

5th Interagency Meeting on Strategic Communication for Pandemic Influenza

**Pan American Health Organization,
Washington, D.C., 21 July 2009**

Executive Summary

The Interagency Communication Task force for Avian/Human Pandemic Influenza held its 5th meeting at PAHO headquarters on 21 July 2009.

Reviewing lessons learned in the three months since the outbreak of influenza (H1N1) 2009 in Mexico and the United States, participants gave the region's communication efforts generally high marks and agreed that preparations for avian and pandemic influenza over the past 5+ years had enabled governments, civil society groups and international agencies to mount a robust response.

The region remains the hardest hit in terms of number of cases and deaths, but has generally coped well, avoiding extremes of panic and complacency.

Nevertheless, the group identified communication gaps and institutional challenges that must be urgently addressed in order to maintain public trust in national and international recommendations as the pandemic continues its highly unpredictable course. Strengthening risk communication, behavior change communication and social mobilization will help save lives, reduce illness and lower the socio-economic costs of the pandemic.

The agencies updated the Interagency Communication Framework first drafted in 2006, agreed to step up their collaboration and to engage with Regional Directors to strengthen the system's support to governments and societies beset by the influenza pandemic and other crises.

Background

The Interagency Communication Task Force for Avian/Human Pandemic Influenza in the Americas was established in July 2006, when the avian influenza virus (H5N1) was spreading and countries were preparing for its arrival in the Western hemisphere. Mirroring and broadening UN system global coordination mechanisms for influenza communication, UN agencies working in the Latin America and Caribbean region established the Task Force to align

the system's communication efforts and reach out to other partners to strengthen avian influenza and human pandemic preparedness and response.

At its inaugural meeting on 25 July 2006, at the Pan American Health Organization (PAHO), the Regional Directors of PAHO, UNICEF, IICA, OIE and OIRSA - and by video, the UN System Influenza Coordinator - welcomed the establishment of the Task Force and reaffirmed the importance of risk communication, social mobilization and behavior change for preparedness and response to animal and human pandemic influenza. The Task Force drafted and issued the Inter-Agency Communication Framework for Avian/Human Pandemic Influenza in the Americas, which has guided collaboration in the region to the present.

From the outset and through its five meetings to date, the Task Force has served as a largely informal, open space for dialogue between UN agencies and strategic partners in the region for the development and implementation of communication strategies aimed at raising the level awareness and preparedness related to avian and pandemic influenza. At the 3rd and 4th meetings, participants proposed widening the Task Force's scope to an "all hazards" approach - without losing the primary focus on influenza.

The 5th meeting of the Task Force took place against the backdrop of the avian influenza epidemic that remains at alert level # 3 (but without animal or human cases in the region) and the outbreak in the region of the first global influenza pandemic of the 21st century caused by the novel pandemic (H1N1) virus.

Originally referred to as "swine flu", the virus was first detected in Mexico and the United States in April and spread to over 130 countries world-wide. WHO declared it a full-fledged pandemic by raising the alert level to # 6 on 11 April, calling it the fastest-spreading pandemic in memory. By early June, it was considered "unstoppable" and is expected to reach all countries. In terms of virulence, the virus is considered mild to moderate in its effects. At present, the Americas region remains the hardest-hit region in the world in terms of estimated numbers of cases and deaths.

In recognition of the urgency of the situation - with the Southern hemisphere winter in full swing and concerns that winter in the Northern hemisphere could bring a second, more virulent wave - the meeting of the Task Force was convened at PAHO only six weeks following the official declaration of the pandemic.

Participants (Annex I) included representatives of PAHO, UNICEF (TACRO + HQs), IICA, IOM, UN DPI, UNIC-Mexico, PIC-OCHA, USAID Latin America and Caribbean Bureau, WHO HQ, World Bank, Inter-American Development Bank. Facilitation and report writing were provided by Rain Barrel Communications, LLC.

Presentations and discussions

Morning session

As detailed in the agenda (Annex II), the morning session of the meeting opened with a technical update by PAHO followed by several presentations giving agency perspectives on the communication dimensions of the pandemic. Presentations can be viewed at www.paho.org/riskcomm

Discussions reflected strong agreement that the region has been able to respond to the current H1N1 pandemic quickly and efficiently overall - particularly in terms of communication - thanks to the efforts over the past five+ years to prepare for the avian flu (that never arrived), and for the human pandemic influenza (that experts warned was long overdue).

