

## Public health crisis communication response in Tunisia: the COVID-19 outbreak

" اتصال أزمات الصحة العامة في تونس: تفشي Covid-19 "

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### Abstract:

This study deals with governments dealing with outbreaks of serious diseases and epidemics that threaten the lives of people, in terms of the communication strategies that they develop and follow in order to control the situation and reassure the public. We have examined the case study of the Tunisian government to see its readiness after the emergence and outbreak of the novel coronavirus epidemic, and present the improvements that can be made in the light of what has been done and compared to what the experts recommend in this field.

**Key Words:** Coronavirus; Covid-19; Tunisian government; crisis; communication strategy.

تتناول هذه الدراسة تعامل الحكومات مع تفشي الأمراض و الأوبئة الخطيرة و التي تهدد حياة الناس و ذلك من ناحية الاستراتيجيات الاتصالية التي تقوم بوضعها و اتباعها من اجل السيطرة على الوضع و طمأنة الجمهور. و لقد تناولنا دراسة حالة الحكومة التونسية لمعرفة مدى جاهزيتها اثر ظهور و تفشي وباء الكورونا الجديد و يعرض التوصيات التي يمكن اتباعها على ضوء ما فعلته و مقارنة بما يوصي به الخبراء في هذا المجال.

الكلمات المفتاحية: فيروس كورونا المستجد؛ الأزمة؛ الحكومة التونسية؛ الاستراتيجية الاتصالية.

## Introduction:

In the event of a public health crisis such as a new infectious disease, the government can establish effective crisis communication strategies to build trust with the public and reduce crisis response time.

Facing the inexorable spread of 2019 novel coronavirus, some researchers and specialists in crisis communication like (Lanard and Sandman (2020). call governments to adjust their crisis communication with the public, particularly with regard to the effectiveness of their containment system. They remind the case of 2009 H1N1 pandemic calling officials to warn their citizens about the high likely fail of containment, in order to avoid repeating the same mistake, causing blame on governments and a lack of confidence in them for the failure of containment policies which, according to them, would succeed. The public has the right to know about risk. In other words, risk communication enables people to make decisions

and share risks by providing information to the public to make decisions about their actions.

Few years ago, the same authors have wrote an article (Lanard and Sandman (2014) about lessons to learn about Ebola crisis communication errors done by the US government in 2014. The resulting of their article focuses on four main crisis communication errors: over-reassurance; over-confidence and even absolutism instead of acknowledging uncertainties about Ebola science; misdiagnosing the public as panicking; and ridiculing the public's Ebola fears instead of accepting and guiding them.

Other authors have conducted researches about government crisis communication like Adkins who studies the US Government Network's Efforts in Hurricane Katrina. Coombs (1996) .

also considered that the responsibility of the institution in the crisis affects the crisis nature and the way in which it is accepted in light of the individual ethical standards and suggested a classification of strategies .In 1998, he summarized the elements of these strategies in two components: the information communication aspect related to providing information about crisis to the concerned parties, and the human dimension through psychological attention and awareness towards the victims.

Crisis communication refers to the different types of discussions (documentary, verbal and visual) between institutions and stakeholders that occur during all phases of a crisis. These communications allow better management of crises and a better understanding of information on mitigation and prevention of damage. they also provide specific information

to stakeholders, initiate and promote risk recovery, manage responsibility awareness, establish justification and assistance, create justification for activities, provide comments on apologies and recovery ; They aim to promote change for the better. In other words, crisis communication is an honest, quick, accurate and complete presentation of information that can help managers understand a particular event, predict results and mitigate damage. A bad communication strategy will cause fear and stigma on the public, and paralyze systems. Furthermore, people can easily distrust officials and make them confused which complicate the control of the situation.

**Problematic:**

This study aims, to evaluate the government's communication strategy for the first crisis phases of the novel coronavirus (COVID-19) based on what is recommended by international experts. Failures and deficiencies found will be discussed to give advices and recommendations that the Tunisian government could take into consideration and apply.

**Questions of the study:**

- What is recommended to make crisis communication strategies by governments?
- What Tunisian government has really done to face this crisis on communication plan?
- How the Tunisian government can do better?

