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South African Journal for Communication Theory and Research

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/rcsa20

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To cite this article: Theodora Dame Adjin-Tettey & Anthea Garman (18 Nov 2024): Navigating COVID-19: Non-Government Actors' Communication Interventions in South Africa, Communicatio, DOI: 10.1080/02500167.2024.2396429

To link to this article: https://doi.org/10.1080/02500167.2024.2396429

Published online: 18 Nov 2024.

Article

Navigating COVID-19: Non-Government Actors' Communication Interventions in South Africa

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Abstract

During the COVID-19 outbreak, diverse groups and organisations in South Africa played an important communicative role which, alongside the government, collectively mitigated the spread of the disease. A previous study that we undertook to assess government communication revealed that there were organisations, groups, and actors that addressed gaps in official messaging. In this article, we explore the ways in which these actors recognised gaps in government communication and stepped in both to draw attention to these gaps and to devise timely solutions. Seven representatives of four groupings were interviewed. The groups and actors were identified because the researchers became aware of their non-governmental communications efforts. Their insights were transcribed and thematically analysed. The findings showed that although the government, through its agencies and presidential addresses to the nation, made concerted efforts to provide relevant information to the entire population, these actors were quick to identify the communications lacunae and stepped in where there was lack of reach. They identified inadequacies such as: non-optimal use of communication channels, neglected languages, a lack of scientifically based information, and a lack of context-driven information. The findings highlight the complexity of the challenge of talking to a nation when

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Communicatio
www.tandfonline.com/RCSA

https://doi.org/10.1080/02500167.2024.2396429
ISSN 1753-5379 (Online), ISSN 0250-0167 (Print)

the country's communications landscape is complex, multilingual, and multi-faceted.[1]

Keywords: health risk communication; COVID-19; government communications; complex mediascapes; South Africa

Introduction

A key component in the management of any health crisis is effective communication (Finset et al. 2020). Hye-Jin Paek argues that "unlike scientists and experts who recognise risk based on scientific evidence, the general population tends to have more fear and perceive more risk than the actual risk itself, due to uncertainties created by insufficient and inaccurate information" (Paek 2016, 1). So, with the outbreak of a novel disease like COVID-19, governments were faced with the challenge of providing precise and well-managed health communications in order to enable "societies [to] handle uncertainty and fear, promote and accomplish adherence to necessary behavioural change, and meet individuals' fear and foster hope" (Finset et al. 2020, 874). Every major health crisis also obliges all stakeholders to play their roles diligently to ensure the best outcomes regarding communications and other preventive and reactionary measures.

After COVID-19 broke out in Wuhan in the Hubei Province of China in November 2019, it took only four months (i.e., March 4, 2020) until South Africa reported the first cases of COVID-19. The South African government was faced with the task of curtailing the spread of the virus with communications becoming the main tool within the crisis management strategy. Thus, throughout the period of the COVID-19 pandemic, the South African government—and its relevant agencies like the Department of Health (DoH), the Department of Communications and Digital Technologies (DCDT), and the Government Communications and Information Systems (GCIS)—were at the forefront of communications with the aim of informing and educating people, and ensuring compliance to personal and societal behavioural change to combat the virus. Clear, concise, and consistent communication became the main tool within the strategy to inform the populace about their responsibilities and actions to ensure they did not contract or spread the virus as well as to keep informed about the latest measures and developments in relation to the disease.

To help ensure that there was a framework that guided communications, the first reference point was the national communications strategy for managing disasters, which prioritised the involvement of relevant government departments. On April 4, 2020, the

[1] This article arises from a larger study which the authors designed, researched, and wrote. The study was commissioned by the South African Department of Planning, Monitoring and Evaluation in order to use independent researchers to assess the South African government's performance of the management of the pandemic in 2020. The authors and their co-researchers contributed a chapter on the government communications strategy and provided recommendations to improve government performance. See https://www.gtac.gov.za/Pages/COVID-Country-Report.aspx.

Department of Health put out its Risk Communication and Community Engagement Plan specifically designed to respond to the pandemic (DoH 2020). The GCIS was tasked with spearheading the national communications response to the disease outbreak. Their responsibilities included formulating messages to be used by the presidency and the DoH and obtaining resources from government departments and external institutions to fund communications products as well as to pay for communications on media channels, including social and commercial media. As part of the communications strategy, the agency was required to ensure communications at the national, provincial, district, municipal, local, and rural levels were coherent. They were also responsible for combating myths, misconceptions, and unfounded fears about the pandemic. In this plan, the South African Broadcasting Corporation (SABC) was required to carry out its public service mandate by assisting in the dissemination of relevant information about the pandemic.

