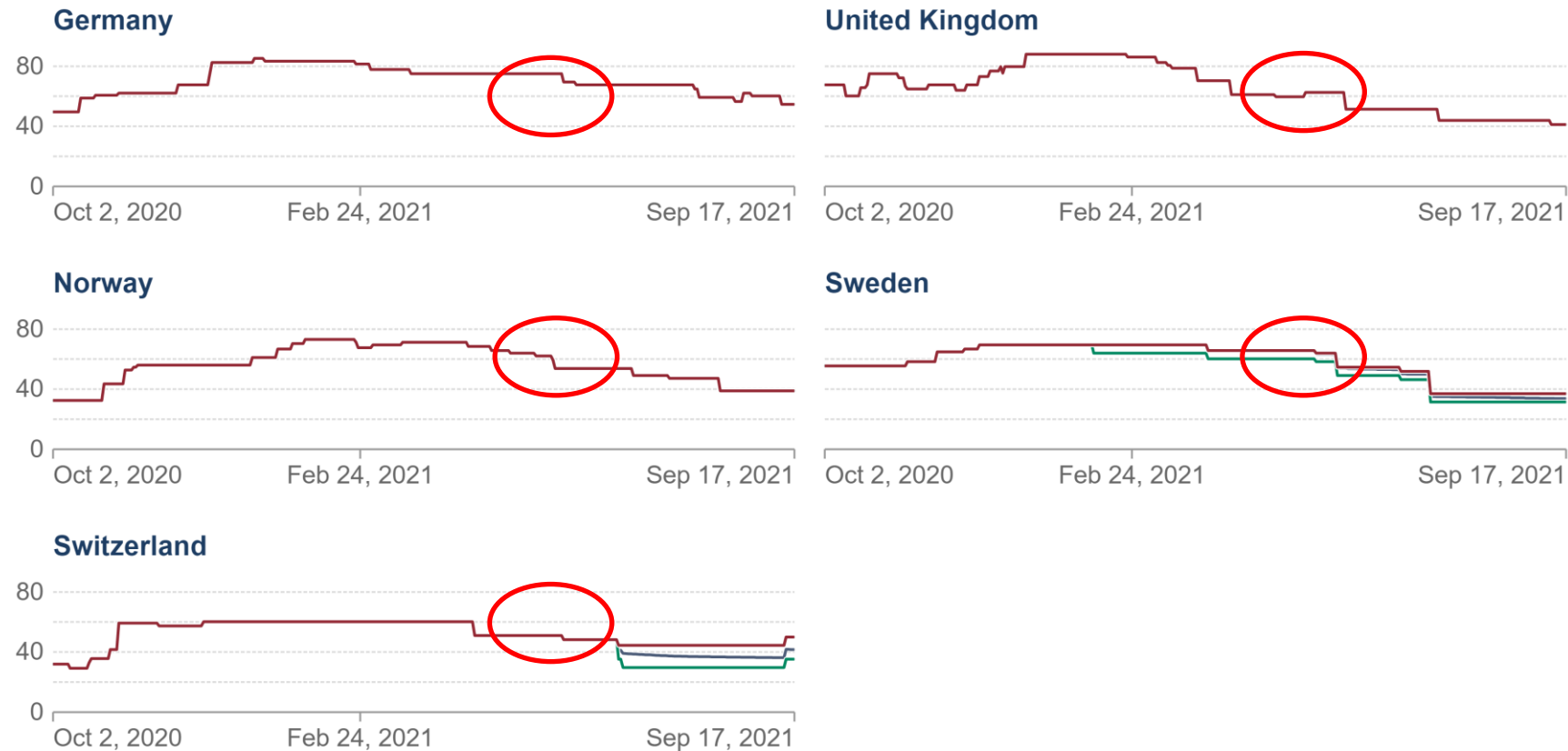
Source: Johns Hopkins University CSSE COVID-19 Data

