University of Stavanger

AUTHOR: IJEOMA OZIOMA OBOKA SUPERVISOR: FREDERIC EMMANUEL BOUDER

Studying the Evolution of Pandemic Preparedness on Influenza and COVID-19: The Role of Risk Communication.

MASTER'S THESIS, Spring semester, 2024 Risk Analysis and Governance, Master's Programme Faculty of Science and Technology Department of Safety, Economics and Planning



Master thesis

Studying the Evolution of Pandemic Preparedness on Influenza and COVID-19: The Role of Risk Communication.

A thesis submitted in partial fulfilment of the requirements for the degree of MSc in Risk Analysis and Governance Master's Degree Programme at University of Stavanger, Stavanger, Norway.

by

Ijeoma Ozioma Oboka

University of Stavanger, Student No. 273988 June 2024

Abstract

This thesis investigates the essential elements of pandemic preparedness and risk communication using case studies from Australia and the UK, theoretical frameworks, and historical response strategies. Strong pandemic preparedness and response measures are needed as demonstrated by the COVID-19 pandemic and other pandemics such as the 1918 Spanish flu and the 2009 H1N1 influenza.

Pandemic preparedness, which includes proactive planning and investment in health systems, international collaboration, and surveillance for early identification is the first major area of focus. This study demonstrates how elaborate emergency response plans like the National Risk Register in the UK and the AHMPPI in Australia offer systematic guidelines to lessen the effects of pandemics.

Prompt and coordinated pandemic response strategies such as vaccination campaigns, travel bans, and quarantine regulations are also covered in the research. These strategies are fundamental for preventing the spread of disease and preserving public health. Based on previous experiences, the research shows how these steps when implemented promptly and effectively can drastically lower the rates of illness and death during pandemics.

Pandemic risk communication is another theme covered in this research. It looks at how important it is to disseminate information quickly, transparently, and clearly in order to engage communities, change public opinion, and foster trust. Successful communication strategies are essential for influencing public opinion and guaranteeing adherence to health recommendations because they dispel false information and raise public awareness.

The results indicate that a comprehensive framework for controlling pandemics can be formed by integrating these three essential elements: pandemic preparedness, response measures, and risk communication. Through the application of flexible and adaptive policies and learning from past experiences, nations can increase their capacity to withstand future pandemics. This thesis adds to our knowledge of pandemic dynamics and offers suggestions for strengthening frameworks for international and national preparedness.

Acknowledgement

The journey of this thesis writing has been filled with moments that are exciting, thrilling, scary, and everything in between. However, it proved to be an extremely inspiring experience, allowing me to research deeply into the intriguing world of risk.

My deepest gratitude goes to God, for his grace and mercies.

To my supervisor, Professor Frederic Emmanuel Bouder for his support and guidance which were instrumental in shaping this thesis. His commitment to share his knowledge and provide timely support and guidance made a world of difference. Working with Professor Bouder has been both an honour and a source of immense inspiration.

Also, my gratitude goes to the University of Stavanger. The rare opportunity to study Risk Analysis and Governance provided me with a great learning experience.

To my family and friends, you are the best for the support and encouragement which kept me going during tough times.

Finally, to my dearest husband, my number one, your untiring patience, love, belief, support and push were a constant source of strength that I can make it.

Table of Content

Abstra	act		3
Ackno	owledge	ement	4
Table	of Cor	ntent	5
List o	f Figure	es and Tables	9
Figure	es:		9
Table	s:		9
List o	f Abbre	eviations 1	0
1.	Intro	duction 1	1
	1.1.	Background 1	1
	1.2.	Brief History and Impact of Pandemics 1	1
	1.3.	Pandemics and Countries in Focus 1	2
	1.4.	Research problem 1	.2
	1.5.	Research Questions and Objectives 1	.3
		1.5.1 Main Study Objectives 1	.3
	1.6.	The Significance of the Study 1	.3
		1.6.1 Academic Significance 1	.3
		1.6.2 The Significance for Stakeholders1	.3
		1.6.3 Contribution to the Field of Risk Communication 1	.3
	1.7.	Structure Overview 1	.3
2.	Literature Review		
	2.1.	Theoretical Framework 1	.4
	2.2.	Global Pandemic Preparedness 1	5
	2.3.	Risk Communication 1	.6
		2.3.1 Meaning and Practice 1	.6
		2.3.2 Primary Goals 1	.7
		2.3.3 Audience Involvement 2	20
		2.3.4 Accuracy 2	20
		2.3.5 Transparency 2	21
		2.3.6 Prospects and Challenges of Risk Communication	22
		2.3.6.1 Prospects 2	22
		2.3.6.2 Challenges 2	23
	2.4. Comn	Formalizing an Analytical Framework for Pandemic Response to Risk nunication	24

	2.5.	Global Readiness and Response to Covid-19 and Influenza	27
		2.5.1 COVID-19 Pandemic	27
		2.5.2 The 2009 H1N1 Influenza	28
	2.6.	Case Study of Australia and the United Kingdom	29
		2.6.1 Pandemic Experience and Policy Structure	29
		2.6.1.1 Australia	. 29
		2.6.1.2 United Kingdom (UK)	29
	2.7.	The Link between Risk Communication and Pandemic Preparedness.	30
	2.8.	Lessons Learned	32
	2.9.	Summary	35
3.	Metho	odology	36
	3.1.	Research Question	36
	3.2.	Research Design	36
		3.2.1 Qualitative Comparative Analysis	36
		3.2.2 Data Collection Methods	36
		3.2.2.1 Case Studies:	36
		3.2.2.2 Document Analysis:	37
		3.2.2.3 Content Analysis:	38
		3.2.2.4 Historical Timeline Analysis:	38
	3.3.	Data Analysis	38
	3.4.	Reflections	39
	3.5.	Summary	39
4.	Analys	sis	40
	4.1.	A Summary of Pandemic Preparedness Measures	41
		4.1.1 Pandemic Preparedness Strategies	41
		4.1.1.1 United Kingdom (UK)	41
		4.1.1.2 Australia	41
		4.1.2 Risk Communication Techniques	42
		4.1.2.1 United Kingdom (UK)	42
		4.1.2.2 Australia	42
	4.2. COVII	Policies, Practices, and Measures Implemented in Reaction to the D-19 And Influenza Pandemics	43
		4.2.1 Comparison of Responses to Influenza and COVID-19	43
		4.2.1.1 United Kingdom (UK)	43

	4.2.1.2 Australia	43
	4.2.2 Similarities in Pandemic Responses	44
	4.2.3 Differences in Pandemic Responses	44
	4.2.4 Challenges and Criticisms	45
	4.2.4.1 Australia	45
	4.2.4.2 The United Kingdom	45
4.3.	Lessons Learned	45
	4.3.1 United Kingdom (UK)	46
	4.3.1.1 Advantages	46
	4.3.1.2 Disadvantages	46
	4.3.2 Australia	46
	4.3.2.1 Advantages	46
	4.3.2.2 Disadvantages	46
4.4.	Summary.	47
Discus	ssion	48
5.1.	Key Findings:	48
	5.1.1 Pandemic Preparedness	48
	5.1.2 Pandemic Response Strategies	49
	5.1.3 Pandemic Risk Communication	50
5.2.	Comparison of Pandemic Preparedness	51
	5.2.1 Similarities	51
	5.2.2 Differences	51
	5.2.3 Effectiveness of Strategies	52
5.3.	Assessment of Risk Communication Techniques	52
	5.3.1 Australia	52
	5.3.1.1 Effectiveness	52
	5.3.2 United Kingdom	52
	5.3.2.1 Effectiveness	52
	5.3.3 Comparison	53
5.4.	Historical and Geographical Factors	53
5.5.	Lessons Learned and Best Practices	54
	5.5.1 Key Lessons Learned	54
	5.5.2 Best Practices	54
5.6.	Challenges and Areas for Improvement	55
	4.3. 4.4. Discus 5.1. 5.2. 5.3. 5.4. 5.5. 5.6.	4.2.1.2 Australia 4.2.2 Similarities in Pandemic Responses 4.2.3 Differences in Pandemic Responses 4.2.4 Challenges and Criticisms 4.2.4.1 Australia 4.2.4.2 The United Kingdom 4.3.1 Lessons Learned 4.3.1 United Kingdom (UK) 4.3.1 Junited Kingdom (UK) 4.3.1.1 Advantages 4.3.2.4 Australia 4.3.2.1 Disadvantages 4.3.2.2 Disadvantages 4.3.2.2 Disadvantages 4.3.2.2 Disadvantages 4.3.2.2 Disadvantages 4.3.2.2 Disadvantages 5.1.1 Advantages 4.3.2.2 Disadvantages 5.1.1 Pandemic Preparedness 5.1.2 Pandemic Response Strategies 5.1.3 Pandemic Response Strategies 5.1.3 Pandemic Risk Communication 5.2.2 Differences 5.2.3 Effectiveness of Strategies 5.3.1 Australia 5.3.1.1 Effectiveness 5.3.2.1 Effectiveness 5.3.3 Comparison 5.4. Historical and Geographical Factors 5.5. Lessons Learned 5.5.1 Key Lessons Learned 5.5.2 Best Practices 5.5.3.6 Challenges and Areas for Improvement </td

		5.6.1 Challenges	55
		5.6.2 Areas for Improvement	55
	5.7.	Suggestions for Future Pandemic Preparedness	55
6.	Conclu	usion	57
	6.1.	Lessons Learned and Contribution to Knowledge	57
		6.1.1 Lessons from Case Studies:	57
		6.1.2 Contribution to Knowledge	57
	6.2.	Implications for Policy and Practice	58
	6.3.	Limitations and Future Research	59
		6.3.1 Limitations of the Study	59
		6.3.2 Future Research Directions	59
	6.4.	Recommendation and Conclusion	60
Refere	ences		61

List of Figures and Tables

Figures:

Figure 1 Theoretical Framework for Risk Communication in Pandemic Prepa	redness
	300
Figure 2 Mind Map Showing Pandemic Preparedness Strategies	488
Figure 3 Mind Map Showing Pandemic Response Strategies	499
Figure 4 Mind Map Showing Some Pandemic Risk Communication Objectives	500

Tables:

Table 1 The key components of the theoretical framework of Risk Communicatio	n and
their relationships	311

List of Abbreviations

2009 H1N1	2009 Avian Influenza (AI) Hemagglutinin or "H" Proteins Type)1, and Neuraminidase or "N" Proteins Type)1		
ACT	Access to COVID-19 Tools		
AHMPPI	Australian Health Management Plan for Pandemic Influenza		
AU	Australia		
BBC	British Broadcasting Corporation		
CDC	Centres For Disease Control and Prevention		
CERC	Crisis And Emergency Risk Communication		
COVAX	Covid-19 Vaccines Global Access		
COVID-19	Coronavirus Disease 2019		
GHSA	Global Health Security Agenda		
GISAID	Global Initiative on Sharing All Influenza Data		
GISRS	Global Influenza Surveillance and Response System		
GOV	Government		
HBM	Health Belief Model		
HHS	Health and Human Services		
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome		
IHR	International Health Regulations		
NCR	National Research Council		
NHS	National Health Service		
NMA	National Museum of Australia		
NPI	Non-Pharmaceutical Interventions		
NRC	National Research Council		
SARS	Severe Acute Respiratory Syndrome (SARS)		
ТРВ	Theory of Planned Behaviour		
UK	United Kingdom		
UN	United Nations		
UNAIDS	Joint United Nations Programme on HIV/AIDS		
UNDP	United Nations Development Programme		
UNESCO	United Nations Educational, Scientific and Cultural Organization		
UNICEF	United Nations Children's Fund		
USA	United States of America		
WHO	World Health Organization		

1. Introduction

1.1. Background

Pandemics pose a serious threat to the peace and health of human life both locally and internationally, and this makes careful planning and preparation techniques a necessity. History's most striking examples of the global impact of infectious diseases come from the Spanish flu, Smallpox, Polio, SARS, Ebola and, more recently, the COVID-19 pandemic (Rosenwald M. S., 2021). What we know now and keep learning about world health emergencies were mostly gotten from the experience of these crises. Today, we know it is very important to have an effective pandemic plan in place in preparation for the future.

An important component of managing pandemics is effective communication. With risk communication, public opinion and adherence to health precautions can be influenced. It is very important to understand effective risk communication, and how it can be improved. And that is why this study will examine how Australia and the United Kingdom responded to the COVID-19 pandemic and previous influenza pandemics. Understanding their response and risk communication strategies will help to lessen the effect of future outbreaks. Their example will help generate recommendations for improved risk communication and public health readiness strategies.

As evidenced by the advent of emerging infectious diseases, risk communication is especially important when faced with uncertainties and constantly changing circumstances. To mitigate the impact of disinformation, build social trust, and shape public behaviour, we must also examine the crucial role that timely and unambiguous risk communication plays in the pandemic response (Earle & Cvetkovich, 2013). The importance of risk communication will be a major topic as we compare the preparedness and response techniques for COVID-19 and influenza, offering insights into their development and implications for pandemic preparedness in the future.

1.2. Brief History and Impact of Pandemics

Pandemics have frequently occurred and caused high rates of sickness and mortality at different times in history. The 1918 influenza pandemic which was also referred to as Spanish flu, killed millions of people all over the world(American Scientist, 2018; WHO, 2022). Then the recent COVID-19 pandemic which broke not affected every aspect of life known to man, it changed the world as we know and will probably be the deadliest of the twenty-first century (World Bank, 2020; Wu et al, 2020).

These two pandemics Influenza and COVID-19 have had a huge impact on our economies and societies all over the world, thereby changing the way we do most things (BBC News, 2021; World Bank, 2020). As an example, it is on record that Europe's population was drastically reduced because of the terrible Black Death pandemic that struck in the 14th century (American Scientist, 2018; WHO, 2022). While the Black Death threatened human existence among other things, COVID-19 sent everyone indoors, even businesses were on lockdown, leading to a recession in many countries around the world, both the developing and developed ones (World

Bank, 2020; Wu et al, 2020). Both pandemics caused a disruption that led to behavioural changes, and even mental health issues (World Bank, 2020). Indeed, the impacts of pandemics can leave a long-term effect in the world.

An important turning point in the worldwide collaboration for pandemic preparedness is the creation of international organizations—like the World Health Organization (WHO)—which play a huge role in bringing different countries of the world together to work and be better prepared, creating a strong response system against pandemics (WHO, 2020).

1.3. Pandemics and Countries in Focus

This thesis case study pandemics are Influenza and COVID-19 with Australia and the United Kingdom as the case study countries. Due to a number of reasons, the UK and Australia have historically been linked in terms of pandemics (Zhan et al, 2021). Despite being on different continents, these nations have been impacted by worldwide pandemics because of their migration patterns and geographic locations (Zhan et al., 2021).

Risk communication in pandemic preparedness will also be researched on so as to enable us to understand how effective communication strategies can assist in mitigating the impact of pandemics on public health. This will enable us identify opportunities for improvement as well as best practices that effectively worked in Australia and UK by examining the implementation and results of risk communication. To further understand this, there will be analyses and evaluation of various communication principles and methods used during the Influenza and COVID-19 outbreaks as well as the assessment of their effectiveness in informing, educating and engaging the public, promoting preventive measures, and dispelling misinformation.

While the study will provide insightful information, the changing nature of public health responses and data availability limits its application. Also, there is a chance that the cultural and contextual differences between Australia and the UK will affect how broadly applicable the results are.

1.4. Research problem

Even though knowledge in medicine and public health has greatly advanced, managing pandemics is still a major issue. And managing pandemic crises require effective risk communication, but there are still gaps in our knowledge of how best to communicate risk with the public, particularly in communicating with vulnerable people in the face of a pandemic (Vaughan & Tinker, 2009). As the COVID-19 pandemic has indicated, there is an urgent immediate need for risk communication to be enhanced so as to increase public trust and compliance in times of health emergency (Cunningham-Erves et al., 2024). This is paramount to address this issue in order to prepare for and respond to pandemics in the future.

And even though a lot of research has been done on pandemic preparedness and response in the context of the UK and Australia, there aren't many thorough studies that concentrate on the function of risk communication in these initiatives. This study

attempts to close this gap by offering a thorough examination of the experiences of these nations.

1.5. Research Questions and Objectives

This study centres on the following question:

How can a more informed approach to risk communication strengthen pandemic preparedness based on the lessons learned from past influenza outbreaks and the Covid-19 pandemic, specifically in the context of the United Kingdom and Australia?

1.5.1 Main Study Objectives

- To investigate the pandemic preparedness measures taken by Australia and the United Kingdom.
- To assess the methods of risk communication used in the COVID-19 pandemic and other influenza epidemics.
- To compare how effective these methods were in the two nations.
- To identify important lessons and offer recommendations for future pandemic preparedness and risk communication initiatives.

1.6. The Significance of the Study

1.6.1 Academic Significance

The insight that will come from this study will add to the existing body of knowledge on pandemic preparedness, risk communication, and also public health. The study will provide a comparative analysis of two different but comparable settings. This would increase our knowledge and understanding of the ways in which specific risk communication and pandemic response strategies can be optimized for future preparedness.

1.6.2 The Significance for Stakeholders

Stakeholders like policymakers and public health professionals can use the results and insights from this study to create better and more effective risk communication strategies that can successfully lessen the impact of pandemics in the future.

1.6.3 Contribution to the Field of Risk Communication

This study will provide important lessons for improving risk communication methods by identifying both effective and unsuccessful ways of risk communication. It will show and emphasize how crucial it is to interact with different people during health crises while being flexible, open, and sensitive to cultural differences.

1.7. Structure Overview

In the introduction chapter, the foundation for the entire thesis will be set. The literature review will go deep in reviewing existing research. The research approach will be outlined in the methodology chapter. Results and findings will be presented in the analysis chapter and then discussed in discussion chapter. In the conclusion, everything will be synthesized. Each chapter will build on the one before it to form a coherent narrative that addresses the research question.

2. Literature Review

The literature review's objectives are to critically analyse and summarize the body of knowledge about risk communication and pandemic preparedness, with a particular emphasis on the responses of Australia and the UK to the COVID-19 and influenza pandemics, so as to give readers a thorough knowledge of the theoretical and practical foundations of risk communication and pandemic preparedness, as well as to highlight important takeaways and lessons that can guide future strategies.

2.1. Theoretical Framework

The fields of risk communication and pandemic preparedness are interdisciplinary and rely on a range of theoretical frameworks and viewpoints. Analysing the efficacy of various strategies and approaches requires an understanding of these theoretical frameworks.

