Asia-Europe Foundation (ASEF), Ministry of Public Health, Thailand & Ministry of Foreign Affairs, Japan Joint Event:

High-level Meeting on Risk Communication for Public Health Emergencies:
Risk Communication Beyond the Country Borders

CONCLUSIONS AND RECOMMENDATIONS
Conclusions and Recommendations

Background
The overall aim of the High-level Meeting was to strengthen countries’ capacity to support emergency risk communication (ERC) for public health emergencies (PHE), especially with regards to informing the global public. It sought to examine the complex relationship between the risk communication response to health emergencies, and other important sectors such as travel, tourism, food & agriculture, finance and foreign relations. A discussion-based emergency simulation exercise (SIMEX) took place on both days of the meeting looking at the risk communication challenges that hosting an international mass gathering, such as a major sporting event, can pose. In particular, the SIMEX focused on the challenge of communicating to diverse international audiences — some of whom are within the country and some of whom are beyond the country borders. The specific objectives of the meeting as a whole were:

- To identify the challenges for national authorities in informing diverse audiences beyond their country’s borders during PHEs
- To develop recommendations on good practice in communicating with global audiences during PHEs
- To build an “economic case”, which can be used to convince other sectors such as Ministries of Finance regarding the importance of investing in PHE preparedness and response capacities, including risk communication

Some general risk communication challenges also apply to communication beyond the country borders
A number of challenges identified by participants as being of key importance are ones that can be encountered in any PHE. In other words, they apply equally to PHEs with or without an international dimension. Nonetheless, the fundamental importance of these challenges means they are worth noting. They include:

- Communicating uncertainty
- Communicating with limited and incomplete information
- Maintaining transparency and maintaining trust
- Responding to rapidly moving events
- Keeping up with the pace of communication on social media / the 24-hour news cycle
- How to rapidly detect and address rumours and fake news
- Having a coherent and effective risk communication policy in relation to social media
- Being able to distinguish between information and evidence - and being able to communicate this distinction to policymakers, the media, the public and other non-expert audiences
- How to foster good cooperation and coordination between stakeholders in the private sector, the public sector and civil society (e.g. NGOs, voluntary organisations, religious groups)
Risk communication challenges specific to communication beyond the country borders

Participants also identified a set of major challenges that apply specifically to risk communication beyond the country borders.

- The huge diversity of the audiences being addressed is a major challenge. Under this heading we can see:
  - Language barriers
  - Different social, cultural and political contexts
  - Different values, beliefs, behaviours and risk perceptions
  - Different ways of seeking information in general and health information specifically
  - Differing patterns of whom the audiences in different countries trust
  - Challenges of segmenting a huge and diverse audience when the audience is global (as is the case for countries hosting events such as the Olympic Games)
  - The need to identify stakeholders in different countries, and then to understand these different stakeholders’ values and beliefs and build trust with them
  - Producing “tailored” risk communication for these diverse global audiences (the feasibility of the use of such tailored messages remains in question)

- How possible is it to “tailor” your messages for international audiences given that both international and national media are at the same press conference?
  - In theory, it may be possible to use different channels and maybe different press conferences for national and international media, but the messages provided need to be coherent, as national and international journalists compare notes
  - Some stories may be of more interest to some countries rather than others
  - International media may be interested in having more background and context in the affected country. Deep dives or background briefings could be of specific interest to them, but of course, national journalists cannot be excluded from these
  - Some audiences beyond the country borders (minorities or marginalised groups) may not be reached by their national media. Specific social media channels or outreach could be needed to reach these audiences
  - Developing partnerships with multiple national and international partners takes a lot of time and resources
  - International audiences may not know enough information about your organisation or country. There is, therefore, a need to (rapidly) establish a relationship of trust, and more particularly, to:
    - Counter or overcome negative national stereotypes or prejudices
    - Engage with a large number of different stakeholders?
  - How do you take into account a multitude of political sensitivities and international relations issues
  - How to prioritise between competing or conflicting demands given the huge diversity of stakeholders involved
    - It may not always be possible to please everyone
  - How can all of these challenges during a PHE be effectively addressed when there is limited time and finite resources available?
Conclusions and Recommendations

Recommendations on risk communication
good practices for all PHEs
While identifying the barriers to address, participants thought it valuable to identify some good practices that need to be applied in all PHEs, with or without an international dimension.

