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IHR Risk Communication Simulation Exercise Notes

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 Northland National Public Health Ministry. 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
- Risk communication for public health emergencies lexicon
Simulation Exercise Background Information

Northland and Southland are neighboring countries in the (insert appropriate region). Together they make up an island and share a border and enjoy strong trade relations. Overall, they have positive diplomatic, economic and social relations, although their shared history does include conflict over land, trade, natural resources and even culture.

Like many countries in the region, there has been strong economic growth in recent decades with incomes, literacy, population health and public services improving.

Northland and Southland each have populations of roughly 500,000 inhabitants. Both countries have ancient ruins that have become popular tourists destinations.

**Northland**
Population: 500,000  
Ethnicity: mixed  
Religion: mixed  
Language: primarily English, however, certain ethnic communities speak other languages

**Southland**
Population: 500,000  
Ethnicity: mixed  
Religion: mixed  
Language: primarily English, however, certain ethnic communities speak other languages
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

<table>
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<th>Step</th>
<th>Topic/Activity</th>
<th>Time</th>
<th>Resources / Handouts</th>
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</table>
| 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

Early March 2009 -- In recent days, front line hospital workers in Northland have observed an increasing number of admissions of people suffering from bloody diarrhea, abdominal pain, fever and malaise. Gastro-intestinal illness is not particularly rare, but the volume of cases -- close to 200 -- certainly is. Further, several older patients have died of the illness at a rate much higher than would be expected.

- Illness: gastro-intestinal
- Symptoms: bloody diarrhea, abdominal pain, fever and malaise
- Cases: 200
- Deaths: 5 deaths (all older than 60 years of age)

Hospital officials report the unusual situation to the Northland Public Health Ministry. Although there is not yet an indication of a more serious problem, officials with the Public Health Ministry agree that the situation warrants further investigation. A young epidemiologist from the Ministry is instructed to try and find out more.

At around the same time as the Northland Public Health Ministry was evaluating the information, a member of the local news media was hearing rumors that people are getting ill with a distressing stomach sickness in Northland. The journalist is also hearing rumours that the sickness is caused by eating Northland processed fish. Fish is a staple of the diet in both Northland and Southland. The two nations have different food safety systems which is a source of conflict between the Northland and Southland Governments.

The reporter telephoned the Northland Public Health Ministry and asked for a response to the following questions:

- Can the Ministry comment on reports of a wave of serious stomach illnesses sweeping across Northland?
- Can the Ministry comment on reports that the sickness is caused by Northland fish?

Meanwhile, at an Northland inter-ministerial meeting involving the Northland Public Health Ministry and the Northland Agriculture Ministry, the issue of the increase in gastro-intestinal illness is discussed, including the media request for information.

**Public Health Ministry official:** “We have an epidemiologist investigating the situation right now, but we won’t have any firm information for several days. As for the suggestion that it is linked to fish, this sounds like the Southland industry causing trouble again, I have no evidence suggesting this is the cause.”

**Agriculture Ministry official:** “There is something that I need to tell you, but I need to caution you that this information is highly sensitive. Two weeks ago our inspection team discovered that sanitation at Happy Fish, Northland’s largest fish processor, was very poor and could be in violation of the food safety regulations. There is an investigation going on because the owner of the facility has alleged that this is a result of intentional sabotage. As you may know, the owner of Happy Fish is related to the Prime Minister.”
Simulation Exercise Part 1—Summary Handout

**Identification of a potential problem:** Early March, Hospital workers in Northland observe an increasing number of admissions of people suffering from bloody diarrhea, abdominal pain, fever and malaise. Hospital officials report the unusual situation to the Northland Public Health Ministry.

- **Illness:** unidentified -- gastro-intestinal
- **Symptoms:** bloody diarrhea, abdominal pain, fever and malaise
- **Cases:** 200
- **Deaths:** 5 deaths (all older than 60 years of age)

**Community rumors:** A local journalist is hearing rumors that:

1) people are getting ill with a stomach sickness in Northland.
2) the sickness is caused by eating Northland processed fish.

