

The (Mis)management of Public Health Campaigns: A Critical Study of the Coronavirus Crisis in the Kingdom of Saudi Arabia

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Abstract

In Saudi Arabia, the emergence of a serious and sometimes fatal infection called Coronavirus, known as the Middle East Respiratory Syndrome (MERS), has triggered the Ministry of Health (MOH) to launch recent and ongoing health campaigns to fight Coronavirus, since the country has the highest Coronavirus cases in the world. Initial responses from the MOH left people confused by the mixed messages being provided and led to a distrust of the MOH until changes of command and policies took place. This article is a critical examination of how the MOH in Saudi Arabia has managed the Coronavirus crisis since the first diagnosis. It explores the MOH's crisis communication practices to contain this health crisis. Specifically, the article sheds light on the strategies that have been applied by the MOH to minimize the damage of such a risky crisis and assesses the effectiveness of the MOH's efforts to change the public's awareness, knowledge, attitudes and behaviors. Principles of crisis communication, an understanding of health campaigns and Grunig's two-way communication model serve as foundations for comparing and contrasting the MOH's initial efforts to its current "We Can Stop It" campaign. Lessons learned and recommendations for effective crisis health campaigns are provided.

Key Words: Coronavirus, Saudi Arabia, Crisis communication, Social media during crisis, Health campaigns, Two-way communication

Introduction

The Kingdom of Saudi Arabia witnessed the first case of Coronaviruses, or what is known as Middle East Respiratory Syndrome (MERS), in September 2012, which caused significant concern, fears, and outrage among Saudi people (CDC, 2016c; MOH, 2016; BBC, 2014). Although Coronavirus has hit many countries globally, Saudi Arabia has the highest Coronavirus cases in the world (CDC, 2016d; CDC, 2015b; MOH, 2016). The death toll caused by Coronavirus exceeded 80 in April 2014, putting the country at a higher emergency level and triggering officials to seek immediate and effective solutions to stop the spread. Tremendous waves of Saudi critics on social media put additional and substantial pressure on the Ministry of Health, further elevating the crisis. The death toll as of December 2016 exceeded 600.

The World Health Organization (WHO) defines the Middle East Respiratory Syndrome (MERS) as a "viral respiratory disease caused by a novel

Coronavirus" or MERS-CoV (WHO, 2015c, para. 1), and individuals who have MERS-Cov typically develop severe acute respiratory illness, like fever, cough, shortness of breath, congestion in the nose or throat, or even diarrhea (CDC, 2015a; MOH, 2016). The minister of health at the time of the outbreak said he had no idea why this disease was spreading and did not suggest any precautionary measures (Alomran, Knickmeyer, & Mckay, 2014). Saudi physicians criticized the mismanagement of information between the hospital, laboratories, and government departments, and coupled with the lack of transparency in informing the public, this became a communication nightmare for the MOH.

This article is a critical examination of how the MOH in Saudi Arabia has managed the Coronavirus crisis since the first diagnosis. Using Grunig's Theory of Excellence, the article explores the MOH's crisis communication practices to manage and control such a major health crisis that hit Saudi Arabia. The study is a critique of the strategies and actions that have been

implemented by the MOH to minimize the damage of such a risky crisis and assesses the effectiveness of the ministry's efforts to change the public's attitudes and behaviors.

Review of Literature

Crisis Communication

A crisis is a turning point that poses some degree of risk and uncertainty (Fink, 2000). A crisis may escalate the intensity of business operations, attract media or government scrutiny, jeopardize a reputation, or damage a bottom line of a company (Fink, 2000). Therefore, three evident threats can be created by a crisis, which are (1) "public safety", (2) "financial loss", and (3) "reputation loss" (Coombs, 2014a, para. 3).

Crisis management, on the other hand, is defined by Fearn-Banks (2007) as "a process of strategic planning for a crisis or negative turning point, a process that removes some of the risk and uncertainty from the negative occurrence and thereby allows the organization to be in greater control of its own destiny" (p. 9). Coombs (2014a) also defines crisis management as a "process designed to prevent or lessen the damage a crisis can inflict on an organization and its stakeholders" (para. 5). Coombs (2014b) suggests that an organization's crisis is divided to two types, operational and reputational. Operational crises, such as fires, explosions, workplace violence, accidents, and product harm etc. can cause interruption to organizational operations. Reputational crises, such as irresponsible behaviors by an organization's management, can harm the organization's reputation. While operational crises can have some serious threat to public safety, reputational crises usually are less likely to create a public safety threat (Coombs, 2014b). There are three phases of crisis management, which are pre-crisis, crisis response, and post crisis (Coombs, 2014a). A crisis response is "what the top management does and says after the crisis strikes" (Coombs, 2007, para. 13). Scholars suggest that a crisis response has two parts, 1-initial response, 2-reputation repair and behavioral intentions (Coombs, 2014a). An organization must provide quick, accurate, and consistent information and messages about the incident during the first phase. However, during the post-crisis phase, an organization must fulfill its promises to both the media and the public (Coombs, 2006; Coombs, 2007). Therefore, one of the best practices suggested by most scholars in the crisis communication field is to work with the media as a partner to overcome any type of crisis (Reynolds, 2002; Seeger, 2006). Working with the media during a crisis as partners will offer many benefits to an organization, including building a mutual relationship and lessening

the damage of the crisis (Veil & Ojeda, 2010; Seeger, 2006).

