



DO YOU SPEAK COVID-19?

The importance of language for effective communication across the response

In the COVID-19 pandemic, millions of marginalized people lack basic information about how to keep themselves and their communities safe and well. They include people who don't speak the dominant language where they live, people with no or low literacy, and people without access to different forms of communication. Some don't know what to do and why to do it. As a consequence, they might not be able to make informed decisions about how to behave - which won't slow the spread of disease. Marginalized people - like all - have a right to clear, accurate, and accessible information about the disease and response efforts. They need information in a language and format they understand. It must also be presented in a way that is relevant to them, and available in a channel they can access and trust.

Global response plans for COVID-19 identify risk communication and community engagement as a priority. That requires all responders to communicate effectively with communities, counter misinformation, and make sure people can hold them accountable. This brief outlines findings and recommendations on four key aspects to achieve these aims: language, format, relevant content, and channel.

Communicating in international lingua francas or national languages makes marginalized people more vulnerable. English, for example, is an official language in 35 countries. Yet only a minority of people in those countries learned English as a native language. Women, older people and people with disabilities in particular often have fewer educational opportunities and are less likely to speak or read a second language. People also tend to revert to speaking in their mother tongue in old age. Language barriers can leave these groups out of the loop. In the 2014-16 Ebola outbreak in West Africa, language was an obstacle to controlling the spread of the disease. An early shortage of information material for local language speakers and non-literate audiences left sections of the population in deadly ignorance, disproportionately affecting women.

The format in which information is presented affects how well it is understood. While even those who cannot read value written text, many people find pictorial, audio, and video content easier to understand. Accessibility for older people depends on design considerations such as larger fonts and good contrast. To convey the correct information, pictorial messaging should also reflect local culture and practices. As the disease is spreading rapidly in countries with lower literacy rates, effective communication depends on using a combination of formats.

Misinformation and mistrust flourish when communication doesn't clearly answer people's questions. To be useful, information must be tailored to the intended audience. It must respond to people's questions and concerns, not just give them instructions. And it must be clearly expressed using concepts, sentence structures and terminology that audiences are familiar with. Experience from previous disease outbreaks shows this is a key factor for communities' trust in and uptake of health guidance. The WHO also proposes several plain-language principles to make health content more understandable.

HOW DO YOU SAY, "SOCIAL DISTANCING" IN YOUR LANGUAGE?

Basic protective measures to limit the spread of COVID-19 include recommendations for "social distancing". This refers to a set of actions that reduce close contact between people in order to limit transmission of the virus. But translating this technical term has already been a challenge in many languages. Poor or inconsistent translations of key concepts can lead to confusion and stigmatization at best, and life-threatening decisions at worst. People might not seek treatment because they fear misunderstanding and being misunderstood - and being misdiagnosed with the disease as a result. In this case, "physical distancing" or "keeping your distance from other people" are alternative phrases that can help convey as much of the meaning as possible across languages, with simple words that people understand.

A two-way information flow must use locally preferred and trusted communication channels. Where infection control limits face-to-face communication, social media, SMS services, call centers, television, and radio will be essential channels. Yet these can risk exacerbating inequalities and feelings of exclusion for some marginalized groups. Women, older people, people with disabilities, and less educated people are less likely to have access to mobile phones and the internet. Recent research among Rohingya refugees in Bangladesh found that older women have very limited, independent access to information about COVID-19, with male relatives their only source. Reaching these groups means finding communication channels where they can share their own questions and concerns.

Governments and organizations involved in the COVID-19 response can increase their impact with a few practical actions.

- **Base risk communication and community engagement on language data.** To identify the most effective languages, formats, and channels for communicating about COVID-19, organizations should include four simple language questions in needs assessments and surveys. As part of TWB's COVID-19 response, we are making extant language data readily available. Language and literacy maps and datasets exist for DRC, Guatemala, Malawi, Mozambique, Nigeria, Pakistan, the Philippines, Thailand, Ukraine, and Zambia. We will release more datasets and data visualizations over the coming weeks and months on our COVID-19 webpage and the Humanitarian Data Exchange.
- **Provide coordinated, timely two-way communication in the right languages, formats, and channels.** Governments and organizations should develop content in the widest possible range of relevant languages and include formats suitable for the most vulnerable individuals and easy to update. All communication, whether in written, pictorial or audio formats, should follow accepted

plain-language principles designed to minimize reading effort. Governments and organizations should also coordinate and agree on words and phrases that best describe difficult concepts. In a rapidly evolving situation, this means going beyond a static message bank and engaging in active quality control of communication efforts. They should also ensure that communication channels and feedback mechanisms are accessible to speakers of marginalized languages.

- **Improve resourcing for language support across the response.** Governments and organizations should allocate resources to meet the information and communication needs of marginalized people. Some governments and organizations are making accurate information available in local languages. But addressing language barriers one piece of content at a time is resource-intensive and creates unnecessary duplication. Response-wide resourcing and collaboration can put two-way multilingual communication within reach of every organization involved in the response. It can ensure the right tools to communicate accurate information in local languages and with appropriate terminology are accessible to all. Language technology can also support multilingual communication at speed. Collective approaches such as the H2H Network-funded support package offer an efficient model for allocating limited resources.

We are in uncharted territory, and it remains to be seen how the disease will impact different communities. Yet it is clear that continuing to marginalize people by failing to address their information and communication needs will prevent the global response from being as effective as we all need it to be.



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for International
Development

This project was funded by the H2H Fund, a funding mechanism for H2H Network members, which is supported by UK aid from the UK government.

ABOUT TRANSLATORS WITHOUT BORDERS

Translators without Borders (TWB) is a non-profit organization offering language and translation support for humanitarian and development agencies, and other non-profit organizations on a global scale.

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