

Focus of the first government announcements on COVID-19 in the Evaprop countries

Enfoque de las primeras comunicaciones gubernamentales sobre COVID-19 en países de Evaprop

Foco das primeiras comunicações governamentais sobre a COVID-19 nos países Evaprop

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ABSTRACT | The communication of those responsible for managing the COVID-19 crisis was largely improvised and constantly changing, especially in the initial phase. This article analyzes the global and comparative communication approach during the first official statements of the governments of the Evaprop Network countries (Argentina, Brazil, Chile, Colombia, Costa Rica, Spain, Mexico and Panama), following two key moments of the World Health Organization communication in the evolution of the health crisis. To this end, we applied content analysis to the public relations techniques used: press releases about the new coronavirus (first milestone, January 2020) and press conferences about COVID-19 after it was declared a global pandemic (second milestone, March 2020). The results provide an overview of the topics covered and the approach taken overall and by each country at both milestones. In addition to the different thematic interest and approach at the two points in time, the biggest differences can be found in the messages announced at the press conferences of the main leaders.

KEYWORDS: government communication, COVID-19, press conference, press release, crisis communication.

HOW TO CITE

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RESUMEN | *La comunicación de los responsables de la gestión de la crisis de la COVID-19, especialmente en su fase inicial, fue en gran medida improvisada y constantemente alterada. Este artículo analiza el enfoque comunicativo, global y comparado durante las primeras declaraciones oficiales de los gobiernos de los países de la Red Evaprop (Argentina, Brasil, Chile, Colombia, Costa Rica, España, México y Panamá) después de dos momentos comunicativos clave de la Organización Mundial de la Salud en el desarrollo de la crisis sanitaria. Para ello, se aplicó el análisis de contenido de las técnicas de relaciones públicas empleadas: los comunicados de prensa sobre el nuevo coronavirus (primer hito, enero de 2020) y las ruedas de prensa sobre la COVID-19 tras ser declarada pandemia mundial (segundo hito, marzo de 2020). Los resultados enmarcan los temas abordados y el enfoque general y de cada país en ambos momentos. Además de evidenciar un interés temático y enfoque distintos en ambos momentos, las mayores diferencias se encuentran en los mensajes emitidos en las conferencias de prensa de los máximos dirigentes.*

PALABRAS CLAVE: *comunicación gubernamental, COVID-19, rueda de prensa, comunicado de prensa, comunicación de crisis.*

RESUMO | *A comunicação dos responsáveis pelo gerenciamento da crise da COVID-19, especialmente em sua fase inicial, foi amplamente improvisada e constantemente alterada. Este artigo analisa a abordagem comunicativa global e comparativa durante as primeiras declarações oficiais dos governos dos países da Rede Evaprop (Argentina, Brasil, Chile, Colômbia, Costa Rica, Espanha, México e Panamá) após dois momentos-chave de comunicação da OMS no desenvolvimento da crise de saúde. Para isso, a análise de conteúdo foi aplicada às técnicas de relações públicas utilizadas: os comunicados de imprensa sobre o novo coronavírus (primeiro marco, janeiro de 2020) e coletivas de imprensa sobre a COVID-19, depois que ela foi declarada uma pandemia global (segundo marco, março de 2020). Os resultados enquadraram as questões abordadas e a abordagem adotada em geral e por cada país em ambos os marcos. Além de mostrar um interesse temático e um foco diferentes nos dois momentos, as maiores diferenças são encontradas nas mensagens transmitidas nas coletivas de imprensa dos principais líderes.*

PALAVRAS-CHAVE: *comunicação governamental, COVID-19, conferência de imprensa, comunicado de imprensa, comunicação de crise.*

INTRODUCTION

On December 31, 2019, the World Health Organization (WHO) was informed of the high number of pneumonia cases in Wuhan and declared a state of emergency the next day to combat the outbreak (World Health Organization, 2020a). The reporting of cases in China began on January 4, and on January 14, the technical director explained the risk of an extended outbreak to the media. On the 22nd of the same month, she added the possibility of human-to-human transmission. On the 30th, the International Health Regulations Emergency Committee declared the existence of an international health risk. The pandemic was declared on March 11 (El País, 2020a; World Health Organization, 2020b).

The first warnings began in Asia, and countries such as Bhutan, Singapore, Taiwan and Vietnam were largely able to contain the virus thanks to their restrictions on the movement of people. The disease spread to other continents via travelers, and at the end of February, the escalating situation in Italy prompted the WHO to declare Europe the new epicenter of the virus after the situation in China had improved somewhat. This situation repeated itself cyclically.

Countries began to report the incidence of the disease on an estimated basis before they had reports of COVID-19 testing. This lack of data and lack of rigorous treatment led to misinformation about the extent, prevention, treatment and other aspects of the disease, to the point that conspiracy theories and denial theories emerged.

