Recommendations on
Effective Risk Communication for Public Health Emergencies
and the Role of Social Media

3-4 June 2013 | Bali, Indonesia

Asia-Europe Foundation Accurate Scenarios Active Preparedness (ASEF-ASAP) Project
Introduction

The Asia-Europe Meeting (ASEM) leaders at the 6th ASEM Summit (2006) stated their determination to combat a possible human influenza pandemic. Reflecting this strong political statement, the Government of Japan expressed its willingness to take the lead on the issue by initiating the “ASEM Initiative for the Rapid Containment of Pandemic Influenza”.

The Asia-Europe Foundation (ASEF) is the only permanently established institution of ASEM and is funded by voluntary contributions from its partner governments and shares the financing of its projects with its civil society partners across Asia and Europe.

The ASEF Public Health Network is a participatory platform. It encourages public health dialogue, between actors from health and non-health sectors across Asia and Europe with the aim of responding better to the challenges of pandemic and infectious diseases. The Network facilitates a continuous working process among members to achieve tangible outputs to support policy and decision-making in the field of public health dialogue and multi-sector pandemic preparedness and response. It has organised a series of workshops in various Asian and European countries in order to enhance the pandemic preparedness capabilities of ASEM members in multiple sectors. This project is known as “ASEF Public Health Network: Accurate Scenarios Active Preparedness” (ASEF-ASAP). As part of this project a workshop on “Effective Risk Communication for Public Health Emergencies and the Role of Social Media” was held in Bali, Indonesia on 3 and 4 June 2013.

This workshop was organised in collaboration with the Coordinating Ministry for People's Welfare of Indonesia and with the technical assistance of the World Health Organization – Western Pacific Regional Office (WHO-WPRO).
Workshop Objectives

The overall objective of the June 2013 workshop was twofold:

- Increase the effectiveness of internal communications among public health stakeholders before, during and after public health emergencies;
- Increase the effectiveness of external communications with the general public and external agencies before, during and after public health emergencies.

ASEF brought together a number of stakeholders in risk communication from different sectors, including, but not limited to:

- Communication experts at government agencies and international organisations;
- Representatives from the private sector with experience in communications;
- Media experts/journalists with health expertise;
- Health specialists with considerable media experience;
- Opinion leaders with experience of social, print and broadcast media.

These stakeholders were gathered together over the course of a two-day workshop. Their activities included:

- Analysing existing risk communication plans at different levels and in different organisations in order to identify gaps
- Developing recommendations to address these issues
- Using the ASEF-ASAP scenarios to test recommendations and see if they held up in different scenarios

This report provides the details of the following recommendations developed by the participants of the workshop:

1. Risk Communication through Key Influencers
2. Cross-linking Media and Health, and Integrating the Community in Emergency Risk Planning
3. Developing an Open-Source Big Data Management System
Recommendation 1: Risk Communication through Key Influencers

I. Proposal

Use key influencers or ‘champions’ for risk communication during public health emergencies with a particular emphasis on social media. This new approach will increase the visibility and transparency of important messages, transforming the way governments interact with the general public and ultimately reaching a wider audience.

II. Aim

To enhance links, build confidence and establish trust between government institutions and the general public by adapting and expanding delivery methods of risk communication. Since many social media provide two-way communication (from community to government and vice-versa), this will enhance community resilience by providing timely, accurate information to communities, while providing accurate ground level information for decision makers in the preparation, response and recovery of emergencies.

III. Background

- Government institutions often lack confidence in using social media, compared with certain “key influencers” who are followed more widely and closely by the general public. Dissemination of information through “government” channels may not be as effective as using other voices.
- Spreading messages through influential or trusted peers is often more effective than a top-down government approach

Example: During the Fukushima Daiichi Nuclear Disaster in Japan in 2011, the central Japanese government struggled to achieve credibility. A more open communication using key influencers (potentially outside the government) is likely to have been better received, and would have delivered key messages more effectively.
IV. Process

1. Mapping and coordination
   A. Set-up a ‘task force’ either by a national government or an international organisation in the pre-emergency phase to initiate social media mapping
      o Conduct social media mapping - Design a specific strategy for each targeted audience: what media tools are they using, what style of message are they receptive to, who do they follow, who influences them, what are their interests/preferences, where are they located geographically? Traditional government-lead risk communication may not be effective among all populations, so it is important to identify the best means of information sharing for each specific audience.
      o Research for social media mapping can be based on Human Centred Design, to observe interactions between people and gather information on how people communicate.
      o Some marginalised groups of society may not receive information through popular channels. It is important to include these groups in the mapping, find out who influences them, what types of media they use, and incorporate them in the risk communication strategies.
      o Example: A radio D.J. in Haiti during the aftermath of the 2010 earthquake used his influence and the popularity of his radio station to help with communication efforts in the emergency.
      o ‘Social media champions’ are needed to reach these target audiences. This is a new, innovative approach to the classic “ambassador” idea such as UNICEF Goodwill Ambassadors.
      o Build public-private partnerships with businesses and institutions that possess data on community preferences, technology use, etc.
      o Gathering political support from parliamentary bodies will show political willingness and also increase funding options for such initiatives.

