Risk Communication for Public Health Emergencies Workshop Facilitator's Guide

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International Health Regulations (2005)

Pan American Health Organization
Regional Office of the World Health Organization

World Health Organization

International Health Regulations
Coordination

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FACILITATOR GUIDE

Objective

The objective of the IHR Risk Communication Capacity Building Workshop is to encourage and facilitate improved risk communication for public health emergencies among public health authorities and other partner organizations, through the building of risk communication core capacities as part of the surveillance and response requirements of the IHR

The Workshop integrates a simulation exercise as a means to engage participants, stimulate discussion and confront the real difficulties in this challenging area of work. As a complement to the workshop, the objective of the simulation exercise is to encourage improved risk communication for public health emergencies among national public health authorities. This is done through participation in a series of decision making challenges, in discussion assessing the choices made, and a consideration of the practical capacity building steps required.

Learning Objectives – at the end of the workshop participants will:

- ☐ Understand how effective risk communication supports other public health emergency functions
- ☐ Appreciate the risk communication complexity and challenge of the public health emergency environment
- ☐ Understand the definition of risk communication for public health emergencies, its required core capacities, and the assessment criteria to measure and track progress in this area of work
- ☐ Be able to develop a practical action plan for their organization to improve capacity for risk communication during public health emergencies

Structure

Each section begins with a description of the scenario. Through presentation and role playing the "story" is described, providing participants with some context and key pieces of information. A simplified summary of the key points is distributed to participants for their reference.

Workgroups are then given tasks to complete – to make specific choices or answer specific questions – the workgroups discuss and complete these tasks using a template form which has been distributed. These are collected by the facilitators.

A short presentation is then given by the lead facilitator introducing the broad theoretical perspective on the issues raised in the scenario section, along with specific capacity building options that may help to address weakness in this area.

Meanwhile the facilitators have reviewed the workgroup answers and assigned one of the three assessments – Trust at risk (red) Trust maintained (yellow) Trust strengthened (green). The workgroup responses and their associated positive and negative consequences form the basis for plenary discussion. The section ends with the workgroups reconvening and completing a template form of national action plan steps they think are required to address the challenge of the scenario. Assigning one of the three colours should be light-hearted and prefaced as a subjective judgement by the facilitator team in order to enhance discussion and confront the challenges of risk communication.

Set up and Role of Participants

Participants will be organized into small workgroups and stay with these groups throughout the workshop. The scenario is divided into five parts and each will begin with a brief description of the situation. Based on this information, the groups must then choose among various communication options presented and/or complete an assigned task.

The role played by each workgroup is that of the **public communication team of the Southland National Ministry of Health.** As a final task building on all four previous sections, each workgroup will deliver a short presentation setting out a national action plan to build risk communication capacity as part of the simulation.

Facilitator Profile

To successfully lead an IHR Risk Communication Capacity Building workshop, the ideal facilitator will have:

- Experience in leading workshops and in adult learning
- Familiarity with public health and public health systems
- Experience in public communication specializations such as media relations, social mobilization and or health promotion
- Background in emergency communication and, or, emergency management

Participant Profile

Experience has reinforced that workshop participant background and training are likely to vary reflecting the different ways in which public communication responsibility is assigned in national authorities around the world. There are certain key characteristics which should be considered in developing a participant list to ensure that the objectives of risk communication for public health emergencies capacity building are met. Participants should:

- Some level of responsibility for public communication within their organization
- A role in either supporting or taking public communication decisions
- A role in developing emergency communication or emergency management response system within their organization.

Ideal Number of Participants

In order to facilitate discussion in workgroups and in plenary, the ideal number of workshop participants are approximately 24 to 32 participants allowing for four workgroups of 6 to 8 individuals.

Translation Recommendations

Ideally, the workshop should be conducted in the working language of participants, however, for events involving more than one country or for practical reasons this may not be possible.

In this case, translating key documents can strengthen comprehension – and thereby constructive participation -- even of participants with a strong grasp of the language. The following documents are recommended as priority translations:

- Simulation summaries
- Introduction to Risk Communication for Public Health Emergencies Powerpoint

Simulation Exercise Background Information

Southland and Northland are two countries at opposite geographical ends of the PAHO region.

Northland is an economically developed country with a democratic system of government. It has a diverse population with many cultural origins and religious backgrounds. The language spoken is predominantly English.

The country has a strong public health system which has withstood various high profile public health emergencies in recent years.

Southland is a rapidly developing country with a democratic system of government, although there have been periods of political instability in recent years including a military coup following which elections were temporarily suspended. Its local population is more homogenous than that of Northland but it has various minority populations, notably strong indigenous communities. The country has extensive coast lines and a thriving tourist industry. The official language spoken is Spanish.

Although still improving, the country has a decent public health system in place including public facilities used by citizens as well as a system of private clinics which service the foreign tourist population.

The scenario takes place in the largest cities of Southland and Northland, Southcity and Northcity. It is the height of the Southland Summer season.

Northcity
Population: 1,000,000
Ethnicity: mixed
Religion: mixed
Language: primarily English, however, certain ethnic communities speak other languages

Southcity
Population: 250,000 permanent residents / 250,000 summer season tourists
Ethnicity: mixed
Religion: mixed
Language: primarily Spanish among permanent residents, however, certain ethnic communities speak other languages. Tourist language use varies but the majority can normally speak English

Module 1: Transparency and Information Release

Purpose: In Module 1 participants will confront a practical challenge of deciding what information is released and what information is withheld about an emerging public health problem.

Material/Equipment Checklist:

- ☐ Computer and LCD projector
- ☐ Flipcharts, white boards or chalk boards one for each workgroup
- ☐ Green, orange and red evaluation cards

Step	Topic/Activity	Time	Resources / Handouts
1	Scenario description	10 min	Simulation Part 1 Facilitators Guide Simulation Part 1 Powerpoint Presentation Simulation Part 1 Summary Handout
2	Workgroup Task	30 min	Simulation Part 1 Workgroup Task Template
3	Case studies / Evaluation	20 min	Module 1 PPT: IHR Core Capacity – transparency and information release Public Communication during Public Health Emergencies: Decision Making Tool
4	Discussion	30 min	Simulation Part 1 Evaluation Guide

Simulation Exercise Part 1-- Facilitator Script

Note: Begin Module 1 Powerpoint Presentation and distribute the Summary Handout

Day 1

It is the height of tourist season in Southland. A male 44 year old tourist named Robert Smith from Northland arrives at the Southcity Medical Clinic, a private medical centre which caters to tourists, complaining of chills, persistent cough, body aches and diarrhea.

The Initial diagnosis after examination – possible pneumonia. The patient is scheduled to return to Northland in the coming days and so asks to be released. He returns to his hotel with instructions to rest, take the prescribed antibiotics and seek medical care upon return to Northland.

Day 4

The Southcity Medical clinic now has seen 11 patients with symptoms similar to that of Robert Smith -- chills, persistent cough, body aches and in some cases diarrhea.

This is a relatively high number of cases, but it is also flu season in the Southern Hemisphere. A doctor who divides her time between the Southcity Medical Clinic and another private facility close by, reports to her colleagues that there are 11 such similar cases at that clinic as well. The groups of cases at both clinics both have age ranges of between 18 and 45 years – which is also a bit unusual.

The doctor has a background in epidemiology and given her links to the two clinics, is able to conduct an informal epidemiological survey of the cases. Her investigation uncovers an interesting fact. The majority of the 22 cases (close to 90%) are either guests or staff of the Hotel de la Playa, one of the large holiday resorts in Southcity.

That day, the 44 year old male Northland tourist– who was traveling alone -- is found dead in his hotel room. The next of kin in Northland are not known and have not been notified.

The attending physician contacted the Southcity Medical Clinic who shared information of the 21 other cases, the relatively young age of the ill and the epidemiological link to the Hotel de la Playa. The attending physician is not sure what killed Robert Smith but as he completes his examination he is struck by an uncomfortable feeling as to the possible cause. He had been in Hong Kong during the 2003 SARS outbreak and worked closely with the local response teams on case identification and can see some key similarities with illness of Robert Smith.

He forwards blood and nasal samples to the Ministry lab for analysis, asking for – among other things – SARS testing be done. The local lab does not have a PCR machine and so analysis is expected to take up to 5 days.

