

SUMMARY REPORT:

RISK COMMUNICATIONS MAPPING AND CAPACITY BUILDING ASSESSMENT

SRI LANKA, 3-7 August 2009

Background

In South East Asia Region (SEAR) there is evidence of strong Risk Communications during the current Pandemic H1N1 2009 threat. The experiences of different countries add to the wealth of information that can help improve Risk Communications across the region and good practice examples and challenges should be captured for valuable learnings.

Naturally, there are also areas that could be strengthened and so the aim of this project was to conduct a comprehensive risk communication mapping & capacity building needs assessment to gain feedback from country's real experiences and identify areas for strengthening so that support can be more effectively tailored.

Sri Lanka is the first country to be visited as part of this project. It provides an excellent example of a Member State that has prioritized communications and makes effective progress in this area. At the same time it faces significant social and economic issues that contribute to greater vulnerability to emerging infectious diseases and a greater requirement for non-mainstream approaches.

Approach

At present there is not an established or commonly used tool for assessing risk communication capacity and needs. As a result, an approach to gathering feedback on the experiences of Ministries, World Health Organization (WHO) and other partners in-country of planning and implementing risk communications was developed from basis of core guidelines & recommendation documentation, these being:

- Core Capacities for Risk Communications for Public Health emergencies (under the IHR¹ framework)
- Outbreak Communications Planning Guide
Planning steps
- Pandemic Influenza Preparedness & Responses Guidance '09 (National Measures & WHO actions)
- Program guidance for UNICEF's² response to the Influenza A (H1N1) pandemic

WHO combined the advice and guidance in these documents in order to identify the core, common topics that can be reviewed to assess the effectiveness of the communications approach.

This process identified 5 core topics that consistently feature:

- Planning
- Coordination
- understanding audience & targeting messages
- media & communications Implementation
- Monitoring & Evaluation

¹ International Health Regulations

² United Nations Children Fund

It was within the framework of these topics that Sri Lankan colleagues were asked to provide their experiences.

However, although this assessment was initially developed in response to the demands of H1N1, Sri Lanka clearly prioritised a number of pressing health issues for discussion. Acknowledging that prioritization, communications strengths and challenges in respect of not just H1N1, but also Dengue and health in the IDP³ camps was also discussed.

In country activity

Within Sri Lanka, three methodologies for gaining feedback on experiences were used:

1. SWOT (Strengths, Weaknesses, Opportunities & Threats) exercise workshop
2. One-on-one interviews with WHO, Ministry of Health (MoH) and other partner personnel.
3. Observation at a site visit to Bandaranaike International Airport

This combination enabled a gathering of qualitative insight, understanding of the networks involved and the demonstrated capacity in risk communications.

1. Conducted SWOT exercise workshop with WHO Country Office (WCO) and Ministry personnel. Groups were divided to capture the experiences from the H1N1, Dengue and IDP perspectives. Each group worked through a tailored exercise guide that provided key points and aspects to consider across the five core topics. The groups had lively discussion and then reported their collective views on the SWOTs in each case.

2. Attended 12 individual meetings to interview a range of WHO, Health and other Ministry staff, plus a non government organization. These meetings were held with among others:

- Deputy Directors General for Public Health Services I and II - MoH
- Chief Epidemiologist - MoH
- Coordinator Dengue Control Unit - MoH
- Director Quarantine - MoH
- Director of the Health Education Bureau
- WHO Representative, Sri Lanka
- Communicable Diseases Focal Point – WCO
- Technical Officers Emergency Health Management - WCO

Speaking with a range of experts from different areas was invaluable in developing an understanding of the linkages and coordination that make up the risk communication landscape in Sri Lanka.

3. Visited Bandaranaike International Airport to observe the health scanning and quarantine process and procedures in place to mitigate H1N1 importation into the country. Reviewed IEC⁴ materials handed out to passengers, equipment and facilities at the airport including thermal scanners. Observed an incidence of detained cases and their treatment.

³ Internally Displaced Persons

⁴ Information Education Communication

Findings highlights

Impressive strengths

Sri Lanka has proved to have a broad ranging, proactive and established approach to communications from mass media, through to community level, enriched with a strong network of Primary Health Care workers. A number of impressive programs such as Dengue Control are ongoing and utilize a high level of communications literacy – taking advantage of the high literacy rates among both males and females in Sri Lanka - creativity and a 'joined-up' approach.

Many senior Ministry health experts display a very sophisticated and committed approach to communications, particularly at the community level and there is a great deal of skills, qualifications and communications experience present in both the ministry and WCO.

There is much openness to ideas, improvements and learning, ensuring that across the Sri Lankan health team participants in any training and capacity strengthening activities would themselves make valuable contributions to the body of best practices and lessons learned for the Region. This is an important point as there is such a wealth of talent and experience that many of the team members would themselves be excellent trainers and facilitators in activities across the Region.

Effective Networks

Good multi-organisational and cross departmental coordination is established in Sri Lanka. Policies, procedures and practices exercised to prevent H5N1 have resulted in established networks, so there is a confident sense that there is sound preparation in place to tackle risk communications around H1N1.

Good networks across MoH allow communication expertise to be joined together with technical knowledge. Such networks were demonstrably active in delivering public health communications and coordinated both vertically, from policy level to grass roots and laterally, between departments and partners. There is also a dedicated and influential Media Secretary in the MoH.

Central to risk communication output is the Health Education Bureau (HEB) <http://www.healthedu.gov.lk/services.htm>. HEB sits under Public Health Services II Deputy Directorate and has the remit for producing and/or managing development of a range IEC materials, advertising and media buying. Additionally, capacity building of health workers and others on communication skills, health education, behaviour change communications etc. This Unit also manages the relationship with the private sector from a communications point of view and has relationships with academia, enabling research projects to be conducted.

