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# Health risk messaging in 'high-end' European countries during the pre- vaccine COVID-19 pandemic

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## **PAN-FIGHT**

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# Studied Countries



Sanjana Arora, Olena Koval

## Norway Country Report

REPORT NO. 121, UNIVERSITY OF STAVANGER  
AUGUST 2022



Jörgen Sparf; Evangelia Petridou

## Sweden Country Report

RAPPORT NR. 98, UNIVERSITETET I STAVANGER – September 2021



Michael J. Deml; Alexandrine Dupras; Jimmy Clerc;  
Kamyar Kompani; Claudine Kroepfli; Emma Comrie;  
Mathilde Bourrier

## Switzerland Country Report

RAPPORT NR. 97, UNIVERSITETET I STAVANGER – September 2021



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## Germany Country Report

REPORT NO. 106, UNIVERSITY OF STAVANGER  
MAY 2022



Emma Comrie

## United Kingdom of Great Britain and Northern Ireland Country Report

RAPPORT NR. 99, UNIVERSITETET I STAVANGER – September 2021

# Why these countries?

## Similarities

- Member of OECD and The WHO
- Since 2000 have potential pandemics plan
- Affected by the H1N1 2009-2010
- Comparable social media landscapes

## Differences

- Population and population densities
- Type of government
- Relationship with the European Union
- Organisation of their health sectors
  - Norway, Sweden, and the United Kingdom are publicly funded through taxation
  - Germany and Switzerland, are funded through mandatory health insurance schemes

# Government and pandemic responses

## Type of government:

- **Germany** and **Switzerland** have weak central bureaucracy and strong regional institutions
- **Norway** and **Sweden** have unitary, but fairly decentralized systems
- **United Kingdom**, local authorities are responsible for delivery, but with strong centralized budgetary control

## Countries pandemic responses:

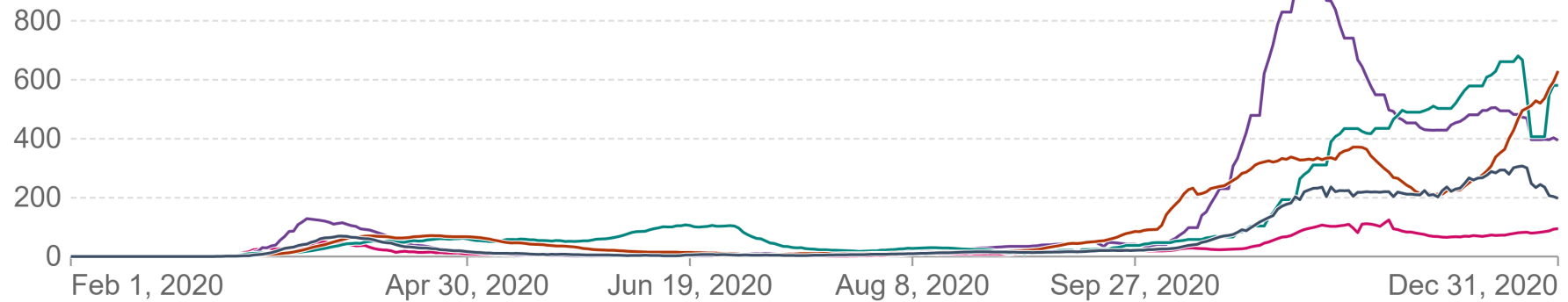
- **Germany** and **Switzerland**: Strong federal-level authority, followed by delegation of decision-making to the countries' relatively autonomous Länder (Germany) and cantons (Switzerland)
- **Norway**: enacted limited legislation for decentralized responses throughout its 11 regions
- **Sweden**: hands-off approach by relying on voluntary adherence to COVID-19 mitigation measures
- **United Kingdom**: Coordination between four nations, followed by differential rates of easing up of restrictions between its nations

