



Perspective

Public engagement is key for containing COVID-19 pandemic

COVID-19 pandemic has caused unprecedented human health and economic consequences. Almost all countries have been affected¹. The spread of this novel virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) continues relentlessly. COVID-19 pandemic, and previous pandemics during this millennium, have demonstrated that the current state of global preparedness is inadequate for an effective response and to prevent local outbreaks from becoming international health emergencies. This is in spite of the substantial efforts and investment in enhancing a few of the core capacities as enunciated in the International Health Regulations of 2005 (IHR-2005)². Among IHR (2005) core capacities, the technology-driven interventions have been preferred over strengthening of core capacity on risk communication of engaging communities and obtaining its willing and continued support in combating unusual events namely epidemics and pandemics.

COVID-19 pandemic is driving home the irrefutable evidence that mitigation of the pandemic warrants immediate application of evidence-based non-pharmaceutical interventions (NPIs) through an empowered and educated community. This is especially relevant in the context of the ongoing pandemic because of the rapid transmission of SARS-CoV-2 and non-availability of the specific antiviral medicine and vaccines³. The pharmaceutical interventions are not likely to become accessible to developing countries during the next few months.

Public health history is replete with examples of successful containment of pandemics using social distancing. This was the mainstay of containment policy in the pandemics of influenza in the previous millennium^{4,5}. In the current millennium, as the threat of a pandemic with avian flu due to Influenza H5N1 virus emerged and subsequent Influenza H1N1 (2009) pandemic hit the world, major recommendations made

by the WHO⁶ were public education, social distancing, home quarantine and travel restrictions. The successful outcome of these measures is well documented⁷.

NPIs comprising repeated hand hygiene, respiratory etiquettes and social distancing have been advocated to result in the interruption of transmission of SARS-CoV-2. Hand hygiene and respiratory etiquettes are individual-oriented actions. Social distancing - the key to contain pandemic by interrupting the transmission of virus - has several dimensions. These include avoiding contact with patients of COVID-19, refraining from non-essential use of public transport, working from home and avoiding large and small gatherings namely dining out, socializing and visiting other places where infections can spread easily. It is well established that if NPIs are promptly and effectively implemented during pandemics, disease transmission can be reduced^{4,5}.

This approach is being advocated with greater intensity in COVID-19 pandemic. It calls for sharing of factual information that can be understood and trusted by the communities in bringing about a change in their behaviour to implement efficiently desired public health actions⁸. A systematic and locally-relevant approach through comprehensive risk communication strategy (CRCS)⁹ is essential. While developing CRCS for communities, especially in countries such as India with diversity in culture, social norms, educational status, language, faiths and beliefs as well as demography, it is essential to identify and appropriately address the common practical concerns of the communities in responding to a pandemic. The WHO guidelines on ethical considerations in developing a public health response to influenza pandemic can be adopted to develop comprehensive risk communication strategies in the local context and with relevant cultural values¹⁰.

The CRCS should systematically address the multisectoral, multidimensional risks and impacts

of pandemics, and devise communication tools to promote prevention and response to pandemic. There are multiple drivers that collectively tend to increase risk vulnerability and reduce societal resilience, and all these need to be factored into CRCS¹¹. Trust and transparency are fundamental to obtain absolute public engagement. There is no ‘one-size-fits-all’ approach. Communication strategies and actions must address the plethora of factors that influence the communication of actionable messages for the public. At the same time, these messages must bust the myths and misinformation ensuring that stigma and discrimination are strongly rejected. These are more harmful than the SARS-CoV-2 itself for any global efforts to control the pandemic.

Mental health is another major issue that is becoming critical in managing COVID-19 pandemic. Extended lockdowns have become a global norm. Panic and fear are destroying the mental peace of public with a potential to explode into irrational behaviour and social chaos, thus superseding evidence and jeopardizing the pandemic control efforts. Psychologically, when the living environment changes, people naturally feel unsafe, scared and anxious. Efforts must be made to address these and reassure public through a systematic approach led by social and mental health experts^{12,13}.

To maintain mental stability, public may be encouraged to augment their social communications with family and friends using modern and affordable telecommunication tools and web-based applications. With over 400 million users, India is the WhatsApp’s biggest market globally. The app is deeply penetrated in the country, is free and is used by majority of Indians. Used rationally and by avoiding misinformation and circulation of fake news, this can be an excellent tool for social communication in addition to social distancing and accessing reliable information¹⁴.

The importance of social distancing as a tool to limit disease transmission is well recognized, but there are several difficulties associated with this measure¹⁵. There are challenges in ensuring social distancing especially in densely populated urban slums and refugee habitations in developing countries where people are forced to occupy and live together in small and poorly ventilated homes. Health authorities face challenges in providing separate space for isolation or quarantine of contacts or suspected cases. The lack of freedom of movement facilitates transmission of virus. Clearly augmented surveillance by health system and prompt voluntary reporting by the educated communities are critical.

The COVID-19 pandemic has hit the world severely and unexpectedly. Time for effective response is at premium. Pandemic affects all. It is the responsibility of every citizen to join hands to mitigate its impact by using evidence-based NPIs and following guidance provided by the national authorities through various 24×7 mechanisms.

The WHO Director-General has recently said¹⁶, “This is a time for facts, not fear. This is the time for science, not rumors. This is the time for solidarity, not stigma. This outbreak is a test of solidarity - political, financial and scientific. We need to come together to fight a common enemy that does not respect borders”.

We must adhere to this philosophy to defeat the COVID-19 pandemic.

Conflicts of Interest: None.

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