UKRAINE

SUPPORT TO UKRAINE FOR DEVELOPING A MODERN PUBLIC HEALTH SYSTEM

Report on Experience and Best Practices in Europe in COVID-19 communications

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MOVING FORWARD **TOGETHER**   PUBLIC **HEALTH**
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SUPPORT TO UKRAINE FOR DEVELOPING
A MODERN PUBLIC HEALTH SYSTEM

Report on Experience and Best Practices in Europe in COVID-19 communications

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List of abbreviations

ECDC	European Centre for Disease Prevention and Control
EU	European Union
MoH	Ministry of Health of Ukraine
NIPH	Norwegian Institute of Public Health
Project	the EU-funded "Support to Ukraine for developing a modern Public Health System" Project implemented by the GFA Consulting Group GmbH in consortium with the Finnish Institute for Health and Welfare
UPHC	Centre of Public Health of the Ministry of Health of Ukraine

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Acknowledgements

1. Executive summary

This report provides an overview to the best practices in COVID-19 communications applied in European countries. The report presents multiple approaches to good crisis communications in general and highlights the most relevant themes specific to the COVID-19 pandemic response. The theoretic part covers the key principles, phases and target audiences during the pandemic and provides understanding on some of the most relevant topics specific to this crisis including the phenomenon of pandemic fatigue, addressing disinformation and the diverse role of social media.

The information in this report draws from the experience of several European experts in COVID-19 comments that have been interviewed in the making of this report. The report has been compiled and edited by authors with first-hand professional experience of the working with COVID-19 crisis communications in Finland.

The theoretic overview is complemented with case studies from Finland, Luxembourg, Belgium, Norway and European Centre for Disease Prevention and Control. These case studies offer insight on how the guidelines have been implemented in real life situations and they also provide concrete examples that can be tailored into another country and context, whether it is crisis communications or on a more general level. The case studies feature several COVID-19 campaigns, interventions and tools for communications.

The report concludes by pointing out how various European institutions have shared several similar goals in their pandemic communications regardless the unique situations in each country. Some of the salient themes in various countries include the necessity of building and maintaining trust, using a target audience focused approach and frequently reassessing communications strategy in the prolonged crisis.

This report concludes in recommending applying some of the good practices in Ukraine, including area of target audiences, measuring, partnerships and behavioural science.

2. Introduction

This report has been produced as a part of the project *Support to Ukraine for Developing a Modern Public Health System*. The importance of effective communications is highlighted during a crisis, for which COVID-19 serves as a good case example on how to develop, implement and measure strong communications strategies.

This report is the key deliverable for the activity "*Report on experience and best practices in Europe related to COVID-19 pandemic communication, assessment of application in Ukrainian context and application of some best practices.*"

This report provides information on experiences and best practices from Finland and other European countries that have an excellent track record on COVID-19 communications and similar roles in pandemic communications to Ukrainian Public Health Center and Ministry of Health in Ukraine.

This report has been compiled using expert interviews from European countries and complemented with commentary from the viewpoint of the Finnish experience. The report also provides an analysis on applying these practices into Ukrainian context and therefore some of these good practices are presented in the annexes in order to facilitate their review and tailoring for Ukrainian context.

The experts interviewed for the report have been chosen by communications professionals at the Finnish Institute of Health and Welfare (THL), based on background conversations and recommendations of the health security experts and communications colleagues both domestically and internationally.

3. Objectives

The objective of this report is to provide deeper understanding in crisis communication strategies implemented in the context of COVID-19 communications in European countries and pinpoint best practices recommendable for applying in Ukrainian context.

The report is complemented with source materials and training in order to facilitate implementing the most suitable actions, models and solutions into Ukrainian context.

4. Methodology

This report was compiled in conjunction from source materials gathered trough international expert interviews, professional experience of the authors and supporting online sources.

Marko Lähteenmäki and Saana Ihamäki, authors of this report, have been working closely with COVID-19 communications throughout the pandemic, and the Finnish experience presented in the report is widely drawn directly from first-hand professional history and with consultations from colleagues.

The experts interviewed for this report were chosen from European countries, which have had notably good experiences in COVID-19 communications.

The interviewed experts are the following:

- Christina Rolfheim-Bye, Communications Director, The Norwegian Institute of Public Health (NIPH).
- Arnaud d'Agostini, Head of Marketing and Communications, Luxembourg Institute of Health. D'Agostini is also a member of the national COVID-19 Task Force.
- Caroline Joris, Information Campaign Manager, Chancellery of the Prime Minister in Belgium.
- Andrea Horvat-Kramaric, Head of Communication, European Centre for Disease Prevention and Control ECDC.
- Lotta Siira, Senior Researcher, Finnish Institute for Health and Welfare
- Jussi Toivanen, Chief Communications Specialist at Finnish Prime Minister's Office

5. Findings

5.1.　Key Principles of COVID-19 Communications

It is important to note, that while the epidemic situation and its communicational needs can vary even as often as daily, there are several key principles that should always be noted whenever communicating about COVID-19.