THEORETICAL BODY

The bibliographic and hemerographic search was based on studies on crisis communication in the healthcare sector and on works whose subject of investigation is government communication during COVID-19.

On the one hand, there are studies that analyze government discourse. Some are comparative, such as the analysis by Wodak (2021), which focuses on crisis communication in the governments of Austria, Germany, France, Hungary and Sweden, or the case of China and India (Rodrigues & Xu, 2020). Others focus on specific territories such as Spain (Castillo-Esparcia et al., 2020), Indonesia (Sultan & Rapi, 2020), Norway (Moss & Sandbakken, 2021), the United Kingdom (Scoones, 2020), Taiwan (Chen et al., 2020), Mexico (Ibarra-Nava et al., 2020), Sweden (Habib, 2020), Chile (Bachmann et al., 2021), etc. Some compare supranational organizations such as the WHO and specific regions (Tay, 2022).

Likewise, there is literature that analyzes the political communication of the health crisis by governments (Manfredi Sanchez, 2021; Castillo-Esparcia et al.,

2020) and another that examines the statements of specific presidents: Trump or Bolsonaro (Niburski & Niburski, 2020; Mahase, 2020; Abbasi, 2020; McManus et al., 2022). Other studies look at the topics covered by the world press during the development of COVID-19 (Ng et al., 2021), the framing of news about the health crisis in the media (Núñez-Gómez et al., 2020; Rodelo, 2021) or the tone or treatment of the news (Ng et al., 2020; Rodelo, 2021).

Communication in the COVID-19 Health Crisis

A crisis implies a profound change and entails significant consequences in a process or situation (Real Academia Española, n.d.). An international and global crisis implies a change in social, economic and governmental systems at all levels, especially in the areas that triggered the crisis itself.

The pandemic has changed healthcare and many areas of people's daily lives. In times of uncertainty, the authorities must offer solutions, but also calm and serenity, without hiding the seriousness of the situation. In this context, the governments of regions, countries and supranational bodies have improvised and made difficult decisions with limited freedoms.

Although ideally there should be a contingency plan for probable or feasible situations, the reality is that the COVID-19 pandemic exceeded international forecasts and governments were forced to make complex decisions in a short period of time. Without a global crisis plan that followed WHO guidelines, each government planned and adapted its measures according to its specificities. At the beginning of the crisis, given the social constraints, the lack of data and the absence of a communication plan, many governments used one-way communication tools to reach their citizens.

Planned communication contributes to the prevention and containment of pandemics as it reduces fears and anxieties, supports public compliance with containment strategies, limits exposure and increases the effectiveness of medical interventions (Malecki et al., 2021), thus contributing to reliable management.

This communication is crucial for the public to gain the impression that the information provided by the authorities provides verifiable data, and this trustworthiness must be continuously managed (Hyland-Wood et al., 2021).

The communicative management of the crisis thus had to be based on building trust and credibility through honest, transparent and empathetic information, moving away from unverified claims, with messages accessible to all audiences and with citizen participation as a challenge in the process.

Although uncertainty has given scientists a greater presence in the media and in the executive, which is fundamental in the fight against fake news and hoaxes (Breznau, 2020), most governments have established crisis committees with specialized staff with specific knowledge, chaired by the President

of the Government or the Minister of Health. Even though the spokesperson of the committees is a person with expertise in communication, and considering that the multiplication of voices undermines trust and affects the tranquility of the public (Rojo Martínez et al., 2020), many governments have entrusted this task to their top politicians.

The objectives of government communication from the relational perspective can be informative (to communicate and get citizens to understand the message) or motivational (to get people to believe and trust the message and achieve changes in their attitudes and behavior towards the problem) (Grunig & Hunt, 2000). Depending on the objective, messages must provide the necessary information and reach different audiences indiscriminately through different media (Yap et al., 2020). It is important to avoid any kind of communication noise and to combat hoaxes and misinformation.

The strategy sets out the tactics, techniques and tools to be used and should engage stakeholders to meet their risk information needs, “build trust and facilitate cross-sector collaborations to address a public health crisis” (Qiu et al., 2018, p. 587).

In this case, the online formats used to inform the public exploded in confinement. The choice of social networks was based on the content of their publications: more informative on Twitter and more complete reproduction of events, such as press conferences, on Facebook (Castillo-Esparcia et al., 2020). Although social networks multiplied their value as a communication tool for experts to rigorously report on the dangers, misinformation also spread and outrage was amplified (Malecki et al., 2021).

During the pandemic, social networks were widely used to disseminate institutional messages, but traditional media gained more trust and credibility (Carretón-Ballester & Lorenzo-Sola, 2022). During the pandemic, governments used traditional media relations techniques (Grunig & Hunt, 2000) such as press releases (one-way communication) or press conferences (two-way communication), “which were necessary to reach the population that does not use the new digital platforms” (Costa-Sánchez & López-García, 2020, p.5), and which were constantly planned and adapted according to the restrictions imposed by the pandemic.

