Risk Communications

Focus Area 5
Asia Pacific Strategy for Emerging Infectious Diseases (APSED)

Joy Rivaca Caminade
Technical Officer (Risk Communications)
World Health Organization – Western Pacific Regional Office (WHO-WPRO)
Our first lesson in communication...

SARS 2003
the first global outbreak to highlight the importance of COMMUNICATION in a public health emergency....

SARS: an unknown coronavirus

- 8098 cases
- 774 deaths
- 26 countries affected
- trends in airline passenger movement drop
- economic loss: US$ 60 billion

SARS triggered change in the way communication is handled...
To build **sustainable national and regional capacities and partnerships** to ensure public health security against emerging diseases and other public health emergencies.
WHY invest in risk communications?

EVERY SINGLE (public health) intervention during a public health emergency will SUCCEED OR FAIL based on the way we COMMUNICATE.
APSED (2005)

Key Achievements of APSED (2005)

- raised the profile of risk communications
- introduction of the concept and the unique requirements
- included in outbreak responses and other collaboration arrangements
- opportunities for risk communications and media training

APSED (2005)
1. Surveillance and Response
2. Laboratory
3. Zoonoses
4. Infection Control
5. Risk Communications
APSED (2010) Expanded Scope

APSED (2005)
1. Surveillance and Response
2. Laboratory
3. Zoonoses
4. Infection Control
5. Risk Communications

APSED (2010)
1. Surveillance, Risk Assessment and Response
2. Laboratory
3. Zoonoses
4. Infection Prevention and Control
5. Risk Communications
7. Regional Preparedness, Alert and Response
8. Monitoring and Evaluation
Risk Communications and APSED (2010)

Moving on with APSED (2010)

- Built on the achievements of the original APSED, while recognizing variations in existing capacity.
- Seeks to widen its scope to include other acute public health threats (e.g., food safety and health threats due to natural disasters).
- Three components, but the focus for capacity development is on HEALTH EMERGENCY COMMUNICATIONS.
VISION

“Risk communications is institutionalised within the Ministry of Health (MoH) as an essential component of the health emergency response actions, and integrated into routine prevention functions.”
Key Components of Risk Communications

- Health Emergency Communications
- Operation Communications
- Behaviour Change Communications (Social Mobilization)

Asia Pacific Strategy for Emerging Diseases (APSED 2010)

*Responsible risk communication is now recognized as vitally important in managing acute public health emergencies.*
Interplay of Communications Components in a Public Health Emergency

1. Verify event
2. Conduct notification
3. Conduct risk assessment (activate health emergency plan)
4. Organize assignments
5. Prepare information and obtain approvals
6. Release information to media, public, partners
7. Obtain feedback and conduct evaluation
8. Conduct public education
9. Monitor events and modify as needed

OPERATIONAL COMMUNICATIONS

HEALTH EMERGENCY COMMUNICATIONS

BEHAVIOUR CHANGE COMMUNICATIONS

Public Health Event (official source, news, rumours)
By the end of five years....

- A structure/team/mechanism is established at the MoH
- **Strong linkages and coordination arrangements** systematically integrate risk communications with risk assessment, surveillance and response
- **Working mechanisms** (procedures, guidelines and protocols) are developed and tested
- **Advocacy for policy and programme support** – system of learning by action and experience
- **Career development programme for risk communications** ensures sustainability
Challenges

- **Policy support** for the operational framework and structure for health emergency communications within the Ministry of Health.

- In some Member States, there is relative difficulty in **differentiating health emergency communications function**, versus the existing health education and health promotion programmes.

- **Limited buy-in** and planning for health emergency communications.
Priority Activities in 2012-13

- Development and testing of health emergency communications procedures, guidelines and protocols (including interface with other existing programmes of the ministry of health)

- Application of tools and procedures using real-life events (regional and national level exercises)

- Supporting Member States adapt health emergency communications protocols and guidelines for specific diseases or emergencies
**The way forward...**

- **Proactive advocacy** through:
  - Exercises (using real-life events in the region)
  - Professional networking and career advancement (FETP-like training programme)
  - Champions (leadership role for health emergency communications)

- Establishment of a **structure/mechanism** to proactively and efficiently coordinate health emergency communications

- Development of appropriate **feedback mechanisms as** an integral part of the SOPs

- **Learning from and sharing lessons learned** on health emergency communications (case studies and conferences)
Challenges Communicators Face Today….

- Emergence of social media: how fast is fast enough?
- Multiple sources of information: some credible, others not
- Need to be flexible and versatile – no one size fits all” or “plug and play”
- Expectations of the public
Conclusion

APSED (2010): Risk Communications Strategy and Workplan

For Member states to adopt a more structured approach to risk communications.

– Systemic
– Proactive
– Functional
Thank You!