

Analysis of Similarities and Differences in Information About COVID-19 Published Through the Health Authorities' Websites in 16 Southern African Countries

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ARTICLE INFO

Received: 📅 January 29, 2021

Published: 📅 February 08, 2021

Citation: Sérgio F Mahumane, Janeth Dula, João Celso R Zibia. Analysis of Similarities and Differences in Information About COVID-19 Published Through the Health Authorities' Websites in 16 Southern African Countries. Biomed J Sci & Tech Res 33(4)-2021. BJSTR. MS.ID.005449.

Keywords: Southern African; COVID-19; Information; Health Authorities Websites

Abbreviations: COVID-19: Coronavirus Disease discovered in 2019; RDC: Democratic Republic of Congo; SADC: South African Development Community; SARS-CoV2: Syndrome Acute Respiratory by Coronavirus 2; WHO: World Health Organization

ABSTRACT

Background: SARS-CoV2 continues to be a concern for the whole world, provoking anxiety about a new vaccine or an assertive action to put end to its disastrous effects. In addition to demanding more and more to the level of cohesion that exists between nations, with emphasis on socio-economic blocs, this pandemic has also brought about some divergences in the response strategies to Sars-Cov2.

Methodology: This article was based on Health Authorities Websites content review. were established analysis indicators based on the subjects published on the World Health Organization (WHO) website in the same period, and through a thorough review of the national health authorities' websites, the content of these official digital platforms was reviewed and compared in the context of southern African countries as members of SADC.

Main Body: Was found that the information published on the websites of the health authorities is important to guarantee credible information to the different interested parties, in addition to contributing to the fight against misinformation, taboos and erroneous perceptions, which leads to maladjusted behaviors, attitudes and practices of individuals. Main health authority websites were found, some websites created specifically for information on COVID-19 but with the link located on the health authority page and other delegated to third parties but with all official legitimacy. All these sources have been given the same consideration.

Short Conclusion: Although members of the same socio-economic organization, differ on the use of health authority' websites for the dissemination of information on COVID-19.

Introduction

In December 2019, a novel virus, SARS-CoV2 was discovered in China. The new coronavirus is the cause of a new disease, Coronavirus Disease 2019 (COVID-19), that within 6 months, has spread quickly to almost all countries in the world and with highly contagious and lethal effects [1]. The COVID-19 pandemic, unlike the other diseases that have marked the history of the world, has threatened all countries in the world in general and African countries and their socio-economic and political blocs, in

particular. Therefore, the Coronavirus (SARS-Cov2) has put to test the functioning of the existing relationship between countries at global and regional levels, exposing the gaps, lessons and challenges. The pandemic has placed all societies at the same level of threat / vulnerability, therefore requiring coordinated strategies and actions to respond to [2]. The World Health Organization (WHO) recommended since the beginning of the pandemic the sharing of information and partnerships between countries as part of the main requirements to combat COVID-19 [3].

The media and social networks are recognized as among the effective mechanisms for health promotion, especially for young people and adolescents. Information sharing through media eliminate cultural, social and gender barriers in accessing information, as well as the faculty of non-formal education; prevent the risk of misinformation resulting from the existence of some misconceptions, due to the importance of formal digital sources of information. However, infodemics, often including rumours, stigma, and conspiracy theories, have been common during the COVID-19 pandemic [4]. Control of epidemic depends on public trust in government decisions, and on political leaders' trust in the findings of the scientific community. This has been testified by a recent study in Mozambique where 83% of the population have trust on the COVID-19 information provided by the Ministry of Health [5]. The Southern African Development Community (SADC) is a Regional Economic Community comprising 16 Member States, namely Angola, Botswana, Comoros, Democratic Republic of Congo (DRC), Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe. Established in 1992, SADC is committed to regional integration and poverty eradication within Southern Africa through socio-economic development and ensuring peace and [6].

One of the most leading principles is that, identified risk factors that affect the successful realization of the SADC 's objectives is to systematically assess health events and take appropriate measures to mitigate them [7]. COVID-19 is one of the significant factors that undoubtedly compromises the achievement of SADC objectives. Recognizing the great interference of the COVID-19 pandemic in national and cross-border development structures, SADC is an important enabler for a coordinated response between member countries. In the health sector, the SADC countries have agreed since 2010 to ensure through its member states the prevention of exposure to health hazards, reduce vulnerability to adverse health events and build the capacity and resilience of the health system to withstand disasters. These principles are based on the commitment made by the World Health Organization (WHO) member countries to ensuring better emergency preparedness and response [8]. WHO's focus on all times is to ensure that all the people worldwide have access to essential formation on COVID-19 to manage well their response interventions [9].

