



Connecting Organizations for
Regional Disease Surveillance

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CORDS Risk Communication Training

Rockefeller Foundation Training Centre in Bellagio

Italy, 8th – 12th July 2013

Dr Petra Dickmann MD, PhD

dickmann risk communication drc |

pdickmann@dickmann-drc.com

www.dickmann-drc.com

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Annex

List of participants

Agenda

Concept paper

Tool 1 and 2

Template for Information Sharing – draft

Pre- and Post-course Assessment

Day 1-3 Assessment

1. Executive Summary of the Training

The Bellagio Risk Communication Workshop was held on 8-12 July 2013 at the Rockefeller Foundation Training Centre in Bellagio, Italy. Fifteen delegates from the networks attended. The workshop was designed, developed and delivered by dickmann risk communication drc|. It was funded by a special grant from the Rockefeller Foundation and by CORDS. The list of attendees is included in the report annex as well as the agenda.

A pre-course assessment and an initial survey questionnaire were sent to all participants. Their responses including descriptions of their recent outbreak-related experiences revealed an interest and need for further development of their risk communication skills and capacities.

The course emphasised active learning and was mainly organised around a series of interactive group exercises focused on a variety of communicable disease-related scenarios. These were developed specifically for this workshop and were based on current outbreak challenges and real experiences reported by participants. The composition of the groups was changed for each session to provide opportunities for participants to work in small groups with all the other participants over the course of the workshop. This strategy was used to help strengthen connections between individuals and networks. All groups presented their reports to a plenary session.

The scenarios looked at three keys aspects of risk communication- information sharing, communication, and coordination.

The discussion topics included:

- Information: Lessons learned from H5N1 translated into H7N9 in China
- Communication: Ebola outbreak in the Democratic Republic of the Congo
- Coordination 1: Cholera
- Coordination 2: Yellow fever
- Coordination 3: Dengue
- Exercise: MERS Coronavirus (in regional network groups)

Participants were asked to develop Ministerial briefings and action plans. This interactive working was described as “*highly valuable and enjoyable*” by the participants. The group work consistently scored highly in the end of day assessments.

More formal presentations set the scene for the group work. An overarching conceptual approach to risk communication was presented by Dr Dickmann and included a new way to frame, rationalise and structure action planning and interventions. Using a classical time/case outbreak graph, it identified intervention points that could result in **FASTER, CLOSER, EARLIER** and **SMARTER** outcomes. Participants reported that the model enhanced their understanding of risk communication challenges and action options. Two tools to help participants facilitate their analysis of the information, communication and coordination related risk communication needs and change strategies were presented.

Additional presentations were given related to:

- The International Health Regulations (2005);
- WHO Outbreak Communications;
- Working with the Media;
- WHO Communication for behavioural Impact (COMBI); and,
- Practical advocacy guidance

Presentational materials and related notes were provided to the participants for onward teaching events back in their networks.

Interactive seminars introduced:

- A method to design risk communication;
- Consensus on information sharing for the networks;
- Joint Agreement on Risk Communication – Communication; and,
- Joint Agreement on Risk Communication – Coordination

Frequent discussion summaries and daily assessments allowed for ongoing process reflection and aimed to ensure approaches were sensitive to the participants' understanding and needs. Participants described the workshop atmosphere as being “*stimulating and at times ‘electrically’ filled with enthusiasm.*” Many new connections between networks were reported and a resolution was agreed to “*take this teaching back into our networks.*” The geographically related networks agreed to work together on their future risk communication enterprises. All participants were given an electronic version of the course materials including the scenarios.

The participants identified a need for improved communication between countries and between networks. They requested that a portal, with a secure password protected area, be developed to facilitate earlier, faster and better communication between them. The participants identified varying levels of sensitivity to early release of information between countries. Networks have agreed that their boards should appoint a focal point for information sharing. Participants voiced the opinion that “trust will be built and strengthened through collaborative working and the development of “CORDS Rules” for sharing.”

Recommendations included that:

1. An overarching CORDS risk communication action plan should be developed
2. A specific agreement on information sharing, communication and coordination should be developed and implemented
3. The CORDS Handbook on Risk Communication should be produced
4. Communications strategies should be developed by each network
5. Training plans should be developed by each network through a collaborative approach
6. MBDS will work more closely with APEIR
7. EAIDSNet will work more closely with SACIDS
8. MECIDS will work more closely with SEEHN
9. Concepts presented on risk communication will be further developed by these groups
10. A secure portal will be developed
11. Specific action plans for engagement and advocacy should be developed by each network and shared.

Group photo



2. Introduction

Background

Information and communication are vital to gather, identify and assess health risks; they are critical for the successful management of infectious diseases outbreaks or other public health emergencies. During a public health emergency time is short and reliable structures to share and communicate information within and between frontline surveillance networks, and inform decision-makers and the public must be established *before* an outbreak to allow systematic and coherent crisis communication and management.

Risk communication serves a double role: risk communication should prepare for crisis management; and risk communication should build capacity and a comprehensive understanding of health risks among health officials and the general public. This capacity building is needed for peaks in demand and public health emergencies, but also for managing continuous health threats and infectious disease surveillance.

CORDS aims to establish and maintain reliable communication structures, procedures and practice within and across networks to ensure the early detection of infectious diseases outbreaks that is based on information sharing, risk assessment and communication.

Therefore, a pilot training was developed and delivered at the Rockefeller Foundation training centre in Bellagio in July 2013 for delegates of the six CORDS networks.

Training

The Bellagio Risk Communication Workshop was held on 8-12 July 2013 at the Rockefeller Foundation Training Centre in Bellagio, Italy. It was funded by a special grant from the Rockefeller Foundation and by CORDS.

Fifteen delegates from the networks attended who have the responsibility for risk communication in their networks and the organisational authority to induce change.

The workshop was designed, developed and delivered by dickmann risk communication drc|. Prior to the training itself, a mapping and development period elicits the risk communication capacity in the networks and the particular training needs. The training was evaluated to establish a benchmark of risk communication capacity in the networks.

3. Mapping

The mapping of risk communication capacity and training needs was undertaken in a mixed method approach:

Quantitative: A mapping questionnaire was sent out to the network delegates in order to capture the current situation of risk communication in the networks and to map training needs and wishes in view of the preparation for the Bellagio workshop on risk communication. This questionnaire used questions with closed answers for scaling and ranking and with free text answers to identify themes that appear and that enable the understanding and mapping of the needs and wishes of the networks.

Qualitative: Semi-structured interviews were held with network representatives during the Annecy meeting (22-23 April 2013).

3.1 Questionnaire

Mapping questionnaires were sent out to the delegates of the network you were nominated to attend the Bellagio training.

Summary

Risk communication capacity varies significantly across the networks with low rate of confidence and no formal training in risk communication. Summarizing the training needs, networks wish for:

- Conceptual understanding to develop risk communication in their networks; in combination with
- Practical skills in communications and technical infrastructure;
- Political advocacy and media guidance;
- Learning and improve networking by using real-life case studies from the networks;
- Need to disseminate the knowledge and skills by multiplying the training and inducing leadership which is well aware of the importance of risk communication.

The overall aim is to develop a common understanding of risk communication for CORDS networks and to agree on a joint practice of information sharing among them.

Summary of the results are broken down by networks

APEIR

APEIR is a regional research network involving six countries with over 30 partnering institutions (Cambodia, China, Indonesia, Laos, Thailand, Vietnam). Risk communication is organised by a coordinating office in charge of communications and under leadership of APEIR Steering Committee Chair and members.

No one has received formal training in risk communication and respondents feel mid to low level of confidence doing risk communication.

They indicate the following training needs in terms of increasing their confidence:

- The knowledge and skills to effectively translate research results to action;
- Skills on writing policy briefs, press releases, etc.;
- Skills to best communicate messages to a broad audience;
- How to reach policy and decision makers;
- How to reach and work the media.

The network has no plan for risk communication; its focus is on knowledge transfer and providing policy briefs. The network does not directly engage with the public.

Their experience in dealing with infectious diseases emergencies revealed the need to improve the flow of information, the communication process and the coordination of response.

Training priorities in risk communication are:

- Preparing for the crisis and select the key messages;
- Training on how to deliver the messages to the stakeholders (decision makers) and public.

EAIDSnet

EAIDSnet is a disease surveillance network for five countries (Burundi, Kenya, Rwanda, Tanzania, Uganda) that does risk communication by educating and working directly with affected local community. Their understanding of risk communication is the need to educate and engage in a meaningful dialogue with the public regarding the need to reduce their risks to infectious diseases, learn about them and how to deal with outbreaks.

The most senior health expert at the East African Community (EAC) who has, however, no formal training in risk communication, oversees risk communication activities. Respondents indicate a low to mid level of confidence to carry out risk communication. The following aspects in terms of increasing the confidence to do risk communication are:

- A risk management strategy in respondents' institutions;
- Corresponding risk management strategies acceptable to all partner states in the EAC region;
- Capacity to implement the strategy;
- Financial resources;
- Political buy-in.

The network does not have a plan for risk communication.

Based on their experience in dealing with infectious diseases emergencies they rated the flow of information, the communication process and the coordination of response as good; however a strategy was missing. They see the need to improve the information sharing among health workers.

Training priorities in risk communication are:

- Understand and learn more about risk communication;
- Learn how to develop risk communication plans;
- How to conduct risk communication training;
- The steps in developing risk communication plans; and
- Strategies for information sharing in risk communication.

MBDS

MBDS is a disease surveillance network encompassing six countries (Cambodia, China, Laos, Myanmar, Thailand, Vietnam) and offers a well structured risk communication with coordinators for risk communication in every country who are well connected nationally, but also internationally. Their common understanding of risk communication is that it has something to do with common purposes, objectives, targets and goals. They see the importance of collaboration, collective responsibility, and the accuracy of information and its dissemination in the correct channels to reach to targeted audience.

MBDS network has a plan for risk communication that was last updated in November 2010. They do not engage directly with the general public, but with ministries. They rate confidence in carrying out risk communication mid to high. The following aspects in terms of increasing the confidence to do risk communication are:

- Political involvement and leadership role;
- Reliable communication focal point;
- Media involvement;

- End User interest; and
- Consistent messages.

Based on their experience in dealing with infectious diseases emergencies they rated the flow of information, the communication process and the coordination of response as good; weaknesses were in health education and coordination.

Training priorities in risk communication are:

- Knowledge for public awareness;
- Resources mobilization;
- Experience sharing and lesson learned with other networks;
- Technical Assistance; and
- Comments and suggestion for our previous experiences

MECIDS

MECIDS is a regional disease network including three countries: Israel, Jordan, Palestine Authority. Risk communication is based at the ministries of health with one country directly engaging with the general public.

Based on their experience in dealing with infectious diseases emergencies they rated the flow of information, the communication process and the coordination of response as good.

The response rate limits the mapping for this network.

SACIDS

SACIDS is a regional diseases surveillance network encompassing five countries: DR Congo, Mozambique, Tanzania and Zambia. SACIDS offers expertise, facilities and sharing of resources to member institutions and works, in some countries, closely with the department of health education at the ministry of health. There is a national strategy in Tanzania that includes a communication strategy, but only little is known about the content of the communication strategy; it is, apparently, not implemented.

The respondents indicate a mid level of confidence carrying out risk communication.

The following aspects in terms of increasing the confidence to do risk communication are:

- Support and understanding from Secretariat and all members;
- Involvement and corporation from Secretariat and all members when needed;
- Available budget and resources (materials, tools, channels, etc.); and
- Understanding of risk communication.

Based on their experience in dealing with infectious diseases emergencies they rated the flow of information, the communication process and the coordination of response as good. They perceived difficulties to determine what type of information was needed that does not have a negative impact on trade and tourism; they also experienced political interferences.

Training priorities in risk communication are:

- Manuals and guidelines for risk communication planning and delivering;
- Identification of core team members with roles and responsibilities;
- Real life case studies to share within the network for their knowledge to begin to think of planning for risk communication (for buy in!); and
- Understanding of risk communication to take to networks and to train where possible.

SEEHN

SEEHN is an infectious disease surveillance network of nine countries: Albania, Bosnia & Herzegovina, Bulgaria, Croatia, Macedonia, Montenegro, Romania and Serbia. In the countries are specialized networks of Public Health Services Institutions (Agencies) that are in charge of risk communication. SEEHN works with national health coordinators and national focal points; they engage directly with the general public.

SEEHN has not yet a risk communication plan but it is working on its development. No one has a formal training in risk communication and confidence level is low.

The following aspects in terms of increasing the confidence to do risk communication are:

- Training and gaining practical skills for all those professionals at regional, national and sub-national levels who are in charge of communication;
- Risk Communication strategy for the whole network developed and approved by the its political bodies;
- Mechanisms and tools developed and in place for fast exchanges of information and agreement on communication at the regional level of the SEEHN

Based on their experience in dealing with infectious diseases emergencies they rated the flow of information, the communication process and the coordination of response as good. Improvements for the management of infectious diseases outbreaks would be:

- Political commitment and decision of all the SEEHN member states;
- Full trust in each other as well as mutual recognition (in legal terms) of all the labs and all other entities in the network;
- Modern IT platforms and facilities for fast exchange and communication;

- Approved protocols and procedures in place; and
- Well-trained staff.

Wishes for the risk communication training addresses the points above; however, the duration of the workshop is seen critically and too little time to work substantially on developing skills and confidence.

3.2 Interviews

Nine people from six networks were interviewed either during the Annecy meeting and or via Skype. Interviews were recorded, transcribed and summarised using a thematic content analysis.

Representatives from the networks were (date of interview):

- Dr Maria Ruseva representing SEEHN (22nd April 2013 in Annecy);
- Dr Laor Orshan representing MECIDS (22nd April 2013 in Annecy);
- Dr Stanley Sonoiya and Dr Michael K. Cheruiyot representing EAIDS (22nd April 2013 in Annecy);
- Phuong Trang, Pornpit Silkavute and Prasit Palittapongarnpim representing APEIR, (23rd April 2013 in Annecy);
- Dr Panom Phongmany representing MDBS (23rd April 2013 in Annecy); and
- Ms Sekela Kyomo representing SACIDS (9th May 2013 via Skype).

Highlights

- Interviewees see an obvious lack of individual skills, expertise, capacities and guidance in risk communication;
- They feel the urgent need to build a pool of expertise and training capacity to disseminate education and training within and across networks;
- Risk communication is a core capacity and yet there is no formal training that builds this competence and skill;
- Risk communication requires the support of the head of department/organisation; advocacy is needed as well;
- Risk communication is not a technical tools but a strategy and policy (across various sectors)

Perceived challenges

- Interviewees see that due to the diversity of the networks, there is no one-fits-all-approach. Some problems are generic – some are specific; they wish to find solutions and directions that are true in various cultural and political environments.
- They understand that transparency of information sharing during the risk communication process can sometimes come in conflict with the country/organisation policy! A considerate approach, based on mutual trust, needs to be developed.

Workshop wishes

- Training should be process-orientated, skill-building and generic; working on scenarios
- Wish for a manual and/or material to disseminate the training within country/network
- Exercises

4. Conceptual Approach

The mapping revealed fundamental needs and a unison demand for risk communication training. However, there are no training formats available in the field of risk communication for public health emergencies or infectious diseases outbreaks.

Based on the mapping, a training format was developed as a pilot that is based on a reflective approach:

Delegates come from different realities and have different starting points in complex environments; risk communication training should be designed to enable them to reflect on the situation and to find solutions that fit into *their* reality. To implement effective risk communication strategies into the various realities it is not enough to follow a protocol with practical risk communication advice. Participants need to understand the concept before they are able to apply risk communication in their environment.

This risk communication training also applies a new concept in communication theory into the public health field. In its conventional understanding, risk communication is often focused on finding the right way to tell people what to do in times of a crisis. While this objective is important, it is not sufficient. This new conceptual approach calls for a major shift in our thinking and shines a light on three other key characteristics of risk communication that need strategic attention. First, that risk communication is more concerned with listening to and understanding rather than telling and directing people what to do. Second, that risk communication is not exclusively based on information transmission, but is concerned with the relationship building that allows for quicker and more effective communication when time is short. Third, that risk communication is not about patronising people by telling them what to do, but is ultimately about creating supportive environments where people can make their own decisions.

The risk communication training pilot represents an innovative and reflective approach which is summarized in a **concept paper** that was sent to the participants prior to the training (Annex Concept Paper).

Theory of change

This risk communication training pilot received some input from the Theory of Change (TOC) approach as a critical thinking and reflective practice. The central idea in Theory of Change approach is to make underlying assumptions explicit. Assumptions are understood to be the driving forces of behaviour and decision-making that is often not explicitly addressed

and reflected. TOC approach is the reflective process to think through scenarios to better understand the underlying reasons, perception and assumption of different stakeholders. Applied to risk communication, two tools were developed that help and guide through the thinking process: **tool 1** is risk communication matrix that helps thinking through the many layers of risk communication activities; **tool 2** is a method template and basic guide to structure the thought process on how to implement change (Annex Tool 1 and 2).

5. Risk Communication Training

The risk communication pilot utilised a new training approach that emphasised an innovative conceptual understanding in combination with practical guidance. Knowledge was acquired through catalytic introductory lectures, group work exercises and seminars. Participants were actively engaged and encouraged to bring personal case studies into the classroom for real-time analysis and development.

Following the conceptual approach, the training was structured into three parts that were divided into three days:

- Day 1: Raising awareness and explore complexity
- Day 2: Building competence
- Day 3: Translate knowledge into concrete actions

Day 1

On day one, the focus was on raising awareness and exploring the complexity of different risk communication practices in participant countries.

Participants shared information on recent network related risk communication activities. Building on these experiences, the group reflected on their understanding of risk communication and expectations for the training. Participants saw the importance of improving their information sharing and to support each other in the information gathering and assessment.

Next, a scene-setting presentation on risk communication conceptual approaches presented the key concepts and their implications and challenges for implementation. This was followed by a seminar introducing methods to design risk communication approaches. Tool 1 and tool 2 were introduced and discussed. This provided the foundation for the first group work in the afternoon on [information](#) practices. Delegates played in mixed groups scenarios on “Lessons learned from H5N1 translated into H7N9 in China” with a focus on information to familiarise with the approach and tools.

After a brief presentation on the International Health Regulations (IHR 2005), the first day concluded with a consensus discussion among the delegates of the networks on information sharing. They stressed the importance of good information sharing as routine activity within and among networks and suggested to nominate focal points in the networks to decide that information is sensitive or less sensitive. They also agreed on a creating a template for routine information sharing. MBDS and EAIDSnet took the lead and presented some template ideas (Annex Template for Information Sharing – draft)

The outcome of this consensus discussion will inform part one of the *CORDS Handbook: Theory of Risk communication* which is planned as follow up project to disseminate the training approach more widely.

Day 2

Day two was dedicated to building the competence of the participants to analyse, understand and apply risk communication principles to design strategies.

Before starting with the programme participants were asked to sum up their lessons learned from the previous day. They genuinely enjoyed the group work although the new concept and the new tools needed some time to become familiar. They felt that the networking between delegates of the six networking was extremely useful. Participants also began to understand and appreciate the new concept of risk communication in a way to see reality differently. Communication is a relationship and more than information.

