



NOVEL CORONAVIRUS (SARS-CoV-2) HEALTH EMERGENCY: PREPAREDNESS AND RESPONSE' TRAINING COURSE

BRIEFING NOTE 3

COMMUNICATING PUBLIC HEALTH AND SOCIAL MEASURES IN THE CONTEXT OF THE COVID 19 PANDEMIC: INFORMATION AND TOOLS RELEVANT FOR THE BALKANS AND THE BLACK SEA REGION

Public health and social measures (PHSMs) are actions by individuals, institutions, communities, local and national governments, and international bodies intended to suppress or stop community spread of COVID-19. They include individual, environmental surveillance and response, and social/physical distancing measures, along with movement and travel restrictions.¹ PHSM contribute to stopping individual chains of transmission and preventing outbreaks, and are therefore critical in limiting further spread of COVID-19, including during vaccination campaigns.

As governments and public health authorities continue to respond to COVID-19, it is imperative to adopt an evidence-based approach to the measures deployed, tracking and documenting their implementation in order to assess which measures are being adhered to, and which are not.

As a contribution in this direction, the following briefing note presents a selection of existing tools and information relevant to support the implementation, communication of and adherence to PHSM in the Balkans and the Black Sea region. In particular, it presents:

1. key existing guidelines on PHSM relevant for the regions, with a focus on their communication and the promotion of their acceptance, uptake and adherence;
2. a selection of Governments response tracking tools relevant for the regions;
3. summary data and analysis on PHSM implementation and communication in selected Balkan and Black Sea countries.

The briefing note is a complement to the Training course “*Novel Coronavirus (SARS-cov-2) health emergency: preparedness and response*” promoted by [Istituto Superiore di Sanità](#) (ISS) in the frame of the [MediLabSecure](#) project.²

¹ World Health Organization. [Taxonomy and Glossary of Public Health and Social Measures that may be Implemented to Limit the Spread of COVID-19](#), 2020

² This briefing note is supported by the webinar “*Communicating Public Health and Social Measures in the context of the Covid-19 pandemic: focus on the Balkan and Black Sea regions*”, to be held on May 27th, 2021. The webinar is promoted by ISS, with the MediLabSecure and MediPIET networks.



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1 - KEY EXISTING GUIDELINES ON PHSM AND ON COMMUNICATING PHSM

1 – Key guidelines on Public Health and Social Measures

World Health Organization, [Considerations for implementing and adjusting public health and social measures in the context of COVID-19. Interim guidance](#), November 2020

Public health and social measures have proven critical to limiting transmission of COVID-19 and reducing deaths. This document provides guidance to help Member States assess the situation at national and sub-national levels, as well as key recommendations about the implementation of PHSM

- The decision to introduce, adapt or lift PHSM should be based primarily on a situational assessment of the intensity of transmission and the capacity of the health system to respond, but the effects these measures may have on the general welfare of society and individuals must also be considered.
- Indicators and suggested thresholds are provided to gauge both the intensity of transmission and the capacity of the health system to respond; taken together, these provide a basis for guiding the adjustment of PHSM. Measures need to be tailored to local contexts.
- PHSM must be continuously adjusted to the intensity of transmission and capacity of the health system in a country and at sub-national levels. Communities should be fully consulted and engaged before changes are made.
- The annex provides indicators and thresholds for determining the transmission classification (which includes an updated sub-division of ‘community transmission’ into four sub-categories), as well as the current health system capacity. The document also provides a situational assessment matrix, which takes into consideration the transmission classification and the health system response capacity to arrive at an overall Situational Level. Finally, guidance is provided about the PHSM to implement or adjust at each Situational Level.

European Centre for Disease Prevention and Control, [Guidelines for non-pharmaceutical interventions to reduce the impact of COVID-19 in the EU/EEA and the UK](#). September 2020.

[Report](#) and [Infographics](#)

The scope of this document is to outline the available options for non-pharmaceutical interventions (NPI) in various epidemiological scenarios, assess the evidence for their effectiveness and address implementation issues, including potential barriers and facilitators.