In the COVID-19 pandemic, millions of people lack basic and credible information about how to keep themselves and their communities safe and well [10]. This article provides comparative data as regards to availability and presentation of information about COVID-19 on the websites of the SADC member countries. It also analyses and reports the types of information published with greater or lesser frequency, taking into account the most essential issues for public information, education and communication with the objective of raising the awareness and prevention against COVID-19. It is based on the principle that the publication

and updating of information about COVID-19 through official government sources is critical in addressing misinformation, misunderstandings and mistrust, that can affect the fight against the pandemic [11].

Methodology

The analysis involved Angola, Botswana, Comoros, DRC, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Tanzania, Zambia and Zimbabwe. A thorough review of the national health authorities' websites was undertaken in July 2020, focusing on the information on COVID-19. At first 13 variables were determined under inspiration on the website of the World Health Organization (<https://www.who.int/>). The essential variables included in this analysis were the availability of information about COVID-19 on the main page of the site; updated data on COVID morbidity and mortality; information on definition, signs, symptoms and/or preventive measures; emergency contacts; information about other countries in the region and availability of guidelines. It was considered equal, in the case of the countries that created a specific page about COVID-19, as long as the main page is addressed by some link. Likewise, the cases in which the website functions as the only access door to information from government organs were considered. The variables not found on the websites of the health authorities were considered to be non-existent. The analysis was performed using Microsoft Excel sheet, where the variables presented on the countries' webpages were counted, percentages calculated, and graphs constructed.

Findings

We present the findings, both in general and for each SADC member state. We also distinguish the variables by country, and finally we link the findings with the documentary information. Madagascar, Malawi, Seychelles and Tanzania had the least information on COVID-19 published on the website of the respective Ministries of Health (Figure 1). Angola had more information related to COVID-19 than the rest of the countries, having covered all 13 (10%) predicted variables. The remaining countries were in the intermediate stage. The placement of information on COVID-19 does not support the same pattern, either by variables or in the form of access. In some countries, one may find from the main page most of the current information, when others created a link that allows you to access complementary pages which present the detailed information about COVID-19 (Figure 2). The 16 countries presented only 13% of the variables of the information on COVID-19. The publication of information on COVID-19 preventive measures was found in 15 countries, data update during the previous 5 days in 14 countries, information easy access in 14 countries and the publication of the guidelines was found in 14 (11%) countries. Only 2 (2%) countries had information on research and development in COVID-19.

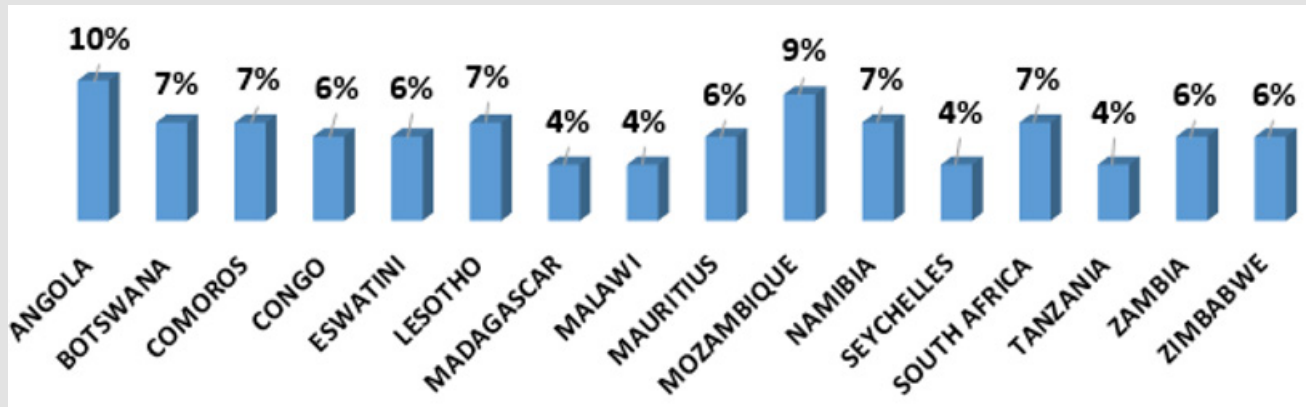


Figure 1: Percentage of essential COVID-19 information by country.