Indeed, social distancing conditioned the press conferences by limiting the number of journalists present. The press conferences were held in two ways, in

several rooms, in private with only the spokesperson present or exclusively online (Rojo et al., 2020). The difficulty of gaining access to the press conference or the lack of a response provoked criticism from journalists, as happened in Spain (Castillo-Esparcia et al., 2020; Costa-Sánchez & López-García, 2020). The traditional media thus played a key role in transmitting information to the audience, which should be primarily and above all served by the spokespersons (Anwar et al., 2020).

First official communications from Evaprop countries

The countries studied reacted to the pandemic and reported the evolution of the pandemic at different rates under the guidance of WHO notifications.

In January, governments issued communiqués and some convened press conferences. In both cases, the common information addressed to the public was the general analysis of the outbreak, the surveillance or control mechanisms or systems in each country and, to a lesser extent, the contribution of the number of infected people and protective measures.

In March, the establishment of crisis committees, the closure of borders, the declaration of a state of alert, health warnings and awareness campaigns were then announced.

Argentina

On January 23, an epidemiological warning was attached to the Ministry of Health's communiqué on monitoring the evolution of the virus (Gobierno de Argentina, 2020). The headline read *We have the capacity to react and we are absolutely vigilant to the global situation*.

On March 12, the Argentine government extended the state of public health emergency imposed by Law No. 27,541 by one year. On March 18, the Argentine Ministry of Science and Technology announced the creation of the COVID-19 Coronavirus Unit.

Following the adoption of more than 30 restrictive measures, President Fernandez appeared before the media on March 20, 2020 and announced the institutional agreement of the Emergency Decree (DNU 297/20) on the preventive and mandatory social isolation of all citizens (Televisión Pública Noticias, 2020).

On March 24, the daily reports of the Ministry of Health began to be broadcast in the morning and evening.

Brazil

On January 22, the Brazilian government opted for an initial communication on Facebook focusing on the fact that the country had not registered any case of coronavirus, with a link to the full note from the Ministry of Health stating that Brazil is preparing the health network for new coronaviruses, insisting on

the non-existence of contagions in the country. In another communiqué, a press conference was announced on the same day (Ministério da Saúde. Governo do Brasil, 2020a, 2020b).

On February 28, the Ministry of Health launched an advertising campaign about protective measures on open television, radio and the Internet. In the commercials, the population is advised to wash their hands several times a day, use hydroalcoholic gel and not to share objects.

On March 17, the federal government published a decree establishing the temporary and partial closure of the border between Brazil and Venezuela. On 18 March, the Chamber of Deputies approved Decree-Law (PDL) 88/2020, which recognizes the state of public emergency.

On March 20, in his first press conference, President Bolsonaro classified the pandemic as a mild flu (Agencia EFE, 2020).

Chile

The press release from the Chilean Ministry of Health on preventive measures due to the outbreak of a new coronavirus in China came after the first press conference on January 23 to inform the public. It also included a link to official material with information about the new virus (Ministerio de Salud. Gobierno de Chile, 2020).

On January 28, the action plan was presented, focused on prevention and surveillance in view of the imminent introduction of cases into the country. On February 5, a health alert was declared from February 8.

On March 18, the President appeared before the media and declared a state of emergency for a 90-day public disaster. On the same day, the first national radio program was broadcast to report on the course of the pandemic (Informe COVID-19, Puntos COVID-19 de difusión diaria) (24 horas - TVN Chile, 2020) and the Hazlo por ti, hazlo por todos campaign was launched to detect symptoms, prevent and comply with quarantines.

On March 22, a nationwide night curfew was imposed. The COVID-19 Social Round Table was set up to promote dialog, integrate proposals from different sectors, coordinate actions and give more weight to the decisions of the executive and the health authority.

Colombia

On January 20, the Ministry of Health and Social Protection issued a communiqué stating that there were no registered cases and that the protocol to combat the virus had been updated (Ministry of Health and Social Protection. Government of Colombia, 2020).

On March 18, the president declared a state of emergency as a measure to control and prevent the coronavirus pandemic for people over 70 years of age.

Costa Rica

Under the heading *Health authorities work to follow up on international health alert over new coronavirus in China*, the government of Costa Rica reported in its press release of January 20, 2020 on the activation of protocols to respond to the health alert. The first press conference of the Ministry of Health took place on January 22 (Ministerio de Salud. Gobierno de Costa Rica, 2020).

The first official act took place on February 4 and the Health Operations Table was activated. On March 9, the government published the first national regulations and their function (decrees, directives, resolutions, guidelines, etc.).

On March 16, President Alvarado declared to the media the signing of the Decree on the National State of Emergency in the Republic of Costa Rica (La Nación Costa Rica, 2020).

