

Communication Strategies for Officials, Industry and Media Personnel ~~Status of Implementation~~ in CARICOM: *Soon Come*:

"Every time I call, you talking 'bout you soon come."

-Peter Tosh (Bush Doctor)

Having listened to some presentations yesterday, especially by the two CAREC presenters in the first session, I decided to re-christen the subtitle of my presentation, using the title of one of reggae superstar Peter Tosh's epic pieces, ***Soon Come***; [although I did consider "Everything cool mon"]; because while risk communication implies rapid response in the face of uncertainty, all too often, especially in our region, both by our leaders and other officials, as well as the public, the preferred response is "Everything Cool" or "Cool 'runnins,'" in other words, "its going to be al right, and "here's what's going to happen." This is certainly the reassurance implicit in several of the ministerial, or dare I say, prime ministerial statements, and even some public health officials that I read or hear. But in the case of most hazards and crises, no one really knows. "Soon come" is how I am tempted to describe the present state of preparedness in most of the countries in our region, to cope with a possibly future pandemic. But I am willing to be corrected on the basis of hard evidence.

(Flu Free declaration: no budgetary disclosures in parliamentary debate)

But, in taking this position, let me willingly add that I am happy that there appears to be growing recognition of the relevance of health risk communication in the current scenario, especially, by leaders in the poultry industry. I pray that this is not just another case of short-term recognition, or lip service to communication's role, as so often is the case in our region. Happily, there is increasing universal recognition that the management of risks and crises the communication integrally built into these processes can mean the difference between credible governance and chaos. Generally, however, in our region, we tend to take our time catching up with the rest of the world, hence my subtitle "Soon Come."

Based on what precious little information I have to date of national plans in our region, I see huge deficiencies at best, especially with regards to risk communication initiatives and strategies, and at worst, zilch or nothing in most cases. Yet still we hear that if and when we get to a crisis stage we will be able to cope, presumably because by

saying so, this will happen. Only one time on record since creation can I recall someone saying "let there be light," and there was light.

However, I know that most of us are doing the best we can but we are doing so with precious little resources when what we are facing is a potential pandemic- size problem. Today, many of our countries remain chronically short of resources in general, especially middle management staff to dive the planning process along; to compound the problem, most of our resource personnel, including our media/information practitioners, on whom we depend to help push public education messages, remain confused or indifferent about the issue that face us, about what is at stake, what messages to give the public; confused even about the difference between avian flu and the human influenza – two different things; and I will come back to this later. And so, if a visitor from Mars is asked to assess most or all our countries' state of readiness to withstand a possible outbreak of avian flu and worse, a human influenza pandemic, our response might be in "a state of readiness", understandably, the Martian's response would most likely be "soon come".

Other things aside for the moment, unless we immediately begin to integrate risk communication strategies into our national and corporate plans, we have as much chance as a snowball in hell, to cope with a pandemic if and when it comes.

Which brings me back to my topic, of Risk Communication Strategies ; this is an area of growing importance in our region as it is in most countries today, especially given the global vigil in expectations of an outbreak of Avian Influenza in wild birds or poultry, and even more dreaded, another human pandemic that could surpass the one that hit us in the early 20C.

You have been hearing since yesterday, if not before, but it bears repeating, that the next flu pandemic could happen soon or not for decades; it could be launched by the H5N1 bird flu virus or an entirely different flu virus; it could be as mild as the 1968 flu pandemic that most of us don't remember, or it could be worse than the terrible 1918 pandemic. No one can know, until it happens. Thus, deciding how much to prepare is a dilemma, not an obvious decision.

We in our region are known for a tendency to respond strongly in times of crisis; this time however, if our response does not precede the crisis stage, then we are in deep do-doo.

Indeed, the return of the bird migration season has sparked new worries globally, over how a serious outbreak of avian influenza (in poultry) and a pandemic (in humans) could disrupt business in many parts of the world simultaneously, perhaps, for months on end. For starters, Bajans claim to consume more chicken than any other country in the world. I believe I heard a similar claim made about Trinidadians earlier this year. Throw into that debate, the reality that one of Jamaica's premier tourist attractions is jerk chicken, then you may get a microscopic idea of some of the problems that we face should we have to cope with an outbreak of bird flu.

