



National Risk Communication Plan



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Abbreviations and Definitions

Abbreviations:

BCC	Behavior Change Communication
CBRN	Chemical Biological, Radio nuclear
CCHF	Crimean Congo hemorrhagic fever.
CHEB	Central Health Education Bureau.
CMG	Crisis Management Group.
CMO	Chief Medical Officer
DAVP	Department of Audio visual Publicity.
DGHS	Directorate General of Health Services (at centre)
DHS	Directorate of Health Services (at State level)
DSO	District Surveillance Officer
EMR	Emergency Medical Relief.
ICMR	Indian Council of Medical Research
IEC	Information Education and Communication
IHR	International Health Regulations
IMA	Indian Medical Association
MEA	Ministry of external affairs
MHA	Ministry of Home Affairs
MoHFW	Ministry of Health and Family Welfare.
NCDC	National Centre for Disease Control
NDMA	National Disaster Management Authority
NGO	Non-Governmental Organization
NHP	National Health Portal
NRCC	National Risk Communication Committee
OMC	Outbreak Monitoring Centre.
PHE	Public Health Event
PHEIC	Public Health Event of International Concern.
PIB	Press Information Bureau
RCC	Risk Communication Committee
RCP	Risk Communication Plan.
RRT	Rapid response team
SHEB	State Health Education Bureau
SHOC	Strategic Health Operations Centre
SOCO	Single overarching Communication Objective
SP	Superintendent Police
SSOs	State surveillance Officers
TORs	Terms of Reference
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Definitions

Hazard: Substance that is carcinogen, corrosive, irritant, toxic, or can damage eyes, lungs, mucous membranes, or skin, or which produces acute or chronic effects. (a hazard is something that has the potential to cause someone harm or ill health).

Mitigation Phase: The Mitigation Phase is defined as the steps taken, from a communications perspective, to reduce the chance of a public health emergency or to reduce the negative impact should there be one.

National Public Health Emergency: Public Health emergency as declared by Central Government from time to time.

Risk: The probability or threat of quantifiable damage, injury, liability, loss, or any other negative occurrence that is caused by external or internal vulnerabilities, and that may be avoided through preemptive action.

Risk Assessment: is a systematic examination of a task, job or process that you carry out at work for the purpose of; identifying the significant hazards that are present.

Risk Communication: is the exchange of information and opinions concerning risk and risk-related factors among risk assessors, risk managers, consumers and other interested parties.

Risk Management: is the weighing and selecting of options and implementing controls as appropriate to assure an appropriate level of protection.

Risk Perception: is the judgment that people make about the characteristics, likelihood and severity of a specific risk.

Preface

The health system faces a challenge of effective communication regarding threats posed by public health emergencies and the actions needed for controlling them. Risk communication plays a vital role in mitigating the adverse impacts of a public health emergency. However, recent events have shown that risk communication is not easy to manage.

The IHR (2005) recognizes risk communication as a critical pillar for developing national core capacity during emerging infectious diseases and other IHR (2005) related events. Such communication needs to be carefully planned and implemented as well as properly integrated with emergency management activities and operations. In July 2014, India submitted the new national Action plan on IHR (2005), identifying risk communication as one of the areas where more needs to be done. While complying by IHR(2005) requirements, India needs to have a national risk communication plan for all public health emergencies as well as fundamentals of risk communication well understood by all concerned stakeholders of IHR (2005).

Technical knowhow of disease control has been applied for addressing the prevention of importation of Ebola from West African countries. Govt. of India has taken a lead role in control of Influenza pandemic, Ebola screening of travelers returning from West Africa and ongoing outbreak of influenza A/H1N1. Experience from these endeavors have highlighted that risk communication needs to be understood by technical and administrative stakeholders and managed more systematically (Health care workers, Civil society, media, tourism, Points of Entry, MEA, MHA).

It is expected that 'Guidance on National Plan on Risk Communication for Public Health Emergencies' shall enhance capacity of IHR (2005) stakeholders for understanding the nuances of risk communication and provide a framework of principles and approaches for the communications of health risk information to diverse audiences. It is intended for all health care staff, stakeholders and personnel from government agencies and private organizations who must respond to public concerns in the event of a Public Health Emergency.

Public health professional must understand the needs of the community and be able to facilitate dialogue concerning the technical issues of public health risk and the psychological, political, social, and economic needs of the community.

The Guidance document begins with brief descriptive material about guiding principles for communicating health risk followed by details on identification of partners and stakeholders in the country, and functional coordination and communication mechanisms to be established when informing the public and in managing the relations between the authorities and the media. In addition, highlights the principles of the timely release of information with transparency in decision making that is essential for building trust between authorities, populations and partners.

Although the Guidance document attempts to identify principles relevant to and consistent with effective health risk communication practice, it is not intended to suggest that a standard of health risk communication effectiveness is measured solely on the number of principles that are employed. Rather, the manner in which the guidance should be applied will vary from case to case, based on needs, priorities, and other considerations.

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Chapter 1

Understanding Risk Communication

1.1 Preamble

We all are aware that the health system faces a challenge of effective communication regarding threats posed by public health emergencies and the actions needed for controlling them.

Technical knowhow of disease control have been applied for addressing the prevention of importation of Ebola from West African countries. Govt. of India has taken a lead role in control of Influenza pandemic, MERS CoV, Ebola screening of travelers returning from West Africa and ongoing outbreak of influenza A/H1N1. Experience from these endeavors have highlighted that risk communication needs to be understood by technical and administrative stakeholders and managed more systematically (Health care workers, Civil society, media, tourism, Points of Entry, MEA, MHA).

The International Health Regulations (2005) is an international agreement that is legally binding on 194 countries (States Parties). India is also a signatory to the IHR 2005. IHR came into force on 15 June 2007. The IHRs aim at protecting the global community from public health risks and emergencies that cross international borders.

IHR 2005 has 13 core capacities to be developed in the country. One of the important core capacity area is Risk Communication. The IHR (2005) recognizes risk communication (core capacity 6) as a critical pillar for developing national core capacity during emerging infectious diseases and other IHR (2005) related events. Such communication needs to be carefully planned and implemented as well as properly integrated with emergency management activities and operations, especially for the outbreak prone diseases/ national disasters and for diseases indicated in Annex 2 of IHR 2005.

In May 2015, India submitted the new national Action plan on IHR (2005), identifying risk communication as one of the areas where more needs to be done. While complying by IHR(2005) requirements, India needs to have a national risk communication plan for all public health emergencies, as well as fundamentals of risk communication well understood by all concerned stakeholders of IHR (2005).

There has been expansion in the way we communicate, gone are the days of writing letters which are delivered by postal services, speedy communications are happening due to reduction in travel time, availability of internet services. Communication is happening due to social media: Radio, TV, this has further been expanded by availability of audio visual social media, You Tube, Twitter, the news reaches faster than the speed of light, to far and distant places.

1.2 Need for Risk Communication:

Communication is a great tool for conveying to public, however if the communication goes out of control during the midst of a critical situation, and the event and its genesis or any cause which delays or misinforms the public may result in public outrage, lack of credibility of the government and the public resorts to any information from any source, which may be more damaging than helpful to reduce anxiety and allay fear of the public

and expect a responsible behaviour aiming at personal protection and halting the spread of disease or mitigating the consequences of a disaster. Communication gone out of control can result in population fleeing from the situation, health workers refusing to perform their duties, and care takers also shunning their patients.

Inappropriate communication can cause stress of health care system beyond its coping capacity; drugs suddenly go out of stock thus crippling the system further, which leads to corruption and black marketing of scarce resources. Risk communication depends upon tapping the positive / beneficial effects of emotion of fear, and this needs to be done by gaining confidence of public, by defining the identity of the system as one of them and that all out efforts are being carried out for the public.

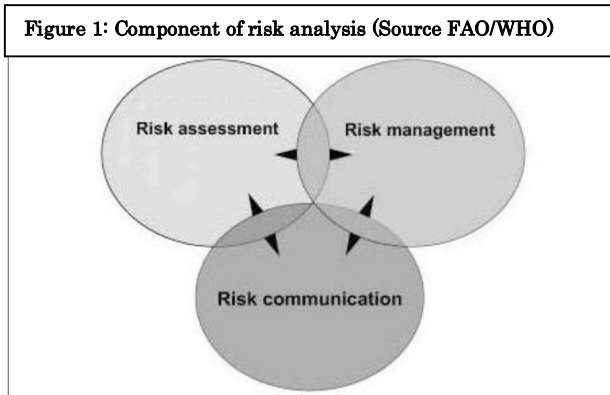
Risk communication is a team effort of Risk assessment; Risk managers so that the messages to be conveyed are aimed at generating confidence in public and assist in reduction of risk and enhance the risk reduction behaviours.

Risk assessment is important aspect to identify the aspects that need to be dealt by effective communication; it involves understanding the dynamics of disease transmission, the processes that lead to increased risk to the health workers, care givers, and the amount of risk that can be curtailed by altering procedures, or taking measures of risk reduction or risk management. An example is that poor hygiene is a risk factor for transmission of water borne illnesses. However risk can be reduced by bringing about the expected behaviour of hand washing to the persons exposed to such risks thus managing risk is important and effective risk communication can reduce the illness, treatment costs etc.

Risk management is equally important and could be done by managing the risk in most effective and efficient manner. Risk management could be carried out by medical means viz vaccination, chemoprophylaxis, isolation, quarantine etc. other means of risk management could be social distancing or closure of schools (as in case of airborne illness), these measures can reduce the risk to the populations. Risk management could be by identifying the high risk and vulnerable populations and providing them with required medical/ non medical support.

The recent outbreak of Ebola in four African countries has given a lesson of the value people place on health of dear ones and in this they even forget that not observing the recommended precautions ultimately leads to contracting the disease themselves. The rituals for the deceased were the cause of spread of disease in many instances, despite the known risk people were indulging in their cultural behavior, which lead to many episodes of anger and resistance from public even for acceptance of medicines and assistance. This brings the importance of risk communication so that the cultural milieu of the people is also known for understanding the public reaction and their acceptance of the well-intended control measures, so as to achieve behavior change and social mobilization. Risk communication becomes important in such situations; effective communication aiming at educating the public with the objective of allaying the fear, taking appropriate actions for health for themselves and for the sick. Goal of risk communication is to improve collective and individual decision making.

1.3 Risk Perception: Risk perception is an area where it is the perception of risk by the community to any situation they are exposed to and their understanding and response to the risk/ situation in terms of change in behaviour for tackling the situation, it will be based on risk perception which may not be appropriate/ commensurate to the risk they are exposed to. Therefore understanding risk perception by the communities is also important. The ultimate concern of communication is to manage the public reaction and bring them to doing the appropriate actions for reducing the risks. The four quadrants give the various types of situations which would require different type of communication modalities. These four types of situations are analyzed based on the type of audience, tasks that need to be taken up for effective risk communication and the most effective medium for communication, the barriers and the opportunities for RC.



Risk Communication			
Emotional response	outrage/fear	Outrage management	Crisis Communication
	Apathy	Health education, Stakeholder relations	Precaution advocacy
		Small hazard	Big hazard
		Hazard	

1.3.1.1 Situation (a): Public Relations (also health education) high-hazard, low-outrage

Audiences Apathetic and inattentive; but undefended, uninterested in talking back.
Task Huge – most people, most of the time, on most issues
 To produce brief messages that reinforce whatever appeals are most likely to predispose the audience toward your goals. For serious hazards, this usually means provoking more outrage.
Medium Monologue via the mass media.
Barriers Audience inattention; audience size; media resistance; need to package everything into short sound bites; policy implications of trying to provoke outrage.
Silver lining There is little need to listen, or to address audience concerns, reservations, or objections; this audience has few if any.

1.3.1.2 Situation (b): Stakeholder relations: Medium hazard, medium-outrage

Audiences Interested and attentive, but not too upset to listen: The ideal audience but a fairly unusual one.
Task To discuss the issues openly and rationally, explaining your views and responding to audience questions and concerns.
Medium Dialogue in person, supplemented by specialized media (web site, newsletter, etc.).

Barriers None, except perhaps the inefficiency of one-on-one dialogue. And you have to be prepared to explain the technical details; this is the only audience that really wants to hear them.

Silver lining This is the easiest communication environment. Duplicating it is the goal of the other three kinds of risk communication.

1.3.1.3 Situation (c): Outrage Management – low-hazard, high-outrage

Audiences Outraged, largely at you. A small group of "fanatics" is usually accompanied by a larger, less outraged constituency watching to see how the controversy evolves.

Task To reduce audience outrage by listening, acknowledging, apologizing, sharing control and credit, etc. The controversy ends when the "fanatics" declare victory or their constituency thinks they have won enough.

Medium In-person dialogue ... in which the "audience" does most of the talking. But journalists may also be watching.

Barriers The audience's outrage at you; your own outrage at the audience; coming to grips with the need to focus on outrage when you'd really rather talk about substance.

Silver lining At least you have their attention, though it is hostile (or at least highly skeptical) attention.

1.3.1.4 Situation (d): Crisis Communication – high-hazard, high-outrage

Audiences Huge and very upset. In a crisis, the outrage is mostly fear and misery rather than anger; if either is unbearable, it may flip into denial or escalate into terror or depression

Task To help the audience bear its fear and misery. Key strategies include avoiding over-reassurance, sharing dilemmas, being human and empathic, providing things to do, and acknowledging uncertainty.

Medium Monologue via the mass media, and dialogue in person to the extent possible. There is no "public" in a crisis; everyone's a stakeholder.

Barriers The stress of the crisis itself; missing the difference between crisis communication and routine public relations.

Silver lining Though outrage is very high, it is not directed at you. Any anger at you is put aside until the crisis is past.

1.4 Factors influencing Risk Perception:

Situations affecting Risk Perception

Risk perception is increased in situations such as: unnatural event, manmade situations, unfamiliar situations, scientifically obscure situations, involuntary exposure, mass scale effects of exposure/ disease/ event, severe and immediate consequences, affecting vulnerable populations, and when risk is seen as a result of ethically or morally unacceptable fraudulent acts.