This feedback session was followed a brief introduction to the group work that has a focus on [communication](#). Participants were divided into different groups and they discussed the scenario of an Ebola outbreak in the Democratic Republic of the Congo.

The group presentations and plenary discussion were followed by a moderated seminar on *practical guidance: working with the media* that provided some action tips.

The morning concluded with a discussion to agree on a joint understanding of risk communication that will form part two of the CORDS Handbook.

After a brief presentation on WHO/COMBI participants were divided, again, into different groups for group work scenarios with a focus on [coordination](#). Three scenarios were offered:

- Coordination 1: Cholera
- Coordination 2: Yellow fever
- Coordination 3: Dengue

After group work and presentations, a moderated seminar on *practical guidance on advocacy* gave some input on how to initiate policy change by advocating a risk communication agenda.

The day concluded with a discussion on a joint understanding of approaches to risk communication coordination on community, national and international level. As lessons learned from day 2 they identified a big ‘appetite’ for working together and they now realised the need for this training. They found the reframing perspectives from crisis to risk

communication very useful and realised that risk communication is not only for communication people, but basically for everyone. Risk communication is not only communication, but a change in the routine of how organisations work.

Day 3

Day three had a focus on how to translate knowledge into concrete actions. For this purpose an exercise was conducted that requires the range of risk communication competence, capacity and skills developed on the previous days. This time, groups consisted of network delegates that had to solve different tasks during the exercise, such as preparing a minister briefing and designing an action plan on risk communication to present to a policy board.

In the afternoon networks were asked to design a strategy on how to implement risk communication into their home countries contexts. A moderated seminar helped to achieve a joint understanding of a CORDS approach to risk communication that could serve as an international template which would form a concluding part of the CORDS Handbook.

6. Assessment

6.1 Pre-course Assessment

The pre-course assessment was completed by the delegates at the beginning of the training (n=15).

Situation of risk communication

The majority of delegates indicate that they are in their junior to mid stage of experience with ten delegates working 4-7 and 8-11 years in their current role. Their background is mainly medical and scientific with four people have a communication background and one delegate has a combined background in communication and medicine. They indicate to have a mid to high organisational standing.

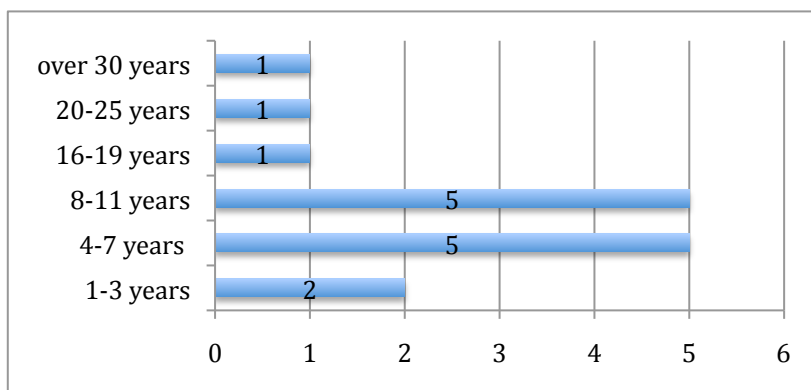


Table 1: Professional experience in current role

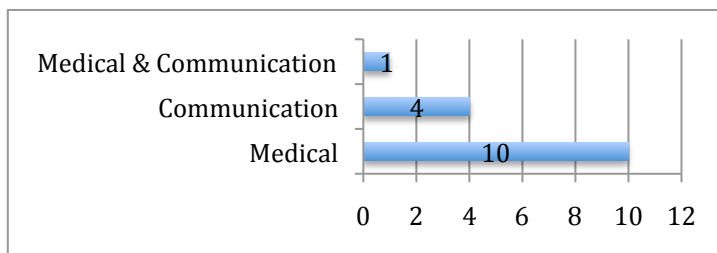


Table 2: Professional background

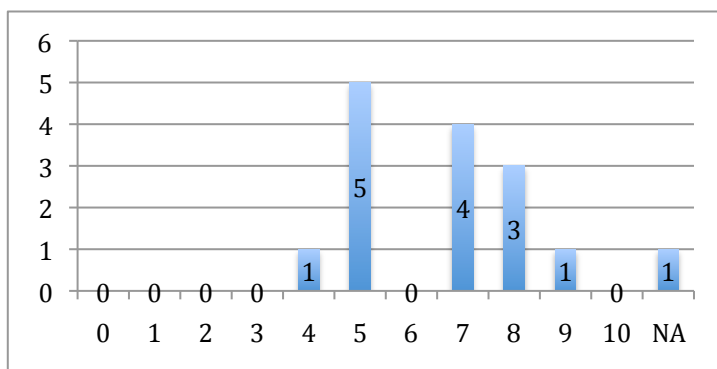


Table 3: Estimate of organisational authority to introduce policy changes (Scale 0 (not at all) --- 10 (very influential)).

Their preparation for the course was good and twelve out of 15 read the concept paper. Most of the network members are sometimes (9/15) or frequently (5/15) in contact with other network in times of no outbreak. However, the majority does not have a formal routine to do so (9/15).

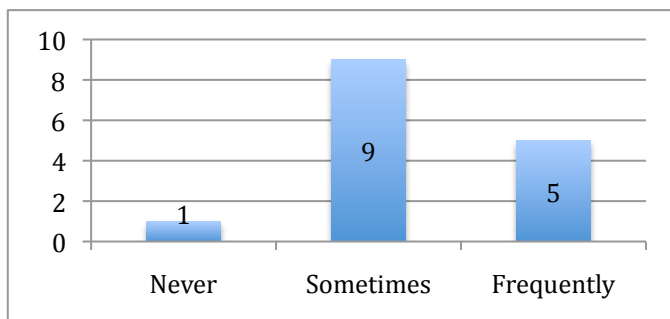


Table 4: Communication frequency

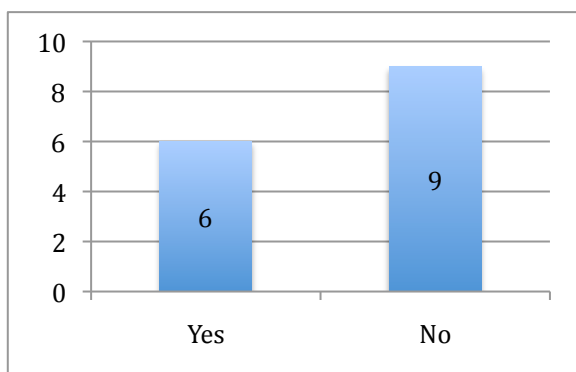


Table 5: Formal routine of communication

Self-assessment of participants

Delegates indicate a mid to low level of knowledge, understanding, skill and confidence in risk communication.

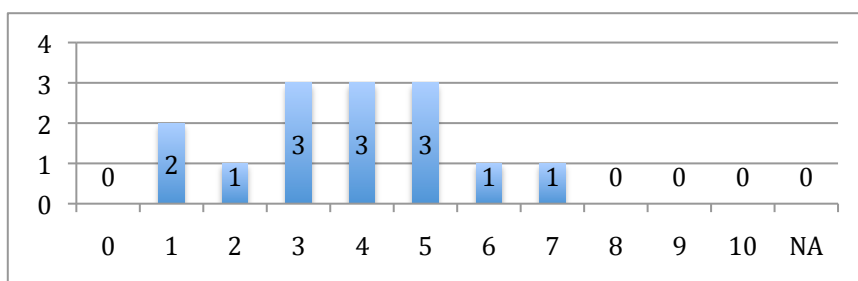


Table 6: Knowledge of risk communication (Scale 0 (not at all) --- 10 (very expert)).

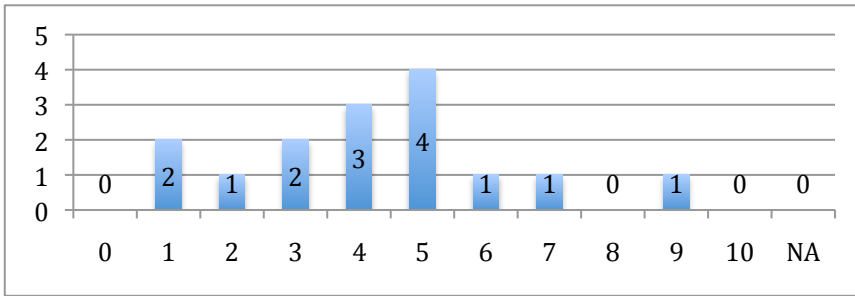


Table 7: *Understanding of risk communication*

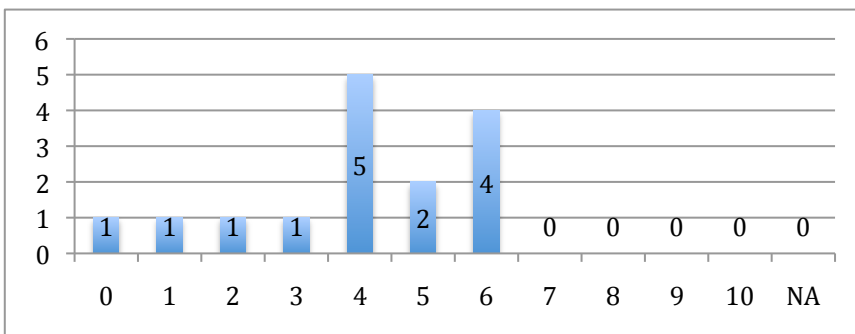


Table 8: *Skills*

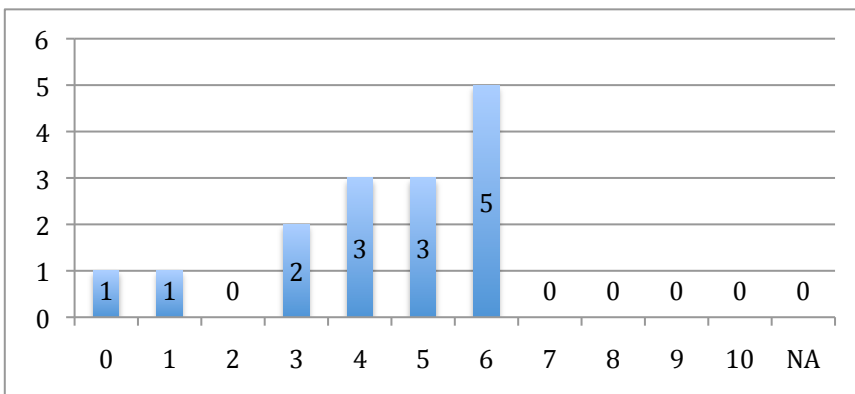


Table 9: *Confidence*

6.2 Post-course Assessment

The single day assessments revealed that participants were very happy with the presentations, the group work and discussions. Day assessments can be found in the Annex.

Organisation and course delivery

In the post-course assessment the delegates rated the organisation, agenda, concept paper, teaching and content of the training highly.

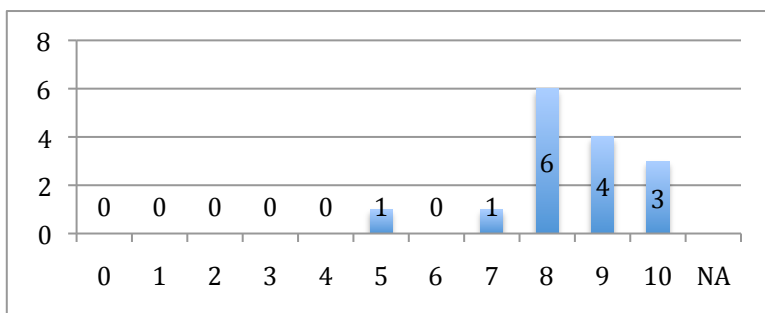


Table 10: Agenda (Scale 0 (not at all) --- 10 (very positive)).

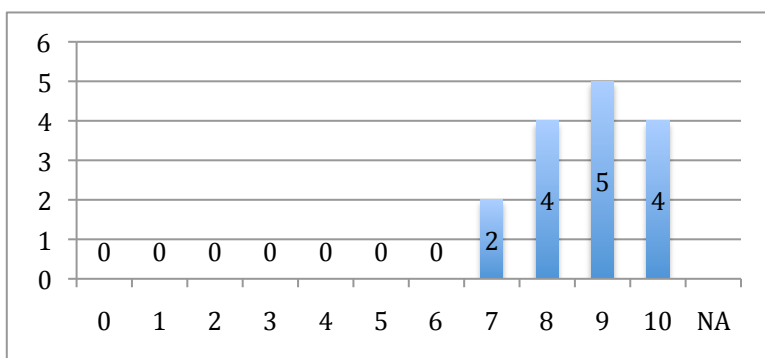


Table 11: Concept paper

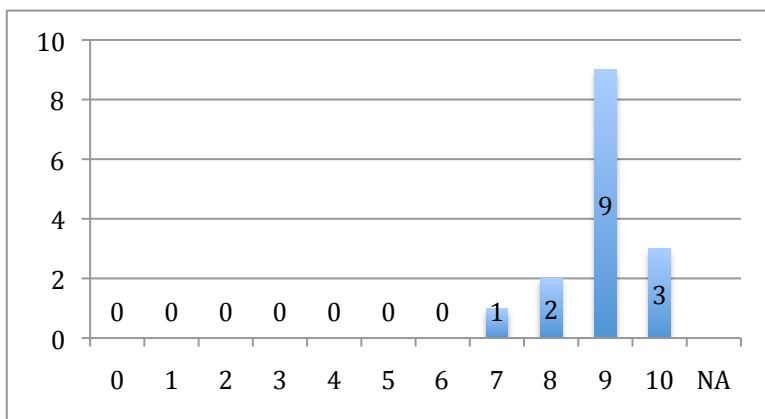


Table 12: Content

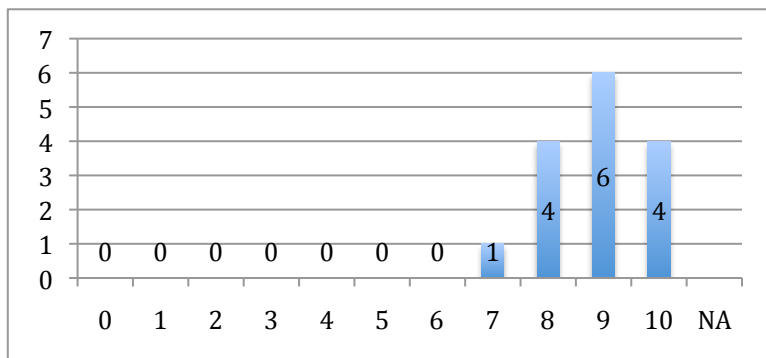


Table 13: Teaching

Self-assessment of participants

An amazing is the learning that took place during the training. Participants reported significantly increased levels of knowledge, understanding, skills and confidence. They now feel more able to induce a policy change towards risk communication. The following tables show the pre- and post-course assessments to demonstrate the improvement and learning.

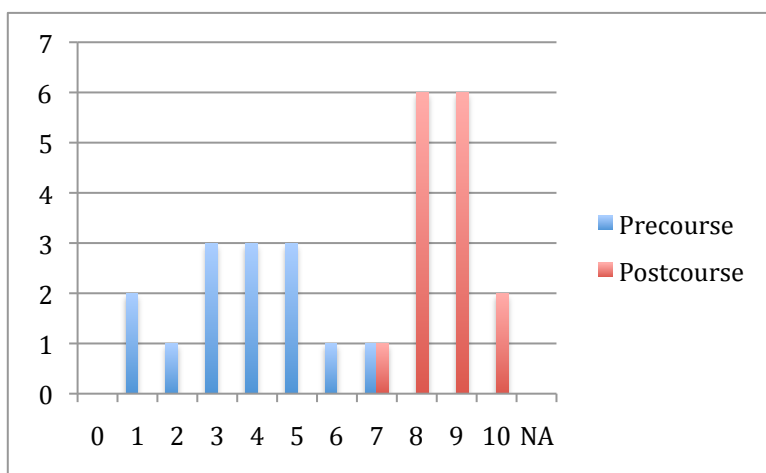


Table 14: Knowledge Scale 0 (not at all) --- 10 (very improved)

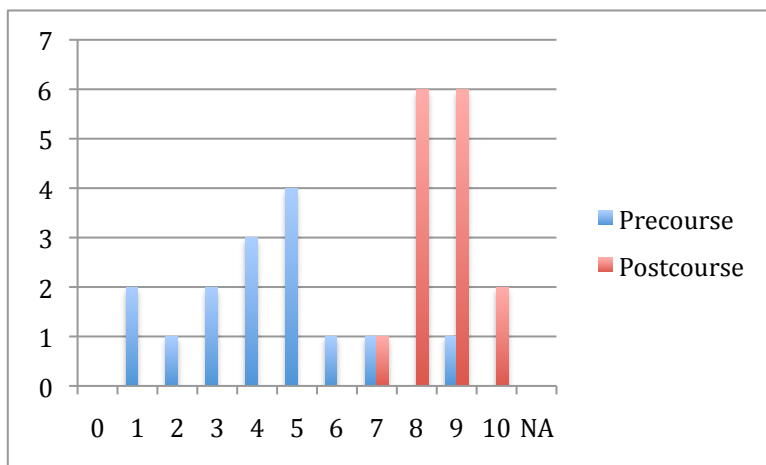


Table 15: Understanding

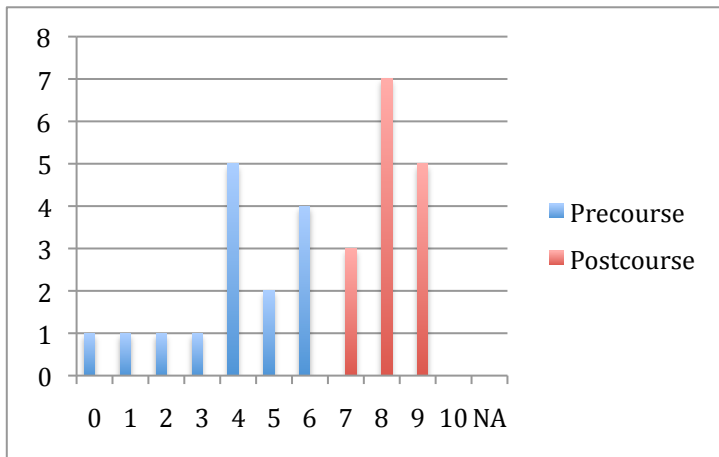


Table 16: Skills

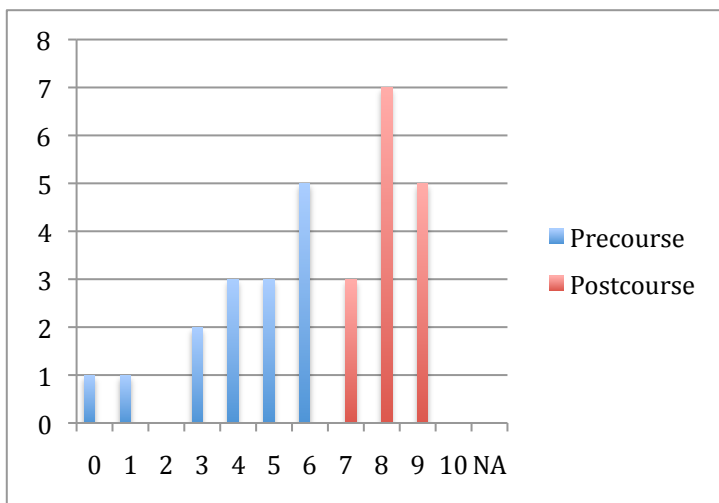


Table 17: Confidence

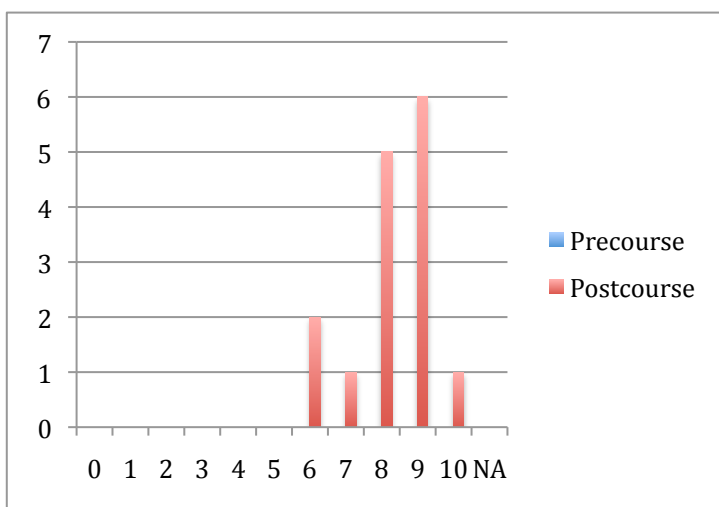


Table 18: Ability to create supportive environments to introduce change

General comments

Participants felt that more time would be beneficial for this training; they especially liked the group work and the opportunity to work together and build a solid base for future networking. They appreciated the risk communication approach and found the tools provided very helpful.

