Field Guide for Developing a

Risk Communication Strategy

From theory to action

Pan American Health Organization

Regional Office of the World Health Organization

Canadian International Development Agency | Agence canadienne de développement international

CDC

Centers for Disease Control and Prevention

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Risk Communication Strategy

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Editors: Bryna Brennan • Vilma Gutiérrez

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Chapter I

Essential features of risk communication

1. The risk communication strategy

Risk communication plays a key role in public health emergencies in the Americas. While its use goes back decades, usually linked to environmental issues, its application took hold in 2005 when it became part of the planning and preparation for an H5N1 influenza outbreak. The critical role of risk communication was highlighted in 2009 when the Mexican health secretary announced the start of the influenza pandemic. Lacking a vaccine or pharmaceuticals, the official used the only tool he had —communication— to tell the public what he knew, what the government was doing and what the public should do. This guide stems from the ongoing work and input of professional communicators from throughout the Region who understand the need to use risk communication as a tool to deal with new and re-emerging diseases and public emergencies, ranging from SARS to dengue.

The risk communication strategy that has been developed provides an overarching platform for all communication activities, with an emphasis on preparation. It seeks to bolster readiness through a series of components or plans geared to all phases of a public health emergency. The goal, as with all communication, is to lessen the impact of a public health emergency, enhance health outcomes, and encourage positive changes in behavior.

The blueprint is designed to assist public health authorities in creating the strategy by identifying in advance the activities that should be undertaken during each phase of a public health emergency —preparation, response, control and evaluation. Thus it reduces the need for creating communication plans at the time of the crisis rather than during times of calm.

Developing a risk communication strategy is a dynamic and integrated process of analyzing various scenarios, identifying stakeholders and partners, strengthening capacities, establishing surveillance and monitoring mechanisms, identifying alternative communication channels, and managing resources. Evidence indicates that a risk communication strategy can assist in a more coordinated response. The application of the strategy depends on a team of trained professional communication experts.

2. The role of risk communication

Risk communicators are key members of the risk management team. While risk managers analyze potential threats and select the best response for ensuring public safety in the face of a probable hazard, risk communicators serve as the voice and ears to both the risk management team and the public. They provide the policy makers and the public with information needed to make the best possible decisions in an emergency or disaster. Their close contact and ongoing dialogue with affected populations and other stakeholders enables them to provide valuable feedback to risk managers and public health officials.

Risk communication activities, according to the model developed by the Pan American Health Organization (PAHO) within the framework of the International Health Regulations (2005), should be incorporated into every phase of a public health emergency. This requires ensuring that risk communicators work closely with emergency managers and authorities, who must be adequately trained to make decisions that will foster public trust in their ability to manage the event as well as promote compliance with emergency-related recommendations.

3. The public: an essential partner in surveillance and response

An informed and forewarned public reacts better to risks because they are better equipped to vigilantly watch for signs of an emergency or approaching threat. The public thus plays an important role in community surveillance and reporting new cases.

In 2009, during the influenza A (H1N1) pandemic, the public received ample information about the spread of the virus, its consequences, prevention measures, and disease signs and symptoms. This led to active social surveillance in many countries and enabled rapid detection of new cases. Early case-reporting in some areas made it possible to provide timely care and prevent further complications in people who contracted the A (H1N1) virus.

4. The evolution of risk communication

No longer is risk communication a "one-way" street, where messages only flow from health authorities to the public, with no opportunities for dialogue or feedback. The new risk communication model has ushered in a shift toward open-ended communication, using language the public understands to transmit messages that motivate people to participate in the decision-making process and inform them how to do so. The shift, which began in the 1980s, has occurred due to the development of a still evolving, new paradigm of risk communication, which requires partnerships and dialogue between authorities and citizens.

Many factors have contributed to the evolution of risk communication. Some include:

- Greater public interest in health, public safety, and the environment, coupled with greater media coverage of the issues
- Increased public demand for and desire to obtain information about current and future risks.

- Mistrust of authorities' ability to manage potential emergencies, which has motivated citizens to demand to be involved in all phases of risk management.
- Growing awareness that with skillful use, risk communication has the power to influence the public's response to a given emergency.

