

EFFECTS OF COMMUNICATION CAMPAIGNS OF WORLD HEALTH ORGANIZATION: A CASE STUDY OF PAKISTAN

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ABSTRACT

Good health is the era's biggest problem. Good health represents physical, mental, and social wellness. To face the World pandemic there is a need to promote awareness and understanding of infectious diseases. Individuals may better control contagious diseases and enhance their health if they are ready to change. This research examines WHO's communication Campaigns initiatives in Pakistan. The research examines Pakistani society's knowledge, attitude, and practice regarding infectious illnesses. The literature analysis and demonstrates that the World Health Organization and the Pakistani government are collaborating to eradicate communicable illnesses that are difficult and stigmatizing for society and humanity. Due to Pakistan's inadequate health system and health force deficiency having poor knowledge about causes, mode of transmission, and treatment unavailability makes things complicated that's why maintaining personal hygiene becomes challenging. In spite of the fact that Pakistani people became more aware of the problem. The study highlights that health communication initiatives and content are better understood by the public. However, much encouragement and inspiration are needed. During the emergency, media networks must link users to CDC, and WHO websites. Health officials and media communicators must work together to inform the public. Much research is needed to eradicate Covid-19.

KEYWORDS

Mass Communication, Campaigns, epidemic, WHO, COVID 19.

INTRODUCTION

Being in good health is more than just the absence of sickness; it is an overall state of well-being that includes physical, mental, and social aspects. Technologies may help people live longer, but not necessarily better. What is important is to enable people to increase control over and improve their health.

This means addressing the determinants of health through health promotion strategies that make the government accountable and people empowered for health. In this era, where people suffer a variety of new diseases, exposed to infection, injuries, and occupational diseases, the urgent need to promote health has never been greater (Jha, 2005).

Dealing with health issues is a worldwide challenge. Health is important for everyone and every country is doing its level best to provide good health facilities to the people. The globe seemed to be dealing with growing concerns about health issues as the twenty-first century got underway. Every nation requires people with good attitudes in order to have a healthy society. Therefore, media for health communication is used. "Health communication in its several practices proposes a potentially important move towards a better informed and most likely healthier population by focusing on the behavioral area of risk factors, such as diet, smoking, alcohol use, inactive lifestyle, and sexual behavior" (McGinnis & Foege, 1993).

Because media has a critical role in health habit modification, it is regarded as the most trustworthy source for widespread health initiatives. Both popular and academic perspectives recognize that media communication has an impact on supporting, healthy attitudes and behaviors (Artz and Kamalipour, 2003).

Public health practitioners also have started to find out about the purposeful use of mass media as a source for shaping health attitudes and behaviors (Kaliyaperuma, 2004).

One of the most effective means of disseminating health education to the general population is via well-orchestrated public health communication initiatives (Gerbner, 1985).

The need to involve communities in planning and implementing health programs had been felt for a long time. It was realized that people have not only the right to participate individually and collectively in the planning and implementations of health care programs but they also have a duty to do so. It is important to know that social action in health can only take place when reliable information on what makes or breaks health is available and disseminated to the widest audiences in the country (Jha, 2005).

Pakistan is the most populated nation in the Eastern Mediterranean Region (EMR) of the WHO. Disasters and militancy in the north make healthcare access difficult. Poor health indicators, low health investments, and expenditures contribute to Pakistan's population's health vulnerability. However, illiteracy, unemployment, gender inequality, social isolation, growing urbanization, and environmental degradation exacerbate this susceptibility. Floods, droughts, earthquakes, manufactured events, and disease outbreaks like dengue and measles affect health system operations.

The World Health Organization utilizes health education primarily to raise awareness of individuals and families (micro level), communities and organizations (Meso level), and societies and governments (macro level) in order to reduce health risks and disease. Changing behavior globally (Swatzyna, 2005).

In semi-developed countries like Pakistan, the active media is required to run certain communication campaigns for the development of not-so-rich and mostly rural people who constitute a clear majority of the total population. Generally speaking, such campaigns are meant to improve the condition of health like inoculation of vaccines, and awareness about Hepatitis C and tuberculosis (Yousafzai, 2010).

The World Health Organization is running and monitoring a lot of health campaigns throughout the world and also in Pakistan so keeping in view the importance of WHO

health communication campaigns, the researcher has decided to study the effects of health campaigns on polio, hepatitis C, tuberculosis covid-19 the study intended to highlight the efforts of WHO regarding the overall behavioral change efforts brought by the health communication campaigns. So the aim of this study is to find out the effects of world health organization campaigns regarding contagious diseases in Pakistan.

