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Emergency of risk communication as part of public health response
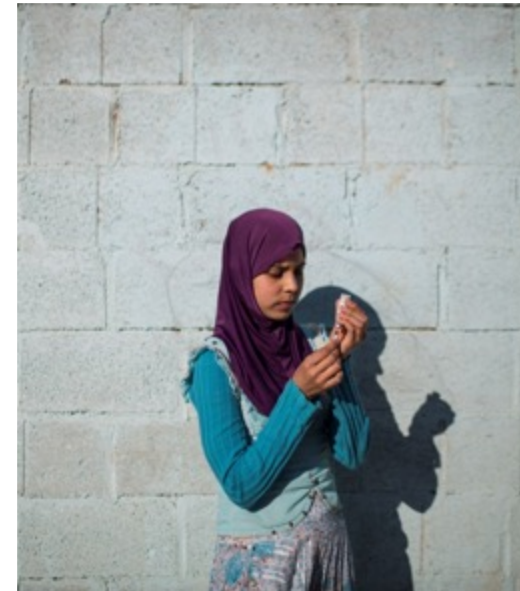
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Objectives

- Outline international agreements, policy, guidance and frameworks for emergency risk communication(ERC)

- Describe the scope and purpose of emergency risk communication

- Describe new and evolving challenges that impact how risk communication is carried out in modern outbreak control

The world before WHO

- **Plague and pestilence**

  800s - smallpox in Japan, 1090s – dysentery in Palestine, 1340s – plague in Europe, 1830s – cholera worldwide,

  1917-1919 – influenza pandemic

- **Industrialization and urbanization bring new challenges**

- **Trade and transport spread diseases**

- **Regional and global response**

  Pan American Sanitary Bureau
  Office Internationale d'Hygiène Publique
  League of Nations Health Organization

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Founding of WHO

- **May 1945:** United Nations established

- **July 1946:** Constitution of WHO approved by the International Health Conference

- **7 April 1948:** Constitution ratified and World Health Organization begins

- **June–July 1948:** first World Health Assembly held

Brock Chisholm, first Director-General: "The microbe was no longer the main enemy: science was sufficiently advanced to be able to cope with it admirably, if it were not for barriers such as superstition, ignorance, religious intolerance, misery and poverty."

Definition of health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

(Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States: *Official Records of WHO, no. 2, p. 100*; and entered into force on 7 April 1948.

The definition has not been amended since 1948.

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Epidemics and pandemics threaten…

Livelihoods
- Food and income loss from poultry deaths, culling & decreased economic activity

Human Health
- High illness & potentially higher death rates
- Overstretched health facilities
- Disproportionate impact on the vulnerable

Governance & Security
- Increased demand for governance & security
- Higher public anxiety
- Reduced capacity due to illness & death

Social systems
- Deterioration of coping & support mechanisms
- Interruption in public services
- Quarantine policies

Economic Systems
- Trade & commerce disruptions
- Degraded labour force
- Interruption of regular supply systems

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History on international cooperation for Global Health Security

Quarantine (14th century) employed as a protection against "foreign" diseases such as plague

Improvements in sanitation that were effective in controlling cholera outbreaks in the 19th century;

the advent of vaccination which led to the eradication of smallpox and the control of many other infectious diseases in the 20th century.

Numerous international conferences on disease control in the late 19th and early 20th centuries led to the foundation of WHO in 1948.

In 1951, WHO Member States adopted the International Sanitary Regulations, which were replaced and renamed the International Health Regulations in 1969.

Starting in 1995, the Regulations were revised through an intergovernmental process which took into account new epidemiological understanding and accumulated experience, responding to the changing world and the related increased threats to global public health security.

The revision process was completed in 2005 and the Regulations are now referred to as IHR (2005).

Evolution of health security concepts

19th 20th Century

International sanitary regulations: List-based,

- Quarantine
  Limits to travel and trade
- MS reporting
- Surprise

Present:

IHR(2005): PHEIC – emerging infections incld. Bioterrorism,

- Improved reporting and national capacities
- Formal and informal reporting
- Managing certainty

Future:

Health Security? Pandemic treaty?

All hazards encompassing climate change, emerging infections, AMR, synthetic biology

