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RAPID ETHICS REVIEW

PANDEMIC PUBLIC ENGAGEMENT: AN ETHICAL ANALYSIS

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Public engagement during the pandemic has taken a wide array of forms, from opinion polls to social activism. Efforts to engage publics have been conducted for a variety of purposes, and carried out by different groups with varying levels of influence on policy making.

This review considers a number of examples of public engagement processes conducted during the pandemic so far, and discusses them in relation to three key themes.

__Firstly__, conducting public engagement during a pandemic has often meant making adaptations to comply with social distancing regulations, which have sometimes changed the nature of particular forms of engagement.

__Secondly__, public engagement carried out during the pandemic has demonstrated a number of tensions: around epistemic authority, health communication, public values, and methodological choices.

__Finally__, pandemic public engagement work can be used in the pursuit of social justice and political change, either from within traditional power structures, or from outside them. Reflecting on these themes will be important for anyone conducting public engagement in the UK into how we live with covid-19 in the future.

OVERVIEW

- 'Public engagement' is a broad concept, containing a wide variety of processes, with different purposes, methods, compositions, levels of influences, and sources of authority.

- Reflecting on examples of public engagement conducted during the pandemic so far can inform future work, in the same way that lessons from public engagement during past pandemics have influenced work during covid-19.

- Conducting public engagement work during a pandemic whilst abiding by social distancing regulations presents significant logistical challenges which can shape how engagement is carried out.

- The pandemic has demonstrated tensions in epistemic authority, health communication, public values, and methodological choices that must be reflected upon by public engagement practitioners.

- Public engagement has the potential to bring about political and social change, both from within traditional institutions and from without. Practitioners should reflect critically on how the form of engagement chosen can influence the outcomes.

- As the UK faces difficult policy choices regarding how we live with covid-19 in the future, the need for meaningful and reflective public engagement will only increase.

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INTRODUCTION

Summary

- 'Public engagement' cannot be easily defined, as it encompasses a wide variety of different activities.

- There is no single 'public' that can be engaged, but particular 'publics' that are created through the methods of engagement.

- We must learn from covid-19 public engagement just as covid-19 public engagement has been informed by past public health crises.

Public engagement activities can take the form of surveys, opinion-polls, public information campaigns, lectures, speeches, roundtable discussions, vox pops, in-depth qualitative interviews, art and cultural events, political activism, petitions, deliberative democracy, and so on. The wide scope of activities that can engage publics mean that any attempt at providing necessary and sufficient conditions for what makes something 'public engagement' is doomed to failure. Rather, public engagement processes share a series of overlapping similarities. They have common characteristics but no one essential feature common to all of them, varying as they do in relation to the following features, all of which are interrelated:

- their purposes: why are publics being engaged?

- their methods: how are publics being engaged?

- their composition: who is participating as a member of this public?

- their influence: do the results of this engagement have any influence on policy making?

- their source: who has caused this engagement to take place?

Public participation processes often aim to facilitate the movement of power or information between those in positions of authority and non-specialist citizens. This movement can be one-way, from some supposed authority or institution to some public, or vice versa. This would be the case for a form of public information campaign, involving radio, television, and online messaging to convey some

desired message to particular publics who use those mediums. Alternatively, it can be a reciprocal process, facilitating spaces for learning, dialogue, and deliberation between traditional power structures and publics. Public engagement that aims to influence policy making is always in some sense bi-directional. For example, a focus group instituted by a charity that aims to gather the views of particular publics in order to transmit this information to decision makers does so with the hope that it will lead to policy changes that will positively impact the publics surveyed. Or an opinion poll conducted by a government might be used to either validate an existing course of action or motivate a change in policy. When public engagement is initiated by those outside of institutionally validated decision-making authority, it is usually aiming at reciprocal engagement from those with the power to set policy. For example, if a petition is circulated around a local community to then be delivered to the local council with the hope of motivating a change in government decision. Occasionally, public engagement work might attempt to bypass conventional decision-making authorities altogether, by enacting change wholly through an affected public. Such cases blur the boundaries between public engagement and community activism.