Openness and transparency. Besides proactively sharing new information, it is important to actively provide context for the new information presented and share information about the uncertainties. A sudden health crisis involves several uncertainties as new information is constantly accumulated, and therefore being open about scientific and other disagreements or uncertainties must be done, despite being challenging, as it is necessary for maintaining the trust of the public and other stakeholders. Whenever making decisions, their background and source materials should be shared as widely as possible.

Building and maintaining trust. There is a wide body of evidence that higher trust in authorities correlates with compliance to the protective measures. Ideally, the trusted networks are built and maintained before, during, and after the crisis. To reinforce trust, it is important to listen to the concerns, hopes and different backgrounds of the stakeholders and implement these into further activities. Messaging that encourages trust is clear, accessible, uniform, and repeated.

Proactivity and timeliness. In order to maximise the effect of communications, timing should always be optimised. Preparing and planning communications for various stages serves as a backbone for effective messaging, as pre-empting misconceptions is significantly more effective compared to debunking false information that is already spreading. In a crisis timeliness also requires actively preparing for risks. Common risks can surface from contradicting attitudes, mixed messages from different organisations, and messages that are badly timed or hard to understand.

In addition to striving to these goals within each organisation, **cooperation between organisations** should be prioritised. The jurisdiction and key roles have been divided among various ministries and other organisations during the COVID-19 response. This also means that communications are being operated in multiple organisations, creating polyphonic messaging. This itself can be complicated especially for audiences that are unfamiliar with the roles and responsibilities of public organisations in a crisis. Thus, it is essential for organisations and their communicators to cooperate actively in order to ensure that the messaging is uniform regardless the

organisation and furthermore to maintain clarity of the areas of responsibility in each organisation. These good principles also apply in coordinating national and regional communications activities, as this can greatly enhance the impact of communications activities in both levels.

5.2.   The Phases of the Pandemic

In the context of this report, the timeline of the pandemic has been divided into three phases, which all have distinctive key challenges and communicational goals.

Firstly, the initial period. Often in the beginning of a crisis, a vast majority of people are able to absorb a large amount of new information and regulation. This surge capacity is based on mental and physical adaptative systems that are helpful in surviving short-term stressful situations. In this phase, the demand of information is significantly higher than the supply. Thus, it is important to actively and openly report the ongoing situation and offer prompt to-the-point instructions. In Finland, like in many other countries these instructions included familiar protective measures for respiratory illnesses including hand and coughing hygiene, social distancing and later on face masks.

In the first phase it is key to follow the basic principles of COVID-19 communications presented earlier and ensure that critical information reaches all audiences. Internally, communication tasks and roles within staff should be clarified instantly and start recruiting the necessary extra workforce making sure that the extra workload due to additional tasks will be covered. In addition to staff resourcing, it is crucial to build well-functioning and secure IT systems so teams can collaborate and work without interruptions, especially when working from home.

After the initial shock settles in and the difficult situation continues, pandemic fatigue can arise, as individuals need to adapt into a new way of coping in the longer run. While the phenomenon is affected by multiple different behaviours and perceptions, pandemic fatigue can be understood broadly as being de-motivated to follow recommended protective behaviours. According to the WHO, pandemic fatigue is an expected and natural response to a prolonged public health crisis – not least because the severity and scale of the COVID-19 pandemic have called for the implementation of invasive measures with unprecedented impacts on the daily lives of everyone, including those who have not been directly affected by the virus itself.

The fatigue can be observed through lowered uptake of protective measures, lowered mental wellbeing and insecurities regarding the situation. When detected, it is important to raise awareness, manage expectations and motivate the audience. For developing better tools, it is useful to reach out other communicating stakeholders, collect feedback

from target audience and develop easily understandable guidance on how to reduce risk in everyday life by being clear and precise. In practice, while the instructions often remain the same, encouraging messaging should be used to tap into individuals' self-efficacy to continue following the recommendations and to reinforce the social norm of desired behaviours.

The third and the latest phase is the roll-out of vaccinations. This phase brings change to the long-continued crisis yet requires significant management of expectations and widespread educational and encouraging communications. It is useful to build this phase of communications based on the best practices from earlier national vaccination campaigns whenever applicable. Some of the key messaging in this phase includes e.g. how COVID-19 vaccines are voluntary and free, how vaccines are one of the most effective ways to prevent infectious diseases and therefore being crucial solution for exiting the pandemic, highlighting the goals of vaccination such as reducing severe cases, the timeline of the vaccine rollout and vaccination order and lastly, the safety matters of the vaccines.

Knowing your audience is important in all phases of the pandemic when you're developing content and planning communications interventions and activities. It is also important to remember that people's perceptions change over time. What is interesting today is not necessarily interesting the next month. One relatively easy to use approach for keeping up with people's opinions and expectations is social listening.

The social listening process involves monitoring social media channels for posts which include specific keywords or topics and analysing all posts to reveal the common themes and the expected conclusions.

It can be done through different online tools which gather social media posts that are relevant to a campaign or topics in question and analyses the stored information to find insights and trends.

If such tools are not available, one can also do qualitative analysis on social media discussions on certain platforms or direct messages addressed to certain organisation. After mapping most important issues, tone of voice of the discussions etc. it is easier to choose the best set of communication interventions for the situation in question.