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COVID-19: Stringency Index

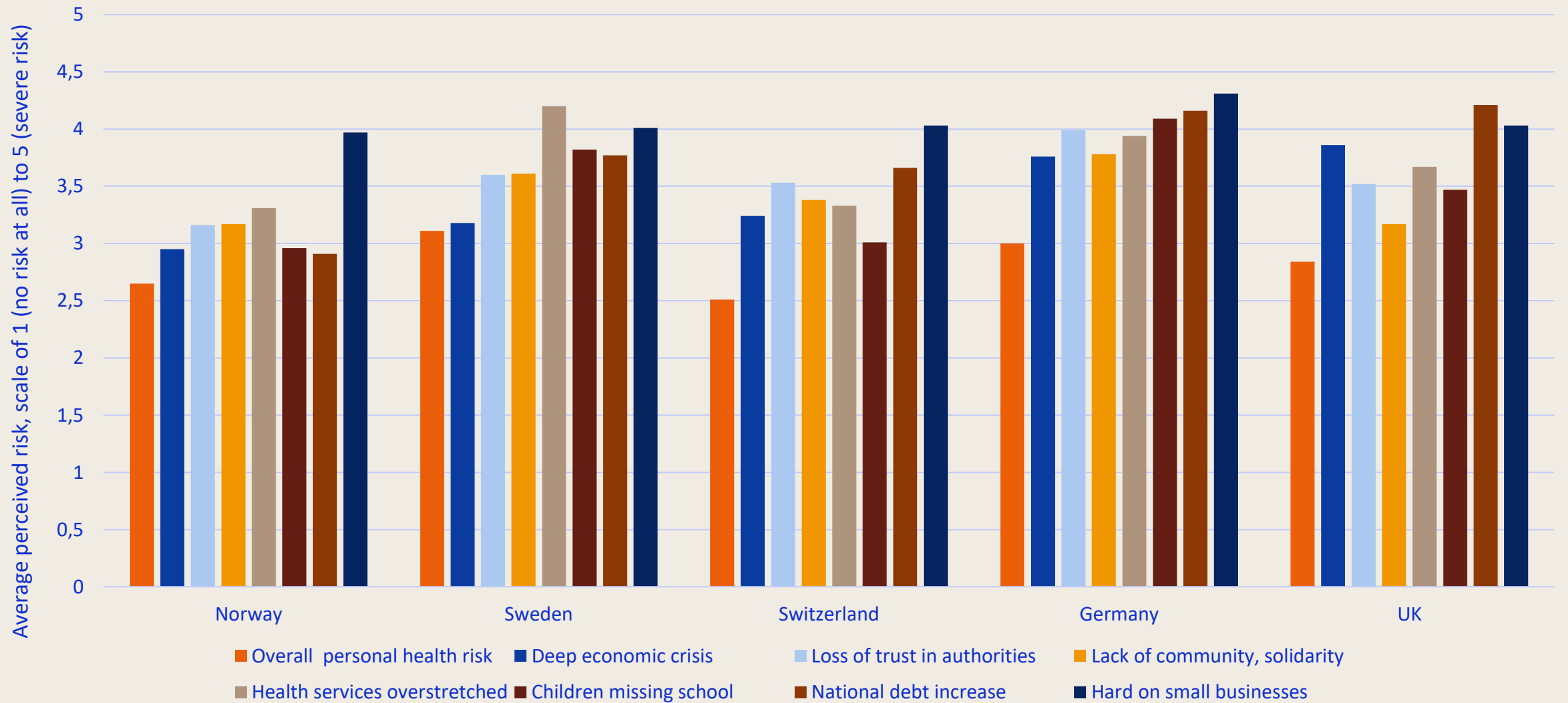
The stringency index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest).

■ Non-vaccinated ■ Vaccinated ■ Weighted average of vaccinated and non-vaccinated