Day 5

The Southcity Medical Clinic reports the death, the known information on the other cases as well as the fact that SARS testing has been ordered on the Northland victim to the Ministry of Health as per national disease reporting protocols.

That evening, an interdepartmental meeting is organized at the Ministry of Health, the issue of a public announcement of the situation is discussed.

"We must warn the population of the potential risk of SARS," said a public health specialist from the Ministry of Health. "While we do not know the full nature and extent of the problem, they can take precautions to protect themselves and their families."

"I disagree completely, we don't know it is SARS or anything else for that matter. This is probably just the regular flu," said an aide to the Minister of Tourism. "Any announcement will devastate our tourism sector and we can't do that based on a possibility."

An official from the Agriculture Department seemed to agree.

"It may not even be an infectious disease, these hotel buffets can easily have spoiled food and food poisoning can look just like flu in some cases," said the Agriculture official. "Best not to attract any attention to the situation until we have all the tests and the analysis completed and confirmed."

A Ministry of Health staff member points out that if SARS or any other unusual pathogen is confirmed, under the International Health Regulations, Southland is obliged to report details of the situation through our national focal point to the World Health Organization, however, this does not necessarily mean that the public and partners will be informed.

The Government still must decide what, if anything, it will release publicly.

Simulation Exercise Part 1-- Summary Handout

Day 1 – First case: A male 44 year old tourist named Robert Smith from Northland arrives at the Southcity Medical Clinic, a private medical centre which carters to tourists, complaining of chills, persistent cough, body aches and diarrhea. Diagnosis: possible pneumonia.

Day 4 – Escalating situation: Individuals presenting with respiratory illness are being seen at medical clinics in Southcity. Of note: the ill are relatively young 18 to 45 and in the vast majority of cases, there is an epidemiological link back to a local resort -- Hotel de la Playa.

The original case, Robert Smith, is found dead in his hotel room. Next of kin in Northland have not been informed. Attending physician is not certain of cause of death, however, suspects possible SARS. Blood and tissue samples to the local lab, however, no results are expected for up to 5 days.

Illness: Respiratory
Symptoms: chills, persistent cough/difficulty breathing, body aches and diarrhea, progressing to severe respiratory difficulty in some cases
Cases: 22
Deaths: 1

Day 5 – Ministry informed: The Southcity Medical Clinic reports the death, the known information on the other cases as well as the fact that SARS testing has been ordered on the Northland victim based on the recommendation of the physician who examined him.

An interdepartmental meeting is organized at the Ministry of Health, however, there is no consensus on whether or not a public announcement should be made to alert the broader public to the situation.

The Government must decide what, if anything, it will release publicly.

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Simulation Part 1-- Workgroup Task

Your task is to make recommendations on the following:

1. Should the Southland Ministry of Health publicly announce the situation and its associated risks? YES _____   NO _____

   If NO, what is the justification for not making an announcement at this time?

   If YES, proceed to 2.

2. Review the following possible key points of a potential public announcement, for each, decide which should be released and which should be withheld. Mark you choices on the sheet and give it to the evaluators.

Possible Key Points for any Public Statement	Release	Withhold
1. The Southland Public Health Ministry has been notified of an outbreak of respiratory illness in Southcity.		
2. Twenty-two people (16 tourists and 6 citizens) are ill with flu like symptoms. One person has died.		
3. This type of illness is not uncommon, however, the high number of cases, and age range of victims (18 to 45) are unusual and we are investigating further.		
4. The cause of the illness is not yet confirmed, however, SARS has not been ruled out.		
5. Until more is known, anyone who has stayed, worked or visited the Hotel de la Playa should be aware of a possible risk of exposure and contact a medical professional upon feeling ill.		
6. The Southland Public Health Ministry is advising all Southcity residents to follow basic infection control measures and safe food handling and preparation practices (attached).		
7. Until more is known, anyone who has had contact with Robert Smith from Northcity should be aware of a possible risk of exposure and contact a medical professional upon feeling ill.		
8. The Southland Public Health Ministry is advising all Southcity residents to follow the advice (attached) for avoiding influenza (flu).		
9. As a precautionary measure, the Ministry is advising, all Southcity residents to follow the advice (attached) to limit exposure and spread of SARS.		

Public Communication during Public Health Emergencies: Decision Making Tool

In deciding whether or not to release a given piece of information, public health officials should ask three questions.

1. Is the information needed by at-risk parties to avoid illness, reduce the spread of a disease, and/or help cope with the impact of an event?

   - ☐ If YES -- the information should be communicated to at-risk and implicated audiences in a timely, accessible and proactive manner
   - ☐ If NO -- there may be no compelling public health rationale for communicating this information

2. Is the information relevant to decisions made by public health authorities or about the emergency management decision-making process itself?

   - ☐ If YES -- this type of *risk management information* should be made available to stakeholders and the public
   - ☐ If NO -- there may be no compelling public health rationale for communicating this information

3. Is there a compelling reason to withhold or modify information, such as:

   a) Could the release of the information compromise national security or an ongoing police investigation?
   b) Will release of the information violate privacy laws and/or existing confidentiality policies or unnecessarily violate personal privacy?
   c) Could the release of the information result in stigmatization of specific ethnic groups or people in specific geographical regions?

   Note: If the answer is YES to any of the sub-questions of question 3, modifications to the information may be appropriate. If modifications are not possible, then the information may be justifiably withheld. The core public health imperative of informing those at-risk, however, must always take priority.

Simulation Part 1-- Evaluation Guide

Facilitator Notes

Note: Distribute the Emergency Information Release Decision Making Tool during discussion

Suggested answer key:

Possible Key Points for any Public Statement	Release	Withhold
1. The Southland Public Health Ministry has been notified of an outbreak of respiratory illness in Southcity.	X	
2. Twenty-two people (16 tourists and 6 citizens) are ill with flu like symptoms. One person has died.	X	
3. This type of illness is not uncommon, however, the high number of cases, and age range of victims (18 to 45) are unusual and we are investigating further.	X	
4. The cause of the illness is not yet confirmed, however, SARS has not been ruled out.		X ?
5. Until more is known, anyone who has stayed, worked or visited the Hotel de la Playa should be aware of a possible risk of exposure and contact a medical professional upon feeling ill.	X	
6. The Southland Public Health Ministry is advising all Southcity residents to follow basic infection control measures and safe food handling and preparation practices.	X	
7. Until more is known, anyone who has had contact with Robert Smith from Northcity should be aware of a possible risk of exposure and contact a medical professional upon feeling ill.		X
8. The Southland Public Health Ministry is advising all Southcity residents to follow the advice for avoiding influenza (flu).	X	
9. As a precautionary measure, the Ministry is advising, all Southcity residents to follow the attached advice to limit exposure and spread of SARS.		X ?

Suggested evaluation:

If the Decision Making Tool is applied, 1, 2, 3, 5, 6, 8 should be released to inform the public and partners, allow people to protect themselves from a potential risk, alert them to the strong epidemiological link to the Hotel de la Playa, and take basic infection control and food safety precautions.

Point 7 should not be released as naming Robert Smith publicly, prior to notification of his next of kin, is not required to, for example, allow citizens to protect themselves. He is a tourist and so not well known in the area. Alerting the public to the link to Hotel de la Playa is more important.

The release of points 4 and 9 are not as obvious. SARS is a rare disease and the attending physician has not found any evidence of it -- beyond his suspicion of the cause of illness. At the same time, the economic impact on Southland of an announcement of even suspected SARS would be significant. Basic infection control advice would offer some protection but, undoubtedly, the announcement of possible SARS would significant elevate concern and the likelihood that infection advice is followed. In addition to the public's "right to know", the decision to release balances the risk of potentially needless economic harm, with what additional protection raising the possibility of SARS could provide.

Green Card: Release of 1, 2, 3, 5, 6, 8, withholding of 7, and a sound justification for whether or not to withhold or release 4, 9.

Yellow Card: Release of 1, 2, 3, 5, 6, 8, release of 7, failure to provide sound justification for whether or not to withhold or release 4, 9.

Red Card: Failure to release enough information to inform the public and partners, allow people to protect themselves from a potential risk, alert them to the strong epidemiological link to the Hotel de la Playa, and take basic infection control and food safety precautions.

