INTRODUCTION

Political communication, governance and rhetoric in times of crisis

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COVID-19 instigated a global crisis. Due to the fast spread of the virus, the way it overwhelmed health systems in many advanced industrial nations and the immediate demonstration it represented a significant danger to life, forced global and national leaders to consider how to balance the risks to health and society against those of the economy. The measures introduced, which restricted the freedoms of citizens and in most cases involved a complete lockdown of society and the economy, needed carefully considering and communicating. Crisis communication literature provides a framework for how leaders should develop their strategy and perform their role in guiding society. Political communication literature aids an understanding of the wider environment, incorporating analyses of who controls the narrative, how the narrative develops and is shaped by differing actors, and the role played by interactions within the information environment. Political psychology aids an understanding of how citizens receive political communication, how they process messages and what emotions are stimulated by political messages within differing political contexts. In introducing our volume, we draw on these fields of literature. The following sections will firstly cover the core concepts of crisis communication. Secondly, we draw on key concepts from political communication to develop a framework for analysing the communication strategies and practices during the pandemic. Thirdly, we draw on political psychology to develop benchmarks for good practice in ensuring solidarity in fighting COVID-19 prior to providing an overview of how strategy should evolve over the phases of a pandemic, thus providing a framework for analysis to be applied to the data from the case study chapters.

Crisis communication

The crisis and crisis communication literature abound in definitions of crisis, and models of crisis communication and crisis management. Many approach the topic of crisis from an organisational perspective, as opposed to a political perspective, although there are clearly transferable concepts between the corporate and political sphere. This body of literature would largely agree that a crisis represents a 'major occurrence with a potentially negative outcome [etc.]' (Fearn-Banks, 2011: 2, see also Coombs, 2015). Crises can be external events, industrial or consumer actions (strikes or boycott), acts of terrorism or the result of internal failures such as product failure. Whatever the form the crisis takes, they are 'specific, unexpected, and nonroutine events that create high levels of uncertainty and simultaneously present an organization with both opportunities for and threats to its high-priority goals' (Seeger et al., 1998: 239). Crises such as a pandemic are outside of the control of any organisation or nation, but they require 'an immediate response, and may cause harm to the organization's reputation, image, or viability' (CERC, 2014[1]).

A pandemic is perhaps one of the most serious forms of crisis. It is beyond the control of any actor and is inherently complex due to the range and depth of the effects and the need to understand the capabilities required to mitigate the impact (Kahn, 2020: ix). Of central importance, given that both threats and preventative measures need to be communicated to those most vulnerable, is the need 'to inform and alert the public' (CERC, 2014). The Cambridge Environmental Research Consultants (CERC) framework was conceptualised to guide responses to emergency situations and has been employed by the US Centers for Disease Control (CDC). It focuses on the simple concept that 'the right message at the right time from the right person can save lives' (Reynolds & Quinn, 2008). Based on lessons learned from previous public health emergencies as well as research insights from different fields (public health, psychology, risk communication etc.), it is meant to help health communicators, emergency responders and organisational leaders to communicate effectively in crisis situations. The key point is that an immediate response is needed because of the unexpected and threatening nature of the health emergency and that communication elements (content, form, timing etc.) could aid resolve the crisis efficiently or prolong and worsen its impact (CERC, 2014).

Eliding with core concepts at the heart of political communication and political psychology, two categories of crisis communication have been identified (Coombs, 2015: 7). Managing information involves the collection, analysis and dissemination of information. Managing meaning, however, involves shaping how people perceive the crisis. The latter process is the most complex. Crisis management spokespersons can unidirectionally disseminate information through traditional (e.g. televised press conferences) and new media (i.e. websites). However, social media allows a plethora of actors to actively engage in crisis communication as consumers, creators and disseminators of information

and meaning (Palen, 2008; Perng et al., 2013). A pandemic emerges accompanied by an initial lack of information and high levels of uncertainty, and when the pandemic involves a novel type of virus, it is also accompanied by scientific uncertainty in terms of susceptibility and severity, prevention, treatment etc. (Kahn, 2020). It is thus easy for disagreements over strategy and confusion to emerge between the range of stakeholders engaged in informing stakeholders.

