

# **Module 2:**

## **IHR Risk communication Capacity Building:**

### **Public Communication Coordination**

**Silvia Posada**  
Communication Specialist

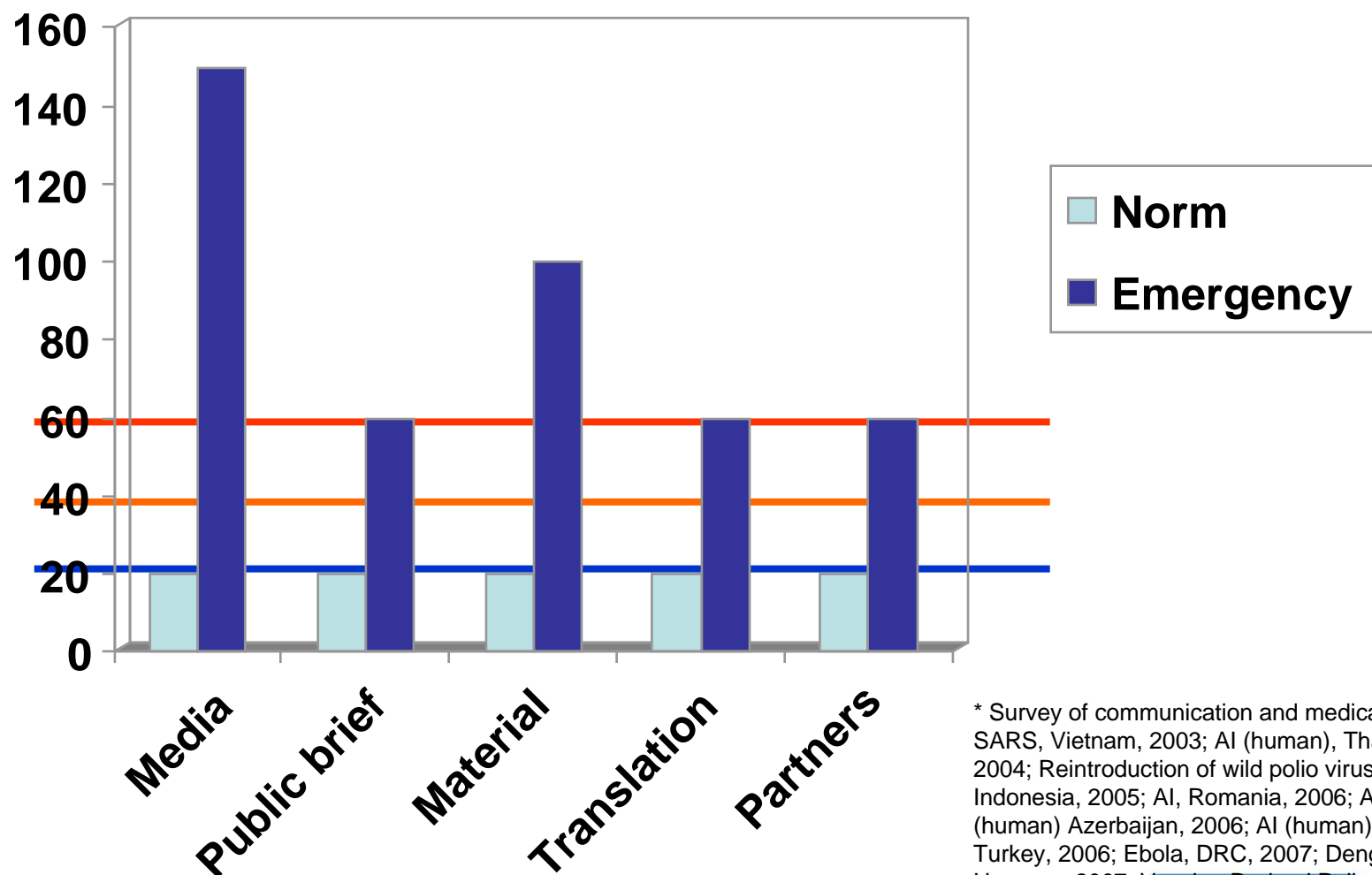
# **Emergency Communication Demand**

**Emergencies have unique characteristics, including:**

- high impact
- extreme time pressure
- involvement of multiple organizations

**Risk communication for emergencies must adapt to specific challenges**

# Emergency Communication Demand



\* Survey of communication and medical staff: SARS, Vietnam, 2003; AI (human), Thailand, 2004; Reintroduction of wild polio virus, Indonesia, 2005; AI, Romania, 2006; AI (human) Azerbaijan, 2006; AI (human) Turkey, 2006; Ebola, DRC, 2007; Dengue, Uruguay, 2007; Vaccine Derived Polio Virus, Nigeria, 2007

# Emergency Communication Demand

- Analysis further suggests it is not only workload that increases
- Emergency communication typically has unique characteristics:
  - Shift from national to **international** interest
  - Non-health media involved
  - **Economic** consequences
  - Immediate involvement of senior **political** actors

# Crisis in Panama

- In 2006, more than 60,000 people were threatened by contaminated drugs produced by the Social Security Administration. There were deaths of some chronically ill patients.
- CDC found toxic substance in cough syrup.
- The emergency produced a crisis in communications and trust.



## ...crisis

- The delay in the “First Announcement” made people feel a lack of transparency.
- The Minister of Health was exhausted after appearing before the media every day while the cause of the deaths was unknown. This changed as technical spokespersons took turns.
- The Minister was more communicative and less technical when appearing in public and showed empathy and compassion. Tension declined when the reason of the deaths was known.

# How the media reports

- Appears in Panama a SYNDROME that affects social security patients (*October-November 2006*).
- Increase in deaths due to kidney failure.
- A common factor among many of them is the consumption of medication for hypertension.
- The cause is unknown.
- The distribution of medication is suspended.
- Fear
- Calls made to CDC and PAHO
- Minister of Health gives press conferences every day.
- Major headlines
- No one explains what a "syndrome" is.







# Panama continues...

- Newspapers always had condemning headlines.
- The radio and television made many live broadcasts
- Daily monitoring allowed to anticipate critical issues.
- Press releases became simpler.
- A telephone hotline operated 24 hours a day.
- After some initial confusion, the presidency, health and social security press teams came up with messages and materials.
- It was almost impossible to update the website.
- The mental health promotion teams visited house by house.
- The families of the deceased received support.
- The issue had great political significance, coming just days before a Panama Canal referendum.

# What happened....

- 153 deaths. Still investigating the death of 400 others. Many of those who survived became disabled and unable to work.
- \$6.5 million in compensation to 119 families. Cost of the crisis: \$1.5 million (Social Security Admin.), without adding the lawsuits.
- Panama's Attorney General filed charges against 23 people, including the Director of the SSA.
- SSA laboratory permanently shut-down
- Minister of Health fired

# Panama: Minister of Health Fired

The government of Panama has announced that the Minister of Health, Camilo Alleyne has left his position along with four other Ministers, for their role in the sale of contaminated drugs in 2006, which left at least 90 people dead.

Alleyne and other officials are being investigated for the case that let some 500 Panamanians suffer the effects of contaminated drugs.

However, Camilo Alleyne continues to reject allegations of negligence.

The other Ministers that were fired include Minister of the Presidency, Justice, Education, as well as Deputy Minister of Economy.



# Public Communication

## IHR Risk Communication Capacity:

### Public Communication Coordination

1. Identification of likely public health emergency partners
2. Adoption of emergency coordination principles
3. Development of communication coordination mechanism