Why 'publics' rather than 'public'? The term 'publics' is used because it communicates that there is no homogenous, universal public that can be audited, surveyed, or engaged. Public engagement work necessarily involves the active construction of particular publics. This can be either as a top-down exercise by institutions, or as a reflexive activity by individuals or groups to construct a community or public around them.[1]

The need to reflect critically on how and why publics have been constructed and engaged during the covid-19 pandemic is obvious when recognising the extent to which covid-19 public engagement has been informed by experiences in past public health crises. For example, experiences of adjusting covid-19 community engagement in rural Mozambique to online and mobile based engagement was informed by measures taken during past Ebola outbreaks.[2] Surveillance systems in Northwest Syria for involving the public in covid-19 disease prevention were established during previous outbreaks such as the 2013 polio outbreak and annual seasonal influenza.[3] Lessons from collaborations with faith-based communities during the Middle East Respiratory Syndrome (MERS) outbreak in Saudi Arabia informed

efforts to understand and address religious community concerns in Baltimore during the covid-19 pandemic.[4] H1N1 public engagement activities in Minnesota were adapted to survey US adults' preference for covid-19 vaccine allocation.[5]

This rapid review critically reflects on a variety of public engagement work conducted during the covid-19 pandemic, clustered around a series of key themes. Its scope is not limited to the UK, though it includes a number of UK-based examples, and it's

reflections are intended to be applicable to the UK context. It is not intended as an exhaustive survey of covid-19 public engagement work, but merely a part of what should be an iterative process of reflection leading to more informed future engagement. This pandemic is far from over, and it is inevitable that there will be future infectious disease outbreaks in the future. Now is the time to reflect on covid-19 public engagement so that the insights generated can be brought to bear on future work.

WHAT HAVE THE PRACTICAL CHALLENGES OF THE PANDEMIC MEANT FOR PUBLIC ENGAGEMENT WORK?

Summary

- Social distancing requirements have led to much public engagement taking place online.

- This has the potential to increase access, so long as technological barriers are addressed and the potential for complementary activities using alternative media is considered.

- The challenges of a pandemic can change the character of certain engagement activities, for example deliberative democracy.

Social distancing requirements caused by the pandemic have led to significant changes in the way people conduct work in a variety of fields, with public engagement no exception. Lockdown measures have themselves been the subject of engagement work — for example, surveys conducted into attitudes towards social distancing — and online surveys and opinion polls have been conducted unimpeded during the pandemic. However, barriers to face to face engagement have led to adjustments in how other forms of engagement are carried out, as well as raising questions regarding accessibility. If engagement has to be conducted online, does that increase accessibility by opening it up people with chronic illnesses, elderly people, those in rural areas, or other members of society who may find travelling to in person activities challenging? Or does it decrease it, by creating barriers to those with lower levels of computer literacy or without access to high quality broadband or the devices needed to participate?

This tension can be seen in some examples of covid-19 public engagement. Facebook Live has been used to successfully engage Nepalese farmers

during the pandemic.[6] However, ICT resources are not available to everyone in rural Mozambique, meaning public engagement using such technologies is self-selecting. On the other hand, the use of mobile phones is incredibly common, allowing for more inclusive engagement of publics using that technology.[2] Public engagement practitioners should reflect on the possibility of utilising mixed methods within the same engagement activity: a predominantly online participatory exercise could be supplemented with elements using mobile phones to generate additional input from those who may struggle to participate on the main digital platform, for example.

The shift to online engagement has created particular challenges for deliberative democracy, a form of public engagement where ordinary citizens contribute to the development of policy solutions.[7] Common forms of deliberative processes include Citizens Juries, where small groups of citizens receive expert testimony, discuss, deliberate, and suggest policy solutions to complex problems; and Citizens Assemblies, which are designed to be large enough to be demographically representative of the overall population. Such events have traditionally taken place in person, revealing the tacit assumption that face-to-face interaction is preferable for building the relationships, empathy, and collaborative atmosphere necessary for high quality deliberation.

Structured online deliberation is a relatively new phenomenon, and there is limited evidence regarding whether deliberative type discussion actually occurs in online deliberation.[8] Nevertheless, the pandemic necessitated a move to online deliberation if events were to continue. For example, Climate Assembly UK held its first three deliberative weekends in person, before moving online for its final session, necessitating a number of adaptations be made to the usual format. These included ensuring that the online platform

and resources were accessible to all participants, shortening the time of each session and spreading the remaining deliberation out over multiple days in order to avoid participant fatigue, and making speakers' presentations available for key workers to watch in their own time when their occupations demanded.[9]

Deliberative democracy is a good example of how the context of a pandemic doesn't just change the 'hows' of engagement (for example from face to face to online), but can also alter its character. For example, deliberation usually takes place over several weeks or months, with final recommendations being arrived at following a substantial period of discussion. It is also informed by a relatively stable base of expert testimony to ground the content of discussion and deliberation. But in a pandemic, some policy choices may have to be made incredibly rapidly in response to events: a cluster of new cases threatening business reopenings, the emergence of a vaccine side effect, a new covid-19 variant of concern, and so on. Moreover, who is considered a bearer of expertise is constantly under contention as information and understanding

changes so rapidly. A deliberative event lasting a number of months, which attempts to integrate a fixed body of expert opinion, leading to recommendations which may be immediately rendered out of date by new information or the closing of the window for policy making, might not be the ideal format for a pandemic.

