

24 October, 2021  
Dr. Kamran Abbasi  
The BMJ

Dear Dr. Abbasi,

Thank you for considering our manuscript, titled 'the COVID-19 pandemic, misinformation, trust, and community resilience' in your esteemed journal, the BMJ.

We would like to thank the reviewers for the careful and thorough reading of this manuscript, as well as thoughtful comments and suggestions, which will help us improve this paper. The table below details our responses. We also aimed to address the editor's comments through the reducing the length of the paper to 1836 words, expanding the section on trust, and ensuring that the link between lessons learned from the pandemic and the case for embracing a community resilience framework is clear.

We sincerely hope that the revisions made to the helpful comments are satisfactory. We are, of course, happy to make any further changes. Thank you for kind consideration for our revised manuscript, and we sincerely hope it's suitable for publication in the BMJ.

<b>Reviewer #1</b>	<b>Authors' responses</b>
There is no doubt that this group of authors brings an international wealth of knowledge and experience to this paper.	Many thanks for your kind comment. We really appreciate it.
The challenge for them is to make the case for their proposal succinctly in attractive language and with a snappy title that will draw and keep the attention of readers who may not be so familiar with the topic. The BMJ require that analysis articles should be around 1800 – 2000 words long: this piece far exceeds that maximum @2,700 words.	Thank you for the suggestion. We have restructured our analysis to ensure that we stay within the limits of BMJ at 1836 words.
There is much repetition as well as paragraphs of enormous length which are immediately off-putting for busy doctors, health professionals and other readers of the BMJ. Structuring and ensuring that the paper is easily navigable by providing headings and sub-headings would be advantageous in enabling readers to maintain interest. A clear structure that outlines your case; provides succinct information to give background; then concludes with suggestions	We have restructured our submission to do exactly that. The paper is now structured as: context for the pandemic, risk communication and community engagement efforts during the pandemic, lessons learned, then concluding with the case for investment in community resilience

<p>about how to achieve the proposal and bring readers on board would be helpful. Perhaps there should be an indication about the many uncertainties that obtain that are inherent in researchers' effort to obtain reliable evidence about all the aspects in this complex unfolding of a pandemic with its constantly changing worldwide dynamics?</p>	
<p>Various distinguishable writing styles from different contributors are evident which leads me to suggest that it would benefit from being 'homogenised' to a more easily readable, punchier style. Use of active rather than passive verb construction; less use of the gerund; better choice of vocabulary; shorter paragraphs, shorter sentences and a more direct style would make for easier reading and a more direct message.</p>	<p>We have now gone through the paper to ensure that the writing is easily accessible to the reader</p>
<p>Title Not exactly 'snappy'!</p>	<p>We have now edited the title to make it easier to follow: <b><i>"Investing in trust and community resilience: lessons learned from the early months of the first digital pandemic"</i></b></p>
<p>Key messages Above listed shortcomings in grammar and syntax are unfortunately evident here.</p>	<p>We have edited the key messages to reflect the edits in the article</p>
<p>Patient Involvement This requirement of the BMJ, for authors to state where there has been any patient involvement in the work is not sufficient to cover all topics, especially public health related topics where citizens are affected. The reversal of the doctor-patient relationship in much of Medicine today, where health professionals' activities involve approaches to, or otherwise involve citizens, would require that authors and researchers should be asked to widen that description to include citizens. A paper such as</p>	<p>Thank you for making this important point. Our work was indeed guided by many public exchange events with a number of stakeholders and civil society organised by the Independent Panel. We now note that in our paper</p>

<p>this, calling for a `community resilience approach` would surely benefit from the inclusion of knowledgeable people who are representatives of communities?</p>	
<p>Standfirst          “They argue that the COVID-19 highlights shortcomings in the current approach to communication and community engagement.”          An example of ambiguous wording in the first paragraph: “...the COVID-19 highlights”.</p>	<p>We have made edits to the Standfirst to ensure that the language is clear</p>
<p>Introduction          Paragraphs of nearly two A4 pages length represent a considerable challenge – see my comments above.</p>	<p>We have made edits to shorten the paragraphs and ensure that the language is clear</p>
<p>Boxes          Box 1 is attractive, well-organised and well expressed. It clearly sets out success factors and provides a guide to tactics and examples.</p>	<p>Thank you</p>
<p>Boxes 2 and 3, by contrast, are dense in appearance and content, unattractive, not the succinct structured summary that would draw the eye.</p>	<p>We have made edits to shorten the paragraphs and ensure that the language is clear</p>
<p>There is detailed repetition of text rather than a summary of main points.</p>	<p>We have restructured the paper to ensure that the language is clear</p>
<p><b>Reviewer #2</b></p>	
<p>The paper discusses some of the issues concerning misinformation and trust with respect to the Covid-19 pandemic. One of its main messages is that communication strategies and community engagement activities are often given insufficient attention in pandemic preparedness efforts. The paper goes on to argue that a community resilience</p>	<p>Many thanks for your kind comment. We really appreciate it.</p>

