

Risk communication in the age of Zika

RISK COMMUNICATION, SOCIAL MOBILIZATION, AND COMMUNITY ENGAGEMENT IN
RESPONSE TO THE ZIKA VIRUS, CONGENITAL ZIKA SYNDROME, AND OTHER
NEUROLOGICAL DISORDERS



DECEMBER 2016



Content

The global Zika virus emergency	2
I. Be the first, be fast, and be flexible	5
II. In the field: social mobilization and community engagement activities	11
III. Listening to affected communities and monitoring rumors	21
IV. Coordination	25
V. How can we maintain the results achieved and continue strengthening risk communication in the Americas?	27



The health Vice Minister in Paraguay junto alongside the Representative of PAHO launch the first Mosquito Awareness Week. National and subnational authorities, schools and students, as brigadeers who visited home by home, and health personnel actively participated in the promotion of the Week and disseminated it's messages.

THE GLOBAL ZIKA VIRUS EMERGENCY

On 1 February 2016, the World Health Organization (WHO) announced that the cluster of cases of congenital microcephaly and other neurological disorders associated with the Zika virus (ZIKV) in babies born in Brazil constituted a public health emergency of international concern.

Since Brazil's first reports of ZIKV in 2015, cases have been reported in 69 countries and territories, resulting in a torrent of information and communication about the virus and its effects, largely due to its connection with congenital Zika syndrome and other neurological disorders and the increased incidence of cases of Zika-associated Guillain-Barré syndrome (SGB).

Consequently, within the framework of the International Health Regulations 2005 (IHR), as part of the response to the ZIKV emergency, the PAHO/WHO Office of Communicable Diseases and Health Analysis (CHA/MC), has provided technical assistance in risk communication to **20 Member States** in the Region of the Americas, deploying 21 field missions to 11 countries and providing virtual technical assistance to 8 in 2016.

WHO. WHO/ZIKV Weekly Report 12.7.16.
Available on line: <http://apps.who.int/iris/bitstream/10665/251905/1/zikastrep8Dec2016-eng.pdf>

MEMBER STATES THAT RECEIVED TECHNICAL ASSISTANCE IN RISK COMMUNICATION DURING THE ZIKA EPIDEMIC 2015-2016



ZIKA COMMUNICATION IN THE MIDST OF UNCERTAINTY

Risk communication is used to dialogue, listen to, and communicate with affected populations during an emergency or disaster with a public health impact in order to provide the information they need to make the best possible decisions to protect their health and prevent disease.

PAHO/WHO technical assistance in risk communication during the Zika outbreak has focused on strengthening the capacities of the risk communication team to ensure timely communication with populations affected by ZIKV.

The PAHO/WHO response has centered primarily on four strategic lines, based on the countries' needs:



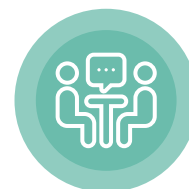
1. STRENGTHENING THE CAPACITIES OF HEALTH



2. SOCIAL MOBILIZATION AND COMMUNITY ENGAGEMENT



3. SOCIAL RESEARCH - LISTENING AND FEEDBACK



4. COORDINATION

Be the first, be fast, and be flexible

I



PAHO AND AUTHORITIES FROM THE MINISTRY OF HEALTH OF EL SALVADOR

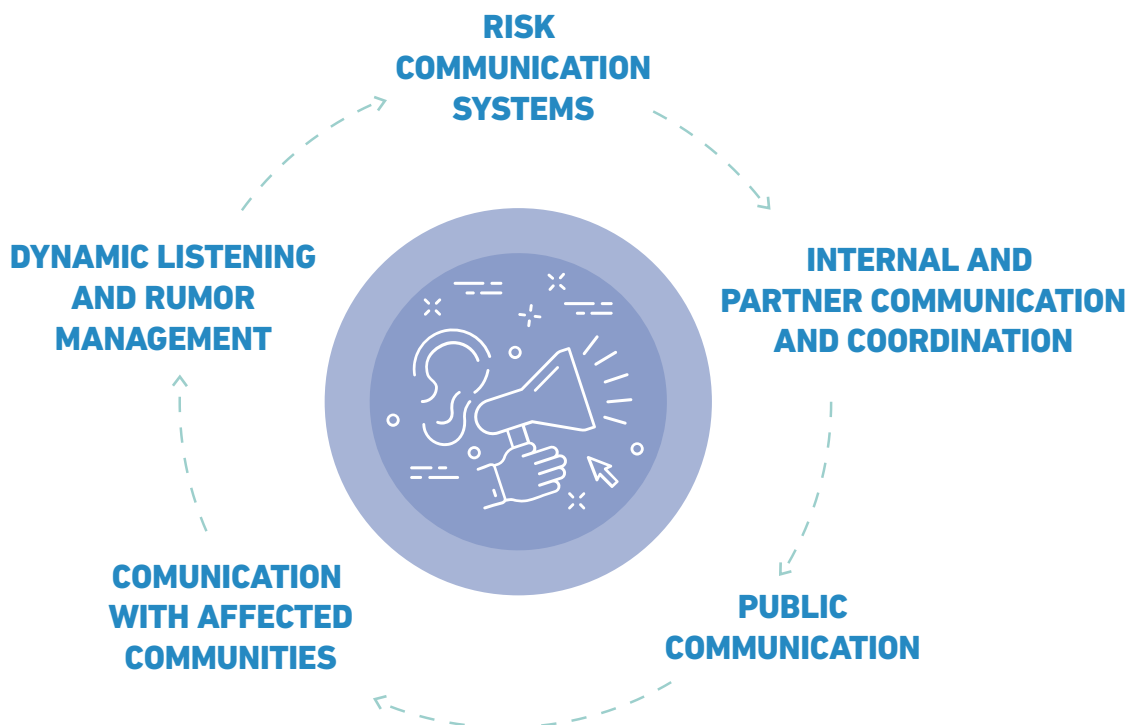
BE THE FIRST, BE FAST, AND BE FLEXIBLE

The first strategic line involves the development and implementation of the risk communication strategy to contribute to the definition and activation of operating procedures and protocols for timely response to adverse health events.