An example where risk perception is low i.e, of safe factors (risk is considered safe) can be seen in health consequences following natural disasters viz. floods, earthquake etc,. One can easily identify that the risk perception is low even though the risk might be high.

However when the health effects follow unnatural occurrence of disasters viz. Bhopal Gas tragedy, Chemical gas leaks, Nuclear plant disasters, or any other industrial accidents, the risk perception is high, as depicted in the table. The risk following unnatural disasters might be low but the perception is high. These aspects need to be kept in mind while Risk communications.

It is necessary to address the factors that affect risk perceptions of public. RC should not convey risks that we need to inform public, but also address their issues regarding the event / disease and also the communication that may go wrong while communicating the risk.

As the public trusts information from media more than the government channels, it becomes necessary to tap the confidence of the public by involving the trusted sources and channels of communication for bringing about misconceptions that may arise to be risk perception.

Factors influencing Risk Perception	
Safe example Floods, earthquake	Risky Example Chemical Gas leaks, nuclear accidents
Voluntary	Coerced
Individually controlled	Controlled by others
Exposure can be perceived	Exposure is invisible
Familiar	Exotic
Natural	Industrial
Not dreaded	Dreaded
Not memorable	Memorable
consequences obscure	Can imagine consequences
Chronic	Catastrophic
Consequences delayed	Consequences immediate
Consequences reversible	Irreversible consequences
No risk to future generations	Risk to future generations
Known to experts	Unknown
Fair	Unfair
No alternatives	Alternatives available
Morally irrelevant	Morally relevant
Anonymous victims	Can empathize with victims
Unable to blame someone	Able to blame
Trustworthy source	Untrustworthy
Responsive processes	Unresponsive processes

1.5 Source of Communication:

The source of communication should be credible, trust worthy, preferably government media and responsible for generating confidence of public and allaying fears. If the government does not take leading role, the public is fed information from any source, whose credibility is questionable, and results in panic, this reminds of the plague outbreak in 1994 when one of the districts of Gujarat had seen large exodus of populations resulting in loss of business and revenue to the country, and unnecessary distress to the communities.

Recent outbreak of Ebola in 4 west African countries brought out that risk communication by experts and authorities is disseminated by channels (flyers, brochures, websites), however the top three choices of the public were: TV: 70%, Radio: 50%, neighbor: 25%.

Not only for diseases of international concern, In context of endemic Diseases, such as Dengue, there is need for the responsibility to be in the hands of the public so that the breeding places of vector mosquitoes in every household could be attended to by the persons and dengue control is achieved which neither government nor the public alone could achieve. Here is the importance of effective communication for soliciting responsible behavior from the public. Similar is the case with other diseases where we have the knowledge of risk factors so that by educating public responsible behavior can be expected.

CHAPTER 2

Aim of Risk Communication

2.1 Objectives of Risk Communication:

The objectives of communication, expected behavioral outcomes, the present behavioral patterns and the barriers (in terms of logistics, cultural patterns, group practices) of each group needs to be known, so as to understand the need of each group and the requirements for making an appropriate tailor made risk communication messages for each group. The Risk communication needs to be specifically tailor made for various target groups with end result of delivery of safe health services, safe population, and reduction of risk to health care workers, institutions for safe health services which reduce the risk to health workers and build confidence in services. The risk communication message also intended for health workers to identify the population sharing symptoms of diseases. Communication surveillance is the task of communicator and he is obliged to understand the public beliefs, opinions and knowledge about specific risks.

2.2 What makes effective Risk Communication:

There are 7 Cs of effective risk communication: Namely: Competency + Caring, Credibility, Clarity, Connecting, Consistency and Collaboration.

- Ensure an efficient flow of accurate and consistent information during a public health emergency about the cause, magnitude, uncertainties, and consequences of specific public health emergencies.
- Deliver messages through the appropriate channels to provide timely educating the public so that they can understand and implement the preventive measures.
- Increase awareness of Health care workers/providers of the use of control measures
- Facilitate communication among key internal and external partners
- Provide a system of information to the general public through the media and other information channels so as to promote informed decision making.
- Eliciting cooperation among all involved parties. Building relations with members of media, community leaders, NGOS in the field and credible partners is of immense value for delivery of effective risk communication.

2.3 Principles of Health risk Communication.

1. **Timing:** Announce early; early in the course of the occurrence of the event the Risk communication needs to be initiated. The SHOC or toll free numbers need to be activated if existing or created for addressing the untoward event or disease outbreak etc.
2. **Trust:** trusted source should convey the RC for gaining the confidence of the community. Trust is the outcome of competence and caring. The perception and trust are intertwined, we need to have a trusted source to bring about reality in perception, so that risk communication is effective.
3. **Transparent:** Characterized by visibility or accessibility of information especially concerning business practices.
4. **Empathy:** the Risk communication needs to convey the concern that the government shares with the community and with those afflicted with the disease / event.

5. **Factual context:** the uncertainties regarding the epidemiological facts of the disease, the extent of problem, ability of the government to control the event, resources required and the constraints need to be communicated in the factual manner, no speculations or guess is to be conveyed. Facts of the situation and the level of investigation is also to be conveyed and the communication channels to inform the work that is being done to tackle the lacunae.
6. **Invalidate rumors:** the rumors are generally generated due to the lack of available information or delays in release of information from the trusted and reliable sources, it is therefore necessary that RC should address the circulating rumors for allaying the anxieties associated with the event/ disease.
7. **Media monitoring:** it is an essential part as we need to track the responses to the information being given through the media, this would help understanding the community behavior and the community needs and other barriers which may be affecting the risk communication. Toll free numbers are available or these are specifically created during the occurrence of an unusual event. These can act as feedback channels also.

In summary, the messages should be **STARC** which is: **S**imple (avoid jargon and technical language), **T**imely (up-to-date information), **A**ccurate, **R**epeated (to facilitate remembering), **C**onsistent (among communicators and across various audiences).

Risk communication is to be tailor made to all the target groups of persons affected / people in the community and health care workers, as it was in the news that health care workers have fled their work areas and thus worsening the crisis. Risk communication involves sensitization of the media channels so that correct information is made available in timely manner from reliable sources and if we shy away from providing information the tendency is to give any information from any source and media hype can bring about chaos and difficulty in management of the outbreak, this happened during 1994 Plague outbreak in Gujarat, however, in recent times Gujarat has shown great management capacity of handling CCHF outbreak in timely manner and further transmission was halted

2.4 Benefits of Risk Communication:

While we talk a lot about risk communication, it is also important to talk about benefit that would accrue from the risk communication, which is the ultimate aim of all risk communication. It is of utmost importance that we convey the benefits also from the improved behavior compliance that is expected to follow risk communication.

Risk communication improves decision making, patient understanding and care, compliance with treatment and required behavior for preventive actions, promotes transparency and accountability and builds trust with individuals, community leaders, health workers and policy makers.

2.5 Feedback for further improvement:

The feedback from the understanding of the risks and communicating these to the relevant sectors is also necessary for appropriate and effective response from the government. There should be channels for receiving information regarding fear, rage and other concerns of the public and stakeholders, requirements in terms of logistics etc for the community have to be made active for a continued and focused response and for restoring the confidence of the community in the system.

CHAPTER 3

Targeted Audiences and Partners of Risk Communication

3.1 Key Audiences:

Health is everybody's concern and audience is all the community, high risk communities, vulnerable populations, populations with poor connectivity with media. Additionally for persons with special needs, visually/ hearing impaired etc.

The audiences also include the health care community which has internal players viz. Nurses, health care workers, Ambulance and other transportation vehicles, security guards etc. risk communication needs to address the concerns of the health care community as these are the most vulnerable for acquiring and transmitting infections/ risks to their families and to other patients they are obliged to take care of.

Reaching youth is important, through colleges, universities, as also unorganized sector youths, these should be reached by the mass media or through special contact programmes addressed to youth clubs, School children could be change agents by conveying the right messages for behavior change.

3.2 Enlisting Stakeholders and Partners:

3.2.1 Stakeholders are Government organisations, Ministries, people or organizations that have special connections to the agency, the disease / event, affected members of the public, or the specific emergency.

All the stakeholders, in a given situation are to understand the risk communication, how it can reduce transmission of disease, bring about reduction in threat of importation of disease and enhance the risk reduction behaviours' in the community. Roles and responsibilities of stakeholders need to be documented for clear understanding of the issues identified for effective risk communication and the expected outcomes from the situation. ie, drug manufacturers should know their likely role in knowing the surge capacity for manufacturing the drug required for managing the disease outbreak situation (by manufacturing or by reallocating already available stocks).

3.2.1.1 Expected Role of stakeholders during Risk communication:

- To understand risk perception of their sector.
- To identify issues from their sector that can enhance the risk of spread of the disease, and aim at risk communication on these aspects.
- To bring about safe behavior practices by risk communication: By education of their own community in risk identification and thereby risk reduction.
- To consider application of control measures to their community for risk reduction of spread of disease.
- To coordinate with other sectors in enhancing multi sectoral risk communication for the community.

3.2.2 Partners are agencies and groups who will be assisting in a response. Partners could be vaccine manufacturers, Pharmaceutical industry, people concerned with supply

of drugs/ Logistics etc. Often, stakeholders and partners emerge within the context of the specific response.

3.2.2.1 Expected Roles and responsibilities of Partners for Risk communication:

- To understand risk perception of community and
- To understand how the health sector is able to respond to the risk.
- To identify issues from their sector that can reduce the risk of spread of the disease, and aim at risk communication on these aspects. (drug delivery/ manufacture, logistic support, hand washing etc)
- To strengthen the coping ability of the health system in reducing the risk. By support (manpower, management of communication on community responsibility in reducing risk behavior which leads to disease spread)
- By education of their own community in risk identification and thereby risk reduction.
- To consider application of control measures to their community for risk reduction of spread of disease, health workers etc.
- To coordinate with other sectors in enhancing risk communication for the community.

Communicating effectively with partners and stakeholders is critical to managing an emergency. Often, this means careful coordination and collaboration as well as ongoing, two-way interaction, even in circumstances where stakeholders are upset and angry. Specific communication strategies may help manage some of the anger and concern that are natural in these circumstances. They will create strong, manageable, long-term relationships among your organization, your stakeholders, and your partners.

Checklist for strategy for a competent and caring health care worker is : What is the problem or concerns, Where are we in the disease cycle, Who is the target audience, What is their view on disease or treatment options, what is the type of language needed, who are possible collaborators, partners , What is the consistent message required.

Notification of stakeholders and teams: Procedures of notification and approvals should be indicated in the RC plan. List of Ministries and their Stakeholders and partners is placed at ([Annexure 2](#))

3.3 Taking stock of Existing structures / systems for Risk communications:

3.3.1 Enlisting of available structures and systems for Communication at various levels for public information, the mechanisms of operationalisation of these needs to be understood and documented.

3.3.1.1 An example could be: available sources of Communication at NCDC

- Strategic Health Operations Centre (SHOC)
- Outbreak Monitoring Cell (OMC), toll free numbers
- Media Scanning & Verification Cell-IDSP
- Social Media

1. Facebook:- Media Scanning & Verification Cell.
WebLink-<https://www.facebook.com/Media-Scanning-Verification-Cell-IDSPNCDC-137297949672921/>
2. Twitter:- Media Scanning & Verification Cell.
WebLink- <https://twitter.com/msvc1>

- Web site of NCDC : <http://www.ncdc.gov.in>

3.3.1.2 Another example: Existing systems at DGHS and at Ministry level for media communication:

- Media unit of PIB at MoHFW, Nirman Bhavan
- Control Room of EMR at DGHS, Nirman Bhavan
- Web site of MoHFW: <http://www.mohfw.nic.in/>

3.3.1.3 Other systems of communication with media:

- CHEB Central Health Education Bureau.
- DAVP Department of Audio Visual Publicity
- Other Professional associations involved in Health communication
- NHP: National Health Portal

In Ministry of Health and Family Welfare, Ideally a permanent structure of Risk communication should be identified with dedicated staff.

Regional hubs of Risk communication need to be considered, as the regional directors are the eyes and ears of the central government. These need to be established and should have a great role of coordinating at the state and district levels for risk communication.

It is important to understand and have a reference document on the mechanisms of operationalisation of these health communication systems, the activation of SHOC and OMC should be documented and the manpower requirements in the event of an emergency requiring activation should be indicated, along with logistic requirement for the surge capacity of server etc in the event of requirement of 24x7. Formats on feed back mechanism should also be indicated in the reference document for providing feed back to the technical teams for improving the planning and the response.

CHAPTER 4

Risk Communication Plan: Cyclical Process

4.1 Development of Risk Communication Plan:

Risk communication plan should build upon the existing Plans viz. hospital emergency plans, Airport emergency response plans, Radio nuclear emergency plans, Chemical Disaster plans, plans of other Ministries, health services for mass gathering etc. the players of these plans are of importance in development of Risk communication Plan and response to the Public health events. Risk communication plan should be linked vertically also with the plans at Centre/ state level so as to ensure consistency in messaging and avoiding any miscommunications as it is essential for trust and consistency. Nodal persons should be indicated in the all the plans. Risk communication is necessary during the emergencies as the information demand by the public is huge and all the global partners look forward to global high profile media story.

There are 4 phases of development of Risk communication: (i) Planning, (ii) Mitigation, (iii) Response, and (iv) Recovery phase.

It is therefore important that a template is prepared for taking stock of all the requirements messages, communication linkages etc. during planning phase so that in the event of occurrence of need for risk communication, all the arrangements are in place for activation, mitigation and response.