7. Conclusion

The risk communication was a very successful pilot that revealed important aspects:

The conceptual approach and training design worked very well and led to a significant increase in knowledge, understanding, skill and confidence in risk communication. Delegates felt more able to work and network towards a risk communication policy change in their networks.

Participants described the workshop atmosphere as being “*stimulating and at times ‘electrically’ filled with enthusiasm.*”

Many new connections between networks were reported and a resolution was agreed to “*take this teaching back into our networks.*” All participants were given an electronic version of the course materials including the scenarios.

The geographically related networks agreed to work together on their future risk communication enterprises.

The participants identified a need for improved communication between countries and between networks. They requested that a portal, with a secure password protected area, be developed to facilitate earlier, faster and better communication between them. The participants identified varying levels of sensitivity to early release of information between countries. Networks have agreed that their boards should appoint a focal point for information sharing.

Participants voiced the opinion that “*trust will be built and strengthened through collaborative working and the development of “CORDS Rules” for sharing.*” A CORDS Handbook for Risk Communication would be an ideal format to collect, summarize and disseminate knowledge, concept and practice of risk communication.

8. Recommendations

The recommendations that were developed during the training are:

1. An overarching CORDS risk communication action plan should be developed
2. A specific agreement on information sharing, communication and coordination should be developed and implemented
3. The CORDS Handbook on Risk Communication should be produced
4. Communications strategies should be developed by each network
5. Training plans should be developed by each network through a collaborative approach
6. MBDS will work more closely with APEIR
7. EAIDSNet will work more closely with SACIDS
8. MECIDS will work more closely with SEEHN
9. Concepts presented on risk communication will be further developed by these groups
10. A secure portal will be developed
11. Specific action plans for engagement and advocacy should be developed by each network and shared.



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CORDS Risk Communication Training

List of Participants

Dr Petra Dickmann MD, PhD

dickmann risk communication drc |

pdickmann@dickmann-drc.com

www.dickmann-drc.com

London, 27th September 2013

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LIST OF PARTICIPANTS

APEIR

Ms Pornpit Silkavuteposition

APEIR Manager and Country Coordinator

APEIR Coordinating Office

c/o Health Systems Research Institute

Ministry of Public Health, Nonthaburi 11000, THAILAND

Telephone: 662 832 9212

Email: pornpit@health.moph.go.th

Mobile : 66 81 928 9432

Drh. Andri Jatikusumah, M.Sc.

Executive Director

Center for Indonesian Veterinary Analytical Studies (CIVAS)

Jl.RSAU. No 4, Atang Sanjaya, Kemang Bogor, West Java. Indonesia

Email : andro_fkh@yahoo.com; a.jatikusumah@gmail.com

Phone: +62251 753 5977 +628777 0144 301

Dr Witthawat Wiriyarat

Co-Regional Team Leader of the APEIR

witthawat.wir@mahidol.ac.th

EAIDS

Ms Alison Kaitesi Gichohi

Capacity Building Officer

The East African Community

P.O. BOX 176-00100 Nairobi, Kenya

Telephone :+254 722 559777; +255 757 892 002

[Email: akirenga@yahoo.com](mailto:akirenga@yahoo.com)

Mr Anthony Sikyatta

Senior Health Officer East African Community Secretariat

East African Integrated Disease Surveillance Network

P.O Box 1096, Arusha, Tanzania Physical; Afrika Mashariki Road, Arusha

Telephone: +2552725504253

Email: asikyatta@eachq.org

Mobile: +255 685625407

MBDS

Dr Nyphonh Chanthakoummane

Acting Head Surveillance and Response Division

Department of Communicable Disease Control

Ministry of Health Lao PDR

Cell phone 856 021 285428 , 856 21 242980

Mobile 856 20 22227606

E-mail nyphonh@gmail.com and nyphonh@theglobalfundlao.org

Dr Moe Ko Oo

Board & Secretary, MBDS Foundation

Rajaprachasamasai building

DDC, MOPH

Nonthaburi, 10400 Thailand

+6625903343

+66887708332

moe@mbdsoffice.net

moekooo2003@yahoo.com

MECIDS

Dr. Sami Adel Sheikh Ali

Head, Data Management Department

MECIDS Coordinator

Communicable Diseases Directorate

Ministry of Health, Jordan Amman

Telephone: 0096265057849

Email: saadshali@hotmail.com

Mobile: 00962777741648

Dr Akhtam Haddadin

draktham@gmail.com

Ms Smadar Shazo–Ben Simhon

Telephone: 972-50-6242305

Email: smadar.shazo@moh.health.gov.il

SACIDS**Dr Janneth Maridadi Mghamba**

Medical Epidemiologist

MOHSW/TFELTP

PoB.9083

Dar es salaam

Mobile + 255 786 444998

Email: jannethmghamba@yahoo.com

Ms Sekela Kyomo

Communications Manager

Southern African Centre for Infectious Diseases Surveillance (SACIDS)

SACIDS Secretariat, Sokoine University of Agriculture

P.O. Box 3297, Morogoro, Tanzania

Tel: +255 732 931717

Mobile: +255 755 789999

Email: sekela.kyomo@sacids.org

Skype: s.kyomo_sacids

SEEHN**Mrs. Ledia AGOLLI**

Executive Director

Southeast European Center for Surveillance and Control of Infectious Diseases - SECID

Rruga Alexander Moisiu, Nr. 80,

Tirana, Albania

Mob. +355 68 20 69698

E-mail: ledia.agolli@gmail.com

Dr Golubinka Bosevska, Msc, specialist of microbiology
Head of the Laboratory for Virology and Molecular Diagnostics
Institute of Public Health
50 Divizija No 6
1000 Skopje
R. Macedonia
Telephone: +389 2 3125044 ext.231
Email: golubinka@yahoo.com; golubinkavm@gmail.com
Mobile + 389 70 27 86 97; + 389 70 285 483

Dr. Maria Ruseva
International Expert, Public Health Services, Executive Committee Member
SEE Health Network
Freelance expert
Address: Bellmansgade 23, 7 tv, 2100 Copenhagen, Denmark
Telephone: +45 39 18 69 29
Email: rusevamaría33@gmail.com ; haralanovam@yahoo.com
Mobile: +45 22 500 664

Risk Communication Training

Training pilot in Bellagio, 8th – 12th July

AGENDA

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AGENDA

Risk communication workshop – Bellagio 8-12 July 2013

Arrival: 8th July

19:00 Welcome Dinner

Day 1 09.07.2013	RAISE AWARENESS – EXPLORE THE COMPLEXITY
	AGENDA
09:00 – 10:30	<p>Introduction: Nigel, Petra, Franklin, Participants</p> <p><i>Pre-course assessment</i></p> <p>Introduction of the pilot training (Petra): Goals, methods, outputs, products, Agenda concept</p> <p>Network presentations: risk communication activities in the networks</p> <p>Discussion: risk communication understanding, assumptions, expectations of the networks (moderated discussion Franklin and Petra)</p>
10:30 – 10:50	COFFEE BREAK
10:50 – 12:30	<p>Presentation (Petra): Risk communication</p> <p>Seminar (Petra): Introducing a <i>method</i> to design risk communication</p>
12:30 – 14:00	LUNCH BREAK
14:00 – 15:30	<p>Presentation: Existing regulations: IHR (Nigel)</p> <p>Presentation: MBDS Risk communication strategy (Moe Ko Oo)</p> <p>Brief introduction to group work: <i>Information</i> (Petra)</p> <p>Group Work/Scenarios: cases from the networks; focus: <i>information</i></p>
15:30 – 15:50	COFFEE BREAK
15:50 – 17:30	<p>Group presentations and plenary discussion (moderated discussion Franklin and Petra)</p> <p>Presentation: APEIR on lessons learned from H5N1 for H7N9 (Pornpit Silkavute)</p> <p>Seminar: consensus on information sharing for the networks (moderated by Franklin and Petra)</p> <p>Summary of the day (Nigel)</p> <p><i>Day 1 evaluation</i></p>
from 19:00	COCKTAILS (19:00 – 19:30) FOLLOWED BY DINNER (19:30)

Day 2 10.07.2013	Build competence
	AGENDA
09:00 – 10:30	<p>Presentation: Existing guidelines: e.g. WHO outbreak comms (Franklin)</p> <p>Brief introduction to group work: <i>Communication</i> (Petra)</p> <p>Group Work/Scenarios: cases from the networks; focus: <i>communication</i></p>
10:30 – 10:50	COFFEE BREAK
10:50 – 12:30	<p>Group presentations and plenary discussion (moderated discussion Franklin and Petra)</p> <p>Presentation: EAIDS, SACIDS Ebola outbreaks DRC</p> <p>PRACTICAL GUIDANCE 1: Working with the media (moderated by Petra and Franklin)</p> <p>Seminar: joint understanding of risk communication (moderated by Franklin and Petra)</p> <p>Summary of the morning (Nigel)</p>
12:30 – 14:00	LUNCH BREAK
14:00 – 15:30	<p>Presentation: Existing tools: e.g. COMBI (Sekela Kyomo and Petra)</p> <p>Brief introduction to group work: <i>Coordination</i> (Petra)</p> <p>Group Work/Scenarios: cases from the networks; focus: <i>coordination</i></p>
15:30 – 15:50	COFFEE BREAK
15:50 – 17:30	<p>Group presentations and plenary discussion (moderated discussion Franklin and Petra)</p> <p>Presentation:</p> <p>PRACTICAL GUIDANCE 2: Advocacy (moderated by Petra and Franklin)</p> <p>Seminar: joint understanding of risk communication: coordination on country, national and international level (moderated by Franklin and Petra)</p> <p>Summary of the day (Nigel)</p> <p><i>Day 2 evaluation</i></p>
from 19:00	COCKTAILS (19:00 – 19:30) FOLLOWED BY DINNER (19:30)

Day 3 11.07.2013	Translate knowledge into actions
	AGENDA
09:00 – 10:30	Strategy – Actions – Policy EXERCISE Group Work/Scenarios: Fictitious scenario
10:30 – 10:50	COFFEE BREAK
10:50 – 12:30	EXERCISE cont'd Group presentations and plenary discussion (moderated discussion Franklin and Petra) Reflection Summary of the morning (Nigel)
12:30 – 14:00	LUNCH BREAK
14:00 – 15:30	Brief introduction to group work in networks (Petra) Group work in networks: strategy to implement risk communication
15:30 – 15:50	COFFEE BREAK
15:50 – 17:30	Network presentations and plenary discussion (moderated discussion Franklin and Petra) Seminar: joint understanding of CORDS routine of risk communication: Theory of Actions (moderated by Franklin and Petra) Summary of the day (Nigel) Summary of workshop (all) and feedback (participants) <i>Day 3 evaluation</i>
	<i>Post-course assessment</i>
from 19:00	COCKTAILS (19:00 – 19:30) FOLLOWED BY DINNER (19:30)



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CORDS Risk Communication Training

Concept Paper

Dr Petra Dickmann MD, PhD

dickmann risk communication drc |

pdickmann@dickmann-drc.com

www.dickmann-drc.com

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A New Conceptual Approach to Risk Communication Training

Introductory remarks for the training pilot in Bellagio, 8th – 12th July

Why risk communication training?

Communication is a key determinant of people's and policy makers' ability to gather, identify and assess information about health risks. Access to information is critical for the successful management of infectious disease outbreaks and other public health emergencies. History has taught us many times that in order to successfully manage an outbreak or emergency *during* a crisis, reliable structures to share and communicate information within and between frontline surveillance networks, and inform decision-makers and the public must be established *before* an outbreak. Studies show that risk communication procedures and practices implemented in the daily routine of health officials across sectors before a crisis allow for more systematic and effective communication and avoid ad-hoc, confusing and contradicting messages. Furthermore this approach creates an understanding of *roles and responsibilities*. Good risk communication can create a platform to reflect on behaviour change upon which effective crisis management can rely and build. Risk communication is an essential requirement that needs to be implemented ahead of a public health emergency. It will also lead to an effective emergency communications plan for CORDS.

The call for strengthening and sustaining capacity in risk communication is not only an evidence-based demand voiced by CORDS and other international health experts; it is also a legal requirement under the International Health Regulations (2005) agreed by all Member States of WHO. Identified as one of eight core capacities, the IHR (2005) calls for risk communication "...to be in place to prevent and respond to public health emergencies and to mitigate the negative impacts that health risk poses" (IHR 2005). Paradoxically these requirements do not reflect reality in the field. Currently risk communication is a developing discipline with no established methods and only limited training available. To enable countries to meet these legal requirements, there is an urgent need for risk communication training capacity to be built.

CORDS as an umbrella organisation of six regional surveillance networks has now taken this training initiative, funded by the Rockefeller Foundation. Its aim is to assist with the establishment of risk communication competence and capacity and to help build and maintain

reliable communication structures, procedures and practice within and across networks to ensure the enhanced functionality in the early detection of infectious diseases outbreaks that is based on information sharing, risk assessment and communication.

A new Conceptual Approach

This risk communication pilot utilises a new training approach that emphasises an innovative conceptual understanding that is then combined with practical guidance. Knowledge is acquired through catalytic introductory lectures, group work exercises and seminars. Participants are actively engaged and bring personal case studies into the classroom for real-time analysis and development.

This risk communication training is built on four explicit assumptions:

1. “Concepts first, then practicalities”

First, to implement effective risk communication strategies into the various realities of the participating countries, it is not enough to follow a protocol with practical risk communication advice (e.g. be honest, communicate early, etc.). While such advice might be good advice, experience points to the need for participants to *understand* the concepts which underlie such advice before they are able to really implement “good advice“ on risk communication strategies into their network structure. Once underlying risk communication concepts are understood, appropriate practical activities follow in an ‘easy and natural way’.

2. “It’s not about ticking boxes”

Two, the content of risk communication is framed and determined by the context in which it appears. To this end, risk communication approaches must focus on the context of public health risks and address the determinants of this context. To accomplish this risk communication training becomes a reflective process that has little to do with ticking boxes on a checklist. Rather than a guide that lists the steps to go from A to B, this training provides the participants with a map and the skill and literacy to read the map and to design their own risk communication strategies that work in their realities. Once a conceptual framing is in place, practical guidance with action tips will be introduced into the training.

3. “It’s a many layered thing”

Three, risk communication consists of the many layers or dimensions: one is information that consists of gathering, assessing and sharing information; two is the communication itself in its

various activities such as designing an overall strategy and key messages and communicate in the specific formats such as leaflets, hotlines, household visits, etc. The third layer of risk communication is the coordination of these risk communication activities on community level, country level, network level and umbrella network/CORDS level. All these layers/levels will be explored through the training.

4. “Telling people what to do is not enough”

In its conventional understanding, risk communication is often focused on finding the right way to tell people what to do in times of a crisis. While this objective is important, it is not sufficient. This new conceptual approach calls for a major shift in our thinking and shines a light on three other key characteristics of risk communication that need strategic attention. First, that risk communication is more concerned with listening to and understanding rather than telling and directing people what to do. Second, that risk communication is not exclusively based on information transmission, but is concerned with the relationship building that allows for quicker and more effective communication when time is short. Third, that risk communication is not about patronising people by telling them what to do, but is ultimately about creating supportive environments where people can make their own decisions.

Our training

Building on these assumptions, the training pilot is structured into three parts.

On day one, the focus is on raising awareness and exploring the complexity of different risk communication practices in participant countries. First, participants will share information on recent network related risk communication activities. Building on these experiences, the group will reflect on their understanding of risk communication and expectations for the training. Next, a scene-setting presentation on risk communication conceptual approaches will be presented. This is followed by a seminar introducing methods to design risk communication approaches. This will provide the foundation for the first group work in the afternoon on [information](#) practices. This first day will conclude with a consensus discussion among the delegates of the networks on information sharing. The outcome of this consensus discussion will inform part one of the “*CORDS Handbook: Theory of Risk communication.*” This handbook will be a key product and outcome of the training.

Day two will be dedicated to building the competence of the participants to analyse, understand and apply risk communication principles to design strategies. It starts with a brief

introduction to the group work that has a focus on **communication**. Participants will then do group work. The group presentations and plenary discussion will be followed by a moderated seminar on *practical guidance: working with the media*. The morning will conclude with a discussion to agree on a joint understanding of risk communication that will form part two of the CORDS Handbook. The afternoon will focus on **coordination** and after group work and presentations, a moderated seminar on *practical guidance on advocacy* will inform a joint understanding of approaches to risk communication coordination on community, national and international level. This will become part three of the CORDS Handbook.

Day three has a focus on how to translate knowledge into concrete actions. For this purpose an exercise will be conducted that requires the range of risk communication competence, capacity and skills developed on the previous days. Networks will be asked to design a strategy on how to implement risk communication into their home countries contexts. A moderated seminar will help to achieve a joint understanding of a CORDS approach to risk communication that could serve as an international template which would form a concluding part of the CORDS Handbook.

Learning objectives

- Understand conceptual approaches of risk communication and major concepts and principles of risk communication, crisis communication, risk management and perception;
- Analyse and understand the role of information for countries, network and CORDS network;
- Analyse, understand and apply risk communication principles to design strategies;
- Analyse, understand and apply the role of coordination on community, national and international level;
- Apply the method to analyse risk communication challenge and implement a risk communication strategy; and,
- Design concrete actions to implement in home networks and across networks.

