

Avian & Human Influenza and Humanitarian Action

Geneva, Palais des Nations, Room XXV

22-24 February 2006

Issue paper 6. The Critical Role of Communication

Communication plays a vital role in preventing, containing, and responding to avian influenza and for preparing for, and responding to, a human influenza pandemic. The value of sound and reliable communication lies in its ability to educate the public (and/or other target audiences) regarding risks, and in promoting and encouraging specific behaviors that can prevent or mitigate those risks. An aware, informed public will be more resilient, better positioned to survive the impact of the disease, and better able to cope with the consequences of potential systemic/infrastructure breakdown.

Communication must be truthful, accurate, simple, consistent and timely to engender trust between the public and authorities, combat rumors, and quell panic. Conversely, if information is perceived to be withheld, distorted or otherwise manipulated, trust will quickly dissipate if not disappear altogether. In this context, humanitarian actors have an important and indeed invaluable role to play in communicating risk in a timely and appropriate fashion including, in particular, to vulnerable groups.

In the absence of a vaccine and universally available supplies of anti-virals, communication is one of the most important measures available to the humanitarian community to prepare for the potentially devastating consequences of a human influenza pandemic.

Objectives

Communication on AHI has two overarching goals:

- **To build trust** with the public. Trust is essential to sustain concern and awareness, mitigate fear, quell panic, build support for public health measures that may prove unpopular, and boost confidence that individuals/society as a whole will survive the crisis.
- **To encourage specific behavioral changes** among individuals and communities that can help prevent and contain the spread of avian influenza, as well as prepare for and mitigate the effects of a human influenza pandemic. In the event of a human influenza pandemic, communication will be vital to increase resilience through the promotion of good hygiene, social distancing and other behaviors that may lessen the risk of infection.

Key Principles of Outbreak Communication¹

- Information must be truthful, accurate, and timely.
- When communicating with the public, keep information simple and consistent. Focus on ‘news you can use’ e.g., what one can do to mitigate risks and better protect oneself.
- State what you know – and what you don’t know – upfront. Be clear about what, and how much, you don’t know or is still uncertain.
- Announce outbreaks early² - even at the risk of being wrong, even if you don’t have all the information, but DO have cause for concern and can alert the public to take prevention measures. (N.B.: WHO reference laboratory must confirm human cases)
- Don’t be overly reassuring, too confident or falsely optimistic. This only sows seeds of doubt and distrust among the public should optimism prove unwarranted.

Overview of AHI Communication Roles

WHO: Lead technical UN agency for all messages and outbreak communication related to human health. Supports governments in national responses to human health issues. Coordinates closely with UNSIC, which amplifies and further disseminates its messages. Coordinates with FAO and OIE on the interaction between animal/human health issues. Has limited communications surge capacity at HQ and in the field. N.B.: WHO uses the term “*Outbreak Communication*” to describe all communication efforts with the public during a disease outbreak.

FAO: Lead technical agency on all messages regarding animal health. Supports governments and works closely with **OIE**, a UN affiliated agency, on animal health issues. FAO has limited communications capacity in-house.

UNSIIC: Spokesperson for collective UN system on AHI. Amplifies and broadly disseminates via media and other outlets messages developed by WHO on human health and FAO on animal health. Works closely with UN Resident Coordinators to support national governments. Outreach to private sector, other entities.

UNICEF: Primary UN agency for disseminating/tailoring/packaging messages, especially at the community/national level, utilizing its extensive communications and social mobilization capabilities. UNICEF works closely with governments and the lead technical agencies, and with their guidance, will serve as the primary communications focal point within UNCTs. UNICEF has launched communications campaigns across Southeast Asia, Middle East, the CIS, West Africa and other regions with goal of promoting behavior change to prevent and mitigate risks for children and other vulnerable populations.

N.B.: UNICEF uses the term “*Risk Communication*” to focus on behavior change objectives for preventing/containing/mitigating a disease threat.

