Communication for Behavioral Impact Dengue Fever Outbreak Response

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Risk Communication:

Real time <u>exchange</u> of information and advice between experts/authorities and those at risk or exposed to a threat eg dengue fever outbreak

Community Engagement

Process of **developing and sustaining an ongoing relationship** between organizations who traditionally lead dengue fever outbreak response and the community affected

DENGUE OUTBREAK RESPONSE

Reduce transmission/case numbers

Seek health care early

Reduce deaths

INTEGRATED MODEL FOR EMERGENCY RISK COMMUNICATION

Media and social media surveillance, partner, stakeholder, community feedback, emergency anthropology KAP studies, other social science tools

Dynamic listening and rumour management

Risk communication Systems

Strategies, plans, SOPs, structures, resources, and simulation exercises to test systems

Directly or through influencers, including awareness campaigns, community radio, interpersonal communication, using existing community engagement mechanisms

Communication engagement with affected communities

Internal & partner communication & coordination

Mechanisms at national, local, international levels with stakeholders (health care workers, NGOs, volunteers, civil society, etc.)

Public communication

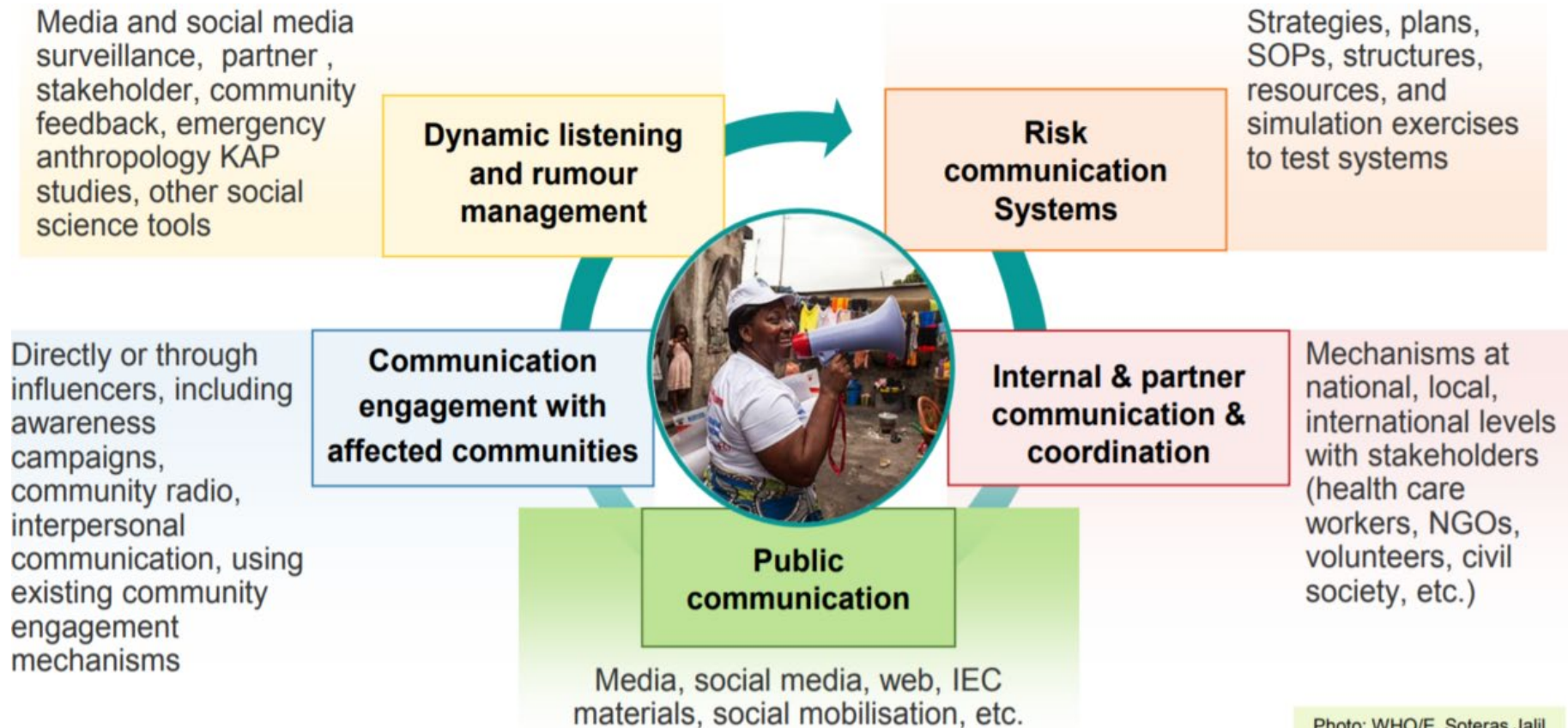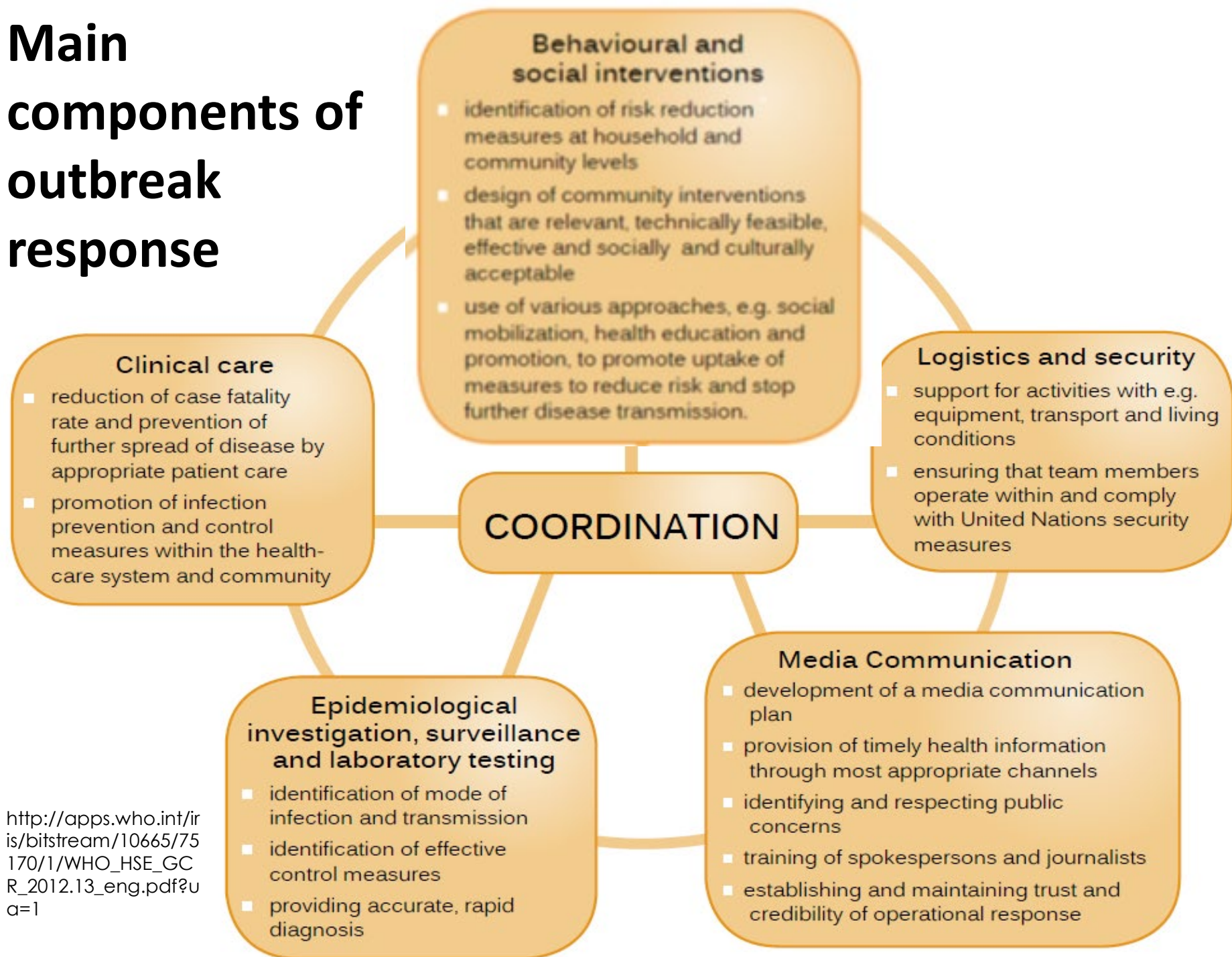Media, social media, web, IEC materials, social mobilisation, etc.

Photo: WHO/E. Soteras Jalil

Communication for behavioural impact

✓Informed by local context, community knowledge – talking to community leaders, KAP, door-to-door

✓Tailored to different population groups – those most at risk, hard to reach populations

✓Feasible (easy, realistic), effective and consider cultural/social values

✓Address irrational fears and mistrust

Main components of outbreak response

Behavioural and social interventions
- identification of risk reduction measures at household and community levels
- design of community interventions that are relevant, technically feasible, effective and socially and culturally acceptable
- use of various approaches, e.g. social mobilization, health education and promotion, to promote uptake of measures to reduce risk and stop further disease transmission.

