

PACIFIC HEALTH RISK COMMUNICATION AND DISASTER INFORMATION MANAGEMENT



The Problem and Current Situation

A complex set of skills and abilities are required to convey appropriate urgent messages during a disaster. This "risk communication and disaster information management" process entails risks and benefits to stakeholders and the public. Such communiqués represent expert opinion. They are given to benefit receivers and to help them recover from a disastrous event. The role of the "risk" communicator is to explain, persuade and empower decision-making. "Risk communication" messages are designed to address rumors, allay fears, reduce panic in the population, control information and increase the public's knowledge of health issues. They also address media management issues. Such messages build on lessons learned from responses to medical emergencies such as the SARS and the HPA1 epidemics. Risk communication and information management messages target government and private-sector public health managers, health policy makers and communicators.

"Risk communication" focuses on: (1) the value of media in crises and on the public as the receiver of information; (2) techniques for responding to and cooperating with the media in conveying information and delivering messages before, during and after a crisis; and (3) tools for media relations and public communication. "Information management" focuses on the timely flow of accurate information and data within the public health sector and out to the media, other government agencies and the public.

In 2005, the knowledge and application of risk communication planning and implementation of disaster information management systems by health personnel (public health disaster managers and identified staff) throughout the 22 Pacific Island Countries and Territories is non-existent.

Overall Project Goal

The goal of this 5-year project is to empower disaster managers of 22 of the Pacific Island Countries and

Territories (PICTs) to better deal with issues of risk communication and disaster information management. This goal will be achieved by: 1) disseminating training curricula and tools that will help public health officials and public health communication professionals to effectively prepare for and respond to public emergencies; 2) introducing public health officials to the "Crisis and emergency risk training" curriculum and tools developed by the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) and other agencies; and 3) train communicators to subsequently train other professionals how to systematically plan, develop, implement, and evaluate crisis and emergency risk communication activities.

Objectives, Activities and Indicators

Objective 1: Increase the knowledge of risk communication planning in health personnel (public health disaster managers and identified staff) throughout the 22 Pacific Island Countries and Territories (PICT). Within 1 year of the project initiation, a minimum of 50% of identified public health personnel will have met the training and competency requirements in dissemination of information to the public and the media.

1. A 2-day training curriculum will be developed for identified key risk communications staff and a 1 day risk communications awareness training will be developed for general public health staff using the CDC Crises Emergency Response Communications (CERC) as a guide.
2. MOH will identify key personnel for risk communications training and policy implementation.
3. A two-day training will be held for designated Public Health Public Information Officer (PH PIO), PH identified spokespersons, and other internal and external participants.
4. A one-day training on risk communications awareness will be provided by CDC & WHO to the overall public health staff of the 22 PICTs.
5. Expected Outcomes: Pre & Post tests will be administered by CDC & WHO for all Risk Communications training to ensure retention of key points of training.

Objective 2: A risk communication plan will have been developed and integrated to the Health Information Management System.

1. Ministries of Health (MOH) will foster media and

community leadership partnership to support the development of plans and policy. Meetings will be scheduled with media and community leadership to include their input in risk communications planning and the development of a disaster information management system. Media and community leadership contact list will be developed.

2. A risk communications analysis will be conducted by CDC and WHO.
3. A risk communications plan will be developed and submitted to MOH for approval.
4. National Emergency Management Offices (NEMOs) and MOHs will incorporate risk communications policy and information management in the public health long term strategy of the 22 PICTs.
5. MOH will work with media outlets and develop a "Media" manual with pre-determine public health material for specific public health emergencies or seasonally occurring disasters.
6. A workshop on the development and evaluation of risk communications plans will be offered by MOH. MOH will encourage local media outlets to adopt and use the templates of the risk communications manual.
7. MOH will Track risk communication efforts in the media and conduct a qualitative analysis of their coverage.
8. Within 3 years, a risk communication plan will be integrated into the emergency data of the Health Information Management System (HIMS). NEMO will integrate the plan to the management information system.

1. Expected Outcomes:

For the 22 island nations:

- 1) A list of trained public health personnel will be produced by the end of year 1
- 2) A risk communication plan will have been developed by the end of year 2
- 3) A media and community leadership contact list will be established by the end of year 2
- 4) A "Media" manual will have been produced by the end of year 2
- 5) Emergency data will be integrated to the HIMS by the end of year 3

Collaborating Agencies

The overall project will be managed by CDC/PEHI with support from WHO, the Pacific Island Health Officers Association (PIHOA) and the Secretariat of the Pacific Community (SPC).

- * CDC/PEHI: will provide technical support on curriculum development and training

- * WHO: will provide technical support and risk communications material
- * National Ministries of Health: will provide funding support and information on policy implementation
- * Identified Public Health Spokespersons and PIOs: will be targeted for risk communications training and information dissemination
- * National Emergency Management Organizations: will incorporate plans and systems into the National Emergency Operations Plan.
- * Public Health professionals: will be targeted for risk communication training and information dissemination
- * NGOs: will provide support for information dissemination
- * Volunteer groups: will provide support for information dissemination
- * Community Leaders: will provide support for information dissemination
- * Media Outlets: will provide support for information dissemination

Monitoring/ Evaluation Methodology

Copies of all reports will be submitted to the funding agencies. The lead agency in this activity will ensure the following monitoring and evaluation objectives will occur.

Budget Summary

| Category | Project Expense (US\$) | In-Kind Contribution (US\$) | Total Budget (US\$) |
|--|-------------------------------|------------------------------------|----------------------------|
| Personnel Salary/Benefits | | | |
| - TA – Risk Communications Expert - 6 weeks X \$1,200 ⁶ X 5 years | 36,000 | | |
| - Admin Support 6 weeks X \$300 X 5 years | | 9,000 | |
| - PH Senior Management Support - 6 weeks x \$800 X 5 years | | 24,000 | |
| Travel | 150,000 | | |
| Direct Implementation Costs | | | |
| Equipment | | | |
| Computer | 10,000 | | |
| Power Point | 5,000 | | |
| Operational Costs | | | |
| Training Room | | 25,000 | |
| Transportation | | 15,000 | |
| Printing | | 15,000 | |
| Sub Total Project Expense | 201,000 | 88,000 | 289,000 |
| 10 % contingency | | | 28,900 |
| Total Project Expenses | | | 317,900 |

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