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# Workshop to Strengthen Ebola Response Plans in the Region of the Americas

Quito, Ecuador, 9 and 10 December 2014



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## GUIDE FOR FACILITATORS

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## **I. Objectives, Structure, Participants**

The objective of the International Health Regulations (IHR) Workshop on risk communication capacity building for public health emergencies is to promote and facilitate better communication during public health emergencies, by developing the core capacity of risk communication as part of the IHR surveillance and response requirements.

### **Specific objectives:**

1. Give epidemiological information to the participants on Ebola, Chikungunya, and other public health threats and explain the strategic role of risk communication as one of the core capacities required for implementation of the IHR.
2. Strengthen risk communication skills for responding to epidemic outbreaks that may constitute public health emergencies of international concern.
3. Explain the complexities of risk communication and the problems surrounding a public health emergency.
4. Share experiences from the countries to prepare for a possible introduction of an Ebola case.
5. Strengthen participants' skills as they prepare their risk communication strategies and plans for Ebola and other public health emergencies of national and international concern.

### **Simulation exercise:**

The workshop includes a simulation exercise for teaching purposes to promote discussion and consider real problems that may arise during evolving public health emergencies considering varying perceptions and concerns. Later, with support from the facilitators, the participants will evaluate their decisions and come up with the steps needed to boost their skills.

The simulation exercise is divided into four parts.

### **Structure of the technical sessions:**

The workshop is divided into 5 modules and three presentations.

1. Each module starts with a summarized description of the scenario of the simulation exercise (power point presentation) while a hard copy of the scenario is distributed to the participants for more detailed reading.
2. Next, each group will be assigned a task by the facilitators, according to the scenario presented. This will promote group discussion and decision-making.
3. Once time is up, the main facilitator will give a brief presentation introducing a broad theoretical perspective on the issues raised according to the scenario presented, with specific recommendations that may help correct shortcomings in this area.
4. The responses of the working group will serve as the basis of a plenary discussion moderated by a facilitator.

## Organization and role of the participants and facilitators

About 35 participants in an ideal number.

### Working groups:

Four working groups of six to seven participants each will be selected randomly to work at round tables. The role played by each working group is that of a **risk communication team at the Ministry of Health of Tropicalia** (an imaginary country).

During module 5 (Risk Communication Plan), the participants will work in country teams.

The final assignment is module 5, based on modules 1-4. Each country team will consider the contents of its national risk communication plan, identifying strengths and weaknesses in order to respond to the challenges of a scenario in which an epidemic of national or international concern breaks out.

The facilitators will accompany the working groups, encouraging all team members to be actively engaged, and will support them by presenting case studies in the respective modules.<sup>1</sup>

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<sup>1</sup> This Guide was adapted from the Guide for Facilitators for the Risk Communication Workshop for Public Health Emergencies conducted by PAHO/WHO from 23 to 25 March 2010 in Lima, Peru; and the Workshop Guide for the IHR Risk Communication Capacity Building Workshop conducted by PAHO/WHO and the CDC from 18-20 May 2011 in Antigua, Guatemala.

## Sample Agenda

8:00-8:30	<b>Registration</b>
8:30-8:45	<b>Opening session</b>
8:45-9:10	<b>Introduction of participants</b>
9:10-9:15	<b>Introduction to the workshop</b>
9:15-9:35	<b>Presentation: Ebola, Chikungunya, the International Health Regulations (IHR)</b>
9:35-10:00	<b>Presentation: Introduction to risk communication</b>
10:00-10:15	<b>Experience on risk communication regarding Ebola in Liberia I would put this later in the Workshops such as right before the press conference.</b>
10:05-10:30	<b>BREAK</b>
10:30-13:00	<b>Module 1: Transparency and dissemination of information</b>
13:00-14:00	<b>LUNCH</b>
14:00-16:00	<b>Module 2: Coordinating public communication</b>
16:00-16:15	<b>BREAK</b>
16:15-17:30	<b>Countries present Risk Communications Plans for Ebola</b>
17:30-17:45	<b>Close of first day</b>

8:30	<b>Explanation of work day</b>
8:45-10:45	<b>Module 3: Risk communication for public meetings and press conferences</b>
10:45-11:00	<b>BREAK</b>
11:00-13:00	<b>Module 4: Listening through dialogue and messages</b>
13:00-14:00	<b>LUNCH</b>
14:00-14:25	<b>The Risk Communication Plan</b>
14:45-16:00	<b>Module 5 –Working Group—Communication Plans</b>
16:00-16:30	<b>Module 5 Plenary</b>
17:00	<b>Closing</b>

### III. Responsibility chart by activity

Module	Activity	Responsible Party
Registration	Register the participants and give them logistical information if needed (agenda, lunch venue, etc.)	
Opening Session	Open the workshop.	
Introduction of participants	They gather by table and introduce themselves, stating what they expect to get out of the workshop	
Introduction to the workshop	Objectives, expected results etc.	
<b>Presentation 1</b>	International Health Regulations. Ebola and Chikungunya preparedness and response	
<b>Presentation 2</b>	Introduction to risk communication (knowledge refresher)	
	Experience of risk communication regarding Ebola in Liberia	
<b>Module 1</b>	<b>Transparency and dissemination of information</b>	
Module 1	Presentation of the simulation scenario	
Module 1	Work in groups	Facilitators
Module 1	Theoretical presentation and “Ebola in Spain” case study	
Module 1	Plenary discussion Introduction to the decision-making instrument	
<b>Module 2</b>	<b>Coordination of public communication</b>	
Module 2	Presentation of the scenario	
Module 2	Work in groups	Facilitators
Module 2	Theoretical presentation and case study	
Module 2	Plenary discussion	
<b>Foreword</b>	Presentation of Ebola communication plans (one representative from each country)	
<b>Close day 1</b>	Summarize day 1 and activities for day 2	
<b>Module 3</b>	<b>Risk communication for public meetings and press conferences</b>	
Module 3	Presentation of the scenario	
Module 3	Work in groups (role playing: authorities, public, and journalists)	Facilitators
Module 3	Theoretical presentation Effective public communication: key messages, media, social networks, role of spokespersons	
Module 3	Plenary.	
<b>Module 4</b>	<b>Listening through dialogue</b>	
Module 4	Presentation of the scenario	
Module 4	Work in groups	Facilitators
Module 4	Theoretical presentation: monitoring	

	information and the use of social networks, and case study	
Module 4	Plenary discussion	
<b>Module 5</b>	<b>The Risk Communication Plan</b>	
<b>Presentation 3</b>	The Risk Communication Plan	
Module 5	Presentation of working group assignment: What are the goals for strengthening risk communication strategies in the countries-- the challenges? --the next steps?	
Module 5	Working group session by country	
Module 5	Plenary--country presentations	
Closure	Outcomes, next steps	

## IV. Introductory Presentations

### **2005 International Health Regulations in the context of the current epidemic outbreaks: Ebola, Chikungunya**

Give participants information on Ebola and CHK to update knowledge on the importance of communication as one of the core capacities required by the IHR.