4.2 Phases of Development of RC Plan:

4.2.1 Preparedness Phase:

This is the initial step of preparedness. There are actions that need to be taken up following the preparation of plan so as to mitigate the effect of disaster should it occurs. Communication Need assessment, develop a RC Plan, Functions that are required to be taken up for risk mitigation, Requirement of resources, identification of team members. Developing a risk communication approach that includes research as well as stakeholder engagement will likely increase its effectiveness. RC team is to be constituted comprising members from technical expertise from National Centre for disease control, NDMA, ICMR, Administration of Ministry of Health , Media, any other relevant discipline. Constitution of RC team should ideally be at the level of Ministry of Health and Family Welfare. The members of RC team could be drawn from existing technical committees on the subject viz. (CMG, Pandemic Influenza Committee etc.)

4.2.1 Enlisting functions of RC Team: RC team has the agenda of carrying out following functions:

- Communication needs assessment (people need to know, want to know,)
- Specific for an event (disease outbreak, CBRN)
- Preparation of news communication agenda
- FAQs from technical experts on the subject.
- Messages for various stakeholders based on their requirements.

- Identification of spokesperson.
- Roster of spokes persons for the 24/7 inquiries. The necessary approvals for engaging extra manpower support.
- Organizing a press briefing, numbers of journalists to be invited, arrangements for seating, tea etc.
- Information on the hotlines and other reliable sources for information 24x7
- Websites and related Weblinks.
- Other reliable sources.

4.2.2 Evaluation of earlier RC efforts: both during and after implementation, allows for meaningful adjustments to be made while the Disease outbreak, PHEIC issue is being addressed, and valuable lessons to be learned for addressing these risks in the future. Feedback from monitoring and evaluation of risk communication carried out on earlier occasions collected from target audiences can offer valuable insight into how the risk itself should be planned for management in a better way.

4.2.3 Document the additional requirement of budget and human resources, and capacity building: Human resources for managing emergencies and risk communication may also be addressed for which approvals also are required to be obtained. The budgetary requirements need to be addressed during the planning phase. These should be calculated based on the scale of response required. (greater resource requirement for emergency of greater concern/ PHEIC, geographical spread, etc.)

The approvals from the Ministry of Health and Family Welfare Secretary Health, Minister of Health and Family Welfare (HFM) may be necessary; Inter agency communication is also necessary and these also must be approved by the designated bodies (MOHFW or any other nodal agency) the procedure of obtaining these is placed at **Annexure 1:** Consistency in interagency communication is necessary to build trust and credibility of the systems. For all the Spokes persons of various agencies ie, hospitals, MoHFW, DGHS and IMA, private hospitals to give consistent and accurate messages, training of spokespersons could be organized and the appropriate portals for accessing such information should be known to them.

4.2.4 An ongoing monitoring and evaluation approach of Risk assessment for improving RC: Risk issues constantly evolve and those related to outbreak of disease often evolve rapidly. A comprehensive, systematic and ongoing monitoring and evaluation approach is essential to make risk communication activities as effective as possible. For example, monitoring for unintended consequences of the communication, and emerging questions, concerns, and misconceptions, allows an organization to address these in a timely and responsive manner.

4.2.5 How to communicate varying types of information: The information sharing may be dealt with in different levels, (i) information where no conflict is likely to arise, (ii) information sharing where confidentiality issue may arise (individual data) (iii) information where uncertainties exist and deliberation may be required for its clearance. Delay should be avoided for release of noncontroversial information.

4.2.6 Enlisting available mechanisms for Risk communication: this exercise could be necessary for reaching all the difficult to reach audiences and various communication mechanisms, technologies are available for enhancing the reach of the risk communication. These are listed and appropriate mechanisms needs to be selected for reaching the at risk communities and various target audiences with special

communication needs. Examples of enlisting available sources is given in chapter 3. Various mechanisms of communication should be enlisted for considering the most appropriate mechanism for reaching the targeted high risk groups and the at risk populations.

4.2.6.1 Interpersonal communication:

- Consultations with care givers, health workers
- Interactions with Government officials / RRTs
- Interaction with various stakeholders involved at field level

4.2.6.2 Mid media communication:

- Health campaigns
- Small group meetings
- Third party spokesperson
- Open house discussions
- Presentations
- Exhibits

4.2.6.3 Mass Media: various channels:

- Mass e mailings: e- news letter from professional bodies
- Teleconferencing
- Social Media: Twitter, Facebook, Whats app, Blogg, etc.
- SMS

4.2.6.4 Organizational channels:

- News letters from various professional bodies, IMA, NCDC, e news letter etc.
- Communicable disease Alerts from NCDC. Other stakeholders/ partners

4.2.7 Development of RC messages:

The **message** should convey empathy, concern, and briefly explain the circumstances under which the situation emerged. The responsibilities of each organization should be conveyed in mitigating the risk, and RC should encourage behaviors that complement self efficacy so that taking corrective actions helps public to gain confidence and a sense of control over the situation.

Messages should be accurate, not speculative and address what we know about the disease/ event and what we do not know, as also the efforts that are being taken up for addressing the gaps in the information, and assurance that the outcome from the investigations being carried out to understand the uncertainties would be communicated as soon as the information is available. Messages should attack the problem and not person or organization. Judgmental messages should be avoided. Messages should have positive action points rather than negative. Source for additional information may be provided, toll free help line numbers, website etc.

4.2.7.1 Likely template (Q/A) for development of RC messages:

- What is the disease outbreak issue?
- What is the risk to the target audience? (Contacts, caregivers, health workers)?
- Which concerns and perceptions does the target audiences have?
- What can the target audiences do to protect themselves (care givers, health workers and contacts)?
- What is uncertain about the risk (availability of vaccine/ availability of diagnostic tests /drug for treatment/ transmission route)?
- What is being done to reduce uncertainty?
- What is being done to manage the risk?

A template may be developed for message, for various target audiences, objectives of RC their expected behavior change / outcome, barriers in their communication, needs to be developed. A draft template developed for Ebola Virus Disease for various audiences is placed at **Annexure 3**. Such templates need to be developed as exercises for local diseases, which have the potential of epidemic, and these could be utilized during real emergency. The Risk communication team must have feedback session with the technical experts for developing further messages for mechanisms of addressing the barriers and the public concerns.

Approvals should be obtained from the competent authorities. Procedure to be followed placed at Annexure 1.

Template for assigning responsibilities	
Task and responsibility	Status and Team lead
Communication coordination and leadership	
Message content development and clearance	
Spokesperson	
Communication monitoring and research	
Media	
Stakeholder communication	
Social media	

Language experts: These should be engaged for translation of messages into local and regional languages. Special requirements for vulnerable, handicapped and for outreach areas to be kept in mind. Details of such all experts should be mentioned in the Risk Communication Plan at each level.

Development of messages for persons with Specific disabilities: Visually handicapped, Hearing disabled their contact details should be in the plan and annexed.

Following the development of messages an exercise on testing of messages should be taken up, this could be done with the available and feasible means.

4.2.8 Assigning duties for Risk communication team

Requirements of Capacity building training of risk communication teams:

- Contact details for addressing the public requirements of who, where, what, when to be contacted for further information, treatment, diagnostic requirements.
- Technical information on aspects of disease epidemiology, treatment guidelines, sample requirement and the laboratories where the test would be conducted.
- Multi lingual response mechanisms. Details of such all experts should be mentioned in the Risk Communication Plan at each level.
- Systems capacity enhancement for catering to excess load of incoming calls. Contact details of National Informatics at all levels may be added.
- Information of Protocols of Systems response mechanisms to available to Risk communication teams.
- Sharing of all information of internal response mechanisms on day to day basis with Risk communication teams.
- Thorough orientation of the RC team members (the educational background level of risk communicators should not be different.)

Regular and frequent meetings need to be taken so as to ensure that lessons learnt while preparation of plan and during the implementation of plan are utilized to update Risk communication plan.

4.2.9 Organizing press briefing: Press briefing may be organized at a given time on daily basis with the already prepared list of representatives from media, NGOs. Press release may also be kept ready and FAQs prepared by technical experts may also be kept in readiness. Media planning worksheet, login for website of MoHFW, list of media persons, list of ethnic group representatives, Media persons could be informed to access the appropriate information portals rather than going for information sources with questionable credibility. **Tips of media handling is a skilled task and dos and don'ts are placed at Annexure 4. This also includes an example of the whole media exercise on various scenarios of the evolving situation** (These scenarios have been reproduced from Health Emergency Communications: An operational framework for decision and action. Division of Health Security and emergencies Draft 19th July 2013 WHO Western Pacific Region).

4.3 Mitigation Phase

Following the preparation of Plan of Risk communication, there is risk mitigation phase in which all the anticipated actions are taken up while the disaster has not yet occurred. The examples could be that the expected Behavior change for mitigating the risk is communicated so as to ensure safe behavior practices should the disaster occurs. In India during Ebola preparedness, the mitigation exercises were taken up by alerting all the points of entries by communicating the risk and screening of all fever cases, messages for this were sent out to all Ports of entries viz: Airlines, Immigration staff, so that they are well informed for preventing the import of disease in the country. There had been queries for ensuring that the immigration staff is safe while screening the passengers arriving in the country, immigration staff was advised to maintain distance of one meter from the passenger while screening for fever. Risk communication during mitigation is as important for the staff so that the trust and confidence in the system is maintained.

4.3.1 The Mitigation Phase is defined as the steps taken, from a communications perspective, to reduce the chance of a public health emergency or to reduce the negative impact should there be one. It describes the routine release of public health information, and assumes that the State Strategic Health Operations Centre is activated.

The communication objectives during this phase aim at providing updated and latest information on the risk situation, and correcting misinformation, rumors, providing right facts and as the newer facts emerge, addressing the public concerns understood from reviews, listening and learning. Encourage the behaviours that empower the public in managing the risk at their levels. Support informed decision making at the level of communities towards risk mitigation.

The media command centre that had been activated earlier is to address all the media requirements such as indicated earlier: news release, technical updates, media interviews, scientific papers, release of news letter, advisories issued by Health departments, etc, any other material related to health event desired to be released by Ministry of Health,. Further it must address the information gaps, attempts being made for getting additional information and should address the rumors and misinformation being spread amongst the populations.

4.4 Response Phase: This is the phase that involves the actual implementation of the Risk Communication plan, when the disaster is occurring.

4.4.1 The Response Phase is defined as the steps taken, from a communications perspective, during a crisis or emergency. It assumes that Ministry of Health and Family Welfare is in Incident Command System operations, but does not assume that the State Health Operations Center is activated.

This phase will have to address immediate response say (i) within 24 hours and (ii) Activities that will have to be continued during the remaining life of the event.

4.4.1.2 For immediate response_the important points to be addressed are: (i) acknowledge the event, and the (ii) risk due to the event with empathy (iii) credible spokesperson to be identified and tasked for release of information on the present situation (iv) Information on behavioral aspects for prevention of spread of disease (v) commitment regarding the providing information on ongoing basis to stakeholders and public.

Step 1 verify situation its source (credibility), opinion of the subject matter experts,

Step 2 Core team of experts from subject discipline (public health, clinicians, veterinarians etc). Administration and communication is to be formed objective of decision making. The frequency of meeting can be decided based on the event. This is to be informed to senior management.

Step 3 Notifications of all the teams, (technical team, RC team, Media Spokesperson,) to the stakeholders, Senior management, policy makers, central and state governments, including local bodies.

Step 4: Assess level of crisis: Rapid assessment of extent of involvement of disease/ event, population / groups / vulnerable community, agent (disease causing organism new

/ bioterrorism activity, fatality, severity of disease), extent of media coverage, inquiries etc. determine the logistic requirement for managing the event

Step 5 : All the teams should be assigned their respective duties and informed of their roles (Technical, Administrative, RC, Spokesperson etc.)

Step 6 : Preparation of information and seeking approvals. Information should be prepared and the messages should convey accurate information, timely and with empathy about, what we need to inform the public and what they might want to know and what is likely to be misinformed and we should consider this aspect and provide them with appropriate information.

Step 7: Inform public: release information to the public. Media briefs, press release, on web page of MoHFW, employees, health care workers, inform policy makers, legislators,

Step 8: monitoring the event as it unfolds further and the media regarding the reports, revisiting the plans and making necessary procedural changes. After the initial phase of crisis has been addressed, media is likely to raise the issue as to how the event occurred, and the public concerns, of situations that might have gone worse and the cautious public who has faced the situation with bravado. The activities as per the RC plan must be adhered to and updates to media on latest information as the uncertainties unfold needs to be provided, till the emergency is called off.

Step 9: Stakeholder communications: these are necessary for enlisting their support and obligations to manage the event/ crisis.

Step10: Methods for outreach: through health care delivery system, mailings, web page, toll free numbers (Roster to manage to be prepared) social media.

4.5 Recovery Phase:

This is a phase of learning and to see what worked and what did not work while managing and communicating during an emergency situation. Public is highly sensitized in the post emergency period and is in active mode of learning and taking actions for risk avoidance and mitigation. The goals are to improve public response to future emergencies, support public policy and resource allocation and enhance the capabilities of the organization for response.

These could be achieved by taking up interviews with stakeholders and seeking their views on how to improve the response in future emergencies, discussion forums on the management of emergency and risk communication. By Providing enabling examples and good practices for reduction of risk at the level of communities for acceptance and adoption.

Information to WHO is obligatory in the event of occurrence of potential PHEIC in the country, e communication channels is from the NFP IHR to WHO and similar channels are utilized by WHO focal point to NFP of the country.

4.6 Post incident Review:

Department of Health will conduct a review of the effectiveness, clarity of the Risk communication Plan and see that all the latest details of contacts were mentioned and procedures and practices were mentioned and followed. The key persons were familiar with their roles and responsibilities. Evaluations conducted or reviews published or any critiques from stakeholders could be utilized for making improvements in the RC Plans

Department of health will work with the RC team and technical experts to come up with recommendations for improvements in the RC Plan, an exercise that could be taken up as constant input for RC Planning process.

4.7 Future directions:

It is important and necessary to work with stakeholders and review the RC plan to integrate all the important elements for improving outcomes in future.

