



## Chapter 2

# A Whole-of-Society (WoS) Approach to Health Crisis Communication in Ethiopia Intersecting Indigenous, Traditional, Social and Interpersonal Media

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### Abstract

Health communication is crucial to raising public consciousness about general and specific health problems and to making members of the public responsible for their own health and safety. Preventing health problems is an easy and effective way to keep the public healthy, and in this regard designing context-specific health communication strategies is vital. The disruption caused by the Coronavirus disease 2019 (COVID-19) outbreak demanded pertinent health communication to prevent the spread of COVID-19. This disrupted situation suits the Diffusion of Innovations Theory. Data collected using in-depth interview and qualitative content analysis for this study reveals that Ethiopia uses a "whole-of-society" (WoS) approach in health communication, which incorporates multiple and integrated communication channels, opinion leaders and change agents. Both general and specific health crises, for example the outbreak of COVID-19, make it imperative to provide the public with the necessary health information to change their behaviour, which is not easy. Logistical problems and the paucity of communication materials as well as lack of expertise and negligence are challenges

for health communication. Generally, health communication has been effective in raising the public's consciousness about health issues and has contributed significantly to universal health coverage. However, COVID-19 forced health communication to extend beyond awareness-raising and persuasion of people to changing their behaviour in Ethiopia.

## **Introduction**

Health communication is crucial and effective to raising awareness, increasing knowledge, shaping attitudes and changing the behaviour of the public. It is indispensable to keeping the public healthy, especially in a country such as Ethiopia that cannot afford curative health services. Hence, health communication that is accurate, accessible and understandable is necessary in general and particularly essential at the time of a pandemic, as in the COVID-19 outbreak.

Health communication empowers the public to be responsible in healthcare activities, which in turn, improves the success and effectiveness of healthcare delivery. The outbreak of COVID in 2019 demanded resilient health communication to keep the global society safe. The World Health Organization (WHO), the main source of health information, provides reliable general health information and specific recommendations for pandemics such as COVID-19. As per WHO recommendations, the Ministry of Health and the Public Health Institutes in Ethiopia designed general and specific health communication guidelines to develop the public's awareness and keep it safe. Available communication and media technologies during health crises make the dissemination of timely, reliable and accurate health information possible. However, there is the danger of information overload, which can cause the spread of disinformation, which in turn creates panic amongst the public, especially in the case of COVID-19. Therefore, health crisis situations demand health communication that is timely, accurate, and credible to increase public awareness, influence perception, and reinforce behaviour change. This chapter showcases how Ethiopia used a "whole-of-society" (WOS) approach to health that amalgamated several media during the COVID-19 pandemic. The

Diffusion of Innovations Theory fits the WOS approach to health communication that was followed by Ethiopia.

## Literature Review

### **The Essence of Communication and Health Communication**

Communication is a process of transmitting and sharing information to create a mutual understanding for desired action between communicators (Van Ruler, 2018). Mutual understanding between communicators is crucial and determines the success of communication. Communication takes place in particular social contexts. Due to contextual influences, discrepancies between the messages sent and received are anticipated and may occur in the process of communication. What is more, communication is a dynamic process in which sources and receivers of information continuously interchange roles (Rimal & Lapinski, 2009). Hence, it is necessary to take the facts described into consideration in designing communication strategies.

A health policy that recognises health as a prerequisite for development is crucial, because a healthy society is essential for the holistic development of a state. To achieve its health policy goals, Ethiopia has followed a national health strategic plan organised into five-year periods since the 1990s. Subsequently, the Ministry of Health (MoH) developed the Health Sector Transformation Plan (HSTP) in two phases to address societal health demands. HSTP-I, implemented from 2011/12 to 2015/16, focused on transformative health system changes. HSTP-II, running from 2020/21 to 2024/25, aims to improve the population's health through four main objectives: accelerating progress towards universal health coverage, protecting against health emergencies, achieving woreda transformation, and enhancing health system responsiveness (MoH, 2023).

Thus, health policy requires effective health communication to raise public awareness about health problems. This not only raises the consciousness of members of society but also makes them responsible for their own health. Therefore, the health policy of Ethiopia has boldly recognised the importance and

necessity of health communication and health education to keep the workforce productive as well as the society healthy (Yetena Weg, 2021).

Health communication is defined by certain key phrases: “sharing meanings or information,” “influencing individuals or communities,” “informing,” “motivating target audiences,” “exchanging information,” and “changing behaviours”. These describe the role of health communication (Oxman et al., 2022; Schiavo, 2013). Health communication is the study and application of a strategy for the generation, creation, and dissemination of health-related information, health-related interactions amongst individuals, social actors and institutions, and their effects on different members of the public, including individuals, community groups, and institutions, which ultimately facilitates the prevention and treatment of diseases (Glanz et al., 2008). What is more, effective public health initiatives require informed, strategic, and culturally sensitive communication. A multifaceted and multidisciplinary approach to health communication is essential for societal development. Utilising various mediums – such as mass media, interpersonal communication, digital platforms, and community engagement – greatly enhances the dissemination of health information and the promotion of positive health practices. Community involvement is crucial, as it ensures that health messages are culturally relevant and empowers individuals to manage their own well-being. Clear and targeted messages, based on the latest research and tailored to diverse communities enable individuals to make informed health decisions, adopt healthier lifestyles, and engage in preventive measures (Uduak Udoudom et al., 2023).

Health communication is crucial to raising the consciousness of the public about general causes of health problems as well as specific and immediate health issues, like the COVID-19 pandemic, in a society. In handling the COVID-19 pandemic, effective risk communication can only happen with experts trained in communication, and there needs to be an emphasis on having communication experts involved (Faina Linkov et al., 2024). Crucially, it plays an essential role in developing the public’s awareness of health issues and

makes them responsible for their own health, which is very cost-effective.