Module 2: Public Communication Coordination

Purpose: In Module 2 participants will explore the challenge and opportunity of effective communication coordination during a public health emergency.

Material/Equipment Checklist:

- ☐ Computer and LCD projector
- ☐ Flipcharts, white boards or chalk boards one for each workgroup
- ☐ Green, orange and red evaluation cards

Step	Topic/Activity	Time	Resources / Handouts
1	Scenario description	10 min	- Simulation Part 2 Facilitators Guide - Simulation Part 2 Powerpoint Presentation - Simulation Part 2 Summary Handout
2	Workgroup Task	30 min	- Simulation Part 2 Workgroup Task Template
3	Case studies / Evaluation	20 min	- Module 2 PPT: IHR Core Capacity – Public communication coordination - Emergency Communication Coordination Guide
4	Discussion	30 min	- Simulation Part 2 Evaluation Guide. Facilitator guide

Simulation Exercise Part 2-- Facilitator Script

Note: Begin Module 2 Powerpoint Presentation and distribute the Summary Handout

Day 6

Notwithstanding the communication efforts of the Southland Ministry of Health, news of the death of the Northland tourist Robert Smith, the unusual number of respiratory illness in Southcity, epidemiological link to Hotel de la Playa, and suspicion of possible SARS are all details which are quickly reported in the local press. This is not surprising given the numbers of citizens, medical professionals, hotel guests and staff aware of something unusual developing. Unfortunately, much of the media coverage includes various unconfirmed details closer to rumor than fact.

In addition, the link back to Northland and the unusual nature of the outbreak result in the story being reported widely in the Northland media also. The potential link to SARS is prominent in all media coverage.

Day 7

As news of the outbreak spreads, other suspected cases are identified in other medical facilities – public and private. There has also been another death, as a 22 year old staff member of the Hotel de la Playa has died. Ministry officials, however, suspect that many cases are nothing out of the ordinary but simply regular flu. But until the initial lab results are returned and more information is known, the medical community is proceeding with caution.

Indeed, many of the new suspected cases in Southland do have a link back to the Hotel de la Playa where the index case of the 44 year old Northland tourist stayed or the medical clinic where he was first treated. This is a further cause for concern.

Additionally, health officials in Northcity (Northland) are reporting an unusual cluster of cases presenting with flu like illness, including some experiencing severe respiratory difficulty. This group has no known epidemiological link back to Southland but all come from the same community as the 44 year old tourist – Robert Smith -- who has died.

Summary:

Southland: 44 cases, 2 fatalities
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

Northland: 6 cases, no fatalities
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

As the news of the situation becomes more widely reported, REAC -- a regional economic development organization announces that it is considering a travel advisory

against Southland. Of note, Southland is not a member of REAC, and the organization includes many of Southland's regional competitors in the tourist sector.

The Southland tourism minister lashes out angrily, publicly stating the cases are imported from Northland and that there is no domestic threat or problem. This message stands in stark contrast to the advice from the Southland Public Health Ministry which is asking people to take the risk seriously and change behavior accordingly in order to protect themselves and minimize spread of the outbreak.

Amidst the conflicting public messaging there is evidence the population does not clearly understand the nature of the potential risk and what they can do to protect themselves and their loved ones. Rumors spreading through the community prompt, for example, many schools to be all but empty as parents decide the keep their children home despite the fact that school closure has not been announced. Similarly, stocks of vinegar are sold out as rumors spread that the liquid can offer some protection against the illness.

These and other reports are indications that risk perception among the Southcity population has escalated significantly in parallel to the massive increase in media attention. Unfortunately, there are concerns that more rumors than facts are currently being communicated and so the increased risk perceptions may be generating some ineffective and even counterproductive behaviors.

The Southland Minister of Health directs his public communication team to assess the communication situation and propose concrete steps to manage it more effectively.
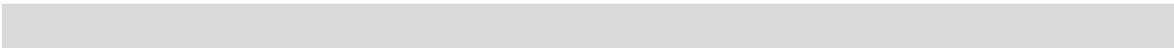
Simulation Exercise Part 2 Summary Handout

Day 6 MEDIA REPORT: SARS IN SOUTHCITY

News of the death of the Northland tourist, Robert Smith, the unusual number of respiratory illness in Southcity, epidemiological link to Hotel de la Playa, and suspicion of possible SARS are reported in the local press.

The link back to Northland and the unusual nature of the outbreak result in the story being reported widely in the Northland media also.

Day 7 ESCALATING CRISIS

As news of the outbreak spreads, other suspected cases are identified in other medical facilities – public and private. Ministry officials, however, suspect that many cases are nothing out of the ordinary but regular flu.

Additionally, health officials in Northcity (Northland) are reporting an unusual cluster of cases presenting with flu like illness, including some experiencing severe respiratory difficulty. This group has no known epidemiological link back to Southland but all come from the same community as the 44 year old tourist – Robert Smith -- who has died.

Summary:

Southland: 44 cases, 2 fatalities
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

Northland: 6 cases, no fatalities
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

REAC -- a regional economic development organization announces that it is considering a travel advisory against Southland.

The Southland tourism minister lashes out angrily, publicly stating the cases are imported from Northland and that there is no domestic threat or problem. This message stands in stark contrast to the advice from the Southland Public Health Ministry which is asking people to take the risk seriously and change behavior accordingly in order to protect themselves and minimize spread of the outbreak.

Rumors spreading through the community prompt, for example, many schools to be all but empty as parents decide the keep their children home despite the fact that school closure has not been announced. Similarly, stocks of vinegar are sold out as rumors spread that the liquid can offer some protection against the illness.

The Southland Minister of Health directs his public communication team to assess the communication situation and propose concrete steps to manage it more effectively.

Simulation Part 2-- Workgroup Task

For the Southland Ministry of Health the core public health risk communication objectives remain:

- warning of risk,
- providing clear advice to minimize the spread of disease,
- maintaining trust in Ministry of Health among citizens and partners.

Note: Your result from previous Tasks – Green (Trust strengthened), Yellow (Trust maintained), or Red (Trust at risk) – should be considered in developing your strategy

1) What problems present themselves in the summary that would threaten the core public health risk communication objectives and why?

_____
_____
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2) What specific actions and or communication strategies would you recommend the Ministry of Health take or follow in manage the threats to its core public health risk communication objectives?

_____
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Simulation Part 2: Evaluation Guide. Facilitator Notes

Note: Distribute the Emergency Communication Coordination tool following the exercise.

1) Key threats to the risk communication objectives:

a) There are rumors and misinformation circulating within the community suggesting the dissemination of trusted and useful information is insufficient

b) There are contradictory statements being made by different Government Ministries, which undermine the public health communication strategy, potentially confusing citizens and partners

c) Countries in the region are threatening action such as travel advisories suggesting that they are not convinced that the Southland authorities are effectively managing the situation and/or they do not feel they have full information from local authorities

Note: if the workgroups chose to withhold key pieces of information in the previous exercise and these pieces of information are released through the media or other information sources, trust is at risk and will affect their ability to effectively communicate and coordinate in this exercise.

2) Specific actions and or communication strategies to recommend:

A strong communication coordination strategy among local, national, regional and international partners could help manage all three of the identified threats in the following ways:

a) Local Southcity partners should be engaged directly in order to fill the information vacuum and to try and ensure solid public health messaging is disseminated broadly and effectively. Options could include identifying public communication contact points among partner organizations inside and outside of the public health sector. Public communication materials could be distributed directly to these individuals to increase quality and consistency of messaging. Additionally, a teleconference or face to face meeting could be arranged to ask partners to distribute the public health messaging through their own distributions systems and networks. Finally, local partners could be asked for their own views of outstanding points of confusion, information gaps and recommendations on dissemination strategies.

b) Other Southland Ministries should be engaged directly in order to promote consistent Government wide communication and find an appropriate balance between efforts to protect public health and minimize economic and social disruption. An inter-ministerial communication coordination mechanism (which can come in many forms) needs to be established to ensure consistent and complimentary public statements. If necessary, the Prime Minister's office should be engaged to ensure alignment.

c) Communication channels should be opened with regional and international governments and organizations to ensure, at minimum, they have access to Southland's latest public communication materials. This would ensure that their own public statements are based on fact and not rumour.