The strategy involved the Minister of Health playing the role of official source of information on new cases and mortalities, while the president became the lead communicator for announcing measures to ensure citizenry safety and for curtailing the spread of the virus (Della Togna et al. 2021). One such measure was a nationwide lockdown which was eased depending on prevailing infection rates as well as other factors. Relevant international bodies such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Pan American Health Organisation (PAHO), and the International Federation of the Red Cross (IFRC) also played varied roles in support of member nations to lessen the impacts of the virus; this included communications strategies and informational sessions with journalists.

Problem Statement

Social and behaviour change is an essential function of health communications (Koenker et al. 2014) and was/is imperative to reduce COVID-19 infections. For example, based on scientific evidence, when the disease broke out, the public was required to adopt new behaviours such as bumping elbows instead of shaking hands, sneezing into elbows, and wearing face masks. These required clear, accurate, timely, relevant, and actionable communications and the use of the right mediums to reach everybody in the country to overcome this large-scale health crisis. Such responsiveness also required initiatives, collaborations, and co-operation across sectors.

However, societies are fundamentally dynamic, diverse, and intricate (Lock 2023), reflecting the complexity of the South African communications ecosystem, which Moola (2022) says is diverse in cultural beliefs and other socio-cultural elements. These aspects demonstrate the complexities that must have accompanied the pandemic's communication requirements. Different baseline studies and reports, some commissioned by the government and others undertaken by various entities, provided evidence for efficacy of communications interventions and responses. Mention can be made of the Edelman Trust Barometer Special Report (Edelman 2020) that assessed

which outlets of information about the pandemic were trusted most. Later, studies like the GCIS/SF (Solidarity Fund) Campaign Evaluation conducted by Ask Afrika, with a focus on vaccine campaign awareness, message recall and platforms, and acceptance and hesitancy (Solidarity Fund 2022); NIDS–CRAM Wave 5 (Synthesis report, Working papers 2 and 8); the Human Science Research Council/University of Johannesburg Democracy Survey, with a focus on perception of vaccines and willingness to get vaccinated (Runciman et al. 2021); and South Africa's DoH Social Listening and Infodemiology Team's weekly reports on public discussion of vaccines and COVID-19 and misinformation (since 2021) became information sources for government communicators.

The GCIS was given the mandate to carry out development communications, and this is the strategy they returned to in the COVID-19 pandemic. However, in order to work with media agencies placing advertisements, posters etc., they also used an advertising-based segmentation model to try to manage the different audiences that they would be talking to. The Government Segmentation Model (GSM) that they employed represented South Africa in five segments from grassroots level to the most affluent segments of the population in order to better show the extent of message reach and recall of citizens among other dynamics of behavioural change. This strategy was devised and adopted in recognition of the complex nature of South Africa's communications ecosystem.

The complexity of the communications ecosystem reflected a certain incapacity of the government to align with it. Apparently, neither the development communications strategy nor the GSM really enabled the government to deal with the challenges of what would unfold as the COVID-19 pandemic took hold in South Africa. As a result, different groups and individuals ramped up various interventions to help minimise the spread of the disease. While some continued to work within their areas of operation, others ventured into areas originally not their domain in response to the novel public health emergency.

In this article, we explore in particular how some actors stepped into the communication space to provide relevant social and behavioural change information/communications to communities to either complement what the government and state institutions did or to provide needed information where the government and state institutions failed. We specifically investigated the gaps they identified in government/public communications which may have compelled them to step into the communications space to provide information related to the COVID-19 disease (especially if their original domain was not communications) and how they did that exactly. The study covers the first year of the pandemic (i.e., 2020). The following were the research questions for the study:

1. What communication gaps in government communications prompted these actors to venture into the communications space during the COVID-19 pandemic?

2. What kinds of information did they provide their communities or target audiences?
3. What communications strategies did they adopt to enhance the impact of their communications?
4. What do these strategies tell us about more effective communications during a national health crisis?

Theoretical Framework

Health Risk Communication

Health risk communication is a "two-way interactive process" (Nicholson 1999, 253) and involves "the exchange of information among interested parties about the nature, magnitude, significance or control of a risk" (Covello 1993, 18). Thus, information provided during the COVID-19 pandemic must have made people know how infectious the disease is, how it manifests, how infections are spread, and what can be done to prevent infections. The public must also be informed about infection rate and spread so that they do not take the disease lightly.

Moreover, in health risk communication, the source of information is an important factor in ensuring that messages are well received and acted upon. The consistent finding emerging from risk communication research is that healthcare experts or physicians are the most reliable, trusted, and credible source of information during a disease outbreak (Alduraywish 2020). Risk communication must also not cause fear but be reassuring, while communicators empower the public with knowledge of preventive and protective actions and appropriate behaviours (Heydari et al. 2021). A health crisis of great magnitude such as the COVID-19 pandemic required government interventions and communications; however, such communications must be based on science and the advice of health experts so as to boost public trust. It also requires including scientists in communications planning and strategizing.