## The Development of Health Communication in Ethiopia

Even though Ethiopia has a long history as a state, the modern health system, together with health communication, was introduced only recently. The attempt to design health communication dates back to the 1960s. Contextually, Ethiopia has a unique social, political and historical context. It is the largest and most populous country in East Africa with nearly 120 million people, who are diverse in ethnicity, religion and culture.



**Figure 1:** Regions of Ethiopia, Source: Wikimedia Commons (2023)

Since 1991, the political establishment has been based on ethnic federalism in order to address the political aspirations of the various ethnic, religious and cultural groups (Mehretu et al., 2024). It is also one of the fast-growing economies in the region (Asfaw et al., 2019). A growing economy and a diverse society demand a healthy and productive workforce. For this to happen,

a health policy that addresses the society's demand for universal health coverage is crucial.

Despite its long history as a state, Ethiopia did not have a well-defined health policy until the mid-20<sup>th</sup> century, when it formulated a comprehensive health policy document based on the WHO's recommendations to respond to health problems in the country (Wubshet & Engida, 2012). However, the outbreak of the Ethiopian Revolution in 1974 ended the first health policy before its implementation at full scale. Subsequently, in the 1970s, the military government designed a health policy that was aimed mainly at controlling and preventing diseases. The policy gave priority to the rural community's health situation, given that the majority of the productive population lived in the countryside. The policy stressed community engagement and participation as its main strategy to make society responsible for its own health. However, low economic development, the protracted civil war and low literacy rate hindered the effective implementation of the policy. The policy ended in 1991, when the EPRDF (Ethiopian People's Revolutionary Democratic Front) assumed power (Wubshet & Engida, 2012; Yetena Weg. 2021; FAO, 1993).

In 1993 the new government introduced a new health policy that aimed at decentralising health services in order to address the cultural, ethnic and socioeconomic differences of society as well as global dynamics (FAO, 1993; Yetena Weg. 2021). Since the policy aims at addressing the health issues of sectors of society that are highly diverse socio-economically, health communication and education has been considered a major tool to alleviate the health problems of society. Hence, due attention has been paid to health communication and education in the policy.

## **Contemporary Health Communication Practices in Ethiopia**

The 1993 health policy in Ethiopia duly stresses the importance of health communication and the use of multiple outlets to reinforce the messages to alert the public about the causes of health problems. In the health communication process, the participation of the public and the involvement of public opinion leaders

have been elicited in order to disseminate health information. Thus, the communication strategy employs different means to transmit health information for a psychosocially diverse society. The ultimate goal of health communication in Ethiopia as well as diverse societies, is to bring about positive behaviour change (MoH, 2017).

## **Designing Health Messages in Ethiopia**

In Ethiopia, the design and management of communication are decentralised. Hence, the communication strategies that attempt to raise the understanding of the public about general health problems and specific health problems like the COVID-19 pandemic have considered the different contexts amongst the 12 regions of the country. Health communication and education within the country, aim to raise public awareness about communicable and non-communicable diseases, emergencies, hygiene and sanitation, public toilets and waste management, food and nutrition etc. Moreover, health communication addresses health problems about how to prevent the transmission of HIV/AIDS from mother to child, syphilis and hepatitis. Furthermore, the Ethiopian Ministry of Health designed communication strategies to protect the public from the spread of COVID-19 at the time of the outbreak. The Ethiopian Ministry of Health works strenuously to educate members of the public about health problems in order to bring about behaviour changes and make them responsible for their own health (MoH, 2021; FMoH, 2020).

Ethiopia's Ministry of Health's 2016 National Health Promotion and Communication Strategy document (FMoH, 2016a), which aimed to guide grassroots health communication in order to bring about behaviour change, acknowledges the use of multiple communication platforms to diffuse health education easily and to reinforce health messages. The communication strategies also stress the importance of audience-centred messages that have sustainable coordination with health extension workers, the Women's Development Army, and community leaders to mobilise the public on health issues (FMoH, 2016b).

## **Strategies for Health Communication in Ethiopia**

Ethiopia practices a WoS approach to health, reinforced by practiced communication strategies. The WoS approach represents a very broad approach, that moves beyond public authorities through engaging multiple, relevant stakeholders, including individuals, families and communities, intergovernmental organisations, religious institutions, civil society, academia, the media, voluntary associations and the private sector and industry (Brinkerhoff et al., 2017). Various media are used for varying purposes to disseminate healthcare information such as interpersonal communication, health journalism, and TV and electronic communication. The use of multiple communication channels and choosing the right medium for the right audience is key to realising set health goals. A sound and effective health communication strategy should also have an overarching vision to address a particular health issue. Similarly, the mass media, traditional and indigenous media have been employed to disseminate health education to tackle various health problems in Ethiopia. Model families, and religious and traditional institution leaders (opinion leaders) are also part of the health communication process in Ethiopia (Kasaye, 2006; FMOH, 2016a).

The 2016 National Health Promotion and Communication Strategy focuses on:

- Inculcating the sense of responsibility for self-care and assurance of safe environment;
- Developing the public's consciousness to give due attention to promote a healthy lifestyle;
- Acquainting the public with communicable and non-communicable diseases and means of prevention;
- Encouraging the community to participate in health development;
- Identifying and discouraging harmful habits such as smoking and drinking alcohol; and
- Creating awareness about the use of drugs (FMOH, 2016a).