- Prevention and preparedness at national level
  Global response teams
- Everyone reports
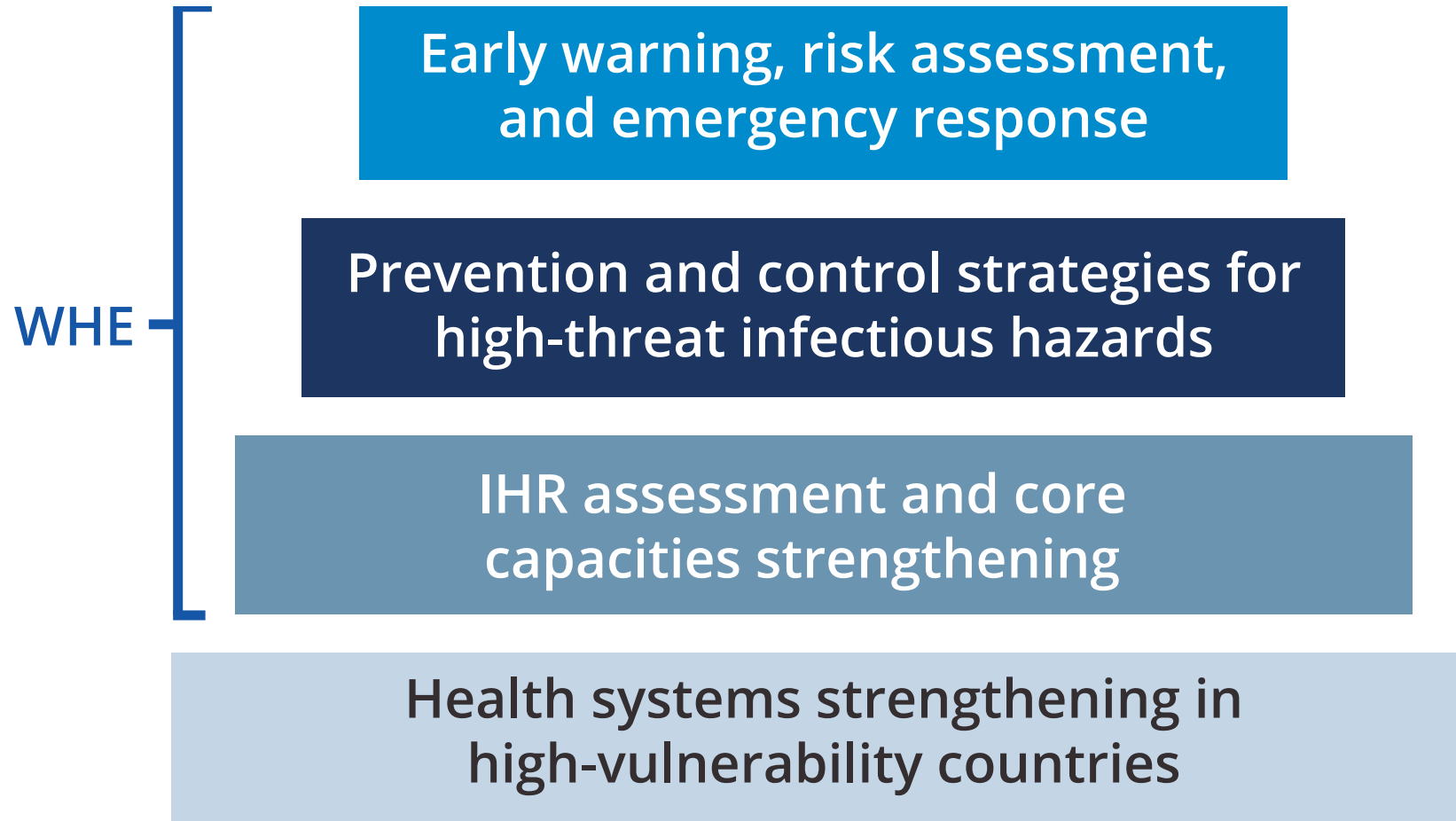- Predict, prevent and manage uncertainty

Milestones related to epidemics and pandemics

- EPI – vaccines as effective health tool
- **International Health Regulations - IHR updated, health humanitarian response systems improved (2005)**
- Influenza A (H1N1): First pandemic of 21st century (2009)
- More than 6 million people on anti-retroviral treatment (2010) for HIV
- Pandemic Influenza preparedness Framework (PIP)
- SDGs 2015
- Ebola 2014, Zika 2015, Yellow fever 2016 : **Emergencies as core work of WHO 2015**
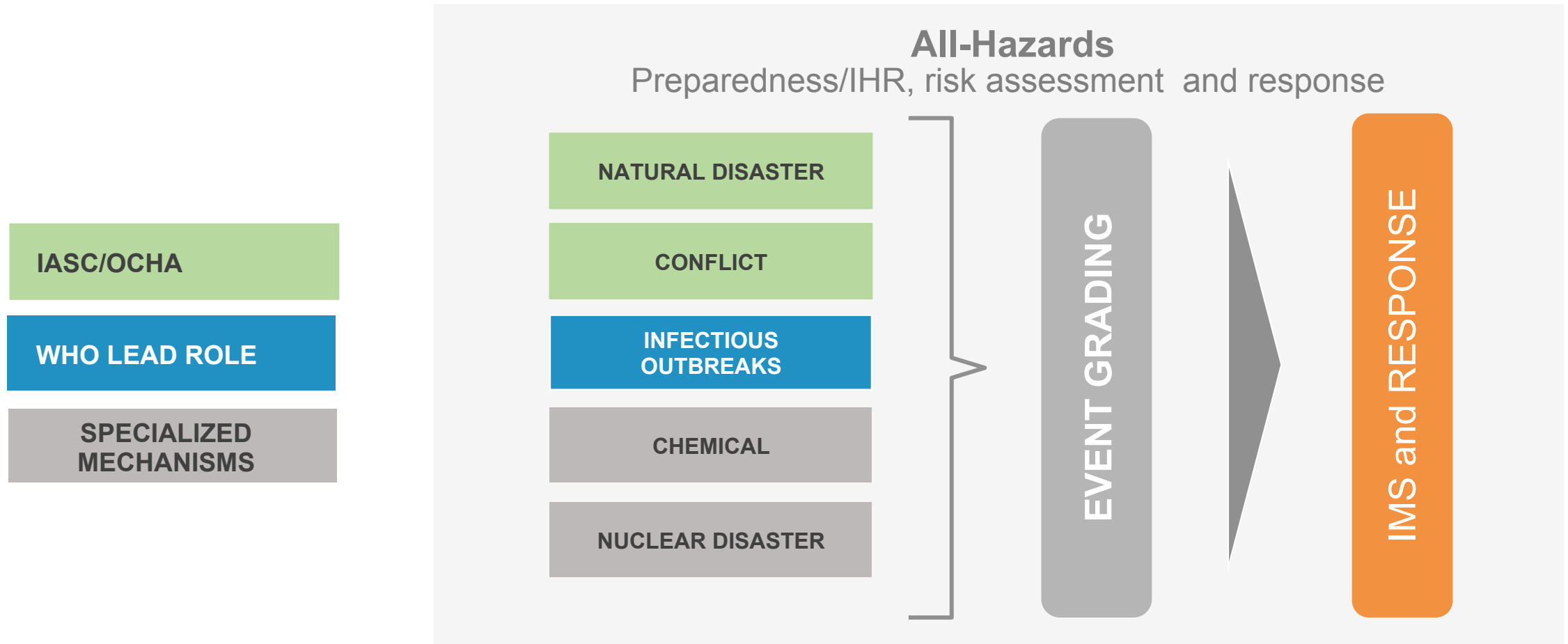
How is WHO meeting the challenge?