A key player in the COVID-19 fight, the WHO, and other relevant international organisations, developed a standardised framework for communications during the pandemic, which was grounded in the principles of health risk communication. In that framework is emphasis on trustworthy, clear, timely, concise, relevant, actionable, and consistent communication, while being mindful of the speed each context demands. The WHO specifically states in its Strategic Preparedness and Response Plan released in February 2020 that:

> Countries should prepare to communicate rapidly, regularly, and transparently with the population. All countries should prepare existing public health communication networks, media, and community engagement staff to be ready for a possible case, and for the appropriate response if this happens. Countries should coordinate communications with other response organizations and include the community in response operations. Partners stand ready to coordinate with partners to support

> countries in their communication and community engagement response. (WHO 2020, 12)

These recommendations are based on the principles of risk communication that emphasise the need for collaborations and engagement with relevant actors to get the best results and responses. Communication initiatives that the government and concerned organisations, groups, and individuals undertake must, hence, be based on the tenets of health risk communication.

South Africa has a communication policy that is guided and rooted in a development communications approach and emphasises "communication driven by democratic principles of openness and participation which are guided by transparency, accountability and consultation" (Government Communication Policy 2018, 7). Embedded in this approach is the need for dialogue (Servaes and Malikhao 2004, 1) and deliberate listening (Polaneczky 2015). Development communication scholars such as Dagron (2009) argue that the approach is effective when communications is aimed at "seeking change at different levels, including listening, building trust, sharing knowledge and skills, building policies, debating and learning for sustained and meaningful change" (Dagron 2009, 6).

Health Risk Communication and the Exigencies of COVID-19

Health risk communication and development communication strategies are based on similar principles. These two approaches make it possible to achieve the most effective responses to address a health crisis. Consequently, it is useful that, when formulating a health communications strategy, considerations are given to community-based groups and organisations as well as community media. This is because community organisations (such as civil society organisations) and groups work and have close relations with members of the communities in which they operate. They also understand the needs of community members. Similarly, those who work in the media space are able to determine the communication needs of the communities they serve and provide the needed information to cause behavioural and social changes required to reduce the spread of the virus, especially where the government fails to do so.

Health risk communication strategies offer a lot of guidance on messaging and messengers, emphasising trusted messengers (Nan et al. 2022), basing messages on reliable scientific knowledge, and using plain language in order to avoid being unclear or inaccessible (Mheidly and Fares 2020). However, they do not take into account the fact that during the COVID-19 pandemic, each government was burdened with communicating with an entire populace across highly varied social and economic circumstances. Little is postulated about choices of language or mediums or modes of communication. In these risk scenarios, it seems that governments are left to figure out the complexities of delivery and the audiences they are trying to reach. So, the context within which these messages are being sent appeared to be completely absent from the guidance offered by health risk specialists.

The South African government followed the health risk communications playbook on COVID-19: it chose two primary messengers (the President for details about strategies and the Minister of Health to talk about the science), and it was clear about the contents of its messaging and who would be the driver (the GCIS) of all its communications countrywide to persuade South Africans to assent to specific behaviour changes. But when it comes to a highly economically stratified population (ranging from urban housing to crowded informal settlements where social distancing was completely impossible) and a very complex communications landscape (ranging from highly literate social media users to rural dead spots without any mobile or data coverage), there is little that the strategies and theories posit.

This study's investigation into how gaps emanating from government communications were filled by identified groups and actors would provide some more depth on how to communicate effectively during a health crisis of this nature on a national scale.

Procedures and Methods

This article arises from a bigger project commissioned by the Department of Planning, Monitoring and Evaluation (DPME) to investigate the capacity and effectiveness of the South African government's communications strategy throughout the various phases of lockdown during the COVID-19 pandemic in 2020 (Della Togna et al. 2021). The study revealed that there were a number of shortfalls in the government's communications and interventions. However, as the researchers surveyed the COVID-19 communications landscape, it became evident that aside from the government and the journalistic media, there were other organisations and actors fulfilling a communications role. The research group identified four in particular for interviewing in order to establish the reasons for their stepping into the communications space. Key role players in each group were contacted, briefed about the research, and requested to take part in interviews.

The study employed qualitative techniques, which are characterised as an iterative process aimed at improving the scientific community's understanding by drawing new and significant distinctions from a closer examination of the phenomenon under investigation (Aspers and Corte 2019, 139). Semi-structured interview was the preferred instrument of data gathering because a semi-structured interview operates under the premise that interviewees are more likely to express their thoughts in a loosely structured setting than in a more scripted format, such as questionnaires (Flick 2002). It provided a chance for the researchers to ask open-ended questions which led to a thorough and in-depth discussion of the issues. Seven representatives from the identified groups were purposively selected and took part in the study. Purposive sampling reflects a group of sampling techniques that depend on the judgement of the researcher when it comes to choosing the study's units (Sharma 2017). The specific purposive sampling approach employed was the maximum variation sampling, which is derived by first determining important dimensions of variations and then locating cases that differ from

one another as much as feasible (Patton 1999). This sampling is helpful in proving each instance's uniqueness as well as significant commonalities that cut across cases and are significant, since they arise from heterogeneity (Patton 1999). Although their motivations were similar, each grouping had a unique focus in the provision of interventions to fill gaps in government communication.