Systems Theory is one of the key perspectives in this regard. According to Lai & Huili Lin (2017), it aims to simplify complex and dynamic systems made up of many interrelated parts. Systems theory emphasizes the significance of cooperation and integration across several governmental levels and societal sectors in relation to pandemic preparedness and public health management (Atun, 2012). It highlights the necessity of having strong monitoring systems, effective resource allocation, and flexible reaction mechanisms that can react quickly to changing threats.

Crisis Communication Theory is another important perspective for analysing risk communication during pandemics. This idea focuses on how people receive and distribute information during emergencies and how good communication might lessen negative consequences (Coombs, 2004). This theory's fundamental ideas include the necessity of transparency and public trust-building, as well as the timeliness, correctness, and reliability of information. The influence of media and technology in influencing public attitudes and actions during a health crisis is another area of study for crisis communication theory (Zaremba, 2014).

Public Health Communication Models gives more information on the methods and approaches used to communicate health-related information. The *Theory of Planned Behaviour (TPB)* and the *Health Belief Model (HBM)* are most likely the two most popular frameworks in this field. According to the HBM, the way people perceive and understand vulnerability, severity, benefits, and barriers will have an impact on how readily they will act on health information (Taylor et al, 2006). On the other hand, the Theory of Planned Behaviour suggests that intentions are triggered by attitude and self-control, as well subjective standards, and that these intentions what promotes behaviour (Yastica et al, 2020).

Important terms and ideas in risk communication and pandemic preparedness include:

• **Preparedness:** This is the state of being prepared and capable of handling a pandemic threat. And a big part of preparedness involves planning, allocating resources, providing training, and coordinating with different stakeholders (WHO, 2023).

- **Risk Communication:** This is the sharing of knowledge and insights about possible health dangers between individuals, organizations, and communities. It involve sharing knowledge, guiding decision-making, and encouraging protective behaviours (Bouder, 2022).
- **Response and Resilience:** This is the capacity of an organization, group of people, or society to bear the effects of a pandemic, adjust, and eventually recover from them. Healthcare infrastructure and community involvement are two examples of the structural and social components of resilience (Khare, 2021).

2.2. Global Pandemic Preparedness

Global pandemic preparedness, this brings together the national and international efforts to identify, prevent, and manage infectious disease outbreaks. The primary body in charge international standards and guidelines for pandemic preparedness if the World Health Organisation (WHO).

The World Health Organisation (WHO) who are also in charge of developing the legally binding International Health Regulations (IHR) (2005) so as to ensure the improvement and increase in global security also states that in compliance with IHR standards, countries are obligated to set up necessary infrastructure for emergency preparedness and surveillance in the event of a public health disaster (WHO, 2016). This guideline stresses on the importance and necessity of risk assessment, prompt and transparent outbreak reporting, and international cooperation.

Another WHO scheme is the Global Influenza Surveillance and Response System (GISRS), this is designed to monitor influenza activity globally and also to provide crucial data for vaccine development (WHO, 2017). The GISRS is made up of a network of national influenza centres and cooperating laboratories which gathers and analyses various virus samples to help advance global understanding of influenza patterns.

There are equally other international institutions in addition to WHO whose aim are to support worldwide pandemic preparedness. One of such institution is the Global Health Security Agenda (GHSA). It is made up of partnership of nations, international organizations, and non-governmental entities (Armstrong-Mensah & Ndiaye, 2018) and the goals of the GHSA institution are to strengthen laboratory networks, speed up pandemic response, and improve national health security systems. The GHSA institutions are on a mission to strengthen the global ability to identify, prevent, respond and manage infectious disease risks (HHS, 2023).

Several international standards and recommendations highlight the critical components of pandemic preparedness, such as:

- Monitoring and Early Detection: Strong surveillance systems are necessary to identify outbreaks early on. This entails keeping an eye on disease patterns, spotting odd sickness clusters, and promptly providing information to the appropriate authorities (HHS, 2023).
- **Emergency Response Plans:** Nations are urged to create thorough strategies for responding to pandemics that specify roles, duties, and protocols for a range

of situations. Simulations and exercises should be used to test and revise these plans on a regular basis (WHO, 2023).

- **Investing in Health System:** A robust health system is essential for a pandemic response that works. This entails making certain that the personnel, supply chains, and infrastructure for healthcare are sufficient to provide necessary medical resources (World Bank, 2024).
- **Public Communication and Community Engagement:** In the event of a pandemic, the public must be informed and guided by effective risk communication tactics. This means getting communities involved in pandemic preparedness and response operations, and also ensure dissemination of timely, accurate, and comprehensible information via a variety of channels (Savoia et al, 2013).
- **International Collaboration:** Global hazards like pandemics necessitate concerted worldwide action. According to Kinsella et al (2020), nations ought to cooperate in research, exchange best practices, and aid one another in developing and sustaining their capacity for readiness.

2.3. Risk Communication

Effectively distributing information about potential hazards and uncertainties linked to public health crises requires a multi-dimensional, strategic and careful process called risk communication. It is crucial to know and put into practice efficient risk communication techniques when it comes to pandemics. This is due to the dangers that misinformation, or any form of wrong information can bring about in the face of a pandemic. In order to control and lessen the effects of pandemics, effective communication is essential. It is important to clarify the meaning of risk communication and explore some of its essential components, including goals, audience involvement, accuracy, transparency, benefits and difficulties. With this knowledge, we can better assess risk communication's function in the context of pandemic preparedness in outbreaks like influenza and COVID-19, and possibly propose response plans for future occurrences.

2.3.1 Meaning and Practice

It is said that the field of risk communication emerged in order to bring harmony between the layperson's perception and the expert's quantification of various kinds of hazards (Bouder, 2015). Thus, the sharing of information about possible dangers, risks, and courses of action amongst people, groups, and communities is known as risk communication. It is also considered a follow-up field to risk perception studies (Bouder, 2022). When it comes to pandemics, successful risk communication is essential for influencing public attitudes, actions, and ultimately the outcome of preparedness and response initiatives. By acting as a link between the public, decision-makers, and scientific specialists, it guarantees the timely and accurate distribution of information.

As communication technologies have advanced and society's systems have changed, so too has risk communication during pandemics. It is becoming more and more obvious how crucial accessible, transparent, and unambiguous communication is to handling public health emergencies compared to what it was in the past. The main goal of early risk communication initiatives was to inform and persuade the public, mostly using a top-down strategy (Paulik L. et al, 2020). But this dynamic has changed as a result of the development of social media and communication channels, highlighting the importance of community involvement and two-way communication, which is very needful to encourage audience involvement and cooperation (Holt et al, 2016). Either way, Bouder suggests the best strategy is a proactive one, maintaining many channels, involving influential stakeholders, and avoiding information vacuums (Bouder, 2015). For example, early on in the 2009 H1N1 influenza pandemic, it was difficult for communication attempts to convey the seriousness of the threat without inciting fear, and there was false information about the vaccine, but a proactive approach helped to correct the misconceptions and encourage a global acceptance and use of the vaccine (Luke & Subbarao, 2006).

The COVID-19 pandemic brought to light even more how important risk communication is in times of international health emergencies. The infodemic around the virus and the quick dissemination of false information highlighted the importance of communication that is evidence-based, consistent, and clear. Public health officials, health groups, and governments had to address public concerns and debunk falsehoods while communicating difficult scientific facts. When risk communication tactics from influenza epidemics and the COVID-19 pandemic are compared, both progress and enduring difficulties are shown. Technology has facilitated the faster and wider distribution of information, but it has also contributed to the spread of false information (WHO, 2020). A flexible and dynamic strategy for risk communication is required by the changing environment, which takes into account the various needs of the world's population as well as the way that information is consumed.

Looking ahead, improving global pandemic preparedness will require using the knowledge gained from both the influenza and COVID-19 responses. It is suggested that future tactics should focus on being proactive by encouraging community engagement, harnessing technology for targeted communication, and developing interdisciplinary collaboration (Bouder, 2015). Further factors that can lead to more successful risk communication methods include understanding cultural quirks and modifying messages for a range of audiences, segmenting them accordingly (Ann Bostrom, 1997). This is because risk communication will always remain essential to the development of pandemic preparedness. Its significance goes beyond the straightforward communication of information to include the challenges of establishing public confidence, eradicating false information, and promoting community resilience.

2.3.2 Primary Goals

The three main objectives for risk communication as outlined by the National Research Council (NRC) are advocacy, education, and collaboration in decision-making (National Research Council, 1989). A thorough investigation of the evolution of pandemic preparedness, with a particular focus on situations like COVID-19 or influenza, requires an awareness of and assessment of these communication aims. There are indeed may risk communication goals that are essential for risk management, these goals will be classified within the three main objectives for risk communication. **Advocacy.** In risk communication, advocacy entails swaying public beliefs, perceptions and legislative decisions in favour of preventative actions against pandemics (Ann Bostrom, 1997). This objective becomes critical in the evolution of pandemic preparedness since it attempts to design future solutions in addition to addressing the current crisis. Governments, groups, and communities are urged by advocacy to give healthcare infrastructure, research, and the creation of vaccinations and medicines first priority. Through an analysis of past influenza responses, we can pinpoint cases where successful lobbying and good advocacy resulted in significant advancements in public health infrastructure and expedited research endeavours. In the instance of COVID-19, it was essential to secure funding, encourage international cooperation, and accelerate the creation of vaccines (WHO, 2021). Examining the development of advocacy in risk communication offers valuable perspectives on the elements that shaped public opinion and policy adjustments over time.

Fischhoff and Leiss in their literature both discuss the developmental stages in risk management (Fischhoff, 1995) and the evolution of risk communication practice (Leiss, 1996) in stages and phases. The following risk communication goals are some of those discussed in their literature that can be classified under the advocacy objective:

- **Predicting Issues:** Engaging in risk communication can help to predict if issues may get out of hand or be completely ignored without effective communication.
- *Fulfilling Social Contract:* It can help the agreement between risk creators and bearers, promoting a civil society.
- **Avoiding Mistakes:** It can help prevent avoidable mistakes that can lead to irreversible damage in relationships with risk communicators.
- **Gaining Attention:** Ensuring that the risk message attracts the audience's attention is a risk communication goal.
- **Persuasion:** Convincing the audience to believe the correct point of view regarding a risk.
- **Action:** The risk message should encourage the audience to take appropriate actions.

Education. An essential component of efficient risk communication is public education. Education plays a more important part in the growth of pandemic preparedness than only spreading knowledge about the virus; it also entails creating a community that is resilient and knowledgeable enough to make informed decisions (Ann Bostrom, 1997). Historical reactions to influenza show how important it has been for education efforts to promote preventive measures like immunization and good cleanliness (CDC Archives, n.d.). Education proved to be a vital strategy in altering behaviour and promoting a shared knowledge of the virus during the COVID-19 epidemic (Anwar A. et al, 2020). By contrasting the instructional tactics used during various pandemics, we may pinpoint effective methods as well as possible areas for development. Furthermore, knowing how public knowledge is changing helps inform suggestions for new educational initiatives that will appeal to a variety of demographics.

In their literature, Balog-Way et al discuss how diverse risk communication research is, referencing and involving scholars from various disciplines (Balog-Way et al, 2020). Their discussions, together with those of Fischhoff (1995) and Leiss (1996) reveal several risk communication goals that can be classified under the Education objective of the NRC.

- *Focusing Efforts:* It helps both those communicating and those receiving the information to focus their efforts on effectively managing risks.
- Building Relationships: Having a network of mutually respectful relationships can help make reaching agreements more effective.
- **Understanding:** Ensuring that the risk message is clear and can be easily understood by the audience.
- **Sharing Information:** Communicating relevant and accurate information about risks that the public should be aware of.
- **Changing Beliefs:** Influencing and changing public perceptions and beliefs about risks.
- **Changing Behaviour:** Encouraging individuals to take specific actions or modify their behavioural response to risks.
- **Enhancing Legitimacy and Trust:** Establishing legitimacy and fostering trusting behaviour through dialogue, consensus building, and conflict resolution.

Decision-Making Partnership. The idea of a decision-making partnership emphasizes how crucial it is to include professionals, stakeholders, and communities in the decision-making process (Ann Bostrom, 1997). As pandemic preparedness advances, this aim highlights the importance of open and cooperative efforts (Bourrier & Deml, 2022). Examining past responses to influenza epidemics has revealed that collaborative decision-making produced better containment strategies and resource allocation in some situations. The response to COVID-19 around the world has highlighted the significance of involving a range of stakeholders in the decision-making process.The formulation and implementation of response strategies were significantly aided by international collaborations, scientific partnerships, and community engagement. We can uncover trends that lead to good outcomes by analysing decision-making partnerships in different pandemics. These findings will inspire future approaches to international collaboration in crisis management. Partnerships in decision-making guarantee inclusive and knowledgeable solutions; education fosters resilience; and advocacy affects policy.

Building relationships, sharing information, and enhancing legitimacy are some examples of risk communication goals that can be classified under the Decision-Making Partnership. Though already mentioned under Education, they still overlap with this last risk communication objective. But worth listing under this last objective are these two:

• *Guiding Risk Management:* Risk communication should be guided by facts, including risks, benefits, and social implications of risk management processes (Fischhoff, 1995).

• **Building Trust:** Ensuring that there is trust in the source of the risk message to enhance credibility (Leiss, 1996).

2.3.3 Audience Involvement

Engaging the right audience using the right method helps to build community and public health officials' trust because people are more inclined to believe what they are told when they feel involved and included in the communication process (Spalluto et al, 2020). This is particularly important during pandemics since false information can spread quickly and affect the public's adherence to advised precautions. It can also help public health communicators target messages to certain populations by taking socioeconomic, linguistic, and cultural aspects into account when engaging their audience (Ann Bostrom, 1997). Strategies for communicating risks are more relevant and effective when they take into account the particular concerns of certain communities (Bourrier & Deml, 2022). Having two-way communication can help public health professionals address issues, dispel myths, and encourage behavioural changes in the audience more successfully, such as washing their hands frequently, getting vaccinated, or observing social distancing rules (Bouder, 2015). When the audience is involved, they have a forum to voice their worries, and knowing they would be listened to aids in the management of fear and anxiety (Holt et al, 2016). Transparently acknowledging and addressing these concerns can help to calm people down and foster a feeling of group accountability for following public health recommendations. Historical case studies show how pandemic preparedness has evolved and how little audience participation has resulted in misunderstandings and mistrust among the public. For example, the initial communication approach used during the early phases of the H1N1 influenza pandemic was criticized for being top-down and for not including the public enough in decision-making processes (Lin et al, 2014). Viewing the global response to COVID-19 in comparison with influenza response tactics highlights the importance of audience participation. During the COVID-19 epidemic, information travelled guickly on social media, highlighting the necessity of engaging the public in real-time to combat false information and make sure that factual information was received by a large number of people (Reddy & Gupta, 2020). It is instructive to examine how well risk communication tactics worked during COVID-19 and influenza

outbreaks. Incorporating audience feedback mechanisms, employing technology for interactive communication, and catering to the specific information requirements of varied populations ought to be the top priorities for future improvements to global pandemic preparedness.

2.3.4 Accuracy

Fundamentally, the goal of risk communication is to provide the public with accurate and transparent information so they can make well-informed decisions (Bourrier & Deml, 2022). To get the public to have an established and sustained trust, information must be accurate and simple (Earle & Cvetkovich, 2013). Historically, risk communicators on influenza frequently had trouble providing timely and reliable information and was very limited (Bhandari, 2021). Such limitations and inaccuracy in risk communication will make the public confused and mistrustful as a result of frequent problems with miscommunication and delayed information dissemination. The recognition of these problems is reflected in the evolution of risk communication strategies, which has led to an ongoing process of improvement (CDC, 2021). The accuracy of risk communication becomes a significant component impacting the efficacy of global actions in the complex environment of pandemic preparedness.

A comparison between the global response to COVID-19 and previous influenza reactions shows how risk communication has changed over time. Even though the COVID-19 pandemic had difficulties in the beginning, accurate information was disseminated much more quickly and widely than in previous influenza epidemics (Anwar A. et al, 2020). Advancement in technology and the knowledge gained from past mistakes made giving precise and prompt exchange of information during the COVID-19 pandemic much more possible. As COVID-19 began, risk communication also received unprecedented attention on a global scale. Different nations and international organizations have implemented a range of communication tactics, from digital platforms to regular briefings. In the digital age, rumours and false information move quickly, making information accuracy a hot topic of conversation, and as pointed out by Holt et al, the internet could be a friend or foe especially as it concerns accuracy (Holt et al, 2016). To guarantee accurate and consistent messaging, governments and health organizations around the world were forced to improve their risk communication methods.

2.3.5 Transparency

Transparency in risk communication is the open and unambiguous sharing of information about potential health risks, preventative measures, and the status of ongoing combat against threats, without which risk-control strategies would go wrong (Kasperson et al, 2013). It represents integrity, reachability, and promptly giving the public correct information. The progression of pandemic readiness is intrinsically linked to the openness with which authorities convey hazards, insights gained, and tactics utilized in times of emergency. When considering the historical background of pandemic responses, there have been significant changes in the transparency of risk communication. Early on, a lack of a worldwide communication infrastructure and outdated technologies frequently made it more difficult to disseminate information. Even with these limitations, historical records demonstrate situations where open communication encouraged the public to take preventative action during influenza outbreaks (Spalluto et al, 2020).

In his literature, Bouder (2015) emphasised that transparency in risk communication is crucial for building trust and credibility (especially in a post-trust environment). He mentions that agencies have been able to build trust through direct or delegated interactions, such as expert committees investigating issues (Bouder, 2015). Risk communication for vaccines, for example, should be evidence-based and consider public perspectives. Considering the public perspective makes risk communication proactive, and its five procedural principles all help to promote transparency. From the top, decision-makers must gather and analyse evidence, acknowledge public perspectives, analyse different options, identify the authority in charge, and interact with the audience. These processes will surely promote transparency, enabling risk communicators to gain the trust of their recipients and achieve their objectives faster. For instance, the 1918 Spanish flu emphasizes how important open communication is to pandemic management. Public cooperation was higher for governments that disseminated correct information about the virus, how it spreads, and how to take preventative action. This historical viewpoint emphasizes how crucial transparency in risk communication is now. Comparing the COVID-19 and influenza responses will show how risk communication tactics are always changing. During the influenza pandemic, communication was mostly restricted to the afflicted areas, leading to a high mortality rate (CDC Archives, n.d.). On the other hand, the COVID-19 pandemic's worldwide scope required a never-before-seen degree of international cooperation and communication (Anwar A. et al, 2020). Developing a coordinated worldwide response became critically dependent on cross-border information transparency.