5. WHO Outbreak Communication Guidelines

In 2004 after the global outbreak of SARS, which caused widespread political, economic and social problems, experts at the World Health Organization examined the communication issues surrounding the crisis and identified best practices for effective communication with the public during an epidemic. The five basic principles, which became known as the Outbreak Communication Guidelines, are: trust, transparency, early announcement, involving the public, and planning. Serving as the foundation for the PAHO risk communication strategy, they call for:

- Being proactive and initiating communication with the public as soon as possible; telling various audiences what is known, what is not known, and what is being done to learn more about the health event.
- Giving people affected by an emergency guidance so that they can make decisions that will enable them to protect their health and that of their families and communities.
- Disseminating information quickly and transparently to establish and maintain public trust in the authorities responsible for managing the emergency.
- Establishing internal coordination mechanisms for the dissemination of information among scientists, technical experts, and authorities, enabling all to speak with a "single voice."
- Involving the community and communicating with people in their own language in a way that respects their culture and beliefs, to empower people to adopt behaviors and measures necessary for disease prevention and control.

- Maintaining good relations and regular communication with the media, while ensuring that the information communicated accurately reflects the severity of the event.
- Acknowledging public fear and anxiety with respect and empathy.
- Using a variety of channels to reach the public (surveys, online chats, call centers, new technologies and social media).
- Monitoring the information disseminated by the media.
- Providing feedback about messages and recommendations that respond to public concerns.

6. Effective communication with the media and the public

The media traditionally have been the gateway to the public. Today, social media allows people to receive news quickly, unfiltered and possibly incorrect, highlighting the importance for health authorities to make early announcements and use a variety of channels to reach target audiences, internal stakeholders and partners. Delayed responses often put officials in the position of losing the lead voice.

Communicating successfully with the public requires planning, and can be facilitated by adhering to some of the recommendations below.

- The media need timely information —delivered before publication or broadcast deadlines— that is transparent, up-to-date, and includes statements by spokespersons along with images, numbers, eye-witness accounts, and specific advice on what to do to protect one's health.
- Anticipate requests for information from the media. Build trust by providing clear and timely information that addresses public concerns, describes the measures being taken to contain the health emergency, and tells the public what they can do to help.
- Tailor the information to the needs of the media channels. Broadcast, for example, need images and real-life stories, whereas print may publish data, charts and graphs, and detailed information.

- Assign experienced professionals to work directly with journalists and meet their information needs, while avoiding the temptation to disseminate information that is unfounded or based on conjecture.
- Forge ongoing partnerships with the media to ensure that information about public health risks and prevention measures are on their regular news agenda. Communication with the media should occur on a regular basis, not just when the media are needed.
- Develop a media plan to facilitate a proactive and effective media response before the onset of an emergency.
- Identify a group of health professionals who are willing and able to speak to the public through various channels, transmitting a single message.
- For more information, consult the WHO handbook Effective Media Communication during Public Health Emergencies, available at: http://whqlibdoc.who.int/hq/2005/WHO_CDS_2005.31_eng.pdf.

Spokespersons who make public announcements during emergencies should:

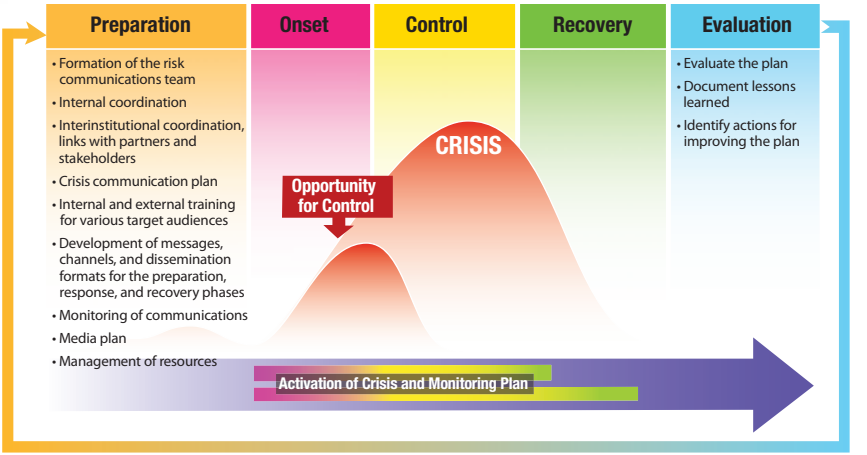
- Get training in risk communication.
- Speak clearly and slowly. On television, look directly at the cameras.
- Deliver messages that are clear, concise, and devoid of technical jargon.
- Be transparent and tell the truth; do not lie or invent information.
- Show empathy and express feelings, but at the same time maintain control.
- Be prepared to handle controversy and political agendas.
- Be readily available to provide information updates on activities underway and/or new guidance to the public.
- Know the needs of all the media channels, such as television, radio, Internet, and print.

