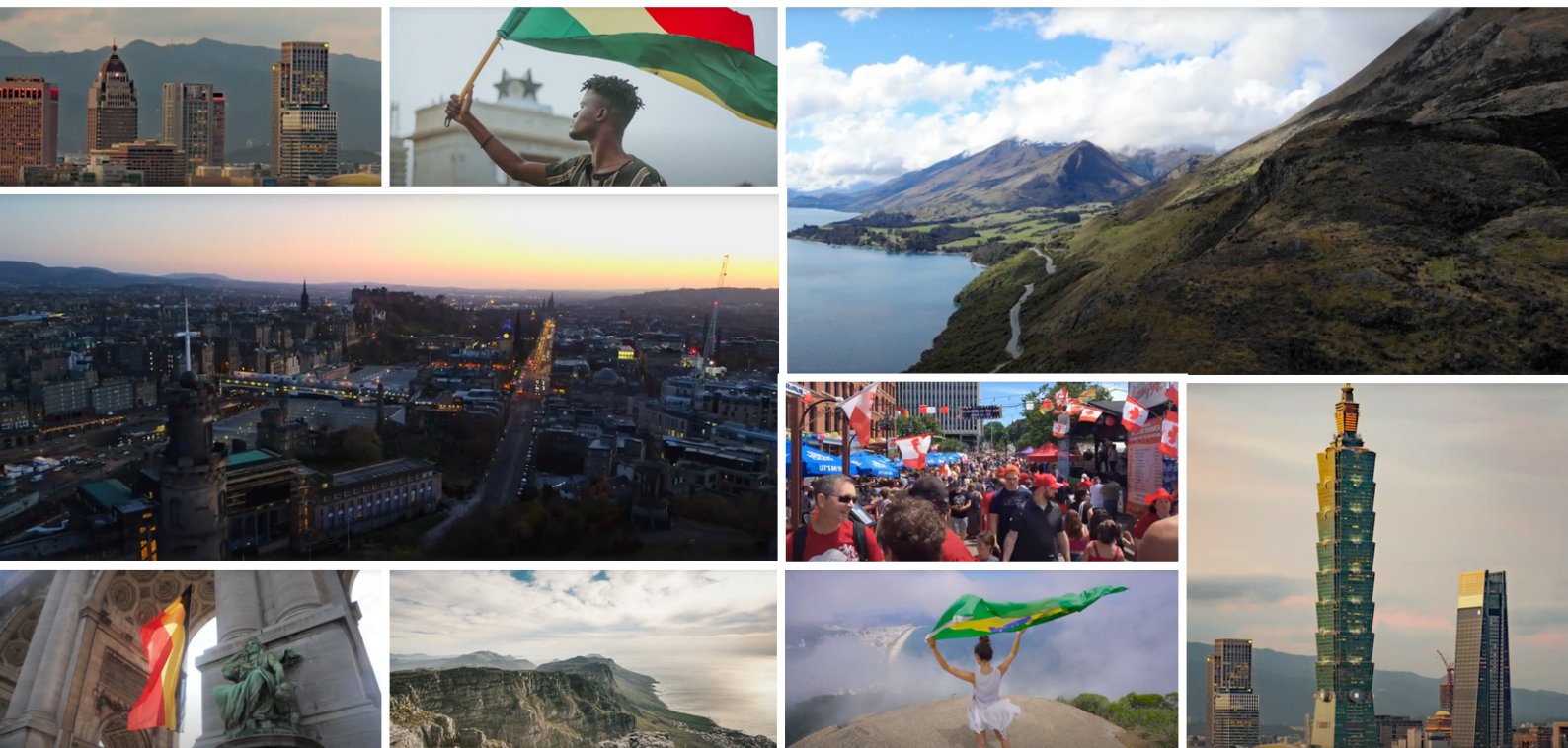


Rapid review of international evidence on Covid-19 communication and public engagement

May 2021

Dr Namita Kambli, Alexa Waud, Mat Basford,
Kelly McBride, Alexander Zur-Clark
Democratic Society



Commissioned by
The Royal Society of Edinburgh's
Post-Covid-19 Futures Commission

RSE *Post-Covid-19
Futures Commission*
THE ROYAL SOCIETY OF EDINBURGH

Contents

Acknowledgements	4
Note on the research	4
Executive summary	5
Introduction	6
Insights from related activity	10
Case studies	16
Belgium	17
Brazil	20
Canada	23
Finland	26
Ghana	29
New Zealand	31
South Africa	34
Taiwan	37
Conclusion	40
Reference list	43
Appendix	50
Appendix A	51
Appendix B	53

Acknowledgements

Thank you to all interviewees who gave their time and invaluable insights into the situation on the ground. Thank you to all of our Democratic Society colleagues and to our colleagues at the Royal Society of Edinburgh (RSE) who connected us with interview contacts through their networks. Thank you as well to the attendees of the RSE international roundtables on this topic who through action demonstrate the importance of international learning and continued engagement.

Note on the research

The Covid pandemic continues to unfold as this report is published, and we appreciate that there has been no perfect response from governments on engaging citizens on such a complex topic in a unique situation like this global pandemic. This report is written for the purpose of learning and is not an international comparison. We present international case studies to aid our learning together.

The meetings referred to in this report, notably the RSE roundtable and Club of Venice workshop, took place under the Chatham House Rule: *"When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed."* Chatham House, The Royal Institute of International Affairs, 2021

Further information on the Chatham House rule can be accessed [here](#).

Please note that in reporting on the Roundtable and Club of Venice, and the views and assertions shared by research participants and reported on, are not those of RSE or the authors necessarily.

Executive summary

This international review explores approaches taken by different countries to Covid-19 pandemic communication and public engagement.

Through a rapid literature review, semi-structured interviews, and a review of the transcripts of two international events, the full report offers eight case studies, which explore varied contexts and Covid-19 responses. The areas studied are Belgium, Brazil, Canada, Finland, Ghana, New Zealand, Taiwan, and South Africa.

Each geographic case study provides insight into different approaches to communication, crisis preparedness, and outreach. The cases draw out efforts to address systematic inequality and offer reflections on the implications for democracy.

The Royal Society of Edinburgh (RSE) will use these learnings to stimulate improvement in public debate and participation.

In essence, the review finds that communication was used to drive engagement and participation, but participation was largely understood to mean compliance with national efforts.

Science-based communication was mainly carried out by public health officials to convey the seriousness of the pandemic. It was also used to justify lockdown measures and encourage the public to follow rules and regulations.

There was a lot of information broadcast to the public from official sources, for example through government briefings. Citizen participation in helping to design the crisis response, and involving the public in decision making, was uncommon.

This highlights a lack of conversation, dialogue and collaborative decision making between decision-makers in national government and the public. When this did happen, it was aided by 'tried and tested networks' such as community health workers in Brazil and South Africa, social media influencers in Finland, or the Māori community rallying together to organise a tailored response in New Zealand.

What also came through in the research was that pandemic responses cannot rely solely on the expertise of public health officials. There is opportunity for more democratic dialogue and debate. Citizens can be involved in creating a more "human" strategy that factors in everyday lived experience, including elements of creativity and humour. The review highlights the importance of investment in equitable, collaborative, and participatory decision-making structures to achieve this.

Introduction



Introduction

Research objective

The main objective of this research is to conduct a rapid review of international approaches to communication and participation during the Covid-19 pandemic. Eight case studies with varied contexts and Covid-19 responses were chosen, including: Belgium, Brazil, Canada, Finland, Ghana, New Zealand, Taiwan, and South Africa.

Key learning from the pandemic response to date will inform the recommendations from Royal Society of Edinburgh (RSE)'s Post-Covid-19 Futures Commission¹ to Scotland's public institutions on building a fairer, more resilient society following times of crises.

As such, the objectives of this research are:

- To document how the general public has been informed and engaged during the pandemic in each of the eight case studies
- To understand the extent to which the public has been involved in the decision-making process for the pandemic measures, and corresponding implications for democracy and the social contract
- To explore (dis)parity of inclusion of underrepresented groups in the shaping of Covid-19 response
- To develop a better understanding of different global responses to the pandemic to date, and what Scotland can learn from these responses²

¹ Please see: <https://www.rsecovidcommission.org.uk>

² Please note that this is a rapid review and does not constitute a robust evidence comparison

Research design and methodology

This research has adopted a rapid review approach wherein data was mainly gathered via desk research. Sources of information included published literature, such as journal articles, as well as grey literature, such as reports, governments' websites and articles from established media outlets. Insights gained from attending international events have also been incorporated.

Literature review. Based on the information available, the literature review was framed around the three Key Lines of Enquiry (KLoE) (Table 1), each corresponding to a separate objective listed above. The research attempted to answer these overarching questions with a series of sub-questions (Appendix A), subject to the availability of literature and insights gathered from interviews.

Interviews. Given the emergent nature of the topic, data was supplemented, where possible, by interviews with academics and practitioners already part of Democratic Society's and RSE's network. These semi-structured interviews³ were video calls. Insights from interviews helped to fill gaps in particular cases where literature was limited, and built a richer understanding of the case studies as the pandemic continued to develop. We interviewed 13 public health, communication and participation experts.

Key Line of Inquiry	Questions
Innovative practices related to public health messaging and engagement	Was communication equated with participation or was there a difference in the manner in which the two were understood and approached?
	What were some of the novel means that were employed to maintain public interest over the long term?
	What were some of the approaches taken to combat misinformation?
	What were some of the mechanisms put into place to encourage societal compliance?
Equitable participation	How inclusive were the participatory processes to engage the public in Covid-19 response and recovery?
	What was the emancipatory potential of participation?
Implications for democracy and the social contract	What was the nature of democratic exchange during the pandemic?
	What is the social contract that has emerged from the Covid-19 pandemic and how was this communicated?

Table 1. Key Lines of Inquiry and Questions.

³ For a sample discussion guide please see Appendix B.

Selection of case studies

The short duration of this project shaped the inclusion and exclusion criteria used in the selection of case studies. Criteria included availability of published and grey literature, the presence of innovative approaches to science-based communication, and the presence of efforts to engage the public. Swift access to contacts within Democratic Society's networks for semi-structured interviews was also a factor. The eight case study countries were chosen to ensure a range of contexts and pandemic responses whereby lessons could be drawn to improve public debate and participative practice in future.

Case study categories

While conducting desk research and interviews for the review, which was guided by the Klol, we learnt more about the conditions that made effective communication and inclusive participation possible. Through the review process we were also drawing out commonalities and differences between the eight case studies. In light of these conditions, similarities and differences, we decided to create five topical categories, connected to, yet distinct from, the Klol to assist us in narrating our findings. Innovative practices, notable absences, and lessons learned are best organised and explained under these categoric headings. Moving from the literature and the interview notes into the categories was an inductive process, and rests firmly on what we were seeing and hearing. However, as the pandemic continues to develop and we continue to learn from the pandemic response it is important to reflect on, reconsider, and think across categories. Furthermore, as they stand the categories are not mutually exclusive.

The categories that structure our case studies as follows:

- Approaches to science-based communication
 - Including, combatting disinformation and maintaining public trust
- Crisis preparedness
 - Including, learning from prior experiences, policy alignment, and lessons learnt for the future
- Diverse outreach
 - Including the tailored response taken, and their use of tested and trusted networks and actors
- Efforts to address systemic inequality
- Implications for democracy
 - Including discussions of public dialogue, social cohesion, public intuitions, and free and fair elections

Scope of the research

It is important to note that, as a rapid review, this research focussed on describing approaches adopted by each of the eight countries rather than an assessment of their effectiveness. We look at *what*, not *why*, *how*, or *how well*. Nonetheless, this review does go beyond a simple description and summary of literature. Where possible, emerging areas of learning related to audiences and methodologies are identified.

Search queries were framed around the three Klol and limited to English and French-language results. In acknowledging the difficulty and tragedy of the pandemic situation in some of the case studies, such as Brazil, attention was also paid to the manner in which interviews were set up and conducted so as to be non-extractive and respectful of different circumstances.

¹ Please see: <https://www.rsecovidcommission.org.uk>

² Please note that this is a rapid review and does not constitute a robust evidence comparison.

Insights from related activity



Insights from related activity

This section outlines findings from two events attended by Democratic Society related to the research project. While some of these insights pertain to the case studies, they are included here to provide a broad overview of some of the common trends and lessons learned from across the globe so far.

Club of Venice workshop

The Club of Venice is an informal body that gathers heads of communication from EU member states and candidate states and from the European Commission, Parliament and Council. On 18 March 2021 a Club of Venice workshop on 'Communication and Open Governance in a Time of Crisis' brought together experts from senior government communications professionals, experts from international organisations and bodies, civil society and academia.

The aim of this workshop was to share learning about how open government approaches to communication can help improve citizen trust in governments during crises, and how these approaches can be built into everyday practice. The workshop was led by the Open Governance Network for Europe⁴. The workshop's three key themes are outlined below, and they are followed by insights that emerged during the discussion.

⁴ The **Open Governance Network for Europe (OGNfE)** is a joint initiative of Democratic Society and the Open Government Partnership to connect and drive debate, learning, and innovation in **open governance** to improve democratic participation, transparency, and accountability in the **European Union**.

Theme 1: The importance of ongoing openness

- Adopting open government principles of participation, transparency, and accountability within government communication can improve levels of trust
- Trust has to be earned through honest and inclusive public communication
- Communication between government and citizen should be a permanent process
- Partnership can enable constructive challenge, strengthen decisions, and build trust, and the outputs of partnership must be treated seriously
- Communication should be two-way, prioritising learning from citizens
- Citizens need accessible, reliable, secure channels to express their wants and concerns, and they expect governments to address them in a timely way

Theme 2: Improving communication in the context of crises

- A strategic approach to communication must be integrated into crisis management plans
- Governments should boost risk literacy by promoting risk education for journalists, politicians, and the general public
- It is important to foster a positive error culture, in which people are comfortable talking about errors in order to eliminate their causes
- Communication strategies should ensure that policies are understandable, and evidence is accessible and communicated transparently
- Involving all groups is key for policy success

- There should be training for the government on the monitoring and analysis of behavioural trends, and citizens' opinions and attitudes

Theme 3: Tackling misinformation and disinformation⁵

- Misinformation and disinformation must be addressed through a wide range of policy interventions: communications strategies; identifying and debunking; regulation; media literacy education; and media market reforms
- Better education around misinformation and disinformation will ensure that citizens and public authorities can navigate the landscape of information sources online and offline, and access and disseminate reliable information
- Systemic and collaborative education initiatives require long-term investment

RSE roundtable

On 13th April 2021, the RSE held two international roundtable discussions to engage with experts and practitioners from fourteen countries^{6,7}, to better understand experiences of public dialogue during the pandemic. Many participants were leading science communicators.

The central question for the roundtable was: "How have we communicated with citizens and involved them in this country's pandemic response?" Participants represented a range of different disciplines, but all specialised in public health communications or civic participation.

From the roundtable's first discussion, it was clear that despite their differing contexts, most countries had faced similar challenges.

⁵ Misinformation refers to false or misleading information; whereas disinformation refers to spreading this deliberately.

⁶ Argentina, Australia, Belgium, Brazil, Canada, Denmark, Ghana, Ireland, Japan, Malaysia, New Zealand, Scotland, South Africa, and Taiwan

⁷ The terminology does not imply the expression of any opinion whatsoever on the part of the RSE and DemSoc concerning the legal status of any country or area or of its authorities.

These included:

- Communicating risk
- A mismatch between policy and practice
- The exacerbation of pre-existing inequalities, in particular the digital divide
- A lack of public participation in Covid-19-related decision-making

A number of broader topics of discussion also emerged over the course of the roundtables, grouped and summarised below.

Trust in experts

At the start of the pandemic, public health officials suddenly adopted new public-facing roles as leaders in science-based communication. Many became household names, rising, in places such as New Zealand and Malaysia, almost to the status of national heroes.

Throughout the pandemic, the value of the scientific voice has been perceived to be more trustworthy than that of the politicians, with tensions sometimes reported between politicians and health scientists.

