

CASE STUDY

From capacity mapping to development of a national response plan: increasing emergency risk communication capacity in Romania

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ABSTRACT

Background: Romania is systematically working to improve its emergency response capabilities.

Methods: One area identified as a key response measure for improvement is emergency risk communication. In November 2017, Romania initiated the five-step package on capacity-building for emergency risk communication, with guidance from the World Health Organization Regional Office for Europe in conjunction with the WHO Country Office for Romania.

Research: Multisectoral response partners from Romania's health and emergency agencies at the national and subnational levels conducted a capacity

mapping exercise for emergency risk communication and wrote a response plan using draft templates from the Regional Office. This activity highlighted the strengths and challenges of national emergency risk communication and provided lessons learned for national and subnational capacity-building for emergency risk communication.

Conclusion: Outcomes can be adapted for use by other countries and aid agencies with similar goals.

Keywords: RISK COMMUNICATION, EMERGENCIES, CAPACITY-BUILDING

INTRODUCTION

In July 2017, the Health Emergency Programme of the World Health Organization Regional Office for Europe undertook a mission to review the Romanian emergency public health response system, in collaboration with the Ministry of Health (MoH) and the Ministry of Internal Affairs (MoIA). The mission focused on collaboration between the Regional Office and the ministries to support emergency preparedness, readiness and response. A specific objective was to improve emergency risk communication (ERC) principles and practice in Romania.

The leading authority for emergency management in Romania is the MoIA through its Department for Emergency Situations (DSU) and Inspectorate for Emergency Situations. A number of ministries support the management of specific emergency situations according to their ministerial mandates: the MoH; the Ministry of Regional Development and Public Administration;

the Ministry of the Environment and Climate Change; the Ministry of Agriculture and Rural Development; and the Ministry of Economy. National legislation defines the ministries responsible for specified emergencies.

The initial mission recommended that the Regional Office, with support from the World Health Organization Country Office for Romania, the MoH and the MoIA DSU, should organize a workshop to map ERC capacities and develop a draft response plan tailored to Romania's circumstances and needs. These activities form part of the Regional Office's five-step ERC draft capacity-building package that was introduced in the World Health Organization European Region in 2017. Romania became one of 13 countries plus Kosovo¹ within the Region to initiate and test the five-step package on ERC capacity-building between

¹ In accordance with Security Council resolution 1244 (1999)

March 2017 and February 2018. The five steps are: (i) training; (ii) capacity mapping; (iii) plan development; (iv) plan testing; and (v) plan adoption. The package incorporates the recognized need for capacity-building programmes to address structures and systems, staff and infrastructure, individual skills, and tools (1); multisectoral and national and subnational coordination (2); and country-driven processes to be measured according to results on the ground (3). Countries participate in the steps according to the existing ERC capacity. Upon completion of the pilot phase of the package, which includes refining its tools and templates, final versions of all documents and guidance will be available on the Regional Office website.

The Romanian ERC workshop on capacity mapping and plan development took place between 30 October and 2 November 2017. Communication, public health and emergency response professionals from institutions responsible for managing all-hazard emergencies, including health, gathered to identify Romania's strengths and challenges, and to address the latter. Participants represented the national and prefecture levels of the health (including hospitals), agriculture, emergency response and environment sectors and of civil society. Participants used the Regional Office's draft ERC capacity mapping tool to assess national ERC capacities across stakeholders and used the Regional Office's draft national health ERC plan template (4) to construct a multisectoral, all-hazards ERC plan tailored to the specific context and needs of Romania. Specific objectives were to:

- map ERC capacities and critical gaps across all response sectors and levels using the Regional Office's ERC capacity mapping tool;
- strengthen ERC collaboration between the MoH and MoIA;
- develop an ERC plan relevant for Romania which utilizes and strengthens identified capacities and channels;
- propose solutions to address gaps using the Regional Office's national health ERC plan template; and
- secure political commitment to develop, adopt and implement an ERC plan tailored to Romania's needs.

