

Original Paper

COVID-19 Communication and Lockdown Strategies of Selected Countries—Brazil, India, South Africa and Vietnam

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Abstract

This paper focuses on case studies of four countries—Brazil, India, South Africa and Vietnam—to determine whether communication strategies and lockdown policies have been effective in reducing the numbers of positive cases of COVID-19. Given the data limitations, it is not clear whether the communication strategies each country used have helped to enforce the lockdown. Regardless, there is no question that lockdown, whether national or selective, has helped to reduce increases of positive cases in three countries-India, South Africa and Vietnam; Brazil has not had a lockdown, and numbers have escalated. Lockdown, in turn, has helped the former countries to plan ahead to cope with COVID-19. Moreover, from these case studies reviewed, it is demonstrated that the success of lockdowns depends on the understanding and support of all stakeholders.

Keywords

COVID-19, lockdowns, communication strategies, business as usual, case studies

1. Introduction

There have been several arguments as to whether lockdowns during the coronavirus pandemic have been useful in saving lives (Nocera, 2020). Some argue that some lockdown policies have been draconian, while others comment that lockdowns have not been fair to the disadvantaged groups of society across many countries (Banaji, 2020). Before lockdowns commenced, national leaders used a range of communication strategies to prepare their people, with varying degrees of success. All in all, both the directives for lockdown and the communication strategies employed to support the lockdown have been uneven. This brief paper examines a few selected countries and the strategies they have used to contain the novel coronavirus and save lives. In particular, the paper looks at both the role the

communication strategies have played and the impact that lockdown has had, especially in terms of reducing the number of positive cases of COVID-19.

2. Methodology

The paper is based on a desk review, supported by some discussions with a few experts in the field of public health. The four countries (Brazil, India, South Africa and Vietnam) were randomly selected to some extent, but also were chosen on the basis of media coverage and available data. In the case of Brazil, the country has been continuously in the news for all the wrong reasons. Brazil was chosen because it did not carry out a national lockdown strategy but continued with 'business as usual.' South Africa and India both had national lockdowns for an initial three weeks with subsequent extensions. Vietnam was included because instead of a national lockdown, it decided to target the hotspots and lock down only those areas.

3. Communications Strategies

The first part of the paper looks at the communication strategies adopted by the selected countries, notably the role the governments have played in informing their citizens about the coronavirus and the consequences of infection. Some governments did well in terms of communicating with their citizens. The efforts of others have been disappointing, causing confusion and anxiety (see Table 1). A typical example of the latter is the USA, where the President has sent different signals to the American people from time to time during his regular coronavirus briefings.

In Brazil, according to Ricard and Medeiros (2020), President Bolsonaro has adopted a strategy of misinformation and disinformation. Specifically, he has de-emphasized preventive and control measures and delegitimized those supporting social isolation measures and quarantine. He continues to praise those who publicly support a return to normalcy. This has led the President to disregard the advice of his health experts and WHO. There has been no lockdown and President Bolsonaro has continued with his business-as-usual policy (Table 1). He has continued to stand against scientific and evidence-based recommendations. The situation has been chaotic, and the states which are currently the hardest hit have been trying to impose a lockdown. Even then, the President has continued to contradict the state leaders and has even urged the citizens to demonstrate against lockdown and self-quarantine. With the lack of a clear communications strategy on the status of the virus in the country, fake news has been thriving, especially on social media.

Table 1. Types of Communication Strategies Adopted by Different Countries

Strategy	Country
Daily briefings	South Africa, Vietnam
No communication strategy, but the Prime Minister gave a speech before the lockdown	India
No strategy; President has been providing misinformation and disinformation	Brazil

With regard to India, Prime Minister Narendra Modi initially adopted a lockdown for three weeks, with a subsequent extension. According to Mondkar (2020), Prime Minister Modi's statement before the lockdown stressed that social distancing and lockdown were the only tools that would enable the country to win the battle against COVID-19. He emphasized several things people should do during the lockdown, namely, taking special care of the elderly; strictly adhering to the lockdown and observing social distancing; respecting and following the protocols issued by the Ministry of Health; being compassionate to employees by not sacking them or cutting their wages; helping the poor and the needy as they were the ones to be most affected by the lockdown measures; and respecting the efforts of the coronavirus warriors—doctors, nurses, sanitation workers and the police force. There have been no further briefings since his initial speech.