Communication strategies are a well-planned series of actions aimed at achieving certain objectives using communication

methods, techniques and approaches to solve health problems at grassroots level (Riera et al., 2023). Health communication strategies should have a long-term focus and respond to the need for individuals' behaviour change. They should also be integrated in order to maximise the potential impact on society at the broader level (O'Sullivan et al., 2003). In Ethiopia, health communication sets the goal of creating awareness about health problems, changing the public's behaviour and making members of the public responsible for their own health, which entails a healthy and sustainable lifestyle. Ethiopian health policy stresses the importance of health communication to keep the productive workforce healthy. Hence, the policy acknowledges active participation of public opinion leaders to diffuse health information and achieve the goals of health communication.

## Theory

### **Diffusion of Innovations Theory**

The Diffusion of Innovations Theory model was proposed by Rogers (1962) and explains how new ideas and concepts are spread in society to bring about social change. The model illustrates different steps to the diffusion of new ideas in society, and opinion leaders and change agents play a crucial role in this process. Rogers's theory suggests that in a community, adopters of innovations are labelled according to the speed with which they adopt a new idea. For instance, only 2.5% of innovators adopt the new idea immediately. These are often followed by approximately 13.5% of individuals who take some time to accept and use the new idea but take it up soon after the idea is introduced - these are called "early acceptors". The biggest group of the adopters, also labelled as "early and late majority" are 34% each respectively. The majority of adopters often fall under this category because humans avoid being the first or last in adopting a new idea. The late adopters, often addressed as "laggards", are approximately 16% and are those who do not acquire the idea immediately and when they do it is late. The Diffusion of Innovations Theory emphasises the participation of influential people as community change agents to diffuse new concepts amongst the public. Rogers

(2003) defines diffusion as the process by which an innovation (anything the adopters perceive as new) is communicated through certain channels over time amongst the members of the social system. The theory has multifaceted perspectives about social change in which people, innovations, media and environment affect how rapid change occurs.

The Diffusion of Innovations Theory model, which requires public opinion leaders' engagement, is the model employed to diffuse health information successfully amongst the Ethiopian public. The model stresses the significant role that innovators and early adopters play in the first phase of the diffusion process. Hence, prominent individuals and model families participate in spreading health information and bringing about behaviour change in society. In Ethiopia, specifically, the Women's Development Army, health extension workers and local leadership have numerous engagements to spread health messages and to influence the public's opinion towards the desired goals of health communication. In Ethiopia, the health office designates well-known and respected people in society, political authorities at various levels in the region, religious and social institution leaders in the community, and model families, in development activities in the local area as change agents and opinion leaders. These groups of people are expected to help spread the new practices, such as ways of greetings (from the common hand-shaking to bowing and using only expressions), frequent hand-washing, keeping physical distance and avoiding physical contact and social gatherings.

### **A Synthesis of Diffusion of Innovations**

Diffusion is the process by which an innovation is communicated through special types of communication in certain channels over time amongst the members of a social system. It is concerned with new ideas which are invented, diffused, adopted or rejected. The new ideas lead to certain consequences and social change.

The newness of the idea in the message content of communication gives diffusion a special character and causes some degree of uncertainty, which implies a lack

of predictability, of structure, and of information. In such circumstances, information is the main means to reduce uncertainty. Diffusion, which ultimately aims at *social change*, is defined as the process by which alteration occurs in the structure and function of a social system. In a society, social changes occur in various ways – for example, in the form of revolution or natural disasters.

Diffusion can be effected via both centralised and decentralised systems. In a centralised diffusion system, a small number of officials or technical experts who head up a change agency make decisions about when to begin diffusing an innovation, who should evaluate it, and through what channels it will be diffused. In a decentralised diffusion system, decisions are more widely shared by the clients and potential adopters. Here, horizontal networks amongst the clients are the main mechanism to spread innovations. These days, decentralised systems of diffusion have been found to be an effective alternative to centralised diffusion systems, which were assumed in the past to be effective.

## **Innovations, Information and Uncertainty**

Technological innovations can be deployed very effectively in the diffusion of information. The two components of technology, hardware and software, can be designed for instrumental action that reduces the uncertainty in the cause-effect relationships involved in achieving a desired outcome. Hardware consists of the tool that embodies the technology as material or physical objects, while software consists of the information base for the tool.

## **Characteristics and Decision Process of Innovations**

Innovations are characterised by four main issues: relative advantage, compatibility, trialability and observability. This characterisation helps to explain the different rates of adoption of innovations.

The *innovation-decision process* is the process through which an individual (or other decision-making unit) passes

from first knowledge of an innovation to forming an attitude, making a decision and either adopting or rejecting the new idea. These processes are conceptualised as consisting of five main steps: knowledge, persuasion, decision, implementation and confirmation.

## **Innovativeness, Adopter Categories and Rate of Adoption**

Innovativeness is the degree to which an individual or other unit of adoption is relatively earlier in adopting new ideas than the other members of a system. Accordingly, adopters are categorised into five groups: innovators, early adopters, early majority, late majority, and laggards.

*Rate of adoption* is the relative speed with which members of a social system adopt an innovation. When the number of individuals adopting a new idea is plotted on a cumulative frequency basis over time, the resulting distribution is an *s-shaped* curve. At first, only a few individuals adopt the innovation in each period; these are the innovators. Soon the diffusion curve begins to climb, as more and more individuals adopt. Then the trajectory of the rate of adoption begins to level off, as fewer and fewer individuals remain who have not yet adopted. Finally, the *s-shaped* curve reaches its asymptote, and the diffusion process is finished. The rate of adoption is usually measured by the length of time required for a certain percentage of the members of a system to adopt an innovation.