WHE

- Early warning, risk assessment, and emergency response
- Prevention and control strategies for high-threat infectious hazards
- IHR assessment and core capacities strengthening

Health systems strengthening in high-vulnerability countries

WHO's coordination role in emergencies

The new Programme expands the role of the WHO in emergencies

A UN technical specialized Agency

+

*An **operational** Agency*

Risk Comm: Guidelines, policy advice, capacity building, technical support, research, convening

ERC surge capacity, strategies for global response, tools, coordination

WHO role in epidemics and pandemics

1. Support Member States **national capacities** for epidemic preparedness and response in the context of the IHR(2005)
2. Support national and international **training programmes** for epidemic preparedness and response;
3. Coordinate and support Member States for **pandemic** and seasonal influenza preparedness and response;
4. Develop **standardized approaches for readiness and response** to major epidemic-prone diseases (e.g. meningitis, yellow fever, plague);
5. Strengthen biosafety, biosecurity and readiness for outbreaks of **dangerous and emerging pathogens** outbreaks (e.g. SARS, viral haemorrhagic fevers); Maintain and further develop a global operational platform to support outbreak response and support regional offices in implementation at regional level.
6. Lead international response, esp public health operations
7. Declare epidemics, pandemics and impose travel and trade restrictions if needed

What is risk communication?

Working definition derived from the International Health Regulations (IHR) working group on risk communication, 2019

- **Risk Communication(s)** refers the real-time exchange of information, advice and opinions between experts or officials and people who face a threat (hazard) to their survival, health or economic or social well-being.

- Its ultimate purpose is that everyone at risk is able to take informed decisions to mitigate the effects of the threat (hazard) such as a disease outbreak and take protective and preventive action.

Information & Engagement ➤ **Decision** ➤ **Action (risk reduction)**

A multi-disciplinary approach

Risk Communication uses a **mix of communication and engagement strategies and tactics**, including but not limited to, media communications, social media, mass awareness campaigns, health promotion, stakeholder engagement, social mobilization and community engagement.

Lessons learnt: Use a mix of strategies and tactics

1. Public communication
2. Media communication
3. Social media
4. Mass awareness initiatives
5. IEC
6. **Health promotion**
7. **Social mobilization**
8. **Community engagement**
9. **Interpersonal comms**
10. Internal communication

11. **Social and behaviour change communications (SBCC)**
12. **COMBI, C4D, etc**
13. Reputation management and institutional communications
14. Stakeholder communication
15. Partner engagement
16. Political communication

International Health Frameworks for Risk Communication

WHO Constitution – Health is a human right and part of social justice. Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

International Health Regulations, IHR (2005) – Risk communication is one of eight core capacity for mitigating the effects and outcomes of health events and emergencies.

Pandemic Influenza Preparedness (PIP) Framework – Risk communication is one of five strategies within the PIP Framework.

Regional and Programme Strategies – Outbreak response, Global Outbreak Alert and Response Network (GOARN), humanitarian action framework, WHO reform for outbreaks and health emergencies

Modern outbreaks, epidemics and pandemics....

Are more complex

- Emerging and re-emerging pathogens (new knowledge)
- occur in diverse settings (urban and rural)
- In multiple places and different geographical locations (within a country to global)
- More response agencies
- Involve large numbers of people
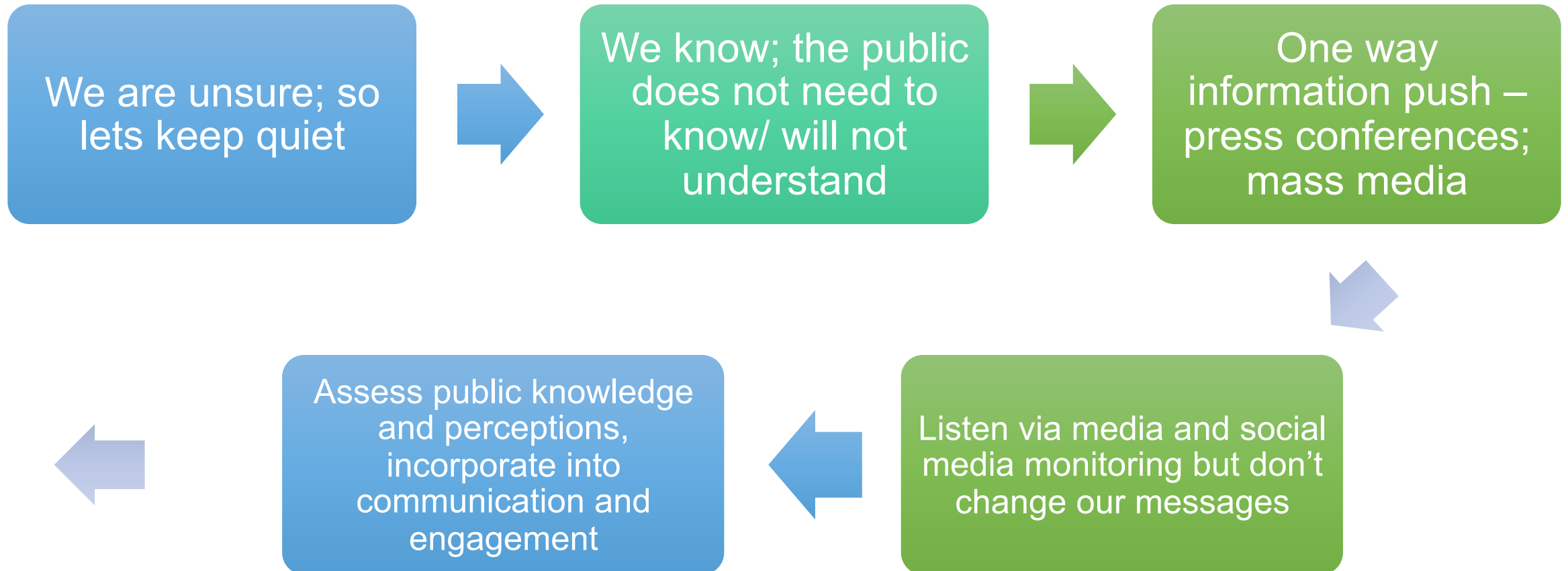- from many disciplines and backgrounds