With social listening you can discover insights such as:

- What are the different opinions that social media users have about COVID-19 pandemic?
- Who is talking about pandemic, protective methods or vaccinations?

- What social media platforms are mostly used with these topics?
- What topics are most relevant for different audiences just now?

5.3.   Target Audiences

Communicating the pandemic involves the whole society. In order to fully benefit from the principles presented in section 5.1., the communications need to be suitably tailored for each target audience. For COVID-19, three main target audiences can be distinguished, who are crucial for successful communications.

Firstly, there are the decision-makers. In order to attain communicational goals, the decision-making stakeholders need to uphold strong coordination and communication within and between organisations. These stakeholders need to aim for common understanding of the shared goals, roles, and wordings to use in their communications. Successful outcomes require timely and influential communication activities from the decision-making parties.

Secondly, healthcare professionals. This group is an essential target audience for two main reasons. Not only they are responsible for carrying out key activities like patient care and testing, but they are also often the only direct contact with citizens and thus they exert a great influence on the opinions and attitudes the general public form regarding COVID-19.

Thirdly, there is the general public. While there are many sub-groups within the public, such as different age groups and minorities, there are some key principles that are essential while communicating to the general public.

Furthermore, media should be considered as a vital stakeholder regarding all the target audiences mentioned above. In various cases, a high degree of media's access to experts has been essential in building trust within the media and the public. Clear media communications alongside with clear contact details help journalists to do their core tasks, and these relations can be fortified by providing an open helpline for journalists. In addition to maintaining access and openness in communications, frequent cooperation is helpful in nurturing strong relations. Frequent press conferences are a useful way to help journalist to get interviews on key issues, in a quick timeframe and from the correct experts. During COVID-19 many organisations also report hosting more informal yet frequent press briefings, so that journalists can meet and talk to professionals – both for interviews and just to learn about the virus, measures, and related topics. These briefings can help media to deepen their understanding of the matters beyond the daily events.

Serving all target audiences and following the principles presented above, require thoroughly planned resourcing. While every country is unique, the activities that need resourcing often have similarities regardless the country-specific situation. Tasks that need staffing include web page editing and publishing, social media moderation, handling press relations, writing press releases, making communication materials and campaign activities etc. Beyond individual tasks, it needs to be made clear which are the working hours and should the staff be available in multiple shifts, and the responsibilities on evenings and weekends.

As the workload in responsible organisations can grow significantly during a crisis, necessary recruitments should be made without any delay. Furthermore, there are several tasks which it should be considered whether they should be executed in-house or bought as a service. Some tasks that often recommendable for buying include campaign planning, graphic materials and media buying, larger IT projects, streaming services for events and translations. Tasks that require deep understanding of the subject matter, tight cooperation with experts or expertise in a very specific area of communications should primarily be kept in-house as much as possible.

5.4. Disinformation and Misinformation

The Internet is overflowing with health-related information. There is just so much of it that anyone can sometimes find it difficult to distinguish reliable and unreliable information. This is the case also related to COVID-19 pandemic. As mentioned earlier pre-empting misconceptions is often easier compared to debunking false information that is already spreading. That is why it is important for communicators to recognise the main forms and topics of disinformation related to COVID-19 pandemic.

It might also be useful to educate public how to recognise false information. These questions can help in identifying incorrect information:

1. What is the basis for the information or claim? Does the publisher directly tell you where the information comes from? Are the sources quoted correctly?

2. What do you know about the publisher? If the new, stirring information is only found on one social media account or on an unknown web page, this should get the alarm bells ringing. Check to see if one of your known, trusted news channels has published anything on the topic.

3. Is it a fact or an opinion? Sometimes people try to express opinions as facts.

4. Who will benefit from this? Consider whether the allegations are being disseminated by a person or organisation that can benefit from them politically or commercially.

5.   Would you cause unnecessary panic or confusion if you spread this information? Studies show that people easily trust social media links shared by their family and friends. Don't mislead others if you yourself are not sure about the matter.

European commission has provided useful facts how to recognise and tackle with COVID-19 myths (in English):

https://www.europarl.europa.eu/news/en/headlines/society/20200326STO75917/disinformation-how-to-recognise-and-tackle-covid-19-myths

6. Case Examples from European countries

The following case studies have been collected from interviews with experts in the process of making this report. These case studies can be used to serve as model and to draw inspiration, whenever planning similar communications activities in Ukraine.

6.1.   Multi-channel approach: Case Norway

In all countries presented in the report, active use of target audiences has played a crucial role in COVID-19 communications. The Norwegian case presented in this section provides insight on how to optimise social media channels and web portals in a target audience focused manner.

