Summary of Proceedings

Regional Workshop on Strengthening Risk Communications for Health Emergencies in the Greater Mekong Subregion

12-13 September, 2019 in Xieng Kouang, Lao PDR

Organized by:
Department of Communicable Disease Control (DCDC)
Ministry of Health, Lao PDR

Abbreviations

ADB	Asian Development Bank
APSED	Asia Pacific Strategy for Emerging Diseases
CDC	Communicable Disease Control
DCDC	Department of Communicable Disease Control
DPC	Department of Planning and Cooperation
EID	Emerging Infectious Diseases
GMS	Greater Mekong Subregion
IHR	International Health Regulations
JEE	Joint External Evaluation
MOH	Ministry of Health
NCLE	National Centre for Laboratory and Epidemiology
RC	Risk Communications
SOP	Standard Operating Procedure
WHO	World Health Organization
WPRO	Regional Office for the Western Pacific

This Summary of Proceedings Reflects the Discussions and Recommendations of the Regional Workshop on Risk Communications, held on 12-13 September 2019

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Executive Summary

Day 1

1. Opening Session:

Welcome message (Provincial Health Office, Xieng Kouang Province), Introduction and Objectives (DCDC MOH Lao PDR) and Health Security and Risk Communications (DPC MOH Lao PDR)

Delegates from five GMS Countries (below) provided opening remarks after which the Vice Governor of Xieng Khouang Province officially opened the Regional Workshop followed by group photos and coffee break.

- Cambodia
    - *Dr. Teng Srey Director CDC, MOH, Cambodia*
- China
    - *Dr. Fan Ding, CCCDP, China*
- Myanmar
    - *Dr. Khin Khin Gyi, Deputy Director (CEU) Dept Public Health, Myanmar*
- Thailand
    - *Dr. Pahurat Taisuwan, DDC Ministry of Public Health, Thailand*
- Vietnam
    - *Dr. Nguyen Thi Bich, Division Communicable Diseases, General Dept. of Preventive Medicine, MOH, Vietnam*

Country presentations – standard contents:

- Structure and organization of Risk Communications (RC)
- Briefly list the main JEE findings for the country for Risk Communications
- Barriers/gaps in current country Risk Communications process (Structural/organizational; Cultural; Resources/Capacity)
- Lessons and experiences from previous outbreaks/public health emergencies
- Practical ways to improve Risk Communications

No. of Participants:

Lao PDR	66
Cambodia	4
Vietnam	3
Thailand	2
Myanmar	6
China	2
WHO/WPRO	2
NGOs/agencies	3
Total	**88**

2. Presentations:

Session 2: The Context of Risk Communications

Dr. Kyi Thar, Public Health Specialist, ADB (presentation 1) provided four rationales for strengthening Risk Communications [in the GMS]; ADB values and Strategies on Risk Communications (inform, involve, and engage); ADB support framework (possible ADB support for countries) to strengthen Risk Communications (policy, system, logistics, community, capacity); and ways forward [regional collaboration to strengthen RC]

Lauren O'Connor, WRPO, (presentation 2) presented an overview of Health Emergencies with devastating consequences; WRPO emphasized that RC is part of any emergency response, and can help to mitigate effects. RC is a requirement under IHR (APSED III Chapter 6) on which guidance was further explained particularly building linkage between Risk Assessments and Risk Communications.

Ben Duncan, WHO Lao PDR, (presentation 3) explained the rules of communication: be **strategic** (SOCO, what is the single key overarching message), be **fast** (to protect people and counteract rumors, misperceptions or panic), be **specialized** (response team and health communication department need to collaborate to avoid unintended negative consequences).