The strategy includes the following components: training, internal and external coordination, team building, resource management, the identification of partners, the establishment of surveillance and monitoring mechanisms, the identification and use of information and communication channels to reach the target audiences, information reporting processes, the designation of official communication channels/spokespersons, and protocols for the release of information.

Main activities:

- Strengthening of capacities in risk communication through training for health authorities and key partners.
- Deployment of international experts in emergency missions for rapid communications response during the Zika outbreak.
- Design and implementation of risk communication strategies and plans



Risk communication strategies should define and identify the way to address the following capacities:

- Institutional communication and credibility management
- Internal communication
- Communication with partners
- Political communication
- Social mobilization and community engagement
- Communication for behavioral change
- Health promotion
- Community awareness initiatives
- Communication with the media and social networks

During the Zika outbreak, PAHO/WHO has continued assisting the Member States with the design and implementation of national multi-threat risk communication strategies, facilitated by PAHO and directed by the Ministries of Health, with multisectoral participation.

MEMBER STATES WHERE ACTIVITIES TO STRENGTHEN CAPACITIES WERE CONDUCTED, EMERGENCY MISSIONS WERE DEPLOYED, AND ASSISTANCE WAS PROVIDED FOR THE PREPARATION OF RISK COMMUNICATION STRATEGIES AND PLANS

- | | |
|----------------|-----------------------|
| 1. Argentina | 7. Panama |
| 2. Colombia | 8. Dominican Republic |
| 3. El Salvador | 9. St. Lucia |
| 4. Honduras | 10. Suriname |
| 5. Guatemala | 11. Uruguay |
| 6. Peru | |



MAIN RESULTS OBTAINED IN

2016

3 COUNTRIES

with risk communication strategies and guidelines finalized: the **Dominican Republic, Argentina, and Honduras**

5 COUNTRIES

with significant progress in the preparation of risk communication strategies: **Colombia, El Salvador, Guatemala, Suriname, and Uruguay.**

9 COUNTRIES

with strengthened capacities in risk communication, mainly among health authorities, health workers, and the staff of other entities such

as the ministries of education and tourism, Social Security, and other key actors: **Colombia, the Dominican Republic, Guatemala, Peru, Panama, St. Lucia, Suriname and Uruguay;** and journalists in **El Salvador and Guatemala.**

5 COUNTRIES

have received emergency missions to boost their risk communication and Zika response capacity: **Panama, the Dominican Republic, Guatemala, and El Salvador for ZIKV, and Uruguay** for the dengue outbreak in February 2016.



Minister of Health and other national authorities during the launch of the Risk Communication Strategy in the Dominican Republic. (August 2016, PAHO/WHO)

Within the framework of the IHR (2005), the Member States have made significant progress in risk communication, particularly with respect to transparency in official announcements, once suspected or confirmed cases of diseases related to epidemic outbreaks have been verified. However, some capacities still need strengthening, as indicated in the table below:

MAIN RECOMMENDATIONS OF THE EMERGENCY MISSIONS FOR ZIKA AND DENGUE RISK COMMUNICATION



1. STANDARDIZE MESSAGES THROUGH OFFICIAL SPOKESPERSONS AND OTHER INFORMATION CHANNELS:

- Develop technical contents that standardize concepts and the official position
 - Develop guidelines for regulating information and managing social and institutional networks
 - Provide ongoing training for ministry of health spokespersons and administrators
 - Upgrade ministry of health websites to facilitate Zika information searches
- Improve local and community response capacity



3. STRENGTHEN THE ROLE OF THE MINISTRY OF HEALTH COMMUNICATIONS UNIT

- Oversee strategic planning for the response to future scenarios. For this purpose, integrate roles and functions in health emergencies in the terms of reference and Annual Operating Plans (AOP)—functions that include social research and actively listening to the target populations to establish baselines (KAP studies) for measuring behavioral changes wrought by future media campaigns
- Strengthen capacities in risk communication, chiefly in light of staff rotation
- Improve emergency response call centers



2. IMPROVE INTERNAL AND EXTERNAL COORDINATION

- Establish information flows and monitor news to provide timely information at the local and community level
- Systematically build relationships with journalists to hold information and training

- Hold post-emergency evaluation sessions to document lessons learned and best practices



4. CONDUCT SOCIAL MOBILIZATION AND COMMUNITY ENGAGEMENT ACTIVITIES TO INCLUDE THE PUBLIC IN THE RESPONSE

- Observe Mosquito Awareness Week
- Educate the public about preventing sexual transmission
- Increase knowledge about microcephaly and other neurological disorders