In Norway, there are altogether five social media channels used for distributing COVID-19 information. Four of the accounts are on Facebook and Instagram, which are frequently used platforms by many Norwegians. All the channels have a determined target audience, which are the following:

● A Facebook page for the public in general (in Norwegian only): https://www.facebook.com/folkehelseinstituttet.no
● A Facebook account for healthcare professionals: https://www.facebook.com/helsekunnskap
● Instagram account particularly for the younger population, and the layout style is especially for this group: https://www.instagram.com/folkehelse_ung/
● Instagram account for the public in general: https://www.instagram.com/folkehelseinstituttet
● Twitter account, which is used less frequently, and mainly to reach media and other professionals is used also in answering questions and to correct false news and conspiracies. https://twitter.com/Folkehelseinst

The target audience approach is also present in Norwegian webpages regarding COVID-19. There are altogether three main portals:

- The fhi.no (Norwegian Institute of Public Health (NIPH) web page) has been extremely well used. This is a web page with information towards the health professionals, guidance papers for several sectors and in-depth information for the public and media.
- A common web page especially for the public; helsenorge.no, which is especially designed for the public's needs, including a chat bot and several Q&As. This web page links to in depth information on NIPH's web page.
- A separate web page for the vaccine programme, in English here: https://www.fhi.no/en/id/vaccines/coronavirus-immunisation-programme/

6.2.   Social Media Listening: Case Luxembourg

Besides using social media to distribute information, various of the international experts consider social media to be an important part of monitoring the public's knowledge, attitudes, questions, and uncertainties.

Arnaud D'Agostini from Luxembourg underlines that social media community management is something that should be emphasised during a crisis. To do so, the Task Force in Luxembourg hired an agency to help their community management monitoring social media engagement, answering questions, addressing disinformation by providing facts, and also blocking users when necessary. The qualitative data acquired from social media has been used to gain understanding in which areas the information is well understood, respected, misunderstood, difficult or unpopular.

These incoming comments have been actively used for internal learning, and more concretely as a tool for planning press conferences and other communications activities.

In order to process the high masses of comments, the Task Force traced and accumulated qualitative data on the sentiment of the commentators. When doing so, d'Agostini warns not to get too fixated on the negative sentiment, as negative commentators tend to be more active than the positive ones. Instead of looking at the ratio of negative and positive, it is more important to understand the issues behind the sentiments.

6.3. Leveraging Behavioural Science: Case Finland

According to the leading experts in behavioural sciences in Finland "research has created an agenda for an increasing number of behavioural science projects and operating models, including in the EU countries." This paragraph provides background and concrete tools on how to leverage behavioural science in crisis communications.

In the beginning of the COVID-19 crisis the Prime Minister's Office founded the Behavioural Advisory project, aiming to improve the stronger response to the challenges spanning from the COVID-19 crisis. The project develops and tests new way to apply behavioural science knowledge and insights into planning and implementing communications activities and assessing behavioural impacts.

The working group of the project consisted of many prominent specialists from the field of behavioural sciences. Two public deliverables from this project were tools to support and strengthen communications on COVID-19 measures by making the messaging more human-centric and easily understandable.

The first tool, *Supporting self-determination with communications*, focuses on instructions on how to create permanent change in behaviour without counter reaction. The second tool, Checklist for coronavirus communications promoting behavioural change, focuses on key principles on effective COVID-19 communications and is also applicable in other contexts.

Both aforementioned tools are available in the Annexes of this report.

6.4. Large Scale Testing Campaigning: Case Luxembourg

COVID-19 strategies have been under constant revision and development during the crisis, which has created numerous needs to campaign initiatives that are entirely new to the society. When campaigning new and important initiatives, it is often better to break campaigns into multiple stages in order to keep on learning and optimising the activities.

In Luxembourg, the COVID-19 Task Force was responsible for campaigning the uptake of Large Scale Testing, a voluntary and free access for regular testing for people that have not yet had the possibility to get vaccinated. After a negative result, the citizen receives a negative COVID-19 test certificate in European format.

The campaign was divided in three stages. In the first phase, the primary goal was to convince people for regular testing, as there were lots of challenges regarding the testing, e.g. doubts on reliability of PCR tests. The first phase was executed with quick schedule and a low budget, for which the campaign was intentionally kept short and to the point. In this campaign, a flyer was sent to every mailbox in Luxembourg with the support of governmental distribution. The same messaging was also replicated to social media and radio, in order to ensure the maximum coverage of media users.

The first campaign video on Youtube: https://www.youtube.com/watch?v=k1xgOJSjreM

After the first campaign, instead of simply informing about the testing scheme, the goal became to encourage people to get tested by generating a big boost of visibility to ensure a top-of-mind awareness of the issues.

The second campaign, also called Say#AAAH -campaign, was based on the approaching summer. The name refers to the sound of opening mouth before a COVID-test, which was brought to life by featuring various celebrities. The playful viewpoint to the campaign was linked to approaching summer and conveyed a message that through active testing the virus is easier to contain and therefore testing is a way to spend summer more freely.

The second phase was made with bigger budget and a longer schedule, which permitted using higher production quality and multi-channel media plan. D'Agostini underlines that powerful media distribution is also very important besides the production quality of the campaign materials.

The second campaign video: https://www.youtube.com/watch?v=HIHY_6NhuOU

The results of the first two stages of the campaign were actively monitored and the numbers were used for constant optimisation. Although the second campaign successfully raised awareness and visibility, the qualitative feedback and sentiment from social media suggested that people still had many questions and doubts regarding the testing. Therefore, in the third stage of the campaign, the Task Force took a step back from the humorous approach and focused on explaining the concerns from a more fact-based perspective.