# Daily new confirmed COVID-19 cases & deaths per million people

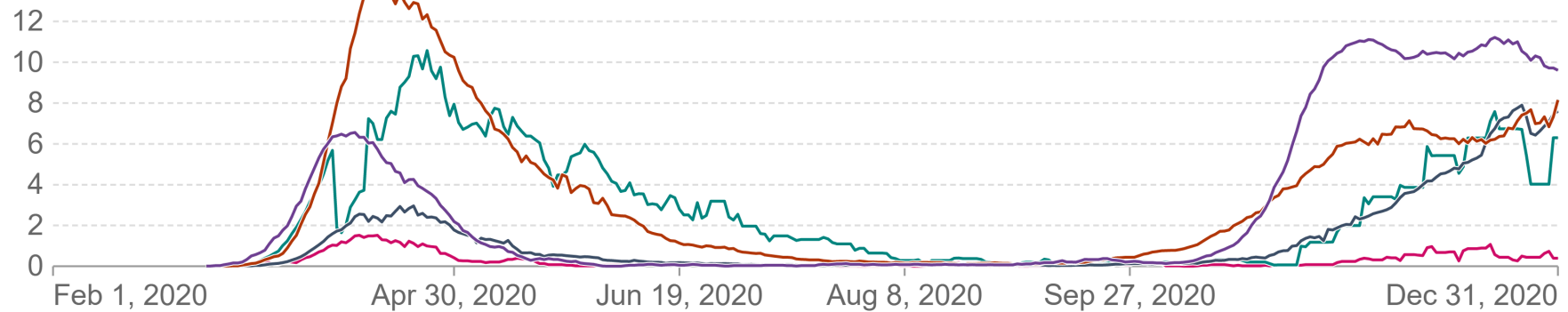
7-day rolling average. Limited testing and challenges in the attribution of cause of death means the cases and deaths counts may not be accurate.

Germany United Kingdom Sweden Switzerland Norway

## New cases (per 1M)



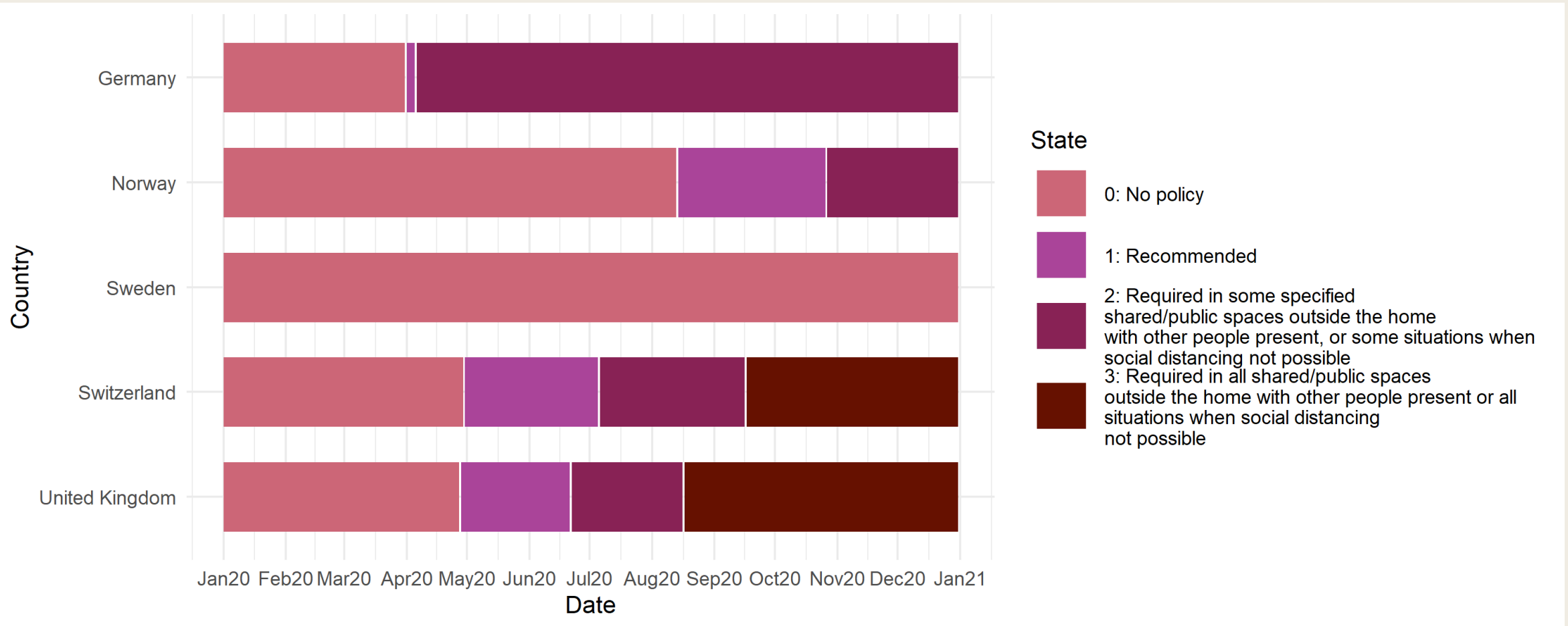
## New deaths (per 1M)



