

**Risk Communication Strategy
for Prevention and Control of Communicable Diseases
in Mekong Basin Sub-region and Countries
(for the period of 2008-2010)**

**Myanmar
21 November 2007**

Project Title: Strengthen risk communications

Back ground:

The Mekong Basin Disease Surveillance (MBDS) Project was endorsed in 1999 by the Health Ministries of six Mekong Basin countries, i.e. Cambodia, China, Lao PDR, Myanmar, Thailand and Vietnam with technical and financial support from the Rockefeller Foundation. The project has promoted further collaboration, networking and human resource development among the participating countries. The Memorandum of Understanding (MoU) for the MBDS cooperation was signed in November 2001 in Kunming, China and expired in November 2006. The extension of the MoU was signed by the six ministers of health of Cambodia, China, Laos PDR, Myanmar, Thailand and Vietnam on the 15th May 2007 in Geneva during the 60th World Health Assembly.

According to the Memorandum of Understanding, the MBDS countries should develop 6-year action plan, which can be divided into two 3-year periods, to operate activities as agreed upon during the annual Executive Board and Coordinating Committee meeting in August 2007 in Danang, Vietnam. The Mekong Basin Disease Surveillance (MBDS) Cooperation is composed of representatives from human and animal health sectors appointed by Ministries of Health of the six Mekong Basin countries, as well as representatives of relevant regional and international organizations.

The MBDS Cooperation strives to accelerate the health status and preparedness of the Mekong Basin countries through cooperation and collaboration, particularly in relation to public health emergency of international concern (PHEIC). It is proposed that the MBDS cooperation be strengthened on a regional basis in order to facilitate increasing cross border activities and programs, and to enable financial and organizational sustainability of the MBDS cooperation.

After the first phase of MBDS project and the pilot cross-border activities funded by Rockefeller Foundation, it is necessary to continue and extent activities/components, especially component on animal-human health interface and community based surveillance to strengthen national and sub regional capabilities to rapidly and effectively detect and control communicable diseases that are defined as a public health emergency of international concern and there is intricate combination of medical socio – political context for implementation of IHR (2005) that has become mandatory as member states to strengthen core capacities and to implement IHR- 2005 and prevent international spread of disease with minimal disturbance of international trade and traffic.

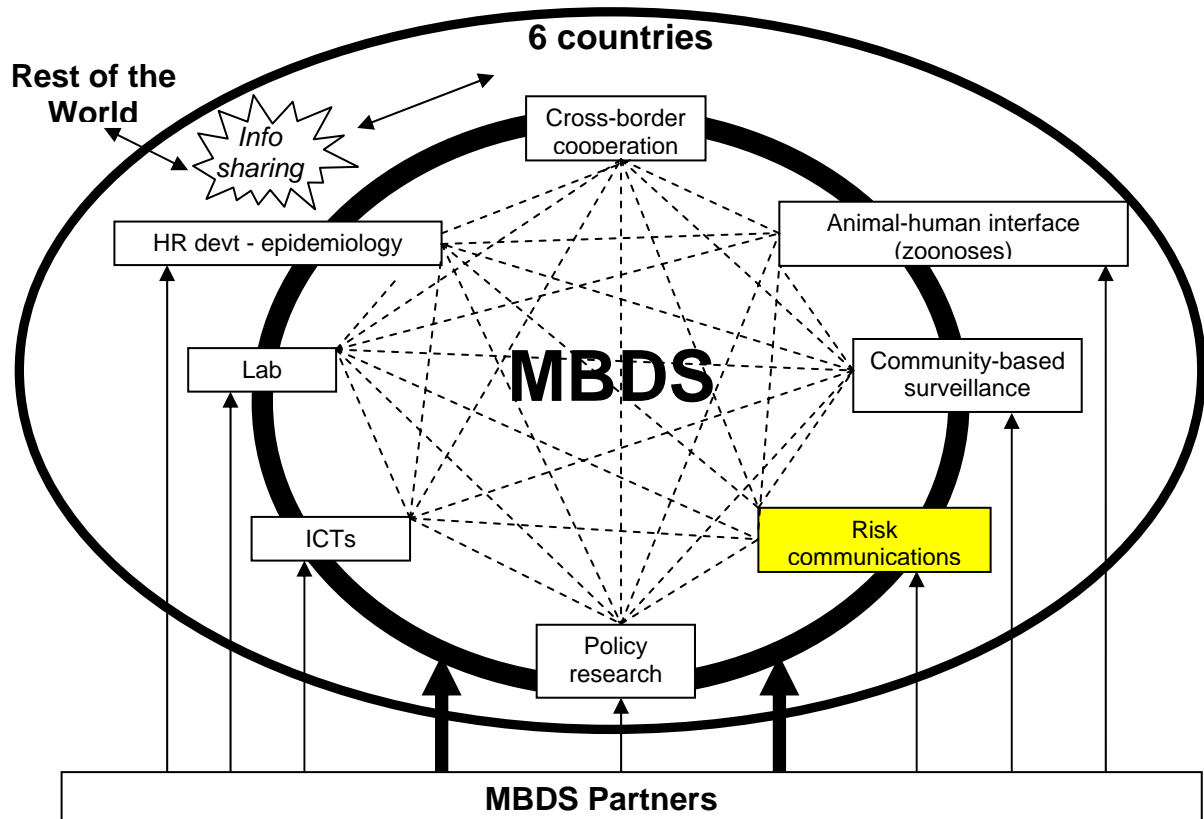
With the context of implementing the IHR (2005), it is increasing need for the need to better to communicated on EIDs and risk communication for trust, timeliness, transparency,

understanding the public, planning at different level should be strengthened for early prevention and control of communicable disease especially within the Mekong Basin region.