Session 3: Overview of current Risk Communications situation in GMS countries

Delegates from Cambodia, China, and Lao PDR presented their current situations: background, structures, RC Plans and SOPs established, gaps/barriers in current systems (JEE assessments), lessons learnt and improvements being done. (Presentations 4, 5 and 6)

Delegates from Myanmar, Thailand, and Vietnam presented their current situations according to the same format. (Presentations 7, 8 and 9)

Session 4: Communication Risk in Health Emergencies: Case studies

Dr. Bouaphanh Khamphaphongphan, NCLE Lao PDR
Presented a summary of response activities, 2015-2018 following a cVDPV (Polio) outbreak in 2015/2016 (Implemented activities; IEC materials, Support needed, key messages, cchallenges during the response to cVDPV; and lessons learnt (Presentation 10)

Dr. Viengsavanh Kitthiphong, DCDC MOH Lao PDR
Presented an overview of the Dengue Outbreaks in Lao PDR and the role of EOC, Community mobilization and Lessons learnt (Presentation 11)

Dr. Fan Deng from the CCCDP China
Presented the trends in media coverage of the H7N9 outbreak in 2013 and CDC's communication strategy (Actions with Focus on Trends; Study of Perceptions and Conclusions). (Presentation 12)

Session 5: Strengthening Risk Communications Capacity in the Region

After lunch, *Lauren O'Connor,* WRPO, presented the "Synergies between Risk Assessments and Risk Communications". WPRO highlighted to continue strengthening and testing operational links between risk assessment and risk communication through real events and simulation exercises and formal/informal listening methods. Lauren provided the audience with three scenarios that need a specific risk communication response. (Presentation 13)

Dr. Pahurat Taisuwan from the Bureau of Risk Communication and Health Behavior Development under the Thai Department of Disease Control, presented the institutionalization of risk communication capacity and the PH-RCS-S (Event-based risk communication) concepts: policy making and plan establishment, human resources, staffing and training, risk communication system, and sustaining effective risk communication. (Presentation 14)

Vanly Lorkhuangming Communication Specialist from the WHO, Lao PDR Office, presented the key focus areas on risk communication (APSED III): 1) RC as core element of preparedness, prevention, response, and recovery; 2) operational links with other core elements such as risk assessment; 3) mechanisms to listen to and engage with communities; 4) use of new communication media, including social media and 5) monitoring and evaluation. (Presentation 15)

Day Two: Recap of Day 1

Dr. Viengsavanh Kitthiphong, DCDC MOH, Lao PDR presented a summary of day 1 notes: key concepts of risk communication, rules of communication (common), themes in country presentations (common), themes from case studies, strengthening RC capacity to improve risk communication, and summary of points of discussion points.

Workgroups

Group 1: Barriers/Challenges in Risk Communications

Group 2: Use of Social Media for Two-way Communication

Group 3: Communication and Coordination Across Government

Group 4: Strengthening the links between Risk Assessment and Risk Communication

5. Conclusions:

This was the first meeting at the regional level that brought together risk communication specialists from the GMS countries. RC is used by countries to inform decision-making, encouraging positive behavior change, and maintaining public trust. Countries agreed that engagement with community (with videos, short drama, radio) and use feedback from the front-line staff is important, to understand the local perceptions as basis for effective communication of risk to the population. Involvement of the media (including social media) in RC, in the right way is crucial to ensure social stability, enhance public trust and confidence and minimize irrational fear or panic.

The regional meeting can motivate each individual country to see the potential benefits of strong risk communication as a core element of of preparedness, prevention, response and recovery under the International Health Regulations. Lessons learnt during preparedness, response stage, making announcements and recovery stages, are used to make improvements and mitigate gaps and barriers. Participants learned about strategies to enhance structural and coordination mechanisms for risk communications.

The meeting Identified relevant best practice and experiences in risk communications from GMS countries. Information on principles of RC provided by WPRO and WHO, lessons learned from countries in addressing gaps and barriers, and building RC capacity, particularly Thailand and China are very useful for the delegates.

The workshop generated ideas for the strengthening of RC capacity within the IHR, JEE framework, for each GMS country for which ADB stands ready to support.