Emergency Communication Coordination

Partner Identification

The specific partners involved in a given emergency will vary based on the country, region and the nature of the problem. Each national authority has to develop its own emergency communication partner list. The core question informing the compilation of such a list is:

☐ In the event of an infectious disease outbreak, what other organizations are likely to be engaged in public communication activities?

This can then be broken down into some of the general categories of potential partners:

Public Health Organizations

☐ Regional or local health authorities including hospitals and clinics
☐ Medical professional associations and health sector unions
☐ Health sector non-governmental organizations
☐ Health sector international organizations

Non Public Health Organizations

☐ Other government ministries or agencies such as those responsible for agriculture, trade, tourism, and foreign affairs
☐ Religious groups
☐ Business and industry associations
☐ Local political parties and activists
☐ Academic and other external experts

Emergency Communication Collaboration Principles

1. *Develop partnerships in advance of a problem*

2. *Build trust with partners by demonstrating transparency in communication with them, especially in providing details on how public health decisions were made*

3. *Whenever possible, involve partners from within the affected community*

4. *Be prepared to explain organizational systems and processes to partners*

5. *Be prepared to interact and provide information to critics*

6. *Don't expect partnership to mean everyone communicates exactly the same thing*

7. *Be prepared to adapt and involve new partners during an emergency if specific communities are not being reached*

Module 3: Risk Communication for Public Meetings and Press Conferences

Purpose: In Module 3 participants will confront the challenge of communicating sensitive and complex issues through a simulated public meeting/media news conference. Groups will engage in role-playing and be responsible for either leading a public meeting as spokespersons responding to difficult questions, or as journalists, citizens or activists predicting likely questions and potential concerns the public may have during an emergency.

Material/Equipment Checklist:

- Two separate breakout rooms or large workspaces
- 2 wireless microphones (to circulate around spokespersons and public audience)
- Table for spokespersons and several chairs for public meeting audience
- Flipcharts, white boards or chalk boards one for each workgroup
- Green, orange and red evaluation cards
- Optional: Video recording equipment, with cable connection to computer or television
- Optional: Computer and LCD projector, Television

Simulation Exercise Options: Depending on the availability of resources and technical support, this simulation exercise can be conducted using two different options:

- High tech option: Each breakout room is equipped with a video camera to tape the public meeting, and the main meeting room has some way of allowing the participants to view the video after the exercise as part of the review and discussion process.
- Low tech option: Facilitators would instruct participants to pay close attention to the other group's performance during the exercise. After the exercise, in addition to the evaluation by the facilitators, groups would be responsible for a critique of their other group in their public meeting.

Step	Topic/Activity	Time	Resources / Handouts
1	Scenario description	10 min	- Simulation Part 3 Facilitators Guide - Simulation Part 3 Powerpoint Presentation - Simulation Part 3 Summary Handout
2	Workgroup Task	20 min	- Simulation Part 3 Workgroup Task Template
3	Simulated Public Meeting	30 min	
3	Theory/Facilitator Scoring	10 min	- Module 3 PPT: IHR Core Capacity – effective information dissemination - Handout: Points to Remember when Preparing and Delivering Messages -Evaluation Tool 1: Developing Messages -Evaluation Tool 2: Developing Difficult Questions
4	Discussion and Review	20 min	

Workgroup Task instructions

1. Before you begin, select a Simulation Exercise Option (eg. high or low tech) and set up the two different spaces for the public meeting as described with the appropriate equipment/materials in each room.
2. Divide the four workgroups into two sections of two workgroups each.
3. Assign one workgroup the role of the Southland Public Health Ministry and the other the role of the audience -- journalists, activists and citizens
4. Distribute the following documents to participants:

   For spokespersons
   - Summary Handout
   - Simulation Exercise Workgroup Task: Developing Messages

   For public audience (journalists, activists and citizens)
   - Summary Handout
   - Simulation Exercise Workgroup Task: Developing Difficult Questions

5. Allot 20 minutes for participants to finish the workgroup tasks.
6. After the tasks are completed, have participants take their places and begin the simulated public meeting. *They may use their workgroup task sheets as a guide during this exercise.*

**Note for Facilitators:
2 facilitators should be present in each breakout room:
   - 1 facilitator evaluates spokespersons using Evaluation Tool 1: Developing Key Messages
   - 1 facilitator evaluates public audience (journalist, activists and citizens) using Evaluation Tool 2: Developing Difficult Questions

Simulation Exercise Part 3-- Facilitator Script

Day 9

Lab analyses from Southland and Northland are finally complete. The Northland lab has found that several of the submitted samples are consistent with SARS. The Southland lab analysis, however, has not confirmed SARS but instead, has observed key differences in the samples submitted and is suggesting that it is a different – although similar -- virus.

The directors of the labs in Northland and Southland have both made public statements defending their analyses and challenging the quality of the analysis in the other lab.

In Southcity, the lab results have prompted public health officials to escalate their infection control measures. Three thousand workers from local hotels and resorts who may have been exposed to the virus have been asked by the public health authorities to go into home quarantine to try and limit spread of the disease.

Summary:

Southland:

60 suspected cases, 4 fatality, (50% tourists, 50% local citizens, broad age range)
Worried Well (people not suffering from any disease, but request medical services): 300
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

Northland:

12 suspected cases, 1 fatality, broad age range
Worried Well (people not suffering from any disease, but request medical services):150
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

The tourism minister seizes upon the Southland lab analysis results to say again that the problem is imported from Northland and that there is no problem in Southcity.

Although it is possible that the index case -- Robert Smith -- arrived in Southland with the disease, there is clearly evidence of community spread within Southcity meaning the Tourism Minister's statements are not accurate.

As noted, the Ministry of Health is escalating its infection control efforts including its warnings of the risk and the potential seriousness of the situation. Even if the circulating virus is not exactly the same as the SARS virus seen in previous outbreaks, victims have almost identical symptoms and the treatment and control measures are exactly the same.

A potentially more serious problem, however, is emerging in the growing criticism and protest among the local population. There have been media reports and rumors circulating that the tourists who are ill in Southland are getting better treatment than the local population. This is explained in part as the tourists are accessing private facilities

while the local population is relying on public facilities which are not as well equipped. There are also allegations that the advice for treating ill tourists – to use ventilators for example – is different than that for Southland citizens.

In contrast, other groups in the local population are angry for different reasons. They are complaining that no support has been given to workers asked to stay home, especially since there seems no indication that the problem is even SARS and may just be regular flu. Why should they give up their wages and job security to protect others, especially if the risk is not significant?

Public health experts are concerned about both the criticism of unequal treatment and the frustration of those asked to go into self-quarantine because they feel that control of the outbreak is at a critical stage. If the population loses trust with the public health authorities now, the community and the tourist population is at much greater risk of the virus – SARS or otherwise – spreading.

A public meeting – with temperature screening for all entrants and spaced seating – is organized. The meeting is open to the media. Ministry of Health officials are to make a brief opening statement and then answer questions from the audience and or media.

Simulation Exercise Part 3 Summary Handout

Day 9

Contradictory Conclusions: The Northland lab has found that several of the submitted samples are consistent with SARS. The Southland lab analysis, however, has not confirmed SARS but instead, has observed key differences in the samples submitted and is suggesting that it is a different – although similar -- virus. Of note, the seriousness and treatment of the two viruses are exactly the same.

Escalating Public Health Measures: In Southcity three thousand workers from local hotels and resorts who may have been exposed to the virus have been asked by the public health authorities to go into home quarantine to try and limit spread of the disease.

Southland:

60 suspected cases, 4 fatality, (50% tourists, 50% local citizens, broad age range)
Worried Well (people not suffering from any disease, but request medical services): 300
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

Northland:

12 suspected cases, 1 fatality, and broad age range
Worried well (people not suffering from any disease, but request medical services): 150
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

Allegations of unequal treatment: There have been media reports and rumors circulating that the tourists who are ill in Southland are getting better treatment than the local population.

Concern among quarantined workers: There are Complaints that no support has been given to workers asked to stay home, especially since there seems no indication that the problem is even SARS and may just be regular flu.

Public Meeting: To ensure the success of the infection control strategy at such a crucial stage a public meeting – with temperature screening for all entrants and spaced seating – is organized. The meeting is open to the media. Ministry of Health officials are to make a brief opening statement and then answer questions from the audience and or media.

