ASEF PHW High-level Meeting

Risk Communication for Public Health Emergencies: THE ROLE OF RISK COMMUNICATION IN PANDEMICS

19-20 October 2022 Cardiff, Wales (UK)

This report provides a summary of the conclusions of the High-level Meeting on “Risk Communication for Public Health Emergencies: The Role of Risk Communication in Pandemics” held as a hybrid event in Cardiff on 19-20 October 2022. The participants included public health experts from a number of countries in Asia and Europe, working on different aspects of Risk Communication.

The overall aim of the High-level Meeting was to strengthen countries’ capacity to support Risk Communication for Public Health Emergencies (PHEs). It was also intended to provide a platform for the bi-regional exchange of best practices and lessons learnt related to Risk Communication during the COVID-19 pandemic and beyond. Specific objectives of the meeting were:

- To address the challenges in Risk Communication identified during the COVID-19 pandemic;
- To facilitate networking among Risk Communication practitioners across Asia and Europe, enabling the exchange of best Risk Communication practices and lessons learnt; and
- To determine the areas of international/intersectoral collaboration to improve Risk Communication for future public health emergencies.

The Role of Risk Communication in Pandemics:

On 30 January 2020, the World Health Organization (WHO) declared the novel coronavirus disease (COVID-19) a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (2005) (IHR). On March 11, 2020, the COVID-19 outbreak was labelled a global pandemic. Since then, no country has remained untouched, and Risk Communication has been playing an essential part in the pandemic response.

Since every country has had to grapple with the COVID-19 pandemic, the meeting aimed to cover the common challenges faced by ASEM Partners while implementing Risk Communication. There were extensive discussions over the two-day meeting. Full details of the programme and the list of participants are provided in Appendix – 1 & 2. This meeting report is structured based on the summary feedback provided by participants on defining solutions and not necessarily a detailed account of each session.

The main themes that emerged from the meeting are:
1. Risk Communications – The Science

Understanding Risk Communication as a science is essential. Having strategic frameworks would make it easier for policymakers to develop Risk Communication policies. There is a recognition that a number of such frameworks exist within countries. As an example, from the United Kingdom, and as one that is used by the Cabinet Office, the UK Government, OASIS framework was presented and discussed. OASIS is a series of steps that can help bring order and clarity to planning campaigns. The aim is to help make the planning process rigorous and consistent. The 5 steps needed to create a campaign using OASIS are: Objectives; Audience/Insight; Strategy/Ideas; Implementation; and Scoring/Evaluation.

It is recognised that any policy needs to link to other resources published on the topic by agencies such as ECDC, CDC, WHO, including the Joint External Evaluation Risk Communication and Community Engagement tools and other national and international bodies.

Apart from using a framework as a basis, policymakers and governments need to agree on principles of Risk Communication management that revolve around data-driven communications, individual responsibility, code of practice (right vs wrong), emotion vs minds, credibility, listening to act, differentiating between true signal and noise, countering dis/mis information and firmly rooted in public health values.

2. Preparing communities during peacetime

It is well-evidenced that governments that have strong engagement with their communities tend to have better acceptance of risk messaging compared to the ones that do not. Therefore, peacetime investment in community engagement is paramount. Some of the focus areas for such engagement could include:

- Having a strategic plan for engagement which includes objectives and desired outcomes
- Building trust in peace time
- Undertaking a comprehensive Risk Communication asset assessment
- Mapping key influencers across faith groups, opinion leaders and social media
- Securing dedicated resources for Risk Communications
- Elements of behaviour science in preparing communities
- Develop innovative means to reach out - e.g. podcasts, artificial intelligence
- Risk Communication research, to gather insights into “market segmentation” and determining the most cost-effective interventions

3. Early Communication during a pandemic

Based on the experience of the COVID-19 pandemic as well as previous public health emergencies, there is a consensus that early and effective communication helps to focus the response. Considerations and challenges include emerging situations in another part of the world where there is a lack of detail, often presenting difficulties for governments in crafting their messages. However, evidence suggests that being transparent and proactive is effective. Communicating “what is not known” is equally important as “what is known”. Go direct, go local help to ensure there are no voids and enhance credibility. It is, however, important to determine the best timing for early communications, including who the spokesperson is, when to communicate and where.