The document does not state the measures in terms of level of importance. Instead, it discusses each of them - at individual, environmental and population levels - as a possible component in a suite of measures that should be included in a comprehensive strategy. It presents each measure, the related evidence base and considerations for its implementation. The optimal strategy for implementation of



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NPI needs to take into account the epidemiological situation as well as the characteristics of the targeted population. The goal is to implement NPI in the most targeted manner possible.

Several measures should be in place, irrespective of the epidemiological situation: the isolation of cases and quarantining of close contacts, recommendations for hand and respiratory hygiene and for teleworking. Specific measures are identified for countries/regions with very low prevalence, and places with wider community transmission. Table 2 of the document presents an overview of control measures and indications for implementation based on the epidemiological situation.

The document also addresses NPI compliance and behaviour change, referring to the COM-B model: this is based on the common-sense idea that a given behaviour occurs when both the capability and opportunity are present, and the individual concerned is more motivated to adopt that behaviour than any other. Applying such models can optimize the effectiveness of strategies promoting NPI.

2 – Key guidelines and evidence on communicating Public Health and Social Measures

Ryan RE, Parkhill A, Schonfeld L, Walsh L, Lowe D, Merner B et al. [What are relevant, feasible and effective approaches to promote acceptance, uptake and adherence to physical distancing measures for COVID-19 prevention and control?](#) WHO Regional Office for Europe, 2021 (Health Evidence Network synthesis report 72).

How best to communicate with the public to promote acceptance, uptake and adherence to physical distancing measures remains unclear. This rapid review analysed evidence regarding communication with individuals and communities within the wider structural and socio-political context of the pandemic to support public health decision-makers when planning and implementing physical distancing measures. Findings indicated the critical role played by public communication and information in the pandemic response. Consistent features of effective communication included

- clear, consistent and actionable content;
- attention to the timing and currency of messages;
- consideration of the audiences for communication within and across populations; and
- deliberate considerations of tailoring and equity to ensure diverse population groups are reached and existing inequalities addressed.

Comprehensive practical support, including access to essential services and financial support, was also critical to promote acceptance, uptake and adherence to required measures. Findings also emphasized the importance of building and maintaining public trust in authorities and of engaging communities when planning and delivering messages related to physical distancing measures.

World Health Organization (WHO), [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#), March 2020



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Risk Communication and Community Engagement (RCCE) is an essential component of any health emergency response, and can crucially support PHSM. This tool is designed to support risk communication, community engagement staff and responders working with national health authorities to develop, implement and monitor an effective action plan for communicating with the public and engaging with communities in order to protect them through PHSM.

This guidance can be used to develop an RCCE plan for engaging and communicating effectively with identified audiences. It will facilitate effective RCCE, two-way communication between health authorities and at-risk populations in response to COVID-19. It includes planning for engagement with and within local at-risk communities, broader segments of the public at the country-level, and other relevant stakeholders. It contains: 1. "The Key Steps" to developing a COVID-19 RCCE plan. 2. A related planning template for countries to fill in related to each step. 3. Annexes including an audience assessment questionnaire, a process for identifying objectives and audiences, a method for identifying key information needs about COVID-19, and a list of sources for existing content and messaging.

World Health Organization (WHO), [Risk communication and community engagement readiness and response to coronavirus disease \(COVID-19\): interim guidance, March 2020.](#)

This document provides checklists for risk communication and community engagement (RCCE) responses to the COVID-19 outbreak. It provides RCCE readiness checklist for countries where few COVID-19 cases have been identified, as well as one for countries with ongoing COVID-19 transmission.



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2 - GOVERNMENT RESPONSE TRACKING TOOLS RELEVANT FOR THE BALKANS AND THE BLACK SEA REGION

World Health Organization - Global database of Public Health and Social Measures applied during the COVID-19 pandemic

[Link](#) to the project

[Link](#) to instructions to access the Global database

Since the start of the COVID-19 pandemic, a number of organizations have begun tracking implementation of PHSM around the world, using different data collection methods, database designs and classification schemes. A collaboration between WHO, the London School of Hygiene and Tropical Medicine, ACAPS, University of Oxford, Global Public Health Intelligence Network, US Centers for Disease Control and Prevention and the Complexity Science Hub Vienna has brought these datasets together - using a common taxonomy and structure - into a single, open-content dataset for public use.