An attempt at resolving these challenges can be seen in the deliberative event *'#LockDownDebate: Rapid online deliberation on contact tracing'*, which took place over May and June 2020.[10] This operated in a condensed time span of three and a half weeks, was conducted entirely online, and did not conclude with the making of policy recommendations because of the small body of evidence available. Instead, it had the goal of synthesising the questions and ideas of the members that emerged over the course of deliberation. Whilst the pandemic has posed challenges for models of deliberative democracy, it has also revealed its versatility and potential to respond to emergent issues of public concern in rapid time.

HOW HAS PUBLIC ENGAGEMENT WORK DURING THE PANDEMIC DEMONSTRATED TENSIONS IN EPISTEMIC AUTHORITY, HEALTH COMMUNICATION, PUBLIC VALUES, AND METHODOLOGICAL CHOICES?

Summary

- Public engagement aimed at communicating information must reckon with the uncertainties caused by the pandemic.

- The response of engaged publics may vary depending on the form of engagement used.

- It is important for practitioners to evaluate their work in the broader context of existing pandemic public engagement.

Much of the public engagement conducted during the pandemic has been aimed at conveying information, measuring understanding, correcting misunderstandings, gauging trust, generating knowledge about the values of publics, or gaining evidence of their current actions and behaviour. These forms of participation are broadly one-way, but can be bi-directional, as when institutions aim first to ascertain the understanding of publics with the goal of subsequently addressing misunderstandings or correcting misinformation.

In practice, these boundaries are often blurred. For example, the Chinese government using TikTok to communicate information about the pandemic is arguably unidirectional, even whilst there is space for public feedback in the form of comments, likes and shares. But the study conducted into the reception of the various forms of engagement enabled by TikTok[11] - which, for example, found that longer videos with positive titles received more likes and comments - might itself be considered a form of public engagement that explores public opinion in a way that could inform future communication strategies.

Any pandemic public engagement work involving claims of knowledge must itself reckon with the precarity of understanding during a pandemic, with scientific claims so uncertain and subject to constant development. It is particularly important to be wary of any public engagement that aims at transmitting the 'correct' information to publics, or which conflates justifiable scepticism on the part of publics with an embrace of misinformation or conspiracy theories. During a pandemic it is not always obvious what would count as a stable body of information that institutions would be epistemically warranted in encouraging publics to accept.

For example, consider one study which used sentiment analysis to measure public responses on Facebook to various public health authorities' (PHAs) communication strategies, with the goal of helping improve practices for disseminating information to non-expert audiences.[12] Its authors warned that, 'Government agencies run the risk of losing the centralised control of the risk communication process if they do not react swiftly to public sentiment and dispel falsehoods and misinformation'.[12] This statement reveals a number of assumptions. Firstly, that centralised control over risk communication is a desirable outcome, rather than more grassroots or bottom up methods of information sharing. Secondly, that central authorities are always in the business of dispelling, rather than perpetuating, falsehoods. But consider that the data collection for this study was carried out on 19th March 2020, and included guidance on mask wearing. It was not until early April that the US Centers for Disease Control and Prevention (CDC), one of the PHAs whose communications were analysed in this study, reversed their earlier guidance and began recommending the public wear cloth masks to stop the spread of covid-19.[13] Any public scepticism of its earlier guidance cannot therefore be straightforwardly read as seeding the ground for misinformation, but a justified confusion in response to contradictory public health messaging.

Of course, this is far from the only example: a considerable amount of false information and poor health guidance has been spread by political leaders. President Macron of France falsely claimed that the AstraZeneca vaccine was 'quasi-ineffective for over 65s';[14] Prime Minister Johnson of the U.K. boasted of shaking hands with everyone in a hospital with confirmed covid-19 patients on the same day the Scientific Advisory Group for Emergencies (Sage) emphasised the importance of hand hyenine;[15] whilst U.S. President Trump's White House coronavirus briefings became notorious for his persistent falsehoods, most infamously his speculation that the virus could be killed by injecting bleach into the human body.[16]

Furthermore, there are cases where governments or powerful institutions consciously promote self-serving narratives or propaganda through public engagement. A study monitoring the outputs of the state-backed media of China, Iran, Russia and Turkey revealed messaging disparaging Western democracies, promoting conspiracy theories regarding the origin of the virus, and emphasising the strength of the response of their respective governments.[17]