Pan American
Health
Organization
Regional Office of the
World Health Organization

World Health
Organization

Simulation Part 3 Workgroup Task: Developing Key Messages

As spokespersons you need to understand the issues and concerns of the public and use this knowledge to inform your message development.

1) Based on the simulation exercise you just read, identify and mark **(X)** in the table below **Concerns** you think the different groups in the audience will likely raise during the public meeting. **Mark (X) only 2 concerns per group.**

Common Concerns during Public Health Emergencies

Concerns	Journalists	Citizens	Activists
Health risks (personal, family, community)			
Information (who, what, where, why, how)			
Process of decision making			
Equality and fairness			
Accountability (who is to blame?)			
Sensitivity to social and cultural norms and practices			

2) With public concerns identified, prepare 3 brief key messages along with supporting evidence regarding the infection control strategy, as spokespersons, would want to communicate during the public meeting.

Key Message 1 and supporting argument	_____ _____ _____ _____

Key Message 2 and supporting argument	_____ _____ _____ _____

Key Message 3 and supporting argument	_____ _____ _____ _____

Module 3 Evaluation Tool: Developing Messages

The evaluation tool below will help you decide whether participants were able to successfully develop messages for the public meeting that are consistent with basic risk communication principles.

Evaluation instructions:
1) Mark an X under **YES**, if the participants' key messages are consistent with the message components listed below.

Do the messages and answers to questions…	YES
1. use simple, clear and use non-technical language?	
2. convey empathy for the victims?	
3. show respect for views of citizens and activists?	
4. explain decision making associated with the infection control strategy?	
5. address likely concerns of the three different groups?	
6. acknowledge uncertainty and potential change in approach in the future?	
7. advise public on constructive actions or measures they can take to protect themselves?	
8. let the public know about additional information sources?	

Trust strengthened (green) – Proactively addresses likely concerns by answering YES to at minimum 5-8 questions from the above list

Trust maintained (yellow) – Proactively addresses likely concerns by answering YES to at least 3-4 questions from the above list

Trust at risk (red) –Failure to proactively address concerns by answering 0-2 of the questions from the above list

Simulation Part 3 Workgroup Task: Developing Difficult Questions

You have been invited to attend a meeting to discuss the strategy for the priority list with the Ministry of Health spokespersons. **1)** Based on the simulation exercise you just read, identify and mark **(X)** in the table below the **Concerns** you as the audience will likely raise during the public meeting. **Mark (X) only 2 concerns per group.**

Common Concerns during Public Health Emergencies

Concerns	Journalists	Citizens	Activists
Health risks (personal, family, community)			
Information (who, what, where, why, how)			
Process of decision making			
Equality and fairness			
Accountability (who is to blame?)			
Sensitivity to social and cultural norms and practices			

2) Develop difficult questions to ask Ministry spokespersons as representatives from the different groups. Ensure that your questions reflect the concerns you identified above.

Journalist Question 1:

Journalist Question 2:

Journalist Question 3:

Citizen Question 1:

Citizen Question 2:

Citizen Question 3:

Activist Question 1:

Activist Question 2:

Activist Question 3:

Module 3 Evaluation Tool: Developing Difficult Questions

This tool will help you decide whether participants were able to identify common concerns of the public and successfully develop questions reflecting these concerns.

Evaluation instructions:

1) Based on the concerns identified by public audience participants, assess whether or not the questions developed and asked accurately reflect the various concerns of the three groups during public health emergencies.

Journalists Concerns	Were concerns identified? (YES or NO)	Was question consistent with concern? (YES or NO)
Information (who, what, where, why, how)		
Accountability (who is to blame?)		

Citizen Concerns	Were concerns identified? (YES or NO)	Was question consistent with concern? (YES or NO)
Health risks (personal, family, community)		
Sensitivity to social and cultural norms and practices		

Activist Concerns	Were concerns identified? (YES or NO)	Was question consistent with concern? (YES or NO)
Process of decision making		
Accountability (who is to blame?)		

Trust strengthened (green) – At minimum 5 out of 6 concerns identified correctly and developed questions consistent with concerns

Trust maintained (yellow) – At minimum 3 out of 6 concerns identified correctly and developed questions consistent with concerns

Trust at risk (red) –Failure to identify any of the public concerns for each audience

Facilitator Notes

Distribute the **Points to Remember when Preparing and Delivering Messages** in advance of the discussion *(see next page).*

Points to Remember When Preparing and Delivering Messages

When preparing messages
- prepare 3 key points that communicate your core messages;
- prepare supporting message points
- develop supporting materials such as visuals, examples, quotes, personal stories, analogies and endorsements by credible third parties
- keep messages simple and short; and
- practice delivery

To communicate voluntariness--prepare messages that:
- make risk more voluntary by providing options and choices;
- encourage public dialogue and debate;
- ask permission and
- ask for informed consent

To communicate controllability--prepare messages that:
- identify things for people to do (eg. precautions and preventive actions)
- indicate a willingness to cooperate and share authority and responsibility with others;
- provide important roles and responsibilities for others;
- tell people how and where to go to get further information

To communicate familiarity--prepare messages that:
- use analogies to make the unfamiliar familiar;
- encourage experiential learning;
- have high visual content; and
- describe means for exploring issues in greater depth

To communicate fairness--prepare messages that:
- acknowledge possible inequities;
- address inequities;and
- discuss options and trade offs

To communicate trust--prepare messages that:
- cite credible third parties;
- cite credible sources for further information;
- acknowledge that there are other points of view;
- indicate a willingness to be held accountable;
- describe achievements;
- indicate conformity with the highest professional, scientific and ethical standard; cite scientific research
- identify partners, indicate willingness to share the risk

When delivering messages during an emergency
- recognize and acknowledge anger, frustration, fear outrage or concern;
- provide three or more positive points to counter negative information or bad news;
- accept and involve the public and the media as legitimate partners;
- indicate through actions, words and gestures that you share their concerns;
- listen carefully to what people are concerned about;
- convey compassion, conviction and optimism through actions, gestures and words;
- speak clearly, simply and calmly--avoid technical terms and long words or phrases; and gain trust by admitting that there are things you do not know

When conducting a news conference or other formal media event:
- make your formal statement as brief as possible;
- include all pertinent information in your statement and allow time for questions;
- limit the number of speakers to no more than three and limit ach to 3-5 minutes;
- remember that it is primarily held to allow the media to ask questions, not to attend a lecture; and
- start on time-- journalists have deadlines and need enough time to file your story

When addressing affected populations:
- identify the information they most need to protect themselves;
- use very clear means and formats to communicate the information to them; and
- use diverse formal and informal channels, such as community meetings, open houses, stand-up presentations where people congregate, radio broadcasts and posters

When communicating through the media during an emergency:
- brief the media promptly following an incident;
- fill information vacuums;
- state, if appropriate, that the information is preliminary;
- state that the media will be updated as additional information becomes available;
- state what is factual and know--avoid speculating the unknown
- hold regular briefings even if nothing has changed;
- state when you expect new information to become available;
- provide dedicated hotlines and telephone information services for all important stakeholders;provide a media communications centre that is staffed 24 hours a day;
- plan how often information updates will be provided, who will do it, and how;
- use new conferences, briefings and one-on-one interviews

Module 4: Listening through Dialogue

Purpose: In Module 4 participants will explore the importance of listening to those affected and involved in helping inform effective communication strategies for public health emergencies. Participants will interview different characters to try and understand their perspective and understanding of the situation to uncover and address barriers to emergency management.

Material/Equipment Checklist:

- ☐ Computer and LCD projector
- ☐ Flipcharts, white boards or chalk boards one for each workgroup
- ☐ Green, orange and red evaluation cards
- ☐ Four separate seating areas – they can be in the same room but need to be far enough apart so that groups cannot easily overhear one another

Step	Topic/Activity	Time	Resources / Handouts
1	Scenario description	10 min	- Simulation Part 4 Facilitators Guide - Simulation Part 4 Powerpoint Presentation - Simulation Part 4 Summary Handout
2	Workgroup Task	30 min	- Simulation Part 4 Workgroup Task Template
3	Case studies / Evaluation	20 min	- Module 4 PPT: IHR Core Capacity – listening and risk perception - Handout: Emergency Communication Information Gathering Template
4	Discussion	30 min	- Simulation Part 4 Evaluation Guide

Simulation Exercise Part 4

Day 45

It is now several weeks since the infectious disease outbreak began in Southcity. The public health care system has been pushed to extreme levels of activity and health care professionals are exhausted from the effort.