*Note: The two nations have different food safety systems which is a source of conflict between the Northland and Southland Governments*

**Media Inquiry:** The reporter who had been hearing the rumors telephoned the Northland Public Health Ministry and asked for a response to the following questions:

1. Can the Ministry comment on reports of a wave of serious stomach illnesses sweeping across Northland?
2. Can the Ministry comment on reports the sickness is caused by Northland fish?

**Internal discussion:**

- **Public Health Ministry official:** We won’t have any firm information for several days. Right now, I have no evidence suggesting fish is the cause.

- **Agriculture Ministry official:** Two weeks ago our inspection team discovered that sanitation at Happy Fish, Northland’s largest fish processor, was very poor and could be in violation of the food safety regulations. The owner, who is related to the Prime Minister, has alleged this is a result of intentional sabotage.
Simulation Part 1-- Workgroup Task

Your task is to make recommendations on the response to the media enquiry:

1) Review the following possible key points to be made and decide what specific information should be provided to the reporter and released publicly and what specific information should be withheld for the moment.

2) Mark your choices on the sheet and give it to the facilitators.

<table>
<thead>
<tr>
<th>Possible Key Points for any Public Statement</th>
<th>Release</th>
<th>Withhold</th>
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<tbody>
<tr>
<td>1. The Northland Public Health Ministry has been notified of an increase in the number of gastrointestinal illnesses in local hospitals.</td>
<td></td>
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<tr>
<td>2. 200 people have become sick with symptoms of bloody diarrhea, abdominal pain, fever and malaise.</td>
<td></td>
<td></td>
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<tr>
<td>3. 5 people have died, all of whom were elderly.</td>
<td></td>
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<tr>
<td>4. This type of illness is not uncommon, however, we are concerned and we are investigating further.</td>
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<tr>
<td>5. We understand there may be rumors circulating that the illness may be caused by eating specific foods, however, we have no information that suggests this is the case.</td>
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<tr>
<td>6. We have been informed by the Northland Agriculture Ministry of an investigation at a large Northland fish processing facility. We will investigate this situation further in the coming days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Until more is known, the Northland Public Health Ministry is advising citizens to not consume fish or fish products.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Until more is known, the Northland Public Health Ministry advises citizens to practice safe food handling and food preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The owner of the Happy Fish company has requested law enforcement officials investigate a possible case of intentional sabotage of the company’s processing plant. No further details are available.</td>
<td></td>
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</tbody>
</table>
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.
Facilitator Notes

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

Suggested answer key:

1 – 4 are points of basic information and should be released

5 acknowledges the circulating rumours and addresses them directly and should be released

6 – 7 deal with suspicious but unconfirmed information. The advantage of release is to encourage protective behaviour against a potential threat, the risk is to impact an important economic sector and food source without strong information. To release or withhold is a matter of debate.

8 is a precautionary measure protecting the public from a potential risk and should be released

9 provides details of an ongoing investigation and should be withheld

Suggested evaluations:

Trust strengthened (green)

1, 2, 3, 4, 5, 8 released

6, 7, 9 withheld

Trust Maintained (yellow)

At minimum 1, 2, 3, 8 released

Trust at risk (red)

Withholding any of points 1-4 and 8 may put trust at risk
Module 2: 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

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<td>30 min</td>
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<td>3</td>
<td>Case studies / Evaluation</td>
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<tr>
<td>4</td>
<td>Discussion</td>
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<td>- Simulation Part 2 Evaluation Guide</td>
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Simulation Exercise Part 2-- Facilitator Script

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

Early March 2009 -- In the days since the Northland Public Health Ministry was first notified of the high numbers of gastro-intestinal illness, the numbers of known cases have continued to climb. The current number of cases in Northland are as follows:

- Illness: gastro-intestinal
- Symptoms: bloody diarrhea, abdominal pain, fever and malaise
- Cases: 600, 15 deaths

During this time the volume of media coverage and attention to the problem has increased enormously, both as a result of the escalating human cases but also as the sanitation problems at Happy Fish were publicly revealed by a source in the Northland Opposition:

“We have strong evidence suggesting the Northland Government has known that this fish is contaminated for two weeks. Why has this information not been released? Is it because the owner of Happy Fish is a financial donor to the Prime Minister?”