- Use images, tables, photographs, and other visual aides to help the public better understand the evolving situation.
- Avoid making promises that cannot be kept.

Chapter II

Phases in the development of a risk communication strategy

This guide incorporates, within the framework of the International Health Regulations (2005), the core capacities that need to be strengthened for effective risk communication. It aims to support Member States in planning and implementing a risk communication strategy.



The figure depicts the phases of a risk communication strategy: preparedness, prevention, response, and recovery.

The figure illustrates a window of opportunity for bringing the situation under control following an outbreak through the implementation of crisis communication plans.

The post-crisis evaluation is essential to planning since it reveals weaknesses and documents the lessons learned so that needed changes can be made in future crisis plans.

Risk communication is one of eight core capacities included under the International Health Regulations and involves the following activities:

- Identifying stakeholders and partners.
- Forming a communications team and clearly defining expectations and responsibilities during a public health event.
- Identifying and training spokespersons who can respond rapidly by communicating news and providing regular updates.
- Preparing special communications plans for specific events that include public information and social mobilization efforts.
- Establishing criteria that must be met prior to disseminating information to the public, such as consultation with technical and scientific personnel and authorities.
- Validation of special plans.
- Planning and implementing evaluations of the risk communication activities following a public health event, including assessing the transparency and relevance of messages as well as of the first announcement, which should have been made within 24 hours following confirmation of the event.
- Incorporating lessons learned in operational plans following event evaluations.
- Apprising the media of the latest information, and keeping the community updated through websites, community meetings, national and local radio broadcasts, etc.

A risk communication strategy consists of five phases:

1. Preparedness
2. Onset of the public health event
3. Containment
4. Recovery
5. Evaluation

1. Preparedness phase

The foundation is laid for building trust between the public and the authorities. It is the time to establish internal and external coordination mechanisms among institutions, as well as to organize measures for responding to the onset of a public health emergency and outline the response efforts for subsequent phases (containment, recovery, and evaluation).

The risk communication team is formed, potential threats to public health are investigated and analyzed, and response measures are planned for potential scenarios that may arise during a health emergency.

1.1. Forming the risk communication team

The risk communication team should be multidisciplinary and inter-institutional, and should perform the following functions:

- Research and analyze the context of possible health risks, prepare risk maps, and identify vulnerable populations and potential cultural sensitivities, communication channels, risk perceptions, and any other relevant factors.
- Review the laws, international agreements, such as the International Health Regulations, and public policies relating to the dissemination of public information.
- Determine the functions to be performed by each institution that forms part of the risk communication team.
- Identify which institution will take the lead in communications during various types of emergencies.
- Designate a focal point for the clearance of messages and materials.
- Establish coordination mechanisms with the national emergency and disaster team.
- Establish and monitor the implementation of a work timetable for the preparedness phase.

- Formulate a transparency policy that sets criteria for the dissemination of information to the public, in consultation with the managers and/or authorities in charge.
- Identify and train official spokespersons.
- Identify and train stakeholders: journalists, radio and television announcers, community leaders, etc.
- Integrate the strategy's preparedness and response activities into the operational plans of participating institutions.
- Identify and establish mechanisms for inter-institutional coordination (at the local and/or national level).
- Review the plans periodically and update them when necessary.

1.2. Researching and analyzing the risk context

The preparedness phase enables the risk communication team to research and analyze the local context to identify possible threats to public health at the local, district, country and regional levels. Examples of possible threats may include outbreaks of dengue, yellow fever, leptospirosis, respiratory infections, diarrheal diseases, influenza, as well as the release of biological, chemical or nuclear agents. The team determines the probable endemic channels for each disease, and creates risk maps for various types of natural disasters (earthquakes, floods, landslides), as well as disasters that may be caused by human activity (exposure to radioactive materials, terrorism).