In most crisis situations, the public wants to understand and obtain some information in order to take some actions, like preventative actions regarding the crisis. Hence, it is important to provide the public with truthful and accurate information during a crisis to reduce people's frustration and concern (David, 2011; Fearn-Banks, 2007). To do this, two-way communication between an organization and its publics is critical. Grunig's Theory of Excellence Model, the theoretical foundation for this study, describes how communication and information flow inside and outside an organization and addresses the critical role of building mutual relationships between an organization and its publics (Grunig, Grunig & Dozier, 2006).

Scholars recommend organizations follow some important strategies to better manage a crisis. As Coombs (2006) stated after analyzing the crisis communication and management literature, three lessons are evident: be open, be quick, and be consistent. "Being quick" was the most recited lesson of crisis communication (p. 172). Coombs (2006) found that most crisis experts emphasized the significance of releasing information within the first hour of a crisis. Releasing information within the first hour means allowing stakeholders as well as the media to know what type of information an organization has about a crisis. As Flynn (2009) stated, it is not only about the first 24 hours that an organization should worry about; instead, in some cases, it is about the first 24 minutes and even the first 24 seconds. A crisis creates a demand for information, where journalists, the media, and the public need to know exactly what happened. A delay in getting information out to the public might lead to confusion among both the media and the public. Hence, it is important to provide a quick response to any type of crisis in order to fill the vacuum with facts. Otherwise, others will fill the vacuum with inaccurate information and speculations (Coombs, 2007).

Social Media During Crisis

Organizations should use social media in all crisis phases to look for any warning signs, to assess the efforts taken by the crisis management team, and to release key messages and updated information to target audience (Coombs, 2008). In some situations, like the Boston Marathon terror incident, social media was utilized first to release quick and reliable information about the crisis (Swann, 2013). Before the emergence of social media, organizations used to incorporate traditional media like newspaper, radio, and TV to release information to the public during a crisis. However, the existence of the Internet and emergence of

social media make it much easier for organizations to communicate with large audiences within a short period of time. Social media empowers many organizations to respond properly to a crisis, reach a large audience quickly, and engage the public in a mutual dialogue (Veil & Ojeda, 2010; David, 2011; Coombs, 2014a; Goldfine, 2011; Lerbinger, 2011; Baron, & Philbin, 2009; Coombs, 2014; Fearn-Banks, 2007; Coombs, 2007). The use of social media during a time of crisis provides rapid and clear communication, increasing the quality of decisions that are made by organizations to respond to a crisis (Coombs, 2014a). Social media also provides an interactive space in which all parties, such as victims, lawmakers, and the general public, can participate and interact during a crisis (Palen, 2008). It also allows an organization to control the type of information provided to the public and choose the appropriate time to release it (Driedger, 2008).

A study by Austin, Liu, & Jin (2012) found that people use social media during a crisis to check insider information in which people get information about a crisis more quickly than traditional media does. People use social media during a crisis to check on family and friends since the information provided by the social media is free to access and download. Sometimes a crisis, like an earthquake, could happen in another country, so people use social media to communicate with their family and friends to make sure they are safe. The main reason why people use social media in a crisis is that it is easy and convenient (Austin et al., 2012). Many organizations, as a result, have joined social media to interact with the public and provide them with accurate and truthful information. However, organizations must be prepared in advance to implement a strategic and comprehensive plan before, during, and after a crisis through multiple communication channels, including social media (Fearn-Banks, 2007; Veil & Ojeda, 2010; David, 2011).

Health Campaigns

A health campaign aims to enhance public health, promote healthy practices, or prevent unhealthy behaviors (Salmon & Atkin, 2003). According to Berthold, Skinner, & Turner (2016), the WHO defined public health as:

[All organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease (p.65).

Health campaigns, accordingly, aim to raise awareness and promote healthy behaviors through an organized set of communication activities among a target population (CDC, 2016a). Designing a public campaign, including a public health campaign, involves following four phases (formative research, strategy, communication, and evaluation) (Smith, 2009; Wilson & Ogden, 2008; Salmon & Atkin, 2003). Nonetheless, campaigns differ in the amount of information disseminated, time and duration, types of media used (e.g. radio, TV, social media), type of communication channels (e.g. interpersonal or organizational communication), employment of approaches to make social changes (e.g. education), and the level of analysis (e.g. focusing on community level) (Salmon & Atkin, 2003). Planning for health campaigns, henceforth, requires comprehensive understanding and careful planning for the message types (e.g. persuasive, instructional, or awareness messages), exposure and attention given to the campaign, amount of messages (e.g. how many messages attack the unhealthy behavior or promote the healthy behavior), intended audiences (e.g. youth), intended responses (e.g. change behaviors), and communication channels to make changes for individuals' behaviors (Salmon & Atkin, 2003).