The third campaign video: https://www.youtube.com/watch?v=Ws6l7vraL60

6.5. Communicating to Children: Case Luxembourg

Everyone, including the children have been affected by the crisis. Communicating for children requires close cooperation with the experts and succeeding one of the hardest tasks in science communication: making the information simple yet keeping it accurate.

Many of the Luxembourg COVID-19 Task Force members are parents themselves, for which they quickly noticed the pandemic affecting their children. With their in-house creative team, they created a series of simple comics about COVID-19 for children on simple questions like what a virus is and how to prevent from becoming sick.

All the comics were made in collaboration between the scientists and communicators, and they were tested with non-scientists before publication. The testing ensured that the content was kept simple enough.

To promote the cartoons, traditional public relations were used with great reception. The medias picked up the story and the visibility resulted in numerous contacts from schools and individual parents. The authors also openly invited parents to send in their children's questions.

The comics are available at: https://www.lih.lu/page/tell-me-why

6.6. Measuring Effectiveness of Campaigns: Case Belgium

While measuring communications in a crisis might not always be accurate, tracking and analysing both qualitative and quantitative data can provide extremely valuable insights for future activities.

The Ministry of Health in Belgium has leveraged a detailed framework of key performance indicators (KPIs) for measuring how powerful their multi-channel campaigns are. In broader terms, the campaign effectiveness is divided between creative quality and media choices. In this framework, the creative quality counts for 49% and media choices for 51%.

Table 1. The campaign effectiveness framework from Belgium

Creative quality (49%) measured by:		Media impact (51%) measured by:		
Effective reach	Evaluation	Reach	Frequency & Media Synergy	Budget
Campaign seen	Likeability	Effective Reach	Media Mix	OOP Investment
Frequency Campaign seen	Understanding	Delivery	Targeting	Negotiations
Most impactful channel	Credibility	Viewability	OTS	
	Necessity	CTR		
	Motivation to follow the rules			
	Follow more the rules			
Power of the campaign (100%)				

In Belgium, the campaigns have been divided into four waves. The first two campaigns, *6 golden rules against coronavirus* and *All together to beat coronavirus* focused on informing and motivating the public. Third wave, *Hold on, together we'll make it happen* aimed towards creating a boost in following the protective measures. Lastly, in the fourth campaign, *Step by step, we can beat the coronavirus. All together,*

the messaging focused on informing on how to protect oneself when vaccination situation is improving and summer approaching.

Some of the valuable insights Belgium gained from using their framework are the following:

- TV and radio campaigns were crucial in reaching the audience. They were also the best channels for memorisation, even for younger target groups.
- The wave one and two have had the most effective impact, when comparing the motivation to follow the rules between the people having seen the campaign and the people not having seen it. One can conclude that giving positive perspectives and adding emotion are positive drivers to respect the rules more. These same factors also had a positive impact on remembering the campaigns.
- The wave 1 was considered the most credible. This can also be explained because it is the first one, yet the emotional campaigns were systemically found less credible and more factual campaigns the most credible.
- The waves that were found to be the easiest to understand are the wave 3 and 4, indicating that informative and contextual campaigns are the ones people easily understand.
- Likeability is a challenging KPI when communicating about a pandemic. Regardless, the most liked campaign, most likely because it was the first. More interestingly, the last campaign became the second most liked. One can argue that giving perspectives have a positive impact on the likeability of the campaign. The campaigns in general were less liked by the younger target groups.

6.7. Pre-testing of Campaign Materials and Measuring the Results: Case Finland

Besides measuring campaigns after running them, it can be extremely valuable to test the campaigns beforehand with a selected audience to reduce risks and to maximise impact. The Finnish Institute for Health and Welfare used quantitative and qualitative analyses for their COVID-19 vaccination campaign both before and after campaigning.

The pre-testing was carried out to determine the most effective concept creatives and texts for the campaign. These tests were carried out through qualitative focus group interviews and a quantitative online panel.

As the first step, the creative agency was briefed by a multi-disciplinary team from the institute including specialists in infectious diseases and its communications,

disinformation and marketing communications. As a result of the briefing, the agency developed four different concepts with two variations each, in total of 8 choices.

These creative solutions were narrowed down to three options by the same specialists involved in the first phase and modified for testing. The concepts were sent out for testing in two manners: a quantitative analysis with a sample size of 1000, and two qualitative focus group discussions with 8 participants in each.

The main topics of the qualitative discussions covered participants' general attitudes towards COVID-19 vaccine, trust towards health security experts including the Finnish Institute for Health and Welfare and spontaneous opinions on all three concepts. After the spontaneous remarks, all three concepts were discussed individually to identify which factors of the concept worked and which didn't, and how effective they are in activating to take the vaccine. The conversational setting enabled the facilitator to ask further and more spontaneous questions throughout the session.

The quantitative questionnaire contained a very similar structure, and in addition the respondents were asked to rate the concepts on a sliding scale, how much the following factors applied on each concept individually:

- annoyingness
- ability to motivate
- interesting
- relevance

In addition, the respondents were asked to rank the concepts from best to worst on similar attributes. The respondents also had the chance to give open feedback, which were later categorised in order to find overlapping themes in the responses.