Today's communication channels have been refined and transformed, thanks to the digital era. But that presents both opportunities and problems for openness. For example, social media makes it possible for knowledge to spread quickly, but on the other hand, it has also aided in the spread of false information. Using these channels for open communication while fighting the infodemic that can obstruct public understanding and cooperation is a twofold challenge for governments and health groups. During the COVID-19 outbreak, public trust and compliance were better in countries that placed a high priority on communication that was lucid, consistent, and grounded in research (Paulik L. et al, 2020). On the other hand, if the information was erroneous, mishandled, or politicized, it engendered public distrust (Earle & Cvetkovich, 2013) and, in certain instances, impeded the implementation of efficient remedial actions. Transparent communication at the international level is essential, as demonstrated by the World Health Organization's (WHO) role in coordinating worldwide efforts to curtail the outbreak (Müller G et al, 2021). The sharing of knowledge on methods of transmission approaches to treatment, and advancements in vaccine development demonstrated the cooperative potential of open communication in managing a complicated worldwide emergency.

2.3.6 Prospects and Challenges of Risk Communication 2.3.6.1 Prospects

History has it that pandemics have always been a threat to public health globally, thus making it paramount that adequate measures are necessary and crucially important especially as it relates to pandemic preparedness and the numerous advantages to risk communication in pandemics like COVID-19 and influenza. As an early warning system, risk communication helps authorities quickly spread information to enable a prompt and well-coordinated reaction, timely and open communication which guarantees that the public is informed about the changing circumstances (Bourrier & Deml, 2022). This is especially important early in a pandemic when containment efforts can have a big influence on how the outbreak develops.

Authorities and the public can develop trust through effective risk communication (Slovic, 1993). Messages that are truthful, straightforward, and consistent promote social trust in the policies put in place and promote following public health recommendations (Earle & Cvetkovich, 2013). Public adherence to advised actions during a pandemic, such as immunization, social distancing, and hygienic behaviours,

is essential to controlling the virus's spread. Again, fear and false information are common responses to pandemics, which can make matters worse (Hansson et al, 2021). Authorities can handle such issues, clear up misunderstandings, and give the public accurate information by communicating with them specifically. This lessens anxiety and guarantees that people make informed decisions about their safety and well-being that are well-informed.

Promoting favourable behavioural changes in the populace is mostly dependent on risk communication. Authorities can persuade people to adopt behaviours that enhance the resilience of a community by highlighting the significance of preventative measures and outlining the reasoning for public health actions. This is seen in the setting of vaccination campaigns, where the adoption of vaccines is facilitated by clear communication. The advantages of efficient risk communication in reducing the effects of influenza outbreaks are demonstrated by historical studies. For example, clear and proactive communication tactics played a major role in the successful containment of previous influenza pandemics, such as the H1N1 pandemic in 2009 (Gray L. et al, 2012). The construction of a foundation for pandemic preparedness and subsequent influenza response plans has been influenced by the lessons learned from these experiences.

Global risk communication is important, as the COVID-19 pandemic has shown. Transparent and evidence-based communication tactics led to increased public collaboration and more successful pandemic response in the countries that adopted them (Spalluto et al, 2020). On the other hand, incidents of false information and inconsistent messaging brought attention to the necessity of better communication systems. Generally, risk communication plays a crucial role in how pandemic preparedness develops; it is essential to pandemic management success and crucial for fostering resilience, maintaining social trust, and ultimately preserving global health as we continue to research and improve pandemic preparedness (Earle & Cvetkovich, 2013).

2.3.6.2 Challenges

A coordinated response, public perception, and pandemic management are all greatly aided by effective risk communication. But communicating risks during pandemics also comes with a few difficulties, which are essential to highlight. Acknowledging these obstacles not only gives strategies' historical background but also guides ideas for improving global readiness in the future.

Uncertainty and complexity. It becomes particularly difficult to communicate warnings when dealing with the multi-layered complications that accompany pandemics (Bouder F., 2022). This means that due to the ever-changing nature of infectious diseases like the COVID-19 and influenza it is extremely difficult to provide timely and accurate information. And in such a scenario, ambiguity may hinder effective pandemic communication since it can spread fear and misinformation among the public (Bourrier & Deml, 2022).

Information overload and misinformation. A period of information overload has been brought about by the digital age, making it difficult to distribute reliable

information amid a deluge of data (Bouder F., 2022). Misinformation and disinformation can spread quickly through a variety of avenues during pandemics, undermining public confidence in government communications (WHO, 2023). In order to guarantee that the public is informed, addressing and correcting inaccurate information becomes a crucial component of risk communication.

Cultural and linguistic barriers. Diversity in language and culture makes it extremely difficult to connect and communicate with different groups of people. It is vital to adapt messages to various language and cultural contexts in order to guarantee that all sections of the public get and comprehend important information (Ann Bostrom, 1997). If these obstacles are not removed, there may be differences in the acceptance of suggested actions, which could affect the general efficacy of pandemic preparedness plans.

Psychological factors. Effective risk communication requires an understanding of the psychological components of risk perception and the behavioural patterns of humans (Cvetkovich G, 2013). During a pandemic, fear, anxiety, and cognitive biases can affect how people perceive and react to information (Hansson et al, 2021). To create messaging that appeals to the general population and promotes adherence to preventive actions, it is imperative to recognize and address these psychological variables.

When examining the development of pandemic preparedness, these challenges with risk communication become essential parts of the story. The examination of influenza reactions in the past offers valuable perspectives on how prior obstacles to risk communication have influenced current preparedness tactics. The 1918 influenza pandemic, for instance, highlighted the advancements in communication techniques as a result of restricted technological resources. In contrast, the international response to COVID-19 reveals modern difficulties in controlling the dissemination of information during pandemics (Reddy & Gupta, 2020). The challenges that have been found, like psychological issues and disinformation, highlight the continuous need for flexible risk communication techniques in the development of pandemic readiness. Knowing and comprehending the challenges associated with risk communication serves as the cornerstone for putting forward inventive remedies. This could entail using technology to deliver tailored messages, creating culturally aware communication strategies, and applying behavioural science knowledge to overcome psychological obstacles.

2.4. Formalizing an Analytical Framework for Pandemic Response to Risk Communication

Prior to the twenty-first century, vaccination campaigns and antiviral drugs were the mainstays of influenza response tactics (Bourrier & Deml, 2022). Gaining insight into the methods employed during this time frame is essential for comprehending the evolution and difficulties of international collaboration in managing influenza pandemics. Influenza response methods prioritize the use of antiviral drugs and vaccination campaigns. Analysing these tactics' efficacy, applicability to various demographics, and influence on limiting influenza epidemics is crucial to understanding

the historical focus on pharmaceutical interventions. Despite initiatives to fight influenza, restrictions and difficulties with international cooperation were evident (Bourrier & Deml, 2022). An understanding of the obstacles that prevented a coordinated international response to influenza epidemics can be understood by the obstacles of that time, which include differences in vaccine distribution and different national response capacities.

At the turn of the century, influenza response tactics changed due to developments in vaccine distribution and production, as well as the incorporation of lessons learned from individual outbreaks. Influenza vaccine development and distribution saw a noticeable boost around the year 2000 as certain nations came together to prepare against possible pandemics (Bourrier & Deml, 2022). Evaluating vaccine technology advancements, production scalability improvements, and global accessibility initiatives is essential to comprehending the progress made in the fight against influenza in the modern period. The 2009 H1N1 pandemic and the ongoing risks associated with avian influenza outbreaks were pivotal moments for testing, knowledge acquisition and flexibility (Gray L. et al, 2012). A comprehensive knowledge of the difficulties encountered, and the adjustments made to international influenza preparedness measures in response to new threats can be gained by examining the response tactics used during these outbreaks.

It is clear from delving into the development of influenza response tactics that the dynamics have changed significantly over time. The shift from a pharmacological approach to a broader strategy highlights how flexible global health systems are in responding to the changing nature of influenza threats. These historical viewpoints provide a basis for evaluating the international reaction to the COVID-19 pandemic and provide information about possible improvements for future readiness (Brown & Susskind, 2020). Analysing the effectiveness of public health measures critically is necessary to comprehend the lessons that have been learned from past pandemics.

Examining past pandemics is essential, because in looking into the development of pandemic preparation, we uncover valuable information about the approaches that have been used to address similar emergencies, both the successful and the unsuccessful one. Three main topics will be covered in this discussion (1) quarantine regulations and travel restrictions; (2) risk communication strategies and public awareness; and (3) international cooperation and information sharing. Examining the tactics used will lay the groundwork for evaluating the effectiveness and versatility of these earlier reactions. Through the identification of the advantages and disadvantages of measures unique to influenza, we can make analogies with current approaches employed in the wake of the COVID-19 pandemic, thereby advancing a comprehensive comprehension of the development of worldwide pandemic readiness.

Quarantine measures and travel restrictions. There was a considerable variation in the application of travel restrictions and quarantine procedures during the influenza pandemic and previous pandemics. During the Spanish flu pandemic in the early 1900s, localities-imposed isolation protocols, which involved closing public areas and schools (Short et al, 2018). Unfortunately, these precautions were not always

enforced, and their effectiveness was hampered by a lack of knowledge about how viruses spread (Short et al, 2018). One of the mistakes made during the Spanish flu outbreak was the slow start of the quarantine, which let the virus spread quickly. This era gave rise to best practices that prioritized quick decision-making, which has proven to be a useful lesson for pandemics since then. On the other hand, during the 2009 H1N1 pandemic, specific travel restrictions were imposed globally (Bajardi et al, 2011). While best practices stressed the significance of evidence-based decision-making and clear communication of the rationale for travel restrictions, mistakes included the perception of these restrictions as unduly severe, leading to confusion and resistance.

Risk communication strategies and public awareness. Pandemic management has been based on effective risk communication. Limited and uneven communication tactics characterized the Spanish flu era (Bhandari, 2021). Transparent information was lacking, and public awareness campaigns were frequently ineffective. Confusion and fear ensued, making containment attempts more difficult. Learning from these errors, risk communication was enhanced during other pandemics, such as the H1N1 outbreak. In order to distribute accurate and timely information, governments and health organizations began utilizing different channels as part of their proactive communication strategy (Bouder, 2015; Bourrier & Deml, 2022). But problems remained, such as the quick dissemination of false information made possible by social media.

Global collaboration and information sharing. From the Spanish flu to current pandemics like COVID-19, international cooperation and information sharing have changed dramatically. One crucial flaw in the Spanish flu response was the absence of a coordinated international effort. Nations functioned in isolation, which impeded the exchange of crucial data and the creation of efficient plans (Bourrier & Deml, 2022). On the other hand, the H1N1 pandemic response signalled a rise in international cooperation (Bourrier & Deml, 2022). More effective information sharing between governments, researchers, and international health organizations sped up the development of vaccinations and diagnostic instruments. Nevertheless, issues like unequal resource distribution and sluggish coordination persisted.

Understanding the evolution of pandemic preparedness requires analysing the tactics used during the influenza pandemic and previous pandemics. The basis for assessing the international reaction to COVID-19 is established by the lessons that have been learned from past errors and achievements. The execution of quarantine protocols, risk communication tactics, and international cooperation are indicative of ongoing endeavours to augment readiness. It is clear from researching the development of pandemic preparedness that previous experiences have influenced present methods. Enhancements in risk communication, international cooperation, and the application of successful quarantine protocols show a dedication to optimizing tactics grounded in past experience. We can only improve global pandemic preparedness in the future by taking into account the lessons learned from past failures and the best approaches moving forward.

2.5. Global Readiness and Response to Covid-19 and Influenza

2.5.1 COVID-19 Pandemic.

The COVID-19 a global scare had the entire world come together to collaborate on a level never seen before to combat it (Brown & Susskind, 2020). Three main areas will be addressed in this brief highlighting the approaches used by countries and organizations to manage the virus spread and lessen its effect: (1) quarantine regulations and travel restrictions, (2) risk communication strategies and public awareness, and (3) international cooperation and information sharing. In addition to providing light on the immediate response to COVID-19, the examination of these techniques provides insightful information about the larger backdrop of the growth of pandemic preparedness. The worldwide response to COVID-19 provides a case study in adaptive crisis management, encompassing measures like lockdowns and border closures as well as vaccination drives and strengthening of the healthcare system (Müller G et al, 2021). Examining the coordinated responses of nations and international organizations during this epidemic provides valuable information about the advantages and disadvantages of current pandemic preparedness initiatives.

Ouarantine regulations and travel restrictions. Enforcing severe travel restrictions and guarantine protocols has become imperative in the containment of COVID-19 pandemic. Countries quickly realized, after past influenza outbreaks, that movement restrictions were necessary to suppress the virus (Hon K. et al, 2021). The deliberate and broad application of these strategies during the COVID-19 crisis is indicative of the growth of pandemic preparedness. The prompt implementation of quarantine protocols, including social distance and lockdowns, exhibited a worldwide comprehension of the significance of prompt intervention (Wilder-Smith et al, 2020). Governments everywhere realized that swift action was required to avoid overburdening healthcare systems. This pre-emptive strategy stands in contrast to previous influenza responses, where such precautions were frequently used later. Furthermore, a major factor in halting the virus's international spread was the deliberate implementation of travel restrictions (Bhandari, 2021). The success of these limitations indicates a change in the direction of a more planned and internationally aware pandemic preparedness strategy. The lessons from COVID-19 emphasize how important it is to take prompt, firm action to stop the spread of infectious diseases.

Risk communication strategies and public awareness. The way COVID-19 pandemic was managed revealed that effective risk communication and increased public awareness are critical components. Media outlets, public health organizations, and governments all had a significant impact on the timely and correct dissemination of information. In comparing this to past influenza epidemics, the COVID-19 response shows a significant advancement in pandemic preparedness. Also, crucial information was swiftly and extensively disseminated through press conferences, public service announcements, social media, and other communication channels (Bhandari, 2021). The public's trust and compliance with preventive actions were developed by this dynamic and honest communication campaign. Compared to previous influenza outbreaks, during which information was dispersed more slowly and in fragments, COVID-19 pandemic represents a paradigm shift toward more effective risk communication techniques.

Efficient dissemination of risk information was essential in influencing public perception and adherence to COVID-19 protocols. COVID-19's emphasis on concise, fact-based communication demonstrates a dedication to taking lessons from the past (Campbell Institute, 2017). Promptly acknowledging and addressing public concerns has emerged as a characteristic of pandemic preparedness, indicating a shift in the concept of the mutually beneficial relationship between successful containment measures and effective risk communication.

Global collaboration and information sharing. The exceptional degree of international cooperation and information sharing throughout the COVID-19 reaction was possibly one of its most notable characteristics. Nations, scholars, and organizations shared data, research results, and resources on a never-before-seen scale as a result of the pandemic. This culture of cooperation represents a major advancement in pandemic readiness, especially when compared to past influenza responses. The creation of platforms like the COVAX initiative and the Access to COVID-19 Tools (ACT) Accelerator is an example of a concerted international effort to guarantee fair access to vaccinations and treatments (Eccleston-Turner & Upton, 2021). The rapidity with which vaccinations were created and distributed was evidence of the effectiveness of global cooperation. With its focus on international information and resource sharing, the COVID-19 response demonstrates a paradigm shift toward an understanding of the interdependence of health security. This shift in pandemic readiness highlights how critical it is to dismantle long-standing obstacles to information exchange and promote a sense of group accountability in the face of threats to global health.

The efficient containment of COVID-19 via isolation protocols, risk dissemination, and international cooperation demonstrates a noteworthy advancement in global pandemic readiness. It is clear from studying the development of pandemic preparedness that the tactics used during COVID-19 established a new benchmark for international collaboration and response and drawing comparisons with previous influenza pandemics, we can identify key areas for improvement and generate recommendations to enhance global pandemic preparedness in the future.

2.5.2 The 2009 H1N1 Influenza

The 2009 HINI influenza pandemic also known as swine flu attributed to the novel virus H1NI which killed thousands of people globally has taught us many lessons (Gatherer, 2009). These lessons included the significance of vaccination, risk communication, and adaptable response strategies.

Vaccination: Vaccine campaigns, development and dissemination were essential to containing the outbreak. But the need for better vaccine production and distribution capacities was brought to light by delays in vaccine availability (Bourrier & Deml, 2022).

Risk Communication: Effective risk communication techniques were linked to decreased disease transmission and increased public compliance. The reverse was also true for ineffective risk communication techniques (Lin et al, 2014). Clear messaging about the value of vaccinations and preventive measures are all part of it.

Flexible Response Plans: It is necessary for response strategies to be flexible, able to be adjusted to the unique features of any outbreak. This lesson was learned from the H1N1 pandemic, and it also involves the capacity to swiftly scale up healthcare resources and alter public health strategies as necessary (Gatherer, 2009).

Current preparedness strategies have been greatly impacted by the lessons learned from past pandemics. Current methods place a strong emphasis on vaccinations, early detection and response, a strong healthcare system, and effective risk communication. International guidelines like the International Health Regulations (IHR) of the World Health Organization (WHO) and national preparedness plans in nations like Australia and the United Kingdom incorporate these ideas (WHO, 2016).

2.6. Case Study of Australia and the United Kingdom

2.6.1 Pandemic Experience and Policy Structure *2.6.1.1 Australia*

There also has been pandemics of infectious diseases in the past in Australia, such as the Spanish flu of 1918, which killed some 15,000 people there (NMA, 2024). This past pandemic experience has moulded Australia's strategy to pandemic preparedness, with a strong focus on early action, a robust public health infrastructure, and efficient risk communication.

As part of their preparedness structure, Australia has the following:

- *Australian Health Management Plan for Pandemic Influenza* (*AHMPPI*): The AHMPPI offers a thorough framework for handling influenza pandemics. It points out the need to establish a link between the territory administrators of the federal, state, on the guidelines for pandemic communication, its containment, and surveillance tactics (GOV.AU, 2019).
- COVID-19 Development Response Plan: This strategy, which was created in reaction to COVID-19 pandemic, describes procedures for preserving vital services, promoting economic recovery, and protecting public health such as border checks, quarantine regulations, and financial assistance for impacted companies and people (GOV.AU, 2020).

