

What is risk communication?

Working definition derived from the IHR working group on risk communication, 2009

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.



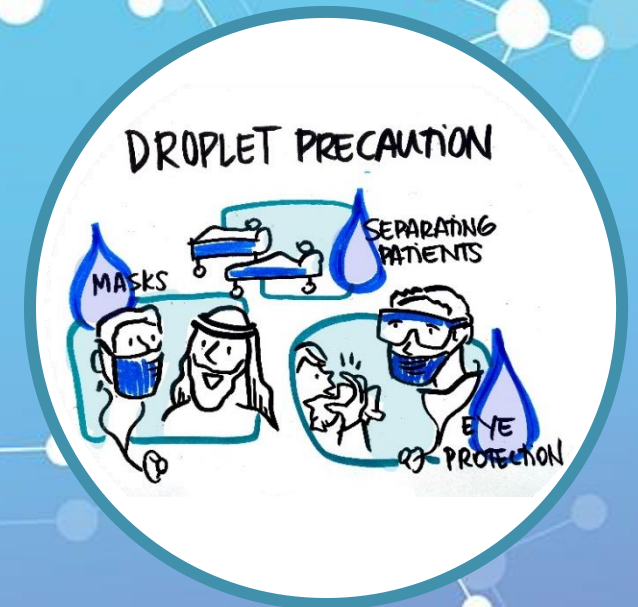
Photo:WHO/MA Heine

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.



Photo:WHO/R. Sorensen



Risk Communication

By the end of this unit, participants should be able to:

- Describe the key risk communication concerns for emerging respiratory viruses
- List at least three barriers for effective uptake of health advice, and
- Identify key interventions for operationalizing risk communication during an outbreak or event





Risk

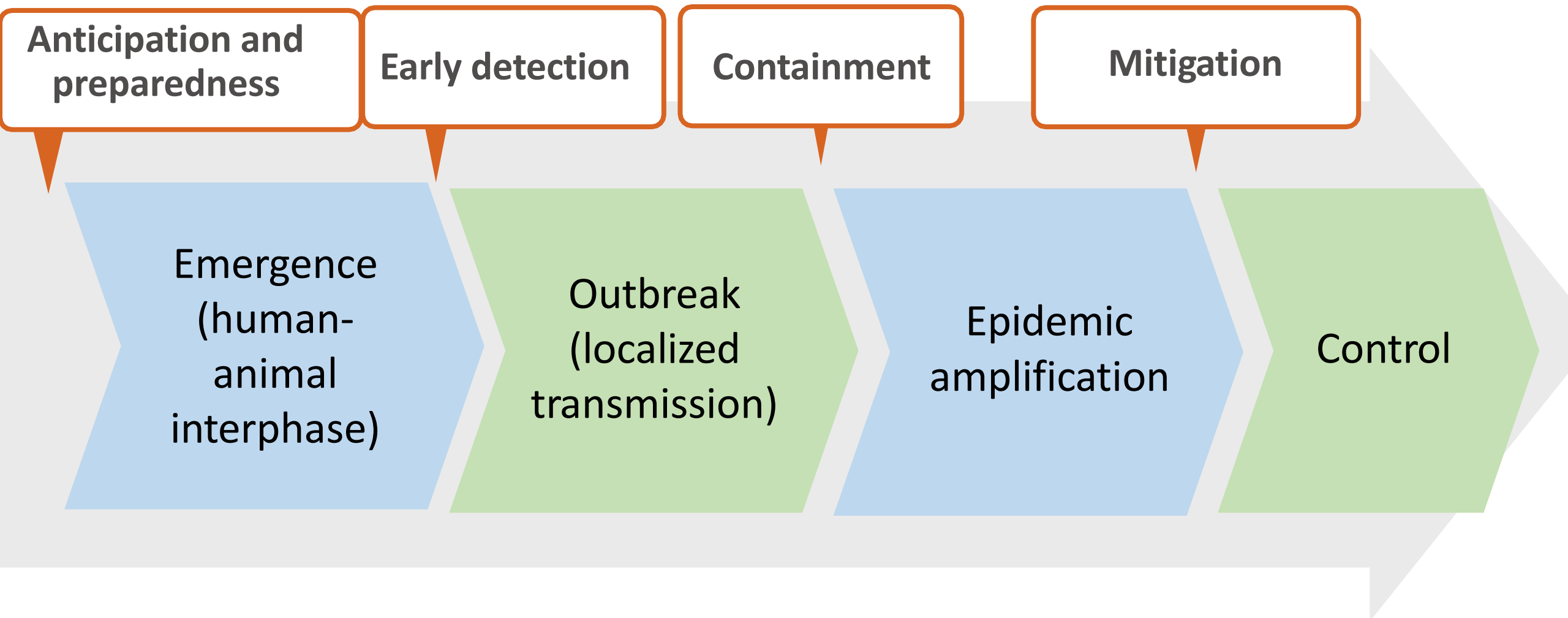
- The real-time **exchange** of information, advice and opinions between **experts or officials and people** who face the threat (from a hazard) to their health or economic or social well-being.



