

## **Conducting Effective Risk Communication**

### **World Health Organization (WHO): The Importance of Truth & Transparency**

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#### **Abstract**

The first wave of the COVID-19 pandemic was a period of rapid change and uncertainty. The World Health Organization (WHO) had to learn about this virus, while communicating risks to the public. The organization's risk communication efforts were effective; however, more trust could have been created by persuading people to follow COVID-19 prevention measures.

A review of the literature of articles from Menon and Goh (2005), Freudenstein et al. (2020), Middleton et al. (2020) and Varghese et al. (2021) discusses the actions of similar organizations in another pandemic, the importance of framing in effective risk communications, the overall response the WHO has had to COVID-19 and the effectiveness of the WHO's communications.

A case study analysis of the WHO's risk communications provides context on the organization's success and failures. This discussion examines how improving risk communications would have increased adherence and effectiveness of the WHO's COVID-19 preventative measures by gaining more trust and utilizing two-way, transparent communications. The analysis of this case study shows that truth and transparency are critical when conducting effective risk communications.

**Keywords:** Risk communications, COVID-19, transparency, trust

#### **Research Question**

How could the WHO have improved its risk communications to more effectively convince people to adhere to COVID-19 preventative measures?

COVID-19 has become a daily discussion topic for millions since being announced as an international health concern in January 2020 (Varghese et al., 2021). The following months, known as the “first wave” of the pandemic, were a period of uncertainty, stress and changing protocols. The World Health Organization (WHO) has stayed at the forefront of the COVID-19 pandemic since it first became an issue in late 2019 and has faced its fair share of criticism and praise. The World Health Organization’s initial lack of response to the seriousness of COVID-19 led to significant criticism, stating the organization took too long to declare COVID-19 a pandemic (The Economic Times, 2021); however, the WHO has since received applause for its communication efforts. The organization “hosted a cascade of press conferences and international meetings of experts and political leaders, while providing constant social media updates” (The Economic Times, 2021). Additionally, it has had to manage political conflicts between the United States (U.S.) and China while battling against misinformation flooding the Internet (Pierson, 2020).

Despite these struggles, the World Health Organization has communicated effective COVID-19 preventative measures to the public during the pandemic’s first wave through its messages, specifically, the discussion of handwashing, social distancing and other measures. While many followed these protocols, more effective communications would have led to greater adherence to these risk communication messages. This essay analyzes the WHO’s risk communications to identify where the organization could have improved its strategies. Conducted research helped determine that improving risk communications would have increased adherence and effectiveness of the WHO’s COVID-19 preventative measures, specifically by gaining trust and using two-way, transparent communications.

### **Review of the Risk Communication Literature**

The following literature review summarizes the academic sources that help analyze the WHO's COVID-19 risk communications effectiveness. The chronologically ordered literature features an article by Menon and Goh (2005) discussing the Singapore government's responses to the SARS crisis, a study by Freudenstein et al. (2020) analyzing the effectiveness of risk communication message framing, a review by Middleton et al. (2020) of the WHO's COVID-19 response and finally, an analysis by Varghese et al. (2021) looking at the effectiveness of the WHO's COVID-19 risk communications in Europe.

Menon and Goh (2005) argue that "truth and transparency came to be key imperatives underlining the [Singapore] government's response to resolving the [SARS] crisis" (p. 376). The government's response included educational songs, dialogue between different publics, informational posters and advertisements, websites and promotional campaigns (Menon & Goh, 2005). The authors conclude with the main reasons the Singapore government handled SARS well, stating that providing more information is better than less, as it is better to overreact than under-react and that fear and ignorance of any disease is worse than the disease itself (Menon & Goh, 2005, p. 383).

Freudenstein et al. (2020) determine "whether framing a risk communication message as a risk assessment or a hazard identification would influence risk perception" (p. 2), using a press release about radiofrequency electromagnetic fields as an example. A risk assessment has four required steps: hazard identification, exposure analysis, dose-response analysis and risk characterization (Freudenstein, 2020, p. 2). Hazard identification points out a potential hazard; a hazard only becomes a risk once "humans are exposed to the hazard at levels shown to be harmful" (Freudenstein, 2020, p. 2). The authors conclude that a risk message's framing and the

current understanding of these messages can impact how effective risk communications are (Freudenstein, 2020, p. 8).

