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Presentation on partnership for health crisis communication

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Partnership for Health Crisis Communication

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"Public health is a shared responsibility and depends on strong partnership among local, regional, national and international authorities. This is true among all public health functions including that of communication"

– *World Health Organization Outbreak Communication Planning Guide. 2008 edition*

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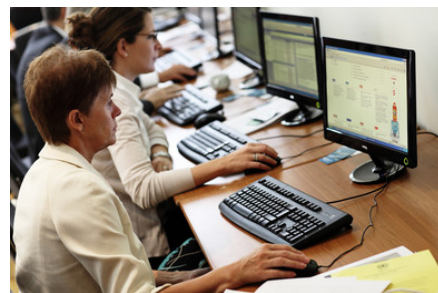
Today's situation is unprecedented

- Exceptional growth of population and **acceleration** of global movement
- Europe: one of the largest **crossroads** for travel and trade
- Europeans still **exposed** to risk of infectious diseases, endemic, emerging or imported (e.g. multidrug-resistant tuberculosis, food-related disease outbreaks and pandemic influenza)

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Communication is a fast-evolving field

- Europe's communication environment **reshaped** in the last 20 years
- World **connected** at a fast pace
- Many actors, **sources** and **channels** of health information (social media – Facebook and Twitter – messages and videos on mobile telephones)

@ Ministry of Health, Russian Federation

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Today's situation is unique. Our main challenge today is not so much represented by the threat of highly exotic diseases, as there have been only few and isolated episodes of hemorrhagic fevers in our countries in the past years. We should be more concerned about our old European foes, which threaten to come back and settle again in Europe. And they can come back stronger, as in the case of infectious diseases becoming resistant to antibiotics, like multidrug-resistant tuberculosis (MDR-TB). And they can come back fast, as evidenced by food-related disease outbreaks or pandemic influenza.

Diseases carried by vectors may broaden their impact when they find a better breeding ground in warmer climates. Vaccine-preventable diseases are unfinished business if immunization coverage is not universal: we have witnessed recent epidemics of measles in some of the most developed countries, and in 2010 we saw the resurgence of poliomyelitis (polio), caused by imported wild poliovirus, in our previously polio-free region.

Communication is a fast-evolving field. New media hold out a possibility of on-demand access to content any time, anywhere, on any digital device, as well as interactive user feedback, creative participation and formation of common-interest communities around media content. What distinguishes new media from traditional media is their interactive relationship with users. Users are no longer just consumers.

WHO and its regional offices are actively developing social media platforms to support health programmes and campaigns, as well as to support communication response during health crises. Social media have been effectively used, for example on TB and immunization campaigns while text messages were effective to mobilize hard-to-reach populations during the polio outbreak in Tajikistan. WHO/Europe has developed a strategy on social media to help fulfil its mandate in today's changing communication environment. Targeted recipients are selected among policy-makers and health partners, health practitioners, online media and the general public.

Health crises are unique and

- Unpredictable
- Unfolding
- Socially and economically disruptive
- Behaviour centred
- Anxiety generating

thus eminently newsworthy

Risk communication is a **key public health tool** for effective emergency response

Now is the time to establish **trust** in communications, as this much harder to do in a crisis

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Health crises are unique. They can wreak death, destruction and disease in and across countries. The International Health Regulations (IHR) outline WHO's leadership role in responding to public health emergencies.

During an emergency, risk communication is a key public health tool to manage risks, as important as epidemiology. Effective messages will increase population's receptiveness to health authorities' guidance intended to reduce behaviour favouring risk exposure and to improve surveillance.

Now is the time to establish trusted communications, as this much harder to do during a crisis.