As part of the bigger study, with the input of the researchers, the DPME sought ethical clearance from the National Research Foundation.

A total of seven representatives from these groups took part in the study: CovidComms SA (one interviewee), the Goodwood Ratepayers and Residents Association (one interviewee), the Eastern Cape Health Crisis Action Coalition (ECHCAC) (one interviewee), and the Scientists Collective (four interviewees).

Findings

Actions and Interventions

Participants representing all four organisations indicated that they were motivated by two things: (1) a desire to use their expertise and skills to provide public health information related to COVID-19 to their publics to complement government efforts; and (2) filling the gaps identified in government communications. However, the gaps in communications identified were a major driver for what the four groups did.

Gaps Identified in Government Communications

The Language Gap

CovidComms SA, as an entity, came about when the founder, Chris Vick, a well-known political and public communications consultant with a wealth of experience in stakeholder management, crisis communication, and issues management, initially intended to support communications efforts during the pandemic but soon identified several gaps in government communications, compelling him to activate a discussion on social media. This discussion brought together communicators, journalists, and other concerned individuals which led to the web-based CovidComms SA initiative. According to Vick, they realised that although South Africa has eleven official languages and a language board with the mandate to promote multilingualism and to protect language rights, as well as translations services which the GCIS offer, presidential addresses, which became the main platform used to update the populace and to communicate measures to curb the spread of COVID-19, were delivered in the English language, as were other ministerial press briefings. There was, thus, a serious language gap that needed to be filled:

> The core principle was to produce material that would lead to behavioural change to mitigate the impact of COVID-19. I established CovidComms SA in recognition of the need for authoritative, easy-to-understand information in as many South African

> languages as possible, which could be distributed within the constraints of the national lockdown. (Chris Vick, CovidComms SA)

Important messages were translated into multiple languages, designed as flyers, posters, and other formats, and placed on a website to be downloaded and used by anyone looking for useful communications material in whatever location they found themselves (such as schools, businesses, etc.).

Lack of Information Based on Scientific Evidence

The Scientists Collective, a group which arose in the pandemic and in response to government actions and communications, was concerned about measures taken by the government that prioritised safety over the economy without considerations for the implications on poverty and serious concerns such as child malnutrition. They publicly disagreed with the government on some measures taken during the lockdown phases, arguing that they lacked scientific basis for the decisions. They were worried about the fact that even though some members of the collective were originally appointed to serve on the Ministerial Advisory Committee (MAC) to offer advice based on their expertise and scientific evidence, the government "cherry picked" from the recommendations they had given. These scientists therefore stepped into the communications space to provide the public with pieces of information which they considered the government was not issuing and in recognition of the fact that credible and reliable information was a public good and critical in curtailing the spread of the disease. They were also motivated by the need to allow people to make informed choices based on scientific information, rather than simply being told what actions to carry out in each phase of the pandemic spread.

Members who took part in the study expressed how frustrated they were about how information and recommendations their members serving on the MAC gave the minister were not made public or were not factored into decisions and measures. One participant said: "The communication about testing was appalling across the board. Most people did not understand testing" (Interview Participant 2, Scientists Collective). Another representative from the Scientist Collective said:

> The depth of knowledge assembled was astounding and world class, yet the knowledge did not reach the people who made the decisions. There was significant gatekeeping. There was very selective citing of the information from the MACs, and sometimes recommendations from other advisory committees, such as those consulted by other departments, trumped the medical advice given to the Minister of Health. But those on the MACs did not know who was advising other departments; they were not public, not named. (Interview Participant 1, Scientists Collective)

In addition, the scientists also felt that the government was not communicating clearly enough with the public. So, they decided to write articles in the form of "advisories" to the public on how they could still live normal lives during the pandemic and they persuaded the publication *The Daily Maverick* to carry these advisories.

Lack of Context-Driven Information Shared with Rural Communities

The ECHCAC identified gaps in the information shared with many rural communities in the Eastern Cape province. They determined the gaps through a survey they conducted in collaboration with the Rural Health Advocacy Project (RHAP), an advocacy partnership project between Wits University and the Rural Doctors Association of South Africa (RuDASA) in communities within Ngqeleni in the O. R. Tambo District. They also monitored media and discussions within civil society and on social media. Their research revealed that during the early stages of the lockdown, information shared on radio and television centred mainly on the precautionary measures that had to be taken to prevent COVID-19 infection, without considerations for access to healthcare, differences in the existing disease burden, health literacy levels, or the varying cultural, geographical, and socioeconomic nature of rural communities. The coalition aimed to share information bearing in mind the unique community contexts of this province, as well as how communities experienced the pandemic and any new local developments. Working with health workers, community media organisations, and in local languages, they spent energy on correcting misinformation at local level about how the virus spread and how to protect oneself.