Analyzing potential threats to public health enables the communication team to plan the response and prepare specific activities and messages for each phase of a health event.

The team should identify the best channels for establishing dialogue with specific target audiences to gauge risk perceptions and understand the needs for information, which vary depending on the specific health event and scenario.

A key part of planning the response is ensuring effective of coordination mechanisms among the decision-makers, which involves communication with stakeholders and partners, both internal and outside the participating institutions.

In a well-planned response, the spokespersons deliver the same message at the onset of an event, leadership is well-defined, and spokespersons are well-prepared.

1.3. Creating a resource inventory and assessing existing capacities

During the preparedness phase, the capacity and availability of the health sector's (or the institution specializing in health) human, financial, and logistical resources are assessed. An inventory of resources should include:

- Personnel trained in communication.
- Financial and logistical resources allocated for communication during emergencies and/or disasters.
- Alternative channels for reaching the population (call centers, blogs, talk shows, websites, suggestion boxes, social media).
- Existing institutional communication plans for local or national emergencies that may have been developed. For example, some countries created plans for H5N1 or dengue, and other disease vectors.
- A review of communication courses and initiatives and educational materials previously used.
- An inventory of the mass media, including geographical coverage and quantitative and qualitative data on audiences. The list should include the media outlets that institutions regularly use for their promotional and/or educational activities.

The inventory should include names, type of media, and contact information (telephone, e-mail, and website).

1.4. Identifying target audiences

The communication team should identify target audiences likely to be affected by various types of health emergencies, and with whom it will be necessary to establish communications.

Identifying target audiences in advance of an emergency enables the team to consider factors such as culture, educational status, and geographical access, as well as subgroups, including isolated and confined populations (such as uniformed personnel and prisoners), migrants, indigenous and specific age groups. The team should also identify target audiences within the institutions that will be involved in the response, and to whom it will be necessary to transmit messages on a regular basis.

1.5. Developing messages

The pandemic highlighted the importance of developing messages prior to an event. At the start of the outbreak prepared messages were released to encourage proper hand washing and social distancing. As the outbreak unfolded, health authorities adapted messages to reach specific audiences, listening to what the public lacked and what was needed.

By analyzing and identifying potential outbreaks in specific areas, the risk communication team, in coordination with technical staff personnel, can develop and test messages in advance of an outbreak. This facilitates the ability to make rapid

recommendations during an outbreak, such as influenza, yellow fever and severe outbreaks of dengue. Messages, like guidance, may change and those changes should be explained.

Messages should be tailored to each phase of the emergency and should include:

- Public warnings about the nature of the risk.
- Information on the signs and symptoms of the disease (in the case of epidemic outbreaks).
- Prevention measures and recommendations.
- Information about what the community can do, such as when caring for patients at home.
- Guidance on where to find medical care or other types of assistance.
- Information on evacuation plans and burying dead bodies (in extreme cases).

1.6. Monitoring communications

Monitoring is essential through all phases of a risk communication strategy. Monitoring the media and surveying multiple channels facilitates early detection of unexpected events that may mark the onset of a public health emergency. The International Health Regulations teams monitor the media as a means of surveillance for health events.

Continuous monitoring should be achieved using resources such as:

- Mass media (radio, TV, print media, Online channels)
- Monitoring of call center messages
- Contact with social actors (community leaders)
- Other alternative channels (blogs, online chat forums, Facebook, Twitter, suggestion boxes, etc.)

1.7. Training personnel

The inventory of human resource communications capacity, created at the beginning of the preparedness phase, forms the basis for planning risk communication training, both for the communication team and for spokespersons.

Training activities should also be conducted for top officials and other key stakeholders and partners, such as journalists, community leaders, and epidemiologists. The training should include essential elements, such as:

- Basic principles of risk communication.
- Development of risk communication strategies.
- Best practices for communicating effectively with the public and media.
- WHO best practices for communication during outbreaks.
- Simulations of likely epidemic outbreak scenarios.
- Training for spokespersons.
- Development of messages and message maps.

1.8. Response plans

Once the risk communication committee has been established and potential local and national public health emergencies have been identified, the objectives for each potential event should be defined and activities should be planned for the response. This is referred to as the action plan.

