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FACILITATOR GUIDE

One Health Risk Communication Training for
Media Professionals and Public Health Communicators

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FROM THE AMERICAN PEOPLE



ACKNOWLEDGEMENTS

A team comprised of Johns Hopkins Center for Communication Programs (CCP) staff and independent consultants collaboratively developed this training resource.

The package is based on the team's collective professional experiences as journalists and social and behavior 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 US Centers and Disease Control and Prevention Crisis and Emergency Risk Communication Training](#)
- [The World Health Organization's Risk Communication Training Course](#)
- [The BBC Media Action's Guide for Media on Communicating in Public Health Emergencies](#)
- [The CDAC Network Rumor Has it: A practice guide to working with rumors](#)
- [Johns Hopkins Center for Communication Programs SBCC for Emergency Preparedness Implementation Kit](#)
- [Johns Hopkins Center for Communication Programs Synthesized Guide for Message Development for COVID-19](#)
- [Johns Hopkins Center for Communication Programs Technical briefs for COVID-19](#)
- [READY Initiative RCCE Toolkit](#)
- [UNICEF Europe and Central Asia Region Interpersonal Communication for Immunization Training for Frontline Workers](#).

The authors extend their gratitude to those who developed these references and the full team who contributed to developing this package.

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INTRODUCTION

Zoonotic diseases are diseases that are initially spread between animals and people and may have potential to then spread from person to person. Most known human infectious diseases and about three out of every four new diseases originate from animals¹. Recent and devastating outbreaks across the globe have had an animal origin, though it's not always clear from what animal the spillover occurred. An outbreak situation doesn't just threaten those in the epicenter — it has the potential to take life, devastate economies, weaken health systems, stall future development, and possibly threaten global security and stability. The West Africa Ebola Virus Disease outbreak is one example — it was not at all expected and the scale of the outbreak also was not expected, given previous experiences in the Democratic Republic of Congo (DRC) and elsewhere. It contributed to over 11,000 deaths, ravaged already compromised health systems, and fueled existing distrust between communities and health care systems. The Global COVID-19 pandemic is yet another example with even further reaching impacts that signals the increasing interdependence of our world.

Despite the widespread devastation these diseases have caused, endemic zoonoses such as brucellosis, rabies and Rift Valley Fever that do not attract the same level of media attention nevertheless pose a significant threat to both human and animal health and to the livelihoods of those that depend on animals for food or income. Priority Zoonotic Diseases (PZDs) are those zoonoses identified as being of greatest concern to a country or region because the country or region has experienced prior outbreaks or has endemic zoonoses or because the disease meets several risk factors that may facilitate its spread from animals to humans. Population growth and movement, larger, crowded cities, changes in land use, increased global travel, and climate change are among the factors that have increased the potential for the rapid emergence, re-emergence, and spread of zoonotic diseases. The global impacts of emerging and endemic zoonoses cannot be underestimated, and the need for multi-sectoral and multidisciplinary collaboration and coordination to prevent, detect, and effectively respond to these threats cannot be overemphasized.

The *One Health* concept recognizes that the health of people is intertwined and interdependent with the health of animals and the environment. The *One Health* approach facilitates multisector 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 \(GHSA\)](#) — an alliance of more than 60 governments and international partners to make the world safer from infectious diseases by increasing capacity to implement the [World Health Organization's \(WHO's\) International Health Regulations \(IHR\)](#), which require countries to detect, assess, notify, and report events and to respond promptly and effectively to public health risks and public health emergencies of international concern. The IHR recognizes risk communication as one of many essential capacities that countries need to effectively prevent, detect, and respond to infectious disease threats.

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

Risk Communication is defined by WHO as the real-time exchange of information, advice, and opinions between experts or officials and people who face a threat to their survival, health, or economic or social well-being from a hazard, such as a zoonotic disease outbreak. Its goal is to enable people at risk to take informed and best possible decisions to mitigate the risks to their health and well-being. Risk Communication uses a mix of communication and engagement strategies and tactics: media communications; social media; mass awareness campaigns; health promotion; stakeholder engagement; social mobilization; and community engagement.²

Collaboration between One Health, public health authorities, and the media is critical to ensuring that 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 behaviors that aid transmission. Effective communication can also prevent an outbreak from occurring by informing people living in high risk areas about the nature of the disease and the steps they can take to protect themselves and their families. In the absence of this, ineffective emergency and risk communication can have disastrous effects in an epidemic. Poorly executed communication can create unnecessary fear and panic and fuel the spread of misinformation, rumors, and conspiracy theories that drive infected people away from health facilities. Lack of effective communication can also create complacency among high risk communities, particularly in endemic PZD zones.

Effective risk communication through the One Health approach and through closer collaboration between public health officials and the media is integral to this larger process of information exchange aimed at eliciting trust and promoting understanding of the relevant issues or actions. In addition to providing people with essential information in a crisis, it also supports preparedness in times when there are no outbreaks by increasing awareness and knowledge around zoonosis, correcting common misinformation, raising risk perception where appropriate, and improving uptake of protective behaviors including actions that contribute to the early detection of potential emergencies.

This training package and associated materials is designed to support One Health partners, public health communicators, and media professionals to collaborate strategically for improved risk communication for preparedness and response. This training manual contains information and exercises to create an understanding and relationship between public health professionals and media professionals in a country to work together effectively during a public health crisis and to communicate with a common goal employing focused and consistent messages to the public and communities.

² World Health Organization (WHO). (2020). *Risk Communication*. Retrieved from <https://www.who.int/emergencies/risk-communications>

ABOUT THIS TRAINING PACKAGE

PURPOSE AND OBJECTIVES

This *Facilitator Guide* and all accompanying materials are designed to guide a:

- 3-day training of government spokespersons and media professionals.
- 5-day training of trainers (TOT) to successfully deliver the 3-day training.

The purpose of the 3-day training is to strengthen the capacity of government spokespersons/ public health communicators and media professionals/journalists in the application of best practices for risk communication and effective collaboration to raise awareness of risks and prevention of priority zoonotic diseases (PZDs) to contribute to:

- improving the public's uptake of protective health behaviors for PZDs including reporting instances of high risk or disease outbreak and contributing to early detection of potential emergencies;
- increasing efficiency and minimizing contradictory or false information during response to a public health emergency and in overall awareness of PZD prevention; and
- providing timely and accurate health advice that addresses the public's concerns during public health emergencies.

Specific objectives of the 3-day training are to:

- Review priority zoonotic diseases in the country and region, their relationship to public health emergency preparedness and response.
- Review available risk communication tools and protocols in country to promote awareness, engage communities, and support a public health emergency response.
- Learn and practice skills to apply the principles of effective risk communication in communicating with the public.
- Strengthen effective collaboration between government spokespersons and media for improved coordination during public health emergencies.
- Improve confidence and ability to effectively respond to the public's needs and concerns regarding PZDs and public health emergencies to minimize conflicting information, rumors, and misinformation.

The primary objective of the 5-day TOT is to ensure that trainers master the content of the 3-day training and have the skills needed to deliver a consistent, quality training using this guide.

INTENDED AUDIENCE

This training package is designed for delivery by facilitators from government, NGO or media sectors who wish to strengthen the capacity of government spokespersons and media professionals in the application of best practices for risk communication and effective collaboration in contribution to improved response for public health emergencies.

The intended audience for the 3-day training is government spokespersons (or other public health communicators) and media professionals, with modules tailored for each individual audience as well as for their joint, collaborative learning.

Broadly defined, a **government spokesperson** is a public health official who is tasked with communicating information the public wants or needs about a public health emergency or new disease threat that supports people to:

- make informed decisions about their health,
- strengthens trust and confidence in public health systems and response, and
- reduces the harm, including addressing misinformation.

They are responsible to clearly communicate and answer questions about what is known, what is not known, and what is being done to address what is unknown in the event of a public health emergency or new disease threat.

A response to a public health emergency of zoonotic origin or a One Health prevention program may involve a multi-sectoral approach and involve several spokespersons from different ministries or different pillars of the response at varying levels of government, each with unique yet complementary roles in ensuring communities interrupt transmission of the disease or have the information and support they need to adopt protective behaviors.

Journalists/Media professionals, broadly defined, include journalists and broadcasters working in print, television, national and community radio media as well as local social media influencers. The type, scale, and location of a public health emergency may also determine which media professionals are the most trusted in a locality or most familiar with content and resources.

The intended audience for the 5-day TOT is training facilitators.

APPROACH AND ORGANIZATION OF TRAINING PACKAGE

This training is designed to be participatory and interactive. It emphasizes adult learning methods that require participation through small and large group discussion, brainstorming and reflection, role-play, and practice. The approach follows the guiding principles of 1) building on participant experiences, 2) step-by-step skill building, and 3) reinforcement of skills by practice.

This training package consists of this Facilitation Guide and the following supplemental materials:

- Material Checklist (**Annex 1**)
- Sample Agenda Template (**Annex 2**)
- Pre & Post Test (**Annex 2**) and Answer Key (**Annex 1**)
- Activity Handouts and Resource Packages (**Annex 2**)
- Workshop Evaluation (**Annex 2**)
- Companion Resource for Leading a 5-day Training of Trainers (**Annex 3**)
- Presentation Slides (**Annex 4**)

The training package is designed to be “field friendly”. The only additional materials required are paper, pens, markers, flipcharts, sticky notes, and tape. A presentation slide deck is provided for use during training to project key figures, tables and other information, however, use of slides is optional depending on the delivery context and availability of required equipment.

This *Facilitator Guide* is divided into six Modules. Modules 1, 2 and 3 are designed to be delivered in plenary with both public health officials (**PHP**) and journalists/media professionals (**J**). Participants will separate into two professional “breakout” groups that convene in different rooms with separate trainers for Module 4 to address content specific to their roles. The two groups will then reconvene together for Modules 5 and 6.

Learning objectives and methods used are listed for each **Module**. Each Module is comprised of multiple sessions. Each **session** is made up of activities and discussions that address specific learning content.

Notes for the facilitator are outlined at the beginning of each Module and include:

- Total time required to complete all sessions in the Module (excluding lunch and tea breaks)
- Module Learning Objectives
- Module Methods
- Checklist of materials to prepare ahead of time and other guidance to the facilitators

Additional notes are provided at the beginning of each Session. The Session notes include:

- Time for the individual session
- Materials for the individual session

Steps with instructions and talking points for the facilitators are indicated with the following formatting throughout the Session:

PLENARY DISCUSSION

- Instructions for the facilitators are indicated with a solid 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 an open bullet.
 - Other details, examples, and answers that may be helpful in guiding the discussion are indicated with a square bullet.

If there is a slide associated with the material being covered, a small thumbnail of the slide will be included beside the relevant text to indicate how they should be advanced.

ACTIVITY [TITLE OF ACTIVITY]

- Instructions for the facilitator to conduct the activity are indicated with the 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 an open bullet.
 - Other details, examples, and answers that may be helpful in guiding the discussion are indicated with a square bullet.



This approach was designed to **decrease lecturing, increase participation, and make it easier for the facilitator to carry out the sessions**. It also helps to ensure a standardized approach and content, so that almost any facilitator could pick up the package and conduct a successful training.

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

Due to the interactive nature, this package is ideal for groups of **20 participants maximum**. It will be important to manage discussions and adapt activities for larger groups to stay on time.

All-day facilitation to deliver an interactive and participatory training for three days is hard work. **A minimum of two facilitators is recommended to deliver the training and four would be ideal**, so that each professional breakout session is supported by two facilitators. Additional administrative support may also be helpful.

The content and processes of this package are tailored to the West African context but have broader relevance. It is recommended that facilitators review the adaptation guidance provided in **the section below: Adaptation Guidance** to further tailor the training materials to your country context before planning your training. Allow adequate time for any required adaptation as well as translation of materials, if needed.

IF YOU ARE CONDUCTING A TRAINING OF TRAINERS (TOT)

If you are conducting the 5-day training of trainers (TOT) to prepare trainers to facilitate the 3-day training, you will find guidance included in specially marked blue boxes (see image to the right) at the beginning and end of modules and relevant sessions.

Additional materials and detailed facilitation guidance are provided in **Annex 3** to the *Facilitator Guide*.

If you are leading a 5-day TOT, it is recommended you first review the materials in **Annex 3** to familiarize yourself with how they integrate into the training sessions.

The 5-day TOT encompasses the full content of the 3-day training plus:

- A sample 5-day TOT agenda
- Supplemental content and exercises including giving and receiving feedback and practice facilitation
- Self-Assessment Form for practice facilitation exercises
- Supplemental slides (annexed in the 3-day presentation slides)

If you are leading a TOT

- ⇒ **Follow** the guidance listed here or in **Annex 3** when indicated.
- ⇒ Facilitators who are leading a regular 3-day training can ignore these blue boxes.

PREPARATION FOR THE TRAINING

To make the best of this *Facilitator Guide* and conduct effective training, it is recommended that trainers:

1. Read the *Facilitator Guide* carefully prior to use, and identify what adaptations may be needed for their context, using the guidance in the section below:
Adaptation Guidance
2. Adapt the materials as needed (e.g. adding local data, examples, policies, names and settings for role plays, eliminating sessions) and have them translated into local language(s) as needed.
3. Become familiar with the training agenda, objectives, methodology, materials, and time allocated for sessions and breaks for each module they will deliver.
4. Practice activities before conducting them. Set aside adequate time to plan and seek assistance from co-facilitators or translators.
5. Prepare adequate copies of handouts and other needed training materials in advance and develop a form for a contact list – either paper or on a computer for participants to complete at registration. This can be shared at the end of training (see the material list in **Annex 1**).
6. Learn the makeup of the training practice participants and prepare to accommodate their education level, professional backgrounds, language, cultural norms and customs, and learning style, level of knowledge, attitudes, and expectations.
7. If you are carrying out the 5-day training of trainers, review the specially marked TOT sections, both within the regular sessions and in **Annex 3**.
8. Prepare in advance flip charts that you will post and refer to during the training (see the material list in **Annex 1**).
9. Consult with a member of the national One Health Risk Communication Group (or equivalent body) for the advance completion of **Handout 4** to provide to participants as a resource. You may want to consider having someone from the group or equivalent body co-facilitate this section. You may also consider providing participants with a digital or paper copy of any key One Health communication tools your country has developed.
10. To adhere to the suggested times, conduct training with no more than 20-30 participants as possible.

ADAPTATION GUIDANCE

This training package provides resources and materials to train government spokespersons/public health communicators and journalists/media professionals on knowledge, skills, and attitudes needed to increase application of best practices for risk communication and to strengthen responsive collaboration in raising awareness of risks and prevention of priority zoonotic diseases (PZDs).

The fundamental concepts and skills introduced, as well as the participatory approaches used across the package have global applicability. However, not all of the content, methodologies, or tools will be appropriate for every country, training opportunity, or trainee audience.

Review and adaptation of the content, methodologies, delivery plan, and supporting resources may be needed to maximize the relevance and accessibility for local contexts, PZD priorities, and country-specific needs.³

Context may be adapted by grounding it in details and examples that are culturally relevant. Think, for example, of some of the role-play or case study exercises introduced and how the content can be contextualized. Or consider local data along with current One Health context and relevant tools and examples that could be used. Contextualization may include but is not limited to:

- Translating into appropriate language
- Reviewing and contextualizing example case studies and other examples as needed.
- Reviewing and contextualizing role-play scripts, names, and scenarios as needed.
- Changing the names used in examples, case studies, and role plays to local names
- Substituting locally developed communication tools for examples or group work activities for those included in the package
- Substituting local examples for those suggested in the activities
- Including popular activities or approaches for energizers/icebreakers, re-cap or quiz exercises
- Using common expressions or slang to better reflect common speech
- Using locally relevant images
- Including the PZDs determined as priorities within the country as examples throughout the training
- Including relevant country timelines and incidence of PZDs disease in relevant group work activities.
- Substituting any visual aids or communication tools used in the country, or helpful examples from the country or region.
- Updating One Health and/or Emergency Risk Communication Processes and Protocols to reflect current policies for country or region.
- Using relevant country data on fears, beliefs, biases, and side effects.
- Using relevant country data on public experience, barriers and facilitators, especially from specific ethnic or religious populations.

Some materials may need to be adapted to reflect technological environments or logistical parameters of the training, such as:

- Availability of electricity, equipment, or materials
- Space in training for activities
- Logistical concerns such as travel or weather
- Access to media or mobile technology to access tools and materials after the training
- Needs for printed, audiovisual, or other formats of materials during the training
- Time constraints requiring session timing adjustments

Pretest findings may indicate varying levels of preparedness for the content to be delivered, with adaptation required to better meet participants' needs.

³ Lee A, Mwaikambo L, Jayarajan N. *Making Content Meaningful: A Guide to Adapting Existing Global Health Content for Different Audiences*. Baltimore, Maryland: Johns Hopkins Center for Communication Programs; 2016.