CHAPTER 5



Country Risk Communication Mechanisms

Ministry of Health and Family Welfare is the nodal agency for management of any public health event amounting to a national emergency or PHEIC. Development of Risk communication plan at all levels is important to address local issues with best responses and with locally available means of Risk Communication. Inputs from various existing task forces/ inter

ministerial groups for management of crisis may be sought for preparation of health messages on respective topics.

5.1 Operational structure & Communication mechanism

5.1.1. National /Central level:

National Risk Communication Committee

Composition and task of National Risk Communication Committee

At the national level, the existing institutional mechanism comprising Crisis Management Group (CMG) under the chairmanship of Secretary (H&FW) is the decision making body under the Ministry of Health & Family welfare in case of any biological disaster/ public health event. The CMG provides effective coordination for implementation of response and relief measures in the wake of crisis. National Risk Communication Committee issues such directions as may be deemed appropriate to manage the crisis. The Technical Advisory Committee under Director General of Health Services provides technical inputs to the CMG. These groups can assume the responsibility of communicating the risk in case of a public health event or the National Risk Communication committee can seek inputs from these existing mechanisms for preparation of the risk communication strategy.

National Risk Communication Committee will be an apex body at national level. It will have members from Ministry of Home Affairs,

Concerned deptt.	Member
Ministry of Health & Family Welfare (chairperson)	Secretary Health / JS(PH)
Directorate General Health Services	DGHS / Addl DGHS
NCDC	Director
Health Education Bureau	Director CHEB
Training institute	NIHFW
Department of Animal Husbandry Dairying and Fisheries	Joint Secretary/ Director
Ministry of Agriculture,	Joint Secretary
Ministry of Information and Broad casting (Media expert)	Joint Secretary
Ministry of Civil Aviation	Joint Secretary
Ministry of Home Affairs	Joint Secretary
Ministry of External affairs	Joint Secretary

Ministry of External affairs, Human Resource development, NFP-IHR, WHO, DGHS, Director-CHEB, EMR, Ministry of Agriculture, Environment and Forests, NDMA, Communication experts (national/state), media agencies and representatives from state and from program divisions.

Concerned deptt.	Member
Ministry of Defence	Joint Secretary
National Disaster Management Authority (NDMA)	CEO NDMA
International Health at DGHS	DDG (IH)
Emergency Medical Relief	Director

Terms of reference of the National Risk Communication Committee:

1. To review situation arising out of a Public Health event (PHE),
2. To review the risk communication plan with regard to the concerned PHE and
3. To issue directions to the concerned line ministries/ departments to roll out the risk communication plan.
4. To provide technical advice for development of Risk communication messages and channels of communication for all the types of audiences and the additional sources of information (based on the type of Emergency/ PHEIC).
5. To liaise with the state governments through its liaising cell/ RD offices / CHEB in various states to issue instructions to the states and review their status through the State RC Committee.
6. To advise on activation of SHOC/ 24X 7 control room at NCDC/ MoHFW.
7. To post updated RC guidelines and FAQs on its website.
8. To hold meetings every month to review the situation.

Media briefing in collaboration with media cell (MoHFW): Media cell will issue the press releases and arrange for media monitoring and updates to technical teams for strengthening the response mechanism in the identified areas.

Activation of the RC plan will lead to activation of communication centre / command centre 24 X 7 to address the public queries. The RC messages will be prepared or adapted from Central govt. both in print and visual media. The information will be disseminated to all the stakeholders and partner agencies. The media cell will be activated to keep track of rumors and news so that state specific issues can be addressed. The Surveillance team will give inputs on the health situation so that messages/ information may be modified accordingly.

There will be a feedback mechanism from all the concerned organizations through publishing a newsletter / e newsletter on quarterly basis.

5.2 State level

Similar mechanism will function at State level as the State Risk Communication Committee. Members may include Public Health Specialist at DHS, State Surveillance Officers (SSOs), Communication experts, representatives from departments of Education, Agriculture and media. The states will designate a nodal officer for risk communication. Committee will decide about budget allocation, drafting of messages and risk communication plan. It will also allocate resources to the district risk communication committee. The RC plan at state level would include SSO, / IHR nodal points at DHS, and the Point of entries. The state level RC nodal persons would communicate with Central level RC nodal persons for carrying out the disseminating messages in their areas, i.e, in the affected districts. Districts teams would assist in Risk communication in their areas.

State Risk Communication Committee		
Composition and task of State Communication Committee	Concerned Deptt.	Member
<p>Members will be from the representative ministries and departments as indicated above for National level inter ministerial task force at the state level.</p> <p>The member secretary would be from the Directorate of Health Services of the state (Programme officer) and convene a meeting under the chairmanship of Secretary Health / Joint Secretary (H) to review the RCP in view of the PHE and take decision to roll out the plan as such or after updating of information. The other relevant sectors (non- health), which are locally relevant (tribal, local ethnic groups, language experts for communication) may be invited for expert inputs.</p> <p>The State would build the capacity of its workforce with regard to RC. Media briefing will be done by the designated spokesperson. The Central Government's efforts in creating awareness among the community on mitigating the risks would be further facilitated by the State's own initiatives through both print, visual media and locally appropriate media channels</p>	Ministry of Health & Family Welfare (chairperson)	Chief Sec./Secretary Health
	Directorate General Health Services	DHS / Addl DHS
	NCDC	State Surveillance Officer(SSO)
	Health Education	State IEC Officer NHM
	Training institute	SIHFW
	Department of Animal Husbandry Dairying and Fisheries	Commissioner/ Director
	Ministry of Agriculture,	State level representative
	Ministry of Information and Broad casting (Media expert)	State level representative
	Ministry of Civil Aviation	State level representative
	Ministry of Home Affairs	State level representative
	Ministry of External affairs	State level representative
	Ministry of Defence	State level representative
	National Disaster Management Authority (NDMA)	Secretary State NDMA
	International Health at DGHS	Officer from Port of Entry
Emergency Medical Relief	MS of state level Hospital	

Terms of reference of State Risk Communication Committee

1. To review situation arising out of a Public Health event (PHE)
2. To review the risk communication plan with regard to the concerned PHE
3. To issue directions to the concerned line ministries/ departments to roll out the risk communication plan.
4. To provide technical advice for development of Risk communication messages and channels of communication for all the types of audiences and the additional sources of information (based on the type of Emergency/ PHEIC).
5. To issue instructions to the districts to review their status through the District RC Committee.
6. To advise on activation of SHOC(its equivalent)/ 24X 7 control room at the State level
7. To post updated RC guidelines and FAQs on its website in co ordination with the National RC Committee.

5.3 District Level:

District Risk Communication committee		
Composition and task of National district Communication Committee	Concerned deptt.	Member
<p>Management of Disease outbreaks/ PHE is the mandate of the District health Department. The CMO of the district will initiate the constitution of District Risk Communication committee, which will comprise of District magistrate, CMO, representatives of Agriculture, education, NGOs (International, national) and district surveillance officer (DSO). District nodal RC person will be designated by the committee.</p> <p>District RCC will assume the charge of activation and roll out of the plan under the District Collector. District Collector will hold meeting/(s) in their respective districts with SP, CMO, Revenue, PWD, Forest, Education and Panchayati Raj institutions/ Local Self Governance Departments where the District RCC Plan would be reviewed and activated. The support required from the State Government would be listed out.</p> <p>The District plans will be activated after approval from state RCC and also</p>	Ministry of Health & Family Welfare (chairperson)	District Collector
	Directorate General Health Services	CMO/ DHO
	NCDC	District Surveillance Officer(DSO)
	Health Education Bureau	Block Extension Educator
	Training institute	Local NHM training institute
	Department of Animal Husbandry Dairying and Fisheries	District Officer (AH)
	Ministry of Agriculture	District Agriculture officer
	Ministry of Information and Broad casting (Media expert)	District media Officer
	Ministry of Civil Aviation	District level representative
	Ministry of Home Affairs	District level representative
Ministry of External affairs	Facilitation committee of APHO/ PHO/PoE or District level representative	

monitored by the monitoring cell.

District Collector will convene a meeting of Zila Parishads and who in turn would organize meeting of Panchayat Samitis and Gram Panchayats to spread awareness and involve the PRIs in operationalization of the RCP. The micro plan at the village level will be approved by the RCC.

Ministry of Defence	District level representative
Concerned deptt.	Member
National Disaster Management Authority (NDMA)	Director DM & studies centre
International Health at DGHS	Officer from Port of Entry
Emergency Medical Relief	MS of District Hospital

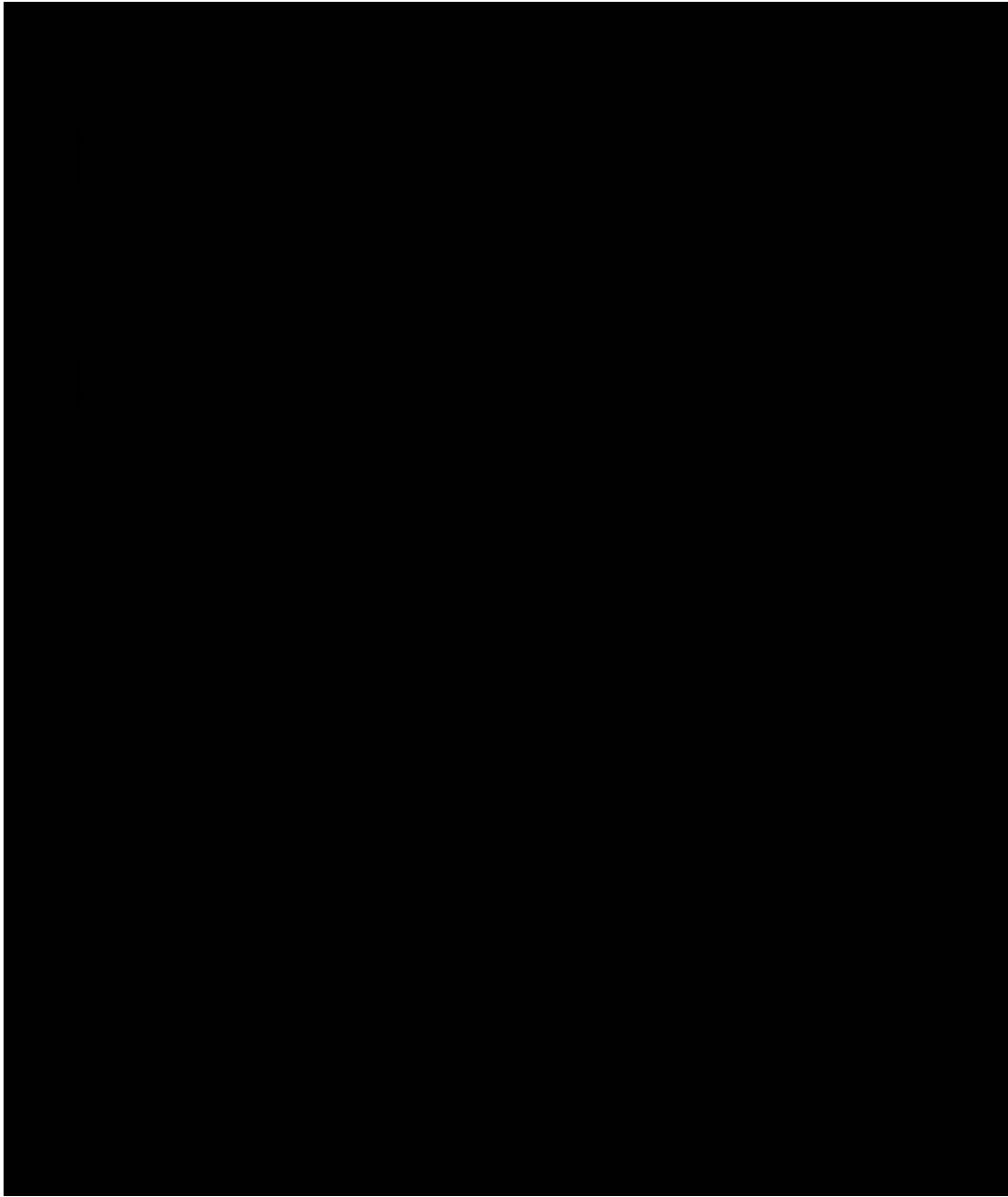
Terms of reference of District Risk Communication Committee

1. To review situation arising out of a Public Health event (PHE),
2. To review the risk communication plan with regard to the concerned PHE
3. To issue directions to the concerned departments to roll out the risk communication plan.
4. To draft key IEC/ BCC messages based on inputs from national and state level and provide technical advice for development of Risk communication messages and channels of communication for all the types of audiences and the additional sources of information (based on the type of Emergency/ PHEIC).
5. To decide for channel of communication of these messages taking into account all the needs of the community viz. literacy level, translation in local language for ensuring acceptance and compliance of the RC messages.
6. To advise on activation of SHOC (its equivalent at district level/ 24X 7 control room at district level.
7. To post FAQs on its website in co ordination with the State RCC.
8. Training of health and other concerned officials will be the responsibility by the district committee.

5.4 Information flow during a PHEIC: The information flow for various categories of disease outbreaks/ disasters can be understood from the flow chart in the next page. In the event of a locally occurring disease outbreak / disaster, the local level RC plan will be activated by the team constituted at that level. In case the disease involves potential of spread in the state the state level RC plan will be activated and the and the RC team will take actions towards mitigation of risk to the affected populations and the at risk communities.

In the event of a national level emergency, National Risk Communication Plan will be activated and the national team will take call for the risk communication by activating its mechanisms.

In the event of the threat of national emergency escalating to an international emergency ie. PHEIC, the RC Plan will take inputs from various sources for conveying to the international community through WHO regarding the event and the risks that need to be communicated.



CHAPTER 6

Recap for development of Risk Communication Plan

6.1-Summary

Ideally there should be a permanent structure for risk communication with dedicated and identified staff for each of the tasks. The TORs of the Risk communication is placed at **Annexure 6**.

