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Improving COVID-19 response: redirecting risk communication efforts towards equity issues

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ABSTRACT

Coronavirus disease 2019 (COVID-19) is, to date, the health problem with the highest impact in the 21st century. The World Health Organization has recommended several prevention and control measures to deal with this pandemic. In this context, social communication plays a key role. In this article we argue that the potential of communication efforts to close the gaps in the COVID-19 response worldwide won´t be fully accomplished until they do address equity-related issues.

KEYWORDS: COVID-19; pandemic; communication process; equal opportunity.

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Mejorando la respuesta a la COVID-19: reorientación de los esfuerzos de comunicación de riesgos hacia cuestiones de equidad

RESUMEN

La enfermedad del Coronavirus 2019 (COVID-19) es, hasta la fecha, el problema de salud de mayor impacto en el siglo XXI. La Organización Mundial de la Salud ha recomendado varias medidas de prevención y control para hacer frente a esta pandemia. En este contexto, la comunicación social juega un papel clave. En este artículo argumentamos que el potencial de los esfuerzos de comunicación para cerrar las brechas en la respuesta a la COVID-19 en todo el mundo no se logrará por completo hasta que no aborden los problemas relacionados con la equidad.

PALABRAS CLAVE: COVID-19; Pandemia; Proceso de comunicación; Igualdad de oportunidades.

Coronavirus disease 2019 (COVID-19) is, to date, the health problem with the highest sanitary, socioeconomic and political impact in the current century (Walker et al., 2020). Its recent emergence and rapid worldwide distribution; the exponential rates of infection and mortality; the high proportion of asymptomatic cases; and the urgent need to reduce significantly social mobility and interaction throughout the world, have put health and political systems on alert (WHO, 2020a; 2020b). The World Health Organization (WHO) has recommended several measures to deal with COVID-19, namely to increase health system capacity; to implement physical distancing and lockdown; to improve clinical, epidemiological and laboratory protocols; to identify, isolate and care for positive cases and their contacts; to promote the correct use of personal protection equipment; and to provide the right information at the right time to the right people through trusted communication channels (WHO, 2020a).

Communication efforts in the current pandemic focus on the production of culturally competent and context-specific risk communication messages for behavioral impact (WHO, 2020c; 2020d). This approach has proved essential for the development of and compliance with public health adaptive social measures at different phases (i.e., preparedness, response and recovery) and at all implementation levels. However, we argue that the

potential of communication efforts to close the gaps in the COVID-19 response worldwide won´t be fully accomplished until they do address equity-related issues.

One of the peculiarities of COVID-19 is that it affects everyone regardless of age, sex, and socioeconomic status; thus, the entire global population is susceptible. High-income countries report very high incidence and fatality rates, while a similar scenario is observed in middle and low-income countries where poverty and other social inequities are more evident (WHO, 2020b). However, the pandemic has immediate negative effects for socially disadvantaged people. Individuals living in conditions of poverty and overcrowding are at greater risk because they lack basic resources like drinking water, disinfection products and personal protection equipment. Similar situations may face the undocumented, immigrants, unemployed, prisoners, and people working in the informal sector, either those who have had this status prior to the pandemic or as a consequence of it. The elderly, homeless people and persons with disabilities are not just struggling with greater health risks. Due to social distancing, they are also likely to be less capable of supporting themselves in isolation; unable to find safe shelter; or to survive without vital support and advocacy, respectively (Nations, 2020).

Likewise, the implementation of the recommended measures varies according to the income level of countries and the governments' interests. Within countries there are also inequities between regions, provinces and municipalities, as poorer regions have fewer resources and could do less than richer regions. Access to health care is not always guaranteed for everyone and health systems collapse due to the high number of hospitalizations.

Equity gaps mentioned above, are of different kind and are expressed in relation to several dimensions acting at both individual and territorial levels. These dimensions overlap and create an interdependent system of discrimination and disadvantage, called intersectionality, which shapes individuals´ behaviors (Etherington et al., 2020). To intervene effectively in the COVID-19 response, a communicational perspective needs to take into account equity dimensions and their intersectionality. This has been recommended in guidelines and technical briefs (WHO, 2020d); but in practice, it is under-addressed in current risk communication initiatives. In the remaining of this article, we

illustrate the implications of the above for the whole communication process related to the disease.