In addition, the illness has spread to neighbouring Southland. The city is now reporting 100 cases with 3 deaths.

In recent months, the Southland Agriculture Ministry has been involved in an ongoing dispute with its counterpart in Northland and the Minister seized upon the current situation in making the following public statement:

“We are very concerned that Northland fish is unsafe. Already, 100 of our people have fallen ill. We have requested an immediate briefing from the Northland Government on the situation and if we do not get the assurances we require, will be forced to take action, including closing the border to Northland food products.”

Upon hearing the public statements of the Southland Agriculture Ministry, the Northland Fish Producers Association is furious and contacts the Northland Minister of Agriculture to demand that he refute the Southland statements at a press conference tomorrow.

But not everyone is convinced that fish is the cause, an important local religious leader has told his followers during his weekly radio broadcast to help stop the spread of illness by bathing in the river:

“We must understand that this illness that has infected our city is a message from a higher power. Go to the river and wash away the illness and wash away your sins!”

Adding further confusion to the situation, a leading expert from the local university was interviewed on local television and suggested that the illness maybe be contagious and passed from one person to another like the common cold.

“I don’t have complete information on the situation, but my suspicion is that this illness is passed between people in close contact like other infectious diseases. My research has concentrated on the use of masks in such circumstances and my findings have proven that if properly used, masks can help reduce the spread of disease.”

Continued next page…
Meanwhile, the investigation and subsequent laboratory tests have revealed that fish is unlikely to be the source of the illness. The Northland Public Health Ministry now believes that the illness is caused by a new Shigella bacteria known as SD2, and that the source of the bacteria is likely drinking water. Both Northland and Southland rely on the river running between them as their water source.

The Northland Minister of Health has reviewed the investigation and lab results and after conferring with his technical advisors orders the communication team to issue a boil water advisory for Northland. His instructions are to do everything possible to ensure the advisory is broadly communicated and that we do everything possible to increase the likelihood of the population following this advice.
The Situation Worsens: Early March 2009 -- Since the Northland Public Health Ministry was first notified the number of cases and deaths has continued to climb.

- **Illness:** unidentified -- gastro-intestinal
- **Symptoms:** bloody diarrhea, abdominal pain, fever and malaise
- **Cases:** 600, 15 deaths (all older than 60 years of age)

Increased Public attention: Following the first news story of the situation, media and public attention has intensified. In addition to the concerns over health, the sanitation problems at Happy Fish were publicly raised by a member of the Northland Opposition alleging at the legislature that the Northland Government covered up the problem to protect a relative of the Prime Minister.

Regional spread: The illness has spread to neighbouring Southland, which is now reporting 100 cases with 3 deaths.

Food safety conflict: The Southland Agriculture Ministry has been involved in an ongoing dispute with its counterpart in Northland and the Minister seized upon the current situation in making the following public statement demanding an immediate briefing from the Northland Government on the situation and threatening to close the border to Northland food.

Confusing explanations: An influential local religious leader has told his followers during his weekly radio broadcast to help stop the spread of illness by bathing in the river.

A leading expert from the local university was interviewed on local television and suggested that the illness maybe be contagious and passed from one person to another like the common cold.

Illness is identified: Northland Public Health Ministry finally gets lab results:

- **Lab results:** new Shigella bacteria SD2
- **Source:** likely drinking water.
- **Note:** Northland and Southland use river as primary water source.

Ministerial Order: Issue a boil water advisory for Northland immediately and communicated it broadly and effectively.
Simulation Part 2-- Workgroup Task

A press conference is scheduled to announce the boil water advisory and your task is to make recommendations on any additional measures to ensure the Minister’s order to ensure the boil water advisory is 1) broadly communicated 2) effectively communicated. Resources are limited and the exercise will be to prioritize activities.

