Federal Ministry of HEALTH & SOCIAL WELFARE
Federal Republic of Nigeria

NCDC
NIGERIA CENTRE FOR DISEASE CONTROL AND PREVENTION

FMAFS
FEDERAL MINISTRY OF AGRICULTURE AND FOOD SECURITY

FEDERAL MINISTRY OF ENVIRONMENT

FACILITATOR'S TRAINING MANUAL

One Health Risk Communication & Community Engagement Training for Public Health and Media Practitioners

April 2023

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Breakthrough ACTION
FOR SOCIAL & BEHAVIOR CHANGE

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A team of Breakthrough ACTION staff, independent consultants, government partners (largely One Health ministries, departments, and agencies in Nigeria), implementing partners, and other organisations (e.g. AfricaCheck) collaboratively adapted this training resource, which was originally developed by the Johns Hopkins Center for Communication Programs.

The package is adapted to Nigeria's context based on the team's collective professional experiences as health practitioners, media practitioners, and social and behaviour change communicators working in public health emergencies and One Health communication. The content and materials are based on resources including but not limited to the following:

- Nigeria Centre for Disease Control and Prevention's "Disease Information" page
- COVID-19 in Nigeria website
- US Centers and Disease Control and Prevention's Crisis and Emergency Risk Communication Training
- World Health Organization's Emergency Risk Communication Training
- BBC Media Action's "A Guide for the Media on Communicating in Public Health Emergencies"
- CDAC Network's "Rumour Has It: Practice Guide to Working with Rumours"
- Johns Hopkins Center for Communication Programs' "SBCC for Emergency Preparedness Implementation Kit"
- Johns Hopkins Center for Communication Programs' "Synthesised Guidance for COVID-19 Message Development"
- Johns Hopkins Center for Communication Programs' technical briefs for COVID-19
- READY Initiative's "COVID-19 Risk Communication and Community Engagement Toolkit for Humanitarian Actors (RCCE Toolkit)"
- UNICEF Europe and Central Asia Region's "Facilitator Guide: Interpersonal Communication for Immunization Training for Front Line Workers"
- Federal Republic of Nigeria's "One Health Strategic Plan (2019–2023)"

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ACRONYMS

CDC	U.S. Centers for Disease Control and Prevention
ERT	Epidemic Preparedness and Response
MP	Media Practitioner
NGO	Non-governmental Organisation
NOHRSIS	National One Health Risk Surveillance and Information Sharing
PHP	Public Health Practitioner
PSA	Public Service Announcement
PZD	Priority Zoonotic Disease
RCCE	Risk Communication and Community Engagement
RRT	Rapid Response Team
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SMS	Short Message Service
SLIM	Sharing, learning, interacting, and marketing
VHF	Viral Haemorrhagic Fever
WHO	World Health Organization

INTRODUCTION

Zoonotic diseases are initially spread between animals and people and then potentially from person to person. Most known human infectious diseases and about three out of every four new diseases originate from animals.[1] Recent and devastating outbreaks across the globe have had animal origins, though the specific species is not always clear. Such outbreaks pose immediate threats to those in the epicentre and can have devastating effects on economies, public health and health systems, future development, and even global security and stability. For example, in 2014–2016, the Ebola virus outbreak in West Africa was larger than expected, given previous experiences in the Democratic Republic of Congo and elsewhere, contributing to over 11,000 deaths, ravaging already compromised health systems, and fuelling distrust between communities and health care systems. In 2020, the global COVID-19 pandemic had even greater global impacts, highlighting our world's increasing interdependence.

Despite their potential for widespread devastation, other endemic zoonoses such as brucellosis, rabies, and yellow fever do not attract the same level of media attention. Nevertheless, these diseases pose significant threats to human and animal health and to the livelihoods of those that depend on animals for food or income. A priority zoonotic disease (PZD) is one identified as the greatest threat to a country or region due to a prior outbreak, endemic status, or risk factors that may facilitate spread from animals to humans (e.g. population growth and movement, large and crowded cities, changes in land use, increased global travel, and climate change). The global threat of rapid emergence, re-emergence, and spread of emerging and endemic zoonotic diseases cannot be overestimated, nor can the need for multisectoral and multidisciplinary collaboration and coordination to prevent, detect, and effectively respond to these threats.

The One Health approach recognizes that human, animal, and environmental health are intertwined and interdependent and facilitates multisectoral and transdisciplinary collaboration to achieve optimal health outcomes for people, animals, plants, and the shared environment. This approach is a core driver of the Global Health Security Agenda, an alliance of more than 60 governments and international partners aimed at protecting the world from infectious diseases by increasing capacity to implement the International Health Regulations, World Health Organization's (WHO's) International Health Regulations, which require countries to detect, assess, notify, and report public health events and to respond promptly and effectively to public health risks and public health emergencies of international concern. These regulations recognize risk communication and community engagement as one of many essential capacities countries need to effectively prevent, detect, and respond to infectious disease threats.

WHO defines risk communication as the real-time exchange of information, advice, and opinions between experts or officials and people who face threats to survival, health, or economic or social well-being from a hazard, such as a zoonotic disease outbreak. Risk communication aims to enable people at risk to make informed and best possible decisions to mitigate the risks to their health and well-being. WHO also defines community

[1] Centers for Disease Control and Prevention. (2017, July 14). *Zoonotic Diseases*. https://www.cdc.gov/onehealth/basics/zoonotic-diseases.html

engagement as a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes.[2] Risk communication and community engagement combine strategies and tactics to respond to public health events.

Collaboration between One Health stakeholders, public health authorities, and the media is critical to ensure accurate and lifesaving information reaches at-risk communities. Effective emergency and risk communication can help stem an infectious disease outbreak by influencing the personal and social behaviours that aid transmission. Effective community engagement can prevent an outbreak by informing people in high-risk areas about the nature of the disease and the steps they can take to protect themselves and their families. Without this collaboration, ineffective emergency and risk communication can have disastrous effects in an epidemic, and poorly executed communication can create unnecessary fear and panic, fuelling the spread of misinformation, rumours, and conspiracy theories that drive infected people away from health facilities.

Effective risk communication and community engagement through the One Health approach and closer collaboration between public health officials and the media are integral to this larger process of information exchange aimed at eliciting trust and promoting understanding of relevant issues or actions. In addition to providing people with essential information in a crisis, this approach supports preparedness in non-emergency periods by increasing awareness and knowledge of zoonoses, correcting common misinformation, raising risk perception where appropriate, and improving uptake of protective behaviours including early detection of potential emergencies.

This training package and associated materials are designed to support One Health partners, public health practitioners, and media practitioners in collaborating strategically for improved risk communication and community engagement for preparedness and response. This training manual contains information and exercises to create understanding and relationships between public health and media practitioners in Nigeria so that they can work together effectively during a public health crisis and communicate with the public using focused and consistent messages with a common goal.

[2] https://www.who.int/publications/i/item/9789240010529

ABOUT THIS TRAINING PACKAGE

PURPOSE AND OBJECTIVES

This *Facilitator's Training Manual* and all accompanying materials are designed to be used as instructions for facilitators of a 4-day training of public health practitioners (e.g. spokespersons, communicators) and media practitioners (e.g. journalists). The purpose of the training is to strengthen the capacity of these practitioners in applying best practices for risk communication and community engagement and in collaborating to raise awareness of risks and prevention of PZDs. Goals of the training include

- improving public uptake of protective health behaviours for PZDs, including reporting instances of high-risk disease outbreaks and contributing to early detection of potential emergencies;
- increasing efficiency and minimising contradictory or false information during responses to public health emergencies or events and in overall awareness of PZD prevention; and
- providing timely and accurate health advice to address concerns during public health emergencies or events.

Specific objectives of the training are to

- review PZDs in Nigeria and their relationship to public health emergency preparedness and response;
- review available risk communication and One Health resources in Nigeria to promote awareness, engage communities, and support a public health emergency response;
- learn and practice skills for effective communication with the public regarding risk and community engagement;
- strengthen effective collaboration between public health practitioners and the media for improved coordination during public health emergencies or events;
- improve confidence and ability to effectively respond to the public's needs and concerns regarding PZDs and health emergencies; and
- minimise conflicting information, rumours, and misinformation.

INTENDED AUDIENCE

This facilitator training package is designed for members of government, non-governmental organisations (NGOs), and the media who wish to strengthen the capacity of public health and media practitioners in applying best practices for risk communication and community engagement through collaboration aimed at improving responses to public health emergencies and events.

The intended audience for the training includes public health practitioners working in human, animal, or environment health sectors and media practitioners working in diverse media channels (e.g. print, television, national and community radio media, and local social media influencers). The modules are tailored for each audience and for collaborative learning.

APPROACH AND ORGANISATION OF THE TRAINING PACKAGE

The training described in this *Facilitator's Training Manual* is designed to be participatory and interactive. It emphasises adult learning methods involving participation in small and large group discussions, brainstorming, reflection, role-play, and practice sessions. The approach follows three guiding principles: (1) building on participant experiences, (2) building skills step-by-step, and (3) reinforcing skills through practice.

This training package consists of this *Facilitator's Training Manual* and the following supplemental materials:

- Materials checklists **(Annex 1)**
- Agenda (**Annex 2**)
- Contact form **(Annex 1)**
- A pretest and a post-test with answer keys **(Annex 1)**
- Activity handouts and resource packages **(Annex 2)**
- Workshop evaluation **(Annex 2)**
- Presentation slides **(Annex 3)**, optional depending on the delivery context and availability of required equipment
- Workshop materials (paper, pens, marker, flipcharts, sticky notes, and tape)

This *Facilitator's Training Manual* is divided into four modules. Modules 1 and 2 are designed to be delivered during plenary sessions that include both public health practitioners **(PHPs)** and media practitioners **(MPs).** For module 3, participants will separate into breakout groups based on profession, and different trainers will address content specific to their roles. The two groups will then reconvene for module 4.

Each ***module*** section in this guide lists the learning objectives and methods for the module ***sessions***, which include activities and discussions addressing specific learning content. Notes for the facilitator are outlined at the beginning of each module section and include

- total time required to complete all sessions in the module (excluding lunch and tea breaks);
- learning objectives;
- methods;
- a checklist of materials to prepare ahead of time; and
- other guidance.

Additional notes are provided at the beginning of each session and include

- time for the individual session; and
- reference to the checklist for materials in the individual session.

Throughout this guide, steps with instructions and talking points for the facilitators are indicated by the following formatting:

FOR THE PLENARY DISCUSSIONS …

- Instructions for facilitators are indicated with a closed bullet and begin with an action word in **bold underline**.
    - A script for the talking points, including suggested answers to discussion prompts, is indicated with a hollow bullet.
        - Other details, examples, and answers that may help guide the discussion are indicated with a square bullet.

FOR THE ACTIVITIES …

- Instructions for the facilitator to conduct the activity are indicated with a closed bullet and action word in **bold underline.** The activity is usually explained to participants in the plenary.
    - A script for the talking points, including suggested answers to discussion prompts, is indicated with a hollow bullet.
        - Other details, examples, and answers that may help guide the discussion are indicated with a square bullet.

This approach helps to **decrease lecturing, increase participation,** and **make it easier for the facilitator to conduct the sessions.** It also helps ensure a standardised approach so that most facilitators can use this package to conduct a successful training.

Each session builds on previously discussed content. Facilitators may modify this approach as needed but are encouraged to carefully review the materials to understand the building blocks embedded in each session.

Due to the interactive nature of this approach, the ideal group size is **24 participants with 4 facilitators and 2 co-facilitators**. This size is important to manage discussions, adapt activities for larger groups, and stay on schedule. Additional administrative support could be required to ensure the training runs smoothly.

TRAINING PREPARATION

To maximise use of this *Facilitator's Training Manual* and conduct effective training, it is recommended that trainers do the following:

1. Read the *Facilitator's Training Manual* carefully prior to use and adapt it to contexts such as sector or state by adding local data, examples, policies, names, and settings for role plays and by translating it into local language(s) as needed.
2. Become familiar with the training agenda, objectives, methodology, materials, and time allocated for sessions and breaks for each module.
3. Practice activities before conducting them. Set aside adequate time to plan and seek assistance from co-facilitators or translators.
4. Use the self-assessment checklist to assess yourself and identify areas for improvement.

5. Prepare adequate copies of handouts and other needed training materials and develop a paper form for a contact list to be shared at the end of training (see the material list in **Annex 1**).
6. Learn about the participants and prepare to accommodate their education and knowledge levels, professional backgrounds, languages, cultural norms and customs, learning styles, attitudes, and expectations.
7. Prepare flipcharts or slides to post and refer to during the training (see the material checklist in **Annex 1**).
8. Consult with the secretariat of the National One Health Coordination Unit and National Risk Communication Technical Working Group or similar structure at the subnational level for advance completion of **Handout 4:** *National One Health and PZD Resource Sheet***.**
9. To adhere to the suggested schedule, conduct training with no more than 20–30 participants, if possible.

SETTING THE STAGE

Total Time: 1 hour 30 minutes (not including tea break)

SETTING THE STAGE: OBJECTIVES

By the end of the session, participants should be able to:

- Explain the purpose and clarify expectations of the training;
- Introduce each other;
- Agree to ground rules for the training;
- Define risk communication; and
- Assess their knowledge levels using the pretest to identify personal learning goals for the workshop.

SETTING THE STAGE: METHODS

- Brainstorming
- Group discussion
- Pretest

SETTING THE STAGE: CHECKLIST

- **Arrange chairs and tables** to comfortably accommodate the expected number of participants and facilitate discussion. A U-shaped arrangement is preferable if space allows.
- **Set up two flipcharts** with markers and masking tape within easy reach
- **Set up laptop, slides, and projector**, if required.
- **Prepare enough copies** of printed materials for this session (see material list in **Annex 1** for details on the number of copies):
  - **Handout 1:** *Character Cards* (cut into slips)
    - **Handout 2**: *Agenda*
    - **Handout 3:** *Pre-Test Questionnaire*
- **Prepare flipcharts** in advance if not using slides. They should have the following labels:
    - Definition of risk communication
    - Training objectives
- **Ensure you have an empty plastic bag** or bowl for use with character card activity.
- **Ensure you have a timer** (e.g. on your phone or watch).

PLENARY DISCUSSION: WELCOME AND INTRODUCTIONS

- **Welcome** everyone.
- **Introduce** yourself and allow other facilitators to do the same.
- **Explain:** We will have an activity to introduce everyone, and then we will work together to determine the ground rules for this training.
- **Introduce and conduct** the character card activity.

- **Ask** participants to come to the centre of the training place and stand in a circle.
- **Walk** around and ask each person to pull a character card from the bowl or bag.
- **Explain:**
    - You will have 5 minutes to find the person who matches your character card and talk briefly to them.
    - After 5 minutes, you will give a very brief introduction of your partner to the group, sharing three pieces of information: their name, role, and organisation/unit where they work.
- **Clarify** any questions, as needed.
- **Time** the group interaction for 5 minutes.
- **Bring** the group back together and go around the room asking each person to introduce their partner to the group.
- **Time** the group to introduce each other for 20 minutes.

ACTIVITY: SETTING GROUND RULES

- **Explain:**
    - This training is designed to be interactive. Everyone will be participating, and we expect to all learn from each other.
    - Let's define ground rules for our time together to have a fun and productive learning environment.
- **Ask** for ideas from the group for a couple of minutes. **Write** each on a flipchart and post it on the wall using masking tape.
- **Add** anything you think is missing (e.g. respectful communication, silent phones, timeliness, participating in the discussion, closed computers) and **get agreement** from participants.
- **Remind** all participants to add their contact information to the registration contact list, either on paper or on a computer, which will be shared with them at the end of the training.
- **Review** any other administrative issues (e.g. bathrooms, breaks, lunch, transportation, lodging, who to ask about workshop logistics), as needed, so that the group is comfortable and settled.

PLENARY DISCUSSION: WORKSHOP PURPOSE, OBJECTIVES, AND EXPECTATIONS

- **Ask:** Who can explain what is meant by risk communication?
    - **Take a few responses**.
    - **Show a prepared flipchart** or slide to confirm:
        - Risk communication is the real-time exchange of information between officials and people who face a threat to their survival, health, or economic or social well-being.[3]
        - For this training, think of the threat as an infectious disease outbreak.
        - The purpose of risk communication is to ensure that everyone has the information they need to take action to protect their health and interrupt transmission of the disease.
        - Risk communication relies on a variety of approaches and strategies including media communications, social media, mass awareness campaigns, house-to-house mobilisation, advocacy, and community engagement.
- **Ask:** What are some ways you think effective risk communication can help stop an infectious disease outbreak?
    - **Take a few examples**.
    - **Review:**
        - Effective emergency and risk communication can influence individual and group behaviours to break the chain of transmission and control an outbreak.
        - For example, in the West African Ebola outbreak, once people were engaged in problem-solving and had the information they needed, they were able to identify respectful alternatives to traditional burial practices to help interrupt spread of the disease.
        - Effective risk communication can prevent an outbreak by informing people in high-risk areas about the nature of the disease and the steps they can take to protect themselves and their families.
        - Ineffective emergency and risk communication can have disastrous effects in an epidemic.
- **Ask:** What are some ways you think poor risk communication could create problems in an emergency disease outbreak?
    - **Take a few examples**.
    - **Review:**
        - Risk communication that is poorly coordinated, inaccurate, or conflicting can create unnecessary fear and panic among the public,

[3] World Health Organization (WHO). (2020). *Emergency Risk Communication Training*. https://www.who.int/emergencies/risk-communications/emergency-risk-communication-training

leading to the spread of misinformation, rumours, and conspiracy theories.

- Poor communication can fuel a disease outbreak instead of controlling it by driving infected people away from health facilities; creating public mistrust of the response or health workers; increasing stigma against groups of people, which discourages them from getting help or taking protective actions; and influencing people to ignore protective behaviours, or in some cases, take up other harmful behaviours.
- Effective communication and collaboration between media and the government-led response to an emergency outbreak are critical to ensure people have access to and confidence in lifesaving information, both at the state and national levels.
- Effective communication helps strengthen the trust needed for a two-way exchange between officials and communities and the public's understanding of relevant issues or actions.
- As public health and media practitioners, you are uniquely positioned to ensure strong and effective risk communication in your country.
- This training is designed to bring you all together to learn from each other's experiences, identify areas for enhanced coordination, and provide a refresher on risk communication through the lens of zoonotic diseases.
- We will discuss more about zoonotic diseases and One Health in our next module.

- **Review** the learning objectives.
  - **Explain**: By the end of our time together, you should be able to
    - define the One Health concept;
    - describe PZDs in Nigeria and identify available resources and how to access them;
    - define your roles and responsibilities in informing the public about key zoonotic diseases in times of preparedness and response;
    - broaden your understanding of others' roles to improve coordination;
    - review and practice strategies for effective risk communication, including identification and management of misinformation and rumours; and
    - collectively identify how the government and media can best work together for preparedness and response to a zoonotic disease outbreak.
- **Ask:** Are there any questions? **Clarify** as needed.

- **Ask:** Now that you have a little more understanding of the purpose of this workshop, does anyone have any additional expectations for our time together?
- **Take responses** for a couple of minutes. **Write** each one on a blank flipchart.
- **Thank** the group. **Explain** you will do your best to meet their expectations in line with the training.
- **Show the training agenda.**
    - **Explain**:
        - Everyone should have received a training agenda at registration.
        - The agenda summarises the learning objectives for each module in this training.
        - There is a lot to cover, so to respect everyone's time, we will not review the agenda together.
        - The agenda will be printed and distributed each day.
- **Ask:** Are there any questions? **Clarify** as needed.

PRETEST

Time: 20 minutes

Materials:

- **Handout 3:** *Pre-Test Questionnair*e (also available as a Google form at https://forms.gle/ALXi7u1QGzr5Eaxu5)
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord, and presentation slides, if using
- Timer or watch

PLENARY DISCUSSION: PRETEST

- **Explain** the pretest activity:
    - The purpose of the pretest is to enable you to reflect on your zoonotic disease and risk communication experiences, knowledge, skills, and needs, as well as to identify personal goals for your learning in the workshop.
    - Do not worry about knowing all or any of the answers.
    - The results allow us to see where we should focus our time together and track any changes in knowledge or learning as a result of the training.
    - We are all here to learn.
    - You will have an opportunity to retake the test at the end of the training.
- **Give instructions** for the pretest:
    - When you get your test, please **do not** write your name.
    - Instead, please give yourself a code number (e.g. birthday, **last 4 digits of your telephone number**, or graduation year).
    - Remember this number because you will use it for your posttest.
    - You will have 15 minutes to complete the test.
- **Ask:** Are there any questions? **Clarify** as needed.

ACTIVITY: PRETEST

- **Distribute or share** the link to the pretest.
- **Post** instructions on a slide or flipchart.
- **Time** the group for 15 minutes.
- **Collect** papers and move to the next session.

TEA BREAK

Time: 30 minutes

- **Time** tea break for 30 minutes.

MODULE 1: OVERVIEW OF ONE HEALTH AND PRIORITY ZOONOTIC DISEASES

Total Time: 4 hours and 30 minutes (not including lunch or tea breaks)

NOTE

Module 1 requires advance preparation and consultation with a member of the National One Health Coordination Unit and National Risk Communication Technical Working Group to complete **Handout 4**: *National One Health and PZD Resource Sheet*. A representative from the Coordination Unit or Technical Working Group should co-facilitate this section.

MODULE 1 OBJECTIVES

By the end of the module, participants should be able to:

- Define a zoonotic disease and identify PZDs in Nigeria
- Explain core elements of One Health and key features of One Health risk communication
- Identify their knowledge gaps about PZDs
- Identify and review local tools and resources available to fill those gaps
- Discuss One Health operationalization and coordination in Nigeria

MODULE 1 METHODS

- Brainstorming
- Large-group discussion
- Small-group work
- Knowledge check game
- Document review

MODULE 1 CHECKLIST

- **Prepare enough copies** of printed materials for this module (see material list in **Annex 1** for details on the number of copies):
    - **Handout 4:** *National One Health and PZD Resource Sheet* prepared in advance in consultation with appropriate One Health or Risk Communication official
    - **Handout 5:** *Compiled PZDs Factsheets* for each of the country's zoonotic diseases
    - **Handout 7**: *SBC Materials for PZDs* and a copy of at least one example of a country-specific, PZD communication (e.g. FAQ, poster, job aid, or national-level message) material
- **Prepare the following flipcharts** in advance if not using slides. They should be labelled:
    - Definition of zoonotic disease
    - Group work instructions
- **Prepare** a list of PZDs in the country.

- **Prepare sticky notes** labelled with country's PZDs (one sticky note for each PZD).
- **Prepare** a flipchart with the seven questions in session 1.4.
- **Prepare** supplies:
    - Blank flipcharts, tape, and markers
    - Timer or watch
    - Laptop, projector, and slides, if using
    - Pack of sweets (optional)

SESSION 1.1: ZOONOTIC DISEASE AND THE ONE HEALTH APPROACH

Time: 30 minutes

Materials: Refer to the module 1 checklist.