Any public engagement work that implicitly or explicitly endorses an ideal of health communication as a one-way flow, from always fully informed and beneficent authorities to publics caricatured as passive vessels for information, will neglect a great deal of nuance.[18]

As well as recognizing the above, those engaged in health communication activities should maximise opportunities for genuine dialogue between scientific authorities and publics. A Reddit Ask Me Anything (AMA) between U.S. emergency department (ED) physicians and members of the public was arguably not used to its full potential. Participants did not just seek to passively receive information, but to engage in discussion with the ED physicians. But members of the public were left largely to do this with each other without expert input. Due to the volume of questions and ratio of experts to participants, not all questions were answered.[19] Whilst meaningful public engagement can of course involve publics interacting amongst themselves without expert input, opportunities like this to positively connect experts and publics should be seized.

Pandemic public engagement can also result in surprising insights regarding the views of publics. This should lead policy makers to have caution in their pronouncements regarding what publics think or value. Divergences in values within publics and between publics and policy makers should be taken as an invitation to reflect on policy setting rather than as an aberration in need of correction. For example, surveys in the runup to Christmas 2020 suggested that the British public were largely in favour of stronger lockdown measures at the time.[20] The UK government resisted, and delayed imposing restrictions: a decision that some experts estimated cost around 27,000 lives.[21] A cross-national survey analysing public attitudes towards covid-19 challenge trials found broad majority support in favour of them, preferring them over standard trial design,[22] despite concern amongst some bioethicists that the risk of injury to participants might damage confidence in the vaccine being tested and increase vaccine hesitancy.[23] And a deliberative study into covid-19 triage judgements involving members of the public found a strong rejection of age-based principles, with wide support for an approach based on life chances, concern for vulnerability, and some consideration of quality of life. These results stand in contrast to some US critical care triage guidelines which recommend an age-based approach.[24]

Getting a clear sense of the values of assembled publics is sometimes justified on the grounds that policy decisions will be more likely to be accepted or

welcomed by publics if they align with their values. For some particularly controversial topics, for example the permissibility of carrying out human challenge trials when testing covid-19 vaccines, public engagement regarding acceptable trial design is often viewed as essential. This reflects the standard that a key determinant of whether research is ethical is whether affected communities support the research being done. However, we should be wary of homogenising judgements of 'public' acceptability or legitimisation. It is important to recognise engagement work as an active and constructive process, and consider its particular methods and participants before making extrapolations to the judgements of other publics in different contexts.

This is particularly important because different kinds of engagement, or even the same form of engagement conducted at different points in time, can elicit different views from publics. This may be especially the case in the fast changing context of a pandemic. Publics may express different things if consulted in a survey, in a focus group, or in a larger deliberative event. Emotions, intuitions, or reasoned arguments, self-interest or collective concern, may be brought out to greater or lesser degrees depending on the form of engagement. Publics may base these expressions on different sources of information depending on the state of expert opinion and what has been most prominent in the news media they accessed at the time they were engaged. It is therefore essential for researchers to contextualise their findings when interpreting their relevance to pandemic public policy.

As a case study, consider the contrast between results from a deliberative process and a survey poll on the same topic, carried out at different times. Between March and May 2021, citizens juries were convened by the National Institute for Health Research (NIHR) to deliberate on the three new data sharing regimes introduced by health and social care services in England during covid-19 to assist with the pandemic response.[25] Overall, the juries supported the decisions to introduce the policies, and would be in favour of them continuing as long as they were valuable (potentially beyond the end of the pandemic and for non-covid-19 related health needs). For example, participants deliberated on OpenSAFELY, a tool created at the start of the pandemic for pandemic-related research, led by a consortium including the University of Oxford and supported by NHS England. OpenSAFELY generates aggregate data from patient data accessed from GP patient records. Following deliberation, 77% of participants were 'very much in support' of the scheme, with the remaining 23% 'broadly supportive' of it.[25] In contrast, a study conducted in 2018 and published during the pandemic found that only half of the British individuals surveyed said they would share their health records with academic or medical research institutions.[26]

It is possible that were the survey conducted today the results would be different. Participants might now have more favourable attitudes towards data sharing with research institutions if they were aware of the use of patient data to find effective covid-19 treatments in the RECOVERY trial, for example.[27] But it is also likely that the deliberative nature of the NIHR Citizens Juries allowed greater opportunities for learning and reflection that led the participants to come to different conclusions than if they were simply asked for their initial judgements.

The recognition that the form of engagement chosen might influence the responses of publics brings to mind political strategist Malcolm Tucker's exchange about the relationship between expertise and policy making in the British comedy The Thick of It:

'Well my expert would totally oppose that.'