**Method of the study:**

## **Public health crisis communication response in Tunisia: the COVID-19 outbreak**

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To understand how the Tunisian government is prepared to face COVID-19 outbreak and if its communication strategy is well done, first, we will present a brief overview of the novel coronavirus situation. Second, we expose what is recognized and recommended by international organizations and studies in this field in order to seek failures associated to that communication strategy especially dysfunctions of coordination on disaster mobilization and response. After that, we focus on the Tunisian communication strategy to know how it act and if it is well done compared to what is recognized. Finally we present results and discussions.

### **Significance of the study**

This paper evaluates the Tunisian government's response to the COVID-19 crisis in health establishments and examines the communication strategies of international organizations and proposes the communication strategies necessary in the current situation in Tunisia.

Additional justifications for the importance of this study lie in the perspective it takes on disaster and crisis communication. This study also proposes an expansion to the unit of analysis in disaster and crisis case study scholarship. We focused on case study approaches that examine crisis events from the perspective of a single organizational approach, it include analysis of the communicative behavior of government establishments.

### **The Aims of study**

- Exhibition of the novel coronavirus crisis situation.
- Determine what should be done in terms of crisis communication strategies relating to the novel coronavirus outbreak.

- Assess and discuss how the Tunisian government acted in response to this crisis.
- Presentation of necessary recommendations.

**A brief overview of COVID-19 literature:**

In order to understand the analysis to follow it is beneficial to first establish an understanding of the major events that took place during the pre-disaster, disaster, and post-disaster phases of COVID-19 spread.

Since being identified on 2019 in the Chinese city of Wuhan, numbers of infected by the novel coronavirus (COVID-19) are still on the rise, with a mortality rate of around 1 percent, at the time of writing.

This kind of virus wasn't entirely new, it belongs to the coronavirus family which contains many viruses that cause illness ranging from the common cold to more severe diseases such as Severe Acute Respiratory Syndrome (SARS-CoV) recognized in 2003 and Middle East Respiratory Syndrome (MERS-CoV) identified in 2012. A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans.

The SARS virus then became a pandemic, causing more than 8,000 infections of an influenza-like disease in 26 countries with close to 800 deaths.

World Health Organization (WHO) has identified around 2,500 cases of infection by MERS in 27 countries since initial outbreaks, resulting in nearly 860 deaths.

## **Public health crisis communication response in Tunisia: the COVID-19 outbreak**

---

On 30 January 2020, the WHO Director-General declared the novel coronavirus (COVID-19) outbreak a public health emergency of international concern and according to the WHO's report of 2020 march 2, 88948 cases confirmed in 64 countries around the world with 80174 in China and 8774 outside, the number of deaths reaches 128.

Despite it looks far more dangerous than SARS, the novel coronavirus hasn't been declared by the WHO as pandemic for several reasons; first, pandemic declaration takes into account who is infected and where, second, WHO director won't repeat the H1N1 mistake by declaring it pandemic in 2009, when the ease of global travel made it seem like the disease was spreading faster and more widely than it was. Third, director-general Ghebreyesus urged caution against rushing to cry "pandemic" because he says "Using the word pandemic carelessly has no tangible benefit, but it does have significant risk in terms of amplifying unnecessary and unjustified fear and stigma, and paralyzing systems".

Health professionals also declare that they'll want to delay as long as possible until they get a vaccine, which should probably be within 12 to 18 months. Although, given this globalized spread, the term "pandemic" is beginning to circulate among officials and the news media and some of them consider that it's a matter of time.

### **Crisis communication strategies implemented by international organizations:**

The Centers for Disease Control and Prevention (CDC) has proposed guidelines about Crisis and emergency risk communication (CERC) considered as the most important principles in the event of a

national crisis such as infectious disease, it recognized that it is always important to communicate relevant information quickly in crisis.

The CDC considered that understanding the pattern of a crisis can help anticipating problems and responding effectively. While every crisis is unique and develops in its own way, it presented generalized patterns to be part of most events. So crisis is divided into five phases (pre-crisis, initial, maintenance, resolution and evaluation), which are more detailed than Coombs's three stages (2007).

(pre-crisis, crisis, and post-crisis), then communicators can anticipate the information needs of the media, stakeholders, and the general public. Therefore, their communication efforts must evolve. Each phase has its own unique informational requirements.