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) To communicate the boil water advisory broadly which of the following three communication strategies would be your priority: ______

   a) Distributing the advisory through non-traditional media
   b) Organize a briefing of partners across the health and non-health sectors
   c) Evaluation of most used and trusted information sources among the target population

Please provide a brief justification of your choice:
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

2) To communicate the boil water advisory effectively which of the following three communication strategies would be your priority: ______

   d) Translation of advisory into minority languages used in Northland
   e) Development of pictorial messages for illiterate citizens
   f) Organize a meeting of communication partners across the health and non-health sectors

Please provide a brief justification of your choice:
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
Facilitator Notes

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

This task presents many risk communication challenges, including the practical realities of broad public communication demand during an emergency. In addition, there is now new complexities including the political dimension, international spread, a potential trade dispute, and confusing messages from the religious and academic communities.

1) In assessing the priority strategy in order to broadly communicate the boil water advisory, all three options have benefits and so there is no wrong answer. However, **organizing a briefing with partners across the health and non-health sectors would be the most powerful option.** Why? Because effective coordination could quickly access the communication capacity of the other organizations. In addition to the increased communication capacity, different partners would be able to target different audiences, especially those outside of the health sector, increasing the breadth of distribution.

2) In assessing the priority strategy in order to effectively communicate the boil water advisory, again, all three options have benefits, however, **organizing a meeting with communication partners across the health and non-health sectors would be the most powerful option.** Why? Until now the communication – real and rumoured – has centred on the possibility of a link to food. Organizations in this sector have been actively communicating and should be expected to continue to. Similarly, the statements of opposition politicians, religious leaders and independent academic experts suggest there is a great risk of confusing messages threatening whether or not the boil water advisory is followed. It is crucial that the range of active organizations reinforce the importance of the boil water advisory through their own communication. In addition, while the other options of the development of pictorial messages as well as translation into other languages are both worthy objectives, they would be most easily addressed with the help and resources of partner organizations.

**Trust strengthened (green):** b and f with strong rationale

**Trust maintained (yellow):** b or f with weak rationale

**Trust at risk (red):** neither b nor f, with weak rationale
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.

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<thead>
<tr>
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                                              - 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 Northland 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
   - Press Release
   - Simulation Exercise Workgroup Task: Developing Messages

   **For public audience (journalists, activists and citizens)**
   - Summary Handout
   - Press Release
   - 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

Mid-March 2009 -- Despite the coordinated communication efforts of all the partners involved, by the time the population was effectively warned of the need to boil drinking water, the emergency had escalated significantly:

<table>
<thead>
<tr>
<th>Illness</th>
<th>SD2 (new form of shigellosis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>rehydration therapy and specialized antibiotics</td>
</tr>
<tr>
<td>Cases</td>
<td>Northland: 6000 cases, 150 deaths</td>
</tr>
<tr>
<td></td>
<td>Southland: 1000 cases, 30 deaths</td>
</tr>
</tbody>
</table>

The number of new cases reported each day was dropping significantly, however, with so many ill and the risk of death ever present, the focus shifted to treatment of the disease. As the situation unfolded, the Public Health Ministries involved from both Northland and Southland were learning more about SD2 as it was a new Shigellosis strain. Rehydration therapy was an important treatment replacing fluids in the victims, however, a specialized antibiotic had been developed for SD2. Supply of the antibiotic, however, was limited.

Northland and Southland both have access to 1000 treatments of the SD2 antibiotic. Because of the different number of victims in the two countries, however, this means two very different things.

Southland has only 1000 cases and so will be able to provide antibiotic treatment to all those currently sick. Northland, on the other hand, will only have enough antibiotics to treat approximately 15% of cases and therefore must establish a priority list.

The recommendation of the experts from the Northland Public Health Ministry is to give the antibiotics to those most vulnerable from the SD2 illness. Evidence suggests that the elderly, those over 60 years of age, are most at risk and that they should receive the antibiotics. Most, not all, but most other victims will recover without the antibiotic treatment.