#### **Introduction to risk communication: knowledge refresher**

Present theoretical elements of risk communication, the standards recommended by PAHO/WHO and the experts, and risk perception.

#### Specific objectives:

- Introduce the importance of risk communication in the context of public health emergencies, given their political implications.
- Explain the PAHO/WHO risk communication rules—the subject of in-depth work over the five modules of the workshop.
- Explain to the participants the importance of understanding different population risk assessment models, as a necessary element to prepare successful communication interventions.

## V. Module 1: Transparency and dissemination of information

In this module the participants will face the practical challenge of deciding what information to publicize and what information to withhold in the context of a health emergency.

It is related to the WHO principles of Early Announcement and Transparency.

### Materials and equipment to use:

- Computer and projector
- Flipcharts and colored markers for each group
- Wireless microphones

Steps	Topic or activity	Duration 1. 25 hrs.	Resources and summaries	Responsible Party
1	Description of the scenario	5 min.	Guide for facilitators module 1 Presentation of the scenario. Scenario part 1	
2	Working group task	30 min.	Working group task part 1	
3	Theoretical presentation: Ebola in Spain	30 min.	Theoretical presentation on public communication during public health emergencies; Decision-making document	
4	Plenary	20 min.	Evaluation guide. Notes for facilitators part 1	

## **Module 1- Simulation Exercise**

### **Background information for the simulation exercise**

Tropicalia and Springfield are the two neighboring countries where the story primarily takes place.

Springfield lies to the north. It is an economically developed country with a democratic system of government, and the predominant language is English.

The country has a strong public health system that has withstood several prominent public health emergencies in recent years.

Tropicalia is a country experiencing economic growth, particularly in the past few years. Although it has a democratic system of government, it has had periods of political instability.

Its local population is more homogenous than that of Springfield; however it has several minority populations, primarily comprised of ethnic groups, including indigenous communities. The country has a long coastline and prosperous tourism industry. The official language is Spanish, although other languages are spoken in some areas with indigenous or Afro-descendent populations.

The country has an efficient public health system, including public facilities used by the citizens and a system of private clinics that serve foreign tourists.

The situation takes place in the largest cities of Tropicalia and Springfield. In Tropicalia it occurs in the summer, which is high season for tourism.

#### **Springfield**

Population: 42 million

Capital: Springland

Language: Primarily English, although certain ethnic communities speak other languages.

#### **Tropicalia**

Population: 5 million permanent residents and 800,000 tourists in the summer

Capital: Ciudad del Sol

Municipality with a predominantly indigenous area: Bucaray

Language: Primarily Spanish, although certain ethnic communities speak other languages. The tourists speak several languages, but a majority also speaks English.

#### **Kinagué**

A country located on another continent in the Western Hemisphere

Population: 2.5 million

Language: Several languages and dialects, although the official one is English.

#### **Camaguala:**

A country located in the Western Hemisphere that borders Kinagué to the east.

Population: 1.5 million

## Scenario: day 1 to day 9

### Day 1

The Christmas and New Year's holidays are approaching in Tropicalia. It is "high season" when many tourists visit this country to enjoy its tropical climate and beautiful beaches.

A 44-year old tourist from Springfield named John Smith, arrives at the Ciudad del Sol medical dispensary in Tropicalia's capital, complaining of high fever, headache, and body aches. The symptoms appeared just three days after his arrival in Tropicalia.

Smith arrived in Tropicalia after a trip to another country called Kinagué, where he worked as a journalist for an ecotourism agency. Unfortunately his work had to end early due to an epidemic outbreak in the village where he was staying. So before returning home, he decided to go to Tropicalia for two months of rest.

According to the symptoms he presented at the Ciudad del Sol medical center, he was diagnosed with flu. He returned to the hotel with instructions to rest and seek medical care if he did not improve.

Five days later John Smith entered the hospital with severe hemorrhaging and died. His corpse was taken to the Institute of Forensic Medicine for an autopsy to be conducted to determine the cause of the death.

### Day 8

A few days after John Smith's case, the Ciudad del Sol medical dispensary in Tropicalia received four more patients with similar symptoms. Two of the patients included an auxiliary nurse and a physician who had cared for Smith. The others were two workers from the Playa del Sol Hotel where Smith had stayed. All of them were seen and sent back home with similar instructions to rest.

While this was happening, the international news media were reporting on the outbreak of an epidemic in Kinagué with high mortality: more than 300 cases and 160 deaths. Additionally, suspected cases of that disease were reported in several neighboring countries.

The illness in Kinagué is an infectious disease with high mortality but a low infection rate. Infection occurs through direct or indirect contact with the blood or other bodily fluids of infected people, only when they have symptoms.

### Day 9

A physician from the Institute of Medicine contacts the Ciudad del Sol medical dispensary, where they inform him of the epidemiological relationship between the deceased and new cases that have the same symptoms as Smith.

After examining his passport and discovering that the tourist had previously been in Kinagué, where there is currently a highly lethal epidemic outbreak, the physician in charge of the autopsy assesses the possibility that John Smith may have died from the disease spreading in Kinagué. The severe symptoms he presented before his death coincide with the description of this disease. The physician takes a blood sample and sends it to the specialized laboratory in Springfield—the only biosafety 4 laboratory capable of analyzing an active sample.

In accordance with national disease reporting protocols, the physician reports to the Ministry of Health on the death of the patient and his connection to Kinagué, and provides the information known about

the other cases. At the same time, the situation in Kinagué is classified by WHO as a “public health emergency of international concern.”

Given the potential severity of the situation, the Ministry of Health activates contact tracing and surveillance and monitoring of all who had contact with John Smith, and steps up its infection control protocols. This includes training staff on case management, outfitting reference health centers with PPE, and transferring and isolating suspected patients.

That same afternoon an inter-institutional meeting is organized at the Ministry of Health, which discusses the possibility of making a public announcement on the situation.

“We should inform the population about these cases and warn them of potential risks if they have had contact with these patients,” says a public health specialist at the Ministry of Health.

The representative from the Ministry of Tourism argues, “I am completely against disseminating this information because we do not actually know whether this is the same disease that is ravaging Kinagué, or if it is something else—maybe some severe dengue. Any unnecessary announcement could cause panic in the population and devastate the tourism industry. We cannot do that on the basis of a mere possibility.”

An official from the Ministry of Agriculture seconds that opinion. “It is better not to call attention to the situation until we have all the results of the tests and analyses, and these have been confirmed,” she adds.

The official from the Ministry of Health points out that according to the International Health Regulations (IHR), Tropicalia is obliged to communicate the details of the situation to the Regional Office of the World Health Organization (WHO), i.e. the Pan American Health Organization, through its national focal point. However, this does not necessarily mean that it should be reported to the public, to the private sector, or to other sectors of society.