The reception, decoding and understanding of information, and the mechanisms to trigger behavioral changes are expressed in a differentiated manner according to equity dimensions and intersecting categories at individual level (e.g., age, gender, socioeconomic status). Communication strategies are being challenged by mediations. These refer to the contexts and conditions in which meaning is provided in the reception process and can include cultural, institutional, technological and situational aspects (Orozco, 2020). Gender, social class and place of residence are few examples of individuals' characteristics that mediate their access, preferences and the way they interact with the media. These characteristics might also facilitate or hamper the understanding or accomplishment of COVID-19 measures.

For instance, "Stay-at-Home", one of the most frequently promoted behaviors worldwide, has confined individuals at home regardless of their gender, income, occupation and responsibilities. Therefore, not those who have better working and financial conditions, but who have stable jobs and carry out adaptive tasks are in a better position to deal with the economic impact resulted from confinement. Indeed, adopting this behavior has different connotations according to the social categories that individuals concurrently occupy. What would be the alternative message to those for which the confinement is not economically feasible or a safe choice? This would be the case of women in charge of single-parent families and people unstable housed, living in overcrowding conditions or victims of domestic violence, respectively. Communication efforts should promote behaviors to stop the virus spread and save lives; but at the same time these behaviors should be meaningful and practical for people.

Raising the perception of actual and potential risk in the general population, and in vulnerable individuals and population groups is one of the main calls in the current pandemic (WHO, 2020c; 2020d). Criteria to determine COVID-19 vulnerability have included mainly biological and epidemiological aspects. Consequently, messages highlight elderly and people with comorbidities as the most vulnerable. However, an intersectional analysis would allow identifying conditions that shape vulnerability patterns. For example, women have an increased risk of exposure to the disease due to their caregiver role and

as the majority of the health workforce. Indeed, women are more than three-quarters of the health professionals reported with the infection worldwide (PAHO, 2020). On the contrary, men have a higher risk of severity due to the comorbidities associated to the intersecting dynamic of sex, gender and age (Fonte et al., 2020). Comorbidities which are subject of discrimination and stigmatization such as HIV/AIDS, in synergy with other marginalized identities (e.g., drug users, sex workers, LGBTQ+ community), influence adopting certain health behaviors, exposure to risk and access to quality health services. Similarly, vulnerability of elderly could be reinforced by precarious economy, illiteracy, disabilities and exclusion situations (e.g. racial/ethnic, immigrants).

Risk communication initiatives for COVID-19 tend to assume that being at risk automatically implies perceiving the risk; which is not always the case. As a result, there are key audiences that are not sufficiently targeted; such as health decision-makers, managers and providers, among others. The high number of ill and dead health professionals due to COVID-19 in some settings suggests insufficient medical infrastructure and poorly trained staff. In such cases, communication efforts could fail at not increasing health professional capacities and risk perception; and not advocating for providing adequate personal protection equipment and for assuring timely working shifts for the frontline health personnel.

Last but not least, civil servants and other social actors involved in COVID-19 response implement local policies and strategies in a differentiated manner according to their knowledge, access to information, sensitivity to the topic and the characteristics of their territories, among other factors. Territorial characteristics such as governance, organization of services, population density, industrial development and communication capacities and resources could also bias the way information/communication is constructed, transmitted and spread.

To sum it up, communication efforts that do not recognize COVID-19 equity-related issues, are prone to reinforce stereotypes and stigmatization patterns, reproduce preexisting inequities and, consequently, limit or reduce drastically their potential behavioral impact on people with an increased vulnerability to the disease. Therefore, we encourage decision makers and health professionals from all the countries affected by the pandemic to revisit and redirect their current communication strategies towards equity

issues if needed. A more equitable response, will contribute mitigating the unfavorable health outcomes in individuals, groups and territories with socioeconomic, cultural, sanitary or political disadvantages.

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