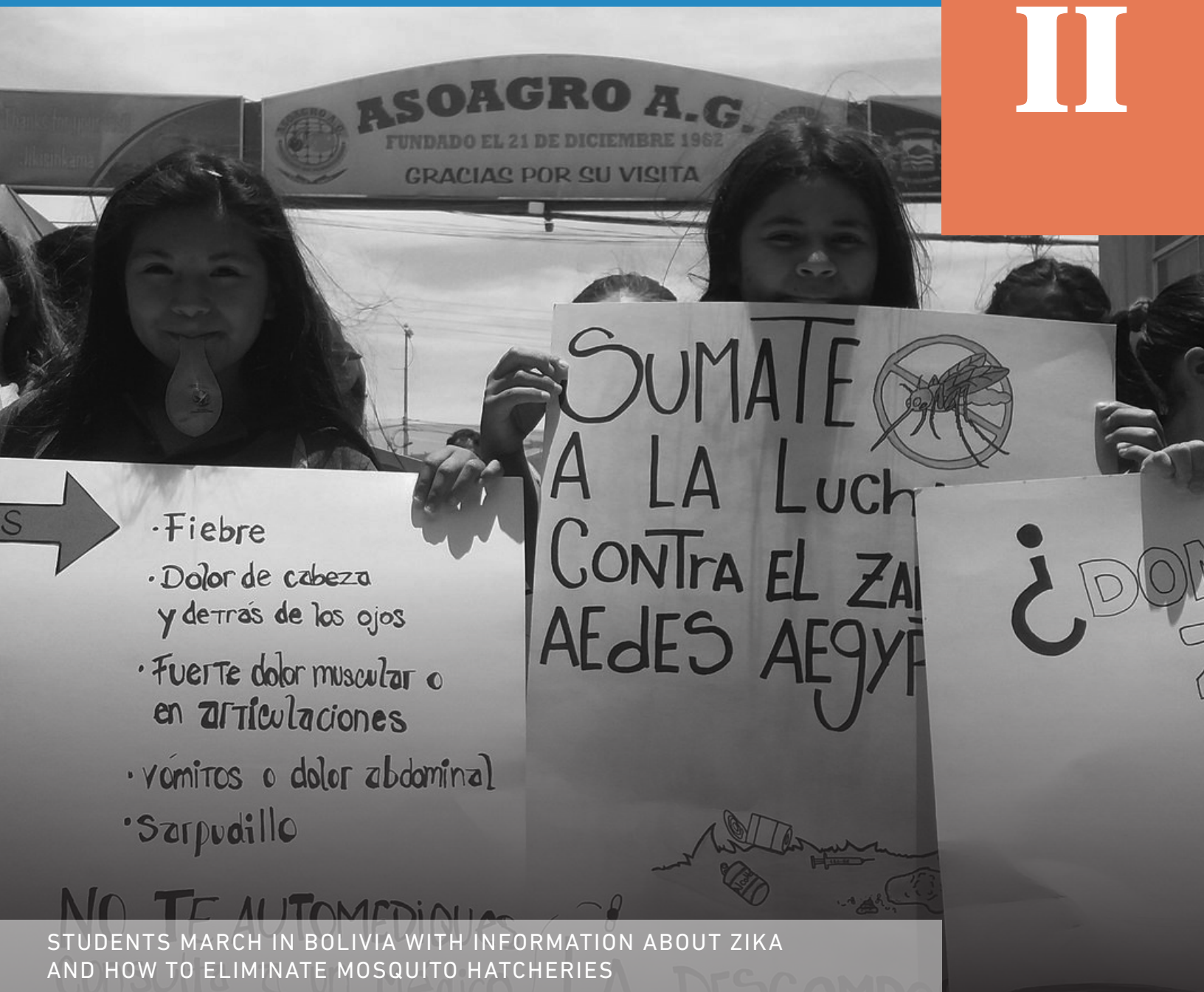
5. COORDINATE ACTIVITIES WITH OTHER SECTORS (PREFECTURES AND MINISTRIES OF TOURISM, EDUCATION, AND LABOR THROUGH THE OFFICE OF THE PRESIDENT ETC.)

Prepare a health emergency communications policy (risk communication strategy) to:

- Organize communications intelligence in response to hard-to-manage events
- Establish rules for the release of information
- Develop risk maps and response plans for a public health emergency of international concern
- Create and train multidisciplinary teams
- Define and regulate information flows
- Prepare a timetable (roadmap)
- Monitor and evaluate activities, results, lessons learned

In the field: social mobilization and community engagement activities

II



STUDENTS MARCH IN BOLIVIA WITH INFORMATION ABOUT ZIKA AND HOW TO ELIMINATE MOSQUITO HATCHERIES

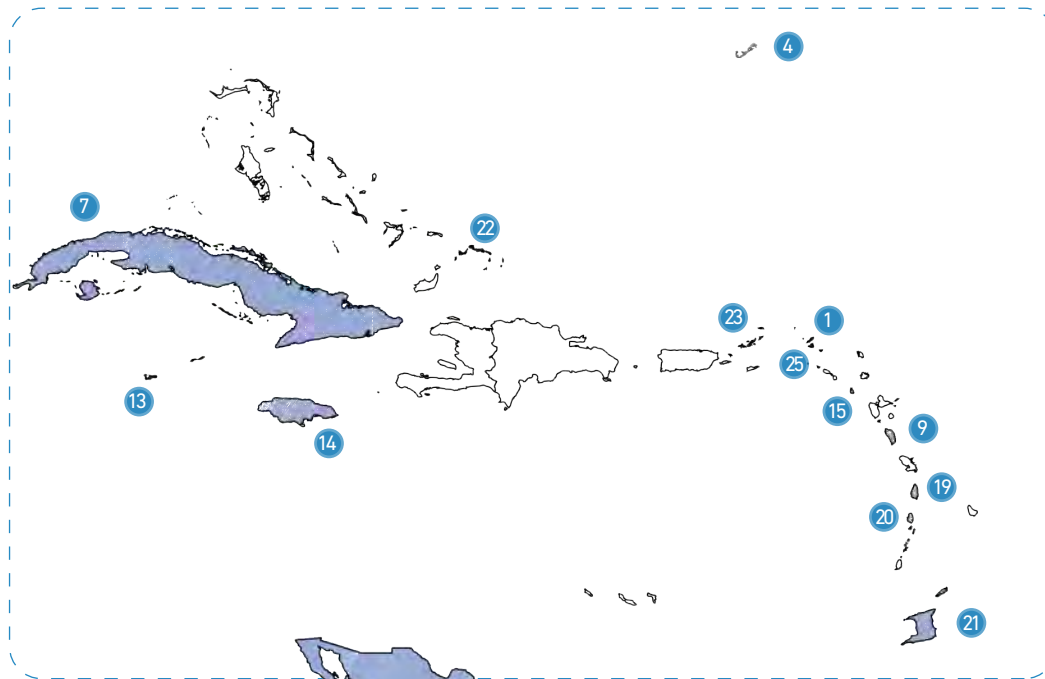
IN THE FIELD: SOCIAL MOBILIZATION AND COMMUNITY ENGAGEMENT ACTIVITIES

Under the banner “Fight the bite, destroy mosquito breeding sites,” Mosquito Awareness Week was successfully held in 13 Caribbean countries the week of 9 to 15 May 2016 (by PAHO/WHO, CARPHA and CARICOM); 14 Latin American countries joined the effort, for a total

27 PAHO Member States that held community activities and educational and communication events to foster the prevention of mosquito bites and the elimination of breeding sites and adult mosquitoes.

