

# REPORT

## SACIDS Risk Communication Training

Meeting in Dar es Salaam, 14<sup>th</sup> – 15<sup>th</sup> August 2013

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*London, 31<sup>st</sup> August 2013*

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## 1. Executive Summary

The SACIDS risk communication workshop was held in Dar es Salaam, 14-15 August 2013 and was attended by 14 participants coming from a range of professional groups reflecting the SACIDS One Health approach. In the two-day workshop risk communication concepts and approaches were presented and discussed; knowledge, understanding, skills and confidence were increased in the group work setting.

In the pre-course assessment, participants expressed the need for more guidance and better understanding of risk communication and to improve their skills in risk communication for their daily work.

In the post-course assessment, participants experienced a steep learning curve and reported increased levels in knowledge, understanding, skills and confidence in risk communication. They also understood that risk communication does not refer to the information transmission to a targeted audience. Risk communication is not just the last technical aspect of a risk management process, but a management concept and philosophy. This policy change cannot be done alone and it needs continuous advocacy and support. Participants realised the importance of the policy changes and the need to work closer together. They have agreed to strengthen their interdisciplinary and intersectoral collaboration and to share information, communicate more closely and to support each other on a regular basis. SACIDS would be ideal to offer support and guidance for this networking.

This workshop was an important event to start the process and to provide participants with knowledge, understanding and tools to work on risk communication.

## 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. 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, risk communication training is one of CORDS' strategic activities.

### *Training*

Following on the very successful pilot training for CORDS members at the Rockefeller Foundation Training Centre in Bellagio in July 2013, a network training was offered for SACIDS network that took place from 14<sup>th</sup> – 15<sup>th</sup> August 2013 in Dar es Salaam, Tanzania. The training was organised by SACIDS communication officer Ms Sekela Kyoma together with Ms Filomena Namuba. The training was delivered by Dr Petra Dickmann of dickmann risk communication drc| who also did the evaluation. Fourteen participants representing core institutions in Tanzania reflected the One Health Approach: senior officials from animal and human health, agriculture, Ministry of Health and Social Welfare, Ministry of Livestock and Fisheries, journalists and SACIDS staff were present at the training. This report summarizes the results of the pre- and post-course evaluation.

## 3. Pre-course Assessment

### 3.1 Situation of risk communication in organisations

#### *People*

There is great variation in size, job titles, positions, educational backgrounds and experience: The number of people responsible for risk communication in the respective organisations ranges from 3 to 8 and they are health communication officers, mass media people, public health officer, Vice Chancellor, Chief Internal Auditor, Permanent Secretary, Biorisk officer, wildlife vet or epidemiologists. There are on a mid to high level of seniority in their organisations (Senior Officers, Assistant Director Communications, Assistant Director, Director, Principal Vet Officer or National Epidemiologist) but have little to no formal training in risk communication.

*Policies, plans and tools*

Half of the group indicated that they have explicit policies to structure risk communication (5/10) and almost half reported that they have a plan for risk communication (5 yes, 4 no, 1 in development). Existing tools are only sporadically known (3 yes, 7 no) and only rarely used (2 yes, 8 no); WHO COMBI tool is used by one institution.

*National strategy and networking*

All participants reported that their organisation is linked to the national strategy, but no one could give any details during the workshop what this national strategy is about in regards to risk communication. Most of the institutions interacted frequently (8/10) or sometimes (2/10) with each other. However, only two of the participants at the meeting knew each other from previous events.

*Risk communication understanding and public engagement*

There was no single common definition of risk communication and the understanding shows great variation: primarily, risk communication was understood as to provide information to different stakeholders or the public about risks and that this should ideally happen before an event or outbreak occurs. The information exchange between risk managers was also mentioned. Two replies referred to a more reflective activity such as “*how people react to risks as interactive process*” and “*understand the communication with the public*”.

Half of the represented institutions engaged directly with the public via media conferences, household visits, spokesperson (after permission) or government spokesperson.

### 3.2. Self-assessment of the participants

#### *Experience, professional background and organisational standing*

Participants are mainly in the early experience level on their current position: four participants have worked for 1-3 years in their posts, three people 4-7 years, one person each 8-11 and 12-15 years. Two participants have worked for 20-25 years in their current position.