Have to have massive reach

- large numbers of responders
- in different locations around the world
- Trusted information needed in usable/digestible forms, trusted channels of people's choice
- **about risk and protective measures**
- Before outbreaks and during response for updated and new knowledge

Call for innovation

- Hundreds of thousands of users scaling up to millions in a pandemic
  Trust building actions
- Use of videos and AV products to enhance learning
- Online and off-line versions
- Accommodating low-bandwidth
- Technical solutions

Risk communication evolution

We are unsure; so lets keep quiet → We know; the public does not need to know/ will not understand → One way information push – press conferences; mass media

Assess public knowledge and perceptions, incorporate into communication and engagement ← Listen via media and social media monitoring but don't change our messages

Characteristics of information during an emergency

High demand for information

Urgent time frame

Requires rapid and effective dissemination

Use preferred channels of key audiences

Existing information sharing networks

Adapted to cultural, educational aspects

New Media Non traditional Media

Misinformation

"resistance"

Political influences

Rumours

Information handled well can strengthen TRUST

Lessons learnt in risk comm. best practice need systems to…

1. **Create and maintain trust**

2. Acknowledge and communicate even in uncertainty

3. Coordinate

4. Be transparent & fast with the first and all communications

5. Be proactive in public communication

6. Involve and engage those affected – not tell them what to do!

7. Use integrated approaches, social science research and approaches to understand perceptions, barriers and enablers

8. Build national capacity, support national ownership

4 Steps to effective risk communication

1 Know when to communicate risk – *novel influenza virus (animal or human), new event, lab confirmation, correct misinformation and rumours? Routine exchanges with key audiences?*

2 Know whom to alert, inform and tell: *who should know, who should speak? How to coordinate amongst stakeholders?*

3 Translate into levels of understanding of stakeholders – *officials, media and lay people require "translating" of science to suit their contexts and cultures, levels of education, preference for oral/written/visual messages;*

4 Get training to communicate risk effectively and with empathy – *online and face-to-face training offered by your agency, OpenWHO, etc*

Existing WHO guidance on risk communication for health emergencies

- Communication for behavioural impact (COMBI)
  - https://apps.who.int/iris/handle/10665/75170
- Effective Media Communication during Public Health Emergencies
  - https://apps.who.int/iris/handle/10665/43477
- Outbreak Communication. Best practices for communicating with the public during an outbreak
  - https://www.who.int/publications/i/item/outbreak-communication-best-practices-for-communicating-with-the-public-during-an-outbreak
- WHO outbreak communication planning guide
  - https://www.who.int/publications/i/item/9789241597449
- Effective Communications Participant Handbook
  - https://apps.who.int/iris/handle/10665/249241
- WHO Guideline "Communicating risk in public health emergencies"
  - https://apps.who.int/iris/handle/10665/259807
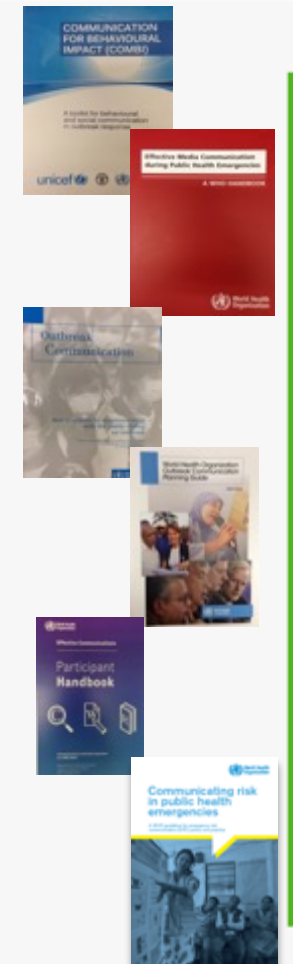
Main ideas

Identify what behaviour/practice needs to change

Is the change for one time, repeated , maintained behaviour or practice?