Lack of Information on Where to Access Government Subventions and Food Aid

The Goodwood Ratepayers and Residents Association, a local organisation operating in just one area of Cape Town, identified a gap in communication regarding information on where residents in need could access government food aid—a situation which caused people to risk breaking lockdown regulations to find food. It was this association that pointed out in particular that government communication was top-down in orientation and they observed a significant misalignment between communication from local, provincial, and national government levels. Moreover, in the Western Cape there was also mixed messaging about schools reopening and school feeding schemes. For example, while the national government announced the halting of school feeding schemes, the Western Cape government continued. Besides, school reopening had to be changed many times because it was poorly communicated, which made learners and parents confused and frustrated (Mailovich 2020). All these greatly concerned the association.

Further, the Goodwood Ratepayers and Residents Association observed a gap in communications regarding COVID-19 testing programmes for residents and access to government assistance such as COVID grants and food parcels:

> It was an "us versus them" approach when it came to national, provincial, and local governments. The president addressed the nation after consultation with national ministers and the National Coronavirus Command Council. However, there should have been engagement with the leadership of the various provinces and local governments, as each province has unique concerns. For example, the Manenberg community looked to the City of Cape Town for food parcels but were told it was a national issue. The lack of clear messaging around where to get help led to frustration and anger, undermining

> trust in government. (Interview Participant, Goodwood Ratepayers and Residents Association)

Information the Actors/Groups Provided

As a result of the restrictions on movement during the period of lockdown, CovidComms SA decided not to design information products in print formats which could not be distributed. The organisation rather designed information products that could easily be disseminated through social media and on WhatsApp. The idea was to produce compelling, well-written, and well-designed information based on facts and disseminate them through accessible platforms. Information provided was, hence, informed by government regulations and press releases, information from labour and scientific organisations, and trusted local and international news sources. They produced and disseminated short video messages on the pandemic and how to prevent it in other languages apart from English, such as Afrikaans, isiXhosa, Sesotho, Sepedi, and isiZulu. They also produced infographics on the benefits of vaccination, social distancing, how COVID-19 spreads, how safe vaccines are, and critical information about COVID-19 vaccines. Some of the infographics produced are shown in figures 1 and 2.

Figure 1: CovidComms SA on safety of vaccines

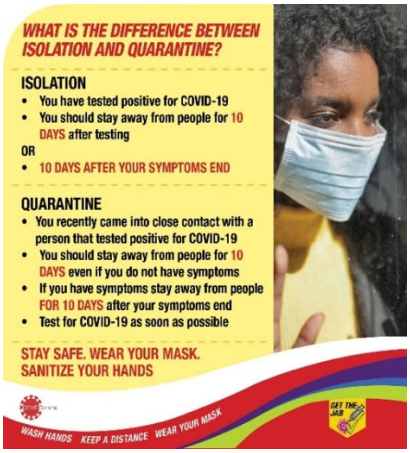

Figure 2: CovidComms SA on isolation and quarantine

The organisation also shared useful guidelines and documents on how to work from home, social distancing, and hygiene methods on social media. These were also accessible via its website. CovidComms SA also provided useful links to websites which provided accurate information on COVID-19, such as the WHO website that has information on South Africa, the official government website for information on COVID-19, websites for combating disinformation about the virus, and websites of credible health experts. Furthermore, it provided links to useful audio and video interviews related to COVID-19, which were conducted by credible media organisations about the disease, vaccines, and how to stay safe.

The leader of the Goodwood Ratepayers and Residents Association, who also serves as a community leader, on realising the gaps that existed in his community, especially regarding the homeless, made successful attempts to bridge the gap between his community organisations and national, local, and provincial governments. He was able to obtain information critical to his community by proactively contacting relevant institutions, and, in some cases, ministers of state to obtain relevant information his community needed as well as secure emergency relief resources, such as food and shelter, which the homeless people in the community were in dire need of.