The International Health Regulations (IHR) require more trustworthy, timely, transparent communication
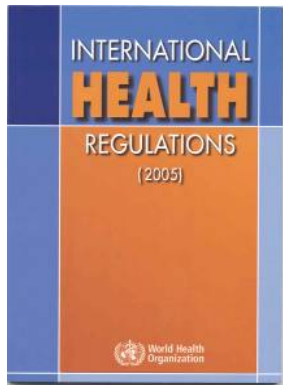
- Countries have committed themselves to **notify** any event that may constitute a public health emergency of international concern.
- WHO's confidential but proactive verification, with countries, of unofficial reports creates incentives for **greater openness**.

Under the IHR, WHO Member States have committed themselves to developing and strengthening the core capacity of risk communication.

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WHO Member States have committed to developing and strengthening risk communication as a core capacity under the IHR. Greater openness is demanded by a world where serious disease events are hard to hide. By ratifying the IHR, countries have committed to broad new responsibilities (i.e. notifying all public health emergencies of international concern). WHO's confidential but proactive verification, with countries, of unofficial reports creates incentives for greater openness.
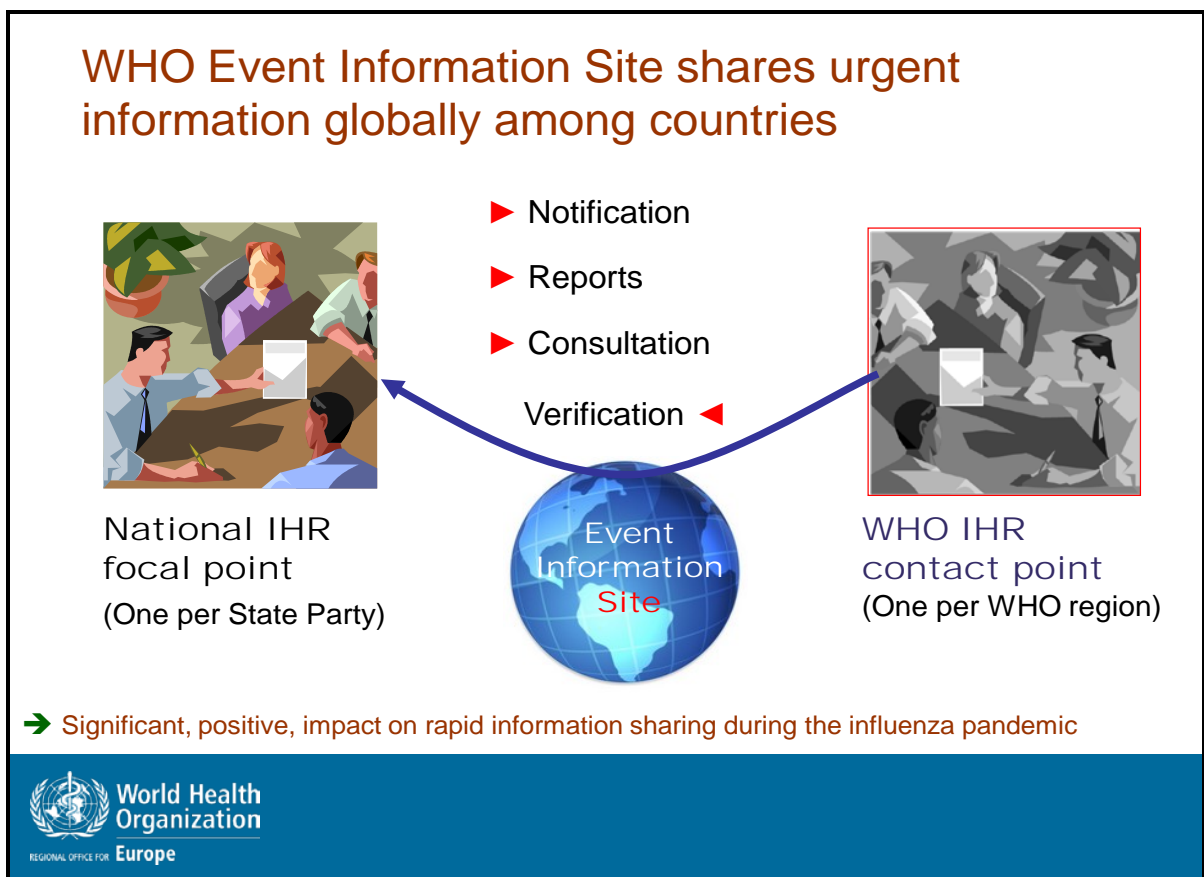
The Event Information Site (EIS) is the primary channel for WHO to confidentially share information on events that may or do "constitute a public health emergency of international concern". EIS is accessible to national IHR focal points (NFPs) in all 195 States Parties (193 WHO Member States, the Holy See and Liechtenstein) as well as to selected international organizations (such as the International Atomic Energy Agency (IAEA) and the European Centre for Disease Prevention and Control (ECDC). It includes:

- postings specific for an event in a single State Party
- an "announcements" section, e.g. for multicountry events
- contact details for all 195 NFPs and the IHR roster of experts.

During the influenza pandemic, EIS was the primary source of information for NFPs. Every time the WHO Director-General announced a change in the pandemic phase, WHO/Europe alerted the NFPs in advance, so they could be prepared. Other mechanisms for information sharing among countries and with international organizations exist, such as the European Community (EC) Health Security Initiative. It is crucial in maintaining harmonization in the information flow to ensure the clarity and consistency of messages. As a key recommendation, NFPs under the IHR framework should be the same people nominated under other mechanism for information sharing. This would ensure coherence in lines of communication across actors as well as in action.

WHO supports European countries in building risk communication capacity under the IHR

- All countries have the capacity for **basic planning**
- A risk-communication plan is a first step towards build the required **capacity**
- **Specific procedures** and all available information-technology (IT) tools should be used

@ WHO/Jarno Habicht

➔ Workshop on risk-communication capacities in central Asian countries

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WHO supports European countries in communicating effectively during crises

WHO support is intended to build, restore or maintain **trust** in national authorities in order to support their health guidance to the public. It involves:

- **advising** on effective communication strategies;
- supporting the health ministry's communication **coordination** across the political interface;
- speaking with **one voice** to strengthen public health advice;
- providing an **independent** technical voice to counterbalance sensationalism.

@ WHO

➔ WHO/Europe mission to Tajikistan to ensure joint communications during the poliomyelitis outbreak

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A health crisis can be very challenging for a country and effective risk communication helpful in controlling it. WHO supports European countries in both building their capacity for crisis communication and communicating effectively during crises.

Developing a risk-communication plan is the first step towards building the required capacity. While not all countries have the resources to set up an elaborate communication system, all have the capacity for basic planning. Specific procedures and available information-technology tools should be used, including e-mail, video- and teleconferences, shared secure web sites, group text messages, the mass and social media, and the World Wide Web.

WHO/Europe and WHO headquarters collaborated to organize a training and capacity-building workshop on strengthening risk-communication capacities for countries in the central Asian subregion, in late 2011 in Tashkent, Turkmenistan. Its purpose was to support the IHR implementation process and core-capacity development in Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. The workshop aimed to provide input for strengthening risk-communication structures, communication channels and coordination mechanisms to respond to public health emergencies. Further and most importantly, the workshop acted as a subregional platform for the exchange of best practices and lessons learned in risk communication among Member States and key partners/actors.

The main task of WHO's risk communication support is to build, restore or maintain trust in the authorities to support their health guidance to the public. It involves:

- advising on effective communication strategies;
- supporting the health ministry' communication coordination across the political interface;
- speaking with one voice to strengthen public health advice; and
- providing an independent technical voice to counterbalance sensationalism.