4. Dynamic assessment in Risk Communication

Pandemics progress at a pace, and often, governments face situations where there is “too little information” to “too much impact” in a short time, which takes away any potential lead time to prepare the communities. Rapid vulnerability assessment and linking back to peacetime threat assessment are essential. Governments must address and communicate uncertainty. Keeping it flexible and not making categorical statements that cannot be gone back on enhances credibility.
5. Evidence based Risk Communication

Risk Communication is an evidence-based science. It has to be viewed as a public health intervention in its own right. In devising Risk Communication strategies, there must be a clear and logical flow from evidence to policy, leading to behaviour change. The foundations of based in “the message”, “the messenger” “the audience” and “the channel”. Affording proper visibility that can be enhanced using digital technology, innovative infographics, and catchphrases can be impactful. It is essential for the strategies to be cross-governmental and inter-country (where possible).

6. Tackling misinformation, disinformation and rumours

The biggest challenge in Risk Communication at the present time is tackling misinformation, disinformation and rumours. Every country is facing this challenge, which has been exaggerated during the COVID-19 pandemic. Potential solutions to tackling this challenge include:

- Sticking with facts and linking back to strategic Risk Communication aims and objectives
- Working with major social media providers and fact-checking agencies to remove malicious posts
- Picking the battles – to ensure resources are not disproportionately wasted on things that cannot be controlled or those that have low public health impact
- Being proactive and debunking myths through a dedicated “search and destroy” approach
- Using innovative models – for e.g., the Robert Koch Institute (RKI) has developed a “Truth Sandwich” model where firstly, the fact is stated, then the misinformation is identified as such and subsequently explained where the misinformation comes from and why it is incorrect information. Finally, the fact is repeated
- Working with industries to enhance corporate social responsibility in relation to misinformation
- Developing and implementing legislation that supports fact-based information and offering sanctions and penalties to individuals and organisations that promote misinformation
- Ensuring training for a wide variety of sectors, both comms and non-comms experts

7. Linking Risk Communications to behaviour change

The key impact of Risk Communication is to bring about behaviour change, and linking these two is essential. Behaviour change, as a science, has not been fully embedded in Risk Communication strategies. The COVID-19 pandemic highlighted this, especially when there was a gap between “trust” and “behaviour”. There is a need to apply the theory to practice. There are several frameworks for incorporating behaviour change components into Risk Communication. The popular one among them is the COM-B model.

![Behaviour Change Wheel](image-url)
The COM-B model for behaviour change cites capability (C), opportunity (O), and motivation (M) as three key factors capable of changing behaviour (B). Capability refers to an individual’s psychological and physical ability to participate in an activity. Opportunity refers to external factors that make a behaviour possible. Lastly, motivation refers to the conscious and unconscious cognitive processes that direct and inspire behaviour. The “knowledge-intention-action” gap often poses a challenge in pandemics.

Using a ‘behaviour change wheel’ (Figure 1) interventions could be best tailored to the populations in whom the change is expected.

8. Evaluating Risk Communication strategies

As with all public health interventions, Risk Communications strategies need to be evaluated. Scientific evaluation methodologies apply to this science, too. A starting point is often thinking about “what can be objectively measured”? Considering both the direct and indirect impact is essential. In its most straightforward descriptions, “process” and “outcomes” measures are the obvious parameters to evaluate. Lives saved was used as an outcome measure, for e.g., in the UK COVID-19 Risk Communication. This could be challenging and not universally acceptable. Determining the cost-effectiveness of campaigns is especially important when resources are scarce. Effectively using the feedback loop in relation to ‘observe and listen’ is also an important component of evaluation.

9. Lessons identified from the COVID-19 pandemic, including ‘What went well’ and ‘what did not go so well’?

Based on the experience from countries across Asia and Europe, the following were the key lessons identified in relation to Risk Communication during the COVID-19 pandemic.

What went well?

- timely activation of Risk Communication plans
- strong political commitment
- comprehensive communication campaigns
- public health agencies having political independence
- those who prepared for long-term crisis
- good internal (in-country) and external co-ordination
- Transparency and communication strategy based on listening to the public
- Digital push -using online platforms
- Community spirit, where strong acceptance was better
- Task building: Consistency in comms from central to general
- Teamwork and network critical for the success of Risk Communication
- Reliance on evidence-based facts
- Stronger multisectoral collaboration favoured better reach

What did not go so well?