## **Elements in the Diffusion of Innovations**

The Diffusion of Innovations Theory model has four main elements: the innovation, communication channels, time, and the social system, which are identifiable in every diffusion programme.

- *The innovation*: the new idea, practice, or object to be diffused.
- *Communication channels*: the means to transmit the message and essential for the process.

- *Time*, an important element, involves the innovation decision process, in the innovativeness of an individual or other unit of adoption.
- *Social system*: the set of interrelated units that are engaged in joint problem-solving to accomplish a common goal.

## Opinion Leaders and Change Agents

Different individuals in a social system play roles in the process of diffusing innovation; they are called opinion leaders and change agents. Most innovative persons have been perceived as deviant in society and their acceptance and credibility is low. Therefore, their role in diffusing innovations is limited. On the other hand, there are members in society whose acceptance and credibility are high. They provide information and advice about innovations to many in the society and play the role of opinion leadership.

### Opinion Leaders

*Opinion leadership* is the degree to which an individual is able to influence other individuals' attitudes or overt behaviour informally in a desired way with relative frequency. It is a type of informal leadership, rather than a function of the individual's formal position or status in society and the system.

Opinion leadership is earned and maintained by the individual's technical competence, social accessibility, and conformity to the system's norms. Opinion leaders are quite innovative; but when the norms are opposed to change, the behaviour of the leaders also reflects this norm. By their close conformity to the system's norms, opinion leaders serve as an apt model for the innovation behaviour of their followers. Thus, opinion leaders exemplify and express the system's structure.

When opinion leaders are compared with their followers, they:

- are more exposed to all forms of external communication,
- are more cosmopolitan,
- have somewhat higher social status, and
- are more innovative.

One of the most striking characteristics of opinion leaders is their unique and influential position in their system's communication structure: they are at the centre of interpersonal communication networks.

### **Change agent**

A *change agent* is an individual who influences clients' innovation decisions in a direction deemed desirable by a change agency. They usually seek to obtain the adoption of new ideas but may also attempt to slow down diffusion and prevent the adoption of what they believe are undesirable innovations. Change agents use opinion leaders within a given social system as lieutenants in diffusion campaigns. Change agents are often professionals with university degrees in technical fields (Rogers, 1983).

### **Change Agents and Health Extension Workers in Health Communication in Ethiopia: A Crucial Interpersonal Link**

Health extension workers are strong partners and allies in the process of implementing the strategies of health communication. Health extension workers move from home to home to educate the community about the health issues in the area and follow up on behaviour change. In the process of moving from home to home, they disseminate basic health information. In this way, health extension workers significantly support the health communication activities as change agents.

The Ethiopian MoH has designed a health extension package to provide better health access and services to the public. The health extension programme aims to ultimately make health coverage optimal. The package mainly addresses the health needs of marginalised and economically needy groups of the society, i.e., pastoralists, agrarians, and poor urban dwellers (Giday et al., 2007; FMOH, 2020). The driving philosophy behind the health extension package is engaging the community and making them broadly responsible for their own health. To engage the community effectively, the Women's Development Army, various committee members, men, youth and religious leaders

are involved in disseminating health information and are capable of bringing about behaviour change (Nejmudin Kedir Bilal, 2011; Haymanot, 2013; Ramana, 2014; Abajobir, 2015; Asfaw et al., 2019; Yibeltal Assefa, 2019; MoH, 2020a; Swanson et al., 2021). Moreover, Admasu et al. (2016) explain that the health extension programme has succeeded in improving the health situation in Ethiopia.

Health extension workers actively engage in health communication and the education process to alert the public about the causes of general health problems and specific health problems in society (Feysia et al., 2012; Admasu et al., 2016; Demeke, 2016; Eregata et al., 2019; Asfaw et al., 2019). Health communication resonates to address the health problems in Ethiopia since many hindering factors such as poverty, low income of individuals and lack of trained professionals, scarcity of logistics, and low public health awareness, impede universal health coverage (Nejmudin K. Bilal, 2011; Eregata, 2019; USAID, 2024).

Health policy communication strategies in Ethiopia involve health extension workers, the use of multiple communication platforms and the participation of opinion leaders in the community to tackle various health issues, including harmful habits, hygiene, and family planning. Above all, health extension workers are credible messengers for health messaging, especially in rural Ethiopia. The outbreak of COVID-19 necessitated the design and implementation of appropriate health communication strategies and the participation of different stakeholders, including health extension workers.

## Discussion

### **Health Crisis Communication in Ethiopia during the COVID-19 pandemic: Lessons Learnt**

The outbreak of COVID-19 in Wuhan, China, caused serious problems for global health systems in multifaceted ways. Health workers struggled with the lack of effective drugs, insufficient

hospital services and medical supplies and logistics, amongst others (Zhu et al., 2020). Moreover, the pandemic severely disrupted economies and social cohesion within societies. The situation also persuaded governments to decide on unprecedented containment and lockdowns (De Blasio & Selva, 2020). Authorities urged the public to keep themselves safe from the risk of COVID-19 since medical infrastructure was not available. Above all, intense media reporting and an endless stream of information obsessed with absolute numbers increased the lack of trust in healthcare infrastructure and magnified the fear of the public about a collapsing health system (Caduff, 2020). In Ethiopia too, the proliferation of media messages about COVID-19 created confusion and panic in society because of the lack of clear and consistent health information. The situation forced the public to look for possible sources of health information from the various options. Health professionals, government authorities, and citizens were uncertain about the nature of the virus and the infection spreads and the serious impact on the daily life of the public. The uncertainty and rapid spread of COVID-19, above all, the drop in cases, hospitalisations, and deaths create panic in global society (Saroj Pachauri & Ash Pachaur, 2023) and in Ethiopia as well. In 2020, Ethiopia had the highest number of COVID-19-related searches relative to its population (Mumbere, 2020).