6. Recommendations:

- Examine DP support for RC in (1) policy making (coordination meetings) (2) systems (plans and SOPs), (3) communities (campaigns, IEC materials) and (4) logistics (tools, materials, and promote use of IT solutions)
- Staffing and training are required at all levels of health officers to communicate risks about diseases and hazards to the public effectively – need to increase media and PR training
- Continue to update and develop training materials for risk communication, conduct RC training and simulation exercises, and BCC training for communities in all GMS countries
- Examine potential for RC training in Thailand and China
- Engaging the provincial and district levels - recognize and strengthen the capacity at the sub-national level – need to further promote capacity
- Sharing of good practices is important, pooling of resources by DPs to provide one regional training program/capacity building for strengthening RC. GMS countries to share knowledge and practices on RC as well as experiences and lessons learned
- Continue to strengthen and test operational links between risk assessment and risk communication through real events and simulation exercises – WHO can be technical support for JSEs on RC
- RC should be at the heart of all preparedness, risk assessment, and emergency planning
- Need to engage all stakeholders, agencies, and partners – needs high level support to bring in all relevant agencies
- Need to fully engage the community - media resources
- Strengthen use of social media in RC
- Need to develop specific SOPs for RC covering a range of potential emergencies, public health threats (as simulations) as well as on-going community engagement
- Establish GMS Working Group for Risk Communication to strengthen national and regional collaboration (2 members, one is member of NSC for RC)
- Integrate RC training curriculum in the existing field epidemiology training (FETP)

Regional Workshop

Strengthening Risk Communications for Health Emergencies in the GMS

12-13 September, 2019, Phonsavan, Xieng Khouang Province, Lao PDR

1. Objectives

The Asia Pacific Strategy for Emerging Diseases (APSED) is the common strategic framework for WHO member states of the Asia-Pacific Region to strengthen regional and core capacities to effectively detect, prepare for and respond to threats posed by emerging infectious diseases (EIDs) and public health emergencies. APSED was first launched in 2005 and reviewed in 2010 and subsequently. Focus areas were expanded from 5 to 8 (surveillance, risk assessment, and response; laboratories; zoonosis; infection prevention and control; risk communication; public health emergency preparedness; regional preparedness, alert and response; and monitoring and evaluation). APSED relies on a systems approach to build capacity and preparedness.

APSED is still highly relevant as the region is still vulnerable to EIDs and public health emergencies and the focus areas are still appropriate after years of implementing the strategy.

Although overall in the GMS, there has been improvement in APSED implementation, progress in specific focus areas and in individual countries varies significantly.

One area with variable demonstrated progress is **Risk Communications (RC).**

Risk communications for public health emergencies encompass a broad range of communication capacities required during the preparedness, response and recovery phases of a serious public health event. Risk communication activities are particularly important in supporting the management of any acute public health event, especially at an early stage when decisive action has to be taken in the context of uncertainty. Effective risk communications also make a fundamental contribution to the management of emerging diseases and other public health threats by informing decision-making, encouraging positive behaviour change and maintaining public trust.

Risk communications includes three interlinked components, health emergency communications; operation communications; and behaviour change communications and these in turn have underlying sub-components.

Reviews of Risk Communications [1] have identified key issues and problem areas in implementing effective risk communications including: lack of clear understanding of the components; variable approaches to RC with often a non-centralised focus, and short term horizons, only aimed at dealing with the immediate emergency or outbreak; lack of appreciation of RC as a cross cutting issue with close links to surveillance and risk assessment; and the need to include non-outbreak events (such as natural disasters, food contamination, bio-terrorism etc.) as health threats and this requires cross jurisdiction coordination with other departments within governments.

The regional workshop is an opportunity to review the status of risk communications in GMS countries according to JEE recommendations and to identify key issues in maintaining and strengthening RC capacities and formulation of functional RC plans to deal with both health emergencies and day-to-day routine health communication.

General Objective of the Regional Workshop:

[1] APSED Technical Papers. WHO. 2010.

To assess implementation aspects of the *APSED III Risk Communications* focus area for GMS countries to enable improved national and regional communication structures and organisation to respond to health threats.