Spain

On January 22, the press release from the Minister of Health emphasized the role of the foreign health service to avoid risks to public health and to provide calm and confidence in the country's alert system without providing data or other information about the virus (Ministerio de Sanidad. Gobierno de España, 2020a). On February 23, a protocol for measures against the coronavirus was established and on February 1, it was announced that an inter-territorial council would be convened to deal with the situation (Ministerio de Sanidad. Gobierno de España, 2020b).

On February 4, a permanent information page was created on the website of the Ministry of Health. On March 12, the President of the Government, Pedro Sánchez, convened a press conference and the following day announced the declaration of the state of alarm as of March 14, 2020 (Ministerio de Sanidad. Gobierno de España, 2020c).

Mexico

The press release of January 22 on the preparation and response measures to a new coronavirus (2019nCoV) for health protection in Mexico included the country's response plan, the epidemiological alert to identify positive cases and measures for possible severe cases (Secretaría de Salud. Gobierno de México, 2020). On this day, the first press conference of the federal government took place.

On January 24, the first technical report on the new coronavirus was disseminated, which would later be published weekly, and on January 30, the first meeting of the National Committee for Health Security was announced, with coordination at several levels.

On March 19, the General Health Council of Mexico recognized the virus epidemic and drafted an agreement on the preventive measures to be implemented to contain and control health risks. On the same day, the president made some controversial statements in which he urged his fellow citizens to continue living a normal life and to wear amulets and holy cards of saints and virgins to counter the coronavirus.

On March 31, the Health Council declared a national health emergency (Gobierno de México, 2020).

Panama

On January 20, the government issued a warning about the presence of the coronavirus in the city of Wuhan (China), focusing on the surveillance and control system activated in the country and the forms of transmission of the disease. It differs from the other press releases as it contains a direct message to citizens:

“Remember that you are the first ring of security against any respiratory disease” (Ministerio de Salud. Gobierno de la República de Panamá, 2020).

On March 13, the President declared a national state of emergency in front of the media (La Prensa, 2020).

OBJECTIVES

The aim of this study is to find out how each country reacted communicatively to inform its citizens at the beginning of the crisis. To this end, the specific objectives are:

SO1. To create a timeline from the first communication of the new coronavirus and the WHO's declaration of the pandemic and the first information from the government.

SO2. To find out the thematic framework of the official communications at the beginning of the pandemic.

SO3. Find out which actors are involved in the official communication following the first WHO communication.

SO4. To understand the communication model, the objective and the treatment of the health alert by governments in their first communications.

METHODOLOGY

The methodology used is the content analysis¹ of official press releases and press conferences from the eight countries of the Evaprop network (Argentina, Brazil, Chile, Costa Rica, Colombia, Spain, Mexico and Panama). To this end, following the techniques used for these purposes, the analysis focuses on two milestones of the pandemic: the outbreak of the new coronavirus (January 2020) and the declaration of a pandemic by COVID19 (March 2020). Eight press releases are analyzed for the former and seven press conferences² convened by the various governments for the latter. Table 1 lists the defined variables of the analysis. The data was analyzed using the statistical software SPSS, version 28.

Press release	Press conference
1. Timing (days between WHO and country communication).	
2. Communication channel (government website, media, official social media profile). Post-coded.	
3. Keywords. Post-coded.	
4. Actors involved in the content of the communiqué (political sphere: president, ministers; scientific/health societies; WHO/PAHO; military; others).	
5. Content (topics) of the communication. Post-coded.	
6. Message tone (positive-optimistic; negative-pessimistic; neutral approach) (Prabowo & Thelwall, 2009; Abuin-Vences et al., 2020).	
Messages that indicate a possible risk (monitoring, surveillance, control mechanisms for response) are considered positive-optimistic.	Messages about the negative impact on the economy, sanctions or data on the lethality and severity of the disease are considered negative.
Messages containing emergency or health warnings for coronavirus are categorized as negative-positive-pessimistic.	Messages on the various measures to deal with the pandemic are considered optimistic.
If messages cannot be classified in any of these categories, they are considered neutral.	Content on traceability is considered neutral.
7. Communication objective: informational, motivational, both (Grunig & Hunt, 2000).	
8. Official sources and links to WHO health alerts (yes or no).	
9. Ressources (yes or no).	9. Media speaking time (yes or no).
10. Announcement of press conference (yes or no)	10. Limit to media reply (yes or no)

Table 1. Analysis variables

Source: Own elaboration.

1. Content analysis is an indirect methodology because it is based on the analysis and interpretation of existing documentary sources that can be exploited quantitatively and qualitatively (Guix Oliver, 2008).

2. The appearance of the Brazilian president is not analyzed because he does not recognize the state of alarm as described in the chronology.