- Not having a strong collaboration with relevant/appropriate people before the pandemic
- Messages did not reach all targeted groups
- Need to respond better to misinformation in future pandemics
- An over assurance from certain governments - being too categorical
- Too much stress on resources
- Society divided on opinion and hence difficult to sell messages
- Lack of international co-operations leading to inconsistency across the different countries
- Lack of transparency and certain countries withheld critical messages
- Monitoring misinformation (proactive and reactive)
- Communications to minority groups (language and belief barriers)
10. Conclusion

This High-level Meeting on Risk Communication offered an excellent opportunity to share in-country experiences from the COVID-19 pandemic. This meeting was the first of its kind, where a real-world live example was used as a case study rather than a made-up scenario. The structure of this report, as a high-level toolkit, is intended to offer a framework for countries that are either developing or revising their existing Risk Communication strategies.

About the Organisers

**Asia-Europe Foundation Public Health Network (ASEF PHN)**

The Asia-Europe Foundation (ASEF), founded in 1997, is an intergovernmental not-for-profit organisation representing the 53 Asia-Europe Meeting (ASEM) Partners: 30 European and 21 Asian countries, plus the European Union and the ASEAN Secretariat. Following the 6th ASEM Summit (ASEM6; 2006, Helsinki, Finland) where the leaders expressed their determination to combat avian influenza and a possible human influenza pandemic, the “ASEM Initiative for the Rapid Containment of Pandemic Influenza”, financially supported by the Government of Japan, was launched at the 9th ASEM Foreign Ministers’ Meeting (ASEM FMM9; 2009, Hanoi, Viet Nam). Since then, the two components of the Initiative, ASEM stockpile of anti-viral drugs and personal protective equipment as well as ASEF Public Health Network (ASEF PHN) have contributed to strengthening ASEM Partners’ capacity for managing Public Health Emergencies (PHEs).

ASEF PHN’s scope is not limited to pandemic influenza – it expands to Emerging Infectious Diseases (EIDs) as well as Pandemic Preparedness and Response (PPR). ASEF PHN has been working on Risk Communication for PHEs since 2013. Prior to the pandemic, ASEF PHN implemented a series of High-level Meetings focusing on Risk Communication & Leadership (2017), How Can We Include Migrants & Ethnic Minorities (2018), and Risk Communication Beyond the Country Borders (2019) for effective Risk Communication during PHEs. In 2020, ASEF PHN conducted a research project on “Monitoring and Evaluation for evidence-based Risk Communication during the COVID-19 pandemic”. In 2021, its first virtual conference focusing on “Risk Communication during high uncertainty”, “Combatting infodemic & effective use of social media” & “Increasing vaccine confidence” was implemented. The event brought together senior-level government officials, experts from various international organisations, and civil society stakeholders to share good practices and lessons learnt on risk communication across Asia and Europe during the COVID-19 pandemic.

**Public Health Wales**

Public Health Wales is the national public health body in Wales. Established in 2009, it is one of the 11 organisations which make up NHS Wales.

With our partners across government, third sector and local communities we aim to reduce inequalities, increase healthy life expectancy and improve health and wellbeing for everyone in Wales, now and for future generations. Together, our teams work to prevent disease, protect health and provide specialist expertise.

We are the primary source of trusted public health information, independent expertise and world-class research and innovation, to help everyone in Wales live healthier lives.

Throughout the COVID-19 pandemic, Public Health Wales worked in close partnership with Welsh Government, UK Central Government, Local Government agencies and the national health service to support the population in Wales with accurate, timely and relevant risk communications.
Appendix 1 – Full programme of the meeting

**DAY 1: Wednesday, 19 October 2022**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:30 - 09:00</td>
<td>Registration/ Venue: Brecon Suite, Mercure Cardiff Holland House Hotel &amp; Spa</td>
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<tr>
<td>09:00 - 09:30</td>
<td>Welcome &amp; Opening Remarks</td>
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<td></td>
<td>• Sir Frank ATHERTON, Chief Medical Officer, Welsh Government</td>
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<td>• Dr Tracey COOPER, Chief Executive, Public Health Wales</td>
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<td>• Mr Kyoichiro KAWAKAMI, Minister (Economic), Embassy of Japan in the United Kingdom</td>
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<td>• Ambassador Toru MORIKAWA, Executive Director, Asia-Europe Foundation (ASEF)</td>
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<tr>
<td>09:30 - 10:30</td>
<td>Keynote Speech “Risk Communication in Practice: Using Science to Win Hearts and Change Minds for Public Good”</td>
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<td>Mr Alex AIKEN, Executive Director, Government Communications, Cabinet Office, UK Government</td>
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<td>10:30 - 11:00</td>
<td>Tea Break (Group Photo Session)</td>
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<tr>
<td>11:00 - 12:30</td>
<td>Panel Discussion 1</td>
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This session aims to share best practices and lessons learnt to overcome the difficulties implementing effective risk communication.