6.2 Steps in development of Risk Communication Plan

1. Constitution of National RCC advisory body. (Describe the area/(national))
2. State RC committee Describe the area/(State)
3. District level RC Committee. Describe the area/(District)
4. Mechanisms of Risk communication (Vertical and horizontal). Terms of reference of the Committee being constituted at all levels.
5. List the disease outbreaks / disaster likely to occur in the circumstances including the PHEIC as per Annex 2 of IHR 2005 document placed at Annexure 5.
6. Prepare the draft RC messages in view of the anticipated disease outbreak / disaster on the template provided in Annexure 3 for Ebola.
7. Listing of partners, and their roles and responsibilities.
8. Listing of Stakeholders and their roles and responsibilities.
9. Constitution of Risk communication team including those required in the CBRN events.
10. Notification of Risk Communication team including the co-opted members.
11. Preparation and finalization of RC messages in the event of a disease outbreak/ PHEIC (from inputs of technical teams, other partners, rapid assessment of risk perception of the community, FAQs from technical team, logistic support, surge capacity etc.)
12. Identifying the spokes person
13. Preparation of press releases and for media briefing
14. Listing of available communication resources, viz SHOC, Media monitoring centre, toll free members and additional sources required.
15. Media sources for informing the public. (Web sites of Ministries, NCDC or other authentic technical information source)
16. Procedures of scaling up the capacity required for Risk Communication, and the approvals (financial) required.
17. Methods / tools required for reaching the target audiences, who are difficult to reach, in areas of poor outreach, in different languages, cultural backgrounds.
18. Describe the linkages and the operationalisation of RC plans Vertical and horizontal.
19. Linkages to operational plans of relevant partners (hospitals, drug manufacturers, etc) and stakeholders (nodal points).
20. Feed back on the RC messages, and these inputs to modify further RC messages. Identify the media monitoring sources for providing feedback, rumors etc.

ANNEXURES

Annexure 1

Procedures for approvals from the Ministry of Health and Family Welfare:

The procedures for approvals of Risk communication messages should be clearly defined. Following development of Risk communication messages, the approval of messages by the RC team of experts should be taken. Members of RC team may be from technical, stakeholders, partners, media Department of audiovisual publicity (DAVP), and audiences. Messages should be developed keeping in view all the principles of what we need to inform, what audiences may like to know and what communication may go wrong.

RC team approves the messages, the communication channels for dissemination of message, and the budgetary requirements.

Procedure may involve steps of technical approval, RC team, approval of Secretary of the Health Ministry, later from Minister of Health and Family Welfare, and financial approval of the budget.

The RC messages could be sent by the appropriate approving body to state level RC teams and with clear directions for further actions by the respective RC teams of the state level and district level.

Procedures for seeking approval of engagement of manpower.

Method of Estimation of manpower requirement for risk communication for any event amounting to Public Health emergency should be indicated, and this should be immediately calculated by the technical team of experts. The procedure of engagement of technical staff, for managing round the clock media queries, should be laid down in the RC plan so that the approvals are obtained without loss of time. These mainly would include (mobilization from the existing manpower engaged in various sectors, approaching the appropriate authority for their release. If the requirement is likely for a longer period the procedure for engaging contractual manpower and contact details of any agency approved for supply of such manpower need to be indicated in the RC plan. Manpower requirements could be sourced from Central or State health services, Municipal bodies, voluntary organizations etc and their terms and conditions of salary structure should also be indicated)

Annexure 2

List of Stakeholders and Partners

List of Organisations and the stakeholders:

S. No	Organisation and their Stakeholder
1	National Centre of Disease Control (NCDC) National Focal Point NFP
2	National Centre of Disease Control (NCDC) Integrated Disease Surveillance Programme (IDSP)
3	National Centre of Disease Control (NCDC) Outbreak Monitoring Cell (OMC)
4	Ministry of Health and Family Welfare (MoHFW) DGHS: Port of Entries (PoEs)
5	National Vector Borne Disease Control Programme (NVBDCP)
6	Ministry of Health and Family Welfare (MoHFW) National Informatics Centre (NIC)
7	Centre/ State : Infectious disease hospital
8	National/ State Disaster Management Authority (NDMA/ SDMA)
9	Central/ State Health Education Bureau (CHEB/SHEB)
10	Plague coordination units
11	Food Safety and Standards Authority of India (FSSAI)
12	Ministry of Health and Family Welfare (MoHFW) Emergency Medical Relief (EMR)
13	Ministry of drinking water and sanitation (MoDWS)
14	Ministry of Civil Aviation (MoCA)
15	Ministry of Communications & Information Technology (MoCIT)
16	Ministry of Communications & Information Technology (MoCIT) Department of post and Telegraph
17	National Disaster Management Authority
18	Ministry of Environment and Forests
19	Institutions Zoonotic events: Indian Council of Agricultural Research (Animal Welfare, Indian Veterinary Research Institute : IVRI etc)
20	Institutions chemical events: National Institute of Occupational Health (NIOH etc)
21	Medical Colleges Centre/ State
22	Department of Atomic Energy (DAE): Nuclear Power Corporation of India (NPCIL)
23	Ministry of Agriculture (Research Institutions)
24	Language experts from the university, embassy
25	Embassy contacts for language contacts
26	Ministry of Railways
27	Ministry of Shipping
28	Ministry of Road Transport
29	Ministry of Tourism
30	Ministry of Education

S. No	Organisation and their Stakeholder
31	Local Bodies
32	State Governments: Health Communication experts from relevant sectors
33	Emergency Operations Officials SHOC Centre and State
34	Ministry of Information and Broadcasting (MoI&B)
35	Fire department
36	Police Department
37	Drug manufacturers
38	Drug suppliers
39	Religious groups
40	Faith based organizations
41	Cremation ground/ Burial grounds

List of Partners:

S. No	Partners
1	Directorate General of Health Services (DGHS)
2	United Nations International Children's Emergency Fund (UNICEF)
3	United Nations UNAIDS
4	RED CROSS
5	National Institute of Health and Family Welfare (NIHFW)
6	Non Governmental Organisations (NGOs)
7	HOSPITALS
8	LABORATORIES
9	Indian Medical Association (IMA)
10	LOCAL IMA CHAPTERS
11	LOCAL CORPORATES
12	National Informatics Centre (NIC)

Annexure 3 A

Table depicting target groups, objectives, medium of communication and expected outcomes, and barriers to effective risk communication wrt Ebola

Target Groups	Objectives	Medium	Expected outcome	Any comments / Barriers
Affected population/ community- Priority	-To avoid havoc or fear among masses -To create awareness among public -To inform about symptoms & prevention.	Print Media- IEC (Social ads) on newspapers, Pamphlets or flyers Electronic Media- Play social awareness ads or documentary on national TV New Media/ Cyber Media – Upload on MoH&FW website	Reduce the level of havoc or fear among masses as they will be well informed which leads to awareness among public about symptoms & prevention. Knowledge followed by behavior change for prevention of disease.	Cultural barriers, viz kissing the dead body
Health care workers- HCWs	-To make them confident in dealing with public/ community/cases. -To upgrade their knowledge on measurable steps, symptoms, precautions and creating awareness -To inform the basic standard precautions to be followed during the care and treatment of suspected patients	Pamphlets or booklets -Electronic Media- Play social awareness ads or documentary on national TV or project among HCWs. -New Media/ Cyber Media – HCW's may visit MoH&FW website for further information. -IPC medium- Conduct training and workshop to HCW's	Reduce the level of havoc or fear among masses as they will be well informed which leads to awareness among Healthcare workers about symptoms & prevention. They will be well versed with the basic standard precautions to be followed during the care and treatment of suspected patients so as to save themselves from getting affected.	Lack of availability of the Personal protective equipments
Point of entry POEs and Exit - Airports, cross borders, road ways, high ways or travelers	To trained staff to avoid havoc or fear among travelers, travelers on board. To upgrade staff's knowledge on measurable steps, symptoms, precautions.	Print Media- IEC (Social ads) on newspapers, Pamphlets or booklets or boardings or bill boards -Electronic Media- Play social awareness ads or documentary on national TV or display on electronic billboards or at airports at strategic locations viz immigration counters -New Media/ Cyber Media – Staff or travelers may visit MoH&FW website or their official website for further information.	This will lead to staff to be well trained while dealing with travelers. Reduce the level of fear among masses as they will be well informed which leads to awareness among public about symptoms & prevention. They will be well versed with the symptoms so that they would report early at the nearest health care setting for surveillance purposes.	Language barrier, logistics,

Target Groups	Objectives	Medium	Expected outcome	Any comments / Barriers
State Surveillance officers	To keep a constant vigil and raise level of awareness. To be in constant touch with CSU and keep them informed. To inform the basic standard precautions to be followed during the care and treatment of suspected patients	-Print Media- IEC (Social ads) on newspapers, Pamphlets or booklets Through the official website and official communications. -Electronic Media- Play social awareness ads or documentary on national TV or project among SSO's -New Media/ Cyber Media – SSO's may visit MoH&FW website for further information. -IPC medium- Conduct training and workshop to HCW's	This will lead to SSOs to be well trained while dealing with public and it will reduce the level of fear among masses as they will be well informed which leads to awareness among public about symptoms & prevention. They will be well versed with the surveillance activities and monitoring requirements of suspect cases.	Logistics and the referrals for suspect cases if required.
Clinic, Hospitals and Laboratories	To inform them about collecting, testing and preserving at right place. To be in constant touch with national labs and keep them informed.	-Print Media- IEC (Social ads) on newspapers, Pamphlets or lab booklets -Electronic Media- Documentary to project among technician or clinician. -New Media/ Cyber Media – labs technician or clinician may visit MoH&FW website for further information. -IPC medium- Conduct training and workshop among labs technician or clinician	This will lead to lab technician, clinician, and hospital staff to be well trained while about collecting, testing and preserving the samples at right place. They will also be in touch with national labs and keep them also informed.	Logistics,
Schools & workplace	To avoid havoc or fear in premises To create awareness among public To upgrade knowledge of staffs and teacher's on measurable steps, symptoms, precautions though workshops.	Print Media- IEC (Social ads) on newspapers, Pamphlets or booklets or posters at notice boards. -Electronic Media- Play social awareness ads or project documentary on Electronic screen.	Reduce the level of fear among masses as they will be well informed which leads to awareness among public about symptoms & prevention. They will be well versed with the information to report to a health care setting in case of a person is suspected of illness. Also basic standard precautions to be followed during the care and treatment of suspected patients..	Information dissemination to all the areas and coordination with SSOs.

Target Groups	Objectives	Medium	Expected outcome	Any comments / Barriers
		<p>-New Media/ Cyber Media – Staff or commuters may visit MoH&FW website or their official website for further information.</p> <p>-IPC medium- Conduct training and workshop among teachers, students and staffs.</p>		
Airlines, immigration, cabin crew	<p>To keep a constant vigil and raise level of awareness.</p> <p>To be in constant touch with CSU and keep them informed.</p> <p>To inform the basic standard precautions to be followed during the care and treatment of suspected patients</p>	<p>Print Media- IEC (Social ads) on newspapers, Pamphlets or booklets or flyers</p> <p>-Electronic Media- Play social awareness ads or documentary on national TV or display on electronic screen at airports.</p> <p>-New Media/ Cyber Media – Staff or commuters may visit MoH&FW website or their official website for further information.</p> <p>-IPC medium- Conduct training and workshop among staffs and crew members.</p>	Reduce the level of fear among masses as they will be well informed which leads to awareness among public about symptoms & prevention. They will be well versed with the information as to where to report in case of a suspect passenger develops symptoms.	Reaching them through their official channels

Annexure 3B

Guiding principles of Risk Communication

- When health risks are uncertain—it is uncertain, for example, whether Zika can cause Guillain-Barré syndrome or microcephaly—the population needs information on what is known and what is not; the actions being taken by the responsible authorities to answer the pending questions; the real extent of risk; and provisional guidelines for decisions on protecting their health and the health of others. Insofar as possible, disseminating this information before actual cases are diagnosed will help mitigate initial concerns.
- The timely and transparent dissemination of accurate and accessible science-based information on Zika virus infection creates public trust, in particular because the effects of this disease, which is new to the Region and was previously more limited in its geographic and demographic scope, are still unknown. It is important to make use of all possible channels to bring unified messages to the population (social media, institutional websites, community leaders, mass media, target audiences of partners and allies, etc.). diploma
- Coordinating all of the organizations and health workers involved in creating and disseminating messages is fundamental in attempting to forestall confusion. Confusion can undermine public trust, create fear and anxiety, and slow down response measures.
- Prioritize the messages. Messages should be organized in order of importance, focusing on those messages that have the greatest impact in terms of containing the event and affecting behavior in the population.
- Information for the public should be accessible, technically correct but adapted to the different audiences, and sufficiently thorough to promote support for official policies and measures such as those designed to control and eliminate the mosquitoes and their breeding places. The messages should be translated into other languages or dialects as necessary.
- Make preparations for social mobilization and effective community participation in activities designed to eliminate breeding sites and control the mosquito.
- The information presented should leave as little room as possible for speculation, and should avoid over-interpretation of the data, as well as overly confident evaluations of public health investigation and control measures.
- It will be important to realize that approaches and recommendations may change as more is learned about this disease.
- Make contingency plans: establish mechanisms and actions to address possible situations involving socially sensitive actions.
- Changes of behavior will be based on education, leading to changes in environmental habits and approaches to caring for houses and their surroundings. Schools and community leaders are key elements in bringing about these changes.

- Keep journalists constantly informed of how the situation is evolving. Provide for extensive appearances of skilled spokespeople who can provide unified information. Take measures to ensure the accuracy of data, so as to avoid giving information that is, or can be perceived as, contradictory.

Evaluating the perception of risk (examples)

To achieve effective prevention and control activities that actively involve individuals and communities, one tool is to analyze the perceptions of different audiences regarding Zika virus infection, possible related health problems, and the mosquito’s role in transmitting the virus.