Scientists offered much-needed clarity during a time of uncertainty. They became a familiar presence on TV and newspaper columns, and made efforts to reach out through webinars and social media to improve public understanding. It was felt that publicity during the pandemic has helped humanise scientists. However, the harsh tone and uncontrolled nature of social media debate contributed to burnout amongst professional communicators.

In an effort to gain the public's trust during the first wave, political leaders in Malaysia and South Africa presented themselves as 'caring' and appealed to a sense of family and community, encouraging compliance with the rules and regulations.

The discipline of the scientists consulted by politicians was also an important factor. In the United Kingdom (UK), attention was

drawn to initial decisions about behavioural fatigue that were made before psychologists were drawn into the base of scientific advisors. The need to include social scientists to improve the effectiveness of public communication and engagement was reiterated by roundtable participants.

The political-scientific relationship

Some of the scientific advisors reported feeling they were caught in a dilemma: do they speak out against politicians or present a united front? They found it difficult to strike a balance between clear communication and scientific independence. Remunerated scientists were concerned about politicians using their employment status to put pressure on them. Faced with these dilemmas, some of the scientists began developing their own codes of behaviour. They spoke first to politicians and then approached the media if they were not heard. Others chose to stay quiet when there was excessive media noise and clear messages were needed.

There was a growing recognition that there are different roles for scientific experts. Some may be the face of official policy, whilst others within civil society have a role to play in urging transparency and accountability from the outside. For example, the UK's Independent SAGE⁸ provided public briefings on YouTube. In Brazil, scientific advice was often in direct contradiction to the President's messaging, and yet scientists still achieved widespread publicity.

Some scientists were uncomfortable with what they felt were currents of authoritarianism in some of the communication relating to compliance. There were concerns that government advice had wrongly become portrayed as legal obligations. One response was to acknowledge the importance of transparency and accountability to ensuring that measures taken are needed and legitimate.

⁸ See independentsage.org

Argentinian efforts to establish an observatory around vaccination is one such example, established in the face of a vaccine queue-jumping scandal.

Clear communication

Roundtable participants explained that risk communication was hampered by contradictory messages and policies, and incoherent policy positions. For example, in Japan the government encouraged people to travel to boost the economy, whilst simultaneously asking them to stay alert and take voluntary precautions. This led to confusion and backlash against the authorities. In Ghana it was difficult for some small, rural communities to understand why they were subject to lockdown measures despite the majority of cases occurring in large urban areas, which led some to reject the measures.

It became clear that clarity on what citizens should do was critical to compliance. Citizens needed to feel able to take these steps. However, sticking to clear messages is challenging in a changing evidence context, as the shifting requirements around mask wearing exemplify.

Exacerbating inequalities

Deepening inequality was reported as evident in all countries at the Roundtable, with already marginalised groups⁹ bearing the brunt of the pandemic. There were calls for policy options that address these inequalities, as part of the pandemic response. In several countries meagre sick pay provisions presented a substantial barrier to quarantine. Similarly, precarious employment and poverty meant complying with stay-at-home guidance was difficult as some people could not afford not to work. There were also issues around public information only being published in one language, excluding some groups.

More broadly, roundtable participants identified the need to go 'beyond the science' and highlight the multiple policy pathways, rooted in values, that can extend from scientific evidence. For example, in the light of urban dwellers' experience of lockdown, urban planning conversations about more equitable access to green and public spaces are gaining traction.

The role of citizens

Roundtable participants recognised that publishing open data alone is not sufficient citizen involvement. The importance of working with the media to help journalists understand and communicate the science was highlighted, as were educational initiatives such as 'Let's Talk Science' with schoolchildren in Canada.

Another common perspective was that communication with citizens should be bi-directional. In Denmark, attitude surveys were a way of learning from the public, and this data was shared with the media and public bodies. Elsewhere, focus groups were used to design messaging, and local government initiatives were used to reach young people and immigrants. Scotland stood out for its use of citizen panels and online forums. Despite these examples, it remains a challenge to source timely insights from citizens.

One of the biggest takeaways from this roundtable was that in all of the countries present, emphasis has been placed on communication with the public, but it is not clear how or whether communication translated into decision-making and response design. Finally, from all the literature and data gathered there has been little to no evidence of direct involvement of the public in Covid-19-related decision-making and response design.

⁹ For example, people experiencing poverty or with precarious immigration status.

The Scotland story

Scotland's approach was framed as a result of its devolved powers. Although there was an acknowledgement of a unified response between the four countries of the UK, it was important to recognise that there are also significant differences between them, and that powers in areas including health and education are devolved to Scotland. In many ways the approach taken by the government in Westminster provides an illuminating comparison with the approach taken by the Scottish Parliament. In part, this links with a different policy focus on suppressing the outbreak to allow the country to cope in the former, versus relentlessly pushing down numbers in the latter.

Compared to many other countries, Scotland was notable for enabling greater citizen input into the pandemic response. This was perceived to be influenced by a culture of participation which has evolved in recent years, by legislation including the Community Empowerment (Scotland) Act 2015, and by commitments to open government. During the pandemic, the Citizens' Assembly of Scotland¹⁰ and Scotland's Climate Assembly¹¹ concluded proceedings, and Covid-19 was discussed in their deliberations. Scottish Government also convened a Public Engagement Expert Advisory Group¹² and developed an online ideas platform, which hosted open public discussions and crowdsourced public opinions on easing lockdown measures¹³. The platform was open in May and October 2020 and received 20,000 responses. Additionally, the Scottish Parliament became the first legislative body in the world to commission, plan and deliver deliberative engagement in-house during the last session of the Parliamentary term and this included a Citizens' Panel on Covid-19¹⁴.

In contrast to Westminster, where experts answered only to elected politicians, committees within the Scottish Parliament allowed citizens themselves to interrogate expertise. Despite the steps taken in Scotland, it was felt there remained a challenge in getting information from the public quickly and in a useable format.

Praise was expressed for the clear, and down to earth, communication by National Clinical Director Prof. Jason Leitch who gave regular briefings in Scotland. Leitch's style was also referred to at the Club of Venice workshop as being simple, with messages articulated in plain English, often adopting a tone of "this is what you have to do for all of us to stay safe".

The tone of communication was raised as another point of difference between the two governments. It was felt that the tone in Westminster was one of "government-knows-best" focussed on the need for citizens to take responsibility. In contrast, the Scottish First Minister talked of having an "adult conversation" with citizens, focussed on transparency and being open about mistakes and the challenges faced.

Students, and their relationship to Covid-19 transmission, is another example of how tone and messaging differed between the UK and Scotland. In the UK, government messaging blamed students for outbreaks. In Scotland, on the other hand, government communications recognised that young people are more exposed than other age groups to the virus due to their public facing jobs, use of public transport, and multiple occupancy accommodations. In Scotland, young people were asked how best they could be supported, for example through sessions led by Prof. Leitch in collaboration with YoungScot¹⁵.

¹⁰ See the Citizens' Assembly of Scotland website for more information: <https://www.citizensassembly.scot>

¹¹ See the Scotland Climate Assembly website for more information: <https://www.climateassembly.scot>

¹² See Scottish Government website for more information: <https://www.gov.scot/groups/coronavirus-Covid-19-public-engagement-expert-advisory-group>

¹³ See: <https://www.gov.scot/publications/coronavirus-Covid-19-shared-role-containing-virus-analysis-responses-submitted-part-scottish-governments-second-public-engagement-exercise/>

¹⁴ See: <https://archive2021.parliament.scot/parliamentarybusiness/currentcommittees/116947.aspx>

¹⁵ <https://young.scot/campaigns/national/coronavirus>

Case study: **Belgium**

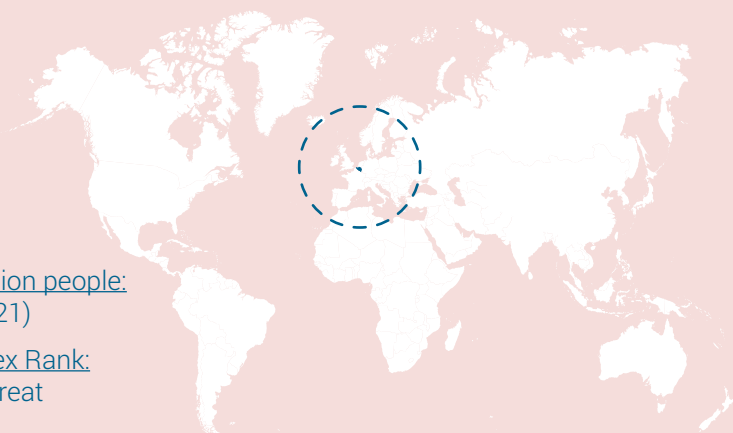
Population:
11.6 million (UN, 2019)

Confirmed cases:
1,161,558 (WHO, 2021)¹⁶

Deaths from Covid-19:
25,312 (WHO, 2021)

Confirmed cases per 1 million people:
90,582.98 (Ritchie *et al*, 2021)

Global Health Security Index Rank:
19 Score: 61.0 (Nuclear Threat Initiative, 2019)



Belgium is a small, densely populated country of 11.6 million inhabitants (UN, 2019). As outlined below, its complex governance and political structure has impacted its pandemic response. While international commentary, including at the roundtable, largely focused on the country's fragmented health policies, our rapid review also drew attention to a form of solidarity evident in Belgium's pandemic response.

Approaches to communication

Tasked with tackling the pandemic, Belgium's caretaker government adopted a calm, composed response to the Covid-19 crisis (Brunsden and Khan, 2020). Daily briefings were provided by the Inter-federal Crisis Centre, updating the population on the health emergency and lockdown measures (Brunsden and Khan, 2020). Lead by public health experts rather than politicians, these briefings also served as an opportunity to address conspiracy theories and combat disinformation (interview).

According to an interview participant, of particular note was the use of these briefings to focus on the human impact of the lockdown. Officials emphasized the importance of mental health and urged the population not to stigmatise any particular group or community, advocating for the response to be in the spirit of solidarity. Safeguarding this was a determining

factor behind the severity and duration of lockdown measures (Pornschnegler, 2020).

Based on in-depth interviews with 36 respondents, Belgian scholars Lievevrouw and Van Hoyweghen (2021) assert that it was respect for the public healthcare system that fostered a sense of solidarity amongst Belgians.

Information launched by Belgian authorities was coordinated at the federal level in collaboration with the Public Health and Crisis Centre, and the different regions (He *et al.*, 2020). This information was disseminated through multiple channels, including public broadcasting and social media, as well as in on posters in public places (He *et al.*, 2020). One of our interview respondents described a website, which was set up to publish daily reports and public health messages. Messages were available in the three national languages of French, Dutch, and German, and translated into thirty other languages (interview). Consistency was also maintained in terms of style, colours, and tone (interview).

Despite Belgium's calm composition in its communication channels, its complex governance structure¹⁷ and distributed public health responsibilities¹⁸ were perceived by interviewees and roundtable attendees to create confusion.

¹⁶ Figures for cases and deaths were accessed 23 August 2021

¹⁷ The Belgian governance structure is divided along both regional and language lines.

¹⁸ The Belgian public health care system is divided across federal and regional levels.

Those interviewed said this led to messages being framed in contradictory ways in different regions of the country. They perceived that the resulting confusion adversely affected societal compliance.

Information mismanagement on the part of the federal government is also thought to have lowered the level of trust and confidence in lockdown measures (interview). For example, the Belgian government did not follow WHO recommendations around mask-wearing early on in the pandemic. The public also did not have enough knowledge about transmission, which further limited the efficient implementation of lockdown measures (He *et al.*, 2020).

Belgium's initial campaign slogan, *Tous ensemble* – loosely translated as 'everyone together' – was recently swapped to *Une équipe de onze millions* – 'a team of 11 million', in reference to the country's population size – in an attempt to appeal to the national unity seen mainly in the national sport of football. However, political fractures were evident in a lukewarm reception to this new slogan, which was criticised by some politicians for being "too Belgian" or "unitarist" (Deglume, 2020).

Crisis preparedness

According to one of our interviewees, a public health expert, Belgians were accustomed their well-functioning healthcare system, which employs some strategies developed during the HIV/AIDS epidemic. This meant that it was possible to identify 'at risk' groups and target them with the right messaging around prevention and maintaining a healthy lifestyle. The relatively less-known and more transmissible nature of Covid-19, however, meant that everyone was at risk. According to our interviewee, this left the healthcare system ill-prepared, and health communicators had to rapidly adapt their messaging and interventions.

Recent media articles indicate that the Belgian healthcare system is unprepared to cope with the surge in mental health problems linked to Covid-19-related isolation, especially among adolescents (Birchard, 2021).

Localised response and diverse outreach

Initially, the Belgian government relied solely on public health experts and epidemiologists to inform the country's Covid-19 response (interview). One of our interview participants argued that it is becoming increasingly clear that the country's pandemic response should have also included sociologists, psychologists, communication specialists, and citizens to create a 'human strategy' that factored in everyday lived experience. This point was reiterated by both our other interviewees and roundtable participants as a critical aspect to building trust and confidence in lockdown measures and achieving better societal compliance.

According to one of our interviewees, the city of Brussels was among the first in Belgium to broaden its pre-existing public participation agenda, which included programmes such as participatory budgeting, to include a diverse section of the population in framing the way forward from Covid-19. This included technology inductions and training for participants to bridge the digital divide.

Efforts to tackle systemic inequality

In line with experiences across the world, the pandemic exposed and exacerbated structural inequalities in Belgium (Berkhout *et al.*, 2021). Our interviews underscored that disadvantaged ethnic minorities in Belgium have historically faced language and cultural barriers as well as stigma and discrimination at the hands of healthcare professionals and health providers. In the context of Covid-19, this history manifested in the form of vaccine hesitancy and reluctance, and lower vaccine uptake in ethnic minority communities. It was perceived that long-held suspicions of the healthcare system have also resulted in the embracing of vaccine-related rumours and conspiracy theories such as increased infertility in women.

According to one of our interview participants, the absence of culturally sensitive healthcare communication has only magnified the problem. The lack of a tailored response and the failure to include trusted peers from across communities in message-framing and outreach is also considered to be a factor in lower compliance.

Implications for democracy

Put in place after an inconclusive result during the federal election in May 2019, the caretaker federal government gained full legislative powers for a six-month period to tackle Belgium's Covid-19 response. The considerable increase in power of the federal government was justified by the need to act quickly to a rapidly evolving pandemic situation without the parliamentary debate (Bouhon *et al.*, 2020).

Almost a year on, following summary action proceedings by the League of Human Rights, a Brussels tribunal has declared the legal basis for Covid-19 measures such as curfews and movement restrictions to be insufficient (Scharff, 2021). Beginning 31st March 2021, the Belgian State had 30 days to conform with the rule of law (Scharff, 2021). The government has submitted a draft pandemic bill to the Parliament, and once the Parliament confirms the health emergency, the government will once again be able to act by ministerial decree, with the only safeguard being a monthly report to the Chamber (Scharff, 2021). Commentators maintain that this is insufficient and that there remains a need for a real democratic debate.

Case study: **Brazil**

Population:
214 million (UN, 2019)

Confirmed cases:
20,457,897 (WHO, 2021)

Deaths from Covid-19:
571,662 (WHO, 2021)

Confirmed cases per 1 million people:
75, 841.18 (Ritchie *et al*, 2021)

Global Health Security Index Rank:
22 Score: 59.7 (Nuclear Threat Initiative, 2019)



Brazil has been hard hit by the pandemic. At the time of writing, it has the third highest number of confirmed cases globally, and the second highest number of deaths (WHO, 2021). Brazil is a large and highly unequal country (Nassif Pires *et al.*, 2021). It operates on a decentralised, federal structure with states and municipalities holding public health powers and responsibilities (Nogueira Avelar e Silva *et al.*, 2020).

Brazil's response has been dominated by President's Jair Bolsonaro's opposition to restrictive measures against the pandemic. As described below, in response to this approach, civil society have voiced opposition and localised efforts address the pandemic.