Pandemics also require risk communication, involving communicating information about the potential impact and magnitude to manage expectations and behaviour (CERC, 2014: 7). While in a crisis the effects can be obvious to a community (i.e. in the aftermath of a natural disaster or terrorist attack), risk communication highlights the potential, unseen negative consequences. These may be based on estimates or best guesses, and for areas yet unaffected it can prove difficult to convince the public to comply with restrictive and preventative measures. Risk communication thus adds an additional layer of managing meaning, attempting to govern public perceptions of the level of risk and how to minimise their own risk and that of the wider community.

Political crisis communication

Political communication research suggests the importance of clear leadership during crises, in particular the performance of leadership, media management and control of the narrative within the information environment; these three concepts shape our discussion of how crisis communication can be placed into a political context suitable for understanding the dynamics of communication during the COVID-19 pandemic.

Personalisation

As Kahn (2020: 9) argues, 'Who is in charge during a crisis can have an enormous impact on how many lives are saved or lost. Leaders must make decisions and communicate them effectively to many different groups.' Two models of leadership during crises have been identified (Kahn, 2020): *The Politician Prominence* Model (the politician accepts advice from experts, but keeps the primary decision-making and public communication role) and *The Expert Appointee Prominence* Model (the politician delegates primary decision-making and public communication responsibilities to experts, while providing political support for decisions). The former can lead to personalisation of leadership, involving assuming personal control but also asking the public to place full trust in a leader adopting a presidential or even monarchical character independent of the political system (Webb & Poguntke, 2013). Trust can be a factor of the performance of a particular leader as well as public perceptions of their character (Van Zoonen & Holtz-Bacha, 2000). Hence, during a crisis, the extent to which a leader is able to unite the nation depends on their immediate performance but also on the level of support they command and the longstanding perceptions

the public holds of them in terms of their integrity and competence (Renshon, 2000).

The Expert Appointee Prominence Model involves a broader range of spokespersons selected due to their specific roles, expertise and competences. Even when the politician is prominent, experts can be utilised to increase the credibility of government responses, measures implemented and requirements of the public. Within a pandemic, one would expect within this model for virologists to take centre stage, but certain measures would require the presence of other government agencies and groups including, but not limited to, local, federal or national public health agencies, security agencies, emergency service agencies and possibly security services, businesses, healthcare organisations, nongovernmental or supranational agencies or religious organisations.

Mediatisation and media management

Media management is essential for both crisis and risk communication as 'information production and dissemination are critical for crisis preparedness, crisis response, and crisis recovery' (Austin & Jin, 2018: 1). Traditionally, mass media have operated as a bridge between governmental actors communicating about the crisis and their publics, seeking information and interpreting it for their specific audiences (Seeger et al., 1998: 138). Media are argued to fulfil a range of functions during a crisis (Mogensen et al., 2002): providing information; promoting government narratives; emphasising the human interest over political or economic factors; being a source of guidance and consolation; framing coverage based on moral and religious tenets; promoting national values and bringing the nation together to tackle the crisis. The focus of coverage is expected to shift across different stages of the crisis as the official narrative and restrictions on public behaviour changes.

The above suggests political logic dominates and media become subservient to government in the name of the national interest. However, media logic can also assert itself as editors pursue what they believe to be the interests of their own audiences (Stromback, 2008). Media can adopt supportive or oppositional stances to a government in the pursuit of a national or political agenda (Schudson, 2011). When media play a supportive role, the impact is positive for the outcome of the crisis. Research shows mass media help positively change individual behaviours, especially during public health education campaigns (Collinson et al., 2015). However, if the media adopt an oppositional role and competing perspectives enter public discourse, then it can lead to confusion and non-compliance as the public are unsure which position to believe (Lilleker, 2018). Therefore, the role media traditionally plays within a society and its political stance can impact on the ability of a government to shape the narrative.