2.6.1.2 United Kingdom (UK).

The Spanish flu of 1918 equally ravaged the United Kingdom in the past, such as the. This past pandemic experience has equally moulded UK's strategy to pandemic preparedness, thereby influencing their pandemic preparedness strategy with a priority on vaccinations, surveillance and robust public health measures.

UK's preparedness and response structure include:

- National Risk Register: Potential threats to the security and resilience of the UK are listed and evaluated in this government publication, including pandemics which serves as a roadmap for preparation and planning initiatives (GOV.UK, 2023).
- **National Influenza Pandemic Preparedness Strategy:** The government's approach to controlling influenza pandemics is outlined in this strategy, which

includes vaccine campaigns, surveillance, and outreach initiatives thereby pointing how important and necessary it is for the public, healthcare professionals, and public health authorities to coordinate their response (GOV.UK, 2011).

 COVID-19 Contain Framework: This framework which was created in reaction to COVID-19 pandemic offers a guide for limiting the virus's transmission and also guidelines for enterprises and local authorities to include actions such as social distancing, contact tracing, and testing (GOV.UK, 2021).

2.7. The Link between Risk Communication and Pandemic Preparedness



Figure 1 Theoretical Framework for Risk Communication in Pandemic Preparedness

In the context of pandemic preparedness, effective risk communication is essential because it shapes public perception, influences public behaviour, and directs crisis management tactics (Baruch Fischhoff, 2020). This link between risk communication and readiness shows how timely, transparent, and unambiguous communication increases the efficacy of preparedness tactics. In fact, the development of pandemic preparedness depends on the efficient sharing of risks. It directs crisis management tactics, affects behaviour, and moulds public opinion. The study of risk communication in pandemic preparedness provides a useful basis for improving future tactics and

guaranteeing a more robust and informed society as the world community struggles with new challenges.

Figure 1 & Table 1 provides a concise overview of how risk communication plays a central role in pandemic preparedness by influencing public opinion, behaviour, and ultimately, the success of crisis management strategies.

Component	Description	Relationship to Other Components		
Risk Communication	Exchange of information about pandemic threats between public health authorities and the public, influenced by sharing timely, transparent, and unambiguous dissemination of information about the pandemic.	 → Shapes and informs Public Perception. → Influences Public Behaviour. → Directs Crisis Management 		
 Shaping Public Opinion Perceived seriousness of the threat. Trust in authorities. A sense of shared responsibility. 	Public understanding of the pandemic threat, including its severity and potential consequences.	 → Informed by Risk Communication → Influences Public Behaviour. 		
Influencing Public Behaviour * Adherence to preventive measures. * Vaccination uptake. * Community resilience.	Actions taken by individuals and communities to mitigate the pandemic threat and promote preparedness.	 → Informed by Risk Communication → Influenced by Public Perception. → Impacts Crisis Management. 		
Directing Crisis Management Strategies * Development of plans considering public perceptions. * Flexible and timely response to evolving risks. * Public acceptance of crisis measures.	Strategies and actions taken by authorities to address and manage the pandemic.	 → Informed by Risk Communication. → Effectiveness influenced by Public Behaviour. 		

 Table 1 The key components of the theoretical framework of Risk Communication and their relationships

Shaping public opinion. During pandemics, risk communication plays a crucial role in disseminating information and shaping public opinion. The advancement of pandemic preparedness is intimately linked to the efficiency with which public officials convey hazards to the populace (Bouder, 2015). The clarity, transparency, and timeliness of risk communication often influence the public's impression of a threat's severity and urgency. Historical investigations of the COVID-19 pandemic show that clear and consistent communication creates a sense of shared responsibility and confidence (Reddy & Gupta, 2020). This confidence is a form of trust, which is said to be the fruit of good communication (Misztal, 1996). Good communication, whether via digital or conventional media, helps the public form an informed view and recognize the seriousness of the situation, which makes it easier for policies and recommended actions to be followed.

Influencing public behaviour. Effective pandemic management depends on the dynamic interaction between public behaviour and risk communication (Campbell Institute, 2017). Public relations tactics that effectively address issues and connect with the audience help to mould preparedness-related behaviour. Targeted risk communication efforts highlighting the need for cleanliness practices and vaccine advantages, for example, were linked to higher public compliance during the H1N1 influenza pandemic (Luke & Subbarao, 2006). The growth of pandemic preparedness in the context of COVID-19 has witnessed a move toward utilizing digital and social media channels for quick and interesting information dissemination. The public's commitment to preventive measures, vaccination uptake, and general community resilience can be used as indicators of how effective these efforts are. Adapting communication to the psychological dimensions of risk perception might help motivate the kinds of behavioural adjustments necessary for successful combat against the pandemic.

Directing crisis management strategies. The development of crisis management techniques, which are heavily impacted by risk communication techniques, is closely linked to the growth of pandemic preparedness. Effective communication becomes essential for authorities to develop plans that take into account public perceptions and responses as they draw lessons from past events. Applying the lessons learned from the influenza reactions to the COVID-19 pandemic, for example, emphasizes how crucial it is to communicate clearly in order to make sure that crisis management tactics are not only successful but also well-liked by the general population (Hon K. et al, 2021). Real-time risk communication in crisis management techniques encourages a more flexible and quick response to new risks. An increasing emphasis on interdisciplinary collaboration is a hallmark of the ongoing evolution of pandemic preparedness, where risk communication informs societal measures as well as public health efforts.

2.8. Lessons Learned

Lessons from previous outbreaks have greatly influenced the evolution of pandemic preparedness, with communication tactics being essential in navigating public health emergencies. The main lessons learned from past pandemics—in particular, influenza

outbreaks—are briefly explored here to provide suggestions for improving the relationship between risk communication and pandemic preparedness. To tackle the present and upcoming global health concerns, a thorough and functional framework for pandemic dynamics must be developed.

Access to correct information. Influenza epidemics have historically served as warning signs for the significance of prompt and open risk communication. For example, the Spanish flu of 1918 brought to light the effects of incomplete information sharing and the influence of false information on public opinion which led to the death of millions (Bhandari, 2021). Lessons learned from this devastating pandemic emphasize how important it is to communicate in an honest, transparent, and consistent manner to build public confidence and collaboration. Accessibility must be the top priority for effective risk communication during pandemics, ensuring that information is shared broadly and clearly to a variety of audiences, including to and through key stakeholders (CDC, 2021).

Flexibility in communication techniques. The 2009 H1N1 pandemic underscored the significance of flexibility in communication tactics (Lin L. et al, 2014). Real-time message modifications were required due to the virus's quick transmission and the situation's evolution. The need for a dynamic communication strategy that can be adjusted to the changing dynamics of a pandemic was emphasized as governments and health agencies navigated the difficult balance between minimizing panic and promoting transparency (Kasperson et al, 2013). This adaptability emphasizes the value of flexibility in communication techniques to handle the uncertainties inherent in these situations, which is an important lesson for future pandemic preparedness planning.

Audience and stakeholder involvement. Past pandemic lessons also emphasize how important it is to involve a variety of stakeholders in risk communication initiatives. The HIV/AIDS pandemic of the latter half of the 20th century made community engagement, advocacy, and cooperation with impacted groups crucial (Bhandari, 2021). The efficiency of risk communication in the context of influenza or COVID-19 can be improved by considering cultural quirks, enlisting the help of local leaders, and utilizing local communication channels to better understand the concerns of the audience and get them involved through their leaders (Jamie K., 2020). A more thorough and focused approach is made possible by the inclusion of communication tactics, which also promote understanding and a sense of shared responsibility (Bouder, 2015).

Accurate and timely information. The most recent worldwide health emergency, COVID-19, offers a plethora of information about the development of risk communication and pandemic preparedness. One crucial lesson to this is the impact of information crisis on the quick spread of rumours and false information on public opinion and behaviour (WHO, 2023). Due to how fast information spreads in the digital age, the public health authorities, the media, and technology platforms must work together to ensure that the public receives accurate and timely information. This also calls for a proactive approach to systematically counter misinformation.

International cooperation. The COVID-19 case further emphasizes how crucial international cooperation is in risk communication. Our world is interrelated, so sharing knowledge and putting plans into action must be done in concert. To effectively address a global health catastrophe, lessons learned from this pandemic highlight the necessity of international cooperation, data sharing, and coordinated messaging (Paulik L. et al, 2020).

Policymakers and public health authorities may create a more robust and efficient framework for tackling the intricate problems presented by infectious diseases by incorporating these lessons into future pandemic preparation plans, and the knowledge gained from previous pandemics provides a solid basis for the following recommendations to enhance the relationship between risk communication and pandemic readiness:

Improved cooperation between nations. Create a stronger mechanism for information exchange, collaborative research projects, and coordinated actions to fortify international cooperation. Promoting the formation of multinational task forces to deal with pandemics jointly.

Unified protocols for communication. Provide standardized communication procedures that the entire world can use in the event of a pandemic. Guidelines for transparent, comprehensible, and consistent messaging across linguistic and cultural divides should be part of these protocols.

Flexible methods of communication. Use of flexible communication tactics that can adjust to a pandemic's changing needs. Creating a system that allows for instantaneous messaging updates and modifications in response to shifting conditions and unpredictability.

Participation and empowerment of the community. Enable communities to take an active role in their own safety by making sure that information is available to a wide range of people and is sensitive to cultural differences. Integrating influencers, community organizations, and local leaders into communication initiatives can help promote community involvement (Jamie K., 2020).

Programs that educate the public and media. Create educational initiatives to improve critical thinking and health literacy for the general public and media professionals. Stress the value of ethical reporting, fact-checking, and knowing the subtleties of scientific data.

Application of technology. Make use of technological developments to effectively and widely disseminate accurate information. Create plans to combat false information on digital platforms, working with tech firms like social media platforms to support reputable sources.

Risk communication that is inclusive. Make it a priority to implement inclusive communication techniques that consider the needs of marginalized groups, such as those who face socioeconomic difficulties, restricted access to healthcare, or language issues. Make certain and ensure that all societal sectors receive correct knowledge.

Psychological help. Incorporate psychological support services into risk communication tactics, considering the effects of pandemics on mental health. Offer coping mechanisms for managing stress, worry, and fear, and de-stigmatize the act of seeking mental health support (Academy of Medical Sciences, 2020).

Drills and exercises with simulations. Regularly carry out cross-border simulated exercises and drills to evaluate the efficacy of communication approaches. Determine areas that require enhancement and modify protocols by applying the knowledge gained from these experiences.

Research and innovation. To comprehend and control changing communication dynamics and public reactions during pandemics, make innovative and research-intensive investments. Encourage the creation of cutting-edge technology to improve public engagement and risk communication.

Frameworks for policies and laws. Create and maintain frameworks for laws and policies that enable prompt and well-coordinated reactions to pandemics. Make certain that these frameworks have provisions for information sharing and efficient routes of communication.

Assessment and ongoing development. Create systems for ongoing assessment of post-pandemic communication tactics. Ongoing evaluation is important (Ann Bostrom, 1997). Utilize input from experts, medical professionals, and members of the public to hone and enhance communication strategies for upcoming emergencies.

Adopting these recommendations will provide a more robust and flexible communication framework, which would improve global pandemic preparedness. The suggested actions are all intended to increase the efficiency and inclusivity of risk communication during health emergencies. The advantages include the capacity to actively involve communities in their defence, combat misinformation, and quickly distribute accurate information. These recommendations, which place a high priority on adaptability, transparency, and international cooperation, set the stage for a proactive and cooperative readiness for pandemics in the future.

2.9. Summary

To better understand pandemic preparedness and risk communication, this literature review has looked at theoretical frameworks, international methodologies, and particular case studies of Australia and the United Kingdom. The case studies of the UK and Australia highlight the complexity of responding to and preparing for pandemics and highlight the necessity for adaptable, flexible policies that can address the effects on socioeconomic and health issues. These results are essential for guiding future studies and enhancing national and international frameworks for pandemic preparedness.

The literature review has effectively established the foundation for the thesis by demonstrating how risk communication, influenza response tactics, and international reactions to COVID-19 are intertwined in the development of pandemic preparedness. The conversation emphasizes the value of using lessons from the past to guide present and future actions, providing a strong framework for the thesis's comparative analysis and improvement.

3. Methodology

3.1. Research Question

Pandemics have caused enormous worldwide problems in the twenty-first century, with COVID-19 and influenza leaving a lasting impact on public health. By raising an important and necessary question, this study aims to investigate the development of pandemic preparedness strategies.

The research question:

1. How can a more informed approach to risk communication strengthen pandemic preparedness based on the lessons learned from past influenza outbreaks and the Covid-19 pandemic, specifically in the context of the United Kingdom and Australia?

This question serves as the foundation for our research, which aims to clarify the complexities of international pandemic response strategies and extract knowledge for improving preparedness in the future.

3.2. Research Design

Research design is a systematic blueprint that directs the process of carrying out scientific research (Marczyk et al, 2010). In the context of this research on the evolution of pandemic preparedness, research design is the systematic method that will be used to explore the historical development of global reactions to influenza and COVID-19. Our research design incorporates methodical data evaluation, systematic observation, and measurement, and testing of pandemic preparedness strategy-related hypotheses, just like in many other scientific domains. Using a qualitative comparative analysis, we seek to identify patterns, trends, and changes in responses around the world that are consistent with the general objectives of scientific inquiry, which are to describe, explain, and forecast events.

3.2.1 Qualitative Comparative Analysis

The decision to use a qualitative comparative analysis approach was made because it is necessary to identify patterns, trends, and changes in pandemic response tactics in order to assess readiness. My objective is to reveal subtle trends and establish cross-cutting relationships between the more recent and intricate responses to the COVID-19 and Ebola pandemics and the historical influenza responses. Some of the key stages of qualitative comparative analysis include data analysis, reporting, and interpretation of findings (Greckhamer et al, 2018). This analytical approach provides a broad perspective that can guide practice and policy by enabling a thorough analysis of the development of global pandemic preparation.

3.2.2 Data Collection Methods

3.2.2.1 Case Studies:

Using case studies, certain cases or situations pertaining to the research topic are thoroughly analysed. An essential component of our research approach is the selection of pandemic cases. We have selected two major pandemics: COVID-19 and influenza, and the countries to be reviewed will be Australia and the United Kingdom. The UK has historically been more vulnerable to the transmission of infectious diseases due to its status as a key centre for international travel and trade (Mack et al, 2010). Despite

its remote location, Australia has also had similar challenges because of its connections to the United Kingdom and its migration patterns, which have drawn individuals from all over the world, including pandemic-affected areas (Zhan et al, 2021). These illustrate different difficulties and reactions in the field of global health. I hope to have a comprehensive understanding and a thorough investigation by concentrating on these examples. Making contrasts and comparisons also aids in deepening our contextual understanding of how pandemic preparedness has changed throughout time.

3.2.2.2 Document Analysis:

Document analysis is an essential methodology for qualitative research (Bowen G. A., 2009), and therefore useful for researching the development of pandemic preparation, entailing the careful assessment of government reports, regulations, and recommendations on a certain subject. Pandemic preparedness methods can be traced back through official records from governments, public health agencies, and international health organizations. These documents provide a rich historical backdrop. Analysing these records reveals specific policies and tactics used in previous epidemics, revealing the priorities, decision-making processes, and factors that shaped pandemic responses. Furthermore, document analysis provides an organized method to find commonalities, discrepancies, and patterns in international preparedness initiatives by enabling a methodical comparison of influenza response tactics with those used during the COVID-19 pandemic.

Below is a number list of documents to be analysed on the subject matter, organized by document type:

Case Study 1: Influenza Outbreak

- Government Reports:
 - 7 official reports and articles from government agencies
- Academic Articles:
 - 11 academic articles and research papers
- Organizational Documents:
 - 3 documents and statements from healthcare and research organizations
- Historical Records:
 - 1 historical record on the subject matter

Case Study 2: COVID-19 Pandemic

- Government Reports:
 - 4 official reports and articles from government agencies
- Academic Articles:
 - 29 academic articles and research papers
- Media Articles:
 - 1 news media articles
 - Organizational Documents:
 - 5 documents and statements from healthcare and research organizations
- Historical Records:

- 1 historical record on the subject matter

Below are the units of analysis for the organizations and government agencies in consideration:

- Academy of Medical Sciences.
- Australian Department of Foreign Affairs and Trade.
- Australia Department of Health and Aged Care.
- Campbell Institute.
- Centers for Disease Control (CDC)
- Global Health Security Agenda (GHSA).
- National Museum of Australia (NMA)
- National Research Council (NCR)
- World Bank
- World Health Organization (WHO)

Countries:

- Australia
- United Kingdom

3.2.2.3 Content Analysis:

Content analysis, like document analysis, is the process of methodically examining the textual, visual, or media content (Paradis et al, 2016). Each pandemic had some degree of media coverage, which mostly caught public attitudes toward the pandemic and the communication tactics used by governments and health organizations during the pandemic. In public discourse, content analysis aids in the identification of recurrent themes, storylines, or discourses. This can help one get a better grasp of the conversation in society about pandemic preparedness and reaction.

3.2.2.4 Historical Timeline Analysis:

This study touches a long range of periods, from the early 1900s to present time. This thesis warrants using historical timeline analysis for several reasons. First, it offers a picture of the progressive development of pandemic preparedness tactics, showing significant occurrences, the application of policies, and reactions throughout time. The historical trajectory is better understood because of this clarity. Second, by providing insights into the variables affecting strategy changes, the timeline assists in identifying pivotal moments and turning points in the development of pandemic preparedness. Finally, the timeline makes it easier to identify patterns and trends in international preparedness initiatives by establishing causal linkages and correlations between events and policy changes. With this wide perspective, I can document the evolution of pandemic responses across time, accounting for changes in public health concepts, global governance structures, and medical science advancements.

3.3. Data Analysis

Thematic analysis will be the method of choice for analysing the data gathered for this study. The rationale behind selecting thematic analysis as the data analysis approach is its ability to offer a framework that is both organized and flexible, making it suitable for interpreting a wide range of qualitative data from different sources, including

documents, case studies, content analysis, and historical timelines (Terry et al, 2017). The approach is especially well-suited to accomplishing the main objective of the study, which is to identify patterns, trends, and changes in pandemic readiness across time.

The application of thematic analysis enables the methodical recognition and examination of recurrent themes, guaranteeing a comprehensive investigation of the development of worldwide pandemic readiness. Additionally, its flexibility suits the research's diverse qualitative data, enabling a cohesive and integrated approach to analysing different data sets. The method's strengths lie in its ability to offer rich interpretation, identify patterns, promote contextual understanding, and adapt to various qualitative data types (Terry et al, 2017). Its adaptability also fits the variety of qualitative data used in the research, allowing for a unified and integrated method of analysing various data sets.

