



Chapter 9

The Need for Effective Health Communication Systems in Lesotho

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Abstract

Health communication is critical in managing public health concerns and emergencies. The human Coronavirus disease 2019 (COVID-19) outbreak emerged as one of the most significant health crises in the 21st century, overwhelming health systems in both developed and developing nations. Lesotho, a developing nation, was not immune to resultant socio-economic and cultural challenges, but what the COVID-19 pandemic highlighted is the importance of having an efficient way of communicating health in managing and mitigating the impact of a crisis. Using articles from newspapers and social media, this chapter explores the critical questions regarding the significance of an efficient health communication system during crises. It adopts four theories of crisis communication to explain the different factors that can influence health communication in Lesotho. In addition, this chapter illustrates that building an effective communication for health encompasses more than just the tenets of communication, as there are other factors outside the realm of communication, such as political will and commitment, public trust, managing public emotions, building competent media systems and stakeholder engagement, all of which must be taken into consideration. Analysing the success and failures of health communication systems employed in Lesotho during the COVID-19 pandemic can yield valuable insights for future public health communication efforts and preparedness during a health emergency.

Introduction

Health communication is an offshoot of development communication that has spanned several decades and is concerned with communicating information that promotes individual health. Today, health communication has expanded its scope from biomedical interventions at a personal level to more context-based communication about health, which includes the socials and the environment that have impacts on an individual's health (Malikha, 2019). Health communication can take many forms, such as written and verbal, or use of traditional and new media outlets (CDC, 2024) and it is aimed at changing peoples' behaviour to induce action. Effective health communication includes development of materials such as social media posts, brochures, billboards, newspaper articles, television broadcasts, radio commercials, public service announcements, newsletters, videos, digital tools, case studies, group discussions, health fairs, field trips, and workbooks, amongst other media outlets (RHI Hub, 2024). Communicating health has become very imperative as the world is grappling with several health challenges, of which the COVID-19 pandemic was one.

The COVID-19 outbreak in China in November 2019 was characterised by panic and fear as countries grappled with the virus's rapid spread and its impact on public health and economies (Saadat et al., 2020). The uncertainty surrounding the virus, its rapid transmission, and severe health implications fuelled widespread anxiety and apprehension amongst populations worldwide. Governments, health authorities, and individuals were faced with unprecedented challenges, leading to a sense of urgency and concern that permeated all levels of society during the early stages of the pandemic. Some countries, such as Korea, Singapore, and Taiwan, were proactive and responded to the World Health Organization (WHO) call to take aggressive action against the spread of the virus. These countries worked overtime to disseminate information to their constituents about the virus, ways to protect themselves and implemented strict containment measures (Chen et al., 2021). However, this was an exception for Lesotho, particularly considering how pandemic information was communicated.

Literature Review

Contextualising health crisis communication: The case of COVID-19 in Lesotho

Lesotho was the last country on the African continent to register a COVID-19 case (on 13 May 2020); the announcement came days after questions were raised about Lesotho's COVID-19 testing procedures (Ajansi, 2020). In response to the outbreak, the government of Lesotho created institutions such as the National Emergency Command Centre (NECC) and the National COVID-19 Secretariat (NACOSEC). The objective of these institutions was to coordinate the development and implementation of the country's national COVID-19 strategy and ensure that national resources were used effectively and efficiently. However, the establishments were confronted with their fair share of challenges as the structures and responsibilities needed to be clearly defined, since they were established under a cloud of uncertainty and panic. For instance, it was thought that there was a duplication of efforts between the Ministry of Health and NACOSEC, and it was not clear who of the two was more superior (Public Eye, 2021). Consequently, the Basotho resorted to social media platforms for information.

Social media is one of the most popular digital activities worldwide. In 2022, it was estimated that over four billion people made use of social media, with the most popular platforms being Facebook, followed by Instagram, Twitter (now referred to as X), YouTube and TikTok (Statista, 2024). Social media has a duality of being both an asset and a liability. It is an asset because of its speed, coverage, and penetration; thus, it helps to fill information voids and provide real-time updates. But this very asset is also a liability as it can amplify harmful practices (Corinti et al., 2022; Rathore & Farooq, 2020). The danger of social media lies in its lack of regulation, as anyone with Internet access can post without following editorial policies, journalistic etiquette, or ethical practices (Mukurunge et al., 2020). Information can spread globally and trend rapidly, and when multiple sources share this information, it can be mistaken for factual.

During the COVID-19 pandemic, health officials and governments from other countries used social media as a platform to share information publicly and speedily with their constituents (Pascual-Ferrá et al., 2022), and because of social media accessibility, the Basotho also consumed this information (Mukurunge et al., 2020). However, there was a power struggle between health officials' efforts to disseminate evidence-based scientific information to mitigate the effects of the pandemic and social media influencers or users' theories on COVID-19 (Pascual-Ferrá et al., 2022). This power struggle brought misinformation, myths and conspiracy theories, which caused more panic and anxiety amongst the Basotho (Mukurunge et al., 2020), more so because in the early stages of the pandemic, there was little to no information from the Lesotho government. The information from various sources, including digital media, radio, television, friends and colleagues, was continually changing and often contradictory.

Because individuals became overwhelmed with information, they found it difficult to decipher what was helpful and what was not, making them feel despondent; the feeling of despondency during a pandemic can be dangerous, as it can negatively impact measures put in place to control and manage the virus. Also, the sense of uncertainty can have serious consequences, such as individuals doubting the healthcare system (Naeem et al., 2021). For the Basotho, what was conspicuously missing in Lesotho was a trusted voice to dispel the rumours, provide facts, and present a preparedness plan for dealing with the pandemic. For a long time, this voice was absent. It was clear that an efficient communication strategy was what the country needed.

For effective health communication to take place in a country, especially during a pandemic, the people must trust the government to be able to take action. This chapter looked at how the Lesotho government can gain the trust of the public and at the same time manage their reputation. The point of departure for this chapter is the discussions on Lesotho's health system and COVID-19 response, effective health communication amid crises, and factors that need to be considered to strengthen a health communication system.

Gaining public trust and reputational management when health crises occur

Gaining public trust is foundational to effective communication strategies, especially pertaining to health, where risks can potentially escalate into crises. Rousseau et al. (1998) note that although there is no universally accepted scholarly definition of trust, there is an agreement that trust is an essential factor in several ways, such as enabling cooperative behaviour, promoting adaptive organisational forms (network relations), reducing harmful conflicts, decreasing transactional costs, facilitating the formulation of working groups and fostering effective responses to crises. The government's interpretation and understanding of trust in communication to the public determines its credibility and, ultimately, the public's buy-in. Without trust, the public will not believe any information provided, which can exacerbate or prolong the crisis. Gaining public trust and a good reputation during the COVID-19 pandemic was crucial for ensuring compliance with preventive health measures and vaccination programmes. The incidents that betrayed the Basotho's trust include the theft of a PPE (personal protective equipment) donation from China's Jack Ma and Alibaba Foundation. The donation was stolen from storage no sooner than it arrived in Lesotho. Since the incident occurred, only two people have been arrested, and it is unclear how the case ended. Understanding the factors influencing public trust, such as government effectiveness and accountability, consistent and effective communication, and regulation of media systems, can inform strategies to enhance public trust and promote collective action in response to the pandemic.