In the first quarter of this year, fears of a bird flu outbreak in birds emerged in Trinidad and to a somewhat lesser extent, the Bahamas, which raised public apprehension, and, certainly in the case of Trinidad and Tobago, seriously damaged the poultry industry as reflected in a significant drop in poultry demand.

The unfortunate experiences nevertheless, may be viewed as a useful wake-up call in our region to the value of advanced communication planning for an actual avian influenza outbreak in poultry, and also a human pandemic.

Incidentally, many reporters and many of our officials sometimes use the terms "**bird flu,**" "**avian influenza,**" and even "**pandemic**" ambiguously.

Sometimes we mean the "Right Now" problem of bird flu in birds plus the occasional unfortunate human being who catches it from a sick bird. Sometimes we use the same expressions to mean the "Some Day" problem of a human influenza pandemic.

We usually know what we mean, so we don't realize we are sounding unclear. We need to work on that, because we are adding to the public's confusion as they try to learn about many different aspects of bird flu. When I read some of the statements by some of our political leaders, and even some health officials, I am not clear to which they are alluding, in their messages of reassurance to their constituents.

SLIDE: Flu Free, etc

Advance communication planning can include an obsessive effort to use these frightening terms clearly, and acknowledging to the public that we sometimes use these terms unclearly.

Media -- and especially headline writers -- should try to use these terms clearly, as well.

Despite the damage caused to the poultry industry at the time, the avian flu false alarm in T&T and in the Bahamas, served to raise some public awareness of these troubling health issues, and provides a timely—and urgent— case for examining how risk communication works.

But there's a problem, despite all the resulting media coverage and accusations of hype in some instances, most people in our region are apathetic about bird flu and even the greater threat of pandemic influenza. This is not surprising; flu is regarded as a disease that kills people but doesn't much upset them. So it's not especially dreaded, and we constantly and voluntarily expose ourselves to the risk of infection. Further, the public is mostly divided into two groups: those who are blissfully unaware of the threat, and those who are distantly aware but not especially concerned.

All of which combine to give public health officials, what is described in a recent issue of PAHO's magazine *Perspective*, as a pandemic-size communication problem.

Experts believe that the next influenza pandemic may well be launched by the H5N1 avian virus that has killed millions of birds and dozens of people in Asia. They are more anxious than they have been in decades. But infectious diseases are unpredictable. H5N1 could disappear—as swine flu did in 1976—and the much anticipated "Great Pandemic of the 21C" could arise from a strain that doesn't even exist yet. Even if H5N1 does cause a human pandemic, it might weaken and produce only mild disease. So it's hard for officials to know how aggressively to sound the alarm. Besides such mundane matters as resource constraint - a chronic condition in most of our countries - public health officials don't want to be accused of needlessly frightening the public. They also don't want to be accused—later—of leaving the public under-prepared for a disaster.

Unfortunately, no one is able to accurately predict whether H5N1 will actually trigger a Pandemic--and even if it does, we have no idea how long it might last nor how deadly the virus will be.

That is, no one except, perhaps, a couple of celebrated prophets in our region who seem able to predict future events as a result of close

communication with the Almighty. Many of us sometimes rely on prophecy rather than invest in sound planning principles.

In Barbados, a televangelist, who has a weekly show, predicts "Head-On Disaster" for that country. Specifically, he has prophesied that Barbados will be hit early by a major hurricane this year which will cause significant destruction and loss of life.

Pastor Peter says he saw the disaster in a vision and decided to go public in the hope that the information could save lives, noting that Bajans traditionally do not take such things seriously. He wishes it would not come to pass but stresses that he has received a very strong "word" on it, obviously from God himself.

And what has me even more 'frightened' or 'outraged' is his explanation that in the past when the island was threatened by hurricanes, people prayed and, in most cases, the country was spared, presumably as God is a Bajan. But this time he says nothing so will work. And just when I thought that it couldn't get worse than that, Pastor Peter further predicted that after that hurricane passes and if Bajans do not subsequently take heed and change their sinful ways, we will be hit again "by an even worse system." Perhaps the Pastor's way provides us with a potentially useful strategy for raising public outrage and for getting Bajans to make appropriate preparations in anticipation of the Avian Flu and the human pandemic.