MODULE 1: INTRODUCTION

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

MODULE 1 OBJECTIVES

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

- Explain purpose of the training and clarify expectations for the 3-day training
- Define risk communication
- Agree to ground rules for the training
- Introduce each other
- Assess level of knowledge with the pre-test to identify personal learning goals for the workshop

MODULE 1 METHODS

- Brainstorming
- Group discussion
- Pre-test

MODULE 1 CHECKLIST

- ✓ Arrange chairs and tables to comfortably accommodate the expected number of participants and facilitate discussion among participants. U -shape is preferable if room allows.
- ✓ Set up two flip charts with markers and have masking tape and markers within easy reach.
- ✓ Set up laptop, slides and projector if using.
- ✓ Prepare enough copies of printed materials for this Module in advance (see material list in **Annex 1** for details on number of copies):
 - **Handout 1:** *Character Cards (cut into slips)*
 - **Handout 2:** *3-day Training Agenda*
 - **Handout 3:** *Pre-Test Questionnaire*
- ✓ Prepare flip charts in advance if not using slides:
 - *Definition of risk communication*
 - *Training objectives*
- ✓ Ensure you have an empty plastic bag or bowl for use with character cards
- ✓ Ensure you have a timer on your phone or have a watch

If you are leading a TOT

- ⇒ Ensure you have one *Facilitator Guide* for each participant.
- ⇒ Ensure you have one copy of both the 5-day and 3-day agendas for each participant ready to provide as participants register.
- ⇒ **Review** the 5-day *TOT Agenda*, the blue boxes at the end of each session in Module 1, and the following supplemental Sessions in **Annex 3**, for a smooth delivery between the *Facilitator Guide* and **Annex 3**:
 - Session 1.2 A - TOT
 - Session 1.2 B - TOT
 - Session 1.4 A - TOT
 - Session 1.4 B - TOT

SESSION 1.1: WELCOME AND INTRODUCTIONS

Time: 30 minutes

Materials:

- **Handout 1:** *Character Cards (cut into slips)*
- Bowl or bag
- Timer or watch

PLENARY WELCOME

- **Welcome** everyone.
- **Give** self-introduction of facilitators.
- **Explain** that we will have an activity to introduce everyone.

ACTIVITY: CHARACTER CARD INTRODUCTIONS

- **Ask** participants to come to the center 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 that has a match to your character card and talk briefly to them.
 - You will give a very brief introduction of your partner to the group with only three pieces of information, their name, role, and location where they work.
 - Clarify any questions as needed
- **Time** the group interacting with each other 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 15 minutes.

If you are leading a TOT, continue with the following points:

- What we just did is the first session of the planned 3-day training that this Training of Trainers will prepare you to carry out.
- Almost every word I just said is included in the *Facilitator Guide* under Module 1, Session 1. You will get the *Facilitator Guide* in a minute.
 - ⇒ **Hold up** the *Facilitator Guide*.
- But, right now, we want to take a few minutes to give some background on why we are here together in this TOT.
 - ⇒ **Turn** to **Annex 3** and complete Sessions 1.2 A TOT and 1.2 B TOT, which briefly review the 5-day and 3-day agendas.
 - ⇒ Then **return** to Session 1.2 in the *Facilitator Guide* and give a very quick **review** to model how the session would be conducted.

SESSION 1.2: WORKSHOP PURPOSE, LEARNING OBJECTIVES, AND EXPECTATIONS

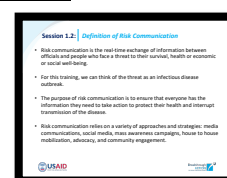
Time: 30 minutes

Materials:

- **Handout 2: 3-day Training Agenda**
- Flip chart prepared in advance with definition of risk communication (if not using slides)
- Flip chart prepared in advance with learning objectives (if not using slides)
- Blank flipchart, tape, and markers
- Projector, laptop, extension cord and presentation slides if using
- Timer or watch

PLENARY DISCUSSION

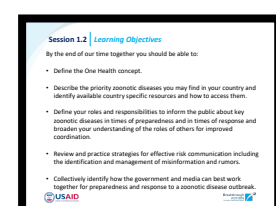
- **Ask:** Who can explain what is meant by Risk Communication?
- **Take a few responses** and **show a prepared flip chart or slide to confirm:**
 - Risk communication is the real-time exchange of information between officials and people who face a threat to their survival, health or economic or social well-being.⁴
 - For this training, we can 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: media communications, social media, mass awareness campaigns, house to house mobilization, advocacy, and community engagement.
- **Ask:** What are some of the ways that you think effective risk communication can help stop an infectious disease outbreak?
- **Take a few examples** from the group and **review the following.**
 - Effective emergency and risk communication can influence the individual and group behaviors that help to break the chain of transmission and bring an outbreak under control.
 - For example, we saw in the West African Ebola outbreak that once people were engaged in problem solving and had the information they needed, they



⁴ World Health Organization (WHO). (2020). *Emergency Risk Communication Training*. Retrieved from <https://www.who.int/emergencies/risk-communications/emergency-risk-communication-training>

were able to identify respectful alternatives to traditional burial practices. This helped interrupt the spread of the disease.

- Effective risk communication can also prevent an outbreak from occurring by informing people living 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 and then explain:
 - Risk communication that is poorly coordinated or gives inaccurate or conflicting information can create unnecessary fear and panic among the public.
 - It can fuel the spread of misinformation, rumors, and conspiracy theories.
 - This can fuel a disease outbreak instead of bringing it under control by:
 - Driving infected people away from health facilities or creating mistrust of the response or health workers.
 - Increasing stigma against groups of people that pushes them away from getting the help they need or taking protective actions.
 - Influencing people to ignore protective behaviors or in some cases take up other behaviors that are harmful.
 - Effective communication and collaboration between media and the government-led response to an emergency outbreak is critical to ensuring that people have access to life saving information and have confidence in the information.
 - It also helps to strengthen trust needed for a two-way exchange between officials and communities and strengthens understanding of the relevant issues or actions.
 - As government spokespersons or public health communicators and journalists/media professionals you are all uniquely positioned to ensure risk communication in your country is strong and effective.
 - 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 in depth about zoonotic diseases and One Health in our next module.
- **Review the learning objectives below:** by the end of our time together you should be able to:
 - Define the One Health concept.
 - Describe the priority zoonotic diseases you may find in your country and identify available country specific resources and how to access them.



- Define your roles and responsibilities to inform the public about key zoonotic diseases in times of preparedness and in times of response and broaden your understanding of the roles of others for improved coordination.
- Review and practice strategies for effective risk communication including the identification and management of misinformation and rumors.
- Collectively identify how the government and media can best work together for preparedness and response to a zoonotic disease outbreak.
- **Ask** if there are any questions and **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 that you would like to add?
- **Take responses** for a couple of minutes and **write** each one on a blank flip chart.
- **Thank** the group and **explain** that you will do your best to meet their expectations in line with the training.
- **Hold up the 3-day training agenda** that everyone should have received at registration and **explain:**
 - Everyone should have received a training agenda at registration.
 - This provides a clear overview of the learning objectives for each module that we will cover in our time together. You can see we have a lot to cover and to respect everyone's time we will not review this together.
- **Ask** the group if there are any questions and **clarify** as needed.

If you are leading a TOT

⇒ **Continue** to Session 1.3 in the *Facilitator Guide*.

SESSION 1.3: GROUND RULES, HOUSEKEEPING, AND PRE-TEST

Time: 30 minutes

Materials:

- **Handout 3: Pre-Test Questionnaire**
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Timer or watch

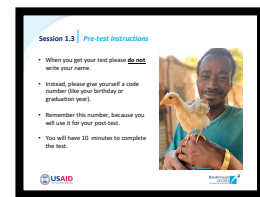
PLENARY DISCUSSION

- **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, **writing** each one on a flip chart and post.
- **Add** anything missing from your perspective and **get agreement** from participants
 - *Examples:* respectful communication; silent phones; timeliness; participating in the discussion; computers closed.
- **Remind** all participants to add their contact information to the registration contact list, either on paper or on a computer. All participants will be given a print-out or emailed a copy of the sheet at the end of the training.
- **Review** any other administrative issues as needed so the group is comfortable and settled.
 - *Examples:* bathrooms, breaks and lunch; transport; lodging; who to ask about workshop logistics
- **Ask** if there are any questions before you get started and **clarify** as needed.
- **Explain** that next we are going to do a Pre-test activity:
 - Do not worry about knowing all or any of the answers.
 - The purpose of the test is to enable you to reflect on your zoonotic disease and risk communication experiences, knowledge, skills, and needs and identify personal goals for your learning in the workshop.
 - It allows us to see where we should focus our time together and track any change in knowledge or learning as a result of the training.
 - We are all here to learn, and you will have the opportunity to take the same test at the end of the training.

- **Give instructions** for the Pre-test:
 - When you get your test please **do not** write your name.
 - Instead, please give yourself a code number (like your birthday or graduation year).
 - Remember this number, because you will use it for your post-test.
 - You will have 15 minutes to complete the test.
- **Ask** if there are any questions and **clarify** as needed.

ACTIVITY: PRE-TEST

- **Distribute** pre-test.
- **Post** instructions (slide or flip chart)
- **Time** the group for 15 minutes.
- **Collect** papers and move to next session.



TEA BREAK AND ENERGIZER

Time: 15 minutes

- **Time** tea break for 10 minutes before moving to the energizer and then Module 2
- **Ask** for a volunteer to lead a short energizer for the group as you wrap up tea break.
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included the material list in **Annex 1**.
- **Begin** Module 2.

If you are leading a TOT

- ⇒ **Return** to **Annex 3** and **complete** Session 1.4 A and Session 1.4 B.
- ⇒ Then, **continue** to Module 2.

MODULE 2: OVERVIEW OF ONE HEALTH AND PRIORITY ZOOONOTIC DISEASES

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

NOTE

Module 2 requires advance preparation and consultation with a member of the national One health Risk Communication Group (or equivalent body) to complete **Handout 4: National One Health and PZD Resource Sheet** to provide to participants as a resource. You may also want to consider having someone from the committee co-facilitate this section.

MODULE 2 OBJECTIVES

By the end of the Module participants should be able to:

- Define a zoonotic disease and identify priority zoonotic disease in their country
- Explain core elements of One Health and key features of One Health risk communication
- Identify what knowledge gaps they have as communicators for their country's PZDs
- Identify and review local tools and resources available to fill those gaps
- Begin to discuss key features and challenges with One Health risk communication from their professional roles and experiences

MODULE 2 METHODS

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

MODULE 2 CHECKLIST

- ✓ Prepare enough copies of printed materials for this Module in advance (See material list in **Annex 1** for details on numbers of copies):
 - **Handout 4: National One Health and PZD Resource Sheet** prepared in advance in consultation with appropriate One Health / Health Promotion official
 - **Handout 5: Compiled WHO Factsheets** for each of the country's zoonotic diseases
 - A copy of at least one example of country specific communication materials for PZDs (factsheet, poster, job aid; or national level message guidance)
- ✓ Prepare flip charts in advance if not using slides:

- *Definition of zoonotic disease*
- *Group work instructions*
- ✓ List of PZDs for your country
- ✓ Sticky notes labeled with the names of each of the country's PZDs (one sticky note for each of the country's PZDs)
- ✓ Blank flipcharts, tape, and markers
- ✓ Timer or watch
- ✓ Laptop, projector, and slides if using
- ✓ Bag of candy (optional)

If you are leading a TOT

- ⇒ **Complete** Module 2 according to the *Facilitator Guide*. See *TOT Agenda Template* for suggested timing.
- ⇒ **Lead** the practice facilitation exercise at the end of the module, the same way you did for Module 1.
- ⇒ **Refer** to Session 1.4 B in **Annex 3** for a reminder if needed.

SESSION 2.1: SETTING THE FOUNDATIONS: ZOO NOTIC DISEASE AND THE ONE HEALTH APPROACH

Time: 30 minutes

Materials:

- Flip chart prepared with definition of zoonotic disease if not using slides
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Timer or watch

PLENARY DISCUSSION

- **Explain:** We discussed in our last 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 they understand by the term zoonotic disease?
- **Take** a few responses.
- **Thank** them for their response and **write on the flip chart and explain:**
 - Zoonotic diseases = diseases that 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?
- **Thank** them for their response and **summarize** with the following points:
 - Zoonotic diseases can cause illness or death of animals that can in turn have a negative impact on the livelihood of people that rely on them for income or food.
 - Bird flu or pig flu can cause many animal owners to have to slaughter their animals. They are unavailable for sale or even for eating.
 - Zoonotic diseases also can cause illness or even death in people.
 - Recent Ebola outbreaks in West Africa and Democratic Republic of the Congo (DRC) caused a large loss of life- not only from those sick with the disease, but also because it reduced access to other essential services, undermined confidence in the health services, and caused economic problems for the countries.
- **Ask:** What are some of the zoonotic diseases you know about or that have caused challenges in our country?

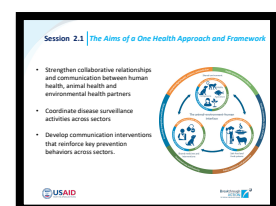
- **Thank** them for their responses and **add** any key ones you think are missing for your country from the examples below.
 - Examples include:
 - Viral Hemorrhagic fevers: Ebola, Lassa Fever, Crimean Congo Hemorrhagic Fever, Rift Valley Fever, and Marburg virus.
 - Animal influenzas: Avian influenza (bird flu); Swine (pig) Flu.
 - Other bacterial diseases and viruses: Anthrax, Bovine Tuberculosis, Brucellosis, Trypanosomiasis (Sleeping Sickness), and Rabies.
- **Explain** that we will talk more in depth about the different zoonotic diseases and how they are spread in a later session.
- **Ask:** Our country has so many health priority health challenges, what do you think may be a reason to talk about zoonotic diseases?
- **Thank** them for their response and **summarize** with the following points:
 - 3 out of every 4 new diseases that doctors are discovering *in people* are spread from animals.
 - 60% of all infectious diseases are transmitted from animals, and 75% of all human infectious diseases originated in animals⁵.
 - Many of the world's largest and most recent infectious disease outbreaks have had an animal origin.
 - COVID-19 is a disease that unfortunately we are all familiar with now and that is believed to have originated in an animal but has spread all around the world now person to person.
 - The U.S. Centers for Disease Control and Prevention (CDC) estimates that 2.6 billion people every year become infected from zoonotic illnesses.
 - These numbers help drive home the point that animal health and human health are very connected.
 - Listening to all of that it may seem that animals are just a problem but it is important to remember we depend on them, not just for food and livelihood, and enjoyment, but they help drop seeds or pollen that help trees and crops to grow, they eat pests, and are an essential component of a healthy world.
 - Because animals and humans live in or make use of the same environments, like a farm, living area, forest, or river or lake area, the health of the environment is also connected to the health of people and animals. Let's look at just two examples:
 - As the population grows it can lead to deforestation or destruction of the areas that wild animals depend on.

⁵ Centers for Disease Control and Prevention (CDC). (2017, July 14). *Zoonotic Diseases*. Retrieved from <https://www.cdc.gov/onehealth/basics/zoonotic-diseases.html>

- This can push wild animals closer to the areas where humans live and create more opportunities for a disease to jump.
- Large farms can also change or destroy the environment. Livestock owners may become more dependent on antibiotics to treat infections on their farms.
- This can also lead to resistance which means the medicines we commonly rely on to treat infectious diseases no longer work against those diseases.
- Through some of these examples, we can see that the health of people, animals, and the environments in which we all live are very interconnected and dependent on one another.
- **Ask:** Does anyone know what this concept of inter-connectedness between the health of animals, people, and environment is called?
- **Take** a few responses and **summarize** with the below points:



- This concept is known as **One Health**. The US CDC defines One Health as an approach to health that:
 - Is collaborative, multisectoral, and transdisciplinary;
 - Works at the local, regional, national, and global levels; and
 - Has a goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment⁶.
- 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.
 - Develop communication interventions that reinforce key prevention behaviors across sectors. This last aim is what the rest of our workshop sessions are dedicated to.
- When key sectors work together at a country level and global level to better understand all of the factors involved in disease transmission, ecosystem health, the emergence of new and unknown diseases, or re-emergence of a disease, global health security is improved.
 - In times of non-emergency, this collaboration can help raise the public's awareness of zoonotic diseases in terms of how to prevent them, how to



⁶ Centers for Disease Control and Prevention (CDC). (2020, October 16). *One Health*. Retrieved from <https://www.cdc.gov/onehealth/index.html>

recognize them, and what key protective actions can prevent a large outbreak.

- In times of an emergency due to an outbreak, this collaboration can help to rapidly bring an outbreak under control by leveraging a range of systems and structures at all levels for coordinated communication and exchange with the public.
 - Key organizations that are involved in strengthening a One Health Approach at a global and county level include:
 - the World Health Organization (WHO),
 - the Food and Agriculture Organization of the United Nations (FAO),
 - the World Organization for Animal Health (OIE), and
 - The US Centers for Disease Control and Prevention (CDC).
 - As many of the world's most recent and devastating disease outbreaks have had an animal origin, many governments, including our own, have taken steps to implement a One Health approach in country and prioritize a few zoonotic diseases for the country's focus and attention. These are referred to as ***priority zoonotic diseases or PZDs*** for short.
 - We are going to review our national One Health structures and PZDs to support risk communication for preparedness and response in our next session. This session will build on the definitions and concepts we have 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 and **continue** to the next session.

SESSION 2.2: PRIORITY ZOO NOTIC DISEASES – COUNTRY LEVEL FOCUS 1

Time: 60 minutes

Materials:

- **Handout 4:** *National One Health and PZD Resource Sheet* completed in advance
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Timer or watch
- Bag of candy (optional)

PLENARY DISCUSSION

- **Explain** the following:
 - In this session we are going dive into the world of zoonotic diseases to identify gaps in on our own zoonotic disease knowledge.
 - We are going to follow with a particular focus on PZDs in our country and review global level and country level communication tools and structures available to support our One Health communication efforts for both preparedness and response.
 - We are going to start with an activity to get us moving and find our in-house PZD experts!
- **Introduce** your guest facilitator/s if you have invited one.

