

EDITORIAL

Communication Strategies from a Medical Perspective in Health Emergencies and Conflict Settings

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The recent conflicts in the geopolitical landscape, if viewed from a medical standpoint, underscore health emergencies as one of the more complex challenges that societies face. Disruption of social systems and strain on healthcare infrastructure are experienced during natural disasters, pandemics, epidemics, and armed conflicts. While medical science provides the necessary tools to prevent and treat diseases, the effectiveness of these tools depends on how medical information and potential risks are communicated to the public.

'Risk communication' is a necessary component of emergency response, as it involves the exchange of information among experts, authorities, and communities about potential health threats, the adoption of preventive behaviors, and public health measures. It has a critical role in translating medical knowledge into actionable applications.¹ Challenges like misinformation, distrust in institutions, and the rapid spread of digital information which complicate public health messaging, are intensified in conflict settings.²⁻⁴ We know that medical knowledge is often technical, evolving, and in some instances uncertain, while the expectation on the public side is for clarity and stable guidance. When communication fails to reconcile these differences, public confusion and resistance emerges. The current evidence suggests what works and where, but not at what cost or through which specific mechanisms, especially in conflict-affected contexts where risk communication is most needed. Bridging the gap between medical science and public understanding remains a challenge; however, theoretical frameworks such as 'crisis and emergency risk communication (CERC), infodemic theory, trust theory, and humanitarian health communication' offer valuable insights to strengthen communication strategies.³⁻⁶

The CERC model given by the Centers for Disease Control and Prevention (CDC) has five stages with emphasis on clarity, empathy, credibility, and consistency.² The pre-crisis stage concentrates on preparedness, risk awareness, and trust building, highlighting the importance of speed and transparency.^{2,3} During the maintenance phase, communication involves continuous updates, addressing rumors, and reinforcing protective behaviours.²⁻⁴ The resolution phase focuses on insights, whereas the evaluation phase assesses the effectiveness of communication strategies.²⁻⁵

Effective communication strategies prioritize openness and consistency in health messaging. Trust is considered a central determinant of public compliance and is shaped by transparency, competence, honesty, and fairness.⁴⁻⁶ Trust operates on multiple levels: institutional trust in governments and health agencies; interpersonal trust in healthcare professionals; and informational trust in scientific evidence and media sources.

Wars and violent conflicts often lead to the destruction of health infrastructure, displacement of populations, and the spread of infectious diseases. These situations are commonly described as complex humanitarian emergencies.⁵⁻⁸ 'Humanitarian health communication' focuses on delivering health information in fragmented governance and limited institutional capacity, relying on community health workers, local leaders and organizations, and informal communication networks.⁵⁻⁸ These channels are considered more effective than traditional centralized communication because they operate within existing community relationships.

Together, CERC, infodemic theory, trust theory, and humanitarian health communication frameworks provide a comprehensive perspective on the role of communication and managing health emergencies in both stable and conflict-affected contexts. However, three distinct mechanisms explained by different approaches yield different results across contexts: the first is trust and preexisting relationships.⁵⁻⁸ Communication and

effectiveness depend heavily on pre-existing trust and relationships, as well as the broader infrastructure. Contexts in which trust is established before emergencies (through early integration into preparedness efforts and building on prior experience) show better outcomes than those that attempt to build trust during the crisis. Secondly, inconsistent information systematically undermines behavioral outcomes. The cacophony of messages from a lack of coordination leads to public confusion. However, information that is clear, consistent, and explicitly acknowledges uncertainties helps reduce misconceptions and improve protective behavior. The dose-response relationship suggests that information quality, not just quantity, drives effectiveness. Thirdly, superficial adaptation (translating materials) should aim to achieve deep cultural engagement by involving local leaders, using local languages, and addressing cultural beliefs. Overall, multicomponent strategies function effectively rather than a single component intervention.

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