Communicating Risk

Lessons from global outbreaks and emergencies

What do we mean by 'communications'?

Different purposes, different approaches: a few examples

- **Advocacy**- persuading the powerful to adopt or support a position: important for persuading donors/politicians/policymakers

- **Mass communications-** using broadcast/social/print media. Paid advertisements, press conferences. Wide reach but can be a very blunt instrument. Best for corporate PR

- **Information/education/communication materials**: use of posters/ banners/flyers to provide information messages. Again if positioned well wide reach, but very passive. Useful for education in health centres

- **Interpersonal communication**: engaging with individuals/ communities. Most effective form, but also most time and labour intensive.

Where does risk communication fit?

- **Risk communication is about providing people with clear information and actionable strategies to protect themselves, their families and their communities from a defined threat. It should be**

- A dialogue: the real-time exchange of information, advice and opinions between experts, community leaders or officials and the people at risk.

- A catalyst for behaviour change: effective risk communication allows people at risk to understand and adopt protective behaviours.

- An educative process for authorities: enabling authorities and experts to listen to and address the concerns and needs of people at risk so that the advice provided is relevant, trusted and acceptable.

Why risk communication is now a fundamental 'pillar' of any emergency response?

- Failure to apply effective risk communication has been identified as a significant amplifier of outbreaks and other emergencies

- The 2003 SARS coronavirus outbreak prompted a revision of the International Health Regulations(IHR) in 2005 highlighting a need for stronger country capacity in risk communication.

- The International Health Regulations require countries to build risk communication capacities.

- However, analyses of recent major outbreaks (Ebola West Africa 2014-16, MERS Korea) indicate that risk communication failures played a significant role in amplification of those outbreaks

Ebola Sierra Leone 2014: People were hungry for facts about the disease and advice about protective behaviours. A misinformation epidemic was raging…

2015 MERS outbreak in Korea: risk communication failures augmented spread

What works? The first systematic assessment of the evidence for effective risk communication drawn from emergencies of the last decade...
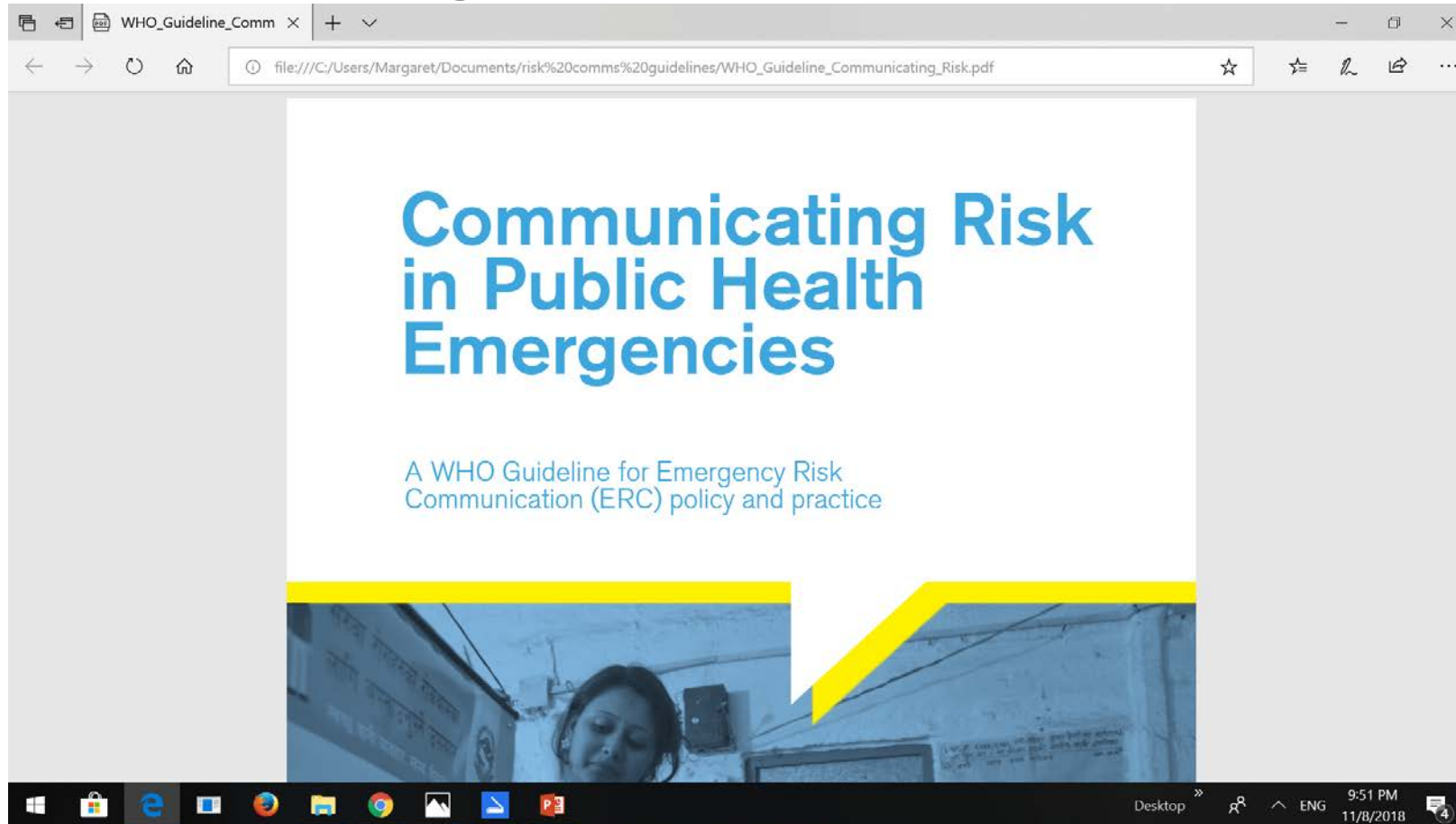
What did we find?