OBJECTIVES

- To know the level of participation and interest of people in contagious disease eradication campaigns like covid-19.
- To know the impact of public health messages regarding Covid-19 campaigns on people.
- To highlight the role of WHO in creating health awareness and providing health facilities in Pakistan.

RESEARCH QUESTIONS

- RQ1:** What is the people's perception and practice regarding vaccination of covid-19 and communicable diseases?
- RQ2:** What is the role and efforts of WHO in eradicating communicable diseases in Pakistan?

LITERATURE REVIEW

New human corona virus illness, COVID-19 has been identified as the fifth pandemic. After being originally discovered in Wuhan, China, COVID-19 quickly spread around the world. In accordance with phylogenetic study, the corona virus was given the official name "severe acute respiratory syndrome" corona virus 2 (SARS-CoV-2). SARS-CoV-2 is thought to have developed the capacity for human-to-human transmission after a spillover of an animal corona virus. The virus spreads quickly among humans and is constantly evolving since it is so infectious. These elements could be crucial for research on the pathogenicity of the virus, the creation of antiviral treatments, and the creation of vaccines (Yao, et al. 2020).

In Latin "Corona" means "halo" or "crown." In humans, corona virus infections why occur in the winter and early spring, but it can happen at any time (Felman, 2021). Some of the first people with COVID-19 had links to a live animal and seafood market. Overall, however, there is little conclusive information about the origins of the virus. Scientists are still investigating its source and initial pattern of spreading causes (Felman, 2021).

The Role of WHO in Pakistan during Covid-19

Pakistan has a population of 212.8 million and a high population density in certain cities. Considering Pakistan's population dynamics and demography, the pandemic risk was considerable. Social and cultural standards increase daily social connections compared to Italy and Europe. In Pakistan, big, congested extended families favour the spread of the fatal illness. With 65% under 30, Pakistan has the world's youngest population. High population density and social circles in Pakistan's big cities may encourage viral dissemination of the disease.

Pakistan's health care delivery system is a public-private partnership. The state has basic, secondary, and tertiary healthcare institutions. Coronavirus sickness highlights the healthcare system's vulnerabilities.

After WHO declared the corona outbreak has published a National Preparedness and Response Plan for COVID-19 as a roadmap for pandemic preparedness under the Global Health Security Agenda (GHSA). These included SOPs for authorities and health personnel and overseas flights to Pakistan. Federal, provincial, and regional partners created policy frameworks to prevent, detect, and respond to COVID-19 in Pakistan.

Pakistan's high risk of viral transmission is due to its proximity to China and Iran, as well as the significant volume of commerce and travel between these three countries (Javed et al., 2020).

According to the WHO's recommendation, resources have been mobilized to establish quarantine facilities for suspected cases in various locations and hospitals, and surveillance teams have been created to track down contacts of confirmed cases (Noreen, et al., 2020).

Lock Down Policy (Fragile Health System in Pakistan)

The federal government opposed a total lock down for a variety of reasons. Two-fourths of Pakistan's population, or 24.3%, is poor. With respect to lockdown enforcement, the daily wages merchants and the working class were particularly at risk (Noreen et al., 2020).

WHO issued an SPRP to stop the spread of SARS-COV-2. The plan outlines patient identification, isolation, early care, risk communication, minimizing social and economic impact through multi sectoral partnerships, and addressing crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, accelerating diagnostics, therapeutics, and vaccines through priority research and innovation (Noreen, et al. 2020).

WHO Policy Engagement and Expert Support for Pakistan

Dr. Palitha Mahipala working with the Government high level advocacy and policy dialogue (WHO, 2020a). The first level of WHO's multi-faceted approach was to fight COVID-19 in Pakistan. Technical assistance is another area of WHO's work plan. From early January, WHO headquarters sent the technical guidance. At that time, country didn't have a single case of Covid-19. Neither have testing capacity. The first thing was to draw up a national action plan according to the pillars identified by WHO.

On 23 April 2020, Pakistan released its WHO-prepared Strategic Preparedness and Response Plan as it is a worldwide online event and platform, raising \$595 million from contributors across the world. Plan and has money helped Pakistan battle COVID-19.

The Role of Pakistani Media

During public crises, media must transmit crisis information swiftly and effectively to the public; if failure to do so it can increase uncertainty, fear, and anxiety. In this age of technology and freedom of expression, the media is necessary. Media may broadcast such campaigns' messages to relieve worry and promote public morale.