Fortunately, perhaps, in another sense, there are other prophets in our region who do not always predict gloom and doom.

In Jamaica, for instance, Pastor Phinn, one of the leaders of the local Charismatic movement, and chaplain to the Ministry of Foreign Affairs and Foreign Trade and the Office of the Prime Minister, predicted in a **Gleaner** article published in April 2005 that the next Jamaican head of government would be Portia Simpson Miller, then Minister of Social Security, Welfare and Sport.

In fact, Pastor Phinn began to declare publicly from as early as 2000 that Minister Simpson Miller would be the next Prime Minister of Jamaica. ~~He told **The Gleaner** that this revelation came to him first in 1995 while attending a United Nations Summit on Social Development in Denmark. He was the guest of a Caucasian pastor from Denmark, who, like himself, was a delegate at the Summit. "That is where I knew", he said. "It came to me in a church. When I met up with her in the summit,"~~ On being introduced to his host, Portia hugged and

~~thanked him for looking after Phinn. Obviously moved, the host said, nobody had ever hugged him like that, especially a black government official. And so he went into the church the night and told the senior pastor, and the whole church started to intercede profusely for Portia Simpson Miller. And somewhere, between halfway and the end of the prayer session, the Lord spoke to Pastor Phinn — "She is going to be the next Prime Minister'."~~

And the rest, as they say, is history.

Since then, the media, politicians and people in Jamaica and in other countries, we are told by the same newspaper, whose ratings no doubt flourish with the publication of such stories, have been calling to congratulate him on the fulfillment of his prophecy. The callers have also been asking for more predictions.

We have yet to hear whether Pastor Phinn, like his colleague in Barbados, has any predictions about Jamaica and or the rest of the region being hit by a disaster worse than a hurricane. Such news coming from such a reliable messenger could significantly raise public outrage and so influence effective risk management strategies.

In the absence of such direct news from the Almighty, however, we are forced to rely on available resources in developing our preparedness plan, including risk communication messages and strategies that people believe and respect at least as much as Jamaicans appear to believe in the messages by Pastor Phinn. For to say that, we need all the help we can get to help people prepare mentally and otherwise, and in strategizing for the worse, while hoping for the best.

Making overly certain dire predictions that do not come true is not the way to build trust, a fundamental principle in risk communication; similarly, making overly reassuring predictions that turn out wrong is also not the way to build trust.

(E.g: Dominica official, "we're ready"; Barbados "flu free"; Dr Irons affirmation: **"With all our preparations...we might not be able to prevent the (pandemic),...but we will certainly be able to prevent the spread and decrease the mortality and morbidity."**

Making overly certain reassuring predictions that turn out wrong is also not the way to build trust. But piercing people's apathy, getting their attention while trying not to scare them can be a huge dilemma.

How to warn people about bad things that might not happen, but which might be terrible? How to do this in ways that build trust, is a huge challenge, a really delicate dancing act.

Sharing the uncertainty, and sharing the dilemmas about how much to prepare for uncertain potential disasters, are two of the strategies.

How best to do this, is what risk communication is all about.

And so in an attempt to build local capacity in this area, in February, a number of us in the agriculture and health sectors, including local personnel in the poultry industry, as well as government education and information personnel, met at a 3-day workshop here in Trinidad to focus on crisis communication strategies in support of risk management initiatives. Lead facilitator and internationally renowned crisis communication consultant, Jody Lanard, led participants at that workshop in two simulation exercises. In the first, we were encouraged to use our imagination to think of all the unintended consequences at the first sign of avian influenza in birds and poultry, and for the second we simulated conditions that we imagined consistent with an outbreak of the human influenza pandemic.

Given that we depend hugely on chicken in our region as our main source of protein, the first exercise was scary enough; but the second was the clincher in driving the message home; that there is much work to be done.

In case one, we were all forced to accept that the poultry industry could not avoid taking a beating initially, and that no amount of PR would change that reality. But how quickly it recovered had almost as much to do with how well they retained or built credibility with their publics throughout the pre-crisis and crisis periods, as well as the duration of the crisis.