Shelar (2020) argues that the information from the Indian Prime Minister took people by surprise and many people, especially the poor, were left stranded without transport to take them to their home states and villages. Shelar (2020) further notes that a lot of people did not understand the concept of social distancing and quarantine. Because of anxiety and poverty, most people, especially casual labourers, are interested in daily survival as opposed to public health and the safety of society at large. As a result of the lack of clarity, some people perceived the lockdown as a form of punishment.

According to Harding (2020), President Cyril Ramaphosa of South Africa acted quickly in imposing a lockdown. He appealed to his compatriots to be understanding and supportive. The lockdown was to save lives, and it was in the best interests of the country and everyone. The Minister of Health provides focused daily briefings to demystify some of online fake news. Harding (2020) confirms that the no-nonsense Minister of Health seems sober and knowledgeable in his briefings. Also, the President has been able to galvanize the crucial support of the private sector, especially in terms of making both financial and in-kind contributions to assist the poor and underprivileged during the lockdown period. Civil society has also been sharing the messages relating to social distancing and effective hygiene in South Africa's poorest, most crowded neighbourhoods, where the virus might cause tremendous havoc. Despite other challenges, it is fair to say that the government has been somewhat effective in winning the trust of the people and educating the masses.

Vietnam's communications policy has focused on strategic issues. The Prime Minister reminded people that COVID-19 was an enemy which must be fought, and the battle won. Therefore, the government was willing to sacrifice economic benefits in the short-term for the health of its people. Second, according to Ha et al. (2020), the government has continued to provide updated information and clear messages on COVID-19 through official and social media in a transparent manner. As a communist country and one-party state, Minh and Bich (2020) suggest that people spying on their neighbours and reporting them to the authorities, have in turn, changed community behavior towards wearing masks, hand-washing and social distancing. Moreover, national celebrities have joined the government in sharing the key messages with their compatriots, such as the importance of social distancing, washing hands, and others practices. According to Minh and Bich (2020), a survey in 45 countries of positive public opinion on government response to the pandemic, showed that Vietnam scored 62 percent, which was better than Singapore and South Korea. This is confirmed by the survey conducted by Statista (5-13 May, 2020), showing that 89 per cent of Vietnamese trusted the media when it came to COVID-19.

Overall, it very difficult to determine whether the communication strategy used by each of the four countries has been effective. India, South Africa and Vietnam sensitized their people before the lockdown. However, India did not continue with daily briefings. The three governments have used various techniques to share the key messages of COVID-19. The South Africa and Vietnam governments have used television, radio, drama, art and other formats to impart information on COVID-19. For example, in Vietnam, it has become a matter of patriotism to wash hands and stay home—a message that had been successfully communicated through various forms of popular art and propaganda about COVID-19 (Asia Unbound, 2020). Clearly, from the foregoing, the communication and information strategies adopted by the governments of South Africa and Vietnam must continue to be accurate and timely to help their citizens prevent, or reduce, the spread of the disease and must also guide those affected towards services and treatment. This is what the governments of Brazil and India have lacked so far.

4. The Impact of Lockdown

As indicated earlier, the four countries have adopted different lockdown measures, namely, national lockdowns, targeted selective lockdown, and one country, Brazil, has no formal government lockdown policy (see Table 2). The impact of these different strategies is examined below.

Table 2. Response Strategies

Strategy	Countries
Total lockdown	South Africa and India
Selective lockdown	Vietnam
Business as usual	Brazil

In the case of South Africa, Arndt, Gabriel and Robinson (2020) note that the lockdown policy of the government has been stringent. Specifically, the government banned the sale of alcohol, tobacco, and cooked hot food (Hirsch, 2020). Hirsch (2020) argues that one of the reasons for the tough conditions was basically that the government did not have confidence in the national public health capacity to contain COVID-19 and other diseases. In other words, by imposing a stringent lockdown policy, the government was attempting to avoid overburdening the health services with COVID-19 while at the same time continuing to attend to other on-going diseases. The lockdown has enabled the country to strengthen its health system capacity and put in place upgraded systems to better manage other infectious diseases. The capacity in question includes 25,000 additional beds for quarantine, substantial quantities of personal protective equipment for health workers, and needed medical supplies.