Communication requirements are associated with each of these five phases and progression will vary according to the following:

- The event that triggered or initiated the crisis
- Level of harm
- Adequacy of the response, including the level of community resilience
- The intensity and longevity of the crisis, which will impact required resources and manpower.

Considering the COVID-19 crisis spread state in Tunisia, only the two first stages are maintained in this study (pre-crisis and initial phases) which are detailed in the following:

### **1- Pre-crisis phase:**

Crucial to determine crisis management success, this phase is where the most important planning work should be done. The lack of it causes an extreme disadvantage especially if there have been years of poor planning and lack of preparation, which would worsen a crisis when it occurs.

Crisis communication concentrates on locating and reducing risk, prevention is the top priority for the anticipatory model which employs vigilance during the pre-crisis phases to aid crisis decision making and prevention. Messages give some information about a potential crisis to help build up resistance to a negative reaction and negative media coverage (Coombs, 2010) .

During this stage initial communication strategies and messages can be draft with blanks to be filled in if a crisis occurs; stapes are shown as in the following:

- "- Identify spokespersons, resources, and resource mechanisms,
- Develop training and refine plans and messages,
- Foster alliances and partnerships to ensure that officials and experts speak with one voice and that resources are available and shared,
- Consider conducting an emergency public health communication needs assessment to clarify what needs to be done" (in the Checklist about Needs Assessment for Crisis and Emergency Risk Communication; step 4 is about establishing agreements on release authorities in order to coordinate and determine who is responsible and for what, step 5 invite communications

team to plan procedures in order to coordinate with public health response teams. In a crisis, the communication function should be part of the formal decision system. "It should also be integrated into the larger crisis response team. This usually means having a formal, recognized role. Communication and coordination can't be an afterthought").

## **2- Initial phase:**

Considered as a the warning phase of crisis, during this phase it is necessary to construct communication best practices which consist with the commitment to take appropriate action to increase readiness as a potential emergency situation looms. The communication undertaken is designed to increase ability to respond effectively to an emergency when it occurs. At the same time, the responsiveness of the teams concerned should include procedures for implementing a notification addressed to the personnel assigned to the Emergency Operations Center, the emergency management support functions and the intervention team. During the warning phase, all the notices issued can be considered as the last instructions, reminders and notices which are communicated before the chaos and confusion of a disaster or emergency. Paying attention to the wording of the notification messages will motivate the public to act in a professional and appropriate manner or, failing this, could inadvertently frighten and create excessive stress.

Particular attention is given to new technologies as long as information can flow from various sources, some of which are credible but not all of them unfortunately. These technologies as Information and Communication Technologies (ICT) nowadays allow users to immediately provide updates and publish information on the internet via social networks. Some of this information may be useful to personnel working in an

## **Public health crisis communication response in Tunisia: the COVID-19 outbreak**

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emergency operations center while others may be misleading. The multitude of communication systems like telephone systems, internal computer servers and Internet servers can also be problematic insofar as this can lead to confusion.

CERC has planned several elements that the communicator must manage, as well as the six objectives to be reached detailed as follows:

- "- Acknowledge the event with empathy.
- Explain to and inform the public in simple and clear terms about their risk.
- Establish organization and spokesperson credibility.
- Provide emergency courses of action, including how and where to get more information.
- Coordinate messages with other organizations and agencies.
- Commit to stakeholders and the public to continue communication and remain accessible."

Information transmitted at this level is very crucial so why it must simple, credible, accurate, consistent, and delivered on time. In this phase the public wishes to obtain immediately information about the situation, in particular who, what, where, when and why, thus, the communicator must provide them all needed information on time and specific facts, including the location of the crisis, on what is happening now. He must give them credible answers regarding the scale of the crisis, including possible threats, so what he must be prepared to answer quickly, accurately, and as fully as possible. It is also important to share the duration of the crisis as much as possible and to explain as much as possible who will solve the problem and when.

The manner of response should not be too exaggerated on what is known or to reassure too much. The public is able to recognize extremely optimistic statements. Such statements will reduce credibility. It is more appropriate for communicators to offer him qualifications such as "based on what we know now" or "The situation is still evolving".