For an ideal customer or client to consider an organisation, one of the most critical factors that determine their decisions is the reputation and image of the organisation. Consequently, organisations must invest in reputation management to reach their desired objectives. In the case of governments or public office, their reputation is always associated with negatively charged words such as inefficiency, incompetence, and rigidity (Wæraas & Maor, 2014).

Political influence on public trust and reputational management

Too often, party politics play a significant role in governments, which is a concern when it comes to reputation management (Wæraas & Byrkjeflot, 2012). Political structures and standards inhibit the experts and professionals because their actions, strategies, or proposals may have serious political consequences (Kettl, 2003). In this, Lesotho is no exception, as the government is characterised by one scandal after another. Secondly, party politics always interferes with government structures, such as who should be appointed to what position, sometimes without the right qualifications and skills. When the NECC was disbanded and NACOSEC was established, the new Prime Minister appointed the commissioner-general of Lesotho Revenue Authority (LRA) as the CEO (chief executive officer). While the CEO might have been qualified to perform the job, many questions surrounded his appointment. Chief amongst them was why he occupied two big posts while so many Basotho were unemployed. Other concerns were that it was more of a political move. To allay the Basotho's fears, the public was informed that the CEO would not be paid for his position at NACOSEC but would only receive remuneration for his LRA position. Amid the confusion, a letter of his appointment and benefits was leaked online, thus indicating some inconsistencies about his appointment in the higher offices. In response, the government released a statement apologising to the public for leaking the letter, but the damage was already done. For a newly formed organisation dealing with a pandemic, the negative accounts surrounding a newly appointed CEO were too much baggage to carry.

Reputation management is crucial during crises that might produce adverse reactions amongst citizens and stakeholders. It is imperative that when dealing with a health emergency, health institutions must be able to formulate a persuasive and standard message on how to handle the crisis in a political setting, have high credibility and be able to communicate that message to citizens (Boin et al., 2017; Coombs, 2007). Significant decisions must often be made under extreme time pressures and deep uncertainty regarding the cause of the crisis, how the crisis will develop, and the possible means and measures to mitigate

or resolve the crisis (Ansell et al., 2010). The primary purpose of meaning-making in a crisis is to get others to accept the situation and reduce public and political uncertainty by providing an authoritative account of what is happening, why, and what needs to be done (Boin, et al., 2017). It must frame the unfolding crisis in convincing terms that enhance its efforts to manage it by strengthening confidence in its response. A government's reputation is a multi-dimensional concept, and Carpenter (2010) discusses four dimensions of reputation that can potentially shape the public's reaction and behaviour, namely performative, moral, procedural and technical reputation.

Performative is seen as government's ability to carry out a task as it is interpreted as complete and adequate. During the early warning stage, while other countries were turning empty buildings into makeshift hospitals and erecting tents, the NECC and the government had not made any preparations whatsoever. In one session where the NECC was given an assignment to report on its progress, the chairperson said they were still trying to determine how many hospital beds were in the country and which facilities needed to be upgraded. His speech on government preparedness focused more on the approval of documents and legal frameworks and less on actual preparedness, such as buying sanitisers, purchasing more beds for hospitals and procuring more equipment, to mention a few. The inaction of the government and the report left the Basotho feeling dejected with the realisation that more needed to be done.

Moral reputation centres on compassion, honesty, and flexibility but, most importantly, ensuring that all activities are in the community's best interest. During the crisis, several corporations and individuals pledged between Lesotho Maloti (M) 25 million (over \$1.3 million) and M30 million to upgrade Lesotho's laboratory system to test for COVID-19 as, at the time, Lesotho relied on South Africa's National Institute for Communicable Diseases (NICD) for testing. Once the equipment was there and the laboratory was set up, the government's responsibility was only to contract a company that would perform the testing. The Minister of Health said on national

television that the government must follow proper procurement channels and will not appoint just one company with a job worth millions of dollars. He also said that the government would only let certain hospitals perform testing to avoid disrupting the statistics. His utterances appeared to cause shock and may have displayed a lack of compassion, as it seemed that the government was worried about due processes only when it suited it to do so.

Secondly, three months after the NECC was established, the centre was associated with a scandal that came to be known as “COVIDgate”. An article published in the *Lesotho Times* newspaper (2020a) reported that the centre had used M161 million of the M698 million budget allocated, with the bulk of the money spent on operational costs such as leasing the Convention Centre where the centre was housed, catering three meals for more than 200 people every day, branding of cars, purchasing of office equipment and other related items at highly inflated prices. For example, the purchase of four 9kg gas cylinders and four heaters cost M184,550, yet these would have cost at most less than M5,000 (*Lesotho Times*, 2020a). All the while, nurses did not have PPE or enough sanitisers. Furthermore, no visible or active campaigning was happening to educate the Basotho on the consequences of the virus even though it was planned for, nor were there any regular updates or dedicated social media platforms from the Command Centre. Moral reputation in the context of Lesotho is parallel with abuse of funds. The abuse of funds during the COVID-19 pandemic has raised concerns about the government’s commitment to its people. Misusing resources or power for private gain sows insecurity and robs the most vulnerable people of desperately needed public services, undermining public trust. Limited trust in the government can hinder the adoption of health and prosocial behaviours, thereby impeding the control of COVID-19 and fostering its spread.

The abuse of public funds during the COVID-19 pandemic shows that the government does not care about its people and is not committed to allocating public resources effectively for the benefit of society. It is essential to combat corruption

and hold the corrupt accountable to promote transparency, strengthen democracy, and ensure the effective allocation of public resources for the benefit of society. By prioritising public trust and accountability, governments can effectively address the challenges of the pandemic and promote overall well-being. The abuse of public funds during the COVID-19 pandemic highlights the need for transparency, accountability, and ethical leadership in government to ensure that public resources are used for the benefit of society.

Procedural reputation is more about the government following commonly accepted rules and processes. The establishment of the NECC brought with it several controversies, the greatest of which was its legal standing. The NECC name was changed to NACOSEC and was housed in the Prime Minister's office under the Disaster Management Authority to make it legal, to rebuild, and to restore its image. Because it was established under pressure, several questions still needed to be addressed. For instance, is it autonomous? Can it make its decisions independently and effect them accordingly?