Individuals’ risk perceptions are based on their perception of susceptibility/non-susceptibility to acquiring the disease, its severity or the magnitude of the problems it brings, the benefits of changing their behavior versus the personal costs, and their willingness make the changes.

National and local authorities should analyze the risk perceptions associated with the disease and the mosquito, so as to carry out appropriate communication activities:

Indicate the following problems in terms of the risks they entail:

	VERY HIGH risk	HIGH risk	MODERATE risk	LOW risk
Dengue				
Why?				
Chikungunya				
Why?				
Zika				
Why?				
Microcephaly				
Why?				

Fear	Are you afraid of getting Zika ? Are you afraid that you or a family member will become pregnant and have Zika ?	Are you afraid of getting sick as the result of a mosquito bite ?
Mistrust	Are there institutions taking responsibility for doing things to prevent the risk of Zika ?	Are there institutions taking responsibility for doing things to prevent and control breeding sites and mosquito populations ?

Reversibility	Is it possible to recover from Zika ?	Is it possible to recover from the diseases caused by mosquito bites ?
Personal interest	Have you felt that you or your immediate family are at risk for getting dengue ?	Have you felt that you or your immediate family are at risk for getting chikungunya ?
Ethical and moral aspect	Do you think that people who get Zika engage in some type of risky behavior?	Do you think that people who are bitten by mosquitoes engage in some type of risky behavior?
Known victims	Have you had Zika ?	
Catastrophes	Do you think there is a risk of a Zika “epidemic” in our country?	Do you think there is a risk of an “epidemic” of diseases transmitted by mosquitoes in our country?*
Other		

*These questions can easily be modified to explore perceptions of microcephaly risk if a country’s situation requires it.

This survey should incorporate questions on attitudes and practices:

What behavior do you need to change to control mosquitoes and their breeding places?

- Why aren’t you behaving that way now?
- How can you influence these behaviors and better support them?
- What obstacles are there?
- Why are some people making these changes now, and others not?
- How is change achieved?
- What do health care workers and residents think about the effectiveness of the control measures taken so far?
- Who are presently, or potentially, the most important actors in household hygiene? Who influences them?
- Who does the community trust as a source of information?
- What are the best media for transmitting the information?

- What terminology and concepts about the disease, the mosquitoes, and hygiene should they use?

Main channels of communication (examples)

The Ministry of Health will use a variety of channels to distribute information and messages to the media and the public about how public health entities and doctors are responding to the situation, non-pharmaceutical interventions, and any other general or educational information relating to the various organizations participating in the response. The key channels of communication include, but are not limited to:

- Information sessions for the media, including televised press conferences and telephone conferences with journalists.
- Social media (such as Twitter, Facebook, YouTube, Instagram, Twitter podcasts, texting, etc.).
- Micro websites with detailed information on Zika virus infection.
- Public service announcements on the radio.
- Distribution of printed materials.
- Other actions for social and community mobilization. Other partners and allies (churches and parishes, community government assemblies, sports events, popular personalities, etc.).

If cases of microcephaly are detected among newborns, and correlation with Zika is proven, health authorities should:

- Collaborate closely with public health authorities and other local authorities (such as hospital employees) to evaluate the situation and prepare for the public announcement.
- Use a single spokesperson and send unified messages. Provide the media interviews with public health officials who are thoroughly familiar with the subject and prepared to address the media.
- Notify the news media, sending the notification to the entire list of media outlets.
- Issue a statement for the media.
- Simultaneously send text messages and tweets in real time to inform the public (if possible).
- Issue a note describing key data, preparations for government response, and social protection measures.
- Update the health website with essential public health information (if there is good internet access).
- Update questions and answers for the emergency telephone line (if there is one). Make sure that the emergency telephone line has been provided with all of the material distributed to the media.
- Update the international partners that are providing technical cooperation. Provide frequent updates to providers of care to pregnant women, so that they can judge how to respond to their clients' concerns.

Audiences

Health officials will disseminate information extensively to the general public, to

health workers, and to the public health community, to inform them regarding Zika virus infection and to address the concerns of the general public.

Some specific audiences are described below. All of these groups have concerns and problems, some shared, others differing, which require specially targeted communications efforts in order to maintain trust and manage the expectations of the target audiences.

General public	<input type="checkbox"/> People living in areas where there is a risk of infection <input type="checkbox"/> Pregnant women and women of reproductive age <input type="checkbox"/> Patients and persons with symptoms
Health workers	<input type="checkbox"/> Doctors and other health workers <input type="checkbox"/> Associations of medical professionals <input type="checkbox"/> Laboratory personnel
Travelers and the tourism industry	<input type="checkbox"/> Travelers to areas where there is a risk of infection <input type="checkbox"/> Airline companies <input type="checkbox"/> Professional airline organizations <input type="checkbox"/> Cruise lines
Community organizations	<input type="checkbox"/> Schools <input type="checkbox"/> Religious organizations Businesses <input type="checkbox"/> Civic organizations

Channel	Insert types of audience the channel reaches
Social media	<ul style="list-style-type: none"> • Public
Websites	<ul style="list-style-type: none"> • Public • Health workers
News media	<ul style="list-style-type: none"> • Public
Doctors' and nurses' organizations and networks	<ul style="list-style-type: none"> • Health workers • Public health community
National emergency telephone line	<ul style="list-style-type: none"> • Public
Partners The partners that may be part of the communication initiatives and who should receive up-to-date information and be apprised of key points, so that their members are prepared to respond to questions from the public.	<ul style="list-style-type: none"> • Health workers • Public health community • General public • Travelers • NGOs and organizations providing social protection for vulnerable populations
Community centers	<ul style="list-style-type: none"> • Public • Community dispensaries • Schools • Other
Other: Points of entry Workplaces (factories, <i>maquilas</i> , unions, schools, health care facilities, prisons, etc.)	<ul style="list-style-type: none"> •

MEDIA SPOKESPEOPLE

The principal media spokespeople are:

- 1.
- 2.
- 3.
- 4.

Examples of IMMEDIATE ACTIVITIES	
Timing	Activities
Hour 1	<ul style="list-style-type: none"> • Distribute the key messages to personnel at health authorities. • Provide messages for a press release. • Issue press release. • Inform partners and allies. • Hold information session for the press. • Place information on the health authority's website. • Put messages on social media. • Answer requests from the media
Hour 2	Monitor and evaluate the communications media, social media, and questions that The public has
Hour 3	<ul style="list-style-type: none"> • Inform and provide guidance to doctors, the public health community, and Laboratories. • Give doctors and the public health community descriptive notes for patients. • Update the responses prepared for the national emergency telephone line. • Activate the call centers. Inform and provide guidance to doctors, the public health community, and Laboratories. • Give doctors and the public health community descriptive notes for patients. • Update the responses prepared for the national emergency telephone line. • Activate the call centers.
Day 2	<ul style="list-style-type: none"> • Host a press conference to provide the public current information on the situation • Conduct surveys on risk perception and/or the population's need for information
First 5 days and beyond	<p>New activities:</p> <ul style="list-style-type: none"> • Coordinate calls with partners. • Answer requests for information and products from concerned parties • Put updated information on the websites. • Provide supplementary materials to the general public.

Timing	Activities
	<ul style="list-style-type: none"> • Ongoing activities: Put updated information on the websites. Update the announcements and messages on travel at ports of entry, as necessary. Share current information with doctors, health departments, and laboratories. Disseminate updated key points with personnel and concerned parties. Monitor and evaluate the communications media, social media, and questions from the public.

Examples of main key messages:

- The Ministry of Health knows that people are concerned about this situation. We understand these concerns and are taking them very seriously. We will share the information that we have right now, and will provide more information as we receive it.
- The situation is still evolving. [Names of the ministries] are investigating the following factors:
 - ❖ How many people have symptoms, and the status of their health and their children’s health?
- There is currently no vaccine that provides protection against Zika virus. The most frequent treatment for the infection is limited to treating the symptoms as they appear and providing support. Thus, controlling the mosquitoes and their breeding places is essential in order to protect everyone’s health.
- Pregnant women have the same risk of Zika infection as the rest of the population. The infection is transmitted by the bite of infected *Aedes* mosquitoes. Many of these women may not realize that they have the virus because they do not develop symptoms.
- All people, including pregnant women and women of reproductive age, should avoid exposure to mosquito bites, for example by wearing clothes that cover the skin (long sleeves), using medicinal mosquito netting, and using the repellents indicated by health authorities, following label instructions. It is extremely important that possible mosquito breeding sites be detected and eliminated in and around all houses.
- The government has been preparing for an event like this:
 - ❖ By improving the capacity for surveillance and for monitoring the virus’s geographic spread, and by improving the laboratory capacity to test for cases;
 - ❖ By working to inform health care providers about the protocols for proper response; o By distributing updated information to the general public, to travelers, and to public health partners at the international level; and
 - ❖ By controlling the mosquito and working actively with everyone to eliminate the mosquito populations and breeding places.
- The Ministry of Health will put emerging information on Zika virus infection on the website: www...
- When health risks are uncertain, people need information on what is known and

what is not, as well as provisional guidance for decision-making to protect their health and the health of others.

- Timely and transparent dissemination of accurate science-based information can encourage public trust. For this reason, the Ministry of Health will be updating the data every X [interval], providing timely notification of how the situation changes/progresses/evolves.

The above list provides some suggestions on steps to take in designing and implementing action on Zika virus infection. Although the activities are numbered, they are not listed in order of importance or in any particular sequence. The situation may call for some activities to be simultaneous, or to occur earlier or later than indicated by their position in this hypothetical list.

Tasks for the internal organization of the risk communication team

1. Formulate a transparency policy that explains the criteria for disseminating information to the public, including a process for rapidly approving notices and advisories for public distribution in the case of a real or possible health risk, as well as protocols for issuing notices or advisories outside of normal working hours.
2. Determine which members of the communication team will serve as the Ministry's contact point for coordinating communication with other organizations involved in responding to the Zika virus outbreak. Activate the team responsible for monitoring the media and other communication channels, so that it can gather information on public perceptions.
3. Designate the person who is to be responsible for facilitating and following up on approval of public information messages.
4. Designate and train spokespeople.
5. Based on advice from the relevant experts, decide what measures should be taken with respect to the at-risk population, and make the preparations needed to disseminate previously prepared messages to the public through pre-selected partners and channels of communication.
6. Issue the first announcement. Answer the initial questions frankly and quickly.
 - ❖ The information should be disseminated before damaging rumors begin to circulate.
 - ❖ In the first announcement, the spokesperson should include information on protecting health, the circumstances surrounding the first case, and the measures that health authorities are taking to protect the public and health workers.
7. Inform the news media when and where information will be updated, and where they can find it on the internet or elsewhere.
8. Use a variety of channels to maintain ongoing communication with the public.

Tasks needed to address the needs of the most vulnerable populations

9. Identify mechanisms for communicating with less accessible groups and those in situations of vulnerability, in order to ensure that they will have access to information on protecting health and on accessing needed care.

10. Define the channels of communication that will be used to reach vulnerable groups.
11. Prepare messages and communications materials in all of the languages and dialects spoken by the target populations.

Relations with direct stakeholders and partners

12. Create an interinstitutional group to facilitate communication among the relevant organizations, and coordinate public communications.
13. Identify groups to support communication activities, such as young people's groups, schools, mayors, unions, churches, and other types of associations and groups. Create databases on these and include them in the preparations.
14. Obtain the support of doctors, nurses, midwives, and health promoters at the primary care level, so that they can be relied on to receive and transmit information.
15. Work with celebrities and other spokespeople, drawing on their help to disseminate health protection information to their followers and supporters.

Preparation

16. Prepare a list that indicates how information will be transmitted and who is in charge of doing this (including partners).
17. Prepare the public for the possibility that cases of microcephaly will occur. During the preparatory stage, distribute messages describing the measures that the government is taking to protect the public and health workers, to provide citizens with information on how to protect themselves and their families, to reduce stigma, and to maintain hope through early interventions.

Preparation of messages; distribution channels

18. Prepare and test key messages, including basic information on the threat to health and information on preventive measures.
19. Develop preliminary versions of press releases, public service announcements, and documents with frequently asked questions that provide information on the health threat and protecting against it.
20. Choose the communication channels that will be used to distribute the messages and to involve the communities.
21. Continually update the information appearing through other channels (such as websites, printed materials, and radio announcements).
22. Work with medical care providers to develop and distribute health protection messages to, and through, health workers.

“Listening”: Monitoring communications

23. Implement mechanisms to monitor the effectiveness of communications, and methods to gain an understanding of the public’s attitudes and motivations.
24. Create a team to monitor the news media and establish a telephone help line.
 - ❖ Identify and communicate frequently with community leaders in the at-risk populations, and with other target audiences, to keep abreast of what their members need, want, and are concerned about. Be committed to the community and its leaders through ongoing dialogue about their concerns and about response activities.
 - ❖ Activate the call centers and monitor calls from the public.
 - ❖ Hold meetings with the community and influential people.
 - ❖ Monitor news and social media.
 - ❖ Regularly share the results of monitoring with spokespeople, technical experts, risk managers, partners, and the communications team, so that this information can provide a basis for new communication materials that address erroneous ideas and causes of public concern, and for any necessary adjustments in the response to the health threat.

Relations with the news media

25. Create or update databases on the news media and contact information.
26. Define logistics for working with the media and providing updates.

Community participation

27. Quickly create a community attitude of involvement with vector control and with the targeted behavioral goals.

What resources does the community have that could allow it to more effectively control the mosquito?

28. Establish lines of action, create materials, and test them.
29. Reorient activities in light of impact evaluations.

Annexure 4

Handling Media: The media is a vehicle to deliver the single overarching communication objective (SOCO). In preparation, questions have to be anticipated and draft answers prepared. One should also be aware and prepare for reporters' tactics; by conducting quick online research about the journalist (or outlet) so that the journalist's likely "angle" can be anticipated.

