Day 2: The Challenges and How to Address them
Reminder: Our Objective

To strengthen the link between emergency risk communication and public health preparedness planning
Cycle of preparedness activities

1. Identify risks
2. Prioritise top risks
3. Understand prioritised risks in detail
4. Identify preparedness options
5. Design preparedness strategies
6. Implement preparedness strategies
7. Monitor progress and update strategy

Key Question: what is the real health emergency challenge?
“As likely as a black swan!”
Immediately following a traumatic event, what is the most common reaction?

1. Fight?
2. Flight?
3. Freeze?
Research findings:

• 10-15%: relative calm, unimpaired judgement and decision making
• 10-15%: counterproductive behaviour, adding to danger
• 75%: stunned and bewildered, impaired judgement and decision making
During crisis normal inter/intra organizational tensions and rivalries are suspended?

1. True
2. False
Research findings:

Strategic behaviour is common:

- Existing bureaucratic tensions do not disappear
- Explained through key characteristics: many actors; divergent interests; shared ownership and influence; compromise nature of decisions
Organizations prepare for worst case scenarios?

1. Yes
2. No
Research findings:

- Crisis contingency planning and exercises not a priority
- Success is based in finding opportunity not contingency management
- Policy makers misinterpret or ignore signs of impending danger
In your experience during emergencies, how important is the communication of risk to a successful response?

A. No importance
B. Limited importance
C. Relative importance
D. High importance
E. Top importance
In your experience in emergency preparedness, when allocating resources (\$, time, expertise) how important is emergency risk communication?

A. No importance
B. Limited importance
C. Relative importance
D. High importance
E. Top importance
Mandate for risk communications

Risk communications incorporated as a division under the Ministry of Health or equivalent

Public communications coordination with external stakeholders/departments

HEALTH EMERGENCY COMMUNICATIONS
Quick and accurate dissemination of information during public health event or crisis.

Components:
- Assessment for communication needs, including level of uncertainty
- Preparation for first announcement
- Standard operating procedures/structure for media relations
- Command and control
- Information dissemination structure
- Identification of spokespersons
- Communications channel
- Media training

OPERATION COMMUNICATIONS
Timely exchange of information among public health authorities and with decision-makers to ensure a smooth chain of command and coordination.

Components:
- Standard operating procedures for operation communications
- Chain of command within the organization
- Identification of stakeholders and parties involved
- Decision-making process
- Clearance and approval structures and processes

BEHAVIOUR CHANGE COMMUNICATIONS
Delivery of health programmes through health promotion – i.e. encouraging the active prevention of disease and outbreaks through positive behaviour changes. It involves social mobilization.

Components:
- Setting up of informal/community network and feedback channel
- Resource and logistical mobilization
- Stakeholders’ coordination
- Identification of cultural, social and economic factors that may affect behaviour change
- Listening through dialogue

Source: World Health Organization
Day 2 Plan

1. Each WorkGroup will be assigned a challenge identified yesterday
2. Short, SIMPLE, scenario
3. Task: Propose practical and concrete preparedness strategies and actions