RESULTS

Press release

Since January 5, when the WHO issued the first report on the outbreak to the global research and health community and the media, the first response (15 days) came from Costa Rica, followed by Panama (January 20). Most countries took 16 days to release the first official communiqué (January 21), with Chile taking the longest (January 23) (figure 1).

All countries publish the press release on the official website of the central government. In Brazil, however, it can be found for the first time on the government's Facebook profile.

No country opted for a health warning or emergency as the only message. 37.5% of countries (Chile, Costa Rica and Panama) focused their message on monitoring the risk of a possible health alert. Argentina, Brazil, Colombia, Spain and Mexico (62.5%) used the words risk monitoring, surveillance and control mechanisms to respond.

The most common topics in the official messages (figure 2) are monitoring by health services (100%), information about the coronavirus (87.5%, except Spain) and the recommendations of the Pan American Health Organization (PAHO) and WHO (75%, except Spain and Panama).

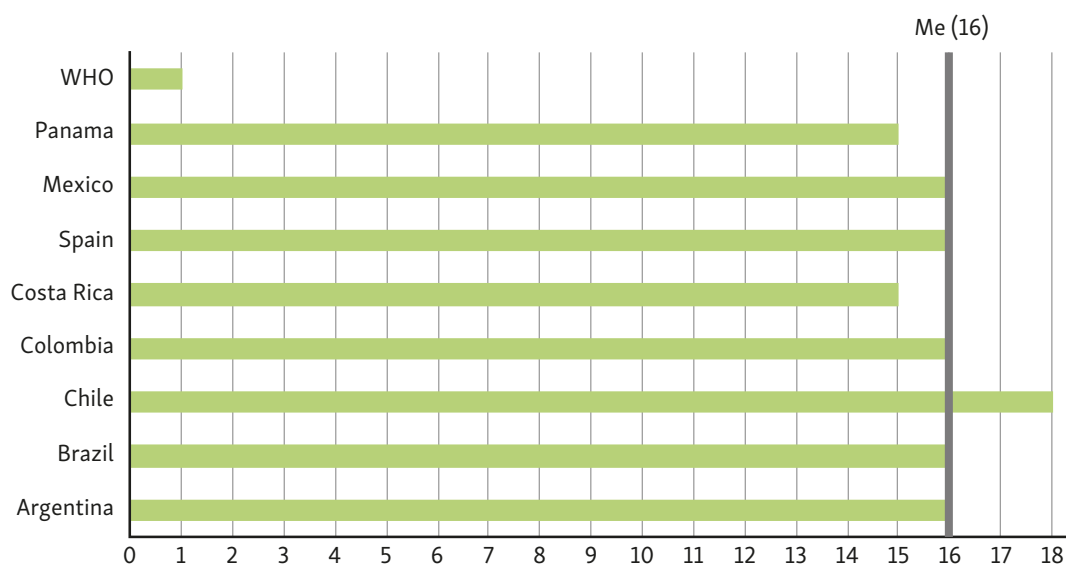


Figure 1. Timing of the first governmental communication on COVID-19 (days)

Source: Own elaboration.

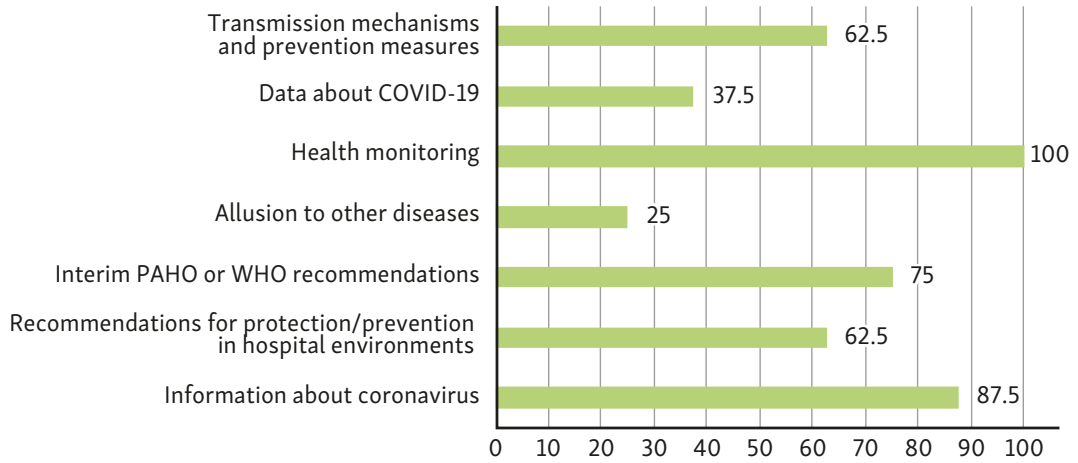


Figure 2. Issues addressed in the first official press release on COVID-19 (%)

Source: Own elaboration.