BACKGROUND

The ERC workshop proved a timely and poignant reminder of the need for an appropriate ERC response. The workshop dates coincided with the two-year anniversary of the tragic Colectiv nightclub fire, in which 64 people lost their lives and perceived shortcomings in the response led to reduced trust in Romania's political leaders (5). Workshop participants recalled the crucial

role of ERC in the response effort. During any emergency, the public needs to receive accurate information about what is happening (even if there is uncertainty) (6), what responders are doing to address the situation and what people can do to protect themselves. Conversely, although the media will cover developments in the emergency, their stories may lean towards assigning blame, resulting in sensational reporting (7). Thus, the correct balance must be found.

The MoIA DSU highlighted that ERC is an important part of its portfolio. In responding to emergencies and crises, the DSU will have to provide transparent, accurate and timely communication to position itself as the authoritative source of information and provide citizens with trustworthy recommendations. Today's news travels very fast on media and social media, and the advent of citizen reporters means that anyone can now report the news (9). Therefore, lack of transparency and timeliness can damage public trust in the emergency response system because unofficial sources can fill the news gap with potentially inaccurate information or baseless rumours (8). Response personnel then have to expend great effort in correcting rumours and re-establishing trust that will, in turn, lead to a higher uptake of guidance (10). This was recognized as a weakness within the Romanian public health emergency response system. Thus, strengthening actions among the various response sectors and between central and local levels to ensure consistent messaging through effective channels became a focus of the workshop.

METHODS

The World Health Organization Regional Office for Europe's risk communication experts, supported by the World Health Organization Country Office for Romania, worked with Romanian multisectoral and multilevel response personnel during the workshop on ERC capacity mapping and plan development in Bucharest. ERC capacity mapping was conducted on 30–31 October, and the resulting information was used for plan development on 1–2 November.

The workshop was attended by 45 participants comprising communication and technical experts working at national and prefecture levels in different sectors (including health, and hospitals, agriculture, emergency response, environment) and within civil society.

The Regional Office's capacity mapping tool was used to guide discussion and identify strengths and challenges. The tool is developed around four ERC capacities that need to be in place and implemented before, during and after an emergency: (i)

transparency and early announcement of a real or potential risk; (ii) coordinating public communication; (iii) listening through two-way communication; and (iv) selecting effective channels and trusted key influencers. The tool is synchronized with the International Health Regulations (IHR) (2005) Joint External Evaluation (JEE) (11) risk communication national assessment, but evaluates more capacities in greater detail using a scaled approach. It was developed to determine the four ERC capacities of national partners along the emergency response timeline on a five-point scale (from 1 “not prepared” to 5 “prepared and operational”). This approach enables countries and organizations to determine not only which capacities may need to be strengthened but also which phase of a public health emergency may be most challenging and how much capacity a system has to address it. The tool was devised by considering more detailed communication response requirements and potential contributions from multisectoral actors.

Part one of the capacity mapping exercise included the following open-ended questions to all participants.

- Describe mechanisms within the communication response system to ensure transparency and early announcement. Please provide examples.
- Describe ways in which communication to the public is coordinated and meets the information needs of affected populations. Please provide examples.
- Describe how your agency engages with different populations prior to and during an emergency. Please provide examples.
- Describe the communication channels and key influencers that your agency uses to communicate with different populations and their effectiveness. Please provide examples.

In part two of the capacity mapping exercise, participants were assigned to separate focus groups according to affiliation (the MoH, the MoIA, other response ministries, civil society and United Nations partners) and then asked more detailed questions. Combining the open plenary session with the focus group design facilitated the sharing of resources and lessons learned through open interactions, with more specific discussions in smaller groups.

The findings of the capacity mapping exercise contributed to the development of the ERC plan. Participants used the Regional Office’s national health ERC plan template, which also incorporates the four ERC capacities throughout the emergency life-cycle from prevention to recovery and evaluation. In this

exercise, participants were randomized into several working groups and each group discussed one of the capacities at each phase of the emergency. This approach promoted cross-sectoral discussion about individual skills and organizational resources. At the end of each session, the groups shared their recommendations for improving ERC capacity within each emergency phase, and all participants were allowed to edit, add or subtract elements of the ERC plan. The outcome of the plan development workshop was a draft master plan for Romania, which can be further tailored to the country’s situation and needs.