The Government must still decide what it will announce publicly, if it does decide to say something. Meanwhile, since there is no certainty regarding the disease, the other four patients are placed in isolation.

## Module 1: Working group assignment

Your assignment is to make recommendations on the following:

1. Should the Ministry of Health of Tropicalia publicly announce the situation and its associated risks? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, what is the justification for not making an announcement at this time?

If YES, go to item 2.

2. Review the following possible key points of a potential public announcement. For each one, decide what should be publicized and what should be withheld. Mark your choices on the flipchart for the plenary.

Possible key points for any public statement	Disseminate	Withhold
1. The Ministry of Health has been informed of five cases with symptoms very similar to those of the disease causing the epidemic outbreak in Kinagué (Kinagué disease)		
2. Five people (1 tourist and 4 nationals) have presented with symptoms very similar to Kinagué disease; one of them (the tourist) has died.		
3. Although it is unlikely that Kinagué disease has reached Tropicalia, the suspected cases are being investigated and the four patients are in isolation.		
4. Although the cause of illness has still not been confirmed, the possibility that this is Kinagué disease has not been ruled out.		
5. Until we have further information, a group of professionals will be seeking out and monitoring people who may have had direct physical contact with the patients or their bodily fluids, have slept in the same bed, or have touched their clothing or bedclothes		
6. Guidance should be given to allow the population to identify the signs and symptoms of Kinagué disease		
7. Until more information is available, anyone who has had contact with John Smith should be aware of a possible risk of exposure, and contact a medical professional if s/he feels sick.		
8. The Ministry of Health stresses the importance of keeping all preventive measures in place, including those for the prevention of dengue and Chikungunya.		
9. As a preventive measure, the Ministry of Health is recommending that all residents of Tropicalia—especially in Ciudad del Sol—follow recommendations to limit their exposure to Kinagué disease and its spread.		

**Suggested evaluation:**

If the decision-making instrument is used, the statements under items 1, 2, 3, 4, 5, and 8 should be disseminated in order to inform the public, partners, and allies of the potential risk, alert them to the strong epidemiological tie with the Playa del Sol Hotel, and adopt basic infection control measures.

Item 6 should not be disseminated unless there is a public announcement (items 1, 2, 3, and 4 are withheld), because it could confuse the public.

Item 7 should not be disseminated since it specifies the name of the deceased; it is not necessary to give his name in order for citizens to protect themselves. It is more important to alert the public of a possible link to the Playa del Sol Hotel.

Item 8 should not necessarily be disseminated so as to avoid confusing the public with so many different messages, unless symptoms of these diseases overlap with those of Kinagué disease.

It is not yet obvious whether item 9 should be disseminated. There is still no confirmation that Kinagué disease is the cause of illness. At the same time, the economic repercussions of an announcement of mere suspicion of Kinagué disease would be significant for Tropicalia.

## Public communication during public health emergencies

**When deciding whether or not to announce certain information, public health officials should ask themselves three questions:**

1. Is the information necessary to prevent at-risk people from getting sick, to reduce the spread of a disease, or to help cope with the impact of a case?
  - If so, the information should be communicated in a timely, accessible, and proactive fashion to at-risk groups and the parties involved
  - If not, there may be no imperative public health reason to communicate this information.
  
2. Is the information relevant to decisions made by the public health authorities, or for the decision-making process during emergency management?
  - If so, the *information for risk management* should be made available to the parties directly involved and to the public.
  - If not, there may be no imperative public health reason to communicate this information.
  
3. Are there some imperative reasons to withhold or modify the information?
  - a) Could dissemination of the information jeopardize national security or a police investigation underway?
  - b) Would dissemination of the information violate privacy laws or existing confidentiality policies, or unnecessarily violate someone's personal privacy?
  - c) Could dissemination of the information result in the stigmatization of minority people and/or groups?

If the answer to any of the sub-questions of question 3 is yes, it may be appropriate to modify the information. If it cannot be modified, then withholding the information is justified. However, the basic public health imperative should always lead to informing people who are at risk.

Decision-making instrument for participants, Module 1

## V I. Module 2: Coordinating public communication

In Module 2 the participants will examine the challenges and opportunities of effective coordination of internal and external communication during a public health emergency.

<b>Steps</b>	<b>Topic or activity</b>	<b>Duration 1.30 hrs.</b>	<b>Resources/Summaries</b>	<b>Responsible Party</b>
1	Description of the situation	5 min.	<ul style="list-style-type: none"><li>• Guide for facilitators</li><li>• Presentation of scenario</li><li>• Module 2: Scenario</li></ul>	
2	Working group assignment	30 min.	Working group assignment Module 2	
3	Theoretical presentation and case study	30 min.	<ul style="list-style-type: none"><li>• IHR Core Capacity Coordination of communications</li><li>• Guide for facilitators evaluation of assignment 2</li></ul>	
4	Plenary	25 min.		

## **Module 2: Simulation Exercise**

### **Day 10**

The local media and social networks are frantically reporting on the death of John Smith and the appearance of four more suspected cases, their link to the Playa del Sol Hotel, and the suspicion of a possible tie to the epidemic outbreak in Kinagué. Most of the media coverage includes many unconfirmed details and statements that are more rumor than fact. Some physicians who have blogs and are active on social networks are giving opinions on the subject. They also mention the connection between this disease and the outbreak in Kinagué. Some opposition politicians point out in media interviews that the Government is not responding adequately, and that it is concealing vital information for fear of appearing ineffective or weak in the eyes of the public.

Furthermore, the fact that Smith was a Springfield national and was connected to the epidemic outbreak in Kinagué, is causing the Springfield media to also report on the event extensively. All of the media coverage stresses a potential tie to the epidemic outbreak in Kinagué and an imminent epidemic in Tropicalia, which would endanger neighboring countries.

At the same time it becomes known that the test sent to the biosafety 3 laboratory gave Smith and two of the isolated patients (a hotel worker and an auxiliary nurse) a positive response for “Kinagué disease.” However, you are still awaiting results from Springfield’s biosafety 4 reference laboratory.

### **Day 12**

As news of the outbreak in Tropicalia spreads, two more presumed cases are identified: a tourist friend of Smith who was helping him when he got sick and supported him when he went to the medical center, and a girlfriend of the hotel worker. Both present the same clinical symptoms. Furthermore, there are 28 people who had direct contact with the patients and with the deceased who have been contacted by the health authorities; they will be visited twice daily by a medical team to monitor their temperature.

A new investigation is launched into the contacts of these two new suspected cases, in order to start monitoring and surveillance of other possible infections.

In addition, the Springfield health authorities report publicly that a physician, who had returned from Kinagué where he was working with patients, has tested positive for the same disease.