Of the actors mentioned in the communiqués, the central government, health authorities, epidemiological and emergency health services of the government predominated in all countries. None of them included scientific societies at the time, as they awaited the progress of WHO research and, in some cases, PAHO.

At this stage of the incipient development of the pandemic and global uncertainty, only Argentina included a link to the official WHO website in its communiqué.

The tone of the communiqués is positive and optimistic, indicating that the health alert is localized rather than generalized, that infection control mechanisms for other diseases have been activated and that WHO information is being followed. No country shows pessimism or negativity: 75% do so with a positive-optimistic tone and 25% use a neutral tone. The objective pursued is also purely informative (100%), i.e., the communiqués do not aim to change attitudes and behaviors, but to inform about the situation in an understandable way.

The only country that expands the information in the communiqué is Chile, which produces a material with global data on previous outbreaks of acute respiratory syndrome (SARS), including COVID-19, chronology, mode of transmission, symptomatology and clinical picture, WHO recommendations, epidemiological surveillance in Chile and prevention measures.

The communiqués of the governments of Argentina, Brazil and Chile also include a call to the press to inform about the situation on the same day they issue their communiqués. This means that only 37.5% choose techniques that combine unidirectional and bidirectional communication to inform society, compared to 62.5% that only use the institutional unidirectionality of the communiqué.

Press conferences

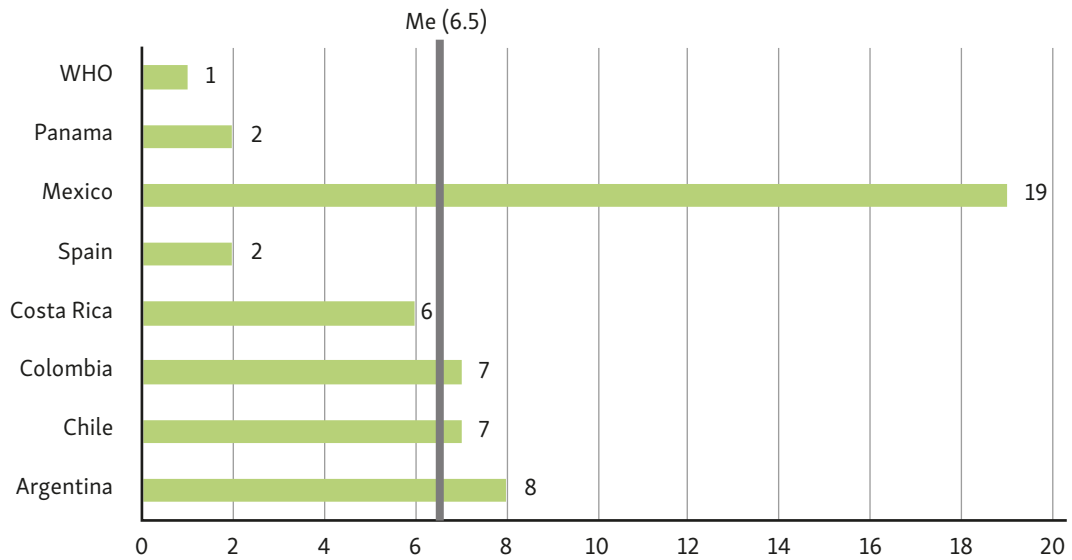


Figure 3. Timing of the press conference after declaring COVID-19 pandemic (days)

Source: Own elaboration.

On February 5, the WHO begins daily press briefings and announces on February 11 that the disease caused by the new coronavirus will be called COVID-19.

On March 11, the Director-General of the WHO appears before the media and concludes that COVID-19 can be considered a pandemic. He asserts that he is concerned about the alarming extent of the spread and severity of the virus, as well as the alarming lack of action. The press conference declaring COVID-19 a pandemic triggers states of alarm or emergency in the countries of the Evaprop network (Figure 3). Although Brazil has held press conferences in the past, it is the only country that does not appear to have declared a state of emergency.

With the exception of the press conference declaring a state of alert in Spain, which can be found on the government's website, the remaining countries have broadcast press conferences declaring a state of emergency, alert or urgency due to the pandemic via the social network YouTube. With a very uneven impact (between 9800 and 15,400,000 views), Chile and Mexico reached the highest numbers (15,400,000 and 15,000,000) and Colombia the lowest number of views (9800). Argentina reached 81,000, Panama 15,000 and Costa Rica 13,531.

The terms used by political leaders were emergency or urgency (100%), followed by measures to contain or mitigate the COVID-19 pandemic and public health and safety to protect citizens (85.7%). The terms seriousness or threat were used to a lesser extent (42.9%).