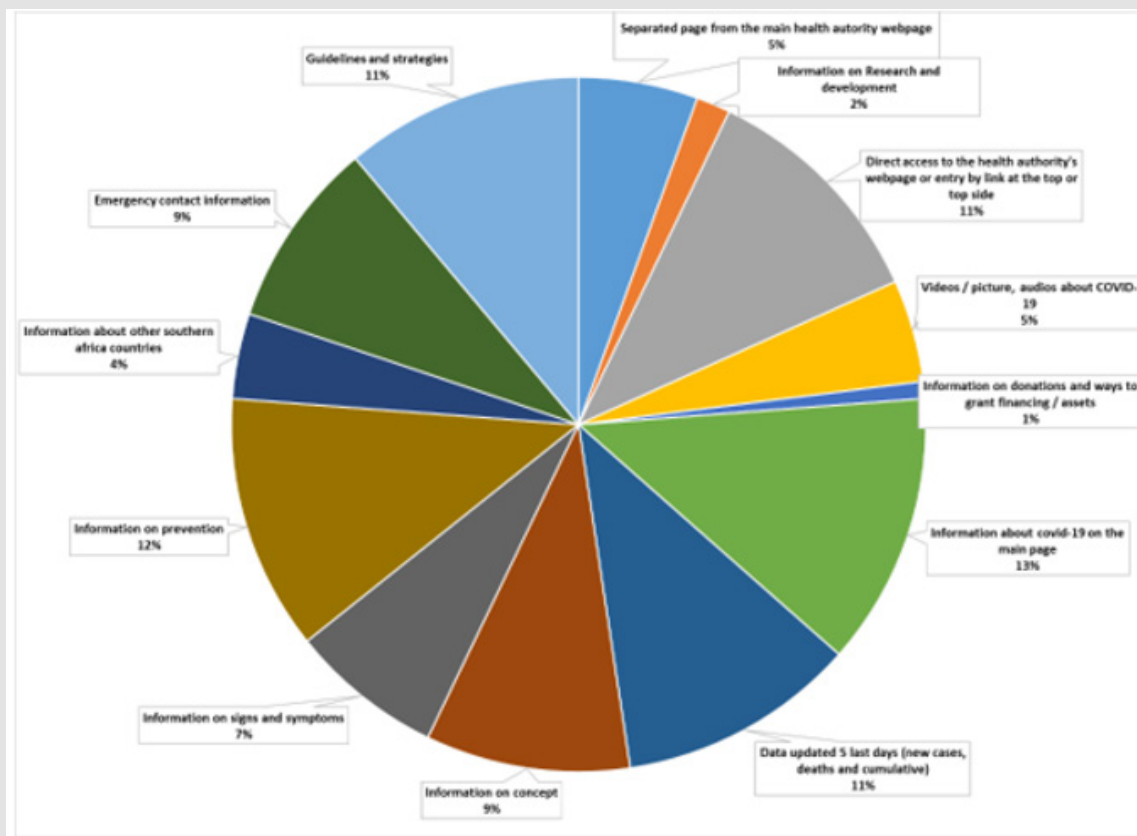


Figure 2: Percentage of countries by category of essential information on COVID-19.

Discussion

SADC as an organ with shared values, assumes that Members States are implementing the policies and measures to combat COVID-19 as recommended by the World Health Organization [11]. Although with shared values, solidarity, equity and balanced common benefits, in addition to being inspired by WHO's assumptions for the response to COVID-19, member countries presented a different profile in terms of COVID-19 information disseminated through their official websites. A discrepancy

was found, revealing countries with less use of the websites in the dissemination of essential information about the COVID-19 pandemic. This was obvious in the case of Madagascar, Malawi, Seychelles and Tanzania that had 4% of essential information published. On the other hand, Angola and Mozambique, presented most of the variables with easy access. It should be noted that, in this context, the regional guiding instrument found during the study period is just the SADC Guidelines on Harmonization and Facilitation of Cross Borders Transport Operation across the Region During the COVID-19 pandemic [11].

The differences on the data published between the countries suggest that there is weak regional coordination in terms digital communication, information and education-based platforms. This is contrary to SADC guiding principles that no country can achieve visibility in the international arena without articulating with others in the region. Regional coordination is also a way to maximize results in different interventions (SADC, 1992). Although with recognized contextual similarities between SADC countries, which led to its creation as a unique development community, the data reveal a discrepancy in the use of digital platforms in providing critical information as regards to COVID-19 pandemic. It is important to consider some common socioeconomic and political characteristics among SADC member States, the same ones that impelled the creation of the organ, combining the results of a survey carried out in Mozambique that highlights the Ministry of Health as the most trusted source of information on COVID-19 [5].