ACTIVITY: ZOO NOTIC DISEASE POPCORN QUIZ

- **Ask** everyone to please stand up and move to the back of the room so they can form a circle around you so that you are in the middle
 - (If the room isn't large enough everyone can stand behind their chair.)
- **Explain the following:**
 - I am are going to read out a True or False statement or a question.
 - If you think the answer is true or you know the correct answer you are going to jump up (pop like a piece of popcorn) or clap with arms overhead (demonstrate).
 - If you think the answer is false, you are going to stand still.
 - If you don't know or unsure of the answer, you are going to shake or twist (like a popcorn kernel in hot oil).
- **Give an example and demonstrate** the actions:
 - football is a popular sport in this country, (jump up or clap- it is true).
 - The sun is cold (stand still- the sun is warm).

- How many people in the room have two grandchildren (shake or twist- you have no idea)?
- **Explain:** Many of you may have the right motion, popping at once (like popcorn kernels) or standing still (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** if there are any questions and **clarify** as needed.
- **Begin** the activity with the questions below.
 - If your “kernel” gives the right answer, you can toss them a piece of candy or clap for them.
 - Try to call on as many different 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 the meat or consuming raw dairy products like milk, yogurt, or cheese from an infected animal.
 - touching an animal with a disease, or the body fluids of that animal such as urine, blood, waste, saliva, or snot.
 - touching, eating, or drinking food or water contaminated with these body fluids.
 - assisting an animal with a birth or abortion.
 - breathing in germs from an animal with the disease when working with their hides.
 - **Answer:** True. The way the disease is spread depends on the specific zoonotic disease.
 - Anthrax for example can enter the body in three different ways, each causing different symptoms and degrees of severity in illness, while rabies in contrast 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. This is why 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 hemorrhagic fevers are very similar to common diseases like malaria and typhoid.*

- Answer: True. This is why it is so important to go to the health facility with any fever for testing and correct treatment.
- Early signs of Ebola include fever; severe headache, muscle pain, weakness and feeling tired, and sore throat before they progress to diarrhea, 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 in a special way.*

- 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.*

- Answer: False. Even though this often 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 inform a vet or 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. While this may seem logical, trying to kill or drive away bats from an area can stress the bats and make it more likely that they spread disease.

8. True or False: *When there is an outbreak of Bird Flu, all the people who are around the birds or areas where the birds stay are at risk of the Bird Flu.*

- Answer: True. Those most at risk include those that:
 - keep live chickens, ducks, geese, and other birds in the backyards or houses.
 - buy or sell live chickens, ducks, and geese or other birds at the markets.
 - transport or sell live or dead chickens, ducks, and geese or other birds.
 - slaughter, defeather, and prepare chickens, ducks, and geese or other birds to sell or for food.
 - eat raw or undercooked chickens, ducks, and geese or other birds.

- clean 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, a cough when the infection is in the lungs and pain and diarrhea when it 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 that see a lot of travelers.
- Our world is increasingly interconnected. Zoonotic diseases can easily spread across geographic boundaries. Consider the example of COVID-19 which spread to almost the entire world in a matter of months.

11. True or False: *Zoonotic diseases cause disease and death mainly in animals.*

- Answer: False. Some zoonotic diseases cause widespread death in animal populations but do not easily spread person to person, like Rift Valley Fever. Others, like Ebola for example, spread very rapidly person to person.
- In addition to causing sickness and death due to the disease itself, a zoonotic disease can cause suffering from its strain on the health system as well as disrupting travel and business that has a negative impact on 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. There are limited vaccines for some zoonotic diseases available for animals depending on the country you live in. There are vaccines available in some countries for Rabies and vaccines available for Anthrax.
- There are some vaccines available for a few zoonotic diseases for people depending on the country and the situation (prevention/outbreak). Rabies and Ebola are some examples.
- Because vaccines are limited, however, it emphasizes the importance of preventive behaviors and early detection and response.

13. True or False: *This country has prioritized a set of zoonotic diseases.*

- Answer: True. Use **Handout 4** to provide the list for your country and any relevant information about how these were established. Let everyone know they will have access to this list later in the session.

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

- Answer: False. Use **Handout 4** to list available resources. These might include:
 - Message guidance on PZDs
 - Disease specific factsheets, radio spots, posters, videos, and social media posts
 - One Health Focused repository for risk communication materials

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

- Answer: Use **Handout 4** to review key one health structures in country 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

- **Summarize** the activity with the following points:
 - Great job everyone. I hope each of us has learned at least one new fact about zoonotic disease 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 quite quickly, so we are going to take a few minutes to go over them, so you have the opportunity to ask questions.
 - To do this we are going to review **Handout 4** called *National One Health and PZD Resource Sheet*.
- **Distribute** one copy of the handout to each person.
- **Ask** the group to pair up with their neighbor and review the sheet.
- **Time** the group for 5 minutes and **bring** everyone back together
- **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** to the group that they will be using this handout and some of the resources mentioned for our final session in this module.

LUNCH AND ENERGIZER

Time: 1 hour

- **Time** lunch for 55 minutes to enable you to begin convening people to start the next session on time.
- **Ask** for a volunteer to lead a short energizer for the group as you wrap-up lunch.
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included the material list in **Annex 1**.
- **Continue** to Session 2.3.

SESSION 2.3: PRIORITY ZOOONOTIC DISEASES – COUNTRY LEVEL FOCUS 2

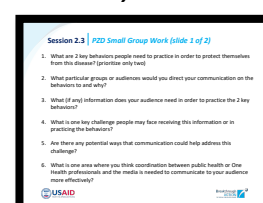
Time: 2 hours

Materials:

- **Handout 4:** *National One Health and PZD Resource Sheet* completed in advance
- **Handout 5:** *Compiled WHO Factsheets* for your country's PZDs
- Copies of any local One Health Communication materials and tools
- Flipcharts, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Timer or watch
- Sticky notes labeled with the names of each PZD (1 sticky note for each of the country's PZDs)

PLENARY DISCUSSION

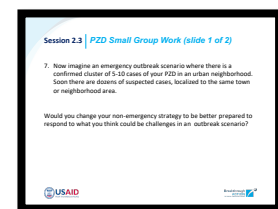
- **Welcome** the group back from lunch and **explain** we are going to pick up where we left off with a group work activity.
- **Introduce** the small group activity with the following:
 - Now that we are energized about zoonotic diseases, let's look a bit more in depth about some of the challenges there may be when communicating about them with the public
 - We are going to do this in small groups.
 - Each group will be assigned one of the PZDs for this country to focus on for this activity by pulling a sticky note off of this stack (hold up). There may be more diseases than there are groups. That's ok.
 - In addition to **Handout 4**, I will distribute to each of you **Handout 5: Compiled WHO Factsheets**. You will find information on your assigned PZD in these factsheets to reference in completing the activity. A copy of any available country level materials for your assigned disease will be at the front of the room as well.
 - You will use the materials to answer 7 questions that I will post at the front of the room. 6 questions are relevant to times of non-emergency and 1 question is relevant to an outbreak.
 - The 7 questions are:
 1. *What are 2 key behaviors people need to practice in order to protect themselves from this disease? (there may be more than two you think are important but just prioritize two)*
 2. *What particular groups or audiences would you direct your communication on the behaviors to and why?*



3. *What (if any) information does your audience need in order to practice the 2 key behaviors?*
 - Think about what questions people may have about how to practice a behavior, what they need to practice it, their daily circumstances, etc.
4. *What is one key challenge people may face receiving this information or in practicing the behaviors?*
5. *Are there any potential ways that communication could help address this challenge?*
6. *What is one area where you think coordination between public health or One Health professionals and the media is needed to communicate to your audience more effectively?*
7. *Now imagine an emergency outbreak scenario where there is a confirmed cluster of 5-10 cases of your PZD in an urban neighborhood. Public health authorities notify local health workers to keep an eye out for potential additional cases. Soon there are dozens of suspected cases, localized to the same town or neighborhood area. What do you think would be the biggest barriers 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 8 minutes to report out and another 5 minutes of feedback and discussion with the group (15 minutes total).

- **Ask** if there are any questions and **clarify** as needed.
- **Continue** to the activity.



ACTIVITY: INSTRUCTIONS FOR PZD SMALL GROUP WORK

- **Ask** the group to count off by 1-2-3-4 to form 4 small groups.
- **Make sure** each group has a mix of public health and media professionals.
- **Walk** around to each group and let them pull out a disease from the bag and give them a copy of **Handout 5: Compiled WHO Factsheets**. Note that if your country has more than 4 PZDs, not all of your country's PZDs will be addressed in this exercise.
- **Give** the groups time to collect copies of the relevant fact sheets or communication materials available for their disease and any flip charts and markers.
- **Post** a flip chart or slide with the questions so everyone can easily refer to it.
- **Time** the groups for 45 minutes.
- **Walk around** to each group to answer questions or help them if they seem stuck while they are working.
- **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 each group to present for 5 minutes followed by 5 minutes of discussion.
- **Thank** all of the groups after everyone is finished.
- **Briefly summarize** any key themes from the discussion.
 - Hopefully this exercise helped to excite your interest in the different PZDs in this country and begin to reflect on the communication needs of the public to learn more about them.
 - While we do not have the time to review each disease in depth together, the resources in your handouts provide a helpful foundation and contacts for additional learning.

TEA BREAK AND ENERGIZER

Time: 15 minutes

- **Time** tea break for 10 minutes before moving to the energizer and then the final session of the day.
- **Ask** for a volunteer to lead a short energizer for the group as you wrap up tea break.
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included the material list in **Annex 1**.
- **Begin** Session 2.4 to end the day.

SESSION 2.4: RISK COMMUNICATION WITHIN A ONE HEALTH FRAMEWORK

Time: 45 minutes

Materials:

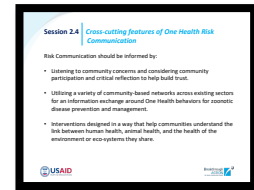
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Timer or watch

PLENARY DISCUSSION

- **Introduce the Session** with the following points:
 - Earlier today we talked about risk communication and how it uses a variety of approaches to make sure everyone has the lifesaving information they need to take preventive action in the face of a zoonotic disease outbreak.
 - We reviewed the definition of zoonotic disease and the concept of a One Health approach and their relationship to emergency preparedness and response.
 - We also added to our knowledge of PZDs for our country as well as One Health resources and communication tools available to support our continued learning.
 - Now, that we have a solid foundation in One Health and PZDs, we are going to work together to begin looking at essential qualities of risk communication under a One Health framework.
- **Ask:** Based on our last exercise, 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 key words** on a flip chart.
- **Ask:** What is 1 challenge that communities may face in receiving information about zoonotic disease?
- **Take a few responses (stay mindful of time) and write key words** on a flip chart.
- **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 key words** on a flip chart.
- **Thank** the groups for sharing their ideas and experiences.
- **Explain the following:**
 - We will be revisiting and expanding on these ideas and others over the next two 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 requires an approach that sees community leaders and community members as legitimate contributors to and recipients of early warning information and risk factors that may affect their health and wellbeing in the future.
 - Ensuring there are ways for communities to engage in a discussion with officials and genuinely listening to what they have to say is critical for building mutual trust needed for collective change.
 - **Trust** is essential for communities to have confidence in the information being shared, especially if it is new or requires a change to normal behaviors.
 - A lack of coordination between communities and authorities, coupled with a distrust of authorities in some communities, can undermine trust and lead to challenges in sharing information about infectious diseases especially if they are new (emerging) or unfamiliar to people.
 - In some cases, government authorities and experts may be perceived as having hidden agendas that are not in the best interests of communities.
 - A One Health framework allows us to utilize a ***variety of community-based networks across sectors that exist for an information exchange*** around One Health behaviors for zoonotic disease prevention and management.
- Another cutting feature is that communication interventions are ***designed in a way that helps communities understand the link between human health, animal health, and the health of the environment or eco-systems they share.***
 - Some big outbreaks of zoonotic diseases have helped the world to recognize that our individual beliefs and social, cultural, and community practices play a big role in how a disease is spread, and how people use health (human and animal) services – particularly in an emergency or outbreak.
 - The Ebola outbreak in West Africa in 2014-2016 and the more recent outbreaks in the DRC are recent examples.
 - At times, communities and the public at large find public health information confusing or unbelievable because it doesn't correspond with their beliefs or what they have observed.
- **Ask:** What are some other reasons communities may find the communication confusing or not worth paying attention to?



- **Take a few responses (stay mindful of time) and write key words on a flip chart**
 - It may also be confusing because the language and the communications tools and processes we use are very technical and do not relate to their normal frames of reference. This is particularly true when information is conflicting or rapidly changing.
 - As communicators, it is important to recognize that the community's beliefs are meaningful and valid, and to respect them 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 and confirm:**
 - One of the lessons learned from previous zoonotic disease outbreaks is that part of being prepared for an outbreak of a zoonotic disease and managing the response well is to take steps to improve community engagement during non-outbreak times to:
 - Raise awareness of PZDs and the problems PZDs can cause for humans and animals;
 - Increase knowledge on the symptoms of PZDs to facilitate rapid detection;
 - Promote some simple, everyday steps people can take to keep their families and communities safe while living near and working with animals; and
 - Understand the questions and concerns communities have about PZDs and how to best address them.
 - This is a key area where media and public health officials can play an important role in strengthening One Health communication and community engagement.
 - A key challenge for communicators is that coordination across sectors can be difficult, especially during times of a public health emergency when there are often more unknowns than knowns and it is important to communicate quickly.
 - Our focus for the next two days will be looking at some of principles, pitfalls, and strategies for risk communication with a focus on your unique professional roles and responsibilities.
- **Ask** if there are any questions and **clarify** as needed.
- **Close** the day by thanking the group and giving the following reminders:
 - Any adjustments for tomorrow's start time as needed.
 - Guidance on any remaining administrative issues as needed.

If you are leading a TOT

- ⇒ **Remind** participants that Module 1 and 2 are covered in the first day of the 3-day training.
- ⇒ **Lead** the practice facilitation exercise for Module 2, the same way you did for Module 1.
- ⇒ **Refer** to Session 1.4 B in **Annex 3** for a reminder if needed. Modify the time as needed to stay on schedule.
- ⇒ **Continue** to Module 3 in the *Facilitator Guide*.

MODULE 3: COMMUNICATING FOR BEHAVIOR CHANGE

Total Time: 4 hours and 45 minutes (not including lunch or tea breaks)

MODULE 3 OBJECTIVES

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

- Explain the role trust plays 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 factors that drive them.
- Identify areas of collaboration for media and public health professionals.
- Begin initial reflection on the professional roles and responsibilities of both media and public health professionals for enhanced understanding of each other's priorities, challenges, and expectations.
- Review elements of effective communication to communicate and practice applying them.

MODULE 3 METHODS

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

MODULE 3 CHECKLIST

- ✓ Prepare enough copies of printed materials for this Module in advance (See **Annex 1** for details):
 - **Handout 6:** *Case Studies- Ebola, SARS, and COVID-19*
 - **Handout 7:** *Roles and Responsibilities of Public Health Spokespersons and Journalists*
 - **Handout 8:** *Pneumonic Plague Scenario*
 - **Handout 9:** *Messages and Materials Development Checklist*
- ✓ Ball made from flip chart paper and tape
- ✓ Timer or watch
- ✓ Prepare flip charts in advance, if not using slides:
 - Group work instructions
- ✓ Blank flipcharts, tape, and markers
- ✓ Laptop, projector, and slides, if using

If you are leading a TOT

- ⇒ **Complete** Module 3 according to the *Facilitator Guide*. See *TOT Agenda Template* for suggested timing.
- ⇒ **Lead** the practice facilitation exercise at the end of Module 3, the same way you did for Modules 1 and 2.
- ⇒ **Refer** to Session 1.4 B in **Annex 3** for a reminder if needed.

SESSION 3.1: REVIEW OF DAY 1 AND INTRODUCTION TO DAY 2

Time: 15 minutes

Materials:

- Paper ball
- Timer or watch

PLENARY DISCUSSION

- **Welcome** the group to Day 2 of the workshop.
- **Explain** that we will have a quick activity to review yesterday.
- **Hold up** a ball made from a piece of paper and **toss** it back and forth between your hands.
- **Tell** the group the ball is a hot piece of cassava.
- **Explain** the following:
 - I will toss it to someone at random.
 - If you catch it, you will say one key take away from the day before and quickly toss it to another person.
 - 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 very quickly- and see how many people are able to speak before 8 minutes is up.
- **Ask** if there are any questions and **clarify** as needed.

ACTIVITY: HOT CASAVA REVIEW

- **Set the timer** for 8 minutes and **throw** 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 **summarize** the following points:
 - Yesterday we discussed that risk communication uses 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 multi-sector collaborative approach that recognizes that the health of animals, the health of people, and the health of our environment are all connected.

- We talked about cross-cutting features of One Health communication and the role it has in preparedness in helping people to take action in preventing a disease outbreak and quickly identifying potential problems before they spread out of control.
- We reviewed PZD and One Health communication structures and tools at a global and national level.
- We identified our PZD knowledge and knowledge gaps.
- **Introduce** the focus of today's sessions:
 - Today we are going to discuss principles of effective risk communication for preparedness and response as well as challenges faced.
 - As part of this, we will be discussing the unique and overlapping professional roles and responsibilities you have in ensuring effective risk communication in your country.
 - We will start off together and then split up by professional groups for some targeted sessions.
- **Ask** if any questions and **clarify** as needed.
- **Begin** Session 3.2.