'Who is your expert?'

'I have no idea, but I can get one by this afternoon. The thing is you have spoken to the wrong expert, you've got to speak to the right expert.'[28]

Just as it would be possible to find an expert whose views align with one's already settled judgement, we should be aware of the danger that public engagement strategies and outcome could be cherrypicked to align with pre-determined conclusions.

Consistency across different forms of engagement with different publics at different times is possible however. For example, the results from the aforementioned deliberative study on age-based ICU triage[24] aligned with a previous study measuring public views on critical care allocation.[29] Whereas the authors of the previous survey study argued that these intuitions were likely to change with greater education,[29] the researchers who conducted the deliberative study argue their results shows 'these public moral intuitions persist even after a robust process of reflection and deliberation'.[24] Notably, these researchers justify their use of deliberative methods. 'Guiding the public through a process of deliberation ensures that public intuitions do not stem from ignorance or misunderstanding but rather express genuine and considered preferences'.[24]

This case provides a number of insights. Firstly, that it is absolutely necessary for practitioners to justify their methods of engagement and communicate

their value and purpose, as the researchers employing deliberative methods do. This is especially important given the possibility that different forms of engagement could generate different results. Secondly, that sustained engagement which critically reflects on previous public engagement work is important to avoid 'locking in' policy responses on the basis of one particular activity conducted with one particular public. Where values demonstrate a consistency and durability across different forms of engagement and diverse groups of publics, this could provide compelling evidence for policy making. Finally, sustained engagement does not necessarily mean the same researchers conducting multiple engagement activities, but can mean different practitioners critically reflecting on preexisting work in the planning, execution and evaluation of their particular engagement work.

HOW CAN PUBLIC ENGAGEMENT HAVE POLITICAL IMPACT?

Summary

- Public engagement can be motivated by social justice, and led from outside traditional power structures.

- Even when engagement is led by political authorities, that is no guarantee it will have a direct impact on policy making.

It is now widely recognised that the pandemic has had a disproportionate impact on individuals from poorer socio-economic backgrounds, people of colour, and those with disabilities or chronic health conditions: both in terms of their likelihood of suffering severe illness or death, and their vulnerability to the economic hardships caused by the virus and attendant lockdown measures. Public participation during the pandemic is therefore often explicitly motivated by a concern for social justice, and can act as a method of political activism. At a time when protests and mass gatherings have carried significant public health risks, the use of public engagement can be an important tool in signaling dissent or resistance to power structures, signifying divergent values from the institutionalised status quo, or formulating alternative policy recommendations. How well it fulfils those goals will depend on its relationship with existing power structures or its capacity to create new ones.

Whilst public engagement activities are often one-off events, they can take place within communities over several iterations, sometimes spanning multiple years. When such longitudinal engagement aims to enact political change, the boundaries between public engagement and community organizing become blurred. For example, the Community Self-Reliance Centre (CSRC) has supported Nepalese landless and smallholder peasants since 1995, establishing organisations like the National Land Rights Forum (NLRF) to mobilise grassroots power and advance

their interests. Through this advocacy they constructed a community which they then engaged during the pandemic through various methods: generating real-time data through Facebook Live, providing material support for agricultural labourers, and facilitating connections with local government. In their own words, 'as landless and smallholder peasants are organised, the government has been compelled to invite them for policy discussions and collaboration both before and during the pandemic'.[30]

One insight that can be drawn from this example is that non-specialist engagement is often justified as a response to the failures of traditional institutions. These failings might be due to political instability, rendering state institutions unable to perform even their basic functions, or because inequality, corruption, discrimination, or incompetence meant institutions were not fulfilling the needs or interests of particular marginalised groups.

For example, the failure of the Syrian state led the Syria Civil Defence, or White Helmets, to organise the 'volunteers against Corona', a bottom up movement that uses social media including WhatsApp and Facebook to raise community awareness.[3] Community organisations in Ghana, led by the Network for Women's Rights in Ghana (NETRIGHT), are working to ensure the needs of women are better taken into account in policy making. A lack of public engagement from government policy makers meant social distancing rules, 'have not taken into account the largely informal nature of the Ghanaian economy, the predominance of self-employment, communal living conditions, public transportation, and the nature of our markets'.[31] The organisation Love in Action Ethiopia (LIEA) responded to the government's use of emergency decrees - which were viewed by some as an excuse for political oppression - by

engaging community structures to help marginalised communities who were already suffering before the pandemic. Their actions included the provision of education, health materials such as PPE, basic provisions to the most at risk communities, and supporting local government and community officials in designing plans to fight the virus.[32]