A Snapshot From Around the World

Health campaigns are organized to educate individuals about healthy behaviors and promote preventive measures to stop diseases and infections. Throughout history, many organizations, like the WHO and United Nations (UNADIS campaign), launched many health campaigns and programs to end the AIDs virus (HIV) in sub-Saharan Africa. Because more than 70% of global HIV infections are located in sub-Saharan Africa (WHO, 2015a), numerous efforts have been taken to ensure the promotion of healthy behaviors and preventive measures among Africans to fight HIV infection. Raising awareness of preventive measures and encouraging individuals to follow healthy sexual behaviors, such as using condoms for males and females, is one of the strategies that has been implemented to fight HIV in Africa. UNADIS campaign, for example, utilized large electronic screens in stadiums during the Orange Africa Cup of Nations, Africa's most prestigious soccer event, to disseminate preventive health messages about HIV. South Africa, in cooperation with the UN, also launched a massive campaign in 2010 to fight HIV infection and increase individuals' awareness of AIDS. The campaign aimed to test around 15 million people for HIV. Upon taking the HIV test, each individual received 100 condoms, HIV counseling, and informational materials about HIV and safer sex

practices. The campaign also included a decrease in AIDs treatment (antiretroviral treatment) prices by 30% to encourage all individuals to take the test and fight the infection (UNAIDS, 2015).

As the WHO (2015) states, the Coronavirus is circulating mainly in countries inside the Arabian Peninsula, like Saudi Arabia as well as some Middle Eastern countries, such as Turkey and Egypt. However, Coronavirus has been seen in many Western countries, including Italy, France, Greece, Germany, and the United States (WHO, 2015b; CDC, 2016b). In Saudi Arabia, the emergence of a serious and sometimes fatal infection (MERS) has triggered the MOH to launch a public health campaign to fight Coronavirus since March of 2015.

Role of the MOH

The MOH in Saudi Arabia, established in 1951, aims to carry out all health affairs in the kingdom. The MOH is in charge for developing all regulations, laws, and legislation to all governmental and private health sectors in Saudi Arabia. It monitors and regulates health institutions' performance and offers health training to all health practitioners. According to the MOH (2014b), there are more than 462 hospitals and 2282 outpatient clinics in Saudi Arabia. The health in Saudi Arabia is given high priority by the government, and around 6% to 7% of the country's budget goes annually to the MOH to develop and enhance all health services provided to residents (MOH, 2014b).

In an effort to educate and increase awareness among people about different diseases, many health campaigns have been developed by the ministry to educate, increase awareness, and prevent diseases among people in Saudi Arabia. The MOH has utilized multiple communication channels to engage with the public and communicate with them in regards to all health issues, including both traditional and new media.

Theoretical Framework

Gruing's Theory of Excellence serves as the foundation for this work. The theory provides generic principles that may be applied worldwide and in different organizational settings such as governments, health, and profit and non-profit organizations (Grunig & Grunig, 2000). The theory describes the main characteristics of excellence in both management and communication processes of an organization by asking how public relations departments can make an organization more effective. Hence, public relations as a discipline is about organizing the communication process between an organization and its publics as well as how to make an organization more effective (Grunig, Grunig, & Dozier, 2006). Grunig, et al. (2002) described excellent public

relations as "managerial, strategic, symmetrical, diverse, and ethical" (p.306). Excellence theory posits four models that describe many public relations practices in different countries, cultures, and political systems (Grunig, et al, 2002). These are press agent or publicity, public information, two-way asymmetrical and two-way symmetrical. Each of the four models of public relations have different purposes and functions for an organization.

In this study, early communication efforts by the MOH are linked to the public information and two-way asymmetrical models communication. Not until the *We Can Stop It* campaign did Saudis see a shift in communication efforts to a two-way symmetrical model in which the MOH aimed to build mutual relationships with its public in a balanced way.

Method and Procedures

A case study is considered one of the most and common descriptive approaches in qualitative research (Stacks, 2002; Wimmer & Dominic, 2011). Stacks defined case studies as "in- depth studies of particular people, organizations, events, or even processes" (2002, p.71). Case studies utilized when researchers need to understand or explain certain phenomena, individuals, or groups. Researchers can use different types of data sources when conducting case studies, such as analysis of documents, observation, and interviews (Yin, 2009; Wimmer & Dominick, 2011). The MOH's handling of the coronavirus epidemic is an example of how researchers can use case studies to evaluate and offer insight about good and bad practices of the case under review (Stacks, 2002). The method also is appropriate in this situation to answer descriptive questions, like "what", or explanatory questions, such as "how" and "why" (Yin, 2009).

To answer these descriptive and explanatory questions, the researchers monitored the MOH communication efforts since the outbreak in 2012. This consisted of an analysis of the MOH timeline and the messages produced in relation to media and public responses. Using the Excellence Theory model the messages could then be discussed in a meaningful way.