As the news on this situation is spreading, REAC—a regional economic development organization—announces that it is studying the possibility of issuing a travel warning for people traveling to Tropicalia about the presence of the disease in Kinagué. The Minister of Tourism of Tropicalia states publicly that the case of the deceased was imported, and that the three other patients are isolated and do not pose a problem. The Minister reports that there is no threat or problem in Tropicalia, and that actually Springfield has more of a problem since that country receives more people from Kinagué. He also asserts that volunteer physicians and armed troops from Springfield are deployed to Kinagué. Furthermore, Springfield has direct flights from the epidemic areas, which really poses a great risk to its population.

This message openly contradicts the guidelines of the Ministry of Health, which has begun to report widely on the signs and symptoms of the disease in Kinagué, asking the population to be vigilant. Furthermore, it should be noted that undocumented migrants trying to reach Springfield travel through Tropicalia. Some of them come from regions affected by the epidemic outbreak in Kinagué and its neighboring countries.

Due to the pace of events triggered by this new disease, the Ministry of Health is overwhelmed and has not yet established clear channels of information with the country’s health workers. Many of them say that they only receive information on the disease from the media and social networks, since no one is giving them adequate information.

These announcements have opened the door for the Colorado Party (which opposes the current administration) to announce that the government is not prepared to respond to this serious situation.

Amidst these contradictory public messages, there are signs that the population does not clearly understand the nature of the risk. Rumors that the disease spreads through mosquito bites are generating chaos in some population groups.

Also, vinegar supplies have run out in some neighborhoods due to rumors spread through text messages and social networks that it provides protection against the disease.

Some parents have decided not to send their children to school, even though no school closings have been announced.

These and other reports indicate that the perception of risk has significantly increased in Tropicalia's population. The media and social networks continue to report far more rumor than fact, which has increased the perception of risk and generated ineffective and counterproductive behavior.

The Office of the President of the Republic, in coordination with the Ministry of Health and other government institutions, has proposed an assessment of the situation in order to propose concrete measures to address it more effectively.

## Module 2: Working group assignment (i)

The basic risk communication objectives for health emergencies continue to be as follows:

- Notify the public of the risk;
- Provide clear guidance to minimize the spread of disease; and
- Maintain trust in the health authorities

1) What aspects of part 2 of the simulation threaten the basic objectives of public health risk communication and why?

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2) What specific actions would you recommend be adopted or followed by the Ministry of Health in order to address the threats to its basic risk communication objectives in light of this situation?

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3) According to the exercise, how could the Risk Communication Plan include concrete actions to optimize internal communications and improve coordination of the response measures?

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## Module 2: Evaluation guide for facilitators

### 1) Fundamental threats to the risk communication objectives:

- a) There are rumors and incorrect information circulating in the community that indicate there is insufficient dissemination of reliable and effective information.
- b) Different government ministries make contradictory statements that undermine the public health communication strategy and can confuse citizens, partners, and allies.
- c) Some countries and organizations in the region are issuing travel advisories, which would seem to indicate they are not convinced that Tropicalia's authorities are handling the situation effectively.

*Note: if in the previous exercise the working groups decided to withhold key elements of information and these are being leaked by the media or other information outlets, trust is jeopardized, which will affect your ability to communicate and effectively coordinate this exercise.*

### 2) Specific actions or communication strategies to recommend:

A strong strategy of coordinating communications with local, national, regional, and international partners and allies could help deal with the three identified threats in the following ways:

- 1) Identify the established functional mechanism for coordinating communication that includes all sectors of governmental and other stakeholders (including civil society organizations and communities)

Ciudad del Sol local partners and allies should bridge the information gap and ensure that sound public health messages are disseminated broadly and effectively. Among other options, you could identify public communications contacts among related organizations within and outside the public health sector. Public communication materials could be distributed directly to those people in order to improve the quality and coherence of the messages.

Furthermore, joint activities to disseminate a **single message** could be organized through their own systems and distribution networks.

Finally, local partners could be asked to give their opinions on the sources of confusion and the most significant information gaps, as well as recommendations on dissemination strategies.

- 2) Establish an inter-ministerial communications coordination mechanism to ensure consistent and complementary public statements. Ensure the participation of the Prime Minister's communications office to guard against inconsistencies.
- 3) Other ministries of Tropicalia should be committed to promoting communication that is consistent with what the government is saying, and strike an appropriate balance between efforts to protect public health and efforts to minimize economic and social upheaval.
- 4) Channels of communication with regional and international governments and organizations should be established in order to ensure that they have access to Tropicalia's latest public communications materials.
- 5) This would ensure that their own public statements are based on fact and not rumor.
- 6) Draw up a list clearly outlining duties and responsibilities for internal and external communications.
- 7) Identify and train the spokespersons before the first announcement.
- 8) Establish a system to monitor, investigate, and respond to rumors.
- 9) Identify the basic communication networks (television, radio, mass media, SMS, storytelling, theater) and plan to use them in the appropriate languages.

- 10) Prepare and distribute communication materials on signs and symptoms of the disease, prevention, where to seek care.
- 11) Establish a coordination mechanism for community participation (which includes community leaders).

**3. Internal communication:**

- a) Train the communications team about the disease: what it is, how it is transmitted, its signs and symptoms, how it is prevented, infection control, etc.
- b) Report to the minister of health on changes sought regarding the behavior of other ministers and citizens, in addition to which specific actions should be taken in response to the current perception of risk.
- c) Activate communications mechanisms with health workers, since they are the ones who provide direct care to patients and may harbor the same fears and anxieties as the general public.

## Coordinating emergency communications

### Identify partners and allies

The partners and allies involved in a given emergency will vary according to the country, region, and nature of the problem. Each national authority has to draw up its own list of partners for emergency communications. The central question for preparing a list of partners and allies is:

- In case of infectious disease outbreak, what other organizations should be integrated into the public communication actions?

This can then be broken down into some of the following general categories of potential partners:

### Public health organizations

- Regional or local health authorities, including the hospitals and health centers
- Medical professional associations and health sector unions
- Nongovernmental organizations in the health sector
- International health sector organizations

### Organizations outside of public health

- Other government ministries or agencies, such as those that deal with agriculture, trade, tourism, foreign affairs, and the Office of the Presidency, if deemed necessary.
- Religious groups
- Community leaders
- Private enterprise
- Political parties and local activists
- Academic experts and other outside experts
- The mass media

### Principles of collaboration in emergency communication

1. *Forge partnerships before a problem exists.*
2. *Instill trust in partners and allies by showing transparency in your communications with them, particularly providing them with details on how public health decisions were made.*
3. *Whenever possible, involve partners from within the affected community.*
4. *Be prepared to explain your organizational systems and processes to your partners.*
5. *Interact with critics and provide them with information.*
6. *Identify and include new partners and allies during an emergency if specific communities are not being reached.*

## VII. Module 3: Risk communication for public meetings and press conferences

In this module the participants will experience the challenge of communicating sensitive and complex issues through a simulated press conference.

Through role-playing, the groups will either act as spokespersons during a public session (answering difficult questions), or as journalists, citizens, or activists raising likely questions and concerns the public may have in the face of an emergency.