The educational background of the participants are mainly medical/scientific (7/11) or communication (4/11).

Their estimation on their organisational authority to introduce policy changes in their organisation is mid to high:

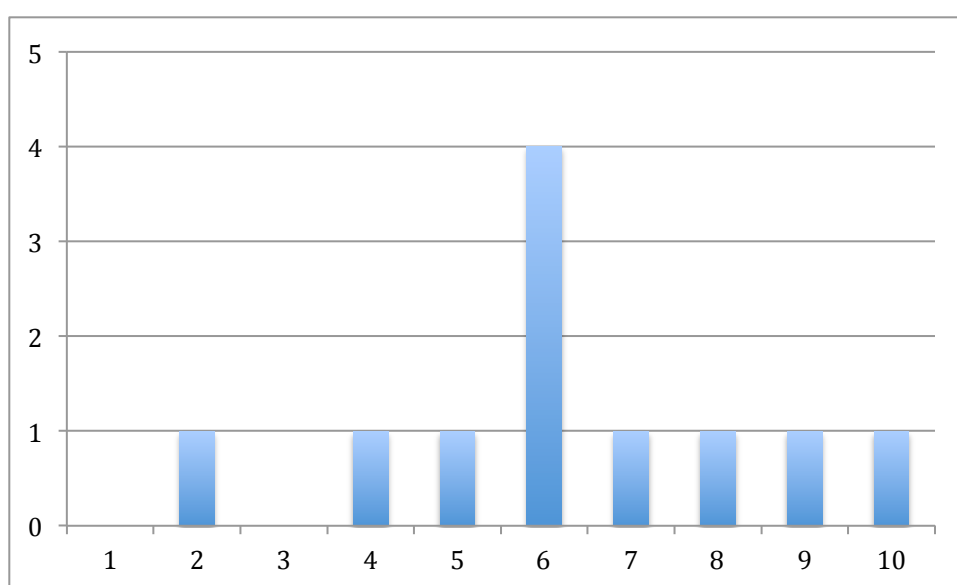
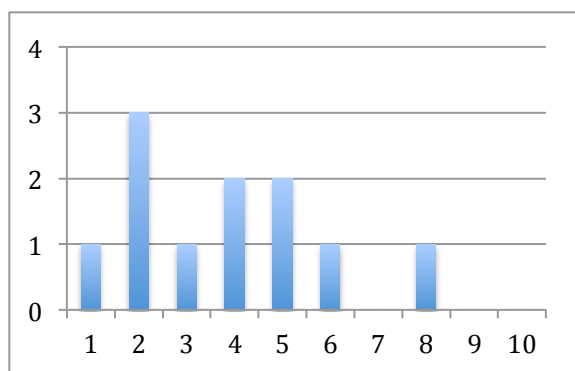
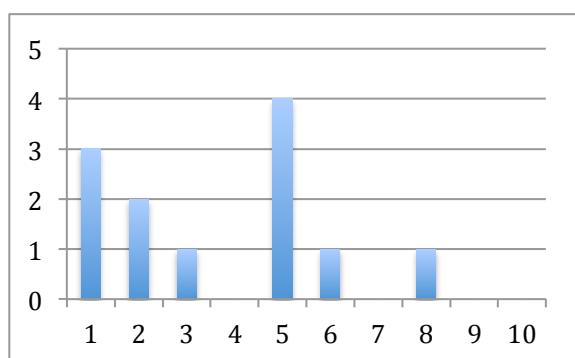
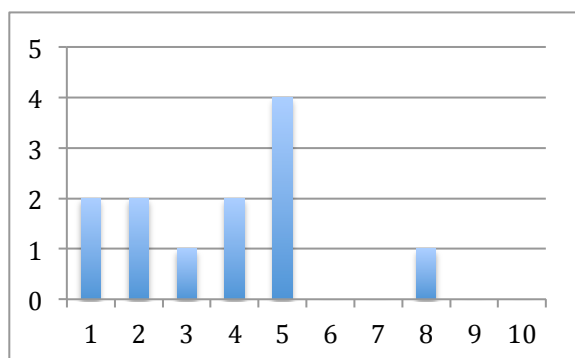
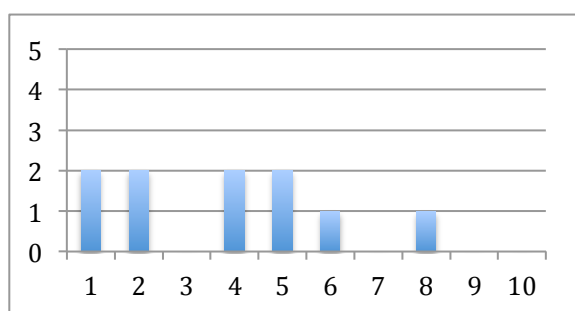