RESULTS

The ERC workshop identified a number of ERC strengths and challenges.

The following strengths were identified.

- ERC systems have been established and improved based on lessons learned (e.g. risk perception gathering mechanisms, channels, influencers, trainings, drills).
- ERC resources (e.g. spokespeople, trained staff at national to subnational level, survey instruments) are in place for non-public health emergencies.
- The MoH public health department has initiated threat-specific messages and protocol sharing via its website.
- The MoH has communication and medical assistance departments.
- There is existing health promotion capacity (National Health Institute and Red Cross).
- Civil society is coordinated, active and involved in emergency preparedness and response (e.g. Romanian Red Cross, Mobile Service for Emergencies, Rescue and Extrication).
- A social worker network is available to assist in community engagement and audience research, as needed in ERC – this can serve as a model for other countries.
- United Nations organizations with communication capacity are present in the country.

The following challenges were identified.

- Although personnel and communication functions are in place for non-public health emergencies, specially trained personnel and dedicated financial resources for ERC are needed, particularly for public health emergencies – this requires updating the existing legislation.
- Coordination between response agencies for health and other emergencies must be improved.
- There is no mechanism to ensure that strategies and guidance reach local levels and health care settings to ensure that consistent messages are given.
- Health spokespersons and communication staff at the local level and in health care settings should be officially appointed and trained in ERC.

WORKSHOP EVALUATION RESULTS

All participants felt that the capacity mapping was an effective way to determine ERC capacity within the health sector, and 94% felt it was an effective way to map non-health ERC capacity. Participants stated that the most useful elements of the capacity mapping were the opportunities to learn about the systems and experiences of multisectoral partners and to determine the surge capacity of these partners during health emergencies.

Participants reported that the workshop on ERC plan development and the national health ERC plan template were effective in developing an all-hazard, multisector ERC plan.

Participants provided the following feedback.

“I think that drafting a communications plan is a must. I’m glad to see that it happened here at this workshop.”

“I would describe this workshop in one word – Unity!”

“Our emergency response can be incredible, but if we don’t communicate well with our public, it will all be in vain. Everything that our emergency responders have done will have been for nothing if we don’t include communication as part of our response efforts.”

LESSONS LEARNED

The primary lesson learned from this workshop was the need for new facilitation methods. Capacity mapping exercises were more effective when conducted by groups of participants from individual agencies rather than a single multisectoral

group: an early attempt at capacity mapping in a large plenary session provided less useful information. Participating agencies reassessed their capacities in response to detailed questions because they realized their protocols had not been practiced sufficiently, had not been applied in a genuine health emergency or were not fully developed. Sessions with individual government response agencies and small groups of United Nations and nongovernmental partners gave a more accurate picture of the ERC capacity of Romania.

Likewise, attempts at writing ERC plans were less fruitful in large plenary sessions. Facilitators again revised their approach and established small multisectoral working groups to separately address each of the four key capacity areas in each emergency phase. The evaluation showed that participants considered the capacity mapping and plan writing activities valuable and that smaller multisectoral working groups improved the sharing of information and ideas.

DISCUSSION

Participants agreed with the World Health Organization Regional Office for Europe’s recommendation to establish an Emergency Joint Communication Committee (EJCC) to ensure the effective coordination of ERC. The EJCC should comprise communication specialists from different sectors and levels, and relevant partners. EJCC members should meet regularly during peace time and the Committee should function for 24 hours per day, seven days per week during emergencies. Standard operating procedures should be defined to clearly identify communication roles and responsibilities, including designation of a lead agency for the response based on the type of hazard. As every crisis starts at the local level, local authorities must be involved in the communication process and trained in ERC principles and practice. Within the health sector, communication coordination and guidance from the MoH to local public health departments and hospitals/health care workers should be strengthened by:

- assigning a focal point within the MoH to communicate to local and hospital levels;
- providing health care workers with guidance on protecting themselves and public health advice to be given to affected or at-risk populations; and
- appointing, recognizing, remunerating, training and guiding local and hospital spokespersons.