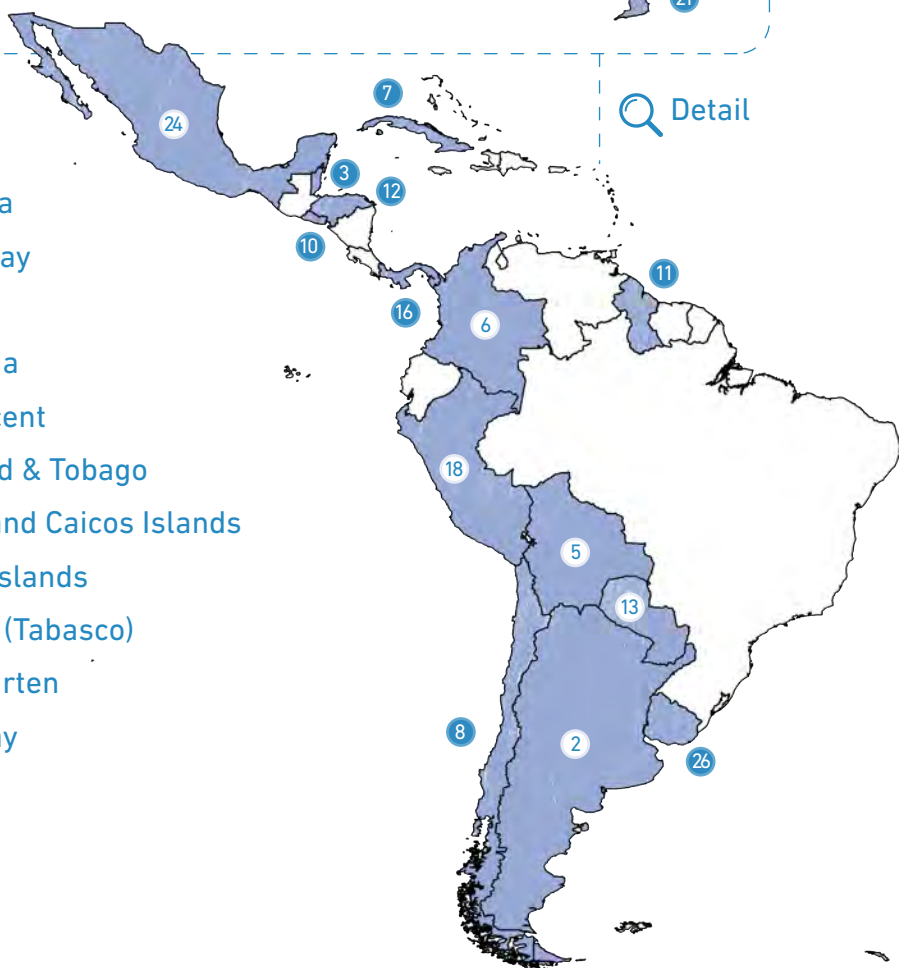


MEMBER STATES OF THE AMERICAS THAT OBSERVED MOSQUITO AWARENESS WEEK



 Detail

- | | |
|--------------------|------------------------------|
| 1. Anguilla | 16. Panama |
| 2. Argentina | 17. Paraguay |
| 3. Belize | 18. Peru |
| 4. Bermuda | 19. St. Lucia |
| 5. Bolivia | 20. St. Vincent |
| 6. Colombia | 21. Trinidad & Tobago |
| 7. Cuba | 22. Turks and Caicos Islands |
| 8. Chile | 23. Virgin Islands |
| 9. Dominica | 24. Mexico (Tabasco) |
| 10. El Salvador | 25. St. Maarten |
| 11. Guayana | 26. Uruguay |
| 12. Honduras | |
| 13. Cayman Islands | |
| 14. Jamaica | |
| 15. Montserrat | |





Mobilization activities against Zika in Peru

The objective of Mosquito Awareness Week was to create the first campaign in the Americas to promote vector control and fight mosquito-borne diseases, along the lines of World Vaccination Week.

This was the first time that a coordinated campaign involving so many countries had been organized with a view to expanding it to other WHO regions in the near future.

The objective of Mosquito Awareness Week was:

- To heighten awareness and promote education and joint efforts to fight mosquito-borne diseases and the risks associated with ZIKV,

especially for unborn babies.

- To call for greater political and financial commitment to the control and sustainable management of mosquito-borne diseases (dengue, chikungunya, Zika).

Some of the social participation activities in the countries were:

- Multiple educational and recreational activities for schoolchildren, who became "Superhero Mosquito Larvae Fighters"
- "Baby Shower" information sessions for pregnant women on Zika and its consequences for the baby and how to prevent the disease

- Educational talks for local and religious leaders to emphasize the community's role in disease control
- The enlistment of celebrities such as beauty queens and sports figures in the fight against mosquito-borne diseases
- Scientific symposia for academics and physicians to emphasize their role in fighting Zika
- Recycling days to eliminate breeding sites, turning tires into planters, for example
- Events to award prizes to communicators for promoting good prevention practices against dengue, chikungunya, and Zika
- Neighborhood searches to eliminate larvae and breeding sites
- Prevention messages recorded by famous baseball and soccer players
- Song for the Caribbean produced by Calypso singers to inform the public about Zika
- Interactive games with children to better educate them about prevention (+10,000 children participated)



The president of Bolivia, Evo Morales, joins the Mosquito Awareness Week Campaign

RESULTS OBTAINED IN

2016

- ✓ Mosquito Awareness Week was the first event of its kind in the Region, revealing the countries' interest and political commitment to this new initiative in the Americas. Senior government officials participated in the events, among them the Ministers of Health of **Argentina, Cuba, and Panama**; the Vice Ministers of Health of **Colombia, Paraguay, Peru, and Guatemala**, and President Evo Morales of **Bolivia**, who issued a statement in observance of the Week.
- ✓ The Week's activities were held in the locations with the highest incidence of vectorborne
- diseases and involved widespread social and community participation.
- ✓ Many educational and entertainment activities with an intercultural approach were held, respecting the customs and beliefs of the communities involved. This fostered widespread local participation, especially among schoolchildren.



Mosquito Awareness Week in the north of Chile.