Outputs

Intangible

- Clear understanding of risk communication principles
- Conceptual ability to design risk communication strategies and to translate this conceptual approach into practical steps

- Skill to implement risk communication strategies into daily work in home countries
- Strong networking among the six networks

Tangible

- CORDS Handbook of Risk Communication: Part 1 Information, Part 2 Communication, Part 3 Coordination,
- CORDS approach to Risk Communication: Theory of Actions (Template)

Learning opportunities for the participants

The training workshop approach is built on active learning principles. To this end participants are invited to contribute actively to the training. All will benefit from each participant filling in the mapping questionnaire on risk communication and providing examples and/or a case study of risk communication activities in their networks as preparation for the training (a brief template will be provided to help you report on this). The whole training builds on interactive group work and the quality and rigor of this group work will reflect and benefit substantially from the active participation and ambition of its members. We will work hard to create a safe, fun, and positive learning environment. This training is a pilot and will be further developed based on its outcomes and your inputs – your feedback is highly valuable.

While the training itself aimed to help all participants enhance their risk communication capacities, this pilot also aims to articulate and development a new training tool - the CORDS Handbook of Risk Communication. The handbook structure, contents, cases, thoughts and reflections will be directly informed by the workshop. This training pilot, therefore, provides a unique opportunity for the CORDS networks to create and agree on an approach to risk communication that could serve as a hitherto unavailable capacity building platform and become a landmark in international risk communication policy. So we look forward to working with you and making history together.

Further reading*International Health Regulations*

WHO International Health Regulations (2005)

http://whqlibdoc.who.int/publications/2008/9789241580410_eng.pdf

Outbreak response

WHO Outbreak communication guidelines

<http://www.who.int/infectious-disease-news/IDdocs/whocds200528/whocds200528en.pdf>

WHO COMBI Communication for Behavioural Impact. Toolkit for behavioural and social communication in outbreak response, 2012

http://apps.who.int/iris/bitstream/10665/75170/1/WHO_HSE_GCR_2012.13_eng.pdf

WHO: COMBI Communication for Behavioural Impact. Field workbook for COMBI planning steps in outbreak response; 2012

http://apps.who.int/iris/bitstream/10665/75171/1/WHO_HSE_GCR_2012.14_eng.pdf

Risk Communication Training

Training pilot in Bellagio, 8th – 12th July

TOOL 1

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Tool 1 Risk communication matrix

This matrix might help you to conceptualise the range of risk communication activities you need to think about and plan. During your group work you will receive a *focus* such as information, communication or coordination to work on. Although this matrix has a similar structure as the group work focuses, we ask you to think about the entire range of risk communication. The focus should allow you to prioritise the *things* to think about and *actions* that need preparation and work for the range of risk communication activities.

Tool 1 Risk communication matrix: What do you need to have in place ...

Risk communication activities		BEFORE a public health emergency	BEGINNING a public health emergency	DURING a public health emergency	AFTER a public health emergency
		PREPAREDNESS	DETECTION/ALERT	RESPONSE	RECOVERY
Information	Gathering				
	Assessing				
	Sharing				
Communication	Communications (actions: flyer, website, etc.)				
	Key messages				
	Strategy				
Coordination	Community - Country level				
	Country - Network level				
	Between CORDS networks				

Risk Communication Training

Training pilot in Bellagio, 8th – 12th July

TOOL 2

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Tool 2 Method template - A basic guide to structure your thought process on how to implement change

Factors affecting risk communication		1 CURRENT SITUATION	3.2 INTERVENTIONS	3.1 INDICATORS OF ATTITUDE CHANGE BEFORE BEHAVIOUR CHANGE	2 DESIRED SITUATION
Context	Scientific				
	Social/Economic				
	Political				
Audience	Stakeholders Actors				
	Key messages				
	Engagement Strategy				
Your assumptions on perceptions and beliefs	Community level				
	Country level				
	Network				

Factors affecting risk communication		1 CURRENT SITUATION	2 DESIRED SITUATION	3 INDICATORS OF ATTITUDE CHANGE	4 INTERVENTIONS
Context	Scientific				
	Social/Economic				
	Political				
Audience	Stakeholders Actors				
	Key messages				
	Engagement Strategy				
Your assumptions on perceptions and beliefs	Community level				
	Country level				
	Network				

**Proposed template for
information sharing in CORDS
Case study: EAIDSNet and MBDS**

Prepared by Janneth/Mo

Layout

- Prioritization of list diseases for cross-border disease surveillance.
- Type of reports to be shared and frequency
- Proposed type of information shared
- Plan for information sharing

Prioritization of list diseases for cross-border disease surveillance.

- Consultative, consensus from member states
- Some criteria adapted from existing WHO IDSR/IHR framework:
 - Epidemic potential
 - Targeted for eradication or elimination
 - Disease of public health importance
 - Trans boundary diseases

Types of diseases that are shared in the 2 sites

EAIDSnet

MBDS

Types of report and frequency

- Immediate reports/Alerts: within 24 hrs
- Weekly reports: must state the exact timing eg 2nd subsequent Monday
- Monthly reports: must state the exact timing eg 5th day of the month
- Quarterly: Every three months

Plan for information sharing [1/2]

(i) Identification of Variables

- **Discussion points**

- ✓ Locality –Province/district and Country
- ✓ Date of reporting (can be in Epi week number/specific dates)
- ✓ The disease itself in terms of epi data
 - Number of cases (suspected/ confirmed)
 - Number of deaths
 - Locality
- ✓ Risk factors/Presumable causes
- ✓ Type of interventions begun/Remarks

Plan for information sharing [2/2]

- **(ii) Identification of a focal person**
- **(iii) Set up sharing mechanism:**
 - Short term strategy-simple mechanism
 - Emails
 - Long term strategy
 - Secured web portal
 - Video conference –ad hoc/planned
 - Quarterly Bulletins/Newsletters

Suggested Template for discussion

RESULTS

Course Assessment of the Risk Communication Training

Training pilot in Bellagio, 8th – 12th July

PRE-COURSE ASSESSMENT

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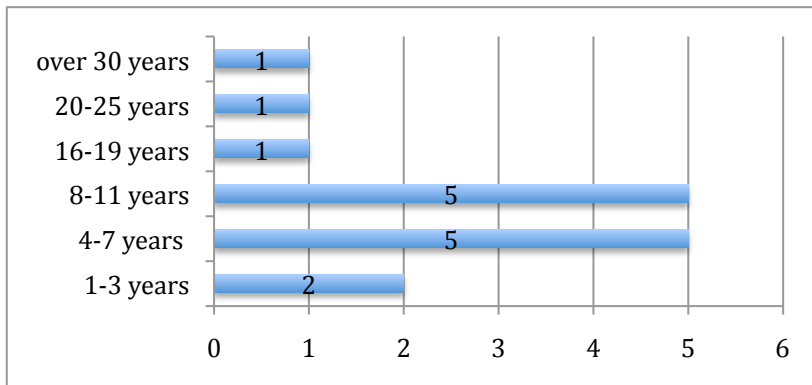
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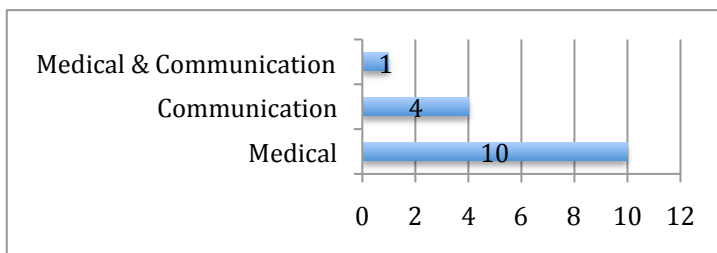
Pre-course assessment

Experience

How many years of professional experience do you have in your current role?



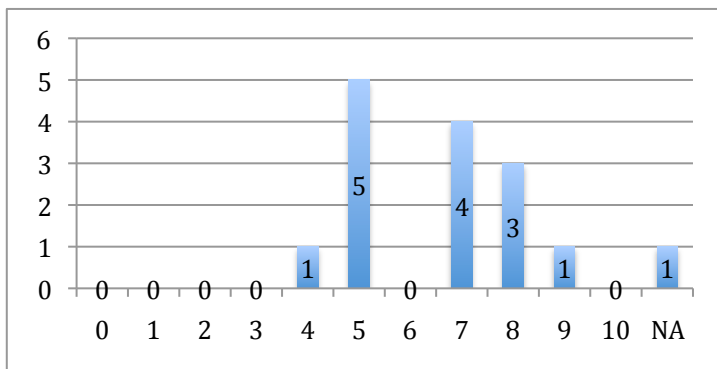
Professional background



Organisational standing

How would you estimate your organisational authority to introduce policy changes in your network?

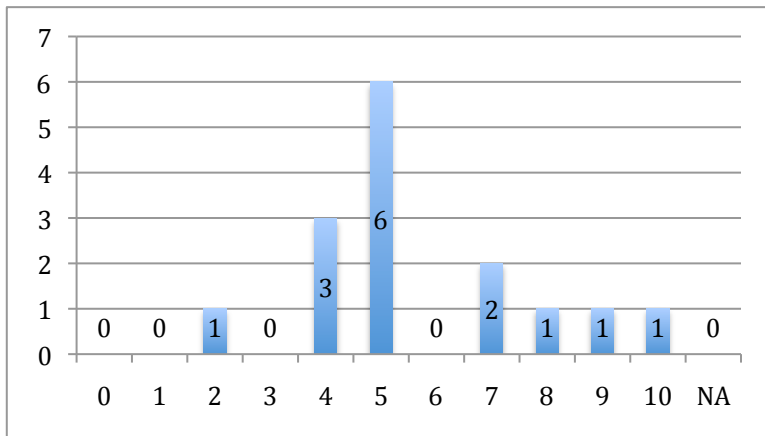
Scale 0 (not at all) --- 10 (very influential), please circle one number.



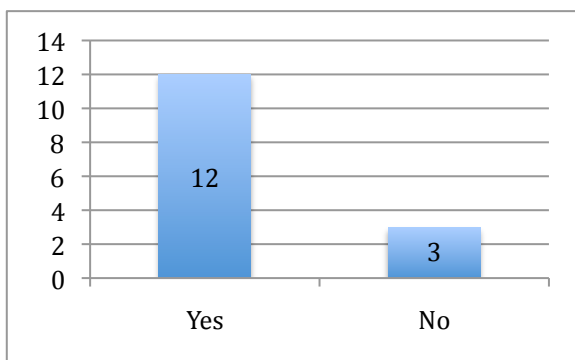
Preparation for the course

Beside your usual work routine, had you got enough time for preparation for this course?

On a scale 0 (no time at all) – 10 (comfortably enough)

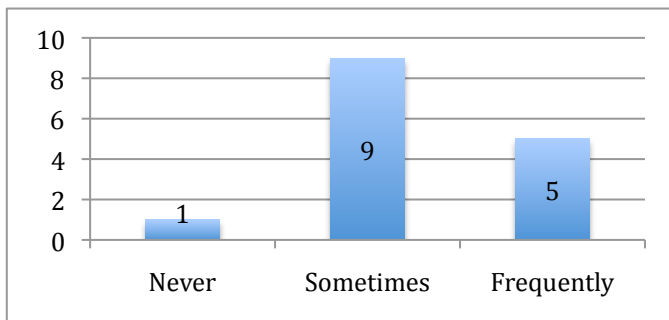


Have you read the concept paper?

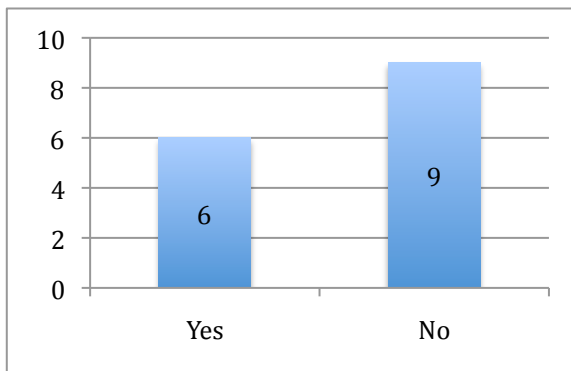


Networking with other networks

How often do you communicate with other network partners (email, telephone) in average in times of no outbreak?



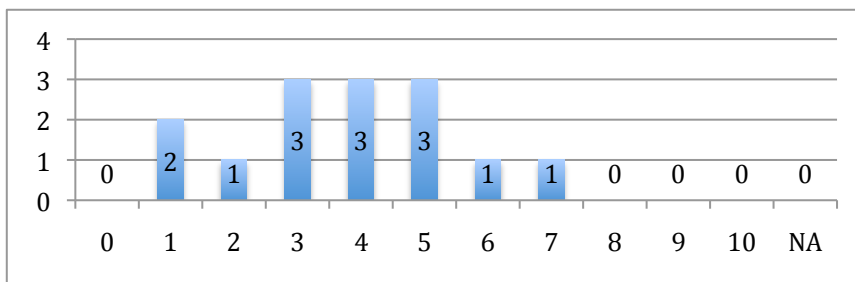
Do you have a formal (explicit) routine to keep in touch with each other?



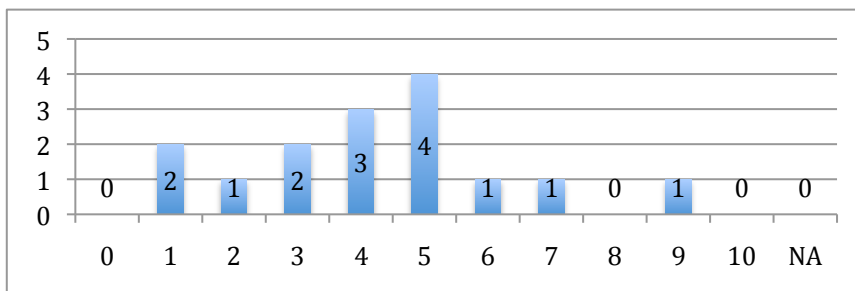
Self-Assessment

*How do you rate your level of **knowledge** in terms of risk communication?*

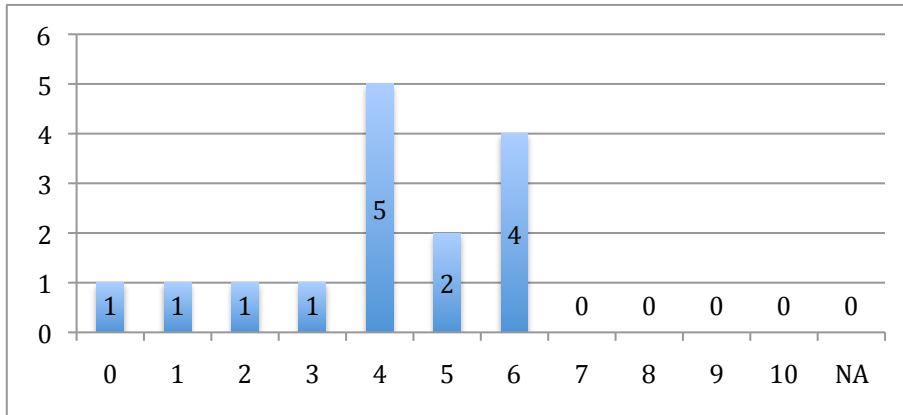
Scale 0 (not at all) --- 10 (very expert), please circle one number.



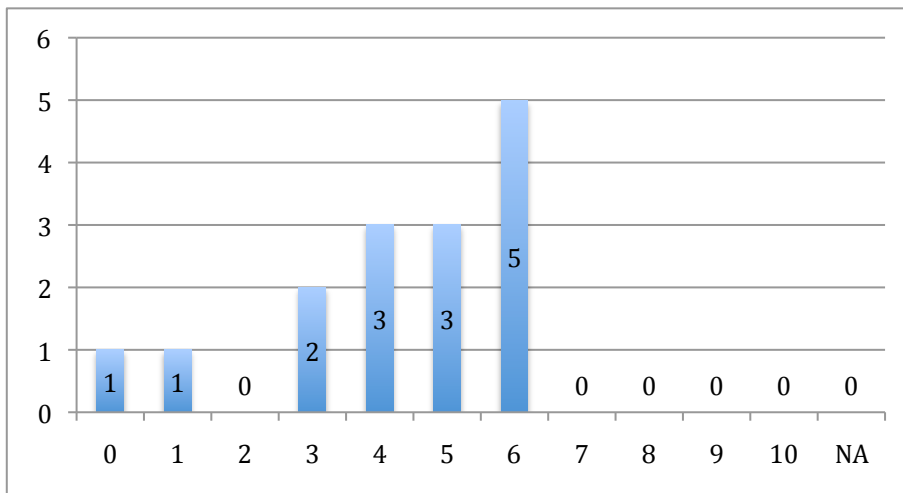
*How do you rate your level of **understanding of risk communication concepts**?*



*How do you rate your level of **skills** in terms of risk communication?*



*How do you rate your level of **confidence** in terms of risk communication?*



RESULTS

Course Assessment of the Risk Communication Training

Training pilot in Bellagio, 8th – 12th July

POST-COURSE ASSESSMENT

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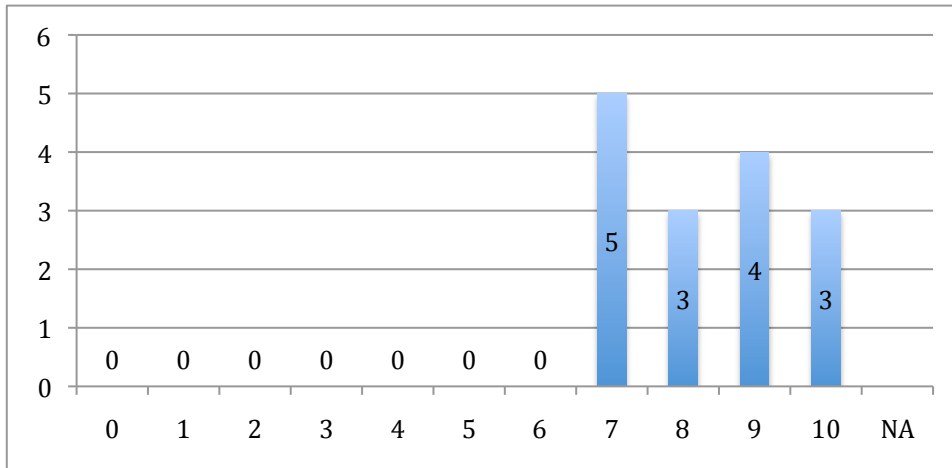
Post-course assessment

How satisfied were you with the following aspects of this training:

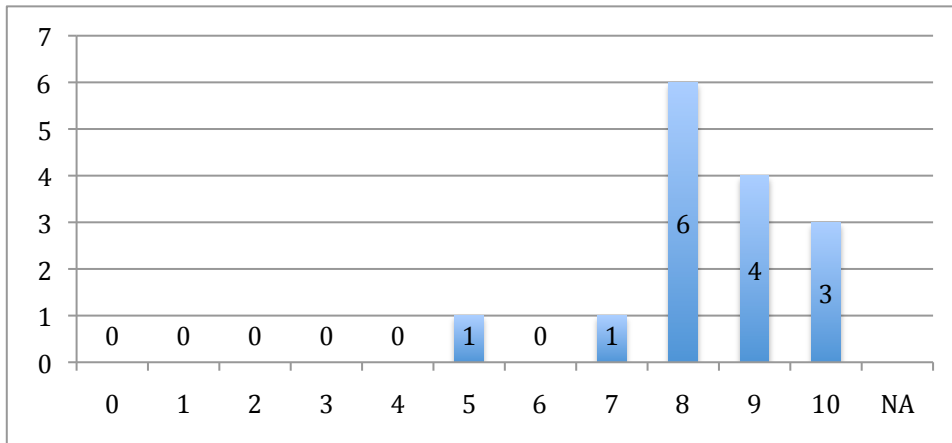
Scale 0 (not at all) --- 10 (completely satisfied), please circle one number.

