Media and Communication
2026 • Volume 14 • Article 11169
https://doi.org/10.17645/mac.11169

cogitatio

ARTICLE

Open Access Journal

# Risk and Crisis Communication During Covid-19 in Algeria: Planning and Practice Evaluation

Yahia Benlarbi [1] and Samira Belghitia [2]

[1] College of Media and Public Relations, Liwa University, UAE
[2] College of Arts, Humanities, and Social Sciences, University of Al Dhaid, UAE

**Correspondence:** Yahia Benlarbi (yahia.benlarbi@lu.ac.ae)

**Submitted:** 18 August 2025 **Accepted:** 17 December 2025 **Published:** 29 January 2026

**Issue:** This article is part of the issue "Communicating Risk, Trust, and Resilience Among Diverse and Marginalised Populations" edited by Ian Somerville (University of Leicester) and Jenny Zhengye Hou (Queensland University of Technology), fully open access at https://doi.org/10.17645/mac.i507

## Abstract

This study evaluates Algeria's communication strategy during the Covid-19 pandemic by examining the alignment between the national Preparedness and Response Plan and the communication practices implemented throughout the crisis. Using a qualitative descriptive approach, the study relies on documentary analysis of governmental communication plans, official statements, media coverage, and scholarly literature on risk and crisis communication. The findings show that although Algeria adopted a structured communication framework consistent with international guidelines—such as transparency, rumor monitoring, and expert mobilization—its implementation encountered several institutional and communicative challenges that limited overall effectiveness. Key obstacles included fluctuations in public trust due to inconsistencies in epidemiological reporting and delays in clarifying technical errors, in addition to uneven media coordination, limited opportunities for two-way communication, and a predominantly expert-centered, one-directional messaging style. The analysis further demonstrates that access to official information was significantly more restricted among marginalised populations, including rural communities, residents of "shadow areas," low-income households, migrants, and persons with disabilities. Digital gaps, infrastructural constraints, and linguistic or cultural barriers shaped how these groups received, interpreted, and acted upon risk messages, underscoring that the effectiveness of communication during the pandemic depended not only on message clarity but also on inclusiveness, equity, and access. The study concludes that effective crisis communication requires more than technical accuracy: It must integrate principles of social equity, community engagement, and message adaptation to the needs of marginalised groups. Strengthening transparency, improving coordination between authorities and media, expanding community-based communication channels, and ensuring equitable access to information emerge as essential components for enhancing public trust and societal resilience during future health emergencies. The Algerian experience ultimately demonstrates that structural communication gaps disproportionately affect vulnerable groups and that evaluating the success

of risk communication efforts requires careful attention to how marginalised populations access, understand, and act upon public-health information.

**Keywords**
community engagement; Covid-19; crisis communication; risk communication; trust-building

## 1. Introduction

The Covid-19 pandemic, declared by the World Health Organization (WHO) on 30 January 2020 as a Public Health Emergency of International Concern, reshaped public-health governance worldwide and imposed new demands on national communication systems. In Algeria, the pandemic prompted the activation of crisis-management structures and the adaptation of the 2009 H1N1 preparedness plan to the novel coronavirus. Effective communication became a strategic requirement for guiding public behavior, promoting preventive measures, countering misinformation, and preserving institutional trust during a period marked by scientific uncertainty and heightened public anxiety.

Risk and crisis communication models emphasize transparency, timeliness, and public engagement—components that shaped the success or limitations of many national responses. In the Algerian context, understanding how these principles were implemented requires not only examining the institutional arrangements of communication, but also assessing how different social groups, particularly marginalised populations with limited access to official information, experienced and responded to the evolving risk messages. Such groups often rely on alternative communication channels, face structural barriers to information access, and exhibit distinct patterns of risk perception, making them a critical lens for evaluating the inclusiveness and reach of national communication efforts.

Accordingly, this study examined the following question:

> What communication strategy did Algeria adopt during the Covid-19 pandemic, and how effective was it during the preparedness and response phases?

The analysis focused on identifying the institutional actors responsible for communication, examining the implementation of communication procedures, and assessing challenges related to trust-building, rumor management, communication capacity, and outreach to vulnerable populations, whose experiences provide essential insights into the equity and effectiveness of crisis communication systems.

The evaluation drew on WHO's risk communication and community engagement (RCCE) principles, Fischhoff's developmental stages, and Sandman's Hazard + Outrage model to assess how communication structures interacted with public perceptions, institutional trust, and the information needs of various population groups, including those at the margins of the communication system.