The ECHCAC primarily used the dominant language of the Eastern Cape, isiXhosa, to design messages critical to the needs of the rural communities of the Eastern Cape that were identified through research. The coalition found radio to be a suitable medium to use because it has a wide reach and listenership in the Eastern Cape. It therefore became the primary medium of communication for their campaigns:

> Not a lot of people have Internet at their homes, not a lot of people have the luxuries that we have, like being able to go on a computer or to Google something. Some of them only have a radio, or they will have a phone that doesn't have WhatsApp, but they can access the radio on their phone and so they can get information that way. (Interview Participant, ECHCAC)

ECHCAC did not just use any radio station to send extremely important information the community needed, much of which was missing in the national and provincial discourse to their audiences. It collaborated with seven local radio stations (mainly community radio) to provide content for their target audiences. The formats employed included live interviews and audio recordings which were later played back at prime hours. A total of about 130 slots of interviews and recordings were broadcast from May to late 2020. Based on the research they conducted on the socio-cultural and economic factors that pertain to the Eastern Cape, radio interviews and discussions focused on topics such as using homemade and traditional medication; the relationship between COVID-19 and variables such as diet-related non-communicable diseases, HIV/AIDS, mental health and well-being; attending funerals; the use of chronic medication; the management of grief; and food security.

On its social media platforms, the ECHCAC also published audiovisual and visual messages in indigenous languages curated by CovidComms SA.[2]

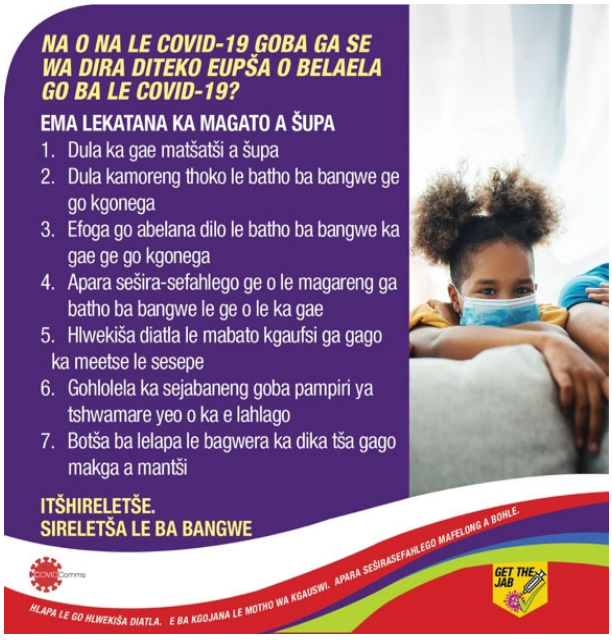

Figure 3: E-flyer in Sepedi language

[2] For more information, see the video about Covid vaccines in IsiXhosa: https://www.facebook.com/CovidCommsSA/videos/393219835649033.

Figure 4: Flyer in isiZulu language shared on ECHCAC's social media

To reach the masses with clear and easy-to-understand information concerning COVID-19, the Scientists Collective collaborated with a major media organisation, *The Daily Maverick*, to send their messages. Most of their articles were recommendatory while taking into consideration the social lifestyles of South Africans:

> We styled our articles as advisories and tried to anticipate how South Africans could cope with the pandemic, be safe, and still live normal lives. (Interview Participant 4, Scientists Collective)

Communications Strategies that Groups/Actors Adopted

Although not part of any government project, CovidComms SA kept the government informed of its programmes and met with senior officials to brief them on the organisation's objectives and programmes. CovidComms SA also established a relationship and engaged with some civil society organisations, such as Gauteng Together, Corruption Watch, SECTION27, and the Ahmed Kathrada Foundation. The varied social, economic, and cultural impacts of COVID-19 demand the drawing of varied resources, strengths, and expertise to find solutions to the varied implications it presents. The approach adopted by CovidComms SA was with the aim to expand its scope of work to include other social challenges, such as economic exclusion and gender-based violence which became severe problems during the lockdown phase of the pandemic. The approach recognises that one entity cannot solve a problem with diverse implications such as COVID-19. The approach also helped them obtain valuable information and the needed assistance that could facilitate their work. At the time of the interview, the government had expressed support for the work of CovidComms SA but had not provided any practical assistance. CovidComms SA was, however, actively working in collaboration with other organisations, including civil society.

The leader of the Goodwood Ratepayers and Residents Association used communications to lobby and to advocate for homeless people in his community. On behalf of the association, he reached out to the national and provincial departments of social development regarding the lack of clear communications about where feeding schemes could be accessed and the fact that those that were operational had been shut down during hard lockdown (initial stages of lockdown, alert level 5), where those in need of food could access them. Although some homeless people in the community had been placed in tented camps, there were still many in the community/municipality in need of shelter. Most of the homeless people in the community were refugees and did not follow all the health regulations. So, the association raised these concerns with relevant authorities.