Organisation

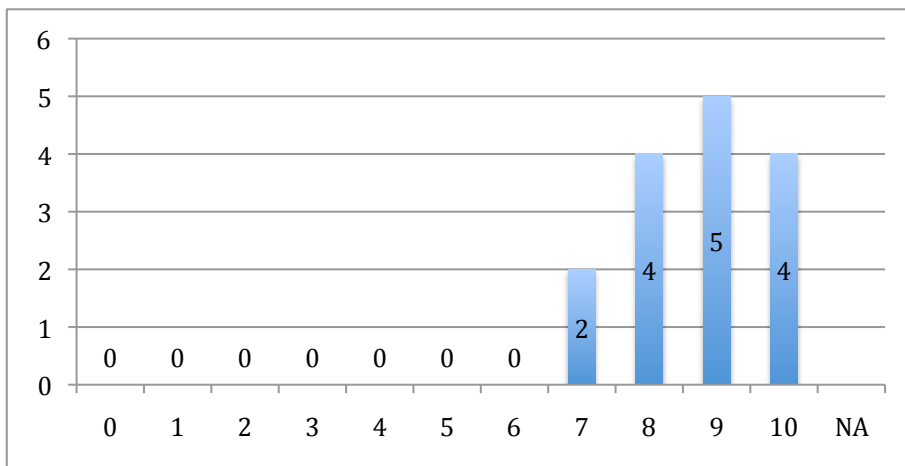
Questionnaire (mapping survey)



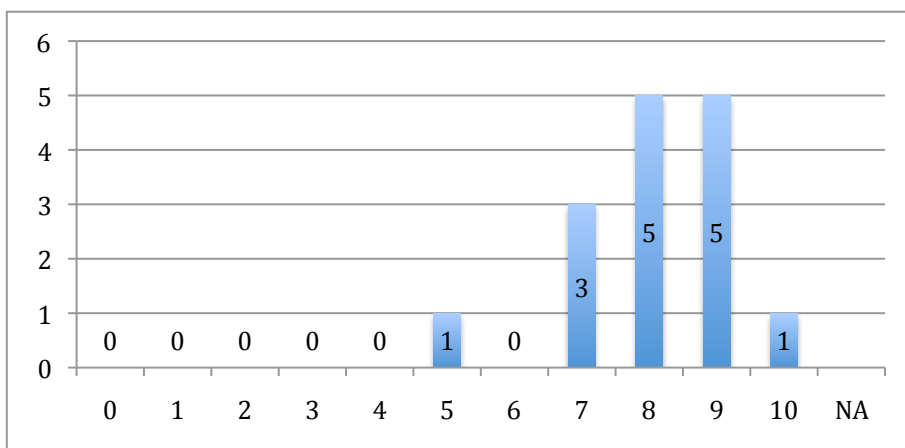
Agenda



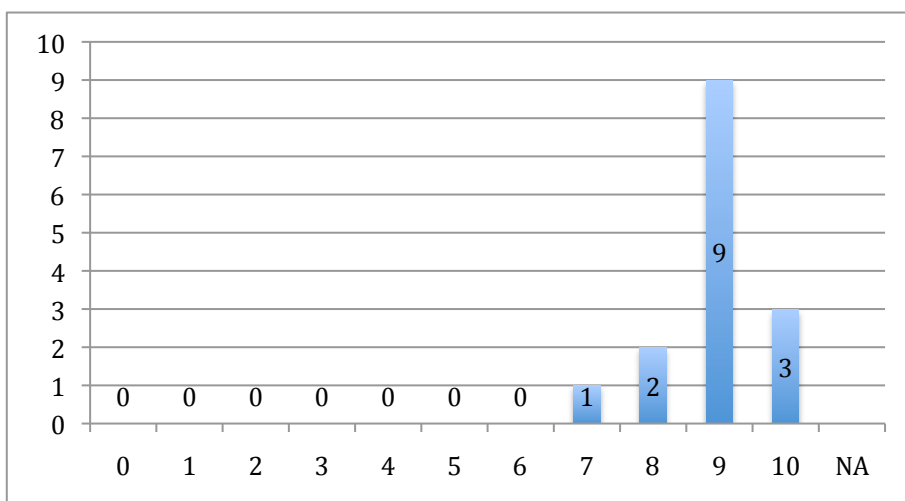
Concept paper



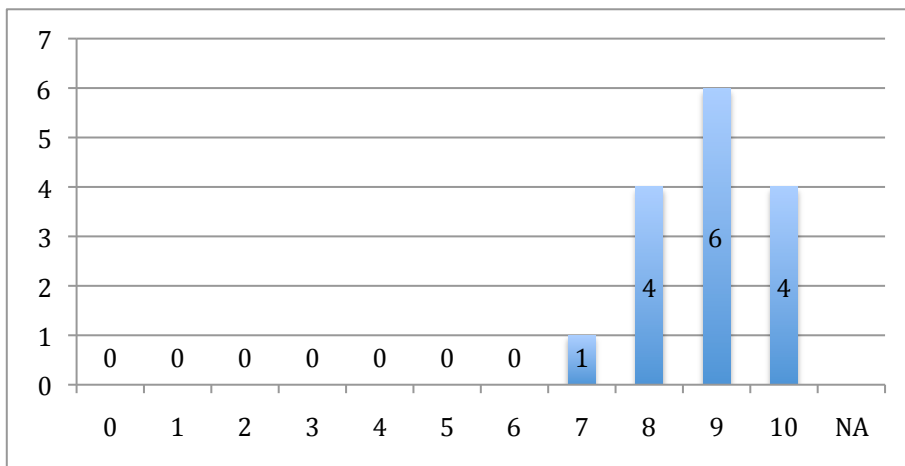
Time frame for preparation



Overall course - content



Overall course - teaching



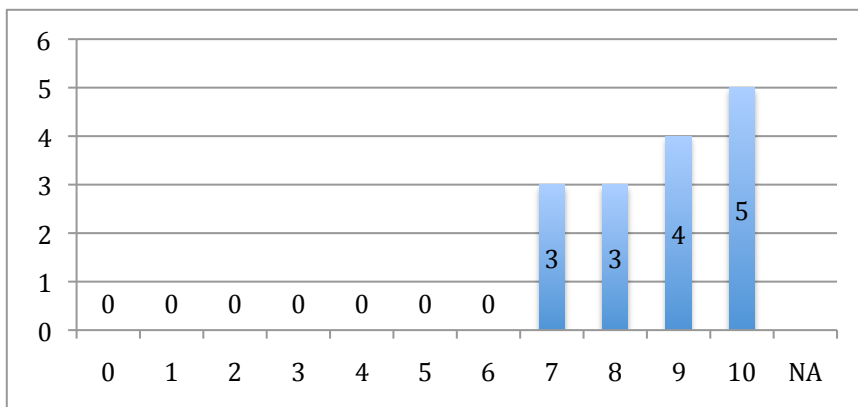
Further comments:

Course delivery

Logic

Did you feel the sequencing of topics made sense? Had a clear logic?

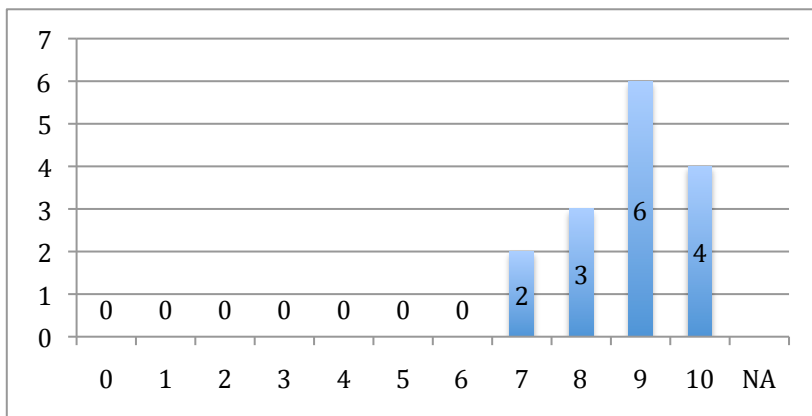
Scale 0 (not at all) --- 10 (very logical), please circle one number.



Approaches

Did you feel that the training had the right balance of lectures, group work and plenary discussions?

Scale 0 (not at all) --- 10 (perfect balance), please circle one number.



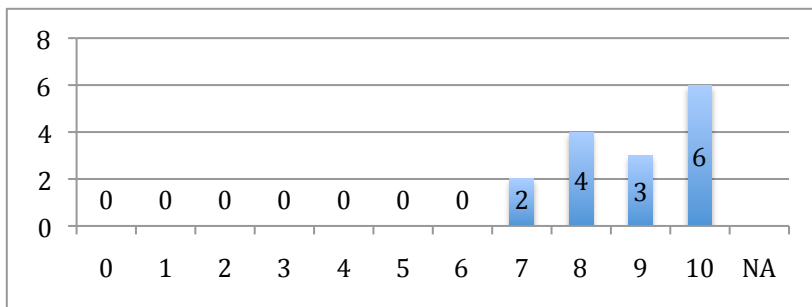
Further comments:

Some more time for work groups needed

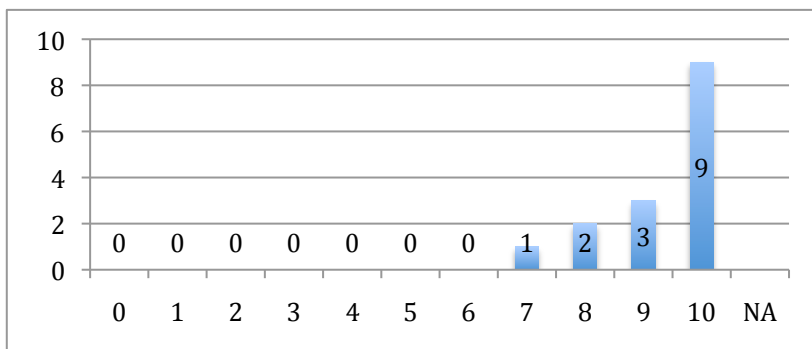
Group work

Did the group work help you to better understand risk communication concepts and approaches?

Scale 0 (not at all) --- 10 (very positive), please circle one number.



What did you feel about changing group membership for each group work session?



Further comments:

Coordination as a theme received very little guidance. The themes of information, communication, working with the media and advocacy were well handled

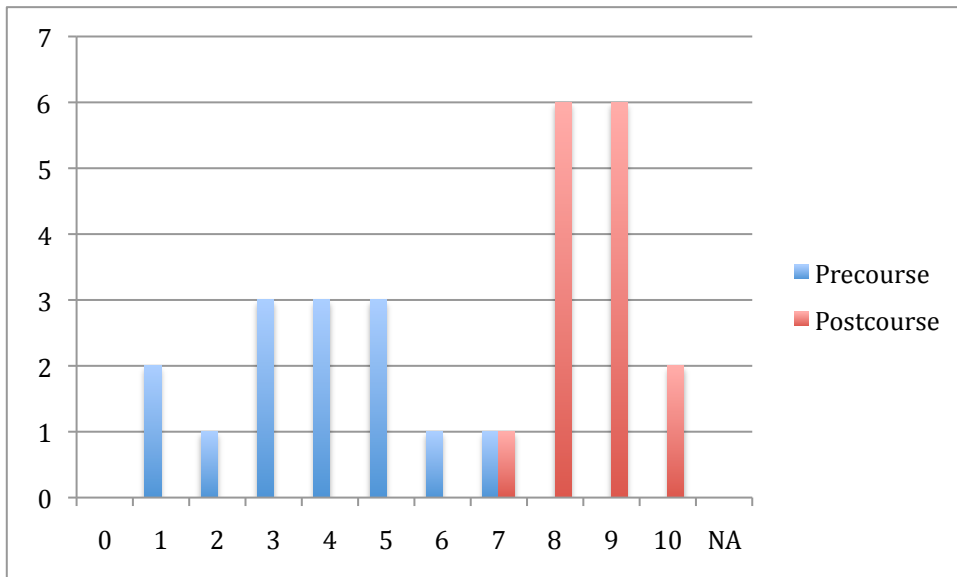
Gave a great opportunity to know each other

Used to get easily to more participants and the process and friendliness between us

Self-Assessment

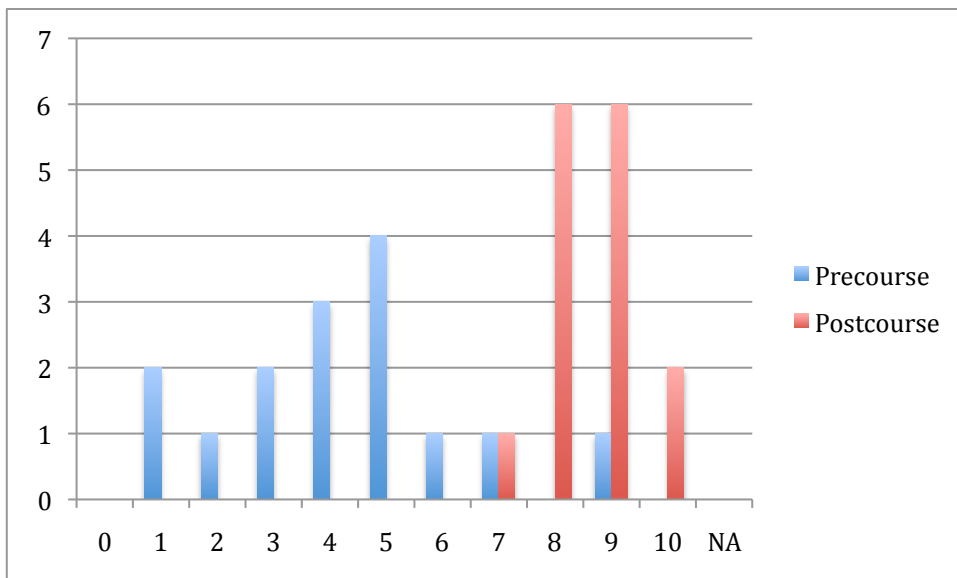
*Do you feel that your level of **knowledge** of risk communication has improved?*

Scale 0 (not at all) --- 10 (very improved), please circle one number.



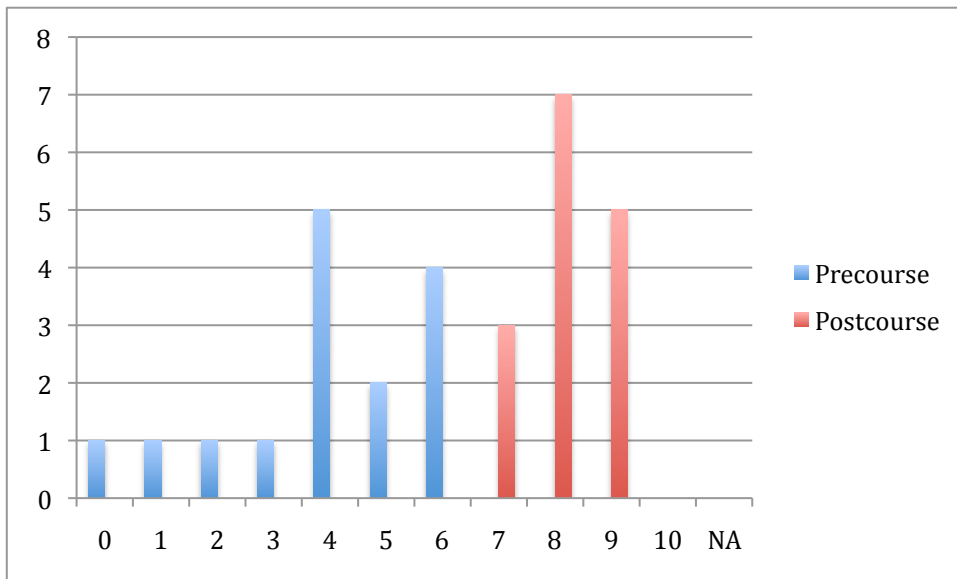
*Do you feel your level of **understanding** of risk communication concepts has improved?*

Scale 0 (not at all) --- 10 (very confident), please circle one number.



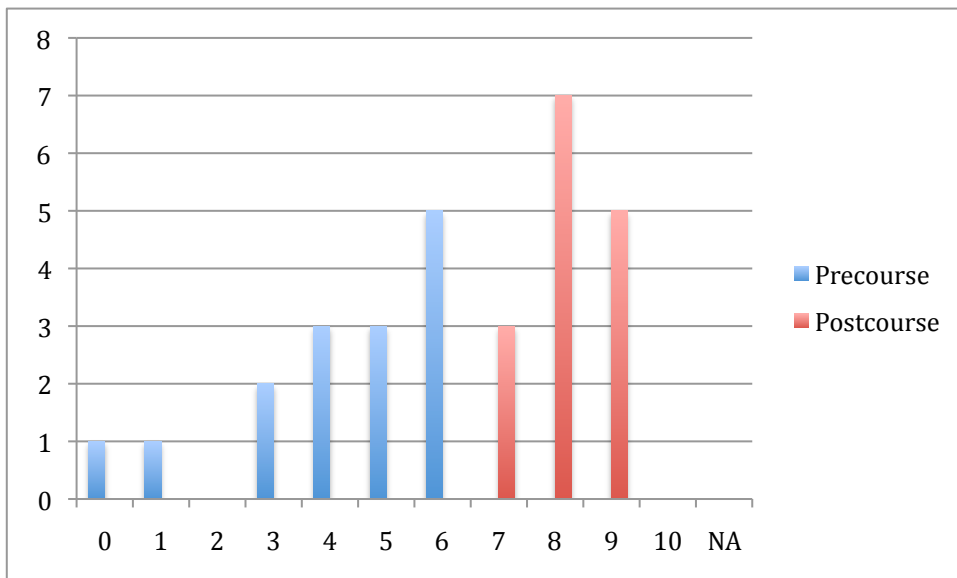
*Do you feel your level of **skills** in terms of risk communication has improved?*

Scale 0 (not at all) --- 10 (very confident), please circle one number.