Children in Honduras learn how to eliminate hatching sites turning tires into plant containers.

- ✓ High levels of coverage were achieved in the media, including social networks.
- ✓ An official website was created for Mosquito Awareness Week that the participating countries used to share experiences and to systematize and evaluate their activities, educational materials, and best practices.
- ✓ Efforts were coordinated with the public and private sectors and civil society organizations, leading to greater social mobilization. The education, tourism, and business sectors, as well as academic institutions, played an important role.

www.paho.org/sam-2016

MONITORING THE IMPACT OF MOSQUITO AWARENESS WEEK

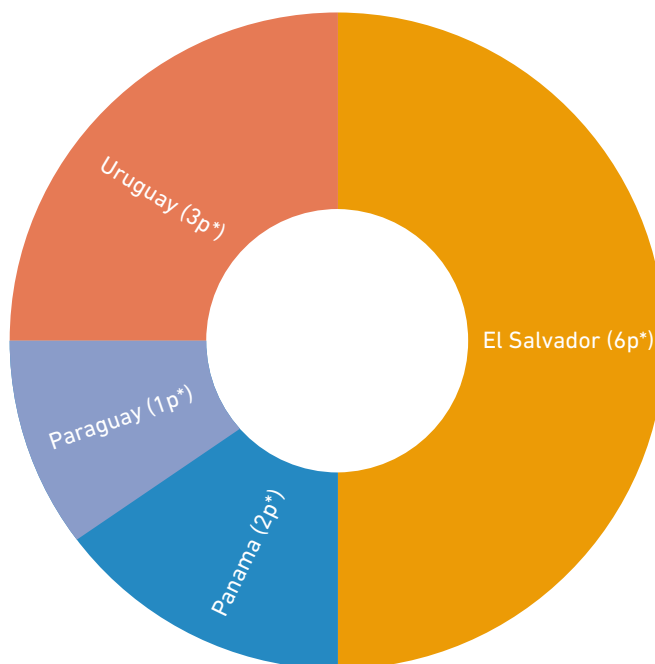
COUNTRIES THAT USED SOCIAL NETWORKS

COUNTRIES	POSTINGS IN SOCIAL NETWORKS	TWITTER® (LIKES . RETWEETS)	FACEBOOK®
Argentina	6	84 . 117	n/a
Bolivia	8	11 . 06	n/a
Chile	2	22 . 50	n/a
Honduras	1		Reached: 7.365 users Shared: 66 users
Paraguay	3	32 . 49	n/a
Uruguay	9	55 . 113	Reached: 278.327 users Shared: 66 users
TOTALS			
6	29	204 . 335	285692 . 997