Media management involves developing a uniformly shared narrative to aid understanding the nature of a crisis. Within political communication literature, this is referred to as framing and if done effectively, can shape both media and

public discourse. According to Entman (1993: 52) 'to frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation.' Frames have at least four functions: to define problems, diagnose causes, make moral judgements and suggest remedies (Entman, 1993). As crises make 'people seek causes and make attributions' (Coombs & Holladay, 2004: 97), all actors involved must offer consistent frames which guide understanding. Public opinion, perceptions and impressions about the crisis and the organisation are influenced by media frames; thus how media frame a crisis event, its cause and who is responsible need to be taken into account (Coombs, 2006). During crises, there is a constant negotiation of frames and meanings from actors involved in crisis management (e.g. government/public health officials, etc.), media organisations, oppositional actors, and publics, who are left to make sense out of the differing frames and interpret and reinterpret the crisis and the proposed solutions. The public health model of reporting suggests the frame should focus on the causes of a disease, the risk factors and prevention strategies (Coleman et al., 2011). It also shifts the debate from causes to mitigation and treatment (Coleman et al., 2011). However, when risks are framed as minimal, this can impact policy and public vigilance. Pieri (2019) argues that framing can legitimise ineffective policy interventions: the lack of UK border screening against Ebola was due to it firstly being framed by British media as 'a localised African crisis,' then 'a regional crisis' until finally, it was framed as 'a global security threat.' Furthermore, mass media can sometimes use framing to mediate fear. Theories of fear appeals suggest people will abide by suggested behaviours and preventable measures when afraid. In one study (Zhang et al., 2015: 77) media coverage of H1N1 was found to provoke fear and increase 'levels of perceived knowledge' among the public which lead to 'engagement in the preventive measures.' However, the ability of both governments and mass media to control the narrative has been weakened with the widespread adoption of social media which allows an explosion of pluralism.

A hybrid media information environment

Social media has proven to be problematic as a source of information. Stecula et al. (2020) found during the 2019 US measles outbreak that social media users were more likely to be misinformed about vaccines than those reliant on the mass media. Furthermore, within crisis situations, if official sources do not fill information gaps, high levels of public uncertainty allow the emotional tone to be set on social media (Cmeciu & Coman, 2018). In other words, the narrative becomes controlled by non-official sources. As Utz et al. (2013: 40) argue, 'Social media play in today's societies a fundamental role for the negotiation and dynamics of crises.' Social media platforms offer a direct channel to the public for a range of actors; they can prove to be important sources of information and journalists use them as a means for breaking news due to their immediacy;

have become a space for information seeking and sharing behaviours, as well as healing spaces and are a tool for public responders for organising. On the other hand, social media are also spaces where misinformation and disinformation can spread. During the COVID-19 pandemic, this prompted the WHO to urge governments and media to fight against the 'infodemic.' Therefore, social media provides opportunities for official and alternative narratives to go viral and studies show differing platforms during differing health crises hosting varying levels and density of misinformation (Guidry et al., 2020a, 2020b).

Misleading health information is not a new issue, the term *infodemiology* was coined almost two decades prior to COVID-19 (Eysenbach, 2002). However, it gained increased prominence during this pandemic. During a public health crisis, it is crucial the information environment be science-led, be grounded in policy and health care practice and disseminated to the public through traditional news and social media. However, in an era when trust in expertise has diminished and personal beliefs are employed to filter reality (van Zoonen, 2012) science communication competes for credibility with material prominent purely due to its ability to go viral. The less information and answers science can offer, the greater the space that can be filled with misinformation circulating across social networks. Particularly problematic is the finding that misinformation is shared more often by social media users than verified information (Vosoughi et al., 2018).

Eysenbach (2020) formulates four pillars to fight the infodemic in the context of health care. Firstly, information should transfer from expert (e.g. scholars or doctors) to the public directly so misinterpretation cannot occur, and facts are not influenced by politics, commercial interests, selective reporting, or misunderstanding. Secondly, information must be clearly substantiated with empirical data. Thirdly, information needs to be presented clearly and made accessible to ensure public health literacy (Norman & Skinner, 2006). Fourth and finally, it is important to monitor the information environment and debunk misinformation and rumours.

Thus, political communication research offers clear lessons for crisis communication. Spokespersons must be credible and must develop messages that offer a positive framing of the outcomes of behaviour needed to alleviate the negative effects of the crisis grounded in accessible science while debunking misinformation. Media, in turn, has a crucial role in providing information and judging how to act best in the interests of the whole nation as well as its specific audience without undermining official information and spreading misinformation. Understanding the psychology of populations facing a pandemic helps to explain why these factors are crucial.