Secondly, there was the appointment of the Chief Executive Officer of the LRA into the office of the newly established NACOSEC. A few weeks after the establishment of NACOSEC, it advertised tenders for the supply of PPE, marketing, advertising and communications consultancy and invited applications for call centre jobs. However, the principal secretary for cabinet administration questioned the move by NACOSEC, stating that it might have overstepped its boundaries by engaging in activities with substantial financial implications without including the government. This only brought more confusion and anger within the public space, and, subsequently, the newly appointed CEO resigned from the job effective immediately. In his resignation press conference, he stated the frustrating conditions under which he had to operate. The *Lesotho Times* newspaper stated that some sources privy to the situation said that he was worried that COVID-19 issues had been politicised and that should he continue working for NACOSEC, his reputation would be tainted (*Lesotho Times*, 2020b). The Basotho, watching all this from the outside and

relying on the government through the designated structures such as the NECC, lost hope because of petty bickering and internal politics that did not consider their lives.

Technical reputation is about having the skills and capacities to deal with complex environments. When the NECC was formed, several questions were raised about the skills, qualifications and terms of reference of those employed. There was a demarcation between the technical team or experts and the administrative team. Most announcements were made by the chairperson, the Minister of Communication and Technology, but his voice needed more urgency. At the very beginning, when there was a cloud of anxiety and panic, the voices of health professionals were missing, and this birthed much distrust and impacted the already low reputation of the Command Centre. A notable issue was the lack of expert voices, such as doctors and scientists, at the forefront of public communication during the pandemic.

Effective crisis communication strategies emphasise the need for transparency, civic engagement, and the mobilisation of expertise from various sectors, including government, communities, industry, and academia, especially the health sector. After losing the trust of the Basotho due to the “COVIDgate” exposé in a local newspaper, through relevant structures, the government had to try to rebuild its image and reputation but, most importantly, restore the country’s confidence. This would be done with the realisation that the information and services it broadcasts to the public are well-consumed. To counter the scandals, creating expert communication platforms would have benefited NACOSEC, such as creating a platform where the Basotho doctors or doctors working in Lesotho give medical advice. Throughout the pandemic, the information that the public accessed, from the proper wearing of masks to breathing exercises, was all information circulating online derived from different campaigns run in different countries or from doctors and nurses from other countries. Periodic press conferences were also needed to brief the public on what was happening in hospitals, testing centres, and borders. If this route were taken, it would decrease the Basotho’s desperate need for the Prime

Minister or Minister of Health to give a speech. Since social media became popular, the onus was on NACOSEC to develop a mobile application that could be used to monitor real-time interactions on social media, radio, and television so that organisational bodies could counteract any misinformation even before the narratives exploded online.

The COVID-19 pandemic has underscored the critical importance of trust and reputation management in public health crises. High trust in the government is associated with the adoption of health behaviours and prosocial behaviours during the pandemic. Limited trust in government can hinder measures to combat pandemics like COVID-19. The reputational impact of COVID-19 pandemic management on organisations at the forefront of managing the crisis, such as the WHO, has been significant. The pandemic has adversely affected the reputation of these organisations, highlighting the need for effective reputation management strategies.

Additionally, the value of reputation capital during the COVID-19 crisis has been a subject of study, emphasising the tangible impact of reputation on organisational resilience and stakeholder perception. In light of these, it is evident that reputation management is not a luxury but a business-critical necessity, particularly during exceptional situations such as the COVID-19 pandemic. Building reputation resilience before a crisis is crucial, and effective reputation management should be at the forefront of organisational strategies, as it directly impacts stakeholder engagement and organisational survival.

Healthcare challenges in Lesotho using the COVID-19 pandemic as an example

The UN (United Nations) Lesotho report (2021) on the impact of COVID-19 on youth and adolescents refers to Lesotho's health system as 'pressured'. The government, the Christian Health Association of Lesotho (CHAL), and the private sector (non-governmental organisations (NGOs) and private providers) share healthcare services. There are 265 nurse-led primary healthcare centres, most of which are community-based clinics, 20

secondary general hospitals and one tertiary or referral hospital stationed in Maseru (the capital city). The secondary hospitals in Lesotho have a combined bed capacity of 1,833, but the occupancy rate is only 32% (World Bank, 2018), while the tertiary hospital has a 425-bed capacity. The number of intensive care unit beds across the country is 38, with most of the beds found at the tertiary hospital (WHO, 2023). Severe emergency cases of patients who require high-level care are often referred to Universitas and Pelonomi hospitals in South Africa at the expense of the government (UNICEF, 2017).

The healthcare challenges in Lesotho are multifaceted, as access to health remains challenging for most Basotho, particularly those in rural areas, who walk long distances to hospitals and sometimes wait in hospital queues before they are attended to (Mwase et al., 2010). Apart from access, other factors that have a bearing on the country's health system include:

- **Human resource shortages:** - There is a severe shortage of doctors and nurses in Lesotho; there are 20.73 doctors, nurses and midwives per 10,000 people (Asamani et al., 2022) or 0.09 doctors per 10,000 Basotho (World Bank, 2018). This indicates a scarcity of skills in the medical and allied professions, which has led to challenges in managing patients effectively and providing adequate care.
- **Healthcare financing:** - More than 10% of the national budget is allocated to health. However, the country's central hospital consumes more than half of the public expenditure (Ndayizigiye et al., 2022).
- **High disease burden:** - Lesotho has high rates of infant mortality, maternal mortality, HIV/AIDS prevalence and child malnutrition (UNICEF, 2017), which weakens the health system and puts a strain on resources.
- **Inadequate equipment:** - For instance, hospitals only having the capacity to provide oxygen to a limited number of patients simultaneously (Sanders et al., 2021; Webster, 2015).
- **Procurement process:** - There are often delays in processing payments, which results in stock-outs of drugs and medical supplies in clinics and hospitals (UNICEF, 2017).

Based on these challenges, the WHO categorised Lesotho as a high-risk and high-vulnerability country. Given Lesotho's fragile health system, it was imperative that the government take significant measures to prevent and protect the Basotho against COVID-19. Before the registration of the first case, the government had already declared a national emergency and imposed two compulsory lockdowns on all non-essential services. The first lockdown commenced on 29 March and was initially scheduled to end on 21 April but was extended to 5 May 2020. The second lockdown in 2021 was in response to the increasing mortality rate resulting from COVID-19 infections; it was in effect from 6 January to 20 January and was extended to end on 3 February 2021.