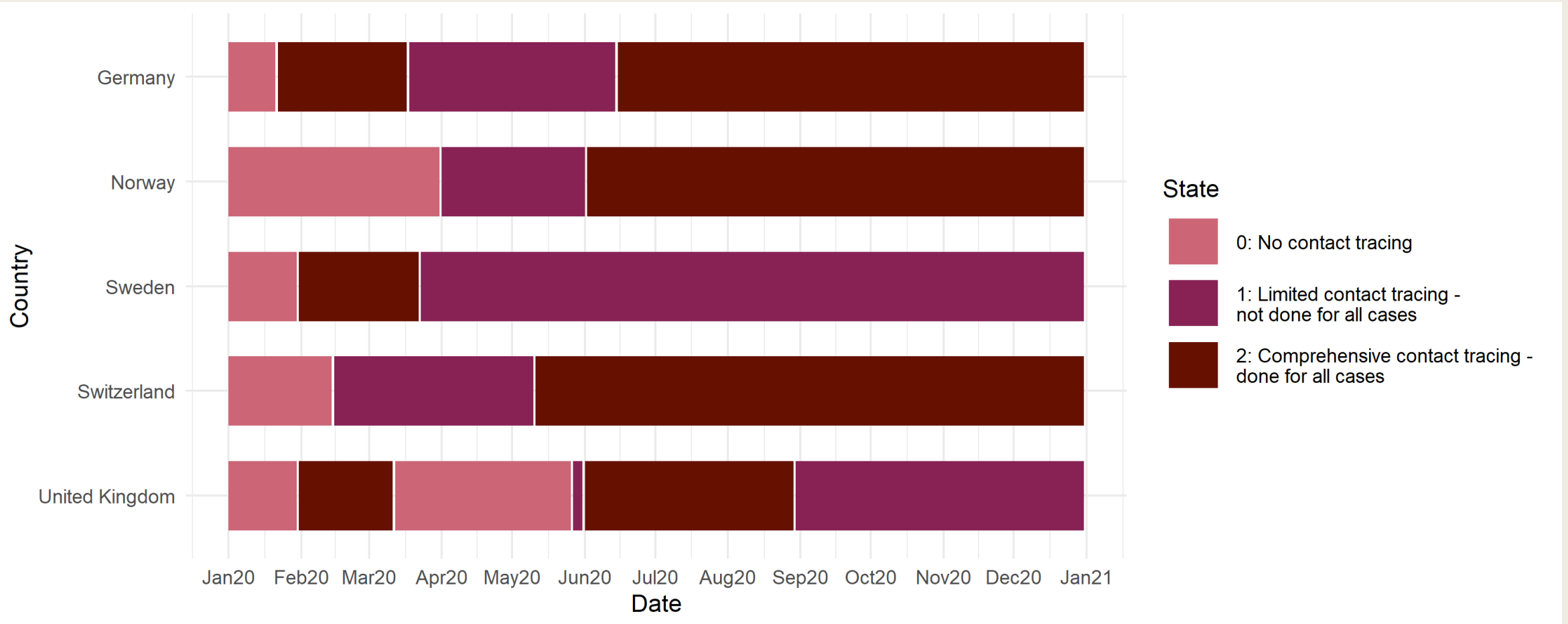
Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