- During a PHE, national or regional health authorities need to provide regular updates to the media on what they know and what they are doing. Only facts and evidence should be provided through these updates.
- Health authorities need to have preparedness plans that include risk communication as a core element of the response. The necessary risk communication capacities to implement these plans need to be put in place ahead of a PHE. This includes putting in place the following:
  - All-hazards emergency preparedness plan
  - Emergency Operations Centre (with a seat at the table for risk communication)
  - Key channels owned by a health authority (e.g. its website and social media accounts) positioned as authoritative & credible information source
  - Social media monitoring system(s)
  - Strong proactive social media capacity
  - Engagement with community groups, religious leaders and others for grassroots leadership during a PHE
- Transparent sharing of information between stakeholders
- More funding and resources for risk communication

Recommendations on good practices specific to risk communication beyond the country borders
Participants also recommended a number of good practices that apply to communication beyond the country borders, and in particular to countries preparing to host an international mass gathering:

- Build relations with international mass media outlets & social media influencers
- Learn from previous international mass gatherings (e.g. Athens 2004 Olympic Games, London 2012 Olympic Games, and PyeongChang 2018 Winter Olympics Games each of which was spoken about – by participants from Greece, the UK and Korea respectively)
- Collaborate with defence, security, national intelligence and cyber-security experts against possible Chemical Biological Radiological and Nuclear (CBRN) threats, cyber-attacks, and malicious use of fake news / rumours against the country
- Build international network (e.g. with Ministries of Foreign Affairs, national and international associations participating in the event, and international media due to cover it) ahead of the event
- Increase language translation capacity of the health authorities and other sectors that will need to interact with international visitors. Plan to have some surge capacity for translations in order to be prepared for possible PHEs.
- Put in place a Health Hotline available in multiple languages and promote its use to the international visitors participating in or attending the mass gathering. Monitor this hotline and use it as an event-based surveillance mechanism.
- Develop a specific PHE / all-hazards preparedness plan for the international mass gathering and test it with a SIMEX. This will help train key staff in their roles and also identify areas where the plan can be further strengthened. The plan should:
  - Identify the lead agency and communication coordination mechanism
  - Provide for unified press briefings from the host country with lead spokesperson(s)
  - Include standard operating procedures (SOPs) for risk management & risk communication
- Develop communication coordination mechanism(s) with other countries and the international event organiser
- Persuade authorities in other countries to take a lead in doing health communication and risk communication to their citizens (including those attending the event). Make appropriate use of the Embassies and Ministries of Foreign Affairs of other countries when doing this
- Make full and appropriate use of the reporting mechanisms under WHO's International Health Regulations (IHR) for sharing information about actual or potential PHEs with other countries. In particular, make proper use of the Event Information System (EIS), and other existing networks under IHR to share evidence, information, analyses, interim risk assessments and prevention advice with other countries. This will help build trust and foster coherent and effective risk communication by all partners
- Make sure the preparedness and response system(s) built for the mass gathering leave a legacy. There should be a plan in place to make use of key parts of the system(s) and sustain their operations on an ongoing basis once the event has finished
Building the “economic case”

According to a study conducted for the Philippines, “health and hygiene” was a key factor for international tourists when deciding to visit the country for holiday. This study was produced in the context of an Asian Development Bank (ADB) funded project to develop the tourism potential of one of the islands in the Philippines. It convinced ADB of the need to invest in the health infrastructure of the island, including improving health services available to local people, in order to unlock its tourism potential.

An experience from the MERS CoV outbreak in Seoul in 2015 was shared; it costed the Korean economy up to US$10 billion. Tourists cancelled their visits and many Koreans refrained from visiting the shopping and entertainment districts of Seoul. This health scare was largely the result of failures in the health authority’s risk communication, such as its initial refusal to disclose the precise location of the outbreak. In contrast, the MERS CoV outbreak in Korea in 2018 was openly communicated, rapidly contained and produced minimal negative reaction from national and international audiences. Good risk communication in 2018 helped the health authorities rapidly contain the outbreak, and it also prevented US$ billions in losses to the Korean economy.

The cases above clearly demonstrate the impact of health incidents/emergencies beyond the health sector and the significance of risk communications within and beyond the country borders. It is important for health officials to utilise such “economic cases” effectively. This could be a powerful way to persuade other ministries, especially Ministries of Finance, of the value of investing in the health emergency preparedness, including investing in risk communication and Emergency Operation Centres (EOCs).