PLENARY DISCUSSION

- **Explain:** We discussed in the opening session that we were going to be talking about risk communication through the lens of zoonotic diseases and One Health.
- **Ask:** Who can explain what the term zoonotic disease means? **Take a few responses,** and **thank them**.
- **Write** responses on a flipchart.
- **Explain:**
    - Zoonotic diseases can be spread between animals and humans.
    - Zoonotic diseases cause loss to individuals and communities.
- **Ask:** What are some examples of how zoonotic diseases can cause problems for people and communities? **Take a few responses,** and **thank them**.
- **Summarise** the following points:
    - Zoonotic diseases can cause illness or death in animals, which in turn can harm the livelihood of people that rely on those animals for income or food.
    - In the case of bird flu or pig flu, veterinary authorities will use appropriate protocol to depopulate the farm
    - Sick animals should not be eaten or sold.
    - Zoonotic diseases can cause illness or even death in people.
    - Ebola outbreaks in West Africa and the Democratic Republic of the Congo caused a large loss of life due to illness and reduced access to other essential services. These outbreaks undermined confidence in the countries' health services and caused economic problems.
- **Ask:** What are some zoonotic diseases you know about that have caused challenges in the country? **Thank** them for their responses.
- **Summarise** and **review** key ones you think are missing, using these examples:
    - Viral haemorrhagic fevers: Ebola, Lassa fever, Crimean Congo haemorrhagic fever, Rift Valley fever, and Marburg virus

- Animal influenza: avian (bird flu) and swine (pig flu)
- Other bacterial, viral and protozoan diseases: anthrax, bovine tuberculosis, brucellosis, trypanosomiasis (sleeping sickness), and rabies

- **Explain:** We will talk more about the different zoonotic diseases and how they are spread in subsequent sessions.
- **Ask:** Nigeria has so many priority health challenges. What do you think may be a reason to talk about zoonotic diseases? **Thank** them for their responses.
- **Summarise** the following points:
    - About 60% of known human infections and 75% of re-emerging diseases originate from animals (zoonotic). [4]
    - Many of the world's largest and most recent infectious disease outbreaks have had an animal origin.
    - The U.S. Centers for Disease Control and Prevention (CDC) estimates that 2.6 billion people are infected with zoonotic illnesses annually. [4]
    - Together, these statistics underscore how animal health and human health are interconnected.
    - Although many of the infectious diseases affecting humans are of animal origin, it is important to remember we depend on them for food, livelihood, and enjoyment. They help disperse seeds and pollen for trees and crops to grow, they eat pests, and they are essential components of a healthy world.
    - Because animals and humans live in or make use of the same environments, such as farms, living areas (homes), forests, rivers, and lakes, the health of the environment is also connected to the health of people and animals. Let's look at just two examples:
    - Human population growth can lead to deforestation or destruction of areas that wild animals depend on.
    - Human population growth can push wild animals closer to the areas where humans live, creating more opportunities for a disease to jump species.
    - Large farms can change or destroy the environment.
    - Livestock owners may become dependent on antibiotics to treat infections on their farms, leading to treatment resistance and making medicines less effective.

[4] Centers for Disease Control and Prevention. (2017, July 14). *Zoonotic Diseases*. https://www.cdc.gov/onehealth/basics/zoonotic-diseases.html

        - Together, these examples demonstrate that the health of people, animals, and the environment are interconnected and dependent.
- **Ask:** Does anyone know what this concept of interconnectedness between the health of animals, people, and the environment is called? **Take a few responses**.
- **Summarise** the following:
    - This concept is known as One Health (*a video could be shown to explain this*). The One Health High Level Panel defines One Health as an approach that
        - is collaborative, multisectoral, and transdisciplinary;
        - works at the local, regional, national, and global levels; and
        - It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent.
        - It aims to sustainably balance and optimise the health of people, animals and ecosystems.[5]
    - The aims of a One Health approach and framework are to
        - strengthen collaborative relationships and communication between human health, animal health, and environmental health partners;
        - coordinate disease surveillance activities across sectors; and
        - develop communication interventions that reinforce key prevention behaviours across sectors.
    - We will dedicate the rest of our workshop sessions to the last aim.
    - Global health security improves when key sectors work together at the country and global levels to better understand all factors involved in disease transmission, ecosystem health, emergence of new and unknown diseases, and re-emergence of disease.
    - In times of non-emergency, collaboration can help raise public awareness of zoonotic diseases in terms of how to recognize, prevent, and protect against a large outbreak.
    - In times of emergency due to an outbreak, collaboration can help to rapidly control an outbreak by leveraging a range of systems and structures at all levels for coordinated communication and exchange with the public.
    - Key organisations are involved in strengthening the One Health Approach at a global level through a quadripartite One Health Joint Plan of Action involving WHO, the Food and Agriculture Organization of the United Nations, the World

[5] World Health Organization. (2021, December 1). *Tripartite and UNEP support OHHLEP's definition of "One Health"*. https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health

Organization for Animal Health, and the United Nations Environment Programme.[6]
    - Many of the world's most recent and devastating disease outbreaks e.g. Ebola, mpox, Lassa fever, swine flu etc have had an animal origin.
    - Governments including our own have taken steps to implement a One Health approach and identify a few key PZDs.
    - In the next session, we will review our national One Health structures and PZDs to support risk communication for preparedness and response. We will build on the definitions and concepts discussed here.
- **Ask:** Does anyone have any questions about the definition of a zoonotic disease or the concept of One Health before we move on? **Clarify** as needed.
- **Continue** to the next session.

SESSION 1.2: PRIORITY ZOONOTIC DISEASES AT THE COUNTRY LEVEL, FOCUS 1

Time: 60 minutes

Materials: Refer to the module 1 checklist.

PLENARY DISCUSSION

- **Explain**:
    - In this session, we will discuss zoonotic diseases and identify gaps in our own zoonotic disease knowledge.
    - We will then focus on PZDs in Nigeria and review global- and country-level communication tools and structures available to support our One Health risk communication efforts for both preparedness and response.
    - Let's start with an activity to get moving and find our in-house PZD experts!
- **Introduce** your guest facilitator, if you have invited one.

ACTIVITY: ZOONOTIC DISEASE POPCORN QUIZ

- **Ask** everyone to please stand up and move to the back of the room to form a circle around you so that you are in the middle. If the room isn't large enough, have everyone stand behind their chairs.
- **Explain**:
    - I am going to read out a true or false statement.
    - If you think the answer is true or know the correct answer, please clap your arms overhead (demonstrate).
    - If you think the answer is false, please stand still (like an unpopped kernel).
    - If you don't know or unsure of the answer, please shake or twist (like a popcorn kernel in hot oil).
- **Give an example**, and **demonstrate the actions**:
    - Football is a popular sport in Nigeria. (TRUE: Clap).

[6] World Health Organization. (2022, October 14). *One health joint plan of action (2022–2026): Working together for the health of humans, animals, plants and the environment*. https://www.who.int/publications-detail-redirect/9789240059139

- The sun is cold. (FALSE: Stand still).
- Five people in the room have two grandchildren. (UNSURE: Shake or twist).

- **Explain**:
  - Many of you may have the right motion, jumping or clapping like popping kernels or standing still like kernels still waiting to pop.
  - I will call on one of you to give your answer.
  - After you give your answer, we will review the correct answers.
- **Ask:** Are there any questions? **Clarify** as needed.
- **Begin the activity** with the questions below.
- **Give** a piece of candy or applause to anyone who provides a correct answer.
- **Call on** as many participants (i.e., "kernels") as possible.

QUESTIONS

1. **True or False:** ***All of the following are ways that zoonotic diseases spread from animals to humans:***
   - ***Bite or scratch by an animal with the disease***
   - ***Eating meat or consuming raw dairy products like milk, yoghurt, or cheese from an infected animal***
   - ***Touching an infected animal or its body fluids such as urine, blood, waste, saliva, or snot***
   - ***Touching, eating, or drinking food or water contaminated with animal body fluids***
   - ***Assisting an animal with birth or abortion***
   - ***Breathing in germs from a diseased animal when working with hides***
     - **Answer**: True
       - The way a disease spreads depends on the specific zoonotic disease.
       - For example, anthrax can enter the body in three different ways, each causing different symptoms and degrees of severity in illness, whereas rabies is spread from the bite of an infected animal.
2. **True or False:** ***We can always see the signs that an animal is sick.***
     - **Answer:** False
       - We often cannot tell that an animal is sick or know the causes of death if we find them dead.
       - For example, with rabies, it may take months from the time the animal is infected before an infected animal begins to show any signs or symptoms. If we find an animal dead in the forest, we may not see signs to indicate that it died of disease.
3. **True or False:** ***Once a person shows the signs and symptoms of rabies, they can recover if they receive treatment.***
     - **Answer**: False
       - Once a person begins to show the signs and symptoms of rabies, it is too late for treatment, and the person will die.
       - It is important to take all animal bites very seriously.

- Immediately wash the bite for 15 minutes with soap and water and go immediately to the health clinic.

4. **True or False:** ***The signs and symptoms of Ebola, Lassa, and other haemorrhagic fevers are similar to common diseases like malaria and typhoid.***
    - **Answer:** True
        - It is important to go to the health facility for testing and to receive the correct treatment.
        - Early signs of Ebola include fever, severe headache, muscle pain, weakness, feeling tired, and sore throat, which progresses to diarrhoea, vomiting, rash, stomach pain, and bleeding from the eyes, ears, or mouth.
5. **True or False:** ***An animal that has died of anthrax must be burned or buried specially.***
    - **Answer:** True
        - If the animal is left in the field, it can easily spread the disease to healthy animals.
        - Animals with anthrax should not be slaughtered for food.
6. **True or False:** ***The best thing you can do with a sick animal is to sell it or eat it.***
    - **A*nswer:*** False
        - Even though it makes economic sense, eating, selling, or transporting a sick animal can spread disease to other animals and people.
        - It is important to safely separate the sick animal from others and consult a vet, wildlife officer, or community animal health worker for advice.
7. **True or False:** ***If we chase all of the bats from our area, we will have less risk of catching a zoonotic disease like Ebola.***
    - **Answer:** False
        - Though it may seem logical, trying to kill or drive away bats from an area can result in further spread of diseases as they migrate to other areas or exposure to disease pathogen when human have direct contact with them.
8. **True or False:** ***During an outbreak of bird flu, all people around the birds or areas where the birds stay are at risk of the bird flu.***
    - **Answer***:* True
        - Those most at risk include anyone who
        - keeps live chickens, ducks, geese, or other birds in their backyards or houses;
        - buys or sells live chickens, ducks, geese, or other birds at the markets;
        - transports dead chickens, ducks, geese, or other birds;

- slaughters, defeathers, or prepares chickens, ducks, geese, or other birds to sell or for food;
- eats raw or undercooked chickens, ducks, geese, or other birds; or
- cleans the areas where birds are kept, including their waste, snot, saliva, feathers, and water contaminated with their waste, snot, saliva, and feathers.

9. **True or False:** ***Signs and symptoms of bovine tuberculosis may depend on where the infection is located in the body.***
    - **Answer**: True
        - For example, coughing is common when the infection is in the lungs, and pain and diarrhoea are common when the infection is in the stomach and intestines (gastrointestinal tract).
        - Other signs and symptoms include fever, night sweats, or weight loss.
10. **True or False:** ***Only rural areas are at risk of zoonotic disease outbreaks.***
    - **Answer***:* False
        - Disease can spread rapidly in crowded urban areas and areas with many travellers.
        - Our world is increasingly interconnected. Zoonotic diseases can easily spread across geographic boundaries.
        - For example, COVID-19 spread to almost the entire world in months.
11. **True or False:** ***Zoonotic diseases cause severe illness that can lead to death in humans and animals.***
    - **Answer:** True
        - Some zoonotic diseases cause widespread death in animal populations but do not easily spread from person to person, like Rift Valley fever. Others, like Ebola, spread rapidly from person to person.
        - In addition to causing sickness and death due to the disease itself, a zoonotic disease can cause suffering by straining the health system and disrupting travel and business, which hurts the livelihoods of families and the economy of the country as a whole.
12. **True or False:** ***There are no vaccines for zoonotic diseases or treatments for zoonotic diseases.***
    - **Answer:** False
        - Limited vaccines are available for some zoonotic diseases, such as rabies and anthrax.
        - Vaccines may be administered to animals or people, depending on the country and public health situation (prevention/outbreak).

- Because vaccines are limited, preventive behaviours, early detection, and appropriate response are important.

13. **True or False:** ***Nigeria has prioritised a set of zoonotic diseases.***

- **Answer**: True
  - Use **Handout 4:** *National One Health and PZD Resource Sheet* to provide the list and any relevant information about how these PZDs were identified.
  - Everyone will have access to this list later in the session.

14. **True or False.** ***Nigeria has no communication materials to support One Health Communication at a community level.***

- **Answer*:*** False
  - Use **Handout 5:** *Compiled* PZDs *Factsheets* and **Handout 7:** *SBC Materials for PZDs* to list available resources, including the following:
  - disease-specific factsheets, radio spots, posters, videos, and social media posts;
  - One Health-focused repository for risk communication materials; and
  - message guidance on PZDs.

15. Free Choice: ***I am aware of One Health structures in Nigeria.***

- **Answer*:*** Use **Handout 4** to review key One Health structures in Nigeria, including any working group focused on risk communication.
  - Let the group know they will have access to this list in the next part of the session.
  - Give the group a round of applause and bring them back to their seats for a summary discussion.

PLENARY DISCUSSION

- **<u>Summarise</u>** the activity.
- **<u>Explain</u>**:
  - Great job, everyone. I hope we have all learned at least one new fact about zoonotic diseases and identified at least one area where we have a gap in our knowledge.
  - You will have the opportunity to add to your knowledge in our next session.
  - We reviewed some in-country resources that can help with One Health communication.
  - We reviewed them quickly, so we are going to take a few minutes to go over them and give you the opportunity to ask questions.

    - To do this, let's review Handout 4, the National One Health and PZD Resource Sheet.
- **Distribute** one copy of **Handout 4** to each person.
- **Ask** individuals to pair up with their neighbour and review the sheet.
- **Time the group** for 5 minutes, then **bring everyone back together** for discussion.
- **Ask**:
    - Are there any resources that you know about that are not listed that should be added to the sheet?
    - Do you have any questions about the resources on the sheet? **Clarify** as needed.
- **Explain:** You will be using **Handout 4** and some of the resources mentioned for the final session in this module.

SESSION 1.3: ONE HEALTH COORDINATION IN NIGERIA

Time: 40 minutes

Materials: Refer to the module 1 checklist.

PLENARY DISCUSSION

- **Explain:** We discussed in the opening session that we were going to be talking about risk communication through the lens of zoonotic diseases and One Health. We just concluded the activity on zoonotic diseases. Now, we are going to focus on One Health Coordination in Nigeria
- **Ask:** Who is aware of Nigeria's One Health Strategic Plan? **Take a few responses**. **Thank them**.
- **Distribute copies** of the *One Health Strategic Plan* around the room.
- **Introduce** the national-level One Health coordination platform and its three structures: the National One Health Steering Committee, National One Health Technical Committee, and National One Health Coordination Unit.
- **Explain:**
    - This One Health coordination platform provides leadership oversight in planning, implementing, and monitoring One Health activities in the country.
    - Three desk offices (human, animal, and environment) make up the National One Health Coordination Unit.
- **Describe** how the Nigeria Centre for Disease Control and Prevention developed a 5-year One Health strategic plan with a 1-year implementation plan in collaboration with the Federal Ministry of Agriculture and Rural Development, Federal Ministry of Health, Federal Ministry of Environment, academia, development partners, and private-sector and non-governmental organisations. The strategic plan has five thematic areas, each with its own goal:

1. Surveillance and Response
    - Thematic goal: Ensure effective prevention, detection and response to public health threats through the One Health approach.

- Strengthen OH information sharing among all relevant stakeholders to enhance capacity for early detection.
- Strengthen the capacity for OH implementation by frontline Environmental Health workers.
- Strengthen OH surveillance and laboratory capacity at the sub-national level across all sectors.
- Enhance the capacity for joint prevention and response to zoonotic events

2. Training and Research
    - Thematic goal: Achieve an integrated research agenda and sustained capacity for implementation of One Health initiatives in Nigeria.
        - Establish an integrated One Health research agenda in line with the Nigeria priority zoonotic disease list
        - Promote incorporation of One Health into the curriculum of medical, veterinary, environmental health and other life sciences in tertiary institutions.
        - Improve the level of implementation of One Health modular in-service training for personnel within medical, Veterinary and environmental health sectors at Federal and subnational levels.
        - Establish platforms for enhancing collaboration between researchers, policy makers and other stakeholders for effective dissemination and uptake of research findings.
        - Increase funding for One Health research
3. Governance and Resource Mobilization
    - Thematic goal: Enhance government and stakeholder commitment for a sustainable and institutionalised One Health platform at all levels of government.
        - Enhance One Health awareness among policy makers to increase government buy-in and lobby for greater government commitment in sustained annual budgetary provision for One Health.
        - Institutionalise One Health concept among line ministries in all states and the FCT.
        - Strengthen the institutional framework on operationalization of One Health.
        - Increase stakeholders' participation in One Health resource mobilisation and management.
4. Communication
    - Thematic goal: Increase awareness on One Health for evidence-based decision-making among all stakeholders.
        - Improve public awareness on One Health priority events.
        - Increase technical capacity for effective communication at national and sub-national levels.

ACTIVITY: SIMULATION EXERCISE

- **Divide participants into three to four small groups**, each with a good mix of public health and media practitioners.
- **Ask:** How have you contributed to any of the five thematic areas for One Health in Nigeria?
- **Time** the groups for 20 minutes and **bring them back together**.
- **Ask:** What are the benefits of the One Health approach in communities and the country? **Ask** a volunteer to share each group's responses, and **thank them**.
- **Ask:** Are there any questions? **Clarify** as needed.
- **End the session** with the following:
    - One Health presents opportunities for multisectoral collaboration to improve overall health outcomes.
    - Timely information sharing is required for One Health's success.
    - In addition to the animal, human, and environmental health sectors, other relevant sectors (such as education, security, private, etc.) have critical roles in the effective implementation of One Health.

LUNCH AND ENERGIZER

Time: 1 hour

- **Time** lunch and prayers for 55 minutes, plus 5 minutes to settle into the next session.

SESSION 1.4: PRIORITY ZOONOTIC DISEASES AT THE COUNTRY-LEVEL, FOCUS 2

Time: 2 hours

Materials: Refer to the module 1 checklist.

PLENARY DISCUSSION

- **Welcome** the group back from lunch.
- **Explain:** Today's session will conclude with a group work activity.
- **Introduce** the small group activity:
    - Now that we are energised about zoonotic diseases and how One Health is coordinated in Nigeria, let's look into some of the challenges in communicating about them with the public.
    - We are going to do this in small groups.
    - Each group will be assigned a PZD **(Lassa fever, avian influenza, yellow fever, mpox, rabies, bovine tuberculosis,** or **bovine brucellosis)** by pulling a sticky note off this stack (hold up the notes for them to see). There may be more diseases than there are groups. That's ok.
    - You have already received **Handout 4:** *National One Health and PZD Resource Sheet*. Now, I will distribute **Handout 5:** *Compiled PZDs Factsheets.* Use the information on these factsheets to complete the activity. Copies of available country-level materials for your assigned disease also are available at the front of the room.
    - You will use the materials to answer the following seven questions, which are posted at the front of the room. The first six questions are relevant to times of non-emergency, and the last is relevant to an outbreak.
        1. What are two key behaviours people must practise to protect themselves from this disease? If you think more than two behaviours are important, prioritise two.
        2. To which particular groups or audiences would you direct your communication on behaviours and why?
        3. What (if any) information does your audience need so that they can practise the two key behaviours? Think about what questions people may have about how to practise a behaviour, what they need to practise it, their daily circumstances, and so on.
        4. What is one key challenge people may face in receiving this information or in practising the behaviours?
        5. How can communication help address this challenge?
        6. What area do you think needs more coordination between public health or One Health practitioners and the media to communicate more effectively?
        7. Imagine a confirmed outbreak of 5–10 cases of your assigned PZD in an urban neighbourhood. Public health authorities notify local health workers to monitor for additional cases. Soon, dozens of suspected cases emerge in the same town or neighbourhood. What is the biggest barrier to the response? Would you change your non-emergency strategy to be

better prepared to respond to what you think could be challenges in an outbreak scenario?
    - You will have 45 minutes to work in your groups. Then, each group will have 5 minutes to report and another 5 minutes of feedback and discussion from other groups (95 minutes total).
- **Ask:** Are there any questions? **Clarify** as needed.
- **Continue** to facilitate the activity.

ACTIVITY: INSTRUCTIONS FOR PZD SMALL GROUP WORK

- **Ask** participants to choose a PZD from the sticky notes for the group work.
- **Ask** participants to count off by A-B-C-D to form four small groups, ensuring that each group has a mix of public health and media practitioners.
- **Distribute Handout 5:** *Compiled PZDs Factsheets* and other relevant communication materials for their selected disease.
- **Post** a flipchart or slide with the questions so everyone can easily refer to it.
- **Explain:** Group A will answer questions 1–2, group B will answer questions 3–4, group C will answer questions 5–6, and group D will answer question 7.
- **Time** the groups for 45 minutes.
- **Walk around** to each group to answer questions or help them if they seem stuck.
- **Bring the groups back together** after 45 minutes.
- **Ask** for a volunteer to present for their group.
- **Time the group for 5 minutes** and then **open the discussion** for feedback for 5 more minutes.
- **Repeat** with each group, allowing 5 minutes for the presentation followed by 5 minutes of discussion.
- **Thank** all of the groups after everyone is finished.
- **Briefly summarise** any key themes from the discussion.
- **Encourage** participants to continue learning about the different PZDs in this country and to reflect on the communication needs for the public to learn more about them.
- **Remind** them that although you do not have the time to review each disease in depth, the resources in their handouts provide a helpful foundation and contacts for additional learning.

CLOSING SESSION: WRAP UP AND TEA BREAK

Time: 20 minutes

- **Thank** the group for their participation over the course of the day.
- **Remind** the group that tomorrow will begin with breakout groups.

Close the session with other administrative updates and a reminder to pick up their evening snacks.