One of the strategies of the ECHCAC was research. Research is key in the management of any crisis. Through research, the coalition was able to understand the communication needs of the people and adequately served their needs. They were also able to determine the right medium and language to use in communicating with their audiences. Also, the ECHCAC worked in close collaboration with relevant agencies and individuals who could provide useful insights about the disease and how the people could cope and/or adjust their lifestyles to avoid risks:

> Karessa Govender, a programme manager at the Rural Health Advocacy Project, and Tlamelo Mothudi, health researcher at the Public Service Accountability Monitor, drove a COVID-19 Information Dissemination campaign on behalf of ECHCAC, contributing information that was particularly relevant in the Eastern Cape. (Interview Participant, ECHCAC)

The language of choice as part of the communications strategy was isiXhosa because it is the dominant language spoken in the Eastern Cape. To maximise their impact, the ECHCAC got resource persons who could fluently speak the isiXhosa language and who understood the Eastern Cape context:

> We primarily sought speakers who were fluent in isiXhosa. Speakers who were from the Eastern Cape or lived in the province were particularly welcomed because of their understanding of the province and their ability to contextualise information. It was important that the people of the Eastern Cape were able to see themselves in the speakers. (Interview Participant, ECHCAC)

Radio guests included academics, healthcare workers, doctors, community health workers, dieticians, psychologists, community and traditional leaders, and grassroots organisations. The main criteria were that they had to be speakers of the isiXhosa language, they must be familiar with the socio-cultural dynamics of the Eastern Cape, and they had to hail from or be based in the Eastern Cape.

The ECHCAC's collaboration with community radio stations was anchored on the principle that community radio stations play a developmental role. The ECHCAC

leveraged this principle to provide context specific information which were absent in much of the national and provincial conversations.

The Scientists Collective knew how crucial it was to disseminate reliable, credible, and data-driven scientific information in an unambiguous manner (as science experts), so the public would understand and take the necessary actions. They saw the need to have a platform that allowed them to do so, without any forms of gatekeeping, which they had previously experienced while working with the government. They used their network of diverse professional backgrounds to assist them obtain a platform to directly communicate with the public. One such was Mark Heywood, a prominent social justice activist with media contacts, who had worked in the civil society space and wielded considerable influence, used his influence to connect the scientists to *The Daily Maverick*.

The Daily Maverick became the main platform the Scientists Collective used to share critical information related to COVID-19 with the public. Their strategy was to bridge the gap between the public and science by using plain language to communicate difficult scientific knowledge and to educate the public about the disease. Through this medium, they got other opportunities to speak on relevant issues about the pandemic on other platforms through television and radio interviews. The Scientists Collective also understood that there were scientists they needed to share their research and observations with and so communicated medical issues through the *South African Medical Journal.*

Discussion

The COVID-19 pandemic was not just a pandemic that impacted individuals and healthcare systems. It had other consequences due to the restrictions chosen by governments to curtail its spread. Although health risk communication is essential in combating disease outbreaks, a disease outbreak of such great threat and consequence like COVID-19 requires a complement of legal, social, and economic interventions, apart from communications initiatives. Thus, collaborating with various stakeholders was imperative.

In health risk communication, a combination of development communication (Dagron 2009) and health risk communication strategies (Servaes and Malikhao 2004) portends to be a valuable approach in making sure that beyond providing the public with the needed information to protect themselves from contracting the disease, some useful information was also obtained from the public, through dialogue (Servaes and Malikhao 2004) and listening (Polaneczky 2015), to inform other interventions and to combat any unfounded fears, doubts, and other concerns that the public may be harbouring. In support of this, Sitto et al. (2022) admit that governments in South Africa and Namibia's usage of digital media in a bid to reach as many of their citizens as quickly as possible resulted in a shortfall in communication, left those who were on the adverse side of the

digital divide behind, and opened up room for little engagement which resulted in misinformation (even though platforms were built for dialogues).

The various organisations studied collaborated with stakeholders they considered could help them advance their cause in various forms. This conforms with health risk (WHO 2020) and development communications principles (Servaes and Malikhao 2004). CovidComms SA even found a need to involve the government in what they were doing. They also understood the need to collaborate with some civil society organisations to facilitate their work. Unfortunately, the government did not take advantage of an opportunity to collaborate with an entity that was on the ground and cared about providing the right information to a population that was in dire need of accurate and reliable information. CovidComms SA tried their level best to reach their audiences in six languages, some of which had been neglected in mainstream government communications at the time. A collaboration with the government could have meant that other languages could have been covered. The government could have used its influence to get its agency, the Pan South African Language Board (PANSALB), to assist CovidComms SA in their efforts and to reach other dominant language populations or groups.

The information the Goodwood Ratepayers and Residents Association obtained from the ground was equally helpful in getting the necessary interventions and information from government institutions for the homeless and those who were in dire need of food in the community at the time. Had there not been any form of engagement with those groups of people to know their needs and concerns, the consequences could have been dire. This speaks to the value in the two-way interactive process and deliberate listening principles of the development communication approach (Polaneczky 2015). By interacting with community members, the Goodwood Ratepayers and Residents Association was able to determine what accounted for the non-compliance of the lockdown measures by some members of the community. Information about where to obtain the necessary support community members required was consequently obtained for them.