India has a population of about 1.4 billion people and a federal system comprising 28 states. India has not done too badly taking into account its huge population. It is among the few countries to have completed testing of 1 million people at a rate of 75,000 tests a day (Zeeshan, 2020). As a percentage of its population, however, this is far less than South Korea or Germany, which have done more testing on a per capita basis. In a bid to ease the lockdown, India has been split into three zones, namely, red zone—high number of infections, orange zone—relatively low number of cases, and the green zone—no cases of the virus. This is all well and good. Perhaps India should also examine what Kerala, one of its 28 states, has done to contain the coronavirus. Kerala State, in south-western India, has been successful in flattening the curve (Tharoor, 2020). Currently, it has 1326 reported cases, 608 recoveries and 10 deaths (2 June 2020). Kerala started a lockdown after public health officials identified a positive case in a student who had returned from China. This was before the national lockdown, and it could serve as a model within India for handling public health emergencies. Kerala's success hinges on regular communication with the public about health risks, broadcasting precautionary messages through official channels to dispel fake news, localizing messages into immigrants' languages, the participation of grassroots organizations, citizens cooperating with the authorities, and governmental accountability (Tharoor, 2020). Obviously, other states and central government in Delhi should emulate Kerala's model to continue containing COVID-19 in the entire country.

In Brazil from the outset, President Bolsonaro dismissed COVID-19 as a "small flu" and stated that Brazilians had acquired immunity to the disease (Nunes, Ventura, & Spanghero Lotta, 2020). Instead of

instituting a lockdown, he followed a business-as-usual policy. His focus has been on the economy and not the public health threat. The President has ignored and openly criticized the advice of health experts, resulting in the firing of the former Health Minister. The replacement Health Minister resigned after less than one month. The President has been totally against self-isolation and quarantine. On 4 April he called for a Day of God in relation to COVID-19 and on 20 April 2020 he knelt before an evangelical pastor who declared that Brazil was free of the coronavirus. Currently, Brazil is second in terms of the number of COVID-19 infections, with over 529,000 positive cases and more than 30,000 deaths (Worldometer, 2 June, 2020).

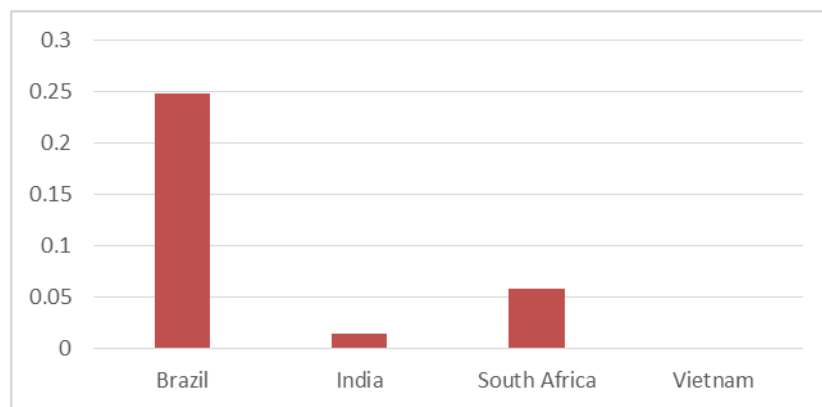
Vietnam did not apply a nationwide lockdown, in part due to financial constraints. Instead, it adopted national isolation by closing its borders, and banned gatherings, encouraged staying at home, and implemented a quarantine policy, among others. This low-cost proactive preventative approach was selective and included contact tracing, ramping-up production of medical supplies and installing checkpoints at airports. Further, the government empowered provincial authorities to implement large-scale or targeted area lockdown, including strict checkpoints in and out of the localities for testing and treatment. Currently, Vietnam has only reported 328 cases of COVID-19 and has had no deaths from the disease.

5. Discussion

The total number of positive cases of COVID-19 in each of the four countries, as at 2 June 2020, is summarized in Table 3. It is clear that Vietnam has done better than the other countries in terms of containing the coronavirus. It has had only 328 positive cases and zero fatalities. Vietnam has also opened up its economy. The country enjoyed maximum support of the control measures by its people since the virus was perceived as an enemy. Its lockdown strategy had the support of everyone and the country's communication strategy was very effective. The national population of Vietnam is just less than half that of Brazil, yet Brazil, which did not institute a lockdown, is currently second globally in terms of total positive cases with over half a million people, or 0.25 percentage of its total population, infected by the coronavirus as at 2 June 2020. The results in Table 3 thus indicate that lockdowns, whether nationwide (India and South Africa), or partial (Vietnam), have been effective in containing the pandemic.