MODULE 2: COMMUNICATING FOR BEHAVIOUR CHANGE

Total Time: 5.5 hours (not including lunch or tea breaks)

MODULE 2 OBJECTIVES

By the end of the module, participants should be able to:

- Discuss key features and challenges of the One Health risk communication based on participant roles and experiences;
- Explain the role of trust in effective risk communication;
- Identify and discuss principles of effective risk communication and how they work together to strengthen trust;
- Identify and discuss common pitfalls in risk communication and their contributing factors;
- Identify areas of collaboration for media and public health practitioners;
- Begin initial reflection on the professional roles and responsibilities of both media and public health practitioners to enhance understanding of each other's priorities, challenges, and expectations; and
- Review elements of effective communication for practising and applying them.

MODULE 2 METHODS

- Brainstorming and reflection
- Large-group discussion
- Small-group work
- Case study

MODULE 2 CHECKLIST

- **Prepare copies** of printed materials for this module (see **Annex 1** for details):
    - **Handout 6:** *Case Studies - Lassa fever, Mpox (monkeypox), Rabies, Avian Influenza, Bovine TB, Brucellosis and Yellow fever*
    - **Handout 7:** *SBC Materials for PZDs*
    - **Handout 8:** *Roles and Responsibilities of Public Health Spokespersons and Media Practitioners*
    - **Handout 9:** *Messages and Materials Checklist*
- **Prepare a ball** made from flipchart paper and tape.
- **Have a timer or watch**.
- **Prepare flipcharts** or slides.
- **Have blank flipcharts, tape, and markers**.
- **Have a laptop, projector, and slides, if using**.

RECAP: REVIEW OF DAY 1 AND INTRODUCTION TO MODULE 2

Time: 30 minutes

Materials: Refer to the module 2 checklist.

PLENARY DISCUSSION

- **Welcome** the group to day 2 of the workshop.
- **Explain:** You will have a quick review of yesterday by doing an activity.
- **Hold up** a ball made from a piece of paper, and then **toss** it back and forth between your hands while dancing to music.
- **Explain:**
    - Pretend the ball is a hot piece of cassava.
    - Music will play in the background as the cassava is passed around. When the music stops, the person holding the hot cassava will say one key takeaway from the day before and then quickly pass it as the music continues to play.
    - You can share anything new that you learned, such as a takeaway from a discussion or exercise or a topic that was covered.
    - The point of the game is to move very quickly and see how many people can speak before 8 minutes is up.
- **Ask:** Are there any questions? **Clarify** as needed.

ACTIVITY: HOT CASSAVA REVIEW

- **Set the timer** for 8 minutes.
- **Pass** the ball with everyone participating in the review.
- **Bring** everyone back to their seats for discussion when the timer goes off.
- **Thank** them for the contributions.
- **Summarise** the recap points:
    - Yesterday, we discussed risk communication using many different communication channels and approaches to ensure communities and the public at large have the information they need to take action to protect their health in the event of an emergency.
    - We discussed the importance of zoonotic diseases and talked about how One Health is a multisectoral, collaborative approach recognizing the interconnectedness of animal, human, and environmental health.
    - We talked about cross-cutting features of One Health communication and its role in preparing people to take action in preventing disease and to identify potential problems before they spread out of control.
    - We reviewed PZD and One Health communication structures and tools at the global and national levels.
    - We identified our PZD knowledge and knowledge gaps.
- **Introduce** the focus of today's sessions:
    - Today, we will discuss principles of effective risk communication for preparedness and response, as well as challenges faced.

    - As part of this activity, we will discuss your unique and overlapping professional roles and responsibilities in ensuring effective risk communication in your country.
    - We will start together and then split up into professional groups for some targeted sessions.
- **Ask:** Are there any questions? **Clarify** as needed.
- **Begin Session 2.1**.

SESSION 2.1: RISK COMMUNICATION WITHIN A ONE HEALTH FRAMEWORK

Time: 45 minutes

Materials: Refer to the module 2 checklist.

PLENARY DISCUSSION

- **Introduce** the session.
- **Explain:**
    - Today, we are going to talk about risk communication and the various approaches to ensure everyone has the lifesaving information they need to take preventive action during a zoonotic disease outbreak.
    - Now that we have a solid foundation in One Health and PZDs from yesterday, we are going to work together to look at essential qualities of risk communication under a One Health framework.
- **Ask:** What do you think is an essential quality or feature that risk communication should have under a One Health framework? **Take a few responses** (stay mindful of time), and **write keywords** on a flipchart.
- **Ask:** What is one challenge that communities may face in receiving information about zoonotic disease? **Take a few responses** (stay mindful of time), and **write keywords** on a flipchart.
- **Ask:** What is one challenge that you, as a communicator, face or can imagine facing in developing materials or communicating about PZDs with your audiences? **Take a few responses** (stay mindful of time), and **write keywords** on a flipchart.
- **Thank** the groups for sharing their ideas and experiences.
- **Explain** (facilitator uses his/her prepared slides or flipcharts to explain)
    - We will revisit and expand on these and other ideas over the next few days as we look more closely at principles of effective communication.
    - One critical cross-cutting feature of risk communication under a One Health framework that we will return to again and again over the course of the training is that risk communication should be informed by listening to community concerns and considering community participation and critical reflection. This approach requires:
        - viewing community leaders, influencers, and community members as legitimate contributors to and recipients of early-warning information and risk factors that may affect public health and well-being;

        - ensuring various ways for communities to engage in discussions with officials who genuinely listen to them, which is critical to build the mutual ***trust*** needed for collective change;
        - ***trust***, an essential component for communities to have confidence in the information being shared, especially if it is new or requires a change in normal behaviours; and
        - coordination between communities and authorities to minimise distrust, which can undermine efforts to share information about infectious diseases, especially new (emerging) or unfamiliar diseases.
    - In some cases, government authorities and experts may be perceived as having hidden agendas not in the best interests of communities.
    - A One Health framework provides a variety of community-based networks across sectors to promote information exchange around One Health behaviours for zoonotic disease prevention and management.
    - Another cross-cutting feature is that communication interventions are designed to help communities understand the link between human, animal, and environmental/ecosystem health.
    - Large outbreaks of zoonotic diseases (e.g. Ebola in West Africa in 2013–2016 and Uganda in 2022 and recent mpox outbreaks in non-endemic countries like the United States and Spain) have demonstrated how individual beliefs and social, cultural, and community practices play important roles in how diseases spread and how people use human and animal health services, particularly in an emergency or outbreak.
    - Communities and individuals may find public health information confusing or dubious if it conflicts with their beliefs or observations.
- **Ask:** What are some other reasons communities may find such communication confusing or not worth paying attention to? **Take a few responses** (stay mindful of time), and **write keywords** on a flipchart.
- **Explain:**
    - People may be confused by language, communications tools, and processes that are too technical or irrelevant to their normal frames of reference, particularly when communicating conflicting or rapidly changing information.
    - As public health or media practitioners, you are expected to be communicators. It is important to recognize and respect the community's beliefs as meaningful and valid within the framework of One Health communication.
- **Ask:** Why might we want to engage with communities around PZDs in times of non-emergency? **Take a few responses**.
- **Review** the following:
    - Previous zoonotic disease outbreaks have taught us that preparing for an outbreak and managing the response well requires improving community engagement during non-outbreak times.
    - Community engagement involves

        - raising awareness of PZDs and the problems they can cause for humans and animals;
        - increasing knowledge about symptoms of PZDs to facilitate rapid detection;
        - promoting simple, everyday steps people can take to keep their families and communities safe while living near and working with animals; and
        - understanding the questions and concerns communities have about PZDs and how to best address them.
    - PZD messaging is a key area for media and public health officials to strengthen One Health communication and community engagement.
    - Coordination across sectors is a key challenge for communicators, especially during public health emergencies when uncertainty makes it especially important to communicate quickly.
    - Identify critical resources of information to communicate in times of emergencies.
    - Over the next few days, we will look at some principles, pitfalls, and strategies for risk communication with a focus on your unique professional roles and responsibilities.
- **Ask:** Are there any questions? **Clarify** as needed.

TEA BREAK

Time: 30 minutes

- **Time** tea break for 30 minutes.

SESSION 2.2: TRUST AND PRINCIPLES OF EFFECTIVE RISK COMMUNICATION

Time: 2 hours and 15 minutes

Materials: Refer to the module 2 checklist.

PLENARY DISCUSSION

- **Review:**
  - We discussed the importance of public ***trust***, without which communities may not have confidence in the information we give them, especially in new or unfamiliar situations or regarding behaviours that conflict with normal practices.
  - Without trust, communities may not willingly engage with official systems to help in early detection of problems or cooperate with responders to control an outbreak.
  - Today, we will talk about trust.
- **Ask:** Think of someone that you trust, either personally or professionally. What reasons or qualities make you feel comfortable trusting them? **Take a few responses**, being careful to manage time.
- **Explain:** Generally, we trust people that we perceive
  - are honest and have integrity (*good character*);
  - care about us or have our best interest at heart (*goodwill*);
  - share our concerns, experiences, or fate (*shared values*); and
  - are knowledgeable or have insight (*expertise*).[7]
- **Ask the following questions**, allowing just a minute or two for quick responses:
  - Raise your hand if you have ever had your trust broken by someone, either a friend, a family member, or an employer.
  - Raise your hand if you have ever broken someone's trust, even if it was unintentional or you thought it was necessary to protect someone.
  - How easy was it to regain trust or to trust again?
- **Summarise** the following:
  - Most of us would agree that trust is difficult to earn and easy to lose, right?
  - Trust becomes even more important in an emergency because
    - fear or uncertainty may be very high, especially if the risk is involuntary and out of people's control;
    - the actions requested of people may be new to them or perceived as threats to normal or valued practices or beliefs; and
    - relationships of trust are already vulnerable.
- **Ask:** As you reflect on your personal experiences and professional experience as communicators, what are some building blocks or principles of risk communication that help establish and strengthen trust in both times of preparedness and during an outbreak? **Take a few responses**, being careful to manage time.

[7] World Health Organization. (2020). *Emergency Risk Communication Training*. https://www.who.int/emergencies/risk-communications/emergency-risk-communication-training

- **Thank them** and **summarise** the following principles of effective risk communication, which interact and reinforce one another:
    - **Transparency:** Being open and honest about what is known, what is not known, and what is being done to find answers to what is unknown builds confidence that you are not withholding information. It is important that actions match the words.
    - **Consistency:** Dependable messaging influences perceptions of transparency. Inconsistent messaging or information can create perceptions of lying or withholding of information.
        - This principle underscores the importance of coordination among officials operating in the involved sectors and at different levels within organisations and media to produce and reinforce a consistent, clear, doable plan of action for the public to protect themselves at each stage of the emergency.
        - We communicate with more than just our words. Calm consistency in tone and expression is important, as is avoiding overconfidence, panic, or other heightened states of emotion as the situation evolves.
    - **Frequent communication:** Regular and timely updates to the public reinforce the perception that you are reliable.
        - This principle is critical in emergency situations as information constantly evolves. With each new piece of information, it is critical to reinforce the concrete actions the public can take to protect themselves.
        - In the absence of constantly flowing information from a respected source, rumours may fill the void and take on a life of their own.
    - **Empathy and authentic expressions of care:** Communication should always be respectful in language and presentation and consider relevant cultural and religious contexts.
- **Ask:** What are some ways you think empathy and authentic expressions of care can be conveyed? **Take a few examples**.
- **Explain**: One important way to demonstrate caring is to ensure **active listening** in response to community and public concerns and to engage with them early.
- **Continue reviewing** principles:
    - **Technical accuracy:** Accurate and evidence-based information is critical, as is conveying a strategy for how the problem is being addressed.
        - Credibility increases with consistent messaging from multiple "experts," such as scientists, officials, and opinion leaders.
        - Keep in mind, however, that people may react to official information differently based on their values, experience, the manner and language in which information is presented, and the reputations of the organisation and speakers.

        - The public is highly influenced by its trust in those who deliver the information.
    - **Follow-up:** Actions and behaviours speak louder than words. Following through on communication is essential to build confidence and trust.
- **Explain:** Together, these principles strengthen the **four characteristics of trust** mentioned earlier:
    - **Expertise**: Know what you are talking about.
    - **Good character**: Demonstrate honesty and integrity in sharing the full situation.
    - **Goodwill**: Show that you care about what happens to people.
    - **Shared values**: Emphasise common experiences, concerns, and fate.
- **Summarise:** When there is a weakness in one component, it affects all of the others.
- **Ask:** Among the principles we have just reviewed, which are most important for successful coordination and collaboration between the media and public health officials and spokespersons at the state and national levels? **Take a few responses** or questions on the presentations.
- **Summarise** the following:
    - Media communication is essential to get information out quickly to a large number of people (*first and frequently).*
    - Media organisations and individuals often have influence with their audiences and are seen as credible and trusted.
        - People's opinions about trusted and untrusted sources naturally vary.
        - Mistrust of public health communicators, government spokespersons, or foreign aid organisations is often rooted in history or alienation.
        - People may believe highly unlikely information if it is from a trusted source and may not believe more likely information from an untrusted source (*credibility and trust)*.
    - Media organisations and individuals can help translate medical, public health, and other technical information into everyday language so that the public understands the situation, including implications for individual health and behaviours (*technical accuracy and expressions of care).*
    - Social media further amplifies the role of media by connecting millions of people within a short time, providing real-time insight into public perceptions, and providing clarification through interactive processes.
    - Most of these principles are probably familiar to everyone in the room.
    - Though these well-understood concepts support the best interests of the public, challenges often occur in applying them to risk communication.
- **Ask:** Based on your experiences, what are some of the biggest challenges or pitfalls in communicating about a public health emergency? **Take examples**, being mindful of time.
- **Explain:**
    - Technical experts and the public may have different frames of reference for health and disease.

    - The public's understanding is often influenced by social and cultural considerations, including vulnerabilities of particular communities.
    - These differences can hinder common understanding when discussing risky behaviours or promoting preventive behaviours.
    - It is important to engage communities in ways that account for their social, political, cultural, religious, and moral influences and their willingness to adopt preventive behaviours.
- **Ask:** What kinds of beliefs or barriers influence local acceptance of scientific data or uptake of healthy behaviours in this country? **Take a few examples**.
- **Review** the following common barriers:
    - Low literacy and low health literacy rates are barriers to reading written information and understanding health information.
    - Historically marginalised ethnic, cultural, or religious minorities may not have the same access to or understanding of health information.
    - Minority language speakers may not be able to access information in another language.
    - Economic challenges may make it difficult for some to enact key prevention behaviours.
    - Religious and cultural beliefs or practices regarding illness, disease, and explanatory models of illness may conflict with recommended health practices. This conflict can escalate during emergencies, especially if dialogue with the public and coordination with the media is delayed.
    - A one-size-fits-all approach does not work. Engagement with communities in non-emergency times facilitates discussion and informs interventions in times of emergency.
- **Ask:** Managing the emotional response to an emergency is often one of the biggest challenges. What do you think is the biggest emotional response in an infectious disease outbreak? **Take a few responses**.
- **Explain:**
    - Fear is the most common emotional response when a crisis appears to be unpredictable or out of control.
    - The bigger the crisis and perception that it is out of control, the greater the fear response of the public.
    - Fear can motivate people to act, but too much fear can have negative consequences.
- **Ask:** What are some consequences of fear? **Take a few examples**.
- **Explain:**
    - Fear can lead to denial, which may cause people to ignore public health information altogether.
    - Fear of those who are sick, those who have recovered, their friends and family members, health workers, or others working with the response effort can lead to stigmatisation, which can accelerate the outbreak.
- **Ask:** What is another emotional response people have to public health emergencies? **Take** a few examples.
- **Explain:**
    - Anger results when one group perceives it has been wronged by another group.

    - Anger increases as perceptions of blame intensify.
    - Anger can cause or aggravate harmful societal divisions that persist long after the disease threat has ended.
- **Ask:** What are some ways that can happen? **Take a few examples**.
- **Explain:**
    - When trust is weak, fear and anger can increase, especially if collaboration between the media and public health officials is weak.
    - Inaccurate or poorly executed official communication or press reports can fuel public anxiety out of proportion to the actual health threat.
    - Exaggerated media coverage of an outbreak can fuel rumours and conspiracy theories. This is more likely to occur when official information is absent or considered untrustworthy.
    - If public health officials are not available for comment or unwilling to speak to the media out of fear of criticism, reporters will find their own experts and launch their own investigations.
    - Political priorities can divide rather than unify the public when adopting key prevention behaviours.
- **Introduce** the group activity:
    - For our next activity, we will break up into four groups.
    - We will consider some complexities and potential pitfalls of the above principles, using case studies of actual zoonotic disease outbreaks.
    - Each group will receive a different case study (**refer to Handout 6:** *Case Studies - Lassa fever, mpox (monkeypox), rabies, and avian influenza*.
    - You will have 30 minutes to review your case study and answer the following:
        - Which principles of risk communication were applied?
        - What could have been done better?
        - Who should have been more involved?
        - How could the media and public health sector better coordinate this response?
    - Each group will have 5 minutes to briefly introduce the disease outbreak and share insights from your discussion.
- **Ask:** Are there any questions? **Clarify** as needed.

ACTIVITY: SMALL GROUP CASE STUDIES

- **Count off** the group by 1- 2- 3- 4.
- **Ensure** each group has a mix of public health and media practitioners.
- **Distribute Handout 6:** *Case Studies - Lassa fever, mpox (monkeypox), rabies, and avian influenza*, asking each group to select the disease they would like to work on.
- **Post the instructions** on a slide or flipchart.
- **Time** the group for 20 minutes, then bring everyone back for discussion.
- **Call on each group** to give their report. **Time them** for 5 minutes.

- **Ask:** If time allows, take a minute and reflect on your case studies. What do you think the concerns were for the public and communities at risk? **Thank** everyone for their contributions.
- **Summarise** the following:
    - As communicators, we often juggle different communication demands and needs of various stakeholder groups.
    - Most groups are motivated by a desire to save lives and protect public well-being, but they may approach this effort with different perspectives and needs.
    - Some stakeholders have more power or influence or may be more vulnerable to risk than others.
    - As communicators, we often need to navigate a tricky landscape quickly and prioritise and re-prioritise tasks to best serve the public.
    - Coordination and actions to strengthen relationships between public health practitioners, media, and the public are essential.
    - To coordinate and collaborate effectively, it is important to understand the roles, responsibilities, and values of those you work with, which is what we are going to do in our next session.

ENERGIZER

Time: 10 minutes

SESSION 2.3: ROLES AND RESPONSIBILITIES IN RISK COMMUNICATION

Time: 1 hour

Materials: Refer to the module 2 checklist.

PLENARY DISCUSSION

- **Introduce the session** with the following points:
  - In this session, we are going to discuss our understanding and perceptions of each other's roles and responsibilities.
  - We are going to kick off our discussion with a small-group exercise.
  - I'm going to give instructions first, then we will move into our activity.
- **Explain** the activity:
  - We are going to break into two groups (or more if needed, so that each group has no more than 8-10 people). Each group will include public health practitioners or media practitioners.
  - In your groups, reflect on your profession. For example, if you are in the public health group, discuss how you understand the role of a public health communicator or official working with the media in a zoonotic disease outbreak. If you are in a media practitioner group, discuss your roles within a zoonotic disease outbreak. Talking points include the following:
    - What are your responsibilities?
    - When it comes to communicating with the public, what are your biggest priorities?
    - What are your biggest challenges?
    - Are there any areas where the theory of your role doesn't match the reality?
    - Do your roles or responsibilities change in non-emergency times?
  - Next, discuss your perceptions and understanding of the other group's roles and responsibilities, considering the following:
    - What are their roles and responsibilities?
    - What do you perceive as their biggest priorities?
    - What do you perceive as their biggest challenges?
  - Please respectfully assume everyone approaches their profession with concern for the public's best interest for this exercise.
  - Please choose at least one presenter and a notetaker for your group.
  - Please work quietly.
  - You will have a total of 20 minutes for the group discussion. I will notify you when 10 minutes are up so that you can move to the second set of questions relating to the other group.
  - When time is up, each group will have 5 minutes to present.

- After both groups have presented, each group will have the opportunity to provide feedback (5 minutes) and discuss (5 minutes).
- We can discuss a lot here, but in the interest of time, please focus on a few questions only. You will have time to come back to this discussion in your breakout group and again as a full group during the remainder of the workshop.
- For this exercise, feedback should focus on the following questions:
    - Did you hear anything surprising, unexpected, or helpful?
    - Did you hear anything you do not agree with, feel is misunderstood, or would like to provide more context about?
    - Is there general agreement on the roles and responsibilities?

- **Thank** the groups for the discussion.
- **Summarise and wrap up** the session as follows:
    - Very broadly, and for the purpose of this workshop, a primary role of a spokesperson during a public health emergency and event is to communicate information the public wants or needs to enable people to take informed action to protect themselves, nurture trust, and minimise physical and mental harm.
    - It is important that the spokesperson coordinates with and is supported by several experts for proper risk communication, preparedness, and response.
    - One Health is a multisectoral and multidisciplinary effort to communicate with the public by promoting collaboration between the media and various stakeholders, such as
        - **experts in human health** (Ministry of Health, doctors, nurses, other health workers, public health practitioners, epidemiologists, virologists, medical anthropologists, laboratory technicians);
        - **experts in animal health** (Ministry of Agriculture/Farming, veterinarians, agriculture and animal farming/livestock experts); and
        - **experts in environmental health** (Ministry of Environment, environmental health officers, ecologists, wildlife experts, botanists, biologists).
    - Some of these professionals focus on developing press releases and statements. Others develop messages, communication and community engagement strategies, and behaviour change interventions. All are critical resources for the media.
    - During large outbreaks of a zoonotic disease impacting human health, one ministry or agency usually leads, and risk communication is coordinated by a pillar or technical working group. Media practitioners should be familiar with these structures and their official spokespersons.
    - Broadly speaking and for purposes of this training, the media's role is to inform as many people as possible as quickly as possible with critical information so that they can make informed choices to protect their lives. The media also help counter misinformation by

        - acting as a public watchdog;
        - interpreting official information;
        - driving public agendas; and
        - reflecting community agendas.
- **Distribute: Handout 8:** *Roles and Responsibilities of Public Health Spokespersons and Media Practitioners.*
- **Explain:**
    - We will return to these ideas throughout the remainder of the training for further discussion.
    - For your reference, this handout lists some of the information we just covered.
    - We will not review it in depth now but will come back to it in our breakout sessions and in our last session of the workshop.
    - For now, we will let the discussion digest for a bit and focus on some practical tips and tools for ensuring our communication interventions for One Health preparedness and response are clear and effective.
- **Continue to the next session** after lunch.

LUNCH

Time: 1 hour

Lunch and prayers for 55 minutes plus 5 minutes to settle into the next session.

SESSION 2.4: ELEMENTS OF EFFECTIVE MESSAGING

Time: 1.5 hours

Materials: Refer to the module 2 checklist.