The action plans, based on potential events, include timetables, logistics, work schedules and define activities that will be needed to take at the onset of an event.

Activities could include: training for various groups (internal and external) and scenarios, development of messages and communication materials, and drafting

first announcements and/or press releases that can be revised when a public health event occurs.

2. Emergency onset phase

At the onset of an emergency, when people are anxious to know what is happening, how the event may affect them, and what they should do to ensure their safety, it is necessary to provide information that is simple, credible, verifiable, consistent, and readily available.

The risk communication team should be prepared to answer all types of questions in an atmosphere of confusion and intense media interest. Although the information and available data will most likely be incomplete, it is essential to begin communicating with the public immediately.

The communication team should become part of the group that is responsible for managing the emergency, which in many countries will be the Emergency Operations Committee (EOC) or the "situation room" staff. Here, the team can work in close coordination with specialists, spokespersons, and the responsible authorities. The communication team should activate the communications plan for the emergency, which should encompass:

- Notifying stakeholders and partners and activating coordination measures.
- Coordination with the International Health Regulations focal points.
- Review and rapid revision of key messages, and active support for spokespersons. Messages drafted during the preparedness phase will need to be revised to reflect the context of the current event. Spokespersons should be prepared to report on the policies adopted by the authorities in response to the emergency.

- Anticipating possible questions that journalists may ask spokespersons, and preparing appropriate responses.
- Assigning some members of the communication team to work with local EOCs in the field. Monitoring communications in the field.
- Monitoring media coverage and noting rumors.
- Revising messages to respond to the information needs of the target population.
- Identifying the information needs of people who have been affected by the emergency (including vulnerable groups such as indigenous peoples, older persons, etc.), and assessing the public's perception of the risk to adapt messages accordingly (monitoring communication). It is also important to identify and meet the information needs of health workers and others involved in the response, since they need to guide the public.
- Regularly updating information in designated emergency communication channels (institutional websites, blogs, call centers, radio and/or television) as the emergency evolves and new epidemiological reports or bulletins are released.
- Activating the media plan to disseminate key messages efficiently, and to generate the best and most effective coverage (scope, frequency, tone and timing). This involves holding press conferences (the frequency of which will vary, depending on the phase of the emergency), disseminating press releases, arranging interviews with spokespersons. The communication team should carefully consider and select the methods best suited to the communication needs of the institution and the target audiences.

3. Containment phase

The target population listens more attentively to risk communication messages, which creates an opportunity to correct rumors or erroneous information. The communication team should help people gain an adequate understanding of the risks they face and provide them with additional background information, so that they can make appropriate and timely decisions.

4. Recovery phase

The media begin to shift the attention of the public toward other current issues; however, the communication team should continue to transmit key messages to the public—especially to the most affected or vulnerable groups— to reinforce prevention messages and encourage people to continue to follow health recommendations.

Evaluation of the effectiveness of the risk communication response should begin in this phase, and should focus on detecting and rectifying errors, and improving the response to future health events.

In the recovery phase, the communication team should focus more specifically on addressing the causes that gave rise to the health event, and to assess potential new risks that may occur (for example, the second wave of an outbreak), to assimilate the knowledge gained and generate sustainable behavioral change.

Messages should be aimed at informing and encouraging the public to adopt hygiene measures (in the event of floods, earthquakes, etc.), perform reconstruction activities, and establish community support networks for victims and their families.

5. Evaluation phase

When the number of cases caused by an epidemic begins to decline and levels return to normal, or the emergency caused by a natural disaster is over, the team should start preparing for potential future public health emergencies. Using the tools identified and agreed upon in the preparedness phase, the risk communication response should be examined. Evaluation makes it possible to assess effectiveness in the implementation of each phase of the strategy and to gauge the performance of the risk communication team, as well as to document and systematize best practices and lessons learned. The results allow the team to identify aspects of the risk communication strategy that should be incorporated for similar events, and note aspects that should be improved.

The internal activities of the team and of the communication process with the public should also be assessed. The evaluation looks at the conceptualization, design, execution, and usefulness of the risk communication interventions performed.

Since the public is the main target audience for risk communications, they should be involved in evaluating the performance of the communication team. Interviews and opinion polls, whether direct or through focus groups, help acquire feedback from the public.