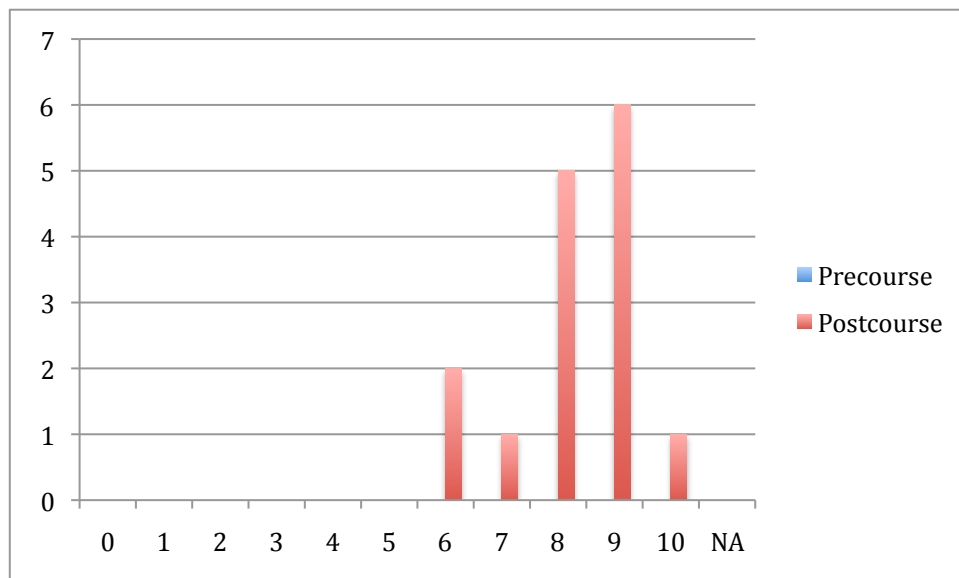
*How do you rate your level of **confidence** in terms of risk communication, now?*

Scale 0 (not at all) --- 10 (very confident), please circle one number.



How do you rate your ability to create supportive environments to introduce change?

Scale 0 (not at all) --- 10 (very able), please circle one number.



Further comments:

Advocacy appeared in the discussion as an important element to improve supportive environment. However, it had limited time and probably no specific exercise.

General comments

What would you do differently to improve the course?

More time

More time for lectures

More time for group discussions

Reduce exercise on the third day and introduce one for advocacy on the second day

Allocate more time to the same topics

I would like to suggest more days to conduct this training with such agenda into 4-5 days

Time/Duration

What were the best aspects of course?

Friendship and practise

Working group and scenarios

Group work

Introduction to risk communication

Advocacy

Group work and presentations

Understanding the risk communication with real cases

Discussion among groups and networks

Systemic framework

Generic approach that applies to varying risks and determinants

Case scenarios and group work reinforced learning

Agenda

Active participation

Group work, feedback, presentation of new concepts, exchange of experience and risk communication between the networks

What would you drop (if anything)?

Too many case scenarios; could be stretched well to give some skills

What would you say to someone else thinking about taking this course?

Very excellent course

Excellent

Very useful

Very important course: it is a paradigm shift for disease prevention that addresses some of the barriers affecting disease surveillance

The conceptual framework addresses the existing challenge of using lessons and enabling change following pre-existing epidemics

Do take it!

The course is really great; giving me understanding on risk communication in real situation and working together as a network

I have already recommended the course!

Go for it!

I would recommend the course

Great

Please join

Thumps up 😊

RESULTS

Course Assessment of the Risk Communication Training

Training pilot in Bellagio, 8th – 12th July

COURSE ASSESSMENT: DAY 1

Supported/
funded by

CORDS

Connecting Organizations for
Regional Disease Surveillance



Rockefeller Foundation

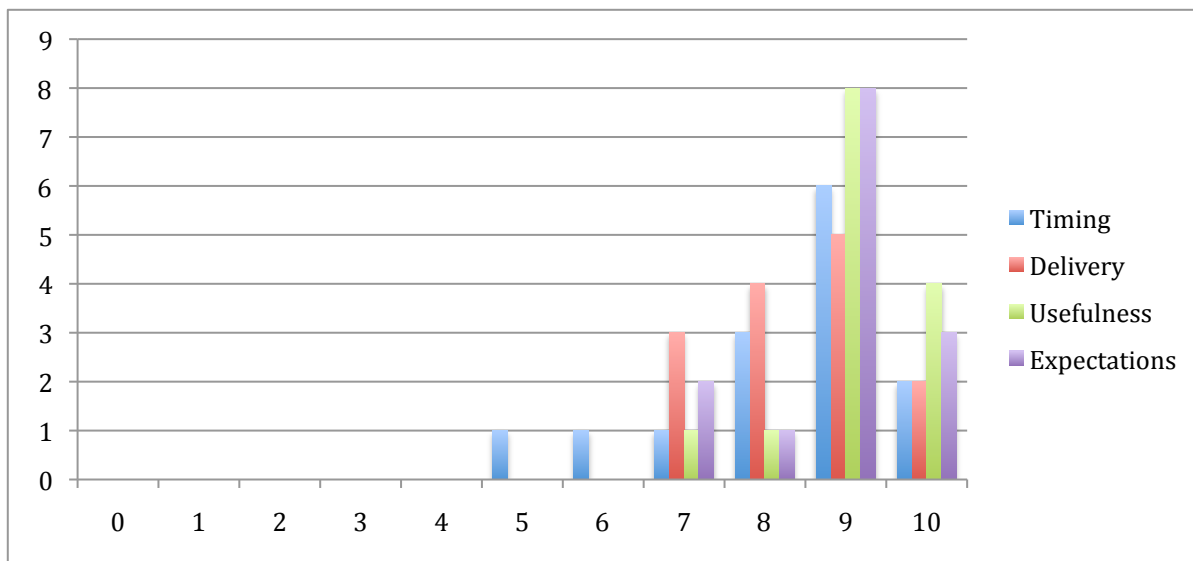
Innovation for the Next 100 Years

Course assessment DAY 1

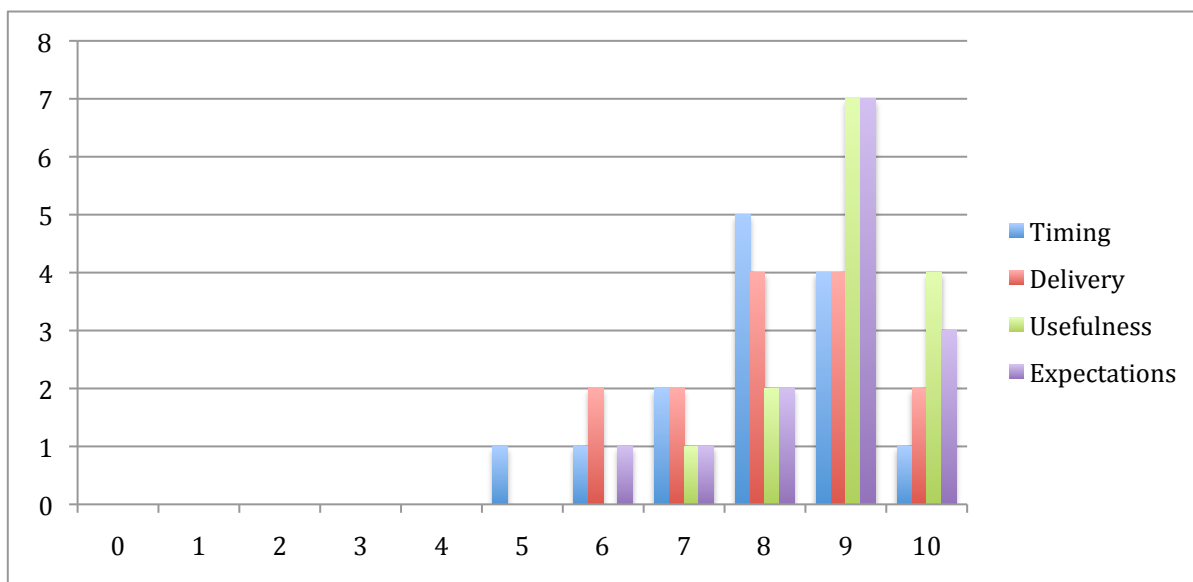
Morning

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Presentation Risk Communication



Seminar: Methods of risk communication



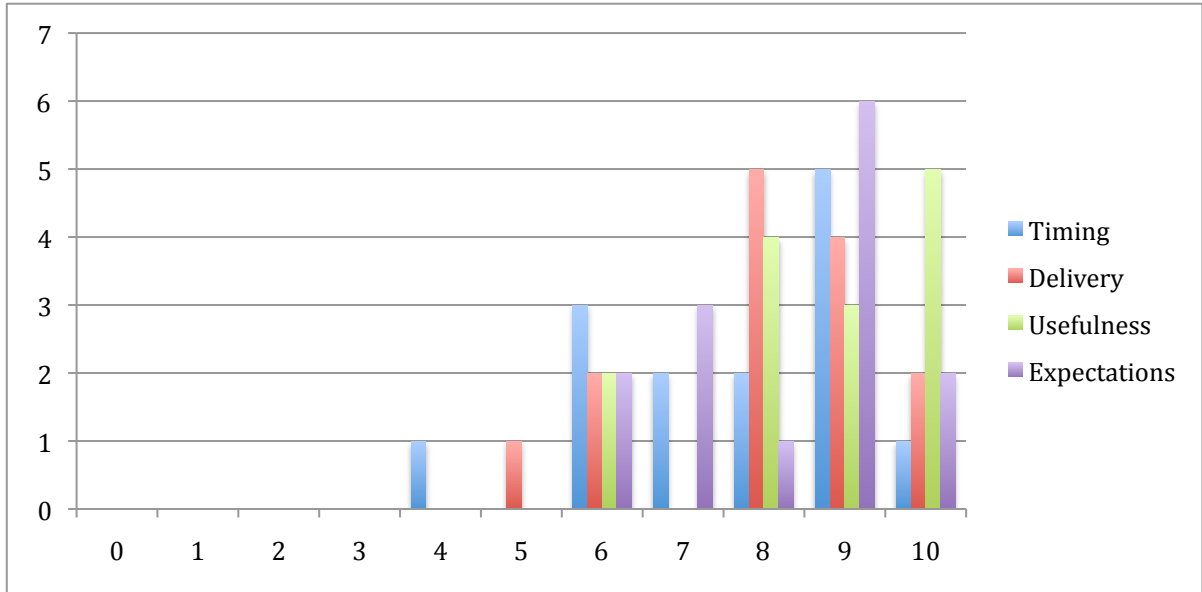
Further comments:

The duration is still limited

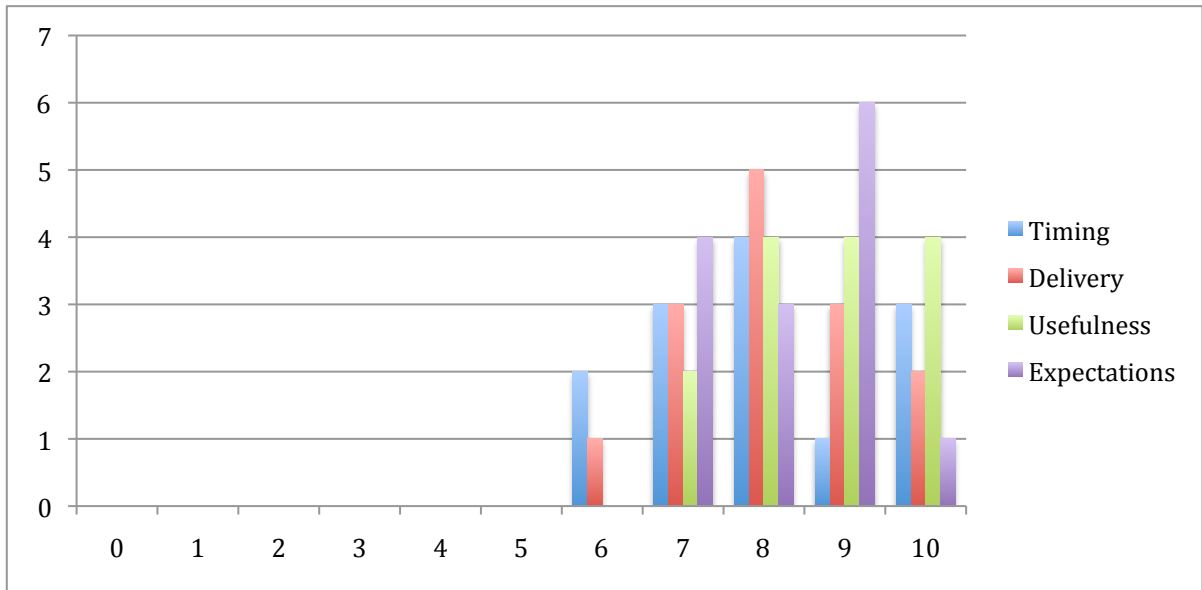
There is a need to address the competencies of coordination it is clear from the discussion that stakeholders like politicians are influential to what, when and how to communicate risk

Afternoon

Presentation: Group work introduction and IHR



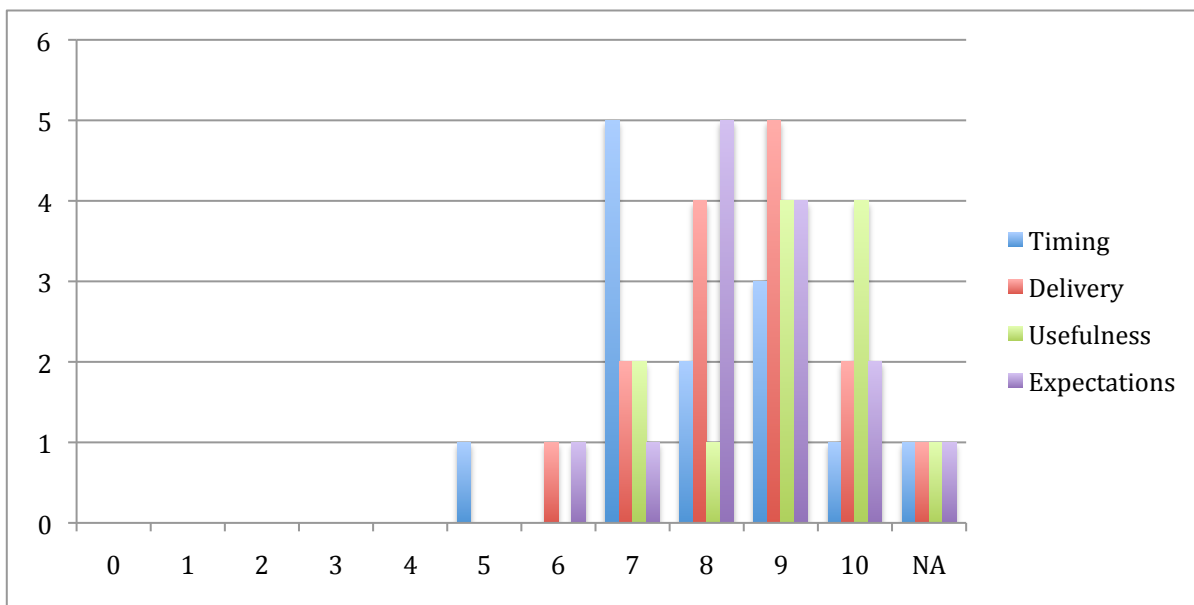
Group work: Focus on information



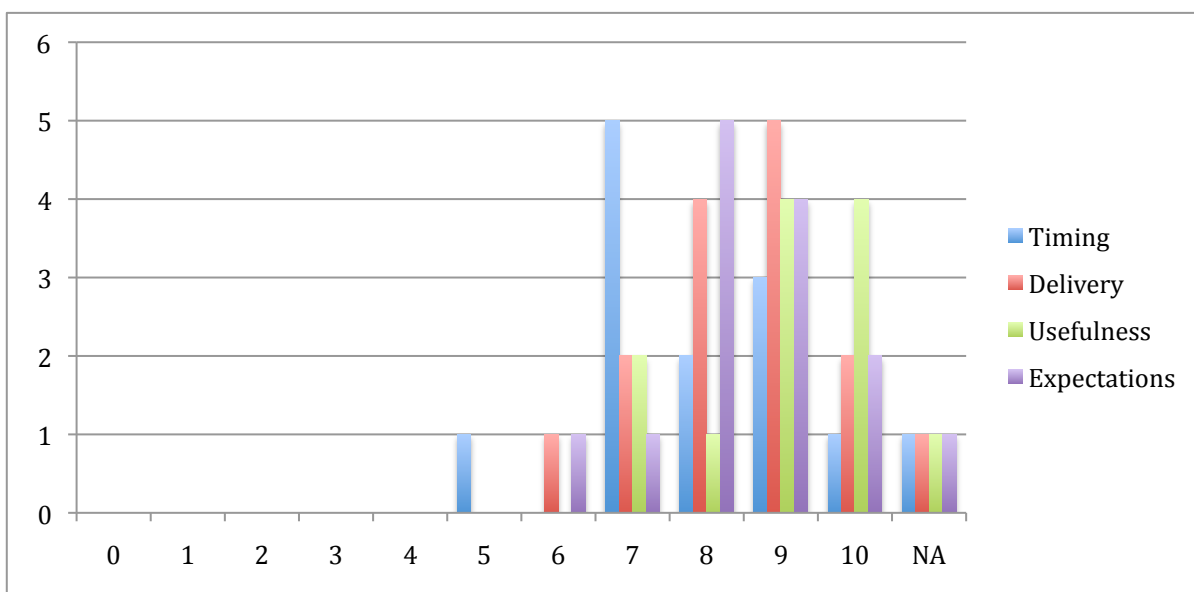
Further comments:

The time is not enough; however I found it very interesting

Group work presentation and discussion



Seminar: Consensus on information



Further comments:

More time

Case scenarios and tools need more explanation

The group work benefited us. It brings on board different experiences. It also

questions/challenges thinking and approaches that have considered right for a long time

It explores some of the competencies we may experience as team when we return to work stations

RESULTS

Course Assessment of the Risk Communication Training

Training pilot in Bellagio, 8th – 12th July

COURSE ASSESSMENT: DAY 2

Supported/
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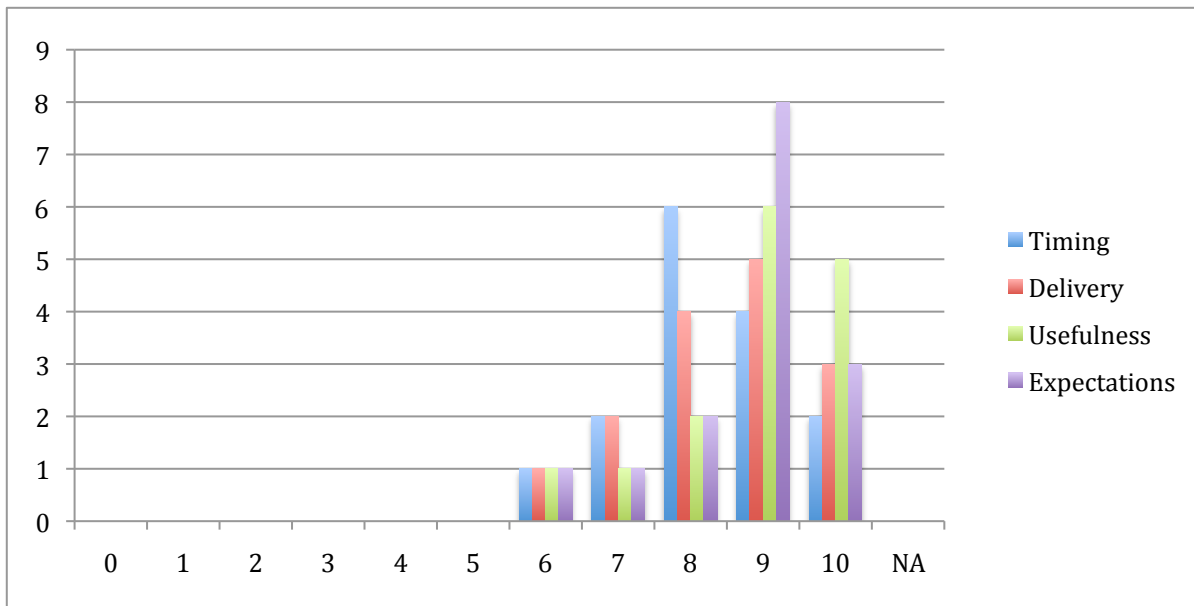
Innovation for the Next 100 Years