Current television transmissions have sparked fears of a COVID-19 epidemic. They can arrange campaigns for festivals but not a pandemic that may harm one-third of the world's population (Bilal et al., 2020).

The world is in the midst of a Covid-19 pandemic. WHO and associates participate on the response following the pandemic, urging on fundamental interventions, scattering basic clinical supplies to those who it need they are running to make and secure and amazing antibodies. The vaccines give protection against Covid-19 are Pfizer, Moderna, Gamaleya, Oxford AstraZeneca, Cansino, Sinopharm, Novavax.

METHODOLOGY

This study is designed to investigate and document, the effects of communication campaigns of the World Health Organization regarding covid-19 in Pakistan. Survey research is used to investigate the interconnections between the various factors in the present investigation.

To meet the condition of this survey, a proportional random sampling method, for the specification of the demographic characteristics, has been adopted. Data from the large population of respondents equally consists of male females belonging to both urban and rural localities from all the five provinces of Pakistan.

DATA ANALYSIS

Table 5.1
Area Wise Detail of the Respondents

Category	Frequency	Percent	Mean	Std. Deviation
Rural	259	25.9	-	-
Urban	742	74.1	1.74	.438
Total	1001	100.0	-	-

In Table 5.1 the area-wise detail of the respondents is given as the total sample taken in the study is 1001 which is categorized as the 74% of respondents are from urban areas while the 26 of the respondents are from the rural areas.

Table 5.2
Marital Status Detail of the Respondents

Category	Frequency	Percent	Mean	Std. Deviation
Married	252	25.2	-	-
Single	745	74.4	1.75	.441
Widow	4	.4	-	-
Total	1001	100.0	-	-

In Table 5.2 the marital status detail of the respondents is given as the total sample taken in the study is 1001 which is categorized as the 25.2% of respondents are married, 74.4% respondents are single and .4% respondents are widow.

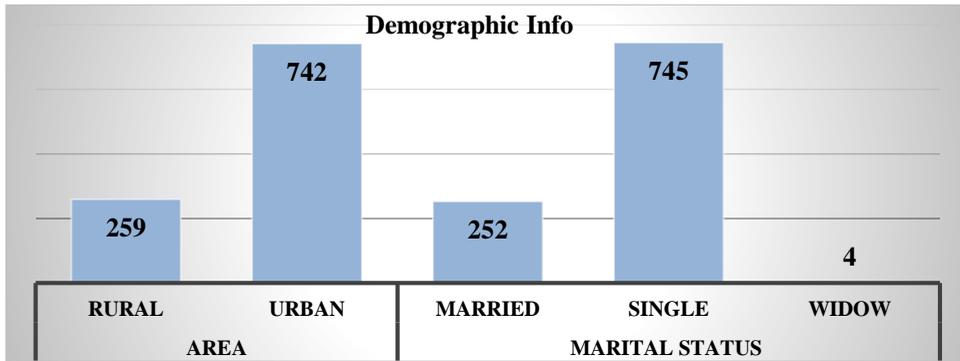


Figure 5.1

Table 5.3
The Number of your Children Detail of the Respondents

Category	Frequency	Percent	Mean	Std. Deviation
One	62	6.2	-	-
Two	58	5.8	1.75	.441
Three	58	5.8	-	-
Four	38	3.8	4.43	1.210
Five	780	77.9	-	-
More than Five	5	.5	-	-
Total	1001	100.0	-	-

In Table 5.3. the number of children detail of the respondents is given as the total sample taken in the study is 1001 which is categorized as the 6.2% of respondents have one child, 5.8% respondents have two children, 5.8% respondents have three children's, 3.8% respondents have four children's, 77.9% respondent.