Both ministries acknowledge the role of the World Health Organization in supporting Romania to establish an effective EJCC. They also recommend regular training for spokespersons and communications specialists, including simulation exercises on the emergency response to test communication coordination and other capacities. This can be effectively done using existing MoIA communication tools and mechanisms.

CONCLUSION

Based on the capacity mapping, there were a number of recommendations.

- Existing laws could be updated (including all hazards under the IHR (2005) and other emergencies) to assist with coordination between agencies.
- Although a crisis communication structure is in place, the health sector needs to be more active and visible in crisis communication to the public.
- Response partners should recognize the need for a stronger health-focused crisis communication response.
- Health promotion personnel should be trained in ERC so that they can be redeployed as needed.
- Civil society (i.e. Red Cross, social workers) should support community engagement.
- United Nations organizations could provide communication surge capacity.

World Health Organization regional and country offices offered their full support to the MoH and MoIA to strengthen Romania's ERC response in health emergencies. The Government of Romania will further coordinate the ERC process with the support of the World Health Organization. The next steps agreed by participants at the conclusion of the workshop were as follows.

- Relevant laws should be updated and the EJCC established as soon as possible, before the Romanian ERC plan is adopted.
- The draft plan should be shared with relevant partners for comments before finalization.
- A future mission of the Regional Office should test the plan.

- After testing, the plan should be updated and included in the national emergency response system.
- Romania should apply for a joint external evaluation within the IHR (2005) framework to assess its ERC status and progress, along with other public health emergency response measures.
- The ERC capacity-building activities undertaken by the World Health Organization Regional Office for Europe's team in Romania should be made available for adaptation by other countries or aid agencies.

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REFERENCES

1. Potter C, Brough R. Systemic capacity building: a hierarchy of needs. *Health Policy Plan*. 2004;19(5):336–45.
2. Gamboa-Maldonado T, Marshak HH, Sinclair R, Montgomery S, Dyjack DT. Building capacity for community disaster preparedness: a call for collaboration between public environmental health and emergency preparedness and response programs. *J Environ Health*. 2012;75(2):24–9.
3. Schacter M. "Capacity building": a new way of doing business for development assistance organizations. Ottawa (ON): Institute on Governance; 2000 (<https://www.files.ethz.ch/isn/103082/policybrief6.pdf>, accessed 5 February 2018).
4. National health emergency risk communication plan, template. Copenhagen: WHO Regional Office for Europe; 2017.
5. Dudau A. How could a fire in a nightclub bring down the Romanian government? *The Conversation*. 6 November 2015 (<http://theconversation.com/how-could-a-fire-in-a-nightclub->

² In accordance with Security Council resolution 1244 (1999).

- bring-down-the-romanian-government-50260, accessed 28 October 2017).
6. Fischhoff B. Communicating uncertainty: fulfilling the duty to inform. *Issues Sci Technol.* 2012;28(4) (<http://issues.org/28-4/fischhoff/>, accessed 5 February 2018).
 7. Ewart J, McLean H. Ducking for cover in the “blame game”: news framing of the findings of two reports into the 2010–11 Queensland floods. *Disasters.* 2015;39(1):166–84.
 8. World Health Organization outbreak communication planning guide. Geneva: World Health Organization; 2008.
 9. Bulkley K. The rise of citizen journalism. *The Guardian.* 11 June 2012 (<https://www.theguardian.com/media/2012/jun/11/rise-of-citizen-journalism>, accessed 5 February 2018).
 10. Shigemura J, Harada N, Tanichi M, Nagamine M, Shimizu K, Katsuda Y et al. Rumor-related and exclusive behavior coverage in Internet news reports following the 2009 H1N1 influenza outbreak in Japan. *Disaster Med Public Health Prep.* 2015;9(04):459–63.
 11. Joint external evaluation tool: International Health Regulations (2005). Geneva: World Health Organization; 2016 (<http://www.who.int/ihr/publications/WHO-HSE-GCR-2016-18/en/>, accessed 5 February 2018). ■