Course assessment DAY 2

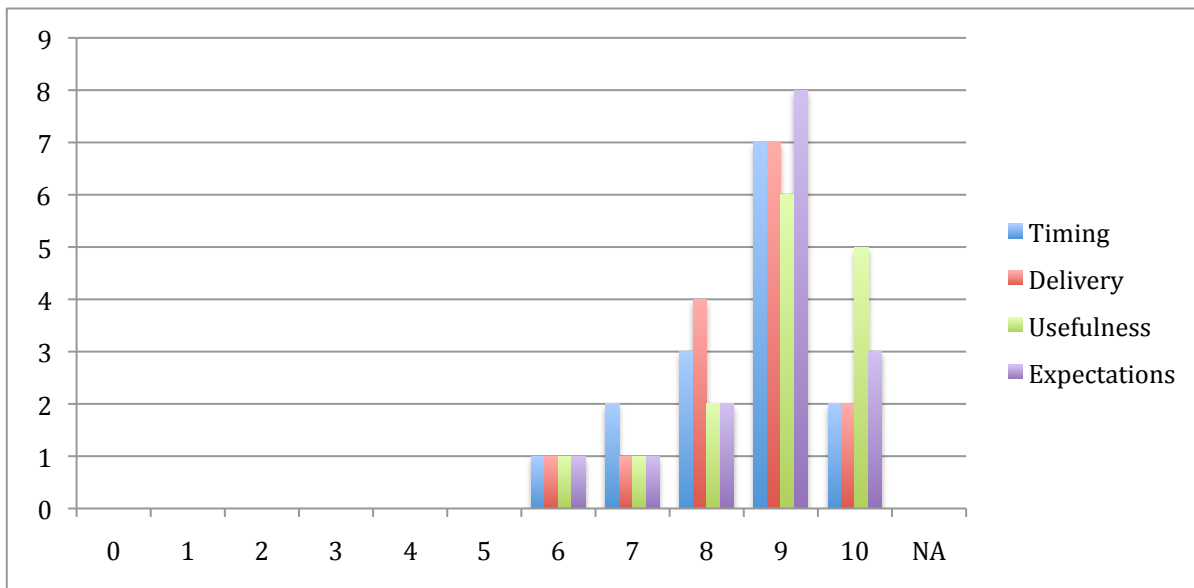
Morning

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Presentation: Group work introduction and WHO outbreak comms

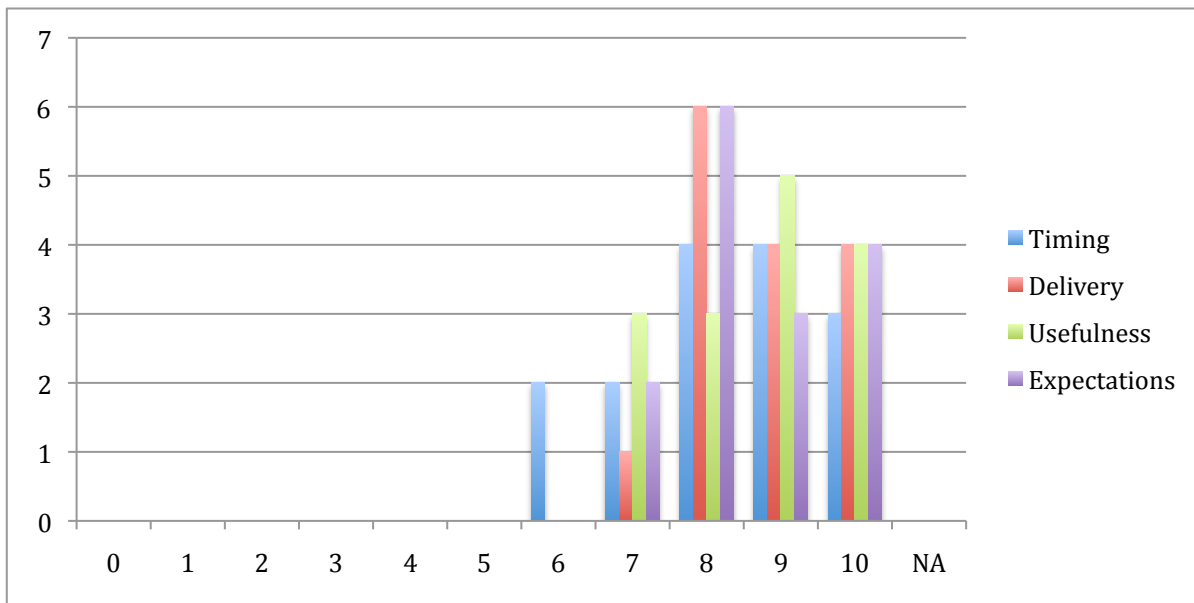


Group work: focus on communication

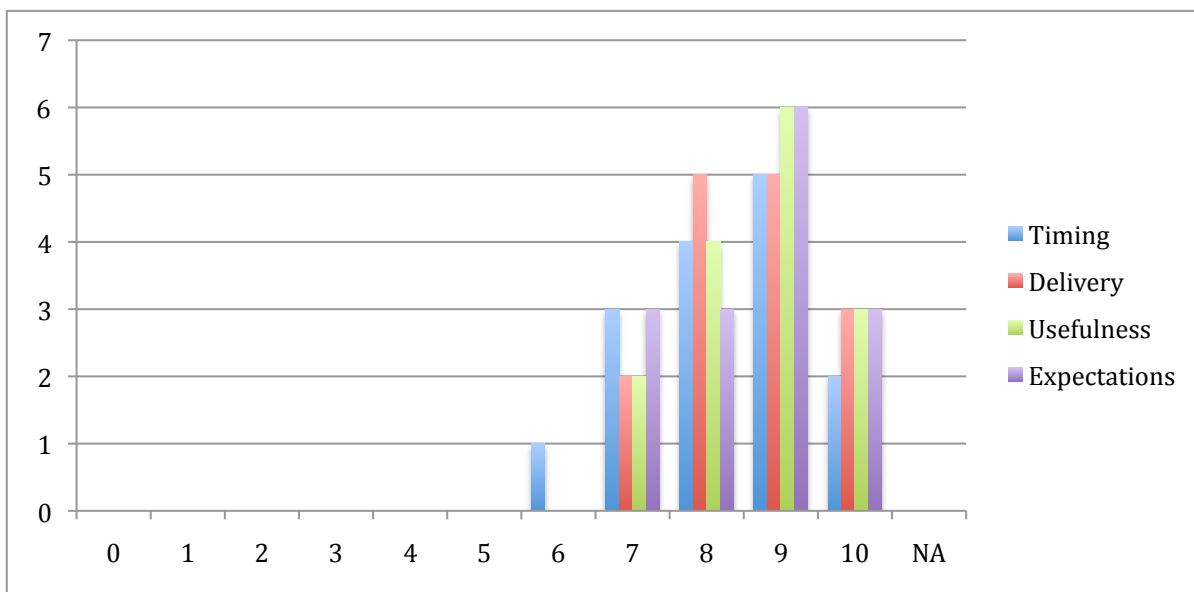


Further comments:

Practical Guidance: Working with the media



Seminar: Joint understanding of risk communication

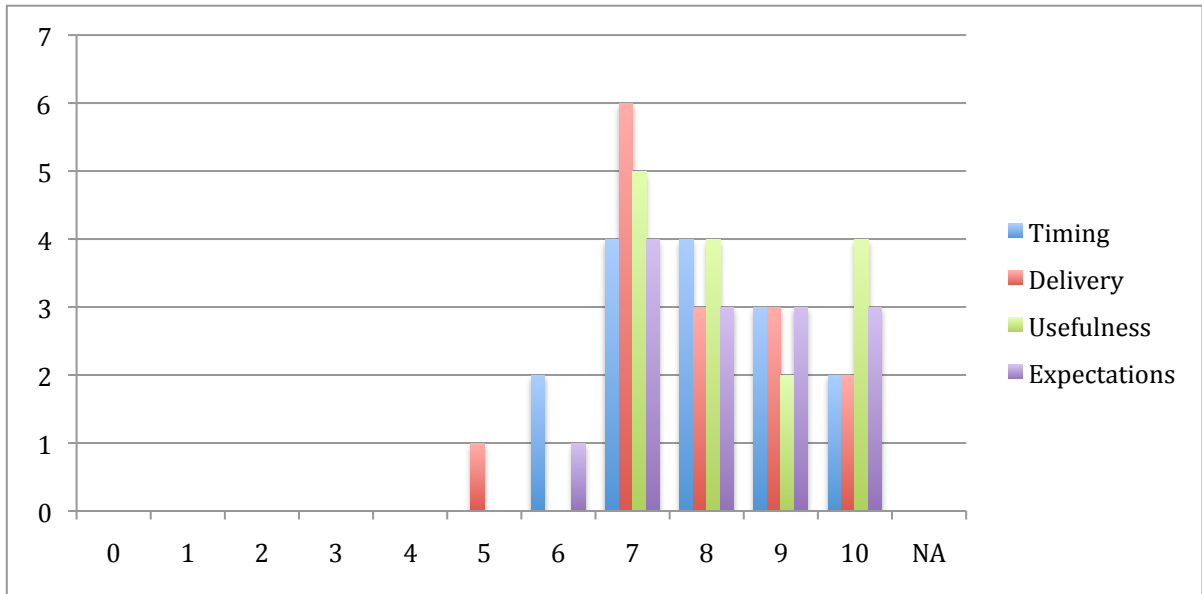


Further comments:

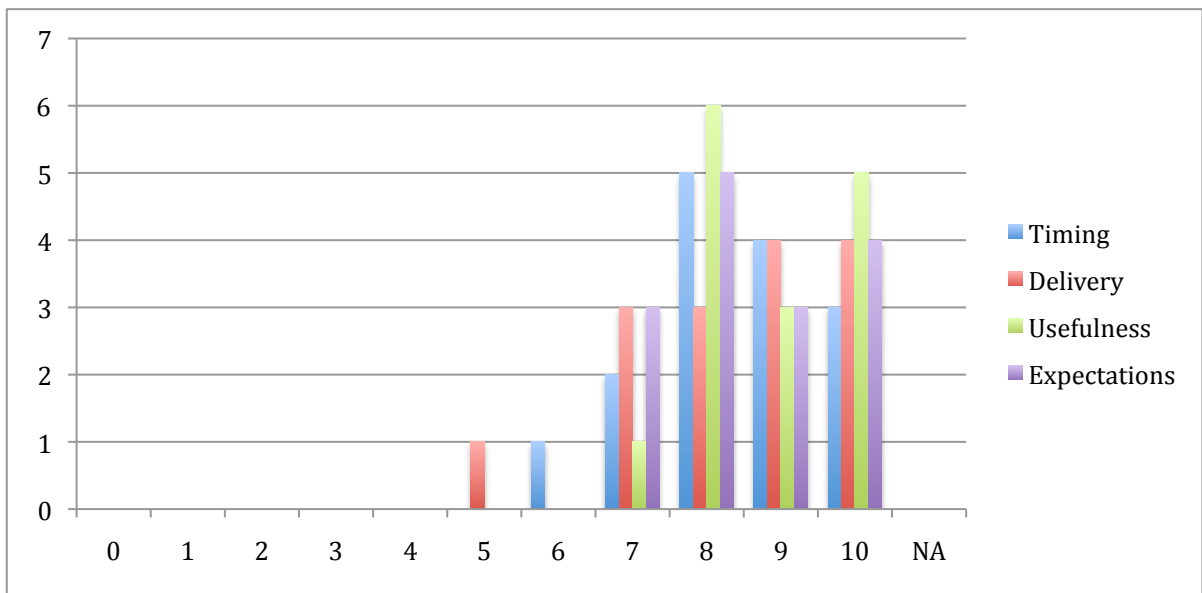
We missed scenarios for professionals with a clinical background

Afternoon

Presentation: Group work introduction and WHO COMBI

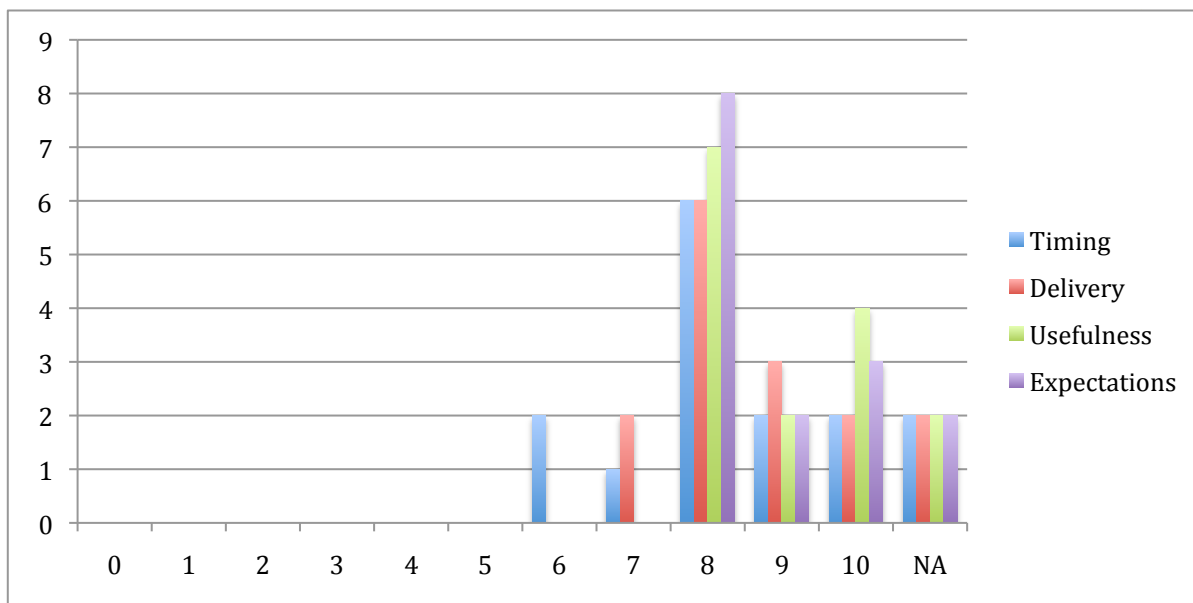


Group work: focus on coordination

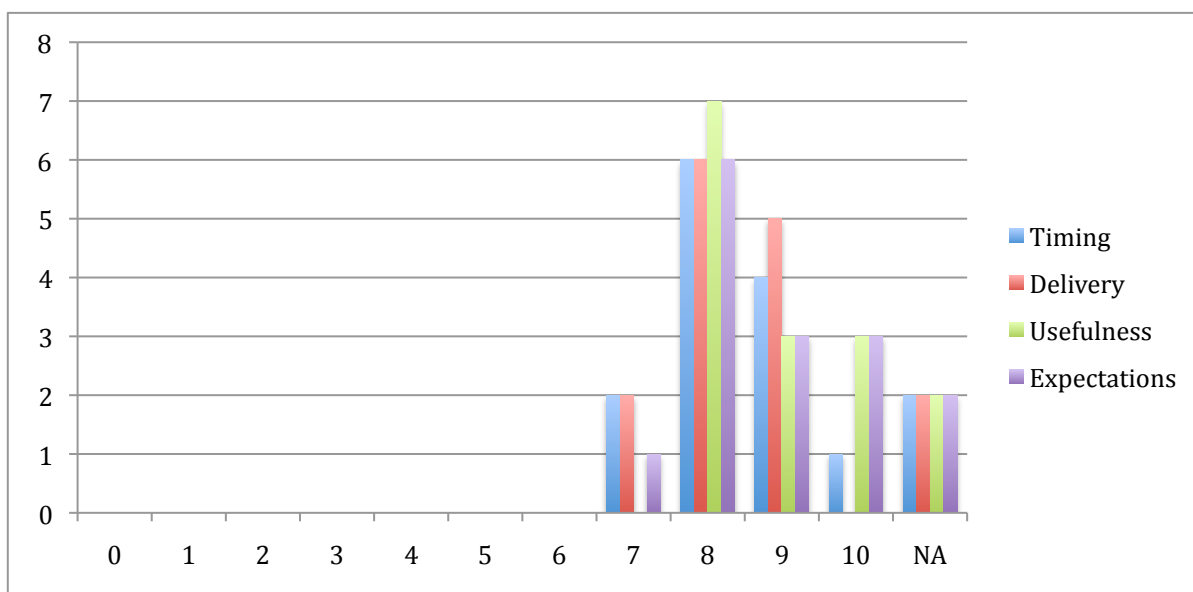


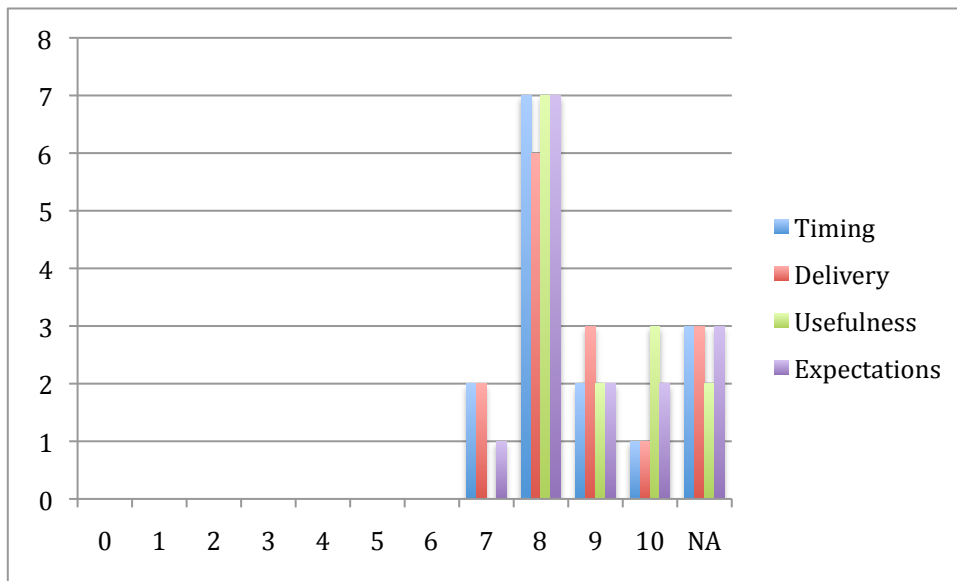
Further comments:

Group work presentation and discussion



Practical Guidance: Advocacy



Seminar: Joint understanding of risk communication coordination*Further comments:*

The presentation on advocacy was superb and provided solutions on how to handle the complex subject of advocacy

RESULTS

Course Assessment of the Risk Communication Training

Training pilot in Bellagio, 8th – 12th July

COURSE ASSESSMENT: DAY 3

Supported/
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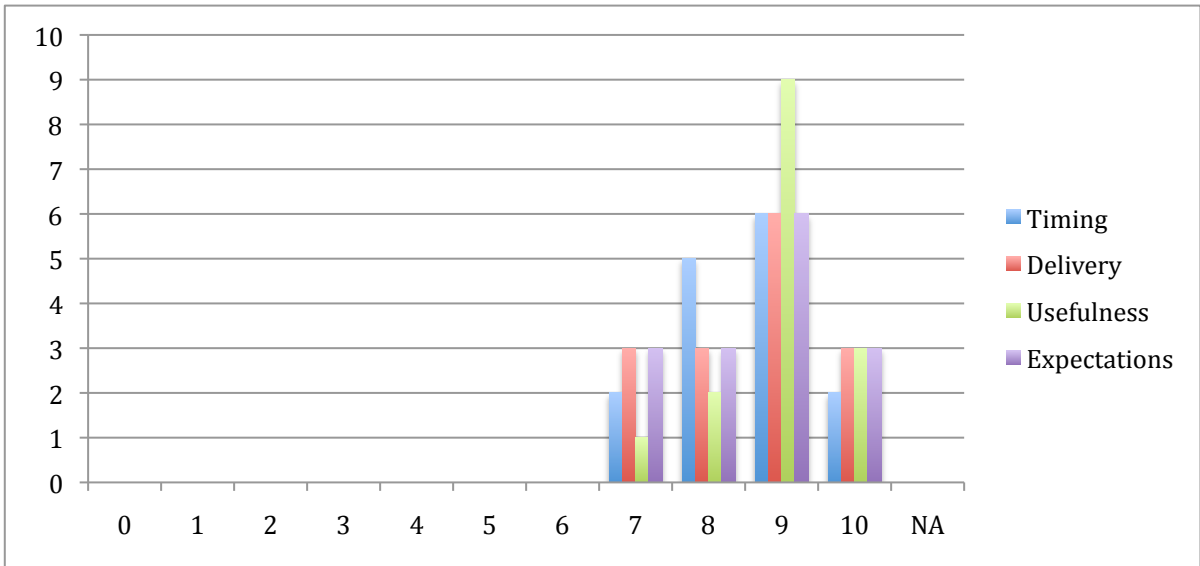
Innovation for the Next 100 Years

Course assessment DAY 3

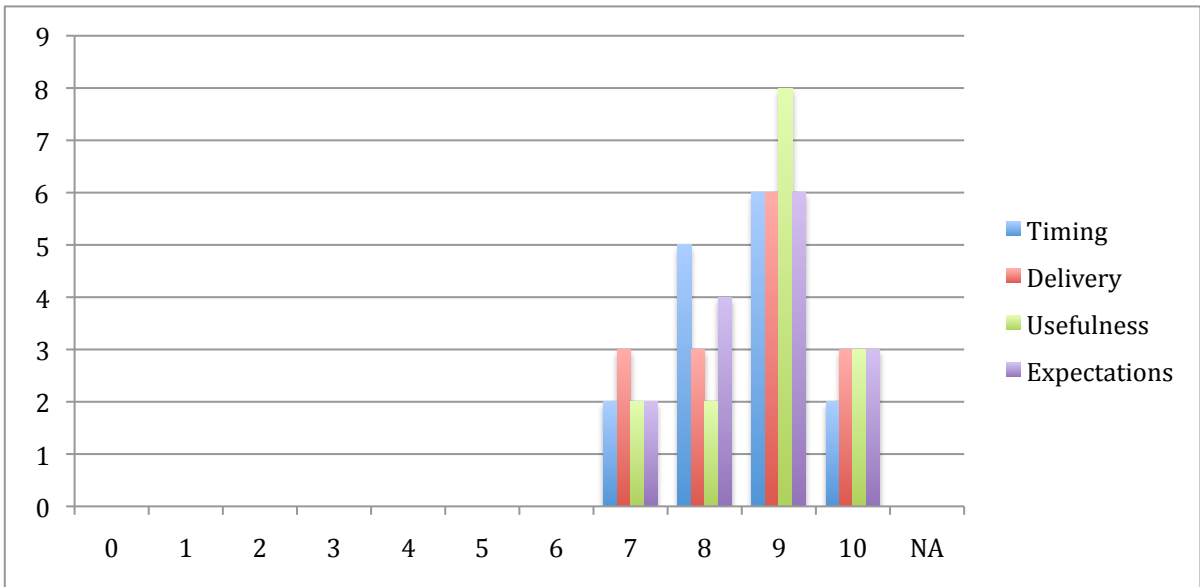
Morning

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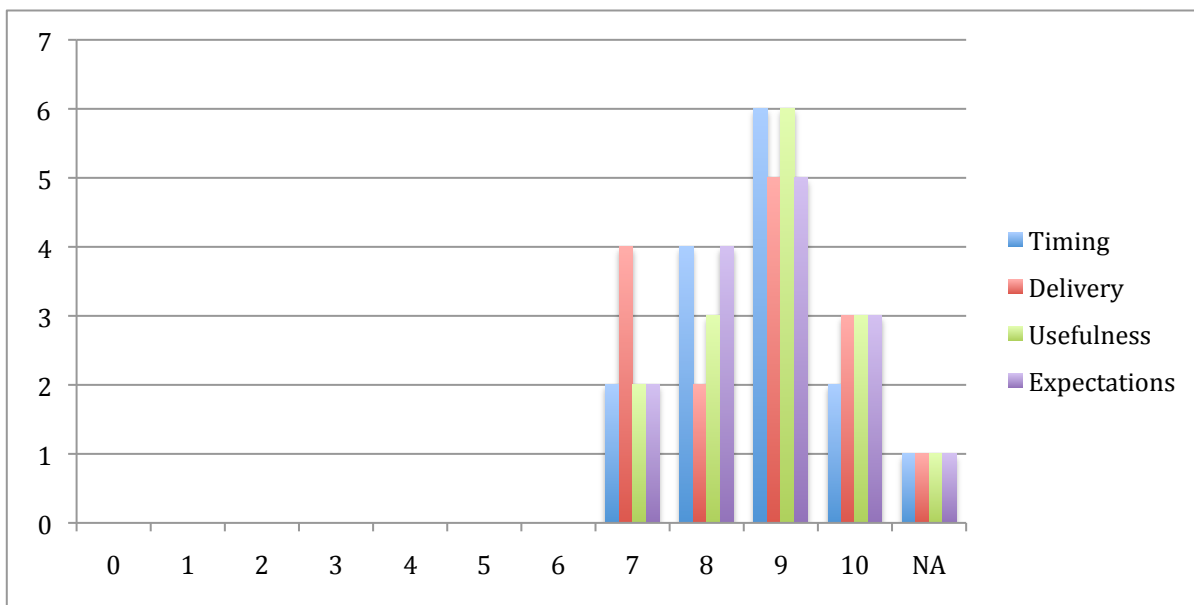
Exercise



Group presentation and discussion



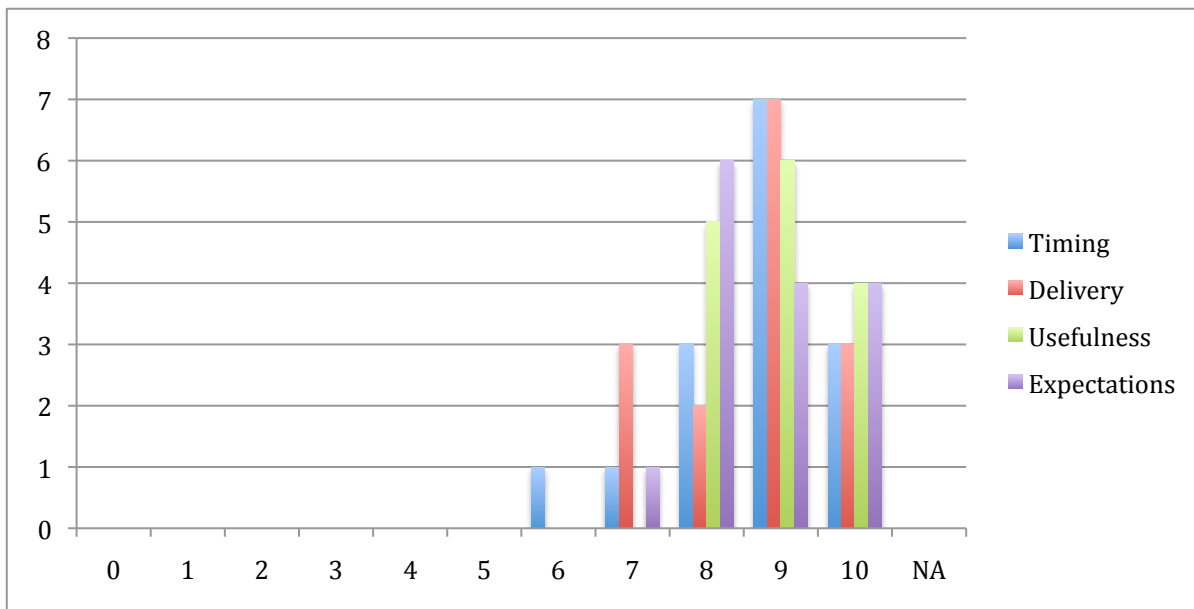
Reflection



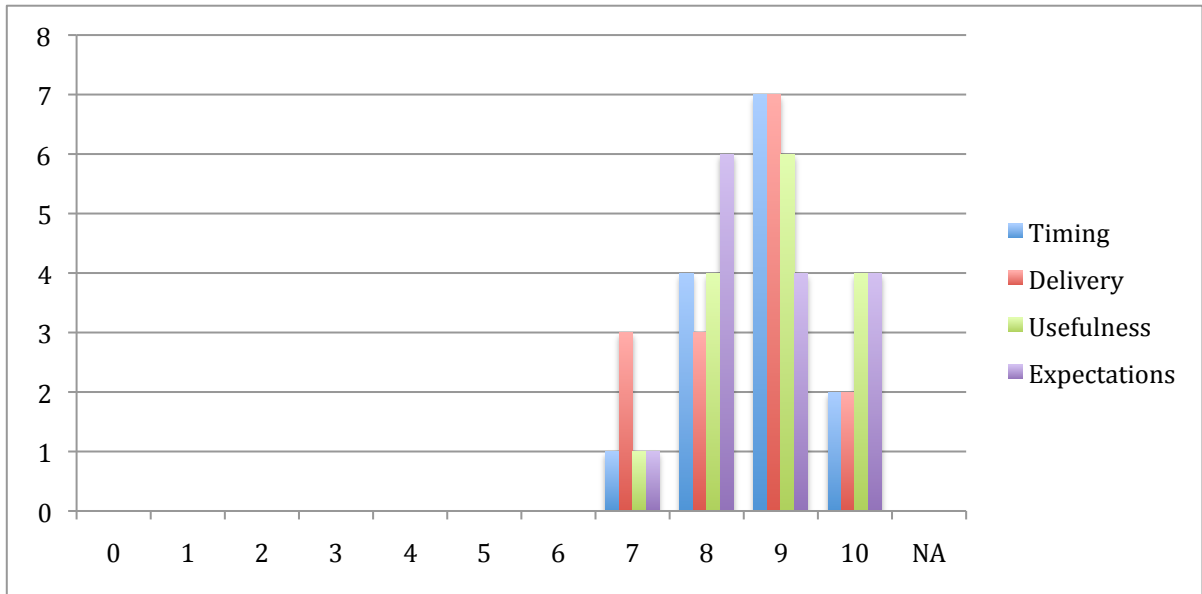
Further comments:

Afternoon

Presentation: Brief introduction to working in network groups

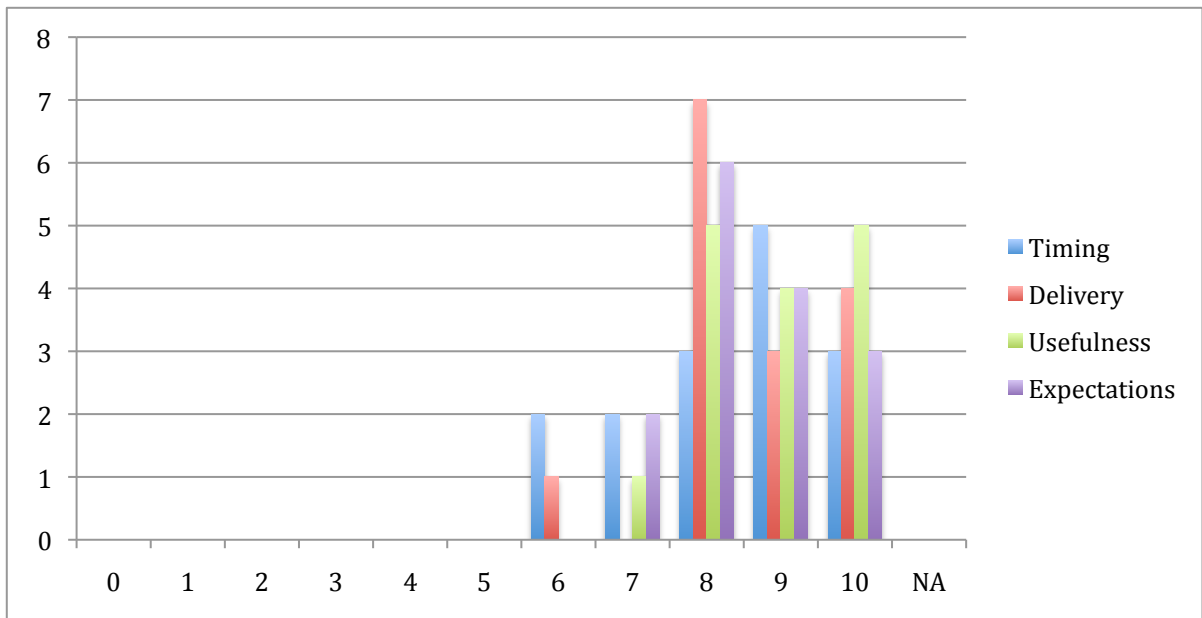


Group work in networks: strategy to implement risk communication

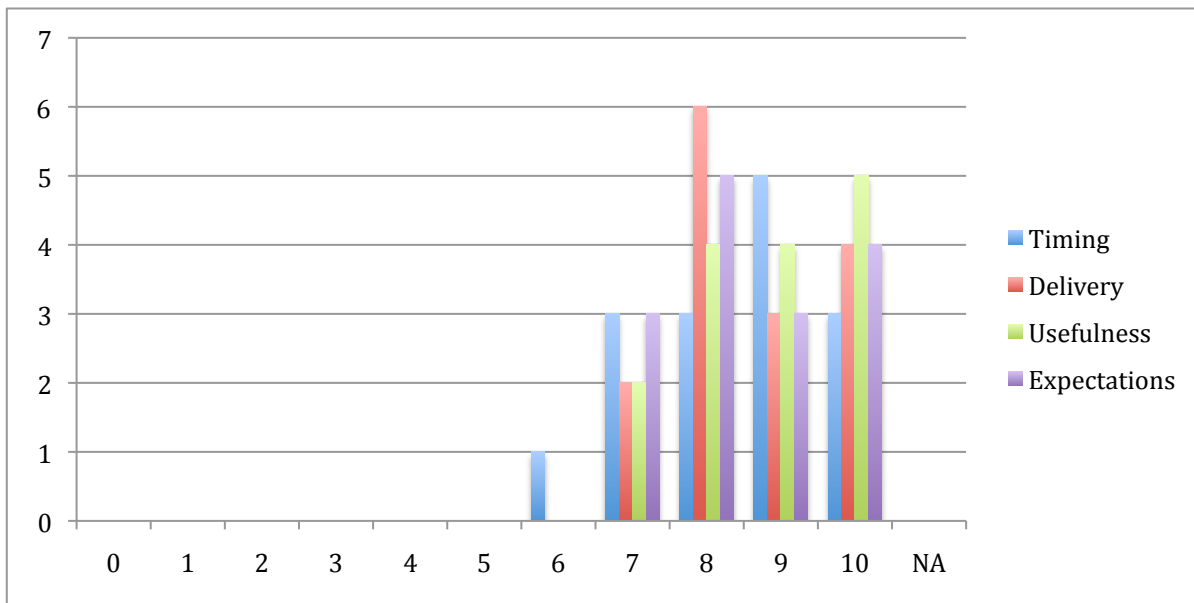


Further comments:

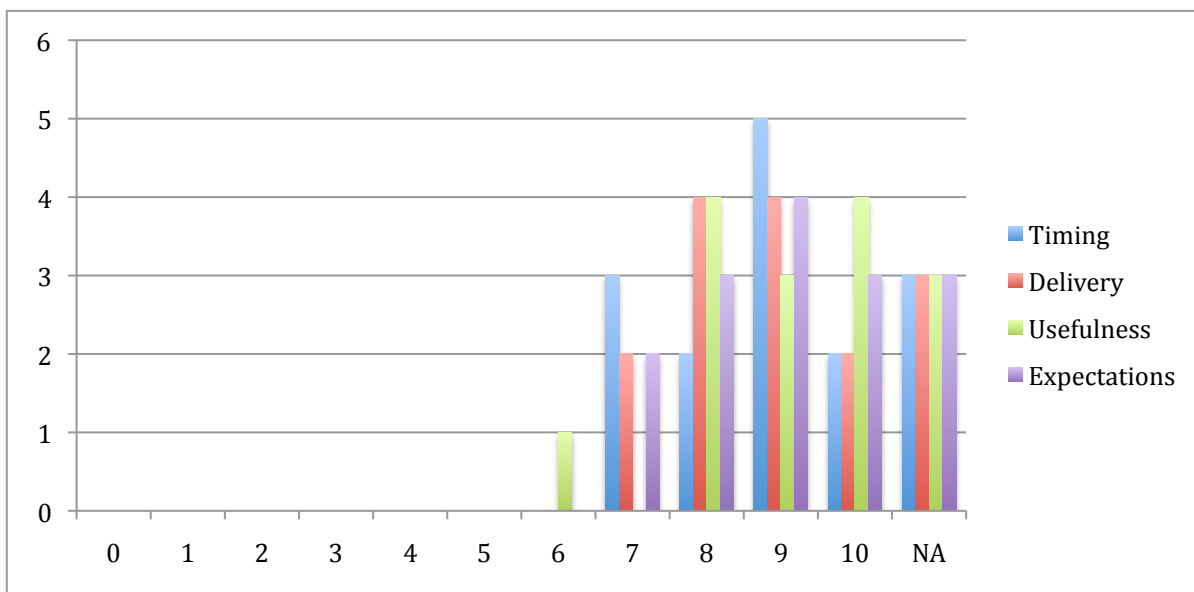
Network presentation and discussion



Seminar: Joint understanding of CORDS routine of risk communication



Summary



Further comments:

I think this area is critical as it combines all the skills and assisted us in designing our plans.