Specific Objectives:

- To review progress and identify requirements to improve risk communications planning and system integration in each GMS country according to JEE recommendations to effectively implement APSED III
- To assess optimal approaches to maintaining and strengthening Risk Communications capabilities and institutional capacity
- To exchange country experiences in formulating risk communications strategies, coordination mechanisms and risk communication tools
- To identify key risk communications concepts, frameworks and infrastructure requirements that can enhance existing RC structures and processes each GMS country.
- To develop a monitoring and evaluation framework for the existing risk Communication mechanism and planning according to JEE recommendation.

Expected outcomes:

- Agreement and understanding of key risk communications concepts and a framework to ensure common best practices in risk communications
- Agreement on strategies to enhance structural and coordination mechanisms for Risk Communications
- Identification of relevant best practice and experiences in risk communications from GMS countries
- Agreement and understanding of necessary longer term and more strategic approaches and M&E framework and key indicators for risk communications in GMS countries

The concept note, workshop program and list of participants (from Cambodia, Lao, China, Vietnam, Myanmar, Thailand and NGOs and agencies) are attached as Appendices 1, 2 and 3.

Day 1:

2 Summary of opening addresses

DCDC Director General, Dr. Rattanaxay Phetsouvanh

Dr. Rattanaxay welcomed all participants to this regional workshop. He reminded the participants that Risk Communications (RC) is one of the eight APSED focus areas. GMS countries are at various stages of progress in implementing APSED and IHR. The various JEEs highlighted areas of relative weakness and RC is one area that could be significantly improved.

Dr. Rattanaxay continued to provide context to the relevance of RC to public health emergencies. RC involves a broad range of communication capacities required during the preparedness, response, and recovery phases of a serious public health event. Risk communication is critical in helping to manage and control acute public health events, especially at an early stage when decisive action has to be taken even before we know the full extent of the particular emergency. Effective risk communications strengthen decision-making,

encourage positive behaviour change in affected communities and help to build and maintain public trust. This is why risk communication is so important. Often there is a catch up involved when emergencies have happened already in the community. This can be inevitable but it is not an ideal situation. Ongoing communication about health issues in the community and the risks involved will help to build up knowledge about disease transmission and preventing outbreaks through positive behaviour change. RC should be closely linked to risk assessment, surveillance and preparedness, and needs to be seen as part of a continuum of surveying the health environment, readiness and concrete planning for unforeseen events such as natural disasters and expected events such as seasonal epidemics. RC should also be an ongoing element with clear links with other agencies and departments within governments.

This regional workshop is an opportunity to review the status of RC in the GMS countries and to identify key issues in maintaining and strengthening RC capacities, and in developing effective RC plans to deal with both health emergencies and day-to-day routine health communication.

DPC Deputy Director General, Dr. Founkham Rattanavong

Dr. Founkham emphasized the achievements of the ADB supported communicable diseases control projects, and noted that the current Health Security project is continuing to strengthen surveillance and response systems and capacity to detect, diagnose and respond to outbreaks and emergencies. The importance of RC was emphasized as a means to respond to threats and to inform the community and advocate for appropriate responses and behavior change. The RC workshop was the first event covering the topic in the GMS and was an opportunity to take stack of the current situation in countries and to learn from experiences.

3. Country Opening remarks

Each country took a few minutes to express the interest in and the importance of RC to their countries and extended their appreciation to DCDC, MOH Lao PDR for organizing the Regional Workshop. The presenters were the following:

Dr. Teng Srey Director CDC MOH, Cambodia
Dr. Fan Ding, CCCDP, China
Dr. Khin Khin Gyi, Dep Director (CEU) Dept Public Health, Myanmar
Dr. Pahurat Taisuwan DDC, Ministry of Public Health, Thailand
Dr. Nguyen Thi Bich, Division Communicable Diseases, Gen Dept. of Preventive Medicine, MOH, Vietnam

4. Official Opening

Vice Governor of Xieng Khouang province, Mr. Bounton Chanthaphone
The Vice Governor expressed gratitude for selecting Xieng Khouang province as the host of the workshop and listed the achievements of the provincial health system. The province had a central role in Lao history and had recently gained World Heritage status for the Plain of Jars archeological sites.