Table 1: Organisational standing (range 0=no 10=very much)

#### *Knowledge, understanding, skills and confidence*

On a range from 0 (not all) to 10 (expert level), Participants rated themselves as having low to medium level of knowledge, understanding, skills and confidence in regards to risk communication:

*Table 2: Knowledge**Table 3: Understanding**Table 4: Skills**Table 5: Confidence*



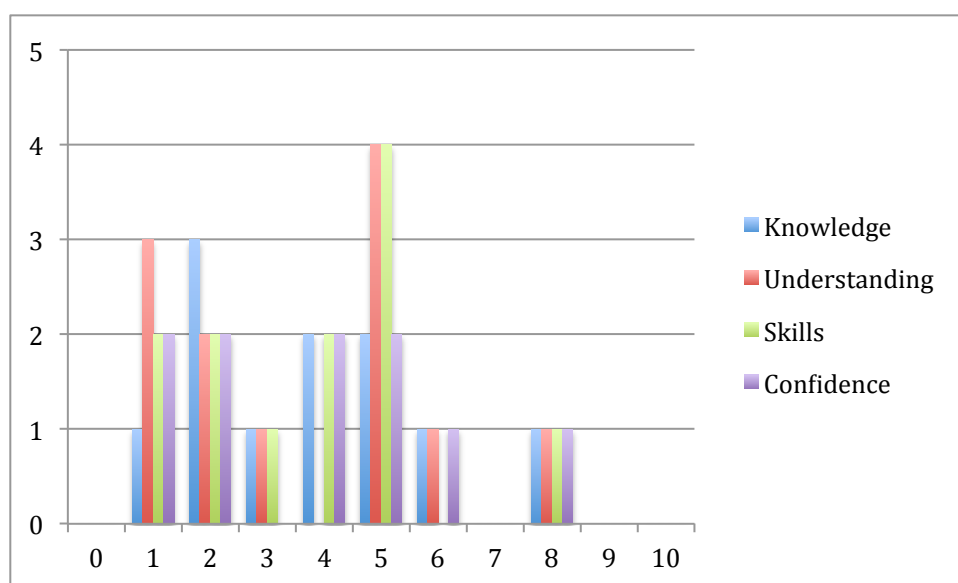


Table 6: Summary of self-assessment

### *Risk communication confidence*

Participants were asked to give a priority list of their needs in regards to increasing their confidence in risk communication.

They felt:

- Most important: to acquire basic knowledge on concepts and understanding of risk communication, an organisational framework, risk communication plans and help to design a plan, more support from their own organisation and top management;
- Very important: to have resources to assess the risks, approaches to advocate for and disseminate risk communication, support from media, skills to talk to press and overall risk communication;
- Important: to map stakeholders, have background information, skills in risk communication, interactions with experts;
- Important: how to structure press statements and an overall confidence in risk communication

## 3.3 Management of infectious diseases -- Experiences

### *Experience of infectious disease outbreaks*

Participants shared their experiences on recent infectious diseases outbreaks in Tanzania such as Rift Valley Fever, Dengue Fever and Malaria outbreaks. In the assessment of these outbreaks they felt that the management process, early diagnosis and public awareness and flow of information went well. Problems were: shortage of resources that delayed the

response, the zoonotic disease control in containing the outbreak and, in particular, the information policy of the government. They did not want the public to get information about this outbreak and the messages they eventually conveyed were misleading.