Approaches to communication

The most notable feature of Brazil's communication response has been the actions of its President, Jair Bolsonaro. He has repeatedly downplayed the threat from Covid-19, argued for unproven treatments, said he won't take the vaccine, encouraged public gatherings, and opposed restrictions to control the disease, arguing that the economic harms outweigh the benefits (Savarese, 2020; Chen and Assefa, 2021). He has opposed state governors who have imposed restrictions, and argued that the media have exaggerated the threat, stating: "The people will soon see that they were tricked by these governors and by the large part of the media when it comes to coronavirus" (Philips, 2020). The President

has referred to the disease as a "little flu" (Philips, 2020) and famously responded to a journalist's question about the increasing number of cases with: "So what? What do you want me to do?" (Lancet, 2020). Some have felt his rhetoric included elements of 'ableism', 'nationalist fervour', and 'toxic masculinity' within suggestions that hardy Brazilians would not be vulnerable to the virus, and that his own biography as an athlete would mean the virus was no match for him (Ortega and Orsini, 2020).

The Health Minister Luiz Henrique Mandetta publicly opposed the President's stance on social distancing, and was fired after a TV interview in which he urged the government to speak with one voice (Quinn, 2020). Mandetta's successor resigned after one month in the role, after refusing Bolsonaro's request to recommend the unproven drug hydroxychloroquine (Sandy and Milhorange, 2020). Afterwards, an army general with no medical training was appointed Health Minister, before being replaced by a physician in March 2021 (BBC, 2021). When Congress approved a bill in May 2020 mandating the use of masks in public settings, the President vetoed the relevant clauses. The Supreme Court challenged one of these, before Congress and the Senate revoked the remainder months' later in August (Barberia *et al* 2020). The President has ordered data on cumulative cases and deaths to be removed from the government's Covid-19 dashboard, and health officials have raised concerns

that president intended to misrepresent numbers by reclassifying Covid-19 deaths under other causes (Dyer, 2020).

While this federal response was marked by opposition to evidence of the severity of the outbreak and measures to control it, there were a variety of initiatives used to communicate public health messaging at a local scale, as described below.

Crisis Preparedness

Since 1988 Brazil has had a tax-funded system of universal health care called the Sistema Único de Saúde (SUS), which provides free access to health services for all people living in Brazil (WHO, cited in Chen and Assefa, 2021). The Brazilian constitution states that health is a universal right (Chen and Assefa, 2021). Twenty-five percent of Brazilians have private health insurance, giving them access to treatment sooner than those relying on the public health system (Chen and Assefa, 2021). Our interviewee emphasised that prior experience from Zika and Yellow Fever should have made Brazil well-prepared for this pandemic, but that opposition from the President was a major barrier to more effective action.

Localised response and diverse outreach

In the face of challenging conditions at a federal level, we heard about a variety of local initiatives to communicate public health information. Community Health Workers (CHW) form an important part of Brazil's health system. Their local knowledge allows tailoring of health campaigns, they are well-placed to reach patients who are otherwise hard to access such as those in informal settlements, and their personal relationships within communities can improve trust (World Bank Group, 2020). Our interviewee described a wide range of strategies being used to reach out at a local level including: community radio stations, cars driving around sharing messages, WhatsApp groups with CHWs and patients, and telephone lines. These streams of communication went both ways: CHWs in one municipality were also collecting examples of fake news from people living in their neighbourhoods, which were followed up once a week by the mayor going around

in a car to explain why people shouldn't believe the fake news that was circulating.

There were fears that the work of CHWs was impacted by rhetoric and policies from the federal level (Lotta *et al.*, 2020), including concerns about a lack of clear guidance and PPE; and reports that workers were facing hostility from supporters of the President who were opposed to physical distancing (Lotta *et al.*, 2020). Bolsonaro's call on his supporters to "invade" hospitals to check the accuracy of Covid-19 numbers was seen as contributing to this (Lotta *et al.*, 2020).

The lack of political actions at the federal level has been in contrast with communal responses on the ground. In São Paulo, for example, partnerships have been developed between the state government, civil society and private sector partners to provide food parcels and hygiene kits as part of a solidarity campaign, in a similar spirit as seen in Belgium¹⁹.

Efforts to address systemic inequality

Brazil is a very unequal society, the wealthiest 1% of the population account for 28.3% of Brazil's income, while approximately 13 million live in favelas with poor hygiene and sanitation (Nogueira Avelar e Silva *et al.*, 2020). While there is universal free public health care, this is under-funded and 56% of Brazil's health expenditures are private (Nogueira Avelar e Silva *et al.*, 2020). Social risk factors for vulnerability to infection - such as being in informal employment, not owning a motor vehicle, living in over-crowded accommodation and lacking sewerage – showed strong positive correlation with instances of infection in Brazil (Nassif Pires *et al.*, 2021). There has also been a high death toll amongst indigenous people (Andreoni, Londoño, Casado in Nassif Pires *et al.*, 2021).

In response to the pandemic, Brazil has implemented 6.5% of additional spending, matching the G20 average relative of additional spending relative to GDP (Nassif Pires *et al.*, 2021). Almost half of this spending went to the emergency cash relief program Auxílio Emergencial, which was passed by Congress with support from

¹⁹ See website for more information: <https://www.spcidadesolidaria.org>

numerous civil society actors. This has provided a monthly payment to unemployed and informal workers, and beneficiaries of the pre-existing cash transfer programme, Bolsa Família. Pre-existing capacities for managing payments helped implement this, with some automatically qualified for receiving the payment. Others could register by filling out a form on a mobile app developed by a commercial bank. However, our interviewee expressed that these existing systems had not been utilised as effectively as possible and people were left waiting in long crowded lines to get payment. By July 2020, 60 million people had received this payment (Nassif Pires *et al.*, 2021). These payments have reduced poverty to its lowest historical level, more than compensating for losses of income. However there have been concerns about what happens when these end (Nassif Pires *et al.*, 2021).

Implications for democracy

While a number of other countries described in this report were able to take a unified, science-based approach, this was not the case in Brazil. In addition, the President acted to remove information from the public domain as cases grew (Dyer, 2020) and applied a law created during the country's dictatorship to seek prison sentences against people who have criticised the pandemic response (Human Rights Watch 2021).

In the face of an escalating crisis there has been a response from civil society encouraging stronger action. Millions of protestors took to their balconies banging pots and pans to protest how the pandemic was being handled (BBC, 2020c). A 'Pact for Life and For Brazil' was co-authored by six civil society bodies calling for collaboration with civil society and clear policies to protect health²⁰. A group of civil society organisations have brought charges against the Brazilian Federal Government at the Inter-American Commission on Human Rights, issues they cited included: attempts to weaken access to public information, spreading disinformation, underreporting coronavirus cases, and non-compliance with social isolation measures (Article 19, 2020). The Brazilian Congress has launched an inquiry into the government's handling of the pandemic, including whether genocide was committed against indigenous communities when a deadly variant was left uncontrolled (BBC, 2021b). A Solidarity Research Network, 'Rede de Políticas Públicas & Sociedade' formed of academics from across disciplines has been formed to improve the quality of debate and response to Covid-19²¹. Their research has been supported by private donors, and conducted with support from overseas academic institutions.

²⁰ Including, the National Conference of Bishops of Brazil, the Brazilian Bar Association, the Brazilian Academy of Sciences and the Brazilian Press Association, see for more information: <http://www.abc.org.br/2020/04/07/pacto-pela-vida-e-pelo-brasil>

²¹ See: <https://redesquisasolidaria.org/en/about-us>

Case study: **Canada**

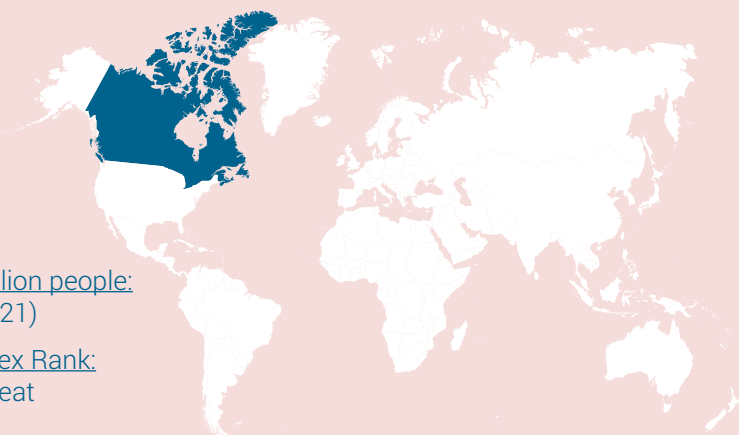
Population:
38 068 (UN, 2019)

Confirmed cases:
1,460,175 (WHO, 2021)

Deaths from Covid-19:
26,761 (WHO, 2021)

Confirmed cases per 1 million people:
36,252.33 (Ritchie *et al*, 2021)

Global Health Security Index Rank:
5 Score: 75.3 (Nuclear Threat Initiative, 2019)



Canada's federal government structure shaped its pandemic response and facilitated the emergence of a patchwork of municipal, provincial and federal policies, with different approaches and variable levels of trust across the country's 38 million population (Migone, 2020).

Approaches to communication

Canada's federal communication strategy involved simple messages and staying on message (interview). This garnered mixed results for two key reasons. Firstly, consistency was challenging as new information was emerging and the understanding of Covid-19 evolved (Austen, 2020). For example, early on federal and provincial governments asked citizens to avoid purchasing masks, due to shortages for health workers (Austen, 2020). According to an interviewee, these changes later undermined the credibility of public health claims about the efficacy of masks.

Secondly, the simplicity of Covid-19 messages was an issue in the Canadian context where the public had detailed, nuanced questions that high-level statements did not answer. As an interviewee noted, people begin to feel alienated when their detailed, personal questions are answered with a deferential message of, 'trust us, it's safe'.

Furthermore, some respondents to Kennedy *et al*'s (2020) survey expressed a preference for hyperlocal communication, wanting to talk to their GP, where these detailed questions could be answered.

Importantly, at a federal level science-based communication was led by public health officials (Fitzpatrick, 2020). In contrast, in some province politicians took a central role and lost some public trust when they mixed scientific and political messaging. Ontario Premier Doug Ford, for example, got elected on a platform with the slogan "Ontario is open for business." He employed several frameworks as part of his "Reopening Ontario Act" including a "lockdown," then a "shutdown," then a "stay at home" order, colour codes (green, yellow, orange, red, and subsequently grey), and then a different set of numbered stages (interview). This was the origin of much confusion. Results from the Canadian "Covid-19 Social Impacts Survey" show that respondents have the most confidence in bureaucratic health officials in their provinces, and the least confidence in federal politicians (Kennedy *et al*, 2020). As one interview participant noted, people become managers of their own risk when conversations become more political, e.g., they start trusting the advice less from the government and start looking for alternative sources of information.

Ottawa Public Health (OPH) was credited by several interviewed experts for its innovative communication style, which was responsive, straightforward, and informal. OPH responded to concerns head-on, highlighting what was not true and why, with a sense of humour that helped to combat disinformation (interview). Its approach on social media was perceived to be less about paternalistic messaging and more about authentic listening. OPH also launched a multi-stage citizen engagement programme early on in the pandemic. Survey results from this programme can be found online²².

Crisis preparedness

Following the SARS outbreak in 2003, there was a federal report published on pandemic preparedness (Public Health Agency of Canada, 2006), which contains the crisis procedure followed during Covid-19. Unfortunately, the stocks of PPE required as part of the pandemic preparedness strategy (Government of Canada, 2004) had recently expired when Covid-19 hit (Martell and Warburton, 2020). One interviewee felt that, the 'SARS playbook' was sometimes followed too closely when the differences between SARS and Covid-19 were still emerging. The changing messages around masks are one example of this. As both a roundtable participant and interview participant noted, there did not appear to be iterative learning through the Covid-19 pandemic as the waves progressed. Several mistakes were made multiple times over, negatively affecting public trust and credibility.

The crisis preparedness following SARS was not characterised by a high degree of public participation, nor was there necessarily a desire for it to be (interview). According to an interviewed expert, the public, in many ways, were satisfied deferring to and trusting public health experts.

Localised response and diverse outreach

In 2019 the Digital Citizen Initiative began building a network of civil society organisations focusing on digital media literacy and building citizen resilience against disinformation²³. When it was launched, it focused on tackling anti-science sentiments in society, which were focussed on climate change and anti-vax at the time, but the programme shifted swiftly towards Covid-19 in 2020. The federal government supported this shift, releasing funds to kick-start a Covid-19 response (Canadian Heritage, 2020). An interviewee perceived the leverage of the Digital Citizen Initiative, and similar information literacy programmes launched during the 2019 federal election to be an important component of the Covid-19 communication response.

There are also examples of community groups providing resources and sharing accessible information. For example, a Pan-Canadian Chinese group and a Montreal-based Vietnamese community group got information to their members who are offline and do not speak English (interview). Several interviewees stressed that civil society organisations have a better understanding of their communities and the right infrastructures to connect with them. As Cattapan *et al.* (2020) argue, drawing on research in the Canadian context, "engagement is easiest when it builds on networks that are already working."

Efforts to address systemic inequality

In Canada, structural inequalities have been mapped and acknowledged, but not necessarily acted on (interviews). For example, in Toronto, poor, Black and Brown communities have had the highest rates of Covid-19, which has been mapped and broadcasted through the pandemic (Cheung, 2020). Yet, pharmacies in white, affluent areas of the city have received a disproportionate share of Covid-19 vaccines (*The Local*, 2021).

²² The Digital Citizen Initiative is a multi-component strategy that aims to support democracy and social cohesion in Canada by building citizen resilience against online disinformation and building partnerships to support a healthy information ecosystem. For more information see: <https://engage.ottawa.ca/covid19>

²³ See: <https://www.canada.ca/en/canadian-heritage/services/online-disinformation.html>

According to one of our interviewees, messaging about and allocations of vaccines have not been entirely appropriate. They noted that without proper and explicit communication or collaboration, efforts to address structural inequalities can be misunderstood. For example, Indigenous groups were prioritised in the vaccine roll-out, but there were concerns within some communities that this was because Indigenous lives were not valued in the eyes of the state, and so were being used to trial vaccines (interview).

Increased anti-Asian violence and hate, as well as racism more broadly, increased in Canada during the pandemic (Kong *et al.*, 2021). Various groups are working to address this including Chinese Canadian National Council for Social Justice,²⁴ which has received federal government support (Canadian Heritage, 2020).

Implications for democracy

The democracy implications following Covid-19 are likely to look very different than the democratic implications of SARS. After SARS there was an articulation of the need to strengthen public institutions. One of the research participants noted that through this crisis there's been erosion of public services and institutions and a turn to privatisation. This participant connected this trend to an emerging critique: that the Covid 'rebuild' may reinforce the shift from public to private which has been used to respond to the pandemic. As another research participant noted, public institutions are designed to do planning in more inclusive and consultative ways, which are not present when public policy is designed by private consultants in the middle of an emergency, as was the case for some of Ontario's lockdown policies.

Growing police powers, including curfews, also have important implications for democracy. An interview participant expressed concern for homeless people and delivery drivers, already on the margins of society, under a police enforced curfew, and for what negative effects would remain following the end of the curfew and then the pandemic. The participant went on to note the relationship between policing and systemic inequalities made clear in 2020, both through the Black Lives Matter movement, and Wet'suwet'en solidarity movement in Canada.