The Vice Governor wished the proceedings well and officially opened the workshop.

5. Summary of sessions

Session 2: The Context of Risk Communications

Presentations 1, 2, 3 ADB, WPRO/WHO [2]

[2] All 15 workshop presentations are included in Appendix 4.

- RC is an integral part of an **emergency response** and a core IHR element of preparedness, prevention, response and recovery
- RC is the real-time **exchange** of information, advice and opinions between experts, community leaders, or officials and the people who are at risk;
- RC allows people most at risk to understand and **adopt protective behaviours**;
- RC allows authorities and experts to **listen** to and address people's concerns and needs so that the advice they provide is **relevant, trusted and acceptable**.

Rules of communication *(WHO Lao PDR)*: be ***strategic*** (SOCO, what is the single key overarching message), be ***fast*** (to protect people and counteract rumors, misperceptions or panic), be ***specialized***

Session 3: Overview of current Risk Communications situation in GMS countries

Presentations 4, 5, 6 Cambodia, China, Lao PDR Presentation 7, 8, 9 Myanmar, Thailand, and Vietnam

- RC Plans are driven by actual events i.e. outbreaks/public health emergencies (SARS, Ebola, Flu, Dengue)
- RC is used to inform decision-making, encouraging positive behaviour change and maintaining public trust
- Engagement with community (with videos, short drama, radio) and use feedback from the front-line staff is important, to understand the local perceptions.
- Involvement of the media (including social media) in RC, in the right way is crucial
- Ensure social stability by enhancing public trust and confidence and minimizing irrational fear or panic. Early dismissal or rumors is important
- JEE mission reports effectively used to prioritize actions; example 'rumour management'
- Lessons learnt during preparedness, response stage, making announcements and recovery stages, are used to make improvements and mitigate gaps and barriers

Session 4: Communication Risk in Health Emergencies, Case studies

Presentations 10 (NCLE),11 (DCDC), 12 (China CDC)

- Polio outbreak in 3 Lao provinces: highlighted the importance of developing key IEC messages, training material, implement campaigns and organizing follow up (OBRA) visits.
- Dengue Outbreaks in Lao PDR: emphasized the role of (national/provincial/district) EOC, community mobilization and use of lessons learnt
- H7N9 outbreak in China:
- Analyze the trends in public perception, study the perceptions (surveys) and draw conclusions for the Risk Communication Strategy;
- Invest in preparedness to respond to emerging and existing disease threats by strengthening the relevant infrastructures, surveillance systems and response capacity.

Session 5: Strengthening Risk Communications Capacity in the Region

Presentations 13, 14, 15

- Support (1) policy making (coordination meetings) (2) systems (plans and SOPs), (3) communities (campaigns, IEC materials) and (4) logistics (tools, materials, and promote use of IT solutions) (ADB)
- Staffing and training are required at all levels of health officers to communicate risks about diseases and hazards to the public effectively (Thailand)
- Develop training materials for risk communication, conduct RC training and simulation exercises and BCC training for communities (ADB)

- Engaging the provincial and district levels - recognize the capacity at the sub-national level (Lao NCLE)
- Sharing of good practices is important, pooling of resources by DPs to provide one regional training program/capacity building for strengthening RC (ADB)
- Continue to strengthen and test operational links between risk assessment and risk communication through real events and simulation exercises (WPRO)

Panel Discussion:

Main topics included how to respond to rumor management and the need to be reactive when information was forthcoming. The appropriate response needed to be determined by personnel skilled in RC.

Thailand gave insights into how an RC structure was developed over time. This required investments in training, resources, and media interactions. The results were iterative with RC capacity being built up over time. Support from senior levels was crucial for an effective RC capability.