The problem and solution should be clearly defined, and details of the response and what others can do detailed. Three key messages should be delivered in a clear and concise manner. As an interviewer will likely use tactics to generate greater impact. It is extremely important to stay on message and to avoid being drawn into saying things that may impact the SOCO; it is the interviewer's job to fill the time. Bridging statements may be needed to ensure that all the key messages are delivered.

Some Golden Rules for interviews include: -

- Never lie
- Never say "no comment"
- There is no such thing as "off the record"
- Be short, to the point, and take account of the target audience
- Stay calm, confident and in charge
- Use simple language, avoid jargon
- Be human, and smile when appropriate
- It is OK to say "I don't know but I will find out"
- Do not speculate

These scenarios have been reproduced from Health Emergency Communications: An operational framework for decision and action. Division of Health Security and emergencies Draft 19th July 2013 WHO Western Pacific Region referenced at point no 8 The various scenarios are presented below:

- A – First cluster of cases*
- B – Field team dispatched for investigation and risk assessment
- C – Pre-containment. High probability of it happening
- D – First announcement of Rapid Containment*
- E – Operation begin. Arrival of anti-virals
- F1 – Operation ceased, virus reasonably contained*
- F2 – Operation ceased, virus spread beyond containment zone*
- G – First death case confirmed

(*These scenarios require more extensive announcement as they represent key progress of the situation.

Apart from issuing statements, media interviews and conferences should be considered)

SCENARIO A

This will be the first time your government announces a cluster of cases. This announcement is important to set the scene for what is about to unfold.

Scenario A – First Cluster of Cases

- Over the past few days, a number of cases presented themselves at a local medical centre
- Exhibiting influenza-like symptoms of unknown origin.
- Some of the symptoms were severe.
- All patients were epidemiologically linked though not all had direct contact with sick poultry
- A lot of information may not be entirely clear at this stage, but events will unfold very quickly from henceforth.

Objective of media announcement

- Crucial "first announcement" on the incident and should be released as soon as possible, Preferably before the news break from other sources
- Inform & mentally prepares the public of initial case outbreak
- Authorities are acting on issues
- Urge public to take pro-active actions – keep away from sick poultry / seek medical help
- Dispel any possible rumors & establish the authority as official source of information

Key points of announcement

- MOH were notified of X number of cases of people with flu-like symptoms in Gornali, some of which had contact with sick poultry
- Samples were being sent for testing
- While it is not yet confirmed, it may hint to a human-to-human transmission (depending on the initial field assessment)
- MOH informs the public that actions were being taken – such as treatment of the sick
- The situation is under monitoring
- While not much is known at this stage, the public is encouraged to be socially responsible and practise good hygiene practice (stay away from sick poultry, hand washing)

Other action points

- Coordinate with WHO, SAARC and other relevant international partners
- To prepare for spokespersons with the scientific and medical information
- To ensure support is given at local level (contact points for reporting, medical facilities to take in more cases)
- To monitor reactions of media, affected population and others

Sample Press Statement for SCENARIO A

Cases of Influenza-like Illnesses in Gornali

The Ministry of Health has been notified that five persons from the Gornali province have sought medical attention due to severe flu-like symptoms. The symptoms included flu-like illness (sudden onset of high fever followed by muscle aches, headache and sore throat).

Initial investigations revealed that some of the patients had recent contacts with sick poultry while others did not. The origin of the disease is not yet known.

The patients are currently under treatment in a local medical center / hospital while awaiting further test results. A team has been dispatched to Gornali for further

investigation. The Ministry urges anyone in the community or who had a recent travel history to the affected areas, with similar symptoms to seek immediate medical help.

The Ministry would also like to send the following reminder:

- Report sick or dead birds to local or state authorities
- Do not touch sick or dead wild birds with your bare hands.
- If you come in contact with wild birds or droppings you should immediately wash your hands.
- Hunters and backyard farmers should wear gloves when handling killed birds.

The ministry will continue to monitor the situation and keep the public updated.

SCENARIO B

This scenario provides an update on the field investigation

Scenario B: Field Team Dispatched for Investigation and Risk Assessment

- A field team has been dispatched on-site for investigation
- More samples are taken for investigation
- Meanwhile, more people turned up at the local medical center reporting similar symptoms

Key points of announcement

- Inform public of work in progress – investigation underway and samples taken for more tests
- Meanwhile, more people reported sick at the medical center
- Remind public of precautionary, proactive measures

Objective of media announcement

- This "interim" statement at this stage serves the purpose of updating the public on actions taken
 - To report on the increase in number of cases
 - To reiterate the importance of seeking medical help and keeping away from sick poultry
-

Sample Press Statement for *SCENARIO B*

Update on Influenza-like Illnesses in Gornali

In addition to the five cases reported this week, the Ministry of Health has been notified of six otherpersons who have been admitted to the local medical center for influenza-like symptoms.

These persons had either been in close contact with the initial five patients or with sick poultry. They had no recent travel history outside Gornali. Two of the patients' conditions are more severe.

Meanwhile a team comprising of medical doctors and field epidemiologists have been dispatched tomGornali for further investigation. The Ministry is also in touch with WHO to closely monitor the situation. Investigations into the cause of the outbreaks are still ongoing and no causative organisms have been identified.

The Ministry urges anyone who falls ill with similar symptoms to seek immediate medical help. The public is also reminded not to handle sick poultry and to immediate report them to the local contact point. However, there is no reason for panic and the public is advised to carry on their usual activities.

SCENARIO C

Even though it is not yet determined at this stage if rapid containment will happen, use this opportunity to prepare the public on the various possible measures that the Government will consider taking if the situation turns for the worse.

Scenario C: Pre-Containment

- Circumstances point to a high probability of a human to human transmission
- More people fall sick
- Emergency meetings between MOH and WHO to discuss the feasibility of carrying out a Rapid Containment operation
- Medical and logistic teams getting ready for RC operations – stockpile to be activated

Key points of announcement

- Inform public of the increase in number of cases
- Circumstances point to possible human-to-human transmission
- Extraordinary measures may be needed to contain the virus and ask for cooperation
- Purpose is to slow down the spread
- Assure public that medical and daily supplies will be provided
- Inform the public of the various measures the government will consider taking if the situation turns worse – to mentally prepare them

Objective of media announcement

- Pre-empt the community of extraordinary measures that may be taken
- Inform public the high probability of a human-to-human transmission
- Assure public on objective of measures – and prepare them for what is about to come.
- Set the different scenarios and corresponding actions – so that the public is aware of the various options

Other action points

- As this will likely be a "highly sensitive" media announcement, to expect greater media attention
- In addition to spokesperson, prepare relevant and updated FAQs on medical symptoms to look out for
- To activate local community network to disseminate correct message and avert any unnecessary panic
- To activate medical and logistics team

Sample Press Statement for SCENARIO C

High probability of a Human Avian Influenza

The recent outbreak of influenza-like illnesses at Gornali might have been a result of a human avian influenza. While more laboratory tests are being conducted, epidemiological investigations to-date suggest a possible human-to-human transmission due to close contact with patients.

Of all the 20 patients who were taken ill, only five had direct contact with sick poultry. All patients are currently being treated and are stable except five who are in serious conditions.

As a precautionary measure, the local authority at Gornali has advised family members or persons who had close contacts with the patients to self-quarantine. In addition, the local authority has stepped up surveillance work on sick poultry.

The Ministry of Health is in touch with the WHO to closely monitor the situation. Going forward, certain control measures may be needed to limit the transmission of the virus. Control measures may involve a restriction of movement for the people within the affected community. The control measures aim to identify probably cases and to slow down any potential spread.

Once again, the Ministry would like to remind the public not to handle sick poultry and to seek immediate medical attention if they are ill.

An emergency medical center has been set up to cope with the increase in patient numbers. MOH has also set up a hotline to handle all general public enquiries at xxxx. So far, no other province has reported similar outbreaks.

SCENARIO D

This is the crucial first announcement that a rapid containment operation will take place in the community

Scenario D: Announcement of Rapid Containment Operation

- More cases surfaced from Gornali. People begin to get worried
- Epidemiological investigations and preliminary lab results point to a human to human transmission of a high pathogenic avian influenza.
- Risk assessment by field team investigators completed. The team recommended for a Rapid Containment operation to be carried out in Gornali, after studying the feasibility.
- There is a simple medical center in Gornali along with other basic amenities
- MOH in discussion with WHO decided to launch a Rapid Containment operation in an attempt to prevent the further spread of the influenza
- Medical and command center will be set up in containment zone
- Potential leakage of news to media – hence the urgency to make the announcement

Key points of announcement

- Update on the increase in number of cases
- Inform public of the nature of the disease (based on laboratory results)
- Given the situation, MOH in discussion with WHO will be taking some extraordinary measure to contain the spread. These actions includes closing access to and from Gornali
- Emphasize that this measure is only INTERIM and is meant to SLOW DOWN the spread of the virus
- Give a rough indication on the timeframe for the operation
- Assure residents that the measures taken are meant to help them – they will be given full access to medical assistance including prophylaxis
- In addition, other supports will be provided
- Ask for understanding
- List other related precautionary measures

Objective of media announcement

- Inform the public on the progress and measures to be taken
- Reassure residents that the measures are necessary and that medical help will be given / not be compromised
- Emphasize that residents will be given priority treatment
- Emphasize the objective is to slow down the spread of the virus
- Provide a timeframe for the operation and bring across the point that these measures are only interim
- Assure public by listing down the support given (such as food, shelter etc)
- Urge public to continue to take precautionary measures
- Be the official voice to announce the news rather than for the news to leak out

Other action points

- Use a proper name for the disease – avoid naming it after a country or disease. This will set the precedence for other member states.
- Announcements at central and local level have to be simultaneous
- News conference and spokesperson to explain measures taken.
- Community communications network to be activated
- If necessary, to deploy an official to containment zone to address concerns
- FAQs on operations
- All materials translated into local language where necessary.

Sample Press Statement for SCENARIO D

Update on outbreak in Gornali Quarantine Zone to be set up

(Title to vary according to what is deemed as more acceptable in local context)

To date, a total of xx number of people have fallen ill with influenza-like illness. The additional 10 people reported today have had close contacts with previous patients. Of these, 15 patients are receiving treatment at the Gornali medical center, with five having more severe conditions. Four of the patients have been discharged and are now recovering at home.

Field investigations and initial lab reports confirmed that the virus could be transmitted from human to human via close contact.

Due to the special circumstance we now faced, a quarantine zone will be set up in Gornali. Under this arrangement, residents are required to remain in Gornali** and no movement is allowed in and out of the province unless special permission is granted. Public health personnel and logistical support will be deployed to assist the residents of Gornali. As an added precautionary measure, all residents will be provided with free medicine to reduce their risk of infection.

We do understand that the measures that we are taking will cause some inconvenience and we sincerely ask for the residents' forbearance, understanding and support in joining the community's fight against this disease. This is an interim measure and we hope that by doing so, we can slow down the spread of the virus.

We expect the quarantine to be in-force for a minimum of x weeks. As the situation continues to evolve, MOH will assess the situation and keep the public updated daily.

In our effort to contain the further spread of the outbreak, the following precautionary measures are being taken:

(The below is an example of how the measures can be worded, it should be adapted based on local context)

1. Early identification of cases: Suspect and probable cases are being identified as early as possible so that they can receive treatment and are isolated early. Symptoms to look out for includes list of symptoms.

2. Isolation of patients: All patients are being treated in isolation rooms in the medical center or neighboring medical centers until they no longer show symptoms of the illness.

3. Contact tracing: Tracing of contacts of known cases has been done, and will continue. Contacts with symptoms suggestive of the illness are immediately referred to the MOH for further evaluation.

4. Decreasing the number of new cases: Besides the measures above to detect cases early, MOH has also advised the public against contact with sick poultry. People who experience flu-like symptoms should also stay away from crowds and seek immediate medical attention. Public should also observe good personal hygiene.

5. Laboratory investigations: Laboratory investigations are ongoing to identify the causative agents. The local health authorities and MOH are also working closely with the WHO and specimens will also be sent to WHO Collaborating Centers in xxxx.

6. Public communications: MOH has and will continue to keep the public update on the situation at

Gornali. A list of FAQs has also been released to the media and have been put on the MOH website.

A hotline has been set up a hotline to handle all general public enquiries at xxxxx.

*** (It is likely that not the entire village will be contained, hence it will be necessary to detail down the containment / quarantine zone such as "areas within xx roads / rivers etc will fall under within the quarantine zone)*

SCENARIO E

This is an update on situation inside the Containment Zone

Scenario E: Start of Operation

- Containment work has began at Gornali – no in and out movements from village
- First batch of anti-viral stockpile and PPEs arrived at Gornali
- Medical and command center set up
- Distribution center set up

Key points of announcement

- Updated situation of number of cases and setting up of *containment zone*
- Arrival of stockpile
- Arrangement for mass distribution
- Inform public of the timeframe for the operation and what to expect going forward (e.g.
- operation may cease if the number of cases decrease)

Objective of media announcement

- Update on situation inside Gornali
- Inform of the arrival of the stockpile of anti viral for mass distribution

- Keep people outside of containment zone informed so as to give a sense of assurance
- Provide a timeline for the operation – and the possible next steps to be considered (such as
- winding down of the operation if the number of infection decrease / OR a change in strategy
- is needed if community spread happens)

Other action points

All community level network and communications should be continued

Sample Press Statement for SCENARIO E

Update on Outbreak in Gornali: Arrival of Antiviral for Mass Distribution

As of yesterday <date>, no more movement in and out of Gornali is permitted unless under special granted permission.

The first batch of antiviral has arrived at Gornali. All persons in the quarantine zone who are not ill will be given the medication to reduce the risk of infection. Sick patients will be treated as per current practice at the medical center.

Residents will also be provided with daily necessities during this period of time and will also be given regular medical checks. *(Based on capacity and resources available)*

To date, MOH has recorded a total number of xx cases. All the cases have had contact with sick poultry and / or patients. There is no other recorded case outside Gornali. Laboratory tests have shown positive results for H5N1.