- **Purpose** – 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 measures

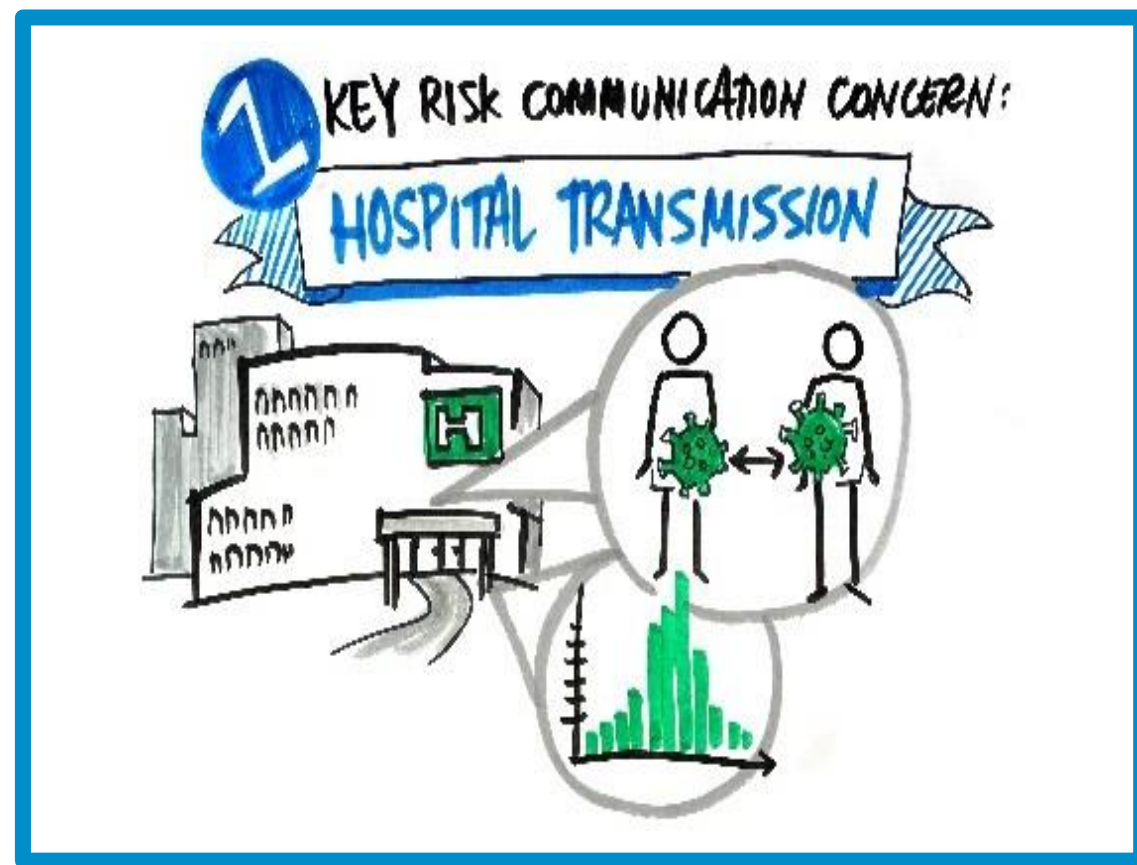


- **Domains** – communication and social science interventions; mass communication to community engagement and interpersonal communication



1. There may be cross-infection in hospitals caring for patients with infection (nosocomial or hospital-acquired) transmission

- Human-to-human transmission can occur in hospitals
- Infection prevention and control (IPC) measures are essential to stop transmission and contain an outbreak
- Immediate implementation of IPC and early identification of patients are essential