Political psychology during pandemics

Initial reports of a new virus emerging in China were 'not a practical warning, but a science fiction movie that had nothing to do with us' (Jetten et al., 2020:

17). The threat posed became apparent later. As the seriousness of the threat pressed governments to implement measures that restrict public freedoms, it was crucial to create a national shared identity which makes compliance a collective endeavour. Jetten et al. (2020) thus argues any behavioural communication needs at its heart a 'we' concept with the public 'shepherded by a paternalistic government' (Jetten et al., 2020: 6). The 'we' concept is a notion of unity created within a culture of we-ness, a culture that 'engenders a sense of common fate and encourages people to join in cooperative efforts' (Greenaway et al., 2020: 54). We-ness provides psychological support through instilling a group-oriented attitude and building emotional intimacy within the community (Yang, 2019). Building a culture of we-ness requires a central unifying figure who can embody 'representing us,' 'doing it for us' and crafting and embedding a sense of us in all communication (Jetten et al., 2020: 25–30). Representing 'us' in particular requires abandoning partisan or ideological positions and all exclusionary notions of society. Doing it for us means leaders cannot be exceptional, practically as well as rhetorically it must be demonstrated that all members of society are 'in it together.' Messages crafted with we-ness embedded emphasise one nation, all in it together, independent of immigration status, race, nationality, religion, creed, gender, sexuality or social status. The unifying leader must represent every single person within the nation's borders. It is argued that this strategy is more likely to ensure we-ness is internalised. This allows social norms (Azjen, 1998) to be established which in turn ensures compliance with preventative measures.

Clearly some leaders, due to their past history, ideological stance or political position can instil unity better than others. Hence some leaders are more trusted by a broader spectrum of a nation's community than others. However, communication can overcome factors that have previously polarised public opinion. Trust can be built through providing clear messages, eradicating errors, confusion or contradiction while also demonstrating empathy, honesty, timeliness, clarity and pathos through communication (Carter et al., 2020: 90–92). Failure to achieve this leads to negative availability bias (Dube-Rioux & Russo, 1988) among those who do not support that leader or their political party which leads to non-compliance. Compliance can be enforced, but voluntary compliance is better. Hence where leaders do not have the full support of a nation, they need to employ nudges while also framing behaviour. Mols (2020: 39) argues that those who are compliant must be framed as heroes and strong, not weak or sheep-like. Positive we-ness creates the conditions where mutual concern and support lead to community resilience. In contrast, exclusivity leads to selfishness and focus on defending smaller societal units – the household rather than the wider community. Selfishness leads to panic buying and hoarding, fearing contact with neighbours and hostility to those in need rather than supporting the isolated and vulnerable (Neville & Reichter, 2020: 74). Framing the struggle against COVID-19 as a national struggle is helped by the fact the virus is an external enemy, although framing it as Chinese has the negative outcome of associating it with anyone who appears South-East Asian (Greenaway et al., 2020: 52).

The adoption of an oppositional stance by members of a community results from failures to institute we-ness and develop a narrative of national unity. Framing COVID-19 as an external threat reinforces national identity and defines we-ness as nationalist. But the values of a nation and understandings of who 'belong' within a nation matter under these conditions (Greenaway et al., 51). Societal divisions and political polarisation lead to partisan-framed behaviours. Perceptions that society is polarised leads to selfishness and a focus on protecting in-groups or smaller societal units rather than we-ness. The more divided societies are, the less likely they will unite in a common cause. Hence, how identity is emphasised, exclusive or inclusive, shapes behavioural responses (Ntontis & Rocha, 2020).

Aside from communicational failures, poverty has been identified as the greatest underlying factor driving non-compliance (Jetten et al., 2020: 7–8), hence measures need to enable compliance. Empathy as well as indications measures are effective at reducing stress. Stress can lead to non-compliance among the most economically or virologically vulnerable (Muldoon, 2020). Similarly, the fairness of the rules, their enforcement and all being seen to comply, from leader downwards, prevents disorder. Perceptions of a fairness disparity lead those who feel excluded, less privileged or discriminated against to rebel against their perceived worse deal (Stott & Radbrun, 2020). Discrimination can cut along any societal fissures: haves and have nots, by social class, race or people versus elite, and ultimately lead to disunity. Importantly, feelings of discrimination and exclusion lead people to seek alternative explanations. The COVID-19 pandemic has created an environment ripe for conspiracy theories to flourish and gain traction. Common themes are that the virus was developed deliberately (leading to low trust and fear of a human or state enemy); that the impact is exaggerated to allow greater social control by governments (leading to resistance) or downplayed to benefit others (leading to low trust in authorities). Conspiracy theories are difficult to disprove and are only prevented from spreading when the national leadership instils trust and we-ness.

