

The WHO's risky communication strategy created confusion around COVID-19

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The World Health Organization's (WHO) handling of communication around COVID-19 has shown how communicating risk can become risky communication. This is one of the key findings we identified in a [recent analysis of the communication and information](#) shared by the WHO within the first month after declaring COVID-19 a Public Health

Emergency of International Concern ([PHEIC](#)).

The WHO has recently faced backlash and [increasing criticism](#) of what is perceived as a slow response to the pandemic. The WHO's China-centred approach is at the heart of the argument against the international organization; on April 14, President Donald Trump announced [that the United States would withdraw its funding from the organization](#). And on May 29, [Trump announced that the U.S. would withdraw its participation completely](#).

Early communications

It is not just what the WHO was saying in the first weeks of the pandemic that got the organization in the hot seat, but also how. Our review of the WHO's communication in the first weeks of the outbreak from Dec. 31, 2019 to Jan. 31, 2020, points to an ambiguous communication strategy that sowed a great deal of confusion.

The WHO has several communication platforms based on the 2005 International Health Regulations (IHR): [Disease Outbreak News](#), [situation reports](#), [EPI-WIN](#) (an information network for epidemics), [public statements](#), [press briefings](#) and [guidelines](#). There are also unconventional and informal communication channels, including profiles on social media networks like Facebook, Instagram and Twitter.

In the first days of the outbreak, the WHO showed a strong preference for communicating over Twitter, which goes against [the agreed communication plan in the 2005 IHR](#).

Delayed outreach

The first cases were reported to the WHO on Dec. 31, 2019, and

publicly disclosed on Jan. 4, 2020, over Twitter. A formal report followed the day after, using the first Disease Outbreak News platform.

When the first case outside China was reported, the WHO [issued a statement on its website on Jan. 13](#), followed by [a Twitter post the next day](#).

But the WHO's social media use was scattered: 143 Twitter posts, 21 Facebook posts, and 10 Instagram posts. There was no clear or consistent pattern or approach. The WHO privileged Twitter to communicate with the wider public, resulting in potentially unequal access to information based on the population, health professionals and national authorities.

Such use of social media appears indiscriminate and stands in contrast to the established official methods of communication listed above. The WHO also began deploying the EPI-WIN platform days before issuing a formal announcement: [EPI-WIN was launched on Jan. 24 and announced on Jan. 30](#).

As the outbreak spread from China, Thailand, Japan and Korea to 19 other countries between Jan. 20 and 31, the WHO's communication strategy continued to float in many different directions through multiple channels and produced muddled definitions of key terms.

Terms like entry/exit screening, risk assessment, travel recommendations, regional and global were widely circulated by the WHO but were never clearly defined, raising important questions around what exactly was being recommended and where.

Mixed messages

Compounding the ambiguous communication strategy, the WHO's situation reports wrongly identified the global risk assessment for three

days in a row. In situation reports [No. 3](#), [No. 4](#) and [No. 5](#), the global risk was originally published as "moderate," and then corrected in [situation report No. 6](#) stating this was an error and the risk is "high." This error created confusion over the WHO risk assessment at a critical point in time. Based on the information currently available, it is not clear if this was an error of communication or risk assessment.

Mixed messages were also issued regarding travel advice. Situation report No. 9 stated that [there were no specific recommendations for travel, yet included a separate section on travelling and traffic advice](#). In a more glaring example, no travel restrictions were included [the day the WHO declared the PHEIC](#), a decision that created uncertainty.

As many countries continue to grapple with the COVID-19 pandemic, it is crucial to reflect on the ways important information is communicated globally. Communicating risk is a challenge. It is also a risky business. But even with all the communication shortcomings, we need the WHO to improve its [communication](#) strategies so it can carry out its mandate effectively. COVID-19 is a global challenge. Making international institutions like the WHO more effective is crucial to finding a global solution.

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