The second exercise was where participants really began to see things in a new light. Some of the issues and questions raised were:

"How will out as well as in-patients access their medications, especially the more vulnerable, the elderly, and persons living with disability?"

Will suppliers be able to deliver goods? How about services they've outsourced — will they be still reliable?"

Experts say that many essential functions would have to continue despite the likelihood of a depleted work force and more limited transportation. Up to 40 percent of employees could be sick at one time. Who will cover and report the news?

The workgroups agreed that preparation could include, among other things, governments streamlining vaccine approval procedures; school boards deciding whether and how to close the schools for extended periods; businesses planning for the twin problems of absenteeism and 'presenteeism' (sick people bringing the virus to work with them); hospitals stockpiling antiviral medications and personal protective equipment for staff; communities figuring out how to recruit and use volunteers to keep essential services running—including the all-important survivors of the first pandemic wave, who will be the only ones immune before a vaccine becomes available.

Despite these possibilities, which were so vividly brought home to those of us at the February workshop, the public in our region appear to be only marginally interested. Only when a report of bird deaths surface, such as what happened in Trinidad and the Bahamas, that signs of significant public and media interest become evident, but this evaporates as soon as the Ministry of Agriculture or Health issues a release reassuring the public that the samples tested are negative and that (at least the case of the Bahamas) all is well with our tourism industry.

While cable television, especially, keep the issue on their agenda, local/regional media interest in general remains at an amazingly low level.

To get a sense of how big/or small an issue this is, one can easily check the media in our countries, as elsewhere. Based on a quick analysis by me of the content of newspapers in Barbados and Trinidad and Tobago between February 1 and March 31, this year, when by all indications, the crisis period in Trinidad and Tobago had subsided and by all expectations, things were back to normal at media houses.

Obviously, a study of the electronic media is more challenging, further, with the possible exception of call-in talk-shows, news and commentary levels in the print media, strongly mirrors the content of the electronic media. For Barbados, I reviewed every issue published

by both daily newspapers – Nation and Advocate during this period. While for Trinidad and Tobago, I had to rely on the Internet, and this meant studying the Express and the Guardian only, the two papers which feature archives. Naturally this meant that I could not get a picture of the volume of non-local stories published in either paper. Hence, while I could make a comparison between the Advocate and Nation regarding total number of stories published during the full two months, (24 for the Advocate and 17 for the Nation); for Trinidad and Tobago, only local stories could be coded, which was OK for my purpose.

Starting with Barbados

The Advocate published a total of 2 locally produced stories, one submitted by the GIS about the workshop in T&T; and the other was a Ministry of Health press briefing about their preliminary contingency plans. In addition there were 3 wire-service stories related to other Caribbean countries; the Bahamas (2), Dominica 1, and Trinidad and Tobago (GIS) 1.

For the much more widely circulated **Nation**, the volume of stories published was similar, although in some cases, the stories were given more prominence:

They published five (5) locally produced and 3 Caribbean news stories (Bahamas, Dominica, and Cayman). Perhaps, of note also was that the local stories included at least one editorial, a letter to the editor, and one column (by some stretch), besides a page one story which reported a Ministry of Health press briefing about their preliminary contingency plans. The clear message given was one of reassurance as reflected in the bold headline “Flu Free”.

So over a full two months, both papers carried a total of 13, national (7) and regional stories (6). By contrast, another health-risk issue related to a perceived, but yet to be substantiated environmental health threat at a high school, commanded copious stories and opinion pieces, forcing a strong government intervention led by the Prime Minister.

Guardian: 4; Express: 5

This picture suggests that the level and quality of coverage of avian influenza, mostly in birds and poultry, and possibly future human pandemic are consistent with a state of apathy, which is perhaps understandable, as most people face a host of other problems deemed outrageous to them in contrast to bird flu, which, although regarded a major hazard by public health authorities, remains far away in Europe, Asia and Africa. Hence, with the possible exception of some public health officials and poultry farmers, few are gearing up for action about H5N1.

But the urgency of the situation demands much more attention and a great deal of planning; and the public needs to be factored into our plans. Experts agree, public reaction to and perception of risk vary (natural vs. man-made; high risk, low perception).