World Health Organization Regional Office for Europe - COVID-19 situation in the WHO European Region

[Link](#) to the Dashboard: under the main map, please click on “PHSM”, to obtain “Regional Overview: Daily Cases and Deaths over Severity of Public Health and Social Measures (PHSM)”

The Dashboard allows visualising single measures or the overall severity of PHSM adopted by WHO Euro countries. The PHSM Severity Index captures the severity and timing of selected PHSM implemented by a country. Six types of PHSM (wearing of masks; closing of schools; closing of offices, businesses, institutions; restrictions on gatherings; restrictions on domestic movement; limitations to international travel) are scored as indicators based on an ordinal scale corresponding with the response policy’s degree of intensity and the scope of the measure. These factors are combined, rescaled and placed on a scale between 0 and 100. The average of these six indicators forms the composite PHSM Severity Index score for each country. PHSM Severity Index can then be graphically associated with the impact of measures in terms of number of cases or deaths, to allow analysis.

University of Oxford - Coronavirus government response tracker

[Link](#) to project



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The Oxford COVID-19 Government Response Tracker (OxCGRT) collects information from more than 180 countries on different common policy responses that governments have taken to respond to the pandemic, based on 19 indicators. Eight of the policy indicators (C1-C8) record information on containment and closure policies, such as school closures and restrictions in movement. Four of the indicators (E1-E4) record economic policies, such as income support to citizens or provision of foreign aid. Seven of the indicators (H1-H7) record health system policies such as the COVID-19 testing regime, emergency investments into healthcare and most recently, vaccination policies.

The data from the 19 indicators is aggregated into a set of four common indices:

1. an overall government response index (which records how the response of governments has varied over all indicators);
2. a containment and health index (which combines ‘lockdown’ restrictions with measures such as testing policy and contact tracing);
3. an economic support index (which records measures such as income support and debt relief);
4. a stringency index (which records the strictness of ‘lockdown style’ policies that primarily restrict people’s behaviour).

These indices should not be interpreted as ‘scoring’ the appropriateness of a country’s response.

University of Oxford - Oxford Supertracker

[Link](#) to project

The Oxford Supertracker is a global directory of over 100 policy trackers and surveys related to COVID-19. This collection is designed to assist researchers and policymakers in keeping track of a rapidly growing number of data sources. You can search and identify relevant information resources, such as datasets, surveys, and systematic collections, across different areas, countries and data types. A search tool allows the selection of datasets related to general and sector specific PHSM.



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3- SUMMARY DATA AND ANALYSIS ON PHSM IMPLEMENTATION AND COMMUNICATION IN THE BALKANS AND THE BLACK SEA REGION

Below we present some examples of summary data and analysis on the implementation and communication of PHSM in selected Balkan and Black Sea countries. In particular:

- a) An overview of daily cases over severity of PHSM in selected Balkan and Black Sea countries
- b) The key findings of three analysis on communication and adherence to PHSMs in selected countries in the two regions
- c) Strategies adopted in Italy with regard to communication and adherence to PHSMs

a) Overview of daily cases over severity of PHSM in selected Balkan and Black Sea countries

Below we report the visual representation of COVID-19 incidence in eight Balkan and Black Sea countries from March 2020 to April 2021, associated with PHSM Severity³ variations over the same time period: the representation allows to compare country responses and their related impact over time.

A similar overview can also be obtained from the same source for individual countries, and for specific PHSM of interest.

³ The PHSM Severity Index captures the severity and timing of selected PHSM implemented by a country. For more information on the Index, please refer to section 2.