PLENARY DISCUSSION

- **Explain:** Many tactics have relevance to both public health practitioners and media practitioners. To make the most of our time together, we will focus on messaging.
- **Ask:** What is the role of messaging in risk communication? **Take a few responses**.
- **Explain:**
    - Effective messaging is the cornerstone for addressing any public health emergency.
    - When messages are coordinated, consistent, and accurate, they enable multiple stakeholders to speak and engage the public and communities with one clear voice across multiple channels of communication.
    - Though messages may seem simple and straightforward, the process of ensuring their effectiveness in influencing the adoption of health-protective behaviours is complex.
    - As demonstrated in the case studies, technical information alone, even in simple and understandable language, is unlikely to prompt significant behaviour change.
    - In addition to providing essential and actionable health information, it is important that messages and the interventions through which they are delivered
        - show respect for community values;
        - communicate care and concern;
        - account for local contexts, cultures, and potential stigma associated with the emergency; and
        - be used as part of a responsive, two-way exchange with those at risk.
    - Simple, clear messages can help people to adopt behaviours that reduce their risk of contracting a disease and stop the spread of transmission.
    - Complex, confusing messages can significantly obstruct efforts to contain the spread of a disease by amplifying fear and mistrust, thus contributing to the spread of misinformation and rumours.
- **Ask:** What are some principles for or characteristics of effective messaging? **Take** a few examples.
- **Explain** that, ideally, messages should be
    1. ***Accessible***
        - **Ask:** What are some factors that are important to consider with accessibility?
        - **Take a few examples**

- Are they in a commonly understood language?
- Does the audience have access to the delivery channel (e.g. radio and internet access, literacy levels for written content)?
- Is the information appropriate for the delivery channel? For example, complex information may be better suited to interpersonal communication or conversation rather than a short radio spot or poster.

2. Actionable

- **<u>Ask</u>:** What is an example of an actionable message versus an unactionable one?
- **<u>Take a few examples and confirm</u>:**
- An actionable message is clear and specific about a behaviour that is realistic or doable for the audience. It provides the information needed to help people take action.
- People may need additional information about how and why they should perform an action. This information may help decision-makers accept and act on the recommendations of public health officials.
- Research shows that compared to general messages, messages providing specific information on an action, benefit, or risk are more likely to motivate behaviour change.[8,9]
- It is important to emphasise or reinforce priority actions and coordinate with other stakeholders so that you can help direct people to existing services and resources that can support them to take action.

  As the outbreak evolves, new or different actions may be required, again emphasising the need for coordination and frequent communication.

3. ***Accurate and credible***

- **<u>Ask</u>:** What key factors reinforce the accuracy and credibility of your messages and information?
- **<u>Take a few examples</u>** and **<u>summarise</u>**:
- Consistency across a variety of experts
- Acknowledging uncertainty and what is unknown

[8] Health Communication Capacity Collaborative (HC3). (2017).
[9] Malaria SBCC Evidence Literature Review. (2017). Johns Hopkins Center for Communication Programs.

- Acknowledging vulnerabilities or challenges people face
- Staying up to date and adapting messages and materials quickly in response to new information
- Coordinating so that trusted messengers deliver the information
- Addressing concerns by providing relevant facts beyond just health behaviours

4. ***Relevant***
    - **Ask:** What are some things to consider if the message is relevant? **Take a few examples**.
    - **Explain:**
    - Communicators can increase the sense of relevance by understanding their audiences' personal experiences and by explaining how the issue can affect family, friends, or others in their community.
    - Communicators can draw attention to the social, cultural, and economic risks of the health threat.
    - Consider your audiences' access to materials required to perform the behaviours. Some local adaptation may be required (e.g. ash for soap or banana leaves, fabric, or wood boards instead of wheelbarrows).
    - Use commonly understood language and terms instead of technical terms or NGO or government jargon.
    - **Ask:** What are some examples of jargon that is common to us but may not have much meaning to the lay public?
    - **Take a few examples**, which may include
    - "strategic plans" or "capacity building;"
    - Latin names or scientific technical terms, such as *Bacillus anthracis* for the bacteria that causes anthrax or encephalitis for a disease of the brain; and
    - abbreviated initials or acronyms, such as VHF for viral haemorrhagic fever or WHO for the World Health Organization.
5. ***Timely***
    - **Ask:** What are some factors to consider for timely messages? **Take a few examples**.
    - **Explain:**

- During health emergencies, it is important to communicate rapidly what is known and unknown and to provide frequent and reliable updates.
- For non-urgent health threats, timeliness means engaging audiences to ensure awareness and preparedness.
- A key to this principle is to determine the best time to engage the public (i.e. when they are most likely to pay attention).

6. ***Understandable***
    - **Ask:** What other factors should be considered to ensure messages are understood? **Take a few examples**.
    - **Explain:**
    - There is no one-size-fits-all message.
    - Different populations and audiences have different information needs based on their vulnerabilities and other characteristics, such as age, literacy level, and religious background.
    - Use stories and language that appeal to values like personal or collective responsibility.
    - Use emotions such as compassion, hope, and humour instead of just relying on logic.
    - Present information in appealing ways that represent the population, context, and local decision-makers and actors.
    - Understand your audience and coordinate with those supporting and working with them to understand their concerns, issues, and needs.

- **Introduce** the small-group work:
    - Now that we have reviewed some tips to inform our overall approach and effectiveness of risk communication, let's break up into small groups and try applying it to a One Health scenario.
    - I will explain the activity, and then we will count by 1-2-3-4 to divide into four groups.
    - Each group will receive the SBC materials about a particular disease and a message checklist with some reminders of some of the information we have covered today.
    - You will have 30 minutes to review the materials and discuss answers to five questions:

1. *What emotion(s) does this message/material elicit?*
2. *Who are the potential audiences for this message/material?*
3. *What information and behaviours are prioritised in this message/these materials?*
4. *Do you think that the public in the affected area would be able to enact preventive behaviour as a result of this message/material?*

5. *In your opinion, what would be an example of a more effective message that you would create for the affected audience?*
    - You will likely not have all of the information you would like to answer these questions, and that is part of the exercise. Reflect on the discussions we have had so far and your own personal and professional experiences.
    - After 30 minutes, we will share our discussions as a large group to learn from each other.
- **Ask:** Are there any questions? **Clarify** as needed.

ACTIVITY: SCENARIO GROUP WORK

- **Count participants off** by 1-2-3-4 and **ensure** that each group has a mix of public health and media practitioners.
- **Give** everyone a copy of the materials listed in **Handout 7:** *SBC Materials for PZDs*
- and **Handout 9:** *Messages and Materials Checklist*.
- **Post** the group work questions on a slide or flipchart for easy reference.
- **Time** the groups for 30 minutes and **bring them back together**.
- **Ask** for a volunteer to share their group's thoughts on question 1.
- **Ask** if any of the other groups have different thoughts, and **move on** after a few minutes.
- **Ask** for a volunteer to share their group's thoughts on question 2.
- **Ask** if any of the other groups have different thoughts, and **move on** after a few minutes.
- **Ask** for a volunteer to share their group's thoughts on question 3.
- **Ask** if any of the other groups have different thoughts, and **move on** after a few minutes.
- **Ask** for a volunteer to share their group's thoughts on question 4.
- **Ask** if any of the other groups have different thoughts, and **move on** after a few minutes.
- **Ask** for a volunteer to share their team's message for question 5.
- **Ask** other groups to share their message, and **move on** after a few minutes.
- **Thank** the teams for their responses.
- **Ask:** Are there any questions? **Clarify** as needed.
- **End** the session with the following:
    - It is impossible to design a one-size-fits-all communication strategy or message to address One Health, all zoonotic diseases, or an outbreak of a zoonotic disease.
    - Understanding how to apply principles of effective communication to leverage your unique roles and responsibilities and avoid common pitfalls can help prevent, rapidly detect, and rapidly respond to a zoonotic disease outbreak.

CLOSING SESSION: WRAP UP AND TEA BREAK

Time: 20 minutes

- **Thank** the group for their participation over the course of the day.
- **Remind** the group that tomorrow will begin with breakout groups.

- **Close** the session with other administrative updates and a reminder to pick up their evening snacks.

MODULE 3: PROFESSIONAL BREAKOUT SESSIONS

Total Time: 6 hours (not including lunch or tea breaks)

NOTE

Module 3 requires participants to be divided by their profession. The sessions are conducted simultaneously and require at least two rooms and two facilitators per group.

Sessions are labelled with a "MP" or "PHP" in the *Facilitator's Training Manual*, with slides and associated handouts to indicate which materials are for which group. Facilitators should follow the guide for their group only.

The following sessions include MPs:

- Session 3.1 (MP)
- Session 3.2 (MP)
- Session 3.3 (MP)
- Session 3.4 (MP)
- Session 3.5 (MP)

The following sessions include PHPs:

- Session 3.1 (PHP)
- Session 3.2 (PHP)
- Session 3.3 (PHP)
- Session 3.4 (PHP)
- Session 3.5 (PHP) – Bonus

MODULE 3 OBJECTIVES

By the end of the module, participants in the MP sessions should be able to:

- Define and agree on ethical principles and frameworks for media practitioners covering a public health emergency;
- Discuss the challenges of reporting in an epidemic and identify and practise the application of tips and strategies to manage challenges;
- Demonstrate an enhanced understanding of the challenges that other actors, including public health authorities and vulnerable populations, face when being interviewed in public health emergencies, and identify strategies to manage these challenges; and
- Improve their ethical interviewing techniques, knowledge, and skills.

By the end of the module, participants in the PHP sessions should be able to:

- Understand the role of the media in epidemics;
- Reflect on and discuss challenges and successes working with media and identify strategies to better plan for and address needs for improved collaboration;
- Identify pitfalls and strategies to strengthen press briefings, interviews, and community engagement;
- Apply preparatory techniques for media interactions; and

- Identify key components of a risk communication and community engagement plan, as well as tools and resources to support its development and implementation.

MODULE 3 METHODS

- Brainstorming and reflection
- Large-group discussion
- Small-group work
- Case study
- Role play
- Material and template review

MODULE 3 CHECKLIST

- Enough copies of printed materials for this module (See **Annex 1** for details):
    - **Handout 10:** *Ade and Musa Scenarios (MP)*
    - **Handout 11:** *Fact Checking and Detecting Mis- and Disinformation (MP)*
    - **Handout 12:** *Creative Brief Template (MP)*
    - **Handout 13:** *Interview Role Play (MP)*
    - **Handout 14:** *Pitfalls and Strategies: Public Communication (PHP)*
    - **Handout 15:** *Community Engagement (PHP)*
    - **Handout 16:** *Channels of Communication (PHP)*
    - **Handout 17:** *Sample Press Briefing (PHP)*
    - **Handout 18:** *Case Study Interview Preparation (PHP)*
    - **Handout 19:** *Strategies for Successful Interviews (PHP)*
    - **Handout 20:** *Resource Package (PHP)*
- Blank flipcharts, tape, and markers, timer or watch
- Laptop, projector, and slides, if using
- If not using slides, prepare flipcharts in advance with the following labels:
    - Group work instructions
    - Simple Empathy (MP)
    - Non-verbal communication (MP)
    - Simple Empathy (PHP)

RECAP: REVIEW OF DAY 2 AND INTRODUCTION TO MODULE 3

Time: 30 minutes

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Welcome** the group to day 3 of the workshop.
- **Explain:** We will have a quick review of yesterday's activity by doing the hot cassava activity.
    - **Hold up** a ball made from a piece of paper and **toss** it back and forth between your hands (dancing to music).
    - **Tell** the group the ball is a hot piece of cassava.
    - **Explain:** Music will be playing in the background while the ball will be passed around. When the music stops, if you have the ball, say one key takeaway from the day before and quickly pass the ball to someone else.
    - You can share anything new that you learned, a takeaway from a discussion or exercise, or a topic covered.
    - Move quickly, and see how many people can speak before 8 minutes is up.
- **Ask:** Are there any questions? **Clarify** as needed.

ACTIVITY: HOT CASSAVA REVIEW

- **Set the timer** for 8 minutes, and **pass** the ball to start the review.
- **Bring** everyone back to their seats for discussion when the timer goes off.
- **Thank** them for the contributions and briefly **summarise** the following points:
    - Yesterday, we discussed the role of trust in communicating for behaviour change.
    - We identified the professional roles and responsibilities of both media and public healthpractitioners during public health emergencies and events.
    - We discussed the principles of effective communication, the characteristics of effective messaging, and how to apply them.
- **Introduce** the focus of today's sessions:
    - Today, we will break into groups by profession to look at tactics and tips specific to your roles.
- **Explain:** Participants will be divided by their professional groups (media and public health practitioners).
- **Provide details** for where each group will meet (plans should be made ahead of time so that each group can have its own room).
- **Direct** participants to their respective rooms, and start module 3.

SESSION 3.1 (MP): ETHICAL PRINCIPLES AND FRAMEWORKS FOR REPORTING IN PUBLIC HEALTH EMERGENCIES

PRINCIPLES AND FRAMEWORKS FOR REPORTING IN PUBLIC HEALTH EMERGENCIES

Time: 2 hours

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Introduce** the purpose of the breakout sessions.
- **Review**: So far in our time together, we have
    - introduced concepts of One Health and zoonotic diseases and discussed them in the context of risk communication for preparedness and response to zoonotic disease outbreaks;
    - reviewed existing structures and communication tools for One Health and zoonotic diseases;
    - discussed principles and pitfalls of risk communication, as well as tactics to support clear and effective messaging;
    - explored the unique roles and strengths of media and public health practitioners in risk communication; and
    - identified areas where coordination between professions can enhance (or weaken) risk communication aimed at improving health outcomes.
- **Explain:** The purpose of our breakout sessions is to further explore this last set of topics in greater depth as it relates to your role as a media practitioner and to review specific tips and tools for working with public health practitioners on One Health risk communication.
- **Ask:** Based on what we have covered so far, what are some benefits of reporting on One Health and zoonotic disease outbreaks?
- **Take a few responses,** and **write** them on a flipchart. Examples include the following:
    - “Informing and empowering people and communities”
    - “Doing my job”
    - “Covering the biggest story of the year”
    - “The excitement of frontline reporting”
    - “Professional advancement”
    - “Countering misinformation with the truth”
    - “Making sure important stories are heard”
- **Ask:** Do you see any overlap or points of intersection between the benefits you just listed and what we discussed with the full group in terms of the roles and responsibilities of media practitioners?
- **Take a few responses** and **discuss** any overlaps.
- **Summarise:**
    - Media Practitioners play an important role in responding to outbreaks and meeting the general public’s need for information.
    - Media outlets, especially radio and social media, are the fastest and most direct channels to inform affected communities about an imminent or present public health emergency.

    - As we discussed earlier, people's emotional response or perceived threat often increases in a public health emergency when health risks are involuntary, unfamiliar, uncontrollable or controlled by others, perceived as unfair, and severe in their consequences.[10]
    - People's emotional response or threat level may be low if the health risk or behaviours are perceived as normal. People will not respond to health risks or behaviours, even with health communication efforts, if they do not recognize or understand the threat.
    - Media Practitioners can serve as constructive, credible sources of information that empower and serve the public, or they can produce sensationalist stories that risk becoming a dangerous force of misinformation.
    - By introducing One Health and zoonotic disease topics in times of non-emergency, media practitioners can help raise awareness of risks and prevention behaviours, support the public in taking informed action to prevent zoonotic disease outbreaks, and facilitate a more effective response to any detected outbreak.
    - Media Practitioners have a responsibility to report honestly and objectively.
    - Reporting on the activities of public institutions and government informs the public and holds officials accountable.[11] During a crisis, this reporting may include asking in-depth, challenging, and probing questions of public institutions and the government.
- **Show or read** the following headline examples:
    - Nigeria confirms outbreak of new infection, records 25 deaths[12]
    - The deadly virus Lassa fever sweeping Nigeria[13]
- **Ask:** What do you think some of the outcomes of these headlines may have been? **Take one or two responses and explain:**
    - These are attention-getting but likely to increase public fear.
    - Grabbing attention is essential in a public health emergency as people may quickly tire of hearing about the issue, especially if they are not severely impacted.
    - However, it is important to try to engage creatively without sensationalising the issue or creating more fear.
- **Ask:** Reflect on our earlier roles and responsibilities exercise (**Handout 8:** *Roles and Responsibilities of Public Health Spokespersons and Media Practitioners*). What are some of the greatest challenges media practitioners face when covering disease outbreaks?

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[10] World Health Organization. (2020) *Risk Communication Training, Module B-3*. https://www.who.int/emergencies/risk-communications/emergency-risk-communication-training

[11] Centers for Disease Control and Prevention. (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

[12] Ileyemi, M. (2023, January 20). Nigeria confirms outbreak of new infection, records 25 deaths. *Premium Times.* https://www.premiumtimesng.com/news/headlines/576840-nigeria-confirms-outbreak-of-new-infection-records-25-deaths.html

[13] Instacare. (2023, February 3). The deadly virus Lassa fever sweeping Nigeria. https://instacare.pk/blog/nigerian-lassa-fever-sweeping-news

- **Take several responses and summarise:**
    - As a public health emergency grows, things can change quickly with limited time to research or secure interviews with sources.
    - You may find that health officials, health workers, other experts, and frontline responders have limited time to speak with you or may have concerns about sharing sensitive information with the media.
    - Rumours and misinformation spread quickly. Separating rumours and misinformation from the truth requires skill and time, which is often limited by tight deadlines.
    - There can be pressure personally or from your organisation to break a story or be the first to cover an event in a fluid and high-pressure environment.
    - Challenging times require strong journalistic ethics and principles.
- **Ask:** What general questions would you want answered if you were covering a story about a cluster of new Lassa fever cases in a previously unaffected community in north-western Nigeria?
- **Take a few examples and explain:**
  The story should adhere to *what-who-why-where-when* and *how* questions:
        - *What* is happening in the community?
        - *Who* is most affected?
        - *Who* is providing medical care to the community?
        - *Why* is this new community now affected?
        - *Why* is medical care being delivered in a particular way? For example, why do people have to be treated in Lassa fever treatment centres rather than in a primary health facility?
        - *When* did this new cluster of cases begin?
        - *Where* should people go if they or family members experience symptoms?
        - *How* did it happen?
        - *How* to prevent or avoid contracting the disease?
- **Ask:** What are some ethical principles that would be important to adhere to as well?
  Take a few examples and confirm the following ethical principles:
    - ***Principle: Seek the truth and report accurately.***
        - Journalism is the business of seeking the truth, and Media Practitioners should be honest and courageous in reporting information.
        - Media Practitioners provide balance by looking for alternative perspectives and interpretations of events; ensuring that other points of view receive coverage; and minimising the unknown, rumours, and

conspiracy theories that can easily escalate in public health emergencies.

- Look out for rumours or incorrect or questionable information. Verify accuracy before sharing. Confirming with authorities is important and builds credibility with audiences.
- The field is competitive, but speed does not excuse inaccuracy.
- Building relationships with public health practitioners and supporting their efforts to raise public health awareness around One Health and zoonotic diseases aligns with actions for emergency preparedness and disease prevention. Building and nurturing relationships of mutual trust can help secure access to authorities during emergencies.
- As we discussed earlier, the media may be more trusted than government stakeholders and officials. The public rely on media practitioners to deliver facts. As practitioners, understand that you should never plagiarise or deliberately distort the facts.

- ***Principle: Do no harm.***
    - **Explain:** Despite the best intentions, sometimes media coverage has unintended negative consequences.
    - **Ask:** What are some ways you think media coverage could cause harm?
    - **Take a few examples and explain:**
    - Stigmatisation in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. Stigmatisation can lead to labelling, stereotyping, discrimination, ostracism, and loss of status, which can negatively affect those with the disease and their caregivers, family, friends, and communities, as well as people who do not have the disease but who share similar characteristics with those who do.
    - Stigmatisation hurts everyone by creating fear or anger towards other people.
    - Stigmatisation can drive people to hide their illness, prevent them from seeking health care immediately, and discourage them from adopting healthy behaviours, all of which can accelerate an outbreak.
    - Stigmatised groups may be subjected to social avoidance or rejection; denied healthcare, education, housing, or employment; or targeted for physical violence, such as those wearing or not wearing masks during the COVID-19 pandemic.

- **Ask:** Can you think of examples when people were hurt by disease stigmatisation?
- **Take a few responses and explain:**
- Responses may include HIV, tuberculosis, leprosy, Ebola, and COVID-19.
- To minimise stigma and help address it, choose the words that you use to talk about the disease carefully. Words matter.
- For example, avoid attaching ethnicity to a disease. Avoid referencing people as "mpox cases" or "victims of Lassa fever." Instead, talk about "people infected with mpox,""people who have rabies," "people being treated for Lassa fever," "people recovering from mpox," or "people who died after contracting Lassa fever."
- Avoid referring people as cases or suspects. Talk about "people who may have Lassa fever" or "people who are presumptive for bovine TB."
- Avoid talking about transmitting the disease, infecting others, or spreading the virus. Talk instead about "acquiring" or "contracting" a disease.
- Commit to helping your audience understand how a disease may affect people and the ways to safely interact without stigmatising or isolating them.[14, 15, 16]
- The business of journalism is to make information public. However, as media practitioners, we also need to consider when it is appropriate to keep information private to protect sources and interviewees from unnecessary harm.
- **Explain**: We will have a later session devoted to rumours. For now, it is important to remember to avoid repeating or sharing unconfirmed rumours.[17] When encountering questionable information, it is also

[14] UNICEF. (2020, 24 February). *Social stigma associated with the coronavirus disease (COVID-19)*. Retrieved from https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19

[15] Centers for Disease Control and Prevention. (2020, June 11). *Reducing Stigma*. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsymptoms-testing%2Freducing-stigma.html

[16] Johns Hopkins Center for Communication Programs/Breakthrough ACTION. (2020, July). *Disrupting COVID-19 Stigma.* https://covid19communicationnetwork.org/wp-content/uploads/2020/05/Disrupting-COVID-19-Stigma-Technical-Brief_v1.1.pdf

[17] Bugge, J. (2017). *Rumour has it: A practice guide to working with rumours*. CDAC Network. https://www.cdacnetwork.org/tools-guidance/20170610-rumour

important to consider the consequences it could cause if widely spread. For example,

- Could it harm the public?
- Could it stop people from accessing essential services?
- Could it cause conflict?
- Could it result in risky behaviour that accelerates the outbreak?
- Could it put certain groups at risk, including your own organisation or partners?
- Avoid sensational language that generates fear (e.g. plague, apocalypse), scary imagery, and negative messages. As we have discussed in detail, instead use positive language and emphasise the effectiveness of prevention and treatment measures.