Social justice concerns can also motivate traditional sources of political authority to attempt public engagement. This can happen when institutions recognise that they lack particular forms of lived understanding or specific cultural knowledge which would inform policy making, and seek to proactively engage with particular publics to gain this understanding. For example, the South Australian health authorities engaged the organisation Democracy Co. to conduct forums of 250 multicultural leaders. Policy makers were aware that they did not fully understand the cultural challenges of the culturally and linguistically diverse communities in South Australia. These forums were designed to better understand how much members of their communities know about covid-19, what might be preventing them from isolating or being tested, and what specific support they might need to comply with government restrictions. The workshops led to a 100 page report delivered to the health authorities, 'which detailed the levels of concern across more than 50 communities, information about where and how those communities meet, social media and communications details.' This community engagement work has been credited with the successful response to the 'Thebarton Cluster' - a small outbreak within a Culturally and Linguistically Diverse (CALD) community school.[33]

However, there is no guarantee that institutionally led public engagement will have a significant impact. For example, when the UK government launched a call for evidence as part of its review of proposed covid-19 vaccine passports, it made no commitments regarding how input from experts, stakeholders, and members of the public would be integrated in any future policy decision.[34] Participants in the U.S. Congress's online town halls on covid-19 who were invited to complete a post-event survey were asked two live-poll questions: '1) *Do you have a better understanding of how you can limit the spread of Covid-19*, and 2) *Are you willing to share what you learned tonight with your friends and family?*' But such analysis ran only one-way: what of the effect of these processes on congresspeople? Ironically we might know, if not for covid-19: work was being planned to study the effects of these deliberative mechanisms on policymakers, but the advent of the pandemic led to resources being redirected to the covid-19 town halls.[35]

Engagement processes can be more or less institutionalised, and the results of engagement can have varying degrees of impact on the future actions of institutions. These two factors can come apart: institutionalised public engagement can change policy making, but can also be tokenistic exercises in validating predetermined conclusions or strategies. Externally led processes might struggle to have impact; or they can demonstrate sufficiently compelling results, generate media attention, create informal ties with sympathetic policy makers, and so on, that they lead to meaningful change. Gauging the impact of a public engagement exercise therefore takes more than assessing how institutionally embedded it is.

CONCLUSIONS

What lessons can British policy makers, engagement practitioners, and publics draw from this rapid review?

Firstly, they should look globally to examples of successful public engagement and consider how their insights can be applied to UK-based engagement. They should resist any insinuations that public engagement conducted in LEDCs is irrelevant to the UK's covid-19 response, given the relative affluence of the UK in comparison to Nepal, or Ethiopia, or Ghana. Economic development does not eliminate the need to consider how the relationship between authorities and the public shapes events during a pandemic.[36]

Secondly, practitioners should reflect on the various features of public engagement activities, consider how they are tailoring their means of engagement to their particular purposes, and communicate those decisions effectively. The thematic analysis provided throughout this review should be helpful for this.

Finally, the government should decide how to make meaningful public engagement an institutionalised part of their future covid-19 policy.[37] Even as the period of acute crisis recedes in the UK, difficult policy decisions regarding how we live with covid-19 in the future will require the active input of non-specialised publics to gain democratic legitimacy and improve decision making. This review will hopefully prove a useful resource for meeting this need.

-Bibliography

1. Felt U, Fochler M. Machineries for Making Publics: Inscribing and Describing Publics in Public Engagement. Minerva. 2010;48:219–238. https://doi.org/10.1007/s11024-010-9155-x

2. Magaço A, Munguambe K, Nhacolo A, et al. Challenges and needs for social behavioural research and community engagement activities during the COVID-19 pandemic in rural Mozambique. Glob Public Health. 2021;16(1):153-157. doi:10.1080/17441692.2020.1839933

3. Ekzayez A, al-Khalil M, Jasiem M, Al Saleh R, Alzoubi Z, Meagher K, Patel P. COVID-19 response in northwest Syria: innovation and community engagement in a complex conflict. Journal of Public Health. 2020;42(3): 504-509. https://doi.org/10.1093/pubmed/fdaa068

4. Galiatsatos P, Monson K, Oluyinka M, et al. Community Calls: Lessons and Insights Gained from a Medical-Religious Community Engagement During the COVID-19 Pandemic. J Relig Health. 2020;59(5):2256-2262. https://doi.org/10.1007/s10943-020-01057-w