2. Direct close contact with animals or consumption of raw animal products

- For zoonotic viruses, initial cases may have links to animals, animal products or animal markets



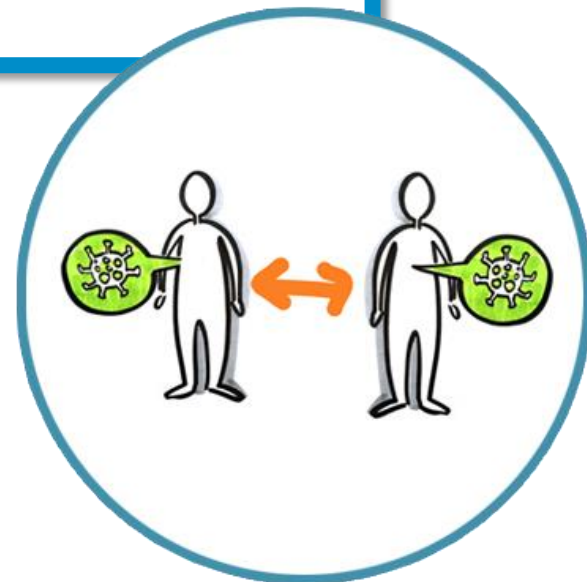
Key messengers/risk communicators

- Authorities and spokespersons
- Health care workers
- Hospital management personnel
- NGOs and community organizations
- Influential individuals/ groups in the community
- Travel and tourism sectors
- Animal health officials



Target audiences

- General public
- Health care workers
- Patients, patients' relatives, the community, home care givers
- Individuals, families and influential groups in the communities
- Travelers to and from affected countries
- Population with animal exposure
- Other vulnerable groups, e.g. migrant workers



Example of a message map for the general public in an outbreak – 1

Stakeholder: General public in an emerging respiratory virus outbreak

Question /concern: How can I avoid contracting the virus?

Key message 1: Frequently clean hands by using alcohol-based hand rub or soap and water

Supporting message 1: Avoid touching your eyes, nose and mouth with unwashed hands

Supporting message 2: When hands are visibly dirty, wash hands with soap and water for at least 30 seconds (or hum the Happy Birthday song from beginning to the end twice) under running water and wipe your hands dry

Supporting message 3: When hands are not visibly dirty use an alcohol-based hand rub for 20 seconds or wash hands with soap and water

Stakeholder: General public in an emerging respiratory virus outbreak

Question /concern: How can I avoid contracting the virus?

Key message 2: When coughing and sneezing cover mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands

Supporting message 1: If there is no tissue, cough or sneeze in your upper sleeves

Supporting message 2: Wash hands immediately after throwing tissue away by using an alcohol-based hand rub or soap and water

Supporting message 3: Small droplets that come out of your nose or mouth when you cough or sneeze can carry germs

Example of a message map for the general public in an outbreak – 3

Stakeholder: General public in an emerging respiratory virus outbreak

Question /concern: How can I avoid contracting the virus?

Key message 3: If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider

Supporting message 1: Provide them with your travel history – the places you visited

Supporting message 2: Inform them if you have had close contact with a person with suspected or confirmed infection

Supporting message 3: Inform them if you have visited an animal market or consumed animal products

Practice hand hygiene

- Wash hands with soap and water or alcohol antiseptic for at least **20** seconds before
 - Touching any patient
 - Before aseptic procedure
 - After body fluid exposures
 - Touching patients' surroundings
 - Before and after wearing any PPE (personal protective equipment)
- Perform hand hygiene after having contact with respiratory secretions contaminated objects



http://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf?ua=1

Practice respiratory etiquette

- Cover your cough or sneeze with tissue and dispose it in the bin. If tissue is not available, cough or sneeze in your upper sleeves
- Persons with respiratory symptoms may be asked to wear masks to protect others
- Ensure that your health care facility has tissue and bins for disposing tissue in the patient waiting areas
- Droplet precaution should be observed, e.g. wear a mask when examining patients with respiratory symptoms



- Wash your hands frequently with soap and water
- Cover your mouth with a tissue when coughing or sneezing. If tissue is not available, cough or sneeze into your upper sleeves (**Discuss**)



- See your doctor or health worker if you develop fever, severe cough within 14 days after returning from an outbreak area and provide your travel history
- Inform your health care worker if you have come into close contact with a person with suspected or confirmed infection or if you have visited an animal market or consumed animal products



- Health care practices and taking care of sick family members
- Health care seeking behaviors
- Close family contact, close living quarters
- Traditional foods should be well-cooked



**Cultural and
traditional
practices**

Trust or lack thereof in authorities

- Are information sources reliable, credible?
- Trust in messenger
- Are messages and guidance to the public consistent across several channels in order to amplify recommendations?