Participants see better communication and more information at the beginning, funding and public education about risk communication as challenges and would like to do better in the future. They put an emphasis changing the information policy in regards to a more transparent and engaging strategy and more adequate messages.

In an overall rating, however, they responded that the flow of information, coordination of response and the communication was good.

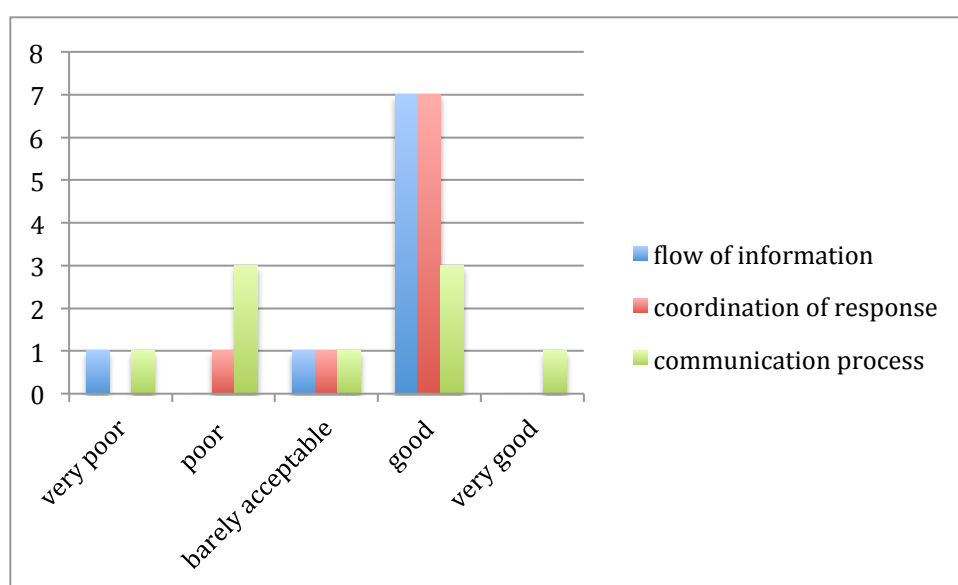


Table 7: Evaluation of outbreak management

In a critical reflection on the flow of information they saw that the remoteness of an area and lack of adequate information and tools were blocks in the process. Lack of resources and plans, difficult transport and lack of clear definitions of tasks impaired the coordination of response. The communication process was compromised by different and contradictory messages, inappropriate target groups, lack of common understanding and ignorance, little communication to the public, remoteness of outbreak area and a lack of information.

### 3.4 Workshop in Dar es Salaam

#### *Wish lists*

The participants were asked to develop two wish lists: one for ideal outputs of training and another one for realistic outputs. Wishes for an ideal workshop included increasing

knowledge, understanding and skills in risk communication. They also wished for more guidance in concept design and planning of risk communication activities and to increase their networking. On a practical side, they wanted to know how to overcome delays in the management of an outbreak and how to increase confidence in media aspects. They also mentioned technical aspects as how to use existing technologies and tools.

In the realistic wish list, participants pointed to the importance to learn from each other and from experts, and, again, to increase their knowledge, understanding and skills in risk communication. They also wished for practical guidance as decision help for information policy and media skills. Participants found the linkage to the national level important and wished for a better networking.

## 4. Post-course Assessment

### 4.1 Organisation

Participants were very happy with the organisation, the logic of the agenda and the approaches and concepts of risk communication that were presented during the training.