Enter risk communication and its critical role in contingency planning. Although people have always tried to figure out how to communicate about risks, the field of risk communication dates back only to the 1980s, evolving from health education, public relations, psychology, risk perception, and risk assessment. Lanard and Sandman list at least three kinds of risk communication:

- . Precaution advocacy ("Watch out!"): How to alert people to serious hazards when they are unduly apathetic (pre, pre crisis).
- . Outrage management ("Calm down!"): How to reassure people about minor hazards when they are unduly upset (pre crisis).
- . Crisis communication ("We'll get through it together!"): How to guide people through serious hazards when they are appropriately upset (or even in denial).

Precaution Advocacy

Bird flu risk communication is partly precaution advocacy and partly crisis communication. Its precaution advocacy if you're talking to people in Southeast Asia, or Guyana or to other West Indian poultry farmers who haven't as yet heard much about bird flu.

It was crisis communication in Trinidad and Tobago for awhile; and perhaps **outrage management** in the Bahamas, and perhaps Suriname, earlier this year, when public health officials and industry communicators attempted to talk to poultry farmers who were trying

to figure out how to cope with this huge new threat to their flocks, their livelihoods, and potentially their lives. Having come through that period, however, it's back to precaution advocacy in T&T, and the Bahamas, like the rest of the subregion.

It will be **crisis communication** everywhere if and when the pandemic materializes.

Meanwhile, a major challenge remains to penetrate the seeming apathy that exists as reflected not only in media coverage, but the existence, or non-existence, of only rudimentary plans in place for most of our countries despite ample notice.

Country	Status of plans	
Bahamas	Working on it	
Barbados	Working on it	
Belize	Working on it*	
Guyana	Working on it*	
Haiti		
Jamaica	Working on it	
Suriname	No	No
Trinidad & Tobago	Working on it	

* PAHO, October '05/February '06

Recommendations

What can be done to pierce the level of apathy to this very real threat; where do we start?

For starters, here's a list of five recommendations sourced from an article, also by Lanard and Sandman, both of whom have done extensive work for WHO, PAHO and several other international organizations and national governments. The article provides 10 in all, but due to time constraints, I will deal briefly with 5.

The recommendations are grounded in two convictions: that

motivating people to start taking a future pandemic seriously should be a top priority for government health departments, and that risk communication principles provide the best guidance on how to do so. How well will they work? Nobody knows yet.

1. Start where your audience starts

Telling people who believe X that they ought to believe Y naturally provokes resistance. You can't ignore X in promoting Y. You can't simply tell people they're wrong. You've got to start where they are, with X, and empathetically explain why X seems logical, why it's widely believed, why you used to believe it too ... and why, surprisingly, Y turns out to be closer to the truth.

Research suggests that whenever people are ambivalent, seeing merit on both sides of some issue, they tend to focus on the side others are ignoring. When addressing an ambivalent audience, therefore it is useful to apply, what is termed, the *seesaw* principle by stressing the side that does you harm, leaving the other side, your preferred side, for your audience to stress instead.

(Responsibility/blame; catastrophic potential). If you emphasize the sense in which a problem is not your fault, we will..it is. If.. emphasize catastrophic possibility is low probability, we will emphasize that it is high magnitude; but if you keep saying how bad it would be, we will point out how unlikely it is.

[To illustrate the principle: It does sound scary when you first hear that some people have caught bird flu from sick chicken, People already know that you catch salmonella from raw or poorly cooked chicken, so it seems logical that you could catch bird flu too. But it turns out that while salmonella is pretty common in healthy-looking poultry, bird flu isn't likely to make it to your market or your kitchen, because it makes the chickens too sick.]

Or, that it is very confusing when the term bird flu is used to mean the chicken disease and the possible future human pandemic. It is thus logical for us to be extra scared about bird flu in birds – because it sounds sometimes like officials are talking about the actual pandemic which hasn't happened yet, thank goodness.

A longer-term strategy is to find the middle ground, by moving to the

fulcrum of the seesaw, forcing your public/audience to come to terms with their ambivalence, to recognize that there are good arguments on both sides. Authorities often miss the middle ground that can help build mutual trust: involving the public early, arousing an appropriate level of public fear, and helping people bear it.

