

ONE YOUNG WORLD ACADEMY

WINNING COURSEWORK

TITLE: What are the barriers to effective communication around infectious disease, and how can they be overcome?

AUTHOR: Yi Jun Mock, Singapore

Among every 100,000 patients who get the [Pfizer/BioNTech] vaccine," reads a study in the New England Journal of Medicine published in August 2021, "1 to 5 will likely develop myocarditis who would not otherwise have developed it." The numbers were drawn from data gathered by Israel's Clalit Health Services - of a staggering 884,828 vaccinated individuals, and as many unvaccinated as a control.

For an individual considering whether to get inoculated, the logic goes, the astronomically low risk of complications should be a reassurance. Herein though, we begin to see the barriers that obstruct effective communication around infectious disease and appropriate response.

First, public health and science policy has often been communicated as a numbers game - yet, for all its useful extrapolation to the big picture, it fails to speak to the individual lived experience. Second, many communities possess deep-seated distrust of state and medical authorities (with historical examples like the excesses of the 20th-century radical mastectomy, to the contemporary mixed messaging amongst public officials in the U.S. regarding COVID-19), rendering "official" data and recommendations moot in their eyes. Finally, the rise of the digital era has broadened the streams of information. 10% of "non-joke" tweets around Ebola contained "false or partially false" information, and the spread of misinformation and disinformation through digital channels drowns out accurate information.

These challenges require us to return to a foundational question - how are we communicating effectively to the individual and their lived experience?

As much as we may question the antics of anti-vaxxers, the minority who justify their refusal to comply with public health guidelines in terms of liberty and personal freedoms - there are many others with sound reasons for reasoned skepticism. A woman who lost her first child, to what should have been a relatively low-risk amniocentesis procedure, said to me: "The risk may be 1%... but if you're the 1%, it's your 100%." And if you're the unlucky 0.0005% to face myocarditis from an mRNA vaccine, your life changes irretrievably.

Thus, speaking to the individual lived experience is the lynchpin to overcoming the aforementioned barriers. First, identifying trusted community champions to convey information is important. While Olivia Rodrigo was a surprising spokesperson for millennials to get vaccinated, celebrity alone is not enough - grassroots community leaders need to be empowered to act as spokespersons, confidantes, and feedback channels for community concerns. Second, a culture of technocratic respect must be fostered. When political leaders belittle scientific expertise for political gain, they sow doubt. Deference to technocratic policy making across the aisle is essential. Finally, establishing official communications channels for communities to receive accurate and condensed information through new digital tools is key - such as official national health updates through Telegram, or daily briefings through Facebook.

When we speak to the individual, and do not treat them as a number in the system - we not only convey information about infectious disease but convince them to take the right steps to protect themselves and their loved ones.

GLOBAL LEADERSHIP
FOR GLOBAL CHALLENGES



With support from BILL & MELINDA GATES foundation