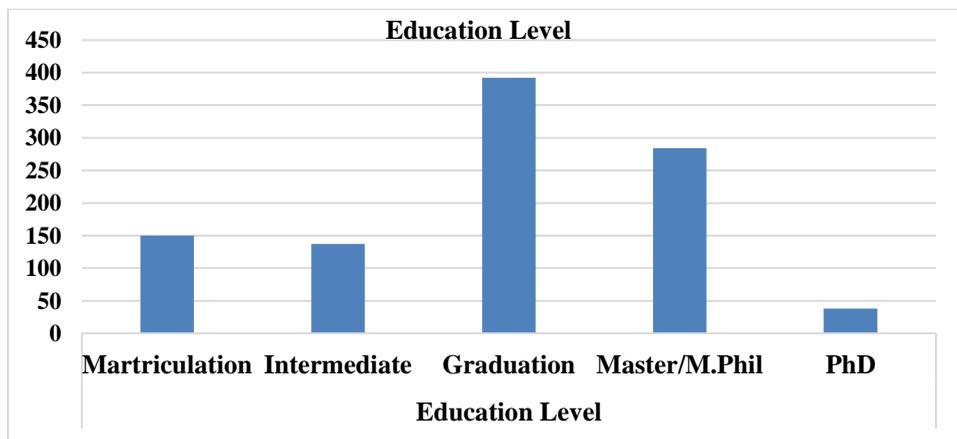


Figure 5.2

Table 5.4
The Monthly Income (Average) Detail of the Respondents

Category	Frequency	Percent	Mean	Std. Deviation
Up to 20,000	440	44.0	-	-
20000 to 40000	137	13.7	-	-
40000 to 50000	91	9.1	-	-
50000 to 60000	63	6.3	-	-
60000 to 70000	80	8.0	3.22	2.805
70000 to 80000	34	3.4	-	-
90000 to 100000	26	2.6	-	-
More Than 100000	130	13.0	-	-
Total	1001	100.0	-	-

In Table 5.4 the monthly income (average) of the respondents is given as the total sample taken in the study is 1001 which is categorized as the 44.0% of respondents have up to 20,000, 13.7% respondents have 20000 to 40000, .9.1% respondents have 40000 to 50000, .6.3% respondents 50000 to 60000, 8.0% respondents have 60000 to 70000, 3.4% respondents have 70000 to 80000, 2.6% respondents have 90000 to 100000 and 13.0% have more than 100000 monthly income (average).

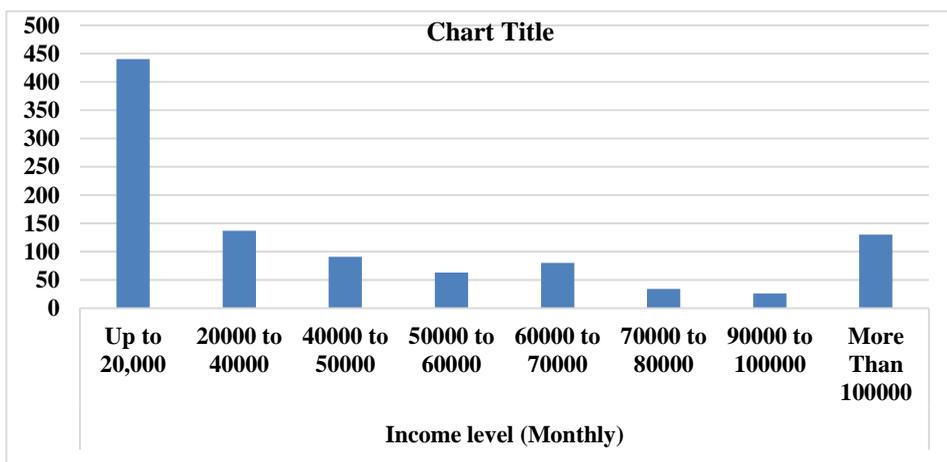


Figure 5.3

Table 5.5
Do You Worry about Your Health Detail of the Respondents
Monthly Income (Average)

Category	Frequency	Percent	Mean	Std. Deviation
Yes	647	64.6	-	-
No	45	4.5	1.66	.918
To Some Extent	309	30.9	-	-
Total	1001	100.0	-	-

In Table 5.5 Do you worry about your health detail of the respondents is given as the total sample taken in the study is 1001 which is categorized as the 64.6% of respondents answer yes, 4.5% respondents answer No, and 30.9% of respondents to some extent worry about their health.

Table 5.6
Do you know about these following Communicable Diseases?
Mark against each Statement that Matches your Opinion

Category	Frequency	Percent	Mean	Std. Deviation
All Diseases	420	42.0	-	-
TB	55	5.5	-	-
Polio	24	2.4	2.05	2.05
Hepatitis	62	6.2	-	-
COVID-19	440	44.0	-	-
Total	1001	100.0	-	-

In Table 5.6 shows detail of the respondents who have knowledge about these following communicable diseases? Mark against each statement that matches your opinion. The total sample taken in the study is 1001 which is categorized as the 42.0% of respondents have knowledge about all diseases, 5.5% of respondents know about TB, 2.4% respondents know about Polio, 6.2% respondents know about Hepatitis, and 44.0% respondents know about COVID-19.