Table 3. Number of COVID-19 Cases as a Percentage of the Total Population, 2 June 2020

Country	Positive Cases	Population	Fatalities	Positive cases as a % of national population
Brazil	529,405	212,559,470	30,046	0.2490
India	199,613	1,400,000,000	5,610	0.0142
South Africa	34,357	59,308,690	705	0.0579
Vietnam	328	97,338,578	0	0.0003

**Figure 1. Total Positive COVID-19 Cases as a Percentage of the National Population (at 2 June 2020)**

In both India and South Africa, the lockdown had initial challenges because of the huge socio-economic disparities within the population. The poorest segments of the countries' societies were caught unaware. For example, in India, the cancelling of the transport system resulted in people, especially casual labourers, taking days to get back to their villages across the country. The people who live in big urban slums or crowded townships continue to have problems to maintain social distancing. Regardless of the difficulties caused, it would appear that India and South Africa have managed to reduce their number of cases because of the lockdowns that have been imposed.

Brazil is now ranked second globally in terms of countries with the highest number of positive cases of COVID-19 after the United States. The President is very obstinate and does not appear to consider the opinions of his scientists and public health experts. Without a well-focused containment strategy accompanied by good public health science, Brazil is heading for a major disaster. As Nunes, Ventura and Spanghero Lotta (2020) note, Brazil's health professionals, scientists and public servants are committed and dedicated to supporting the country. What is currently needed is strong leadership and cooperation between the central government and the states to contain this coronavirus pandemic which has already claimed over 30,000 deaths country-wide.

Other countries could learn important lessons from the four countries' examples as they move forwards to contain this pandemic. The experience of Brazil should be avoided at any cost. Interestingly, we have other countries whose leaders share similar attitude to those of Brazil's President, for example, Burundi and Tanzania. These two countries have encouraged their people to continue working and socialising. In fact, Burundi went ahead with its General Election on 20 May 2020. Sadly, the First Lady of Burundi has just tested positive for the coronavirus and was evacuated on 28 May to Kenya for treatment. On the positive side, Vietnam and South Africa, and to some extent India, have had positive results from their lockdown experiences, which could be replicated as countries continue in their efforts to contain COVID-19. In the case of India, the Kerala State approach stands out, which the federal government in Delhi should consider replicating in the rest of the country (Tharoor, 2020).

In both India and Brazil, the governments have been politicising the current pandemic. This needs to stop. For example, even though the Kerala State government comes from a different party to that of Prime Minister Narendra Modi, his government should examine the strategies Kerala has used to flatten the pandemic curve and determine which ones could be used or replicated to benefit the rest of the country. Likewise, the Brazilian infection rate is now one of the highest in the world, second only to the United States. President Bolsonaro should offer strong leadership and work closely with states and major cities (including Saõ Paulo and Rio de Janeiro) to contain the crisis before it gets out of hand. From the experiences of other countries reviewed, no country can contain the coronavirus unless the incumbent government works closely with the opposition parties, acting as one country, fighting one common enemy. This has been the case in South Africa.

6. Conclusion

It has not been easy to get the necessary data to clearly demonstrate whether the communication strategies each country used have helped to enforce the lockdowns imposed. However, the example from Vietnam demonstrates that the communication briefings organized by the government were effective as all citizens supported the government's targeted selective lockdown and stay-at-home directive. Further, the low positive case numbers and zero deaths is a demonstration that Vietnam's coronavirus containment strategies are working. In the case of India, even though it has a huge population, the government has not conducted daily briefings after the initial speech of the Prime Minister. In addition, many millions of people were stranded following the announcement of the lockdown, and the number of COVID-19 cases continues to rise as highly vulnerable people, particularly those living in urban areas and slums, cannot observe social distancing and basic hygiene of washing hands. By and large, however, the lockdown has saved lives, as is evident by the small percentage of the total population that is infected. The South African situation in terms of lockdown has been somewhat effective. There is no question that the lockdown the government of South Africa

imposed has reduced the number of infections, and its daily media briefings have raised the level of awareness of the general population regarding the coronavirus. When comparing infection rates of the total population, however, South Africa's approach has not been as effective as India's. Brazil's case stands in stark contrast to the rest. The President of Brazil is against lockdown and his messages have contradicted WHO and his own public health experts. Unfortunately, the country has been living on misinformation and disinformation. The end result is that Brazil is the second highest country in the world in terms of positive cases.

In a nutshell, national lockdowns or selective targeted lockdowns are necessary, but they must be well planned and implemented in a humane way taking into account the socio-economic disparities within each country. From the cases reviewed, the successes of the lockdowns depend on the understanding and support of all stakeholders. Above all, governments play the key role in ensuring that pandemic preventive measures put in place are well coordinated between central government and states or provinces, and that those measures are clearly articulated, explained and adopted by the national populace.

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