SESSION 3.2: TRUST AND PRINCIPLES OF EFFECTIVE RISK COMMUNICATION

Time: 2 hours

Materials:

- **Handout 6:** *Case Studies- Ebola, SARS, and COVID-19*
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Flipchart prepared with group work instructions, if not using presentation slides
- Timer or watch

PLENARY DISCUSSION

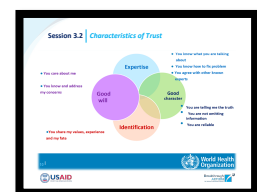
- **Review:**
 - Yesterday we discussed the importance of trust with the public or communities. Without trust, communities may not have confidence in the information we are giving them, especially if it is new or unfamiliar, or goes against normal practices.
 - Without trust, communities may also not be willing to engage with official systems that can help early detection of problems or cooperate with responders to control an outbreak.
- **Ask:** Think of someone that you trust – personal or professional. What are some of the reasons or qualities they have that make you feel comfortable trusting them?
- **Take a few responses**, being careful to manage time, and **confirm** the following:⁷
 - Generally, we trust people that we perceive to:
 - be honest and have integrity (*good character*).
 - care about us or have our best interest at heart (*good will*).
 - share our concerns, experiences, or fate (*shared values*).
 - be knowledgeable or have insight on what they are talking about (*expertise*).
- **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 – a friend, a family member, 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?

⁷ World Health Organization (WHO). (2020). *Emergency Risk Communication Training*. Retrieved from <https://www.who.int/emergencies/risk-communications/emergency-risk-communication-training>

- **Summarize:**
 - Most of us would agree that trust is difficult to earn and very easy to lose, right?
 - Trust becomes even more important in an emergency when:
 - fear or uncertainty may be very high because the risk is involuntary and out of people's control.
 - the actions requested of people are new or are perceived to threaten normal or valued practices or beliefs.
 - relationships of trust are already weak.
- **Ask:** As you reflect on your personal experiences and your professional experience as communicators, what do you think are some of the building blocks or principles of risk communication that can help establish and strengthen trust- in both times of preparedness and during an outbreak?
- **Take a few responses being careful to manage time.**
- **Thank them and summarize** with the following:
 - There are a number of principles of effective risk communication that all interact to reinforce one another. Some of the biggest are:
 - ***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:***
 - Consistency in messaging influences perceptions of transparency. If inconsistent messages or information is given it can create the perception that there is lying or withholding of information.
 - This really underscores the importance of coordination – among officials of involved sectors, among officials at different levels, with organizations, and with media to consistently reinforce clear, doable actions the public can take to protect themselves at each stage of the emergency.
 - We communicate with more than just our words, and calm consistency in tone and expression is also important, avoiding overconfidence, panic, or other heightened states of emotion as the situation evolves.
 - ***Frequent communication:***
 - Communicating frequently and being the first to update the public as you learn more reinforces the perception that you are reliable.
 - This is critical in an emergency situation where new information is evolving all of the time.

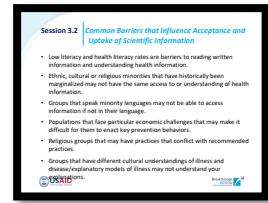


- With each stage or addition of information, it is critical to reinforce the concrete actions the public can take to protect themselves.
 - In the absence of constantly flowing information from a respected source, rumors may fill the void and take on a life of their own.
- **Empathy and authentic expressions of care:**
 - Communication should always be respectful in the language it uses and the presentation of information.
- **Ask:** What are some ways you think empathy and authentic expressions of care can be conveyed?
- **Take** a few examples and **confirm** with the following:
 - One important way to demonstrate caring is to ensure that you have a way to **actively listen** to the concerns of the community/ public and have ways to engage them early on.
- **Continue review** of principles:
 - **Technical accuracy:**
 - Accurate and evidence-based information is critical, as is conveying a strategy for how the problem is being addressed.
 - Credibility is increased when there is consistency across multiple “experts”- scientists, officials, and opinion leaders.
 - It is important to keep in mind, however, that people may react to official information differently based on their values, previous experience, the manner and language in which it is presented, and the reputations of the organization/speakers. The public are highly influenced by their trust in those who are delivering the information.
 - **Follow-up:**
 - Actions and behaviors speak louder than words. Follow through on what is communicated is essential to build confidence and trust.
 - Together, these principles help to strengthen the 4 characteristics of trust we mentioned earlier:
 - Expertise: (Know what you are talking about)
 - Good character: (Honesty and integrity in sharing the full situation)
 - Good will: (You care about what happens to me)
 - Shared values: (We share common experiences, concerns, and fate)
 - When there is a weakness in one component, it affects all of the others.
- **Ask:** Among the principles we have just reviewed, where do you think coordination and collaboration between public health officials/ spokespersons and media is most important for positive outcomes?



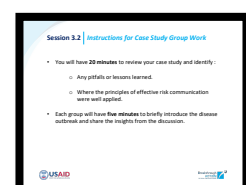
- **Take** a few responses and **summarize** with the following:
 - Media are essential to get information out very quickly to reach a large number of people (*first and frequent*).
 - Media (organizations or individuals) are often influential with their audiences—they are seen as credible and trusted.
 - People’s opinions of who is a trusted source, and who is not, naturally varies.
 - Mistrust of government spokespersons or foreign aid organizations is often rooted in past history or alienation.
 - People may believe even highly unlikely information if it is from a trusted source and may not believe more likely information if from an untrusted source. (*credibility and trust*).
 - Media also can help translate medical/public health terminology and other technical information into everyday language that can help the public understand the situation, including its implications for their own health and behaviors (*technical accuracy and expressions of care*).
 - With social media, this is amplified even more. It can connect millions of people within a short period of time, gives a real time insight into public perceptions, and provides opportunity to clarify through an interactive process.
 - Most of these principles are probably familiar to everyone in the room.
 - Despite the fact that these are well understood concepts and that everyone has the best interest of the public at heart, there are often challenges in applying them for risk communication.
- **Ask:** Based on your experiences, what are some of the biggest challenges or pitfalls communicating about a public health emergency?
- **Take some examples, being mindful of time.**
- **Thank them and confirm with the below:**
 - Technical experts and the public may often have different frames of reference for health and disease. The public’s understanding is often influenced by social and cultural considerations, including vulnerabilities particular communities face.
 - This can create challenges in reaching a common understanding when discussing risky behaviors and promoting prevention behaviors.
 - It is important to engage communities in ways that take into account the social, political, cultural, religious, and moral factors that influence individuals’ perceptions of risk and how willing they are to adapt prevention behaviors.
- **Ask:** What kinds of beliefs or barriers influence local acceptance of scientific data or uptake of healthy behaviors in this country?

- **Take a few examples and review** the below common barriers:



- Low literacy and low health literacy rates are barriers to reading written information and understanding health information.
- Ethnic, cultural, or religious minorities that have historically been marginalized may not have the same access to or understanding of health information.
- Groups that speak minority languages may not be able to access the information if not in their language.
- Populations that face particular economic challenges may make it difficult for them to enact key prevention behaviors.
- Religious groups may have practices that conflict with recommended practices.
- Groups that have different cultural understandings of illness and disease/explanatory models of illness may not understand your explanations.
 - This dynamic can be exaggerated during times of emergency, when dialogue with the public and coordination with the media can be delayed rather than beginning at the outset.
 - It underscores the fact that one size fits all approaches do not work and that engagement with communities in advance of emergencies facilitates discussion and informs interventions in times of emergency when time is short.
- **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 and confirm:**
 - Fear is the most common emotional response when a crisis is seen as unpredictable or out of control. The bigger the crisis, and the bigger the feeling that it is out of control, the greater the fear response of the public.
 - Some degree of fear can motivate people to take action, however too much fear can have negative consequences.
- **Ask:** What are some of the consequences of fear?
- **Take a few examples and confirm:**
 - Fear can lead to denial – which may cause people to ignore public health information all together.
 - It can also lead to stigmatization of groups of people – those that are sick or have recovered or their friends and families, of health workers, or those working with the response. This can also contribute to accelerating the outbreak.
- **Ask:** What is another emotional response people can have to public health emergencies?

- **Take a few examples and confirm:**
 - Anger. Anger results when one group perceives it has been wronged by another group, and the anger increases as perceptions of who is to blame intensifies.
 - Anger can cause or aggravate existing harmful societal divisions that persist long after the disease threat has ended.
- **Ask:** What are some ways that can happen?
- **Take a few examples and confirm:**
 - When trust is weak, fear and anger can be easily amplified, especially if collaboration between the media and public health officials is weak.
 - Inaccurate and/or poorly executed official communication or press reports can fuel public anxiety far out of proportion to the reality of the actual threat to health.
 - Exaggerated coverage of an outbreak in the media--which can fuel rumors and conspiracy theories--is far more likely to occur when official information is either absent or considered untrustworthy.
 - If public health officials are not available for comment or are unwilling to speak to the media out of a fear of criticism, reporters will find their own experts and launch their own investigations.
 - Political priorities can also be used to divide the public rather than unify them on key prevention behaviors.
- **Introduce** the activity before breaking into groups with the following:
 - Let's look at some of the complexities of the principles and potential pitfalls with some case studies of actual zoonotic disease outbreaks.
 - For our next activity, we will break into 3 groups.
 - Each group will receive a different case study:
 - Group 1 will receive a case study on Ebola in West Africa,
 - Group 2 will receive a case study on SARS in Hong Kong, China, and Viet Nam,
 - Group 3 will receive a case study on COVID-19 in the US and New Zealand.
 - You will have 20 minutes to review your case study and identify:
 1. Any pitfalls or lessons learned.
 2. Where the principles of effective risk communication were well applied.
 - Each group will have five minutes to briefly introduce the disease outbreak and share the insights from the discussion.
 - **Ask** if there are any questions and **clarify** as needed.



ACTIVITY: SMALL GROUP CASE STUDIES

- **Count off** the group of by 1- 2- 3 and **ensure** that each group has mix of public health and media professionals.
- **Distribute Handout 6: Case Studies- Ebola, SARS, and COVID-19** giving each group their associated page
- **Post the instructions** (slide or flipchart)
- **Time** the group for 20 minutes and bring everyone back for discussion.
- **Call** on the Ebola group to report out and **time them** for 5 minutes.
- **Confirm:**
 - The early communication strategy really fueled fear and denial and pushed a very technical approach to stopping the outbreak.
 - Rumors and conspiracy theories spread very rapidly, fueled in some cases by sensationalist reporting and by weak foundations of trust in the government. At times the media was even shut out.
 - When religious and traditional leaders, traditional healers, youth groups, and other formal and informal community structures were engaged, however, they took ownership of the situation and took the actions needed to prevent and stop disease transmission.
 - The EVD outbreak unequivocally demonstrated the importance of Risk Communication and Community Engagement in engaging communities through an interactive exchange from the outset.
- **Call** on the SARS group to report out and **time them** for 5 minutes.
- **Confirm:**
 - The SARS outbreak demonstrated how disease knows no borders and can rapidly spread across the world.
 - The lack of transparency about what was known, what wasn't, the severity of the disease and steps being taken as the outbreak was discovered and spread undermined the initial efforts at containment and ultimately weakened the confidence of the public.
 - Media coverage was limited to Government controlled propaganda. As the outbreak spread, other countries such as Viet Nam and Hong Kong embraced the need for transparency in frequent updates and truly collaborated with media to help address concerns and uncertainty in the face of the new disease.
 - Transparency helped to build the public's confidence in the government's commitment to their well-being and motivated individual and collective action.
- **Call** on the COVID-19 group and time them for 5 minutes.

- **Confirm:**
 - The COVID-19 pandemic is still evolving. From the first wave, we can see that there was a lack of consistency in messages and tone.
 - The expertise of the scientific community had been undermined which fueled rumors, conspiracy theories, and misinformation.
 - The outbreak continues to accelerate, straining and disrupting health systems and essential services, economic systems, and education systems among others.
- **Thank** all of the groups.
- **Ask:** Take a minute and reflect on your case studies. What do you think the concerns were for the public and communities at risk?
- **Take one or two examples** being careful to manage time.
- **Ask:** What do you think the concerns were for the public health officials?
- **Take one or two examples** being careful to manage time.
- **Ask:** What do you think the concerns were for the health care workers?
- **Take one or two examples** being careful to manage time.
- **Ask:** What do you think the concerns were for the journalists/media?
- **Take one or two examples** being careful to manage time.
- **Ask:** What do you think the concerns were for the government as a whole? What about other non-health related organizations?
- **Take one or two examples** being careful to manage time.
- **Ask:** What do the similarities and differences between groups and between diseases tell us about the information and communication needs of different groups?
- **Take one or two examples** being careful to manage time.
- **Ask:** What challenges do these conflicting concerns present for public health communication?
- **Thank** everyone for their contributions and **summarize** with the following:
 - As communicators we are often juggling the different communication demands and needs of various stakeholder groups.
 - Most groups would emphasize that they are motivated by a desire to save lives and protect the public's overall wellbeing, but they may approach this from different perspectives and with different needs.
 - Some of the stakeholder groups have more power or influence or alternatively may be more vulnerable to risk.
 - As communicators we often need to navigate this very fluid and tricky landscape very quickly and prioritize and reprioritize to best serve the public.
 - This is another reason coordination and actions to strengthen relationships between public health professionals, media, and the public is essential.

- In order to coordinate and collaborate effectively it is important to understand the roles, responsibilities, and values of those you are working with, which is what we are going to do in our next session.

TEA BREAK AND ENERGIZER

Time: 15 minutes

- **Time** tea break for 10 minutes before moving to the energizer and then Session 3.3.
- **Ask** for a volunteer to lead a short energizer for the group as you wrap up tea break. (5 minutes)
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included in the material list in **Annex 1**.
- **Begin** Session 3.3.

SESSION 3.3: ROLES AND RESPONSIBILITIES IN RISK COMMUNICATION

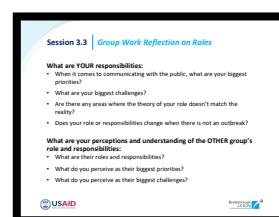
Time: 1 hour

Materials:

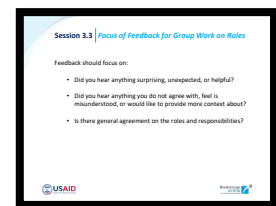
- **Handout 7:** *Roles and Responsibilities of Public Health Spokespersons and Journalists*
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Timer or watch
- Flipchart prepared with group work instructions, if not using presentation slides

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 some small group exercise.
 - I'm going to give instructions first and then we will move into our activity.
- **Explain** activity instructions:
 - We are going to break into 2 groups: 1) public health professionals and 2) media professionals
 - (if you have a large number of participants you may need to break into more groups so there are no more than 8-10 people in group).
 - In your groups, you will first reflect on your own profession. For example, if you are in the public health professionals group, you will discuss how you understand the role of a government spokesperson or public health official working with the media in a zoonotic disease outbreak. If you are a media professional, your group will discuss your roles within a zoonotic disease outbreak. Talking points will include:
 - 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?
 - Does your role or responsibilities change when there is not an outbreak?
 - Next, you will discuss your perceptions and understanding of the other group's role and responsibilities.



- What are the role and responsibilities?
- What do you perceive as their biggest priorities?
- What do you perceive as their biggest challenges?
- Please respectfully assume everyone is approaching their profession with concern for the public's best interest for this exercise.
- Please choose a presenter/s and notetaker as you get into groups.
- You will need to work quietly since you are big groups.
- You will have a total of 20 minutes in your group. I will notify you when 10 minutes are up so you can move to the 2nd 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 and discuss (5 minutes each).
- There is a lot that we could discuss here, but to stay on time we are going to focus feedback 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:
 - 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?



ACTIVITY: ROLES AND RESPONSIBILITIES GROUP WORK

- **Ask** if there are any questions and **clarify** as needed.
- **Break** the groups up and **ensure** everyone has flip charts and paper.
- **Post** questions for the groups to reference (flip chart or slide).
- **Time** the groups for 10 minutes and **alert them** to move to the perceived roles of the opposite group if they have not already.
- **Time** the groups for another 10 minutes and **bring everyone back** together finished or not.
- **Ask** for a volunteer to report out on their own roles and responsibilities, and then their understanding of the other's roles and **time them** for 5 minutes.
- **Thank** them and **ask** for the next group to present. **Time them** for 5 minutes.
- **Thank** them for their ideas.

- **Ask** the first group to respond with feedback for discussion and **time them** for 5 minutes.
- **Prompt** them with the feedback questions to keep focus.
 - 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?
- **Ask** the second group to respond with feedback for discussion and **time them** for 5 minutes.
- **Prompt** them with the feedback questions to keep focus.
 - 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?
- **Ask:** What are the areas of common ground between the two groups?
- **Take** two or three responses and **write** them on a flip chart.
- **Ask:** What do you think can act as a barrier in effective collaboration?
- **Take two or three responses and write it on a flip chart.**
- **Thank** the groups for the discussion.
- **Summarize and wrap up the session with the below.**
 - Very broadly, and for the purposes of this workshop, a primary role of a spokesperson during a public health emergency is to communicate information the public wants or needs to enable people to take informed action to protect themselves, strengthen trust, and minimize physical and mental harm.
 - The spokesperson will be coordinating with and supported by a number of other experts with varied expertise. The importance of this fact cannot be overlooked for risk communication for preparedness and response.
 - One Health is by nature multi-sectoral and multi-disciplinary and stakeholders working with spokespersons and informing the development of communication interventions may include:
 - **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).
 - **Experts in the environment** (Ministry of the Environment, ecologists, wildlife experts, botanists, biologists).