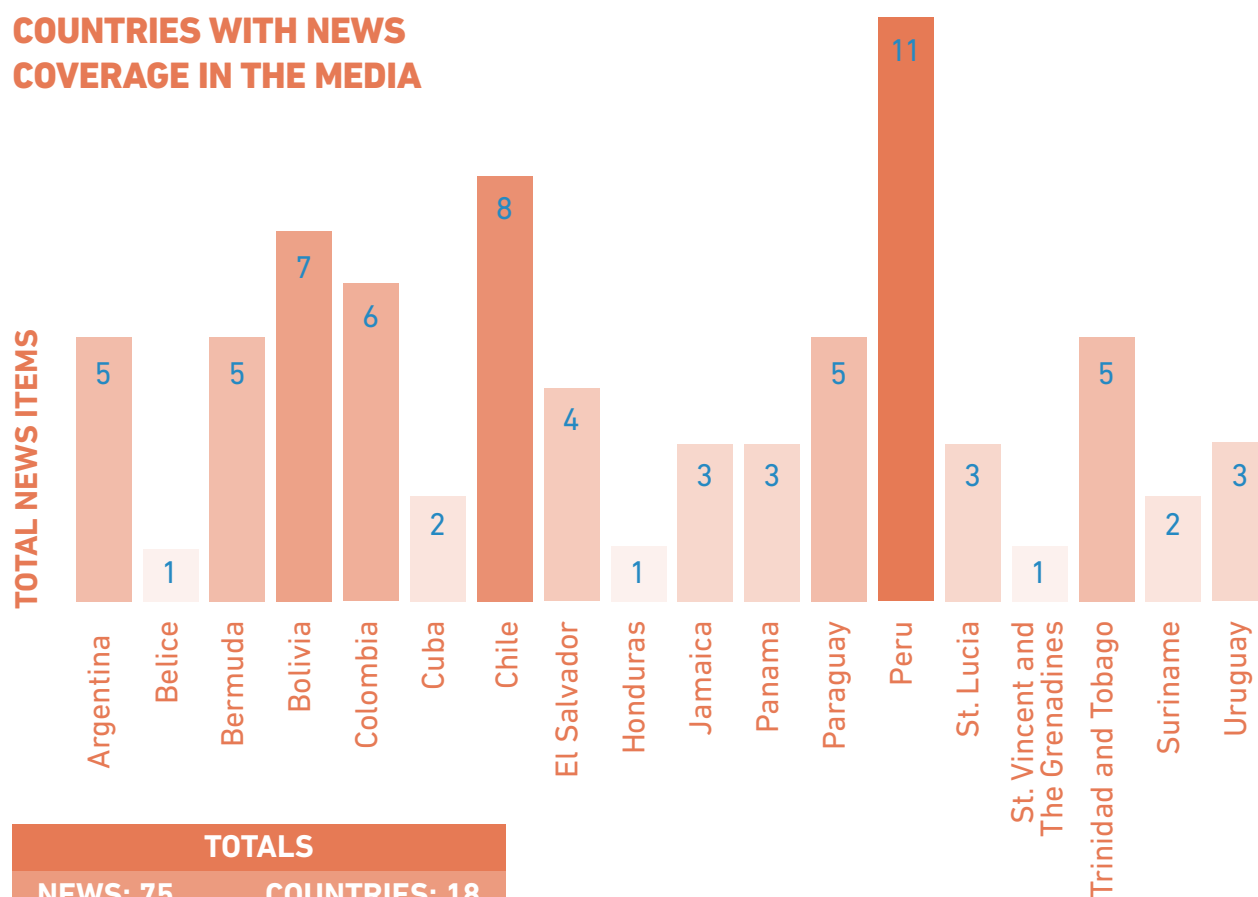
COUNTRIES THAT USED INSTITUTIONAL/ MINISTRY OF HEALTH WEBSITES

p*: Total news items/publications

TOTALS	
COUNTRIES: 4	PUBLICATIONS: 12



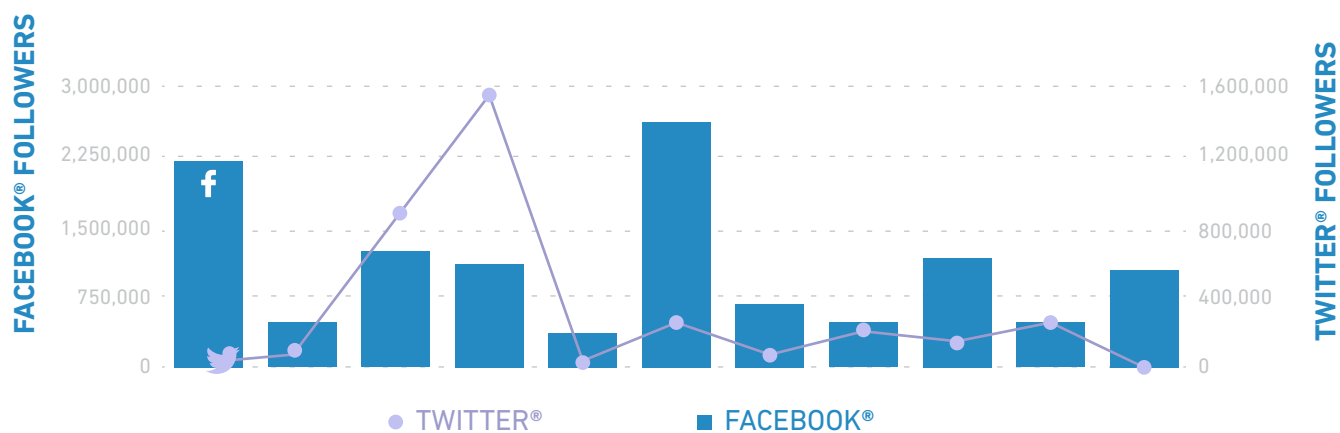
COUNTRIES WITH NEWS COVERAGE IN THE MEDIA



NOTES PUBLISHED ON PAHO WEBSITES IN THE COUNTRIES

NOTES ON THE PAHO/WHO WEBSITE	TOTAL NOTES	HITS
Honduras: www.paho.org/hon	1	613
Uruguay: www.paho.org/uru	5	2.817
Guatemala: www.paho.org/gut	1	2.851
Peru: www.paho.org/per	1	n/a
Dominican Republic: www.paho.org/dor	2	8
TOTALS	10	6.289