One of the limitations of the case study approach is that the results are not generalizable to other cases.

Results

Initial Crisis Response

At the beginning of the crisis, the MOH did not reveal clear and updated information about the cases of Coronavirus and did not communicate properly with the public regarding MERS cases. For instance, during a news conference, the Minister of Health, Abdullah al

Rabeeah, told the public he had no idea why MERS was spreading across Saudi Arabia. He also stated that no medical reasons nor clinical measures were needed during pilgrims season despite the fact that Saudi Arabia hosts millions of people every year from all around the world for the Muslims pilgrimages (Alomran, Knickmeyer, & Mckay, 2014).

Additionally, there was mismanagement as well as nontransparent communication in which the MOH was not able to manage and take clear actions to overcome the crisis. Many Saudi physicians and some international virologists from many research centers stated that poor communications, as well as lack of accountability, have hindered Saudi Arabia's ability to handle such crisis (Reuters, 2014). The lack of communication and mismanagement between hospitals, government departments, and laboratories caused some delay in regards to reporting MERS cases, which intensified the issue according to some Saudi physicians (Reuters, 2014).

However, the deputy health minister, Dr. Ziad Memish, rejected all the allegations made by some researchers. He stated that the MOH has taken great scientific efforts with international health organizations to control the virus (Aljazeera, 2014). Memish was a key player in fighting MERS in Saudi Arabia and was well known among international health organizations, yet he was alleged by many international researchers of slow progress and process in regards to implementing health policies to combat Coronavirus, which resulted in him being fired (Aljazeera, 2014). As a result of mishandling and mismanagement of Coronavirus crisis, health minister Abdullah al Rabeeah also was fired from his position.

The turning point for the MOH came with the appointment of Dr. Adel- Fagih as a temporary minister and his use of multiple communication channels to inform the public about Coronavirus cases, including social media. The MOH also endorsed its official website and press releases as the primary sources of information when residents need any information related to Coronavirus in Saudi Arabia. The messages focused on raising awareness among all residents, educating them about the disease, and teaching them how to take precautionary actions to stop the widespread of the disease.

After appointing the new minister in April 2014, Dr. Adel M. Fakeih, people started to regain hopes in regards to changing and improving the MOH's policies of how it handles the crisis (Reuters, 2014). During the first days of his appointment, the new minister stated that the MOH would fight Coronavirus until the country is free from the virus (Al-Arabiya, 2014). In April 2015, Saudi Arabia designated Khalid Al-Falih, a former Aramco

chairman, as a new health minister. Today, the MOH continues to implement effective communication strategies to fight Coronavirus across the kingdom under Al-Falih's leadership.

The MOH Recent Efforts to Reduce Coronavirus

The MOH has taken significant steps to change and reform its policies by implementing new communication strategies and guidelines to reduce Coronavirus. After changing its communication strategies, the MOH stated that it "has put in place measures to ensure best practices of data gathering, reporting (and) transparency are strictly observed," and "to ensure that from now on, case information will be accurate, reliable and timely" (Reuters, 2014). The MOH has been in direct contact with the WHO and has provided detailed information in every MERS case, so it becomes available to both the public and scientists to study and investigate (MOH, 2014a). As an effort to gain the public's trust and regulate the situation, the MOH established a new Command and Control Center (CCC) in June 2014 that consists of many physicians, scientists, and experts in cooperation with international organizations, such as the WHO, to conduct research, control infection, manage clinical operations, and conduct data analysis in regards to MERS (MOH, 2016; Reuters, 2014). The CCC aims to monitor developing health issues across the kingdom, ensure that all these issues are managed with a systemic and comprehensive approach, and provide up-to-date information to the public.

Once the MOH started to provide accurate, reliable, and updated information about MERS cases, people in Saudi Arabia are witnessing drastic changes and improvements in how the MOH manages MERS and communicates with the public. Specifically, the MOH has started to be more open and quick in regards to releasing vital information to the public through multiple communication channels and in different languages. People started to trust the authority and become more engaged in MOH's preventative methods, especially on social media.

The recognition of the importance of communication to reduce Coronavirus led the MOH to launch a comprehensive public campaign called "We Can Stop it" on March 4, 2015. The aim of the campaign is to increase awareness of all residents of Saudi Arabia about Coronavirus and inform them about the best practices to prevent the spread of Coronavirus (MOH, 2016). The MOH uses traditional media and social media to reach different segments of society members. Delivering health messages through posters, brochures, and interviews with health experts are also taking place across the country. The campaign includes

dissemination of short videos via social media to deliver preventive and instructional health messages to stop Coronavirus from spreading, such as encouraging individuals to wash their hands with soap for at least 20 seconds, using scrutinizers, following a healthy diet to boost immunity system, avoiding camels, wearing masks, and demonstrating the appropriate way to sneeze. The MOH disseminates information in two languages, Arabic and English, however, residents who speak other languages can browse the MOH's website for more information (MOH, 2016).