Effective risk communications needs to focus on 3 main areas

1. **Building trust and engaging with affected populations**

2. Integrating emergency risk communications into health emergency responses

3. Applying evidence to planning, monitoring, messaging and use of communication channels

Building trust

Based on the evidence it was recommended that: 'to build trust, risk communication interventions should:

- Link to functioning and accessible services
- Be transparent, timely, easy to understand
- Acknowledge uncertainty
- Address affected populations
- Link to self efficacy
- Be disseminated using multiple platforms, methods and channels

Integrating risk communication into an emergency response

The evidence showed that this requires

- Designating emergency risk communications as a strategic role in national emergency preparedness and response leadership teams
- Developing and building networks across organizations
- Tailoring information flows to make them user friendly and across sectors (i.e. making it easy for communicators to obtain accurate technical information)
- Budgeting for risk communication as a core part of the emergency response
- Preparing and training personnel for emergency risk communication

Applying evidence to risk communication practice

- Planning must occur well in advance and be a continuous process, participatory, incorporating feedback from affected groups and focus on preparedness as well as response

- Risk communication interventions need to be rapidly evaluated and findings used to inform improve the response

- Media- both social media and traditional media should be part of an integrated strategy to achieve convergence of verified accurate information

Engaging with Communities: everybody agrees its important but how to do it well?

Based on the evidence it was recommended that to engage affected communities it is essential to :

Identify people that the community trusts and build relationships with them

AND

Involve them in decision-making to ensure interventions are collaborative, contextually appropriate and that communication is community-owned

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Sierra Leone: Health facilities overwhelmed- twin girls with suspected Ebola being cared for by their father on the verandah of a health post

While over the road a committed and empowered community was building an Ebola care centre in Port Loko region, Sierra Leone

A few messages about messaging…

- Risk should not be explained in technical terms (e.g. don't go into numbers if possible…)
- Consistent messages should come from different information sources and emerge early in the outbreak
- Messages should promote specific actions people can realistically take to protect their health
- Messages should be pretested to ensure they are culturally acceptable where possible
- Messages should be reviewed and reshaped as the emergency evolves

A few last tips…Do

- Be **first** , be **fast**, be **frequent** with information for the public and use a range of channels/media to spread it…

- Admit what you currently know **AND** what you do not know- and what you are doing to learn more…

- Give practical, **actionable advice** not generalities

- Choose a trusted **spokesperson-** ideally NOT a politician. The public trusts **technicians and scientists** much more…

- Identify and **build links with communities** likely to be affected BEFORE outbreaks…

- **Practice, practice, practice**. Simex, desktop exercises -and include media representatives to learn from and build trust with each other…