Since that time, the virus has been identified as a new SARS subtype, although the health impact, infectiousness and the treatment of the virus is exactly the same as that of SARS.

In Northland, the outbreak was quickly contained and there have not been any new cases in weeks. Public health officials there have tentatively declared the emergency over.

In Southland, although the situation has been much more serious, the hardwork of everyone has paid off as the infection control strategies have largely worked. New suspected cases are becoming rare and public health officials are confident that the control strategies in Southcity are working overall.

Summary:

Southcity: 40 suspected and confirmed cases (down from a peak of over 200), 40 fatalities (2 tourists, 38 local citizens) broad age range
Worried Well: 20
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

But while the epidemic curve shows promising trends across Southcity, there remains one area – a small village called Eastown outside of the main city – where the situation is not getting better but, in fact, worse.

This community has received the same information, the same infection control measures and the same general level of public health care as other areas of Southland but a preliminary epidemiological review has concluded that the population is not following the infection control advice of the Ministry of Health.

There is no obvious technical reason for the failure of the infection control strategies and the emergency managers suspect there may be other explanations for the problems.

In an effort to find out, the Minister asks for a review by the risk communication team to try and see if there are any other likely – non medical -- barriers to infection control in the community.

Simulation Exercise Part 4 Summary Handout

Day 45

It is now several weeks since the infectious disease outbreak began in Southcity. Since that time, the virus has been identified as a new SARS subtype, although the seriousness and the treatment of the virus is exactly the same as that of SARS.

In Northland, the outbreak was quickly contained and there have not been any new cases in weeks. Public health officials there have tentatively declared the emergency over.

In Southland, the situation has been much more serious; however, the infection control strategies have worked. New suspected cases are becoming quite rare and public health officials are confident that the control strategies in Southcity are working.

Summary:

Southcity: 40 suspected and confirmed cases (down from a peak of over 200), 40 fatalities (2 tourists, 38 local citizens) broad age range
Worried Well: 20
Symptoms: chills, persistent cough, body aches and diarrhea, progressing to severe respiratory difficulty in some cases

But while the epidemic curb shows promising trends across Southcity, there remains one area – a small village called Eastown outside of the main city – where the situation is not getting better but in fact worse.

This community has received the same information and the same level of public health care as others in Southcity but a preliminary epidemiological review has concluded that the population is not following the infection control advice of the Ministry of Health.

In an effort to find out why, the Minister asks for a review by the communication team to try and see if there are any other likely – non medical -- barriers to infection control in the community.

Simulation Part 4 Workgroup Task

Your task is to try and find out why Eastown residents are reluctant to follow community infection control measures, and consider what could be done to address these barriers.

Each workgroup will get the chance to interview four different characters who will circulate among the groups Each group will have up to 10 minutes to speak to the following characters:

- A Southland journalist
- A mother of four from Eastown
- An Eastown traditional healer
- A local Eastown religious leader

As you interview the four different characters keep in mind factors like: perceptions; beliefs; family; sources of information; socio-economic status; politics; culture; education.

Note: Your result from previous Tasks – Green (Trust strengthened), Yellow (Trust maintained), or Red (Trust at risk) – should be considered in developing your strategy

After conducting our interviews, the likely reasons Eastown residents are not following the infection control advice are:

☐ _____

☐ _____

☐ _____

☐ _____

Given these barriers to managing the emergency in Eastown, we propose the following communication and consultation strategies:

☐ _____

☐ _____

☐ _____

☐ _____

Simulation Part 4: Evaluation Guide. Facilitator Notes

Note: This exercise requires four actors playing distinct roles who will be interviewed by the different groups and provide clues to the potential barriers to infection control. The actors need to be familiar with their roles and with the specific key messages. The exercise can be simplified by simply removing one or two of the roles.

Actor Notes

Eastown is largely made up of a distinct ethnic group who see themselves as apart from the majority of the Southland population.

They are members of the religious sect "Diyos" and use a specialized and distinct Spanish dialect as the main language in the home.

All "actors" offer clues as to why infection control is not working:

A Southland journalist: many years ago when a nearby Southland military installation had a chemical spill and poisoned the water supply used by the community, the Ministry of Health, under pressure from the Prime Minister, reassured the population that there was no threat even though they had evidence that there was. Several community members, including children, died needlessly. Many in the community still – even twenty years later – do not trust the Ministry of Health.

A mother of four from Eastown: Eastown residents are poor and cannot afford to take time off of work – Ministry of Helath recommendations to go into self quarantine have been ignored for practical economic reasons. The residents of Eastown are largely self employed and run small markets stalls for the tourists. Put simply, if they don't work, they don't eat.

An Eastown traditional healer: many in the community use a distinct dialect, including the traditional healer who does not speak Spanish. He is a leading health care provider in the community and would like to help in the implementation of the infection control strategy but has not received any information in a language or form that he can understand and share easily with his community.

A local Eastown religious leader: The religious sect "Diyos" is central to the culture and daily life of the local population. It includes many rituals such as daily communal prayer, hugging, hand shaking, sharing meals, which may be inconsistent with the infection control strategies that are being recommended.

Additional Facilitator Notes

Note: Distribute the Emergency Risk Communication Information Gathering Template

Workgroups should be assessed on whether or not they discover the key points of each "actor" and piece together the list of potential barriers to effective control, along with providing strategies to address this problem:

Among the strategies to address these problems:

1. Communication materials should be translated into Eastown dialects.

2. Communication emphasis should be through the trusted sources of information in the community.

3. Local political, religious and traditional healing leaders should be briefed on the situation, provided with ongoing updates, and asked for their views and advice on how to stop the spread of the disease.

4. The historical context of the chemical spill scandal should be understood and communication materials adapted to address the associated concerns and risk perceptions.

5. Other factors, such as the importance of the Diyos religious practices should be taken into account and compromises should be developed with local religious leaders ensuring infection control is ensured while religious participation maintained.

Trust strengthened (green) – success in identifying both the likely barriers to infection control and the range of types of required strategies to address them.

Trust maintained (yellow) – success in identifying likely barriers to infection control, but failure to fully identify the types of required strategies to address them.

Trust at risk (red) – failure to identify likely barriers to infection control or the required strategies to address them

Emergency Risk Communication Information Gathering Template

At-risk groups/populations

- [ ] What specific groups are at risk?
- [ ] What specific groups or partners are indirectly involved?
- [ ] Are there groups or partners who should be considered as communication priorities in light of their likelihood to be looked to for advice or direction?
- [ ] Are there particularly vulnerable/high risk groups that need to be reached?

Knowledge, awareness, perceptions

- [ ] What do individuals and communities know about the cause and transmission of the disease?
- [ ] What are the local terms or descriptions of the disease?
- [ ] What are the individual and community perceptions of risk posed by the outbreak?
- [ ] Have these groups experienced outbreaks before and how have they managed them?
- [ ] What are the messages circulating within the community?

Information sources, channels and settings

- [ ] Where/who do people get information (health and other sources of advice) from and why? Who are 'trusted' and 'credible' information sources and what makes them so? E.g. health care staff/local leaders/religious leaders/influential individuals
- [ ] What media or channels of communication are available to promote messages. What channels are most popular and influential among the affected groups? What traditional media are used?
- [ ] What are the current patterns of social communication? What active community networks and structures exist and how are they perceived by the local population?
- [ ] What other organizations are currently addressing the issue in the community? (some examples of channels are: fact sheets, face to face communication, newsletters, posters and brochures, public service announcements, news media, web sites, podcasts, text messages, and other new technologies, email messages, secure and proprietary networks) What settings are relevant to deliver communication materials and messages? (e.g. clinic, home, village etc.)

Existing household and community practices

- [ ] What are the – non emergency-- health-seeking and health-care practices?
- [ ] What existing practices amplify risk and what are the beliefs and values that underpin them?
- [ ] What existing practices reduce risk, e.g. hand washing, cooking food thoroughly, chlorination etc. and what are the beliefs and values that underpin them?
- [ ] What are the decision-making processes within communities and the household related to seeking health-care?