Strategy Goal

Promote regional communication on priority diseases including PHEICs

Risk Communication related to all MBDS core strategy areas



Specific Objectives

1. To develop risk communication strategy for EDs in the region based on IHR(2005) Decision Instrument
2. Develop curriculum for risk communication
3. Train a critical mass of risk communicators at different levels of the health system
 - At cross-border site
 - At provincial level
 - A national level (NFP/IHR)
4. Develop and test risk communications messages for the public

Approach

- Identify appropriate MBDS countries and partners to work on this, including communications specialists and representatives from all MBDS countries
- Determine the types of messages to be developed for the public, e.g., based on local priority diseases and desired knowledge/attitudes/practices by the local population
- Develop and test initial messages
- Share and apply results (messages and delivery mechanisms) across MBDS countries

Activities

Objective 1: To develop risk communication strategy for EDs in the region based on IHR(2005) Decision Instrument

Activities	Indicators
<p><i>Formulation of overall communication framework within the region by conduction Workshop (communication specialist, representatives from MBDS member countries)</i></p> <p><i>Establishment of risk communication taskforce/ Working group (high level official, experts & publication & dissemination)</i></p> <p>Designate POC/s for communications within and across MBDS countries</p> <p>Designate spokesperson/s for risk communications in each country</p> <p>Complete risk communications planning process within and across countries</p> <p>Establish public health emergency telephone hotlines</p> <p>Procure satellite phones with interoperability across MBDS countries</p> <p>Operationally test communications across MBDS countries, e.g., weekly information sharing</p>	<p><i>Implementation of workshop</i></p> <p><i>Designation of task force / working group members.</i></p>

Objective 2: Develop curriculum for risk communication

<i>Activities</i>	<i>Indicators</i>
<i>Development of risk communication curriculum by taskforce committee (communication specialis),</i>	<i>Workshop for development of curriculum for risk communication</i> <i>Availability of risk communication strategy for EDs</i>
<i>Identification of communication channels for development of strategies</i>	<i>Availability of specific communication channel</i>
<i>Pre testing of curriculum at existing national health education program</i>	<i>No of health education program including the risk communication of EDs</i>

Objective 3: Train a critical mass of risk communicators at different levels of the health system

<i>Activities</i>	<i>Indicators</i>
<i>Training for facilitators using training materials</i>	<i>No of Training workshops conducted</i>
<i>Training at different level, different categories of audience</i>	<i>No of training conducted within 1 year</i>

Objective 4: Develop and test risk communications messages for the public

Activities	Indicators
<p><i>Assessment on KAP on risk communication for EDs for health staff and public</i> <i>Situation assessment, rapid surveys and audience segmentation/analysis</i> <i>Dissemination of assessment results and Sensitisation of governments, health personnel, teachers and other stakeholders:</i></p>	<p><i>Report of assessment for KAP on risk communication for EDs to MBDS coordinating Office</i></p>
<p><i>Development of communications materials and activities</i></p> <ol style="list-style-type: none"> 1) <i>Production and broadcast of TV, Radio Spots & print tools/materials</i> 2) <i>Pre-testing and revision/finalisation of the materials</i> 3) <i>Adaptation of TV/video and radio/audio messages in local languages</i> 4) <i>Adaptation of print materials, including posters and brochures</i> 	<p><i>No of broadcast on TV</i> <i>Availability of print materials</i></p>
<p><i>Implementation of communications project</i></p> <ol style="list-style-type: none"> 1) <i>Airtime for TV/media spots</i> 2) <i>Printing and distribution of posters/brochures</i> 3) <i>Media training/briefing for national and international media</i> 4) <i>Campaigns in high-risk areas</i> 5) <i>Social mobilisation, including community outreach by frontline workers</i> 	
<p><i>Development Radio and TV Risk communication materials</i></p>	
<p><i>Evaluation, documentation and dissemination</i></p> <ol style="list-style-type: none"> 1) <i>Post-campaign KAP survey and in-depth interviews in the field</i> 2) <i>Documentation of the project processes and impacts</i> 3) <i>Dissemination of the results, including policy-makers/experts meetings</i> 	<p><i>Report on post campaign KAP survey</i></p>
<p><i>Community mobilization implementation in the whole country</i></p>	
<p><i>Media involvement in production and implementation (all levels)</i></p>	
<p><i>Integration into existing national dissemination of information (health education program)</i></p>	

Monitoring and evaluation

Effectiveness of risk communication framework implemented within the region would be monitored and evaluated measurable outcome and applied the learned lesson for improvement in risk communication activities within the region.