Specialised Units such as Epidemiology, Quarantine, Disaster Management Unit, Deputy Directorate of Public Health Services I and Animal Production and Health all work cooperatively with HEB on Dengue, H1N1, H5N1 and health concerns in the IDP camps.

A number of WCO technical and communications colleagues play key roles in supporting the Ministries on Sri Lanka's health priorities. From media monitoring to

facilitating development of COMBI⁵ plans for Dengue, to providing extensive train-the-trainer programs to improve the effectiveness of peer education at grass roots level, WCO support and input is tangible and highly skilled.

Potentially Powerful Partnerships

The mass media notionally supports the public health effort as there is agreement between government and media about provision of free airtime and newspaper space for public health ads during emergencies. However, the reality is not so straightforward due to a number of factors including a highly fragmented media leading to intense competition for revenue and audience, plus little regulation or ability to enforce the 'for the public good' agreement.

Another key party in the risk communications landscape is the private sector, which plays a not insignificant role in delivering public health messages. Private sector companies with an interest in the public health topic will often develop printed and broadcast materials that both support public health messages and of course their own commercial requirements. The private sector therefore can in many respects be considered a partner because it provides useful surge capacity through instant funds, skilled resources and fast production, all necessary to respond to an emergency situation.

This relationship is particularly useful as it helps address many of the challenges felt to be barriers to better risk communications. However, private sector has its own agenda and management of such relationships to ensure these yield mutual organizational and true public health benefits, while aligning with public health objectives is a delicate balance.

Broad Challenges

Combating and managing inaccurate and sensationalist reporting by mass media was in Sri Lanka, as everywhere, recognized as a real challenge.

A lack of funds was of course universally noted as one of the biggest challenges. While funding supports regular programs of work well, in the event of emergencies there is often either no budget left, or additional funds cannot be accessed quickly enough. Both external and internal funding streams contributed to this problem.

Although there was high awareness and previous experience pointing to the fact that the IDP situation would lead to significant health issues in the camp, there was no proper planning to proactively address the issue of communication.

Sri Lanka has been successful in a number of its programs but now many of its public health gains have reached a plateau. Some change, fresh thinking and approaches, particularly to strengthen strategic thinking, was mooted as a way to bring about a step-change in health outcomes in the country.

⁵ Communication for Behavioral Impact

Practical support

Below are a number of suggestions of training and support that could be immediately beneficial in helping improve risk communications in respect of the health priorities identified by Sri Lanka based on findings from the mapping and assessment project

- Training in frontline crisis media management through role play: - How to manage the media during the event window when the theory is really being tested. For core spokespeople, intensive sessions of various mock, mass media interviews ie. face to face, in front of cameras, over the telephone. Role playing good practices such as taking briefings, anticipating difficult questions and finding truthful, but non-inflammatory ways to respond, preparing key messages and mastering how to return to those key messages again and again throughout the interview.
- Training in setting Key Performance Indicators (KPIs) and using methods for 'real time' monitoring and evaluation: - Setting clear communications objectives and KPIs, building in feedback mechanisms and drawing on other sources of data, making information gathering useful to provide evidence on the effectiveness of communications and inform adaptations to the strategy or tactics.
- Running creative workshops: - How to think creatively about channels, messaging, design and some creative rules for developing impactful communications materials-either separately or as part of this - an introduction to effective use of digital media. Although computer literacy is a priority for government and the Information and Communication Technology Agency in Sri Lanka is spearheading this with private sector support, the internet, email, mobile phones and social networking are still relatively young in Sri Lanka. Sharing the experiences of countries with far greater levels of computer use and literacy with highly sophisticated public health communications via these channels would address a need for up skilling in these ever more pertinent channels.
- Running strategic stakeholder engagement workshops: - Learning from Sri Lanka's own its successful approaches, thinking not just about stakeholders we have direct relations with ie health staff or education, but also key influencers of public opinion such as academia and Religious leaders. Stakeholder mapping and prioritization of engagement exercise.
- Providing hands on support and advice on managing relationships with private sector: - Review of existing materials and any arrangements leading to the setting of protocols, and guidelines. Development of a checklist/decision tree or similar tools to aid thinking about whether to endorse the private sector activity (ie MoH logo), leveraging the relationship maximum effect, maintaining control over the agenda and ensuring alignment with public health objectives.

In Conclusion

In this pioneering mapping and assessment project, Sri Lanka has provided a very valuable experience. It has demonstrated that there is more specialist communications expertise and activity ongoing than anticipated by the author and it is quite clear that the health teams have much to offer other countries in the region in terms of knowledge and expertise.

It has demonstrated that previous experience means there is a solid foundation of preparation for the Pandemic, yet at the same time, the benefits of reintegrating lessons learned into future planning are not always realised.

Practically, while theory is well understood and accepted, implementation still poses many challenges, some of which are within the control of the WCO and MOH health teams, some less so. The aspects that are controllable are acknowledged honestly and there is an enthusiasm for improving those.

That so many senior people gave their time to this project, were open, questioning, challenging and highly contributive has been a major benefit, This can only lead to a strengthening of the mapping and assessment project, which in turn means Disease Surveillance and Epidemiology Subunit is able to provide better support to other SEAR Member States.



Airport scanners highlighted this traveler, who is now being questioned about H1N1 symptoms



Colleagues from Sri Lanka's Ministry of Health take part in the risk communications SWOT exercise



WHO meets with Director of Quarantine, Dr J Walalawela to discuss operations and inter-departmental coordination