Socio-cultural, economic and environmental context

- [ ] Are there any social and political tensions that may affect risk reduction practices?
- [ ] Do people have access to sufficient resources to implement risk reduction practices? (eg. Do people have access to clean water?) Are health services available and accessible? Are there problems related to transporting sick people to clinics/hospitals?
- [ ] What existing traditional religious beliefs and social norms may inhibit implementing risk reduction practices?

Module 5: Building Risk Communication Capacity – National Action Plan

Purpose:

Material/Equipment Checklist:

- ☐ Computer and LCD projector
- ☐ Flipcharts, white boards or chalk boards one for each workgroup
- ☐ Green, orange and red evaluation cards

Step	Topic/Activity	Time	Resources / Handouts
1	Scenario description	10 min	- Simulation Part 5 Facilitators Guide - Simulation Part 5 Powerpoint Presentation - Simulation Part 5 Summary Handout
2	Workgroup Task	50 min	- Simulation Part 5 National Action Plan Template
3	National Action Plan Presentations	60 min	
4	Discussion	30 min	- Simulation Part 5 Evaluation Guide

Simulation Part 5 Workgroup Task

Your task is to put forward recommendations to build risk communication capacity in Northland in advance of the next public health emergency. You will have up to 20 minutes to present a Southland National Action Plan on Risk Communication. Use the National Risk Communication Core Capacities document as a guide to select priority areas of concentration.

Keep in mind, resources are limited. There will be one dedicated communication staff member responsible for this work, with a budget of $3000USD per year.

Southland National Action Plan for Risk Communication

1. In your plan and based on Southland's experience through this outbreak, which National Risk Communication Core Capacities will take priority?

        Priority Rank # __   Transparency and first announcement of a risk

        Priority Rank # __   Public Communication Coordination

        Priority Rank # __   Information dissemination including media relations

        Priority Rank # __   Listening through Dialogue

        Priority Rank # __   Emergency Communication Plan

Be prepared to explain and justify your rankings.

2. In your plan and based on Southland's experience through this outbreak, which six specific Capacity Building Activities will take priority? (see National Risk Communication Core Capacities document)

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

Be prepared to explain and justify your choices.

National Risk Communication Core Capacities
Capacity Building Activities

Release of risk information (transparency)

- Establish a regulation, policy or guidelines for the timely release of information related to a real or potential public health emergency
- Develop an expedited clearance/approval procedure for the release of information during public health emergencies
- Integrate transparency/information release decision making components into emergency management training and simulations

Public Communication Coordination

- Develop an inventory of all likely public communication partners, stakeholders and focal points
- Establish protocols among likely partners for public communication coordination in the event of an emergency
- Test a functional communication coordination mechanism among likely public health emergency partners

Information dissemination including media relations

- Identify responsible spokespersons and ensure tailored media relations training for public health emergencies
- Establish emergency media relations protocols to manage exponential growth in demand for information
- Organize briefings with national, regional and local media to establish working relationships, provide background information and discuss protocols and procedures during emergencies

Listening through Dialogue

- Set up a rumor tracking system to identify, investigate and address misperceptions or misunderstandings
- Develop a process to gather risk perception information assess current knowledge and understanding of communicated guidance among citizens and partners
- Gather existing community demographic, cultural and socio-economic information to ensure a base of community understanding to inform emergency risk communication strategies

Emergency Communication Plan

- Develop a basic emergency communication plan
- Develop specialized emergency communication plan annexes for example dealing with pandemic influenza, radiological accidents, food safety emergencies
- Set up a simulation/exercise program to regularly test operational knowledge and strength of the emergency communication plan.

IHR Risk Communication Capacity Components:

1. Transparency and first announcement of a real or potential risk

The management of information related to a health emergency, including the first announcement warning a population of a potential risk and ongoing transparency of decision making, help ensure those at real or potential risk can protect themselves and that trust between authorities, populations and partners is maintained and strengthened.

The following abilities ensure the success of this component:

- The ability to rapidly approve for public distribution, warnings and advisories in the event of a real or potential public health risk.

- The ability to adhere to decision making principles – enshrined in a regulation, policy or formal guideline -- on the timely public release of information associated with a real or potential public health risk.

- The ability to effectively issue warnings or advisories of a real or potential risk during non-business hours for example evenings and holidays.

- The ability to ensure hard to reach and minority populations are informed of warnings or advisories through translated and tailored materials.

- The ability to document decision making associated with the first announcement of a real or potential risk.

- The ability to engage decision makers and communication partners in pre-event exercises concentrating on emergency risk communication decision making.

- The ability to ensure decision making and actions related to transparency are evaluated post event against agreed upon principles.

- The ability to conduct ongoing self assessments of transparency capacity.

2. Public Communication Coordination

The cross-jurisdictional nature of public health emergencies demands that public health authorities be able to effectively engage and coordinate public communication with other involved organizations including designating roles and responsibilities of lead and supporting agencies. This capacity helps takes advantage of available public communication resources, allows for coordinated messaging reducing the possibility of confusion and overlap and strengthens the reach and influence of the advice provided.

The following abilities ensure the success of this component:

- The ability to identify public communication focal points among likely public health emergency partner organizations.

- The ability to share public communication messages and strategies during a serious public health event among partner organizations and institutions, with the endorsement of the emergency management team.

- The ability to define and apply public communication roles and responsibilities among likely emergency partners, a formalized communication coordination structure, and responsibility for communication coordination.

- The ability to effectively access emergency risk communication capacity among public health emergency partners including such key elements as translation ability and distribution through external information sharing networks.

- The ability to engage other existing information sharing networks to ensure inter-network public communication coordination, including community networks which can access distinct language and cultural groups.

- The ability to effectively consult with partners on key public communication strategies and issues.

- The ability to adapt public communication coordination mechanisms, roles and responsibilities according to the nature of the emergency.

- The ability to share potentially sensitive communication information with partners via established networks and using established protocols

Information dissemination including media relations

The extreme time pressure associated with emergencies, high demand for information, and the crucial role of advice and warning to minimize a threat makes the rapid and effective dissemination of information crucial during serious public health events. Mass Media relations remains a pillar of effective information dissemination, however, it is increasingly important to access other trusted information sources of the population group at risk, including new media channels, existing information sharing networks and non-traditional media.

The following abilities ensure the success of this component:

- The ability to ensure qualified and trained public spokespersons are available to speak to journalists.

- The ability to respond effectively to the high demands of emergency mass media relations through protocols to manage high information demand, volume of media queries and frequency of mass media briefings.

- The ability to efficiently and effectively access other dissemination channels including Internet, SMS, telephone helplines, social media, email list servs, formal and informal partner networks, village criers and public address systems.

- The ability to quickly reach vulnerable, "hard to reach", disadvantaged or minority -- populations with accessible and relevant emergency information tailored for language use, literacy rate, and socio-economic conditions.

- The ability to ensure basic Information/Education/Communication materials and messages on common emergency response elements such as personal hygiene, safe food handling, and home care of the ill, have been developed and translated into appropriate languages.

- The ability to stage briefings with national, regional and local media in advance of an emergency to establish working relationships, provide background information and discuss protocols and procedures during emergencies.

- The ability to integrate emergency risk communication activities into broader emergency management planning strategies.

- The ability to quickly measure reach and impact of messaging and materials

Listening through Dialogue

Listening to those affected and involved in an organized, purposeful manner is a crucial capacity to ensuring communication efforts are effective and support sound emergency management decision making. Understanding community perceptions of risk and then acting upon that understanding by making appropriate adaptations to communication messages, materials and strategies demands a meaningful engagement with those affected and involved.

The following abilities ensure the success of this component:

- The ability to gather and process the views and perceptions of individuals, partners and communities affected by a serious public health event as well as adapt communication strategies as required, based on this information.

- The ability to monitor traditional and non-traditional media including the tracking of outstanding questions, information needs, points of confusion and circulating rumors.

- The ability to access existing vulnerability/needs assessments for different communities and groups within communities, in the event of a serious public health event.

- The ability to access existing community level culture, language and socio-economic profiles in the event of a serious public health event.

- The ability to use simplified and emergency specific information gathering templates already in place to facilitate efficient dialogue during an event.

- The ability to reflect findings of the listening and evaluation processes back into emergency management decision making.

- The ability to gather intelligence directly from partners – such as educators via their students and families.