- ***Principle: Demonstrate accountability and transparency.***
  - Reporters should hold those with power accountable and seek sources whose voices are rarely heard.
  - **Ask:** Who are some of the most vulnerable that are least heard?
  - **Take a few responses and confirm**:
  - The most vulnerable are those at most risk of health problems and those least able to care for themselves. Broadly speaking, this group may include children, the elderly, women and girls (particularly pregnant women), people with disabilities and existing health and well-being issues, people who are homeless, and people who are displaced.
  - We often think of exposing issues, challenges, and hidden truths, but it is worth remembering that positive stories about community action, successful collaboration, and creative solutions can provide hope and motivation. These stories provide opportunities to elevate voices from marginalised groups.
  - Media Practitioners should avoid conflicts of interest when producing stories. When it is impossible to avoid them, Media Practitioners should declare any conflict of interest at the end of their stories.
- ***Principle: Adhere to confidentiality, privacy, and legal frameworks*.**
  - This principle touches on each of those we have discussed so far. Let's reflect for a moment on our roles and responsibilities exercise this morning.
  - We discussed the roles of a spokesperson or public health official with risk communication responsibilities, which is to communicate information people want or need to take informed action and protect themselves, to strengthen trust, and to minimise physical and mental harm. Recall **Handout 8:** *Roles and Responsibilities of Public Health Spokespersons and Media Practitioners*.

- **Ask:** Who here (by show of hands) has felt that sometimes public health communicators or officials have not openly shared information with the media in fulfilment of this role?
- **Ask:** How many of you (by show of hands) have experienced a lack of access to health facilities or hospitals?
- **Ask:** Why do you think public health spokespersons might be reluctant to share information with media practitioners or grant them access to health facilities?
- **Take a few responses and review**:
- One of the greatest challenges in building trust between reporters and spokespersons is the concept of confidentiality and privacy.
- In a public health crisis, public health officials must balance the requirement to protect the confidentiality of patients and other vulnerable people with the need to inform the public of critical information.
- Sharing information with a media practitioner is not risk-free. There are potential consequences for sources and interviewees.[18]
- Some consequences are good, such as offers of financial help for education or healthcare for people in need. However, negative things can also happen to sources and interviewees after a story is published.
- Sometimes, public health spokespersons must withhold information, in which case they are not deliberately trying to "cover up" or hide it.
- For example, although legal frameworks may vary from country to country, ethics guidelines in the healthcare sector deem it unethical to give out information that could identify individual patients and their families.
- **Ask:** Do you know of similar legal frameworks or ethical guidelines in this country?
- **Take a few replies and explain**:
- Although Media Practitioners are not bound to protect their sources in the same way that health workers are, there have been cases in the past in which protection and confidentiality have been breached, with serious consequences.

[18] Centers for Disease Control and Prevention. (2014). *Crisis emergency risk communication (CERC) training: Chapter 6 working with media.* https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

- The journalism code encourages protection of sources. For example, the Nigeria Union of Journalists and Guild of Editors help protect journalists/media practitioners from repressive governments.
- **Ask:** What are some scenarios where protection of sources may be necessary in the context of a zoonotic disease outbreak or public health emergency?
- **Take a few replies,** being mindful of time.
- **Ask:** What are some of the strategies you have used when you feel officials are withholding information?
- **Take a few responses and review**:
- One strategy is to ask public health spokespersons *why* they are unable to share the requested information and then share their explanation with your audience.
- For example, if a public health official says she cannot disclose the name of a local person who recently died from disease Z, ask why not. If it is due to a law or national requirement in the interests of patient privacy, you can include this information in your story so that your audience understands.
- Avoid language that blames public health spokespersons for following legal or patient confidentiality requirements.
- In exceptional circumstances, an individual may be identified by officials, such as when that identity is already widely known or when publicising the identity is deemed to be in the public interest.
- In these situations, Media Practitioners have a responsibility to explain the context behind the event. For example, why did the government choose to release this information? The explanation can serve as a compelling component of a journalistic story.
- **Ask:** What are some other challenges you have or could imagine facing that decrease trust between the media and public health authorities?
- **Take a few responses and explain**:
- Officials may be busy, with limited time for interviews.
- Officials may not have answers or may be reluctant to talk to the media in a time of public fear, especially if trust between the media and public health authorities is low or strained.
- Public health and emergency management practitioners may expect the media to report in ways that support official goals.

- **Ask:** What are some of the ways you manage these challenges?
- **Take a few responses and explain**:
- You can establish channels of communication with designated spokespersons and public health practitioners, which every ministry (health, animal, environment) or international partner organisation has in times of non-emergency.
- Your interest and support in their programs help foster mutual trust and a deeper understanding of the issues, which can inform your reporting when emergencies occur.
- You can form groups with other media practitioners, creating dedicated WhatsApp groups to share press conference information and contacts.
- **Close** the session with the following:
- Both media practitioners and public health officials want to save lives and protect the public. They approach this goal from different perspectives and with different needs and responsibilities.
- Though these concepts and ethical principles we have reviewed today are something you apply daily, it is helpful to reflect on them within the context of risk communication for a zoonotic disease and with deeper consideration of the responsibilities and challenges public officials may face.
- This process can help identify points of commonality, which may increase patience, generate creative solutions, and strengthen professional skills both technically and in relationship building.
- Ultimately, ethical principles can help us to better navigate the complex and rapidly changing landscape of an emergency so that we can best serve the public.
- **Ask:** Are there any questions? **Clarify** as needed.
- Give instructions for small group work.

ACTIVITY: SMALL GROUP WORK - ADE AND MUSA SCENARIOS

- **Divide** participants into two groups.
- **Assign Group 1** Ade's Story on Handout 10: *Ade and Musa Scenarios (MP).*
- **Assign Group 2** Musa's Story on Handout 10: *Ade and Musa Scenarios (MP).*
- **Post the questions** on a slide or prepared flipchart for easy reference. Read the scenario and answer the following questions:

1. *Who do Ade and Musa need to talk with to confirm the accuracy of the information?*

Ade: Community leaders, traditional healers, health facility, family members of people who have the disease, public transport operators, farmers, market leaders
Musa: Community leaders, health facilities, veterinary clinics, animal health authorities, environmental health officers, public transport operators, poultry farmers, live bird marketers

2. *Which characteristics of the health issue need more information?*

   Ade: Who are the people affected? What kinds of jobs do they do? Where do they live? Is there a history of such issues in the area? How many people have died?
   Musa: What are the potential causes of death in affected animals? How many farms are affected, and where are they located? Are there cases of infections or death in humans? Is there a history of this type of disease? How many birds have died? What are the typical movements of these birds?

3. *What is the best source to learn more?*

   Ade: Health authorities, Nigeria Centre for Disease Control and Prevention website and hotline, One Health authorities at all levels
   Musa: Veterinary authorities, One Health authorities

4. *What angle/perspective would they take in reporting the story?*

   Ade and Musa: Human angle, facts and data angle, anecdotal, economic angle

5. *What are some potential unintended consequences of the story?*

   Ade and Musa: Misinformation, panic, stigmatisation, and economic losses. The disease could spread and reduce the effectiveness of the response.

6. *What are some of the things people in the community would want to know?*

   Ade: Who is at risk? What is the cause of the problem and its symptoms? How is the disease spread? How can people protect themselves? Where can they get treatment? What is the government doing about the disease?
   Musa: Are humans at risk? What types of animals are at risk? What is the cause of the problem and its symptoms? How is the disease spread? How can people protect themselves? How can poultry farmers protect their birds? Where can they get treatment? What is the government doing about the disease? How and where should it be reported?

7. *How would they make sure to present the information in a useful and actionable way?*

   Ade and Musa: Simple, relevant, and accurate information. Understand their concerns and cultural contexts. Use trusted channels of information that people can understand. Use pictorial information.

- **Explain**: Each group will have 10 minutes to present their scenario and 5 minutes for feedback and discussion
- **Ask:** Are there any questions? **Clarify** as needed.
- **Time** the groups for 20 minutes and then bring them back together.
- **Ask** group 1 to briefly present their situation and responses.
    - **Time** group 1 for 10 minutes, and then open the floor for feedback and discussion for 5 minutes.

- **Follow up** with these points as needed:
    - In this scenario, it could be helpful to talk to the affected individuals, with proper precautions, and the health extension officers. Ask if they know how many people and communities in the nearby area have potentially been affected?
    - A potential angle is to promote awareness of signs and symptoms of Ebola or other haemorrhagic fevers, if they are common in the area, and promote early care seeking for any fever or other symptoms. This instruction might change based on information from officials and the community.
    - Potential consequences could be reluctance to publicise an outbreak or people not believing news of an outbreak.

- **Ask** group 2 to briefly present their situation and responses.
    - **Time** group 2 for 10 minutes and then open the floor for feedback and discussion for 5 minutes.
    - **Follow up** with these points as needed:
        - This scenario could be a case of bird flu, which could have large-scale economic impacts on families if they lose large numbers of animals for sale or consumption. It also could have health impacts for the community if there is little confidence in the information being provided.
        - It could be helpful to talk to both the large farm and some smaller farms about their different perspectives, as well as animal health officials. It may be worth asking if animal health and public health ministries are working together to identify potential misdiagnosed cases of bird flu in humans.
        - One potential angle could be to promote general awareness of the signs and symptoms of bird flu and ways to prevent the loss of animals. You could profile animal health services to help address community concerns and motivations.
        - If there are accusations of sabotage, it will be important to be sensitive to any existing conflict in the area.
- **Ask:** Are there any questions? **Clarify** as needed.

TEA BREAK

Time: 30 minutes

Time tea break for 25 minutes plus 5 minutes to settle before the next session.

SESSION 3.2 (MP): ETHICAL INTERVIEWING

Time: 2 hours

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Welcome** the group back from the tea break.
- **Introduce** the session:
    - Earlier, we discussed ethical guidelines and frameworks for covering a public health emergency.
    - We shared the challenges of reporting in an epidemic and identified and practised ways to manage them.
    - We also explored some challenges that public health authorities and vulnerable populations face when being interviewed in public health emergencies and identified strategies to manage these.
    - Now, we are going to build on this by reviewing and practising our ethical interviewing techniques.
- **Ask:**
    - How many of you (by show of hands) have ever been interviewed?
    - What made it good or easy or not so good or challenging? **Take a few responses**.
    - Who is willing to share their experience of the worst interview they have ever participated in or conducted and what you learned from it? **Take two examples** and **thank** them for sharing.
- **Ask:** Based on your experiences and principles of risk communication, what are some key criteria for conducting a good interview during a public health emergency?
- **Take a few responses and review the criteria**:
    - ***The right person to interview who has knowledge, credibility, and the ability to express themselves on the subject***
        - Audience needs will differ, depending on the stage of the public health emergency and other characteristics.
        - In some cases, a community health worker or someone recovering from a disease may be a more valuable or relevant interviewee than a senior politician.
    - ***Informed consent***
        - **Ask:** What is informed consent?
        - **Take a few responses and explain:**
        - Informed consent is the process of ensuring sources understand the purpose of the interview and any potential risks and voluntarily agree to participate.
        - As media practitioners, our responsibility is the public interest.

- Unlike healthcare workers or officials, we do not have to think of every tiny detail that could go wrong, but we should be aware of the most significant risks, and we should explain them to our sources so that they can give us their informed consent.
- As health-focused media practitioners, we must ensure our sources understand the potential consequences of sharing their information.
- **Ask:** What are some questions to consider in the informed consent process?
- **Take a few responses and review some questions:**
- Have I identified how the interviewee could be negatively impacted physically, psychologically, or professionally by the interview or story?
- If yes, is it still important and in the public interest to do the interview? Is there someone else I could interview who would not be negatively impacted?
- Have I explained to my source the basis of our interview, and have I been transparent about its purpose?
- Have I explained the potential risks to the interviewee? Do I feel confident they understand them?
- Have I confirmed that my source understands what is meant by on the record, off the record, or background interview?
- Have I confirmed that my source is comfortable publicising their name, or would they prefer to anonymize the quote or distort their voice?

- ***Research***
  - **Ask:** Why is research important?
  - **Take a few responses and review**:
  - In a public health emergency, time may be limited, but take time to read material relevant to your planned interview beforehand to help inform your questions.
  - The more you cover issues related to One Health and zoonotic diseases in advance of an emergency, the more informed you will be.
  - **Explain**: The *Poynter Institute for Journalism* emphasises that reporters are often unprepared to cover events with complex scientific issues and that acquiring background information is important to get the story right. The institute offers five tips for reporting in these contexts:

1. Be more tolerant of uncertainty inherent to a disaster.

2. Find out who is really in charge.
3. Dig for deeper context to the story.
4. Look for takeaways, including lessons learned.
5. Find evidence to support anecdotes and critically assess the evidence.[19]

- During non-emergency times, seek invitations to the emergency operations centre or talk with risk communication experts to gain insight into how things work during an emergency, the agencies involved in the response, and how media will be accommodated.

- ***Location***
  - When possible, suggest a quiet venue to clearly hear what your interviewee says, which also helps create a quiet environment for audio recordings.
- ***Rapport***
  - Establish rapport with your source if the interview is on or off the record. Explain the purpose of the interview and what the interview material will be used for.
- ***Open questions***
  - Ask open questions**.** Begin the interview with easy questions to put your source at ease, particularly if they are a patient or member of an affected community.
  - **Ask:** Why are open-ended questions important?
  - **Take a few responses and explain**:
  - Asking open-ended questions helps you learn about a concern or problem.
  - Open-ended questions encourage a full, meaningful answer, using the person's own knowledge and feelings.
- ***Active listening***
  - Pay attention to non-verbal communication like body language and expressions, both your own and the interviewee.
  - **Ask:** What are some ways we can demonstrate that we are actively listening?
  - **Take a few responses and explain**: The more we dialogue with others, the more we understand each other.
  - **Ask:** What are some characteristics of positive or negative non-verbal communication to consider?

[19] Centers for Disease Control and Prevention. (2014). *Crisis emergency risk communication (CERC) training: Chapter 6 working with media*. https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

- **<u>Take a few responses and review the following table</u>**:

Aspects of Nonverbal Communication[20]		
Aspects	**Does not help**	**Helps**
Posture and position	Standing with your head higher than the other person	Sitting so that your head is level with the other person
	Having your arms crossed and being hunched over	Resting your hands in your lap, sitting up straight, and facing the interviewee
Eye contact	Looking away at something else or down at your notes	Maintaining eye contact as much as possible while the other person is speaking
Facial expression	Looking irritated, annoyed, grim	Displaying a positive or at least neutral expression
Physical barriers	Sitting behind a table or writing notes while discussing with community members or attending a community meeting	Removing the table or your notes, taking the same position as the people you are interviewing, such as sitting on a chair or the floor or standing
Taking time	Acting hurried, greeting a person or group quickly, showing signs of impatience, looking at your watch	Making the person or community group feel that you have time, sitting down and greeting the caregiver or group without hurrying, asking open-ended questions and waiting patiently for an answer

- ***Empathy:*** Another aspect of active listening is expressing empathy. This can be extremely important when talking with vulnerable groups.
  - **<u>Ask</u>:** Who can give us a definition of empathy?
  - **<u>Take one or two responses and explain</u>**:
  - Empathy is a sense of understanding and compassion for another, sensing what it might be like to be in their shoes and feeling what they might be going through.
  - Empathy is different from sympathy, which is feeling sorry for another person. Empathy is not feeling pity for someone who is going through an unfortunate situation.
  - **<u>Ask</u>:** In what types of interviews do you think showing empathy is most appropriate? **<u>Take a response or two</u>**. Examples include interviews with those most vulnerable or impacted by the emergency.

[20] UNICEF. (2017). *Facilitator's guide: Interpersonal communication for immunisation*.

- **Ask**: What are some ways you think we could show empathy in an interview?
- **Take a few responses. Review the following table**:

Simple Ways to Show Empathy[21]	
Pay full attention to the speaker	Allow them to speak. Do not interrupt to propose a solution. Giving someone your full attention and allowing them to be heard is actually part of the solution.
Allow silence	Silence gives a person time to reflect, consider next words, and come to terms with feelings.
Avoid focusing on a solution	Stay in the moment. Let the person express themselves and let yourself hear and feel what they say. Don't solve it; hear it.
Say empathetic things	Examples include *"I hear what you're saying," "That must have been difficult for you,"* and *"I don't know what to say, but I'm glad you told me."* Empathy can be particularly useful when people tell you about a terrible loss or occurrence.
Avoid saying *"I know just what you are going through"*	This statement is almost never true, and it can make people frustrated.
Have a plan for when you struggle to feel empathy.	Try to imagine that the person you are talking to has just suffered a loss or a difficult situation like one you might have recently encountered. Think about how you felt then and how you wanted people to treat you. Just a minute of remembering your own difficulties and how you felt might give more understanding of the person in distress in front of you.
None of us know what someone else is going through.	Always try to give people the benefit of the doubt.

- ***Effective questioning***: Another aspect of active listening we have already touched on is open-ended versus leading questions.
  - An open-ended question often begins with "*why*?" as in "*Why did you do XYZ?"* or "*Why don't you want XYZ?"* which may make people feel defensive. It's important to understand why they did XYZ, but you should find a way to ask that doesn't make the person feel attacked or criticised.
  - A leading question implies what we hope to hear as the answer.
  - **Ask:** Who can give an example of a leading and an open question to

[21] Adapted from UNICEF's (2017) *Facilitator's Guide: Interpersonal Communication for Immunization*.

ask when interviewing a family of survivors who have experienced isolation in their communities after recovering from Ebola? Assume you have already explained the purpose of your story and how it might bring increased public attention to them. **Take a couple of responses**.

- **Give an example of a leading question**: "You don't have a problem with this, do you?"
- **Give an example of an open question**: "How do you feel about this?" or "Do you have any questions or concerns before we move ahead?"
- Though leading questions may be a strategy or tactic to use with some interviews, they may not be appropriate for all.
- **Ask:** What are some examples of open questions to help draw out more information from a source? **Take a few examples:**
- "I'm not sure I am following you. Can you help me understand?"
- "Did I understand you correctly, did you mean …?"
- "Can you tell me more about what you've heard?"

- ***Reflecting*:** Active listening also involves reflecting on what you heard, which lets the other person know they are heard and understood. Reflecting helps people feel understood and encourages them to express themselves further. It can be seen as a combination of the first three techniques. It's a fine balance, though. Don't repeat or confirm false information or rumours. Reflecting entails two key steps:
  1. Seeking to understand a speaker by observing words and non-verbal communication
  2. Offering the idea back to the speaker to confirm that the idea has been understood

- **Introduce** the role play activity.
  - For our next activity, we are going to break up into two groups for a role play exercise. Group A will take on the role of media practitioners, and group B will take on the role of the community.
  - Each group will pick one person to represent them in a role play and help the selected person prepare for their role.
  - You will have 10 minutes to read the scenario and prepare for your roles.
  - You will have a maximum of 5 minutes for the role pay.
  - The group members who watch the role play will assess the interviewer, asking the following questions:
    - How were they able to show empathy?
    - How was the informed consent process?
    - Did they consider any risks and adequately advise their source?

        - How did they demonstrate active listening?
        - What types of questions did they use?
        - How was the selection of their source?
    - After the roleplay, we will discuss as a group.
- **Ask:** Are there any questions? **Clarify** as needed.

ACTIVITY: INTERVIEW ROLE PLAY

- **Divide** participants into two groups.
- **Give** each group a different role from **Handout 13:** *Interview Role Play (MP).* Be careful to not let one group see the other's role.
- **Post the instructions** on a slide or flipchart.
- **Time** the groups for 10 minutes to allow them to prepare, and then alert them that it is time to **begin the role play**.
- **Time** the role play for 5 minutes. **Make note** of any feedback.
- **Bring the group back together** to discuss for another 5 minutes. What went well and what was challenging?
- **Thank** the groups for their participation and hard work.

LUNCH

Time: 1 hour

Lunch and prayers for 55 minutes plus 5 minutes to settle in for the next session.

SESSION 3.3 (MP): FACTUAL REPORTING - PRACTICAL STEPS TO DEBUNK HEALTH MIS- AND DISINFORMATION

Time: 60 minutes

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Welcome** the group.
- **Introduce** the session:
    - In our last sitting, we discussed ethical interviewing.
    - We shared challenges of reporting in an epidemic and identified and practised application of tips and strategies to manage these challenges.
    - We also explored some challenges that public health authorities and vulnerable populations face when being interviewed in public health emergencies, and we identified strategies to manage these challenges.
    - In this session, we continue the conversation by looking at practical steps to debunk health misinformation and disinformation.
- **Ask:** Who can tell us the difference between disinformation and misinformation? **Take a few responses and explain**:
    - In the context of today's discussion, disinformation is false or misleading information created and spread deliberately to deceive, whereas misinformation is the spread of false information, either intentionally or unintentionally. So, to disinform is to knowingly share false information with an unsuspecting audience to deceive them.
    - Tips to identify disinformation include
        - developing a critical mindset;
        - checking the source (e.g. author, publication);
        - determining whether others are reporting the same news;
        - recognizing sensational headlines;
        - asking yourself why this was created;
        - not taking online photos and videos at face value;
        - checking the facts and examining the evidence; and
        - asking the experts.
- **Explain**: We are going to share tips on how to identify disinformation.
- **Ask**: Is anyone willing to share ideas on how we can identify false or misleading information created and spread deliberately to deceive the intended audience? **Take a few examples and thank them** for sharing.
- **Explain**: We are going to discuss strategies for spotting disinformation. Here are four useful strategies:

1. Predict the next fake news angle. Creators of fake news try to think like Media Practitioners. However, whereas Media Practitioners hunt for authentic details

about major breaking news, producers of fake news create these details. Thus, any gap in a big story is a potential tool for disinformation.

2. Watch for motives**.** There is always a motive behind misleading content:
    - Governments and politicians seek popularity.
    - Anti-government groups seek sympathy.
    - Fraudsters seek money.
    - Bloggers seek online traffic.
3. Find the root of a conspiracy theory. Conspiracy theories are usually complex narratives created to make a point or points. Find out what the points are by asking who is accused of what and why.
4. Identify the actors. Those whose opinions align with a conspiracy theory are likely to create or share disinformation related to those conspiracy theories. The major influencers in conspiracy theories are usually vocal and easy to identify.

- **Explain:** We will now look at steps we can take to fact check our stories before publishing.
- **Ask:** What types of information can we fact check? **Take a few responses and explain:**
    - You can fact-check the following:
        - Historical data: claims about an event in a location at a time in history
        - Comparisons: comparing situations among two or more countries, cities, persons, or times
        - Statistics: numbers, including ratios and percentages
        - Legality: what the law says
        - Opinions: a view or judgement formed about something
    - Make sure you fact-check everything.
- **Distribute Handout 11:** *Fact Checking and Detecting Mis- and Disinformation*.
- **Explain:** Africa Check is a non-partisan organisation promoting accuracy and honesty in public debate and the media in Africa. The organisation tests claims made by public figures around the continent and publishes their findings on their website (www.africacheck.org). Africa Check has identified the following 5-step fact-checking process:
    - **Step 1: Identify the original source and verify the content.**
    - Confirm the exact wording.
    - Find audio or video clips.
    - Confirm the contact person was quoted correctly.
    - Identify your contact's source.