Panel members highlighted how positive experiences from countries with developed RC capacity (in particular, China and Thailand) could influence operations and RC processes in the GMS.

Open Session

Various issues were raised by delegates including: potential for formal RC training and the need to engage skilled media personnel to deal with the different communities, as well as health professionals; tailoring of effective messages to the different and diverse communities represented in the GMS; need to regularly update materials and messages on RC to keep abreast of potential emergencies and situations.

Day 2

6. Group work

Specific group tasks and objectives were developed for each workgroup (attached in Other Annexes). Groups worked on tasks and were guided by facilitators (ABD, WHO/WPRO) and organisers (DCDC).

Presentations: Group work[3]

Findings included:

- Group 1: Barriers/Challenges in Risk Communications

(Delegates from Lao, Cambodia, Myanmar and China)

Group 1 listed current barriers to strengthen public health Risk Communication and what is needed to remove these barriers. On a regional basis, the group proposed the following to strengthen capacity:

- Regional planning workshop for RC
- Regional Training on RC
- Stimulation Exercise
- Annual Meeting for POE sharing Experience
- Study tours

[3] Groupwork presentations attached as Appendix 5

The group concluded that remaining barriers affect; timeliness of information, training and exercises for professional person, connecting to media and self-asessments of RC. Further attention is needed in:

- Attention of the Authorities and Stakeholder
- Investment on System building
- Cooperation on relevant areas

Needs were expressed as:

A more sensitive disease monitoring system
Developing long term training and exercise plan
Conducting self-assessments for RC to find weakness specifically
Reinforcing collaboration access department or agencies as well as countries
Establishing a 'good' platform for information sharing and corporation with media

- Group 2: Use of Social Media for Two-way communication

Group 2 deliberated over a number of questions and presented the following answers:

Why is it important to use social media for two-ways communication (i.e. both listen to the public and disseminate massages)?

- Easy fast
- More understanding (each other)
- Enhancing collaboration both authorities and audiences
- Reach out to the wider audiences
- Trust building
- Can lead their behavior change

If all challenges (e.g. lack of staffing, budget of political support) disappeared, how would you ideally use social media for two-ways communication?

- WhatsApp for official internal communication
- FB, and website for communication to the public

Setting the vision:

"Most effective communication to ensure that saved outbreak situation including in social media"

What would the system look like?

- Would you need any new policies to be approved at the highest level?
  1. Ensure that the signal can cover all areas of Lao
  2. Policy to control rumor/fake news
  3. Committee for information clearance (MOU/ Agreement)
- Would you need any new standard operating procedure?
  - National strategic plan/ Guideline/ SOPs for above 3
- Would you need any additional staff or budget?
  - Teamwork for SOPs
  - Mega radio/ loud speaker
  - FB booster
  - IT expert/ RC expert/ social media expert

What could you do now to move closer to achieving that vision?

- Core group (small group/ expertise)
- Develop work plan/ budget

What would you plan to do a year or two from now?

- Update all type committees at all level
- Meeting / conference to update situation
- Resources assessment
- KAP survey for recognize staff/public awareness and perception
- Review and develop SOPs/ Guideline
- Training and Simulation Exercise/ follow up

Whose support would you need to be able to do that and how could you gain their support?

- Help partners' government support
- Help partners, international organizations support (WHO, ADB….)
- Clear proposal to submit
- Convince policy makers/help partners for budget

Can you think of any innovative solutions that would help you to make progress even without additional staff or resources?

- Use existing staff (what's app. FB)
- Regularly update
- Use/share FB and re-share
- Free e-learning

Comments: (Champasack): use of Apps/social media is good and quick, but in flooding, or quake emergencies remote places without access to web apps, they cannot go out or charge their phone. How can we help these people? Staff cannot come for EOC because have to care for family. Any ideas? Thailand: speakers, hard copy information, person to person contact, regional action plan, support each other and share. Dr Rattanaxay: RC needs an intersectoral Health approach, health cannot do it alone.

