

Risk communication during novel corona-virus disease 2019 pandemic in low health service coverage setup: The case of Ethiopia

Introduction

The ongoing novel corona-virus disease 2019 (COVID-19) become a global public health and economic threat. Effective risk communication and decision making are the major challenges during outbreak of an infectious diseases such as COVID-19.^[1] The challenge is accompanied with fear, anxiety, helplessness, frustration, fake news and misinformation.^[1] To overcome these challenges, accurate and active risk communication is crucial. Effective risk communication is also one of key tools during the occurrence of outbreak to inform the public on the causes, signs and symptoms, prevention mechanisms and availability of the treatment of the disease.^[1] Moreover, although there is effective plan for outbreak response, poor risk communication greatly undermines the effectiveness of the plan.^[2]

The majority of Ethiopians are living by the daily income which could force them not to stay at home even for a single day. The national health service capacity and access coverage of Ethiopia is also quit low.^[3] Low economic status, poor living conditions and low health service coverage makes the country more vulnerable than any other nation in the world, unless it effectively contain the pandemic at its earliest stage. Ethiopia has already reported its first COVID-19 case on March 13, 2020.^[4] Evidence on the ground in Ethiopia indicates as there is poor risk communication regarding the COVID-19 pandemic. In this letter to editor, I highlighted the main problems related to risk communication in Ethiopia during the evolving global COVID-19 pandemic.

Risk communication related problems in Ethiopia

Unless the risk is communicated by trained professionals, the message can be lost in the noise, resulting in unexpected consequences, rejected by the public, and increase public fear and confusion.^[5] However, in the evolving COVID-19 pandemic in Ethiopia, information is delivered by everyone who has access to the media. Individuals who were never trained on public health risk communication are delivering messages that either exaggerate or undermine the pandemic level. For example, failure to keep confidentiality of the nationality of an individual who was first diagnosed

for COVID-19 during public communication has led to foreigner harassment and attack in Addis Ababa due to the perception that COVID-19 is transmitted by foreigners.^[6] Moreover, the information disseminated by science and innovation minister about the process of drug discovery for COVID-19^[7] led to confusion which may undermine the efforts of pandemic containment. It could also seriously decrease public trust on the government. Although drug discovery research is encouraged, the use of this information to contain the pandemic is uncertain; because drug development and test take many months (even years).

Fake news and misinformation sharing on social media can exacerbate infectious disease outbreak.^[8] Fake news and misinformation can circulate very quickly, and can change human behavior to take greater risks.^[8] Fake news and misinformation which are disseminated by different parties are circulating in the social media and already induced fear, anxiety and confusion in Ethiopia. However, concerned bodies including the government are not countering this fake news and misinformation strongly enough by disseminating accurate information quickly.

Beside droplet transmission, a recently published article has indicated the possible aerosol transmission of the virus.^[9] Preventive mechanisms such as isolating ill persons, contact tracing, quarantine of exposed persons, travel restrictions, school and workplace closures, and cancellation of mass gathering events are recommended as effective measure to contain the COVID-19 pandemic.^[10] However, the majority of messages delivered on the prevention mechanism of COVID-19 in Ethiopia focused on hand hygiene. Although recently the frequency of meeting is decreasing after the government announced cancelation, many meetings are ongoing in different parts of the country. In addition, several overcrowded weekly markets are in place at every parts of the country including the capital city Addis Ababa. Thus, social distancing and cancelation of mass gathering which could prevent the possible aerosol and droplets transmission of the virus is seriously ignored in daily risk communication in the country.

Conclusion

Poor risk communication, fake news and misinformation could limit the public to adopt protective behaviors and increase confusion in the public. Thus, we should be aware and communicate better the risk of the pandemic COVID-19 before it overwhelms the country. The challenges of risk communication and the effect of fake news and misinformation on pandemic disease containment in resource limited setup should be thoroughly studied.

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Conflicts of interest

There is no conflicts of interest.

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References

1. Infanti JJ, Sixsmith J, Barry MM, Núñez-Córdoba J, Orovioigoicochea-Ortega C, Guillén-Grima F. A Literature Review on Effective Risk Communication for the Prevention and Control of Communicable Diseases in Europe. Stockholm: ECDC; 2013.
2. Sell T. When the next disease strikes: How to communicate (and how not to). *Health Secur* 2017;15:28-30.
3. Eregata GT, Hailu A, Mamirie ST, Norheim OF. Measuring progress towards universal health coverage: National and subnational analysis in Ethiopia. *BMJ Global Health* 2019;4:e001843.
4. World Health Organization. Coronavirus Disease 2019 (COVID-19): Situational Report No 81; 2020.
5. World Health Organization. Outbreak Communication Planning Guide. Geneva, Switzerland: World Health Organization; 2008.
6. Kelly L. State Warns Foreigners "Attacked" in Ethiopia Over Coronavirus Fears. The Hill; 2020. Available from: <https://www.thehill.com/policy/international/488322-state-warns-foreigners-attacked-in-ethiopia-over-coronavirus-fears>. [Last accessed on 2020 Mar 18].
7. Capital. Ethiopia Announced that it Found Traditional Medicine for COVID 19; 2020. Available from: <https://www.capitalethiopia.com/capital/ethiopia-announced-that-it-found-traditional-medicine-for-covid-19>. [Last accessed on 2020 Mar 18].
8. Brainard J, Hunter PR. Misinformation making a disease outbreak worse: Outcomes compared for influenza, monkeypox, and norovirus. *Simulation* 2019;2019:1-9.
9. Doremalen V, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, et al. Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. *N Engl J Med* 2020;2020:1-3.
10. Lai S, Ruktanonchai NW, Zhou L, Prosper O, Luo W, Floyd JR, et al. Effect of non-pharmaceutical interventions for containing the COVID-19 outbreak in China. *BMJ* 2020;2020:1-29. <https://doi.org/10.1101/2020.03.03.20029843>.

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