The UK Department of Health has established since 2011 an operational guidance titled Communicable Diseases Outbreak management: operational guidance [15], reviewed many times after, it suggested number of standards for managing outbreaks agreed by the original guideline development working group. Communication standard invited the OCT (Outbreak Control Team) to apply the communications strategy agreed at first OCT meeting and to review it throughout the investigation. It also recommends an absolute clarity about the outbreak lead at all times with appropriate handover consistent with handover standards.

Guidance paragraph 11 sets out six measures and procedures for crisis communication strategy in the case of an infectious disease occurrence. It suggests establishing an effective communication between all members of the OCT, partners, the public and the media and maintain it throughout the outbreak.

In order to improve Risk Communication Strategies Peter Sandman presented the concept of hazard anger as a model for public perception of risk. His paper suggests countermeasure strategies by categorizing them into branches .

He also demonstrated that the behavior of the communicator as well as the communicator-community interaction has a substantial impact on

## **Public health crisis communication response in Tunisia: the COVID-19 outbreak**

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people's perception of risk. While government agencies find it difficult to reassure communities about the risks that pose small threats to health, many of the factors that determine public reaction escape them, such as risk aversion. But the way risk managers interact with communities remains under their control.

The United States CDC emphasizes “Be first, be right and be credible” as a principles for information disclosure in times of crisis (2020).When there is doubt that economic and social damage can be significant, it suggests that prompt information disclosure is needed because the ability of leaders can be evaluated (1996).

Of course, it may be advisable to postpone the announcement for reasons of scientific uncertainty and political and economic factors. However, if the crisis spreads, the rebellion and suspicion of government policy may be heightened. If you provide accurate information but have uncertainty about it, being honest can increase your confidence in the government. It also suggests that information transparency should be emphasized.

The National Center for Food Protection and Defense (NCFPD) has produced a tool for crisis analysis and planning which is posted on its website. The NCFPD tool provides three categories of best communication practices, each of which contains three elements for analysis. Strategic planning communication includes planning pre-event logistics, coordinating networks, and accepting uncertainty. Proactive communication strategies include forming partnerships, listening to concerns from the public(s), and being open and honest in communication efforts. Strategic responses include

being accessible to the media, communicating compassion, and providing self-efficacy measures to stakeholders.

### **How Tunisian officials respond to novel coronavirus outbreak ?**

In Tunisia there are two public health establishments: Ministry of Health ([www.sante.tn](http://www.sante.tn)). and National Observatory of New and Emerging Diseases (NONED) ([www.onmne.tn](http://www.onmne.tn)). which work on the novel coronavirus outbreak. The NONED publishes sometimes daily newsletters and reports([www.onmne.tn](http://www.onmne.tn)).

containing information on the new virus (history, nature, incubation, transmission, preventive methods and protection practices, etc.) as well as updated figures on the number of infected people worldwide, these data come from WOH.

These reports also contain a risk assessment for Tunisia and on this point the country is not among the list of 13 priority countries identified by WHO.

These countries and due to their direct links or the high volume of trips to China or their low scores in the basic capacities of the International Health Regulations (IHR), must increase their preparedness measures.

According to a modeling study, presented in these reports, on the risk of importing COVID-19 infection from African countries from China, only three countries have been identified as high risk (Egypt, Algeria and South Africa ). Tunisia was considered as a country with a significant risk (cluster 2) due to the exposure to the following airports: mainly the province of Guangdong (91.8%) and weakly Zhejiang province (7.9%) .

## **Public health crisis communication response in Tunisia: the COVID-19 outbreak**

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Preparedness and proactive prevention measures that have been taken by the Ministry of Health in Tunisia are presented. Based on these reports we will try to determine the communication strategy employed by the Tunisian government.

### **What about Tunisian communication strategy**

The NONED last report published on 2020 March 1 lists 10 priority implemented by Tunisian Ministry of Health, four are about communication: establishment of a Leadership and coordination body, strengthening Early Warning and Response Systems (EWAR), strengthening rapid response capacities at national, regional and local levels, improving risk communication and community engagement.

The prevention plan suggests communicating critical information on risks and events to all communities and fighting against disinformation as a secondary objective.

Among the activities already set up according to this organization:

- Collaboration between the various ministries and other public health stakeholders including in the airport sector.
- Dissemination of communication messages at air and sea entry points, to all travelers through posters, leaflets and an electronic newsletter showing travelers about preventive measures, signs and symptoms of the illness as well as the modalities of their orientation and treatment in case of appearance suggestive within 14 days of their return from the affected areas.