Within the Ministry there was consensus among experts that giving the antibiotics to the elderly was the best public health strategy, but there was passionate debate during meetings to discuss the issue. One Ministry employee who came from a neighborhood with many SD2 cases spoke out:

“*My own family and friends have been affected by this emergency and so as a scientist I speak from my head, but as a mother I must speak from my heart. If my own family was infected, my mother would refuse treatment and give it to her granddaughter. The people won’t accept this priority list.***”

It was agreed to go ahead and implement the antibiotic priority list strategy and to distribute a press release announcing the approach. In addition, a public meeting open to media, citizens and local activists is to be organized for the next day in order to discuss the strategy (*please see Risk Communication Press Release*).
Simulation Exercise Part 3 Summary Handout

An Evolving Emergency: By mid-March the scale of the public health emergency had grown significantly:

- **Illness:** SD2 (new form of shigellosis)
- **Treatment:** Rehydration therapy and specialized antibiotics
- **Cases:**
  - Northland: 6000 cases, 150 deaths
  - Southland: 1000 cases, 30 deaths

Treatment Challenges: Simple rehydration therapy was an important treatment replacing fluids in the victims of SD2, however, a specialized antibiotic had been developed and was the only known effective medicine for SD2. Supply of the antibiotic, however, was limited.

- **Antibiotic supply in Northland:** 1000 (15% of cases)
- **Antibiotic supply in Southland:** 1000 (100% of cases)

Antibiotic Priority List: Based on expert recommendation, Northland intends to give the antibiotics to those most vulnerable from the SD2 illness, namely, the elderly. Most, not all, but most other victims will recover without the antibiotic treatment.

Concerns raised: Although there was consensus among experts that giving the antibiotics to the elderly was a strong public health strategy, but there was passionate debate during meetings to discuss the issue:

> “My own community has affected by this emergency and so as scientist I speak from my head, but as a mother I must speak from my heart. If my own family was infected, my mother would refuse treatment and give it to her granddaughter. The people won’t accept this priority list.”

It was agreed to go ahead and implement the antibiotic priority list strategy and to distribute a press release announcing the approach. In addition, a public meeting open to media, citizens and local activists is to be organized for the next day in order to discuss the strategy (*please see Risk Communication Press Release*).
NEWS RELEASE
FOR IMMEDIATE RELEASE

20 November 2000

Priority List for Northland’s Most Vulnerable

Northland, 20 November 2000 -- In response to the SD2 outbreak, the Northland Ministry of Health has developed an antibiotic priority list to distribute a specialized SD2 antibiotic to those most at risk of serious illness. Based on expert recommendation, the antibiotics will be given to the elderly, over 60 years of age, the age group most at risk from serious illness linked to SD2.

Simple rehydration therapy remains the most important treatment in replacing fluids lost by most SD2 victims. The SD2 antibiotic supplies are limited and so the priority list is the way through which the limited supplies will be used most effectively.

To provide more information on the priority list strategy, the Northland Public Health Ministry is organizing a public meeting which will be open to the media tomorrow morning at 9am GMT.

END

For more information, contact:

John Smith
Communication Officer
Northland Public Health Ministry
Tel. 001 202 111 1111
Email address: smithj@nmoh.gov
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.**

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Journalists</th>
<th>Citizens</th>
<th>Activists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health risks (personal, family, community)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information (who, what, where, why, how)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process of decision making</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equality and fairness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountability (who is to blame?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to social and cultural norms and practices</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) With public concerns identified, prepare 3 brief key messages along with supporting evidence regarding the implementation of the SD2 antibiotic priority list that you, as spokespersons, would want to communicate during the public meeting.

<table>
<thead>
<tr>
<th>Key Message 1 and supporting argument</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Key Message 2 and supporting argument</th>
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</table>

<table>
<thead>
<tr>
<th>Key Message 3 and supporting argument</th>
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<tbody>
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</tbody>
</table>
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.

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

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

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

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

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Journalists</th>
<th>Citizens</th>
<th>Activists</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>Accountability (who is to blame?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to social and cultural norms and practices</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Journalists Concerns</th>
<th>Were concerns identified? (YES or NO)</th>
<th>Was question consistent with concern? (YES or NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information (who, what, where, why, how)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountability (who is to blame?)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Citizen Concerns</th>
<th>Were concerns identified? (YES or NO)</th>
<th>Was question consistent with concern? (YES or NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health risks (personal, family, community)</td>
<td></td>
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<tr>
<td>Sensitivity to social and cultural norms and practices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activist Concerns</th>
<th>Were concerns identified? (YES or NO)</th>
<th>Was question consistent with concern? (YES or NO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process of decision making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountability (who is to blame?)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 each 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 to those affected or involved