Additionally, to increase the engagement of individuals in fighting Coronavirus, people are asked to link their Twitter accounts to the health campaign and the MOH will tweet updated health messages on behalf of all participants about Coronavirus once a week. The number of people participating in this activity has reached 8,480,718 people (MOH, 2016). The MOH also is cooperating with the Ministry of Education to educate students about some preventive measures that can reduce Coronavirus. The MOH has established school guidelines that educate parents, teachers, and students the proper ways of containing Coronavirus and how to prevent it, and health experts across the country are providing lectures to educate children and teachers. Many galleries and social events are taking place in schools, shopping malls, and across the country to educate the public regarding the preventive measures and the proper ways of fighting Coronavirus (MOH, 2016).

Likewise, as a way to increase the safety of all individuals in Saudi Arabia, the MOH has established strict guidelines and standards to manage Coronavirus in all hospitals. The MOH has designated several teams in the region to inspect all private and public hospitals to ensure high quality of health services are being provided to patients. As a result, a private hospital in Riyadh was shut down in February 2015 for ignoring the MOH's standards of how to contain Coronavirus. In effort of combating health and medical issues in Saudi Arabia, the MOH established a 24 hour hotline (937) to help residents and receive any complaints (Rasooldeen, 2015; MOH, 2016). The MOH has placed tough measures for all health facilities and clinics by issuing strict laws. Any health clinic, for instance, that does not report cases of Coronavirus will be shut down and their licenses will be revoked. Fines up to \$26,000 will be imposed on any health facility that does not report MERS cases to the MOH (Toumi, 2015). On April 8, 2014, King Fahad's emergency department in Jeddah city, for instance, was temporarily closed for one day for disinfection (Ross, 2014). Moreover, the MOH is imposing strict measures on all physicians and health professionals who have been in contact with

MERS patients and is banning them from traveling outside the country until two weeks from last contact with Coronavirus patients (Sophia, 2015). Certain hospitals in each region have been designated by the MOH to treat patients with Coronavirus as a way to limit the spread of the virus.

Assessment of the MOH's Efforts

Despite the many efforts that have been taken by the MOH in the KSA to reduce the outbreak, Coronavirus is still present in the country with new cases emerging from time to time. During the summer months of June 1-September 30, 2015, a sharp spike of Coronavirus hit the country with 233 confirmed cases (MOH, 2016). As of December 01, 2016, the number of Coronavirus cases in Saudi Arabia has reached 1,489 in which 618 people have died. Another 863 people have recovered, and 10 cases are under treatment. The MOH announces new Coronavirus cases and continues to use its website and website press releases as the main communication channels for the public to know and obtain updated information (MOH, 2016).

It is important to reevaluate the policies and plans that have been implemented in regards to fighting Coronavirus to better understand and solve the problem. Since most Coronavirus cases occur in health care facilities, the WHO (2015c) recommends stricter control measures and infection prevention to control the spread of Coronavirus in all health care facilities. The MOH must emphasize the importance of these measures and mandates all health workers to follow the standards, such as wearing masks and washing hands when treating all patients, regardless of their diagnoses, to prevent the spread of the virus. Occasionally a hospital closure is in the news because of Coronavirus, indicating a deficit in the infection prevention plan that must be reassessed. Even though it is not easy to identify a patient with Coronavirus, it is indispensable to take all precautionary measures with all patients to reduce Coronavirus. The MOH, for instance, might include some threat messages in their campaign about Coronavirus that will trigger individuals to take proper actions (e.g. more than 616 people died from Coronavirus, and you might be next!). The MOH should also incorporate billboards, especially on highways, to disseminate preventive health messages and some statistics about Coronavirus. High exposure of preventive health messages about Coronavirus will make individuals take the issue seriously and act upon it. The MOH also should conduct regular press conferences to address the current situation and emphasize the importance of individuals' cooperation to follow the recommendations, instead of only issuing press releases via the media and its website. These press conferences should be aired

live in all Saudi TV channels to increase the awareness among all residents about the issue. A successful and an ideal public campaign would be more likely to have significant cooperation and participation from the target audience. More importantly, conducting sustainable assessments before, during, and after the campaign is crucial to evaluate all efforts and strategies applied.

Conclusions

The initial response by the MOH to the Coronavirus outbreak in Saudi Arabia could best be described as both an operational and reputational crisis (Coombs, 2014). The virus became a serious threat to public safety, an operational crisis. At the same time, the MOH's reputation was damaged as it failed to provide timely, factual information at the beginning of Coronavirus crisis. As pointed out earlier, Minister of Health Abdullah al Rabeeah told the public in a news conference that he had no idea why MERS was spreading across Saudi Arabia and issued no preventive measures during the Muslims pilgrimage, where Saudi Arabia hosts millions of people every year from all around the world. It also appears that the MOH did not have a crisis management plan in place when the crisis started. If it had, as Fearn-Banks (2007) described earlier, the MOH would have removed some of the risk, uncertainty and negative public perception that resulted. Instead, the MOH lost credibility by not having planned key messages in the event of a health crisis. Better key messages would have included statements and updates, such as the MOH is working with physicians, researchers, and other officials to find the cause of the virus, and would have given people specific instructions, such as hand washing, that are applicable to the spread of any virus, not just Coronavirus. The MOH also should have had a prepared crisis management plan regarding visitors to the country and those leaving the country. At the beginning of the crisis, the messaging could have focused on the announcement of an outbreak and precautions that could be taken for those entering or leaving the country.