1. Be open, honest, transparent
2. Be consistent
3. Communicate first and frequently
4. State what you know, what you don't know and what you are doing about it
5. Show empathy
6. Address concerns
7. Follow up



I don't trust words,
I trust actions.

www.facebook.com/followyourdreamsteachers

Image: <http://changeyourlifepraxis.com/wp-content/uploads/2013/06/2013-1.jpg>

- Human-to-human transmission
- Travel and transportation
- Hospitals/health care
- Mass gatherings
- Contact with infected animals or their products

**Lack of
knowledge on
how the disease
is transmitted**

As more is learned about disease transmission, communication about these transmission methods must be updated to the public. Until then, advice must be stated with appropriate uncertainty.

Some population groups may not have access to appropriate information

- Languages
- Not visual or easy to understand
- Not on channels of their choice

Identify key target audiences and use the language they use and the trusted information channels they prefer.

Develop communication materials and messages and test them with members of the target audience.

Be first, be fast, be frequent

1

Early first announcement essential to build and maintain public trust

2

Awareness of the disease and the situation is key, especially among health care workers and the populations at risk

3

Be proactive in information dissemination with frequent updates

Help people take informed decisions to protect themselves

Develop easy to understand materials in languages and preferred channels of affected population

6

Identify and manage rumors and misinformation quickly

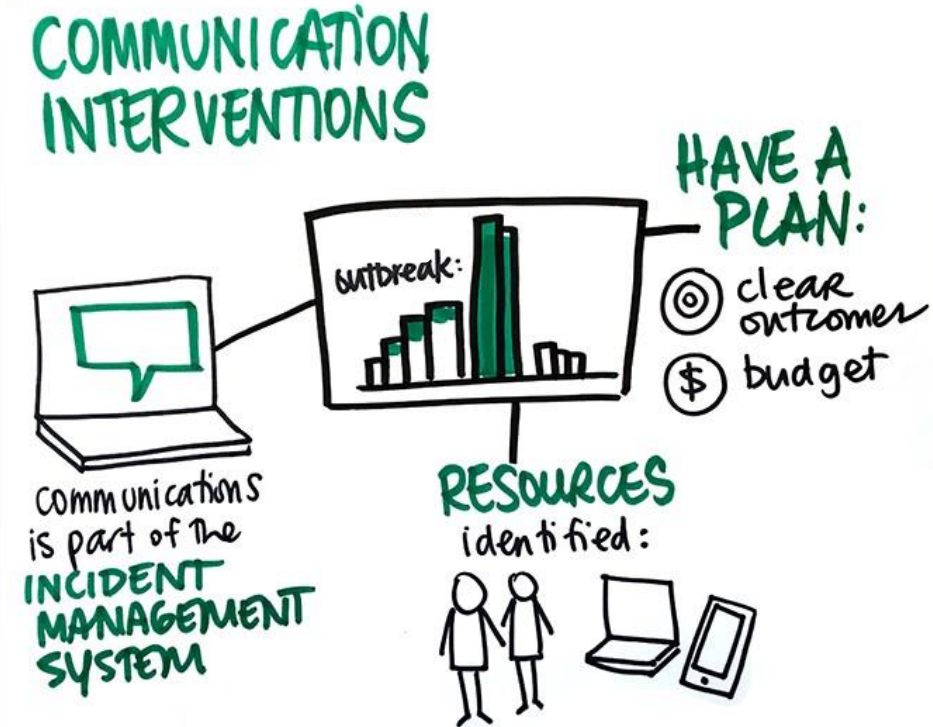
5

Use a mix of tactics and approaches for risk communication, including

4

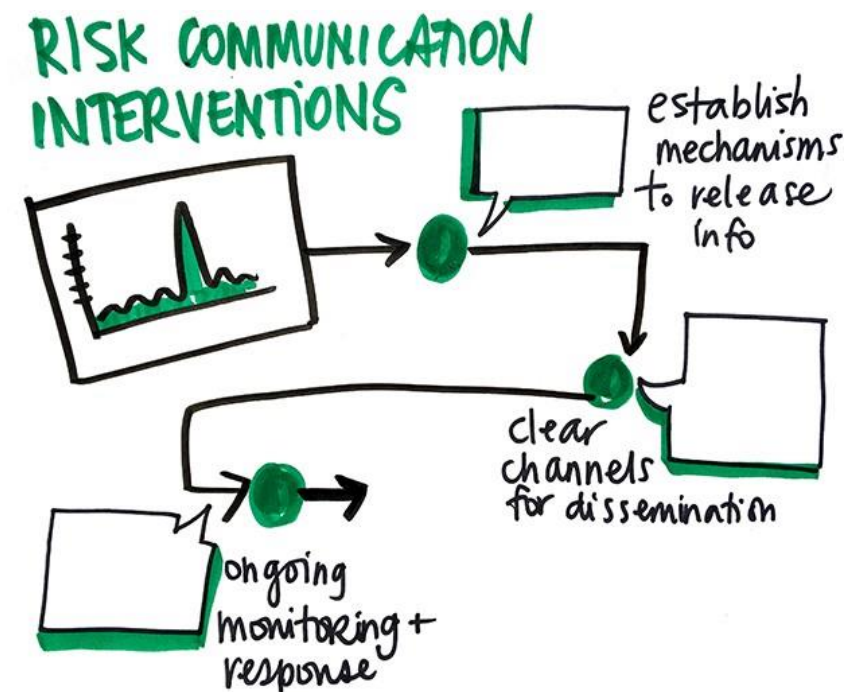
- Media communication
- Public statements and announcements
- Two-way communication with affected populations, such as hotlines, radio call-in shows, monitored and responsive social media
- Mass awareness initiatives (including suitable IEC material)
- Social mobilization and direct engagement with at-risk communities
- Engagement with partners and communities

- Risk communication has to be part of the Health Operations of the Incident Management System
- Develop a risk communication plan with concise objectives, clear outcome and defined resource requirements
- Find people, tools and money for operationalization



Establish:

- communication coordination mechanism early, with regular information sharing
- rumor monitoring with key stakeholders and partners with a systematic approach to shift communication strategy to address misinformation