It was emphasized that following the outbreak of H1N1 all governments in the region were able to draw upon influenza communication plans and strategies that had been developed under the threat of avian influenza and in anticipation of a human influenza epidemic. While of varying quality and all of them now in need of updating, the existence of these plans greatly facilitated messaging that prevented both panic and complacency while informing the public about risks and measures to protect themselves and their communities.

Governments were also able to “hit the ground running” soon after the outbreak in Mexico and the United States because of the risk communication trainings and crisis simulations that were conducted in recent years, as well as the KAP studies and communication materials that were developed by governments and their partners, including UN agencies.

Nonetheless, the picture is not altogether rosy. Despite the group’s overall positive assessment of the region’s communication response, participants pointed out that public trust in official information (including health information) does not run deep. Indeed, it is generally quite tenuous, uneven

and subject to sudden change. Gaining and maintaining public trust over time will be an ongoing challenge. It will depend on public health and multi-sectoral policies and communication strategies being perceived as evidence-based, timely, transparent, inclusive, ethical and flexible enough to evolve along with the pandemic itself.

Lack of scientific evidence and expert consensus regarding the efficacy of a number of the personal and social protection measures recommended by governments makes the job of communicators exceedingly difficult. For example, controversies among experts over facemasks and school closings created doubt and confusion in many countries. This was exacerbated when experts and public officials disagreed with one another in public and the media echoed and in some cases exaggerated the debate.

In addition, lack of clear UN technical guidance on some of the measures, and the oft-repeated phrase - "it's up to governments" - made it difficult for UN communication staff to speak with authority and add legitimacy to official pronouncements. The issue of trust is likely to come to the fore as H1N1 influenza vaccine becomes available in October and countries prioritize distribution of limited supplies. Anti-vaccination lobbies will make hay of adverse events. Preparedness is therefore crucial.

In its presentation, **PAHO** provided an overview of its risk communication strategy and of the support it is providing governments across the region. It shared the top-line results of a survey of its field offices conducted during the 3rd week of May, including:

1. First reaction to outbreak: announced by the minister of health 100%
2. Who made the first announcement? MOH 100%
3. Messages: wash hands, cover coughs and sneezes
4. Reaction of the media: OK, not very sensationalistic
5. Communication strategy? 95%
6. Trust? Yes, 95%
7. Web (PAHO or ministry)? 98%
8. Perception: ranging from understanding to indifference. No panic.

The **United Nations Information Center-Mexico** provided a candid, running account of the evolution of the outbreak and the response in Mexico, including in the media and popular culture. While the global and national communication response was deemed effective overall, some of the early messaging was problematic. This included the initial designation of the virus as “swine flu” -- a name at once scientifically inaccurate and economically harmful - as well as the early use of the stigmatizing name “Mexican flu”. It was noted that it is still commonly referred to as “swine flu” while the now official term “pandemic (H1N1) 2009” enjoys low name-recognition and continues to struggle for traction.

The media generally did a good job transmitting prevention messages and instructions for school- and business-closings. However, widespread lack of trust in official sources left ample room for rumors, conspiracy theories and patchy compliance with recommended measures. The proximity of the country’s elections created fertile ground for politicization, and the three main political parties took flak in the media and popular culture for their handling of the outbreak. After the epidemic peaked, the government quickly shifted communication gears to restore the country’s image as a safe tourism destination. All in all, however, calm, unity and discipline prevailed in Mexico’s response.

UNIC activated emergency SOPs (Stand Operating Procedures) and created an online “one-stop-shop” for UN system information relating to the influenza pandemic. But several factors made it difficult for it to fulfill its normal public information function. WHO’s acknowledged role as the UN’s lead technical agency was interpreted in some quarters to mean that WHO HQs would be the system’s *only* voice. PAHO Mexico deferred to Geneva while the government insisted, in no uncertain terms, that it was to be the sole information provider in the country. UNIC thus found itself in the awkward position of having to refer journalists’ queries to PAHO HQs and WHO Geneva (which were limited in their ability to respond) and was reduced to hosting virtual press conferences taking place in Geneva and Washington. This left the UN system basically without a voice in Mexico - a voice that could have added credibility to government pronouncements and filled information gaps from an independent perspective during a highly critical period.