   B. Set-up a mechanism at national government or international level to coordinate the communication between officials and key-influencers
      o As it will be necessary to find different key-influencers to reach different target audiences, there needs to be a mechanism to coordinate the communication with the different actors.
      o These key influencers need to work closely with the authorities and experts to ensure that they agree to act as proxies to deliver official information and guidelines on disaster management.
      o Key influencers can channel information and concerns in both directions.
Communications experts should concentrate on creating compelling messages for specific target audiences adapted to local situations and based on social media mapping. What information are the key influencers delivering? To whom? Through which channels?

2. Build peer-to-peer capacity - Integrate the voices of survivors or people who have experienced emergencies in the past, into the social media dialogue. By creating a following through their stories, they can become key influencers themselves, with an ability to effectively communicate risk and other important messages. As the visibility of their actions is increased, so the issues become more transparent and widely integrated into everyday dialogue. As recognised members of their own communities, their voice inspires public confidence in government and other decision makers, but they can also act as a conduit for community views, which facilitates community ownership of policy.

3. Information Needs Assessment – An Information Needs Assessment needs to be carried out as part of emergency planning, and refined as part of emergency response. Information needs assessments help to determine exactly what information people need to know about a certain crisis or issue, and to tailor communication strategies to specific local situations.
   - Set-up of a service system like hotlines and a citizen complaint mechanism for people to express their needs.

4. Monitoring and evaluation system – Establish a system to track functionality and effectiveness over time, as needs will change and each situation will warrant a different social media mapping exercise and Information Needs Assessment.
V. Actors

1. Initiator:
   - Ministry of Health or International Organisations (where governments require assistance) should establish a ‘task force’ - a dedicated group of people gathered from various ministries or leading agencies to conduct social media mapping and create a coordination mechanism between all actors, including the ‘champions’. A central, physical space, the ‘oval office’ concept, should be established, where the ‘task force’ members can meet and coordinate efforts during a disaster. This will ensure that the key people are assembled when needed.

2. Potential partners:
   - Civil society organisations, non-governmental organisations and, when governments request assistance, international organisations such as the World Health Organisation and other United Nations agencies.
   - Example: The Bill and Melinda Gates Foundation is a sponsor of the m-Health project in Kenya. They collaborate with the government to create this country-specific initiative, which Kenya implements. Political “buy-in” is essential for sponsors.

3. ASEF’s role: facilitate a mechanism where health or disaster risk authorities are able to efficiently collaborate with leading social media influencers.
Recommendation 2: Cross-linking Media and Health, and Integrating the Community in Emergency Risk Planning

I. Proposal

To engage communication experts from the media and integrate the voice of the local community in emergency risk planning; and to increase the visibility of public health messages in the media. This will ultimately enhance the image and delivery of emergency risk communication by making it a more participatory process.

II. Aim

To ensure that responses to public health emergencies from the general public and the governments or international organisations, such as the World Health Organisation’s Global Alert and Response Network and the United Nation’s International Strategy for Disaster Risk Reduction, are better matched and mutually understood in order to avoid over and under-reaction, and encourage behavioural change. Involve all stakeholders in the risk management process to guarantee that responses are more effective and efficient.

III. Background

Disparities between the emergency responses of national health authorities / international organisations and local communities stem from a difference in risk perceptions. There are several causes for these differences:

- Health authorities often have difficulty in effectively engaging the media to spread risk communication messages. Sometimes they lack the capacity to formulate messages that are easily understood and convincing for the general public. Moreover, without the imperative of an immediate public health emergency, they are unable to generate media attention for important public health issues, including emergency preparation and disaster resilience.

- Journalists and the local community tend to be unaware of emergency risk planning and do not realise that health authorities have to make decisions based on imperfect information, particularly in the early stages of a public health emergency.

- Journalists and other communicators have difficulty in communicating risk, particularly if they are not intimately familiar with the issue, or have not worked closely with agencies and experts in emergency risk planning.
IV. Process

1. Involve the media in planning – Whether it is social media designers, print media editorial teams or broadcast journalists, the media – especially the community media - need to be present and participating during the emergency risk planning stage. This ensures that they are part of the solution and understand the challenges and steps being taken, rather than simply being recipients of controlled media releases. Early involvement and long-term engagement of the media enhances the likelihood that certain topics receive appropriate coverage, that risk is communicated in a balanced and well understood way, and that the messages delivered to the public are the correct ones.
   - By regularly attending and participating in emergency risk planning sessions, editors, producers and other media leaders will have a better understanding of the underlying discussions and dilemmas. This enables them to more appropriately direct their staff in story design.
   - Editors are responsible for a large number of topics and take the final decisions on which of those are given more attention. It is also important for the health experts to work more closely directly with editorial teams to ensure that interest is sparked on the health topics.
   - Example: The Canterbury District Health Board in New Zealand, involved senior editors and producers in their monthly planning meetings. This ensured that health officials could work together with media leaders to decide how and what information to get out to the public. This long-term, planned engagement of the media, maximised the delivery of useful information to communities, compared with those where senior media leadership was not involved in the planning process. When media was not involved in planning, sensationalisation, shroud-waving and baseless conspiracy theories were more commonly reported.