In order to ensure the quality of responses, the concepts were presented in different order for different groups and respondents. The texts and visuals were also presented together and separately.

When analysing the results, some of the key target audiences were observed with greater detail e.g. the healthcare professionals for exerting great influence on their patients and customers, people still undecided whether they are getting the vaccine to pinpoint the key concerns and younger population as in that time they had reported slightly lower motivation to get vaccinated.

The final choice was made combining all these factors. While one of the concepts was generally disliked in all groups, two of the other concepts were competing on popularity

in different attributes and audiences. The chosen concept was generally found to be the most informative, least annoying, and most relevant throughout the respondents.

The chosen campaign was carried out and some of the feedbacks were used in designing the texts and supporting materials for the campaign. After the campaign, another quantitative panel of 1000 respondents was carried out in order to reflect the campaigns' performance, to reiterate some of the questions regarding the attributes and attitudes towards vaccines and the organisations presented in the first panel and to find insights for planning the following campaign activities.

As estimated, the campaign was perceived as important and informative, and the annoyingness was on a low level. The older generations reported most positive attitudes and also the highest uptake of vaccines, for which the following campaign activities have focused on younger audiences, and the messages have been tailored based on the feedback.

6.8. Strengthening risk communication activities: Case ECDC

European Centre for Disease Prevention and Control ECDC indicates that strengthening member states' risk communication activities has been their focus on COVID-19 communications activities. They have identified four main target groups to reach: media, general public, policy makers and healthcare professionals.

Their focus has been on explaining complex topics in a simple way so that their communication outputs can help people in Europe make informed decisions about their health and the health of others, whether it is in in personal or professional capacities – as is the case of e.g. policy makers or healthcare professionals.

They did so by:

- Organising a website with most important COVID-19 information
- Organising effective media service for journalists
- Producing easy to use infographics, posters and videos for member states to use.
- Establishing partnerships with Facebook, Twitter, and Pinterest, to enhance social media outreach.

The materials can be found from following links:

- Infographics:
https://www.ecdc.europa.eu/en/health-communication/communication-tools/infographics
- Videos in ECDC's YouTube channel:
https://www.youtube.com/channel/UClTKA4g2BdD2THYNJp1DMqA

ECDC updates on Facebook, Twitter and LinkedIn:

- Facebook https://www.facebook.com/ECDC.EU
- Twitter https://twitter.com/ecdc_eu
- LinkedIn https://www.linkedin.com/company/ecdc/

7. Conclusion

Yet all the countries and their cases presented above have their unique characteristics, there is a multitude of practices and principles that have resulted effective in various countries.

One of the most salient topics in each interview was the role of trust. The level of trust has been measured and followed, and initiatives such as organising frequent cooperation with the press are some of the examples on how trust has been crucial for communications. Trust cannot be built overnight yet gaining trust of the target audiences is a requirement for successful crisis communications. Thus, this is something that can and should be worked on after this crisis as well, preparing for the next crisis.

Furthermore, another prominent topic in compiling this report was tailoring the messaging for target audiences. This applies to tailoring content for different audiences, such as the comics for children, choosing and building channels with clear target audiences, such as social media and online portals and using strategic multi-channel approach in campaigning in order to reach all wanted segments.

The role of social media has been more crucial than in any public health crisis before. Many of the organisations have widely taken advantage of the fast-paced and cost-efficient nature of social media channels. Beyond these convenient properties of social media, various organisations reported using social media for listening the concerns and systemically track the sentiment of their audiences, in order to pinpoint issues that require further communications. This is yet another important insight that is useful to integrate into communications also outside crisis.

As it can be clearly seen, the prolonged crisis has had different phases and therefore varying communicational needs, which also means that the communications strategy needs to be flexible and constantly developing. Despite the difficulty of measuring communications during a crisis, using consistent measuring tools such as KPI's and carrying out qualitative questionnaires are very useful for optimising communications efficiently.

8. Recommendations

It is important to note, that Ukraine has made a remarkable progress in communication of COVID-19 related messages along with other European countries since the pandemic has started. Until the citizens of Ukraine had weak access to the information on COVID-19 and the statements of the government were inconsistent, the panic was there. However, the behavior change started when the explanatory work was set up: the separate website linked to the MOH with most important information on COVID-19 and vaccination (https://covid19.gov.ua/) was organised, and regular COVID-19 related updates were provided via diverse channels: TV, social media, and outdoor advertising. The information campaign on wearing masks, keeping the distance and social isolation was sustained by the NGOs, creative agencies, and big companies.

Yet, the spring 2020 lockdown was marked with intimidation strategy of risk communication by local authorities and MOH instead of encouragement (high penalties for leaving home and having a walk in the park) and low level of social protection for those who lost their jobs, which might have led to the credibility decreasing and developing the sense of fear and danger instead of obedience and loyalty. Moreover, there was no joint position on the quarantine related communication of national and regional authorities, which provoked misunderstanding in the regions. This resulted into another obstacle of fake news and manipulations dissemination through social and traditional media, which made an additional burden to the MOH to convince the general public that the only source of the verified information is MOH and UPHC website and social media.