### List of materials and equipment:

- Two wireless microphones (to circulate among the spokespersons and the audience)
- A table for the spokespersons and several chairs for the audience
- Flipcharts, one for each working group

The facilitators will instruct the participants to pay close attention to the performance of the other group during the exercise. After the exercise, in addition to an evaluation done by the facilitators, the observers will also evaluate the groups during the plenary.

Steps	Topic or activity	Duration 1.45 hrs	Resources and summaries	Responsible Party
1	Description of the situation	5 min.	Guide for facilitators Power Point Presentation on the situation Scenario part 3	
2	Theoretical presentation	30 min.	Effective communication with the public through social networks, mass media, public appearances	
4	Working group session	30 min		
5	Simulated public session	20 min.	Presentation for the public meeting Journalist: Shaman: Mother of Family: Spiritual leader:	
46	Plenary	20 min.		

### **Instructions for facilitators for Module 3 working group session**

1. Divide the participants into two working groups.
2. Select four people (two from each group) to act as “observers”
3. Assign one working group the role of Ministry of Public Health of Tropicalia, and the other one the role of the public: journalists, activists, and citizens.
4. Distribute the following documents to the participants:

#### **For group 1: the spokespersons**

- Summary
- Working group assignment: draft messages

#### **For group 2: The public (journalists, activists and citizens)**

- Summary
- Working group assignment: prepare hard questions

Give 30 minutes to the participants to complete their working group assignments.

Once they have completed their work, ask the participants to take their places and start the simulated public meeting. ***During this exercise, each working group may use work sheets as a guide.***

## Module 3: Simulation Exercise

### Day 12

The Ministry of Health receives the results from the reference laboratory confirming the diagnosis of disease, which leads the Ministry of Health to step up its infection control measures. Three suspected new cases are reported in Springfield: two are from people who entered the country from Kinagué, and the third is a nurse who may have been infected while treating the physician who was initially diagnosed with the disease, which would constitute the first case of direct transmission in that country.

The Minister of Tourism of Tropicalia uses the results of the new suspected cases in Springfield to once again say that the bigger problem lies in Springfield and in the Western Hemisphere countries, since the situation is under control in Tropicalia.

Although the initial case—John Smith—arrived in Tropicalia with the disease, the new cases are a clear indication of direct transmission in the country, which means that the Minister of Tourism's statements are inaccurate.

Some local population groups are upset. Much of the population is distressed by the uncertainty of not knowing what is happening. The news from Kinagué and its neighbors is shocking, and the fact that the holidays are approaching seems to make people even more sensitive and anxious.

Some physicians and nurses are protesting over the lack of information, demanding that they be given personal protective equipment (PPE) to treat patients with this disease. Furthermore, there is some minor absenteeism among health workers who are afraid of getting sick.

Members of the Infectious Diseases Medical Association explain to the media the importance of using PPE to avoid contracting the disease. This announcement spreads more panic and local pharmacies run out of surgical masks and gloves.

Neighbors of the suspected cases are protesting and asking that all relatives—without exception—be placed in isolation, despite the fact that the disease is only contagious when the person has symptoms.

A family from Kinagué that has lived in Tropicalia for many years, reports that some neighbors are attacking them and want them to leave their neighborhood; one of them has even lost his job. Some parents have asked the neighborhood school to bar that family's children from attending school because they are afraid they will infect their children.

Public health experts are concerned that if the population loses faith in the public health authorities, they may lose their ability to control this virus or any other threat to public health.

A public meeting open to the mass media has been organized. Staff from the Ministry of Health will make a brief initial presentation and then take questions from the public and the media.

### Module 3: Working group assignment: SPOKESPERSONS

#### Preparation of key messages

Spokespersons must understand the public's problems, concerns, and perceptions, and they must use this understanding when preparing their messages.

- 1) Based on the simulation exercise you have just read, insert in the following table the **concerns** you believe are likely to be expressed by the various groups attending the public meeting, which you should be prepared to address. **Identify no more than two concerns per group.**

#### Common concerns during public health emergencies

Concerns	Journalists	Citizens	Activists
Health risks (to individuals, families, and communities)			
Information (who, what, where, why, how)			
The decision-making process the authorities use			
Responsibility (Who is to blame?)			
Sensitivity to cultural and social norms and practices			
Others: please list			

- 2) Once you have identified the causes for public concern, prepare three brief key messages and their supporting arguments which, as spokespersons, you wish to communicate during the public meeting.

<b>Key message 1 and supporting argument</b>	<hr/> <hr/>
<b>Key message 2 and supporting argument</b>	<hr/> <hr/> <hr/>
<b>Key message 3 and supporting argument</b>	<hr/> <hr/> <hr/> <hr/>

### Module 3: Evaluation guide for OBSERVERS: SPOKESPERSONS

#### Effective communication with the public and drafting of messages

The following evaluation instrument will help you determine whether the authorities were capable of successfully communicating messages during the public meeting that align with the basic principles of risk communication.

#### Evaluation instructions:

<b>Are messages and answers aligned with the questions?</b>	<b>YES</b>
1. Are they in simple, clear, concise, and nontechnical language?	
2. Do they transmit empathy toward the victims?	
3. Do they respect the opinions of the citizens and activists?	
4. Do they explain decision-making in response to the confirmation of cases of the disease?	
5. Do they address the possible concerns of the three different groups?	
6. Do they acknowledge uncertainty and the possibility of a change of approach in the future?	
7. Do they recommend constructive actions or measures that members of the public can take to protect themselves?	
8. Do they enable the public to find other sources of information?	

### Module 3: Working group assignment: THE PUBLIC

#### Journalists, activists, and citizens—Preparing hard questions

You have been invited to attend a meeting with the Ministry of Health to raise your concerns and fears regarding the cases of this new disease.

- 1) Based on the simulation exercise you have just read, insert in the following table the **concerns** that you as an audience would raise with the health authorities during a public meeting. **Identify no more than two concerns per group.**

#### Common concerns during public health emergencies

Concerns	Journalists	Citizens	Activists
Health risks (to individuals, families, and communities)			
Information (who, what, where, why, how)			
The decision-making process the authorities use to respond to the situation. For example, a need to close borders to travelers from Kinagué and other countries affected by this disease.			
Responsibility (who is to blame?)			
Sensitivity to cultural and social norms and practices			
Others: please list			

- 2) As representatives of the different groups, prepare some hard questions to ask the Ministry of Health spokespersons. Your questions should reflect the concerns listed above

<b>Journalist question 1:</b> <b>Journalist question 2:</b> <b>Journalist question 3:</b>
<b>Citizen question 1:</b> <b>Citizen question 2:</b> <b>Citizen question 3:</b>
<b>Activist question 1:</b> <b>Activist question 2:</b> <b>Activist question 3:</b>

### Module 3: Evaluation guide for OBSERVERS: THE PUBLIC

#### Evaluation instrument: Preparing hard questions

This instrument will help you determine whether the participants could identify the common concerns of the public and successfully prepare questions that reflected those concerns.