²⁴ See: <https://ccncsj.ca>

Case study: Finland

Population:

5 548 (UN, 2019)

Confirmed cases:

120,870 (WHO, 2021)

Deaths from Covid-19:

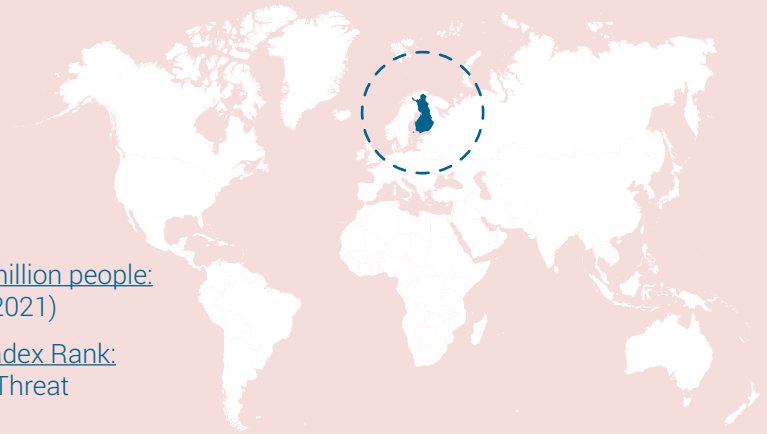
1,008 (WHO, 2021)

Confirmed cases per 1 million people:

16,535.58 (Ritchie *et al*, 2021)

Global Health Security Index Rank:

10 Score: 68.7 (Nuclear Threat Initiative, 2019)



Although Finland's relatively low population density and the perceived predisposition of Finns to social distancing is thought to have contributed to it becoming a Nordic success story (Frith 2020), our review points to the country's disaster preparedness mindset and the unique role of social media influencers as the country's distinguishing features.

Approaches to communication

Despite being relatively new to her role when the pandemic first hit, Finnish Prime Sanna Marin received praise for her communication style and the simplicity of her government's messages (Puhakka and McCarthy, 2020). During the first phase of the pandemic, Marin and four cabinet members held weekly briefings, press conferences, and open question sessions, including a session devoted to queries from children (Puhakka and McCarthy, 2020). However, findings from our interviews did not entirely support this view of effective, clear communication - the lack of which was perceived to lead to the public's confusion around pandemic measures.

The country's approach to communication is marked by the government's collaboration with social media influencers (Heikkilä, 2020; Henley, 2020a). Recognising that panic and fake news can spread quickly on social media the Finnish government

and the Finnish media pool²⁵ enlisted the help of social media influencer agency PING Helsinki, to ensure that credible, timely information would reach the public, particularly groups that are less likely to engage with traditional media outlets, such as young people. The *#faktaakoronasta* (or coronafacts) campaign began in March 2020 with a detailed influencer mapping exercise, following which 900 influencers were invited to join the campaign and use their respective platforms (PING Helsinki, 2020). The invitation was extended to 1800 names after two months (PING Helsinki, 2020).

Towards the start of the campaign, PING Helsinki (2020) adapted government announcements to a social media format and sent these to influencers, first daily then weekly, with messages and credible sources of information to convey to followers. A list of dos and don'ts was also published, including recommendations such as 'stop and think before sharing', 'distinguish fact from opinion' (Henley, 2020). The main goal of this collaboration was to not only share reliable information but also prevent the spread of disinformation. For this reason, Finland was the only country in the world to classify social media influencers as critical operators together with doctors, bus drivers, and supermarket workers (Heikkilä, 2020).

²⁵ Part of the National Emergency Supply Agency

PING also organised several webinars, including one on health with the Finnish Institute of Health and Welfare (THL) where participants were able to ask questions and provide feedback (PING Helsinki, 2020). Similarly, the media influencer agency collated instagram stories and survey questions and sent these to the Finnish Ministry of the Interior and the Police as a means of letting them know what the public was thinking (PING Helsinki, 2020). The success of this collaboration was credited, by our interview participant, to the trust that Finnish people place in social media influencers - Finns routinely report a high level of trust in media (Helsinki Times, 2020) - and the trusting relationship that PING itself had previously developed with social media influencers. As such they thought this model was less likely to be successful in other contexts.

In parallel to the *#faktaakoronasta* campaign, the Finnish government also launched a *#FinlandForward* campaign to support Finns through the Covid-19 crisis and strengthen psychological resilience through communication (Finnish Government, n.d.). This campaign is expected to continue until the end of 2022.

Finland's education system and its emphasis on media literacy, right from kindergarten, which has been pivotal in the country's fight against fake news (Henley, 2020b). More specifically interviewees connected this educational background to tackling vaccine disinformation. In 2014, media literacy - practiced since the 1970s - was embedded into school curriculums, teaching children from the age of six onwards to critically assess media sources (Barber, 2021). This can take the form of exploring how images can be digitally manipulated during art lessons, analysing propaganda campaigns in history classes and testing vaccine disinformation in science (Barber, 2021).

Crisis preparedness

The above mobilisation of social media influencers can be connected to Finland's disaster readiness mindset. Collaboration between PING Helsinki and Mediapool, a network of Finnish media companies, originally began in the summer of 2018 in an effort to secure reliable information in times of crisis and enhancing the credibility

of social media influencers due to the increasingly prominent role of social media (Henley, 2020). In anticipation of releasing risk communication recommendations, the Finnish Institute of Health and Welfare (THL) began to analyse risk perception and trust towards public authorities in February 2020 to inform weekly risk communication efforts (Lohiniva *et al.*, 2020).

Stemming from its collective experience during the Winter War in 1939-40 against the Soviet Union, Finland's law on preparedness explicitly mentions pandemics and was triggered for Covid-19, the first time since the second world war (Milne, 2020). The notion of 'comprehensive security', which stipulates that security is everyone's job, has been applied to military operations, natural disasters, and now the pandemic (participant, Club of Venice workshop 2021). While other Western European countries have traditionally excluded citizens from contingency planning strategies, including citizens in contingency planning has become increasingly relevant in Finland due to the ever-present threat from neighbouring Russia (Warrell and Milne, 2020). In the wake of Russia's annexation of Crimea, Finland stepped up its efforts in terms of reviewing security laws, competition in food and energy sectors, etc. to ensure they could cope in the event of a national crisis (Warrell and Milne, 2020). This in turn contributed to the country repurposing many of its resources in the during Covid-19 (Warrell and Milne, 2020). According to scholars Su *et al.* (2021), the Finnish example demonstrates how a disaster readiness mindset can equip a government with the ability to identify warning signs of potential disasters, outline potential risks, and address these with proactive strategies.

Localised response and diverse outreach

In addition to its collaboration with social media influencers to reach a diverse section of the population, in particular young people, the Finnish government also set up a dedicated Covid-19 website. Several organisations, such as the Sámi Parliament, the Lapland Chamber of Commerce, student and youth networks, the tourism sector were involved in the website set-up and helped draft safety guidelines for their relevant sectors (European Commission, 2020).

Since April 2020, the Finnish government has organised 'Lockdown Dialogues' to offer individuals, communities, and groups the opportunity to engage in constructive discussion and build a shared understanding of life in Finland during the Covid-19 crisis (Ministry of Finance, 2020). These can be compared to the online public discussions held by the Scottish Government, but on a larger scale. Two hundred discussions with 1600 people from different age groups and walks of life have since taken place (Ministry of Finance, 2020). A summary of the 2020 dialogues has revealed how the crisis has shaped every life, the joys and difficulties of remote work and distance learning, fluctuating sentiments of solidarity, and reflections on the future (Open Government, 2021). Just as importantly, the dialogues highlighted that an ongoing state of emergency is a strained and contradictory experience for the public. These findings will be used by the Ministry of Finance to guide further preparedness and policy (participant, Club of Venice workshop).

It is worth noting, however, that the staging of these dialogues was not known to our interviewees, who worked in the fields of communication and participation. One of our interviewees was instead of the opinion that engagement with the public has largely been indirect, one-way, or mainly via representative bodies such as labour unions.

Efforts to address systemic inequality

Finland is considered to be one of the most equal countries in the world, with a Nordic welfare state model (Aminoff, 2020). The Covid-19 crisis revealed both the strengths and weaknesses of this model. According to an expert group report commissioned by the Ministry of Social Affairs and Health and the Ministry of Economic Affairs and Employment (2020), the pandemic had an uneven impact on Finnish society, with already vulnerable groups bearing the greatest burden.

Several interview participants spoke of the disproportionate effect on vulnerable groups, especially immigrant workers in industries such as construction. Cracks in the welfare model were also evident around issues of vaccination (interview).

For example, immigrant workers were not included in vaccination information campaigns and participation exercises. They also faced language and cultural barriers. Regional politics within Finland dictated that no region be prioritised in terms of vaccine rollout and distribution despite Covid-19 being more present in suburban areas of Helsinki.

Implications for democracy

Finland is the 13th oldest democracy in the world and its advanced welfare model often translates to high levels of trust in government and public institutions (Aminoff, 2020). This phenomenon was also evident during the first phase of the pandemic with people carefully following government recommendations and abiding by lockdown measures. Compliance has nonetheless started to wane in the face of pandemic fatigue – a point that was raised during the Club of Venice workshop and reiterated during our interviews.

The Finnish constitution specifies the protection of life and health as being amongst the key responsibilities of government (Milne, 2020). The constitution also allowed for the government to use an Emergency Act to implement measures to control the pandemic (Puhakka and McCarthy, 2020). The Parliamentary Ombudsman of Finland (2020) nevertheless received a large number of complaints related to the state of emergency. These mainly pertained to healthcare, social welfare, and social insurance, although police monitoring and restriction of movement also featured as a grievance. The office of the Ombudsman itself undertook several initiatives to investigate actions to protect vulnerable groups, such as the homeless and refugees (Parliamentary Ombudsman of Finland, 2020).

Case study: Ghana

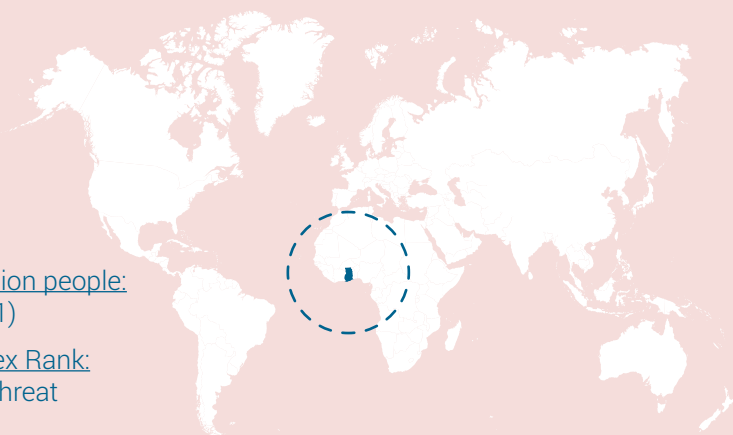
Population:
31 732 (UN, 2019)

Confirmed cases:
112,928 (WHO, 2021)

Deaths from Covid-19:
945 (WHO, 2021)

Confirmed cases per 1 million people:
3,013.68 (Ritchie *et al*, 2021)

Global Health Security Index Rank:
105 Score: 35.5 (Nuclear Threat Initiative, 2019)



Although Ghana's response has been considered successful in the African context, it is important to highlight that literature on the Ghanaian approach was relatively limited. This sub-section section therefore relies heavily on insights from our interview and the roundtable session. As outlined by our interviewee, who was also present at the RSE roundtable, Ghana's response was centred around three key areas: communication, the state of its health system, and compliance.

Approaches to communication

Ghana has a public health system that works on a three-tier district-regional-national level. Health decisions are made at the national level and delivered at the district level, with Covid-19 communications also initially distributed in this manner. When the pandemic hit Ghana, President Afuko-Addo took charge of communications and held a weekly Sunday address on national television to update the public on the number of cases, deaths and lockdown measures. The president was supported by a special task force of advisors, some of whom were medical politicians. This blurred the lines between politician and technocrat for the highest health officer in the country.

Although the president's updates were viewed favourably towards the start of the pandemic, the approaching of the election period in Ghana led the opposition to react negatively to airtime being dominated by the president.

This was seen as a means of gaining sympathy from the nation and advancing his own political cause, in a context where no physical campaigning was possible. In retaliation, the opposition set up a parallel advisory group, leading to what our interviewee described as confusion. Eventually, state agencies, mandated to carry out communications, took over in a move designed to separate communications from politics.

The election campaign season towards the end of 2020 nevertheless brought new challenges. Those meant to be providing leadership during a crisis and leading by example became the ones flouting protocol, holding rallies with 2000-3000 people in parks, despite large gatherings being banned. This led to mixed messaging in terms of what was supposed to be done and what was actually happening.

A positive for Ghana has been its vibrant media landscape, which was drawn on by the health sector. From print, TV, social media, and radio, the health sector engaged with the different media stations and platforms to communicate with the population. Health officials went on shows and answered emerging, called-in questions. There was two-way communication where citizens could also submit questions via SMS, WhatsApp, and social media to get answers. This type of communication was also instrumental in countering disinformation.

At the start of the vaccine rollout, public broadcasting once again became a means to quell rumours and fears, with prominent public figures, including the president and his wife, receiving vaccinations on national television.

Crisis preparedness

The Ministry of Information, which had prior experience of working with public health information as part of the HIV/AIDS campaign, played a role in disseminating information on Covid-19 in a similar top-down structure. However, the pandemic has exposed the fragility of Ghana's healthcare infrastructure and its under preparedness concerning facilities such as hospital beds, Intensive Care Units (ICUs) and testing centres. It was only when several senior politicians themselves succumbed to the virus during the second wave that there was a push to achieve greater equity of treatment and access by developing more health centres at regional and district levels.

Localised response and diverse outreach

The National Centre for Civic Education (NCCE) - as its name suggests - has traditionally focused on civic education (elections, violence against women), but for the pandemic shifted its attention to health education. The NCCE is already established in communities where it works on a regular basis at the district level. These were non-health professionals who needed to be trained to engage with the public. Over the course of the pandemic, their role became crucial in combatting disinformation and conspiracy theories related to vaccines. In this respect they faced challenges keeping pace with social media. This is arguably an aspect that needs to be considered in future crisis preparedness, together with the development of more health centres, as mentioned above.

Churches were another important avenue for disseminating information in Ghana and diversifying outreach. The Church leadership made their platforms available to health professionals to engage in discussions with the community, particularly around lockdown measures such as social distancing and regular hand washing.

Efforts to address systemic inequality

The Ghanaian case is a reminder to pay attention to global, structural inequality. With wealthy states hoarding vaccine stores, and expensive private patents for vaccines prohibiting country-based manufacture, countries such as Ghana are priced - or powered - out of an effective public health response. This was further exacerbated by Ghana's inability to issue its own sovereign debt with low interest rates, as wealthy countries have done. Measures to provide necessary social and health services during the pandemic have left Ghana further indebted to international development banks with high interest rates.

Socio-economic interventions were primarily aimed at vulnerable sections of the population and efforts were made to reach disadvantaged groups, such as people with disabilities, via targeted messaging. The government provided free water for its citizens, and subsidised electricity, for a year during the pandemic. As part of the crisis response, Ghana also provided free food to many people who live in informal settlements. It must be noted, however, that there remained inequalities within inequalities, as not every household had access to pipelines for water in the first place.

Implications for democracy

2020 was an election year in Ghana. President Afuko-Addo, who managed the pandemic, was re-elected. Large campaign events, which are a feature of Ghanaian democracy, were not allowed during the crisis. As previously mentioned, the president had access to national television and was able to show his leadership, while the opposition struggled to develop a platform during the crisis. There were accusations that the free services provided during the pandemic (water, some electricity and food) were 'politicking'. They did give people more confidence in the president, as well as being an important part of the public health response.

Case study: **New Zealand**

Population:

4 861 (UN, 2019)

Confirmed cases:

2,612 (WHO, 2021)

Deaths from Covid-19:

26 (WHO, 2021)

Confirmed cases per 1 million people:

553.48 (Ritchie *et al*, 2021)

Global Health Security Index Rank:

35 Score: 54.0 (Nuclear Threat Initiative, 2019)



New Zealand has been affected much less by Covid-19 than many other parts of the world. The government's decisive decision making, science-informed policies, and a communications strategy that has come to be seen as a masterclass in crisis leadership and communication.