Of course, no country was prepared for such a long-lasting and severe crisis caused by COVID-19, however, some European cases of COVID-19 related communication had better impact on the citizens to reduce the panic and to cultivate the sense of responsibility to get tested or vaccinated, and some hadn't. Therefore, few of the abovementioned practices and samples of COVID-19 related communication in the EU member states could be considered by Ukrainian public health leadership, namely the MOH and UPHC, to establish higher credibility and provide better support to the citizens of Ukraine in combatting COVID-19 effects.

What good practices should be taken in account:

● Tailoring communication to the specific audiences. Distinct separation of the audiences will ensure the specific messages and will result into the better absorption and, most probably, into more effective behavior change. It is important to keep in mind that the messages must vary for any of the three main target audiences in COVID-19

crisis (decision-makers, healthcare professionals and general public). Also, media is the vital stakeholder regarding all the target audiences mentioned above.

● Using research and evidence-based approach. Following the Finnish example, the certain tools of behavioral science can be used to establish the better communication in the long run, e.g., gathering scientists working groups, developing the set of checklists etc. Government response to COVID-19 pandemic must be based on facts and reliable data. European experience also witnessed the importance of partnerships for combating pandemic.

● It is crucial to create the system of social listening that will allow to recognise the main forms and topics of disinformation related to COVID-19 pandemic. All kind of rumours and fake news about pandemic, vaccination and related topics must be revealed and addressed.

● Campaign planning should include several stages with the possibility of pre-testing and measuring the impact to keep on optimising the activities and make the audience informed, motivated and loyal. The cases of Luxemburg, Belgium and Finland represented the fact that people perceive the messages gradually, and what is extremely important, they tend to understand easier the informative (factual) and contextual campaigns instead of the emotional ones. However, to make sure that European experience is applicable to Ukrainian context, the pre-testing and analysis are the key measures with both – qualitative and quantitative approaches (surveys, focus groups etc.).

Annex 1. Supporting self-determination with communications (February 2021)

If your aim is to create permanent change in people's behaviour without a counter reaction, this memo is for you. The memo's instructions and examples are based on the self-determination theory which has been used to help people improve their lifestyles. The memo's aim is to support those who work in the planning, preparing and implementation of measures related to the coronavirus crisis. The instructions can also be utilised in communications planning. The memo was prepared by the Prime Minister's Office's working group on behavioural-sciences-based counselling (Käyttäytymistieteellinen neuvonanto).

Human behavior is guided by two kinds of motives: internal, or autonomous motives ("I do this because it is meaningful and interesting"), and external motives ("I do this because I was told to"). According to the self-determination theory, action arising from internal motives is more permanent than that arising from external motives. A person starts to experience more forms of internal motivation instead of external when the three so-called psychological basic needs are met[1]:

1. **Autonomy** i.e. the experience of being in control of your own actions.
2. **Competence** i.e. the experience of being capable of surviving challenges, being able, achieving things.
3. **Relatedness** i.e. the experience of being part of an encouraging and important community.

These three basic needs should be considered when the aim is to encourage people to voluntarily follow the recommendations and restriction measures issued to prevent spreading of the coronavirus. The suggestions below can be used to support people's experience of autonomy, competence and relatedness and, through them,
their internal motivation.

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[1] The suggestions listed are based on the following sources:

Martela, et al. (in press): Motivating Voluntary Compliance to Behavioural Restrictions: Self-Determination Theory–Based Checklist of Principles for COVID-19 and Other Emergency Communications. European Review of Social Psychology.

News story from Aalto University: How to motivate people to follow restrictions voluntarily? (in Finnish)

Supporting autonomy

- Explain the instructions clearly by telling about the reasons and mechanisms behind them

- Show that you trust people as responsible actors
- Provide information to support decision-making without being domineering
- Cite values and valuable objectives
- Provide, within the current preconditions, freedom of choice in relation to how the rules can be followed.

Supporting competence

- Give clear and adequately specific instructions on what you expect people to do
- Offer timely thanks for how well people have succeeded in following the instructions
- Recognise the central challenges that prevent people from following the instructions, and provide concrete ways of overcoming them.

Supporting sense of relatedness

- Show that you take into account people's own viewpoints, feelings and potential conflicts
- Build common identity and the feeling of a shared fate
- Build trust through open and transparent communications
- Identify reliable persons within different groups and use them as messengers
- Appeal to people's natural desire to help one another and remind them that by following the recommendations people protect their most vulnerable.

Examples of message categories applied according to research and which are based on the self-determination theory:

Clear and precise instructions

Communicating simply enough and with concrete examples – while also understanding that providing information is necessary but is not by itself enough to influence behaviour.

Messages about protecting one another

Emphasising that preventing the spreading of coronavirus protects other people. Messages focused solely on a person's individual risks are not efficient if the recipient does not feel themselves to be vulnerable to risk.

Messages about a united front

Highlighting being part of a group, such as a family, municipality, city or Finnishpopulation, but without the spirit of "us against them".

Messages about how we do things

Presenting behaviour preventing spreading of the virus as behaviour that is part ofbelonging to a group and which is encouraged by the members of the group.

Messages supporting planning

Supportive material that gives concrete instructions for planning how, for example, within their own family people can follow the recommendationswhile disrupting their own lives a little as possible.