3.4. Reflections

It is imperative to acknowledge that, in order to conduct this research, the study's design, data collecting, interpretation, analysis, formation and understanding of the research question may have been influenced by my perspectives, experiences, and background. However, by upending old beliefs and forming new ones, the research findings may have changed the researcher. Thus, in order to maintain the integrity of the study, it is imperative that these components be freely reflected upon.

3.5. Summary

To sum up, the research's methodological approach, which combines qualitative comparative analysis and thematic analysis, is intended to offer a strong framework for examining the development of worldwide pandemic preparedness. The selected data-gathering techniques—document analysis, case studies, content analysis, and historical timeline analysis—offer a thorough examination of pandemic reactions and are in line with the study's aims. The application of thematic analysis throughout the data analysis stage will enable the recognition of patterns, trends, and changes in pandemic response tactics as the research progresses. With its adaptability and use for a wide range of qualitative data, the thematic analysis approach fits in well with the study goals, offering a nuanced view of how pandemic preparedness has evolved globally.

Having established a methodological base, the following chapters will explore the research findings, presenting insightful analyses of the historical emergence and progression of pandemic preparedness as well as suggestions for future improvements to international policies.

4. Analysis

This chapter presents a thorough analysis of the pandemic preparedness measures taken by Australia and the United Kingdom (UK). The main objective is to assess these strategies' efficacy, with a special emphasis on risk communication tactics used in COVID-19 and influenza epidemics. Understanding the tactics used by various nations becomes essential for enhancing global pandemic preparation as the world struggles to contain infectious illnesses.

Thematic analysis is the method of choice for the analysis of the data obtained for this study which is a well-known qualitative research method that offers a methodical way to find, examine, and present patterns or themes in the data. NVivo software was used to make thematic analysis easier. Large volumes of qualitative data can be organized, coded, and analyzed with NVivo, an all-inclusive tool for qualitative data analysis (Dhakal, 2022).

Using NVivo in the analysis process made the following possible and easier:

- 1. Data Organization: With the use of NVivo, the numerous data classifications were managed and arranged such that relevant information could be quickly and methodically found.
- 2. Coding and Theme Identification: The program made it possible to code data in an organized manner, which made it possible to classify them into themes.
- 3. Visualization: NVivo's mind map visualization feature made it easier to visualize themes and the related codes under them.

This analysis is guided by the main research question: How can a more informed approach to risk communication strengthen pandemic preparedness, based on the lessons learned from past influenza outbreaks and the COVID-19 pandemic, specifically in the context of the United Kingdom and Australia? Based on this research, we plan to clarify the relationship between risk communication and pandemic preparedness, by highlighting its importance, its advantages and disadvantages and the various approaches taken by the United Kingdom and Australia.

NVivo analysis showed three main themes namely: *(1) Pandemic Preparedness, (2) Pandemic Response Strategies, and (3) Pandemic Risk Communication.* However, in order to accomplish the objective of the research question, I will first give summarize the pandemic preparedness measures taken by Australia and the UK. Followed by highlighting the most important policies, practices, and measures implemented in reaction to the COVID-19 and influenza pandemics. With the use of this analysis, I hope to spot patterns, trends, and modifications in pandemic response strategies, as well as evaluate how successfully risk communication initiatives support preparedness and response. In the next chapter, I will further discuss the three themes earlier mentioned.

4.1. A Summary of Pandemic Preparedness Measures

4.1.1 Pandemic Preparedness Strategies

It is known that the aim of pandemic preparedness is to lessen the impact of infectious disease epidemics through a variety of policies, procedures, and actions (DT et al, 2017). Therefore, we will begin by examining the summary of the pandemic preparedness plans put in place by Australia and the United Kingdom, with an emphasis on how they handled the COVID-19 and influenza outbreaks.

4.1.1.1 United Kingdom (UK)

It's crucial to remember that controlling infectious illness outbreaks is nothing new for the UK; as the introduction states, the technique has its roots in the bubonic plague of the fourteenth century (American Scientist, 2018; WHO, 2022). In addition, the country has experienced several influenza pandemics in recent decades, the most notable of which being the 2009 H1N1 pandemic, which taught important lessons for upcoming preparedness campaigns (Xue & Zeng, 2019). Currently, a key source of direction for the UK's pandemic preparedness efforts is the National Risk Register, which identifies and assesses potential threats to the security and resilience of the country (GOV.UK, 2023). Important policies, plans, and procedures implemented by the UK government include the COVID-19 Contain Framework, which provides a plan for stopping the virus's spread (GOV.UK, 2021), and the UK National Influenza Pandemic Preparedness Strategy, which outlines how the government would respond to influenza outbreaks (GOV.UK, 2011). The latter was revised and offers comparable recommendations to those coping with respiratory infections, such as COVID-19 (GOV.UK, 2022).

4.1.1.2 Australia

Similar to other countries, Australia has a robust framework for pandemic preparedness that was influenced by the lessons acquired from earlier outbreaks of infectious diseases, such as the Spanish flu pandemic of 1918 (NMA, 2024). The Australian Health Management Plan for Pandemic Influenza, which describes the country's pandemic preparedness strategies and provides guidelines for monitoring, containment, and communication tactics during influenza outbreaks, is one of the structures in place today for COVID-19 and influenza. (GOV.AU, 2019). There is also the COVID-19 Development Response Plan of the Australian Government which outlines protocols on different levels to safeguard public health and guarantee the durability of essential services during the COVID-19 outbreak (GOV.AU, 2020).

When examining the pandemic preparedness strategies of Australia and the UK, it is important to note that some of the principal policies, procedures, and actions put in place in reaction to COVID-19 and influenza outbreaks were either formed during or after an outbreak because of an expectation of a possible repetition in the future (DT et al, 2017). Therefore, examining these tactics' efficacy when implemented in these nations, we can learn important lessons about the advantages and disadvantages of

risk communication initiatives and spot areas where future pandemic preparedness planning might be strengthened, these will be highlighted later in the analysis.

4.1.2 Risk Communication Techniques

A key component of pandemic preparedness and response is effective risk communication, which influences public attitudes, actions, and ultimately the outbreak's outcome (DT et al, 2017; Slovic, 1993). To see how these nations influenced and managed public opinion and actions in order to ultimately contain an outbreak, we need to conduct an analysis of risk communication strategies used by Australia and the United Kingdom (UK) in the context of influenza and COVID-19 outbreaks. The purpose of our analysis is to evaluate the efficacy of communication strategies, such as the utilization of messaging, communication channels, and public engagement initiatives.

4.1.2.1 United Kingdom (UK)

The UK government used a variety of risk communication tactics to alert the public and spread information during the COVID-19 and influenza epidemics. Official government websites and social media platforms were all used as communication channels to address public concerns, inform the public about the situation, and deliver critical health messages (Berg et al, 2021). The messaging stressed the value of vaccinations, hand washing, and social distancing in addition to offering advice on how to get help and healthcare resources (Wilder-Smith et al, 2020). But based on a study by Varghese et al (2021), the UK's risk communication strategies may have been less effective in terms of familiarity and trust compared to other countries in Europe. They highlight that the UK had a less strict government response to the COVID-19 pandemic compared to other countries, which may have influenced the public's response to the recommendations by the government (Varghese et al, 2021).

During the influenza outbreaks, the United Kingdom (UK) communicated risk through various channels, using strategies such as proportionate response, incremental design of public message maps, public keynotes, communication during different phases of the outbreak, sharing knowledge from previous experiences, and transparent communication of statistical data of the present, in order to uphold public trust, encourage proper hygiene habits, deliver accurate information, and modify communication strategies in response to the pandemic's severity and stage (GOV.UK, 2012). Government agencies such as the Department of Health and Social Care and the National Health Service (NHS) played key roles in disseminating information through traditional media outlets, online platforms, and community engagement initiatives (Xue & Zeng, 2019).

4.1.2.2 Australia

During the COVID-19 pandemic, the Australian government implemented two main strategies for risk communication: crisis and emergency risk communication (CERC) and framing theory (Bernard et al, 2021). The government focused on providing transparent, trustworthy, timely, and accurate information to the public through media releases and statements. The communication emphasized risk awareness, and potential optimism, and engaged the public in risk reduction responses, aiming to minimize negative outcomes and enhance public health worldwide (Bernard et al, 2021). It is also important to note that Bernard et al. (2021) also reported that there was to some degree a lack of empathy in communication expressions on the part of the communicators that caused some panic and insecurity among the public.

4.2. Policies, Practices, and Measures Implemented in Reaction to the COVID-19 And Influenza Pandemics 4.2.1 Comparison of Responses to Influenza and COVID-19

For nations like the UK and Australia, responding to influenza outbreaks and the COVID-19 pandemic did present unique opportunities and challenges. Some of the measures and policies they put in place have already been mentioned, concerning preparedness, response, and risk communication. Going forward, I will highlight some of the structures and policies that have been established as a way to prepare against future outbreaks.

4.2.1.1 United Kingdom (UK)

The UK established the pandemic preparedness system that has shaped the UK's approach to influenza outbreaks, and it highlights policies for containment, surveillance, and vaccination as critical tactics for reducing the spread of disease (GOV.UK, 2020). Risk communication efforts during influenza outbreaks have focused on providing clear and consistent messaging to the public, encouraging adherence to preventive measures, and promoting vaccination as a primary means of protection (Varghese et al, 2021). But the COVID-19 pandemic brought with it new difficulties for the UK, necessitating a quick and well-coordinated reaction to stop the virus's spread and lessen its effects on the country's economy and public health. That reaction includes enlisting COVID-19 in the National Risk Register, having and implementing the UK National Influenza Pandemic Preparedness Strategy, and the COVID-19 Contain Framework (GOV.UK, 2023; GOV.UK, 2011; GOV.UK, 2021).

The United Kingdom's historical connections with many parts of the world, together with its position as a major international travel hub, have made the nation more vulnerable to the spread of infectious diseases (DT et al, 2017). For example, Pathogen introduction and transmission within the UK population have been influenced by migration patterns, especially from areas with high disease prevalence (Warner et al, 2023). It is clear that incoming travellers and the dense population in metropolitan areas accelerate the spread of infectious diseases when there is an outbreak, calling for strict public health policies to reduce transmission (DT et al, 2017).

4.2.1.2 Australia

Australia has also responded to influenza outbreaks and the COVID-19 pandemic in a proactive, multifaceted manner with the goals of halting the spread of the virus, safeguarding susceptible populations, and maintaining essential services (GOV.AU, 2020). In order to promote vaccination and support early diagnosis and treatment of disease, risk communication efforts during influenza and COVID-19 outbreaks have placed a strong emphasis on community engagement, providing transparent, public education, timely, and coordination with healthcare practitioners using strategies like crisis and emergency risk communication (CERC) and framing theory (Bernard et al,

2021). Some structures put in place for Influenza and COVID-19 by the Australian government are the Australian Health Management Plan for Pandemic Influenza, and the COVID-19 Development Response Plan (GOV.AU, 2019; GOV.AU, 2020).

Also, Australia's historical ties to its neighbours in the Asia-Pacific area have shaped its strategy for responding to and preparing for pandemics (GOV.AU, 2020). The response shows policies requiring strong surveillance and quarantine measures because migration patterns, especially from Southeast Asia, can contribute to the introduction of infectious illnesses into Australia (GOV.AU, 2020). Australia's enormous geographic expanse poses another challenge in containing the spread of disease, especially in isolated and Indigenous areas, even though the country has a lower population density than the UK (DT et al, 2017).

We can see similarities and differences between the UK and Australia's approaches to pandemic preparedness and risk communication by comparing their response to the influenza and COVID-19 outbreaks. It is also clear that population density and geographical factors have a big impact on how both Australia and the United Kingdom (UK) prepare for and respond to pandemics.

4.2.2 Similarities in Pandemic Responses

The comprehensive frameworks for pandemic planning and response as were adopted by Australia and the UK are based on the ideas of early detection, prompt intervention, and open communication. In order to stop the spread of COVID-19, both nations applied a combination of non-pharmaceutical interventions (NPIs), including mask mandates, lockdowns, and social distancing (Rowan & Moral, 2021).

- *Early Detection:* The significance of having strong surveillance mechanisms in place to identify and track the virus's progress was emphasized by both nations. Early case detection and reporting were made easier by the UK's National Risk Register and Australia's implementation of the Australian Health Management Plan for Pandemic Influenza (AHMPPI) (GOV.AU, 2019; GOV.UK, 2023).
- **Vaccination:** With the release of COVID-19 vaccinations, massive immunization efforts were started in Australia and the UK. Healthcare professionals, the elderly, and those with preexisting medical issues were among the high-risk categories that these campaigns gave priority (Wang et al, 2020).
- **Risk Communication:** The reaction in both nations was based mostly on the pillar of effective risk communication. The public was to be informed about the changing circumstances, preventative actions, and the reasoning behind limitations through clear and consistent messaging. To spread information, both nations used a variety of platforms, such as social media, traditional media, and community outreach (Hooker & Leask, 2020).

4.2.3 Differences in Pandemic Responses

Despite the similarities, Australia's and the UK's approaches to the pandemic also differed significantly, especially when it came to the timing and severity of treatments as well as the general approaches to pandemic management.

- **Lockdowns:** Australia pursued a "zero-COVID" strategy early in the pandemic and imposed strict border controls and lockdown measures. According to Duckett and Mackey (2020), this required extensive testing, stringent contact tracing, and an obligatory quarantine for foreign immigrants. In contrast, the UK adopted stronger measures when the severity of the pandemic became more obvious, and that is after initially taking a more permissive approach and hoping to acquire herd immunity through natural infection (Ogden, 2020; Basseal et al, 2023).
- *Healthcare Capacity:* Australia's healthcare system was better suited to handle spikes in COVID-19 cases because of its robust public health infrastructure. But despite its great reputation, the National Health Service (NHS) in the United Kingdom was under a great deal of stress because of an increase in cases and prolonged peak infection times (Newman et al. 2022).
- **Risk Communication:** Although risk communication was given top priority in both nations, the public's reaction and effectiveness differed. In contrast to the UK, which struggled with uneven messaging and misinterpreted signals from various governmental levels as repeated heated disagreements were reported, Australia maintained a greater sense of unity and consistency in its messaging across all states and territories (Hooker & Leask, 2020).

4.2.4 Challenges and Criticisms

4.2.4.1 Australia

- **Economic Impact:** Significant economic disruptions were caused by the severe lockdown measures and border restrictions in Australia, which had an impact on businesses and employment rates. The economic expenses, according to critics, were excessive, especially for industries like hospitality and tourism (Stobart & Duckett, 2022).
- **Mental Health:** Prolonged lockdowns and social isolation policies increased the number of people experiencing mental health problems. Better mental health support services are required, as evidenced by the documented increases in rates of anxiety, depression, and other mental health disorders (Butterworth et al, 2022).

4.2.4.2 The United Kingdom

- *Herd Immunity Strategy:* For its initial response, the UK government came under heavy fire, especially for considering a herd immunity approach in the absence of a vaccine. In the early phases of the pandemic, this strategy was viewed as dangerous and increased infection rates and mortality (Brett & Rohani, 2020).
- **Inconsistent Messaging:** Due to contradictions and conflicting statements from various government representatives, the UK's communication plan came under scrutiny. Public trust in and adherence to medical guidelines was impaired by this inconsistency (Hooker & Leask, 2020).

4.3. Lessons Learned

Building public trust, adapting to changing circumstances, influencing the public, and the very outcome of a pandemic depends on effective risk communication, flexibility

and adaptability, collaboration and coordination between government agencies. This and several other important lessons have been learned from our research on the risk communication and pandemic preparedness strategies used by Australia and the UK.

Below is a summary of some advantages and disadvantages of the strategies adopted by Australia and the UK:

4.3.1 United Kingdom (UK)

4.3.1.1 Advantages

- The UK's robust healthcare system and public health infrastructure have made it possible for pandemic response measures to be coordinated and effectively delivered
- The nation's strong monitoring and surveillance systems have made it easier to identify infectious disease outbreaks early on, enabling timely containment and intervention.
- The United Kingdom's past experiences with pandemics, including influenza epidemics, have provided important lessons and insights that have shaped present structures and policies for pandemic preparedness.

4.3.1.2 Disadvantages

Rapid disease transmission has become more likely due to high urban population density and widespread international travel, which has complicated containment efforts, calling for stronger policy in that area.

4.3.2 Australia

4.3.2.1 Advantages

- Australia has benefited from some protection from the rapid spread of infectious diseases due to its geographic isolation and relative distance from major disease epicentres.
- Proactive border control measures implemented by the nation, such as obligatory quarantine for incoming travellers and travel limitations, have contributed to the prevention of infectious pathogen introduction and spread.
- Customized interventions and focused public health messages have been made possible by Australia's crisis and emergency risk communication (CERC) and framing theory strategy, which focuses on state and territory-level cooperation.

4.3.2.2 Disadvantages

- Due to its reliance on foreign trade and tourism, Australia is more vulnerable to economic disruptions from travel restrictions and border closures.
- Lack of empathy in risk communication which resulted in fear among the public.

Overall, despite the fact that both Australia and the UK have shown strength in their efforts to prepare for and respond to pandemics, there is still room for improvement.

These include the need for more unified communication strategies, improved migration policies, and economic diversification.

4.4. Summary.

From the insights and lessons learned from the analysis, the following suggestions are to help improve future pandemic preparedness and risk communication initiatives.

- Increasing channels for information exchange and international cooperation to support early detection and response to newly developing infectious diseases.
- Making investments in research, surveillance systems, and public health infrastructure to strengthen capacity for pandemic preparedness and response.
- Improving public health literacy and education to enable people and communities to take proactive steps to safeguard their health and make informed decisions.
- Using social media and technology to interact with the public in real-time, sift through false information, and provide true information.
- Giving equality and inclusivity top priority in risk communication initiatives, making sure that all facets of society have timely access to information and support services that are culturally relevant.

Through analysing the approaches taken by Australia and the UK to combat COVID-19 and influenza epidemics, we have learned valuable insights about the factors that affect the efficacy of public health initiatives. To increase their preparedness for pandemics in the future, nations must place a high priority on innovation, cooperation, and communication. Ultimately, maintaining public health and lessening the impact of infectious diseases on society will depend heavily on our capacity to effectively communicate hazards, interact with communities, and mobilize resources.