Approaches to communication

The Prime Minister, Jacinda Ardern, and Director General of Health, Ashely Bloomfield, led daily briefings that became a daily ritual and a shared collective experience during lockdown (Hunt, 2021). A study (cited in Hunt, 2021) of public perceptions during this period showed that many viewed these two as honest and transparent, being frank about what wasn't known, deferring to experts, and changing advice when new information came to light. Explaining data was coupled with empathy and kindness (BBC, News 2020). Ardern acknowledged how hard measures would be for people and finished almost all briefings with the message: "Be Strong. Be kind." (BBC, News 2020). Her messaging has been praised for combining direction-giving, meaning-making, and empathy (Wilson, 2020).

Ardern also appeared on Facebook Live, answering people's questions (BBC News, 2020). This included an appearance after the first lockdown when she spoke about wanting to 'check in with everyone' (BBC News, 2020). In these appearances she has

been casually dressed and has shared some aspects of her own personal life (BBC News, 2020). In addition to the daily briefings a wider team of science communicators appeared across radio, TV and other media, becoming recognisable figures in their own right (roundtable participant).

There was a strong emphasis on taking responsibility as a whole country. Public information messages consciously focussed on what people could do to help, encouraging a sense of collective responsibility rather than top-down instructions and blame, for instance, "washing and drying your hands kills the virus" rather than simply: "wash your hands" (Hunt, 2021). 'Unite Against Covid-10?' was used as a brand across these communications, coupled with distinctive yellow and white colouring (Hunt, 2021). Covid19.gov.nz was set up as a single source of truth about infection levels and responses; promoted through adverts across radio, television and digital media. The message of unity was echoed in the Prime Minister's own statements. She regularly referred to New Zealand as a 'team of five million' (BBC News, 2020) - a reference to the country's population size. Ardern also adopted the vernacular of the communities being served, talking about moving from shaking hands to 'an east coast wave' (nodding your head up), and drawing on sports motifs (roundtable participant).

Microbiologist and science-based communicator, Prof. Siouxsie Wiles (quoted in Smith, 2020), has noted that a concerted effort was made to use positive framing by laying an emphasis on collaboration and working together and steering clear of war analogies and fear mongering. Just as important was the attention that the prime minister and government paid to preventing social stigma associated with Covid-19 by focussing on inclusive people-centric language instead of dehumanising terms such as 'suspects' (Smith, 2020). Wiles together with communication artist Toby Morris went on to develop a series of animations and illustrations in parallel explaining key concepts around Covid-19 in a simple, accessible manner (Edmunds, 2020). These quickly became popular the world over and were eventually adopted by the World Health Organisation (WHO) (Edmunds, 2020).

In addition to empathy, New Zealand's campaign was guided by structure (Hunt, 2021). An alert level system was set up, similar to that used for monitoring volcanic eruptions. This was praised for giving people more certainty, and helping people understand the trajectory of the virus (Hunt, 2021). With the country facing a second wave and more community transmissions, however, there has been a noticeable shift in rhetoric from one of kindness to that of compliance (Latif, 2021).

Crisis preparedness

An assessment of pandemic readiness shortly before Covid-19 ranked New Zealand 35th out of 195 countries, though with a score of only 54 out of 100 that indicates generally low levels of preparedness around the world (Global Health Security Index cited in Daalder, 2020). It has been suggested that New Zealand's response was overly influenced by its internationally renowned 2017 Influenza Pandemic Plan (Daalder, 2020; Summers *et al.*, 2020). The issue was summed up by epidemiologist Nick Wilson's view that "We had a good plan for the wrong virus." (Daalder, 2020). There was also a suggestion that New Zealand had not learnt lessons from the policies of South Korea and Taiwan, which were better placed to deal with contact tracing (Daalder, 2020; Summers, Cheng, Lin, *et al.*, 2020).

Fragmentation within public health bodies was also highlighted as a barrier to an effective response (Daalder, 2020).

There were some concerns about an initial lack of transparency around big virus clusters, especially when it wasn't known what was causing these (BBC News, 2020). It has been argued that this largely stemmed from a health system that was not well prepared for sharing information during a period of emergency (BBC News, 2020).

Localised response and diverse outreach

One of our interviewees noted that the severe impacts of previous pandemics on Māori communities, led to the Māori community coming together to protect their own members even before the public health response officially came into effect. Marae (Māori meeting grounds), Kura (primary schools operating under Māori custom) and other schools played key roles in getting information and support out to families and leading in organising responses (interview). The Ministry for Pasifika Peoples also conducted a weekly Hui (Māori social gathering) via zoom with church leaders (interview). There were examples of significant collaboration between local networks and larger partners to deliver support to communities, such as getting laptops out to families before the lockdown (The Auckland Co-Design Lab and The Southern Initiative, 2020).

An interviewee told us that despite efforts to translate Covid-19 messages into a wide range of languages, it was still common to hear that people have not seen anything translated into their language, with ongoing challenges getting these messages out to people. The role of online communication during the pandemic meant that many young people, particularly in Māori and Pasifika communities, became conduits to information (interview). According to our interview respondent, young people felt that they lacked the information they needed within this role to fully explaining the purpose of and logic behind the Covid-19 measures.

Efforts to address systemic inequality

Our interview participant drew attention to the presence of structural inequalities and the resultant health inequalities in New

Zealand, particularly among Indigenous Māori and Pasifika communities, as well as recent immigrants. These realities meant some groups faced greater risk from Covid-19 and were more affected by lockdown measures than others. Our interviewee felt there was awareness of this issue within government, and a desire to do better, but measures taken were still insufficient.

The New Zealand government faced criticism for an initial lack of coordination and engagement with Māori and Pasifika communities (Parahi, 2020). This led to the establishment of a National Māori Pandemic Group (Te Rōpu Whakakaupapa Uruta) by Māori health professionals to provide access to tailored and relevant information, resources and practical guidance and advice²⁶.

Additional resources were targeted at areas where poverty, and higher instances of chronic conditions increased vulnerability (interview). There were high rates of testing in the South Auckland area, using networks such as local churches to reach people. There were also calls to prioritise vaccination at a lower age within Māori and Pasifika communities, and to prioritise South Auckland, reflecting increased risk in this community (interview). Interviewees reported that ultimately there was a 'soft prioritisation' of South Auckland. It was felt that concern about accusations of racism by those not being prioritised, or a perception of being used as guinea pigs within this community, may have influenced the decision not to take stronger action.

Pandemic restrictions had a particularly strong impact on those who were already facing forms of marginalisation (Elers *et al.*, 2021). For instance, those relying on informal networks to receive information or to access translation struggled to access these during the pandemic (Elers *et al.*, 2021). The lockdown disconnected people from resources and spaces of support in the Whānau (extended family) and wider community (Elers *et al.*, 2021).

A lack of involvement, and unequal outcomes, have been particularly criticised given the context of colonialism in New Zealand and explicit requirements in the Treaty of Waitangi for Māori participation and consultation in the development of public health response (Elers *et al.*, 2021). One of our interviewees felt that the pandemic has shifted the argument towards the need for more Māori and Pasifika voices, and an opening up of spaces for this.

Implications for democracy

In an online survey during the first wave of the pandemic 78% of New Zealanders agreed that the government's management of Covid-19 had increased their trust in government (Gauld *et al.*, 2021). This study found strong correlation between trust in government and scientists on the one hand, and willingness to use the Covid-19 phone tracing app; suggesting that trust in government may have influenced wide scale acceptance of emergency measures in New Zealand. One interviewee linked the high turnout in elections during the pandemic, including from young people and traditional under-represented groups, as a sign of people feeling more engaged and connected during this time, and having a sense of pride in how New Zealand had responded better than many other countries to the virus.

One of our interviewees suggested that the pandemic may have shifted people's expectations of the role of the state, following a much-extended reach of government during this emergency period. While they felt this would change over time it was suggested that this has challenged business-as-usual assumptions and started conversations about doing things differently. They also felt that the pandemic had made the government think about different ways of working with communities. Government had recognised they lacked the local knowledge and contacts needed to support communities and had 'viscerally' experienced what working differently with communities looks and feels like, whereas previously this was something abstract.

²⁶ For more information see: www.uruta.maori.nz

Case study: **South Africa**

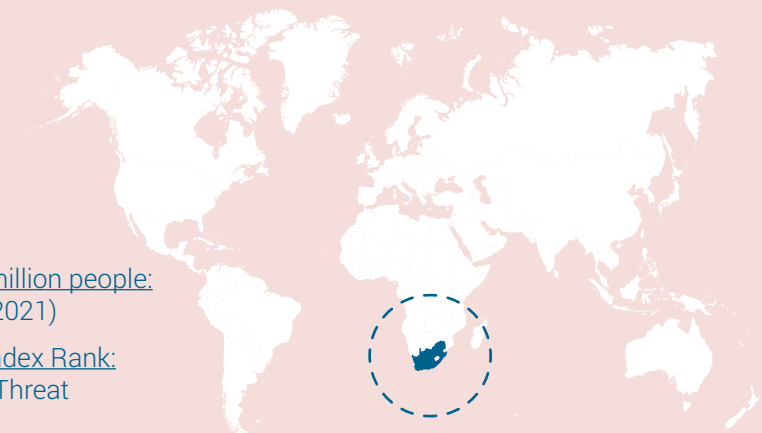
Population:
60 042 (UN, 2019)

Confirmed cases:
2,652,652 (WHO, 2021)

Deaths from Covid-19:
78,694 (WHO, 2021)

Confirmed cases per 1 million people:
27,615.65 (Ritchie *et al*, 2021)

Global Health Security Index Rank:
34 Score: 54.8 (Nuclear Threat Initiative, 2019)



Two weeks after the first case of Covid-19 case was confirmed in South Africa, its government introduced one of the strictest lockdowns in the world. Notwithstanding the initial success of this approach, large inequalities in infrastructure and vaccine distribution have since undermined the country's Covid-19 response. Literature on the South African response has been scarce, so this sub-section largely draws on insights from interviews and RSE roundtable discussions.

Approaches to communication

During the Covid-19 pandemic, the South African government foregrounded science-based communication, which as one of our interview participants pointed out, was in stark contrast to the misinformation spread by political leaders about HIV/AIDS epidemic. Scientists were the main face of communications during press conferences and not politicians. The presence of scientists also helped in dispelling myths about the virus. The Academy of Science of South Africa played a key role in providing scientific information to various sectors of the government beyond pure epidemiology, including statisticians, economists, and legal specialists (interview).

The president of South Africa, Cyril Ramaphosa, held weekly briefings referred to as 'family meetings with the president' to update the public on Covid-19 cases and lockdown measures.

The framing of these 'family meetings' was perceived by our interview participant to be a means of gaining the public's trust.

Mobile clinics in South Africa have traditionally made good use of visuals and graphics in communications, which are more accessible to people with varying levels of literacy, and helped communicate preventative measures during the pandemic (interview).

Crisis preparedness

Given past experience of infectious disease, such as HIV/AIDS and Tuberculosis, South Africa was considered to have a wealth of expertise and tried and tested practices that the country was able to leverage in its response to the pandemic (interview).

The government made water available to many rural areas unserved with mains water supply early on in the pandemic. This was crucial for observing proper hygiene and sanitation in schools in these areas where, as our interview participant described, the lack of potable water is extreme. This move, while applauded by South Africans, also raised questions as to why this had not happened before the pandemic. Mobile phone companies made available reduced or zero tariff data plans, which were of benefit to groups such as students to better adapt to the shift to online learning and overcome infrastructure-related inequalities, covered in more detail below.

Localised response and diverse outreach

Given that the South African public trust their community leaders more than they do the government, especially young people (Graham and Patel, 2019), community and religious leaders of various faiths were brought on board to share reliable information about Covid-19 locally (interview). The government also made use of mobile health units and community health workers as well as existing public health programmes with roots in the community (interview).

The Academy of Science became a spokesperson for academics and a collator of information that became the foundation for creating several Covid-19-related apps that could be downloaded free of charge. South African society was informed and engaged through both public broadcasting and social media. Regular updates were made available via televised programmes and the printed press with links to Twitter and Facebook for South Africans to interact with.

As the interview participant explained, the public also had the opportunity to provide input to working groups within Ministerial Advisory Committees, which in turn gave advice to a National Command Council. The National Treasury commissioned response documents to assess the financial and socio-ecological implications of the pandemic on industry, which served as another mechanism for public input. These mechanisms, however, remained relatively high-level.

Efforts to address systemic inequalities

South Africa is one of the most unequal countries in the world (Statistics South Africa, 2020), a fact that was further exposed by the Covid-19 pandemic (Berkhout *et al.*, 2021; Futshane, 2021). In particular, the pandemic brought to the fore intersections between gender, race, and inequality and the amount of work still to do in this regard (Berkhout *et al.*, 2021; Futshane, 2021). As one of our interview participants noted, issues related to violence against women and domestic abuse in lockdown also remain to be addressed.

Interview and roundtable participants both noted that inequitable access to health and sanitation infrastructure was a core issue during the pandemic. One interview noted specifically that at the onset of the pandemic, Covid-19 tests were almost exclusively administered through private health care, leading to a disparity of access. This interviewee perceived the movement from private testing to majority public testing to be a pivotal point in the pandemic, which lessened disparities and enabled more people to get tested without having to pay for it.

Education was perceived, by one of our interview participants, to be another area which brought systemic inequalities into sharp focus. The shift to online education worked smoothly for better-resourced schools, whereas this was not the case for schools in rural areas. This interview participant explained that the divide in digital access accordingly created clear winners and losers in terms of education and learning in the first year of the pandemic. The educational disparities in South Africa are consistent with the broader global context (Anciano *et al.*, 2020; Berkhout *et al.*, 2021).

In recognition of the economic hardships brought on by the pandemic, the government has begun to introduce new social grants for small and micro businesses that were struggling to cope (roundtable participant). According to a roundtable participant, registration for these grants was simple to access and payment mechanisms were made available both online and offline. These grants are still ongoing, and many South Africans have used these to make ends meet. Additionally, as an interviewee noted, the country has seen unprecedented generosity from different communities, including churches, civil society organisations, and philanthropic organisations, who organised themselves to distribute resources.

Implications for democracy

South Africa is a relatively young democracy, routinely troubled by political corruption. This in turn has reduced voters' faith in democracy, especially amongst young South Africans (Graham and Patel, 2019). Corruption and mismanagement were evident during the pandemic with lockdown procurement measures for goods such as such as water tankers and masks giving rise to tender corruption (The Independent, 2021; Uche *et al.*, 2021). The lack of transparency around vaccine supply and procurement has raised concerns about the fairness of vaccine supply contracts (Quinot, 2021). Our interviews underscored this lack of transparency and corresponding public anger at the lack of debate around vaccination and significant government failings in vaccine management and rollout.

One of our interview participants raised concerns about the top-down manner in which the South African president set up and led the National Command Council, which was perceived to have created anxiety and fear. In conjunction with establishing one of the strictest lockdowns in the world, the government also banned the sale of alcohol and cigarettes in an attempt to change individual behaviour and potentially free up trauma wards. This measure was subsequently challenged in court.

Despite their differing political interests, an interview participant noted that South Africa's largest political parties presented a united front on the virus, at least in terms of aligning their messaging around Covid-19, ensuring some form of consistency in order to protect the public.