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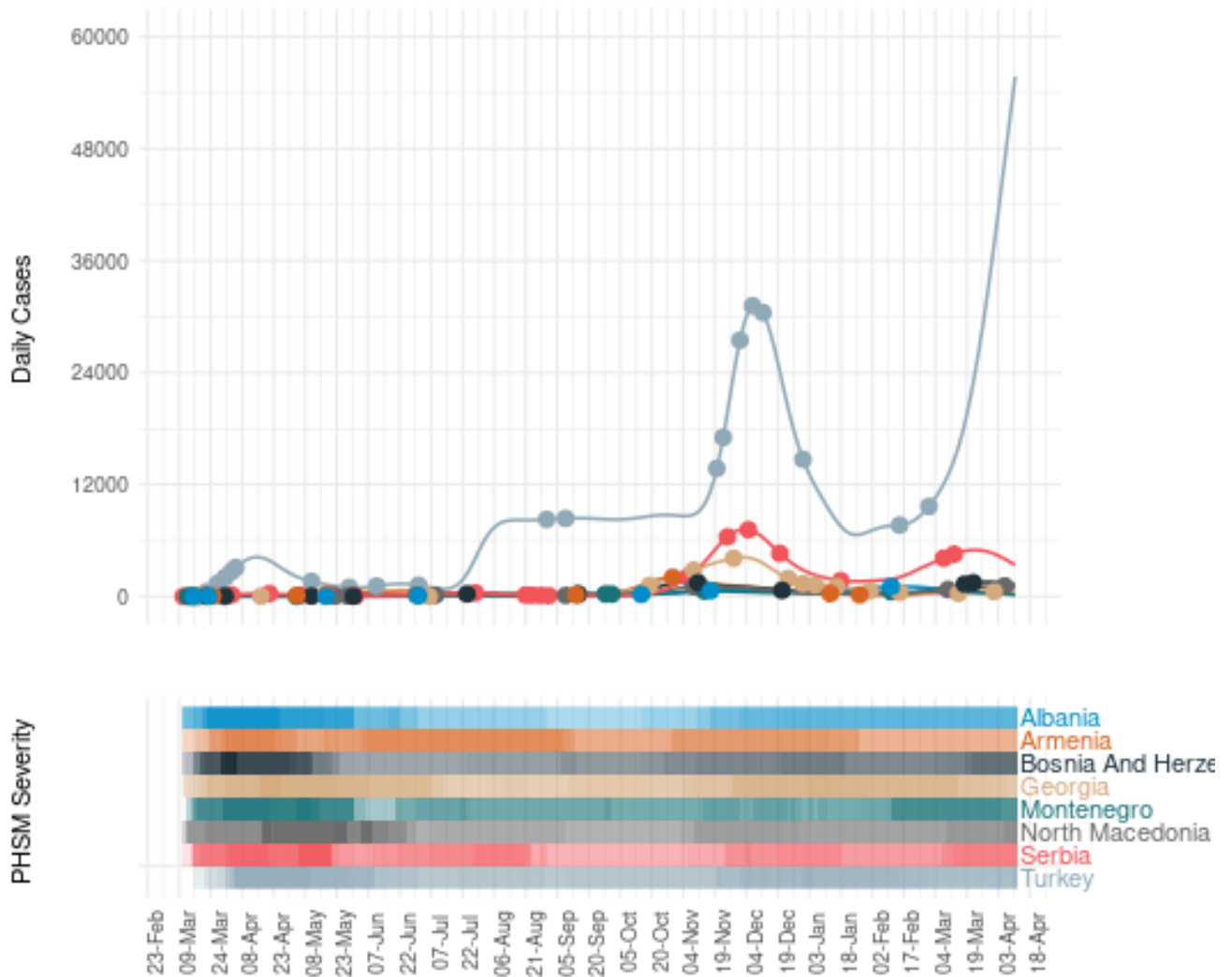


Figure 1 - Country Analysis: Daily Cases and Deaths over Severity of Public Health and Social Measures (PHSM). Source: World Health Organization Regional Office for Europe - COVID-19 situation in the WHO European Region, 2021

b) Analysis on communication and adherence to PHSMs in selected countries of the Balkans and the Black Sea region

Here below we provide reference to three among numerous articles related to PHSM in selected countries of the Balkans and the Black Sea region. The articles highlight the challenges in terms of PHSM communication and adherence in different country contexts.