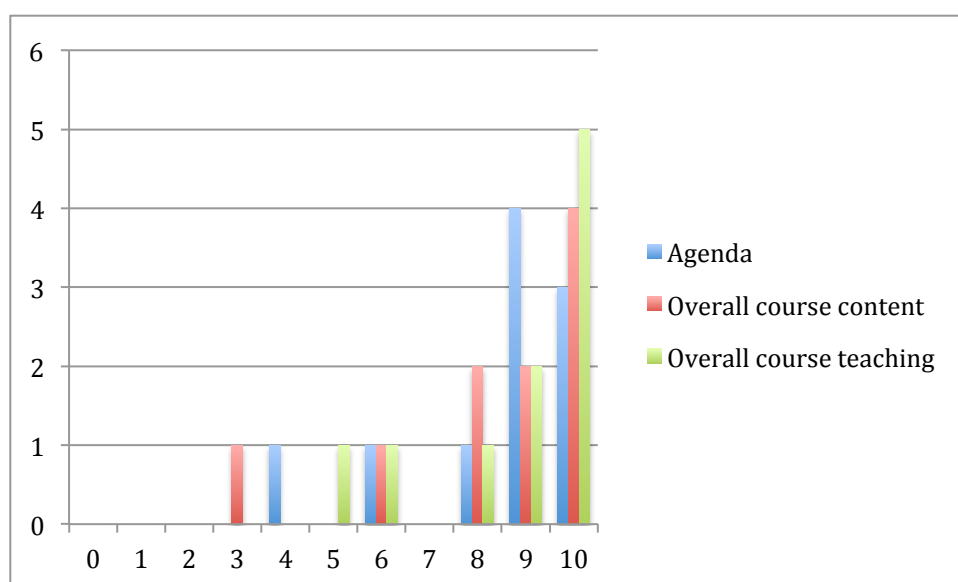


Table 8: Agenda, content and teaching (Range:0=not at all to 10=excellent)

They expressed the need to expand this training to a 4-day workshop to allow more time for concept presentation and group work.

They also felt very comfortable in the group work scenarios and mixing the group membership in the different scenarios.