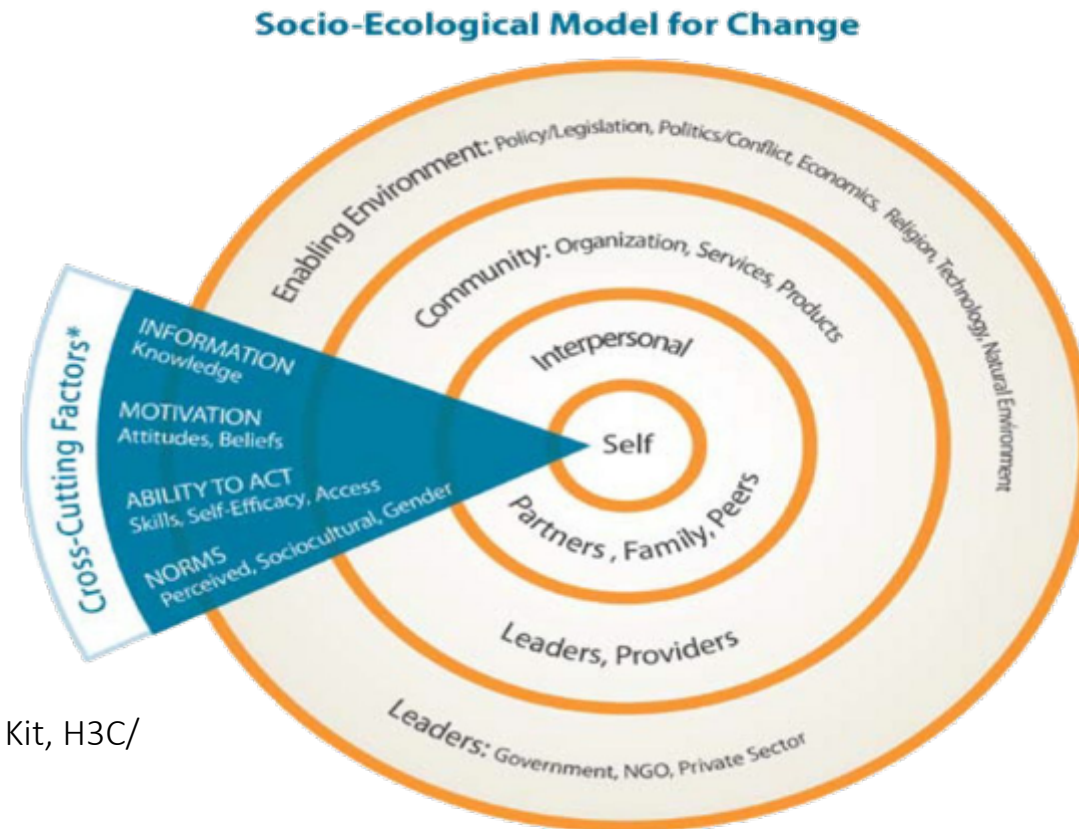Identify where people are in terms of knowledge and risk perception

Analyse the environment, context

Reach and engage

Understandable, appropriate, actionable messages and actions

Monitor, evaluate and course correct

Behaviour change is complex.

Socio-Ecological Model for Change

Enabling Environment: Policy/Legislation, Politics/Conflict, Economics, Religion, Technology, Natural Environment

Community: Organization, Services, Products

Interpersonal

Partners, Family, Peers

Leaders, Providers

Leaders: Government, NGO, Private Sector

Self

Cross-Cutting Factors*

INFORMATION
Knowledge

MOTIVATION
Attitudes, Beliefs

ABILITY TO ACT
Skills, Self-Efficacy, Access

NORMS
Perceived, Sociocultural, Gender

*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)

Implementation Kit, H3C/ USAID

Changing practices and behaviours to control outbreaks

- Epidemic prevention and control is based upon identifying behaviours, practices, actions that
  - break disease transmission and
  - provide care for those who are infected

- Outbreak control measures are the broad interventions that will impact on transmission
  - Prevent exposure
  - prevent infection
  - prevent disease
  - prevent disability and death
  - prevent social, economic, political damage

HIC-DARM Model

- A model like HIC-DARM helps us understand the stages of behaviour adoption.

- It allows us to identify where different people are and how we need to engage them in dialogue and conversation.
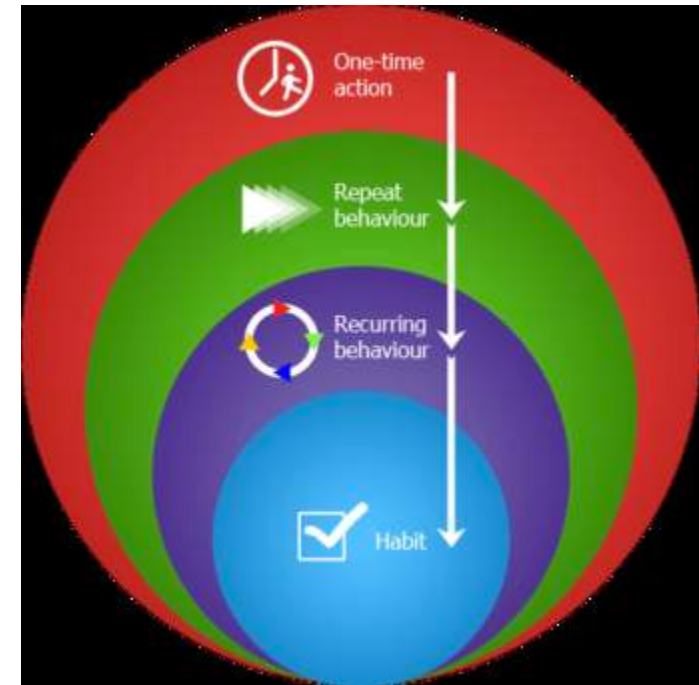
HIC-DARM Model

Hear about the behaviour,

Informed about it,

Convinced that it is worthwhile

Decide to do something about our conviction,

Act on the new behaviour

Reinforce our action by feeling satisfied about participating

Maintain the behaviour.