How would this apply?
Don't take information from a secondary source (e.g. a newspaper) without verifying.
Compare the text version of a speech with its video or audio version.
A press release is only a starting point. Ask: How do you know that?

- **Step 2: Define the terms and concepts within the claim.**
- Define all terms in a claim. Without knowing exactly what each term means, you can't fact-check it. You can't do anything with the figure or explain the importance of the change to your audience.
- For example, does the claim relate to a specific time, statistic (tourism figures), or region?
- Example to write on a flipchart "*Nigerian schools are reopening after the lockdown*." What would you have to clarify before you start fact-checking? Answers include the type of school (e.g. primary, junior secondary, or senior secondary); the level, year, or grade; the date of reopening; and which lockdown or level of lockdown.
- Write the following sentence (also on a flipchart): "*80% of Nigerian hospitals are not adequately equipped.*" What would you have to clarify, find the exact meaning of, or define?
- Always ask when you're not sure what someone means. **NEVER ASSUME**.

How would this apply?
Don't allow a source or interviewee to hide behind technical language.
Explain jargon and technical terms to your audience.

- **Step 3: Inspect the evidence using the latest reliable data.**
- Build a library of the latest reliable data to create a database, starting with your contacts and reliable online sources. Add experts as you go along.

How would this apply?
Don't simply repeat a statistic. Determine if the person you're quoting has used the latest, reliable data.

Make sure a source or expert has direct knowledge of the information they are providing. If they don't, go to the original source.

- **Step 4: Ask the experts.**
- **Ask:** Who would you consider an expert? **Take a few examples**, which can include those in the field who can verify or clarify information or those with a good academic track record.
- **Ask:** Which data sources or research you should consult?
- **Review:** Always ask sources if the claim is correct.
- **Ask:** How should the data be interpreted? Make sure you understand. **NEVER ASSUME**.

How would this apply?
Ask experts to provide clarity/context to help you find data or determine if data are reliable.

- **Step 5: Set out your evidence.**
- Explain evidence step by step.
- Always include links or citations for your sources.
- Inform the person you've fact-checked of your conclusion.
- Ensure your readers would reach the same conclusion if they followed your process.
- **REMEMBER**: For peer review, more than one person must get the same finding.

How would this apply?
Include links to original sources.
Anticipate audience questions.

- **Explain:** When you follow this process, your verdict could be any of the following:
  - Correct
  - Mostly correct
  - Unproven
  - Misleading
  - Exaggerated
  - Understated
  - Incorrect

- **Explain:** Mark facts to check as you write (underline or highlight), and pay particular attention to numbers, percentages, names, titles, places, quotes (direct and paraphrased), and comparisons.

ENERGIZER

Time: 10 minutes

SESSION 3.4 (MP): SOCIAL MEDIA ETHICS

Time: 120 minutes

Materials: Refer to module 3 checklist.

PLENARY DISCUSSION

- **Welcome** the group, and **introduce** the session:
    - In our last session, we discussed practical fact-checking steps.
    - Now, we are going to discuss the purpose of social media and identify the various ethical issues associated with its use.
- **Ask:** Can anybody here tell me all the ways you use social media? **Take a few responses**.
- **Explain** the four main uses of social media using the acronym **SLIM** (sharing, learning, interacting, and marketing).
    - **Sharing**: With social media, you can share information and ideas in a variety of ways. Different outlets allow you to publish your own ideas in writing, with pictures, or through videos and voice recordings. You can also share online links and citations for your audience to access interesting articles, pictures, and videos. The information you share can be either private or public. For example, you can email a private message to one person and broadcast a video to a global audience via YouTube.
    - **Learning**: Social media can provide updates about friends, family, and communities around the world, almost as they happen. Today, breaking news is often broadcast via social media before traditional media, like TV and newspapers, can cover it in detail. Social media can reveal public sentiment about urgent issues such as security, violence against women and children, as well as less urgent ones, such as opinions about a new restaurant or movie.
    - **Interacting**: Some of the most powerful elements of social media are its interactivity and ability to break traditional barriers of time and distance between people. With video chat technologies like Zoom, you can talk to people face-to-face anywhere in the world. On Facebook and mobile devices, you can chat digitally and text with your friends and family. Twitter even allows you to interact with media members, public officials, professional athletes, and celebrities.
    - **Marketing**: Social media platforms are increasingly being used by businesses to promote themselves and their products, by nonprofit organisations to raise funds and promote charity events, and by individuals to market themselves to prospective employers. Individuals also can use social media to promote ideas and events that are important to them.
- **Ask:** Think about all the ways you use social media. Which categories above describe your social-media habits? Have you used social media in any ways not covered above? **Take four examples** and **thank** them for sharing.
- **Ask:** What is unique about Facebook? What makes it a dynamic social media site? **Take a few responses**, and **review**:
    - Can post most types of content
    - 63,206-character limit

    - Great picture and video optimization
    - Multiple avenues to share
    - Optimised for live sessions and stories
    - Most dynamic social media site
- **Ask:** What do you need to consider in developing content for Twitter? **Take a few responses, and review**:
    - Can post most types of content
    - 240-character limit
    - 2 minute 20 second video limit
    - Great picture and video optimization
    - Fewer avenues to share
    - Optimised for hashtag use
- **Ask:** What do you need to consider in developing content for WhatsApp? **Take a few responses, and review**:
    - Can post most types of content
    - Encrypted for interpersonal use
    - Limited avenues to share
- **Ask:** What other social media platforms do you use? Why do you use them? **Take a few responses and thank them for sharing**.
- **Ask:** As media practitioners, what concerns do you have about the use of social media? **Take a few responses and explain**:
    - Our media ecology is a chaotic landscape evolving at a furious pace. Professional journalists, tweeters, bloggers, citizen journalists, and social media users share the same virtual space. As we move towards a mixed news media, with citizen and professional journalism converging across many media platforms, mixed news media require new ethics that apply to both amateurs and professionals and all communication platforms. These guidelines should follow the "do good, avoid harm" framework.

Do-good ethics Social media use should contribute to	Avoid-harm ethics Social media use should not contribute to
• Empowerment • Transparency • Sharing of knowledge • Driving positive change • Prosocial behaviour	• Loss of integrity • Harassment • Discrimination • Trolling • Fake news/spreading dis- and misinformation • Destructive politics

Source: Kvalnes, O. (2020). Leadership and ethics in social media. In: *Digital Dilemmas* (pp. 65–82). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-45927-7_4

- **Ask:** How can you ensure that you do-good in how you use social media? **Take a few responses.**
- **Explain:** Consider the table below, which lists the 15 ethical guidelines put forth for digital engagement in the *Journal of Mass Media Ethics*:

#	Guideline	Rationale/Implementation
1	Be fair and prudent.	Consider fairness, justice, access. Consider the right to know.
2	Avoid deception.	If it is deceptive, even arguably, simply do not do it.
3	Maintain dignity and respect.	Ensure that the communication maintains the dignity and respect of the involved public.
4	Eschew secrecy.	Barring trade/competition secrets, if an initiative warrants secrecy, something needs ethical examination.
5	Is it reversible?	How would you feel on the receiving end of the message? Is it still ethical then?
6	Be transparent.	Paid speech should be transparently identified as such by “endorsement”, “PaidMsg,” or similar phrasing.
7	Clearly identify.	Personal speech and opinion versus speech as a representative of the organisation should be identified.
8	Conduct rational analysis.	Examine messages from all sides; how would it look to other publics; how could it potentially be misconstrued?
9	Emphasise clarity.	Even if the source or sponsorship is clear, make it clearer.
10	Disclose.	Use transparency in message creation and the information needed for an informed decision.
11	Verify sources and data.	Be consistently credible; do not use rumours or speculation.
12	Establish responsibility.	Does the message maintain your responsibility to do what is right?
13	Examine intention.	Is your decision made with good will alone?
14	Encourage the good.	Does your message help to build connectedness, engagement, and community?
15	Consistency builds trust.	Consistency allows the public to know and understand you, and you can meet their expectations.

Source: Bowen, S. (2013). Using classic social media cases to distill ethical guidelines for digital engagement. *Journal of Mass Media Ethics, 28*, 119–133. https://doi.org/10.1080/08900523.2013.793523

ACTIVITY: CREATE SOCIAL MEDIA ASSETS

- **Divide** into four groups.
- **Give** each group a copy of **Handout 5**: *Compiled PZDs Factsheets* and **Handout 6**: *Case Studies - Lassa fever, mpox (monkeypox), rabies, and avian influenza*.
- **Instruct** each group to select a disease to focus on and in the next 30 minutes, to develop 2–3 social media assets using Canva or another tool of their choosing.
- **Time** the groups for 30 minutes.
- **Bring the groups back together** to present their social media assets and explain why they chose their messages and visuals.
- **Thank** the groups for their participation and hard work.
- **Explain:** The breakout sessions have concluded, and you will now rejoin the full group to close out today's session.

SESSION 3.5 (MP): SCRIPTING PUBLIC SERVICE ANNOUNCEMENT (PSA)

Time: 80 minutes

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Welcome the group** and **introduce the session**:
    - In our last session, we discussed practical steps for fact checking.
    - We are now going to attempt to develop a public service announcement, also known as a PSA.
- **Ask:** Can anybody here tell me the purpose of a PSA? **Take a few responses and explain**:
    - PSAs create awareness, inspire change, and motivate the audience to adopt a particular behaviour. They highlight critical issues and provide required information regarding certain health and or social issues (e.g. Lassa fever, mpox, bird flu) to enable audiences to make informed decisions. PSAs can be used on television, radio, and in newspapers or magazines.
- **Ask:** Is anyone willing to share an example of a PSA you have produced (or heard) in the past? What was the purpose of the PSA? **Take four examples** and **thank them for sharing**.
- **Ask:** To write a good PSA, what steps should we take? **Take a few responses and explain the following steps** for writing a PSA script:
    - **Identify your topic**: Choose a topic that benefits the audience. Remember, a PSA should create awareness of an issue and empower the audience to make an informed decision. So, what issue do you want your PSA to address? Treatment of Lassa fever? Prevention of bird flu or rabies? Diphtheria signs and symptoms? The topic you choose will be determined by the need in your community. However, please focus on one main idea to avoid confusing your audience. Each message is limited to 60 seconds.
    - **Research the topic**: Social and behaviour change (SBC) media content is evidence-based. You must know the facts related to your PSA to ensure it is accurate and convincing. Remember, your primary objective is to empower your audience to make informed decisions.
    - **Know your audience**: Who is the target audience of your PSA? Farmers or consumers of agricultural products? What are their needs and preferences? What barriers do they face in adopting the PSA-related behaviour? What step on the behaviour-change ladder are they currently on? Knowing your audience will help you word and focus your script appropriately.
    - **Develop a creative brief**: A creative brief is a roadmap to produce an acceptable PSA. Creative briefs should answer the key "*wh-questions*":
        - *Who?*
        - *What?*
        - *Why?*
        - *When*?

- **Capture the attention of your audience**: Commanding attention is one way of making your PSA memorable and effective. You can use humour, shock value, or a combination of both. For example, Nigerians may remember these popular 1980s PSAs even though they stopped airing decades ago: (i) PSA for Nigeria placed by the Federal Ministry of Information on NTA: "*Me I like my country/I like the land and people/Everything e dey for Nigeria/Make we join hands/To make Nigeria better/*" and (ii) the national orientation advertisement referencing Andrew: "*No light, no water. Men, I'm checking out*."
- **Stick to your point**: A 30-second PSA is between 65–90 words, and a 60-second PSA is between 150–180 words. Get your point across without wasting time. Remember the KISS principle of good writing. KISS - an acronym for 'keep it short and simple' - is a design principle noted by the U.S. Navy in 1960. The KISS principle states that most systems work best if they are kept simple rather than made complicated; therefore, simplicity should be the key goal."[22]
- Pretest: When you are done writing, it is important to get your audiences' reactions. Did they understand your intended message? Does your PSA appeal to their taste? Remember that SBC media content must be evidence-based.

Key Summary
1. Identify your topic.
2. Research your topic.
3. Know your target audience.
4. Develop a creative brief.
5. Grab the attention of your audience.
6. Stick to your point (KISS).
7. Pretest.

ACTIVITY: CREATIVE BRIEF TEMPLATE

- **Divide** participants into two groups: A and B.
- **Give** each group a copy of **Handout 12:** *Creative Brief Template* and **Handout 10:** *Ade and Musa Scenarios (MP)*.
- **Instruct** the groups to read the *scenario sheet* and in the next 30 minutes, develop a creative brief for a PSA. Each group will appoint a secretary and rapporteur to present.
- **Time** the groups for 30 minutes.
- **Bring the groups back together** to present their creative brief.
- **Thank** the groups for their participation and hard work. **Instruct** them to swap creative briefs. Group A will develop a PSA script using group B's creative brief, and group B will do the same using group A's creative brief.
- **Recall** the groups back to a plenary to read the PSAs they developed.
- **Explain:** We have finished the breakout sessions and will now rejoin as a full group to close out today's session.

[22] https://en.wikipedia.org/wiki/KISS_principle

CLOSING SESSION: WRAP UP AND TEA BREAK

Time: 20 minutes

- **Thank** the group for their participation over the course of the day.
- **Remind** the group that tomorrow will be the final day, bringing it all together.
- **Close** the session with other administrative updates and a reminder to pick up their evening snacks.

SESSION 3.1 (PHP): UNDERSTANDING MEDIA NEEDS

Time: 1 hour

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Introduce** the purpose of the breakout sessions with a review of the following:
    - We have begun to explore the unique roles and strengths that both media and public health practitioners and communicators bring to risk communication, identifying areas where coordination between both expert groups can enhance, or weaken, risk communication for improved health outcomes.
    - In our breakout sessions, we will further explore this last set of topics in depth as it relates to your role as a public health practitioner and review some specific tips and tools for working with media.
    - To get started, let's take a moment and reflect back on our earlier discussion about roles and responsibilities (remember **Handout 8:** *Roles and Responsibilities of Public Health and Media Practitioners)*.
    - We agreed that a primary role of a public health practitioner during a public health emergency is to communicate information that enables people to take informed action to protect themselves, to strengthen trust, and to minimise physical and mental harm.
- **Ask:** What are some of the ways a spokesperson can communicate information to the public that enable informed actions? **Take a few responses and explain**:
    - Spokespersons provide information on the magnitude and severity of the emergency, the health and safety risks for those affected, and what is being done to manage the event.
    - They set a tone for the public response.
    - As an outbreak evolves, spokespersons address concerns, criticisms, and controversial issues such as scarce resources, economic or second-order health impacts of an outbreak, and rumours or disregard for health recommendations.
    - Spokespersons coordinate closely with other experts, officials, and partners leading aspects of the response, especially those developing messages and communication interventions, and they answer questions and provide background or other critical information.
    - Spokespersons are not solely responsible for what is said, and neither are they just reading a statement or words.
    - If a spokesperson does not fully understand the purpose of a message or recommendation, they will not be able to effectively convey confidence and believability, which is important for maintaining public trust.
- **Ask:** Does this seem like an easy job? **Take a few responses and explain**:
    - No, it seems incredibly difficult. Rapid behavioural and norm changes in the community can determine whether an emergency spirals out of control or is contained as soon as possible.

    - Considering the principles of risk communication discussed earlier (e.g. authentic expressions of care, transparency about what is known and unknown, clarity about what is being done, frequent communication, calm and consistent tone and messaging), the spokesperson and supporting health promotion and risk communication teams have heavy responsibilities.
- **Ask:** How do media practitioners help you with this responsibility? **Take a few responses and confirm** that they:
    - get news, updates, and figures out quickly to inform and empower the public;
    - encourage protective measures and health-seeking behaviour;
    - direct people to services and information;
    - reach audiences in different locations;
    - interpret or help explain official information;
    - build large or location-dependent audiences and attract readers and listeners;
    - counter misinformation with facts; and
    - draw attention to the work that the government and its partners are doing.
- **Ask:** How can media practitioners make your role more challenging or weaken your trust in working with them?
- **Take a few responses and confirm** that they may:
    - express different viewpoints from those of public health practitioners and authorities;
    - heighten emotions or controversy;
    - amplify rumours or misinformation;
    - present something that was said without full context or with incomplete information;
    - demand your time when you have very little of it;
    - increase the demand for information (unlike in the past, when organisations had 24 hours to get information to media outlets, media outlets today provide immediate and continuous crisis updates in real time through contributions from people calling in or sending updates on social media);
    - ask challenging, confrontational, or intrusive questions to stir up controversy rather than serve the public good;
    - serve as a watchdog (e.g. in a democracy, the media report on the activities of public institutions and government to hold officials accountable) by investigating the cause of, responsibility for, and adequacy of response to a crisis; and
    - ask even more challenging and probing questions, especially after the early stages of a crisis response.
- **Ask:** What kinds of challenging questions do media practitioners ask, especially in the early days of a new or unfamiliar zoonotic disease outbreak, when knowledge and data may be limited? **Take a few responses and review some examples**:
    - What is going to happen next?
    - What is the cause of this outbreak?
    - Why did this happen?
    - Why didn't the government react faster?
    - How much has been earmarked for the response?
    - Have the funds been released/disbursed?

- How much funding has been spent?
- Are you hiding information?
- Why aren't you telling us the name of patient zero?
- Where is the funding going?
- What is the worst-case scenario?

- **Ask:** Reflect again on the roles and responsibilities of the media that we discussed this morning. What do you think motivates them in covering a public health emergency? **Take a few responses and explain**:
  - Media serve as credible sources of information to empower the public and report on the current moment.
  - They hold authorities accountable.
  - As part of their business, media outlets compete for readers and listeners. They seek stories that earn money, advance their employees' careers, and grow the followings of media outlets, owners, editors, and media practitioners.
    - Such stories often reflect ordinary people's experiences and help people understand issues so that they can make empowered and informed choices.
    - Media practitioners provide balance by looking for and reporting on alternative perspectives and interpretations of events.
    - Media practitioners may pursue stories about risk and danger, rather than safety and precautions, to increase their audience.
    - Media practitioners often want to describe the characters in a story as much as the facts, which makes a strong and compelling story as long as patient confidentiality and vulnerable groups are protected, especially when emotions such as fear are high.
  - As public health officials and communicators, we sometimes expect the media to report in ways that support official goals, but the media are not adjuncts to public emergency response organisations. They have their own place in a free society and their own commitment and responsibility to report honestly and objectively.
- **Ask:** These roles are not really new information. What do you think is the potential value of reflecting on them in this workshop? **Take a few responses and explain**:
  - Although both media practitioners and public health officials are motivated to save lives and protect public wellbeing, they approach these goals from different perspectives and with different needs.
  - In the context of risk communication for preparedness and response to a zoonotic disease emergency, we should identify points of commonality, demonstrate more patience, offer creative solutions for challenges, and identify where to strengthen our professional skills both technically and in relationship building.
  - When needs are not planned for or met, it can weaken trust and create a frustrating work environment. During a crisis, understanding the needs of the media helps us include them in relevant risk communication for both

preparedness and response so that we can better navigate complex and rapidly changing situations.

- **Ask:** Are there any questions? **Clarify** as needed.
- **Ask:** What are some ways we can plan to meet media practitioner's needs? **Take a few responses and explain**:
    - The most ethical way for a public agency to facilitate media relationships is to provide all media outlets with the same access at the same time.
    - In times of non-emergency, ensure you have a list of media outlets with email addresses. Distribute essential messages regarding public wellbeing or safety equally.
    - Use teleconferencing so that reporters in remote locations can participate.
    - Attempt to give media practitioners a reasonable time in which new information will be provided and establish a schedule for releases along with ground rules.
    - During a crisis, it is important to be available—if necessary, around the clock—to help reporters get the facts right before their deadline.
        - Within hours or days, depending on the crisis, the media will look for other perspectives and places from which to broadcast.
        - If you want the media to use official releases of information, you'll have to ensure that the information is timely, fresh, and easy to access.
        - Until official news sources are available, the media will use in-house experts to fill time and personal stories from cell phones and other sources.
    - Don't ignore local media in favour of national media and well-known reporters.
        - Responders working at the federal level are more likely to be contacted by international reporters. Certain events, such as an infectious disease outbreak, can directly affect people in other countries.
        - The key is to have consistent information flowing among local, state, regional, national, and international levels.
    - Anticipate media questions and tactics.
        - Tentative or even incorrect information will be broadcast without the usual confirmation from multiple sources.
        - Media will want to help by providing important messages to the public, but this type of reporting usually diminishes as an outbreak continues, escalating an "us versus them" mentality.
    - Use plain language.
        - Do not assume that everyone knows the technical jargon. For example, explain the difference between bacteria and viruses.

- Start with the basics and bring reporters along. They will appreciate this, and it will help them provide more accurate information to the public.

TEA BREAK

Time: 30 minutes

Time tea break for 25 minutes plus 5 minutes to settle into the next session.