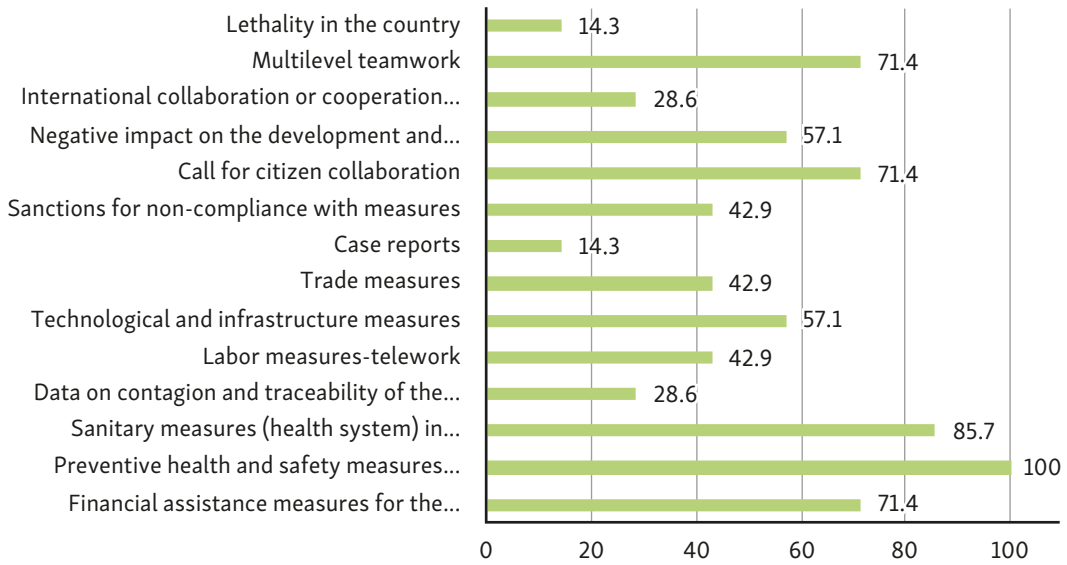


Figure 4. Topics covered in appearances related to COVID-19 pandemic (%)

Source: Own elaboration.

In 28.6% of press conferences, the president appears together with the ministers (Mexico and Panama), compared to 71.4% (Argentina, Chile, Colombia, Costa Rica and Spain), which are characterized by an appearance by the president. Mexico also stands out for the participation of military officials in the press conference.

The central themes of the declaration of a state of alarm, emergency, urgency or disaster in the interventions (figure 4) are the preventive measures of security and collective health (confinement, social distance, hygiene or displacement), as well as health measures related to the health system and medical care. On the other hand, the only government that mentions reporting cases to international health authorities is Panama, and only the Mexican government addresses the lethality of COVID-19 in their country.

The conference mentions the different actors and target groups affected by the institutional declaration (Table 2). In the multi-response analysis, the public and private sectors are associated with teleworking measures to maintain public and business activity for citizens and customers. Global house arrest is announced, except for individuals whose activity is considered essential, and security forces and corps are alluded to in order to ensure compliance. Reference is made to the health sector, as it plays an important role during the pandemic, and to vulnerable populations, especially the elderly, the chronically ill and people with disabilities. Only Spain calls for responsibility towards young people. The media are mentioned by Argentina and Mexico, who ask for their cooperation for truthful and rigorous communication.

Actors	%	Countries
Public sector	85.7	Argentina, Chile, Costa Rica, Spain, Mexico and Panama.
Private sector	85.7	Argentina, Chile, Costa Rica, Spain, Mexico and Panama.
Third sector	14.3	Mexico
Core business sectors	71.4	Argentina, Costa Rica, Spain, Mexico and Panama.
Security Forces	71.4	Argentina, Chile, Costa Rica, Mexico and Panama.
Health Care Group	71.4	Argentina, Chile, Costa Rica, Spain, Mexico and Panama.
Vulnerable groups	71.4	Colombia, Costa Rica, Spain, Mexico and Panama.
Scientific group	42.9	Chile, Spain and Mexico.
Young people's group	14.3	Spain.
Media	28.6	Argentina and Mexico.
International organizations	14.3	Chile.

Table 2. Actors referenced in appearances related to COVID-19 pandemic (%)

Source: Own elaboration.

The tone of the message used in the press conferences combines positivity and optimism with neutrality (42.9%). Only in Colombia is the tone more negative and pessimistic (14.3%). Press conferences have an informative-motivational objective in 57.1% of cases, containing messages aimed at changing citizens' perceptions, attitudes and behavior in the face of the declaration of an alert, emergency or urgency due to COVID-19. Nevertheless, 42.9% are limited to sending an informative message about the decision taken.

In terms of bidirectionality, only 28.6% (Mexico and Panama) allow the press to ask questions after the government has intervened. Panama limits participation to one question per half-time and Mexico allows questions until the end of the conference hour. Argentina, Chile, Colombia, Costa Rica and Spain do not allow the media to respond.

DISCUSSION AND CONCLUSIONS

After the WHO announced the severity of the pandemic, the governments of the various countries began to repeat the discourse and address their fellow citizens. The first country to do so was China, followed by the other countries.



