Risk communication in the context of Zika virus

Interim guidance
29 February 2016
WHO/ZIKV/RCCE/16.1
Zika Virus Disease

- Although Zika virus was first identified in humans in 1952, few outbreaks have been documented.

- Recently, increased rates of neurological complication including microcephaly and Guillain-Barré syndrome have been reported in the context of Zika virus outbreaks and increased circulation, particularly in the Americas.

The Aedes mosquito which transmits Zika also transmits Yellow Fever, Dengue fever and Chikungunya.
Zika Virus Disease

- caused by a virus transmitted by *Aedes* mosquitoes.
- People with Zika virus disease usually have symptoms that can include mild fever, skin rashes, conjunctivitis, muscle and joint pain, malaise or headache. These symptoms normally last for 2-7 days.
- There is no specific treatment or vaccine currently available.
- The best form of prevention is protection against mosquito bites.
- The virus is known to circulate in Africa, the Americas, Asia and the Pacific.
Risk communication and community engagement - prioritized in the health response to the “Zika emergency”

ZIKA: Strategic Response Framework and Joint Operations Plan

**SURVEILLANCE**
Provide up to date and current information on Zika virus and associated complications.

**RESPONSE**
Help communities respond to the virus, increase access to prevention and control, and provide guidance to pregnant women and families.

**RESEARCH**
Investigate complications associated to Zika virus and fast-track research and development of diagnostics, vaccines and therapeutics.

Break down of requirements by response strategy
- Surveillance: 7.1M
- Community engagement and risk communication: 6.4M
- Vector control: 6.4M
- Care for those affected: 14.2M
- Research: 6.4M
- Coordination: 8.1M

**FUNDING**
56 Million USD to complete the strategic response

**TIME FRAME**
Implementation period: 6 months

**PARTNERS**
23 From affected countries and globally to participate in Zika virus response

**SCOPE**
Working with partners to ensure a global response with region specific strategies

World Health Organization
Introduction

- A causal relationship between Zika virus infection and these potential complications has not yet been proven.

- In this uncertainty, effective **risk communication** allows people to take the best informed decisions about protecting themselves, their families and communities.

- WHO has developed interim guidance on risk communication.

- This presentation explains the WHO interim guidance on *Risk communication in the context of Zika virus*

There is fear that although still unproven, women who are infected with Zika could give birth to babies who have microcephaly and other congenital conditions.
How the guidance was developed

- The WHO interim guidance on *Risk communication in the context of Zika virus* was developed following WHO protocols for quickly developing and distributing guidance during emergencies.

- The guidance was developed by WHO technical experts with input from partners and external experts.

- It was reviewed by leading risk communication experts and partner organizations.

- Because it is *interim* guidance, it may be revised as more is learned about the situation, the disease, and needs on the ground.
How the guidance should be used

- To align on-going Zika virus communication efforts.

- To complement a Zika virus risk communication and community engagement implementation guide developed by the WHO Regional Office for the Americas. (See links at the end of this presentation.)

- In conjunction with how-to and step-by-step guides developed by WHO and its partners
WHO should use this guidance?

- risk and health communication managers,
- staff and volunteers at global, regional or country level;
- communications professionals;
- anthropologists; sociologists;
- healthcare providers;
- hospital administrators;
- community leaders;
- programme managers;
- policymakers.
1. Scope of Zika virus risk communication

- In the context of Zika virus, those at risk are people living in areas with transmission, as well as people who travel to those areas.

- Priority **audiences and stakeholders**
  1. Pregnant women, women of reproductive age and their partners
  2. Community organizations
  3. Schools (and school teachers in particular)
  4. Doctors, nurses and other health care workers who play a critical role in patient care and advice, surveillance, and care for babies with microcephaly
  5. Health care workers in non-affected countries
  6. Media in both affected and non-affected countries
  7. Local and international organizations engaged in reproductive health/family planning
  8. Local policymakers and other public figures
  9. Travellers and the air, shipping and tourism industries
2. Risk communication strategies

Risk communication for Zika virus should use 5 main strands:

1. **public communication** via the use of media and social media communications

2. **translational communication** by tailoring scientific information into communication understood by stakeholders

3. **stakeholder coordination** to ensure consistency of messaging

4. **community engagement** to empower those affected to participate

5. **dynamic listening** to understand and respond to people’s perceptions
Main strategies

- Public Communication
- Dynamic Listening
- Translational Communication
- Stakeholder Coordination
- Community Engagement
3. Key Zika virus risk communication issues

- Main message is to “Protect yourself from mosquito bites”.
  - Measures includes vector control, and use of personal protection

- There is concern of the possible risk of microcephaly and foetal damage in pregnant women infected by Zika virus.
  - This delicate issue involves reproductive rights, and the need for adequate access to reproductive and family planning services.

- Acknowledging uncertainty and the limits of scientific evidence are essential.
  - What people need to know depends on finding scientific evidence confirming or disproving the link between Zika virus and neurological complications.

Women in affected areas receiving condoms to prevent pregnancy.
4. General risk communications recommendations

1. **Establish and maintain a dialogue** with key at risk communities and stakeholders. Solicit their guidance in the design, implementation, and evaluation of key interventions.

2. **Be first, be fast and be frequent.** Risk communication personnel must keep an on-going line of communication with affected communities and key stakeholders.

3. **Create and maintain trust** by being honest about what is known and not known. Find ways to discuss and address misconceptions and barriers to recommended behaviours.

4. **Communicate facts, figures and data with empathy** and in language that is understandable by the intended audience.
4. General risk communications recommendations

5. **Recognize barriers** to recommended behaviours. Provide resources, strategies, and support on how to address them.

6. **Spend time observing** and learning directly from local people and integrate these findings into communication and engagement strategies.

7. **Transform science** and expert knowledge into contextualized communication that people can relate to, understand and trust.

8. **Focus on engaging and empowering people.** Prioritize target groups and stakeholders and leverage social networks. Whenever possible, all communications should be discussed, agreed with and delivered by local community leaders and other stakeholders who are trusted within at-risk communities.
5. Changing focus as situation evolves (1)

Current communication interventions should focus on:

- Providing basic information about Zika virus, how to prevent infection, signs and symptoms, how and when to seek health care;

- Community engagement for vector control at the environmental, household and personal levels in areas with Aedes mosquitoes;

- Emphasizing the co-benefits of vector (mosquito) control for protecting against other diseases

Destroying mosquito breeding sites in Colombia
5. Changing focus as situation evolves (2)

- Providing advice to high risk populations, including advice on preventing potential sexual transmission
  - Providing advice for family members and other key stakeholders

- Providing information to healthcare providers on clinical issues for potential complications such as microcephaly

Health care providers will need effective risk communication to provide services and advice to families of babies with microcephaly.
5. Changing focus as situation evolves (3)

- Providing travel advice to the general public and information on disinsection to the travel industry
- Managing rumours
- It is essential to anticipate how knowledge and concerns may evolve and to prepare stakeholders well in advance.
Remember

- Engage with key partners in advance
- Build capacity to quickly transform the information to risk communication resource
- Educate key stakeholders and message multipliers
- Use social science methods to assess needs and beliefs
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Links

- Risk communication in the context of Zika virus, Interim guidance. 25 February 2016. WHO/ZIKV/MOC/16.3