5. Gollust SE, Saloner B, Hest R, Blewett LA. US Adults' Preferences for Public Allocation of a Vaccine for Coronavirus Disease 2019. JAMA Netw Open. 2020;1;3(9):e2023020. doi:10.1001/jamanetworkopen.2020.23020

6. Basnet J, Scully P, Parry L, Scott A. Addressing the impact of COVID-19 on landless farmers and smallholders in Nepal. Participedia. 2020. Last updated 26 August, 2020. Accessed 30 August, 2021. https://participedia.net/case/6553

7. Gutmann A, Thompson D. Why Deliberative Democracy? Princeton University Press; 2004

8. Strandberg K, and Grönlund K. "Online Deliberation." In: Bächtiger A, Dryzek JS, Mansbridge J, and Warren ME, eds. The Oxford Handbook of Deliberative Democracy. 1st ed. Oxford University Press; 2018:365-377.

9. Allan S. How we moved Climate Assembly UK online. Involve. 5 May, 2020. Accessed 30 August, 2021. https://www.involve.org.uk/resources/blog/project-update/how-we-moved-climate-assembly-uk-online

10. Lacelle-Webster A, Gakhal J. #LockDownDebate: Rapid online deliberation on contact tracing. Participedia. 2020. Last updated 16 September, 2020. Accessed 30 August, 2021. https://participedia.net/case/6965

11. Chen Q, Min C, Zhang W, Ma X, Evans R. Factors Driving Citizen Engagement With Government TikTok Accounts During the COVID-19 Pandemic: Model Development and Analysis. J Med Internet Res. 2021;23(2):e21463. doi:10.2196/21463

12. Sesagiri Raamkumar A, Tan SG, Wee HL. Measuring the Outreach Efforts of Public Health Authorities and the Public Response on Facebook During the COVID-19 Pandemic in Early 2020: Cross-Country Comparison. J Med Internet Res. 2020;22(5):e19334. doi: 10.2196/19334

13. Dwyer C, Aubrey A. CDC Now Recommends Americans Consider Wearing Cloth Face Coverings In Public. NPR. 3 April, 2020. Accessed 30 August, 2021. https://www.npr.org/sections/coronavirus-live-updates/2020/04/03/826219824/president-trump-says-cdc-now-recommends-americans-wear-cloth-masks-in-public?t=1630363779431

14. AFP. Macron: AstraZeneca vaccine 'quasi-ineffective' for over-65s. France24. 29 January, 2021. Accessed 30 August, 2021. https://www.france24.com/en/live-news/20210129-macron-astrazeneca-vaccine-quasi-ineffective-for-over-65s

15. Mason, R. Boris Johnson boasted of shaking hands on day Sage warned not to. The Guardian. 5 March, 2020. Accessed 30 August, 2021. https://www.theguardian.com/politics/2020/may/05/boris-johnson-boasted-of-shaking-hands-on-day-sage-warned-not-to

16. Coronavirus: Outcry after Trump suggests injecting disinfectant as treatment. BBC News. 24 April, 2020. Accessed 30 August, 2021. https://www.bbc.co.uk/news/world-us-canada-52407177

17. Rebello K, Schwieter C, Schliebs M, Joynes-Burgess K, Elswah M, Bright J, Howard PN. Covid-19 News and Information from State-Backed Outlets Targeting French, German and Spanish-Speaking Social Media Users. Project on Computational Propaganda, University of Oxford. 4 June, 2020. Accessed 30 August, 2021. https://demtech.oii.ox.ac.uk/wp-content/uploads/sites/93/2020/06/Covid-19-Misinfo-Targeting-French-German-and-Spanish-Social-Media-Users-Final.pdf

18. Sims MJ, Madden H, Cacciatore MA, Yeo SK. The lure of rationality: Why does the deficit model persist in science communication? Public Understanding of Science. 2016;25(4):400–414. https://doi.org/10.1177/0963662516629749

19. Lai D, Wang D, Calvano J, Raja AS, He S. Addressing immediate public coronavirus (COVID-19) concerns through social media: Utilizing Reddit's AMA as a framework for Public Engagement with Science. PLoS One. 2020;15(10):e0240326. https://doi.org/10.1371/journal.pone.0240326

20. Savage, M. Christmas in lockdown preferred by UK public over new restrictions in January. The Guardian. 21 November, 2020. Accessed 30 August, 2021. https://www.theguardian.com/politics/2020/nov/21/locked-down-christmas-preferred-over-new-covid-restrictions-in-january-poll-finds

21. Booth R. Delaying England's winter lockdown 'caused up to 27,000 extra Covid deaths'. The Guardian. 18 March, 2021. Accessed 30 August, 2021. https://www.theguardian.com/uk-news/2021/mar/18/delaying-englands-winter-lockdown-caused-up-to-27000-extra-covid-deaths