For its part, the **UNICEF Regional Office for Latin America and the Caribbean** outlined three scenarios for its behavior change communication and social

mobilization efforts focusing on children, families and communities: 1) unaffected countries - preparedness; 2) few cases without widespread impact on services, and 3) widespread transmission with varying impact on services. UNICEF actions in several countries range from rapid development of communication materials to technical assistance to ministries of health and use of existing programs for pandemic response. UNICEF offices will use Global Hand Washing Day as an opportunity to reinforce one of the key preventative practices.

UNICEF's Communication for Development Unit (NYHQs) highlighted lessons learned from avian flu communication that are now being applied to the organization's response to the human influenza pandemic and its assistance to partners - most notably, that the increased public awareness and knowledge created by communication interventions, while important, did not generally translate into the changed individual behaviors or social norms required to curb the spread of the virus and protect human lives. An enabling socio-economic environment, appropriate multi-sectoral policies and empowerment of community networks are needed for communication for development interventions to be effective. Together with WHO, UNICEF issued new communication guidelines: "WHO/UNICEF Behavioural Interventions for Reducing Transmission and Impact of Influenza A (H1N1) virus (June 2009)." UNICEF coordinates the Inter-Agency Avian and Pandemic Influenza Online Communication Resources website (<http://www.influenzaresources.org/>) and invites all agencies to post their communication strategies and materials there.

The **Pandemic Influenza Contingency-OCHA Regional Planning Office** emphasized the need for the UN system to speak with one voice. At the same time, communication efforts must be tailored to reach and empower a range of population groups, including rural communities and illiterate populations. Influenza preparedness and response must be developed in relation to other emergencies - such as hurricanes - and from an inter-sectoral perspective rather than simply as a medical or public health issue. UN agencies can help reinforce this broader view and use their government and civil society partnerships to further a "whole of society" approach. The PIC-OCHA on-line information tracking system maintained from Panama was updated with information received from HQs and around the region.

In contrast to its active public information role on the "animal side" of avian flu preparedness, **IICA** reported having no real role with respect to H1N1 influenza

because it views it as a problem affecting humans. When the epidemic was still being referred to as “swine flu”, IICA did issue a statement regarding the safety of pork consumption and posted pork industry statements on its website. IICA directed media questions and interview requests to FAO. Discussion followed about persistent doubts and conspiracy theories about the putative role of mass industrialized pork production in the outbreak.

UN DPI reported on the outcome of the UN Communication Group Task Force on Avian and Human Influenza review exercise held on 6-7 July 2009. The global and regional communication task forces both date back to 2006 and should be seen as complementary. Indeed, the Task Force for the Americas is viewed as “the poster child for preparedness”. However, the regional group has a broader communication remit than the UNCG Task Force, which deals exclusively with the media.

The UN’s communication around the outbreak of pandemic (H1N1) 2009 deserved high marks -- basically, “everything worked.” Balanced and largely consistent messages were disseminated on a timely basis, helping to steer a course between alarmism and complacency. However, there was a “branding problem” regarding the name of the virus; FAO and OIE had to issue statements on the need to avoid the term “swine flu” that other UN agencies, including WHO, had been using initially. ICAO and UNWTO also had to contend with questions about countries that had taken protective measures going beyond WHO recommendations against travel restrictions.

At the UNCG Task Force meeting, PAHO’s Mexico Office explained that the UNCT found itself constrained as to what they could communicate during the crucial stages of the H1N1 outbreak because the government insisted on taking the lead on communications at the national level. The UNCG Influenza Communication Task Force considered that UN Country Teams should be in charge of creating a mechanism for disseminating information at the country level, and agency representatives should receive pertinent information in order to be able to talk to the media (while deferring medical questions to the lead agency).

Internal UN communication and information sharing mechanisms were activated by the UNCG Task Force early on in the crisis. Given the uncertainties surrounding the behavior of a novel influenza virus like H1N1 that spreads so rapidly, “boilerplate” messages are of limited use and should be discouraged --

although some messages (e.g., about hand-washing) are likely to have a longer shelf-life than others.

IOM reported on its efforts to provide information about pandemic (H1N1) 2009 to migrants in Central America, especially at border crossings. The task is complicated by the fact that migrants often lack access to hygiene supplies and sanitary facilities. Their often irregular status makes access to health clinics problematic, despite the fact that they are entitled to care. Governments tend to discourage information campaigns out of fear that they create demand that cannot be satisfied.

USAID's Latin America and Caribbean Bureau argued for an "all-disasters" approach to the pandemic that takes advantage of existing programs instead of operating in isolation. At the same time, development programs must take into account the specificity of influenza - for example, it cannot be "business as usual" at public feeding centers when the virus is spreading.