COMBI-Communication for behavioural impact

- Goal of COMBI
  - The main goal of COMBI is specific behavioural results

- Principles of COMBI
  - determine the preliminary behavioural outcomes
  - Conduct a situational analysis to understand behaviour and the cost for change

COMBI

Step 1 – Identify the preliminary behavioural objectives

Step 2 – Conduct a rapid situational market analysis

Step 3 – Refine the behavioural objectives, state your communication objectives

Step 4 – Design an overall strategy

Step 5 – Prepare an implementation plan

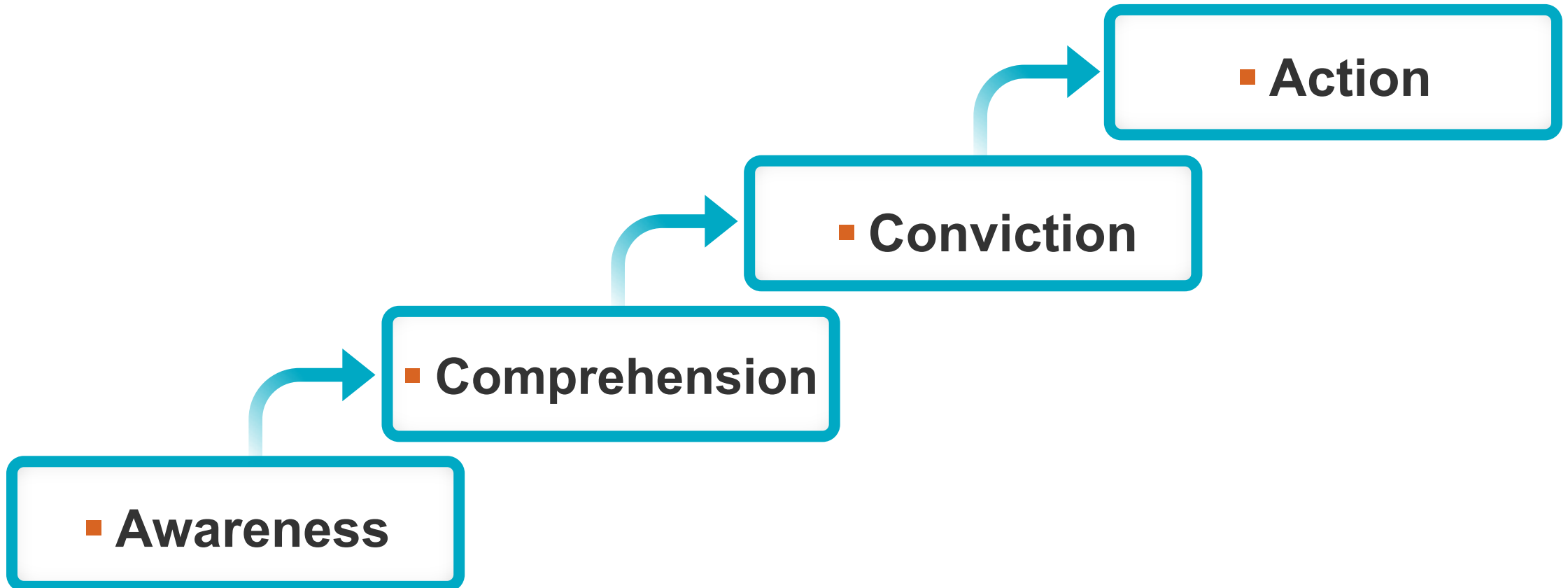Step 6 – Implement and monitor the strategy, identify trends and adapt if necessary

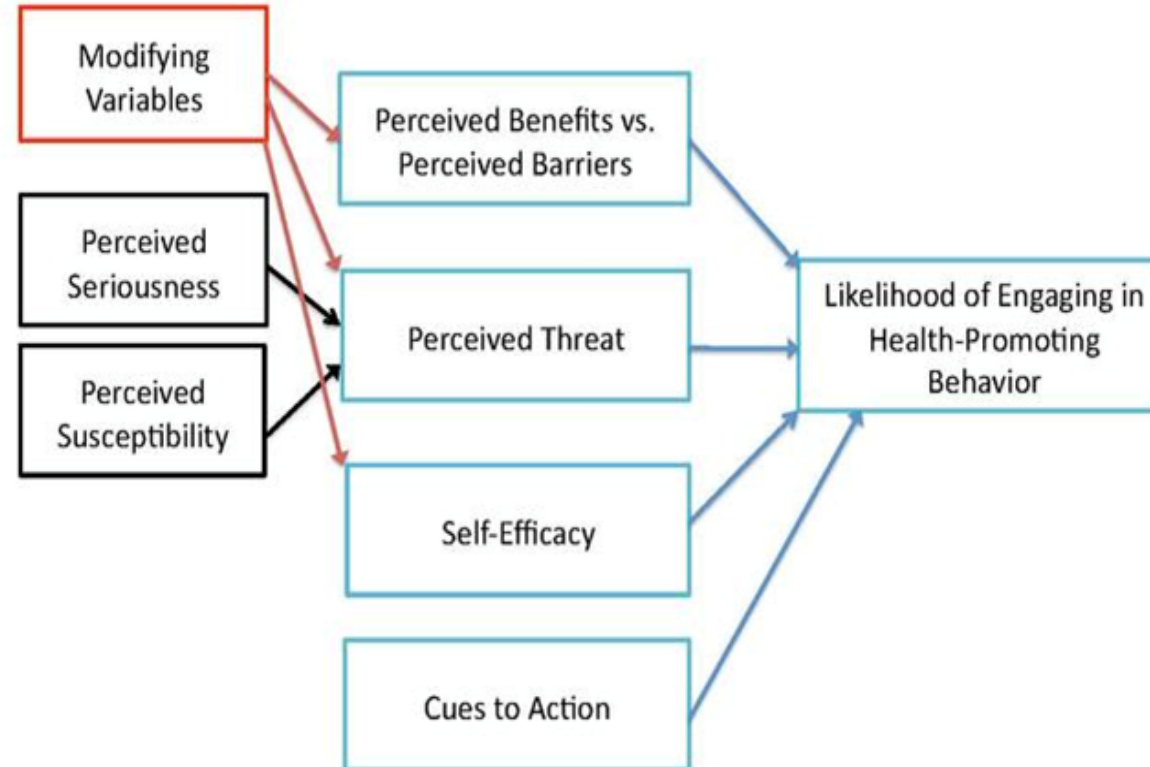Step 7 – Evaluate once the outbreak is over

IDENTIFYING THE PRELIMINARY BEHAVIOUR OBJECTIVE

- The behavioural objectives are the actions that specified person/group will need to take to comply with the outbreak control measures.