Crisis phases and communication strategy

Any crisis evolves in phases and it is essential to recognise these, and how strategy should be adapted to each phase. While there can be variance across countries, we would expect a crisis to pass through four main phases: pre-crisis, preparation, crisis and normalisation; the appropriate communication strategy for each is detailed below.

Pre-crisis, build-up phase

If a health crisis is seen as likely, messaging should emphasise internalising information to precondition the audience to the leadership's position related to the impending situation (Lim et al., 2018). New viruses can have a limited global

impact, impacting a single nation or region only, which was historically the case with H1N1, SARS and MERS. However, any outbreak should be considered as having the potential to have a global impact, and such a perspective aids preparedness should this be the case (Butler, 2009). Given the uncertainty of health risks, people need to know what is known and what is unknown, and they need to be constantly guided towards behaviour that helps protect their own and others' health. Hence even at the phase when a crisis might unfold it is important for those taking the lead to be first with their communication. The CERC manual (2018) argues, 'Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source.'

Within this early phase it is important to control the narrative, if not the information gap can be filled by alternative sources. Public health experts are usually dissatisfied with the way media report health issues, arguing the media focus on the more dramatic stories which gives their audience a distorted view (Coleman et al., 2011). Coverage can also be problematic if information is framed according to prevailing tropes determined by editorial policy, such as partisan or national interests. Hoffman-Goetz, Shannon and Clarke (2003) also argue that the way media cover health issues does not reflect the threats and is usually limited to focusing on mortality. New viruses are often reported as contained in a single area; the media give their audiences the role of passive observer to events happening in a far-off place (Jones et al., 2013). Hence the threat outside of that nation or region is perceived as minimal, with no preparedness despite the globalised nature of the world and the simplicity by which people, and viruses, spread through international travel.

Preparation phase

As build-up continues and a crisis becomes imminent, message emphasis should shift to instruction to prepare publics to respond with specific actions to the crisis. Again, being first is crucial as this allows the identification of a clear point of reference and the construction of a clear narrative. In order to avoid confusion, which can lead to loss of public trust, increased fear and anxiety and obstruction of response measures, coordinated message development and release of information between federal, state and local health officials is critical (Lim et al., 2018). It is also important to have a media management strategy in place as mass media become the main source for consistent trustworthy health information (Schwitzer et al., 2005) and are more important than interpersonal communication in raising awareness (Coleman et al., 2011). Hence the CERC principles highlight that in preparing for an outbreak, official sources must be quick to share information on how to help stop the spread and impact of a disease.

Given people remember the first information they hear during an emergency, this should come from credible sources who will consistently play a leading role: CERC argue the best spokespersons are health experts who can stay ahead of

possible rumours, even when the cause of the outbreak or other specifics are unknown. They are also best placed to provide information about the signs and symptoms of the virus, who is most at risk, the treatment and care options, and when to seek medical care. During this phase experts become innately newsworthy as media depend on scientists and doctors when reporting on health and science as they add credibility to journalists' stories (Ramsey, 1999).

While media play a critical role in providing life-saving information, they can also hold government institutions to account reporting for rather than about those affected. Hence governments need to ensure their message, and measures taken, are clearly explained to journalists to avoid reporting that contrasts the original message. Governments must present a solid case for alerting people to the danger of the crisis, allowing journalists to update audiences on developments and provide real life stories to aid understanding across the phases of a pandemic (Gunawardene & Noronha, 2007) and to shape behaviour. But official sources must provide 'localised specific information,' as without this journalists 'can compromise accuracy, perceptions of trust and relevance' (Hannides, 2015: 56) when drawing on a range of sources. Hence close working relationships between media outlets, governments and their nominated experts are crucial for ensuring public preparedness to take measures to protect themselves when a health crisis is imminent.