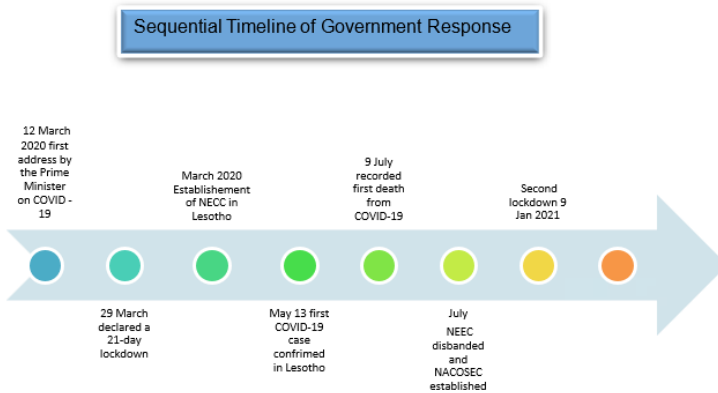


Figure 1: Sequential timeline of the Lesotho governments' response

The government's response to crises is of paramount importance, as it directly influences the general public's reaction, mainly because in a crisis, people take in information, process it and act on it differently than they would during non-crises times (Covello et al., 2001; Glik, 2007). Despite the government's acknowledgement of the prevailing global situation, its response came late and needed more urgency. The Ministry of Health in Lesotho did little to calm the nation through, for instance, allaying public fears by making official statements. The Prime Minister

only gave his first speech regarding COVID-19 on 12 March 2020, addressing only two points: the first was that the government was deeply concerned about the proliferation of COVID-19 and was closely monitoring the situation. The second was that after careful deliberation, the government had decided not to evacuate Basotho nationals in China and had initiated measures to communicate with these citizens through Lesotho's embassy (Government of Lesotho, 2020).

A week later, on 18 March, the Minister of Health and the Prime Minister gave speeches separately. The Minister of Health announced that the situation in Lesotho was under control as a practical response and preparedness strategy had been designed and would soon be implemented; he also assured the nation that schools would remain open and concluded by urging the Basotho to seek health services at a government hospital as the personnel had been trained in handling COVID-19 incidents. A few hours later, on the same day, the Prime Minister went on national television and declared COVID-19 a national emergency; he appealed to the nation to treat the situation with the seriousness it deserves. As a response strategy, the Prime Minister announced the establishment of the NECC, whose sole purpose would be coordinating the country's efforts against COVID-19 as discussed earlier (Government of Lesotho, 2020).

The NECC comprised more than two hundred members, including principal secretaries, directors general, ministers of relevant ministries, development partners, civil society representatives, and non-government organisations. The Minister of Communication Science and Technology served as the Chairperson. The NECC's approach was to design and implement a preparedness plan and containment measures for the pandemic and then later address the economic and social impact (World Bank, 2020).

A few months after its formation, the NECC was dismantled and replaced with the newly constituted NACOSEC. The disbanding of the NECC was a decision by the newly appointed Prime Minister, Dr Moeketsi Majoro. While the Basotho were grappling with the harsh realities brought about by the pandemic, the

government was dealing with internal conflicts erupting from the party with the majority seats, which resulted in a parliamentary vote of no confidence and, ultimately, the dissolution of the coalition government led by Thomas Thabane of the ABC political party. A member of the same party, Dr Moeketsi Majoro, assumed the position of Prime Minister. One of the first things he did was dissolve the NECC and establish the NACOSEC, guided by the provisions of the Disaster Management Act. The NACOSEC was housed in the Prime Minister's office and reported directly to him. The mandate of the Secretariat was parallel to that of the NECC to coordinate and implement all COVID-19 response strategies and measures. In line with its mandate, the NACOSEC developed a five-tier colour-coded risk assessment and mitigation framework to reflect the varying degrees of COVID-19 transmission rates (NACOSEC, 2020).

One of the primary challenges highlighted by the COVID-19 pandemic in Lesotho is the need for competent health communication systems, particularly in emergencies. Health communication in African countries, Lesotho included, is already challenging under normal circumstances, as health communication strategies lack coherence and are undervalued and underfunded (Mukurunge et al., 2021; Uwah, 2013; Olaoye & Onyenankeya, 2023). The lack of health communication systems poses a critical challenge that hinders the optimal delivery of healthcare services, threatens public well-being, and diminishes the effectiveness of healthcare initiatives and interventions. This leads to difficulties in managing health emergencies and ensuring public health safety. Lesotho was the last African country to register a COVID-19 case, on 13 May 2020. The country's delayed and, to some extent, uncoordinated response to the pandemic led to many challenges, especially regarding communication. This led the Basotho to rely on information from external sources, both verified and unverified, inadvertently contributing to the spread of the pandemic and impeding them from adopting preventive measures and vaccinations.

Theories

Crisis communication theories

Crisis communication theories were used as the theoretical framework for this study as they are crucial in designing effective health communication strategies during health emergencies. The theories discussed here are the crisis and emergency risk communication (CERC) model, the high-risk model of threat perception and the risk information and processing model. These provide a foundation for understanding and influencing health-related behaviours and beliefs and addressing communication challenges.

The CERC model developed by the US Centers for Disease Control and Prevention (CDC, 2018) is a valuable tool for building effective health communication systems during health emergencies, as it provides a structured approach to crisis and risk communication, enabling experts to deliver timely and accurate information to the public, thereby promoting informed decision-making and enhancing overall community well-being. The CERC model consists of five stages: preparation, initial, maintenance, resolution, and evaluation, as illustrated in Figure 2.

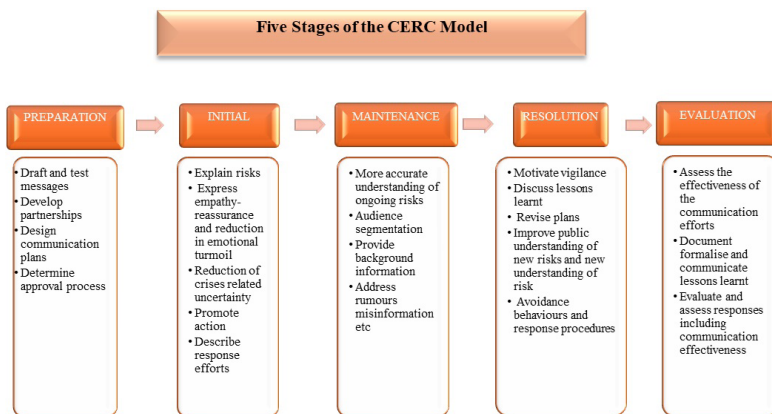


Figure 2: Five stages of the CERC model (Source: CDC, 2018)

During the preparation phase, communicators design and pre-test messages, develop partnerships and design communication plans.

The initial phase involves expressing empathy, explaining risks, and promoting action. In the maintenance phase, communicators provide updates and address misinformation. The resolution phase focuses on providing information about the outcomes of the crisis, and the evaluation phase assesses the effectiveness of the communication efforts. An effective CERC ensures that relevant stakeholders communicate to provide timely, accurate, and coordinated information during emergencies. CERC is driven by six principles: Be first, Be right, Be credible, Express empathy, Promote action, and Show respect. These principles allow stakeholders to communicate the right message promptly and in a way that people understand and can act upon in a crisis (Palenchar, 2008).