- The objectives must be contextual and address the issues and concerns found on the ground.
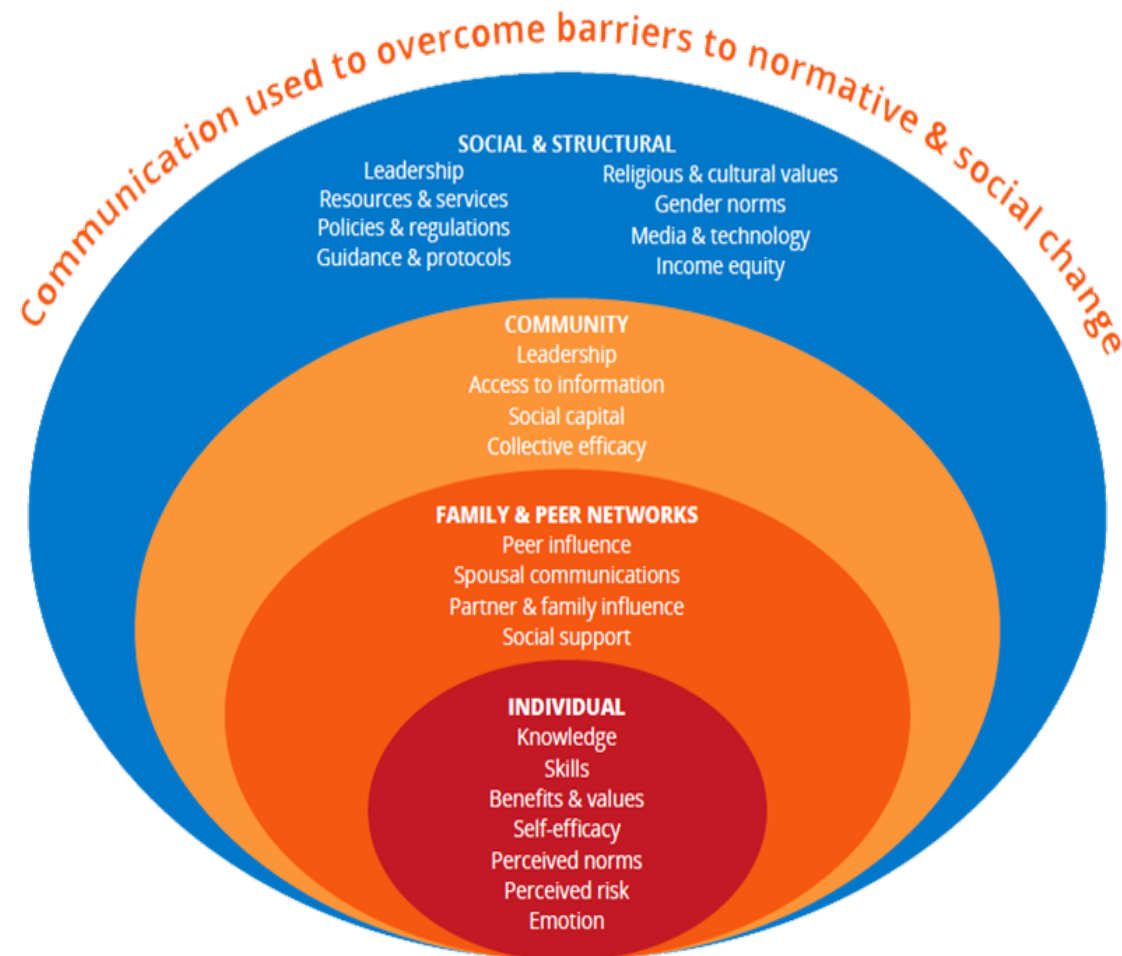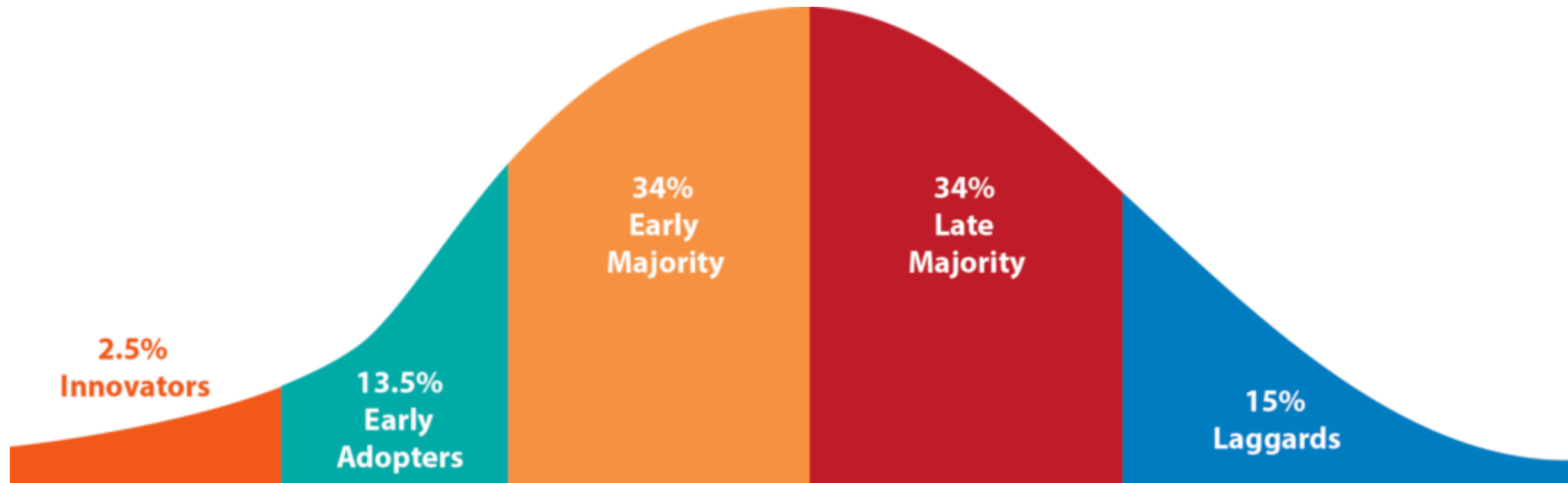
- The objectives must be SMART