¹ See WHO’s “Outbreak Communication Best Practices for communicating with the public during an outbreak” http://www.who.int/csr/resources/publications/WHO_CDS_2005_32/en/index.html and “WHO Outbreak Communications Guidelines” <http://www.who.int/infectious-disease-news/IDdocs/whocds200528/whocds200528en.pdf>

² Most relevant during WHO Pandemic Phases 3-5.

NGOs and CIVIL SOCIETY NETWORKS (community and religious groups, etc.): Active at the national/community level in disseminating messages aimed at behavior change and preparedness. Coordinates messages with national governments, neighboring countries, and lead UN agencies.

NATIONAL GOVERNMENTS: Communication is/should be an integral part of overall national pandemic plans (if they exist). Need for message consistency with lead UN technical agencies, as well as message consistency with neighboring countries. Issues of public trust in governments/political authorities a concern for some countries.

Key Issues

- We need to strike a balance between (a) informing/inspiring the public to take action now to protect themselves from avian flu/human influenza pandemic and (b) not spreading undue fear and panic;
- We need to advocate for greater impartial, equitable access to/distribution of resources for epidemic and pandemic preparedness;
- We need to ensure consistency of messages to quell rumors, avoid panic, and promote safe behaviors within and across borders;
- We need to ramp up immediately our communications/public information capacity (at the local/national levels in particular), which means more resources, including staff.

Identifying Communication Needs

- What is the Government and civil society already doing in terms of generating awareness within a given country?
- What, if anything, do humanitarian actors need to do to compliment this? Where are the gaps – amongst certain audience sectors (rural small farmers, women, children, refugees, internally displaced, etc.)? Are certain messages not adequately communicated?
- Need for increased communications and advocacy for transparent, impartial and equitable distribution of resources for epidemic and pandemic preparedness
- Need for media training on AHI at regional/national/local levels. How to prioritize – focus on radio journalists who have potential to reach most number of people?
- Need for greater outreach to global media networks who can amplify educational/preparedness messages (for example, BBC World Service Trust??).
- Need for agreements/partnerships with cell phone companies, advertising and marketing agencies, seeking to leverage their know-how and resources

Messaging Issues

- How do we ensure consistency of messaging?
 - within our agencies – HQ, regional, country offices
 - within the UN system internally – RCs, UNCT
 - with NGOs and other partners
 - with governments
 - with community groups/civil society
 - with private sector

- Do we need humanitarian specific messages for our current beneficiaries?
 - For specific groups --- refugees/IDPs, those with limited access to clean water/soap for hygiene
 - For those with compromised immune systems and/or malnourished – are they potentially more vulnerable to infection from avian and/or human influenza virus??
- Tone and urgency: striking a sober balance between alerting and informing our audience versus inciting alarm
- What messages resonate best with the nay-sayers/skeptics who doubt a human influenza pandemic may occur? For example: AHI preparedness is a wise investment, with transferable benefits for combating any major disease outbreak or public health problem
- Do the messages make sense given local cultural, religious and linguistic context?
- Participation and local buy-in: Have local communities participated in shaping/refining the message? Do communities respond to it as we hope/plan?

Channels of Communication

- Which channels most effective in reaching our current beneficiaries – should we focus on radio? Solar powered radios?
- Internet – how to keep up with the 24/7 rumor mill – bloggers, etc?
- Telecom infrastructure support -- in Phase 6 of pandemic, there will be a need for essential staff/resources to ensure that telecoms can serve as a communications lifeline during travel restrictions, high rates of work absenteeism, quarantines, etc.

Resource Needs

- Staffing: Need to build up a roster/database/surge capacity of trained communications staff and credible spokespeople. Given the likely imposition of travel restrictions, how do we develop this staffing capacity locally/nationally?
- Funding – integrated communications campaigns cannot be resourced indefinitely through discretionary/emergency budget lines. Will there be extra funds available to ramp-up staff and resources dedicated to AHI?

OCHA/APIS
February 2006.