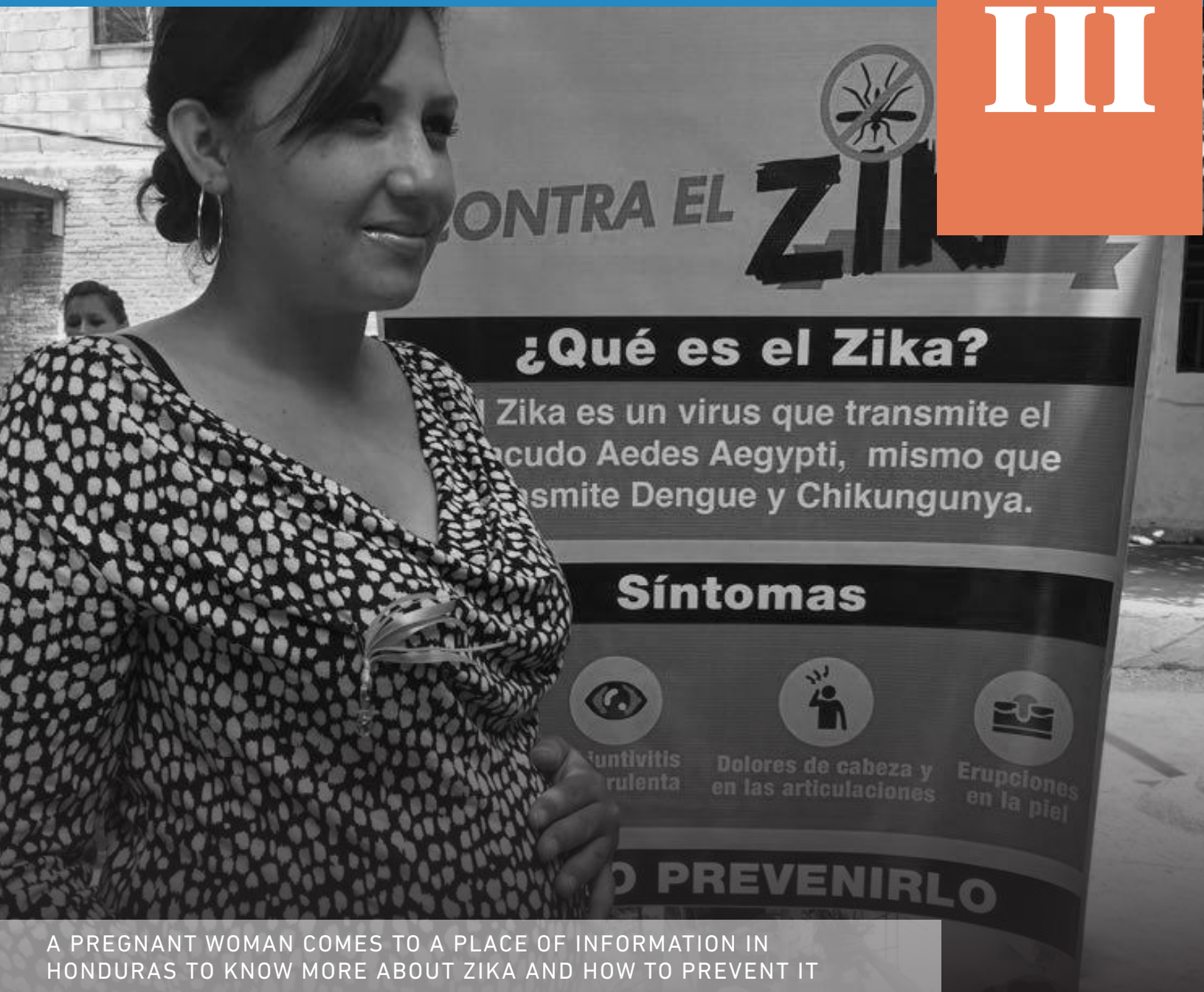
COUNTRIES WITH GREATER MONITORING OF NEWS SOURCES ON MOSQUITO AWARENESS WEEK



COUNTRIES WITH MOST FOLLOWED SOURCES	SOURCE	FACEBOOK® FOLLOWERS	TWITTER® FOLLOWERS
Argentina	El Intra Siguiente	1,183,388	68,100
Bolivia	Página Siete	263,280	192,000
Colombia	LaFM.com	663,612	1,690,000
	Caracol	593,139	2,960,000
Cuba	Granma	202,299	121,000
El Salvador	La Prensa Gráfica	1,422,970	513,000
Jamaica	Jamaica Observer	369,216	183,000
Panama	Telemetro	268,380	406,000
Paraguay	Última Hora	637,122	301,000
Peru	Ministerio de Salud	250,143	500,000
Uruguay	El Observador	549,415	68,100
TOTALS			
10	11	6,402,964	7,198,100

Listening to affected communities and monitoring rumors

III



A PREGNANT WOMAN COMES TO A PLACE OF INFORMATION IN HONDURAS TO KNOW MORE ABOUT ZIKA AND HOW TO PREVENT IT

DESIGN AND IMPLEMENTATION OF SOCIAL RESEARCH AND OPERATIONS RESEARCH ON ZIKV

Research was conducted on the factors affecting the public’s behavior in response to ZIKV and the congenital syndrome associated with the virus so that the findings/evidence could be used to support decision-making in health programs, as well as communication, social mobilization, and community engagement strategies.

Social research was geared mainly to the design, implementation, and analysis of knowledge, attitudes, and practices (KAP) studies, using the recommendations and questions prepared jointly with WHO and other partners in response to the ZIKV outbreak², within the framework of a collaborative effort by PAHO/WHO and World Vision International (WVI).

MEMBER STATES IN WHICH SOCIAL RESEARCH (KAP SURVEY) WAS CONDUCTED IN 2016

COUNTRY	NO. OF PEOPLE SURVEYED
1. Brazil	602
2. Guatemala	599
3. Colombia	587
4. El Salvador	611
5. Dominica	60
6. Dominican Republic	608
7. Honduras	604

(7 COUNTRIES – TOTAL RESPONDENTS 3,678)



² WHO. Knowledge, Attitudes, and Practice surveys. Zika virus disease and potential complications. Resource pack. Available online at: http://apps.who.int/iris/bitstream/10665/204689/1/WHO_ZIKV_RCCE_16.2_eng.pdf?ua=1

RESULTS OBTAINED IN

2016

7 COUNTRIES

with KAP surveys: **Brazil, Colombia, Honduras, El Salvador, Guatemala, and the Dominican Republic**, between July and September 2016, for a total of **3,678** surveys.

3 COUNTRIES

held sessions to deliver results to the health ministries: **Honduras, Guatemala, and El Salvador**.

2 COUNTRIES

held focus groups: **Dominica and Barbados** in October 2016.

THE MOST SIGNIFICANT FINDINGS OF THE KAP STUDIES REVEALED THE FOLLOWING:



General ignorance of interviewees about sexual, vertical, and transfusion transmission, with limited knowledge about the connection between mosquito bites and ZIKV.



General ignorance that ZIKV disease is not always accompanied by symptoms.



Except in **Brazil** and **El Salvador**, less than half the population surveyed had some knowledge about the connection between Zika virus and microcephaly.



Knowledge among most of the population surveyed that ZIKV poses a high or moderate risk to their communities and that it is a preventable disease.



Television is the main source of information among the population surveyed, except in **Guatemala**, where the main source is radio. Interpersonal communication (family and friends) is also important—perhaps as important as television. Social networks are mentioned as a major source of information in **Brazil** and the **Dominican Republic**, while health centers are in **El Salvador**.



Ignorance in most countries about the use of condoms to protect against ZIKV.

THE MAIN RECOMMENDATIONS ARE:

- Generate information and communication specifically for men about their role in support of the response to the ZIKV outbreak.
- Disseminate more information about sexual transmission and the association of ZIKV with the congenital syndrome, which includes microcephaly and other neurological disorders.
- Focus messages on specific *Aedes aegypti* prevention practices instead of general mosquito control practices.



Health team of the hospital of Cucutá Colombia gave follow-up to the woman in the picture, with her newborn child, given that she had ZIKV symptoms during her pregnancy.

Coordination

IV



ARTISTS IN ARGENTINA REPRESENT THE CYCLE OF LIFE OF A MOSQUITO TO STUDENTS WITH THEATRICAL GAMES

SUSTAINED TRANSMISSION OF INFORMATION:

- Creation of a distribution list with more than 1,200 recipients for continuous reporting on ZIKV and recommendations for timely risk communication.
- Launch of a [PAHO website on Zika in risk communication and community engagement](#).

INTERAGENCY COORDINATION AND COORDINATION WITH DONORS:

- Coordination of joint Zika response activities with organizations, international agencies, and other key partners, such as the U.S. Department of Health and Human Services (HSS), CDC, UNICEF, UNFPA, WHO, World Vision International, IFRC, NIH, USAID, and the World Bank.
- Biweekly meetings with communication staff of the United Nations system for the Americas.

PRODUCTION OF WORK MANUALS:

- Preparation of strategic guidelines for managing communications and social mobilization in response to Zika.
- Preparation of informational and communications materials: Preparation of lists of key messages and frequently asked questions and informational materials, such as posters, infographics, videos, interactive tools, and games.