#### Evaluation instructions:

- 1) Based on the concerns raised by the participants in the public meeting, evaluate whether the questions reflected the various concerns of the three groups during public health emergencies.

<b>Journalists' concerns</b>	<b>Were the concerns raised? (YES or NO)</b>	<b>Was the question consistent with the concern? (YES or NO)</b>
Information (who, what, where, why, how)		
Responsibility (who is to blame?)		

<b>Citizens' concerns</b>	<b>Were the concerns raised? (YES or NO)</b>	<b>Was the question consistent with the concern? (YES or NO)</b>
Health risks (individual, family, community)		
Sensitivity to cultural and social standards and practices		

<b>Activists' concerns</b>	<b>Were the concerns raised? (YES or NO)</b>	<b>Was the question consistent with the concern? (YES or NO)</b>
Decision-making process. For example, a need to close borders to travelers from Kinagué and other countries affected by this disease.		
Responsibility (Who is to blame?)		

## Message preparation and dissemination

### Message preparation

- Prepare three key points that communicate your central messages;
- Prepare supporting points for the messages;
- Prepare supporting materials, such as visuals, examples, quotes, personal stories, analogies, and endorsements from trusted outsiders;
- Make the messages simple and brief;
- Practice disclosure

### In order to communicate control, prepare messages that:

- Say what people can do (for example, preventive actions);
- Indicate a willingness to collaborate and share authority and responsibility with others;
- Assign important duties and responsibilities to others;
- Tell people what they can do to get more information and where they can get it

### In order to communicate familiarity, prepare messages that:

- Use analogies to make the unfamiliar familiar;
- Prepare highly visual materials;
- Prepare ways to explain in more detail

### In order to communicate a concern for equity, prepare messages that:

- Acknowledge possible inequities;
- Address inequities
- Propose options and trade-offs

### In order to instill trust, prepare messages that:

- Cite reliable third parties;
- Cite reliable sources with more information;
- Acknowledge that there are other points of view;
- Indicate a willingness to take responsibility;
- State achievements;
- Indicate adherence to the highest professional, scientific, and ethical criteria; cite scientific research
- Work on messages with partners and allies

## **Message dissemination during an emergency**

- Accept and acknowledge anger, frustration, fear, indignation, or concern;
- Provide three or more positive points to counteract any negative information or bad news;
- Accept and embrace the public and the communications media as legitimate partners;
- State that you share their concerns through actions, words, and gestures;
- Listen carefully to people's concerns;
- Transmit compassion, conviction, and optimism through actions, gestures, and words;
- Speak clearly, simply, and calmly, and avoid overly technical terms and words or long phrases; gain people's trust by acknowledging that there are things you do not know

### **When you hold a press conference or other official event with the media:**

- Your official statement should be as brief as possible;
- Include all relevant information in your statement and leave time for questions;
- Limit the number of speakers to three, and each intervention should last no more than 3-5 minutes;
- Remember that the event is being held mainly so that journalists can ask questions, and not to hear a lecture;
- Be punctual, since the journalists have short deadlines and need time to process the information.

### **When addressing the affected population:**

- Identify the most important information for people to protect themselves;
- Use very clear formats and platforms to provide them with information;
- Use various formal and informal approaches, such as community meetings, public sessions, presentations before an audience, radio broadcasts, social networks, posters etc.

### **When you communicate through the communications media during an emergency:**

- Inform the media (and social networks) immediately after an incident has occurred;
- Bridge any information gaps;
- If appropriate, indicate that the information is preliminary;
- Indicate that the information in the media will be updated as soon as more news becomes available;
- State known, factual information and avoid speculating on unknowns;
- Hold periodic briefings even if there have not been any changes;
- Indicate when you expect more information to be available;
- Make information available by telephone and provide a telephone hotline for all the principal stakeholders; facilitate a press center staffed 24 hours a day;
- Plan how frequently information will be updated, who will do it, and how;
- Organize press conferences, briefings, and personal interviews

## VIII. Module 4: Listening through dialogue

The participants will examine the importance of listening to the public in order to answer their concerns effectively. The participants will interview different people to try to understand their perspectives and perception of the situation with a view to identifying and addressing obstacles to emergency management.

### List of materials and equipment:

- Computer and projector
- Flipcharts, one for each working group

<b>Steps</b>	<b>Topic or activity</b>	<b>Duration 1.25 hrs</b>	<b>Resources and summaries</b>	<b>Responsible Party</b>
1	Describe the situation	5 min.	Power Point presentation: give scenario to participants	
2	Working group assignment	30 min.	Assign working group task	Facilitators
3	Theoretical presentation and case study	30 min.	Power Point presentation: IHR Core Capacities—Listen and perceive risk Give summary: Information collection model for emergency risk communication	
4	Plenary discussion	25 min.	Evaluation guide for facilitators	

## Module 4: Simulation Exercise

### Day 27

Two weeks have gone by since several cases of the disease were detected. The public health system has been working to the max and health professionals are exhausted by the effort.

Nine new suspected cases have appeared, six of them in connection with sick patients and three more cases related to a burial in the northern region of the country (Bucaray), primarily inhabited by indigenous peoples. The epidemiological investigation in Bucaray determined that a 24-year-old woman entered Tropicalia from Camagualá, a country bordering Kinagué, where there also is a severe outbreak of the new disease. The young woman traveled to Tropicalia to spend Christmas with her family. The symptoms of disease began while she was in her community. She was treated by a local healer, died, and was buried in her community without anyone reporting the case to the health authorities. The three suspected cases in Bucaray include the healer who cared for the deceased, and the decedent's husband and oldest daughter. It should be noted that this is an area where little Spanish is spoken, as Creole is the predominant language.

There are also three cases undergoing isolation and monitoring, including two undocumented migrants and someone who came to Tropicalia from Kinagué through a third country. He had not developed symptoms yet when he arrived in Tropicalia, and therefore was not ill when passing through.

All of these cases are being monitored as they await confirmation from the reference laboratory. The authorities have had some problems treating the cases in the indigenous community of Bucaray because the families of the patients want to stay with the patients, and are not agreeing to the isolation needed to prevent spread of the disease. Also, the communications materials are not available in Creole because there is not enough money in the budget to translate them.

In the cities, hospitals and health centers are packed with frightened people who run to them with the slightest symptoms, even though they have had no contact with the sick individuals. This is hindering work at the health facilities and preventing patients with chronic diseases, accidents, or other health problems from getting the care they need. It should be noted that the country is currently going through the season in which the incidence of dengue is at its peak, and there is a threat of an imminent outbreak of Chikungunya.

The health authorities are having trouble reaching all sectors of the population with information about the disease, how it is contracted, prevention measures, and what to do in case one gets symptoms. As was said previously, some indigenous groups have said that they will not allow their dead to be taken away from them, nor will they deny them the funeral rites dictated by their customs in favor of worldview.