22. Broockman D, Kalla J, Guerrero A, et al. Broad cross-national public support for accelerated COVID-19 vaccine trial designs. Vaccine. 2021;39(2):309-316. https://doi.org/10.1016/j.vaccine.2020.11.072

23. McPartlin SO, Morrison J, Rohrig A, Weijer C. Covid-19 vaccines: Should we allow human challenge studies to infect healthy volunteers with SARS-CoV-2? BMJ. 2020;371:m4258. https://doi.org/10.1136/bmj.m4258

24. Kuylen MNI, Kim SY, Ruck Keene A, Owen GS. Should age matter in COVID-19 triage? A deliberative study. J Med Ethics. 2021;47(5):291–295. doi:10.1136/medethics-2020-107071

25. Oswald M, Laverty, L. Data Sharing in a Pandemic: Three Citizens' Juries. NIHR. July 2021. Accessed 30 August, 2021. https://www.arc-gm.nihr.ac.uk/media/Resources/ARC/Digital%20Health/Citizen%20Juries/12621_NIHR_Juries_Report_ELECTRONIC.pdf

26. Ghafur S, Van Dael J, Leis M, Darzi A, Sheikh A. Public perceptions on data sharing: key insights from the UK and the USA. The Lancet Digital Health. 2020;2:e444-e446. DOI:https://doi.org/10.1016/S2589-7500(20)30161-8

27. RECOVERY. University of Oxford. 2021. Accessed 30 August, 2021. https://www.recoverytrial.net/

28. "Malcolm Tucker – Expert". youtube.com. Uploaded 27 March, 2020. Accessed 30 August, 2021. https://www.youtube.com/watch?v=lADB9Qu53CY

29. Fallucchi F, Faravelli M, Quercia S. Fair allocation of scarce medical resources in the time of COVID-19: what do people think? J Med Ethics. 2021;47(1):3–6. http://dx.doi.org/10.1136/medethics-2020-106524

30. Basnet J, Scully P, Parry L, Scott A. Addressing the impact of COVID-19 on landless farmers and smallholders in Nepal. Participedia. 2020. Last updated 26 August, 2020. Accessed 30 August, 2021. https://participedia.net/case/6553

31. Parry, L. Participedia. Advocating for Women's Inclusion in Ghana's COVID-19 Response. 2020. Last updated 19 May, 2020. Accessed 30 August, 2021. https://participedia.net/case/6551

32. Gebre A, Shomoro M, Landry J, Parry L, Scully P, Scott A. Community Engagement for COVID 19 – Ethiopia. Participedia. 2020. Last updated 11 November, 2020. Accessed 30 August, 2021. https://participedia.net/case/6557

33. democracyCo., Parry L, Scully P. COVID-19 Culturally & Linguistically Diverse Community Forums: South Australia. Participedia. 2020. Last updated 11 November, 2020. Accessed 30 August, 2021. https://participedia.net/case/7086

34. Terms of Reference: COVID-status Certification Review. GOV.UK. 2021. Accessed 30 August, 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/969427/TORs_-_Certification_Review.pdf

35. Lacelle-Webster A, Scully P, Carson J, Gakhal J. Connecting to Congress Online Town Halls on the COVID-19 emergency. Participedia. 2021. Last updated 16 February, 2021. Accessed 30 August, 2021. https://participedia.net/case/6560

36. Webb J. Public engagement in a healthcare crisis: lessons from Ebola for covid-19 and the pandemics to come. UK Pandemic Ethics Accelerator. 2021. Last updated June 10, 2021. Accessed 30 August, 2021. https://ukpandemicethics.org/blog-post-public-engagement-in-a-healthcare-crisis-lessons-from-ebola-for-covid-19-and-the-pandemics-to-come/

37. Webb J, Whittall H. Living and dying with covid: resolving the hard questions of living with covid-19 – the need for public deliberation. UK Pandemic Ethics Accelerator. 2021. Last updated 11 July, 2021. Accessed 30 August, 2021. https://ukpandemicethics.org/living-and-dying-with-covid-resolving-the-covid-trilemma-the-need-for-public-deliberation/

About the UK Pandemic Ethics Accelerator

The UK Ethics Accelerator is a UKRI/AHRC-funded initiative that aims to bring UK ethics research expertise to bear on the multiple, ongoing ethical challenges arising during a pandemic emergency. We provide rapid evidence, guidance, and critical analysis to decision-makers across science, medicine, government, and public health. We also facilitate public stakeholder deliberation around key ethical challenges.