Messages supporting options

Providing concrete information about the help available in relation to the servicesof social service, for example.

This memo has been drafted as part of the Prime Minister's Office's project on behavioural-sciences- based counselling (Käyttäytymistieteellinen neuvonanto). The project tests how behavioural-science competence can be applied in the operations of the public sector. The project focuses especially on supporting the decision-making and communications related to the coronavirus crisis.

Annex 2. Checklist for coronavirus communications promoting behavioural change (February 2021)

If your aim is to create impactful communications which can be used to change people's behaviour, this checklist is for you. The checklist's questions and examples are based on behavioural-science research of the factors that influence people's choices and actions.

The purpose of the checklist is to help plan, prepare and implement communications related to the coronavirus crisis. It was prepared by the Prime Minister's Office's working group on behavioural-sciences-based counselling (Käyttäytymistieteellinen neuvonanto).

When planning communications, ask yourself:

1. What is the message's target group?

- **Is the message targeted at all people or can it be tailored to different target groups?** One and the same message rarely works equally well within different population groups.
- **Does your target group have some special characteristics that should be considered in the communications?** Communications channels, values and attitudes, among many other things, vary between different groups. You should not forget different language groups and accessibility.

2. Is the message easy to understand?

- **Will the target group understand immediately what the message is about?** Less is more, so you should be short and succinct so that you do not add to the flood of information. *"Wear a mask while on a bus" v. "Carefully put the mask onto your face according to the instructions before you get on board a bus, if you cannot maintain sufficient safety distances and are located in a region that is in the spreading stage"*.
- **Is the language used simple enough?** Do not use professional jargon or terms the public is not familiar with. Explain the matter so that even the mythical little old lady in a little village would understand it. *"According to experts…" v. "According to the epidemiological situation assessment…", "The virus spreads from person to person in Finland" v. "Endemic spreading within population"*

- **In addition to the text, have you used charts, icons or tables?Or colours and bolding to highlight important sections?** Using several elements improves understanding of the message and the highlights focus the reader'sattention on the most relevant things.

3. Is the desired action explained clearly enough?

- **Does your message contain clear instruction?** Give the instructions and recommendations in a clear, demonstrative and memorable form. "*Maintain a safe distance of at least two metres*" v. "*Social contacts must be minimised within the entire population*"
- **Is the desired action clear and unambiguous?** Be clear and precise about what you want from people. "*We recommend going to the shop only once a week*" v. "*You can visit a shop based on necessity*". "*We recommend always wearing a facemask when in public indoor spaces*" v. "*We recommend wearing a facemask in all city services when close contacts cannot be avoided*".
- **Are you providing a substitute action to replace the restricted action?** Substitute operations models speed up the abandoning of the old ones. "*Call a friend instead of meeting them*" v. "*Avoiding contacts is important, even for healthy people*".

4. How is the influence of other people taken into account?

- **Is the message coming from a trustworthy, credible and relevant source?** Citizens trust different occupational groups differently. Examples from their own reference group also strongly influence their behaviour. *Doctors are deemed to be a reliable source when it comes to matters related to health.*
- **Do you tell how well or correctly most people act?** Actions of others encourage people to do the same, therefore, you should provide examples of goodactions. Do not tell how poorly some people are acting. Give thanks and feedback for correct actions. Give thanks and feedback for correct actions. "*Nine out of ten Helsinki residents wear facemasks on public transport*" v. "*One in ten individuals does not wear a facemask*".
- **Are you as open and transparent as possible?** When things are communicated about clearly and people are told how things progress and what is being planned (while also acknowledging what can still be uncertain), it creates trust and prevents misinformation. "*Our municipality has received 2,000 doses of the vaccine and the precise schedule of further deliveries is uncertain at the moment, due to international agreement matters*" v. "*We will continue vaccinations when possible*".

5. Could the message be personal?

● **Are the tone, timing and communications channels appropriate?** Young people and senior citizens respond differently to different tones. Reach out to people when they are at their most receptive. *The grocery store is a good place for reaching people you want to encourage to go physically to the shop only once a week.*

● **Are the risks and benefits related to the action depicted in a concrete way?** Showing the personal side of risks related to the coronavirus makes the threat more real. By telling of the benefits of the action you enhance the motivation related to the action. *"If places in intensive care are full of Covid-19 patients, we might not be able to help those injured in traffic accidents" v. "The bearing capacity of healthcare must be secured".*

"By protecting yourself from the virus you are also protecting others from the virus" v. "It is important for healthy people to decrease close contacts since that will slow down the spreading of the epidemic".

● **Is the threat relatable to the recipients?** Utilise stories about real people's experiences and fates instead of using abstract numbers to depict the seriousness of the matter. *The story of a previously healthy Covid-19 patient who ended up in intensive care takes the threat to a more personal level than patients only visible in statistics.*

This checklist has been drafted as part of the Prime Minister's Office's project on behavioural-sciences-based counselling (Käyttäytymistieteellinen neuvonanto). The project tests how behavioural-science competence can be applied in the operations of the public sector. The project focuses especially on supporting the decision- making and communications related to the coronavirus crisis.