## Module 4: Working group assignment

Your assignment is to determine why the residents of Tropicalia are frightened, upset, and confused and to study what could be done to address these obstacles.

Each working group will have the opportunity to interview four different people who will circulate among the groups. Each group will have a maximum of 10 minutes to speak with the following people:

- A journalist
- A mother of four
- A healer
- A religious leader

As you interview these four people, consider the following factors: perceptions, beliefs, family, sources of information, socioeconomic status, political opinions, culture, religion, and education.

*Note: When preparing your strategy, consider your evaluations on previous assignments: Very well, well, improvement needed*

After conducting our interviews, we believe the residents of Ciudad del Sol are probably upset and/or frightened because:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Given the obstacles we have encountered as we try to inform the public about this disease, we propose the following communication actions:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Module 4: Evaluation guide for facilitators

*Note: This exercise requires the four facilitators to play different roles. The actors will be interviewed by the different groups and will provide indications of potential obstacles to infection control. They should know their roles and the specific key messages.*

### Notes for the actors

Ciudad del Sol's population consists largely of a separate indigenous group which sees itself as detached from the rest of Tropicalia.

There is also a religious sect called "Diyos" that uses a unique and different dialect as its language.

All the "actors" provide indications of why they distrust the authorities:

**A journalist:** Many years ago, a chemical spill occurred at a military installation close to the capital (Ciudad del Sol) which contaminated the community's water supply. The Ministry of Health, under pressure from the Prime Minister, assured the population that there was no danger, even though it had evidence that there actually was. Several members of the community, including some children, died unnecessarily. Even though this occurred 20 years ago, many in the community still do not trust the Ministry of Health.

**A mother of four:** The residents of Ciudad del Sol are poor and cannot afford to voluntarily stay at home and avoid large crowds (one of the recommendations given by the Ministry of Health to people that have been in contact with suspected cases). The residents of Ciudad del Sol are primarily self-employed and have stands in the market where they sell to tourists. If they do not work, they simply do not eat.

**An indigenous healer from the northern region:** Many people in the community use a different dialect, including the healer who does not speak Spanish. The healer is an important health care provider in the community and would like to help implement the infection control strategy, but has not received any information in an understandable language or format that can be easily shared with the community.

**A religious leader:** The "Diyos" religious sect is important in the culture and everyday life of the local population. It has many rituals, including the daily community prayer, embraces, the linking of hands, the sharing of foods, and funeral practices that last several days and include the washing of the dead person's body before burial. These practices can be incompatible with the recommended infection control strategies.

## Additional notes for facilitators

*Note: Distribute the information-gathering model for emergency risk communication*

The working groups should be evaluated and should provide strategies to address the problems including:

1. The communication materials should be translated into the dialects spoken in Ciudad del Sol.
2. They should stress communication through the reliable sources of information in the community.
3. Information on the situation should be provided to the local healers and political and religious leaders. They should be given periodic updates, and their opinions and advice should be sought regarding how to contain the spread of the disease which may be part of an epidemic outbreak.

4. The authorities should understand the historical context of the chemical spill scandal, and should adapt the communications materials to address the concerns and perceptions of risk it raises.
5. Other factors should be taken into account, such as the importance of Diyos religious practices. Commitments should be made to the local religious leaders to allow for infection control while people still participate in their religious practices.

## **Module 4**

### **Information collection model for risk communication**

#### **At-risk groups/populations**

- Which specific groups are at risk?
- Which groups, partners, and allies are directly involved?
- Which groups should be considered a communications priority, given the likelihood that they will be needed as partners and/or advisors?
- Are there particularly vulnerable/high-risk groups that need to be contacted?

#### **Knowledge, awareness, perceptions**

- What do individuals and communities know about the causes and transmission of the disease?
- Which are the local terms or descriptions for the disease?
- Which are the perceptions of individuals and the community regarding the risk posed by the outbreak?
- Have these groups experienced outbreaks before? And how have they faced them?
- What messages are circulating within the community?

#### **Sources and channels of information; favorable environment**

- What channels do people use to obtain their information? What are the 'reliable' and 'credible' sources of information? Why are they considered as such? For example, health workers / local leaders / religious leaders religious / influential people
- What communication channels are available to promote messages? Which channels are most popular and influential among the affected groups? What traditional means of communications are used?
- What are the current models of mass communication? What networks and active community structures are there, and how does the local population perceive them?
- What other organizations are currently addressing the problem in the community? (Some examples of channels are information sheets, face-to-face communication, newsletters, posters and pamphlets, public service announcements, information media, websites, podcasts, text messages and other new technologies, E-mail messages, safe networks.) What settings are appropriate for distributing communications materials and disseminating messages? (for example: health centers, schools, workplaces, homes, communities and neighborhoods, etc.)

#### **Household and community practices**

- How do people seek out health services and health care in normal situations?
- What current practices increase risk, and what are the beliefs and values underpinning them?
- What current practices reduce risk, for example, hand washing, cooking food well, chlorination, etc., and what are the beliefs and values underpinning them?
- What are the decision-making processes in communities and households when seeking health services?

#### **Sociocultural, economic, and environmental context**

- Are there social and political tensions that may affect risk reduction practices?
- Do people have access to enough resources to follow risk reduction practices? (For example, do they have access to safe water?) Are health services available and accessible? Are there problems related to transporting sick people to health centers or hospitals?
- What current religious beliefs and traditional social norms can inhibit the adoption of risk reduction practices?

## IX. Module 5: Developing risk communication capacity. National Plan of Action

**Purpose:**

**List of materials and equipment:**

- Computer and projector
- Flipcharts and marker—one for each working group

<b>Steps</b>	<b>Topic or activity</b>	<b>Duration</b> <b>2.30 hrs.</b>	<b>Resources</b> <b>and</b> <b>summaries</b>	<b>Responsible</b> <b>Party</b>
1	Presentations: The Risk Communication Plan	45 min	Provide documents: <ul style="list-style-type: none"><li>• National risk communication core capacity</li><li>• IHR risk communication components</li><li>• Risk communication actions with regard to Ebola. PAHO/WHO</li></ul>	
2	Presentation of the working group assignment and reflection	60 min		
3	Presentations by country: challenges, next steps	35 min		

## **Module 5: Working group assignment**

Your assignment is to propose recommendations to strengthen risk communication capacity in your countries in response to a public health emergency. You may work using your risk communications plans.

You will have a maximum of 60 minutes. Make use of the document National Risk Communication Core Capacities as guide for selecting priority areas to focus on.

1. In your plan, and based on the experience you have acquired through this workshop (emergence of confirmed cases of a public health emergency of international concern), what national risk communication core capacities will take priority? (see National Risk Communication Core Capacities document)
2. Which Risk Communication components need to be included or strengthened in your Risk Communication Plan? What steps must be taken to include them?
3. What challenges will you face when making risk communication cross-cutting at your institution, and when preparing and implementing a participatory risk communication strategy?