- There will be professionals with more of a focus on developing press releases and statements and those that are engaged more closely with developing messages, communication strategies, behavior change interventions and engaging with the community. Both of these are critical resources for media.
- When there is a large outbreak of a zoonotic disease that begins to impact human health, one ministry or agency will usually take the lead and risk communication will be coordinated by a pillar or technical working group. These structures are important for media professionals to know in addition to official spokespersons.
- Broadly speaking and for purposes of this training, the role of the media is informing a majority of the public very quickly with critical information that enables them to make informed choices to protect their lives and counter misinformation. This includes:
 - Acting as public watch dog.
 - Interpreting official information.
 - Driving public agendas and reflecting what is already on communities' agenda.
- **Distribute Handout 7: Roles and Responsibilities of Public Health Spokespersons and Journalists** and **explain** the following:
 - We will be returning to these ideas throughout the remainder of the training for further discussion.
 - This handout lists some of the information we just covered for your reference.
 - We are not going to 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 are going to let the discussion digest for a bit and focus on some practical tips and tools for ensuring that our communication interventions for One Health preparedness and response are clear and effective.
- **Continue** directly to next Session after lunch.

LUNCH AND ENERGIZER

Time: 1 hour

- **Time** lunch for 55 minutes to enable you to begin convening people to start the next session on time.
- **Ask** for a volunteer to lead a short energizer for the group as you wrap up lunch.
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included in the material list in **Annex 1**.
- **Begin** Session 3.4.

SESSION 3.4: ELEMENTS OF EFFECTIVE MESSAGING

Time: 1.5 hours

Materials:

- **Handout 8:** *Pneumonic Plague Scenario and previously distributed Handout 5: Compiled WHO Factsheets*
- **Handout 9:** *Messages and Materials Development Checklist*
- Flipchart, markers, and masking tape
- Timer or watch
- Projector, laptop, extension cord and presentation slides, if using
- Flipchart prepared with group work questions, if not using presentation slides

PLENARY DISCUSSION

- **Explain** the following:
 - There are a number of tactics we could look at that have relevance to both public health communicators and media professionals, but to make the most of our time together, we are going to focus our efforts on messaging.
- **Ask:** What is the role of messaging in risk communication?
- **Take a few responses and confirm:**
 - Effective messages are 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.
 - While messages may seem simple and straightforward, the process of ensuring their effectiveness in influencing the adoption of health protective behaviors, is complex.
 - Like we saw in the Ebola case study, technical information alone, even if in simple, understandable language, is unlikely to prompt significant behavior change.
 - In addition to providing essential health information that is actionable, it is important that messages and the interventions through which they are delivered are designed to:
 - Show respect for the community values.
 - Communicate care and concern.
 - Take into account the local context, culture, and potential stigma associated with the emergency.
 - Be used as part of a responsive, two-way exchange with those at risk.

- Well thought out and simple, clear messages can help people to adopt behaviors that reduce their risk of contracting a disease and stop the spread of transmission.
- Messages that are complex, confusing or unclear can, on the other hand, significantly obstruct efforts to contain the spread of a disease by amplifying fear and mistrust and contribute to the spread of misinformation and rumors.
- **Ask:** What are some principles for or characteristics of effective messaging?
- **Take a few examples and confirm** that ideally messages should be designed to be:
 - 1. Accessible**
- **Ask:** What are some factors that are important to consider with accessibility?
- **Take a few examples and confirm:**
 - Are they in a commonly understood language?
 - Does the audience have access to the delivery channel – consider access to radio, internet, 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**
- **Ask:** What is an example of an actionable message vs an unactionable one?
- **Take a few examples and confirm:**
 - An actionable message is one that is clear and specific about a behavior that is realistic or doable for the audience. It provides the information people need to help them take action.
 - People may need additional information about how to perform an action as well as why they should perform it. This may help decision makers to accept and act on the recommendations of public health officials.
 - Research shows that messages that give specific information on an action, benefit, and risk are more likely to motivate behavior change than general messages.⁸⁹
 - It is important to emphasize or reinforce priority actions and coordinate with other stakeholders to ensure you can help direct people to existing services and resources that can support them to take action.



⁸ The Health Communication Capacity Collaborative (HC3). (2017).

⁹ Malaria SBCC Evidence Literature Review. Baltimore, Maryland: Johns Hopkins Center for Communication Programs. (2017)

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

3. Accurate and credible

- **Ask:** What are key factors to consider in order to reinforce the accuracy and credibility of your messages and information?
- **Take a few examples and confirm:**
 - Consistency across a variety of experts.
 - Acknowledging uncertainty and what is unknown.
 - Acknowledging vulnerabilities or challenges people face.
 - Staying up to date and changing messages and materials quickly in response to new information.
 - Coordinating so that trusted messengers are delivering the information.
 - Addressing concerns providing relevant facts beyond just health behaviors.

4. Relevant

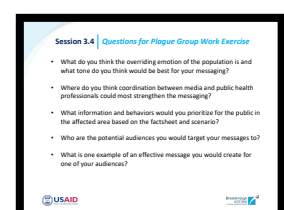
- **Ask:** What are some things to consider if the message is relevant?
- **Take a few examples and confirm:**
 - Communicators can increase the sense of relevance by understanding the personal experiences of the audience and by explaining how the issue can affect family, friends or others they may know in their community.
 - Communicators can also draw attention to the social, cultural, and economic risks the health threat poses.
 - Consider the access the population has to materials required to perform the behaviors – 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 lingo or jargon.
- **Ask:** What are some examples of this everyday lingo that is so common to us but that may not have much meaning to the lay public?
- **Take a few examples and confirm:**
 - Terms such as *strategic plans* and *capacity building*, Latin names or scientific technical terms such as *Bacillus Anthracis* (bacteria that causes anthrax) or encephalitis (disease of the brain), or abbreviated initials/acronyms such as VHF (viral hemorrhagic fevers) or WHO (World Health Organization).
 - Use stories and language that appeals to values like personal or collective responsibility, as well as emotions such as compassion, hope, and humor instead of just relying on logic alone.
 - Present information in appealing ways that represents the population, context, and local decision makers and actors.

5. Timely

- **Ask:** What are some factors to consider for timely messages?
- **Take a few examples and confirm:**
 - During health emergencies, for example, this means communicating rapidly what is known and unknown, and providing frequent and reliable updates.
 - For non-urgent health threats, timeliness means engaging audiences to ensure awareness and preparedness.
 - Key to this principle is to determine the best time to engage the public when they are most likely to pay attention.

6. Understood

- **Ask:** What is a factor to consider for ensuring messages are understood in addition to what we have already discussed?
- **Take a few examples and confirm:**
 - There is not a 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, religious background, among many others.
 - This again reinforces the need to understand your audience and coordinate with those supporting and working with them to understand their concerns, issues, and needs.
- **Introduce** small group work with the following:
 - Now that we reviewed some of the tips to inform our overall approach and effectiveness of risk communication, let's try applying it to a One Health scenario in small group work.
 - I will explain the activity and then we will count of by 1-2-3-4 to divide into 4 groups.
 - Each group will receive the same scenario about the plague, and a message checklist with some reminders of some of the information we have covered today. You already have the plague factsheet in your **Handout 5** package, and I will give you additional handouts: 1 for the scenario and 1 with a checklist for messages and materials development.
 - Each group will have 30 minutes to review the materials and discuss your answers for 5 questions:
 1. *What do you think the overriding emotion of the population is and what tone do you think would be best for your messaging?*
 2. *Where do you think coordination between media and public health professionals could most strengthen the messaging?*



3. *What information and behaviors would you prioritize for the public in the affected area based on the factsheet and scenario?*
 4. *Who are the potential audiences you would target your messages to?*
 5. *What is one example of an effective message you would create for one of your audiences?*
- You will likely not have all of the information you would like to answer these questions- 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** if there are any questions and **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 professionals.
- **Give** everyone a copy of **Handout 8: Pneumonic Plague Scenario** and **Handout 9: Messages and Materials Development Checklist**.
- **Post** the groupwork questions for the groups to easily reference (slide or flipchart)
- **Time** the groups for 30 minutes and **bring them back together**.
- **Ask** for a volunteer to share their group's thoughts on what emotional tone would be best for messaging.
- **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 areas where coordination between media and public health professionals could strengthen the messaging?
- **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 information and behaviors they would prioritize for messaging.
- **Ask** if any of the other groups have different thoughts and **move on** after a few minutes.
- **Ask** for a volunteer to share their groups thoughts who potential audiences would be for messaging?
- **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 thoughts on what if any changes they would make to strengthen the messaging. What was the message they developed?

- **Ask** if any of the other groups have different thoughts and/or what to share their message and **move on** after a few minutes.
- **Thank** the teams for their responses.
- **Ask** if there are any questions and **clarify** as needed.
- **Close** the session with the following:
 - It is impossible to design a one size fits all communication strategy or messages to address One Health, the range of 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 improve the prevention, rapid detection, and response to a zoonotic disease outbreak.
 - We are going to move into breakout sessions by professional group after tea break to look more specifically at tactics and tips specific to your professional roles.
- **Explain** that after break, participants will be divided by their professional groups (journalists/media professionals and public health professionals).
- **Provide the details** for where each of the two groups will meet (plans should be made ahead of time to allow each group to have their own room).
- **Direct participants to their respective rooms** and **move** straight to Module 4 following the tea break.

TEA BREAK AND ENERGIZER

Time: 15 minutes

- **Time** tea break for 10 minutes before moving to the energizer and then Module 4
- **Ask** for a volunteer to lead a short energizer for the group as you wrap up tea break
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included in the material list in **Annex 1**.
- **Direct** participants to their specific rooms (journalists/media professionals and public health professionals) and begin Module 4.

If you are leading a TOT

- ⇒ **Lead** the practice facilitation exercise for Module 3, the same way you did for Modules 1 and 2. Refer to Session 1.4 B in **Annex 3** for a reminder if needed.
- ⇒ **Modify** the time as needed to stay on schedule.
- ⇒ **Continue** to Module 4 Breakout Sessions.

MODULE 4: PROFESSIONAL BREAKOUT SESSIONS

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

NOTE

Module 4 requires that participants be divided by their professional groups. The sessions will be conducted simultaneously and require at least 2 rooms – one for each professional group (Journalists/ Media Professionals and Spokespersons/ Public Health Professionals).

A minimum of one facilitator per group is required and 2 is recommended.

Sessions are labeled with a J or PHP in the *Facilitator Guide*, slides and associated handouts to indicate which materials are for which group. Facilitators only need to follow the guide for their group.

Sessions for Journalists/ Media professionals (J) include:

- Session 4.1 (J)
- Session 4.2 (J).

Sessions for Spokespersons/Public Health Professionals (PHP) include:

- Session 4.1 (PHP)
- Session 4.2 (PHP)
- Session 4.3 (PHP)
- Session 4.4 (PHP).

Module 4 breakout sessions are introduced at the end of Day 2 of the training and are concluded by the 1st tea break of Day 3 of the training.

MODULE 4 OBJECTIVES

By the end of the module participants in the **Journalist/Media-focused sessions** should be able to:

- Define and agree upon ethical principles and frameworks for media professionals covering a public health emergency.
- Discuss challenges of reporting in an epidemic and identify and practice 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 in being interviewed in public health emergencies and identify strategies to manage these.
- Improve their knowledge and skill with ethical interviewing techniques.

By the end of the module participants in the **Public Health Professionals-focused sessions** should be able to:

- Expand their understanding of the role of the media in epidemics.
- Reflect and discuss challenges and successes working with media and identify strategies to better plan for and address media's needs for improved collaboration.
- Review pitfalls and strategies to strengthen press briefings and interviews.
- Practice applying preparatory techniques for media interactions.
- Identify key components of a risk communication plan and media strategy and tools and resources to support development and implementation.

MODULE 4 METHODS

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

MODULE 4 CHECKLIST

- ✓ Prepare enough copies of printed materials for this Module in advance (See **Annex 1** for details):
 - **Handout 10:** *Alpha and Moussa Scenarios (J)*
 - **Handout 11:** *Interview Role Play (J)*
 - **Handout 12:** *Pitfalls and Strategies: Press Briefings and Community Meetings (PHP)*
 - **Handout 13:** *Sample Press Briefing (PHP)*
 - **Handout 14:** *Case Study Interview Preparation (PHP)*
 - **Handout 15:** *Strategies for Successful Interviews (PHP)*
 - **Handout 16:** *Resource Package (PHP)*
- ✓ Blank flipcharts, tape, and markers, timer or watch
- ✓ Laptop, projector, and slides, if using
- ✓ Prepare flip charts in advance if not using slides:
 - *Group work instructions*
 - *Simple Empathy (J)*
 - *Non-verbal communication (J)*
 - *Simple Empathy (PHP)*

If you are leading a 5-day TOT

- ⇒ **Complete** Module 4 breakout sessions according to the *Facilitator Guide*. See *TOT Agenda Template* for suggested timing.
- ⇒ **Lead** the practice facilitation exercise in the breakout sessions. Refer to Session 1.4 B in **Annex 3** for a reminder if needed.
- ⇒ **Continue** to Module 5.



Photo credit: Brooke Barker, Breakthrough ACTION

MODULE 4

Breakout Session

Journalists and Media Professionals (J)

SESSION 4.1 (J): ETHICAL

PRINCIPLES AND FRAMEWORKS FOR REPORTING IN PUBLIC HEALTH EMERGENCIES

Time: 2 hours

Materials:


- **Handout 10:** *Alpha and Moussa Scenarios (J)*
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Flipchart prepared with Ethical Principles, if not using slides
- Flipchart prepared with *Ways media coverage could cause harm*, if not using slides
- Flipchart prepared with group work questions for Alpha and Moussa Scenarios, if not using slides
- Timer or watch

PLENARY DISCUSSION

- **Introduce** the purpose of the breakout sessions and **review** the following:
 - 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.
 - Begun to explore the unique roles and strengths that both media professionals and public health professionals and government spokespersons bring to risk communication, identifying areas where coordination between the professions can enhance risk communication for improved health outcomes as well as ways in which it can be weakened.
 - 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 professional as well as review some more specific tips and tools for working with public health professionals on One Health risk communication.
- **Ask:** Based on what we have covered so far, what do you see as some of the benefits of reporting on One Health and zoonotic disease outbreaks?

- **Take a few responses** and write them on a flip chart. You may expect to receive answers like:
 - *“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 here between the benefits you just listed and what we discussed with the full group in terms of the roles and responsibilities of media professionals?
- **Take a few responses** and **circle** any overlaps.
- **Summarize the following:**
 - Journalists 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 threat level often goes up in a public health emergency when health risks are:
 - involuntary
 - unfamiliar
 - uncontrollable or controlled by others
 - perceived as unfair
 - severe in their consequences.¹⁰
 - People’s emotional response or threat level may be low if the health risk or behaviors are perceived as a normal part of life. People will not respond to health risks or behaviors even with health communication efforts if they do not recognize or understand the threat.
 - Journalists can serve as a constructive, credible source of information that empowers and serves the public or alternatively they can produce sensationalist stories that risk becoming a dangerous force of misinformation.

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

- By introducing One Health and zoonotic disease topics in times of non-emergency, journalists can help raise awareness of risks and prevention behaviors that support the public to take informed action to prevent zoonotic disease outbreaks and facilitate a more effective response to any detected outbreak.
 - Journalists have a responsibility to report information they believe is honest and objective. This means they report on the activities of public institutions and government, informing the public so that officials can be held accountable.¹¹
 - During the unfolding of a crisis, this may translate into investigative reporting that includes asking more in-depth, challenging, and probing questions to public institutions and government.
- 
- **Show or read** the below headline examples:
 - “Ebola: The ISIS of Biological Agents,” (CNN titled segment)
 - “More Fatalistic than AIDS, Kills in Seconds.” (The West African Pilot)
 - **Ask:** What do you think some of the outcomes of these headlines may have been?
 - **Take one or two responses and confirm:**
 - These are attention getting – but most likely fueled emotions like fear.
 - Grabbing the attention of audience members is essential and even more so in a public health emergency where people may quickly tire of hearing about the issue - especially if they are not experiencing a severe impact.
 - However, it is important to try to engage creatively without sensationalizing the issue or fueling emotions like fear.
 - **Ask:** Reflect back on our earlier roles and responsibilities exercise (**Handout 7: Roles and Responsibilities of Public Health Spokespersons and Journalists** sheet). What are some of the greatest challenges you face as media professionals covering disease outbreaks?
 - **Take** several responses and summarize:
 - As a public health emergency grows, things can change very quickly, leaving limited time for research or to secure interviews with sources.
 - You may find that health officials, health workers, or other experts or frontline responders have limited time available to speak with you, often bringing their own concerns about sharing sensitive information with the media.