2. Involve health in the media – It is important for credible health experts to be visible and vocal in the media and social media long before an emergency strikes. They need to work closely with editorial teams to understand what kind of topics could increase the public health profile in the media on a weekly basis.
   - Create Technical Advisory Groups (issue experts) from existing national or international networks to work closely with the disseminators (media) of the information.
   - Build a network of experts and survivor experiences to enhance the personal approach and broadcasting of key messages.

3. Evidence based participatory research – To better match risk perception of the local communities and that of health authorities / international organisations, research needs to be gathered over time.
It needs to be grass-roots driven. This research should also encompass the understanding of how and from whom a local community receives, and acts on, information.

- The **UNESCO model for participatory research** is an example of how local people can be trained to gather research based on own experiences, building the capacity of survivors to enhance research. This can be put together and continuously updated, in order to keep the research on-going and in-built, so that it is always current and accurate.

- The **Ethnographic Action Research Model** is an example of how participatory research can be put into practice. In this model, local communities are trained to develop research themselves using observation and reflection in order to inspire accurate planning and subsequent action. This model can be built-in to local communities to better assess risk perception.

### V. Responsible actors

- This recommendation can be initiated by:
  - Existing global networks; or
  - National government departments for emergency risk management.

- Structures already in place:
  - World Health Organisation – [Global Alert and Response Network](https://www.who.int/globalalertresponse);

- Potential partners:
  - Local community leaders, survivors and other peer-to-peer influencers to help with promotion.
Recommendation 3: Developing an Open-Source Big Data Management System

I. Proposal
To develop an open-source online platform, which is able to aggregate the large volume of data from many different sources, that is generated during public health emergencies, and allowing end users to do a customised analysis for trends and translate them to actionable visualisations. This will transform emergency response measures, as it will enable precise, real-time information sharing, which can lead to swift and specific decision-making.

II. Aim
To provide end-users, e.g. aid emergency response teams, humanitarian organisations or the general public with intelligence, to enable them to make informed decisions. Create a tool to manage all the different types of data produced in an emergency, so that trends can be identified and response times and methods will be more effective, specifically targeted and efficient.

III. Background
During an emergency situation information is produced rapidly, in high volume and from many different kinds of sources. This makes it difficult to analyse the different data quickly and to gain an overview of emerging trends for necessary action.

- Due to restraints on manpower and time, information received during an emergency situation can go unverified and affected communities are not always consulted regarding the best course of action to be taken.

IV. Process
1. Create a tool – Establish a consortium, made up of partners from private and public organisations that are willing to fund the employment of programmers to develop an open-source platform, using search analytics for a robust, real-time system, to aggregate various data forms and produce trends.
   - Use existing platforms such as Google, Facebook, Twitter, WhatsApp, SMS information, etc. as data sources.
   - Form a cloud-based, open access system with no political ownership and widely available for real-time data upload and access.
Mobile technology and Internet Service Providers should work together to ensure that non web-based information is also incorporated into the system. Example: Global Positioning System (GPS) information through mobile phones is used to locate people trapped during an earthquake.

By feeding this data into this open-source platform or dashboard using keyword or cluster inputs, it can be grouped according to specific situations and can show trends.

By adding geo-location (the geographic location of an object such as a mobile phone) and Sentiment Analysis (language processing, text analytics), clustering becomes easier and trends can be acknowledged as positive or negative in connotation.

This tool is different from existing platforms, such as Google Flu. Google Flu uses only one source of data, whereas the tool described here would compile data from many sources into one manageable platform.

2. Capability to be situation specific – Design the system so that filters can be applied depending on a certain situation. A different data-set would be used depending on the crisis. Through keywords and specific searches, data can be pulled from various sources and tailored depending on different factors such as, location, time, societal groups affected, etc. By quickly having an overview of the actual situation needs can be assessed and rapid advice can be given.

3. Privacy – This system would gather existing, public data to understand developing trends in order to effectively respond during a crisis. Depending on the type of crisis, users would have graded access to the system, to ensure that only certain authorities are exposed to more sensitive information. Key concerns that need to be taking into account here are: the risk of miss-use and miss-reading of information, and how can be guaranteed that only certain authorities have access to sensitive information.

V. Responsible actors

1. Initiator:
   
o An organisation or cluster of organisations willing to fund the development of this programme;
   
o The platform would be stakeholder and community owned.

2. Structures already in place:
   
o Use existing tools and existing data like Facebook, Twitter, Google, etc. to feed into this system, while also acting as platform where new data can be uploaded.
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