Table 5.7
In Case Your Source of Information about Contagious Diseases is other than Media, then what is the Major Source of your Information?

Category	Frequency	Percent	Mean	Std. Deviation
Health Worker	166	16.6	-	-
Relatives	67	6.7	-	-
Family Member	441	44.1	3.48	1.714
Co-Workers	101	10.1	-	-
Any Other	226	22.6	-	-
Total	1001	100.0	-	-

In Table 5.7 shows the major source of information detail of the respondents The total sample taken in the study is 1001 which is categorized as the 16.6% of respondents major source is health worker, 6.7% of respondents major source are relatives, 44.1% of respondents major source are family member, 10.1% of respondents major source are Coworkers, and 22.6% of respondents have any other major source of information.

Table 5.8
Shows which Type of Media is the Major Source of Your information
for the following Diseases. Tick One against each Disease if you are
Familiar with (Covid-19).

Category	Frequency	Percent	Mean	Std. Deviation
Banners, Pamphlet, Posters	156	15.6	-	-
Internet	437	43.7	-	-
TV	362	36.2	1.67	1.325
Radio	15	1.5	-	-
Newspaper	4	.4	-	-
Any other	12	1.2	-	-
Total	1001	100.0	-	-

In Table 5.8 shows type of media is the major source of your information for the following diseases. The total sample taken in the study is 1001 which is categorized as the 15.6% of respondents major source is Banners, pamphlet, posters, 43.7% of respondents major source is internet, 36.2% of respondents major source is TV, 1.5% of respondents major source is radio, .4% of respondents major source is newspaper, and 1.2% respondents have any other source information for the following diseases.

Table 5.9
How many Senior Citizens do you have at Home?

Category	Frequency	Percent	Mean	Std. Deviation
0	117	11.7	-	-
1	172	17.2	-	-
2	228	22.8	3.08	1.057
3 or More	484	48.4	-	-
Total	1001	100.0	-	-

In Table 5.9 show the detail of the senior citizens do you have at home. The total sample taken in the study is 1001 which is categorized as the 11.7% of the respondents have 0 senior citizen, 17.2% of the respondents have 1 senior citizen, 22.8% of the respondents have 2 senior citizen, and 48.4% of the respondents have 3 or more senior citizens do you have at home.

Table 5.10
Have you ever been Tested at Airport, Hospital or in Laboratory?

Category	Frequency	Percent	Mean	Std. Deviation
Yes	392	39.2	-	-
No	609	60.8	1.61	.488
Total	1001	100.0	-	-

In Table 5.10 show the detail of the respondent's ever been tested at airport, hospital or in laboratory. The total sample taken in the study is 1001 which is categorized as the 39.2% of the respondent's has been tested at airport, hospital or in laboratory, and 60.8% of the respondents has not been tested at airport, hospital or in laboratory.

Table 5.11**What do you Personally Feel and think about the Existence of Corona Virus?**

Category	Frequency	Percent	Mean	Std. Deviation
Yes	870	86.9	-	-
No	131	13.1	1.13	.337
Total	1001	100.0	-	-

In Table 5.11 show the detail of the respondent's personally feel and think about the existence of corona virus. The total sample taken in the study is 1001 which is categorized as the 86.9% of the respondent's personally feel and think about the existence of corona virus, and 13.1% of the respondents personally not feel and think about the existence of corona virus.

Table 5.12**Do You Know the Symptoms of Corona Virus?**

Category	Frequency	Percent	Mean	Std. Deviation
Yes	935	93.4	-	-
No	66	6.6	1.07	.248
Total	1001	100.0	-	-

In Table 5.12 show the detail of the respondent's know the symptoms of corona virus. The total sample taken in the study is 1001 which is categorized as the 93.4% of the respondent's well aware of the symptoms of corona virus, and 6.6% of the respondents not know the symptoms of corona virus.

Table 5.13**In Which Medium do you like to have Public Service Message about Corona Pandemic? Please Tick your Favorite Option**

Category	Frequency	Percent	Mean	Std. Deviation
On Mobile Telephone	246	24.6	-	-
While Watching TV	275	27.5	-	-
Listening Radio	29	2.9	1.90	.456
Using Social Media	451	45.1	-	-
Total	1001	100.0	-	-

In Table 5.13 show the detail of the respondent's Which medium do they like to have public service message about corona pandemic The total sample taken in the study is 1001 which is categorized as the 24.6% of the respondent's use mobile telephone, 27.5% of the respondents while watching TV, 2.9% of the respondents Listening radio, and 45.1% of the respondents using social media to know public service message about corona pandemic.