The high-risk model of threat perception (Wickramasekara, 1979,1986; Griffin et al., 1999) and the risk information and processing model focus on the role of perceived threat in motivating people towards preventive behaviours. The model suggests that higher perceived threats will be associated with higher engagement in self-protective behaviours. Studies on previous infectious disease outbreaks such as SARS (severe acute respiratory syndrome), swine flu (H1N1), and MERS (Middle East respiratory syndrome) show a direct association between perceived threat and adherence to mitigating measures. The high-risk model also highlights the importance of emotional reactions, such as worry, in shaping threat perception; negative emotions make individuals believe that they have control over a situation by seeking out knowledge about a threat. These theories can help in informing the formulation of an effective health communication model that can facilitate the dissemination of timely and accurate information and responses in dire situations such as outbreaks of pandemics.

Discussion

Effective health communication amid crises

During a public health crisis, effective health communication is not limited to messaging but includes interactions or exchanges of

information and sentiments amongst individuals, communities, and institutions. This type of communication encompasses multiple clear and concise messages about the nature of risk and other messages, not strictly about risk, that express concerns, opinions, or reactions to risk messages or to legal and institutional arrangements for risk management (Powell & Chapman, 2016). Effective communication relies on various external factors beyond the scope of communication, such as political will and commitment, acknowledgement of basic human needs and management of their emotions, building responsive media systems, and stakeholder engagement; all must be considered to strengthen a communication health system that can reach and engage the Basotho, ultimately improving health outcomes and their well-being.

Health communication is pivotal in preventing and managing disease outbreaks. If executed timeously, lives can be saved. It advocates that prevention is better than cure and that individuals should be armed with life-saving information that will lead to adopting healthy behaviours. Several factors influence the adoption of healthy behaviours, such as how individuals acquire, process and absorb information, the socio-economic environment, psychological factors, and media literacy. Changing behaviour is a gradual, inherently unbalanced and context-specific process. It requires constant and consistent messaging to remind individuals of the benefits. The principles of behavioural change emphasise the need for clear messaging to help the targeted audience to understand the risks they face so that they can adopt healthy behaviours that reduce these risks.

The status of the healthcare system in Lesotho necessitates a shift towards investing in prevention strategies instead of treatment, since the vast majority of factors can be addressed before they manifest as health problems. Particular attention must be paid to the Basotho, who mostly reside in rural areas where access to healthcare services, lack of facilities and resources and inaccessible roads are significant issues. One of the ways to invest in prevention is to build and strengthen health communication systems that will provide awareness and knowledge to the population.

An effective health communication system during a crisis requires integrating risk and crisis communication components. Both are essential during crises as they enable individuals and communities to make informed decisions and take appropriate actions to safeguard their health and well-being. Inadequate communication of health risks can escalate into a crisis, with debilitating consequences, including loss of life. The repercussions of inefficient communication in the healthcare setting can be dire, as evidenced by cases where poor communication by healthcare professionals has led to life-threatening complications (Tiwary et al., 2019). Below, we discuss the repercussions of inefficient communication and external determinants that should be considered in designing an effective communication system using documents, newspaper articles and features, audio recordings, WhatsApp clips, video footage, digital media and social media posts from June 2020 to July 2021.

Factors that interface with building an efficient health communication strategy

Effective media system

The extent of the public's response to a new health issue is determined by how it is introduced into media discourse. Media plays a significant role in shaping the public's perspective on socio-cultural and economic issues. Various traditional and new media platforms were employed during the pandemic to keep the public updated. In an instant, the world transformed into a tightly interconnected global community, and international news quickly became national and local news, especially in the context of Lesotho.

The media industry in Lesotho is still at a rudimentary stage, subscribing to both the traditional (radio, television, and print) and new media (digital media) formats. Lesotho has a single state-owned television station that broadcasts from 6 am to 10 pm and two state-owned radio stations that provide countrywide coverage. In addition, there are thirteen privately owned radio stations, six community radio stations, and five church-owned radio stations, all of which have limited reach. In terms of print,

there are ten private and one state-owned newspapers. More than 70% of journalists do not possess formal training in the media discipline; hence, their reporting lacks critical inquiry and depth. An effective media system must be transparent to build communication and trust, which was crucial for maintaining loyalty throughout the pandemic and ensuring that the public was confident in the information provided. Because of the calibre of journalists, most Basotho relied on international platforms such as BBC, CNN, and Sky News for news updates.

An inherent drawback of accessing international news is individuals' desire to post their interpretation of what was said. Often, their interpretation lacked facts and focused only on negative sentiments, which provided an ideal environment for unfounded false narratives that were embraced and spread by some Basotho, cultivating more panic and anxiety. Some journalists reposted and shared the most controversial posts without interrogating them, mostly because they wanted to be the first to post breaking news so that they could gain more followers.

Social media as sources of health-related news

In a crisis, there is a thirst for new knowledge or information, and in the case of COVID-19, the desire to acquire further information did not align with the pace at which it was coming in. Consequently, people turned to social media despite knowing that some platforms lacked objectivity and accuracy and only focused on negative narratives. The high-risk model of threat perception (Wickramasekara, 1995) and the risk information and processing model (Griffin et al., 1999) aver that negative emotions lead individuals to believe that they have control over a situation by actively seeking information about a threat. For example, an individual preparing for a medical procedure may seek information regarding examination procedures, expected timelines, and outcomes but primarily focuses on potential complications as a coping strategy (Shoemaker, 1996). This desire elucidates why individuals were drawn to negative news narratives about the pandemic. Thus, the media needed to work together to counteract the influence of negativity.

The pandemic led to a shift in communication patterns: the Basotho relied on digital platforms, mainly social media, for information. As mentioned earlier, social media is both an asset and a barrier. During the pandemic, experts deployed it in responding to the crisis by increasing awareness of urgent merging issues and providing actions that the public can take to mitigate the risk. For example, through a WhatsApp audio clip, a doctor alerted the public that hospitals had reached maximum capacity and urged the Basotho to comply with the implemented safety measures. The doctor also advised against the excessive use of indigenous plants, highlighting that although they might aid in combatting COVID-19, they could potentially inflict harm on other organs, such as kidneys, as they have not been scientifically tested. She asked the Basotho to exercise caution, for instance having two tablespoons or a cup of the concoction a day instead of drinking a litre or several litres per day.

The downside of social media is that because of its speed, it can rapidly disseminate false information, leading to an infodemic. An infodemic poses as much, if not more, of a threat than the health issue itself. During the escalation stage, there were accounts that the Basotho were left to die in the facilities that the government identified to deal with the COVID-19 cases. Consequently, most Basotho opted to provide self-care within their households. Due to variations in individual cases, some patients were able to recuperate while others deteriorated and sought medical attention only after the infection became severe, resulting in fatalities.

Cultivating resilient media systems during health crises

Given the above accounts, in order to build a resilient media system, the traditional media should adapt to changes by investing in digital infrastructure to expand their reach on online platforms or social networking sites. They should build strong digital infrastructures to counteract misinformation that could lead to disaster. In that same vein, the factors that make social media an asset also make it a barrier to realising effective communication strategies and responses, as it can disseminate false information, leading to an infodemic. Based on the above,

the media should adapt to changes. It is clear that during the COVID-19 crisis in Lesotho, social media platforms were partially used due to the inability of health communicators and journalists to share experiences and information effectively. The non-employment of social media by verified journalists hindered efforts to enhance public understanding, attitudes, and practices regarding the outbreak and address issues related to fake news and misuse of these platforms.