2. Don't be afraid to frighten people a little bit

Overconfident over-reassurance [**as reflected in these media stories**] is terrible risk communication. Paradoxically, people usually find such reports alarming because they disbelieve them. These also create a credibility gap that is difficult to close especially when it most matters.

Over the years, a lot of negative comments have been made about fear appeals in the literature, but growing body of research evidence that they work is overwhelming. Although people don't usually stay very frightened very long, getting them a little frightened for a little while motivates precautionary thinking and precautionary action (assuming some precautions are available).

There is one key exception. When people are already terrified, scaring them even more can push them into denial. For example, women like myself, sometimes avoid breast self-examination, not because breast cancer scares them too little but because it scares them too much.

In places where bird flu is endemic, magical thinking and denial are already a problem. For most of the world right now, though, apathy is the problem—not denial.

WHO and PAHO have been trying for over a year to penetrate the apathy with dramatic (but most responsible) appeals to governments, corporate community, the media, and the public. Until a pandemic begins, there's little chance we'll scare people too much, despite the claims of those calling risk communicators “fear mongers”.

3. Acknowledge uncertainty

When the first Thai bird flu outbreaks subsided in 2004, a senior public official said: "The first wave of bird flu outbreak has passed ... but we don't know when the second wave will come, and we don't trust the

situation.... So the Public Health Ministry is being as careful as possible." This exemplifies two risk communication principles: acknowledge uncertainty and don't over-reassure.

During Malaysia's first outbreak, tests were pending regarding what strain of flu was killing the chickens. A senior veterinary official said, "We know it is H5, but we're hoping it won't be H5N1." This very brief comment not only acknowledges uncertainty; it also expresses wishes, another good crisis communication practice. Everyone shared that official's hope, but feared the worst.

Overconfident over-reassurance ("the situation is under control, everything is going to be fine") is terrible risk communication.

[Dominica release/PAHO]

5. Give people things to do

One reason sometimes given for not alarming the public is that there's nothing for people to do anyway. A Jan. 13, 2005, Wall Street Journal article quoted a Canadian infectious disease expert as saying: "Scaring people about avian influenza accomplishes nothing, because we're not asking people to do anything about it." But the error isn't scaring people. The error is failing to realize—and say—how much they can do to prepare.

Helping resolve government policy dilemmas is just the beginning. Thailand, for example, has trained almost a million volunteers to reach out to every village in the country to inform people about the risks and signs of bird flu and how to try to protect themselves and their flocks.

Many companies, hospitals, schools, and local governments around the world are starting to plan for "business continuity" in the event of a pandemic.

Even cognitive and emotional rehearsal—learning about H5N1 and thinking about what a pandemic might be like and how you'd cope—is a kind of preparedness and a kind of involvement. The WHO outbreak guidelines say: "If possible, representatives of the public should be brought into the decision-making process.... Risk communication messages should include information about what the public can do to make themselves safer."

Guided by those principles, let's review a check list of important factors helpful in risk management and in developing communication strategies and messages for the **Precaution Advocacy** phase.

There are five key factors to be considered in targeting our audiences in this phase:

- (1) What do our audience (and we) already know about BF, and the human pandemic, what do they think, feel, and do?
- (2) What don't we know?
- (3) What might we know?
- (4) What do we want our audience to know, think, feel, and do?
- (5) What messages should we communicate and how do we do this effectively?

What your audience (including the media) already knows, thinks, feels, and does. [Responsible Speculation]

This includes people's questions and concerns, what they want to learn more about. It includes their misimpressions, if any, what they think they know that needs to be respectfully corrected.

- H5N1 avian influenza virus is highly pathogenic to birds. It can infect persons who have had direct contact with sick birds and the mortality rate is over 50% in humans. There has been a limited number of human cases to-date, but there is fear that the virus would mutate, very, very rarely, to in a way that would allow it to become transmissible from person-to-person and trigger an influenza pandemic.
- H5N1 influenza is spreading from the Far East, where it originated, into Africa, India and Western Europe, carried by migratory birds, and possibly by smuggled poultry and smuggled exotic birds. It is anticipated to spread in Europe during 2006 and then to the Americas by late 2006 or in 2007. But this is responsible expert speculation and not definite fact.
- The domestic poultry industry has been adversely affected and domestic poultry is being killed/culled in countries where the H5N1 virus is found.
- Apathy – A future influenza pandemic is still mostly a risk that may kill many, many people, but doesn't much upset them enough to prepare or learn about it, at this point.
- The world is now in Phase 3 (the final of the WHO Influenza, Pre-Pandemic Phases, before entering Phase 4 - Pandemic Phase).