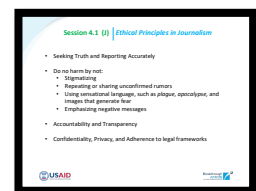
¹¹ Centers for Disease Control and Prevention (CDC). (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. Retrieved from https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

- Rumors and misinformation spread quickly. Separating rumors and misinformation from the truth requires skill and time which is often limited by tight deadlines.
- There also can be pressure personally or from your organization to break a story or be the first to cover an event in this very fluid and high-pressure environment.
- This challenging landscape amplifies the need to adhere to strong journalistic ethics and principles, rather than to move around them.
- **Ask:** What are general questions you would want to be sure to answer if you were covering a story about a cluster of new Ebola cases in a previously unaffected community in eastern DRC?
- **Take a few examples and confirm:**
 - The story would want to be sure to adhere to the following *what-who-why-where-when* 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 the medical care being delivered in a particular way? (i.e., why do people have to be treated in Ebola treatment centers and not in the community health facility?)
 - *When* did this new cluster of cases begin?
 - *Where* should people go if they or their family members experience symptoms?
- **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: Seeking Truth and Reporting Accurately:**
 - Journalism is the business of seeking the truth, and journalists should be honest and courageous in reporting information.
 - It is a journalist's job to provide balance by looking for alternative perspectives and interpretations of events and ensuring that other points of view receive coverage.
 - However, this must be balanced carefully with the fact that in public health emergencies where much is often unknown, rumors and conspiracy theories can easily escalate.
 - It is important to be on the lookout for rumors, incorrect or questionable information and verify its accuracy before you

share it. Verifying facts with authorities is important and also builds credibility with audiences.

- The field is competitive, but speed does not excuse inaccuracy.
 - One benefit of building relationships with public health professionals and supporting their efforts to raise public health awareness around one health and zoonotic diseases to support preparedness and prevention work is that it can begin to strengthen relationships of mutual trust that can help to secure access to authorities during periods of emergencies.
 - As we discussed earlier, journalists and media may be more trusted than officials, and the public rely on journalists to deliver them the facts. As professionals, you understand that you should never plagiarize or deliberately distort the facts.
- **Principle: Do no harm:**
 - Despite the best of intentions there can sometimes be unintended negative consequences from media coverage.
- **Ask:** What are some ways you think media coverage could cause harm?
 - **Take a few examples and confirm** the following:

- **Stigmatization.** 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.
- This can mean people are labelled, stereotyped, and discriminated against, treated separately, and/or experience loss of status because of a perceived link with the disease.
- Such treatment can negatively affect those with the disease as well as their caregivers, family, friends, and communities.
- People who do not have the disease but may share some of the same characteristics as those that do, may also suffer from stigma.
- Stigma can:
 - Drive people to hide the illness to avoid discrimination.
 - Prevent people from seeking health care immediately.
 - Discourage them from adopting healthy behaviors.
 - All of these can accelerate an outbreak.
- Stigma hurts us all by creating fear or anger towards other people.
- Stigmatized groups may be
 - subjected to social avoidance or rejection.
 - denied healthcare, education, housing, or employment due to their health status



- face physical violence (those wearing masks or not wearing masks during COVID-19).
- **Ask:** Can you think of examples where people have been hurt through disease stigma?
- **Take a few responses and confirm:**
 - HIV, leprosy, Ebola, COVID-19, just to name a few.
 - To minimize stigma and help address it, choose the words that you use to talk about the disease carefully- they matter. Let's look at an example with COVID-19.
 - Avoid attaching locations or ethnicity to the disease- Use the correct term, COVID-19, to avoid stigma instead of "Wuhan Virus," "Chinese Virus," or "Asian Virus."
 - Avoid referencing people with the disease as "COVID-19 cases" or "victims." Talk about
 - *"people who have COVID-19,"*
 - *"people who are being treated for COVID-19,"*
 - *"people who are recovering from COVID-19,"* or
 - *"people who died after contracting COVID19"*
 - Avoid referring to people as cases or suspects. Talk about: *"people who may have COVID-19"* or *"people who are presumptive for COVID-19"*
 - Avoid talking about transmitting the disease, infecting others or spreading the virus. Talk instead about people *"acquiring"* or *"contracting"* COVID-19.
 - Commit to helping your audience understand how a disease may affect someone and the ways they can safely interact with them without stigmatizing or isolating them.^{12, 13, 14}
 - The business of journalism is to make information public. However, as journalists, we also need to consider when it is appropriate to keep information private in order to protect sources and interviewees from unnecessary harm.

¹² 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>,

¹³ Centers for Disease Control and Prevention (CDC). (2020, June 11). *Reducing Stigma*. Retrieved from 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

¹⁴ Johns Hopkins Center for Communication Programs (CCP)/ Breakthrough ACTION. (2020, July). *Disrupting COVID-19 Stigma*. Retrieved from https://covid19communicationnetwork.org/wp-content/uploads/2020/05/Disrupting-COVID-19-Stigma-Technical-Brief_v1.1.pdf

- Repeating or sharing unconfirmed rumors¹⁵
 - We will have a later session devoted to rumors, but when encountering questionable information, it is important to consider the consequences it could cause if widely spread:
 - Could it cause harm to the public?
 - Could it stop people from accessing essential services?
 - Could it cause conflict?
 - Could it result in risky behavior that accelerates the outbreak?
 - Could it put certain groups at risk, including your own organization or partners?
- Using sensational language and images that generates fear like plague, apocalypse. and emphasizing negative messages
 - We have already talked about this a good bit. Commit instead to use positive language and emphasize the effectiveness of prevention and treatment measures.
- **Principle: Accountability and Transparency:**
 - Reporters should hold those with power accountable and also endeavor to 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:**
 - Those who are most vulnerable are those who are most at risk of health problems and those who are least able to care for themselves. Some examples of voices that are among the least heard broadly speaking are:
 - children, the elderly, women and girls (particularly pregnant women), people with disabilities, and people with existing health and well-being issues, homeless, displaced.
 - We often think of exposing issues, challenges, and hidden truths, but it is worth remembering that positive stories that bring to light examples of community action, successful collaboration, creative solutions, can provide people with hope and motivation. This is another opportunity to elevate voices from more marginalized groups.
 - Journalists should avoid conflicts of interest when producing stories. When it is impossible to avoid them, journalists should declare any conflict of interest at the end of their stories.

¹⁵ Bugge, J. (2017) *Rumour has it: A practice guide to working with rumours*. CDAC Network. Retrieved from <http://www.cdacnetwork.org/tools-and-resources/i/20170613105104-5v7pb>

- **Principle: Confidentiality, Privacy, and adherence to legal frameworks**
 - This principle touches on each of those that we have discussed so far. Let's reflect for a moment on our roles and responsibilities exercise this morning.
 - We discussed that a primary role of a spokesperson or a public health official with risk communication responsibilities is to communicate information the public wants or needs to enable people to take informed action to protect themselves, strengthen trust, and minimize physical and mental harm (remember **Handout 7: Roles and Responsibilities of Public Health Spokespersons and Journalists**).
- **Ask:** Who here (show of hands) has experienced a feeling that government spokespersons or public health officials are not openly sharing information with the media in fulfillment of this role?
- **Ask:** How many of you (show of hands) have experienced a lack of access to health facilities or hospitals?
- **Ask:** What are some of the reasons why you think public health spokespersons might be reluctant to share information with media professionals 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 engage the public with critical information. This can be challenging for them.
 - Sharing information with a journalist is not risk-free. There are potential consequences for sources and interviewees.¹⁶
 - Some consequences good, for example, offers of financial help for education or healthcare for a person in need. However, as we have seen, negative things can also happen to sources and interviewees after a story is published.
 - There are times when public health spokespersons are not deliberately trying to “cover up” or hide information, but that there are circumstances when information must be withheld.
 - 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 lead to the identification of individual patients and their families.

¹⁶ Centers for Disease Control and Prevention (CDC). (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. Retrieved from https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

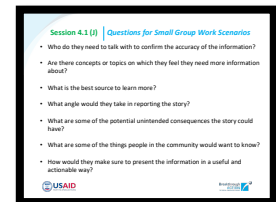
- **Ask:** Do you know of similar legal frameworks or ethics guidelines in this country?
- **Take a few replies and explain:**
 - Although journalists are not bound by the protection of their sources in the same way that health workers are, there have been cases in the past in which protection and confidentiality has been breached, with serious consequences.
 - Journalists' organizations like the International Federation of Journalists, the US-based Committee to Protect Journalists, and other press freedom groups have all taken up cases where journalists have sought to protect the identity of their sources when faced with strong pressure—sometimes from courts, sometimes from repressive governments—to reveal names.¹⁷
- **Ask:** What are some scenarios where you think 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 like 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 recent community death from Disease Z, ask her why she cannot tell you that information.
 - If she says she is following the law or national requirements in the interests of patient privacy, you can write this in your story so that your audience also understands the reason.
 - It is best to avoid using language that casts blame on public health spokespersons for simply following the law or patient confidentiality requirements.
 - There are some exceptional circumstances in which an individual may be identified by officials, such as when an individual's identity is already widely known, or when the identity of the individual is deemed to be in the public interest.
 - In these situations, journalists have a responsibility to explain the context behind the event. For example, why did the government choose to

¹⁷ Committee to Protect Journalists (CPJ). *CPJ Journalist Security Guide, Appendix E: Journalism Organizations*. Retrieved from <https://cpj.org/reports/2012/04/journalism-organizations/>

release this information? This can serve as a compelling component of a journalistic story.

- **Ask:** What are some other challenges you have or could imagine facing that strengthen a sense that there is low trust between media and public health authorities?
- **Take a few responses and confirm:**
 - Officials may be incredibly busy responding and have limited time for an interview.
 - They may not have a lot of answers and feel reluctant to talk to media in a time of public fear – especially if there is generally a sense that trust between media and public health authorities is low or strained.
 - Public health and emergency management professionals may sometimes expect the media to report in ways that supports official goals.
- **Ask:** What are some of the ways you manage these challenges?
- **Take a few responses and confirm:**
 - Some strategies for this may include establishing channels of communication with designated spokespeople and public health communicators which every Ministry of Health or international partner organization will have in times of non-emergency.
 - Your interest and support of their programs helps to foster relationships of mutual trust and a deeper understanding of the issues that can inform your reporting when emergencies occur.
 - You can also form groups with other media professionals, creating dedicated WhatsApp groups where you can share press conference information and contacts.
- **Explain** the following to wrap up the session:
 - While both media professionals and public health officials emphasize that they are motivated by a desire to save lives and protect the public's overall wellbeing, we can see that they approach this 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 that public officials may also be facing.
 - This can help us to identify points of commonality that we previously did not see, have more patience or creative solutions for challenges, and strengthen our professional skills – both technically and in relationship building.
 - Ultimately, this can help us to better navigate the very complex and rapidly changing landscape in an emergency and best serve the public.
- **Ask** if there are any questions and **clarify** as needed.

- **Give instructions for small group work:**
 - We are going to spend the rest of today on a small group work exercise to practice applying some of our discussion today. Tomorrow we will come back to our breakout for one last Session and exercise.
 - In a moment we are going to break into 2 groups (adjust the number of groups as needed depending on participants)
 - Each group will get a different outbreak scenario.
 - You will have 20 minutes in your group to read the scenario and answer the following questions
 1. Who do they need to talk with to confirm the accuracy of the information?
 2. Are there concepts or topics on which they feel they need more information about?
 3. What is the best source to learn more?
 4. What angle would they take in reporting the story?
 5. What are some of the potential unintended consequences the story could have?
 6. What are some of the things people in the community would want to know?
 7. How would they make sure to present the information in a useful and actionable way?
 - Each group will have 10 minutes to present their scenario and 5 minutes for feedback and discussion
 - **Ask** if there are any questions and **clarify** as needed.



ACTIVITY: SMALL GROUP WORK - ALPHA AND MOUSSA SCENARIOS

- **Divide** the participants into two groups
- **Assign Group 1** Alpha's Story on **Handout 10: Alpha and Moussa Scenarios (J)**
- **Assign Group 2** Moussa's Story on **Handout 10: Alpha and Moussa Scenarios (J)**
- **Post the questions** on a slide or prepared flip chart for easy reference
- **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 open the floor for feedback and discussion for 5 minutes
- **Follow up** with these points as needed

1. In this scenario it could be helpful to talk to the family affected (from a distance) and the health extension officers: Are they aware? How many people and communities in the nearby area have potentially been affected?
 2. One potential angle would be to promote awareness of signs and symptoms of Ebola or other hemorrhagic fevers if they are common in the area and promote early care seeking for any fever or other symptoms. This might change after getting a sense from the officials and the community how they understand the event.
 3. Potential consequences could be reluctance to publicize an outbreak or that people may not believe there is 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:
 - You recognize that this could potentially be a case of bird flu which could have large scale economic impacts on families if they lose large numbers of animals available for sale or consumption. It also could potentially 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 of the smaller farms for their different perspectives, as well as animal health officials. It may be worth asking if animal health and public health are working together to identify potential human illness that may have been attributed to anything else.
 - One potential angle could be to promote general awareness on the signs and symptoms of bird flu and prevention measures to prevent a loss of their animals. You also could profile the animal health services to help address community concerns on motivations.
 - If there are accusations of sabotage it will be important to be sensitive to any existing conflict in the area.
 - **Ask** if there are any questions and **clarify** as needed.
 - **Thank** the group for their participation over the course of the day.
 - **Remind** the group that tomorrow we will begin the day back in our breakout groups.
 - **Close** the session and the day.

SESSION 4.2 (J): ETHICAL INTERVIEWING

Time: 2 hours

Materials:

- **Handout 11:** *Interview Role Play (J)*
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Timer or watch
- Flipchart prepared with group work instructions, if not using slides
- Flip chart with empathy suggestions prepared in advance, if not using slides
- Flip chart with table of aspects non-verbal communication suggestions prepared in advance

PLENARY DISCUSSION

- **Welcome** group and **introduce** the session with the below:
 - Yesterday we reviewed discussed ethical principles and frameworks for covering a public health emergency.
 - We shared challenges of reporting in an epidemic, and identified and practiced application of tips and strategies to manage these.
 - We also explored some of the challenges that public health authorities and vulnerable populations face in being interviewed in public health emergencies and identified strategies to manage these.
 - Today we are going to build on this by reviewing and practicing our skills with ethical interviewing techniques.
- **Ask:** How many of you (show of hands) have ever been interviewed?
- **Ask:** What made it good or easy or not so good or challenging?
- **Take a few responses.**
- **Ask:** Who is willing to share your experience of the worst interview you have ever conducted and anything you learned from that interview?
- **Take two examples** and **thank them** for sharing.
- **Ask:** Based on your experiences and principles of risk communication what are some the key criteria for conducting a good interview in a time of public health emergency?
- **Take a few responses** and **confirm** the following:
 - **The right person for your audience needs.**
 - Select people with the right knowledge, credibility, and 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 confirm:**
 - Informed consent is the process of ensuring that sources not only hear but also understand the purpose of the interview, any potential risks and voluntarily agree to participate.
 - As journalists, our responsibility is to 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 journalists, we must make sure that our sources are aware of the potential consequences of publication of the information they give.
- **Ask:** What are some questions to consider in the informed consent process?
- **Take a few responses and confirm:**
 - Have I identified the ways in which the interviewee could potentially be negatively impacted, either physically, psychologically, or professionally, by the interview or the story?
 - *If yes*, is it still important and in the public interest to do the interview?
 - *If yes*, is there someone else I could interview instead 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 clearly explained the potential risks to the interviewee and feel confident they understand them?
 - Have I confirmed that my source understands what is meant on record, off-the-record, or background interview?
 - Have I confirmed that my source is comfortable having their name public or if they prefer that I anonymize their quote or distort their voice?
- **Continue review** of criteria:
 - ***Research*** is also a criterion for an effective interview.
- **Ask:** Why is research important?

- **Take a few responses and confirm:**
 - In a public health emergency, time may be more limited, but make the time to read material relevant to your planned interview during the days or hours leading up to it. This can help inform your questions.
 - The more you are covering issues related to One Health and zoonotic disease in advance of an emergency – the more informed you will be of issues.
- The *Poynter Institute for Journalism* emphasizes that reporters are often unprepared to cover events with complex scientific issues and that acquiring background information is important to getting the story right. The Poynter Institute for Journalism offers 5 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.¹⁸
- During nonemergency times, seek invitations into the emergency operations center or talk with risk communication professionals to gain insight into how things work, the agencies that will be involved in a response, and how media will be accommodated when there is or might be a public health emergency.
- **Continue** the review of criteria:
 - ***Location:*** Whenever possible, suggest a venue that will be quiet enough for you to clearly hear what your interviewee is saying. This will also help create a quiet environment for audio recordings.
 - ***Rapport:*** Establish rapport with your source if the interview is on or off the record, and clearly explain the purpose of the interview and what the interview material will be used for.
 - ***Open questions:*** Begin the interview with easy open questions to put your source at ease, particularly if they are a patient or a member of an affected community.
- **Ask:** Why are open ended questions important?
- **Take a few responses and confirm:**
 - 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/or feelings.

¹⁸ Centers for Disease Control and Prevention (CDC). (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. Retrieved from https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

- **Continue** the review of criteria:
 - **Active Listening**
- **Ask:** What are some ways we can demonstrate that we are actively listening?
- **Take a few responses and confirm:**
 - The more we dialogue with others, the more we understand them, and they can be sure they understand us. Skills involved in active listening include:
 - Paying attention to non-verbal communication like body language and expressions – both your own and that of the person you are interviewing.
- **Ask:** What are some characteristics of positive or negative non-verbal communication we may want to consider?
- **Take a few responses and review the table below:**

Session 4.2 (I) | Aspects of Non-verbal Communication

Aspects	Does not help	Helps
Posture/ Position	Stand with your head higher than the other person Having your arms crossed and being hunched over	Sit so that your head is level with the other person Rest your hands in your lap, sit up straight, and face the person with whom you're talking
Eye contact	Look away at other thing, like, at down at your notes	Maintain eye contact as much as possible while the other person is speaking
Facial expression	Looking irritated, annoyed, grim	Positive or at least neutral expression
Physical barriers	Sit behind a table, or write notes while you discuss with community members or attend a community meeting	Remove the table or the notes; try to be in the same position as the people you are interviewing—sitting on a chair or on the floor, standing as they may be
Taking time	Acting hurried; greet the person/group quickly; show signs of impatience; look at your watch	Make the person/ community group feel that you have time; sit down and greet the caregiver or group without hurrying, then ask an open-ended question and wait patiently for an answer

Aspects of Nonverbal Communication ¹⁹		
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- **Continue review** of active listening skills:

¹⁹ UNICEF (2017) Facilitator's Guide: Interpersonal Communication for Immunization.