Internal communications also proved to be problem. Without agreement among key people within the MOH, information was severely mismanaged in an effort to respond quickly to the public. This was the case when Ziad Memish rejected all the allegations made by some researchers and asserted that the MOH took great scientific efforts with international health organizations to control the virus (Aljazeera, 2014). While it is critical that an organization's response to the public during the first phases of a crisis be quick, accurate and consistent, there must also be internal consistency among leaders, such as government, researchers and physicians, before key messages can be developed and released.

The absence of social media during the first phase of the crisis compounded the mismanagement of information. Coombs (2014) and other researchers suggest that an organization should use social media to release information about a crisis, and further suggests using social media before traditional media, something the MOH did not do initially. MOH was criticized for its lack of accurate and updated information to a large population, and the MOH website was quickly losing credibility. Incorporating social media during the first phase of the crisis would have been more effective in providing a mass audience with consistent key messages and timely updates.

Furthermore, the initial response to the crisis did not adhere to Grunig's two-way symmetrical model, instead providing a one-way flow of communication through press releases, website, and press conferences. Grunig, et al., (2006) have successfully argued over the years that the two-way symmetrical model makes an organization more effective and is the most ethical model in campaign development (Grunig & Grunig, 1992). It was not until Abdullah al Rabeeah was fired and a temporary (and later new minister of health) was appointed did significant changes in campaign planning and implementation take place. Best practices, as described by Salmon & Atkins (2003), include comprehensive understanding and careful planning for message types, exposure and attention given to the campaign, amount of messages, intended responses, and selection of communication channels.

A new Command and Control Center (CCC) improved internal communications with physicians, scientists, and experts cooperating with international organizations, such as the WHO, to conduct research, control infection, manage clinical operations, and conduct data analysis (MOH, 2016; Reuters, 2014). As a result, more consistent and accurate messages are being disseminated to the public.

Key messages have proven to be effective. The first was a pledge by the new minister that the MOH would fight Coronavirus until the country is free from the virus (Al-Arabiya, 2014). He also announced guidelines ensuring best practices of data gathering, reporting, and transparency of information. These include stricter control measures and infection prevention to control the spread of the virus in all health care facilities. Other key messages are providing the public with very specific actions to avoid getting and spreading the virus through the "We Can Stop It" campaign. This campaign is more comprehensive with its inclusion of traditional and social media, along with interactive educational lectures, videos, and demonstrations in schools.

In the “We Can Stop It” campaign, two-way communication has replaced the one-way model of the initial campaign. The emphasis on social media, especially Twitter, is allowing the public to be more interactive with the MOH. For example, the MOH tweets weekly updates on new cases and provides specific tips on how avoid the virus. People are then encouraged to retweet these health messages, providing all with consistent, accurate, and timely updates.

Although the virus has not been eradicated in Saudi Arabia, the MOH is now following best practices in crisis communication and management. They are taking immediate action, implementing a comprehensive crisis campaign, establishing new guidelines to preclude the spread of the virus, and reducing the number of deaths. This has been a journey that started out poorly but is now making a marked difference in the lives of the

people in Saudi Arabia. Lessons learned from this case study may benefit others in how to effectively develop crisis health campaigns, specifically the need to have trained personal and excellent leadership along with the development of key messages and multiple communication channels to better gain the public trust. Lessons from this case study could be useful for organizations around the world, especially in understanding the importance for two-way symmetrical communication during a crisis. After much public and media scrutiny, the MOH has shifted its communication efforts from public information and two-way asymmetrical models, deemed one-way communication, to two-way symmetrical communication that is based on mutual relationships, transparency, and trustworthiness.