- Group 3: Communication and Coordination Across Government

Group 3 presented the outcome of discussions guided by questions, as follows:

Why is communication and coordination across Government important?

- Risk communication is not responsible only for Ministry of Health and other sectors should be involved.
- MOH can collect information from other sectors about all hazards.
- Community should also be involved.
- Information sharing to community should be timely and incredible.

New policies, new SOP and additional staff or budget [for RC] need to be approved at the highest level?

- It is necessary to develop new policies on RC which should be approved by highest level
- Need to develop new standard operating procedures
- Need both additional staff and budget for RC

Setting the Vision:

"Effective communication is in place to respond effectively"

How to achieve that vision?

- Advocacy for political commitment
- Maintain and strengthen Coordination mechanism
  - Conduct advocacy or coordination meeting regularly with other ministries,
  - Sometimes conduct simulation exercise and face-to-face meeting
  - Share lesson learnt from previous public health emergencies
  - Sharing information within ministries and other sectors
  - Strengthen capacity building on RC for focal persons in respective sectors
- To set up coordination and collaboration mechanisms at national level:
  (1) Develop steering committee to coordinate within ministry and other sectors, MOH is the focal point in the committee
  (2) Conduct technical meetings
  (3) Set up mechanisms
  (4) And we need to know who is the focal person in each respective sectors
  (5) Regularly share information in the peace time; test exercise and simulation exercise should be done
  (6) Mass media is also important for coordination and collaboration.

What support is needed and how to gain it?

- Political commitment and government budget
- International partners
- Community engagement

Can you think of any innovative solutions that would help you to make progress even without additional staff or resources?

- Involve stakeholders to support RC
- Develop website forum

Comments: group highlighted that simulation exercise is important to strengthen SOP/Action Plan

Comment from Cambodia; can training improve collaboration? WHO: annual simulations in different formats/scale and training facilitate collaboration with other ministries. Having people together in a room to discuss scenarios doesn't need big budgets. Simulation helps in communities' awareness of risks (e.g. ATP flooding was not perceived to be happening)
Comment Cambodia: simulation is part of preparedness, conduct of risk assessment, networking, and being/remaining alert.

- Group 4: Strengthening the links between risk assessment and risk communication (Delegates from China, Cambodia, Lao PDR, Myanmar and Vietnam)

Why is it important to strengthen the links between risk Assessment and risk communication?

- High quality of RA
- Does RC based on the result of RA then can lead to prepare/deliver the key messages to specific target audience.
- On time information gathering
- The composition of the RA team should include RC member
- Involve every part/ other sector in doing RA (Joint RA)

- Share information to other groups
- RC person should know clearly on characteristic of diseases

Setting the vision: if all challenges (e.g. lack of staffing, budget or political support) disappeared, how would you ideally integrate RC and RA?

- Review and standardize every protocol/guideline to integrate RC into the there
- Each group should have the professional skill or knowledge on RC
- Establish training team
- Training SOP or guideline on RC to wide rank at national or sub-national and other sectors.
- Provide RC training to epidemiologist to have the knowledge or skill for temporary delivery of the key messages to target audiences.
- At EOC center should have RC and RA along together
- For the national level, should have RC professional joint outbreak response in the field.

What would the system look like?

- Would you need any new policies to be approved at the highest level?
    - No need
- Would you need any new standard operation procedures?
    - Yes. Need
- Would you need any additional staff or budget?
    - Yes. Need

What could you do now to move closer to achieving that vision?

- Harmonization between RC and RA into practice in timely manner
    - Have plan
    - Conduct training
    - On the job Training / training by doing/practice
    - Mobilize/raising resources (human, budget, logistic)

What would you plan to do in a year or two from now?

- Review the existing plan
- Prepare material/ case study on RC
- Regional training on RC
- TOT on RC
- Regional conference on RC
- Regional workshop on RC
- Training to National/ provincial level
- Workshop on RC National/ provincial level
- FETP plus (RC)
- Advocate political leader/donors/partners/private sector for commitment for all resources (financial, human)

Whose support would you need to be able to do that and how could you gain their support?