- A call-free number 190 (SAMU) is available to the community for information and reporting of symptoms.

On February 22, an emergency ministerial meeting was held in the headquarters of the African Center for Disease Control and Prevention, for Member Countries. The attendance of this meeting was held in the presidency of the woman and the minister of health. The conference discussed the epidemiology situation.

As media strategy response to COVID-19 outbreak in Tunisia, several awareness campaigns have been conducted in different media such as campaigns in newspapers, radio and television, especially in news bulletins that are not nearly without news about COVID-19.

The organization and the Ministry of Health re-publish video clips that were broadcast on news broadcasts on TV on their social media accounts as on Facebook, but it seems unsatisfactory, people comments and questions always remain unanswered by the ministry which testifies a lack of interactivity and exchanges and reflects a rather poor use of ICT.

### **Results and discussions of Study**

Lanard and Sandman (2020) suggest four types of containment policies: patient isolation; contact tracing and monitoring; quarantines; and travel restrictions. They consider that the first two are conventional public health measures, while the last two are much more controversial. According to them: “the difference is that the first two have less serious disadvantages than the last two - not that they are more likely to stop the pandemic. All four are unlikely to stop the pandemic, but they may be able to slow it down”.

## **Public health crisis communication response in Tunisia: the COVID-19 outbreak**

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Until the time of writing, the Tunisian government applied the first three types of these containment policies on suspect persons essentially coming from countries affected by the novel coronavirus and where victims are registered.

Concerning localization, risk reduction, prevention which constitute the absolute priority of the anticipation model and which fall under the pre-crisis phases and which reflects the level of vigilance facilitating decision-making and crisis prevention, the Tunisian government is doing its best. However, the behavior of people in certain cities, in particular the excessive devastation of pharmacies and supermarkets, doesn't give the impression that the whole public is reassured, especially after a confirmed contaminated case coming from Italy and announced by Health Ministry. In any case, if it is a minority one cannot generalize this phenomenon, additional studies and statistical data remain necessary to decide.

About the constitution of a crisis committee in Tunisia, as the Outbreak Control Team recognized by UK, it is not created yet nor for the spokesperson who is still not determined unless the officials of the NONED or the Health Ministry who play this role.

Crisis is very time-dependent of speed aspect, so it is always important to communicate information quickly, and people are most likely to prefer the first source of information. As described above, it is possible to point out that the initial public response to coronavirus proliferation is good due to various media campaigns of the government. The information provided to the public is determined during discussions with each member

on the basis of the risk assessment, but interactivity remains very limited because responses in social media, for example, are lacking.

In order to communicate with the public, the government produced educational materials such as brochures and videos as prevention and which explain how to act in case of symptoms of the disease, it distributed them through the media and press releases. In addition, telephone consultations were conducted 24 hours a day by phone.

The aspect of information accuracy is very important too, it increases reliability. The information provided should include known information, scenarios and alternatives to uncertainty. Excessive optimism can lead to easy countermeasures. This is not the case here because despite only one confirmed infected case, the countermeasures in Tunisia has not decreased on the contrary they have been amplified.

The US CDC and the UK Public Health England have formed a dedicated public health communications team to implement effective risk communication and crisis communication strategies all over the public health crisis phases. In Tunisia, there is an urgent need to prepare a plan for risk communication strategies in anticipation of the public health and to constitute committees of experts.

### **CONCLUSION:**

The rapid development of the novel coronavirus, unknown and without a vaccine, in the world suggests that we are heading towards a pandemic. In order to discuss the uncertainties about the risks to public health and develop systematic responses, efforts should be made in particular by establishing a common risk communication strategy. Experts in

## **Public health crisis communication response in Tunisia: the COVID-19 outbreak**

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communication on risks to public health must be trained. Risk communication professionals also should be able to respond quickly and effectively by collaborating with experts and media groups in various fields.

Anyway, this study took into consideration only a few parameters and neglected others; like the new ministerial reshuffle of the Tunisian government after the last legislative elections, which requires further future complementary studies. Moreover, we focused only on the first phases of the crisis which is at its beginning.

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