The challenge of providing accurate health information to the public was a global concern, not unique to Ethiopia. In the US, the CDC (Centers for Disease Control and Prevention) recognised the shortcomings of its communication policy during the pandemic. Government interventions often focused on information and risk perceptions rather than behaviour due to the prominence of the COVID-19 “infodemic” or the widespread interest in health (Dolores Albarracin et al., 2024).

To address a resultant health information need, the Ministry of Health of Ethiopia formulated a health communication guide, which emanated from the health policy that aimed at increasing health access for the whole population with primary, preventive, essential curative and rehabilitative health services, to deal with the spread of COVID-19 (MoH, 2020b).

However, communication needs to transcend merely producing and disseminating messages. The process requires an understanding of what moves the listener and must be able to do that. Moreover, communication embraces the listener's points of reference, culture, values, ways of relating to the world as well as interest and reason (Dutta, 2016; Parsons, 2013). The WHO also recommends taking the unique contexts of a state into consideration to develop communication strategies. In addition, the organisation suggests that communication should be accessible, actionable, credible and trusted, relevant, timely as well as understandable to achieve set goals (WHO, 2017).

Similarly, effective health communication strategies recommend contextualisation and the use of multiple media to bring about behaviour change as coherent, coordinated and integrated messages through multiple channels provide a trusted, recognisable, and credible platform to build interventions on communication (Kott, 2016). The Ethiopian Ministry of Health instructed its communication staff to design contextualised health messages, use multiple communication platforms and involve health extension workers in the process.

## **Health Communication to Prevent the Spread of COVID-19**

In May 2020, Ethiopia's Ministry of Health dispatched its COVID Communication Protocol to regional health offices and stakeholders to guide health communication about COVID-19. The document consisted of clear descriptions about how to develop, disseminate and monitor as well as control health messages. Moreover, the document elaborated about the languages and terminology to be used, and activities' evaluation procedures. The COVID-19 communication protocol ultimately aimed at empowering individuals, families, and communities to adopt preventive and health-seeking behaviour to keep themselves safe from COVID-19 (USAID, 2023).

Moreover, the National Communication Protocol for COVID-19, National COVID-19 Communication Response Strategy (NCCRS) (June 2020), National Public Health Emergency

Operating Center COVID-19 emergency preparedness and response minimum standards for quarantine, isolation and treatment centres in Ethiopia (March, 2020) and Arba Minch Town Administration Health Office Public Health Emergency Operation Centre documents were prepared to direct health communication regarding COVID-19 (USAID, 2023).

The COVID-19 communication protocol offered regional health offices the opportunity to design contextualised health communication in response to the situations in the respective regions. Hence, the Southern Nations, Nationalities and Peoples' Region (SNNPR) health office communication experts designed health messages based on their context and publicised these in all possible ways as recommended in the communication guide.

The National Communication Protocol for COVID-19 document also directs regions' health offices to implement inclusive, participatory, and persuasive health communication to build trust and to create mutual understanding. To avoid confusion, professionals who undertook training on COVID-19 were to communicate information about COVID-19 as the document instructs. Schiavo (2013) and Gamhewage (2014) explain that trust and respect are crucial for communication practitioners, health professionals and their intended audiences since trust and respect directly affect the communication process.

### **Media Integration and Convergence for Health Crisis Communication in Ethiopia: The Case of COVID-19**

Employing integrated multiple communication platforms was the main communication strategy to raise the public's awareness about the general health problems and was used for the prevention of COVID-19 expansion in Ethiopia in general and in the SNNPR in particular. Communication experts in the health bureaus made strong efforts to make health messages as simple as possible for society to understand, as recommended in the National Communication Protocol document.

The health messages were communicated through contextualised communication platforms, which suited the situation. The Communication Department of the Health Office

used a combination of traditional, interpersonal, mass media and digital media. Furthermore, print, broadcast, and online media were used to reach various groups in Ethiopian society. Blowing the *Horn* was one form of indigenous communication that was used. Traditionally, the horn is used to alert the public at the time of emergencies, such as the death of someone, and it was used to alert the public during COVID-19. This health communication practice corresponds with Ilwoo Ju et al.'s (2023) conclusions that integrated health communication significantly enhances the effectiveness of health messages. Their research demonstrated that mass media and interpersonal health information work synergistically, creating a sequential effect that motivates consumers to seek additional health information.



**Figure 2:** Image of traditional brass horn used in Ethiopia. Source: Amazon.com (2024)

## **The Influence of Interpersonal Contexts during Health Crises**

Within the interpersonal contexts, celebrities, well-known and respected people in Ethiopian society also participated in the process of disseminating health information. The broadcast media have been transmitting health messages about COVID-19 in all the broadcasting languages. Health extension workers have also participated significantly in diffusing health communication at the time of the COVID-19 pandemic. Understanding their power, the health bureau

involved opinion leaders and change agents in disseminating health communication, especially at the time of the COVID-19 pandemic. Prominent artists, politicians, authorities, and social institutions such as *Eder* and *Iqub* were used. In Ethiopia, *Eder* or *Idir* (Amharic: እድር), is a social institution used for mutual aid, and grants cooperative insurance within a specific community, while *Equb* or *Iqub* (Amharic: እቁብ) is an association of people in Ethiopian culture, formed with the aim of mobilising resources, specifically finances, that they distribute amongst members using a rotational system, that involves a form of rotating savings and credit association (Karafo, 2017). These associations may be temporary or permanent in the case of *Iqub*, or longstanding in the case of *Eder*. Traditional social institutions such as these participate in diffusing health information in general and were involved in the dissemination of information about COVID-19 in particular. Schiavo (2013) argues that health communication programmes evolve from what communication experts had originally devised due to the input and participation of key opinion leaders, patient groups, professional associations, policymakers, audience members, and other key stakeholders.