- ADB
- WHO
- China one belt one road
- Thailand (technical/training curriculum)
- Based on plan, project proposal

Can you think of any innovative solutions that would help you to make progress even without addition staff or resources?

- Mobilize staff/money support
- Integrate training or workshop
- Use government subsidize/ use existing
- Commitment
- Minimize plan/project

Comments - Cambodia: what about SOP? Policy making is done, includes SOP but of course SOPs get continuously improved. And policy to re-inforce periodically.

Overall ADB feedback **(**Dr Kyi Thar)**:** Evidence (research) for policy needs to be included in countries will be useful to engage DPs/funding

7. Conclusions:

Summary note: Dr Rattanaxay DCDC

Highly appreciated presence of delegates and we all consider RC very important, but it has been neglected. Need to raise awareness to our policy makers and communities
Lessons learnt is evidence that we (Governments), have to address the issue of RC
RC must be applied properly to communicate; it is more than Health Education only.
People need to be part of Risk Assessment.

Workshop listened to best practices during the 2 days, and learned a lot from China, Thailand, Myanmar, Vietnam and from WHO experts. Those who implement in the front line are the most important, and for them, steps need to be clearly based on what other countries have done/tested already, learning from each other.

People want to improve their capacity and are hungry for knowledge. Use also the private sector, actors in TV soaps and civil society. Social media is not universal, but at least it keeps up the information flow.

"RC is important, once again thank you all for participating in this important workshop".

8. Country/presenter round ups:

- WPRO: The importance of engaging communities in RC was emphasized, to understand the local perceptions.
- ADB: Sharing of good practices is important, pooling of resources by DPs to provide one regional training program/capacity building for strengthening RC.
- DCDC: RC should be prepared ahead not to be surprised by emergencies that follow seasonal patterns, need to engage with parties outside the health sector, communications via TV etc. We should not be running after the 'elephant' in the villages.
- Cambodia confirmed the potential of Telegram (and other social media apps), on a question on use of this or similar web based apps to communicate risks.
- Dr Kyi Thar requested China and Thailand to share materials, knowledge and practices to incorporate in future RC trainings for GMS.
- Thailand emphasized that you have to love RC like your fiancée, to do well and to be compelling to the policy makers. You have to pay attention 24/7/365 and concentrate hard on the information and messages sent out.
- Thailand will send information on RC training curriculum to ADB and WHO.

10. Improvements and recommendations for Risk Communications structures and processes in the GMS

- Examine DP support for RC in (1) policy making (coordination meetings) (2) systems (plans and SOPs), (3) communities (campaigns, IEC materials) and (4) logistics (tools, materials, and promote use of IT solutions)
- Staffing and training are required at all levels of health officers to communicate risks about diseases and hazards to the public effectively – need to increase media and PR training
- Continue to update and develop training materials for risk communication, conduct RC training and simulation exercises and BCC training for communities – all GMS countries
- Examine potential for RC training in Thailand and China
- Engaging the provincial and district levels - recognize and strengthen the capacity at the sub-national level – need to further promote capacity
- Sharing of good practices is important, pooling of resources by DPs to provide one regional training program/capacity building for strengthening RC. GMS countries to share knowledge and practices on RC as well as experiences and lessons learned
- Continue to strengthen and test operational links between risk assessment and risk communication through real events and simulation exercises – WHO can be technical support for JSEs on RC
- RC should be at the heart of all preparedness, risk assessment, and emergency planning
- Need to engage all stakeholders, agencies and partners – needs high level support to bring in all relevant agencies
- Need to fully engage the community - media resources
- Strengthen use of social media in RC
- Need to develop specific SOPs for RC covering a range of potential emergencies, public health threats (as simulations) as well as on-going community engagement
- Establish GMS working group for Risk Communication to strengthen national and regional collaboration (2 members, one a member of NSC for RC)
- Integrate RC training curriculum in the existing field epidemiology training (FETP)