During the 2010 polio outbreak in Tajikistan, joint communication activities involved the Tajik health ministry and WHO/Europe, as well as other partners such as the United Nations Children's Fund (UNICEF).A press conference involving the Minister of Health and the WHO Regional Director for Europe, as well as a joint visit to the main hospital in the capital conveyed messages supporting universal vaccination of targeted children. A WHO/Europe communication officer was deployed in Tajikistan to support and advise the health ministry on communication, including media response, and training communication officers on the job.

A key role during emergency response is to synchronize messages and figures to provide coherent messages. WHO is a neutral technical voice that can support trust in the national authorities, who can often be under attack due to a search for sensational stories. For example, WHO's statement on pandemic vaccine in Serbia supported the Government, which was under attack was by the media and public, and was instrumental in providing an independent assessment and defusing the situation.

Cooperation is an essential feature of risk management, especially during an emergency. In the challenge of a health crisis, shared communications are critical to disseminate reliable public health advice and use the communication credibility of other organizations.

Trust is a prominent feature of outbreak control: the more the public trusts the responders, the more likely people are to believe or act on the health information communicated to them. This means that messages conveyed by the various responders need to be coherent. Partner agencies' providing consistent figures is particularly important. Prompt information release is critical due to the media pressure expected, especially during the initial phases of a health crisis.

Under the public health emergency procedures, WHO/Europe and the EC call for the establishment of a protocol on information sharing. It would enhance consistent communications from each party, as well as joint communications, through timely and effective exchange of information. By keeping all partners aware of what individual organizations are saying publicly, it would enable them to speak with one voice.

The *Escherichia coli* outbreak was a tremendous opportunity for improving cooperation in risk communication during a health crisis. Lessons learned from communication practice (WHO was misquoted in the media and the European Union (EU) highlighted the need for better coordination) led to the establishment of a better structured system for information sharing between WHO/Europe and the EU and its agencies. This especially includes each giving the other advance notice of its major statements/releases. This had a concrete impact when a company used industrial silicon, instead of medical silicon, in making breast implants; the EC quickly spread the relevant information to EU Member States, as well as WHO/Europe. The *E. coli* outbreak also enhanced collaboration between WHO/Europe and EC within the health communication network.

WHO/Europe and EC call for countries to enhance their risk-communication capacity

- **Assessment**: "critical mass" of expert risk communicators
- **Coordination** mechanisms
- **Transparency**: first announcement and transparent communications
- **Listening**: gathering information and integrating findings into decision-making
- **Evaluation**: mechanism to assess the impact of communication interventions.

➔ Countries see building IHR risk-communication capacity as a priority

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A risk-communication plan needs uptake by national highest political levels that would make decisions on communication during an emergency. The following key components should be considered flexible and scalable to be adapted to countries' circumstances.

Assessment

Each country needs a "critical mass" of expert risk communicators. Countries should conduct assessments of communication plans and capacity at different levels, to build from existing systems; train the risk-communication practitioners required; and take advantage of the capacities of partner organizations. Surge capacity would be needed to handle times of peak demand.

Coordination

Coordination is paramount during an emergency. Countries should identify coordination mechanisms that should cover ownership, development and release of information; message sharing; streamlined clearance procedures; and identification of spokespeople. National and international communication partners should be identified and a list of them developed and maintained.

Transparency

Regular and transparent communication with the public increases its trust in the authorities and receptiveness to guidance. Countries should develop a system for the first announcement in the event of a verified or suspected risk, and for transparent continuing release of information, including proper tools and channels.

Listening

Risk communication will not be effective without an understanding of the public's perception of the risk. This will allow effective messages to be formulated. Countries should develop a system to assess existing community profiles (e.g. public opinion surveys), gather information during an emergency (e.g. through community advisory panels, door-to-door visits, hotlines, media monitoring) and integrate findings into decision-making.

Evaluation

Understanding the effectiveness of communication strategies is vital to identify gaps and address them appropriately. Countries need to put in place an evaluation mechanism to assess the impact of communication interventions during and after an emergency.

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Thank you.