- **Empathy:** Another aspect of active listening is expressing empathy. This can be extremely important with talking with vulnerable groups.
- **Ask:** Who can give us a definition of empathy?
- **Take one or two responses and confirm:**
 - Empathy is having a sense of understanding and compassion for another person. It is sensing what it might be like to be them. It is feeling what another person might be going through.
 - This is different than sympathy, which is feeling sorry for another person.
 - Empathy is more of a peer emotion, feeling for another human like you, instead of feeling sorry for someone who is “less” than you.
- **Ask:** What types of interviews do you think showing empathy is most appropriate for?
- **Take a response or two and confirm:**
 - Those most vulnerable or impacted by the emergency
- **Ask:** What are some ways you think we could show empathy in an interview?
- **Take a few responses and review the table:**

Session 4.2 (1) | Simple Ways to Show Empathy

Pay full attention to the speaker	Allow him or her 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	This gives the person time to reflect, consider her/his next words, and begin to come to terms with what s/he is feeling.
Avoid focusing on a solution	Stay in the moment of letting the person express themselves and letting yourself hear them and feel what they are saying. Don't solve it; hear it.
You can say things such as:	<p><i>"I hear what you're saying"</i></p> <p><i>"That must have been difficult for you."</i></p> <p><i>"I don't know what to say, but I'm glad you told me." (Particularly useful when people tell you about a terrible loss or occurrence.)</i></p>
Avoid saying "I know just what you are going through"	That is almost never true, and it can make people frustrated.

Simple Ways to Show Empathy ²⁰	
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²⁰ Adapted from UNICEF (2017) Facilitator's Guide: Interpersonal Communication for Immunization.

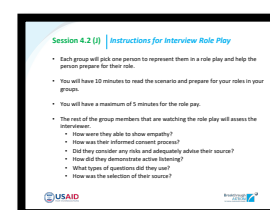
Simple Ways to Show Empathy ²⁰	
When you are having a hard time feeling empathy:	<p>Try to imagine that the person you are talking to has just suffered a loss or a difficult situation like one you might have recently encountered</p> <p>Think about how you felt then, and how you wanted people to treat you. Just a minute of remembering your own difficulties, and how you felt, might give you a bit more understanding of the person in distress in front of you.</p>
None of us know what someone else is going through	Always try to give people the benefit of the doubt.

- **Continue review** of active listening skills:
 - Another skill of active listening that we have already touched on is **open-ended questions**.
 - We often begin our open-ended questions with the word “*Why?*”
 - In some circumstances, asking someone “*Why did you do XYZ?*” or “*Why don’t you want XYZ?*” may end up putting them on the defensive.
 - It’s important to understand why they did XYZ, but you might try finding a way to ask why that doesn’t make the person feel attacked or criticized.
 - Leading questions are questions that imply what we hope to hear as the answer.
- **Ask:** Who can give an example of a leading questions vs an open-ended question for a situation in which you want to interview a family of survivors that has experienced some isolation in their communities after recovering from Ebola? You have explained the purpose of your story and that it might bring increased public attention to them.
- **Take a couple of responses and give an example as needed:**
 - Leading: “*You don’t have a problem with this, do you?*”
 - Open: “*How do you feel about this? “Do you have any questions or concerns before we move ahead?”*”
 - While 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 you could use to help draw out more information from a source?

- **Take a few examples and confirm** that you probe more with questions like:
 - *“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?”*
- **Continue review** of active listening skills:
 - ***Reflecting back*** what you have heard:
 - Reflecting is hearing and understanding, and then letting the other person know that they are being heard and understood. Reflecting back entails two key steps:
 1. Seeking to understand a speaker's idea by observing words and non-verbal communication.
 2. Offering the idea back to the speaker, to confirm that the idea has been understood correctly.
 - Reflecting helps people to 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. We don’t want to repeat or confirm any false information or rumor.
- **Introduce** role play activity
 - For our next activity we are going to break into 2 groups for a role play exercise. Group A will take on the role of journalist and group B will take on the role of the community for the role play.
 - 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 in your groups.
 - You will have a maximum of 5 minutes for the role play.
 - The rest of the group members that are watching the role play will assess the interviewer.
 - How were they able to show empathy?
 - How was their 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** if there are any questions and **clarify** as needed.

ACTIVITY: INTERVIEW ROLE PLAY

- **Divide** participants into 2 groups.
- **Give** each group a different role from **Handout 11: Interview Role Play (J)** being careful to not let one group see the other's role.
- **Post the instructions** (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 and **make note** of any feedback you have.
- **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.
- **Inform** the group that we have finished the breakout sessions and will rejoin the full group to complete Modules 5 and 6 after tea break.



TEA BREAK AND ENERGIZER

Time: 15 minutes

- **Time** tea break for 10 minutes before moving to the energizer and then to Module 5.
- **Bring** all participants back to plenary, joining the two groups back together.
- **Ask** for a volunteer to lead a short energizer for the group as you wrap up tea break
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included in the material list in **Annex 1**.
- **Begin** Module 5.

If you are leading a TOT

- ⇒ **Lead** the practice facilitation exercise for Module 4 breakout sessions in your breakout groups. Refer to Session 1.4 B in **Annex 3** for a reminder if needed.
- ⇒ **Modify** the time as needed to stay on schedule.
- ⇒ **Rejoin** the full group and continue to Module 5.



Photo credit: Tina Dickenson, Breakthrough ACTION

MODULE 4

Breakout Session

Spokespersons and Public Health Professionals (PHP)

SESSION 4.1 (PHP): UNDERSTANDING MEDIA NEEDS

Time: 1 hour

Materials:

- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Timer or watch

PLENARY DISCUSSION

- **Introduce** the purpose of the breakout sessions with review of the following:
 - We have begun to explore the unique roles and strengths that both media professionals and public health professionals and government spokespersons bring to risk communication, identifying areas where coordination between the professions can enhance risk communication for improved health outcomes as well as ways in which it can be weakened.
 - 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 spokesperson/ public health professional and to review some more 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 7: Roles and Responsibilities of Public Health Spokespersons and Journalists**).
 - We agreed that a primary role of a spokesperson/ public health professional during a public health emergency is to communicate information the public wants or needs to enable people to take informed action to protect themselves, strengthen trust, and minimize physical and mental harm.
- **Ask:** What are some of the ways that a spokesperson does that?
- **Take a few responses and confirm:**
 - 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 on the response.
 - As an outbreak evolves, spokespersons have to address concerns, criticisms, and controversial issues such as scarce resources, the economic or second order health impacts of an outbreak, rumors or disregard for health recommendations.
 - They coordinate closely with other experts, officials, and partners leading aspects of the response, and especially those developing messages and communication interventions, who also support them to answer questions and provide background, or other critical information.

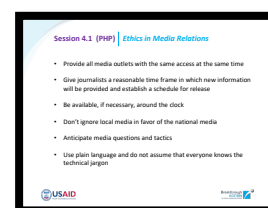
- Spokespersons are not solely responsible for what is said, and neither are they just reading a statement or words.
- If a spokesperson does not fully understand the purpose behind the messages or the recommendations, they will not be able to effectively convey confidence and believability to the public that is so important for maintaining public trust.
- **Ask:** Does this seem like an easy job?
- **Take a few responses and confirm:**
 - No, it seems incredibly difficult. Rapid behavioral and norm changes in the community can determine whether an emergency spirals out of control or is brought into check as soon as possible.
 - When we consider the principles of risk communication that we discussed earlier, (authentic expressions of care, transparency about what is known, what isn't known, and what is being done, frequent communication, consistency in calm tone and messaging), then we can see that there is a heavy weight of responsibility on the spokesperson and broader health promotion and risk communication team supporting them.
- **Ask:** What are some ways or things that journalists/media do that help you with this responsibility?
- **Take a few responses and confirm:**
 - Get news, updates, and figures out quickly to inform and empower the public.
 - Encourage protective measures, health-seeking behavior, and 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.
 - Draw attention to the work that the government and its partners are doing.
- **Ask:** What are some ways or things that journalists/media do that make your role more challenging or that can weaken your trust in working with them?
- **Take a few responses and confirm:**
 - Express viewpoints that may differ from those of public health practitioners and authorities.
 - Heighten emotions or controversy or amplify rumors or misinformation.
 - Present something that was said without full context or incomplete information.

- Demand your time when you have very little of it.
- In the past, organizations had 24 hours to get information to media outlets. Now, media outlets can provide immediate and continuous updates on a crisis through contributions from people experiencing the crisis in real time that call in or send updates on social media, increasing the demand for the pace of information.
- Media can also ask challenging questions or at times questions that seem confrontational, intrusive, and designed to stir up controversy rather than serve the public good.
- In a democracy, the media also serve as a watchdog. This means they report on the activities of public institutions and government, informing the public so that officials can be held accountable. During a crisis, this may translate into investigative reporting about the following issues:
 - Cause
 - Responsibility
 - Adequacy of the response
- Typically, investigative reporting takes a back seat during early stages of a crisis. But, at some point, reporters will ask more challenging and probing questions.
- **Ask:** What are some of the questions that media or journalists ask that are challenging in these circumstances, especially if in the early days of a new or unfamiliar zoonotic disease outbreak when there is limited scientific knowledge or data?
- **Take a few responses and confirm:**
 - What is going to happen next?
 - What is the cause of this outbreak?
 - Why did this happen?
 - Why didn't the government react faster?
 - 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 confirm:**
 - They serve as a credible source of information that empowers the public with information and speaks to the current moment.
 - They hold authorities to account.
 - As part of their business, they compete with one another for readers and listeners.
 - They are interested in stories that earn money and advance the careers and grow the following of media outlets, owners, editors and journalists.
 - This means stories that reflect the reality of ordinary people's experiences, and help people understand issues so they make empowered and informed choices.
 - It is the journalist's job to provide balance by looking for alternative perspectives and interpretations of events and ensuring that other points of view receive coverage.
 - It also means stories that attract attention, which can mean that journalists are often interested in stories about risk and danger rather than stories about safety and precautions.
 - They often want to describe the characters in a story as much as the facts. This is generally a positive thing that makes a strong and compelling story for the audience.
 - However, it can pose a challenge in health reporting, where protecting the confidentiality of patients or other vulnerable groups is important or when emotions such as fear are high.
 - As public health officials and communicators, we can sometimes expect the media to report in ways that supports official goals.
 - However, the media are not an adjunct to public emergency response organizations. They have their own place in a free society and their own commitment and responsibility to report information they believe is honest and objective.
- **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 confirm:**
 - While both media professionals and public health officials emphasize that they are motivated by a desire to save lives and protect the public's overall wellbeing, we can see that they approach this from different perspectives and with different needs.
 - When the needs are not planned for and met, it can weaken trust and create a frustrating work environment.
 - Reflecting on this within the context of risk communication for preparedness and response to a zoonotic disease emergency can help us to identify points

of commonality that we previously did not see, have more patience or creative solutions for challenges, and identify where to strengthen our professional skills – both technically and in relationship building.

- When we understand needs of the media, we are able to better plan to meet them and ensure media are included in risk communication plans for both preparedness and response. Ultimately, this can help us to better navigate the very complex and rapidly changing situation.
- **Ask** if there are any questions and **clarify** as needed.
- **Ask:** What are some ways we can plan to meet journalist's needs?
- **Take a few responses and confirm:**
 - 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 messages that are essential to the well-being or safety of the public equally.
 - Use teleconferencing so reporters in remote locations can participate.
 - Attempt to **give journalists a reasonable time frame 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 cellphones and other sources.
 - **Don't ignore local media in favor of the 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, have the potential to directly affect people in other countries.



- The key is to have consistent information flowing back and forth 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, however this usually diminishes as an outbreak continues, escalating an “us vs them” mentality.
- ***Use plain language and 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.
- **Continue to Session 4.2**

SESSION 4.2 (PHP): BEST PRACTICES FOR PRESS BRIEFINGS AND COMMUNITY MEETINGS

Time: 1 hour

Materials:

- **Handout 12:** *Pitfalls and Strategies: Press Briefings and Community Meetings (PHP)*
- **Handout 13:** *Sample Press Briefing (PHP)*
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord, and presentation slides, if using
- Flipchart prepared with group work instructions, if not using slides
- Flip chart with empathy suggestions prepared in advance, if not using slides
- Timer or watch

PLENARY DISCUSSION

- **Ask:** How many of you (show of hands) have ever given a press briefing or briefing at a community meeting or event?
- **Ask:** What made it good or easy, or challenging?
- **Take a few responses being careful to manage time.**
- **Confirm** that some common pitfalls with press briefing and strategies to address include:²¹
 - **Defaulting to jargon, technical, language, or NGO lingo.**
 - While we often appreciate the specificity of these terms and rely on them in our daily work, to those that aren't familiar with them, they can come across as arrogant or alienating because it reinforces the idea that you have inside knowledge.
 - 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 this everyday lingo that is so common to us that doesn't have much meaning to the lay public?
- **Take a few examples and confirm:**
 - Strategic plans, capacity building, Latin names, acronyms, and scientific terms
 - **Strategy:** If it is necessary to use a technical term or acronym, take the time to introduce it and explain it to the audience, using short sentences and simple, plain language.
- **Ask:** What are some other ways that that we need to be mindful of the words we choose to avoid negative consequences?

²¹ Centers for Disease Control and Prevention (CDC). (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. Retrieved from https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

- **Take a few examples and confirm:**
 - The words we use can create or fuel **stigma**.^{22, 23, 24}
 - 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.
 - This can mean people are labelled, stereotyped, and discriminated against, treated separately, and/or experience loss of status because of a perceived link with the disease.
 - Such treatment can negatively affect those with the disease as well as their caregivers, family, friends, and communities.
 - People who do not have the disease but may share some of the same characteristics as those that do, may also suffer from stigma.
- **Ask:** What are some of the negative impacts of stigma?
- **Take a few responses and confirm:**
 - Stigma can:
 - Drive people to hide the illness to avoid discrimination.
 - Prevent people from seeking health care immediately.
 - Discourage them from adopting healthy behaviors.
 - All of these can accelerate an outbreak.
 - Stigmatized groups may be:
 - Subjected to social avoidance or rejection.
 - Denied healthcare, education, housing, or employment due to their health status
 - Face physical violence (those wearing masks or not wearing masks during COVID-19).
- **Ask:** Can you think of examples where people have been hurt through disease stigma?

²² UNICEF. (2020, March). *Social Stigma associated with COVID-19*. Retrieved from <https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>,

²³ Centers for Disease Control and Prevention (CDC). (2020, June 11). *Reducing Stigma*. Retrieved from 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

²⁴ Johns Hopkins Center for Communication Programs (CCP)/ Breakthrough ACTION. (2020, July). *Disrupting COVID-19 Stigma*. Retrieved from https://covid19communicationnetwork.org/wp-content/uploads/2020/05/Disrupting-COVID-19-Stigma-Technical-Brief_v1.1.pdf

- **Take a few responses and confirm:**
 - HIV, leprosy, Ebola, COVID-19 just to name a few.
 - The words that we use to talk about the disease matter. Let's look at an example with COVID-19.
 - *Strategy:* Avoid attaching locations or ethnicity to the disease- Use COVID-19 chosen to avoid stigma instead of "Wuhan Virus," "Chinese Virus," or "Asian Virus."
 - Avoid referring to people with the disease as "COVID-19 cases" or "victims." Talk about:
 - *"people who have COVID-19,"*
 - *"people who are being treated for COVID-19,"*
 - *"people who are recovering from COVID-19,"* or
 - *"people who died after contracting COVID19"*
 - Avoid referring to people as cases or suspects. Talk about: *"people who may have COVID-19"* or *"people who are presumptive for COVID-19"*
 - Avoid talking about transmitting the disease, infecting others, or spreading the virus. Talk instead about people *"acquiring"* or *"contracting"* COVID-19.
 - Commit to helping your audience understand how a disease may affect someone and the ways they can safely interact with them without stigmatizing or isolating them.
- **Continue reviewing** pitfalls and strategies²⁵:
 - *Another pitfall is using humor or off the cuff remarks like one-liners.*
 - In general, attempts to lighten a situation with humor have the potential to be misinterpreted and skew the tone.
 - *Strategy:* 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 the emotions people are feeling?
- **Take a few examples and confirm:**
 - *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.*

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

- *Right now, with so many people affected by the stay at home orders, 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.*
- **Strategy:** In line with the principles of actionable and realistic, remember to reinforce the steps that people can take.
- Simple actions in an emergency will give people a sense of control and will help motivate them to pay attention to the situation.
- If you acknowledge the risk that people face and the complexity of the situation and recognize people's fears, you can ask the best of them.
- In general, research indicates that people respond to crisis in cooperative and problem-solving ways. They take reasonable actions, and they help their friends and neighbors. We want to use our communication to spark and fuel these inherent tendencies.
- **Continue reviewing** pitfalls and strategies
 - Another pitfall is ***repeating negative allegations or rumors***:
 - Like with stigmatizing language, repeating negative messages amplifies them and elevates their impact.
 - **Strategy:** Know the messages you want to emphasize and consistently use positive and neutral terms.
 - We will have a later session on rumors, but it important to emphasize that before repeating any questionable information, it is critical to consider what 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 behavior that accelerates the outbreak?
 - Could it put certain groups at risk, including your own or your partners?
- ***Avoiding uncertainty, speculating, or making premature promises*** is another pitfall.
 - **Strategy:** In line with the principle of transparency, it is important to emphasize 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. This helps to reinforce that you have nothing to hide.
- **Ask:** What are some example phrases you could use to acknowledge the uncertainty or anticipate concerns if the situation gets worse?
- **Take a few examples and confirm:**

- *The situation is changing quickly, and we don't yet have all of the facts. Based on what we do know, we expect...*
- While it is important to maintain calm and confidence, we need to be careful to not over reassure which can come across as we are not taking the situation or people's concerns seriously.
- **Continue reviewing** pitfalls and strategies
 - Another pitfall is ***answering a question or offering information outside the scope of the emergency response***
 - Spokespersons may be challenged and asked for specific information.
 - The question may be about controversial issues or they may be asked for information that cannot yet be released.
 - *Strategy:* 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 very important to *tell the truth and be open*. Explain why the question cannot be answered.
- **Ask:** What are some situations where you may not be able to give a direct answer?
- **Take a few examples and confirm:**
 - Public health officials must balance the requirement to protect the confidentiality of patients and other vulnerable people with the need to engage the public with critical information.
- **Ask:** What are some of the consequences of revealing the identities of patients or their families?
- **Take a few examples and confirm:**
 - Stigma, violence, isolation.
- **Ask:** What is something you could say to a journalist that is 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?"*
- **Take a few examples and confirm:**
 - *"Thank you for your question, however the legal framework/ethics framework does not allow us to share that information due to patient confidentiality."*
 - Explaining your ethical responsibility can help reassure the journalist and the public that you are not withholding information from the public; you are simply doing your job.
 - It may help build trust at a time when you need the media to collaborate with you.
- **Ask:** What are some things you can do in advance to help you implement these strategies when the pressure is on?