5. Discussion

Several significant findings and patterns emerged from the analysis of pandemic preparedness measures in Australia and the UK. Because of their prior experiences with infectious disease outbreaks, both nations have created strong frameworks for responding to pandemics. Comprehensive recommendations for surveillance, containment, and communication were provided in Australia under the COVID-19 Development Response Plan and the Australian Health Management Plan for Pandemic Influenza. In a similar way, the National Risk Register and National Influenza Pandemic Preparedness Strategy of the United Kingdom directed their reaction to COVID-19 and influenza (GOV.AU, 2020; GOV.UK, 2023).

5.1. Key Findings:

- 1. **Pandemic Preparedness:** This refers to the proactive steps and plans put in place to get communities and health systems ready for possible infectious disease outbreaks. The preparedness frameworks from nations such as the UK and Australia highlight the value of well-thought-out strategies and a strong healthcare system in reducing the effects of pandemics (WHO, 2023).
- 2. *Pandemic Response Strategies:* This refers to the things done to stop the spread of infectious illnesses once an outbreak happens (Zamani et al, 2024).
- 3. *Pandemic Risk Communication:* This refers to the crisis communication strategy employed to effectively manage public attitudes and actions during health emergencies (Hooker & Leask, 2020).

5.1.1 Pandemic Preparedness

Pandemic preparedness is a theme that includes proactive steps made to prepare communities and health systems for possible outbreaks.



Figure 2 Mind map Showing Pandemic Preparedness Strategies

These steps include:

- Emergency Response Plans: The creation of thorough emergency response plans, which are necessary for coordinated action during a pandemic, is the first step in being prepared. An example of such from the case study nations include the UK's National Influenza Pandemic Preparedness Strategy (GOV.UK, 2011) and Australia's Australian Health Management Plan for Pandemic Influenza (AHMPPI) (GOV.AU, 2019). These plans provide a systematic and prompt response to outbreaks by outlining procedures for containment, communication, and resource allocation. The presence of such strategies expedites the process of making decisions and allocating resources, hence reducing the consequences of pandemics.
- 2. *Investing in Health Systems:* Improving health systems through strategic investments is essential to improving pandemic readiness (WHO, 2023). Strengthening the healthcare infrastructure, expanding the capacity of healthcare facilities, and guaranteeing the supply of necessary medical supplies are examples of things to invest in.
- 3. *International Collaboration:* Working together internationally is essential to combating challenges to global health. The COVID-19 pandemic has highlighted the significance of cross-border data, resource, and expertise exchange. International collaboration is facilitated by initiatives such as the World Health Organization's International Health Regulations (IHR), which offer a framework for collaboration between nations in research, surveillance, and the creation of vaccines and treatments (WHO, 2016). The benefits of such cooperation in speeding up the worldwide response are shown by the cooperative efforts made during the COVID-19 pandemic.
- 4. *Surveillance for Early Detection:* Surveillance systems that work well are essential for detecting pandemics early on and taking appropriate action (Ibrahim, 2020). Early detection minimizes the spread of infectious diseases by enabling timely action.

5.1.2 Pandemic Response Strategies

Pandemic response methods centre on the steps taken after an outbreak to contain the spread of infectious illnesses.



Figure 3 Mind map Showing Pandemic Response Strategies

Important strategies include:

- 1. *Quarantine Measures:* A tried-and-true approach for stopping the spread of contagious diseases is quarantine (Conti, 2008). It is possible to break the chain of the transmission of a virus by separating and isolating people who have come into contact with the virus. Quarantine regulations, which varied in length and degree of enforcement, were widely imposed globally during the COVID-19 pandemic.
- Travel Restrictions: Another important response strategy to stop the international spread of viral diseases is to restrict travel. Countries can lower the danger of importing or exporting cases by restricting cross-border travel. Travel warnings and limitations were introduced during the 2009 H1N1 pandemic and were improved and extended during the COVID-19 pandemic (Chinazzi et al, 2020).
- 3. **Vaccination:** A key component of the pandemic response strategy is vaccination, which gives populations protection and stops infectious diseases from spreading (Ehreth, 2003). The quick development and widespread use of vaccines during the COVID-19 pandemic proved how important they are for limiting outbreaks.

5.1.3 Pandemic Risk Communication

Pandemic risk communication focuses on the methods used to inform the general population about risks and preventative measures.



Figure 4 Mind map Showing Some Pandemic Risk Communication Objectives

Some objectives of risk communication during a pandemic include:

1. *Public Awareness and Education:* A key component of risk communication is educating and increasing public knowledge on the nature of a disease outbreak, its transmission pathways, and preventive strategies (Aldayes & Mobrad 2020). It helps to counter rumours and false information which can spread quickly, undermining attempts to promote public health.

- 2. *Public Trust-Building:* Establishing and preserving public trust is essential to the effectiveness of pandemic response plans. And this requires transparent, consistent, and honest communication especially in a post-trust environment (Albach et al, 2015).
- 3. **Community Engagement:** Involving and engaging communities in pandemic response operations is essential to guaranteeing adherence to public health protocols. Working together with local groups, influencers, and leaders in the community who can assist spread the word and promote following the rules is essential to effective risk communication (Khan et al, 2022).
- 4. **Shaping Public Opinion:** Shaping public opinion and perspective is essential during a pandemic and can be achieved by framing communications in a way that appeals to the public and promotes a sense of shared responsibility (Daud, 2021).
- 5. *Influence Public Behaviour:* One of the goals of risk communication is to influence public behaviour by disseminating timely, accurate, concise, relatable, and useful information (Daud, 2021).

5.2. Comparison of Pandemic Preparedness

5.2.1 Similarities

Australia's and the UK's pandemic preparedness plans included a number of similar components:

- **Frameworks:** Both nations created comprehensive strategies with guidelines for risk communication, containment, and surveillance.
- **Vaccination:** As a key element of both countries' response plans, vaccination was considered essential for halting the virus's spread and safeguarding vulnerable groups.
- **Technology:** Both nations improved their capacity to react quickly to outbreaks by utilizing technology for public communication, contact tracking, and surveillance.

5.2.2 Differences

Despite these similarities, there were notable differences in their approaches:

- **Strictness and Timing:** With early lockdowns and border restrictions, Australia took a stricter stance in an effort to achieve zero COVID-19 cases. As the epidemic spread, the UK moved from originally laxer regulations to more stringent ones (Scally et al, 2020; Stobart & Duckett 2022).
- *Health System Capacity:* Compared to the NHS in the UK, Australia's healthcare system handled the epidemic better, especially in terms of hospital capacity and resource allocation (Newman et al. 2022).
- **Risk Communication:** While the UK struggled with conflicting signals from various government levels that affected public compliance and trust, Australia had more coordinated and consistent risk communication across all states (Hooker & Leask, 2020; Wardman, 2020).

5.2.3 Effectiveness of Strategies

Australia has lower infection and mortality rates than the UK as a result of early and strict efforts taken to stop the spread of COVID-19. These actions did, however, come at a great financial and social cost. Although the UK's strategy to contain the virus was originally less successful, it finally included stricter safeguards that stopped its spread. However, the public was not pleased with the way the virus was handled at first, and there were inconsistent messages sent out (Hooker & Leask, 2020).

5.3. Assessment of Risk Communication Techniques 5.3.1 Australia

Australia used a proactive approach to risk communication, emphasizing speed, involvement, and transparency. Important strategies included:

- **Crisis and Emergency Risk Communication (CERC):** This method placed a strong emphasis on public involvement and messaging that was clear and consistent in order to foster confidence and promote compliance (Bernard et al, 2021).
- *Framing Theory:* The messaging emphasized risk awareness and group responsibility in an effort to promote a sense of community and cooperative efforts to resist the pandemic. (Bernard et al, 2021).

5.3.1.1 Effectiveness

In general, risk communication in Australia was successful in educating the public and promoting adherence to health precautions. Maintaining public clarity and trust was aided by consistent messaging across state lines. Nonetheless, certain communications were criticized for what was seen as a lack of empathy, which made the audience uneasy and insecure (Bernard et al, 2021).

5.3.2 United Kingdom

The risk communication plan implemented by the UK included many channels and messaging approaches.

- **Incremental Design of Public Message Maps:** The messages were intentionally made to change as the pandemic progressed, offering relevant information in a timely manner at each turn (Scally et al, 2020; Varghese et al., 2021).
- **Use of Official Platforms:** To reach a large audience, information was distributed via traditional media channels, social media, and official government websites (Scally et al, 2020).

5.3.2.1 Effectiveness

The UK's risk communication was not always successful. Despite efforts to provide a clear and consistent message, early miscommunication and apparent inconsistencies from various governmental levels shaped the public's reaction. In comparison to other European nations, this resulted in lower levels of trust and compliance (Varghese et al., 2021).

5.3.3 Comparison

Because of its consistency and transparency, Australia's risk communication strategy was more successful in preserving public trust and compliance. Despite being allencompassing, the UK's plan suffered from issues with consistency and public perception, which reduced its overall efficacy (Hooker & Leask, 2020).

In summary, Australia and the UK both showed areas of strength and weakness in their approaches to risk communication and pandemic preparedness. Although Australia's strict regulations and constant communication helped to contain the pandemic, they came at a heavy social and economic cost. While changing to incorporate harsher measures, the UK's strategy made obvious how crucial it is to communicate consistently and clearly in order to preserve public confidence and compliance.

5.4. Historical and Geographical Factors

Australia's and the UK's efforts to prepare for and respond to pandemics have been greatly influenced by past events. Australia's 1918 Spanish flu experience, which emphasized the value of prompt response, stringent quarantine regulations, and efficient public health outreach, greatly impacted the country's strategy. Australia quickly implemented border controls and lockdowns during the COVID-19 epidemic, demonstrating these lessons (Stobart & Duckett, 2022).

In a similar way, a number of infectious disease outbreaks, such as the 2009 H1N1 influenza pandemic and the more recent Ebola crisis, have caused the UK's pandemic readiness to change. These incidents demonstrated the need for reliable surveillance methods and the significance of upholding public confidence by open communication (McCoy, 2016). Due to the UK's long history of infectious disease outbreaks, extensive frameworks such as the National Risk Register and the National Influenza Pandemic Preparedness Strategy were created and ultimately shaped the country's response to the COVID-19 pandemic (GOV.UK, 2023; GOV.UK, 2011).

Geographical factors also had a significant impact on how both countries responded to the pandemic. Australia's lower population density than the UK allowed for the more effective implementation of social distancing measures and decreased the transmission rate (Zhan et al, 2021). Additionally, Australia's geographic isolation and relative distance from major disease epicentres provided natural protection against the rapid spread of infectious diseases.

On the other hand, the UK's large metropolitan population and standing as a key centre for international travel presented serious obstacles to the containment of the disease. The rapid spread of COVID-19 in urban areas due to high population density made strict lockdown protocols and comprehensive public health initiatives necessary. Additionally, the risk of disease importation and transmission was made worse by the UK's connection to the rest of Europe through migration and travel corridors, making containment efforts more difficult (Warner et al., 2023).

These geographical and historical factors have significant ramifications. Geographic isolation and past pandemic experiences made Australia realize how important it was

to take preventative measures like early lockdowns and strict border controls, not minding how that response might negatively affect their economy. On the other hand, the geographical difficulties and historical experiences of the UK highlighted the necessity of strong monitoring, quick reaction times, and efficient risk communication in order to effectively handle public health emergencies.

5.5. Lessons Learned and Best Practices 5.5.1 Key Lessons Learned

Early Intervention is Important: By experience, Australia and the UK have come to understand the need for prompt action to halt the spread of infectious diseases. During COVID-19, Australia moved quickly to impose lockdowns and border controls, which greatly reduced the spread of the virus (Stobart & Duckett, 2022). Meanwhile, the UK adopted stricter measures later on, demonstrating the consequences of taking too long to act (Scally et al, 2020).

Risk Communication Must be Effective: To maintain the public's trust and compliance, communication must be transparent, clear, and consistent. High compliance rates were made possible by Australia's consistency in communications, while the UK struggled with contradictory messages from various government agencies (Hooker & Leask, 2020; Wardman, 2020).

Robust Surveillance and Monitoring: Systems for ongoing surveillance and monitoring are essential for prompt intervention and early identification. Both nations stressed the importance of having a robust surveillance system in place to monitor the development of disease and quickly put relevant measures in place (Ibrahim, 2020).

5.5.2 Best Practices

Integrated Public Health Frameworks: It is essential to create thorough, integrated public health frameworks with instructions for risk communication, containment, and surveillance. Such frameworks are modelled after the UK's National Influenza Pandemic Preparedness Strategy and Australia's Australian Health Management Plan for Pandemic Influenza (McCoy, 2016).

Community Engagement and Education: Effective pandemic preparedness and response requires educating communities and involving them in preventive actions. Australia's emphasis on crisis and emergency risk communication (CERC), which involves community engagement, has been successful in promoting adherence to health precautions (Bernard et al, 2021).

International Collaboration: Enhancing national preparation can be achieved by cooperation with international organizations and compliance with global guidelines. The World Health Organization (WHO) offered guidelines and recommendations that both countries found beneficial, highlighting the significance of international collaboration (WHO, 2022).

5.6. Challenges and Areas for Improvement

5.6.1 Challenges

Public Trust and Compliance: Upholding public confidence and guaranteeing adherence to health precautions posed formidable obstacles. Particularly in the UK, the public's trust was eroded by inconsistent messages and obvious differences in official communications (Albach et al, 2015).

Economic and Social Impacts: Strict public health regulations had significant social and economic effects. Lockdowns and travel restrictions caused severe economic and social distress in both countries, showing the necessity for well-rounded strategies (Grishin et al, 2020).

Health System Capacity: It was difficult to guarantee that the healthcare system could handle spikes in the number of cases. The need for a robust healthcare infrastructure was highlighted by the significant strain the UK's NHS was under (Newman et al. 2022).

5.6.2 Areas for Improvement

Unified Communication Strategies: To preserve public confidence and compliance, more coordinated and consistent communication tactics are required. Wardman (2020) and Daud (2021) argue that both nations stand to gain from instituting more transparent communication methods and guaranteeing collaboration among various governmental tiers.

Economic Diversification and Support Systems: Maintaining public health while maintaining economic stability can be achieved by creating financial support systems to lessen the effects of lockdowns and travel restrictions. Policies that give impacted groups and individuals financial help are essential (Grishin et al., 2020).

Enhanced Surveillance Systems: Investing in cutting-edge monitoring and surveillance technologies can enhance pandemic early detection and response. Increasing the monitoring infrastructure should be a top priority for future pandemic preparedness (Ibrahim, 2020).

5.7. Suggestions for Future Pandemic Preparedness

Some actionable suggestions for future preparedness include:

- **Investment in Research and Innovation:** In order to create novel technology and procedures for the early identification, management, and prevention of infectious diseases, research and innovation expenditures are crucial.
- **Strengthening International Collaboration:** Improving cooperation with other organizations and nations can help with resource allocation, information exchange, and coordinated response operations. It is essential to follow WHO principles and take part in global health activities (WHO, 2023).
- *Improving Public Health Literacy:* Improving community involvement and education in public health can enable people to take proactive measures to

safeguard their health (Ann Bostrom, 1997). Public health programs that inform people about preventive measures should be funded by both nations.

- *Leveraging Technology for Risk Communication:* Real-time communication via social media and other digital platforms can aid in the rapid dissemination of factual information and the refutation of false information. It is imperative to devise tactics for involving the public via these platforms (Holt et al, 2016).
- **Ensuring Inclusivity and Equity:** Ensuring that equality is given top priority in risk communication and public health initiatives guarantees that information and resources are accessible to all societal groups. Communication must be inclusive and tailored to the needs of the recipient's culture (Ann Bostrom, 1997; Hooker & Leask, 2020).

Mitigating the burden of infectious diseases requires innovation, teamwork, and public involvement. New techniques for early diagnosis and treatment can be made possible by technological and medical research advancements. The efficiency of response operations and resource distribution is increased by cooperation with foreign organizations and other countries. Building trust and compliance with the public through open and regular communication is essential to the successful management of pandemics.

Finally, the lessons and best practices learned from Australia and the UK's experiences dealing with pandemics can guide future preparedness initiatives. Countries can improve public health protection and strengthen their resistance to infectious illnesses by placing a higher priority on innovation, cooperation, and public involvement.

6. Conclusion

This study has offered a thorough analysis of the risk communication and pandemic preparedness measures taken by Australia and the UK. The comparative analysis revealed several important conclusions.

To understand and enhance pandemic preparedness and containment, the concept of pandemic preparedness, response strategies, and risk communication are crucial so that Countries can improve their preparedness and resilience against pandemics by drawing lessons from the past and implementing best practices into present and future strategies. Strong health systems, efficient communication, and international collaboration are some essential elements of a complete strategy for pandemic preparedness and response.

6.1. Lessons Learned and Contribution to Knowledge 6.1.1 Lessons from Case Studies:

- **Early Intervention:** The swift implementation of border control and lockdown measures in Australia greatly slowed the COVID-19 pandemic in the country. On the other hand, the UK's delayed response highlighted how crucial prompt action is.
- **Risk Communication:** In both nations, efficient risk communication was essential. While the UK had difficulties as a result of conflicting messages and different government levels, Australia saw more public compliance due to its consistent and coherent messaging.
- **Surveillance and Monitoring:** For early detection and response, reliable surveillance systems were essential. Both nations recognized that ongoing surveillance and data sharing were essential for handling public health emergencies.
- **Geographical and Historical Factors:** Australia's preventive actions were influenced by its historical experiences with pandemics and geographic isolation. The UK faced particular difficulties in containing disease because of its large population and strong international connectivity.
- **Public Trust and Compliance:** It was crucial to keep the public's trust by communicating clearly. The experience of the UK brought to light the effects of uneven messaging on public compliance and trust.
- **Economic and Social Impacts:** Lockdowns and travel restrictions caused severe economic and social disruptions in both countries, underscoring the necessity for well-rounded policies that take public health and economic stability into account.

6.1.2 Contribution to Knowledge

This study adds to the body of knowledge on risk communication and pandemic preparedness by comparing two nations with different political, social, and geographic environments. The study provides a number of new insights including:

- **Cohesive Risk Communication:** The research highlights the need for cohesive and consistent communication tactics to preserve public trust and cooperation, which are frequently broken during times of crisis.
- **Geographical and Historical Factors:** The study demonstrates how historical events and geographic isolation influence national pandemic responses, offering a comprehensive explanation of why some tactics work better in particular situations.
- *Impact of Surveillance Systems:* The study also emphasizes the crucial role that strong surveillance systems play in early detection and response.