## 2. Risk Communication, Crisis Communication, and Conceptual Instability

Risk and crisis communication constitute two closely related yet distinct fields within communication studies, both of which have evolved significantly over the past four decades. The theoretical literature has sought to clarify the purposes, practices, and conceptual boundaries of each field, particularly in the context of public-health emergencies where uncertainty, time pressure, and public anxiety converge.

One of the early institutional definitions of risk communication is provided by Health Canada (2000), which describes it as "any exchange of information related to the nature, form, severity, and acceptance of risks to health or the environment," emphasizing the importance of identifying the information that concerned parties need and presenting it clearly and accessibly. This foundational definition reflects an early focus on information clarity and message comprehension as central components of effective risk communication.

Building on this foundation, Ortwin Renn—a leading scholar in the field—proposes that risk communication serves three core functions: informing, with the aim of modifying knowledge; persuading, with the aim of influencing behaviors and attitudes; and consulting, which involves engaging stakeholders and acknowledging their concerns (Renn, 1998). Renn's framework marked an important shift from linear, one-way information dissemination toward more interactive and participatory approaches that recognize the importance of audience perceptions.

In the Algerian context, earlier empirical research highlighted the limited effectiveness of participatory risk communication between local authorities and civil society organizations, pointing to structural, cultural, and institutional barriers to dialogue (Benlarbi, 2015), This shift has implications for marginalised populations, whose perceptions of risk are shaped not only by scientific information but also by socio-economic vulnerabilities, cultural norms, and unequal access to communication channels.

In the context of public-health emergencies and humanitarian crises, including the Covid-19 pandemic, the literature converges on the idea that effective communication enables at-risk populations to understand prevention and response measures, limit disease transmission, and reduce human and material losses. At the same time, it enables authorities to better understand public fears, information gaps, and cultural considerations, thereby enhancing the relevance and acceptability of official messages. These dynamics become even more critical when addressing marginalised communities that face structural barriers to accessing timely and credible information, such as digital divides, linguistic constraints, or peripheral geographic locations.

Although risk and crisis communication share overlapping aims, literature maintains a conceptual distinction between them. Risk communication is generally associated with potential or future events, with emphasis on prevention, preparedness, and informed decision-making. Crisis communication, by contrast, responds to events already underway, requiring rapid information flow, clear guidance, and prompt corrective measures. According to the WHO (2017), crisis-communication plans must be routinely updated and embedded within institutional activities to ensure readiness during emergencies.

However, the conceptual boundaries between the two fields have become increasingly fluid. Heiderich (2011) notes that crisis communication has experienced growing conceptual instability due to the

emergence of new practices such as "sensitive communication," which blurs distinctions with risk communication. Similarly, Lundgren and McMakin (2018) emphasize that care communication, consensus communication, and crisis communication have become intertwined as public-health emergencies demand more integrated and adaptive approaches. This fluidity underscores the importance of considering how communication models address diverse audiences, including groups that historically remain at the margins of formal communication structures.

Recent crisis communication literature further emphasizes that effective crisis response requires integrated strategies combining institutional coordination, media management, and audience engagement rather than relying solely on top-down information dissemination (Benlarbi, 2023).

A prominent theme in contemporary literature concerns the proliferation of misinformation and disinformation during crises. During Covid-19, the rapid spread of false or misleading information—what the WHO (2020a) termed an infodemic—posed significant challenges for communication authorities. Research shows that misinformation not only distorts risk perceptions but also undermines trust in institutions, complicating public-health responses and disproportionately affecting marginalized populations that rely more heavily on informal information networks.

Across risk and crisis communication scholarship, trust emerges as a central determinant of message effectiveness. Studies consistently show that well-designed communication interventions fail when the public does not trust the information source. Trust is shaped not only by message accuracy but also by the historical relationship between institutions and communities, cultural expectations, political context, and perceptions of fairness. These factors are particularly important for marginalised groups whose interactions with institutions may be shaped by long-standing socio-economic inequalities.

Consequently, contemporary models emphasize community engagement, transparency, acknowledgment of uncertainty, and dialogue with affected populations—including underserved and hard-to-reach communities—as essential components of communication in emergencies. These principles aim to ensure that communication strategies do not overlook populations with limited access to digital platforms, reduced media exposure, or heightened vulnerability to misinformation.

Overall, the literature reveals a field characterized by continuous development and conceptual fluidity. The rapid transformation of communication technologies, the rise of digital platforms, and the global experience of the Covid-19 pandemic have intensified debates regarding definitions, roles, and best practices. This evolving landscape has contributed to what scholars describe as conceptual instability, in which traditional distinctions between risk and crisis communication are increasingly blurred. Understanding these theoretical dynamics is essential for evaluating national cases—such as Algeria's experience during Covid-19—and for assessing the extent to which communication strategies align with established models and address the needs of diverse population groups, particularly those positioned at the margins of the communication system.