### **Tools for Health Communication and Message Content**

The Communication Department of the Health Bureau also used different tools of communication and various technologies to reach different groups of the public. Banners containing health messages were hung in public spaces and vehicle announcements were made at public gatherings, such as marketplaces and bus stations. As the health communication protocol recommends, health information should be accurate, clear, simple, understandable, inclusive, and coordinated in order to avoid an unintended communication crisis (MoH, 2020b). This concedes with Uduak Udoudom et al.'s 2023 findings that clear and targeted messaging, informed by the latest research and tailored to the needs of diverse communities, empowers individuals to make informed health decisions, adopt healthier lifestyles, and engage in preventive measures.

Hence, the health office made the messages as simple as possible. The languages and expressions used were also appropriate to society. All native languages in the relevant areas were used in national and local broadcasting and print and also in the online media to transmit health messages in general and messages about COVID-19 in particular. Ethiopia has over 89 languages and approximately 200 dialects, with Oromo, Amharic, Somali, Tigrinya and Afar forming the five official languages of the country (Tirosh, 2024). During the COVID-19 pandemic, health-focused messages broadcasted through national and regional radio and TV channels, encompassing both public and private media collectively reached an estimated 25 million people in Ethiopia, across all media outlets (Nandita Kapadia-Kundu et al., 2023).

The broadcast media (especially the local media) gave more than 50% of airtime to transmit health information about COVID-19 at the time of the outbreak. Furthermore, health professionals marched in the main streets of different towns holding placards alerting the public to the various ways of preventing the spread of COVID-19.

Opinion leaders play a significant role in diffusing new ideas in society. They lead the formation of attitudes, public knowledge, and opinions. These groups help the people to form opinions on various issues (Weimann, 2008). Therefore, communication experts understand the importance of the opinion leaders and change agents and they use them in the process of diffusing health information about general health problems and COVID-19 in particular. Likewise, brochures, flyers, and leaflets were dispatched until the office decided to stop physical contact.



Figure 3: Health Professionals' March



## The translation of the messages on the flier

### What is Coronavirus (COVID-19) Disease?

COVID-19 causes a disease from simple to severe that affects the breathing system. The symptoms are similar to the common cold. It may heal by itself or may develop into pneumonia and cause kidney failure and death. The virus is expanding very rapidly in the world.

### How is COVID-19 transmitted?

When an infected person sneezes, through the vapour, the virus can enter the eyes, nose and mouth of the healthy. Handshake and physical contact with infected person. Sharing unclean or unwashed objects with the infected person.

### What are the symptoms?

Fever, cough, difficulty of breathing and throat illness. If it gets severe it causes pneumonia, kidney failure and death.

### How is COVID-19 prevented?

Wash your hands frequently or use alcohol and sanitiser to clean your hands  
 Keep two metres physical distance away from persons who sneeze and cough  
 Don't touch your eyes, nose and mouth without washing your hand  
 Don't go to public places and public gatherings  
 Stop using the handshake  
 Don't eat uncooked animal and fish products

### What should we do when COVID-19 symptoms are observed?

Make a free call to 8335 immediately, describe your situation and ask for medical support  
 Until the emergency team comes to you, isolate yourself in a room  
 When you sneeze and cough use tissue-paper or your arm to cover your nose and mouth, carefully  
 Dispose of used tissue - papers carefully  
 Clean the rooms in which you isolated yourself carefully  
 Don't spit everywhere  
 For more information call on the free line 8335

## Communicating about COVID-19 using online media



**Figure 5:** Pictures used during the online campaign

The health communication bureau uses an online platform to reach the digitally literate group of society. The office spreads health information about general health problems and COVID-19 on the website and official social media accounts, such as Facebook, to share real-time information about new cases, daily recoveries, and death tolls. The Region and Zones Health Office uses Telegram to share information amongst professionals and internal staff.

Moreover, messages that promote the use of face masks, hand-washing and keeping physical distance were frequently released online. Campaigns aimed at alerting the public to

dangerous forms of behaviour were organised on Facebook and Twitter, with the motto, “*Don’t be the reason!*” [*Mikeniyat Alihonem*] “ምክንያት አልሆንም”. The campaigns were unidirectional, and messages were frequently released, but they were not interactive and did not engage the public effectively.

The situation demanded more than information exchange, as knowledge alone is not sufficient in organising a campaign to bring about behaviour change. People’s attitudes, perceptions of norms, motivation and the ability to understand the desired behaviour are key to initiating observable change (Lagarde & Banks, 2007; MAP, 2008).

Health communication during the COVID-19 pandemic urged to develop social media content to communicate accurate information to the public and tapped into existing and new platforms such as websites, Facebook, and Twitter pages of the MoH, EPHI, and Regional Health Bureaus to post daily COVID-19 updates (Nandita Kapadia-Kundu et al., 2023).

