Introducción a la Comunicación de Riesgo y Participación Comunitaria para la preparación ante brotes de influenza y otros virus respiratorios

Dra Ljubica Latinovic

Oficial técnica para la traducción de conocimiento científico

Unidad de Prevención y preparación a pandemias y epidemias, Programa de Emergencias en Salud, OMS.
Health emergency preparedness, response, and resilience (HEPR) architecture

Emergencies begin and end in communities – there are key interdependencies with all subsystems across the risk management pathway and the emergency management cycle.
RCCE systems and resources are operational across all sectors, including community led readiness and response interventions.

Risk communication activities are implemented through a whole-of-government approach, with involvement of partners, media and influencers.

Mechanisms for systematic community engagement including guidelines/SOPs have been developed, includes community participation.
What does RCCE system mean?

• It is a structure that permits organizations have RCCE capacities in place in all stages of any health emergency

• The system should have the following characteristic:
  ▶ Nationally –led
  ▶ Community – centered
  ▶ Collaborative and inclusive
  ▶ Integrated in overall preparedness and response system
  ▶ Data – driven
  ▶ Accountable
Community protection system/ RCCE

- RCCE mechanisms and processes (National Strategy, SOPs, specific plans, procedures, etc.)
- Dedicated human resources for RCCE on national and subnational level
- Multistakeholders coordination mechanisms
- Multisource social listening for infodemic management and behavioral insights feedback structure
- Public communication (target audience, messaging needs, appropriate channels)
- Community engagement for building of resilient communities
- Crisis communication protocols and structure
- Science and knowledge translation in health emergencies
- Monitoring, evaluation and learning
Who needs to be involved?

Policy makers (senior level managers and decision makers)

Technical experts (surveillance, clinical management, laboratory, mental health, PoE, etc.)

RCCE team multiskilled team (communicators, science translators, social media experts, content developers, social scientists, etc.)
Process for building of the system

**Strategic Planning**

**SITUATION ANALYSIS:**
1. What institutional structures are in place?
2. What capacities are in place?
3. What are the unmet / inadequately met needs for RCCE?

**RCCE PREPAREDNESS:**
1. What institutional structures are there?
2. What capacities are in place?
3. What RCCE interventions and activities can be delivered?

- Institutional structures for RCCE, with strengthening work on the local level
- RCCE capacity building
- Plans for specific health threats e.g. pandemic influenza
- Resources to support RCCE structures / capacities

After-action Review / Exercise results / Evaluation

Real Emergency or Simulation Exercise
Lessons identified for community protection

- Credible reputation and a trusted relationship is needed to get community attention
- Timing is key
- Science is a process, it changes, it evolves, and guidance need to be updated.
- Uncertainty is expected yet difficult to explain
- Trust is essential. It is hard won, easily lost.
- RC, CE, IM, BI, ST are critical to assess, listen, understand, explain, inform, empower, engage...
- Clear, consistent, transparent, tailored, honest, meaningful, actionable ...

RC - Risk communication
CE – Community engagement
IM – Infodemic management
BI – Behavioral insights
ST – Science translation
Key takeaways

• Risk communication & community engagement (RCCE) is a technical area that has crucial role in preparedness and response for public health emergencies

• To build strong and effective Community protection/RCCE systems, it is important to invest in multidisciplinary team and structures
Thank you