The evaluation should assess:

- Achievement of objectives and implementation of the activities envisaged in the plan
- Public understanding of messages
- The speed with which the first and subsequent announcements were made
- The effectiveness of the communications channels used
- The performance of spokespersons

Conclusion

It was after the SARS outbreak in 2003 that communicators and health authorities took a hard look at the role of communication. It was agreed that delayed or dishonest communication undermines trust, unravels confidence and erodes the response efforts. Conversely, clear and concise two-way communication creates buy-in for public health measures, as demonstrated in Mexico in 2009.

The Americas Region faces daily outbreaks and disasters: cholera in Haiti, earthquakes along the Pacific Rim, dengue throughout the Hemisphere. Risk communication has been incorporated as a public health tool.

Under the International Health Regulations (2005), the 194 signatories committed to build and maintain core capacities to respond to Public Health Emergencies of International Concern (PHEIC). According to the framework, by 2009 all countries were expected to have assessed their capacities, and by 2012 to have strengthened them, including risk communication. This field guide seeks to assist in the creation of National Risk Communication Strategies, thereby eliminating the

need to recreate plans for every outbreak or disaster while fulfilling part of the IHR requisites. Further, the strategies can enhance a country's ability to prepare and act, rather than wait and react.

This guide came about as a result of PAHO trainings since 2005 throughout the Region and includes the inputs and collaboration of government communicators, public affairs officers, academics, and other participants. The risk communication umbrella platform includes a wide range of communication activities as part of the overall strategy, from health ministry media releases and public information announcements to community participation and behavior change.

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ANNEXES

Checklist for planning a national risk communication strategy

The following list of activities is presented as a suggestion. Although the activities are numbered, they are not necessarily listed in the order in which they should be executed or in order of importance. Depending on the situation, some activities may be performed simultaneously or they may occur earlier or later than the point at which they appear on the list.

I. Preparedness stage

Tasks for the internal organization of the risk communications team

1. Review laws and international agreements (e.g., International Health Regulations) and public policies relating to the dissemination of public information.
2. In consultation with the managers and/or authorities in charge, formulate a transparency management policy that establishes the criteria for dissemination of information to the public.
3. Define the functions of each member (institution) of the risk communications team in a crisis (inter-institutional flow of information).
4. Define the functions of the communications team within the institution during a crisis (internal flow of information).
5. Designate official spokespersons.
6. Designate at least one member of the communications team to form part of the national group responsible for planning the response to disasters and public health emergencies.
7. Identify the institution that will take the lead in communications, depending on the type of emergency, and designate a focal point for information clearance.
8. Review the communications plan periodically to ensure that it remains current.

Tasks to address the needs of special populations

9. Identify mechanisms for communicating with vulnerable groups, such as older persons, persons with disabilities, children, indigenous populations, and with people who are isolated to ensure that will have access to assistance. Define the communication channels to be used to reach vulnerable groups; prepare messages and communication materials in all the languages and dialects spoken by the target population.

Links with stakeholders and partners

10. Identify and prepare databases of stakeholders—such as youth groups, schools, mayors, unions, churches, associations, and others—and involve them in preparedness activities.
11. Enlist the support of primary care physicians, nurses, midwives, and health promoters in transmitting and receiving information.
12. Work with and involve celebrities and prominent personalities who have assisted in previous communications campaigns; enlist the support of additional celebrities.

Announcing a crisis

13. Identify the target audiences for each partner institution and establish general objectives for dealing with public health emergencies that may occur in the country.
14. Prepare an internal list that describes how information will be communicated, who will communicate it, and what will be said (chain of command).
15. Prepare reporting protocols with specific indications of what each party will do with respect to both internal and external reporting, taking into account the recommendations of the International Health Regulations (2005).

Training and simulations

16. Train spokespersons in the rules and principles of risk and outbreak communication and in how to communicate effectively with the mass media and the public.
17. Train national risk communications team in “training of trainers.”
18. Train other senior officials in risk and outbreak communication.
19. Train risk communications teams at the local level; if possible (and appropriate), include other strategic actors such as community leaders, groups of women and young people, religious leaders, municipal authorities, health workers, and others.
20. Plan training sessions for the media that include simulations to help journalists to understand scientific complexities.