Middleton et al. (2020), members of the Global Network for Academic Public Health (Global Network), discusses the WHO's current COVID-19 response. The discussion focuses on the WHO's effectiveness thus far despite not having the authority to force countries to adhere to its suggestions and the organization's battle with misinformation (Middleton et al., 2020). The article highlights the WHO's importance in protecting the world's health, explaining that "if the WHO did not exist, we would inevitably have to create a body to pick up functions" (Middleton et al., 2020, p. 1524). Middleton et al. (2020) conclude by recommending that world leaders commit to transparency, financial support, academic support and solidarity when combating this virus.

Varghese et al. (2021) investigate the effectiveness of the WHO's COVID-19 preventative measure communications. The study analyzes the familiarity, adherence and trust in the WHO's COVID-19 preventive measures in several European countries, including Denmark, France and the Netherlands. Familiarity of the WHO's messages ranged between 60 to 85 per cent, trust ranged between 48 to 64 per cent, and adherence ranged between 81 to 92 per cent (Varghese et al., 2021). The research found that information from the WHO regarding COVID-19 was effective and well-trusted; however, there is a need to strengthen efforts to reach the less vulnerable parts of the population and take public worries into account (Varghese et al., 2021, p. 13).

### **The WHO's COVID-19 First Wave Response**

COVID-19 first became known across the globe in 2019 when reports of “pneumonia of [an] unknown cause” came from Wuhan, China (see Appendix). In the following weeks, the WHO officials met with medical personnel in China, determining this outbreak as a form of coronavirus. The WHO would first declare COVID-19 an international public health concern on January 30, 2020, beginning what is known as the true first wave of the pandemic (Varghese et al., 2021). This initial period correlated with the launch of several different initiatives from each country, some shutting their borders and others doing little to address the situation. At the centre of the pandemic is the WHO, the organization responsible for informing the world of this developing situation and advising countries of the most effective procedures. This need for direction inspired the development of the WHO Information Network for Epidemics (EPI-WIN) on the same day as the WHO's health concern announcement.

The World Health Organization understood it needed to control information about COVID-19 quickly and effectively to avoid misinformation spreading. Therefore, the organization's risk communication efforts focused on battling current misinformation (dubbed the ‘infodemic’) and informing the public of preventative measures related to COVID-19 (Varghese et al., 2021). Specifically, the World Health Organization aimed to increase “public awareness on preventive measures against COVID-19 through easy-to-understand behavioural messages using infographics and videos on the WHO website” (Varghese et al., 2021, p. 2). These measures included regular hand washing, covering the mouth and nose when sneezing or coughing, keeping one metre from others, avoiding shaking hands and other physical contacts, using alcohol-based hand rub and avoiding touching the face. Later in the pandemic's first wave, further preventative measures were communicated to the public (see Appendix).

A study conducted by Varghese et al. tested the effectiveness of these risk communication tactics by measuring their familiarity, adherence and trust. Familiarity and adherence in all studied countries were high, while trust varied widely. Out of the 7,000 interviewed participants, only 59.8 per cent trust the WHO's COVID-19 information (Varghese et al., 2021, p. 6). Additionally, trust in the WHO directly correlated with adherence to preventative measures; the authors state that “distrust was lower among those who adhered (14.5 per cent) compared to those who did not adhere to the WHO's recommendations (29.3 per cent)” (Varghese et al., 2021, p. 8).

The research found that information from the WHO regarding COVID-19 was effective and well-trusted; however, there is a need to “strengthen efforts to reach the less vulnerable parts of the population in information campaigns and to take the worries of the public into account” (Varghese et al., 2021, p. 13). In addition, this case study revealed that while the WHO's risk communications were effective, additional actions would have increased the effectiveness of preventative measures, specifically by gaining trust and using two-way, transparent communications.

## **Discussion**

### **The Need for Trust**

This case study shows that the WHO was relatively successful with its risk communications, but the organization could have gained more adherence to its preventative measures had it executed its plan more effectively. In addition, the public would have adhered to the WHO's recommendations had it focused on earning trust, specifically by addressing misinformation and reassuring concerned publics. Trust in regulatory bodies is crucial during times of crisis, such as a pandemic; however, trust does not come easily.

Misinformation ran rampant during COVID-19's first wave. As the World Health Organization investigated the most effective ways to keep people safe, the U.S. and China began blaming one another as the cause of the pandemic (Pierson, 2020), leading to confusion on how this virus had spread across the world. Unfortunately, the World Health Organization did not take a stance when others began accusing the organization of being a "puppet" of China (The Economic Times, 2021, para. 13). However, it is important to acknowledge that the World Health Organization must act diplomatically and keep all countries at the table (Pierson, 2020, para. 22). While the WHO had to act as a peacekeeper at times, it should have addressed the concerns of other nations and pointed out misinformation. Explaining that the COVID-19 situation is still developing, but that the World Health Organization will inform the public of future information would have helped increase trust; fear and ignorance of disease are worse than the disease itself (Menon & Goh, 2005). The organization should have also condemned the U.S. and China to show that it does not play politics when protecting human lives.