Thus, this reflection on similarities and differences in information about COVID-19 published through the official websites in the southern African countries arouses the need to intensify the use of government websites to ensure essential information on health emergencies is readily available and accessible. Considering the actual times marked by an unprecedented flow of information that facilitates the spread of fake news, the use of official websites may minimize the possibilities of misinformation, misunderstandings and mistrust flourish, serving as a source for confronting the information conveyed in the different social networks. Based on the findings, we recommend that essential information about COVID-19 and other health emergencies, be disseminated on the websites of health authorities and that in the cases of specific pages for the subject, is it important to publish the respective link with easy accessibility for users. It is also recommended that all variables of essential information about COVID-19, as well as any other emergency health issue should be published on the website of the health authorities, with easy access for visitors to the page. Even if it is a specific page created for such information, it is important that the link is clearly visible from the main page. Considering the predominance of multiculturalism and languages, it is important that further in-depth studies are carried out to assess the viability of the language and speech used in publishing information about COVID-19, at the level of SADC [12-20].

Conclusion

The similarities were found, from which all 16 Southern African countries have a website that disseminates information related to COVID-19, as a pandemic affecting the world in general and all SADC countries in particular. The only difference is that some countries use the main page of the health authority, others have created a specific page but with a link available on the main page and others have outsourced the management of information related to COVID-19, including affiliation with global platforms of information about the pandemic. All Southern African countries

have their transport system under umbrella of the “Guidelines on Harmonization and Facilitation of Cross Borders Transport Operation across the Region During the COVID-19 pandemic”, an instrument established by SADC and published in its website. The differences are clear, mainly in relation to the quality and quantity of the variables of essential information about COVID-19 published. Countries that disclose information from the home page of health authorities are likely to obtain more advantages due to the high legitimacy of the information in relation to those who choose to outsource [21-26].

The profile with which the countries of Southern Africa present itself, in relation to the disclosure of official information on COVID-19 on the websites of the health authorities, indicates a group of countries that may obtain better results in combating the pandemic, different from another group of countries who may face an uncontrolled situation of the contamination, with emphasis on the young and educated population that depend more on digital information. Some countries may be more exposed to rumours, misinformation and unequal access to information, with greater intensity for the young population. This situation is due to the fact that, the media and social networks are recognized as among the effective mechanisms for health promotion, especially for young people and adolescents. In addition can eliminate cultural, social and gender barriers in accessing information, as well as to prevent the risk of misinformation resulting from the existence of some misconceptions, rumours and conspiracy theories. This fact aggravates the failure to comply with the preventive measures and, consequently, greater exposure to contamination by SARS-CoV2. As a group of countries belonging to a region, and thereby members of the same socio-economic organization, the generalization of successful experiences in the use of health authorities' websites for the dissemination of essential and legitimated information about COVID-19, in particular and health matters, in general.

Competing interest

The authors declare that they have no competing interests.

Acknowledgement

The journey was long. This manuscript counted heavily on contributions from Gasto Frumence (Department of Development Studies, School of Public Health and Social Sciences, Muhimbili University of Health and Allied Science, Tanzania); Emmy Metta (Department of Behavioral Sciences, School of Public Health and Social Sciences, Muhimbili University of Health and Allied Science, Tanzania); Doreen Chilolo Sitali (Department of Health Promotion and Education, School of Public Health, University of Zambia, Zambia); Leonard E.G. Mboera and Mark Rweyemamu (SACIDS Foundation for One Health, Sokoine University of Agriculture, Morogoro, Tanzania); Eduardo Samo Gudo & Osvaldo Inlamea (Instituto Nacional de Saúde, Maputo-Moçambique), to which we extend our sincere thanks.

Authors' contributions

Sérgio F. Mahumane was responsible for the search and selection of Websites, extraction of data, analyzing, writing and revision of the paper. Janeth Dula contributed to the study design and fit with Programa dos Sistemas de Saúde objectives. & João Celso R. Zibia revised the paper critically for important content and fit to the Universidade Eduardo Mondlane objectives. All the authors were involved in the final approval of the version to be published.

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- Zimbabwe: <http://www.mohcc.gov.zw/> and http://www.mohcc.gov.zw/index.php?option=com_phocadownload&view=category&id=15&Itemid=741

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2021.33.005449

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