21. Carry out internal simulations and exercises for dealing with contingencies that may arise in order to keep the public prepared, the government operating, and basic services for the public available.
22. Carry out simulations to test crisis plans in order to detect possible weaknesses or gaps that need to be corrected before an emergency.

Development of messages and distribution channels

23. Prepare a set of key messages for the various types of public health emergencies that may arise (message map).
24. Identify alternative communication channels for emergencies.
25. Prepare key messages on prevention based on the findings of research on knowledge and attitudes with regard to emergencies.
26. Prepare press releases and question-and-answer sheets with information on some of the diseases that could cause a public health emergency and how they can be prevented.
27. Develop messages for the mass media aimed at educating the public and promoting prevention.
28. Prepare public service announcements for publication in the press and broadcast via television and radio that convey messages concerning prevention and education, both now and in event that a public health emergency is declared.
29. Select communication channels that will be used to distribute messages: e-mail, radio, Internet, television, posters, billboards, direct mail, public address systems, and other ways of reaching large numbers of people.

Communication monitoring

30. Evaluate mechanisms for monitoring the effectiveness of communications during an outbreak or public health emergency and methods for understanding the attitudes and motivations of the public.
31. Research public perceptions of situations that can spark a crisis, such as avian or pandemic influenza, yellow fever, dengue, poisoning, etc. and levels of trust in various sources of information, including government ministries.
32. Talk with the community in order to keep tabs on what its members need and want and to inform people about what the government can (or cannot) do for them.
33. Establish a media monitoring team.

Relations with the media

34. Establish or update databases of the media and contact information with a view to identifying the best communication channels.
35. Work with editors and reporters to provide information and guidance to journalists.

36. Define the logistics for collaborating with the media and supplying materials and updates.
37. Assess the current state of preparedness, including human, financial, and equipment resources.

II. Onset of the emergency

Verification and confirmation of information at the internal level

38. Determine whether information is consistent and obtain any needed clarification from specialists. Determine the severity of the situation.
39. Alert the leadership of the institution about the emergency.
40. Initiate the phase of communications for control with the goal of maintaining trust and transmitting realistic expectations.
    - Team begins to function and address the public's questions.
    - Spokespersons report to their assigned posts.
    - Pre-prepared messages are disseminated to the public; personnel are informed of established command and control mechanisms.

Notification of the team and stakeholders

41. Determine who should be notified (the entire committee or only some members?).
42. Activate the risk communications committee and implement the activities described in the communications plan.
43. Identify who else should be informed based on the hierarchical reporting chain and the severity of the situation.
44. Alert spokespersons and update the information to be disseminated through them.
45. Determine who should lead the risk communications team based on the nature of the emergency that has occurred.
46. Activate the team responsible for monitoring external and internal information.
47. Ascertain what the organization is doing to address the situation.
48. Determine who is affected by the crisis and what their perceptions are.
49. Determine what action should be taken by the target population; disseminate pre-prepared messages to the public.
50. Inform spokespersons about the situation, background, and key messages for this point in time.
    - Obtain up-to-date information from technical personnel, including information for both key messages and recommendations.
    - Establish clearance procedures to be applied as planned.

51. Support the organizational aspects of preparing the first announcement and decide, based on the nature of the situation, on the best channel to use.
    - The media communications team is activated.
    - The key channel for making the first announcement is identified.
    - The press room is put into operation.
52. Issue the first announcement: respond frankly and rapidly to initial questions.
    - Information is disseminated before harmful rumors begin to circulate.
    - The spokesperson makes the first announcement, applying the principles of risk and outbreak communication and following WHO guidelines.
    - The spokesperson gives the population some basic recommendations for responding to the crisis.
    - The spokesperson informs the population of actions it can take.
53. Inform the media of when and where information updates will be delivered.
54. Alert stakeholders and international organizations and seek assistance if necessary.
55. Use various channels to maintain ongoing communication with the public.