**Case Studies** - Moderated by Ms Leah MORANTZ, Head of Communications, Public Health Wales
- Dr Tanya MERILLO, Ministry for Health, Malta
- Dr Ines LEIN, Robert Koch Institut (RKI), Germany
- Dr Pahurat TAISUWAN, Ministry of Public Health, Thailand

**DAY 2: Thursday, 20 October 2022**

- **08:30 - 09:00** Registration/Venue: Brecon Suite, Mercure Cardiff Holland House Hotel & Spa
- **09:00 - 09:15** Welcome Remarks - Day 2
  - Dr Meng KHAW, National Director of Screening & Health Protection, Public Health Wales
- **09:15 - 10:45** Panel Discussion 2 | Risk Communication & the Political Interface During a Pandemic
This session aims to share best practices and lessons learnt to overcome the difficulties posed by the political interface in implementing risk communication.

**Case Studies** - Moderated by Dr Margaret HARRIS, Spokesperson, World Health Organization (WHO)
- Dr Dinh Anh NGUYEN, Ministry of Health, Viet Nam
- Ms Christina EBBERSTEN, The Public Health Agency, Sweden
- Ms Karen TAN, Ministry of Communications and Information (MCI), Singapore

10:45 – 11:15 Tea Break
11:15 – 12:00 Panel Discussion 3 | Risk Communication and Behaviour Change – Session 2

This session aims to share some of the approaches and lessons around organising and deploying risk communication and behavioural science in response to SARS CoV2 in Wales.

- Mr Ashley GOULD, Programme Director – Behavioural Science Unit, Public Health Wales
- Dr Chris ROBERTS, Head of Behavioural Science, Science-Evaluation-Advice, Health Protection Division, Welsh Government

12:00 – 13:00 Lunch Break
13:00 – 15:30 Re-introduction of Emergency Simulation Exercise
Dr Giri SHANKAR, Public Health Wales & Ms Riko KIMOTO, Asia-Europe Foundation (ASEF)
Emergency Simulation Exercise - Day 2

Group Discussion & Feedback to Plenary
This session is a continuation and development of the scenario from Day 1 to present participants with a new set of emergency challenges, against which they must develop strategies and take decisions.

15:30 – 16:00  
**Tea Break**

16:00 – 16:45  
**Conclusions | Defining Solutions – Summary of the High-level Meeting & Recommendations on:**

“The Role of Risk Communication in Pandemics”

Participants will debate and develop a final consensus on recommendations and conclusions from the High-level Meeting.

Moderated by Ms Leah MORANTZ, Head of Communications, Public Health Wales

16:45 – 17:00  
**Statements by Participants**

Professor Thomas ABRAHAM, The University of Hong Kong, Hong Kong SAR, China

17:00 – 17:20  
**Closing Remarks**

- Ms Laure du TEILHET, Director, Governance and Sustainable Development Department, Asia-Europe Foundation (ASEF)
- Dr Giri SHANKAR, Director of Health Protection, Public Health Wales
## Appendix 2 – List of in-person participants and affiliations