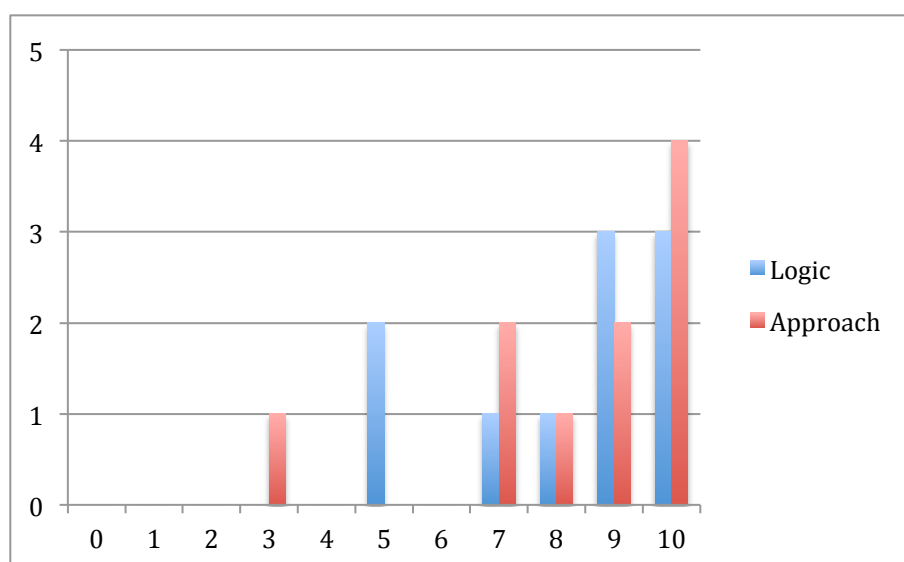


Table 9: Logic and approach

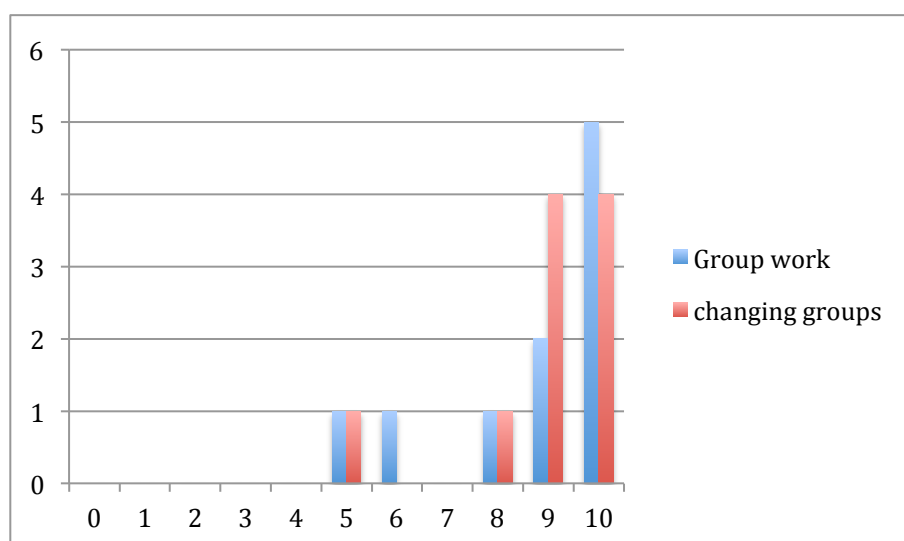


Table 10: Group work

Overall comment, apart from the excellent evaluation, was to allow more time.

## 4.2 Self-Assessment

Participants reported a massive increase in knowledge, understanding, skill and confidence in risk communication and felt more able to create supportive environments to facilitate information, communication and coordination of risk communication.