Provision of technical advice to the authorities and the risk management team

56. Advise the authorities about the emergency from the perspective of the media.
57. Establish lines of contact with subject-area specialists (on dengue, yellow fever, influenza, etc.).
58. Establish the internal flow of communication to put the plan into action.
59. Set priorities in consultation with specialists (update key messages).
60. Supply material and human resources.
    - Human resources needed for the crisis plan are added to the team.
    - Financial resources are available.
    - Logistical resources for mobilization, communication, and other purposes are identified.
61. Ask opinion leaders and stakeholders to help explain the situation.
62. Collaborate with technical experts in explaining measures and highlighting the importance and consequences of following them.
    - Messages updated and distributed on plans for possible social distancing, school closures, quarantines, and cancellation of large gatherings.
63. Communicate with the media following WHO Outbreak Communication Guidelines.

Communication surveillance

64. Activate monitoring of communications with the communications personnel from the government and others channels designated to listen to rumors, worries, concerns, and attitudes of the population.
    - Activate call centers and monitor calls from the public.
    - Hold meetings with community and opinion leaders.
    - Monitor the media.

III. Control phase

65. Implement a schedule rotation plan to encompass all the functions included in the plan.
66. Prepare spokespersons and high-level officials to address the public and provide information on the background and additional information on the event.
67. Maintain two-way communication between the public and the authorities so that they can share views on the situation.
    - Calls centers, telephone hotlines, and live radio and TV interview and call-in programs working as expected.
    - Web pages and blogs updated.
68. Collaborate with private physicians in developing messages to be communicated to the public through health workers.
69. Ensure that mechanisms for communicating with vulnerable populations are established.
70. Correct erroneous information such as rumors. Explain the recommendations for dealing with the emergency.
71. Maintain good communication with the media and ensure that they receive current information from the official source.
    - Distribute additional information on the situation, including background information.
    - Ensure that the key messages and recommendations are delivered correctly through the communications media and others channels.
72. Use a variety of communication channels to disseminate key messages and recommendation.
    - Transmit, print and distribute messages prepared in advance, including through social media.
    - Collaborate with educational and faith-based institutions to transmit recommendations and reduce concerns.
    - Update information on websites, Intranet, electronic bulletin boards, blogs and other media.

IV. Recovery phase

73. Alert the public as needed on how to deal with dead bodies, based on guidelines developed for emergency situations.
74. Encourage the public and the communications media to continue supporting the response.
75. Establish ways of informing the public that the crisis has passed and that public services will resume.
76. Evaluate problems and errors in order to strengthen best practices during the recovery period.

V. Evaluation

Post-crisis: prepare for the next crisis

When the crisis has ended, performances can be evaluated, lessons learned can be documented, and best practices can be identified.

77. Evaluate lessons learned in order to strengthen appropriate public responses to similar emergencies in the future.
    - Assess the effectiveness of the communications team in each phase and area of work.
    - Assess the effectiveness of meetings.
    - Assess the effectiveness of the internal flow of communications.
    - Assess the monitoring of communications and of the media.
    - Assess the response of the communications media.

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Editors

Bryna Brennan,
Senior Advisor, Risk and Outbreak Communication, PAHO/WHO

Vilma Gutiérrez,
Communications Specialist, Nicaragua

Participants in consultation and review processes

Nelson Agudelo,
Professor, National School of Public Health, Universidad de Antioquía, Colombia

Jesus Arroyave,
Director, Department of Mass Communication, Universidad del Norte, Barranquilla, Colombia

Xinia Bustamante,
Communications Consultant, PAHO/Costa Rica

Inês Calderón,
Communications Consultant, PAHO/Peru

Patricia Cervantes,
Communications Specialist, Honduras

Gustavo Delgado,
Communications and Media Specialist, PAHO/Uruguay

André Falcão,
Communications Professional, Senate of Brazil

Keyko Jara,
Director of Mass Communications, Ministry of Health, Peru

Maritza Labraña,
Communications Specialist, Chile

Rosane Lopes,
Mass Communications Specialist, Brazil

Rafael Obregón,
Director, Communications and Development Studies Program, Ohio University, United States of Americas

Silvia Posada,
Communications Specialist, Panama

Martha Rodríguez,
Communications Consultant, PAHO/ Ecuador

Valeria Zapesochny,
Director of Communications, Ministry of Health, Argentina

Risk communication is an essential component of risk management. The risk communication strategy makes it possible to analyze the various likely scenarios of an emergency, strengthen capacities, establish mechanisms for surveillance and communication monitoring, and identify alternative channels of communication and resource management. The communication strategy helps control the impact on health in all stages of an emergency or disaster.

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