Ebola Risk Communication Plan Checklist

--modified from Checklist for planning a national risk communication strategy (see www.paho.org/English/ad/resources_PAHO_DOCS_ENG.htm)

This list includes suggested steps to develop and implement a national risk communication plan for Ebola. Although the activities are numbered, they are not necessarily listed in the order of importance or the sequence in which they should be carried out. Depending on the situation, some activities may be carried out simultaneously or they may occur earlier or later than the point at which they appear on the list.

PREPAREDNESS STAGE

Tasks for the internal organization of the risk communication team
1. In consultation with the managers and/or authorities in charge, formulate a transparency policy that establishes the criteria for dissemination of information to the public including process to rapidly approve for public distribution, warning and advisories in the event of a real or potential public health risk, and protocols to issue warnings or advisories during non-business hours.
2. Identify member(s) of your communication team as the point-of-contact for your agency as it coordinates communication with other agencies and partners responding to the Ebola outbreak. Define the functions during a crisis for each institution represented on the team.
3. Designate a focal point within your agency responsible to facilitate and track clearance of public information related to the Ebola outbreak.
4. Designate and train official spokespersons for your organization.
5. Review the communications plan periodically to ensure that it remains current. Review should include updates for any new points-of-contact, changes in roles and/or responsibilities, changes in policies, and other related changes.

Tasks to address the needs of special populations
6. Identify mechanisms for communicating with hard-to-reach and vulnerable populations (older persons, persons with disabilities, children, indigenous populations) and with people who are isolated, in order to ensure that they will have access to health protection information and assistance.
7. Define communication channels to be used to reach vulnerable groups.
8. Prepare messages and communication materials in all the languages and dialects spoken by target populations.

Links with stakeholders and partners
9. With other national agencies who respond to public health emergencies, create or identify an interagency team that will, during crises, facilitate communication between agencies and coordinate communication to the public related to public health emergencies.
10. Identify and prepare databases of stakeholders – such as youth groups, schools, mayors, unions, churches, associations, and others and involve them in preparedness activities.
11. Enlist the support of primary care physicians, nurses, midwives, and health promoters in transmitting and receiving information.
12. Work with and involve celebrities and other trusted spokespersons to enlist their help in broadcasting health protection and other Ebola-related information to their followers and constituencies.
Prepare for announcing a crisis

13. Identify the target audiences for each partner institution (including those on interagency communication team(s) and establish objectives for announcing public health emergencies through partners to key audiences.

14. Prepare a list that describes how information will be communicated, who will communicate it (including partners), and create “shell” documents to announce most-likely scenarios. Shell documents include general, formatted information to be disseminated about emerging crises to which specific information about location, time, and at-risk populations can be added in the event of detected cases. The purpose of shell documents is to speed the process of first announcements to the public.

15. Set public expectations of possibility of Ebola cases in Ghana. During the preparedness phase, disseminate messages that describe actions that the government is taking to protect the public and health care works, empower citizens with information on how to protect themselves and their families, and lower stigma and build hope through stories of survival through early interventions (see sample preparedness message handout).

Development of messages and distribution channels

15. Prepare and test key messages with the public and other stakeholders including basic information on the health threat and prevention measures.


17. Select communication channels to be used to distribute messages and engage communities: community meetings, door-to-door visits, e-mail, radio, Internet, television, posters, billboards, direct mail, public address systems, social media, partners’ channels, and other ways of reaching large numbers of people.

18. Identify alternative communication channels for emergencies if traditional channels fail or fail to reach at-risk populations.

“Listening”: Communication monitoring

19. Evaluate mechanisms for monitoring the effectiveness of communication about Ebola and methods for understanding the attitudes and motivations of the public.

20. Establish a media monitoring team.

21. Identify and communicate frequently with community leaders in at-risk populations and other target audiences to keep tabs on what its members need, want, and are concerned about. Engage community and leaders in ongoing dialogue about its concerns and response activities.

Relations with the news media

22. Establish or update databases of the news media and contact information.

23. Define the logistics for collaborating with the media and providing updates.

CONFIRMATION OF FIRST CASE

Internal activation

24. Initiate the communication response phase with goal of increasing public understanding of the threat, providing health protection information, maintaining trust and transmitting realistic expectations.
☐ Transparency and clearance protocols are reviewed and shared with response team and communication team.

☐ 1st case plan, pre-developed messages, draft press releases, and other communication materials are reviewed for consistency with current event and rapidly modified or filled, as relevant, to be ready for clearance and public release.

☐ Participate in national interagency communication team(s) to coordinate plans for release of first announcement(s) and ongoing information to the public.

25. Inform spokespersons about the situation, background, and key messages for this point-in-time. On an ongoing basis, obtain up-to-date information from technical personnel, including information for both key messages and recommendations and share updated information with spokespersons.

26. Activate the team responsible for monitoring media and other channels for gathering information about public perception about the emergency.

27. Determine from subject-matter-experts what action should be taken by the at-risk population, and prepare to disseminate pre-prepared messages to the public through previously identified partners and channels.

28. Issue the first announcement through your agency or with support of your agency. Respond frankly and rapidly to initial questions.

☐ Information is disseminated before harmful rumors begin to circulate.

☐ The spokesperson makes the first announcement including health protection information, situation surrounding first case, and actions health authorities are taking to protect the public and health care workers.

29. Inform the news media of when and where information updates will be delivered and where they can find updates on Internet or other channels.

30. Use various channels to maintain ongoing communication with the public.

31. Participate in an ongoing basis with interagency communication team(s) to coordinate release of public information, identify and address inconsistencies in messages from different agencies and/or partners, and distribute information through special partner channels to at-risk populations.

"Listening": Communication monitoring

32. Activate monitoring of communication channels and contacts in affected communities to listen for rumors, worries, concerns, and attitudes of the population.

☐ Activate call centers and monitor calls from the public

☐ Hold meetings with community and opinion leaders

☐ Monitor the news and/or social media

33. Regularly share results of channel monitoring with spokespersons, technical experts, risk managers, partners, and communication team as the basis for creating new communication materials to address misperceptions and public concerns and to adjust, as relevant and justified, health threat response.

ONGOING RESPONSE

34. Continue to attend interagency communication team(s) meetings and adjust agency communication plans, sharing communication messages and materials.

35. Prepare spokespersons and high-level officials to address the public and provide information on the background and additional information on the event.

36. Maintain multi-way communication between public and the authorities so they can share views on the situation.

37. Correct erroneous information such as rumors through comprehensive channels and partners.
38. Call centers, telephone hotlines, e-mail inquiries, and live radio and television interview and call-in programs should be working as expected.
39. Continuously update other channels (such as Web pages, print materials, and radio spots) with new information.
40. Collaborate with health care providers in developing and communicating health protection messages to and through health workers.
41. Ensure that mechanisms (including partners) for communicating with vulnerable populations are established and effective.
42. Maintain good communication with the news media and ensure that they receive frequent and current information from through your agency.
43. Keep a variety of communication channels open in order to disseminate frequently updated key messages and recommendations.
44. Communication team collaborates with educational, community-based, and faith-based organizations to transmit recommendations and reduce concerns.

**RECOVERY PHASE & EVALUATION**

45. Establish ways of informing the public that the crisis has passed and transition plans.
46. When the crisis has ended, performances can be evaluated, lessons learned can be documented, and best practices can be identified including the effectiveness of communication team in each phase and area of work, press conferences, monitoring of communications with the news media, the reach of all channels of communication used during the response, and communication coordination and consistency through interagency communication team(s).

A process of exchanging information with on the threats, including health threats with targets, thus enabling them to be past decisions to overcome the threat.