PANDEMIC PLAYBOOK

A PRACTIONER'S TOOLKIT FOR RESPONDING TO PANDEMICS.
FOR MORE, VISIT WWW.PLAYBOOKFORPANDEMIC.COM

AN INITIATIVE BY
finalmile.
a fractal company

MANAGING COVID CASES

Image by United Nations

A COVID case begins at an exposure event and ends at recovery in most cases, and fatality in some. How can we support COVID patients in self-monitoring for symptoms, self-quarantining, seeking testing, reporting contact events, undergoing treatment and dealing with social stigma. How do we support grieving the loss of loved ones?

ABOUT THE PLAYBOOK

Playbook for Pandemic Response, an initiative led by Final Mile, is a real time documentation of strategies and solutions impacting behavioral outcomes critical to pandemic response that can immediately be used by a variety of stakeholders. A practitioner toolkit is built weekly on a critical behavior theme and compiled into the comprehensive playbook. Elaboration and additional resources / references on the contents of this toolkit are available on the Pandemic Playbook website. Help us build the playbook by submitting ideas here.

Note: Click on the corresponding links to read detailed posts

MASS COMMUNICATION

WHAT MIGHT WORK

1. Communicate that effective contact tracing would (a) significantly reduce personal risk, (b) would enable lockdown to be lifted sooner and (c) enable people to contribute to saving the lives of others, especially the vulnerable and essential workers.

2. Create platforms for recording and sharing first-person accounts during the pandemic to reduce the empathy gap with the victims/patients.

3. Leveraging public figures or celebrity influencers affected by COVID19 can reduce the empathy gap and increase social acceptance.

WHAT TO BE CAUTIOUS ABOUT

1. The communication about self-monitoring & quarantining needs to be sensitive to the fact that people are continuously making trade-offs – caring for the family, economic activity, etc., which make it easy to justify risk taking actions.

2. Communication that creates a fear regarding conditions in institutional quarantine can lead to avoidance and unwillingness to self-report risky behaviors.

3. Avoid the creation of a disease persona rooted in geography, ethnicity, religion, or race.

USER SPECIFIC STRATEGIES

POLICYMAKERS / GOVERNMENTS, PUBLIC HEALTH AUTHORITIES AND EXPERTS

WHAT MIGHT WORK

1. Free-of-cost tests or coverage under insurance plans can remove the cost barriers to testing.

2. Contact tracing apps can be made a mandatory requirement for entering certain public places such as public transport, malls, airports, etc.

WHAT TO BE CAUTIOUS ABOUT

1. Conditionality of medical referrals for tests should be removed as it is barrier for timely testing in many cases.

IMPLEMENTERS AND ENFORCERS / ADMINISTRATORS, LAW ENFORCERS, BUSINESSES

WHAT MIGHT WORK

1. Provide simple heuristics to decide whether one should be self-quarantining and self-monitoring based on their exposure levels.

2. Categorical steps to self-monitor – checking temperature, remaining alert for breathing difficulty - can help in normalizing the behavior, almost like a habit.

3. Provide guidelines to help family members assist with the monitoring of symptoms can ensure collective responsibility.

4. Active reminders everyday through the contact tracing apps can also act as cues to drive adherence to self-monitoring.

5. Drive-through test centres and mobile test centres for outreach to marginalized areas can bridge the access gaps.

6. A combination of telemedicine consultation and self-test kits that can be administered at home can bridge the access gaps and reduce load on healthcare facilities.

7. Equity concerns about contact tracing apps can be addressed by using manual interviews, text surveys and apps for basic phones as alternatives.

8. Contact tracing apps should be open source and audited by both security professionals and privacy advocates to build trust.

9. Incentives could be used to drive early adoptions of contact tracing apps.

10. The number of people in the vicinity who have the app installed should be displayed prominently on contact tracing apps so that a user may be incentivized and equipped to attempt to persuade others nearby to install the app.

11. Contact tracing apps might help to address this blindspot regarding individuals' weak tie and second degree interactions and reduce the optimism bias.

12. Virtual funeral services help the families and communities to have a potential closure.

13. Set up virtual counselling services and toll free helplines for the bereaved family to deal with the loss.

14. Protocols should be formulated at workplaces to prevent and address any stigma related to COVID status or symptoms.

WHAT TO BE CAUTIOUS ABOUT

1. Ambiguity regarding quarantining requirements can cause confusion and inaction.

2. Confidentiality and control over disclosing their health status is a concern among individuals. Confidentiality at testing centres and in communication of results should be assured.

HEALTHCARE PROVIDERS

WHAT MIGHT WORK

1. Communicate to the patient early in the treatment process regarding what to expect in terms of symptoms and treatment.

2. Share stories of people who have recovered to instill confidence in treatment efficacy.

3. Provide mental health support to COVID patients through trained professionals.

4. Use virtual communication to connect patients with their families.

5. Familiarize patients with care providers and other workers they interact with.

6. Continuously communicate with patients on their care plan and encourage patients to ask questions.

7. Provide options for entertainment such as television, or personal devices.

8. Give patients opportunities to express themselves.

9. Partner with patients' families to customize communication and experience for patients.

10. Train providers regarding communicating a patient's death to their family to ensure a smooth grieving process.

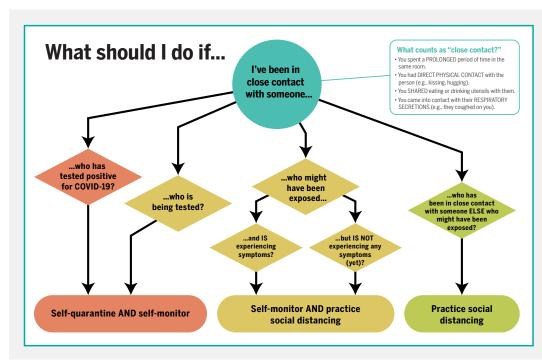# COMMUNITY-LEVEL STAKEHOLDERS / SMALL BUSINESS OWNERS, COMMUNITY LEADERS AND INFLUENCERS

WHAT MIGHT WORK

1. Setup virtual support groups of bereaved families to provide an avenue to talk and discuss through shared feelings of loss.

2. Communities understand the traditional and cultural beliefs associated and are thus, better equipped to support the bereaved in the communities.

3. Update misbeliefs in communities by encouraging contact between recovered patients and the larger public.

4. Set up virtual support groups for patients to help in reducing anticipated isolation & rejection and also provide successful stories as precedents.

WHAT TO BE CAUTIOUS ABOUT

1. The family members of a pandemic patient often experience stigmatisation in the community. Community leaders should be leveraged to communicate against such stigma.

DESIGN EXAMPLES

An easy to follow decision map can provide simple heuristics to decide whether one should be self-quarantining and self-monitoring based on their exposure levels.

SOURCE: MIT MEDICAL