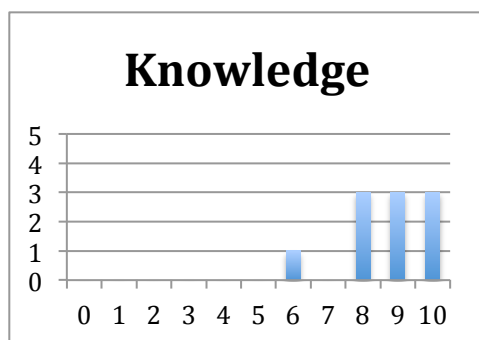


Table 10: Knowledge

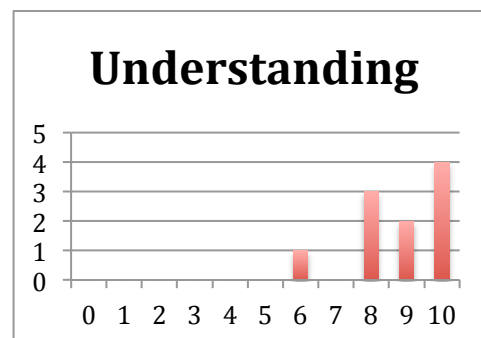


Table 11: Understanding

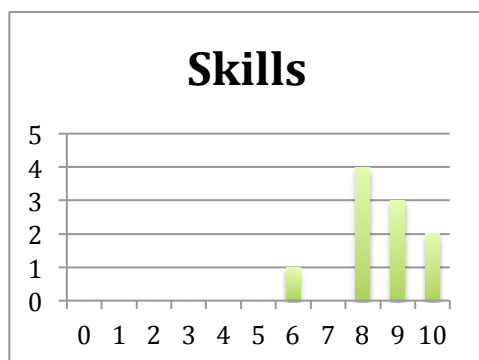


Table 12: Skills

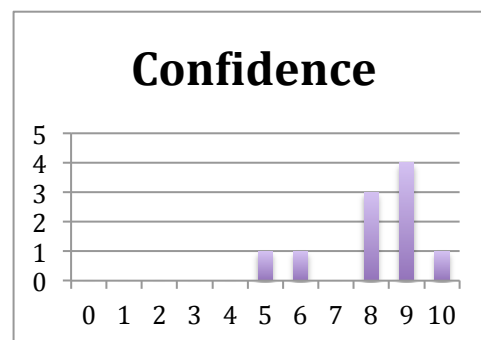


Table 13: Confidence

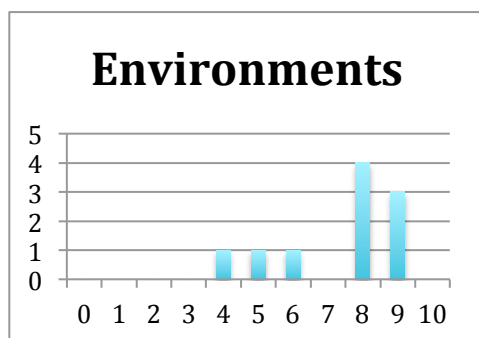


Table 14: Create supportive environments

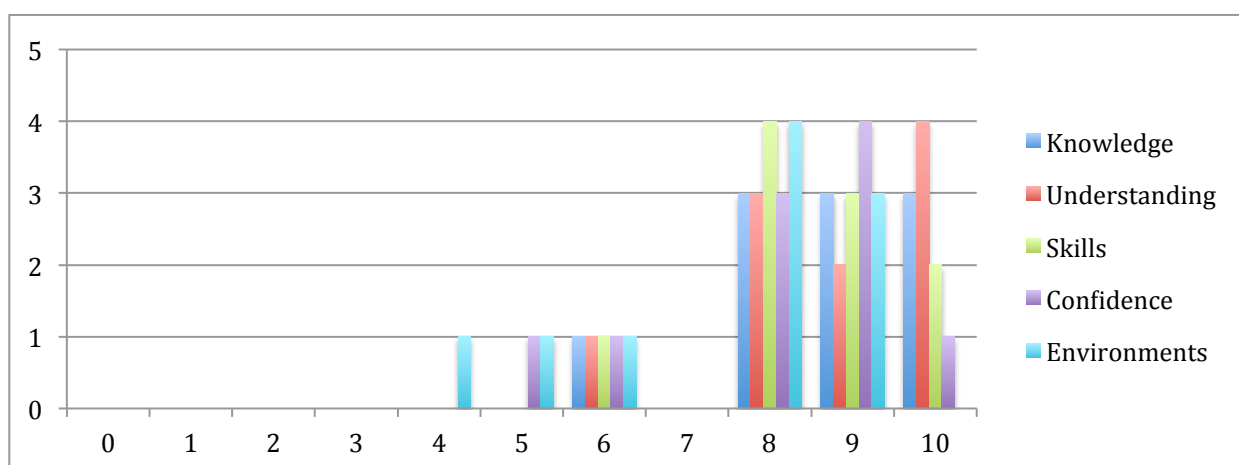


Table 15: Summary of increases in knowledge, understanding, skills, confidence and supportive environments

### 4.3 Comments

Comments were in general very positive and constructive. Participants suggested that other professionals from different disciplines and from district and regional levels are invited and, again, to allow more time for case studies and practice. They found the training useful and recommended the training for others (“Wonderful, very important; highly recommended for others as it advocates for team work and networking; this is a significant course as it addresses health issues in ONE PLAN; worth attending; it is important; its an eye opener and networking opportunity, builds knowledge and skills; it adds value – worth taking! Highly recommended, go for it – it’s worth learning!”).

## 5. Conclusion

This 2-day training in risk communication might have been too short, but an extremely valuable first step to build and maintain risk communication activities in one network. Participants had a steep learning curve and reported increased levels in knowledge, understanding, skills and confidence in risk communication.

Risk communication is not just the last technical aspect of a risk management process, but a management concept. This policy change cannot be done alone and it needs continuous advocacy and support. Participants realised the importance of the policy changes and the need to work closer together. They have agreed to strengthen their interdisciplinary and intersectoral collaboration and to share information, communicate more closely and to support each other on a regular basis. SACIDS would be ideal to offer support and guidance for this networking.

This workshop was an important event to start the process and to provide participants with knowledge, understanding and tools to work on risk communication.