In an uncertain environment with deadly undertones precipitated by a lack of information or difficulty comprehending a complex health situation, as with the COVID-19 pandemic, the public stays susceptible and consumes any information in the public domain. Accordingly, it was easy for the Basotho to rely on social media or social networking applications as 'new information' was coming in at a reasonable rate despite it not being verified, as opposed to relying on traditional channels whose breaking news segments were often replayed throughout the day, leaving those watching wanting more. While social media seemed a go-to for desperate individuals, most information, for example, symptomatic and asymptomatic transmission rates and virus mutation, was contradictory, mainly because those who had more followers on social media diluted the facts and because there was no media to interrogate and dissect what they were posting versus what the experts said, which caused more panic.

Possible risks of health information overload

Information overload often overwhelms the public and reduces its perception of the urgency and control regarding risk and mitigation. In this regard, the media should proactively shape and guide public discussions on pandemics by using the same media platforms that spread misinformation. This can be done by providing links to trusted healthcare providers and public sources that offer reliable information, thereby dispelling negative narratives. Moreover, this could easily be carried out if Lesotho had a defined and structured framework to communicate crises; the communication framework could include specific guidelines on addressing the epidemiology and pathology of the pandemic, as well as strategies for surveying, managing, and monitoring

the disease during its initial outbreak until the crisis control stage. This framework would provide clear directives for how media organisations should communicate and distribute reliable information during the pandemic.

Furthermore, Lesotho needs to find the means to regulate social media platforms through real-time software, as it is clear that one of the challenges of disseminating credible and dependable information about COVID-19 was due to the need for an effective regulated system on social media platforms. The system could have assisted in countering false narratives about COVID-19 and the ability to provide information that adhered to the necessary standards and ethical principles for reporting disease outbreaks. By addressing these challenges, media organisations in Lesotho can build more effective and resilient media systems to serve the Basotho during health emergencies.

Health communication campaigns

In Lesotho, public health campaigns are very uncommon; very few organisations employ them. This situation can be due to a need for more capacity in health institutions or those who run the programmes need to fully comprehend the employment of public health communication strategies. Furthermore, the few strategies employed are unclear; implementation is rushed, improvised, and sometimes misappropriated or truncated by bureaucratic red tape and ineptness. One of the response strategies that was to be implemented by the NECC was the development of IEC (independent electoral commission) materials and products targeting behaviour change. Several activities were carried out, including billboard posters, branding of cars, one radio spot broadcast on various radio stations in Lesotho, one TV spot and a three-minute TV series consisting of eight episodes, broadcast on Lesotho National Broadcasting Services (LNBS) and later posted on *Lilaphalapha* (production company) Facebook page. The TV and radio spots carried early warning messages running throughout the different phases of COVID-19, from the early warning stage to crisis escalation and effective control stage. Both infomercials were never altered and kept running as they were, even during the introduction of the COVID-19 vaccine.

The three-minute episodes were exclusively aired on LNBS, and despite social media's growing use, no consideration was given to employing it. The decision to broadcast the episodes on LNBS was not well-informed as it is not a popular channel in terms of reach, especially in the rural areas, and its programming in the urban areas competes with international programmes on digital satellite television (DStv). The most popular mode in Lesotho would have been radio Lesotho, as it has a broad reach, especially in rural areas, and the NECC could have taken advantage of that and commissioned a radio series instead.

Regarding the three-minute TV series, the messages were inconsistent and lacked clarity. The series was more entertainment than education and needed to balance aspects of education and entertainment. For example, in episode two, which focuses on lockdown, one of the characters is seen running away from the soldiers on his way to see his girlfriend. He then takes refuge at his friend's house. His friend tells him the lockdown is not meant for security forces, but their role is to ensure that citizens abide by the rules. The episode failed to communicate the importance of lockdown and individuals' responsibility to protect their loved ones by following the rules. The conversation was abstract, and while both washed their hands, they did not wear masks nor mention them in their conversation. The messages lacked clarity. Edutainment is a blend of education and entertainment, which involves strategically incorporating educational content in a way that is entertaining to capture the audience's attention. This could include using songs, dance, TV and radio drama to inform and educate about health, social or economic issues, with the ultimate goal of influencing a change in attitude or behaviour towards the issue (Ngigi, 2018). However, a closer look at the episode shows that the entertainment aspects overshadowed the educational elements, thus failing to achieve the intended objective.

Campaigns designed during a crisis should meet the social and behavioural change principles, as there is a likelihood that if they are excluded, the campaigns can communicate unintended messages or no message at all. For instance, the majority of the reactions on Facebook for this episode were mostly about the costumes of one of the characters called Shorts, or complimenting

the actors on their performance. Some of the comments pointed out that the episode did not highlight important messages, as seen in Figure 3.

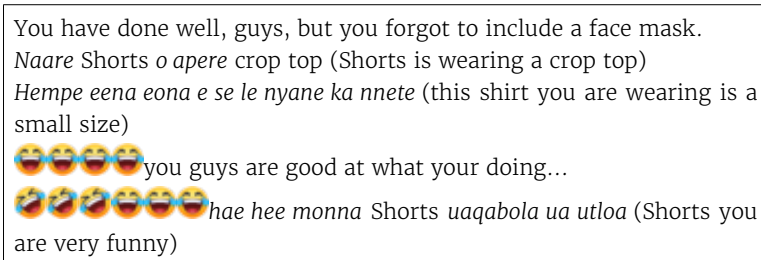


Figure 3: Reactions to Lilaphalapha Facebook

During a crisis, designing campaigns that do not meet social and behavioural change principles can have unintended consequences. The danger of such campaigns is that they can send mixed or unintended messages, leading to confusion and mistrust amongst the public. Effective communication during a public health crisis is not merely about providing information; it is an interactive process of exchange of information and opinion amongst individuals, groups, and institutions; thus, they need to have a participatory element in them. It is essential to ensure that communication strategies are designed based on social and behavioural change principles to avoid unintended messages.