## 3. Methodology

This study employed a qualitative descriptive design based on systematic documentary analysis supported by field observations conducted between February 2020 and December 2021. The corpus consisted of four categories of publicly accessible materials:

1. Algeria's Preparedness and Response Plan for Coronavirus Risk: Covid-19 (General Directorate for Prevention and Health Promotion [GDPHP], 2020);
2. Official ministerial statements and outputs of the National Scientific Committee;
3. National media coverage, including televised briefings and specialized press reports;
4. WHO RCCE guidelines, complemented by relevant scholarly literature.

A qualitative content analysis was applied in three stages. First, all documents were reviewed to identify segments related to transparency, trust-building, rumor management, communication procedures, and outreach to vulnerable or hard-to-reach populations. Analytical attention was given to how communication practices affected marginalised groups—such as rural communities, residents of "shadow areas," migrants, low-income households, and persons with disabilities—since their experiences provide essential indicators of inclusiveness and equity in crisis communication.

Second, the selected segments were coded according to analytical categories derived from the theoretical framework, including trust dynamics, message framing, institutional coordination, and accessibility of information across different population groups.

Third, the coded material was compared with the communication components outlined in the Preparedness and Response Plan to assess the degree of alignment between planned strategies and their practical implementation.

Field observations—limited to monitoring public briefings, televised announcements, and media discourse—were used to contextualize documentary findings and identify gaps between official communication and public reception. No human participants were involved, and only publicly available materials were used. Consequently, no personal data were collected, and no ethical risks were encountered.

## 4. Algeria's Approach to Managing Covid-19 Crisis Communication

The Preparedness and Response Plan for Coronavirus Risk: Covid-19, published by the "Surveillance Unit" at the Ministry of Health, served as the primary governmental document examined in this study. Issued at the end of March 2020 and comprising 114 pages, the plan outlined Algeria's national strategy for managing the emerging pandemic (GDPHP, 2020). The analysis focused on the first year of the pandemic, during which the plan guided preparedness actions and communication activities nationwide.

### *4.1. Communication Strategy in the Preparedness and Response Plan*

The communication strategy outlined in the Preparedness and Response Plan was grounded in principles widely applied during major public health emergencies. It emphasized that communication efforts should

remain proportionate to the level of viral transmission and continuously adapt to the evolving epidemiological situation. The plan prioritized communication targeting groups most exposed to infection risks and underscored the importance of providing objective, transparent, and regularly updated information. It further highlighted the need to support measures implemented by public authorities—particularly those addressing vulnerable groups—while encouraging citizen participation in prevention and mitigation efforts. According to the plan, effective communication required a strong and sustained media presence across both traditional and digital platforms, with messages adjusted in response to changing local and global developments.

Within this framework, communication activities were operationalized at both national and international levels. Nationally, cooperation with television, radio, and print media was used to strengthen public awareness, particularly among travelers. The Health Sector Guide documented key messages that were continuously revised in line with the evolving epidemiological context, while communication channels and content were adapted to different phases of the pandemic and tailored to specific audiences, including health professionals, maritime and air-transport staff, media personnel, and the general public. Internationally, communication activities were extended to the WHO in compliance with the International Health Regulations, ensuring timely reporting of Algeria's epidemiological situation and alignment with global surveillance and response mechanisms (GDPHP, 2020, p. 27).

Training constituted a central pillar of the communication strategy and was implemented across all 58 provinces. Health-sector personnel—including physicians, nurses, laboratory staff, maintenance workers, and medical-transport teams—received targeted training on transmission risks, preventive measures, and task-specific procedures. In addition, non-health professionals, such as national security personnel, civil-protection units, and aviation staff, were also trained due to their potential exposure to infected individuals (GDPHP, 2020, p. 29).

Despite this comprehensive strategic design, the plan assigned the health sector the responsibility for coordinating interventions with other sectors without clearly defining a formal hierarchy for crisis governance (GDPHP, 2020, pp. 19–22). This limitation was later clarified through official communication, notably in a televised interview by the Minister of Communication during World Press Freedom Day 2020. The minister explained that Covid-19 crisis management operated across three hierarchical levels: a strategic level under the President of the Republic through the Supreme Security Council and the Government; a tactical level involving the Minister of Health, the Minister of Communication, the Minister of Pharmaceutical Industries, the monitoring and follow-up cell, official spokespersons, and epidemiology specialists; and an operational level engaging the Ministry of Health's supply cell, public-health directors, and provincial committees ("Wazīr al-ittiṣāl li-l-idhāʿa," 2020).