**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

<table>
<thead>
<tr>
<th>Step</th>
<th>Topic/Activity</th>
<th>Time</th>
<th>Resources / Handouts</th>
</tr>
</thead>
</table>
| 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

Late March 2009 – In the latter days of March, the numbers of new cases begins to level off in Southland suggesting the emergency there is under control. While there are also promising signs of improvement in Northland with an overall drop in new cases, a specific area of Northland -- known as Eastown -- remains a problem as the number of new cases there is not going down, but in fact is going up.

Initial suspicions were that the difference in the availability of SD2 drugs was the explanation of the problem but after analysis Northland experts do not think that this is a factor. Indeed, the emergency response strategies have been virtually identical in Northland and Southland making the persistent problems in Eastown puzzling.

An investigation is launched and the epidemiologists and other experts involved uncover that the root of the problem seems to be due to the fact that the population of Eastown is reluctant to come forward to the authorities if ill, and further, don't seem to be following water boiling recommendations. Eastown was treated as any other community would be during the emergency and so it's a mystery why citizens there would be reluctant to come forward if ill and not follow the public health advice provided.

During meetings at the Northland Public Health Ministry, it is agreed that a further investigation must be done into the likely barriers to infection community control in Eastown. The communication team is asked to lead this follow up investigation.
Simulation Exercise Part 4 Summary Handout

Stabilizing Situation in Southland: Late March, the numbers of new cases begins to level off in Southland suggesting the emergency there is under control.

Persistent Problem in Northland: Overall drop in new cases, a specific area of Northland -- known as Eastown – still has new cases.

SD2 Drug Not a Factor: Experts in Northland believe the different levels of drug availability in Northland and Southland is not a factor in the situation in Eastown.

Isolated Problem: An investigation has revealed that although treated in the same way as any other affected community in Northland, the population of Eastown is reluctant to come forward to the authorities if ill, and further, don’t seem to be following water boiling recommendations.

Further Investigation launched: It’s agreed that a further investigation must be done into the likely barriers to infection community control in Eastown. The communication team is asked lead this follow up investigation.
Simulation Part 4 Workgroup Task

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

Interview the different characters who will circulate among the groups considering factors like: perceptions; beliefs; family; sources of information; socio-economic status; politics; culture; education. Each group will have up to 10 minutes to speak to the following characters:

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

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 boil water advisory and are reluctant to come forward if ill are:

€ __________________________________________________________

€ __________________________________________________________

€ __________________________________________________________

€ __________________________________________________________

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

€ __________________________________________________________

€ __________________________________________________________

€ __________________________________________________________

€ __________________________________________________________
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

The emergency management strategies of Northland and Southland have been virtually identical, managers are puzzled as to why there is such a difference between the two communities. An area of Northland, known as Eastown, is of particular concern as it is the source of most of the new cases. The population of Eastown, however, seems reluctant to come forward if ill, and further don’t seem to be following water boiling recommendations.

Why?

There are a likely host of contributing factors, but three main reasons why:

1) The population of Eastown is largely made up of a distinct ethnic minority group. Twenty years ago, this minority group was the victim of the serious industrial accident where a government run manufacturing facility dumped toxic waste risking the health of the people of Eastown and then tried to cover it up. New generations have moved on from the incident, but the older generation is to this day distrustful of the Government, reluctant to follow its direction and preferring the advice of the traditional healers.

2) Additionally, there is a language barrier with parts of the community, including many traditional healers and with those same older members of the community.

3) Finally, there is a cultural/religious barrier to the boil water directive, Eastown residents get their water directly from the river and regard it as a sacred source. They have difficulty understanding that their water may be the source of the illness.

Your role is to circulate among the different groups and answer their questions for 5 to 10 minutes each, add as much as you like, but try and make sure you deliver the point in bold below. The hope is that the groups uncover the barriers and think through ways to manage them.
Role: A local Northland journalist who has been following the emergency story closely and has many political sources in the city

Your key point is:

- Twenty years ago, you were a young reporter when a toxic dumping scandal hit Eastown, you still remember the anger and bitterness in the community at the time and wonder if it isn't a factor in the minds of the community today.