Crisis phase

When the health crisis hits, communication should remain focussed on instructing, as people need to engage in specific behaviours to get through the crisis. The way government officials develop a narrative or frame to encapsulate the crisis, the government's response and the role the public can play is of crucial importance. Hence official communication needs to provide guidance to the public on how to protect themselves, loved ones and others and build a wider sense of we-ness. Being right and being credible (CERC, 2018[2]) at this stage is crucial: 'Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps.' Information should be correct, succinct and not patronising but also empathetic. Communication should be timely, transparent, accurate and science based to build public trust and confidence. There is hence a need to 'minimize speculation, clearly state the strengths and limitations of current data, and avoid over-reassurance of the public' (Reynolds & Quinn, 2008). Building from the previous phase it is recognised there is an immediate, intense and sustained public demand for information from different actors (healthcare providers, policy makers, news media). Hence, all these stakeholders must work within an integrated framework. CERC principles highlight public health messages and medical guidance should be complementary and not contradictory. They cite the example: 'public health officials should not widely encourage people to go to the doctors if doctors are turning people away and running out of medicine for critically ill people.' Hence everything

should always be fact and sense checked as an incorrect message can lead to harmful consequences, lost credibility and the potential loss of trust in future messages. Clinicians need to be a part of the public dialogue answering questions. Five common, avoidable pitfalls emphasised by CERC (2018: 8) are (1) mixed messages from multiple experts; (2) information released late; (3) paternalistic attitudes; (4) not countering rumours and myths in real-time and (5) public power struggles and confusion. These impact negatively on the credibility of official sources, their messages and guidance and lead to negative perceptions towards the governmental response.

Olson and Gawronski (2010) asked, 'Why is it that some authorities, governments/administrations, and even entire regimes emerge from disasters more popular and politically stronger, while most appear to emerge less popular and politically weaker, sometimes fatally so?' Using a framework of ''Maslowian Shocks,' they suggested the public estimate a government's disaster response across six dimensions: capability, competence, compassion, correctness, credibility and anticipation. Capability refers to the resources available and mobilised and the extent these are efficient or deficient. Competence refers to the efficient and appropriate application of available resources. Compassion refers to whether communication demonstrates concern for and understanding of victims and their families. Correctness refers to perceptions of honesty in communication, fairness in allocation of resources and transparency in assistance. Credibility refers to the consistent and reliable provision of information. Finally, anticipation asks whether the crisis was avoidable, could better procedures have been in place to aid mitigation and preparedness, what is commonly referred to as disaster risk reduction (Olson & Gawronski, 2010). We argue that these estimations are based on perceptions and relate to three component parts of the response. Firstly, the official messaging, secondly, first-hand experiences and thirdly, second-hand or mediated experiences. These are all cornerstones of a communication strategy which are argued to unite a nation behind measures (Jetten et al., 2020) and are crucial during the crisis phase. Alongside these is emphasising representing us and doing it for us. 'Being quarantined can be disruptive, frustrating, and feel scary. Especially when the reason for quarantine is exposure to a new disease for which there may be limited information.' Hence 'Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control.'[3] Promoting action therefore involves simple, memorable messages that have a heuristic quality, such as 'cover your cough.' These messages need to be promoted in various ways to reach diverse populations (i.e. people with disabilities, different access to information, limited language proficiency etc.). Finally, following the CERC principles, communication must show respect, actively listening to local communities and local leaders and their issues and solutions, acknowledging different cultural beliefs and practices about diseases and not dismissing fears or concerns, giving everyone a chance to talk and ask questions and working with communities in order to adjust behaviours and promote understanding.

Normalisation phase

As the spread of a virus abates, restrictions should be lifted gradually and appropriately without giving an impression of contradiction and causing confusion. The framing narrative of we-ness needs to remain in place to ensure compliance with the revised restrictions and again governments must emphasise they are representing and doing it for 'us' and in the situation with us. As during the crisis phase, clear communication is necessary following those same rules of capability, competence, compassion, correctness, credibility and anticipation.

Conclusion

The above provides a framework for how political communication should be practised during a pandemic, recognising the potential pitfalls and what discourse and rhetoric should be avoided. Of course, this represents a perfect world scenario, however drawing on research in the fields of crisis communication, political communication and political psychology, it is possible to set up this theoretically based straw man. Our 29 case studies will explore the strategies employed within the WHO, 27 nations and the European Union. In our conclusion, we return to these concepts to draw together an analysis of the extent to which nations adhered to this framework, the extent global or supranational organisations provided leadership to enable national leaders and the extent that there is a correspondence between successes and failures and the outcomes across these nations.

Notes

1 https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf
2 https://emergency.cdc.gov/cerc/manual/index.asp
3 www.cdc.gov/media/releases/2020/t0214-covid-19-update.html.html

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