### *4.2. The Covid-19 Communication Plan*

The national plan included a dedicated two-page communication plan annexed to the main document. It was organized into three phases—preparedness, response, and follow-up/evaluation—each composed of six components: objectives, responsible parties, procedures, activities, communication tools, and evaluation indicators.

#### 4.2.1. Preparedness Phase

During the preparedness phase, the plan identified four objectives (GDPHP, 2020, p. 110): detecting and anticipating communication crises related to Covid-19; informing and educating the public; strengthening the capacities of communication professionals; and identifying key actors. To achieve these aims, the vigilance cell monitored media and social-network content using thematic monitoring mechanisms, vigilance memos, press reviews, lists of media institutions, and designated spokespersons. Indicators included the number of observations and identified spokespersons.

The Ministries of Health and Communication prepared key messages tailored to various target groups, relying on websites, press releases, posters, brochures, television and radio spots, social-media content, and FAQs. Indicators included the number of press releases, posters, public interventions, and media products created. Additionally, the Ministries of Health, Communication, Religious Affairs, and National Education organized training sessions for health workers, media professionals, and religious leaders. Indicators tracked included the number of training sessions, awareness days, and trained participants. Cross-sectoral meetings were organized to identify and mobilize relevant partners, with indicators such as meeting minutes and lists of experts by sector and province.

#### 4.2.2. Response Phase

In the response phase, the plan focused on two primary objectives (GDPHP, 2020, p. 111): building and maintaining public trust and detecting and managing rumors. Transparent communication was required through timely reporting of the first confirmed case, organizing regular media briefings, and mobilizing scientific experts for public reassurance. Indicators included the number of press conferences, press releases, televised and radio programs, and detected rumors. Rumor surveillance mechanisms included systematic media monitoring, identifying rumor sources, issuing clarifications, and mobilizing official spokespersons and credible actors. Indicators monitored included the number of captured rumors, the responses issued per rumor, and the identified sources of misinformation.

#### 4.2.3. Follow-Up and Evaluation Phase

The follow-up and evaluation phase aimed to produce weekly reports assessing communication activities, including circulars, press statements, conferences, and updates across official websites. A final report summarizing lessons learned and recommendations served as the primary indicator of success. The plan underscored that although lessons in risk communication are often derived retrospectively, the ongoing nature of the pandemic required continuous evaluation and regular updates according to the evolution of the virus (GDPHP, 2020, p. 111).

## 5. Evaluation of the Algerian Experience in Managing Covid-19 Crisis Communication

The evaluation of Algeria's experience in managing communication during the Covid-19 crisis reveals several issues related to trust-building, the institutional positioning of communication within national leadership structures, and the discrepancy between the principles of risk communication outlined in theoretical models and the practices adopted during the pandemic. This gap between planning and practice echoes broader

critiques of crisis communication in Algeria, where institutional messaging has often struggled to balance reassurance and transparency during emergencies (Benabid, 2020).

A comparison between the communication components outlined in the Preparedness and Response Plan and the communication practices implemented in reality highlights a clear gap between planning and implementation—an issue widely documented in the literature on risk and crisis communication (Fischhoff, 1995; Sandman, 2012; WHO, 2017).

### *5.1. The Issue of Building and Maintaining Trust*

Trust constitutes the foundation of effective communication during health emergencies. The literature consistently emphasizes that even the most accurate messages fail if the public does not trust the source (Sandman, 2012; WHO, 2017). Although Algeria's plan emphasized transparency, early announcements, and mobilization of scientific experts, several events weakened trust, including:

a. Irregularities in reported death figures, acknowledged by the Minister of Health, who stated that some deaths were recorded as Covid-19-related despite being due to other causes, whereas others were not recorded due to delayed test results ("Ben Būzīd yakshif sabab," 2020).
b. Public confusion regarding laboratory testing, particularly concerning the reliability of PCR tests and the misuse of CT scans or rapid serological tests, against which the Ministry of Health issued warnings ("Ben Būzīd yuʾakkid," 2020).
c. Public controversy following the government's call for financial donations, which some perceived as evidence of institutional weakness in managing the crisis (Qaddarah, 2020).

Such inconsistencies undermined the plan's trust-building objective, particularly since WHO guidelines stress that trust relies on message consistency, acknowledgment of uncertainty, qualified spokespersons, and transparent communication (WHO, 2017, p. 76).

Media coverage also played a role in shaping trust dynamics. Conflicting figures published by national newspapers led the Ministry of Communication to call for strict adherence to official sources. The ministry further criticized certain media coverage—such as that of the daily Liberté—for exaggerating the situation and causing public alarm ("Le ministère de la Communication," 2020).