- We know that we will not be completely ready, nor would we be able to anticipate all eventualities.
- We know that there is no vaccine for the pandemic influenza and that it will take months after the outbreak to be developed ; plus, the worldwide flu vaccine production capacity is far smaller than the world's population; therefore it would not be readily available.
- Tamiflu may or may not work and would be difficult to obtain.
 - When/if the pandemic arrives, it may occur in waves about 6-8 weeks in duration, although this has varied in past pandemics.
 - Whether it is very virulent or not, there would be wide spread social and economic disruptions.
 - despite this threat, many countries and companies have only rudimentary, if any contingency plans in place.

What don't we know?

- We don't know whether the H5N1 virus that is killing chickens by the millions worldwide, has the genetic ability to do the same to humans, as the flu of 1918, 1957 and 1968 did. It could be a plague of medieval proportions, or it could fade as the swine flu threat of 1976 did.
- We don't know if the virus would become more or less virulent if and when it becomes transmissible from person-to-person.
- We don't know if Tamiflu would still be the effective anti-viral for treatment, or whether it would be widely available.
- We don't know if or when a viable vaccine will become available.
- We don't know how long the pandemic would last and how many waves would occur.
- We don't know if the health services (staffing and facilities) would be able to cope with the increase in critically sick persons. We do know that no health service in the world would be able to fully cope with a severe pandemic.
- We don't know if there would be adequate medical supplies, *e.g.* PPE, antibiotics, antipyretics, ventilators, pneumococcal vaccines. We kind of know, except in the mildest of mild pandemics, supplies will become even more inadequate than they already are in many places.

- We don't know how bad the disruptions in essential services (water, electricity, security, communications, transportation) would be.
- We don't know what effects it would have on the supply chain and in particular, essential human needs (e.g. food, water, medicines).
- We don't know to what extent it would affect employment and the earning power of persons.
- We don't know to what extent it would affect business, commerce and banking.
- We don't know how it would affect education (schools, and other training institutions that may have to be closed).
- We don't know if all places of mass gatherings would have to be closed; cinemas, theatres, churches, sport events.
- We don't know if national borders will be closed and international travel curtailed; and we don't know if that would help much.

When might we know/ or need to know?

We might have an indication of some of the answers to these queries if and when the human pandemic starts in other countries, or only when it arrives in our respective country.

The Office of Caribbean Program Coordination of PAPHO has prepared a checklist of factors, which ought to help in developing contingency plans that include communication interventions and messages.

Some of those key factors, which it is important that we know, are:

- Is there a communication plan targeted at all critical audiences, internal and external; (political, governmental, professional groups, industry, farmers, and the general public) before, during and after an outbreak of Avian Influenza?
- Have we considered the capacity of media to maintain transmitting and broadcasting news, vital for people's survival during a possible pandemic.

A recent story carried by NYT noted that some of the most important planning involves not employee health, but how to continue to deliver vital services in a crisis. [Time Warner's](#) Cable News Network is making preparations to stay on the air from different locations.

"If there should be something that quarantines the production center here in Hong Kong, we could hand off to London and Atlanta," the president of Turner International Asia Pacific, a Time Warner unit in Hong Kong, said.

Time Warner is also working to create a mechanized cart that could automatically load tape after tape into a satellite transmission system, so it could keep stations like Cartoon Network on the air — a boon if children were homebound for months.

The potential of existing media entities, and the availability of alternative channels of information, websites, chat rooms, cell phones, community notice boards, etc., are factors which ought to be plugged into our plans, if we expect to get through life saving information to the public in the event of a pandemic.