Case study: Taiwan

Population:

23 855 (UN, 2019)

Confirmed cases:

15,932 (Taiwan Centers for Disease Control, 2021)²⁷

Deaths from Covid-19:

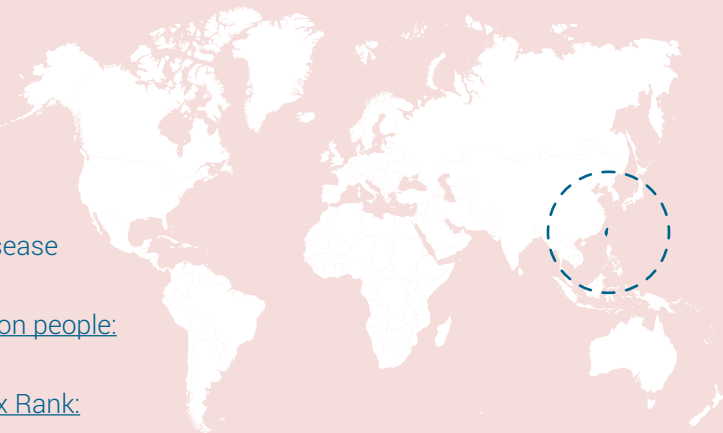
828 (Taiwan Centers for Disease Control, 2021)

Confirmed cases per 1 million people:

206.45 (Ritchie *et al*, 2021)

Global Health Security Index Rank:

Not Listed



Taiwan's response has been hailed in the media internationally as a model of excellence, which has avoided the need for a national lockdown (Graham-Harrison and Davidson 2021; Summers *et al.* 2020). Contributing factors include an early and forceful response and the integration of tech tools with new rules and procedures (Daniels 2020). Humour has also been instrumental in helping Taiwan fight the 'infodemic' that has accompanied the Covid-19 pandemic (BBC News 2020b).

Approaches to communication

The previous experience of SARS within Taiwan, their exclusion from the World Health Organisation and the threat of disinformation from China made clear how important strong communications would be (Ho, 2020). An emergency Central Epidemics Command Control was set up to coordinate the pandemic response across government ministries, including the creation of coherent messaging (Tworek, 2020). This structure helped ensure decision-making was primarily in the hands of health officials, who have taken a lead on communicating the latest public health guidelines with support from communications units (Wong 2021; Tworek 2020).

The health minister, Chen Shih-chung held press conferences that have become a daily routine in a time of uncertainty; being praised for his patient willingness to answer questions from reporters (Ho, 2020). In addition, the vice-president at the start of the pandemic was an epidemiologist who has used his position to speak out about the emerging threat (Hernández and Horton, 2020; Wang, 2020).

A wide variety of channels were used to promote public health messages – meeting residents on the platforms they are already using (Tworek, 2020). Creative and humorous content has often gone viral, a cute Shiba Inu dog has featured prominently including the instruction to stay three Shiba Inus apart indoors (roundtable participant). The Centre for Disease (CDC) control has also answered questions from members of the public through the 1922 freephone hotline, Facebook and Line (a messaging app) (Tworek 2020). Insight from these enquiries is regularly passed-on internally (roundtable participant). In one example a schoolboy said he was being picked-on for wearing a pink mask, which was passed-on and resulted in the health minister and his team appearing at the next public briefing in pink masks and sharing that this childhood hero was the pink panther –which resulted in trending brands turning pink over the following weeks (roundtable participant).

²⁷ Taiwan is not listed in the WHO figures used for other territories in this report. Figures for total cases and deaths are instead taken from the Taiwan Centers for Disease Control, accessed 23 August 2021

There has been a strong emphasis on tackling disinformation with an approach dubbed 'humour over rumour' (roundtable participant). Taiwanese partnerships with Line, Facebook and the International Fact-Checking Networks have shown that counter-disinformation techniques have the greatest impact within one hour of the disinformation going viral, and almost no impact after five hours (Daniels, 2020). Therefore, Taiwan has focussed on responding very rapidly. Once disinformation is identified this is reported to creative teams embedded within government departments who create memes that counter it, ideally within 60 minutes (Daniels, 20). An example of this in action was a rumour around toilet paper being suitable for masks, which led to panic buying (roundtable participant). Within a couple of hours social media content was disseminated that humorously refuted this with the aid of the backside of the Taiwanese Premier, Su Tseng-cheng (roundtable participant; BBC News, 2020b). Citizens assist this process by publicly flagging misinformation. Fact-check bots have also been added to popular apps through partnerships with citizen hackers and social media companies (Daniels, 2020). The Taiwan FactCheck Center, a non-profit set up by journalists and academics, has monitored suspicious behaviour online, posted fact-checked clarifications, promoted digital media literacy, and collaborated with Facebook to help take down 60 accounts linked to disinformation (Ho, 2020).

Crisis preparedness

Taiwan's successful management of Covid-19 was strongly informed by failings during the 2003 SARS outbreak (Lo, 2020). Following that outbreak, civil society strongly criticised the government's performance, culminating in a series of reforms which allowed the government to take swift action when Covid-19 emerged (Lo, 2020). Prior experiences with SARS also strengthened the government's resolve to act decisively (Lo, 2020). Public health communication was an important part of the steps taken very rapidly as the threat emerged, including the active promotion of mass mask wearing (Summers *et al.*, 2020). Another legacy of the SARS outbreak was changes in public behaviour (Summers *et al.*, 2020). For instance, handwashing is promoted before meals in schools, hand sanitisers are available at the

entrance to many public buildings, and wearing a face mask is widely seen as a way of being considerate to other people's health (Summers *et al.*, 2020).

Localised response and diverse outreach

Not having to impose a lockdown meant there was not the same need for a large-scale voluntary and community sector response as seen in other areas (Ho, 2020). Nonetheless civil society played an important role in the pandemic response, helping grow a bottom-up sense of collective responsibility, monitoring threats to human rights, and partnering actively with the government (Ho, 2020).

As the threat from Covid emerged there were active discussions about the failings of society at large during the SARS outbreak, when issues such as nimbyism and hoarding had hampered the response (Lo, 2020; Lo and Hsieh, 2020). Remembering this, newspapers and commentators across ideological divides showed rare unity in promoting a message of interdependence and civic duty in the face of the threat from Covid-19 (Lo, 2020). A strong memory of how Taiwan lacked international support during SARS, and was likely to do so again, also shaped a sense of 'collective vulnerability' that contributed to this unity and protected against over-politicisation of the response (Lo, 2020).

Voluntary sector groups acted as a 'watchdog', monitoring and holding the state to account (Ho, 2020). The Taiwan Association for Human Rights voiced concerns about the loss of privacy within the government's contact tracing measures, reminding the government that this must be proportionate and time-bound, including deleting personal data after the pandemic (Ho, 2020). Civil society activists and academics also defended sectors of the population facing particular harm due to the government's response such as illegal migrant workers and sex workers (Ho, 2020).

Civil society groups also served as active partners of government. There is a prior culture in Taiwan of collaboration with a civic tech community, and of building transparency and collaboration online (Ho, 2020). Audrey Tang, Taiwan's digital minister, has famously built upon this collaborative tech culture during Covid-19. She argues that digital tools can be used to build stronger, more open, and more accountable democracies, and in the

context of the pandemic has created spaces and platforms where this can happen (Leonard, 2020). For example, a gov domain has been set up in which civic tech hackers can experiment with alternative open-source versions of the existing government gov domain. Collaboration with this civic tech community was seen in the creation of a map showing where masks were available – developed by a hacker outside the government using publicly available data (Ho, 2020; Leonard, 2020).

Efforts to address systemic inequality

Taiwan's National Health Insurance (NHI) was recently ranked as the best in the world for the third year running (Global Health Index in Everington, 2021). NHI's universal protection for citizens and residents played a key role during the pandemic. There were strict and intrusive measures in place to enforce quarantine, though this was coupled with a high level of support provided to those quarantining (Flood and Lewis, 2021). To help those adversely affected by the disease, and help address stigma, the government provided food, frequent health checks, and encouragement via regular check-ins for those under quarantine (Wang *et al.*, 2020).

Language barriers were an issue in Taiwan's response, with real-time communication predominantly carried out in Mandarin Chinese and sign language, which excluded some of those residing or travelling in Taiwan (Wang *et al.*, 2020). Although the Taiwan CDC website provided some translations to other languages, not all languages of the 16 recognised indigenous Taiwanese Austronesian-speaking tribes were included (Summers *et al.*, 2020).

There were also concerns about the treatment of specific groups within Taiwanese society. Amidst concerns about virus transmissibility through sex work, venues associated with this were ordered to immediately close, causing acute economic issues for sex workers (Ho, 2020). Feminist scholars and women's rights groups argued this was disproportionate and discriminatory, and eventually restrictions were lifted. In another case, when several illegal migrant workers were found to be infected in the early months of the pandemic, activists persuaded the government not to stigmatise these groups, arguing that this would encourage them to hide and increase the risk (Ho, 2020). Chinese nationals with

family ties to Taiwan were prevented from entering Taiwan, leading to protests. Reportedly the government attempted to lift these measures before backtracking after public opposition. It was eventually lifted in mid-July 2020 following further protests from affected families (Ho, 2020).

Implications for democracy

Taiwan managed to minimise the effects of the pandemic, without imposing the kind of restrictions on freedom seen elsewhere. Nonetheless human rights groups raised concerns about the extensive surveillance powers the government had available, and powers to name those who had broken quarantine requirements (Ho, 2020). The support available for those quarantining was seen as lessening some of these impacts (Wong, 2020).

There is a strong level of trust in health care professionals within Taiwan, and it's been suggested that this carried over into confidence in the public health response to the pandemic (Wong, 2020). Clear and consistent communication were also linked to building trust. Memories of SARS and concern about international isolation also helped grow a sense of collective responsibility throughout society (Lo, 2020; Lo and Hsieh, 2020). In a June 2020 poll 97% of respondents gave a positive assessment of the government's response to the pandemic (Radio Taiwan International cited in Ho, 2020).

The approval rating of the opposition Kuomintang party also fell during this period, which has been linked partly to a perception that they have unnecessarily politicised the government's response (Ho, 2020).

Civil society have played an active role in the response – both holding the government to account and providing active partnership on areas such as tackling disinformation and developing digital infrastructure for communicating how to access masks (Ho, 2020). It has been suggested that the experience of Taiwan counters the argument that authoritarian approaches are helpful or necessary for managing pandemics (Dian, 2021; Ho, 2020; Lo, 2020). Instead, their approach shows how learning from past experiences has allowed for a mixture of decisive action, collective responsibility, transparency and collaboration that has avoided the level of restrictions which became necessary elsewhere.

Conclusion



Conclusion

This review describes the Covid-19 response in terms of its communication, engagement and participation components across eight different case studies. Although the report focuses on describing the range of individual countries' responses, there are several similarities between them.

Leadership and trust

In countries applauded for their pandemic response, leaders were seen as proactive and empathetic. These leaders also demonstrated humility and patience, especially in answering questions and enabling other officials to do the same. Proactivity was facilitated by thorough crisis preparation, providing the tools, systems, and networks to respond quickly and effectively when the need arose. Similar qualities were embedded in solidaristic civil society responses, which either acted in the absence of national government response, as seen in Brazil, or to bolster it, as seen in Belgium.

Leadership qualities were linked to levels of trust in government across many of the cases. High trust in government led to smoother uptake of lockdown measures, including track and trace apps, and where pandemic responses were successful trust in government rose further. Trust also differed across levels of government, and whether measures felt scientific or political.

In countries where trust between citizens and government was weakened during the pandemic, the democratic implications of a continued pandemic response and the recovery are particularly acute. (Re)building trust as the pandemic endures and, in its aftermath, will be challenging. As Daniels (2020) argues, radical transparency, consistency, listening to questions and grievances, and embracing citizen participation will be crucial in rebuilding trust.

Communicating Covid-19

Clear, simple and science-based communication approaches provided a strong foundation for the pandemic response and adherence to public health guidelines. Communication also worked well when there were opportunities for the public to submit questions and get answers that responded to them directly. Whether that was a Mayor of a Brazilian city driving around and broadcasting answers to questions and debunking the fake news of the week, or Ottawa Public Health doing the same with humour and rapport on their social media.

Contradictory messaging, and messaging that contradicts the amount of social support that is available (such as asking people to stay home without sufficient sick pay) creates confusion and distrust. These dynamics played out in some of the case studies above, including Canada. We note that engaging local communities, communication, and pandemic outcomes are deeply intertwined.

Interpretation of participation

Across the case studies, and through the interviews and events, 'participation' was often interpreted in terms of compliance with restrictions as opposed to actively involving citizens in decision-making. It could be argued that both types of participation are important and interconnected. If citizens are to participate in deciding the pandemic response, especially in a crisis as long as Covid-19, participating in the national response may be enhanced. They will be abiding by co-designed rules and regulations that work better for people. Forthcoming research (Elstub *et al.*, Forthcoming), uses the Discourse Quality Index to show that citizen deliberation can be resilient in times of crisis.

When collaborative participation was observed in the case studies it was through the use of tried and trusted networks.

From 'what happened' to 'why' and 'how'

As Lo and Hsieh (2021) note, the reality is that the relationship between regime type, governance arrangement, and pandemic response outcome is complex and nuanced. Tangled in this complex web of differing democratic and authoritarian responses is an argument about the importance of democracy and its associated values, such as civil liberty, transparency and accountability. As described in the Taiwan case study, Lo and Hsieh argue that the social and cultural effects of strong democracies strengthen state capacity, providing a model of how to achieve better pandemic outcomes, as well as rebuild trust.

Important for this report's conclusion is Lo and Hsieh's emphasis on complexity and process. As the case study reviews demonstrate, governance structures and strategies are related to pandemic response and consequently pandemic outcomes. However, there is work to be done in understanding the mechanisms and socio-cultural values that mediate this relationship.

This report has begun to narrate the *what* of communication and participation during the Covid-19 pandemic. Many of these stories show the complexity and contradictions of responses in democratic countries, demonstrate why sweeping claims about what constitutes a good response are inaccurate, and arrange information to better understand the *how*. Further research on this topic, could ask *why* and *how* communication and participation related to national pandemic responses, building upon the review of responses in our case studies.

Reference list



Reference list

Aminoff J (2020) How Finland's Nordic welfare state is coping with Covid-19. *RSA*, 25 September, Retrieved from: <https://www.thersa.org/comment/2020/09/how-finlands-nordic-welfare-state-is-coping-with-Covid-19>

Anciano F, Cooper-Knock S, Dube M, *et al.* (2020) COVID-19 exposes South Africa's unequal schooling system. In: *Africa at LSE*. Available at: <https://blogs.lse.ac.uk/africaatlse/2020/05/29/covid-19-south-africa-unequal-schooling-education-system-inequality/> (accessed 26 May 2021).

Article 19 (2020) Brazil: Civil society charges government with violating access to information and transparency during coronavirus crisis. Available at: <https://www.article19.org/resources/brazil-civil-society-charges-government-at-iachr-for-violating-access-to-information-and-transparency-during-coronavirus-crisis/> (accessed 25 May 2021).

Auckland Co-Design Lab and The Southern Initiative (2020) A Covid19 Snapshot: Level 4 April 2020. Available at: <https://static1.squarespace.com/static/55ac5ee5e4b08d4c25220f4b/t/5eb0376c270923615cd7ff14/1588606892749/Lockdown+Level+4+Snapshot+April+2020+TSI+The+Lab.pdf>

Austen I (2020) Sorting Out Canada's Patchwork of Face Mask Rules. *The New York Times*, 4 July. Available at: <https://www.nytimes.com/2020/07/03/world/canada/sorting-out-canadas-patchwork-of-face-mask-rules.html> (accessed 25 May 2021).

Barber H (2021) Finland's secret weapon in the fight against fake news: its kindergarten children. *The Telegraph*, 16 February. Retrieved from: <https://www.telegraph.co.uk/global-health/climate-and-people/finlands-secret-weapon-fight-against-fake-news-kindergarten/>

Barberia, L *et al.* (2020) Covid-19: Public Policies and Society's Responses, Policy Briefing Note 21. Available at: https://redespesquisasolidaria.org/wp-content/uploads/2020/10/boletimpps_21_21agosto_ingles.pdf (accessed 25 May 2021)

BBC News (2020) 'Coronavirus: How New Zealand relied on science and empathy', 20 April, Retrieved from: <https://www.bbc.com/news/world-asia-52344299>

BBC News (2020b) Coronavirus: How map hacks and buttocks helped Taiwan fight Covid-19. 6 June. Available at: <https://www.bbc.com/news/technology-52883838> (accessed 27 April 2021).

BBC News (2020c) Coronavirus protest in Brazil sees millions bang pots from balconies. 19 March. Available at: <https://www.bbc.com/news/world-latin-america-51955679> (accessed 25 May 2021).