## Annex

### List of participants

No.	Name	Organisation	Email	Contacts
1	Dr Robert Fyumagwa Principal Research Officer	Tanzania Wildlife Research Institute (TAWIRI)	<a href="mailto:robert.fyumagwa@tawiri.or.tz">robert.fyumagwa@tawiri.or.tz</a>	0787 237703 / 0767 366742
2	Grace Sambala Public Relations Officer	Sokoine University of Agriculture (SUA)	<a href="mailto:sambalag@suanet.ac.tz">sambalag@suanet.ac.tz</a>	0767 858607 / 0789 494905
3	Reginald Miruko Mwananchi Features Editor	Mwananchi Newspaper	<a href="mailto:rsmiruko@gmail.com">rsmiruko@gmail.com</a>	0713 346175
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5	Said Makora Health Communication Officer, Health Promotion Section	Ministry of Health and Social Welfare (MoHSW)	<a href="mailto:saidmakora@gmail.com">saidmakora@gmail.com</a>	0784 862425 / 0767 262427
6	Dr Faraja Msemwa Medical Officer, Emergency Preparedness Section	MoHSW	<a href="mailto:farajadr@yahoo.com">farajadr@yahoo.com</a>	0755 535496
7	Charles Mambali Public Health Officer & Capacity Building	MoHSW	<a href="mailto:charlesmambali@yahoo.com">charlesmambali@yahoo.com</a>	0715 364646
8	Dr. Joseph Masambu Quality Assurance Manager	Tanzania Veterinary Laboratory Agency (TVLA)	<a href="mailto:jogomas.masambu@gmail.com">jogomas.masambu@gmail.com</a>	0756 937730
9	Dr Leonard Mboera Chief Research Scientist & Director of IT and Communications	National Institute for Medical Research (NIMR)	<a href="mailto:lmboera@nimr.or.tz">lmboera@nimr.or.tz</a>	0754 314701
10	Dr Mohamed Bahari	Ministry of Livestock and Fisheries Department (MoLFD)	<a href="mailto:msigarabahari55@gmail.com">msigarabahari55@gmail.com</a>	0754 / 0715 383549
11	Dr. Emmanuel Swai National Veterinary Epidemiologist	(MoLFD)	<a href="mailto:esswai@gmail.com">esswai@gmail.com</a>	0754 816967
12	Dr. Tinuga Epidemiologist	(MoLFD)	<a href="mailto:drtinuga@yahoo.com">drtinuga@yahoo.com</a>	0784 455949
13	Filomena Namuba Program Manager	Southern Centre for Infectious Disease Surveillance (SACIDS)	<a href="mailto:filomena.namuba@sacids.org">filomena.namuba@sacids.org</a>	0784 394479
14	Sekela Kyomo Communications Manager	SACIDS	<a href="mailto:sekela.kyomo@sacids.org">sekela.kyomo@sacids.org</a>	0755 789999

## Agenda

Risk communication workshop – Dar es Salaam 14-15 August 2013

Day 1 14.08.2013	RAISE AWARENESS – EXPLORE THE COMPLEXITY
	AGENDA
09:00 – 10:30	<b>Introduction</b> (all) <i>Pre-course assessment</i> <b>Introduction</b> of the meeting (Petra): Goals, methods, outputs, agenda concept <b>Delegation office presentations:</b> risk communication activities <b>Presentation:</b> National Strategy
10:30 – 11:00	COFFEE BREAK
11:00 – 12:30	<b>Presentation:</b> International Health Regulations (2005) <b>Presentation</b> (Petra): Risk communication <b>Seminar</b> (Petra): Introducing a <i>method</i> to design risk communication strategies: tool 1 and tool 2
12:30 – 14:00	LUNCH BREAK
14:00 – 15:30	<b>Group Work:</b> Case study with a focus on <i>communication</i>
15:30 – 16:00	COFFEE BREAK
16:00 – 17:00	<b>Group presentations and plenary discussion</b> <b>Seminar:</b> consensus on information sharing and communication <b>Summary</b> of the day (Petra)

Day 2 15.08.2013	Translate knowledge into actions
	AGENDA
09:00 – 10:30	<b>Recap of day 1 and introduction of day 2:</b> (Petra and all) PRACTICAL GUIDANCE 1: Working with the media PRACTICAL GUIDANCE 2: Advocacy <b>Discussion</b>
10:30 – 11:00	COFFEE BREAK
11:00 – 12:30	<b>Group Work:</b> Exercise



12:30 – 14:00	LUNCH BREAK
14:00 – 15:30	<b>Group presentations and plenary discussion</b>
15:30 – 16:00	COFFEE BREAK
16:00 – 17:00	<b>ONE HEALTH APPROACH</b> <b>Seminar:</b> joint understanding of risk communication: coordination on country, national and international level <b>Summary</b> of the day (Petra) <i>Post-course assessment</i>