Clinical care
- reduction of case fatality rate and prevention of further spread of disease by appropriate patient care
- promotion of infection prevention and control measures within the health-care system and community

Logistics and security
- support for activities with e.g. equipment, transport and living conditions
- ensuring that team members operate within and comply with United Nations security measures

COORDINATION

Epidemiological investigation, surveillance and laboratory testing
- identification of mode of infection and transmission
- identification of effective control measures
- providing accurate, rapid diagnosis

Media Communication
- development of a media communication plan
- provision of timely health information through most appropriate channels
- identifying and respecting public concerns
- training of spokespersons and journalists
- establishing and maintaining trust and credibility of operational response

http://apps.who.int/iris/bitstream/10665/75170/1/WHO_HSE_GCR_2012.13_eng.pdf?ua=1

BEHAVIOURAL AND SOCIAL INTERVENTIONS

1

Identify **risk reduction behaviours** at household and community levels

2

Design community interventions that are **feasible, effective, socially and culturally acceptable**

3

Use **different strategies** to promote uptake of risk reduction

1

Identify **risk reduction behaviours** at household and community levels

Stop mosquito breeding

Clean household water storage at least once a week

– tip out, store or get rid of unused containers breeding sites e.g tires, plastic buckets, plastic drums, coconuts, flower vases

Stop mosquito bites

Individual protective measures - topical application of repellents, indoor spraying, use mosquito coils, covering body with clothing, mosquito nets if sleeping during day or evening (particularly for *Ae.albopictus*)

Seek medical care if severe symptoms - severe abdominal pain, persistent vomiting, rapid breathing, bleeding gums or nose, fatigue, restlessness, blood in vomit or stool, being very thirsty, pale and cold skin, feeling weak.

2

Design community interventions that technically **feasible, effective, socially and culturally acceptable**

Stop mosquito breeding
Clean household water storage at least once a week – tip out, store or get rid of unused containers/potential breeding sites

Feasible – are people able to get rid of breeding sites?
Effective – are some mosquito breeding sites more prolific than others?
Social/culture – what practices promote or inhibit this?

Stop mosquito bites
Individual protective measures - topical application of repellent, indoor spraying, long sleeve/pants clothing, mosquito nets if sleeping during day or evening

Feasible – is wearing repellent all day feasible? Sleeping under mosquito nets?
Effective - will one practice alone be effective or combination?
Social/culture – what practices promote/inhibit individual protective measures?

2

2) Design community interventions that technically **feasible, effective, socially and culturally acceptable**

Seek medical care immediately if severe dengue symptoms e.g severe abdominal pain, persistent vomiting, rapid breathing, bleeding gums or nose, fatigue, restlessness, blood in vomit or stool, being very thirsty, pale and cold skin, and feeling weak.

Feasible – are people able to access medical care?
Effective – at what point should people seek medical care?
Social/culture – are there social/cultural reasons for why people may not seek care? understand symptoms? Rumours?

Work with community leaders, community members, neighbourhood organizations

3

Use various **different strategies** to promote uptake of risk reduction

Choosing appropriate communication channels

Two-way engagement:

- House visits by community healthcare workers

- Mass communication - radio interviews or talk-back with public/religious leaders

- Healthcare professionals - hospitals

- Social media

- Websites – eg government, health departments

- Public service announcements

- Community meetings/gatherings

Figure 11. Tuk-tuk Mobile Education Activity, Cambodia

Source: To Setha.

Social mobilization strategies for behaviour change

Strategies:

- Community clean-up events

- Drawing on volunteers, community organizations, neighbourhood groups to assist with: disseminating repellants/mosquito nets, house-to-house inspections

- Community-run education stalls /meetings

MEDIA COMMUNICATION GUIDING PRINCIPLES

✓ **Acknowledge threat and open communication of uncertainty** will prevent people from losing trust in response

✓ **Concerns, beliefs and needs of target audiences** need to be taken into consideration

✓ **Continuous dialogue with different stakeholder groups = trust** in science and encourage people to ask questions and voice concerns.

✓ **Involve and engage those affected** – don't tell them what to do

✓ Create realistic expectations in addressing and controlling the outbreak

Avoid:

X Mixed messages from multiple experts

X Withholding information

https://www.who.int/news/item/06-07-2021-who-global-conference-on-communicating-science-during-health-emergencies-sparks-enormous-public-interest

SUMMARY

- Identify **risk reduction behaviours** at household and community levels : **stop mosquito breeding, stop mosquito bites and seek medical care if severe symptoms**

- Design community interventions that are **feasible, effective, socially and culturally acceptable – continually monitor and evaluate**

- Use **different strategies to** promote uptake of risk reduction – **two way communication, mobilization strategies - addressing barriers to behaviour change**

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