Table 5.14
Do Mass Media Provide required information and Knowledge
about Contagious Diseases which do you Expect from it?

Category	Frequency	Percent	Mean	Std. Deviation
Yes	619	61.8	-	-
No	91	9.1	-	-
To Some Extent	291	29.1	1.67	.896
Total	1001	100.0	-	-

In Table 5.14 show the detail of the mass media provide required information and knowledge about contagious diseases which do you expect from it. The total sample taken in the study is 1001 which is categorized as the 61.8% of the respondent's agree with the statement, 9.1% of the respondents disagree with the statement, and 29.1% of the respondents to some extent agree or disagree with the statement.

Table 5.15
Which Media do you Prefer the Most for Getting Health information?

Category	Frequency	Percent	Mean	Std. Deviation
Social Media	639	63.8	-	-
Mass Media	227	22.7	-	-
Banner, Poster Advertisement	61	6.1	1.57	.901
Any other	74	7.4	-	-
Total	1001	100.0	-	-

In Table 5.15 show the detail of the respondent's media do they prefer the most for getting health information. The total sample taken in the study is 1001 which is categorized as the 63.8% of the respondent's use social media, 22.7% of the respondent's use mass media, 6.1% of the respondents use Banners, poster, and 7.4% of the respondents use any other media prefer the most for getting health information.

DISCUSSION

Summary and Conclusion

Good health is not merely the absence of disease it is a state of physical, mental, and social well-being. Technologies may help people live longer, but not necessarily better. What is important is to enable people to increase control over and improve their health.

The researcher has selected this topic to study the effects of communication campaigns by the World Health Organization. This study was conducted to investigate the phenomenon of communicable/contagious diseases prevailing in Pakistan Society at large. These contagious diseases are serious threats to human lives. The researcher also wants to know the role of the World Health Organization in eliminating these infectious diseases with the collaboration of the government of Pakistan. This intensive research deals with serious issues regarding human lives and how to save and prevent them from deadly diseases.

The summary also deals with the research design that has been followed in this study, addressing the population, sampling procedure, data collection instrument and data collection procedure. This study is aimed to find out and evaluate the “effects of communication camping of world health organization: A case study of Pakistan” it tries to contribute some possible suggestions regarding the topic cited above. Since it addresses the current status of research, it was descriptive in nature. The survey method was considered appropriate for conducting this study. The population of this study is including citizens of Pakistan aged 18 to 60 years old living in five provinces of Pakistan.

This study was delimited to the all-region of Pakistan. The proportionate random sampling technique is used to select the sample for this study because while selecting the sample both male and female gender have been chosen. Almost one thousand (1001) selected people were targeted including both males and females living in urban and rural areas as well. Mix method was used to collect data on the physical distribution of the questionnaire along with the Google doc application, the link of the questionnaire is shared and responses are collected. Almost one thousand and one (1001) responses are collected out of one thousand which has an excellent response rate.

FINDINGS

- Total sample of the population was taken for the current study was 1001, almost 50% of the respondents were from male and 50% were female, 74% of the respondents were from urban areas while 26% were from rural areas, 25% married while 75% were unmarried participants, majority of the respondents were having five number of children.
- On the question about the Number of your Children below the age of five 84% respondents chose the none option.
- Majority of the respondents have the income level more than twenty thousand.
- 64.6% of respondents chose the yes option on the question that do you worry about your health.
- Majority of the respondents said that they avoid treatment because they feel that the treatment is out of their access, the percentage is 62.8.
- The question about the fear towards treatment because of negative coverage in mass media majority take the no option.
- Majority of the respondents were aware about the COVID-19 while few other knows less about different communicable diseases and majority of the respondents take information from different sources of information included family members.
- On the question that which type of media is the major source of your information, the majority of the respondents tell that they get information from internet websites and TV is also the major source of their information.
- Majority of the respondents do not know the EPI programs.
- The information about COVID-19 is collected, both male and female were the participants. Majority of respondents having more than three senior citizens at

their home, and majority of the respondents belong to working in high risk occupations.

- Majority (92%) of the respondents have knowledge about covid-19 that it is infectious/communicable disease and majority accepted that they personally believe and think about the existence of corona virus and many of their relatives, neighbors and family members caught by COVID-19.
- Majority of the respondents admitted that along with economic crises some new doors are opened with this disease covid-19.