- fast-track mechanism for release of information – clearance procedures, channels for dissemination, etc.



- Establish a mechanism for monitoring the media, social media and rumours, with clearly defined procedure for timely management of misinformation which may escalate



- **Uses a mix of tactics and approaches,** including but not limited to
 - public communication
 - media communication
 - social media
 - reputation management and institutional communications
 - mass awareness initiatives
 - health promotion
 - partner engagement
 - social mobilization
 - community engagement



Image: http://www.neobux-info.com/wp-content/uploads/2015/06/marketing_strategies_for_small_towns.jpg

COUNTRY PREPAREDNESS AND RESPONSE

- Since receiving information from WHO on confirmation of Novel coronavirus in Jan 2020, the country undertook the following:
 - Wrote an alert to all counties to be vigilant, activate County specific taskforce
 - Establishment of multisectoral coordination where CSs of key ministries are members and meet on weekly basis
 - Activation of National Taskforce on COVID-19 chaired by DG
 - Establishment of 5 Technical working Group including Risk communication
 - Enhanced surveillance at POE
 - Development of COVID-19 contingency plan

- Activation of Public Health Emergency Operation Centre (PHEOC) with 24/7 hotlines **0729471414 or 0732353535 or Toll free line 0800721316**
- Responding to alerts of suspected cases> Total 14 with seven met case definition and laboratory confirmation was Negative. The suspects include Kenyans, Chinese, Ugandan etc
- Daily press releases
- Development of SOPs including protocol on communication
- Development of communication plan with costed budget
- Development of key messages (Roll up banners, posters, FAQs, Radio and TV scripts, SMS and electronic messages) which have been approved by DG
- Currently engagement of Treasury and partners for resources to implement the CP is ongoing at higher levels

- Media talk shows in Citizen radio and TV, interview with Reuters, HOT 96
- Press conference by CS, Govt spokesman
- Plans underway to roll out trainings including: Risk communication, RRT, Surveillance and IPC, County, subcounty and health care workers and CHVs
- Sensitize at least 50 CHVs per subcounty for community engagement activities
- Roll out radio activations for 1month in 10 national stations and 25 vernacular stations. Also , 5 TV stations
- Plan media caffe done

Further reading:

Coronaviruses

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>