# National risk communication core capacities

## Capacity-building activities

### Transparency and first announcement of a risk

- Establish a regulation, policy, or guidelines for the timely dissemination of information related to a real or potential public health emergency (information disclosure protocol)
- Create an expedited approval system for the dissemination of information during public health emergencies
- Integrate the decision-making components on disclosure and transparency during training and emergency management simulations

### Coordinate internal and external public communication: Unified messages

- Prepare an inventory of all possible partners and allies, stakeholders and focal points for public communication
- Establish protocols among potential partners and allies for coordinating public communication in the event of an emergency
- Test a functional mechanism to coordinate communication among possible partners during public health emergencies

### Information dissemination, including media relations

- Identify responsible spokespersons and ensure they are trained in media relations for public health emergencies.
- Establish protocols for media relations during emergencies, with a view to addressing an exponential increase in demand for information.
- Organize briefings with the national, regional, and local media in order to establish working relationships, provide background information, and discuss protocols and procedures during emergencies.

### Listen through dialogue

- Set up a rumor monitoring system to identify, investigate, and address misconceptions or misunderstandings
- Develop a system to compile information on risk perception and evaluate current knowledge and understanding of the guidelines shared with citizens and partners
- Compile demographic, cultural and socioeconomic information to be sure you know your community, and to inform emergency risk communication strategies

### Risk communication strategy

- Prepare a macro risk communication strategy.
- As part of the strategy and according to your risk map, prepare specialized risk communication plan Annexes, for example to address Ebola, pandemic flu, Chikungunya, radiological accidents, food safety emergencies, and other possible threats to public health in accordance with the IHR
- Launch a simulation/exercise program to periodically test the operational knowledge and strength of the emergency communications plan.

# Risk communication components

## 1) Transparency and first announcement of real or potential risk

*Management of information related to a health emergency, including the first announcement alerting the population to a potential risk and continuous transparency about decision-making, helps assure those who are at real or potential risk that they can protect themselves. This maintains and strengthens trust between the authorities, the population, and partners.*

**The following core capacities ensure good outcomes for this component:**

- The capacity to rapidly approve public distribution of warnings and recommendations in the event of a real or potential risk to public health.
- The capacity to adhere to decision-making principles set forth in a regulation, policy, or formal guideline on the timely public disclosure of information associated with a real or probable risk to public health.
- The capacity to effectively transmit alerts or warnings about real or potential risks during non-working hours, such as nights or holidays.
- The capacity to ensure that minority and hard-to-reach populations are informed of the alerts or warnings by means of translated and adapted materials.
- The capacity to document decision-making surrounding the first announcement of a real or potential risk.
- The capacity to get decision-makers and communications partners involved in risk communication decision-making exercises before an emergency occurs.
- The capacity to ensure that decision-making and actions related to transparency are evaluated after the event, in light of the previously agreed upon principles.
- The capacity to conduct continuous self-evaluations on the authorities' aptitude for transparency.

## 2) Coordination of public communication

*The cross-jurisdictional nature of public health emergencies requires public health authorities to effectively address and coordinate with other organizations involved in public communication, and to assign duties and responsibilities to lead and support agencies. This capacity takes advantage of available public communication resources and allows message preparation to be coordinated, thereby reducing the possibility of confusion and duplication of efforts, and bolsters the scope and influence of the technical assistance provided.*

**The following core capacities ensure good outcomes for this component:**

- The capacity to identify focal points in public communication among possible partner organizations during public health emergencies.
- The capacity to share public communication messages and strategies during a serious public health event among partner organizations and institutions, with the support of the emergency management team.
- The capacity to define and distribute public communication duties and responsibilities among possible partners during emergencies, and to have a formal communications coordination structure.
- The capacity to effectively tap into emergency risk communication skills among partners during public health emergencies. This would include such key elements as translation capacity and the ability to distribute over external information exchange networks.

- The capacity to capture other existing information exchange networks in order to ensure the coordination of public communication between networks, including community networks with access to different languages and cultural groups.
- The capacity to effectively consult with partners on strategies and basic aspects of public communication.
- The capacity to adapt the mechanisms, duties, and responsibilities for coordinating public communication, according to the nature of the emergency.
- The capacity to share information with partners on potentially sensitive matters through established networks and protocols.

### **3. Information dissemination, including relations with the communications media**

The extreme time pressures associated with emergencies, the urgent demands for information, and the critical role of assistance and warnings to minimize threats, mean that the quick and effective dissemination of information is crucial during serious public health events. Having good relations with the mass media is a key to effective information dissemination; however, it is increasingly important to have access to other reliable sources of information for the at-risk population, including new channels of information, existing information sharing networks, and nontraditional communications media.

#### **The following core capacities ensure good outcomes for this component:**

- The capacity to ensure that skilled, trained public spokespersons are available to speak with journalists.
- The capacity to respond effectively to the demanding task of handling media relations during emergencies through protocols to manage the tremendous demand for information, including numerous inquiries from the media and frequent briefings held for their benefit.
- The capacity to access other channels of information efficiently and effectively, including the internet, SMS, call-in help lines, social media, email list serves, formal and informal partner networks, town criers, and community-based public information systems.
- The capacity to quickly reach vulnerable, “hard to reach,” disadvantaged, or minority populations with accessible and relevant emergency information that has been adapted to their language, literacy level, and socio-economic status.
- The capacity to ensure that basic information/education/communication materials are available on common emergency response elements, such as personal hygiene, safe food handling, and in-home care for patients—all developed and translated into the appropriate languages.
- The capacity to hold information sessions with the national, regional and local media prior to an emergency in order to establish working relationships, provide background materials, and review protocols and procedures during emergencies.
- The capacity to integrate emergency risk communication activities into broader emergency management planning strategies.
- The capacity to rapidly measure the scope and impact of messages and materials.

#### **4. Listening through dialogue**

The ability to carefully and systematically listen to those who are affected, is a crucial capacity to ensure that your communication efforts are effective and support decision-making suitable for emergency management. Understanding the community's risk perception, and following up by adjusting messages, materials, and communication strategies accordingly, requires a significant commitment to the target population.

##### **The following core capacities ensure good outcomes for this component:**

- The capacity to collect and process the opinions and perceptions of the individuals, partners, and communities affected by a serious public health event, and to adjust communications strategies as needed, based on that information.
- The capacity to monitor traditional and nontraditional communications media, including follow-up on significant questions, information requests, points of confusion, and any rumors that may be circulating.
- The capacity to access existing assessments of the needs and vulnerabilities of different communities, and groups within them, in case of a serious public health event.
- The capacity to access existing socioeconomic, cultural, and language profiles of the community, in the case of a serious public health event.
- The capacity to use simplified, emergency-specific information from plans already in use, will facilitate effective dialogue during an event.
- The capacity to reflect on the results of decision-making listening and evaluation processes for emergency management.
- The capacity to compile information directly with partners, such as educators through their students and families.