In addition, other precautionary measures should also be taken:

- Avoid contact with sick poultry and report any sick poultry to local authority
 - People who feel unwell should seek medical assistance immediately
 - Ill persons should also put on a face mask or handkerchief and avoid direct contact with other people
 - The operation is expected to continue to xx more weeks. These measures taken are meant to be interim and we hope that by doing so, we can slow the spread of the virus.
 - We advise the community to remain calm and to continue your daily routine. Though the disease is infectious, there is no need for alarm. We are doing our best to slow down the spread of the virus.
-

SCENARIO F1

This is announcement to inform that the operation is successful –this should not come as a sudden announcement but as part of a systematic approach to inform the public on plans to wind down the operation.

Scenario F1: Operation Successful

After 4-6 weeks, number of cases on the decline with no new cases reported

X number of people have died from the disease while others have recovered or are on way of recovering

Key points of announcement

- Quarantine / containment has proven to be effective
- After x weeks of quarantine, results are showing – number of cases declining and no new cases reported the past two weeks
- Containment measures will be ceased in xx days if no new cases are being reported
- Residents are allowed to move out of the quarantine zone, however, they are reminded to continue to take precautionary measures.

Objective of media announcement

- Keep residents informed on cessation of operation
- Remind residents the importance of continued vigilance

Other action points

Sample Press Statement for SCENARIO F1

Cessation of Quarantine Operation at Gornali: No new cases reported

Since <date>, there has been no new case of human-avian influenza reported. The last probable case was isolated on <date>. XX number of people are still receiving treatment. Regrettably, xx persons have died from the outbreak.

The containment effort seems to have been effective in limiting the spread of the disease. The containment measures will be ceased with effect from tomorrow so that residents will be free to move in and out of the quarantine zone.

Notwithstanding this, the possibility of a future new case cannot be discounted. We must therefore continue to maintain the highest level of vigilance. We should continue to take the necessary precautions to detect, avoid and pre-empt any possibility of infection.

The medical team will remain for a limited period of time in the quarantine zone to continue to monitor the situation. Any persons who fall sick with influenza-like symptoms should seek medical help immediately.

SCENARIO F2

Announcement to inform that the new cases are observed outside the containment zone and hence there will be a change in strategy – containment will cease.

In order for Scenario F2 to be effectively carried out, the public needs to understand the uniqueness of a Rapid Containment operation – and appreciate that given the limited resource available and community spread of the virus, it is no longer feasible to deploy a blanket use of anti-viral

Scenario F2: Operation Failed to Contain

- Number of cases continue to rise
- Sporadic cases are also being reported outside Gornali
- Demand for medical assistance increase
- Following risk assessment, seems like the containment is not very effective
- Decision to move from containment to mitigation – with special attention paid to treating the severe cases
- Other measures such as quarantine of sick people and probable cases, will still be enforced.

Key points of announcement

- Despite containment effort, number of cases continue to rise
- Cases are also being reported outside Gornali, indicating that the disease had already spread beyond the contained borders
- During the period of the containment, we had bought some time to allow us to be better prepared for a wider spread
- There needs to be a change in strategy now – to concentrate on treating the severely ill Efforts of the community is not wasted but had helped the community slow down the spread
- Community to practice proper hygiene

Objective of media announcement

- To clearly explain why the abolition of the containment operation
- That since it has spread beyond the containment zone, a change in strategy is required
- Acknowledge the role the community had played in slowing down the spread of the virus, and that the operation had bought time for the community to be better prepared

Other action points

List down other measures to provide care for the sick

Sample Press Statement for SCENARIO F2

Cessation of Quarantine Operation at Gornali: Managing Human Avian Influenza Outbreak

As of <date>, MOH was notified that new persons outside the containment zone are coming down with influenza-like illness. Initial rapid tests suggested that they were infected with a similar virus.

The new cases came from various areas, ranging from 0.5 to 15km away from the containment zone.

The patients are currently in isolation receiving treatment.

Given the situation and the increasing number of cases outside the zone, it appears that the containment operation is unable to fully limit the spread of the virus. With effect from tomorrow, the Ministry will progressively open the village borders to allow movements. However, there will still be an effort to identify suspect and probable cases. These people will be home-quarantined and given medicines.

The Ministry will continue to monitor the situation and implement control measures as necessary.

The public is reminded to maintain a high level of vigilance at all times.

SCENARIO G

Announcement on First Death Case

Scenario G: First Death Case Confirmed

- First death case from Gornali
- This happens after the containment zone has been set up

- **Key points of announcement**
- First death case in Gornali
- Information of patient – when he began to fall ill, and how he was treated
- Additional precautionary measures.

Objective of media announcement

- Inform public of first death case
- Provide some background to the case to put things in perspective

Other action points

- Community leaders needed to engage with family on how to deal with the body of the deceased – especially if traditional method of burial or handling will compromise safety
- Provide support and maintain communications with family of deceased
- May be necessary to enforce quarantine for close contacts if they are deemed a probable risk.
- Being the first death case, there will be a great deal of media interest and community unhappiness / outrage if it was deemed that insufficient actions and treatment were done for the patient prior to his death, hence it is important to prepare spokespersons

Sample Press Statement for SCENARIO G

Patient with Human Avian Influenza Died

A 49-year-old man with multiple co-morbidities (diabetes, hypertension, and high cholesterol) died at the medical center on <date> after one week of flu-like symptoms and was diagnosed with human avian influenza.

The patient had come down with the symptoms a week before and was isolated and treated with anti-viral at the medical center. His family and close contacts have since been in quarantine. They were all given anti-viral and are asked to stay at home.

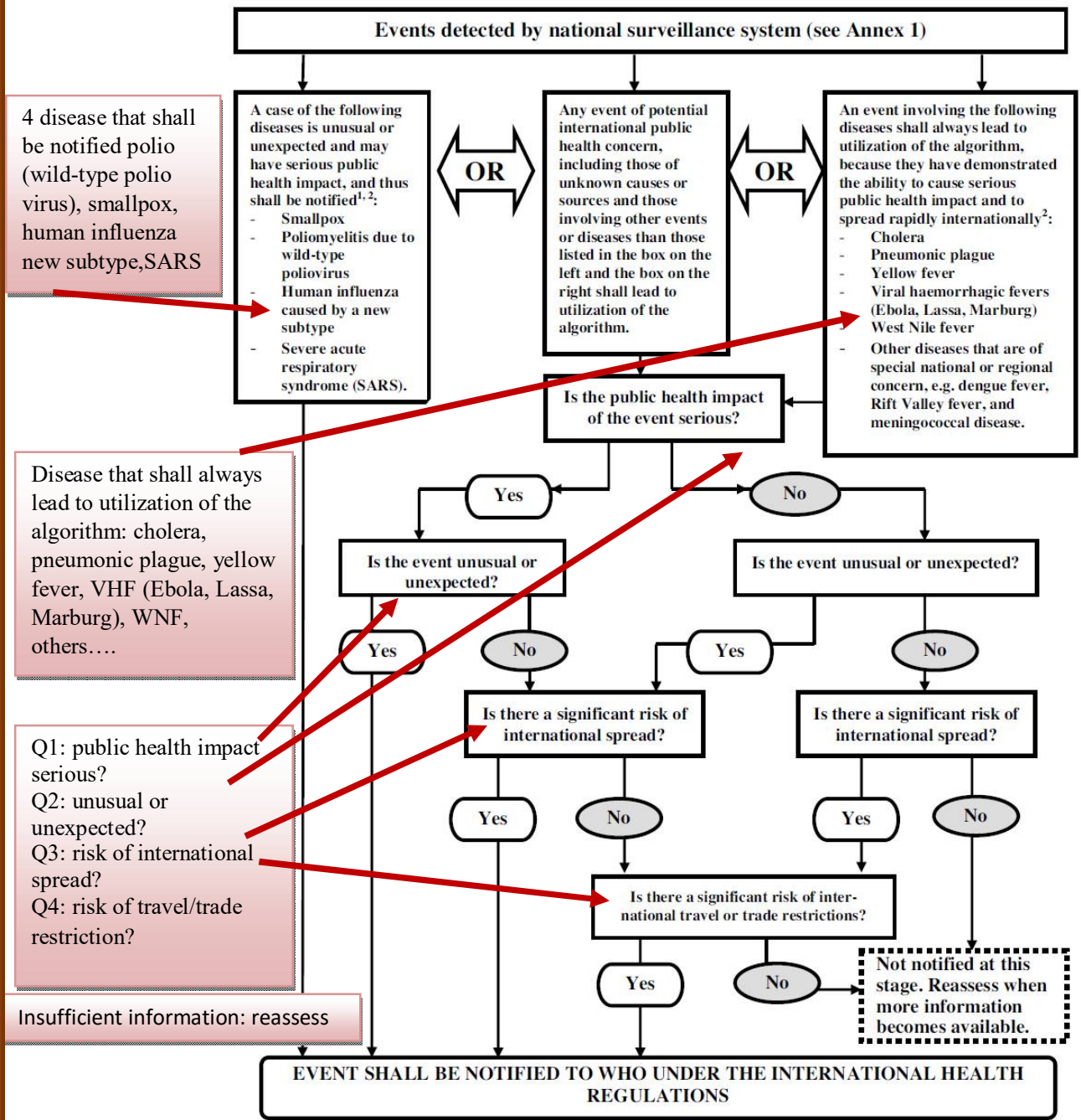
The local community leader is in touch with the deceased patient's family to make the necessary funeral arrangements.

Meanwhile, the ministry of health would like to remind everyone to continue to take simple precautionary measures that will help in combating the spread of the virus:

<list down precautionary measures>

Annexure 5

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

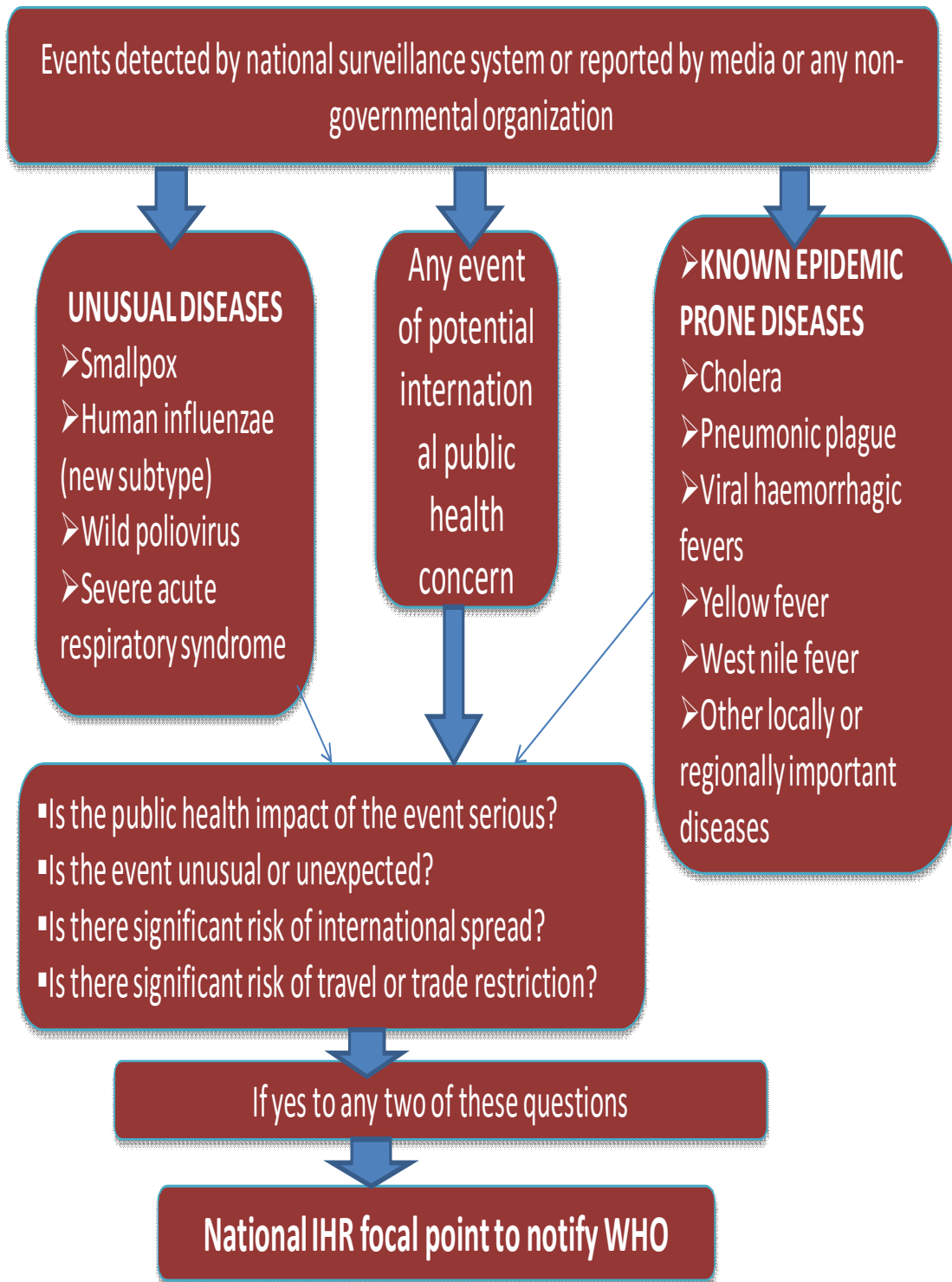


4 disease that shall be notified polio (wild-type polio virus), smallpox, human influenza new subtype, SARS

Disease that shall always lead to utilization of the algorithm: cholera, pneumonic plague, yellow fever, VHF (Ebola, Lassa, Marburg), WNF, others....

Q1: public health impact serious?
 Q2: unusual or unexpected?
 Q3: risk of international spread?
 Q4: risk of travel/trade restriction?

Insufficient information: reassess



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