Emotions and community engagement

The CERC model encourages communicators to express empathy and be mindful of people's emotional turmoil, and this should be considered when designing communication systems. Addressing emotions and community engagement during the COVID-19 pandemic is crucial for maintaining the mental health and well-being of the individual and, by extension, the community. The disparity in information distribution between the NACOSEC and the Basotho during the COVID-19 pandemic resulted in a pervasive sense of fear and panic, affecting people's mental and emotional health. It was a challenge for the Basotho to access Lesotho media platforms and gain sufficient and accurate information

about protecting themselves. The mental well-being of the Basotho, particularly children and adolescents, was impacted during the pandemic (UN Lesotho, 2021). This led to increased anxiety, depression, and distress, which is a common occurrence during pandemics (Veil et al., 2008). Health communication, like all forms of communication, is a bilateral process. It is crucial to recognise that, in addition to dealing with a physical health crisis, people's emotional well-being is also impacted and needs to be addressed. Therefore, in dealing with a physical health crisis, it is imperative to attend to the cultivation of emotions as they take a toll on an individual's mental health. Emotions play a significant role in determining whether individuals will accept or reject a concept. In dealing with COVID-19, the emotional aspect of dealing with the pandemic in Lesotho was not recognised; hence, there were little to no interventions to address it. For example, radio call-in programmes and interactive applications to assess and assist individuals' emotional state would have been helpful, as was the case in other countries like Zimbabwe with the 'Friendship Bench', where trained health workers provide free counselling through WhatsApp (Chibanda et al. 2015). In Lesotho, however, the NACOSEC and the government prioritised other matters unrelated to mental health.

It is essential that when designing communication systems, the aspects of emotions should be considered, as emotions influence audience reactions and are crucial in tailoring messages that resonate with individuals and motivate behaviour change (Myrick, 2015). However, caution should be exercised when appealing to emotions to avoid unintended consequences. Therefore, factors such as the intensity of the message, individual differences, and the core relational theme of the target emotions should be considered to avoid adverse outcomes (Nabi, 2015).

The CERC model also encourages community engagement. Engaging the community in health communication involves developing relationships that enable stakeholders to collaborate in addressing health-related issues and promoting well-being to achieve positive health impacts and outcomes. This process allows for changes in behaviour, environments and practices within communities, emphasising the importance of involving

community members directly in decision-making processes and implementation of health interventions. Before COVID-19, funerals would often last the whole day, but during the pandemic, funerals were identified as super-spreader events. To prevent further spread, it was mandated that funerals should not exceed two hours. Through community engagement, the communities, together with their leaders, such as local chiefs and religious leaders, played a crucial role in ensuring compliance with the regulations because they have ownership of the issues and are accountable to each other. Community engagement in health communication is crucial for empowering communities, fostering trust, and ensuring that interventions are tailored to the specific needs of diverse populations. Therefore, government should adopt a community-driven approach to enhance the effectiveness and sustainability of health communication efforts. In Lesotho, the government just needs to strengthen this aspect by including other segments of the population.

The scope of community participation and emotional engagement extends beyond the duration of the pandemic and includes the residual consequences after the health crises have subsided. For instance, in a bid to flatten the curve¹, all institutions of learning were closed. However, this led to another challenge, which bore truth to the adage that an idle mind is the devil's workshop. The incidence of adolescent pregnancy and substance and alcohol abuse indisputably surged, resulting in yet another health crisis. Appropriately interacting with the community is essential to foster their involvement from the beginning so that they have ownership over the issues and are accountable. Community participation can be enhanced by assuring the inclusion of diverse population segments. Furthermore, since community participation involves interacting with individuals, it is essential to acknowledge and address their emotional requirements, acknowledge their fears openly and provide accurate information that can alleviate anxiety and stress.

1 'Flattening the curve' - Employing public health strategies to slow the spread of COVID-19 so that the peak number of people requiring care at one time is reduced in order to prevent the healthcare systems from being overwhelmed.

Governments can better cope with the challenges by prioritising emotional support and encouraging community participation.

Misinformation and myths

The lack of easily accessible information during a disease outbreak leads to the spread of myths, misconceptions, misinformation, and disinformation, sometimes called an infodemic. In fact, Nyandoro et al. (2024) note that prior to the appearance of COVID-19 the WHO Director-General raised concerns that the outbreak was already accompanied by an infodemic. Many Basotho on social media have propagated misinformation and conspiracy theories about the pandemic, which has inundated Lesotho with misinformation and disinformation. In 2021, Lesotho had 530,000 social media users (datareportal.com, 2021), with Facebook registering the highest number of users, followed by YouTube, Twitter, Pinterest, Instagram and Tumblr, as illustrated in Figure 4.



Figure 4: Lesotho social media statistics (Source: datareportal.com, 2021)

The use of social media and cell phone messaging to address health emergencies is not new. They have been utilised for information dissemination during outbreaks. For example, Twitter and SMS (short message service) messaging were used in Nigeria during the Ebola outbreak to provide accurate information and to combat misinformation (Carter, 2014; Kamal-Yanni, 2015; Nwogwugwu, 2022). In Sierra Leone, SMS was used to monitor the Ebola outbreak, and WhatsApp was used to dispel myths and rumours about Ebola and communicate with quarantined individuals (Rubyan-Ling, 2015; Turner et al., 2016). With the rapid transmission of COVID-19, social media became a popular

platform for governments and health officials to update the public with information about the pandemic.

Lesotho has faced recurring issues with misinformation and conspiracy theories about the pandemic. Many inaccuracies have spread through social media, such as the belief that the COVID-19 virus cannot survive in Africa's hot temperatures. Another misconception is that the Basotho's blood is strong due to Lesotho's high elevation, making them resistant to the virus, or that the mandatory BCG (Bacillus Calmette-Guérin) vaccine renders their bodies immune. There were also reported narratives of the Basotho employed as nurses in the UK (United Kingdom) testing negative despite being in contact with people who had tested positive or cases in which a couple, the husband who is South African, tested positive and in contrast, his Mosotho wife tested negative despite sharing a bed and living in the same house. There were also religious conspiracies that COVID-19 is considered malevolent, and individuals can only resort to prayer, as it is believed to signify the apocalyptic period mentioned in the Bible. A WhatsApp video clip was circulating featuring a priest in a church who said that COVID-19 is demonic since it demonstrates mathematical knowledge by spreading exclusively in locations where fifty or more individuals have gathered.

Other conspiracies included:

- Gargling with salt water kills the germs and prevents the virus from leaking into the lungs.
- COVID-19 is a disease that attacks animals and not human beings, and the disease cannot attack the Basotho.
- That COVID-19 could be spread by talking on the phone.
- That the virus will not attack priests because they are children of God.
- 5G ('fifth generation') technology is responsible for the pandemic.

The narratives quickly spread across digital media, leading to some Basotho becoming complacent and developing a false sense of security about the pandemic. This has resulted in disregarding preventative measures recommended by public health officials to control and manage the spread. For example, Romer and

Jamieson (2020) argue that individuals highly engaged on social media and networking sites are less likely to wear masks despite health officials' recommendations. In the absence of a clear communication strategy when dealing with health emergencies, myths and misinformation dominate the space and lead the narrative; consequently, government and health officials tend to react to what is already put out instead of the government empowering their constituents with accurate information and leading the narrative as is the case below .



This a letter that was previously circulated supposedly from the Ministry of Health confirming a COVID-19 case.