Some of the points you may make in discussions with the group could include:

- Your newspaper has highlighted the differences in the emergency management success efforts between Northland and Southland. In addition to the emergency news, coverage has explored the extent to which authorities were influenced in their public health decision making by the trade and economic issues in play.

- Privately, the Northland government is furious that the emergency in Northland continues while the Southland emergency is under control. Senior medical staff may be fired by the end of the week.

- The Northland opposition is seizing on the issue and doing all it can to illustrate that the government's handling of the issue is representative of its broader problems.

- Eastown can be a strange place politically, it doesn't support the current government, and tends to stick together as opposed to integrate with the surrounding communities. It has very strong cultural traditions that seem to dominate daily life.
Role: A mother of four from Eastown

Your key point is:

- Eastown is largely made up of an ethnic minority and sees itself as a separate community from Northland. Cultural traditions are vital, including respect for the advice of elders, traditional healers and religious leaders.

Some of the points you may make in discussions with the group could include:

- You have been tracking the emergency since it began and continue to be concerned for the safety of your children and other family members

- You've had reasonably good care in the past from Government health care staff although your parents and older aunts and uncles have been urging you to go to the local traditional healer to get medicine to protect

- While you work during the day, your mother takes care of the children and prepares the family meals, as is typical in Eastown culture. You worry that your mother, who does not speak the same language as the rest of Northland may not be aware of the potential risk of the emergency.
Role: A Eastown traditional healer

Your key points are:

- **you don’t speak very good English**

Some of the points you may make (in bad, labored English) in discussions with the group could include:

- culture and traditions are very important to the Eastown people, including traditional medicines

- Modern medicine used in Northland is foreign to many people in Eastown, especially the elderly. It comes in a form and using language they don’t understand

- You are very concerned about the new illness that is being seen in your community, but you don't have access to very much information in your own language to pass on to the community members who visit you.

- You would like to work more closely with the authorities to provide a more integrated approach to the emergency, but no one has approached you
Role: Local religious leader

Your key point is:

- the Eastown water source – the river – is sacred and any suggestion that water must be boiled as it could be the source of the illness is blasphemy

Some of the points you may make in discussions with the group could include:

- Eastown residents can’t rely on the Government, they must rely on their religious and cultural teachings to carry them through the emergency

- Eastown has long felt excluded from decision making in Northland and tends to rely on one another more than the State for assistance

- You would like to work more closely with the authorities to provide a more integrated approach to the emergency, but no one has approached you
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:

1. There are historical experiences among Eastown residents -- namely a toxic dumping scandal -- that limits trust in authorities. (Northland Journalist)

2. Eastown is largely made up of an ethnic minority and sees itself as a separate community from Northland with distinct sources of trusted information. (Mother of four from Eastown)

3. There are language barriers among parts of the Eastown population (Eastown traditional healer)

4. Eastown religious beliefs -- the river water is sacred -- represent a barrier to the implementation of the boil water recommendation. (Local religious leader)

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 toxic dumping scandal should be understood and communication materials adapted to address the associated concerns and risk perceptions.

5. Cultural factors, such as the belief that the river water is sacred, should be taken into account in communicating the boil water advisory. Religious leaders should be consulted to potential find compromise approaches that ensure infection control but preserve sanctity of the water.

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

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

April 2009 -- The emergency is finally over. In both Northland and Southland, new cases of SD2 are not emerging, the source of infection has been identified and the river water has been treated and is safe. The final case counts were as follows:

<table>
<thead>
<tr>
<th>Illness</th>
<th>SD2 (new form of shigellosis)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>Rehydration therapy and specialized antibiotics</td>
</tr>
<tr>
<td>Cases</td>
<td>Northland: 7000 cases, 160 deaths Southland: 1100 cases, 33 deaths</td>
</tr>
</tbody>
</table>

In addition to this tragic toll in human life, Northland is dealing with other difficulties including political tension over the Happy Fish inspection issue, trade conflict with Southland over their statements to ban imports of food, not to mention a tired and exhausted public health system which has been stretched to its limit.