# Face coverings

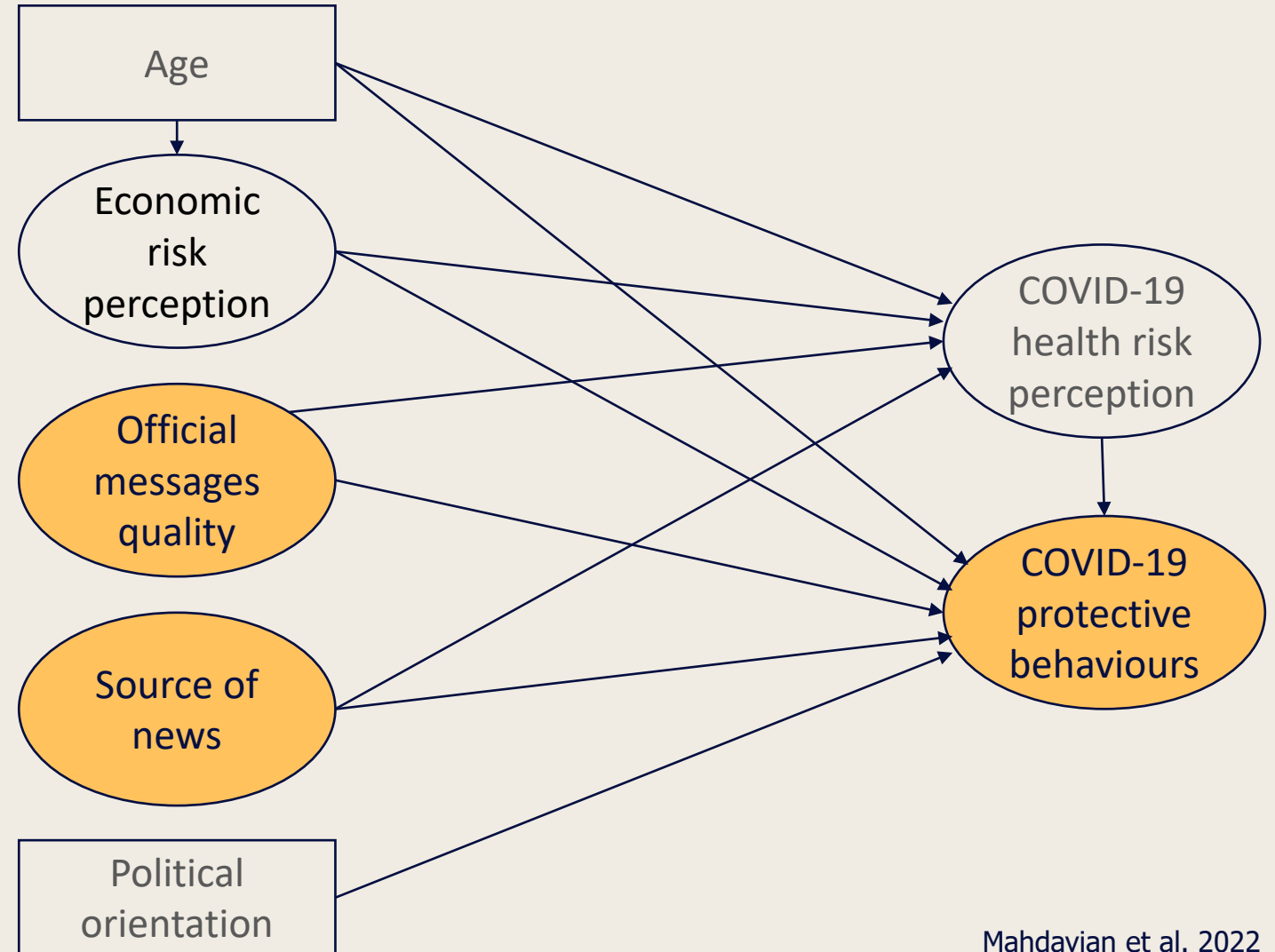


# Contact tracing



# Effect of government message on protective behaviors

	Messages quality	Source of news
Germany	0.000***	0.000***
UK	0.000***	0.019**

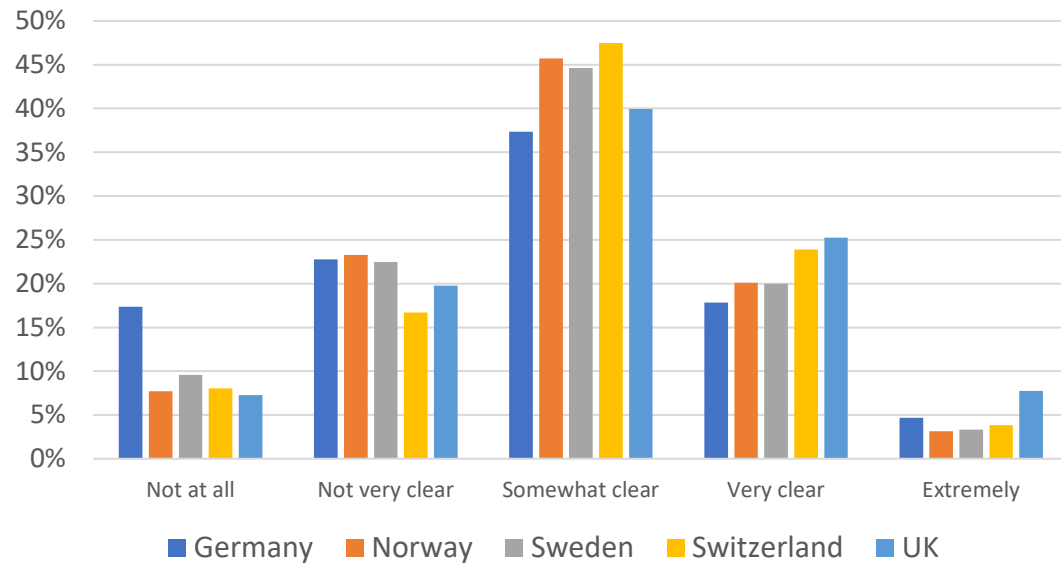


- Economic risk perception was slightly higher than health risk perception
- Economic risk perception can have negative significant effect on protective behaviors