These lessons and findings broaden our knowledge of efficient pandemic preparedness and risk communication while providing fresh insights into how other nations might modify their approaches in light of their particular circumstances.

6.2. Implications for Policy and Practice

In Pandemic preparedness planning and response, involved stakeholders, policymakers and public health professionals can greatly benefit from the research's practical implications:

- **Evidence-Based Strategies:** It is crucial to put evidence-based strategies into practice. policymakers should prioritise early interventions measures, such as lockdowns and border controls, based on empirical evidence and current data.
- **Cohesive Communication Protocols:** Sustaining public trust and ensuring consistent messaging can be achieved by establishing uniform communication standards among various governmental levels. It is imperative that public health officials receive crisis communication training.
- **Investment in Surveillance:** Investing in cutting-edge surveillance and monitoring technologies is essential for early infectious disease detection and quick response. Governments should set aside resources to improve this infrastructure.
- **Balancing Public Health and Economic Stability:** Policymakers must create well-rounded strategies that take the impact on the economy and public health into account. Strict public health regulations can be countered by providing individuals and impacted sectors with financial help.
- **International Collaboration:** Coordinated response efforts and resource allocation can be improved by strengthening international cooperation and adherence to global standards. Effective pandemic management requires exchanging best practices and taking part in global health initiatives.
- **Public Health Education and Engagement:** Increasing public health literacy through involvement in the community and education gives people the confidence to take preventative action to safeguard their health. Governments should invest in inclusive and culturally appropriate public health initiatives.

In all, there are important lessons and best practices to be learned from Australia's and the UK's experiences dealing with pandemics that can guide future preparedness initiatives. Countries can improve public health protection and strengthen their resistance to infectious diseases by placing a higher priority on innovation, cooperation, and public involvement.

6.3. Limitations and Future Research 6.3.1 Limitations of the Study

Even though this study offers insightful information about Australia's and the UK's pandemic preparedness and risk communication techniques, a number of limitations must be noted including:

- **Scope:** The study concentrated on two nations with different social, political, and medical environments. The results might not be entirely transferable to other countries with different political and demographic environments. A more thorough understanding could be obtained through more study that covers a wider range of nations.
- *Impact of Limited Data:* Limited reputable data sources may have affected our analysis and findings, especially concerning the Influenza pandemic.
- **Impact of Unlimited and Dynamic Data:** Because the COVID-19 pandemic is somewhat recent, and in a way, still active, fresh secondary data available are numerous and dynamic. This dynamic environment, though good, may have also an impact on the findings' applicability and timeliness, requiring ongoing study updates.
- Potential Biases: The government reports, academic journals, and media sources were all consulted in this study. The analysis may have been impacted by inherent biases in these sources, such as sensationalism in the media or political influences. Although information was cross-checked, biases can still exist.
- *Limitation to Secondary Data:* The research mostly used secondary data because of time and budget constraints. Including primary data from surveys or interviews with the public, legislators, and medical professionals could improve the findings' dependability and depth.

6.3.2 Future Research Directions

The results of this study provide numerous directions for further research in the areas of risk communication and pandemic preparedness:

- **Comparative Studies Across More Countries:** Including a wider range of nations with different political systems, healthcare systems, and cultural backgrounds in comparative studies would broaden the scope and offer a more comprehensive understanding of efficient pandemic preparedness and responses.
- Longitudinal Studies: Longitudinal studies that monitor the development of pandemic response and preparedness plans over time would provide important insights into how nations modify and improve their methods in light of previous experiences.
- **Impact of Digital Communication:** Given the popularity of social media and other digital platforms, additional study is required to determine how digital communication can be utilized effectively for pandemic preparedness.

- **Behavioural Insights:** It is essential to understand how various population groups behave in response to risk communication and public health initiatives. Further studies may concentrate on pinpointing elements that impact trust and compliance, specifically within disadvantaged or susceptible populations.
- **Economic and Social Impacts:** Examining the long-term economic and societal consequences of preparedness for pandemics and response strategies would assist decision-makers in striking a balance between public health objectives and financial stability.
- Policy Implementation: Examining the difficulties and optimal approaches in executing pandemic strategies at regional, governmental, and global scales would offer significant direction for enhancing coordination and governance frameworks.

6.4. Recommendation and Conclusion

The research conducted for this study emphasizes how crucial it is to be prepared for pandemics and to communicate risks effectively in order to lessen the negative effects that infectious diseases have on society. Global initiatives to improve public health resilience should benefit from the best practices and important lessons learned from Australia's and the UK's experiences.

To effectively manage pandemics, prompt action, coordinated risk communication tactics, and strong surveillance systems are essential. The comparative analysis of the UK and Australia adds to the body of knowledge on pandemic preparedness by offering a sophisticated understanding of the ways in which different environments affect pandemic responses. And to address public health emergencies, the research also highlights the necessity of evidence-based risk communication methods, international collaboration, and public participation.

The COVID-19 pandemic is still recent, and its impacts would still be fresh in the minds of people. And outbreaks could still occur in the near future. This emphasizes the need for ongoing efforts to increase pandemic preparedness through research, international collaboration, innovation, and education. But developing such robust health systems that can safeguard populations worldwide against pandemics requires investments in public health infrastructure, education, and research.

Conclusively, the study confirms how important pandemic preparedness and effective risk communication are to pandemic management. Through historical reflection and ongoing strategy development, nations can enhance public health protection and lessen the social consequences of pandemics. Forging ahead, continuous innovation, teamwork, and public involvement will be essential to meeting upcoming public health issues.

References

- ACADEMY OF MEDICAL SCIENCES. (2020). UNDERSTANDING PEOPLE'S CONCERNS ABOUT THE MENTAL HEALTH IMPACTS OF THE COVID-19 PANDEMIC. <u>https://acmedsci.ac.uk/file-download/99436893</u>
- Albach, A., Gamroth, J., Hirschnitz, J., & Jabobitz, J. (2015). Trust-Building Risk Communication in the Post-Trust Era. MARBLe, 4.
- ALDAYES, A., & MOBRAD, A. (2020). RISK COMMUNICATION: CRITICAL ANALYSIS OF STREET SMART, AN ANNUAL EDUCATION, AWARENESS AND BEHAVIOURAL CHANGE CAMPAIGN. BIOMED. RES, 31, 67-70.
- AMERICAN SCIENTIST. (2018, MAY 2). THE BRIGHT SIDE OF THE BLACK DEATH. <u>https://www.americanscientist.org/article/the-bright-side-of-the-black-death</u>
- ANN BOSTROM. (1997) VACCINE RISK COMMUNICATION: LESSONS FROM RISK PERCEPTION, DECISION MAKING AND ENVIRONMENTAL RISK COMMUNICATION RESEARCH
- ANWAR, A., MALIK, M., RAEES, V., & ANWAR, A. (2020). ROLE OF MASS MEDIA AND PUBLIC HEALTH COMMUNICATIONS IN THE COVID-19 PANDEMIC. CUREUS, 12(9).
- ARMSTRONG-MENSAH, E. A., & NDIAYE, S. M. (2018). GLOBAL HEALTH SECURITY AGENDA IMPLEMENTATION: A CASE FOR COMMUNITY ENGAGEMENT. HEALTH SECURITY, 16(4), 217-223.
- ATUN, R. (2012). HEALTH SYSTEMS, SYSTEMS THINKING AND INNOVATION. HEALTH POLICY AND PLANNING, 27(SUPPL_4), IV4-IV8.
- BAJARDI, P., POLETTO, C., RAMASCO, J. J., TIZZONI, M., COLIZZA, V., & VESPIGNANI, A. (2011). HUMAN MOBILITY NETWORKS, TRAVEL RESTRICTIONS, AND THE GLOBAL SPREAD OF 2009 H1N1 PANDEMIC. PLOS ONE, 6(1), E16591.
- BALOG-WAY, D., MCCOMAS, K., & BESLEY, J. (2020). THE EVOLVING FIELD OF RISK COMMUNICATION. RISK ANALYSIS, 40(S1), 2240-2262.
- BARUCH FISCHHOFF. (2020). THE IMPORTANCE OF TESTING MESSAGES. BULLETIN OF THE WORLD HEALTH ORGANIZATION. <u>http://dx.doi.org/10.2471/BLT.20.030820</u>
- BASSEAL, J. M., BENNETT, C. M., COLLIGNON, P., CURRIE, B. J., DURRHEIM, D. N., LEASK, J., ... & MARAIS, B. J. (2023). KEY LESSONS FROM THE COVID-19 PUBLIC HEALTH RESPONSE IN AUSTRALIA. THE LANCET REGIONAL HEALTH–WESTERN PACIFIC, 30.
- BBC News. (2021). CORONAVIRUS: HOW THE PANDEMIC HAS CHANGED THE WORLD ECONOMY. BBC News, <u>https://www.bbc.com/news/business-51706225</u>
- BERG, S. H., O'HARA, J. K., SHORTT, M. T., THUNE, H., BRØNNICK, K. K., LUNGU, D. A., ... & WIIG, S. (2021). HEALTH AUTHORITIES' HEALTH RISK COMMUNICATION WITH THE PUBLIC DURING PANDEMICS: A RAPID SCOPING REVIEW. BMC PUBLIC HEALTH, 21, 1-23.

- BERNARD, N. R., BASIT, A., SOFIJA, E., PHUNG, H., LEE, J., RUTHERFORD, S., ... & WISEMAN, N. (2021). ANALYSIS OF CRISIS COMMUNICATION BY THE PRIME MINISTER OF AUSTRALIA DURING THE COVID-19 PANDEMIC. INTERNATIONAL JOURNAL OF DISASTER RISK REDUCTION, 62, 102375.
- BHANDARI, K. (2021). COMPARATIVE ANALYSIS OF RISK COMMUNICATION DURING PANDEMICS: BEHAVIOURAL SCIENCE AND MINORITY GROUPS WITH REGARDS TO HIV/AIDS AND COVID-19 (MASTER'S THESIS, UIS).
- BOUDER, F. (2015). RISK COMMUNICATION OF VACCINES: CHALLENGES IN THE POST-TRUST ENVIRONMENT. CURRENT DRUG SAFETY, 10(1), 9-15.
- BOUDER, F. (2022). PRINCIPLES AND CHALLENGES OF RISK COMMUNICATION/CRISIS COMMUNICATION, SPECIFICALLY ADDRESSING ISSUES RELATING TO PANDEMICS. UNDERLAGSRAPPORT TILL SOU, 10.
- BOURRIER, M. S., & DEML, M. J. (2022). THE LEGACY OF THE PANDEMIC PREPAREDNESS REGIME: AN INTEGRATIVE REVIEW. INTERNATIONAL JOURNAL OF PUBLIC HEALTH, 67, 1604961.
- BOWEN, G. A. (2009). DOCUMENT ANALYSIS AS A QUALITATIVE RESEARCH METHOD. QUALITATIVE RESEARCH JOURNAL, 9(2), 27-40.
- BRETT, T. S., & ROHANI, P. (2020). COVID-19 HERD IMMUNITY STRATEGIES: WALKING AN ELUSIVE AND DANGEROUS TIGHTROPE. MEDRXIV.
- BROWN, G., & SUSSKIND, D. (2020). INTERNATIONAL COOPERATION DURING THE COVID-19 PANDEMIC. OXFORD REVIEW OF ECONOMIC POLICY, 36(SUPPLEMENT_1), S64-S76.
- BUTTERWORTH, P., SCHURER, S., TRINH, T. A., VERA-TOSCANO, E., & WOODEN, M. (2022). EFFECT OF LOCKDOWN ON MENTAL HEALTH IN AUSTRALIA: EVIDENCE FROM A NATURAL EXPERIMENT ANALYSING A LONGITUDINAL PROBABILITY SAMPLE SURVEY. THE LANCET PUBLIC HEALTH, 7(5), E427-E436.
- CAMPBELL INSTITUTE. (2017). RISK PERCEPTION, THEORIES, STRATEGIES, AND NEXT STEPS . NATIONAL SAFETY COUNCIL, <u>https://www.thecampbellinstitute.org/wp-</u> <u>content/uploads/2017/05/Campbell-Institute-Risk-Perception-WP.pdf</u>.

CDC ARCHIVES. (N.D.).

https://archive.cdc.gov/#/details?url=https://www.cdc.gov/flu/pandemicresources/1918-commemoration/key-messages.htm

CDC ARCHIVES. (N.D.).

https://archive.cdc.gov/#/details?url=https://www.cdc.gov/flu/pandemicresources/1918-pandemic-h1n1.html

- CDC. (2021). CRISIS AND EMERGENCY RISK COMMUNICATION (CERC). EMERGENCY PREPAREDNESS AND RESPONSE, <u>https://emergency.cdc.gov/cerc/</u>
- CHINAZZI, M., DAVIS, J. T., AJELLI, M., GIOANNINI, C., LITVINOVA, M., MERLER, S., ... & VESPIGNANI, A. (2020). THE EFFECT OF TRAVEL RESTRICTIONS ON THE SPREAD OF THE 2019 NOVEL CORONAVIRUS (COVID-19) OUTBREAK. SCIENCE, 368(6489), 395-400.

- CONTI, A. A. (2008). QUARANTINE THROUGH HISTORY. INTERNATIONAL ENCYCLOPEDIA OF PUBLIC HEALTH, 454.
- COOMBS, W. T. (2004). IMPACT OF PAST CRISES ON CURRENT CRISIS COMMUNICATION: INSIGHTS FROM SITUATIONAL CRISIS COMMUNICATION THEORY. THE JOURNAL OF BUSINESS COMMUNICATION (1973), 41(3), 265-289.
- CUNNINGHAM-ERVES, J., DAVIS, M., STEWART, E. C., ALEXANDER, L., MOSS, J., BARRE, I., ... & DAVIS, J. (2024). COVID-19 RISK COMMUNICATION GAPS, NEEDS, AND STRATEGIES RELATED TO PANDEMIC PREPAREDNESS PLANS AMONG VULNERABLE, BLACK AMERICAN SUBGROUPS: A QUALITATIVE STUDY. JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION, 116(1), 45-55.
- CVETKOVICH, G. (2013). THE ATTRIBUTION OF SOCIAL TRUST. IN SOCIAL TRUST AND THE MANAGEMENT OF RISK (PP. 53-61). ROUTLEDGE.
- D. HOLT , F. BOUDER, C. ELEMUWA, G. GAEDICKE, A. KHAMESIPOUR, B. KISLER, S. KOCHHAR, R. KUTALEK, W. MAURER, P. OBERMEIER, L. SEEBER, B. TRUSKO, S. GOULD, B. RATH. (2016). THE IMPORTANCE OF THE PATIENT VOICE IN VACCINATION AND VACCINE SAFETY—ARE WE LISTENING?
- DAUD, R. S. (2021). THE ROLE OF POLITICAL COMMUNICATION IN SHAPING PUBLIC OPINION: A COMPARATIVE ANALYSIS OF TRADITIONAL AND DIGITAL MEDIA. JOURNAL OF PUBLIC REPRESENTATIVE AND SOCIETY PROVISION, 1(2), 63-69.
- DHAKAL, K. (2022). NVIVO. JOURNAL OF THE MEDICAL LIBRARY ASSOCIATION: JMLA, 110(2), 270.
- DT, G. H. J., & Horton, S. (2017). DISEASE CONTROL PRIORITIES: IMPROVING HEALTH AND REDUCING POVERTY. INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT/THE WORLD BANK.
- EARLE, T. C., & CVETKOVICH, G. (2013). SOCIAL TRUST AND CULTURE IN RISK MANAGEMENT. IN SOCIAL TRUST AND THE MANAGEMENT OF RISK (PP. 9-21). ROUTLEDGE.
- ECCLESTON-TURNER, M., & UPTON, H. (2021). INTERNATIONAL COLLABORATION TO ENSURE EQUITABLE ACCESS TO VACCINES FOR COVID-19: THE ACT-ACCELERATOR AND THE COVAX FACILITY. THE MILBANK QUARTERLY, 99(2), 426-449.
- EHRETH, J. (2003). THE VALUE OF VACCINATION: A GLOBAL PERSPECTIVE. VACCINE, 21(27-30), 4105-4117.
- FISCHHOFF, B. (1995). RISK PERCEPTION AND COMMUNICATION UNPLUGGED: TWENTY YEARS OF PROCESS 1. RISK ANALYSIS, 15(2), 137-145.
- GATHERER, D. (2009). THE 2009 H1N1 INFLUENZA OUTBREAK IN ITS HISTORICAL CONTEXT. JOURNAL OF CLINICAL VIROLOGY, 45(3), 174-178.
- GOV.AU. (2019). AUSTRALIAN HEALTH MANAGEMENT PLAN FOR PANDEMIC INFLUENZA (AHMPPI). DEPARTMENT OF HEALTH AND AGED CARE. HTTPS://WWW.HEALTH.GOV.AU/RESOURCES/PUBLICATIONS/AUSTRALIAN-HEALTH-MANAGEMENT-PLAN-FOR-PANDEMIC-INFLUENZA-AHMPPI