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>PREFIX</th>
<th>FULL NAME</th>
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<tbody>
<tr>
<td>Belgium</td>
<td>Ms</td>
<td>Wendy Lee</td>
<td>Coordinator Crisis Communication</td>
<td>Central Communication Service Federal public service Health, Food chain safety and Environment</td>
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<tr>
<td>Brunei Darussalam</td>
<td>Ms</td>
<td>Athirah Fakhriah Haji Yussof</td>
<td>Head of Corporate Communications</td>
<td>Ministry of Health</td>
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<td>Brunei Darussalam</td>
<td>Dr</td>
<td>Hjh Norhayati Binti Hj Kassim</td>
<td>Head of Health Promotion Centre</td>
<td>Ministry of Health</td>
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<tr>
<td>China</td>
<td>Prof</td>
<td>Thomas Abraham</td>
<td>Director, Public Health Communications Programme</td>
<td>Journalism and Media Studies Centre, The University of Hong Kong</td>
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<tr>
<td>Croatia</td>
<td>Dr</td>
<td>Ivan Milinarić</td>
<td>Epidemiology Resident, Division for Epidemiology of Communicable Diseases</td>
<td>Croatian Institute of Public Health</td>
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<tr>
<td>Estonia</td>
<td>Mr</td>
<td>Andras Armväärt</td>
<td>Head of National Healthcare Crisis Coordination Center Chief Specialist, Department of Health Care Management and Continuity</td>
<td>Health Board of the Republic of Estonia</td>
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<tr>
<td>Finland</td>
<td>Ms</td>
<td>Sanna Leinonen</td>
<td>Communications Specialist</td>
<td>Ministry of Social Affairs and Health</td>
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<tr>
<td>Germany</td>
<td>Dr</td>
<td>Ines Lein</td>
<td>Deputy Head, Risk Communication Unit</td>
<td>Robert Koch-Institute (RKI)</td>
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<tr>
<td>Germany</td>
<td>Ms</td>
<td>Yvonne Daschowski</td>
<td>Behavioral Scientist, Risk Communication Designer and Social Media Expert</td>
<td>Robert Koch-Institute (RKI)</td>
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<tr>
<td>Ireland</td>
<td>Mr</td>
<td>Maurice Kelly</td>
<td>Client Director, Communications Division</td>
<td>Health Service Executive (HSE)</td>
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<tr>
<td>Japan</td>
<td>Dr</td>
<td>Mio Kato</td>
<td>Senior Research Scientist, Office of Crisis Communication Center for Emergency Preparedness and Response</td>
<td>National Institute of Infectious Diseases (NIID)</td>
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<tr>
<td>Lao PDR</td>
<td>Mr</td>
<td>Visith Khamlusa</td>
<td>Director of the Center of Communication and Education for Health</td>
<td>Ministry of Health</td>
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<tr>
<td>Luxembourg</td>
<td>Ms</td>
<td>Julia Feilen</td>
<td>Head of Communications</td>
<td>Ministry of Health</td>
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<tr>
<td>Malta</td>
<td>Dr</td>
<td>Tanya Melillo</td>
<td>Consultant Public Health Medicine Head of Infectious Disease Prevention and Control Unit</td>
<td>Health Promotion and Disease Prevention, Department for Health Regulation, Ministry of Health</td>
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<tr>
<td>Mongolia</td>
<td>Dr</td>
<td>Bilegtsaikhan Tsolmon</td>
<td>Director General National Center for Communicable Diseases</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Singapore</td>
<td>Ms</td>
<td>Karen Tan</td>
<td>Senior Director, Deputy Chief Government Communications (Development)</td>
<td>Ministry of Communication and Information (MCI)</td>
</tr>
<tr>
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<td>Mrs</td>
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<td>Senior Communication officer</td>
<td>The Public Health Agency of Sweden</td>
</tr>
<tr>
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<td>Christina Ebbersten</td>
<td>Senior Communication officer</td>
<td>The Public Health Agency of Sweden</td>
</tr>
<tr>
<td>Thailand</td>
<td>Dr</td>
<td>Pahurat Kongmuang Taisuwan</td>
<td>Director of Secretariat Office of the Royal Development Projects Committee, Department of Disease Control</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>Mr</td>
<td>Eric Maljian</td>
<td>Head of Operations, Health Protection</td>
<td>Public Health Wales NHS Trust</td>
</tr>
<tr>
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<td>Dr</td>
<td>Giri Shankar</td>
<td>Director of Health Protection</td>
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</tr>
<tr>
<td>United Kingdom</td>
<td>Ms</td>
<td>Laura Woodward</td>
<td>Head of Risk Communications and Emergency</td>
<td>UK Health Security Agency</td>
</tr>
<tr>
<td>Vietnam</td>
<td>Dr</td>
<td>Dinh Anh Nguyen</td>
<td>Head of Communications</td>
<td>Ministry of Health</td>
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<tr>
<td>WHO</td>
<td>Dr</td>
<td>Margaret Harris</td>
<td>Spokesperson</td>
<td>World Health Organisation (WHO)</td>
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