SESSION 3.2: EFFECTIVE COMMUNITY ENGAGEMENT

Time: 1.5 hours

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

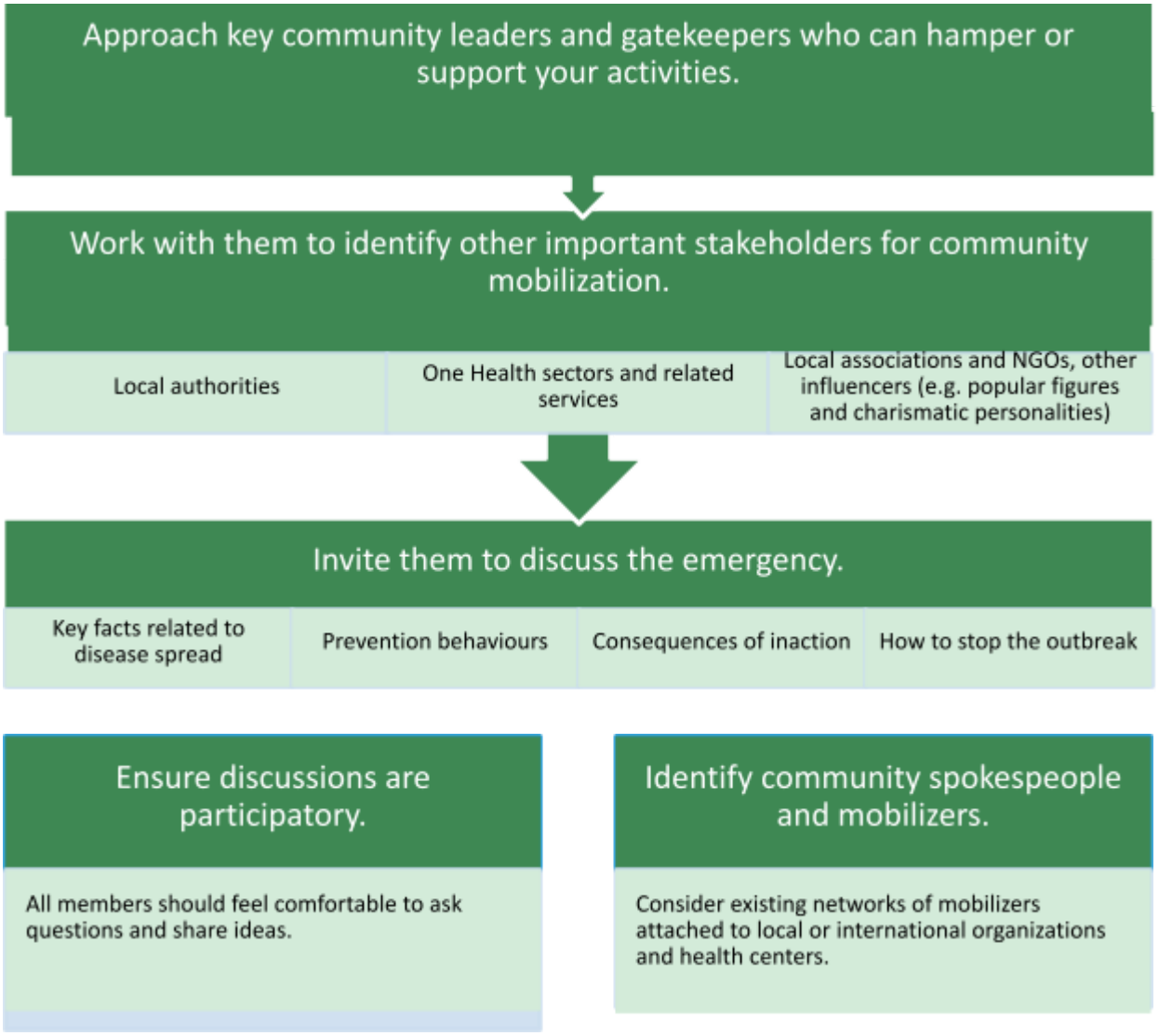
- **Explain:**
  - WHO defines community engagement as "a process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes."[23]
  - Effective community engagement empowers communities to improve behaviours, environments, policies, and practices within communities.
- **Ask:** Why is community engagement important? **Take a few responses and explain**:
  - Communities must be at the heart of any public health intervention, especially during an emergency, as most outbreaks originate from a community.
  - Everyone has a right to know about risks to their health and well-being.
  - Action taken by affected individuals, families, and communities are crucial to control a public health event.
  - It is critical to know and understand communities to effectively work with them in all phases (preparedness, response, recovery) of a health emergency.
  - Culturally appropriate information can help people make informed decisions to reduce health risks.
  - Community engagement helps to generate local solutions to problems in a community while increasing the capacity of a community to identify and address its own needs.
  - Engaging with the community builds trust and credibility so that messages are accepted and protective actions taken.
- **Ask:** What are some principles of community engagement? **Take a few examples and explain:**
  - People are likely to act if they participate in decision-making.
  - Engaging communities early and working to involve, collaborate with, and empower them ensures no community is left behind.
  - Community entry is a process.
- It is best to engage communities in a time of peace, such as the planning or preparedness phase, and to apply these principles:
  - Clarify.
    - Approach key leaders, who are the gatekeepers with the ability to hamper or support your communication activities.
    - Clarify the purpose or goal. Why is the community important?
    - Use data in a simplified format to clarify the purpose.

[23] https://www.who.int/publications/i/item/9789240010529

- Understand.
    - Effective communication is a two-way process. Listening to the community allows you to understand their culture, perceptions, economic conditions, social networks, political and power structures, norms, values, demographic trends, history, and past experiences.
    - Listening allows you to understand which types of engagement interventions are safe, feasible, and acceptable, as well as details of preferred language and communication channels.
    - Community research can involve focused group discussions, key informant interviews, town hall meetings, polls, surveys, and call-in radio shows.
- Establish.
    - Establish relationships, build trust, work with formal and informal leaders, and seek their commitment for mobilising the community.
- Map.
    - Map existing community engagement mechanisms, assets, and influencers.
    - Create a database.

- **Ask:** What are some community engagement principles we can use during a response or implementation phase? **Take a few examples and explain**:
    - Partner.
        - Involve the community in co-designing solutions, which builds trust.
        - Adapt interventions to local circumstances and needs.
        - Work with the community to create change and improve health outcomes.
    - Mobilise.
        - Mobilise mapped assets and strengths by working with existing structures and systems.
        - Build capacity of identified structures, assets, and influencers.
        - Develop the community's capacity and resources to make decisions and act.
        - Develop a plan.
        - Work with leaders, partners, government, and international and nongovernmental organisations to carry out activities in the plan.
        - Leave no one behind, recognize and respect diversity, and ensure the most vulnerable are reached and engaged.
    - Model

        - Identify trusted and admired influencers and champions to model behaviours or drive the campaign and response.
        - Empower communities to make decisions about, implement, and manage change.
        - Leverage influencers' social capital to facilitate media appearances and community events to promote protective actions.
        - Engage influencers to mitigate and address rumours.
    - Monitor
        - Monitor, evaluate, and adapt.
        - Document and share lessons learned.
- **<u>Summarise</u>:** Identify and access communities.



- **<u>Explain</u>**: We will now do a small group activity.

ACTIVITY: SMALL GROUP WORK – PLAN FOR COMMUNITY ENGAGEMENT

- **Divide** participants into groups of 3–4, depending on the number of participants and the number of tables or room setup.
- **Introduce** the small group work:
    - We reviewed some principles of community engagement and the need to listen to the community to understand their values, perception, and so on. Let's think about what we know about our communities in this two-part exercise.
    - **Part I**: Each group will receive three questions. Take 3 minutes to jot down your thoughts and responses to the questions individually. Consider the following:
        - Who are some existing community stakeholders that can be leveraged?
        - What two-way forms of communication exist in target communities?
        - Who are the most trusted voices among target populations, and does this differ by demographic features?
        - Who are the dissenting voices likely to contradict a new narrative, and what motivates them?
        - What additional vulnerabilities need to be considered that may differ among various groups in the same community?
        - What is the language the audience is most comfortable with?
        - How can you rapidly pretest with the key audience for comprehension, acceptability, and appeal?
        - Then, take 7 minutes to discuss your responses. Identify a spokesperson to share any common responses at the end of the exercise. Part I should take approximately 10 minutes in total for individual reflection and group discussion.
    - **Part II**: In your small groups, you will receive a flipchart. Draw three columns on a flipchart with the following headings: "*Before a crisis,*" "*During a crisis,*" and "*After a crisis*." Reflecting upon what your group just discussed, note how you can engage a community during the different phases of a crisis. Post the completed flipchart on the wall, and have the spokesperson from part I present to the larger group. Part II should take approximately 20 minutes in total.
    - **Explain**: After 30 minutes, we will share our discussions as a large group to learn from each other.
    - **Look** to see if there is consensus among the groups or if there are any areas of disagreement in terms of how best to engage communities.
    - **Share Handout 15:** *Community Engagement*.
- **Ask:** Are there any questions? **Clarify** as needed.

LUNCH

Time: 1 hour

Time lunch and prayers for 55 minutes, plus 5 minutes to settle into the next session.

SESSION 3.3 (PHP): BEST PRACTICES: RISK COMMUNICATION & COMMUNITY ENGAGEMENT PLAN

Time: 45 minutes

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Introduce** the session as follows:
    - We have reviewed some considerations and strategies to help plan for public communication needs, including press briefings and community engagement.
    - These are just a few components of a larger risk communication and community engagement plan.
- **Ask:** What are some other components of a risk communication and community engagement plan? **Take a few responses and confirm**:
    - Coordination with stakeholders,[24] including
        - relevant government units and national and sub national level;
        - international NGOs, NGOs, and volunteer groups;
        - civil society and religious groups;
        - community leaders and representatives from affected areas;
        - donor organisations;
        - private sector; and
        - media.
    - **Ask:** Why is stakeholder engagement important?
    - **Take a few responses and explain:** Stakeholder coordination and engagement improves our ability to
        - speak with one voice across sectors, actors, and channels in support of credibility and consistency;
        - share information like disease data, behavioural data, and community feedback to inform or improve communication messages and interventions; and
        - define clear roles and responsibilities to reduce duplication and confusion.
    - **Share Handout 16:** *Channels of Communication (PHP)*.
- **Continue reviewing** other components:
    - Assessing public perceptions and knowledge of the event or, in times of non-emergency, One Health and PZDs in general. This includes

[24] Centers for Disease Control and Prevention. (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media.* https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

        - understanding audience characteristics to identify the most appropriate communication channels;
        - selecting appropriate information for each channel; and
        - engaging a range of channels and media consistently to enhance public understanding.
    - **Ask:** What are some channels to consider? **Take a few responses and confirm**:
        - Printed communication materials and visual aids for different levels of literacy and language needs
        - Internet-based channels such as blogs, web pages, newsletters, email listservs.
        - Social media (e.g. Facebook, Twitter, Instagram, WhatsApp) for immediate updates, interaction with an audience, clarity, and follow-up
        - Radio and TV (many stations have close community connections and are among the best ways to transmit public information, especially where access to mobile phones or web networks is limited)
        - Mobile technology (SMS is a quick way to get information to geographically remote populations)
        - Press conferences, panels, designated 'days', roundtables
        - Awareness campaigns and house-to-house mobilisation
    - **Explain:** Each channel has advantages and disadvantages. We will look at those more in-depth in a moment.
    - **Share Handout 16**: *Channels of Communication (PHP)*.
- **Continue reviewing** components.
    - Another aspect to consider that we briefly touched on is building media understanding and relationships.
    - **Ask:** What are some ways you could do this? **Take a few responses and review the following actions to take in times of non-emergency**:
        - Invite media to understand how the risk communication pillar or working groups function in a public health emergency.
        - Invite the media to learn about One Health and PZDs and related government actions.
        - Suggest interesting stories or story angles.
        - Invite media to participate in One Health working groups.

- **Introduce Handout 14:** *Pitfalls and Strategies: Public Communication* and **review**:
    - We could spend a day or more looking at each component and its pitfalls and principles; however, we do not have the time here.
    - Instead, we are going to spend our remaining time looking at a package of tools and resources you can use to support you and your colleagues in risk communication.
    - You will have time to review these on your own, and in the evaluation, you can let us know what would be most helpful to have more focused training on. We can then work on providing focused workshops to address interests.
    - I am going to distribute **Handout 20:** *Resource Package (PHP)*, which is a compilation of resources and templates addressing broader components of what we have discussed. We will briefly review each one.
- **Distribute Handout 20:** *Resource Package (PHP),* and **hold up each tool** as you review the following points:
    - The first tool is a needs assessment checklist from CDC's Crisis and Emergency Risk Communication Training Course. These comprehensive materials are available online (see the web address for the full training reference at the top of the sheet). This checklist can help you and your risk communication colleagues assess components of your risk communication plan and identify areas for strengthening, including coordination, stakeholder engagement, working with media, and understanding audiences.
    - The second tool is a template with examples for completing a message map, which can help you develop messages for anticipated questions and adapt general messages for particular audiences. It includes instructions and a suggested exercise for use in your risk communication and One Health working groups.
    - The third tool is a resource sheet with suggested tips to contextualise messages and refine them as epidemiological and behavioural data and community feedback become available.
    - The fourth tool is a reference for key considerations in choosing communication channels, including media and social media.
- **Ask:** Are there any questions? **Clarify** as needed.
- **Close the session** with the following:
    - We will take the remaining time until lunch to work with a neighbour or on your own to review the tools.
    - After lunch, we will rejoin with the other group to complete the remaining modules of the training.

ENERGIZER

Time: 10 minutes

SESSION 3.4 (PHP): BEST PRACTICES FOR PRESS BRIEFINGS

Time: 1.5 hour

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Ask:** How many of you (show of hands) have ever given a press briefing or briefing at any event (e.g. media appearance on radio or TV or in a community)?
- **Ask:** What made it good or easy, or challenging?
- **Take a few responses**, being careful to manage time.
- **Confirm** some common pitfalls of press briefing and strategies to address them:[25]
    - Avoid jargon and overly technical language. Though we often appreciate the specificity of these terms and rely on them in our daily work, using unfamiliar terms can come across as arrogant or alienating because it reinforces the idea that you have inside knowledge.
    - Be clear. We may think we have communicated clearly and be surprised at the public's perception or media coverage of the event.
- **Ask:** What are some examples of language that is common to but has little meaning to the lay public? **Take a few examples and review terms** such as "strategic plans," "capacity building," Latin names, acronyms, and scientific terms.
- **Explain:** If it is necessary to use a technical term or acronym, take the time to introduce and explain it, using short sentences and simple, plain language.
- **Ask:** What are some other ways that we need to be mindful of the words we choose to avoid negative consequences? **Take a few examples and confirm**:
    - The words we use can create or fuel stigma.[26, 27, 28]
    - Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease.
    - Social stigma because of a perceived link with the disease can lead to people being labelled, stereotyped, discriminated against, and treated separately. They also may experience loss of status.
    - Such treatment can negatively affect those with the disease and their caregivers, family, friends, and communities.

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[25] Centers for Disease Control and Prevention. (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

[26] UNICEF. (2020, March). *Social Stigma associated with COVID-19.* https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19,

[27] Centers for Disease Control and Prevention. (2020, June 11). *Reducing Stigma.* https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsymptoms-testing%2Freducing-stigma.html

[28] Johns Hopkins Center for Communication Programs/Breakthrough ACTION. (2020, July). *Disrupting COVID-19 Stigma.* https://covid19communicationnetwork.org/wp-content/uploads/2020/05/Disrupting-COVID-19-Stigma-Technical-Brief_v1.1.pdf

- People who do not have the disease but share characteristics with those that do may also suffer from stigma.
- **Ask:** What are some of the negative impacts of stigma that can accelerate an outbreak? **Take a few responses and explain** that stigma can
    - drive people to hide illness to avoid discrimination;
    - prevent people from seeking health care immediately; and
    - discourage them from adopting healthy behaviours.
- **Explain:** Stigmatised groups may be subjected to
    - social avoidance or rejection;
    - denial of healthcare, education, housing, or employment; and
    - physical violence, such as those wearing or not wearing masks during the COVID-19 pandemic.

- **Ask:** Can you think of examples where people have been hurt through disease stigma? **Take a few responses and review examples** such as HIV, tuberculosis, leprosy, Ebola, COVID-19.
- **Explain:** The words we use to talk about disease matter.
    - Avoid attaching ethnicity to the disease to avoid stigma.
    - Avoid referring to people with the disease as "*cases,*" "*victims,*" or "*suspects*." Instead, talk about "*people infected with mpox*," "*people who have rabies*," "*people being treated for Lassa fever*," "*people recovering from mpox*," or "*people who died after contracting Lassa fever*" or "*people presumptive for Bovine TB*."
    - Avoid talking about "*transmitting,*" "*infecting*" others with, or "*spreading*" a disease. Talk instead about people "*acquiring"* or "*contracting*" an illness.
    - Commit to helping your audience understand how a disease may affect someone and ways they can safely interact without stigmatising or isolating them.
- **Continue reviewing pitfalls and strategies**:[29]
    - Avoid humour or off-the-cuff remarks and one-liners. In general, attempts to lighten a situation with humour can be misinterpreted.
    - In line with the principle of offering authentic expressions of care, it is better to acknowledge fears, uncertainty, and a shared sense of misery.
        - **Ask:** What are some phrases that can help acknowledge peoples' emotions? **Take a few examples and review**:
        - "*Right now, people are concerned and afraid. It is normal to feel frightened when facing an outbreak of disease. There are steps everyone can take to protect themselves while we learn more."*
        - *"Right now, with so many people affected by the stay-at-home orders,*

[29] Centers for Disease Control and Prevention. (2014). *Crisis emergency risk communication (CERC) training: Chapter 6: Working with media.* https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

it is hard to see how things can return to normal. We are working hard to put measures in place so people can safely return to normal activities."

- In line with providing actionable and realistic information, remember to reinforce the steps people can take in an emergency:
  - Simple actions give people a sense of control and motivate them to pay attention.
  - If you acknowledge the risk and complexity of the situation and recognize people's fears, you can ask the best of them.
  - In general, people respond to crises in cooperative and problem-solving ways. They take reasonable actions and help their friends and neighbours. We want to use our communication to encourage these inherent tendencies.

- **<u>Continue reviewing pitfalls and strategies</u>**:
  - Avoid repeating negative allegations or rumours. Like with stigmatising language, repeating negative messages amplifies them and elevates their impact.
    - Know the messages you want to emphasise and consistently use positive and neutral terms.
    - Before repeating questionable information, consider the negative impacts it could have with wide circulation:
    - Could it stop people from accessing essential services?
    - Could it cause conflict?
    - Could it result in risky behaviour that accelerates the outbreak?
    - Could it put certain groups at risk, including your own or your partners?
  - Avoid uncertainty, speculation, or premature promises.
    - In line with the principle of transparency, it is important to emphasise what you know, acknowledge what isn't yet known, and describe what type of process is in place to learn more.
    - If you anticipate the situation may get worse, it is important to let people know what to expect to help manage expectations and reinforce that you have nothing to hide.
    - **<u>Ask</u>:** What are some example phrases you could use to acknowledge uncertainty or anticipate concerns if the situation gets worse? **<u>Take a few examples and explain</u>**:
    - "*The situation is changing quickly, and we don't yet have all of the facts. Based on what we do know, we expect … "*
    - It is important to be calm and confident and to not over-reassure, which can come across not taking the situation or people's concerns

seriously.

- **<u>Continue reviewing pitfalls and strategies</u>**:
    - Avoid answering a question or offering information outside the scope of the emergency response.
        - Spokespersons may be challenged and asked about specific information, controversial issues, or information that cannot yet be released.
        - Spokespersons must know their agency's policies about the clearance process and release of information and the scope of their responsibilities.
        - When challenged, it is important to tell the truth and be open. Explain why the question cannot be answered.
        - **<u>Ask</u>:** What are some situations where you may not be able to give a direct answer? **<u>Take a few examples and explain</u>**: Public health officials must balance the requirement to protect the confidentiality of patients and other vulnerable people with the need to share critical information with the public.
        - **<u>Ask</u>:** What are some of the consequences of revealing the identities of patients or their families? **<u>Look out for examples</u>** such as stigma, violence, and isolation.
        - **<u>Ask</u>:** What is something you could say to a media practitioners asking you questions like, "What is the name of the patient/index case/infected individual?" "How old was he/she?" "What community is he/she from?" **<u>Take a few examples and explain</u>**:
        - "*Thank you for your question, but the legal/ethics framework does not allow us to share that information due to patient confidentiality*."
        - Explaining your ethical responsibility can help reassure the journalist and public that you are not withholding information but simply doing your job. This may help build trust when you need the media to collaborate with you.
- **<u>Ask</u>:** What are some things you can do in advance to help you implement these strategies when the pressure is on? **<u>Take a few examples and emphasise</u>**: Prepare. Prepare. Prepare.
    - **<u>Ask</u>:** What are some steps you can take to prepare even though time is very limited? **<u>Take a few examples and review</u>**:[30]
        - Familiarise yourself with the briefing format (radio, tv, webcam) so that you know what is expected of you and can minimise distractions

[30] Centers for Disease Control and Prevention. (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media.* (https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

from technical glitches.

- Create a template of information you want to share.
- Identify your key messages and behaviours you want to emphasise no matter what happens. Think about the final message you wish the public to receive.
- Coordinate with others working on the various aspects of risk communication, such as messaging, community engagement, and other pillars of the response, to make sure you understand the information you are delivering and can answer questions.
- Determine in advance who will answer questions about specific topics. Consider having various experts available during the briefing as part of the team.
- Consider the audience and their needs. Are your words and delivery accessible and appropriate to the needs of the most vulnerable?
- Prepare brief answers to anticipated questions about uncertainties.
- Practise your delivery, and watch recordings of yourself on the phone or in previous briefings. This can help you assess where improvement is needed.

- **Ask:** Why might we want to take time to do this? **Take a few examples and confirm:**
  - Non-verbal communication is often more powerful than spoken words. A frown or wince at the wrong time can create a negative image.
  - Maintaining eye contact and erect posture, managing emotional expressions, and speaking in a relaxed calm voice helps to project confidence.

- **Ask:** Sometimes despite the best intentions and preparations, emotions and accusations can quickly escalate at public meetings or briefings related to a large-scale outbreak, especially if the community feels its needs are ignored. What circumstances are most likely to cause this?
- **Take a few examples and explain** that emotions are most likely to run high when a threat is[31]
  - unfamiliar;
  - out of people's personal control and involuntary;
  - severe in its effects; or
  - perceived as unfair or a challenge to their core beliefs.

[31] WHO. (2020). *Risk Communication Training, Module B-3.* https://www.who.int/emergencies/risk-communications/emergency-risk-communication-training

- **Ask:** What are some strategies to use if people become outraged? **Take a few examples and review**:[32]
    - Maintain calm. Do not show anger. It can sting when our intentions, abilities, and expertise are criticised, especially when we feel we are doing everything we can to improve the situation.
    - Consider that many times, anger is a result of an overwhelming sense of helplessness. This can help us to show empathy.
    - **Ask:** Who can give us a definition of empathy? **Take one or two responses and confirm:**
    - Empathy is a sense of understanding and compassion for another, sensing what it might be like to be in their shoes and feeling what they might be going through.
    - Empathy is different from sympathy, which is feeling sorry for another person. Empathy is not feeling pity for someone who is going through an unfortunate situation.

    - **Ask:** What are some ways you think we could show empathy in this type of a situation? **Take a few responses and review the table**:

Simple Ways to Show Empathy[33]	
Pay full attention to the speaker.	Allow the person to speak. Do not interrupt to propose a solution. Giving someone your full attention and allowing them to be heard is actually part of the solution.
Allow silence.	Silence gives the person time to reflect, consider their next words, and come to terms with their feelings.
Avoid focusing on a solution.	Stay in the moment. Let the person express themselves, and listen to and feel what they are saying. Don't solve it; hear it.
Avoid saying *"I know just what you are going through."*	This statement is almost never true and can make people frustrated. Instead, acknowledge the feeling with phrases like *"I understand why you are angry," "I understand your frustration,"* or *"Anyone in this circumstance would likely feel this way."*
When you are having a hard time feeling empathy.	Try to imagine the person you are talking to has just suffered a loss or a difficult situation like one you might have recently encountered. Think about how you felt then and how you wanted people to treat you. This might give you more understanding of the person in distress in front of you.

[32] CDC. (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media.* https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

[33] Adapted from UNICEF (2017) Facilitator's Guide: Interpersonal Communication for Immunization.

None of us know what someone else is going through.	Always try to give people the benefit of the doubt.