Comparative international data highlight that trust levels varied globally, with northern European countries recording significantly higher trust rates than countries such as Italy, Spain, and the UK ("Al-ḥajm lā yuhimm," 2020). In this context, Algeria's fluctuating trust levels reflected operational, institutional, and communicative challenges that complicated the achievement of the plan's trust-related objectives.

### *5.2. The Issue of Integrating Risk Communication in National Leadership Planning and Implementation*

The Algerian experience indicates that communication did not occupy a central position within the national crisis-leadership structure. Although the state established several committees—such as the National Health Security Agency and the Operational Investigation and Follow-Up Cell—these entities largely lacked specialists in communication, sociology, psychology, digital media, and organizational

communication, which limited the effectiveness of communication during the crisis. Moreover, key elements of strategic communication planning were not fully integrated, including a clear communication vision, systematic audience segmentation and analysis, explicit identification of stakeholders, and impact-driven evaluation mechanisms.

Instead, the plan relied largely on quantitative indicators, such as the number of meetings, awareness sessions, or training days—indicators that do not measure communication impact or behavioral change among the population. WHO guidelines underscore that communication in emergencies should be evaluated based on outcomes such as changes in knowledge, trust, and public adherence, not simply on activities conducted (WHO, 2017).

Additionally, risk communication functions were not systematically integrated across the three crisis-management levels—strategic, tactical, and operational—which limited coordination, slowed information flow, and reduced the coherence of messages delivered to the population.

### *5.3. The Issue of Practicing Risk Communication During the Coronavirus Crisis*

#### 5.3.1. Monitoring and Follow-Up Committee: One-Way Communication

The National Scientific Committee and the Ministry of Health conducted daily press briefings to update the public. While these efforts were important, they primarily focused on reporting numerical data rather than fostering two-way communication or addressing public concerns ("Kūrūnā fīrūs: naḥwa al-iʿlān," 2020). According to Fischhoff's developmental stages (1995), this approach corresponds to the early stages of risk communication—"providing the numbers" and "explaining what the numbers mean"—while more advanced stages emphasize partnership, engagement, and responding to public perceptions.

Thus, communication remained largely one-directional, limiting opportunities for dialogue, feedback, or community involvement, despite the importance of such mechanisms in crisis communication.

#### 5.3.2. Crisis Communication Discourse: Expert-Centered Messaging

Official messages during the crisis centered predominantly on expert perspectives, focusing on virological information, transmission mechanisms, and clinical severity. However, this approach did not sufficiently account for public risk perception, which is shaped by cultural, psychological, economic, and informational factors (Bennett & Calman, 1999; Sandman, 2012).

Studies conducted during the Covid-19 pandemic demonstrate that social media significantly shapes public risk perception, often amplifying uncertainty, fear, and emotional responses, which can complicate institutional crisis communication efforts (Malecki et al., 2021). A clear mismatch emerged between expert definitions of risk and how the public perceived that risk, contributing to behaviours such as denial of infection, resistance to quarantine, refusal to comply with preventive measures, and stigmatization of infected individuals. This pattern aligns with Sandman's model, which conceptualizes risk as the sum of hazard and outrage, emphasizing that emotional and social reactions shape public interpretations of risk as much as, if not more than, scientific information.

### 5.3.3. Risk Communication With Marginalised Populations

From a rights-based perspective, access to accurate and timely health information during emergencies is considered a fundamental obligation of governments, particularly toward vulnerable and marginalized populations ("Abʿād ḥuqūq al-insān," 2020).

The Covid-19 pandemic in Algeria revealed significant inequalities in risk communication and access to public-health measures, particularly among marginalized populations. These disparities underscored the importance of equity and audience segmentation—two principles emphasized in international risk communication frameworks, including WHO's RCCE guidelines and Sandman's model, which highlight that effective communication requires adapting messages to the needs, vulnerabilities, and perceptions of different population groups.

First, *rural and mountainous communities*—including those in the Aurès, the High Plateaus, and residents of "shadow areas"—had limited access to official awareness campaigns, which relied predominantly on television and digital platforms despite weak internet infrastructure. Consequently, local radios, mosques, and community associations became the primary channels of information dissemination (Idres & Lassassi, 2024). Despite these structural constraints, rural households demonstrated forms of community resilience, such as local agricultural exchange and volunteer initiatives to produce masks and sanitizers (Leonardelli et al., 2021). The Algerian government allocated nearly 184 billion DZD to improve living conditions in over 15,000 shadow areas—covering around 8 million inhabitants—through projects targeting water, electricity, transport, and healthcare (Yahi, 2020). However, critical analyses argue that these areas remained insufficiently integrated into national health-response protocols, widening the trust gap between citizens and state institutions (Romi, 2021). In response, solidarity caravans and cultural awareness campaigns were deployed in provinces such as Saïda and Mila, offering combined medical, psychological, and social support, and achieving notable levels of compliance with preventive measures ("Inṭilāq qāfilat musāʿadāt," 2020).