CONCLUSION

At the start of the study following questions are set: what are the serious complications of communicable diseases and what are their treatment possibilities provided by the world health organization, what is the COVID-19 phenomenon, and what is the people's perception and practice regarding vaccination of COVID-19 and other communicable diseases treatment, and finally what is the role and efforts of WHO in eradicating communicable diseases in Pakistan. From the above-mentioned questions different objectives are set: to know the knowledge, attitude, and practice level of people regarding communicable diseases, to know the level of participation and interest of people in communicable diseases eradication campaigns regarding polio, TB, hepatitis C, and covid-19, to know which of the communication medium is more popular among people of Pakistan regarding health messages, to know the impact of public health messages regarding polio, TB, hepatitis C and Covid-19 campaigns on people, and to highlight the role of WHO in creating health awareness and providing health facilities in Pakistan.

Keeping in view the above objectives and analyzing the findings extracted from the analysis of the collected data it is clear that the knowledge, attitude, and practice level of people regarding communicable diseases is positive and valuable. The majority of the people are aware and keenly know about communicable diseases they participated in and took interest in the eradication of communicable campaigns regarding polio, TB, Hepatitis C, and COVID-19. It is clear from the findings that Mass Media and web media as a communication mediums are more popular among the people of Pakistan regarding health messages.

The findings are clearly indicating that the impact of public health messages regarding polio, TB, Hepatitis C, and COVID-19 campaigns is positive and visible and has a strong impact on people. The findings of the study also highlight that the role of WHO in creating health awareness and providing health facilities in Pakistan is positive and also a blessing in the eradication of all these infectious diseases from Pakistan.

Finally, it is concluded that the effects of communication camping of the world health organization (WHO) are positive and all the respondents are somehow aware of these communication campaigns, these are also beneficial for the entire population of Pakistan and also for the entire world in all these campaigns are valuable and worth mentioning.

RECOMMENDATIONS

- In the presence of the above-mentioned discussion and conclusion of the study, underneath suggestions are made at the end of the study:
- The Pakistani people need more knowledge and awareness about communicable diseases because Pakistan is a developing country due to poor availability of health services and ignorance people avoid treatment and do not adopt precautionary measure. Majority of the people are sharing information without any confirmation whether this is a positive or negative news due to these reasons a lot of misconceptions about communicable disease including polio, TB, Hepatitis-C and COVID-19 are there and these need to be dearly addressed in future.
- The people of Pakistan are not much aware that mostly health Communication campaigns are initiated and funded by WHO's collaboration with government of Pakistan. But due to the new advancement in technology and due to pandemic lockdown leisure, people has shifted from routine medium of information to advanced medium of information. There is a positive change in the value and understanding of health communication campaigns which have increased and now people of Pakistan are more aware than before about these communication campaigns launched by WHO in Pakistan.
- The health well-being authorities and media communicators both have to coordinates with each other so to educate and aware the public in emergency situation.
- The fight against any infectious disease there is a need of time to create skillful volunteers, health teams and well-trained media persons, and correspondence to advice public about pandemic and its prevention with no sensation.
- Media either web or mass media should focus on the well-being of the public so health Programme and other news contents must be designed with colourful and authentic presentations.
- Poverty, illiteracy and uncertainty is making Pakistani people confused and hopeless so government should focus on improving the living standard of people.
- Health sector need much and more attention of the concerned authorities, so government should take revolutionary action to relief the people of Pakistan.
- It is suggested that mass media and social websites should promote awareness and disseminate accurate information in communities regarding COVID-19 and other infectious diseases.

REFERENCES

1. Agrawal, S., Goel, A.D. and Gupta, N. (2020). Emerging prophylaxis strategies against COVID-19. *Monaldi Archives for Chest Disease*, 90(1), 169-172.
2. Artz, L. and Kamalipour, K. (2003). *The Globalization of Corporate Media Hegemon*, State University of New York Press, New York.