Interactive game in one of the fairs that took place in Perú during Mosquito Awareness Week.

How can we maintain the results achieved and continue strengthening risk communication in the Americas?



THE DISTRICT OF BARRANQUILLA IMPLEMENTS STRATEGIES OF SOCIAL MOBILIZATION SOCIAL TO INFORM THE POPULATION OF HOW TO PROTECT THEMSELVES AGAINST THE ZIKA VIRUS

1. CONTINUE ADVOCACY AND DIALOGUE WITH SENIOR AUTHORITIES IN THE MEMBER STATES ABOUT THE RISKS OF INADEQUATE PLANNING OF RISK COMMUNICATION FOR HEALTH EMERGENCIES AND DISASTERS.

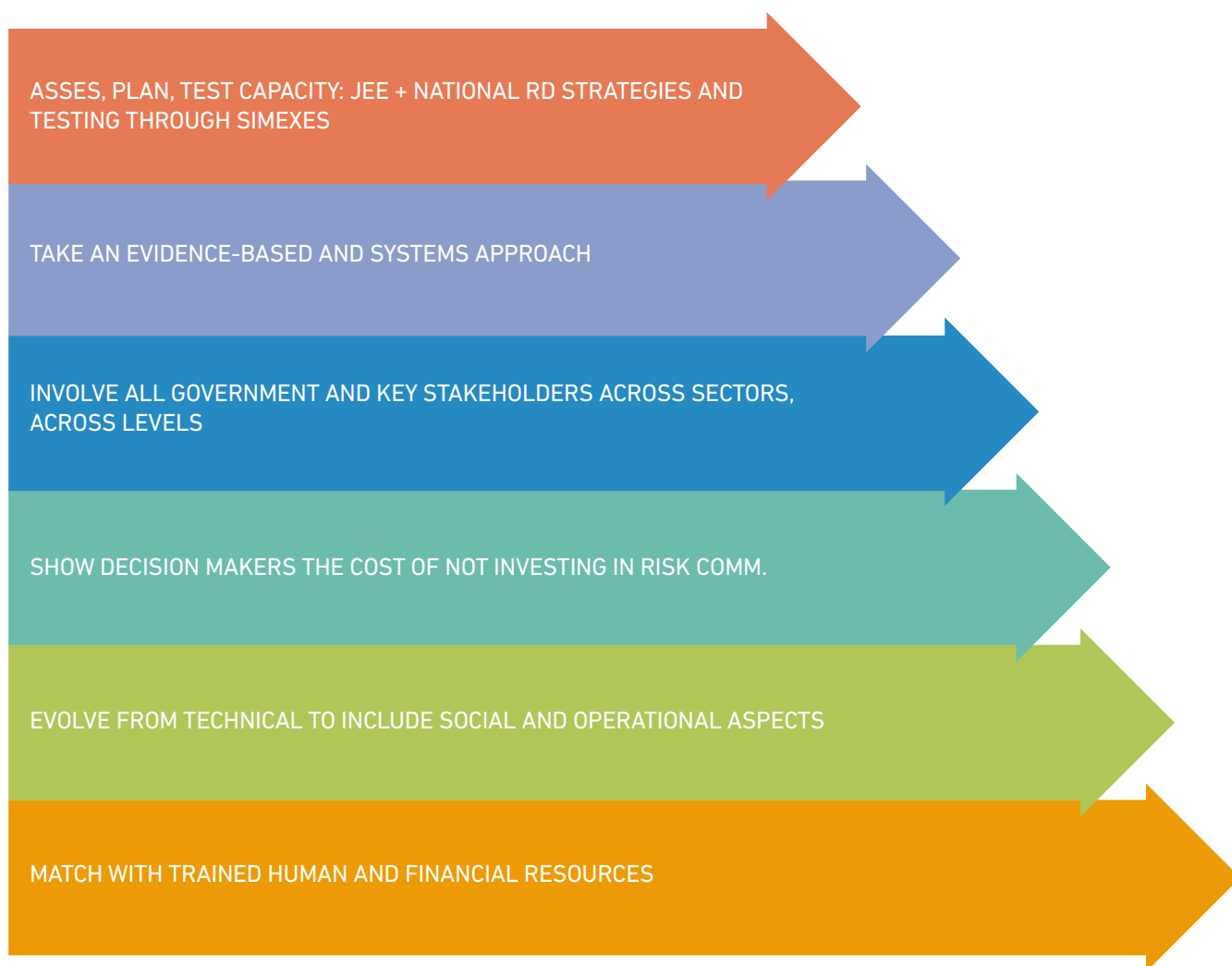
- Facilitate ongoing dialogue and advocacy with health authorities and key partners about the importance of having risk communication strategies to reduce misinformation among the public that undermines the credibility of the authorities and response measures. The objective is to bolster health authority leadership through the preparation of risk communication strategies.
- Continue facilitating the preparation of multi-threat risk communication strategies in the Member States as part of national emergency and disaster policies. The objective is to guarantee the planning and sustainability of communication activities.
- Include risk communication in national health emergency preparedness and response plans. The objective is to guarantee good coordination of communication activities with other strategic partners and sectors.
- Continue strengthening risk communication capacities in multidisciplinary, multisectoral teams; and continue interagency coordination with a multi-threat approach. The objective is

to have teams that are trained in risk communication.

2. FOCUS THE RESPONSE ON THE AFFECTED POPULATIONS

- Conduct and maintain social research (surveys, KAP studies, focus groups, monitoring of sources) to identify the behavioral barriers and information needs of affected populations to facilitate the design of evidence-based communication processes.
- Develop connections, networks, and ongoing dialogue with target populations by identifying and strengthening communication channels that permit “active listening” to facilitate their involvement in health emergency response activities from the outset.
- Institutionalize successful social mobilization and community engagement activities such as Mosquito Awareness Week.

THE FRAMEWORK FOR ERC: THE WHO GUIDELINE





**Pan American
Health
Organization**



**World Health
Organization**

REGIONAL OFFICE FOR THE **Americas**

525 Twenty-third Street, NW
Washington, DC 20037, EUA
Tel: +1 (202) 974 –3000
www.paho.org