Second, *migrant populations*—especially those from sub-Saharan Africa—faced linguistic and cultural barriers, as official health messaging was delivered primarily in Arabic and French. This increased their vulnerability to misinformation and hindered access to official recommendations. The situation of refugee and displaced populations further illustrates the communication challenges faced by humanitarian actors during the pandemic, as movement restrictions and limited access to services intensified exposure to health and economic risks (United Nations High Commissioner for Refugees et al., 2020). In response to these barriers, civil society organizations sought to bridge communication gaps by translating health guidance into local languages, particularly for marginalized populations with limited access to official information ("Abʿād ḥuqūq al-insān," 2020). Algerian expatriates in Europe were also affected by border closures, experiencing emotional strain and contributing to economic losses in rural communities dependent on remittances and seasonal tourism ("Kūrūnā tuʿaṣṣif bi-al-Jazāʾir," 2020).

Third, *persons with disabilities* encountered barriers to accessing information due to the absence of sign-language interpretation and adapted communication formats in early official broadcasts. Subsequent measures—such as the introduction of televised sign-language interpretation—improved inclusiveness and helped restore trust among this group (WHO, 2020b). Additional assistance from the United Nations included the distribution of over 50,000 masks, 1,500 liters of sanitizer, and 225 mobility and hearing aids (United Nations Algeria, 2020).

Fourth, *residents of low-income neighborhoods* were exposed to misinformation, rumors, and reliance on popular remedies, reflecting limited trust in official discourse and reduced access to credible information sources. Grassroots initiatives, including those led by imams and neighborhood committees, played a crucial role in delivering preventive messages in accessible language (WHO, 2020a). Complementary studies show that the pandemic exacerbated poverty among informal workers, women, and vulnerable households, exposing structural limitations in existing social protection mechanisms and emphasizing the need for broader reform ("Azmat Kūrūnā tuʿammiq," 2020).

Taken together, these cases demonstrate that the effectiveness of Algeria's risk communication strategy during Covid-19 depended not only on the clarity of official messaging but also on its ability to reach, engage, and respond to marginalized populations—an essential principle in the theoretical literature on risk communication, which stresses the role of trust, inclusion, and contextual adaptation. Strengthening institutional resilience and community trust therefore requires integrating these vulnerable groups into national development plans and public-health strategies, consistent with WHO guidelines emphasizing equity and community engagement as central pillars of emergency communication

## 6. Conclusion

This study assessed Algeria's communication strategy during the Covid-19 pandemic through an evaluation of the national Preparedness and Response Plan and the communication practices implemented throughout the crisis. The findings revealed that while Algeria developed a structured and comprehensive plan aligned with international recommendations, its implementation encountered several challenges that limited the effectiveness of crisis communication.

A central challenge concerned public trust, which was undermined by inconsistencies in reported case and mortality data, delays in clarifying technical errors, and the absence of systematic two-way communication mechanisms. These issues align with theoretical models such as Sandman's Hazard + Outrage framework and WHO's RCCE principles, which emphasize that trust, transparency, and acknowledgment of uncertainty are essential for influencing public behavior during health emergencies.

A second challenge emerged in relation to media coordination. Although the media played an important role in disseminating information, inconsistent coverage and reliance on unofficial interpretations occasionally contributed to public confusion. The findings highlight the need for clearer media partnerships to ensure coherence, accuracy, and timely dissemination of information.

The study also demonstrated that marginalised populations—including rural communities, residents of "shadow areas," migrant groups, persons with disabilities, and low-income households—experienced reduced access to official information, exacerbating inequities in awareness and compliance. These gaps reflected limited operationalization of equity-focused communication approaches, despite their centrality in international risk-communication guidelines.

Moreover, expert-centered communication—focused primarily on epidemiological indicators—proved insufficient in addressing public perceptions, fears, and socio-cultural interpretations of risk. While technically accurate, this one-way communication approach did not fully integrate community engagement

or participatory communication strategies, resulting in a disconnect between scientific messaging and public understanding.

Taken together, these findings indicate that Algeria's communication strategy during the Covid-19 crisis was partially effective. It ensured structured coordination and regular information updates but fell short in applying key principles of risk communication, particularly those related to trust-building, community engagement, audience segmentation, and behavioral impact.

To strengthen future crisis-communication efforts, the study recommends enhancing transparency and consistency in official messaging, improving coordination with the media, institutionalizing community-based communication mechanisms, and ensuring equitable access to information for vulnerable groups. It further emphasizes the need to integrate communication specialists, psychologists, sociologists, and digital-media experts into national crisis-leadership structures. These measures are essential for reinforcing institutional resilience, countering misinformation, and improving the effectiveness of public-health communication during future emergencies.