<p>approach should be utilized in future preparedness and response efforts. The paper is clearly written and given the constraints on word length marshals its arguments well. I enjoyed reading the paper. I have no significant comments to make on the paper but offer a few reflections below which the authors may wish to consider:</p>	
<p>* in the third paragraph of the introduction mention is made of social media discussions spreading confusion around debates in the scientific literature early in the pandemic( eg mask wearing; mode of transmission). Do the authors feel able to offer an opinion on how social media should address reasonable scientific debate when consensus is still building?</p>	<p>Thank you for the comment. Unfortunately, because of the word limits and the overall direction of this the paper, we cannot expand on that point and have now modified the sentence as to not create confusion. However, we believe that this is an important area and we aim to address it in future papers.</p>
<p>* the authors state (lines 141-7) that some countries heavily relied on digital communication channels such as government websites, social media, and messaging apps for communication efforts but that the use of these channels inadvertently led to the emergence of misinformation and disinformation. Could the authors offer an example to help illustrate this?</p>	<p>We have now edited the paragraph to clarify that we are trying to make the point that social media can have, and had, both positive and negative impact on the pandemic. We also tried to make the examples in box 1 clearer</p>
<p>* in line 187 the authors state that an indication that the science would evolve during the pandemic was often missing in many official communications. I feel this is an important point and could usefully be given a greater emphasis</p>	<p>We agree with the reviewer on the importance of this point. We now make that clearer in the section on lessons learned from the pandemic. Unfortunately, because of the word limits, we couldn't expand further on it</p>
<p>* in Box 1 the authors helpfully highlight some of the themes of successful community engagement efforts during Covid -19. Do they have any insights to offer about community responses that developed from within and without direction or prompting from outside agencies and organisations, and whether anything can be learned from such responses.</p>	<p>None of the examples we collected within the panel fit the criteria highlighted by the reviewer unfortunately. We couldn't highlight anything learned from such examples.</p>

<p>* this may not be the paper to discuss the issues fully but I wonder whether it would be helpful to discuss misinformation channeled through social media in a little more detail. For example whether it is helpful to distinguish misinformation that originates from misinformed individuals and that which comes from malevolent actors who wish to sow mistrust in communities (such as state sponsored or criminal groups).</p>	<p>We agree that a distinction should be made. We have incorporated a mention of misinformation by powerful figures but believe a clearer distinction is beyond the scope of this paper. We aim to write a more detailed paper on misinformation in future work and we hope to make that distinction clear there.</p>
<p>* in their concluding paragraph the authors make the important point that a community resilience approach requires fostering a culture of social connectedness and investment in civic mindedness. It would be helpful to give a brief indication of how this could be done.</p>	<p>We aimed to expand on that point in our revision, but we could not expand as much as we would like to because of the word limit for the article</p>
<p><b>Reviewer #3</b></p>	<p><b>Authors' responses</b></p>
<p>Thank you for requesting I review the manuscript by Abdalla and colleagues. The manuscript is a viewpoint on the importance of community engagement in pandemic preparedness and response. I found the manuscript very interesting, particularly the box that provided an overview of some of the existing community programs in different countries that have been leveraged on to improve community engagement during the pandemic. It is a topic area that is highly relevant in the current climate and appropriate to the scope of BMJ.</p>	<p>Many thanks for your kind comment. We really appreciate it.</p>
<p>However, the manuscript is not structured well. It would benefit from better flow and connectivity between paragraphs, and clearer topic sentences at the beginning of each paragraph. American English has been used instead of British (e.g. organized instead of organised), there is incorrect grammar and sentence structures, and missing words, that need to be addressed. Two examples are</p>	<p>We have restructured our submission to do exactly that. The paper is now structured as: context for the pandemic, risk communication and community engagement efforts during the pandemic, lessons learned, then concluding with the case for investment in community resilience. We also ensured that we review the manuscript to catch any potential grammar mistakes.</p>

<p>highlighted below:</p> <ul style="list-style-type: none"> <li>• In the key messages box on page 2: The pandemic was marked by unprecedented ability and speed to share information globally, eroding trust in institutions, and “creating” grave socioeconomic inequities that exacerbated the impact of the pandemic. These enabled an environment of misinformation and erosion of trust.</li> <li>• Page 4 line 17-18, They argue that the COVID-19 “pandemic” highlights shortcomings in the current approach to ...</li> </ul>	
<p>It would be good for you to define what you mean by the word ‘community’ early on, as engagement with community is the focus of your manuscripts and it means different things to different people. You appear to apply it largely to refer to population subgroups within countries.</p>	<p>We now define the term community in the section on risk communication and community engagement</p>
<p>On Page 4 line 99 the authors discuss that challenges include communicating through different languages and dialects. There doesn’t appear to be any discussion on the impact of different cultural and religious beliefs and how these impact on a community’s access and use of information. Cultural and religious beliefs (independent of language) are learned, shared and transmitted (often intergenerationally) values and beliefs that will influence thinking, decisions and actions in different ways.</p>	<p>Thank you for the comment. We have now included cultural and religious beliefs to challenges to communication</p>
<p>On Page 6 line 158 on the authors assert that trust in three types of actors is often relevant to required behavioral change: the government which imposes the required changes and requests people’s compliance, fellow citizens whose cooperation is needed for individual efforts to be effective, and science as the source of information arguing that these</p>	<p>Our wording was based on existing literature we drew from. We share the reviewer’s view that healthcare systems and workers are important contributors to trust or lack thereof and now include that in our analysis</p>

<p>changes are needed. Do you have a reference for this? I am curious about why you haven't included the role of health systems, organisations and workers, as both a source of trusted information (and interpreters of the science) for many individuals.</p>	
<p>Comment 4: Boxes should be able to be read alone, and so you should not have undefined acronyms in them. I would suggest in Box 2 and 3 that you spell out RCCE in the box title and then put the acronym in brackets.</p>	<p>Excellent point. We have done that now.</p>