References

- Al-Arabiya, (2014, June 26). *Saudi health minister: Coronavirus on the wane*. Retrieved on April 4, 2015 from: <http://english.alarabiya.net/en/News/middle-east/2014/06/26/Saudi-health-minister-Coronavirus-on-the-wane.html>
- Aljazeera, (2014, June 3). *Saudi Arabia announces 92 more MERS deaths, sacks deputy health minister*. Retrieved on June 6, 2014 from: <http://america.aljazeera.com/articles/2014/6/3/saudi-raises-mersdeathollandcases.html>
- Alomran, A., Knickmeyer, B, & Mckay, E., (2014, April 21). Saudi Health Minister Fired Amid Surge in Deadly MERS Virus: Official Said There Was No Medical Reason for Stricter Measures to Control the Disease. *The Wall Street Journal*. Retrieved on April 24, 2015 from: <http://www.wsj.com/articles/SB10001424052702304049904579516032023791644>
- Austin, L., Fisher Liu, B., & Jin, Y. (2012). How audiences seek out crisis information: Exploring the social-mediated crisis communication model. *Journal of Applied Communication Research*, 40(2), 188-207. doi:10.1080/00909882.2012.654498
- Baron, G., & Philbin, J. (2009). Social media in crisis communication: Start with a drill. *Public Relations Tactics*, 16(4), 12.
- BBC, (2014, May 12). Saudi fears rise over mystery virus. Retrieved on May 13, 2015 from: <http://www.bbc.com/news/world-middle-east-27337627>
- Berthold, T., Skinner J., & Turner, S., (2016). An introduction to public health. In T. Berthold (Eds. 2), *Foundations for community health workers* (p. 63- 82). San Francisco, CA: Jossey- Bass.
- Coombs, W.T. (2006). *Crisis management: A communication approach*. In Botan, C. & Hazelton, V. Public relations theory II (pp.171-198). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Coombs, W.T. (2007). Crisis management and communications. *Institute for Public Relations*. Retrieved on October 12, 2016 from: <http://www.instituteforpr.org/topics/crisis-management-and-communications/>
- Coombs, W.T. (2008). Crisis Communication and Social Media. *Institute for Public Relations*. September 04, 2016 from: <http://www.instituteforpr.org/crisis-communication-and-social-media/>
- Coombs, W. T. (2014a). Crisis Management and Communications. *Research Journal of the Institute for Public Relations*, 1(1). Retrieved on November 03, 2016 from: <http://www.instituteforpr.org/crisis-management-communications/>
- Coombs, W. T. (2014b). State of crisis communication: Evidence and the bleeding edge. *Research Journal of the Institute for Public Relations*, 1(1). Retrieved on July 17, 2016 from: <http://www.instituteforpr.org/state-crisis-communication-evidence-bleeding-edge/>
- David, G. (2011). Internal communication - essential component of crisis communication. *Journal of Media Research*, 4(2), 72-81.
- Driedger, S. (2008). Creating shared realities through communication: exploring the agenda-building role of the media and its sources in the E. coli contamination of a Canadian public drinking water supply. *Journal of Risk Research*, 11(1-2), 23-40.
- Fearn-Banks, K. (2007). *Crisis communications: A casebook approach*. Mahwah, N.J: Lawrence Erlbaum Associates.
- Flynn, M. K. (2009). First response: The importance of acting within minutes, not hours. *Public Relations Tactics*, 16(4), 13.
- Goldfine, E. (2011). Best practices: The use of social media throughout emergency & disaster relief (Doctoral dissertation, American University Washington, DC).
- Grunig, J. E., & Grunig, L. A. (1992). Models of public relations and communication. In J. E. Grunig (Ed.). *Excellence in public relations and communication management*, (pp. 285-325). Hillsdale, NJ: Lawrence Erlbaum Associates.