## Acknowledgments

The authors would like to thank the anonymous reviewers for their valuable comments.

## Conflict of Interests

The authors declare no conflict of interests.

## References

Abʿād ḥuqūq al-insān fī al-istijāba li-fayrūs Kūrūnā al-mustajadd. (2020, March 19). *Human Rights Watch*. https://www.hrw.org/ar/news/2020/03/19/339654

Al-ḥajm lā yuhimm fī mukāfaḥat Kūrūnā: Duwal Ūrūbiyya ṣughrā tatafawwaq ʿalā al-kubrā. (2020, May 6). *Al Jazeera*. https://www.aljazeera.net/politics/2020/5/6/الحجم-لا-يهم-بمكافحة-كورونا-دول

Azmat Kūrūnā tuʿammiq muʿānāt al-faqr fī al-Jazāʾir: Mulakhkhaṣāt al-ḥimāya al-ijtimāʿiyya fī al-ʿālam al-ʿarabī. (2020, April 10). *Arab Renaissance for Democracy and Development*. https://ardd-jo.org/blogs/أزمة-كورونا-تعمق-معاناة-الفقر-في-الجز

Ben Būzīd yakshif sabab al-akhṭāʾ al-musajjala fī wafayāt Kūrūnā. (2020, October 6). *El Khabar*. https://www.elkhabar.com/nation/174164

Ben Būzīd yuʾakkid bi-anna istiʿmāl al-skanīr yakūn li-mutābaʿat al-marḍā baʿda khuḍūʿihim li-l-taḥlīl al-ʿiyādī faqaṭ. (2020, July 1). *Algerian Radio*. https://www.radioalgerie.dz/news/ar/article/20200701/195628.html

Benabid, M. (2020). Covid-19: Un challenge pour la communication de crise. *Management et Data Science*, *4*(2). https://doi.org/10.36863/mds.a.12904

Benlarbi, Y. (2015). *Al-ittiṣāl bi-al-makhāṭir fī al-Jazāʾir: Dirāsa maydāniyya li-faʿāliyyat al-muqāraba al-tashārukiyya bayna al-jamāʿāt al-maḥalliyya wa-al-jamʿiyyāt al-bīʾiyya* [Unpublished doctoral dissertation]. University of Oran 1.

Benlarbi, Y. (2023). *Al-ittiṣāl fī al-azmāt: Al-istirātījiyyāt wa-al-taṭbīqāt*. Dār al-Nahḍa al-ʿIlmiyya li-al-Nashr wa-al-Tawzīʿ.

Bennett, P., & Calman, K. (1999). *Risk communication and public health* (1st ed.). Oxford University Press.

Fischhoff, B. (1995). Risk perception and communication unplugged: Twenty years of process. *Risk Analysis*, *15*(2), 137–145. https://doi.org/10.1111/j.1539-6924.1995.tb00308.x

General Directorate for Prevention and Health Promotion. (2020). *Plan de préparation et de riposte à la menace de l'infection coronavirus Covid-19*. https://www.tralac.org/documents/resources/covid-19/countries/3793-algeria-preparation-and-response-plan-covid-19-2020-french.html

Health Canada. (2000). *Decision-making framework for identifying, assessing, and managing health risks*. https://www.canada.ca/en/health-canada/corporate/about-health-canada/reports-publications/health-products-food-branch/health-canada-decision-making-framework-identifying-assessing-managing-health-risks.html

Heiderich, D. (2011). Le double « je » de la communication sensible. *Magazine de la Communication de Crise et Sensible*, *20*, 2–55. http://www.communication-sensible.com/download/cccnl0020.pdf

Idres, L., & Lassassi, M. (2024). Sensitization against Covid-19 in Algeria: Which communication strategies? *International Journal of Disaster Risk Reduction*, *111*, Article 104718. https://doi.org/10.1016/j.ijdrr.2024.104718

Inṭilāq qāfilat musāʿadāt insāniyya min al-ʿāṣima li-fāʾidat al-fīʾāt al-hashsha wa-al-ʿāʾilāt al-muʿwaza fī manāṭiq al-ẓill. (2020, April 2). *El Massa*. https://www.el-massa.com/dz/الحدث/انطلاق-قافلة-مساعدات-إنسانية-من-العاصمة

Kūrūnā fīrūs: naḥwa al-iʿlān ʿan tashkīl lajna raṣd wa-mutābaʿa muwassaʿa. (2020, March 21). *Algerian Radio*. https://www.radioalgerie.dz/news/ar/article/20200321/191293.html