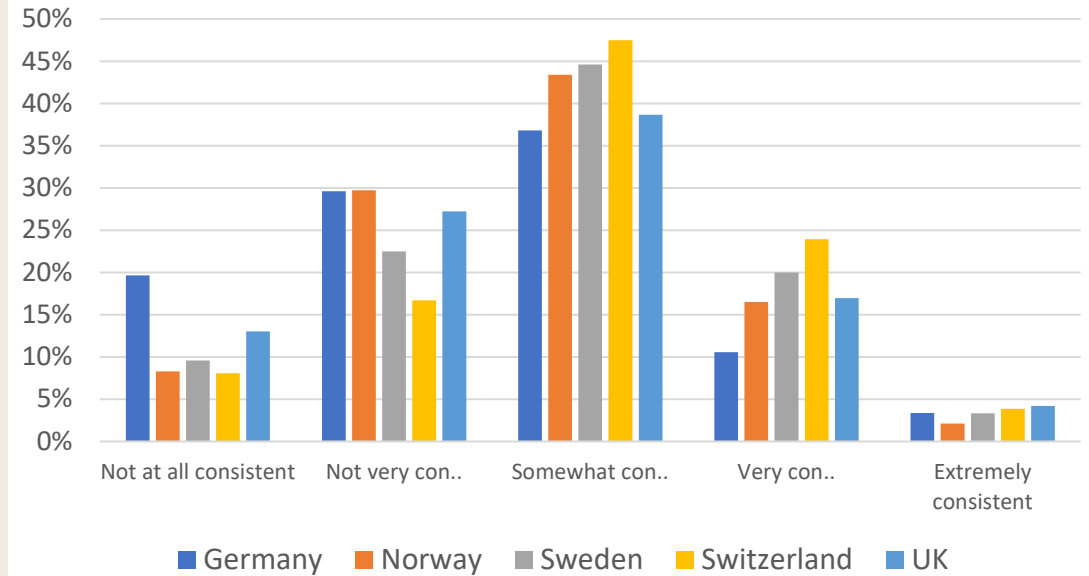


# Perception of messages quality from authorities

## Clearness of Covid-19 related instructions



## Consistency of Covid-19 related instructions



# Some findings

- Authorities **posts fluctuated** throughout 2020
- Some messages were **not targeted enough**
- **Press briefings** were a **key communication source** in all countries
- **Older people** used more traditional media and **younger people** used more social media
- **Men** perceived higher protective behavior with using **traditional media**
- **Older women** take **protective behaviors** more than men
- Use of **traditional media** positively influence **protective behaviors**
- **Message quality** effects taking **protective behavior**

# For future pandemic

- How things are **communicated** and **answered** during press conferences
- Avoid inconsistent use of **case definitions** across borders
- Need for **integrating with international bodies** using the data
- Clear communication to explain why the **same evidence is informing different decisions**
- Explanation **for changing the advice** during pandemic (mask during Covid-19)
- Make is **easier to keep up** with changing the rules
- Annual update of **pandemic plans** and linked documents
- Targetting **different audiences and objectives**
- Further studies focusing on **how the public reacted** to different messages
- **Make friend** before you need them in **media**

**Thank you for your attention**

# Main communication sources

- **Germany:** At the national level were The Federal Government, The Federal Ministry of Health, and the Robert Koch Institute. At Länder mainly level Mayors and health ministers of Federal States
- **Switzerland:** The Federal Office of Public Health (FOPH), the Federal Council and the Cantons
- **Norway:** At the national level were the Ministry of Justice, the Ministry of Health and Care Services, the Norwegian Directorate of Health, and the Norwegian Institute of Public Health. Regional communication was the responsibility of the municipalities
- **Sweden:** The Public Health Agency of Sweden, the National Board of Health and Welfare, and the Swedish Civil Contingencies Agency
- **United Kingdom:** The governments in each nation (high level updates and mitigation measures), the National Health Service (NHS) and the public health bodies.