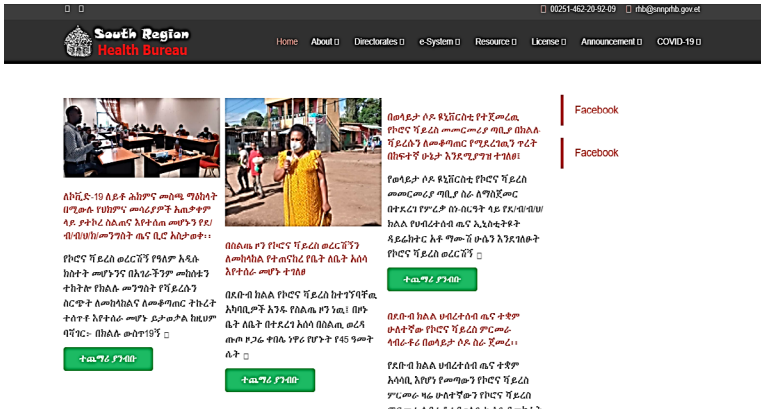
At the time of the COVID-19 pandemic, the infographs dispatched were the same and taken from similar sources, i.e., the Ministry of Health and Public Health Institute of Ethiopia. The communication would be more successful and salient to the situations if the infographs were contextualised and adapted according to the local area. However, the lack of well-trained communication experts prevented the office from doing this.

In addition to the health messages, the national and international news about the COVID-19 pandemic was frequently released on the region’s health bureau’s website and official social media accounts to educate, alert and warn the public. Two hundred and sixty Facebook posts and ten news stories were collected from the region’s health office bureau Facebook page and website.



**Figure 6:** Messages to alert the public about COVID-19

The SNNPR’s health office uses the website mainly to publicise public relations activities. Most of the stories on the websites focus on what the office has been doing to prevent the expansion and to reduce the socioeconomic impacts of COVID-19. The region’s health office as well as respective zone health bureaus, together with stakeholders, rigorously work on collecting resources, such as foodstuffs and cleaning materials to support the needy. In the first months of the outbreak, the health office distributed resources.



**Figure 7:** Snapshot of the SNNPR health office website in the first days of the outbreak

Banners and billboards consisting of texts and pictorial messages about the symptoms, transmission, and methods of prevention were used to alert the public. Banners were hung in public spaces and at the premises of business organisations like hotels and public service providers. Nevertheless, the height of the billboards was not up to the standards recommended. Achien’g argues that the messages on billboards and banners must be clear, concise and attractive. They should be as clutter-free as possible and easily digested in two to four seconds (Achien’g, 2009). By contrast, the banners and billboards were full of text and very short in length. The colours were not attention-grabbing. Siddiqui (2016) stated that the size of the banners, the location of the post and the contents are very important. However, some of the banners were hung on walls and were not easily visible (Siddiqui, 2016).



**Figure 8:** Banner and billboards used to communicate about COVID-19

Scholars also stress that well-coordinated and efficient communication strategies help stakeholders to define risks, identify hazards, assess weaknesses, and promote community resilience by increasing the capacities to cope with difficulties (Moreno et al., 2020).

### **Challenges for the Implementation of Health Communication Strategies in Ethiopia**

The implementation of health communication was constrained by various challenges. As identified from the empirical evidence, the lack of well-trained communication professionals, scarcity

of logistics, public negligence and neutralising the health risk become challenges for the successful implementation of health communication in general and in relation to COVID-19 in particular.

### **Lack of Communication Resources and Professionals**

Despite the attempts to make the process of communication smooth and effective, the health office faces serious challenges due to the lack of well-trained communication professionals to contextualise and implement the designed health communication. In order to alleviate this problem, the office uses volunteers to support the office's communication activities. Nevertheless, the shortage of trained communication personnel remains a challenge for the health office.

This problem was also noticeable during the public announcements and in the use of graphics materials online. Until the release of the Communication Protocol document, public opinion leaders described COVID-19 as: "*the virus originated from China*", "*China virus*", "*horrific virus*", "*terrifying virus*", "*deadly virus*" and "*the killer virus*" to alarm the public. However, these expressions are regarded as inappropriate and incorrect in the Communication Protocol developed later. Moreover, public misconceptions about the virus were pervasive. Many people believed that COVID-19 was "the bad spirit 666," which negatively affected preventive practices (Nandita Kapadia-Kundu et al., 2023).

Since COVID-19 was a new phenomenon in the medical arena, medical experts faced challenges in giving timely and accurate explanations about the nature and characteristics of the virus. Health communication experts explained that this knowledge gap was an obstacle in preventing the spread of COVID-19. Hence, health communication officers used the Internet, especially the WHO's website, to get updated information about COVID-19.

## Logistical Problems and Public Negligence

Logistics is also regarded as a challenge for health communication activities in general and COVID-19 in particular. The context, i.e., a large geographical area and large population with high demand for universal health coverage, requires adequate logistics. However, the economy cannot afford to provide the required logistics and incentives to the health professionals and stakeholders.

Regarding COVID-19, stressing its dangers was an important way to teach the public how to use prevention materials like face masks, and activities like hand-washing. However, these materials were not supplied in adequate quantities, and communication teams were therefore not able to use them in demonstrations. The negligence of the public was a serious challenge during the COVID-19 pandemic. The goal of health communication is to bring about behaviour change, but changing public behaviour was not as easy as expected. The public acquired adequate knowledge about preventing the transmission of COVID-19. However, it did not apply the preventive measures as recommended by Peretti-Watel (2003).

The public did not adequately adopt COVID-19 prevention protocols and rationalised this neglect using different reasons. Some believe that keeping themselves safe from the risk of COVID-19 is beyond their capacity. Some believe the conspiracy theory that COVID-19 is a disease to harm developing countries. Others have the confidence that God protects them from the dangers of COVID-19. Some groups compare the disaster that COVID-19 wrought on Western countries with the limited impact on Ethiopia and consider it a normal health problem. This rationalisation has made the public negligent about COVID-19 prevention a negligence that has been observable at coffee houses, bars and restaurants and in their conversations with friends. Neutralisation or drift does not “cause” dissonance in the positive sense; rather, drift makes delinquency possible (Maruna, 2005). As widely recognised, bridging the gap between knowing and doing is challenging; the intention-behaviour gap is well-documented. Awareness does not always translate into action

(Arnstein Finset et al., 2020). As a result, society has become vulnerable to the risks posed by COVID-19.