Furthermore, while developing health communications, policies, and interventions, it is critical to consider stakeholders' and target audiences' perspectives, expertise, experiences, and insights (Larsson et al. 2018). One way of seeking input from a community during a health crisis is research. Effective health communication also incorporates research-based approaches to inform content development and the channels through which information is delivered to target audiences (RHIhub 2018; Zhao 2020). It also demands considerations for health literacy (Moola 2022), conventional wisdom, media exposure, language, internet access, and priorities for different cultures and settings (Sibeudu 2022). When this is accomplished, the poor who live in informal settlements and are marginalised in risk communication (Matamanda et al. 2022) will be adequately served. It also prevents misinformation which stems from

social barriers such as stigma, myths, anxiety and prejudice (Moola 2022), as populations are served with reliable information.

This is what the ECHCAC did. Through research and considerations for socioeconomic dispositions of target communities, the ECHCAC provided appropriate communications interventions for target communities. Notably, the research was a collaborative effort with another entity. Clearly, by tapping into the expertise of research experts, ECHCAC managed to conduct a suitable study that would result in communications interventions tailored to the needs of the target community. The involvement of people who understood the communication context also meant that the targets could associate with the communicators which could contribute to a positive reception of messages. It also meant that targets could ask questions and seek clarity on any key concerns without feeling embarrassed.

Moreover, the research pointed to the right language and medium to use to obtain positive communication results. A suitable language and medium are crucial to convey the right information to the public during a disease outbreak. Rather unfortunately, in most instances, through an age-long systematic and institutionalised marginalisation of indigenous groups, minority groups often have the worse health profile and tend to lose their languages in favour of the languages of the majority (Haimovich and Mora 2020). In South Africa and many African countries, rural populations tend to experience poor healthcare, while the English language overshadows indigenous languages. Increasingly, the COVID-19 pandemic has also exposed how indigenous languages are usually excluded from public health communications (Haimovich and Mora 2020). Therefore, the ECHCAC's and CovidComms SA's language interventions can be considered timely and invaluable.

To inspire individuals, populations, and communities to make healthier choices, health communication must include both verbal and written strategies (RHIhub 2018) to reach diverse audiences. Also, in a pandemic, information provided must be both preventive and protective (Heydari et al. 2021). Information provided by all groups interviewed conformed to these. While CovidComms SA used a mix of infographics, videos, appealing texts, images, and sound, the ECHCAC, through its research, identified that radio was the best medium to use for their context. For the Scientists Collective, apart from their advisories which were disseminated through text, the interview opportunities they got provided them with another means of reaching out to a wider audience (television and radio); however, their main language of communication was English which meant many members of the public did not have access to the pertinent information they provided. Notwithstanding, they contributed considerably to providing evidence-based scientific information to the public.

Beyond communications, groups like the Goodwood Ratepayers and Residents Association contributed significantly to finding solutions to the attendant challenges COVID-19 presented. Being close to communities helped them know that, further than

appropriate messages, some community members needed food and shelter and intervened with solutions.

Conclusion

In a public health emergency that impacts the entire population and in which there is little time to waste, our study has provided some scenarios that demonstrate the significance of understanding the context in which governments must communicate. The study has demonstrated that while health risk and development communications-based strategies are beneficial during a public health emergency, there are other factors to take into account as well, such as the population's varied social and economic circumstances and the complexity of the communications landscape, to achieve communications objectives when communicating during a pandemic.

The public health communications campaign the South African government launched at the onset of COVID-19 could not have possibly yielded maximum results without the input of the identified organisations and groupings, and many others across the country. Although the government chalked up some successes, there were still serious gaps in their strategy evidenced by lack of relevant content, missing languages, and choices of medium that needed to be closed. Other associated consequences of the COVID-19 pandemic, such as access to government subsidies, shelter, and food also had to be addressed through communications and engagements with the right actors.

The study has shown how highly diverse and complex the communications ecosystem of South Africa is. While some have easy access to digital technologies, others do not and can only access mainstream media, and others may not have access to both and may require other channels like loud hailing or one-on-one communication. The Eastern Cape case demonstrates the importance of community media in the management of a health crisis as the ECHCAC's collaboration with community radio stations enabled the provision of context specific information which were absent in much of the national and provincial conversations. The gaps identified by the groups we talked to should inform policies and measures to provide a modified framework in complex contexts like South Africa for effective communications in the future should we face another major national emergency or crisis of any form.

Acknowledgements

This work is based on research supported in part by the National Research Foundation of South Africa (Grant no. 118583). The authors would like to acknowledge the contributions of the communications chapter of the COVID-19 report team members, including Martina Della Togna, Mmantsae Diale, Francis Hyera, Thandeka Bukula, Pamela Halse, Faizel Petersen, Thandi Bombi, and Leti Kleyn. We also acknowledge the support of Marie Kirsten, of the Government Technical and Advisory Centre, and the support of the Department of Planning, Monitoring and Evaluation.

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