Kūrūnā tuʿaṣṣif bi-al-Jazāʾir: Hal satabqā al-bilād ḥudūdahā mughlaqa amām al-musāfirīn? (2020, September 7). *Al Jazeera*. https://www.aljazeera.net/ebusiness/2020/9/7/كورونا-تعصف-بالجزائر-هل-ستبقي-البلاد-حدودها-مغلقة-أمام-

Le ministère de la Communication met en garde contre la désinformation et le discours alarmiste. (2020, July 11). *Radio Algérienne*. https://radioalgerie.dz/news/fr/article/20200711/196087.html

Leonardelli, I., Bossenbroek, L., Ftouhi, H., Kadiri, Z., Bhat, S., Kulkarni, S., Hamamouche, M. F., Saidani, M. A., Zwarteveen, M., & Kemerink-Seyoum, J. S. (2021). Covid-19 in rural India, Algeria, and Morocco: A feminist analysis of small-scale farmers' and agricultural laborers' experiences and inventive practices. *Frontiers in Human Dynamics*, *3*, Article 653979. https://doi.org/10.3389/fhumd.2021.653979

Lundgren, R. E., & McMakin, A. H. (2018). *Risk communication: A handbook for communicating environmental, safety, and health risks* (6th ed.). Wiley-IEEE Press.

Malecki, K. M. C., Keating, J. A., & Safdar, N. (2021). Crisis communication and public perception of Covid-19 risk in the era of social media. *Clinical Infectious Diseases*, *72*(4), 697–702. https://doi.org/10.1093/cid/ciaa758

Qaddarah, A. (2020, March 27). Ḥukūmat al-Jazāʾir taṭlub "tabarruʿāt" min al-muwāṭinīn. *Independent Arabia*. https://www.independentarabia.com/node/106646

Renn, O. (1998). The role of risk communication and public dialogue for improving risk management. *Risk Decision and Policy*, *3*(1), 5–30.

Romi, S. (2021, May 6). Manāṭiq al-ẓill fī dawlat Kūrūnā: al-wāqiʿ wa-al-tawaqquʿāt fī al-Jazāʾir. *JiL Center for Scientific Research*. https://jilrc.com/archives/13732

Sandman, P. M. (2012). *Responding to community outrage: Strategies for effective risk communication* (2nd ed.). Industrial Hygiene Association.

United Nations Algeria. (2020). *Taqrīr al-Umam al-Muttaḥida fī al-Jazāʾir 2020*. https://algeria.un.org/sites/default/files/2021-09/Rapport%20NU240821%20Version%20AR.pdf

United Nations High Commissioner for Refugees, World Food Programme, & UNICEF. (2020). *Refugees from*

*Western Sahara: Tindouf, Algeria. Comprehensive needs for Covid-19: Prevention and response*. https://docs.wfp.org/api/documents/WFP-0000114661/download

Wazīr al-ittiṣāl li-l-idhāʿa: Mumārasa "hādiʾa" li-ḥurriyyat al-ṣaḥāfa min khilāl al-tawfīq bayna al-ḥurriya wa-al-masʾūliyya. (2020, May 3). *Algerian Radio*. https://www.radioalgerie.dz/news/ar/article/20200503/193083.html

World Health Organization. (2017). *Communicating risk in public health emergencies: A WHO guideline for emergency risk communication (ERC) policy and practice*. https://www.ncbi.nlm.nih.gov/books/NBK540729/pdf/Bookshelf_NBK540729.pdf

World Health Organization. (2020a). *Disability considerations during the Covid-19 outbreak*. https://www.who.int/docs/default-source/documents/disability/covid-19-disability-briefing.pdf

World Health Organization. (2020b, September 23). *Managing the Covid-19 infodemic: Promoting healthy behaviours and mitigating the harm from misinformation and disinformation* [Joint statement]. https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation

Yahi, A. (2020, December 1). Al-Jazāʾir tuḥassin sharūṭ al-ʿaysh fī manāṭiq al-ẓill li-takhfīf al-ḍaghṭ ʿan al-mudun. *Independent Arabia*. https://www.independentarabia.com/node/173266

## About the Authors

**Yahia Benlarbi** (PhD) is an associate professor of communication and public relations at Liwa University's Faculty of Media, with over 18 years' experience spanning academia and professional media. His expertise includes teaching, research, supervision, community service, and journalism, having served as graduate studies director, research unit director, and radio journalist.

**Samira Belghitia** (PhD) holds a PhD in media and communication sciences from the University of Algiers (2018) and serves as an assistant professor of public relations at Al Dhaid University. Her experience spans print, radio, and television media in Algeria, international training programs, conference participation, and publications in national and international journals.