ACCA model

- Action
- Conviction
- Comprehension
- Awareness

The Health Belief Model

Social Behaviour Change Communication

Communication used to overcome barriers to normative & social change

SOCIAL & STRUCTURAL
Leadership
Resources & services
Policies & regulations
Guidance & protocols
Religious & cultural values
Gender norms
Media & technology
Income equity

COMMUNITY
Leadership
Access to information
Social capital
Collective efficacy

FAMILY & PEER NETWORKS
Peer influence
Spousal communications
Partner & family influence
Social support

INDIVIDUAL
Knowledge
Skills
Benefits & values
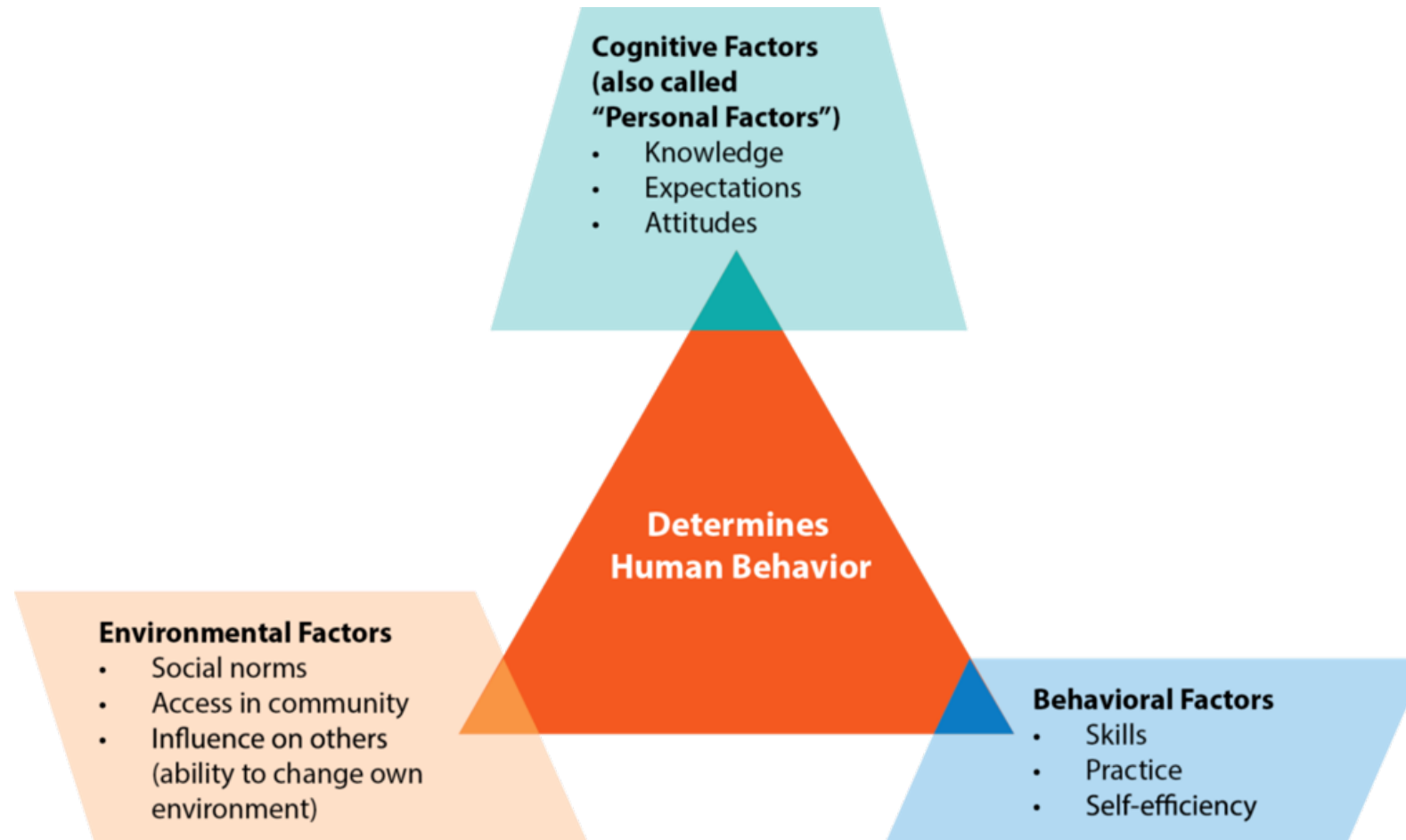Self-efficacy
Perceived norms
Perceived risk
Emotion

Diffusion of innovations theory

https://sbccimplementationkits.org/sbcc-in-emergencies/
learn-about-sbcc-and-emergencies/

Social Cognitive Theory

IDEA Model for Instructional risk messages

IDEA

Internalization	Perceived value, compassion, relevance, proximity, personal impact, timeliness, exemplification
Distribution	Convergence of multiple messages on diverse and Multiple channels
Explanation	Accurate, credible, translated intelligibly for the audience (+exemplification)
Action	Specific things to do/not to do