Annex 1-- Creating a Productive Workshop Environment

Workshops are successful when all participants are engaged and motivated and warm-up activities encourage maximum participation and increase the effective interaction of participants during a workshop. Every workshop facilitator should have warm-up activities otherwise known as "ice breakers" and "energizers" on hand for each and every workshop. This supplementary document suggests several introductory ice breakers for participants, as well as energizers that you, the facilitator, can use to re-energize participants and maintain a healthy and lively learning environment.

Icebreakers and Energizers

These are activities that facilitate a healthy exchange of ideas and address the initial hesitation participants have in a workshop setting.

When to use Icebreakers and Energizers

Some icebreakers and energizers are fun, involve some role playing or even throwing around a ball. These activities are designed to augment the level of participants' comfort and interaction with each other and with the facilitators.

Playing games and questionnaires can be a great way to break the ice between participants and in the process, construct a healthy work environment. But, when you are searching for feedback and concrete suggestions from participants, it is important to make use of icebreakers and energizers in a way that focuses on a specific objective/goal.

Various situations throughout the course of a workshop require icebreakers and energizers. Below are examples of such situations:

- introducing the workshop participants, giving them opportunities to get to know each other
- encouraging participants to contribute and give useful comments, analysis and suggestions
- when tackling a difficult situation (or participant) causing tension or negativity during the workshop
- when you want to motivate participants for a workgroup task

Choosing the right ice breakers and energizers

There are several factors that you need to keep in mind when choosing workshop icebreakers and energizers. One of the most important factors to keep in mind is the outcome that you are looking for. The activity you choose should serve to address the needs you have.

Also, you must gauge your audience. You have to decide if you want the activity to be informal or whether you want to maintain a more formal atmosphere. You also need to think about the number of participants you will likely have and choose an activity appropriate to the size of your workshop group. You may also want to consider other materials or props that are required in certain warm-up activities.

On the next page are some suggestions for icebreakers and energizers.

Suggested Introductory Activities (Ice Breakers)

These activities are especially used at the beginning of the workshop as a introductory "getting to know you" ice breaker for participants.

Icebreaker Activity 1: Name tagging
Group size: 10-30 persons
Time: 20 mins
Materials needed: cards, masking tape and markers

Objective: To create a light and friendly environment and facilitate participant introductions

Instructions:
1. Ask each participant to write their first and last name in bold letter and tape it to their chests.
2. Once done, ask the group to form a circle
3. Give them about 5 mins to memorize the names of the other people in the circle.
4. After the 5 mins is up, ask them to take off their name cards and pass them clockwise around the circle until they are asked to stop.
5. The participants are now left with name cards belonging to other people. Allow 10 secs for them to find the owner of the name card.
6. After 10 secs, those left holding a name card are brought to the center and are asked to look around to find the correct person (at this point, other participants can help, still keeping the atmosphere light).
7. Repeat exercise until all participants know each other's names.

Icebreaker activity 2: The case of mistaken identities
Group: 20-50 persons
Time: 15 mins
Materials needed: Name tags

Objective: To enable people to get to know each other

Instructions:
1. Make name tags with large letters for all participants. Use only first names
2. As the exercise begins, hand out name tags to each person (it doesn't matter who).
3. Ask participants to go around the room and find the person who matches the name tag they have. You have to make sure that participants do not get their own name)
4. Continue until all group members have the correct name tag.

Suggested Activities for Rules of Engagement (Ice Breakers)

This activity should be used as an opening exercise, to allow participants to express what they expect out of the workshop outcome-wise and rules-wise.

Icebreaker Activity 1: My Expectations
Group size: 10-30 persons
Time for activity: 30 mins
Materials needed: Flip chart, paper and markers

Objective: To know what participants expect from the workshop and to know what they need to do to achieve this expectation.

Instructions:
1. Ask the participants to reflect on the following questions:
   --What do I expect from this workshop?
   --What do I need to do to achieve this?

2. Ask everyone to move around and outside the room and look for 2 objects, each related to or associated with an answer to one of the above questions (give 15 mins for this). Request that they bring them to the facilitator.
3. Ask each person to present their objects to the group, answering the 2 questions briefly.

Icebreaker Activity 2: Different Strokes
   Group size: 10-30 persons
   Time for activity: 45 mins
   Materials needed: Flip chart, masking tape, and markers

Objective: To help participants identify and state their expectation for the workshop

Instructions:
1. Ask each participant to write on a piece of paper one thing they expect to gain from the workshop and one house rule for the workshop.
2. Ask participants to form groups of four to discuss their expectations and house rules, ensuring that they are not citing the same issues.
3. Ask each group to list these expectations and the house rules in two columns.
4. Display the large sheets on a wall or board and ask these questions:
   --Which expectations are realistic?
   --Which expectations are not realistic? And why?
   --Which rules should be selected and deemed the "house rules"?
5. The facilitator needs to note participants answers and validate house rules.

Suggested Activities for Learning Back

This activity should be used at the end of the day or at the beginning of the second workshop day to allow participants to express what they learned from the workshop sessions.

Icebreaker Activity 1: Hot Potato
   Group size: 10-30 persons
   Time for activity: 20 mins
   Materials needed: Potato (or round object), prepared questions in a basket from previous day's sessions

Objective: To see if participants recall and understand what they learned in the previous sessions.

Instructions:
1. Ask everyone to form a circle.
2. The facilitator should give the potato or object to a participant and ask them to pass or throw the object to whomever they wish in the circle. The object has to keep moving until the facilitator says "stop". You can chant or sing while the object is being thrown around or even have music playing.
3. Whoever is left holding the potato or object has to pick a question out of the basket and answer the question.

Suggested Energizers
This activity should be used either after lunch or late afternoon when participants' energy or motivation seems to be dwindling or if they just need a quick boost of energy.

Energizer Activity 1: All move who….
    Group size: 10-30 persons
    Time for activity: 20 mins
    Materials needed: chairs

Objective: To re-energize participants after a long lunch or a particularly long session

Instructions:
1. Ask everyone to form a circle (bringing a chair with them to sit in).
2. Choose a participant who will stand in the middle of the circle and say, "All move who ….." and then add (for example)
   --are wearing red
   --are married or single
   --can speak more than 3 languages
   and so on…
3. Those concerned move to a space left by someone else. The person left in the middle gives another "All move who…."

**Adapted from
1. "Fun with 21s: A sourcebook for workshop facilitators", Robert Chambers, 2000
2. "Games and Exercises: A Manual for Facilitators and Trainers Involved in Participatory Group Events", UNICEF (VIPP), 1998

Workshop Title and Date

Workshop Agenda

DAY ONE		
08:00 hrs	Registration	
09:00 to 10:00 hrs	Welcoming remarks Group photograph	
10:00 hrs	Tea/Coffee Break	
10:30 hrs	Overview of the workshop	
11:00 hrs	International Health Regulations and the recommended core capacities in risk communication for public health emergencies	
12:00 hrs	Lunch	
13:30 hrs	Risk Communication for Public Health Emergencies – Introduction	
14:30 hrs	Case Studies/Sharing Risk Communication Experience from the field	
15:30 hrs	Tea/Coffee Break	
16:00 hrs	Work – identifying core risk communication difficulties and challenges	
17:00 hrs	End of Day 1	
18:30 hrs	Reception – Hall	
DAY TWO		
08:30 hrs	Review of Day 1	By participants
09:00 hrs	Simulation Part 1: Core Capacity: Transparency policy	
10:30 hrs	Tea/Coffee Break	

11:00 hrs	Simulation Part 2: Core Capacity: Communication Coordination	
12:30 hrs	Lunch Break	
13:30 hrs	Simulation Part 3: Coe Capacity: Listening and risk perception1	
15:00hrs	Tea/Coffee Break	
15:30 hrs	Simulation Part 4: Core Capacity: Listening and risk perception 2	
17:00 hrs	End of Day 2	
DAY THREE		
08:30 hrs	Review of Day 2	By participants
09:00 hrs	Simulation Part 5 / Core Capacity: Emergency Planning Presentations of the Working Group	
11:00 hrs	Tea/Coffee Break	
11:30 hrs	Workshop evaluation, training plans	
11:50 hrs	Capacity Building Strategies Going Forward	
12:30 hrs	Closing Session	
12:45 hrs	Lunch	