- **Ask:** What are some ways to manage your own emotions in a time of heightened emotion or stress? **Take one or two responses and emphasise**:[34]
    - Take deep breaths.
    - Remind yourself there is a purpose to the meeting.
    - Pause before responding.
    - Let people talk.
    - Listen.
- **Ask:** How could letting people talk help?
    - Talking can help people feel heard and dissipate their anger.
    - It is likely that the more opportunities people have to talk, the more invested they will be.
    - Letting other people talk gives you the opportunity to attentively listen to feedback and ask questions**.**
- **Ask:** Why might you want to ask questions when you have important and potentially life saving information to give? **Take one or two responses and explain**:
    - You may be surprised what issues matter to your audience.
    - Listening and asking questions are part of engaging the community and being accountable to them.
    - The key is not to offer solutions to problems but to facilitate dialogue that can help them propose solutions.
- **Conclude** the discussion:
    - Acknowledge mistakes and encourage people to look forward. Avoid rehashing mistakes and focus on how to solve problems together.
    - Many of these tactics are part of active listening skills and help create dialogue with our audiences.
    - The more we facilitate a dialogue and exchange with others, even through media opportunities, the more we understand them and the more they should understand us.
- **Give instructions** for the small group activity.

ACTIVITY: SMALL GROUP WORK – SAMPLE PRESS BRIEFING

- **Divide** the participants into two groups (or the number determined above based on the number of participants.)
- **Distribute Handout 14:** *Pitfalls and Strategies: Public Communication (PHP)* and **Handout 17:** *Sample Press Briefing (PHP).*
- **Post the instructions** on a slide or flipchart for easy reference.

[34] Centers for Disease Control and Prevention. (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media.* Retrieved from https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

- **Explain:** Discuss the scenario on your handout with your group, then write a 5-minute press briefing using the techniques we discussed forpractitioners delivering press briefings.
    - Group A will write a briefing highlighting best practices.
    - Group B will write a briefing highlighting what not to do.
- **Ask:** Are there any questions? **Clarify** as needed.
- **Time** the groups for 20 minutes, and then **bring them back together**.
- **Ask** for a volunteer to read or act out group B's press briefing, and then **ask** group A to present their press briefing.
- **Thank** them with a round of applause, and **ask** if anyone else has something to add.
- **Open** the floor for feedback and discussion for 5 minutes.
- **Summarise** with these points as needed:
    - Group B's press briefing demonstrated many mistakes that could be made by spokespersons. These are avoidable if tips and strategies from **Handout 13** are considered.
    - Group A considered these principles, and we see how their approach allows for a more transparent and effective press briefing.
- **Ask:** Are there any questions? **Clarify** as needed.
- **Thank** the group for their participation.
- **Remind** the group that tomorrow will start with breakout groups.
- **Close** the session and the day.

ENERGIZER

Time: 10 minutes

BONUS SESSION 3.5 (PHP): CONSIDERATIONS FOR SUCCESSFUL INTERVIEWS

Time: 40 minutes

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Introduce** the session: We are going to take a deep dive into interviews.
- **Ask:** Who is willing to share your experience of the worst interview you have ever given. What was it? What, if anything, did you learn from that experience? **Take one example and thank them for sharing**.
- **Ask:** Based on your experiences and the principles of risk communication, what are some pitfalls to avoid and key strategies to ensure a successful interview? **Take one or two responses**
- **Review the following strategies:**[35]
    - Research.
        - **Ask:** What are some things you may want to research? **Take one or two responses and review**:
        - Who will conduct the interview?
        - What news outlet are they working with?
        - Who is the audience?
        - What is the purpose of the interview and the subjects to be covered? If the interview goes in a different direction, this information will help you to refocus the conversation or indicate you are not the right person to answer the question at this time.
        - Who else has or will be interviewed?
        - What is the format and duration of the interview? Consider keeping the interview short and focused. Schedule a follow-up as needed. Choose a comfortable and quiet venue, if possible, free from distraction.
        - When will the interview be made public?
    - Prepare and practice.
        - **Ask:** What are some additional ways you could prepare beyond doing your research? **Take one or two responses and explain**:
        - Identify a clear purpose for your interview. What core messages do you want to deliver?

[35] Centers for Disease Control and Prevention (CDC). (2014). *Crisis Emergency Risk Communication (CERC) Training.* Retrieved from https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

        - Are there supporting papers (or weblinks) that you can give to the reporter after the interview to help confirm information and facts?
        - What are some anticipated questions?
        - Work with others to identify expected questions and draft answers. Identify the key point to be used as your brief answer.
    - Thoroughly learn the ideas, facts, and anecdotes that apply to the interview topic so that they can be discussed easily and naturally during the interview. Rote memorization can undermine confidence and authenticity.
        - **Ask:** What may be some areas for practice? Take one or two responses and confirm:
    - Use pacing.
        - Microphones and nerves tend to make people talk faster.
        - Practice speaking at a measured pace with deliberate pauses between sentences or main points.
    - Use brevity
        - Try to say the key point within 30 seconds in fewer than 90 words.
        - Avoid lengthy scientific responses. Aim to keep answers focused, organised, and no longer than 2 minutes.
        - Reporters may often hold a microphone in front of your face after you have answered. Resist the temptation to add to your response. Redirect the conversation instead.
    - Manage tone of voice and mannerisms
        - Remember the characteristics of trust: good will, good character, expertise, and shared values. Approaching the media practitioner and interview with a sense of optimism and trust adds credibility and can help pave the way for a positive outcome.
        - Use a simple, conversational tone and phrases for clarity and warmth.
        - Use natural gestures and facial expressions. Remember the power of non-verbal communication and avoid expressions of annoyance, anger, impatience, confusion, or surprise.
        - Look at the reporter or camera, try not to look at or shuffle your notes.
- **Ask:** What are some tactics or strategies reporters use that you may want to practise responding to? **Take one or two responses and confirm**:
    - Using rapid fire questions or aggressive questions.
      Strategy: Regain control of the pacing with a phrase like "*I would like to answer those questions one at a time*." Pause and take time to think before responding.

- Using leading or loaded language or inflammatory or emotional words.
  Strategy: You can reframe the question in neutral terms to avoid repeating inflammatory or emotional language.

- **Ask:** What are some other times you may want to reframe or redirect? **Take a few responses and confirm**:
  - Reporters may ask hypothetical questions or pose sensational questions.
    Strategy: Try to avoid these scenarios by reframing the question in a way that addresses legitimate concerns of the public without being sensational or offering speculation.
  - Use positive words to correct any inaccuracies or reject the dilemma without repeating the negative words.
- **Ask:** What are some phrases you could use to redirect? **Take a few responses and review examples**:
  - "*The overall issue is …*"
  - "*What is important to remember is …*"
  - "*What I am really here to discuss is …*"
  - "*What the public really needs to know is …*"
  - "*What I think you are really asking is …*"
- **Continue** reviewing tactics*:*
  - Reporters may claim that someone has lodged an allegation, or they may present some new information. Try not to react or assume they are correct.
    Strategy: Redirect the conversation to your key messages with a phrase like "*I have not heard that*" or "*I would have to verify that before I can respond*."
  - Reporters may include character attacks as part of an interview.
    Strategy: Do not argue with or confront an adversary. You can question the science, facts, or issues but not someone's character, even in jest.
    - Avoid critiques of or blaming other agencies or other responses.
    - Comments should be focused on what you know and what your organisation is doing. Reporters can be reminded that professionals differ in their opinions. Then, redirect to your message.
    - Do not attempt to argue or embarrass the reporter.
  - Reporters may introduce unexpected items, such as a report or a supposedly contaminated item.
    Strategy: Do not take it. Instead, keep your hands by your side and redirect with a phrase like "*I am familiar with that report and what I can say is …* " or "*I have not had time to review this, but what is important is …"*
  - Practice reduces anxiety and will result in a more relaxed and natural delivery.
- **Ask:** What is another principle of risk communication that we have looked at that is also critical for a successful interview? **Take a few responses and review these strategies**:
  - Transparency and accountability
    - As we have discussed**,** do not be afraid to communicate uncertainty. Do not make up answers, over reassure, speculate, or distort the truth in any way. If the specific piece of information is not yet available, say so, along with what you are doing to find answers.

        - Use responses that prevent ambiguous knowledge, mistrust, rumours, and misinformation, such as
        - "*Researchers and doctors across the country are working hard to understand more about this virus."*
        - *"These are the steps we are taking to find out."*
        - Avoid responding to a question with "*no comment.*" As we discussed yesterday, explain why you can't answer that question.
        - Understand there is no such thing as "*off the record.*" Background and deep background do not mean you or your spokesperson won't be quoted or identified.
        - Do not say anything before, during, or at the conclusion of an interview that you are not prepared to see in print the next day or uploaded to social media in the next hour.
        - Make yourself available to the media even if only for a few moments. Try not to actively avoid the media, which can give a sense you have something to hide.
    - Follow up and reflect after the interview.
        - With some exceptions, most media outlets' ethics guidelines do not allow for interviewees to review the story prior to publishing. However, reputable media outlets' ethics guidelines do allow for corrections to be made after publishing, if there are any factual errors in the story.
        - When reviewing the published story, ask yourself:
        - Did the reporter effectively and accurately convey my message, or did they misquote me? Are the facts accurate? If not, contact the media practitioner directly and ask for a correction to be issued. This is common practice in the media.
        - Is there anything I didn't convey in my interview that I wanted to express?
        - Are my quotes succinct and clear?
        - Is there anything I can improve upon next time?
- **Introduce** the role play activity.

ACTIVITY: CASE STUDY INTERVIEW PREPARATION

- **Divide** participants into two groups.
- **Give** each group a different role from **Handout 18:** *Case Study Interview Preparation* (PHP) and **Handout 19:** *Strategies for Successful Interviews (PHP*).
- **Post** the instructions.

- **Explain:** You will review the scenario together and choose one person to be interviewed. As a group, you will help the person prepare and practise for the interview, including handling initial contact with the reporter, identifying goals and key messages, responding to challenges or surprise tactics. You can take turns practising or giving feedback, or even videotaping each other.
- **Ask:** Are there any questions? **Clarify** as needed.
- **Time** the groups for 25 minutes. **Make note** of any feedback you have as you walk around and support them.
- **Bring the group back together** to discuss for a few minutes.
    - What went well?
    - What was challenging?
    - What was helpful?
    - Are there particular areas for more practice?
- **Thank** the groups for their participation and hard work.

CLOSING SESSION: WRAP UP AND TEA BREAK

Time: 20 minutes

- **Thank** the group for their participation over the course of the day.
- **Remind** the group that tomorrow will be the final day when we bring it all together.
- **Close** the session with other administrative updates and a reminder to pick up their evening snacks.

MODULE 4: ENHANCING COORDINATION AND COLLABORATION

Total Time: 2 hours (not including tea break)

Note: *You may want to allow more time for the closing, depending on any official remarks.*

MODULE 4 OBJECTIVES

By the end of the module, participants should be able to:

- Enhance coordination and collaboration between PHP & MP using global best practices while embracing their differences
- Create an environment for continued collaboration and joint learning interactions

MODULE 4 METHODS

- Brainstorming and reflection
- Large-group discussion
- Role play

MODULE 4 CHECKLIST

- Timer or watch
- Prepare enough copies of printed materials for this module (see **Annex 1** for details):
    - **Handout 21:** *Disease Z Simulation Role Play*
- Flipcharts prepared in advance for group work activity with the following labels:
    - Working with media – Challenges (Pink sticky note)
    - Working with media – Dislikes (Orange sticky note)
    - Working with media – Likes (Green sticky note)
    - Working with media – Suggestions for improvement (Yellow sticky note)
    - Working with health practitioners – Challenges (Pink sticky note)
    - Working with health practitioners – Dislikes (Orange sticky note)
    - Working with health practitioners – Likes (Green sticky note)
    - Working with health practitioners – Suggestions for improvement (Yellow sticky note)
- Sticky notes in three colours (or three different coloured markers)
- Blank flipcharts, tape, and markers
- Laptop, projector, and slides, if using

RECAP: REVIEW OF DAY 3 AND INTRODUCTION TO MODULE 4

Time: 30 minutes

Materials: Refer to the module 3 checklist.

PLENARY DISCUSSION

- **Welcome** the group to day 4 of the workshop.
- **Explain:** We will have a quick review of yesterday's activity.
- **Hold up** a ball made from a piece of paper and **toss** it back and forth between your hands (dancing to music).
- **Tell** the group the ball is a hot piece of cassava.
- **Explain** the following:
    - Music will be playing in the background while the cassava is passed around. When the music stops, if the hot cassava is in your hand, say one key takeaway from the day before and quickly pass the cassava on as the music continues to play.
    - You can share anything new that you learned, a takeaway from a discussion or exercise, or topics that were covered.
    - The point of the game is to move quickly and see how many people can speak before 8 minutes is up.
- **Ask:** Are there any questions? **Clarify** as needed.

ACTIVITY: HOT CASSAVA REVIEW

- **Set the timer** for 8 minutes and **pass** the ball, with everyone participating in the review.
- **Bring** everyone back to their seats for discussion when the timer goes off.
- **Thank** them for the contributions, and briefly **summarise** all the responses.
- **Begin** module 4.

SESSION 4.1: ENVISIONING EFFECTIVE COORDINATION AND COLLABORATION

Time: 60 minutes

Materials: Refer to the module 4 checklist.

PLENARY DISCUSSION

- **Introduce** the session with the following:
    - In our final module, we will focus on coordination and collaboration, building on the reflections and focused work we have done together and in our respective breakout sessions.
    - To get started, we are going to have a short activity. I will explain it first, and then we will begin.
- **Explain:**
    - I am going to give each of you four sticky notes (pink, orange, green, and yellow).
    - You will use the sticky notes to answer the following four questions, using one sticky note per question:
    1. What are your greatest challenges working with media/public health practitioners? – pink
    2. What concerns do you have when working with media/public health practitioners? – orange
    3. What do you like most about working with media/public health practitioners? – green
    4. What is your recommendation to improve working with media/public health practitioners? – yellow
    - If you are a media practitioner, answer the questions about working with public health practitioners. If you are a public health practitioner, answer about working with the media.
    - Please write large and clear so that others can read it easily.
    - You have 5 minutes to write your answers. When you have finished writing your answers, come to the front of the room and stick the note with your answer on the corresponding flipchart.
    - When everyone's notes are up, we will take 10 minutes to walk around and review before we discuss.
    - I encourage everyone to approach giving and receiving critiques in a respectful way. Feedback should not be intended or taken as personal attacks but rather as open and honest exchanges to facilitate understanding and solution finding.
- **Ask:** Are there any questions? **Clarify** as needed.

ACTIVITY: GALLERY WALK

- **Time** group for five minutes.
- **Encourage** anyone that has not posted their notes to do so when the timer goes off.
- **Invite** participants up to read, and **time** them for 10 minutes.
- **Bring** the group back together after 10 minutes.

- **Ask:** What was challenging about this exercise? **Take** a few responses.
- **Ask:** Was there anything surprising or helpful from this exercise? **Take** a few examples.
- **Close the session** with the following:
    - Thank you for sharing your experiences and, for some of you, perhaps stepping out of your comfort zone.
    - As we have seen throughout our time together and our breakout sessions, public health and media practitioners co-exist in epidemic preparedness and response, yet they have different needs, responsibilities, training, professional resources, job stability and pressures, ethical and legal frameworks, passions, and motivations.
    - Both jobs have areas of overlap. Public health and media practitioners are often on good terms, but trust may be challenged when any of the critiques outlined above arise.
    - We have also seen throughout the workshop that most public health and media practitioners
        - are interested and willing to learn ways of coordinating and collaborating more effectively in public health; and
        - believe it is necessary to strengthen coordination and relationships to respond more effectively to public health crises.
    - Though this exercise was perhaps uncomfortable, everyone was able to approach it with a high degree of respect. Respect is the foundation of a better working relationship between any two groups**.** It is possible to respect another person even if you do not agree with their opinions or approach.
- **Ask:** What does it look like to respect someone without necessarily agreeing with them? **Take a few responses, and write them on the flipchart**.
- **Ask:** What are some other ground rules based on your experiences or breakout sessions that can support respect in a working relationship? **Take some examples, and review:**
    - Manage expectations. Recognize each person has competing responsibilities and deadlines. Be realistic in what the person in the other role can offer you.
    - Recognise each party's primary responsibility to the ethical principles of their work. Working relationships between public health and media practitioners may fail if one party expects their personal friendship to influence the other. Remember, everyone has a job to do.
    - Clarify and confirm the purpose of the interview or media interaction and terms of engagement so that you understand what is being asked and the answers.
    - Expect the best and prepare for the worst. The key is to prepare!
    - Learn to speak each other's language. Break down technical terms or jargon to facilitate understanding and clarity about what is being asked and shared.
- **Explain:** We are going to practise bringing it all together in our next session when we come back from the tea break.
- **Ask:** Are there any questions? **Clarify** as needed.

- **Explain:** After the tea break, we will have one last role play and then move into the posttest, evaluation, and closing.
- **Continue** to the tea break.

TEA BREAK

Time: 30 minutes

Time tea break for 25 minutes plus 5 minutes to settle into the next session.

SESSION 4.2: BRINGING IT ALL TOGETHER

Time: 60 minutes

Materials: Refer to the module 4 checklist.

PLENARY DISCUSSION

- **Introduce** the final role play with the following:
    - We are going to practise applying some of what we learned in a quick role play.
    - I want to stress that this is an entirely **FICTIONAL** situation created for the purposes of our learning. It is important that this is well understood so that our learning exercise does not cause false alarm!
    - For this exercise, we will divide into three groups, designated by a coloured sticky note (or colour of the ink on the sticky note):
        - Group 1: Public health practitioners (pink sticky note or red marker)
        - Group 2: Media practitioners (blue sticky note or marker)
        - Group 3: Community members (orange sticky note or marker)
    - Each group will receive **Handout 21** with the information on your goals and some circumstances/parameters for your specific role.
    - Write your role on your sticky note, stick it to your shirt or name tag.
    - You will have 10 minutes to read your scenario together and prepare your strategy based on the guidance on your handout.
    - When the 10 minutes are up, you will begin the role play.
    - You will have 10 minutes to accomplish your goals. The time is going to be very tight to simulate an emergency.
    - At the end of the 10 minutes, we will come back together to debrief on how well we accomplished our goals.
- **Ask:** Are there any questions? **Clarify** as needed.

ACTIVITY: DISEASE Z SIMULATION ROLE PLAY

- **Divide** the group by counting out 1-2-3, ensuring each group has a mix of media and public health practitioners.
- **Give each group** their assigned role (being careful not to share the role of the other groups) from **Handout 21**: *Disease Z Simulation Role Play*, along with their sticky notes and markers.
- **Post** instructions.
- **Time** the groups for 10 minutes to review and prepare.
- **Launch** the role play, **time** the group for an additional 10 minutes, and **make note of any feedback** about what is going well or not.
- **Stop the role play, and bring everyone back to their seats** for a brief wrap-up discussion at the end of 10 minutes.

- **Ask the community group**: What was your goal, and how did you meet it? **Thank them,** and **ask** if anyone else in the group has something additional to add. **Take responses**, being mindful of time.
- **Ask the public health group**: Did your three critical health messages reach the community, and if so, were they received accurately? **Thank them,** and **ask** if anyone else in the group has something additional to add. **Take responses**, being mindful of time.
- **Ask the media practitioners' group**: What challenges did you face, or what worked well as you worked between the community members and the public health officials? **Take a few responses**, being mindful of time.
- **Ask:** Reflect back over the joint sessions and breakout sessions. What principles or pitfalls did you see in action? **Take a few responses**.
- **Ask:** Based on this experience, do you think the outbreak improved or worsened? **Take a few responses.**
- **Ask:** What insight did you gain about another group's role or what will you take with you? **Take a few responses**, and **thank them** for their participation.
- **Close the activity** with the following:
    - I hope this was a fun and thought-provoking way to step into the perspective of a different role that sparks your thinking on ways you can better collaborate moving forward in times of preparedness and times of emergency.
    - To bring this final session to a close and move to our posttest and closing activities, we have one short task.
    - Right now, we want to take the last few minutes to discuss as a group if you would like to continue contact in the future through quarterly meetings, WhatsApp groups, or an email listserv (specifically, the National One Health Risk Surveillance and Information Sharing (NORHSIS) Group). **Ask:** What type of forum would you like and what kinds of interactions would be useful (e.g. resource sharing, learning about future training or new information)?
- **Ask** the group to select two representatives, one from the media group and one from the public health group to take the lead on ensuring these plans are carried out (e.g. meeting held, WhatsApp group established).
- **Remain mindful of time** and **move to the final session** as needed.

WRAP UP

POST-TEST, WORKSHOP EVALUATION, AND CLOSING

Time: 45 minutes

Materials:

- Laptop with Excel spreadsheet of Contact Sheet
- **Handout 22:** *Post-Test Questionnaire*
    - The *Post-Test Questionnaire* can also be found as a google form here: https://forms.gle/tKVLcHDtzcUJ49if6
- **Handout 23**: Workshop Evaluation
- **Handout 24:** *Certificate*
- Laptop, projector (if using slides)
- Blank flipcharts, tape, and markers
- Timer or watch

PLENARY DISCUSSION

- **Close the workshop** with the following:
    - We have made it to the last session of the workshop!
    - Thank you all for your participation and contribution of your experience, expertise, creativity, and problem solving.
    - We have learned a lot from you and hope that you have also learned something from each other to carry with you and perhaps even share with others.
    - To conclude our workshop, we have a few remaining short tasks:
        - Complete the post-test.
        - Complete the workshop evaluation.
        - Complete a contact list of everyone's complete contact information to share with all participants after the training.
        - Hand out certificates.
    - We will have closing remarks and complete these tasks simultaneously to maximise our time.
        - When you hand in your completed posttest and workshop evaluation, you will receive the contact list and your certificate.
        - You will have 30 minutes to complete the posttest and the workshop evaluation, but you can bring your completed papers up as you finish to receive the contact list and your certificate.
    - Remember, the post-test is just a way for you and us to see what you have learned over the course of the workshop.

    - You will not write your name on your test, but instead write the code number you gave yourself for the pretest (like your birthday or graduation year).
    - You also do not need to write your name on your evaluation, but feel free to do so if you wish.
    - We encourage you to give your honest feedback as it helps us to improve the course for others.
- **Ask:** Are there any questions about anything we have discussed in the workshop? **Clarify** as needed.
- **Thank** everyone again, and **give any final closing remarks** or administrative information.

ACTIVITY: POST-TEST AND EVALUATION

- **Distribute** the posttest and evaluation.
- **Time** the group for 30 minutes.
- **Give** each person their certificate and contact list when they bring their completed materials to you.
- **Thank them** again for their attendance.
- **Score** the post tests using the score sheet in **Annex 1.**

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