- Grunig, J. E., & Grunig, L. A. (2000). Public relations in strategic management and strategic management of public relations: Theory and evidence from the IABC Excellence project. *Journalism Studies*, 1(2), 303-321. doi:10.1080/14616700050028271
- Grunig, L. A., Grunig, J. E., & Dozier, D. M. (2002). *Excellent public relations and effective organizations: A study of communication management in three countries*. Mahwah, N.J: Lawrence Erlbaum. doi: 10.4324/9781410606617
- Grunig J. E., Grunig, L.A., & Dozier, D. (2006). The Excellence theory. In Botan, C. & Hazelton, V. *Public relations theory II* (pp.171-198). Mahwah, NJ. Lawrence Erlbaum Associates, Inc.
- Lerbinger, O. (2011). *The crisis manager: facing disasters, conflicts, and failures*. New York, NY. Routledge.
- Palen, L. (2008). Online social media in crisis events. *Educause Quarterly*, 31(3), 76-78. Rasooldeen, M., (2015, February 24). Hospital shut down for ignoring Coronavirus rules. *Arab News*. Retrieved on March 21, 2015 from: <http://www.arabnews.com/news/709136>.
- Ross, R., (2014, April 8). Saudi hospital MERS cases prompt temporary ER closure. *CIDRAP News*. Retrieved on March 19, 2015 from: <http://www.cidrap.umn.edu/news-perspective/2014/04/saudi-hospital-mers-cases-prompt-temporary-er-closure>
- Salmon, C. & Atkin, C. (2003). Using media campaigns for health promotion. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), *Handbook of health communication*, (pp. 449- 472). Mahwah, NJ: Lawrence Erlbaum Associates.
- Seeger, M. W. (2006). Best practice in crisis communication: An expert panel process. *Journal of Applied Communication Research*, 34(3), 232-244.
- Smith, R. (2009). *Strategic planning for public relations (3th ed.)*. New York, NY: Routledge.
- Sophia, M., (2015, February 16). Hospitals on alert as Saudi Arabia finds six new MERS Cases: Two people have died after being affected with MERS over the last two days, prompting fresh health warnings to prevent an outbreak. *Gulf Business*. Retrieved on April 16, 2015 from: <http://gulfbusiness.com/2015/02/hospitals-alert-saudi-arabia-finds-six-new-mers-cases/#.VZcKMs9RG-N>
- Stacks, D. (2002). *Primer of public relations research*. New York, NY: The Guilford Press.
- Swann, P. (2013, May 24). How the Boston Police used Twitter during a time of terror. *Public Relations Society of America*. Retrieved on February 22, 2016 from: [https://www.prsa.org/Intelligence/Tactics/Articles/view/10197/1078/How the Boston Police used Twitter during a time of terror#.VW4fWU3bKJk](https://www.prsa.org/Intelligence/Tactics/Articles/view/10197/1078/How%20the%20Boston%20Police%20used%20Twitter%20during%20a%20time%20of%20terror#.VW4fWU3bKJk)
- The Centers for Disease Control and Prevention (CDC), (2015a). MERS imported to US. Retrieved on August 21, 2016 from: <http://www.cdc.gov/features/novelcoronavirus/>
- The Centers for Disease Control and Prevention (CDC), (2015b). Update on the epidemiology of Middle East respiratory syndrome coronavirus (MERS-CoV) Infection, and guidance for the public, clinicians, and public health authorities. Retrieved on May 11, 2015 from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6403a4.htm>
- The Centers for Disease Control and Prevention (CDC), (2016a). Gateway for Health Communication & Social Marketing Practice. Retrieved on August 04, 2016 from: <http://www.cdc.gov/healthcommunication/index.html>
- The Centers for Disease Control and Prevention (CDC), (2016b). Middle East respiratory syndrome. Retrieved on July 26, 2016 from <http://www.cdc.gov/coronavirus/mers/US.html>
- The Centers for Disease Control and Prevention (CDC), (2016c). Middle East respiratory syndrome. Retrieved on September 14, 2016 from: <https://www.cdc.gov/coronavirus/mers/about/index.html>
- The Centers for Disease Control and Prevention (CDC), (2016d). Middle East Respiratory Syndrome Coronavirus (MERS-CoV). Retrieved on October 22, 2016 from: <http://www.cdc.gov/coronavirus/mers/index.html>
- The Ministry of Health- Kingdom of Saudi Arabia (MOH), (2014a). Ministry News: Fruitful cooperation between MOH, WHO, and CDC targeting control of MERS-CoV. Retrieved on June 18, 2015 from: <http://www.moh.gov.sa/en/Ministry/MediaCenter/News/Pages/News-2014-12-03-001.aspx>
- The Ministry of Health- Kingdom of Saudi Arabia (MOH), (2014b). Statistics Book. Retrieved on November 13, 2016 from: <http://www.moh.gov.sa/en/Ministry/Statistics/book/Pages/default.aspx>
- The Ministry of Health- Kingdom of Saudi Arabia (MOH), (2016). Command & Control Center. Retrieved on January 09, 2016 from: <http://www.moh.gov.sa/en/CCC/Pages/default.aspx>
- The World Health Organization (WHO), (2015a). HIV/AIDS. Retrieved on November 14, 2016 from: <http://www.who.int/mediacentre/factsheets/fs360/en/>
- The World Health Organization (WHO), (2015b). Global Alert and Response (GAR):Frequently Asked Questions on Middle East Respiratory Syndrome Coronavirus (MERS-CoV), Retrieved on September 23, 2015 from: http://www.who.int/csr/disease/coronavirus_infections/faq/en/
- The World Health Organization (WHO), (2015c). *Middle East respiratory syndrome coronavirus (MERS-CoV)*. Retrieved on October 14, 2015 from: <http://www.who.int/mediacentre/factsheets/mers-cov/en/>

- Toumi, H., (2015, February 24). Hospitals that do not report MERS cases to be shut down. *Gulf News*. Retrieved on March 02, 2015 from: <http://gulfnews.com/news/gulf/saudi-arabia/hospitals-that-do-not-report-mers-cases-to-be-shut-down-1.1461783>
- Reuters, (2014a, June 12). Insight- Saudi MERS response hobbled by institutional failing. Retrieved on June 17, 2014 from: <http://www.reuters.com/article/2014/06/12/saudi-mers-failings-idUSL5N0OR52G20140612>
- UNAIDS, (2015). South Africa launches massive HIV prevention and treatment campaign. Retrieved on December 12, 2015 from: <http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2010/april/20100423sacampaign>
- Veil, S. R., & Ojeda, F. (2010). Establishing media partnerships in crisis response. *Communication Studies*, 61(4), 412-429.
- Wilson, L. J., & Ogden, J. D. (2008). *Strategic communications planning: For effective public relations and marketing (5th ed.)*. Dubuque, IA: Kendall Hunt Publishing Company.
- Wimmer, R. & Dominick, J. (2011). *Mass media research: An introduction, 9th edition*. Boston, MA: Wadsworth.
- Yin, R. K. (2009). *Case study research: Design and methods(4th ed.)*. Los Angeles: SAGE