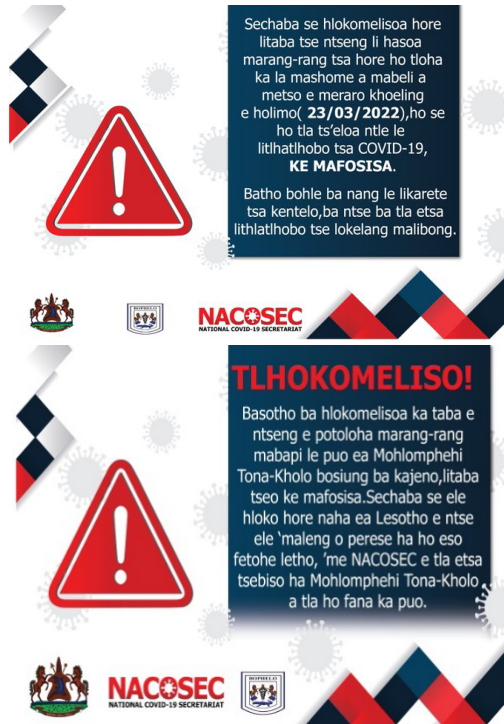


Figure 6: Debunking rumours and myths - posts from the NACOSEC Facebook page dispelling some of the rumours

Information often overwhelms the public and reduces their perception of urgency and control regarding risk and mitigation. In this regard, the communication system should proactively shape and guide public discussions on pandemics by utilising the same media platforms that spread misinformation. For example, fake information online, supposedly from UNICEF (the United Nations Children's Fund), was circulated through WhatsApp and Facebook. However, when UNICEF debunked the rumour, they only used Facebook. They did not create a WhatsApp version, meaning those who received the message via WhatsApp and were not active on Facebook may not have received this information. Therefore, when dispelling rumours, it is important to use all available communication platforms.



Figure 7: UNICEF Debunking myths

When debunking myths, accurate information should be substituted; thus, it is crucial to provide links to trusted healthcare providers and reliable public sources. For instance, in the above example, UNICEF informed users that the information did not come from them and provided links to access safety tips. They also mentioned the communication platforms that they use. However, they should have also provided the correct information. Due to the high amount of misinformation on social media in Lesotho, organisations such as the Lesotho Communications Authority (LCA) and the Media Institute of Southern Africa (MISA), Lesotho issued statements advising their licensees and consumers to refrain from sharing false and fake information (Lesotho Communications Authority, 2020). The statements also emphasised that such actions are considered criminal. The LCA shared the statement on its website with an option to share. While this was a step in the right direction, posting the statement on the website limited its reach. To address such incidents, the government of Lesotho and designated institutions must utilise social media platforms to provide comprehensive information. For instance, analysis of the NACOSEC Facebook page, which

has 31,000 followers, and Twitter, which has 6,875 followers, shows that the accounts were not effectively utilised. Most posts consisted of weekly COVID-19 updates with statistics on specimens tested, positive cases, recoveries, and deaths, and sometimes the posts were inconsistent. Engagement rates on both platforms were relatively low.

Crisis communication is highly demanding, and two crucial elements to counter an infodemic are transparency and consistency. It is important to openly and honestly declare what is known and what is unknown and to keep to the facts as much as possible, as advocated by the CERC model. Health officials and governments need to acknowledge if the facts are temporary due to ongoing investigations. The available data should be consistently updated and modified based on new evidence of the disease and its management. Given the rapid changes in a health emergency, it is crucial to provide clear recommendations based on new, previously unknown evidence. Information should be consistent and specific. Even if it is an acknowledgement that much is unknown, it is essential not to get stuck in vagueness, which fuels fear. Lesotho needs to establish a defined and structured framework for communicating during crises. This framework should include specific guidelines for addressing the health crisis epidemiology and pathology, as well as strategies for surveying, managing, and monitoring the disease from its initial outbreak to the crisis control stage. These guidelines will provide clear directives on how health officials, the government, and other stakeholders should use social media to communicate and distribute reliable information during the pandemic.

Furthermore, Lesotho needs to find ways to regulate social media platforms through real-time software. One of the challenges in disseminating credible and dependable information about COVID-19 was the lack of an effective regulated system on social media platforms. Such a system could have countered false narratives about COVID-19 and provided information that adhered to necessary standards and ethical principles for reporting disease outbreaks. The fact that the mainstream media in Lesotho did nothing to refute the falsehoods merely cemented the narratives. Despite the prominence of these articles, both the

press and the NACOSEC failed to take any action to address the matter. The NACOSEC primarily emphasised prohibitions rather than providing sufficient guidance on proactive community actions. In this regard, the government, through the relevant structures, needs to keep ahead of the public to shape and lead narratives on pandemics by using the same media platforms that spread misinformation to dispel negative narratives, for example, by offering links to trusted healthcare providers and public sources providing the same or similar messaging. By addressing these challenges, media organisations in Lesotho can establish more effective and resilient social media systems to serve the Basotho during health emergencies.

Conclusion

COVID-19 has highlighted the importance of an effective health communication system in managing a public health crisis. However, in Lesotho, the system has been ineffective, especially during the beginning stages of the outbreak of COVID-19, which has led to challenges in managing the pandemic and ensuring public safety. The above discussion shows that the point of departure for an effective health communication system must be long before a disease outbreak or pandemic and should continue after the threat has receded. Several factors must be considered to attain an effective health communication system. Some are directly related to communication issues, and others are outside the tenets of communication, but both have the same bearing as they are interconnected. The chief issues that should be considered are political will and commitment, which are essential for creating an environment that enables the management of public health crises and the building of an effective health communication system.

In order to build and strengthen an effective health communication system, the government must be equipped to lead the response in all aspects through its established structures. This means acting accordingly, making sense of the unfolding situation, and comprehending it perfectly. Health issues are delicate, and in the case of a pandemic, there is a need for immediate action from responsible parties to avoid an infodemic;

this means that the government must be decisive and collaborate with all stakeholders, private and public. Furthermore, the government must formulate and communicate a clear and enabling understanding of what should be done to minimise the crisis.

The pandemic evoked a lot of emotions in individuals, the most prominent being fear. Fear can be a powerful motivator for action, but it is essential to balance it with accurate information through a resilient media system and expert voices to avoid panic and misinformation. Government commitment and political will are fundamental to effectively fighting COVID-19 and promoting sustainable development. By prioritising public trust, the public's emotions, transparency, accountability and engaging with stakeholders, governments can build and strengthen communication systems that effectively address the challenges that health emergencies bring and promote overall well-being.

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Biography

Rethabile Malibo is a Lecturer at the National University of Lesotho English Department, Drama Unit, and a Theatre practitioner. Her work focuses on strengthening the role of applied theatre in effecting personal and socio-economic change in post-colonial spaces. In addition to her role as a lecturer, Rethabile is also a communication for development consultant. She has undertaken consultancies to design and develop communication strategies and produce multimedia knowledge products for public and private organisations in Lesotho.