The Northland Prime Minister has ordered an inquiry into the emergency response and the Minister of Health has instructed the Communication Team to consider the challenges, issues and obstacles of the communication aspects of the response and to recommend specific capacity building steps.
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 Northland 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.

Northland National Action Plan for Risk Communication

1. In your plan and based on Northland’s experience through this outbreak, which National Risk Communication Core Capacities will take priority?
   - Priority Rank # __ Communication Coordination
   - Priority Rank # __ Release of risk information (transparency)
   - Priority Rank # __ Media Relations
   - Priority Rank # __ Listening and understand risk perception
   - Priority Rank # __ Emergency Communication Plan

   Be prepared to explain and justify your rankings.

2. In your plan and based on Northland’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

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

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

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 and understand risk perception

- Set up a rumour 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 provide important

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.
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 we 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 an 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 chest.
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**
## Workshop Title and Date

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### Workshop Agenda

#### DAY ONE

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 hrs</td>
<td>Registration</td>
</tr>
<tr>
<td>09:00 to 10:00 hrs</td>
<td>Welcoming remarks</td>
</tr>
<tr>
<td></td>
<td>Group photograph</td>
</tr>
<tr>
<td>10:00 hrs</td>
<td>Tea/Coffee Break</td>
</tr>
<tr>
<td>10:30 hrs</td>
<td>Overview of the workshop</td>
</tr>
<tr>
<td>11:00 hrs</td>
<td>International Health Regulations and the recommended core capacities in risk communication for public health emergencies</td>
</tr>
<tr>
<td>12:00 hrs</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:30 hrs</td>
<td>Risk Communication for Public Health Emergencies – Introduction</td>
</tr>
<tr>
<td>14:30 hrs</td>
<td>Case Studies/Sharing Risk Communication Experience from the field</td>
</tr>
<tr>
<td>15:30 hrs</td>
<td>Tea/Coffee Break</td>
</tr>
<tr>
<td>16:00 hrs</td>
<td>Work – identifying core risk communication difficulties and challenges</td>
</tr>
<tr>
<td>17:00 hrs</td>
<td>End of Day 1</td>
</tr>
<tr>
<td>18:30 hrs</td>
<td>Reception – Hall</td>
</tr>
</tbody>
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#### DAY TWO

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 hrs</td>
<td>Review of Day 1</td>
</tr>
<tr>
<td></td>
<td>By participants</td>
</tr>
<tr>
<td>09:00 hrs</td>
<td>Simulation Part 1: Core Capacity: Transparency policy</td>
</tr>
<tr>
<td>10:30 hrs</td>
<td>Tea/Coffee Break</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11:00 hrs</td>
<td>Simulation Part 2: Core Capacity: Communication Coordination</td>
</tr>
<tr>
<td>12:30 hrs</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>13:30 hrs</td>
<td>Simulation Part 3: Core Capacity: Listening and risk perception 1</td>
</tr>
<tr>
<td>15:00 hrs</td>
<td>Tea/Coffee Break</td>
</tr>
<tr>
<td>15:30 hrs</td>
<td>Simulation Part 4: Core Capacity: Listening and risk perception 2</td>
</tr>
<tr>
<td>17:00 hrs</td>
<td>End of Day 2</td>
</tr>
</tbody>
</table>

**DAY THREE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 hrs</td>
<td>Review of Day 2 By participants</td>
</tr>
<tr>
<td>09:00 hrs</td>
<td>Simulation Part 5 / Core Capacity: Emergency Planning</td>
</tr>
<tr>
<td></td>
<td>Presentations of the Working Group</td>
</tr>
<tr>
<td>11:00 hrs</td>
<td>Tea/Coffee Break</td>
</tr>
<tr>
<td>11:30 hrs</td>
<td>Workshop evaluation, training plans</td>
</tr>
<tr>
<td>11:50 hrs</td>
<td>Capacity Building Strategies Going Forward</td>
</tr>
<tr>
<td>12:30 hrs</td>
<td>Closing Session</td>
</tr>
<tr>
<td>12:45 hrs</td>
<td>Lunch</td>
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