Figure 5 Timeline of the first communications from the countries studied

Source: Own elaboration.

The WHO's initial actions were based on information campaigns with a strong counterforce against denial and hoaxes, using a variety of media and communication tools, such as awareness campaigns and social media actions. The WHO tended to communicate its authoritative experiences in a relatively informal way, which helped to keep it out of ideological tensions (Tay, 2022). The governments studied responded at different paces, first by establishing health committees and then through staggered statements by their top officials.

The study has therefore made it possible to create a timeline from the first communication about the new coronavirus, the WHO declaration of a pandemic and the first government information from the countries of the Evaprop network (figure 5).

With regard to the second of the specific objectives, the study shows the thematic classification of official communications from Evaprop network countries at the beginning of the global pandemic. This finding is broadly consistent with the study by Ng and colleagues (2021), according to which the pre-pandemic (October to December 2019) focused on prevention and treatment of infectious diseases, the early phase of the pandemic (January to February 2020) on news about COVID-19, and the peak phase of the pandemic (March to May 2020) on evidence, social risks and vulnerability, containment and lockdown, economic crisis or death:

- Communication in January is unidirectional. The messages from Chile, Costa Rica and Panama stand out and focus on the health alert/emergency and risk monitoring in the event of a possible health alert, while Argentina, Brazil, Colombia, Spain and Mexico choose the unified message of risk monitoring, surveillance and control mechanisms to respond. The topics addressed are the monitoring by the Ministries of Health (all countries), the preliminary recommendations of PAHO and WHO (except Spain

and Panama) and the information known so far on the new coronavirus (except Spain). The countries that also formulated their communiqué on the transmission routes of the disease and prevention measures are Argentina, Brazil, Colombia and Costa Rica.

- Recommendations to prevent transmission in hospitals were addressed in the communiqués of Argentina, Brazil, Chile, Colombia and Mexico. All other topics are less present. It is worth noting that Argentina is the government that has addressed the most issues in this first communiqué.
- Communication in March obviously goes both ways. Following the WHO's declaration of a pandemic, countries' messages focus on the health alert/emergency, on collective health and safety and on the measures taken to contain or mitigate COVID-19. The words severity or threat are only used by Argentina, Mexico and Panama. The most recurring themes are measures to prevent a collapse of the health system to ensure medical care, as well as security measures in all areas (labor, social, education). The only country that talks about the lethality of the disease is Mexico and the only country that addresses the international reporting of cases is Panama.

In terms of the actors involved in official communication after the WHO's first intervention, there are major differences between the two milestones examined, which make it possible to achieve the third specific objective:

- The institutions involved in the communiqués are the central government with the health authorities, epidemiological and emergency health services of all countries. At this time, only Argentina, Brazil and Chile have called the media.
- Following the declaration of a global pandemic, press conferences in Argentina, Chile, Colombia, Costa Rica and Spain were described as presidential, while in Panama the president appeared together with his ministers and in Mexico the president was accompanied by ministers and military officers. In general, presidents have included and involved the public and private sectors, those whose work is considered essential, the security forces, the health sector and vulnerable groups. It is noteworthy that the governments that opted for a non-presidential appearance granted question time to the media. Thus, they are the only ones who really used the press conference as a two-way communication technique.

In this regard, it was possible to learn about the communication model, the objective and the treatment of the health alert by governments in their first communications, thus responding to the fourth specific objective. Initially,

communication was generally unidirectional, through press releases and messages in three directions: a) on health system surveillance, b) regarding information on the virus itself and its evolution, and c) on standardized recommendations from the WHO and other supranational organizations. A positive and optimistic tone prevailed in these messages, accompanied by an "exaggerated reassurance of the population" (Costa-Sánchez & López-García, 2020, p. 6), highlighting the case of Brazil and Mexico, where the respective presidents downplayed the impact of the pandemic with polemical messages.

In a second phase, which followed very quickly after the first, communication became bidirectional. This was when a state of alert was declared in the various countries. This communication focused mainly on press conferences where ministers and government presidents gave an assessment of the health system and asked the media and society in general for help to combat the virus through restrictions. The tone during this phase remained positive and optimistic, albeit with a tendency towards neutrality. In addition to a clear information objective, there is a timid motivational objective that calls on society to submit to and comply with the measures and regulations. Colombia is the only country that maintains a negative and pessimistic tone. In the discussion, the countries largely limited themselves to repeating the WHO messages and adapting the communication objectives to the situation of each country. Therefore, we can confirm that it is necessary to design a communication plan to respond to global crises, with clear guidelines, communication objectives and response times in response to the public's information needs, as well as the communication techniques and models to be used at each stage of the process.

Although the study is part of the Evaprop network project, the main limitation of the study is the sample. A future line of research could consider a larger sample of countries by geographic area or continent.

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