Afternoon session

Updating of Inter-Agency Communication Framework

Task Force members reviewed and updated the 2006 Inter-Agency Communication Framework for Avian/Human Pandemic Influenza in the Americas, to better respond to the new situation caused by pandemic (H1N1) 2009 (Annex III). The introduction was almost completely re-drafted to reflect the latest developments, but participants felt that the rest of the document withstood the test of time and left most of it intact. The six **core strategies** agreed by the Task Force were very slightly revised and now read as follows:

- 1) ***Outbreak communication & risk communication*** to rapidly share information and build trust
- 2) ***Advocacy*** to raise resources and political/social/business leadership commitment, targeting decision and policy makers
- 3) ***Proactive media relations and training*** to promote responsible, accurate and useful information flow through international, regional and local media
- 4) ***Social mobilization*** to ensure wider participation, dialogue and ownership though building public-private coalitions/partnerships that facilitate community action

- 5) ***Behavior change communication*** to bring about changes in knowledge, attitudes and practices by consulting and empowering communities and specific groups through the use of research, monitoring and evaluation, training, interpersonal communication, social advertising and “edutainment” programs, among others.
- 6) ***Media and spokesperson training for government officials.***

Six over-arching **areas of inter-agency collaboration** were also minimally modified, as follows:

- 1) *Research, Knowledge Management & Information Sharing*
- 2) *Strengthen social mobilization and community participation*
- 3) *Work with the Media to facilitate balanced, informed and timely coverage*
- 4) *Strengthen the Communication Components of National Plans*
- 5) *Work with Existing Partners and Build New Alliances, including civil society and the private sector*
- 6) *Develop an Inter-Agency Communication Toolkit.*

Task Force **membership** was agreed as follows: ECLAC, FAO, IDB, IICA, IOM, OCHA, OIE, OIRSA, PAHO, RUTA, UNDP, UNFPA, UNIC, UNICEF, WFP, and World Bank.

The Task Force will liaise closely with the Regional UN Communications Group and the UNCG Task Force on Avian & Human Influenza. Other relevant agencies and partners are encouraged to join.

It was agreed that **PAHO will serve as Task Force coordinator for the next year.** Agencies will fill in the matrix of the Framework (Annex IV), identifying their designated communication focal points and summarizing the communication role they are playing in the regional pandemic response.

Communication lessons learned

Participants then reflected on the communication lessons learned since the influenza outbreak in April, against the backdrop of avian flu preparedness efforts of recent years. Lessons learned include:

- Dissemination of information primarily affects knowledge but impacts behaviors only to a lesser degree
- Risk communications have been handled well (timely, transparent, accurate) and made a big difference
- The feasibility of acting on recommended behaviors and social measures is often problematic -- obstacles to compliance should be taken into consideration in framing messages and strategies
- The work on avian flu, including partnerships and collaboration on the ground, paved the way for a better response
- UNCTs should have designated spokespersons and made them available to the media
- UN should work to reduce stigmatization and apportioning blame amidst crises
- There were contradictions and gaps in messaging about prevention/treatment measures (when to seek medical attention, use of masks, closing of schools, etc.)
- Free flow of information minimizes alarm
- The political/partisan dimension of the pandemic should be taken into consideration, especially during electoral periods

Task Force next steps

Participants agreed on several general and a few specific actions for follow-up:

- Identify potential partners and alliances at regional and country level for information sharing and communications, including social mobilization.
- Prepare for possible inequities in access to vaccines and medication.
- Task Force members will complete Annex 1 of Framework by 29 July
- Delegate representatives of the regional task force to the global UNCG Task Force on A/H1 (pending approval by DPI).

- Send all communications materials, including links, guidelines and strategies, for uploading into: www.redhum.org, www.paho.org/riskcomm , www.influenzaresources.org
- Develop a publication (format to be defined) to position the work of the Task Force (PDF, website and print). PAHO and UNIC-Mexico will coordinate.
- Engage with Regional Directors on the issue of availability of spokespersons at the country level.
- PAHO will continue to coordinate the Task Force for one more year and contact all members for follow-up.

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Annex I - List of participants

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Annex II - 5th Inter-Agency Task Force meeting agenda

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**Annex III - Inter-Agency Communication Framework for Pandemic Influenza
in the Americas (updated)**

Annex IV -- Role and Responsibilities of Agencies (to be updated by agencies)