- We need also to determine whether there is an appropriate pool of human resources available to address all aspects of emergencies posed by an outbreak of Avian Influenza at the country level?
- Do decision-makers have the authority and support to enable them to make difficult choices that may arise before, during, and after the outbreak?
- Is there strong political and administrative commitment, supported by industry, the farming community, and the wider public?
- Is there recognition of the potential social and economic impact of Avian Influenza at all appropriate levels of government, and acknowledgement of the aim of national animal preparedness?
- Are funds committed, or can funds be readily committed to address all important elements of preparedness and response?
- Is there designation of an organization or responsible individual(s) to execute and revise the preparedness plan as required?
- Is there an appropriate legislative framework in place, and is it well understood by all relevant stakeholders (enforcers, industry, farmers and the wider public)?

- Are there realistic timelines for completion of various stages of the preparedness plan?
- Who are the individuals and/or representatives of key organizations that are essential in making reasonable contributions to the emergency plan?
 - Some key organizations from which individuals must be drawn include:
 - Ministry of Agriculture
 - Ministry of Health
 - Ministry of Finance
 - Ministry of Trade
 - Ministry of National Security
 - Protective services (police), defence force (army, coast guard)
 - Ministry of Public Information
 - Ministry of the Environment
 - Ministry of Local Government
 - Ministry of Works and Transport
 - Universities
 - National Professionals (private veterinarians, etc)
 - Non-governmental Organizations
 - Wildlife Associations
 - Hunters Clubs
 - Livestock associations (inclusive of Poultry Associations)
 - National Emergency Preparedness Association
 - Solid Waste Management Companies
- Is there agreement on the roles and contributions of all critical stakeholders during the planning and execution stages?
- Are there arrangements for and agreement to, the holding of scheduled periodic meetings prior to an outbreak occurring, as well as for the holding of regular and impromptu meetings during the early (warning) stage and in the response or reaction stage?

What do we want people to know?

This list of the goals and objectives of our communication initiative should always include telling people what preparations we want them to make and why. And it ought to include asking

for their input, their own suggestions and their feedback about your evolving preparedness plan.

Your messages should include:

- The difference between seasonal, avian and pandemic influenzas;
- What could be expected during an avian influenza outbreak; an influenza pandemic and what happened during other influenza pandemics from the severe one of 1918 and other less severe ones, and how they were managed.
- How to put together a family plan (First Aid Kits, PPE- surgical and N-95 masks-, antipyretics, emergency supplies- food, water, candles, batteries, generator, fuel -, how and where to seek medical assistance, how to set up an isolation/sick room, treating the patient at home).
- Reinforce personnel hygiene; hand washing, covering nose and mouth when sneezing etc.
- How to prepare food safely, especially poultry.
- Be careful of false medical cures and claims and other chicanery one is vulnerable too in times of uncertainty and anxiety.
- Do not be complacent; prepare for the worst and hope for the best.

Obviously, people cannot prepare for the worse case of every possible potential problem – the very worse hurricanes, pandemic, earthquake, volcanic eruption, drought, war, and so on. Deciding how much to prepare is a dilemma, not an obvious decision.

- Essential services - businesses, institutions and Government must all have plans.

How best do we communicate these messages?

- We need to identify the various audiences, corporate sector, civil society, essential services; media; and create messages specifically for each of them and the mechanisms to best convey these messages.
- Prepare Q&A fact sheets and define unfamiliar terms such as; quarantine, isolation, pandemic, vaccines, anti-viral etc.
- Develop a data base of communication channels indicating their strengths and limitations, to include formal and

informal, mass and alternate media, including radio, television, printed media, WebPages; popular theatre; citizens band radio operators, email, chat rooms; fax; community groups, religious organizations. The outreach groups should be trained to disseminate the information and materials effectively.

- Include or infuse information on avian and pandemic influenza in the school curricula. This could be in the Social Studies curriculum that already covers disaster preparedness, and or the Health and Family Life Education (HFLE) module where available.
- Always try to be clear about whether you mean bird flu in birds/poultry, versus a future human influenza pandemic, which may or may not be launched by the current H5N1 bird flu virus.

The focus here is to effective positioning of your message, how your audience is likely to respond to the messages, and what additional messages (meta messages) are needed to help influence an appropriate response.

There are no easy recipes for successful risk communication, but effective planning supported by these guidelines will help to prepare the ground as best we can given the nature of the threat and the limited information in hand.

Thank you.

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