BBC News (2021) Covid-19: Brazil to get fourth health minister since pandemic began. 16 March 2021 Available at: <https://www.bbc.com/news/world-latin-america-56410626> (accessed 25 May 2021).

BBC News (2021b) Covid: Brazil's Bolsonaro defiant as Congress launches inquiry. 27 April. Available at: <https://www.bbc.com/news/world-latin-america-56899177> (accessed 25 May 2021).

Berkhout E, Galasso N, Lawson M, *et al.* (2021) *The Inequality Virus: Bringing together a world torn apart by coronavirus through a fair, just and sustainable economy*. January. Oxfam International. Available at: <https://policy-practice.oxfam.org/resources/the-inequality-virus-bringing-together-a-world-torn-apart-by-coronavirus-throug-621149/> (accessed 25 May 2021).

Birchard R (2021) Coronavirus: In Belgium, teens speak out on mental health. *DW*, 5 April, Retrieved from: <https://www.dw.com/en/coronavirus-in-belgium-teens-speak-out-on-mental-health/a-57078845>

Bouhon F, Joustien A, Miny X, and Slautsky E (2020) L'État belge face à la pandémie de Covid-19 : esquisse d'un régime d'exception. *Courrier hebdomadaire du CRISP* 1(1): 5-56. <https://doi.org/10.3917/cris.2446.0005>

Brunsdon J and Khan M (2020) Coronavirus brings fragmented Brussels together. *Financial Times*, March 25, Retrieved from: <https://www.ft.com/content/3d24b654-187e-4270-b051-acfc350498d2>

Canadian Heritage C (2020) Supporting Canadians to Think Critically About Online Health Information. Available at: <https://www.canada.ca/en/canadian-heritage/news/2020/04/supporting-canadians-to-think-critically-about-online-health-information.html> (accessed 25 May 2021).

Cattapan A, Acker-Verney JM, Dobrowolsky A, *et al.* (2020) Community Engagement in a Time of Confinement. *Canadian Public Policy* 46(s3): S287–S299. DOI: 10.3138/cpp.2020-064.

Citizens' Assembly of Scotland | Citizens Assembly. (n.d.), Retrieved 23 from <https://www.citizensassembly.scot/>

Chen Y-Y and Assefa Y (2021) The heterogeneity of the COVID-19 pandemic and national responses: an explanatory mixed-methods study. *BMC Public Health* 21(1): 835. DOI: 10.1186/s12889-021-10885-8.

Cheung J (2020) Black people and other people of colour make up 83% of reported COVID-19 cases in Toronto. Available at: <https://www.cbc.ca/news/canada/toronto/toronto-covid-19-data-1.5669091> (accessed 25 May 2021).

Daalder M (2020) Coronavirus: New Zealand wasn't ready for a pandemic. *Stuff*, 29 April, Retrieved from: <https://www.stuff.co.nz/national/health/coronavirus/300000600/coronavirus-new-zealand-wasnt-ready-for-a-pandemic>

Daniels R (2020) Taiwan's unlikely path to public trust provides lessons for the US. *Brookings*, 15 September, Retrieved from: <https://www.brookings.edu/blog/order-from-chaos/2020/09/15/taiwans-unlikely-path-to-public-trust-provides-lessons-for-the-us/>

Deglume P (2020) Hors-jeu pour la campagne de sensibilisation du gouvernement. *L'Echo*, 27 November, Retrieved from: <https://www.lecho.be/economie-politique/belgique/federal/hors-jeu-pour-la-campagne-de-sensibilisation-du-gouvernement/10268598.html>

Dian FH (2021) Government policies strategy in dealing with Covid-19 outbreak: lessons from Taiwan's experience. *O/SAA Journal of Indonesia Emas* 4(1): 9–20. DOI: 10.52162/jie.2021.004.01.2.

Dyer O (2020) Covid-19: Bolsonaro under fire as Brazil hides figures. *BMJ* 369: m2296. DOI: 10.1136/bmj.m2296.

Edmunds S (2020) How a Kiwi media company became the World Health Organisation's latest Covid-19 weapon, 21 June, Retrieved from: <https://www.stuff.co.nz/business/121881009/how-a-kiwi-media-company-became-the-world-health-organisations-latest-covid19-weapon>

Elers C, Jayan P, Elers P, *et al.* (2021) Negotiating Health Amidst Covid-19 Lockdown in Low-income Communities in Aotearoa New Zealand. *Health Communication* 36(1): 109–115. DOI: 10.1080/10410236.2020.1848082.

Elstub S, Thompson R, Escobar O, *et al.* (Forthcoming) Pandemic Digital Deliberation: An Analysis of Online Synchronous Forums on 'Data Use and Coronavirus' in the UK.

European Commission (2020) Finland's Covid-19 information website helps keep citizens safe, 9 September, Retrieved from: https://ec.europa.eu/regional_policy/en/newsroom/news/2020/09/09-09-2020-finland-s-Covid-19-information-website-helps-keep-citizens-safe

Everington K (2021) Taiwan's health care ranked No. 1 in world for 2021. *Taiwan News*, 19 January, Retrieved from <https://www.taiwannews.com.tw/en/news/4106372>

Ferigato S, Fernandez M, Amorim M, *et al.* (2020) The Brazilian Government's mistakes in responding to the Covid-19 pandemic. *The Lancet* 396(10263): 1636. DOI: 10.1016/S0140-6736(20)32164-4.

Finnish Government (n.d.) What is Finland Forward? Retrieved from: <https://valtioneuvosto.fi/en/finlandforward>

Fitzpatrick M (2020) 'Inspirational': Chief medical officers are leading Canada through COVID-19 pandemic. Available at: <https://www.cbc.ca/news/health/women-chief-medical-officers-canada-1.5518974> (accessed 17 March 2021).

Flood J and Lewis M (2021) *Monitoring the R-Citizen in the Time of Coronavirus*. ID 3774687, SSRN Scholarly Paper, 28 January. Rochester, NY: Social Science Research Network. Retrieved from: <https://papers.ssrn.com/abstract=3774687>

- Frith H (2020) Coronavirus: How Finland became a Nordic Covid-19 success story. *The Week*, 18 November, Retrieved from: <https://www.theweek.co.uk/108699/coronavirus-how-finland-became-nordic-success-story>
- Futshane V (2021) Covid-19 in South Africa: the intersections of race and inequality. *Oxfam International*, 16 March, Retrieved from: <https://oxfam.medium.com/Covid-19-in-south-africa-the-intersections-of-race-and-inequality-e71696bd839c>
- Gauld R, Taplin R and Goldfinch S (2021) Trust in government soars in Australia and New Zealand during pandemic. Available at: <http://theconversation.com/trust-in-government-soars-in-australia-and-new-zealand-during-pandemic-154948> (accessed 9 March 2021).
- Government of Canada (2004) *Resource Management Guidelines For Health Care Facilities During an Influenza Pandemic*. The Canadian Pandemic Influenza Plan for the Health Sector H, Annex, February. Available at: https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/cpip-pclcp/assets/pdf/annex_h-eng.pdf.
- Gunia A (2020) Why New Zealand's Covid-19 'Elimination' Strategy Unlikely to Work Elsewhere. *Time*, 28 April, Retrieved from <https://time.com/5824042/new-zealand-coronavirus-elimination/>
- Graham-Harrison E and Davidson H (2021) How Taiwan triumphed over Covid as the UK faltered. *The Guardian*, 24 March 2021. Retrieved from: <http://www.theguardian.com/world/2021/mar/24/how-taiwan-triumphed-over-covid-as-uk-faltered> (accessed 25 May 2021).
- Graham L and Patel L (2019) Study shows young South Africans have no faith in democracy and politicians. Available at: <http://theconversation.com/study-shows-young-south-africans-have-no-faith-in-democracy-and-politicians-118404> (accessed 12 April 2021).
- He R, Zhang J, Mao Y, et al. (2020) Preparedness and Responses Faced during the Covid-19 Pandemic in Belgium: An Observational Study and Using the National Open Data. *International Journal of Environmental Research and Public Health* 17(21). DOI: 10.3390/ijerph17217985.
- Heikkila M (2020) Finland taps social media influencers during coronavirus crisis. *Politico*, 31 March, Retrieved from: <https://www.politico.eu/article/finland-taps-influencers-as-critical-actors-amid-coronavirus-pandemic/>
- Helsinki Times (2020) Finns have highest trust in national institutions and media, 6 April, retrieved from: <https://www.helsinkitimes.fi/finland/finland-news/domestic/17517-finns-have-highest-trust-in-national-institutions-and-media.html>
- Henley J (2020a) Finland enlists social influencers in fight against Covid-19. Available at: <http://www.theguardian.com/world/2020/apr/01/finland-enlists-social-influencers-in-fight-against-covid-19> (accessed 25 May 2021).
- Henley J (2020b) How Finland starts its fight against fake news in primary schools. Available at: <http://www.theguardian.com/world/2020/jan/28/fact-from-fiction-finlands-new-lessons-in-combating-fake-news> (accessed 25 May 2021).
- Hernández JC and Horton C (2020) Taiwan's Weapon Against Coronavirus: An Epidemiologist as Vice President. *The New York Times*, 9 May. Available at: <https://www.nytimes.com/2020/05/09/world/asia/taiwan-vice-president-coronavirus.html> (accessed 27 April 2021).
- Ho M (2020) Watchdogs and Partners: Taiwan's Civil Society Organizations - Coronavirus as a Catalyst for Global Civil Society. *Carnegie Europe*, 7 December, Retrieved from: <https://carnegieeurope.eu/2020/12/07/watchdogs-and-partners-taiwan-s-civil-society-organizations-pub-83140>
- Human Rights Watch (2021) Brazil: Crackdown on Critics of Covid-19 Response. *Human Rights Watch*, 28 January. Available at: <https://www.hrw.org/news/2021/01/28/brazil-crackdown-critics-Covid-19-response> (accessed 23 February 2021).
- Hunt E (2021) Words matter: how New Zealand's clear messaging helped beat Covid, *The Guardian*, 26 February, Retrieved from: <http://www.theguardian.com/world/2021/feb/26/words-matter-how-new-zealands-clear-messaging-helped-beat-covid>

- Kennedy EB, Vikse J, Chauhan C, *et al.* (2020) *Canadian Covid-19 Social Impacts Survey: Rapid Summary of Results #1: Risk Perceptions, Trust, Impacts, and Responses*. 004, Technical, 14 April. Toronto, ON: York University.
- Kong J, Ip J, Huang C, *et al.* (2021) *A year of racist attacks: Anti-asian racism across Canada one year into the COVID-19 pandemic*. Toronto, ON: Chinese Canadian National Council Toronto Chapter. Available at: https://mcusercontent.com/9fbfd2cf7b2a8256f770fc35c/files/35c9daca-3fd4-46f4-a883-c09b8c12bbca/covidracism_final_report.pdf
- Lancet, The (2020) Covid-19 in Brazil: "So what?" *The Lancet* 395(10235): 1461. DOI: 10.1016/S0140-6736(20)31095-3.
- Latif J (2021) 'Post-kindness' rhetoric targeting South Auckland Covid-19 cases will backfire – councillor, *Stuff*, 1 March, Retrieved from: <https://www.stuff.co.nz/national/politics/local-democracy-reporting/124391470/postkindness-rhetoric-targeting-south-auckland-covid19-cases-will-backfire-councillor>
- Leonard A (2020) How Taiwan's Unlikely Digital Minister Hacked the Pandemic. *Wired*, 23 July. Available at: <https://www.wired.com/story/how-taiwans-unlikely-digital-minister-hacked-the-pandemic> (accessed 26 May 2021).
- Lievevrouw E and Van Hoyweghen I (2021) Respect for public healthcare system gives 'brave Belgians' the courage to maintain solidarity. *KU Leuven*, 8 February, Retrieved from: <https://lirias.kuleuven.be/3392564?limo=0>
- Lo M-CM (2020) How Taiwan's Precautionary Approach Contained Covid-19. *Contexts* 19(4): 18–21. DOI: 10.1177/1536504220977929.
- Lo M-CM and Hsieh H-Y (2020) The "Societalization" of pandemic unpreparedness: lessons from Taiwan's COVID response. *American Journal of Cultural Sociology* 8(3): 384–404. DOI: 10.1057/s41290-020-00113-y.
- Lohiniva A-L, Sane J, Sibenberg K, *et al.* (2020) Understanding coronavirus disease (Covid-19) risk perceptions among the public to enhance risk communication efforts: a practical approach for outbreaks, Finland, February 2020. *Eurosurveillance* 25(13). DOI: 10.2807/1560-7917.ES.2020.25.13.2000317.
- Lotta G, Wenham C, Nunes J, *et al.* (2020) Community health workers reveal Covid-19 disaster in Brazil. *The Lancet* 396(10248): 365–366. DOI: 10.1016/S0140-6736(20)31521-X.
- Lotta G, Fernandez M, Ventura D, *et al.* (2020) Who is responsible for Brazil's Covid-19 catastrophe? In: *LSE Latin America and Caribbean blog*. Available at: <https://blogs.lse.ac.uk/latamcaribbean/2020/11/13/who-is-responsible-for-brazils-Covid-19-catastrophe/> (accessed 15 March 2021).
- Martell A and Warburton M (2020) Exclusive: Millions of masks stockpiled in Canada's Ontario expired before coronavirus hit. *Reuters*, 9 March. Available at: <https://www.reuters.com/article/us-health-coronavirus-canada-supplies-ex-idUSKBN20W2OG> (accessed 25 May 2021).
- Migone AR (2020) Trust, but customize: federalism's impact on the Canadian Covid-19 response. *Policy and Society* 39(3): 382–402. DOI: 10.1080/14494035.2020.1783788.
- Milne R (2020) How Finland kept Covid in check. *Financial Times*, 24 September, Retrieved from: <https://www.ft.com/content/61dccfaa-0871-48a2-80ac-dbe6d5b5b5f8>
- Ministry of Economic Affairs and Employment, Minister of Social Affairs and Health (2020) Expert group: The Covid-19 crisis has revealed the strengths and fractures of the welfare society, 4 June, Retrieved from: <https://valtioneuvosto.fi/en/-/1271139/asiantuntijaryhma-koronakriisi-on-paljastanut-hyvinvointiyhteiskunnan-vahvuudet-ja-murtumakohdat>
- Nogueira Avelar e Silva, R. Russo, G. *et al.* (2020) Covid-19 in Brazil has exposed socio-economic inequalities and underfunding of its public health system. Available at: <https://blogs.bmj.com/bmj/2020/06/19/covid-19-in-brazil-has-exposed-deeply-rooted-socio-economic-inequalities-and-chronic-underfunding-of-its-public-health-system/> (accessed 25 May 2021).
- Nuclear Threat Initiative (2019) Global Health Security Index. Available at: <https://www.ghsindex.org/wp-content/uploads/2020/04/2019-Global-Health-Security-Index.pdf> (accessed 25 May 2021)

Open Government (2021) Summary of the 2020 dialogues, Retrieved: <https://avoinhallinto.fi/assets/files/2021/01/Lockdown-Dialogues-summary-of-2020.pdf>

Ortega F and Orsini M (2020) Governing Covid-19 without government in Brazil: Ignorance, neoliberal authoritarianism, and the collapse of public health leadership. *Global Public Health* 15: 1–21. DOI: 10.1080/17441692.2020.1795223.

Parahi C (2020) New pandemic group says Māori 'left out' of planning. *Stuff*, 29 April, Retrieved from: <https://www.stuff.co.nz/national/health/coronavirus/120448243/coronavirus-new-pandemic-group-says-mori-left-out-of-planning>

Parliamentary Ombudsman of Finland (2020) Parliamentary Ombudsman receives a large number of complaints related to the state of emergency, 16 April, Retrieved from: <https://www.oikeusasiamies.fi/en/web/guest/-/oikeusasiamiehelle-paljon-poikkeusloihin-liittyvia-kanteluita>

Pires LN, de Carvalho LB and Rawet EL (2021) Multi-dimensional inequality and Covid-19 in Brazil. *Investigación Económica* 80(315): 33–58. Available at: <https://www.jstor.org/stable/26965502> (accessed 25 May 2021).

