

# *Taiwan's response to COVID-19 as a case study in risk communication during a healthcare crisis*

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A declaration honoring healthcare professionals fighting COVID-19 was announced by the Japan nursing ethics association on April 2,<sup>1</sup> due to many healthcare workers being slandered by Japanese society. According to Katsuhara from the same association in the radio interview on April 14,<sup>2</sup> cases of prejudice such as refusing to allow healthcare workers' children to attend school because they are from a family of high risk of infection since caregivers who encounter any patient with respiratory illness may not have enough mask, gloves, goggles and other barrier precautions as recommended while cluster infections are reported in several medical facilities. It's an important issue on ethics crisis coming from a very serious problems in risk management in Japanese society.

By following the press conference of Taiwan's Centers for Disease Control (CDC)<sup>3</sup> from January 23 to date by internet, as a nurse and also as a Taiwanese living in Japan, the author would like to describe the treatment of health care workers in Taiwan during this global crises of COVID-19 infection as a model of crisis management and communication.

As the Atlantic Council mentioned, the experience of Taiwan can help illustrate some potential paths forward to combat the spread of the

disease when governments and citizens around the world struggle to cope with the novel COVID-19 pandemic.<sup>4</sup>

According to the above mentioned news, there are a number of lessons to be learned from the Taiwanese government's effective response to COVID-19 that should be shared with other parts of the world fighting the ongoing pandemic. These include: effective government-led public-private collaboration; integration of mass media; alternative social etiquette; lifestyle changes; and identification and clarification of misinformation and disinformation.

In addition, the rate of infections of COVID-19 keeps increasing in Japan, and especially in Tokyo and Osaka the confirmed process obscurity among the new infected patient reached 8-9 tenths on April 7 (Nihon-Keizai-Shimbun; newspaper),<sup>5</sup> in contrast, Taiwan reported their cases less than 1 tenth to date.<sup>3</sup> Prime Minister Abe held a press conference and explained the decision to expand the scope of emergency declaration to all prefectures of Japan on April 17.<sup>6</sup>

Japanese reporters in Mainichi Broadcasting on April 21 (9 am)<sup>7</sup> recommended learning from Taiwan by enacting measures to prevent infection spread in Taiwan since Japan's response is significantly delayed. These include border

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measures (last December, when indications of a contagious new respiratory illness began to appear in China, Taiwan began monitoring incoming passengers from Wuhan China.); public transport (passenger refused when do not attach a mask or body temperature 38 degrees or more in Taiwan; masks are distributed through 「Name-Based Mask Distribution System」<sup>8</sup>); and screening overseas travelers (border passengers are required 2-weeks home quarantine and transported by special vehicle to their home in Taiwan).

The press conference of Taiwan's CDC from "Central Epidemic Situation Command Center" (中央流行疫情指揮中心 in Chinese) which starting on January 23 to date is a daily press conference which was held to explain the epidemic situation. Simultaneous updates came from relevant government departments, medical institutions, and private social media accounts. The Taiwan CDC guaranteed health care workers at the forefront of prevention first priority for medical masks and protective equipment (PPE).

In February 2003, a Chinese nephrologist in Hong Kong showed symptoms of a respiratory infection and died of respiratory failure. Subsequently, Canada and other countries reported similar cases to the World Health Organization. WHO named the disease Severe Acute Respiratory Syndrome, also known as SARS. While many countries around the world continued to inform WHO of this disease, the Taiwan CDC was refused information by WHO. Unfortunately, Taiwan could not rule out the SARS invasion.

According to Hsu et al. (2017),<sup>9</sup> the painful lessons of the 2003 SARS outbreak, which left Taiwan scarred with 37 deaths, put the government and people on high alert early on. Taiwan's experience with SARS highlighted the critical role played by the media during the crisis communication process. The government made it a priority to establish a more constructive relationship with the media after SARS. Social media reports on an epidemic can provide important information to the public, and in turn, can encourage positive healthy behavior practices (i.e., hand washing, social distancing) in individuals, that will reduce the probability of contracting the contagion. After the SARS outbreak, Taiwan's CDC followed the WHO outbreak communication guidelines—on trust,

announcing early, transparency, informing the public, and planning—to reform its risk communication systems. As a result, online opinion monitoring has also been conducted on websites, forums, message boards, and opinion leaders' Facebook pages every day to evaluate public attitudes toward the infection situation. Taiwan's CDC has honed in on popular online discussion platforms and social media. This has enabled Taiwan's CDC to stay on top of public opinion in order to address popular concerns and adjust the direction of its public campaign in a timely fashion.

In this manner a two way communication of citizen and policy decision maker work together. For example, Medical staff supported the government to stick to the bottom line of epidemic prevention on Feb. 8 by requesting that the next Wuhan return charter flight should be led by the Taiwan government boarding staff countering pressure from the Chinese government.<sup>10</sup>

Taiwan's CDC not only takes the responsibility of training for preparing healthcare workers to work in infection treatment units<sup>11</sup> regularly to date for example, and also made films presented in television as an advertising time frequently to educate citizen, such as the nurse showing the process of the staff putting on and taking off a full set of protective gowns. This nurse changed clothes for more than half an hour, and said that taking off the protective gowns is stricter. It was emphasized that even if medical staff wear full protective gown, the risk of being infected by the virus is still very high when they are in contact with and taking care of patients for a long time every day through this public relations activity. In addition, the actual situation such as the difficulties of medical staff is frequently reported.

As a result, as the epidemic continues, the following events below could be strong encouragement for health care workers. Famous singers specially performed songs to comfort the society and medical staffs. In order to relieve the skin troubles of medical staff wearing masks and protective clothes every day, a cosmetics company provides cleaning and maintenance products for medical staff to use. While the epidemic situation is still not clear, the pressure on medical staff is also increasing. In order to protect the homeland with the frontline anti-epidemic personnel, by supportive measures, various industries have

initiated many spontaneous preferential activities for them.

On the other hand, many netizens have criticized the return of overseas students returning to Taiwan from other countries and thought that it has caused pressure on Taiwan's epidemic prevention. In response, the commander of the Central Epidemic Command Center, once again responded warmly on Mar. 20, hoping that the public will not hate returning students and let returners not feel abandoned by Taiwan and that this population would undergo the necessary home quarantine for 14 days.

Again Taiwan was in turmoil and citizens questioned whether the military was hiding the epidemic when for the first time a fleet (敦睦艦隊 in Chinese) officer was diagnosed as being infected by COVID-19 on April 18. The commander of the Central Epidemic Command Center once again responded emphatically, calling on the people who may have been exposed as a result to be honest in relating possible exposure, in order to contribute to epidemic prevention, emphasizing that the government will protect these people.

The case of Taiwanese shows that understanding and mutual assistance are stronger than fear. In order to promote the prevention and control of COVID-19, participation from each and every citizen is essential and integrity is required in communication for any country. In the case of Taiwan's means of coping with COVID-19, as the President of Taiwan Tsai stated on April 16,<sup>12</sup> a combination of efforts by medical professionals, government, private sector and society at large have armored Taiwan's defenses.

During major epidemic outbreaks, demand for health care workers grows even as the extreme pressures they face cause declining availability.

Protecting health care workers during COVID-19 outbreak should be merited

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