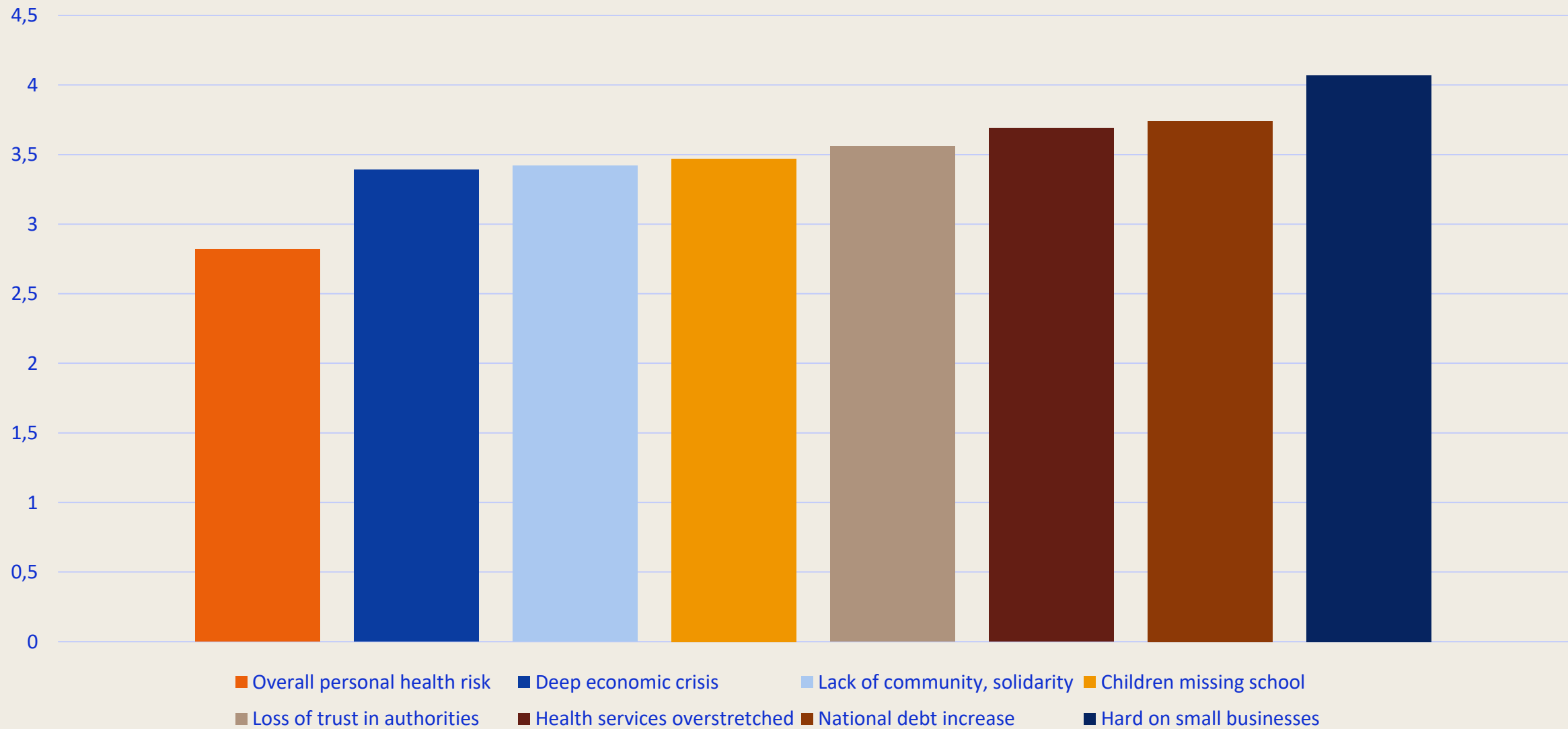


Source: Hale, T., Angrist, N., Goldszmidt, R. et al. A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker). Nat Hum Behav 5, 529–538 (2021). <https://doi.org/10.1038/s41562-021-01079-8>
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Risk perceptions of effects from COVID across five countries



Risk perceptions of effects from COVID in five European countries



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Key findings (risk communication/perception)

- Large variations in people's preferences in information channels
- People felt a need to understand not only health risks but also financial, social and societal risks during the pandemic.
- The largest differences in health risk perception were linked to nationality and age
- People were however worried about much more than their health.
- Health concerns were the least of worries by April 2021

Key findings (compliance and vulnerabilities)

- People acted as 'moral citizens' – were convinced by the solidarity messages and acknowledged individual responsibility
- The 'cost' of protective measures appeared to affect people differently, and people's ability to comply varied across population groups
- Access to nature/outdoors were among the factors that appeared to somewhat counteract detrimental changes in quality of life

To summarise...

1. Civil contingencies were crucial to pandemic crisis management
2. Contingency capacities appear to be linked to pre-pandemic situation
3. Perceptions of good message quality led to more protective behaviour
4. People were worried about much more than getting sick
5. People's risk perception reflected the social and societal dimensions of the crisis far beyond risk messages from national authorities

Project findings cont.

6. People will act according to their perception of risk, and this perception is only partly informed by information from authorities. Actions are also informed by people's sense of safety and vulnerability, as well as the ability to choose (one's own level of protection)
7. Surprises included lower risk perception and possibly less attention to protective measures among elderly men (who were the most vulnerable to the virus)

” Thank you!