Philips, T. (2020) Brazil's Jair Bolsonaro says coronavirus crisis is a media trick. In: *The Guardian*. Available at: <http://www.theguardian.com/world/2020/mar/23/brazils-jair-bolsonaro-says-coronavirus-crisis-is-a-media-trick> (accessed 25 May 2021).

Porschlegel S (2020) Europe Versus Coronavirus – Belgium: Successful Crisis Management Despite Political Fragility. *Institut Montaigne*, Retrieved from: <https://www.institutmontaigne.org/en/blog/europe-versus-coronavirus-belgium-successful-crisis-management-despite-political-fragility>

Puhakka J and McCarthy M (2020) Covid-19: what can we learn from Finland's experience of the pandemic?. *The BMJ Opinion*, 4 September, Retrieved from: <https://blogs.bmj.com/bmj/2020/09/04/Covid-19-what-can-we-learn-from-finlands-experience-of-the-pandemic/>

PING Helsinki (2020) Combating coronavirus together by sharing reliable information. In: *PING Helsinki*. Available at: <https://pinghelsinki.fi/en/combating-coronavirus-together-by-sharing-reliable-information/> (accessed 28 March 2021).

Public Health Agency of Canada (2006) *Canadian Pandemic Influenza Plan for the Health Sector*. Public Health Agency of Canada. Available at: https://www.longwoods.com/articles/images/Canada_Pandemic_Influenza.pdf

Quinn C. (2020) Bolsonaro Fires Brazil's Health Minister as Infections Grow. In: *Foreign Policy*. Available at: <https://foreignpolicy.com/2020/04/17/jair-bolsonaro-brazil-fires-health-minister-mandetta-coronavirus-infections-grow/> (accessed 25 May 2021).

Ritchie H, Ortiz-Ospina E, Beltekian D, et al. (2020) Coronavirus Pandemic (COVID-19). Our World in Data. Available at: <https://ourworldindata.org/coronavirus> (accessed 25 May 2021).

RTBF Info (2020) Campagne vidéo : les Belges encouragés à former 'une équipe de 11 millions' pour vaincre le coronavirus, 27 November, Retrieved from: https://www.rtbf.be/info/belgique/detail_campagne-video-les-belges-encourages-a-former-une-equipe-de-11-millions-pour-vaincre-le-coronavirus?id=10641194

Sandy M and Milhorange F (2020) 'We Are Not Even Close to Our Peak Yet.' Brazil Risks Being Overwhelmed by Coronavirus Outbreak.' In: *Time*. Available at: <https://time.com/5837434/brazil-coronavirus-covid-19-latin-america/> (accessed 25 May 2021).

Savarese, M. (2021) Brazil's Bolsonaro rejects COVID-19 shot, calls masks taboo. Available at: <https://apnews.com/article/pandemics-brazil-health-coronavirus-pandemic-latin-america-0295d39d3032aa14c6675b8b4080e8cc> (accessed 25 May 2021).

Scharff C (2021) Il ne faut pas s'habituer aux restrictions des libertés. *L'Echo*, 1 April, Retrieved from: <https://www.lecho.be/opinions/edito/il-ne-faut-pas-s-habituer-aux-restrictions-des-libertes/10295077.html>

- Smith N (2020) "A Team of Five Million." How New Zealand Beat Coronavirus. *Direct Relief*, 3 August 2020, Retrieved from: <https://www.directrelief.org/2020/08/a-team-of-5-million-how-new-zealand-beat-coronavirus/>
- Statistics South Africa (2020) How unequal is South Africa? Available at: <http://www.statssa.gov.za/?p=12930> (accessed 25 May 2021).
- Su Z, McDonnell D and Ahmad J (2021) The need for a disaster readiness mindset: A key lesson from the coronavirus disease 2019 (Covid-19) pandemic. *Infection Control and Hospital Epidemiology*: 1–2. DOI: 10.1017/ice.2021.26.
- Summers DJ, Cheng DH-Y, Lin PH-H, *et al.* (2020) Potential lessons from the Taiwan and New Zealand health responses to the Covid-19 pandemic. *The Lancet Regional Health – Western Pacific* 4. DOI: 10.1016/j.lanwpc.2020.100044.
- Taiwan Centers for Disease Control (2021) Available at: <https://www.cdc.gov.tw/En> (accessed 23 August 2021).
- The Independent* (2021) Hope that South Africa's COVID-19 corruption inspires action. 15 March. Available at: <https://www.independent.co.uk/news/hope-that-south-africas-covid19-corruption-inspires-action-jacob-zuma-south-africa-african-national-congress-cape-town-david-lewis-b1817177.html> (accessed 26 May 2021).
- The Local* (2021) Special Series | Vaccinating Toronto. Available at: <https://thelocal.to/issue-10/> (accessed 29 April 2021).
- Tworek H (2020) Lessons learned from Taiwan and South Korea's tech-enabled Covid-19 communications. In: *Brookings*. Retrieved from: <https://www.brookings.edu/techstream/lessons-learned-from-taiwan-and-south-koreas-tech-enabled-Covid-19-communications/>
- Uche R, Kokutse F, Ogodo O, *et al.* (2021) Procurement corruption darkens Africa's COVID-19 fight. In: *The Trust Project*. Available at: <https://www.scidev.net/sub-saharan-africa/procurement-corruption-darkens-africas-covid-19-fight/> (accessed 26 May 2021).
- United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019 - Special Aggregates, Online Edition. Rev. 1. Available at: <https://population.un.org/wpp/Download/Probabilistic/Population/> (accessed 25 May 2021).
- Unite Against Covid (n.d). Retrieved from: <https://covid19.govt.nz/>
- Wang CJ, Ng CY and Brook RH (2020) Response to Covid-19 in Taiwan: Big Data Analytics, New Technology, and Proactive Testing. *JAMA* 323(14): 1341. DOI: 10.1001/jama.2020.3151.
- Warrell H and Milne R (2020) Lentils and war games: Nordics prepare for virus lockdown. *Financial Times*, 20 March, Retrieved from: <https://www.ft.com/content/72b07710-69f5-11ea-a3c9-1fe6fedcca75>
- Wilson S (2020) Three reasons why Jacinda Ardern's coronavirus response has been a masterclass in crisis leadership, *The Conversation*, Retrieved from: <http://theconversation.com/three-reasons-why-jacinda-arderns-coronavirus-response-has-been-a-masterclass-in-crisis-leadership-135541>.
- WHO Coronavirus (COVID-19) Dashboard (n.d.). Available at: <https://covid19.who.int> (accessed 23 August 2021).
- Wong J (2020) Combating Covid-19 in Democratic Taiwan and South Korea. *Current History* 119(818): 210–216. DOI: 10.1525/curh.2020.119.818.210.
- Wong J, Da Nobrega Garcia N, Dos Santos N, *et al.* (2016) *Reaching the Hard to Reach: A Case Study of Brazil's Bolsa Familia Program*. Reaching the Hard to Reach 1, Case Study, February. Toronto: Munk School of Global Affairs.
- World Bank Group (2020). Global Response to COVID-19 in slums and cities: Practices from around the world. Available at: <https://pubdocs.worldbank.org/en/219201603736148328/Oct26-Response-to-COVID-in-Slums.pdf> (accessed 25 May 2021)

Appendix



Appendix A

Key lines of inquiry questions and sub-questions

KLoE 1) Innovative practices related to public health messaging and engagement

- Was communication equated with participation or was there a difference in the manner in which the two were understood and approached?
- What were some of the novel means that were employed to maintain public interest over the long term?
 - What were some of the most impactful channels of communication?
 - Did the content of the messaging differ with respect to different channels?
 - Were messages adapted to changing circumstances? If so, how?
 - Was there an attempt to use methodologies from other fields, such as futures methods and design thinking, to discuss or frame alternative futures?
- What were some of the approaches taken to combat misinformation?
 - What was the role of science-based communication?
 - How was the science behind Covid communicated?
 - Did science communication influence perception of risk?
- What were some of the mechanisms put into place to encourage societal compliance?
 - Did policy- and decision-makers focus on a system of reward or penalties?
 - Was there an alternative approach to enforcement and deterrence?
 - Was trust in government a factor in achieving compliance?
 - Was cultural context a factor in societal compliance or lack thereof?

KLoE 2) Equitable participation

- How inclusive were the participatory processes to engage the public in Covid-19 response and recovery?
 - Were underrepresented groups and those farthest away from decision making engaged in shaping Covid-19-related response and recovery? If so, how?
 - What were the main barriers to participation?
- Emancipatory potential of participation
 - Was there an effort made to tackle systemic barriers via public health outcomes?

KLoE 3) Implications for democracy and the social contract

- What was the nature of democratic exchange during the pandemic?
 - Who were the critical actors that were involved in Covid-19 related decision making?
 - To what extent was policy and decision making informed by public input?
 - Was there a public dialogue or debate on the way lifting restrictions, exit strategies or the way forward?
 - Did public discourse address the tension between individual freedom and collective responsibility?
 - Was an attempt made to bring together people with divergent opinions to address political polarisation around Covid?
 - Were Covid-19 approaches seen as a means of circumventing democracy?
- What is the social contract that has emerged from the Covid-19 pandemic and how was this communicated?
 - What were some of the means of maintaining social cohesion during the pandemic?
 - Was there a distinction between an institutional and a communal response to the crisis?

Appendix B

Interview discussion guide

These interviews are for a project called: **Approaches to communication and participation during the Covid-19 pandemic: an international review.**

As you'll have read in my initial email, my organization, Democratic Society (Demsoc) has been commissioned by the Royal Society of Edinburgh (RSE) to conduct a rapid review of approaches to communication and participation in different countries during the Covid-19 pandemic. Key learnings from this review will in turn inform the recommendations from RSE's Post-Covid Futures Commission to Scotland's public institutions on building a fairer, more resilient society following times of crises. The project commenced in mid-February and will run until the end of April. Demsoc is bringing experience in deliberative and participatory democracy to the table.

Guiding this research are three lines of inquiry:

1. Innovative practices related to public health messaging and engagement. Including questions relating to:
 - a. Communication v. participation
 - b. Maintaining public interest
 - c. Combating misinformation, and enhancing science-based communication
2. Equitable participation. Including questions relating to:
 - a. Inclusivity
 - b. The emancipatory potential of participation
 - c. Effort to tackle systemic inequalities
3. Implications for democracy and the social contract. Including questions relating to:
 - a. The nature of democratic exchange
 - b. Social cohesion
 - c. An institutional v. communal response

And that's where you come in. So, for the next **45 min. to 1 hour** you and I are simply going to have a conversation about [insert]. You are able to withdraw at any time and choose to not answer certain questions. All of the information from this interview will be generalised and made non-attributable. Before we get started, do you have any questions about the interview process?

Are you alright if I record the interview for my own note taking purposes? The recording will only be shared with the research team, and I'll delete upon completion of the project.

Setting the scene

Just so we have it on the record, can you tell me a little bit about yourself – those identifying factors that will be important to place this interview. Your name, job title, where you work, and what you are up to these days?

Generally speaking, as we will get into specifics soon, what does the relationship between the public (residents, citizens) and public health decision-making look like in [insert country]?

- What systems and procedures uphold that relationship?
- For how long have they been in place?

Innovative practices related to public health messaging and engagement

Now, let's talk about public health messaging and engagement in the context COVID-19. In [insert country] were there measures put in place during the pandemic that:

- Brought decision-making and public health communications closer to communities?
 - How?
- Used current data / information from the public to better inform public health policy?
 - How?
- Maintained public interest for the prolonged period of the pandemic?
 - How?
- You consider innovative (broadly defined) in their approach to public health messaging and engagement?
 - What was novel about these measures?
 - What was transformative about these measures?

What was the approach to communicating science-based information?

What was the approach to combat disinformation?

Equitable participation

How are structural inequalities normally addressed through public health policies in [insert country]?

How was this mobilized, changed or adapted in response to the COVID-19 pandemic?

Which actors were critical in making use of and adapting these approaches? Why?

For countries that have examples of innovative engagement as part of their COVID-19 response, ask:

- What barriers to participation exist for people from underrepresented/underserved communities?
- How were these barriers addressed?
- Were measures put in place to make the communication and engagement campaigns more inclusive?
 - Where did these measures succeed?
 - Where did these measures fall short?

Could you tell me about an aspect of the COVID-19 response in [insert country] that sought to address structural inequities?

Stories of change and innovation

Who drove the initiatives to go 'above and beyond' in communication, engagement, and/or addressing structural inequalities as part of the COVID-19 response in [insert country]?

(Can be an individual, a collective, a sub-national or national authority, a public figure, etc.)

What barriers got in the way of going 'above and beyond' during the COVID-19 pandemic?

How were those barriers overcome?

What enablers got the initiative to the delivery stage?

Are these enablers unique to the pandemic context?

Unpacking 'Above and Beyond'

When I asked the question about going 'above and beyond' statutory engagement, I left the definition of 'above and beyond' open ended. You could interpret it in whichever way you wanted. Now, I'm keen to hear more about which direction you took engagement, and how you interpreted 'above and beyond'?

Examples:

- *Changing the scale, e.g. doing more*
- *Changing the timeline, e.g. engaging earlier*
- *Changing the method of engagement*
- *Changing the relationship between residents and the council*
- *Changing the power and social dynamics*
- *Changing the accessibility*

So, what changed from a status quo public health response in the above and beyond initiative?

Imagine we aren't limited to looking at the past, and instead we're talking about giving 'above and beyond' in the future for public health and crisis response. What would you like to change?

Would the same barriers and enablers as outlined previously challenge or progress the change?

Why or why not?

Implications for democracy and the social contract

Unsurprisingly, but still importantly, the literature review is making clear that both the arrangement of the country's health system and its democratic/government institutions (or details of its political system) matter to a great extent.

What health system and government arrangements are the initiatives you've described sitting within?

- How are these arrangements enabling the democratic public health innovations from having meaningful, equitable and lasting impact?
- And how are these arrangements preventing the democratic public health innovations from having meaningful, equitable and lasting impact?

What was the nature of democratic exchange during the COVID-19 pandemic?

How did social cohesion change over the course of the pandemic from the pre-pandemic months to present?

Did [insert country]'s democratic arrangement foster an institutional or communal response, or both? Why?

Close

Is there anything you felt we didn't have a chance to talk about, but that you think is important to mention?

Appendix

Emerging themes for context

Factors that enable success:

- Clear, calm communication that is science-based but does not ignore the human aspect – one dedicated source of information
- Novel use of tested and trusted networks, also as a means of ensuring diverse outreach
- Supportive alignment between national, sub-national and municipal levels of government with tailored local implementation
- Strategies to address the financial and economic barriers to both participation and service provision
- Transparency on how citizens' data is incorporated into public health policy
- Upholding the social contract has led to high trust in government response, which in turn has enabled greater societal compliance without polarisation or pushback (Belgium being an exception)

In addition to the emerging 'success factors', other themes include:

- Both the arrangement of the country's health system and its democratic/government institutions (or details of its political system) matter to a great extent
- Many of the democratic innovations that we have flagged as "interesting" were driven by a desire to have a tailored approach in their respective countries. Sometimes the tailoring did not go far enough and remained at a national level.
- Sometimes the desire for a tailored approach came from below. This is interesting because health officials could rely on traditional expertise to inform the tailoring, but instead felt it was important to include citizens as well
- Importance of CHWs, connection to existing networks of social assistance, importance of telephone communication, and mapping
- Crisis preparedness and drawing on experiences from previous pandemics.

Post-Covid-19 Futures Commission

rsecovidcommission.org.uk



CREATED IN 1783 BY ROYAL CHARTER
SCOTTISH CHARITY NO. SC000470

22–26 George Street
Edinburgh
EH2 2PQ

Telephone: +44 (0)131 240 5000
Email: info@theRSE.org.uk

*Discover more at **rse.org.uk***