Another way the WHO could have gained more trust is by reassuring the public. Emotions ride high in stressful times, especially during a pandemic like COVID-19, and people need to feel confident that this situation will improve. For example, during SARS, the Singapore government reassured the public by launching its "Singapore okay" campaign to show that essential staff "monitored their temperatures and wore special stickers to indicate they were fever free and that standards of cleanliness in public toilets was alright" (Menon & Goh, 2005, p. 382). Additionally, the Singapore Tourism Board used the "cool spore campaign" to assure visitors that hotel staff and facilities were free of SARS (p. 382). These campaigns were effective because they showed the public that the government was steering the ship during these uncertain times.

It is important to note that the World Health Organization does not have as much control as the Singapore government; it cannot demand a country follow its orders (Pierson, 2020). A thorough assessment explaining the overall risk COVID-19 has in a specific region would have helped inform people of their risk to contract this virus. This assessment would have reassured the public that the WHO is looking out for their health and safety. A detailed risk assessment is necessary because simply stating something is a hazard makes someone conclude that anyone is at risk without knowing the specifics that affect them (Freudenstein et al., 2021). Providing context for the risk COVID-19 has to individuals would have made the WHO's risk communications more effective.

### **The Importance of Transparent Communication**

Another way the World Health Organization could have conducted more effective risk communications is by utilizing two-way, transparent communication. A significant criticism of the WHO's COVID-19 preventative measures was its stance on mask-wearing (The Economic Times, 2021). The World Health Organization said that "generalized use of facemasks was not justified unless other protection measures like physical distancing were not possible" (The Economic Times, para. 19). However, in June, the World Health Organization began recommending mask usage. With a significant amount of misinformation spreading about the pandemic (Middleton et al., 2020), the WHO's mixed messages were ineffective for gaining trust in its preventative measures. While the World Health Organization encouraged leaving masks for healthcare personnel in the early stages of the pandemic, it would have benefited from explaining its choices to discourage mask usage at first. Transparent communication, such as explaining that more research was required before the WHO could recommend masks, would have helped to improve the organization's risk communications.

Transparency is crucial in risk communications, as seen during the SARS crisis in Singapore, alongside trust (Menon & Goh, 2005, p. 376). Specifically, the Singapore government provided necessary evidence behind actions and decisions, acknowledged problems and uncertainty and treated the public's fears seriously (Menon & Goh, 2005). Middleton et al. (2020) offer further justification, stating, "the World Health Organization should provide a comprehensive account of any threat to population health and to healthcare systems as well as provide contextual solutions when new evidence emerges" (p. 1524).

Communicating transparently with the public would have benefited the WHO's risk communication efforts. Another element of effective risk communication is the need for two-way discussion. For example, in the SARS crisis, the Singapore government answered the public's questions, no matter how unnecessary. In times of crisis, people do not understand everything and may need their questions answered. As Menon and Goh (2005) state, "providing more information is a lot better than less information" (p. 383). Overall, the World Health Organization would have increased adherence and effectiveness of COVID-19 preventative measures by gaining trust and using two-way, transparent communications. The World Health Organization could learn from the success of Singapore's risk communications during SARS; truth and transparency are critical when handling a crisis (Menon & Goh, 2005).

### **Conclusion**

COVID-19 presented various challenges for the WHO, from managing the U.S. and China to providing timely information to protect lives around the world. This essay analyzed the WHO's risk communications, identifying where the organization could have improved its strategies. The overall argument was that the WHO would have increased adherence and effectiveness of COVID-19 preventative measures by gaining trust and using two-way,

transparent communications with the public. Furthermore, the World Health Organization would gain more trust if risk communication addressed misinformation head-on regardless of source and reassured the public. A review of the literature of articles from Menon and Goh (2005), Freudenstein et al. (2020), Middleton et al. (2020), and Varghese et al. (2021) helped assist in this analysis. In addition, the World Health Organization could have conducted two-way, transparent communication with the public by further explaining the reasoning behind preventative measures such as mask-wearing and listening to and addressing concerns from the public regarding the pandemic. Overall, trust and transparency are critical for communicating effectively with the public during a crisis.

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**Appendix**

This timeline covers several important dates regarding the WHO’s response to COVID-19, ending at the conclusion of the “first wave” of the pandemic.