Ceylan, Melis, and Ceren Hayran. “**Message Framing Effects on Individuals' Social Distancing and Helping Behaviour During the COVID-19 Pandemic.**” *Frontiers in psychology* vol. 12, Mar. 2021, doi: [10.3389/fpsyg.2021.579164](https://doi.org/10.3389/fpsyg.2021.579164)

This research responds to urgent calls to fill knowledge gaps on COVID-19 in communicating social distancing messages to the public in the most convincing ways. The authors explore the effectiveness of framing social distancing messages around prosocial vs. self-interested appeals in driving message compliance and helping behaviour. The results show that when a message emphasizes benefits for everyone in society, rather than solely for the individual, citizens find the message more persuasive to engage in social distancing, and more motivating to help others. The results further demonstrate that the proposed effects are higher for individuals who have a lower locus of control and lower fear of Coronavirus as prosocial messages lead them to feel a joint responsibility in protecting from the pandemic. Theoretical and practical implications of the results are discussed.

Karić, Tijana, and Janko Međedović. “**Covid-19 conspiracy beliefs and containment-related behaviour: The role of political trust.**” *Personality and individual differences* vol. 175, 2021, doi: [10.1016/j.paid.2021.110697](https://doi.org/10.1016/j.paid.2021.110697)

The roles of conspiracy beliefs and political trust for public health behaviour have seldomly been studied prior to the COVID-19 pandemic. In this study, the authors tested, in the Serbian context, whether conspiracy beliefs affect containment-related behaviour in relation to the COVID-19 pandemic and whether this relationship is mediated by political trust, preference for saving the economy or for saving lives. The data were collected at two time points, at the beginning of the epidemic and after the state of emergency was introduced. The results indicate that holding more conspiracy beliefs is related to less adherence to containment-related behaviour, both directly and indirectly, via decreased political trust. Preference for saving lives has a direct effect on containment-related behaviour, while preference for saving economy plays no important role in this relationship, although it has a negative zero-order association with containment-related behaviour. The findings are interpreted in light of the importance of governmental pandemic management for containing, i.e., preventing the spread of infectious diseases.

Geçer, Ekmel et al. “**Sources of information in times of health crisis: evidence from Turkey during COVID-19.**” *Zeitschrift für Gesundheitswissenschaften = Journal of public health*, 1-7. 13 Oct. 2020, doi: [10.1007/s10389-020-01393-x](https://doi.org/10.1007/s10389-020-01393-x)

Media as a source of information can shape public opinion regarding the COVID-19 response. Identifying how and where people seek information during the COVID-19 outbreak is vital to convey the most effective message about managing the COVID-19 crisis. The purpose of this study was to determine the sources of information on COVID-19 in Turkey and investigate the role of various demographic factors—age, gender, educational attainment and perceived economic level—on





sources of information. The study identifies sources of information and their differential use by different demographic and socio-economic groups.

c) Analysis on communication and adherence to PHSMs: adopted strategies in Italy

Possenti Valentina, Luzi, Anna Maria, Colucci Anna and De Mei, Barbara, “**Communication and basic health counselling skills to tackle vaccine hesitancy**”, *Ann Ist Super Sanità*, Vol. 55, No. 2, 2019, doi: [10.4415/ANN_19_02_12](https://doi.org/10.4415/ANN_19_02_12)

Basic health counselling skills represent relevant resources to let healthcare workers effectively address vaccine hesitancy in the population. We indicated recommended communication approaches and basic health counselling skills to be applied by public health professionals according to the specific target population with vaccine deficit that means people not at all or partially reached by vaccinations. Public health professionals are called to know, acquire, use, and adapt basic health counselling skills to effectively address vaccine hesitancy diversely affecting different groups of population.

Possenti Valentina, Colucci Anna, Luzi Anna Maria, De Mei Barbara, “Elementi metodologici di formazione su competenze comunicative e relazionali per professionisti sanitari impegnati nella pandemia da COVID-19”, **Training methodological elements on communication competences and relational skills to health professionals involved in the COVID-19 pandemic**, *Boll Epidemiol Naz*, 2(1), 2021.

The article describes a multiphase process to meet standard criteria that make a professional relation between healthcare workers and their public work successfully. It concludes that training represents a strategic element for the capacity of the health system to overcome a global crisis overall. Therefore, planning, preparation and management of training to health professionals on communication competences and relational skills cannot follow the arising of an emergency, but must necessarily occur a priori.



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