- GOV.AU. (2020). COVID-19 DEVELOPMENT RESPONSE PLAN. DEPARTMENT OF FOREIGN AFFAIRS AND TRADE. HTTPS://WWW.DFAT.GOV.AU/DEVELOPMENT/AUSTRALIAS-DEVELOPMENT-PROGRAM/COVID-19-DEVELOPMENT-RESPONSE-PLANS
- GOV.UK. (2011). UK INFLUENZA PANDEMIC PREPAREDNESS STRATEGY. HTTPS://ASSETS.PUBLISHING.SERVICE.GOV.UK/MEDIA/5A7C4767E5274A2041CF2EE3/ DH_131040.PDF
- GOV.UK. (2012). UK PANDEMIC INFLUENZA COMMUNICATIONS STRATEGY. HTTPS://ASSETS.PUBLISHING.SERVICE.GOV.UK/MEDIA/5A7C745AED915D48C240FD7A /UK-PANDEMIC-INFLUENZA-COMMUNICATIONS-STRATEGY-2012.PDF
- GOV.UK. (2020). UK PANDEMIC PREPAREDNESS. HTTPS://WWW.GOV.UK/GOVERNMENT/PUBLICATIONS/UK-PANDEMIC-PREPAREDNESS/UK-PANDEMIC-PREPAREDNESS
- GOV.UK. (2021). COVID-19 CONTAIN FRAMEWORK: A GUIDE FOR LOCAL DECISION-MAKERS. HTTPS://WWW.GOV.UK/GOVERNMENT/PUBLICATIONS/CONTAINING-AND-MANAGING-LOCAL-CORONAVIRUS-COVID-19-OUTBREAKS/COVID-19-CONTAIN-FRAMEWORK-A-GUIDE-FOR-LOCAL-DECISION-MAKERS
- GOV.UK. (2022). LIVING SAFELY WITH RESPIRATORY INFECTIONS, INCLUDING COVID-19. HTTPS://WWW.GOV.UK/GUIDANCE/LIVING-SAFELY-WITH-RESPIRATORY-INFECTIONS-INCLUDING-COVID-19
- GRAY, L., MACDONALD, C., MACKIE, B., PATON, D., JOHNSTON, D., & BAKER, M. G.
 (2012). COMMUNITY RESPONSES TO COMMUNICATION CAMPAIGNS FOR INFLUENZA A (H1N1): A FOCUS GROUP STUDY. BMC PUBLIC HEALTH, 12(1), 1-12.
- GRECKHAMER, T., FURNARI, S., FISS, P. C., & AGUILERA, R. V. (2018). STUDYING CONFIGURATIONS WITH QUALITATIVE COMPARATIVE ANALYSIS: BEST PRACTICES IN STRATEGY AND ORGANIZATION RESEARCH. STRATEGIC ORGANIZATION, 16(4), 482-495.
- GRISHIN, V. I., DOMASHCHENKO, D. V., KONSTANTINOVA, L. V., KOSHKIN, A. P., USTYUZHANINA, E. V., SHTYKHNO, D. A., & SHUBENKOVA, E. V. (2020). LIFE AFTER THE PANDEMIC: ECONOMIC AND SOCIAL CONSEQUENCES. VESTNIK OF THE PLEKHANOV RUSSIAN UNIVERSITY OF ECONOMICS, (3), 5-18.
- HANSSON, S., ORRU, K., TORPAN, S., BÄCK, A., KAZEMEKAITYTE, A., MEYER, S. F., ... & PIGRÉE, A. (2021). COVID-19 INFORMATION DISORDER: SIX TYPES OF HARMFUL INFORMATION DURING THE PANDEMIC IN EUROPE. JOURNAL OF RISK RESEARCH, 24(3-4), 380-393.
- HHS. (2023). GLOBAL HEALTH SECURITY AGENDA. HTTPS://WWW.HHS.GOV/ABOUT/AGENCIES/OGA/GLOBAL-HEALTH-SECURITY/AGENDA/INDEX.HTML
- Hon, K. L., Leung, K. K. Y., Hui, W. F., & Ng, D. K. K. (2021). Applying lessons from influenza pandemics to the COVID-19 pandemic. Pediatric Pulmonology, 56(9), 3071.

- HOOKER, C., & LEASK, J. (2020). RISK COMMUNICATION SHOULD BE EXPLICIT ABOUT VALUES. A PERSPECTIVE ON EARLY COMMUNICATION DURING COVID-19. JOURNAL OF BIOETHICAL INQUIRY, 17, 581-589.
- IBRAHIM, N. K. (2020). EPIDEMIOLOGIC SURVEILLANCE FOR CONTROLLING COVID-19 PANDEMIC: TYPES, CHALLENGES AND IMPLICATIONS. JOURNAL OF INFECTION AND PUBLIC HEALTH, 13(11), 1630-1638.
- JAMIE K. WARDMAN. (2020). RECALIBRATING PANDEMIC RISK LEADERSHIP: THIRTEEN CRISIS READY STRATEGIES FOR COVID-19, JOURNAL OF RISK RESEARCH, 23:7-8, 1092-1120, DOI:10.1080/13669877.2020.1842989
- KASPERSON, R. E., GOLDING, D., & KASPERSON, J. X. (2013). RISK, TRUST, AND DEMOCRATIC THEORY. IN SOCIAL TRUST AND THE MANAGEMENT OF RISK (PP. 22-41). ROUTLEDGE.
- KHAN, S., MISHRA, J., AHMED, N., ONYIGE, C. D., LIN, K. E., SIEW, R., & LIM, B. H.
 (2022). RISK COMMUNICATION AND COMMUNITY ENGAGEMENT DURING COVID-19.
 INTERNATIONAL JOURNAL OF DISASTER RISK REDUCTION, 74, 102903.
- KHARE, S., GURRY, C., FREITAS, L., SCHULTZ, M. B., BACH, G., DIALLO, A., ... & MAURER-STROH, S. (2021). GISAID'S ROLE IN PANDEMIC RESPONSE. CHINA CDC WEEKLY, 3(49), 1049.
- KINSELLA, C. M., SANTOS, P. D., POSTIGO-HIDALGO, I., FOLGUEIRAS-GONZALEZ, A., PASSCHIER, T. C., SZILLAT, K. P., ... & MARTÍ-CARRERAS, J. (2020). PREPAREDNESS NEEDS RESEARCH: HOW FUNDAMENTAL SCIENCE AND INTERNATIONAL COLLABORATION ACCELERATED THE RESPONSE TO COVID-19. PLOS PATHOGENS, 16(10), E1008902.
- LAI, C. H., & HUILI LIN, S. (2017). SYSTEMS THEORY. THE INTERNATIONAL ENCYCLOPEDIA OF ORGANIZATIONAL COMMUNICATION, 1-18.
- Leiss, W. (1996). Three phases in the evolution of risk communication practice. The Annals of the American Academy of Political and Social Science, 545(1), 85-94.
- LIN, L., SAVOIA, E., AGBOOLA, F., & VISWANATH, K. (2014). WHAT HAVE WE LEARNED ABOUT COMMUNICATION INEQUALITIES DURING THE H1N1 PANDEMIC: A SYSTEMATIC REVIEW OF THE LITERATURE. BMC PUBLIC HEALTH, 14, 1-13.
- LUKE, C. J., & SUBBARAO, K. (2006). VACCINES FOR PANDEMIC INFLUENZA. EMERGING INFECTIOUS DISEASES, 12(1), 66.
- MACK, A., CHOFFNES, E. R., & RELMAN, D. A. (EDS.). (2010). INFECTIOUS DISEASE MOVEMENT IN A BORDERLESS WORLD: WORKSHOP SUMMARY. NATIONAL ACADEMIES PRESS.
- MARCZYK, G. R., DEMATTEO, D., & FESTINGER, D. (2010). ESSENTIALS OF RESEARCH DESIGN AND METHODOLOGY (VOL. 2). JOHN WILEY & SONS.
- McCoy, C. A. (2016). SARS, PANDEMIC INFLUENZA AND EBOLA: THE DISEASE CONTROL STYLES OF BRITAIN AND THE UNITED STATES. SOCIAL THEORY & HEALTH, 14, 1-17.

MISZTAL, B A (1996). TRUST IN MODERN SOCIETIES, CAMBRIDGE, MA: POLITY PRESS

- Müller, G., Ruelens, M., & Wouters, J. (2021). The role of the World Health Organization in the COVID-19 Pandemic.
- NATIONAL RESEARCH COUNCIL. (1989). IMPROVING RISK COMMUNICATION
- NEWMAN, K. L., JEVE, Y., & MAJUMDER, P. (2022). EXPERIENCES AND EMOTIONAL STRAIN OF NHS FRONTLINE WORKERS DURING THE PEAK OF THE COVID-19 PANDEMIC. INTERNATIONAL JOURNAL OF SOCIAL PSYCHIATRY, 68(4), 783-790.
- NMA. (2024). INFLUENZA PANDEMIC. NATIONAL MUSEUM OF AUSTRALIA. HTTPS://WWW.NMA.GOV.AU/DEFINING-MOMENTS/RESOURCES/INFLUENZA-PANDEMIC
- OGDEN, R. S. (2020). THE PASSAGE OF TIME DURING THE UK COVID-19 LOCKDOWN. PLOS ONE, 15(7), E0235871.
- PARADIS, E., O'BRIEN, B., NIMMON, L., BANDIERA, G., & MARTIMIANAKIS, M. A. (2016). DESIGN: SELECTION OF DATA COLLECTION METHODS. JOURNAL OF GRADUATE MEDICAL EDUCATION, 8(2), 263-264.
- PAULIK, L. B., KEENAN, R. E., & DURDA, J. L. (2020). THE CASE FOR EFFECTIVE RISK COMMUNICATION: LESSONS FROM A GLOBAL PANDEMIC. INTEGRATED ENVIRONMENTAL ASSESSMENT AND MANAGEMENT, 16(5), 552.
- REDDY, B. V., & GUPTA, A. (2020). IMPORTANCE OF EFFECTIVE COMMUNICATION DURING COVID-19 INFODEMIC. JOURNAL OF FAMILY MEDICINE AND PRIMARY CARE, 9(8), 3793.
- ROSENWALD, M. S. (2021, OCTOBER 3). HISTORY'S DEADLIEST PANDEMICS: PLAGUE, SMALLPOX, FLU, COVID-19. WASHINGTON POST. <u>https://www.washingtonpost.com/graphics/2020/local/retropolis/coronavir</u> <u>us-deadliest-pandemics/</u>
- ROWAN, N. J., & MORAL, R. A. (2021). DISPOSABLE FACE MASKS AND REUSABLE FACE COVERINGS AS NON-PHARMACEUTICAL INTERVENTIONS (NPIS) TO PREVENT TRANSMISSION OF SARS-COV-2 VARIANTS THAT CAUSE CORONAVIRUS DISEASE (COVID-19): ROLE OF NEW SUSTAINABLE NPI DESIGN INNOVATIONS AND PREDICTIVE MATHEMATICAL MODELLING. SCIENCE OF THE TOTAL ENVIRONMENT, 772, 145530.
- SAVOIA, E., LIN, L., & VISWANATH, K. (2013). COMMUNICATIONS IN PUBLIC HEALTH EMERGENCY PREPAREDNESS: A SYSTEMATIC REVIEW OF THE LITERATURE. BIOSECURITY AND BIOTERRORISM: BIODEFENSE STRATEGY, PRACTICE, AND SCIENCE, 11(3), 170-184.
- SCALLY, G., JACOBSON, B., & ABBASI, K. (2020). THE UK'S PUBLIC HEALTH RESPONSE TO COVID-19. BMJ, 369.
- SHORT, K. R., KEDZIERSKA, K., & VAN DE SANDT, C. E. (2018). BACK TO THE FUTURE: LESSONS LEARNED FROM THE 1918 INFLUENZA PANDEMIC. FRONTIERS IN CELLULAR AND INFECTION MICROBIOLOGY, 8, 343.

- SLOVIC, P. (1993). PERCEIVED RISK, TRUST, AND DEMOCRACY. RISK ANALYSIS, 13(6), 675-682.
- SPALLUTO, L. B., PLANZ, V. B., STOKES, L. S., PIERCE, R., ARONOFF, D. M., MCPHEETERS, M. L., & OMARY, R. A. (2020). TRANSPARENCY AND TRUST DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC. JOURNAL OF THE AMERICAN COLLEGE OF RADIOLOGY, 17(7), 909-912.
- STOBART, A., & DUCKETT, S. (2022). AUSTRALIA'S RESPONSE TO COVID-19. HEALTH ECONOMICS, POLICY AND LAW, 17(1), 95-106.
- TAYLOR, D., BURY, M., CAMPLING, N., CARTER, S., GARFIED, S., NEWBOULD, J., & RENNIE, T. (2006). A REVIEW OF THE USE OF THE HEALTH BELIEF MODEL (HBM), THE THEORY OF REASONED ACTION (TRA), THE THEORY OF PLANNED BEHAVIOUR (TPB) AND THE TRANS-THEORETICAL MODEL (TTM) TO STUDY AND PREDICT HEALTH RELATED BEHAVIOUR CHANGE. LONDON, UK: NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE, 1-215.
- TERRY, G., HAYFIELD, N., CLARKE, V., & BRAUN, V. (2017). THEMATIC ANALYSIS. THE SAGE HANDBOOK OF QUALITATIVE RESEARCH IN PSYCHOLOGY, 2, 17-37.
- VARGHESE, N. E., SABAT, I., NEUMANN-BÖHME, S., SCHREYÖGG, J., STARGARDT, T., TORBICA, A., ... & BROUWER, W. (2021). RISK COMMUNICATION DURING COVID-19: A DESCRIPTIVE STUDY ON FAMILIARITY WITH, ADHERENCE TO AND TRUST IN THE WHO PREVENTIVE MEASURES. PLOS ONE, 16(4), E0250872.
- VAUGHAN, E., & TINKER, T. (2009). EFFECTIVE HEALTH RISK COMMUNICATION ABOUT PANDEMIC INFLUENZA FOR VULNERABLE POPULATIONS. AMERICAN JOURNAL OF PUBLIC HEALTH, 99(S2), S324-S332.
- WANG, X., KULKARNI, D., DOZIER, M., HARTNUP, K., PAGET, J., CAMPBELL, H., & NAIR, H. (2020). INFLUENZA VACCINATION STRATEGIES FOR 2020-21 IN THE CONTEXT OF COVID-19. JOURNAL OF GLOBAL HEALTH, 10(2).
- WARNER, J. C., HATZIIOANOU, D., OSBORNE, J. C., BAILEY, D. J., BROOKS, T. J., & SEMPER, A. E. (2023). INFECTIONS IN TRAVELLERS RETURNING TO THE UK: A RETROSPECTIVE ANALYSIS (2015–2020). JOURNAL OF TRAVEL MEDICINE, 30(2), TAAD003.
- WHO DIRECTOR-GENERAL'S OPENING REMARKS AT THE SPECIAL SESSION OF THE WORLD HEALTH ASSEMBLY - 29 NOVEMBER 2021. (2021, NOVEMBER 29). <u>https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-special-session-of-the-world-health-assembly---29-november-2021</u>
- WHO. (2016). INTERNATIONAL HEALTH REGULATIONS (2005) THIRD EDITION. HTTPS://WWW.WHO.INT/PUBLICATIONS/I/ITEM/9789241580496
- WHO. (2020). MANAGING THE COVID-19 INFODEMIC: PROMOTING HEALTHY BEHAVIOURS AND MITIGATING THE HARM FROM MISINFORMATION AND DISINFORMATION JOINT STATEMENT BY WHO, UN, UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN GLOBAL

PULSE, AND IFRC. <u>https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation</u>

- WHO. (2023). WHO LAUNCHES NEW INITIATIVE TO IMPROVE PANDEMIC PREPAREDNESS. HTTPS://WWW.WHO.INT/NEWS/ITEM/26-04-2023-WHO-LAUNCHES-NEW-INITIATIVE-TO-IMPROVE-PANDEMIC-PREPAREDNESS
- WHO. (2023, OCTOBER 25). INFODEMIC MANAGEMENT. https://www.who.int/teams/risk-communication/infodemic-management
- WHO. (2107). THE GLOBAL INFLUENZA SURVEILLANCE AND RESPONSE SYSTEM (GISRS). HTTPS://IRIS.WHO.INT/BITSTREAM/HANDLE/10665/259853/9789241513203-ENG.PDF
- WILDER-SMITH, A., & FREEDMAN, D. O. (2020). ISOLATION, QUARANTINE, SOCIAL DISTANCING AND COMMUNITY CONTAINMENT: PIVOTAL ROLE FOR OLD-STYLE PUBLIC HEALTH MEASURES IN THE NOVEL CORONAVIRUS (2019-NCOV) OUTBREAK. JOURNAL OF TRAVEL MEDICINE, 27(2), TAAA020.
- WORLD BANK. (2020). THE GLOBAL ECONOMIC OUTLOOK DURING THE COVID-19 PANDEMIC: A CHANGED WORLD. <u>https://www.worldbank.org/en/news/feature/2020/06/08/the-global-</u> economic-outlook-during-the-covid-19-pandemic-a-changed-world. April 14
- World Bank. (2024). World Bank Group Aims to Expand Health Services to 1.5 Billion People. https://www.worldbank.org/en/news/pressrelease/2024/04/18/expanding-health-services-to-1-5-billion-people
- WORLD HEALTH ORGANIZATION. (2022, JULY 7). PLAGUE. <u>https://www.who.int/news-room/fact-sheets/detail/plague</u>
- WU, D., WU, T., LIU, Q., & YANG, Z. (2020). THE SARS-CoV-2 OUTBREAK: WHAT WE KNOW. INTERNATIONAL JOURNAL OF INFECTIOUS DISEASES, 94, 44-48.
- XUE, L., & ZENG, G. (2019). GLOBAL STRATEGIES AND RESPONSE MEASURES TO THE INFLUENZA A (H1N1) PANDEMIC. A COMPREHENSIVE EVALUATION ON EMERGENCY RESPONSE IN CHINA: THE CASE OF PANDEMIC INFLUENZA (H1N1) 2009, 15-44.
- YASTICA, T. V., SALMA, S. A., CAESARON, D., SAFRUDIN, Y. N., & PRAMADYA, A. R. (2020, DECEMBER). APPLICATION OF THEORY PLANNED BEHAVIOR (TPB) AND HEALTH BELIEF MODEL (HBM) IN COVID-19 PREVENTION: A LITERATURE REVIEW. IN 2020 6TH INTERNATIONAL CONFERENCE ON INTERACTIVE DIGITAL MEDIA (ICIDM) (PP. 1-4). IEEE.
- ZAMANI, S. H., RAHMAN, R. A., FAUZI, M. A., & MOHAMED YUSOF, L. (2024). GOVERNMENT PANDEMIC RESPONSE STRATEGIES FOR AEC ENTERPRISES: LESSONS FROM COVID-19. JOURNAL OF ENGINEERING, DESIGN AND TECHNOLOGY, 22(3), 690-717.

ZAREMBA, A. J. (2014). CRISIS COMMUNICATION: THEORY AND PRACTICE. ROUTLEDGE.

ZHAN, C., CHI, K. T., GAO, Y., & HAO, T. (2021). COMPARATIVE STUDY OF COVID-19 PANDEMIC PROGRESSIONS IN 175 REGIONS IN AUSTRALIA, CANADA, ITALY, JAPAN, SPAIN, UK AND USA USING A NOVEL MODEL THAT CONSIDERS TESTING CAPACITY AND DEFICIENCY IN CONFIRMING INFECTED CASES. IEEE JOURNAL OF BIOMEDICAL AND HEALTH INFORMATICS, 25(8), 2836-2847.