## **Public Perception of COVID-19 Isolation and Treatment Centres**

The public perceived isolation and treatment as a detention centre. As a result, people were terrified that being found COVID-19-positive would mean detention in such centres. They were not willing to stay in the centres and used any opportunity to escape. The public's perception of isolation and treatment centres was thus yet another challenge with regard to COVID-19.

A tragic example was a woman, who showed symptoms of COVID-19, being taken to a centre until her result was known. From the beginning, she was not willing to enter the isolation centre. After she entered the isolation centre, she committed suicide, locking her room before her laboratory test result was known. Unfortunately, her result was COVID-19-negative. The incident was shocking for the team working in the centre, and a mental health unit was then established in the isolation and treatment centres to give counselling and guidance for the people staying there (Hailu Shibiru, personal interview, 2020).

Arnstein Finset et al. (2020) emphasised the importance of recognising the mental health impacts of prolonged social isolation on vulnerable individuals. Additionally, Jessica Hemberg et al. 2024 found that many people, youths and adults, were victims of fatigue and were depressed due to isolation. The situation made them to feel like outsiders. Baquerizo et al. (2024) further discussed that isolation created loneliness that disconnected friends and families. This communal sense of isolation during the COVID-19 pandemic aggravated the existing family dynamics of social disconnection. The situation reduces students' proactive factors enhancing suicidal ideation. A significant number of people considered attempting suicide. This suicidal ideation is a national crisis amongst the youth.

## Lessons to Learn about Health Communication in Ethiopia

Health communication in Ethiopia has achieved tremendous success in diffusing health information amongst society due to the use of multiple and coordinated communications channels. Moreover, the traditional social institutions like *Ider*, *Ikub* and religious centres where people gather for social causes have leaders (opinion leaders) who have been significantly involved in the process of health communication. Health extension workers as change agents have also played an enormous role. Rogers described a change agent as an individual who influences clients' innovation decisions in a direction deemed desirable by a change agency; they are often professionals with university degrees in technical fields, and they use opinion leaders within a given social system as lieutenants in diffusion campaigns (Rogers, 1983).

Contextualised health communication strategies and training also enable change agents to become acquainted with the situation in which they are working. In most of the regions, opinion leaders and change agents have passed through intensive training programmes and they have identified bottlenecks that impede the implementation of health education programmes in their villages. Identification of cultural and attitude-related bottlenecks is crucial and needs emphasis (Wang et al., 2016). Furthermore, health extension workers are major sources of health information and health service provision, including antenatal care, family planning, and general outpatient service (fever and diarrhoea treatment), and it is the most important intervention undertaken by the government of Ethiopia (Wang et al., 2016).

The assumption behind the health extension worker model is that if the right health knowledge and skill are transferred, households can become responsible for maintaining their own health (Caglia et al., 2014). Therefore, health extension workers have brought significant achievements in community-based care, building trust in the system, maintaining health quality and saving lives. Moreover, health communication and education have brought about remarkable changes in combatting the health

problems of society. As studies have identified, malnutrition, health status, knowledge about fertility, knowledge about sexually transmitted infections (STIs), early pregnancy, child marriage, literacy, numeracy, even education enrolment have been definitely changed in society (Rudgard et al., 2022; Caglia et al., 2014; Wang et al., 2016). Health education in Ethiopia has influenced the community's view and made the community responsible for their own health, which is the desirable outcome of health communication. However, challenges identified by prior studies (Caglia et al., 2014), such as limited training opportunities for health extension workers, poor working conditions at health posts, and limited supervision, hinder and reduce these workers' ability to provide effective focused health communication in Ethiopia.

Other countries can adopt the Ethiopian model to implement successful health communication. All training resources are available free of charge and adaptations for other contexts are encouraged (Caglia et al., 2014). The strategies that Ethiopia has implemented in health communication is exemplary in the region. Other countries in the region or elsewhere can take a lesson from Ethiopia's health extension packages, particularly from health communication in community mobilisation and empowerment, political commitment, and coordinated national policies, into their context.

An insight, here, is that the collaboration between the social and state actors on the issue of health problems and health communication should be strengthened and promoted in order to be adopted in other areas to alleviate the deep-rooted socio-economic problems of the society.

## **Conclusion**

A well-defined health policy, which acknowledges the importance and necessity of health communication, which considers the fast-growing economy and large population numbers, has been implemented to raise the public's consciousness about health problems in general and specific health problems like the COVID-19 pandemic. Depending on the contexts and health

problems, decentralised health communication is implemented. Therefore, health communication provides the public with the necessary health information, raises the consciousness of members of the public about health problems, and makes them responsible for their own health. The spread of COVID-19 necessitated accurate, credible, pertinent and timely health information to keep the public calm and avoid panic due to information overflow. The communication department addressed the information needs of the public accordingly.

In order to disseminate health information successfully, various types of media were employed and different groups of people (change agents and opinion leaders) participated, and significantly supported the communication process, as the Diffusion of Innovations Theory model explains. However, the public cannot apply all the recommended means of prevention due to circumstantial and social challenges, and, as the neutralisation theory describes, members of the public also attempt to justify their lack of compliance. Though health communication in general, and in relation to COVID-19 in particular, has been challenged due to various factors, it has encouraged members of the public to be responsible for their own health, which in turn lends considerable support to universal health coverage in Ethiopia.

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