3. Bilal, Latif, F., Bashir, M.F., Komal, B. and Tan, D. (2020). Role of electronic media in mitigating the psychological impacts of novel coronavirus (COVID-19). *Psychiatry research*, 289, 113041. doi:10.1016/j.psychres.2020.113041
4. Felman, A. (2021). What to Know about Coronaviruses: Definition, COVID-19, SARS, MERS. Retrieved from <https://www.medicalnewstoday.com/articles/256521>
5. Gerbner, G. (1985). *Field definitions: Communication theory. US Directory of Graduate Programs (1984 1985) 9th Edition, USA.*
6. Hui, M. (2020). *Why won't the WHO call the coronavirus by its name, SARS-CoV-2?* Accessed from <https://qz.com/1820422/coronavirus-why-wont-who-use-the-name-sars-cov-2/>
7. Javed, B., Sarwer, A., Soto, E.B. and Mashwani, Z.U.R. (2020). Is Pakistan's response to coronavirus (SARS-CoV-2) adequate to prevent an outbreak? *Frontiers in Medicine*, 7, 158. doi: 10.3389/fmed.2020.00158
8. Jha, S. (2005). Social Action for Health. In K. Mahadevan (Ed.), *Communication & Education for Health Promotion & Population Regulation* (pp. 333-342). B.R. Publishing Corporation, Delhi.
9. Johns Hopkins University: Coronavirus Resource Centre (2020). *COVID-19 dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University.* <https://coronavirus.jhu.edu/map.html>.
10. Kaliyaperumal, K.I.E.C. (2004). Guideline for conducting a knowledge, attitude and practice (KAP) study. *AECs Illumination*, 4(1), 7-9.
11. Kamel Boulos, M.N. and Geraghty, E.M. (2020). Geographical tracking and mapping of coronavirus disease COVID-19/severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) epidemic and associated events around the world: how 21st century GIS technologies are supporting the global fight against outbreaks and epidemics. *International Journal of Health Geographics*, 19(1), 1-12.
12. McGinnis, J.M. and Foege, W.H. (1993). Actual causes of death in the United States. *Journal of the American Medical Association*, 270(18), 2207-2212.
13. Noreen, N., Dil, S., Niazi, S.U.K., Naveed, I., Khan, N.U., Khan, F.K. and Kumar, D. (2020). COVID 19 Pandemic & Pakistan; Limitations and Gaps. *Global Biosecurity*, 1(4). doi:10.31646/gbio.63
14. Olorunnipa, T., Cha, A.E. and McGinley, L. (2020). Drug promoted by Trump as coronavirus 'game changer' increasingly linked to deaths. *Washington Post*. <https://conspiracytech.com/Hydroxychloroquine%20drug%20promoted%20by%20Trump%20as%20coronavirus%20E2%80%98game%20changer%20E2%80%99%20increasingly%20linked%20to%20deaths%20-%20The%20Washington%20Post.pdf>
15. Soto, A. (2020). Nigeria has chloroquine poisonings after Trump Praised drug. *Bloomberg*. <https://www.bloomberg.com/news/articles/2020-03-21/nigeria-reports-chloroquine-poisonings-after-trump-praised-drug>
16. Swatzyna, R. (2005). World Health Organization & Health Education. In K. Mahadevan (Ed.), *Communication & Education for Health Promotion & Population Regulation* (pp. 3-19). B.R. Publishing Corporation, Delhi.
17. Weiland, N. and Haberman, M. (2020). Oracle Providing White House with Software to Study Unproven Coronavirus Drugs. *The New York Times*. <https://www.nytimes.com/2020/03/24/us/politics/trump-oracle-coronavirus-chloroquine.html>

18. WHO (2018). *Managing Epidemics: Key facts about major deadly diseases*. World Health Organization, USA.
19. WHO (2020a). *COVID-19 in Pakistan: WHO fighting tirelessly against the odds*. Retrieved from <https://www.who.int/news-room/feature-stories/detail/covid-19-in-pakistan-who-fighting-tirelessly-against-the-odds>
20. WHO (2020b). *Pakistan: WHO supports Pakistan's "We Care" campaign to protect frontline health care workers*, WHO Regional Office for the Eastern Mediterranean. Retrieved from <http://www.emro.who.int/pak/pakistan-news/who-supports-pakistans-qwe-careq-campaign-to-protect-frontline-health-care-workers.html>
21. WHO (2020c). *Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)*. Accessed from [https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))
22. Worldometer (2020). *COVID-19 Coronavirus Pandemic*. Accessed from <https://www.worldometers.info/coronavirus/>
23. Yao, X., Ye, F., Zhang, M., Cui, C., Huang, B., Niu, P., Liu, X., Zhao, L., Dong, E., Song, C. and Zhan, S. (2020). In vitro antiviral activity and projection of optimized dosing design of hydroxychloroquine for the treatment of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). *Clinical Infectious Diseases*, 71(15), 732-739.
24. Yousafzai, F.U. (2010). *Social Communication Campaigns: A Study of Mass Media Effects Process* (pp. 30-31), Lap Lambert Academic Publishing AG & KG, USA.