- **Take a few examples and confirm:**
 - Prepare. Prepare. Prepare.
- **Ask:** What are some steps you can take to prepare even though time is very limited?
- **Take a few examples and confirm:**²⁶
 - Make sure you are familiar with the format the briefing will be delivered in – radio, tv, webcam, so you know what is expected of you and you’re able minimize distractions from technical glitches.
 - Have a template with the information you want to share.
 - Identify your key messages and behaviors you want to drive home 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 and community engagement as well as 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 short brief answers to anticipated questions about uncertainties.
 - Practice delivery and watch recordings of yourself on the phone or previous briefings.
- **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 the words we say. A frown or wince at the wrong time can create a negative image.
 - Maintaining eye contact and erect posture, managing the degree to which we express emotion and speaking in a relaxed calm voice in the midst of stressful situations helps to project confidence.
 - Review and practice can help us assess where improvement is needed.
- **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. What are the types of circumstances that are most likely to cause this?

²⁶ Centers for Disease Control and Prevention (CDC). (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. Retrieved from (https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf)

- **Take a few examples and confirm:**
 - Emotions are most likely to run high when the threat is:²⁷
 - Unfamiliar
 - Out of people's personal control and involuntary
 - Severe in its effects
 - Perceived as unfair or that their core beliefs are challenged
 - Community needs are perceived to be ignored
- **Ask:** What are some strategies to have in your back pocket if people become outraged?
- **Take a few examples and confirm:**²⁸
 - ***Maintain your calm and do not show anger.***
 - It can sting when our intentions, abilities, and expertise are criticized, especially when we feel we are doing everything we can to improve the situation
 - Consider that many times the anger being expressed by others 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 having a sense of understanding and compassion for another person. It is sensing what it might be like to be them. It is feeling what another person might be going through.
 - This is different than *sympathy*, which is feeling sorry for another person.
 - Empathy is more of a peer emotion, feeling for another human like you, instead of feeling sorry for someone who is "*less*" than you.
- **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:**

Session 4.2 (PHP) Simple Ways to Show Empathy	
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.	This gives the person time to reflect, consider their next words, and begin to connect to how they feel about the situation.
Avoid focusing on a solution.	Stay in the moment of listening. The person expresses themselves and letting yourself hear them and how they are feeling. Don't rush to hear a "that is almost never true, and it can make people frustrated." Instead, acknowledge the feeling and its legitimacy with phrases like:
Avoid saying "I know, just what you are going through!"	"I understand why you are angry."
When you are having a hard time feeling empathy.	"I understand your frustration because in this circumstance would I feel that way?"
None of us know what someone else is going through.	"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 you a bit more understanding of the person in distress in front of you."
	Always try to give people the benefits of the doubt.

²⁷ World Health Organization (WHO). (2020). *Risk Communication Training, Module B-3*. Retrieved from <https://www.who.int/emergencies/risk-communications/emergency-risk-communication-training>

²⁸ Centers for Disease Control and Prevention (CDC). (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. Retrieved from https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

Simple Ways to Show Empathy ²⁹	
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	This gives the person time to reflect, consider their next words, and begin to come to terms with what they are feeling.
Avoid focusing on a solution	Stay in the moment of letting the person express themselves and letting yourself hear them and feel what they are saying. Don't solve it; hear it.
Avoid saying "I know just what you are going through"	That is almost never true, and it can make people frustrated. Instead, acknowledge the feeling and its legitimacy with phrases like: <i>"I understand why you are angry"</i> <i>"I understand your frustration- anyone in this circumstance would likely feel this way"</i>
When you are having a hard time feeling 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 you a bit 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.

- **Ask:** What are some ways to cool your nerves or *mange you own emotions* in a time of heightened emotion or stress?
- **Take one or two responses and confirm:**³⁰
 - 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?
 - It can help them to feel heard and to dissipate some of the anger.

²⁹ Adapted from UNICEF (2017) Facilitator's Guide: Interpersonal Communication for Immunization.

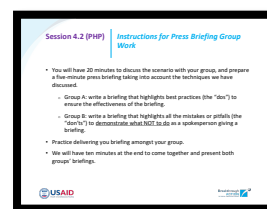
³⁰ Centers for Disease Control and Prevention (CDC). (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. Retrieved from https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

- It is likely that the more opportunities people have to talk the more successful they will judge the meeting.
- It also 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 live saving information you want to give?
- **Take one or two responses and confirm:**
 - You may be surprised to find out that the issues that matter to your audience are not the issues you expected.
 - 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 strategies** with:
 - ***Acknowledge mistakes and encourage people to look forward.*** Avoid rehashing mistakes and focus on how to problem solve together.
 - Many of these tactics are part of active listening skills and help us to create more of a dialogue with our audiences.
 - The more we facilitate a dialogue and exchange with others, even through media opportunities, the more we understand them, and they can be more sure they understand us.
- **Give instructions for small group work:**
 - We are going to spend the rest of today on a small group work exercise to practice applying some of our discussion today. Tomorrow we will come back to our breakout for one last Session and exercise focused on interviews.
 - In a moment we are going to break into 2 groups (adjust the number of groups as needed depending on participants).
 - Each group will get a scenario and instructions sheet (**Handout 13**) and a Pitfalls and Strategies reference sheet (**Handout 12**).
 - You will have 20 minutes in your group to discuss the scenario on your handout with your group, and write a five-minute press briefing taking into account the techniques we have discussed for professionals delivering press briefings.
 - Group A will write a briefing highlighting best practices and group B will write a briefing highlighting what not to do. You can use Pitfalls and Strategies reference sheet (**Handout 12**) to help you.
 - Practice delivering your briefing among your group. We will have ten minutes at the end to come together and present both groups' briefings.

- **Ask** if there are any questions and **clarify** as needed.

ACTIVITY: SMALL GROUP WORK – SAMPLE PRESS BRIEFING

- **Divide** the participants into 2 groups. (Or the number determined above based on number of participants.)
- **Distribute Handout 12: Pitfalls and Strategies: Press Briefings and Community Meetings (PHP)** and **Handout 13: Sample Press Briefing (PHP)**
- **Post** the instructions on a slide or prepared flip chart for easy reference.
- **Time** the groups for 20 minutes and then **bring them back together**.
- **Ask** for a volunteer to read /act 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.
- **Summarize** with these points as needed:
 - We see Group B's press briefing demonstrated many of the mistakes that could be made by spokespersons.
 - These are avoidable if tips and strategies from **Handout 12** are considered.
 - Group A took into account these principles and we see how their approach allows for more transparent and effective press briefing.
- **Ask** if there are any questions and **clarify** as needed.
- **Thank** the group for their participation.
- **Remind** the group that tomorrow we will begin the day back in our breakout groups
- **Close** the session and the day.



SESSION 4.3 (PHP): CONSIDERATIONS FOR SUCCESSFUL INTERVIEWS

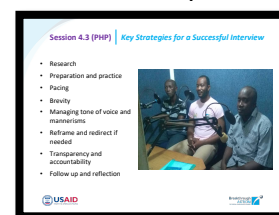
Time: 1 hour and 30 minutes

Materials:

- **Handout 14:** *Case Study Interview Preparation (PHP)*
- **Handout 15:** *Strategies for Successful Interviews (PHP)*
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Flipchart prepared with group work instructions, if not using slides
- Timer or watch

PLENARY DISCUSSION

- **Introduce** the Session:
 - Yesterday we dove deep into press briefings and some common pitfalls and strategies for improving our delivery. Today 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? And what if anything did you learn from that experience?
- **Take one example** and **thank them** for sharing.
- **Ask:** Based on your experiences and principles of risk communication, what are some pitfalls to avoid and/or key strategies to ensure a successful interview?
- **Take one or two responses and review the following:**³¹
 - *Strategy: **Research***
- **Ask:** What are some things you may want to research?
- **Take one or two responses and confirm:**
 - Who will be conducting the interview, what news outlet are they working with, and who is their audience?
 - What is the purpose of the interview and the subjects to be covered?
 - If the interview goes in a different direction, this 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/will be interviewed?
 - What is the format and duration of the interview?



³¹ 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

- Consider keeping the interview short to keep it focused and scheduling a follow up as needed.
 - Choose a comfortable, quiet, venue if possible, free from distraction.
- When will the interview be made public?
- **Strategy: *Preparation and Practice***
- **Ask:** What are some additional ways you could prepare beyond your research?
- **Take one or two responses and confirm:**
 - **Strategy:** Identification of a clear purpose for your interview. Consider the following questions:
 - What are the core messages you want to deliver?
 - Are there supporting papers (or weblinks) that you can have with you to give to the reporter after the interview that can be used as a way of confirming information and facts?
 - What are some anticipated questions?
 - Work with others to identify expected questions and draft answers.
 - Review it to identify what is the key point and choose that as your brief answer.
 - **Strategy:** Take time to thoroughly learn the ideas, facts, and anecdotes that apply to the interview topic.
 - These 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:**
 - **Strategy: *Pacing***
 - Microphones and nerves tend to make people talk faster. Practice speaking at a measured pace with deliberate pauses between sentences or main points.
 - **Strategy: *Brevity***
 - Try to say the key point in 30 seconds and in fewer than 90 words.
 - Avoid lengthy scientific responses. Aim to keep answers focused, organized, 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.
 - **Strategy: *Manage tone of voice and mannerisms***
 - Remember the characteristics of trust: good will, good character, expertise, and shared values. Approaching the journalist and the

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, being in a hurry/rushed, confusion, or surprise.
- Look at the reporter or camera, try not to look at or shuffle your notes.
- **Ask:** What are some of the tactics reporters use or strategies to manage them that you may want to also practice?
- **Take one or two responses and confirm:**
 - One tactic reporters can use is 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 the time to think before responding.
 - Reporters can also use leading or loaded language, or inflammatory or emotional words.
 - *Strategy:* You can reframe the question in neutral terms and avoid repeating any 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 with A or B dilemmas.
 - *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 confirm:**
 - *“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 often present claims that someone has lodged an allegation or present some new information. Try not to react or assume that they are correct.
 - *Strategy:* Redirect the conversation 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 organization is doing. Reporters can be reminded that professionals differ in their opinions and then redirected 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...”*
 - *“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 confirm:**
- **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.
 - *“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.”*
 - This may help to prevent an ambiguous knowledge/trust gap in which potential rumors and misinformation can easily circulate.
 - *Strategy:* 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

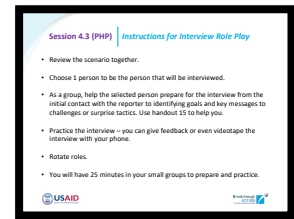
background do not mean you or your spokesperson won't be quoted or identified.

- 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.
- *Strategy:* Make yourself available to media even if only for a few moments. Try not to actively avoid media which can give a sense you have something to hide.
- **Conclude final strategy with**
 - ***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?
 - In case the answer is 'no', contact the journalist directly and ask for a correction to be issued. This is common practice in journalism.
 - 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** role play activity
 - For our next activity we are going to practice applying some of these strategies.
 - We will work in groups of 4.
 - Each group will receive a scenario **Handout 14: Case Study Interview Preparation** and **Handout 15: Strategies for Successful Interviews (PHP)** which is a reminder sheet of the pitfalls and strategies we have reviewed.
 - In your groups you will review the scenario together and choose 1 person to be the person that will be interviewed.
 - As a group you will help the person prepare and practice for the interview, from the initial contact with the reporter to identifying goals and key messages to challenges or surprise tactics.
 - You can take turns practicing or giving feedback, or even videotaping each other.
 - You will have 25 minutes in your small groups and then we will come back together and discuss.

- **Ask** if there are any questions and **clarify** as needed.

ACTIVITY: CASE STUDY INTERVIEW PREPARATION

- **Divide** participants into 2 groups.
- **Give** each group a different role from **Handout 14: Case Study Interview Preparation (PHP)** and **Handout 15: Strategies for Successful Interviews (PHP)**.
- **Post the instructions.**
- **Time** the groups for 25 minutes and **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 and what was challenging?
 - What was helpful?
 - Are there particular areas for more practice?
- **Thank** the groups for their participation and hard work
- **Continue to** the final Session.



SESSION 4.4 (PHP): BEST PRACTICES: RISK COMMUNICATION PLAN AND MEDIA STRATEGY

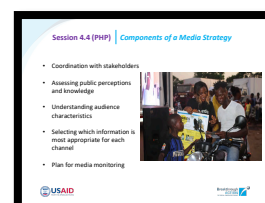
Time: 30 minutes

Materials:

- **Handout 16: Resource Package (PHP)**
- Flipchart, markers, and masking tape
- Projector, laptop, extension cord and presentation slides, if using
- Flipchart prepared with group work instructions, if not using slides
- Timer or watch

PLENARY DISCUSSION

- **Introduce session** with the following:
 - We have reviewed some considerations and strategies to help us plan for media needs, including press briefings and interviews.
 - These are just a few components of a larger Risk Communication plan and a specific media strategy.
- **Ask:** What are some other components of a communication plan media strategy we would want to consider?
- **Take a few responses and confirm:**
 - ***Coordination with stakeholders*** like: ³²
 - 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 organizations
 - Private sector
 - Media
- **Ask:** Why is stakeholder engagement important?



³² Centers for Disease Control and Prevention (CDC). (2014). *Crisis Emergency Risk Communication (CERC) Training: Chapter 6 Working with Media*. Retrieved from https://emergency.cdc.gov/cerc/resources/pdf/cerc_2014edition.pdf

- **Take a few responses and confirm:**
 - Stakeholder coordination and engagement improves:
 - Our ability to speak with one voice across sectors, actors, and channels in support of credibility and consistency.
 - Our ability to share information like disease data, behavioral data and community feedback that may be needed to inform or improve communication messages and interventions.
 - Our ability to define clear roles and responsibilities to reduce duplication and confusion.
- **Continue reviewing components:**
 - Other aspects to consider are ***assessing public perceptions and knowledge*** of the event or, in times of non-emergency, One Health, and PZDs in general.
 - ***Understanding audience characteristics*** to determine the most appropriate communication channel to reach them on.
 - ***Selecting what information is most appropriate for each channel*** and how to engage 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 that take into account that people have different levels of literacy and language needs.
 - Internet based channels such as blogs and web pages, newsletters, email listservs.
 - Social Media apps like Facebook, Twitter, Instagram, and WhatsApp which allow for immediate updates and interaction with an audience for clarity and follow up.
 - Radio and TV spots or programs.
 - Many radio and TV stations have very close community connections and remain one of the best ways to serve the public's information needs, especially where access to mobile phone or web network is limited.
 - Mobile technology. SMS could be one of the quickest ways to get information to geographically hard to reach populations where other communication may not be easily accessible.
 - Press conferences, panels, designated 'days', roundtables.
 - Awareness campaigns and house-to-house mobilization.
 - Each of these have advantages and disadvantages or characteristics to consider. We will look at those more in-depth in a moment.

- **Continue reviewing components:**
 - Another aspect to consider that we have briefly touched on is building media understanding and relationships.
- **Ask:** What are some ways you could do this?
- **Take a few responses and confirm:**
 - In times of non-emergency, you can:
 - Invite media to understand how the Risk Communication Pillar or working groups function in a public Health emergency.
 - Invite them to learn about One Health and PZDs and the actions government is taking.
 - Suggest interesting stories or story angles.
 - Invite them to participate in One Health Working Groups.
- **Ask:** Who can explain what ***media monitoring*** is and why it would be important to factor into a broad media strategy?
- **Take a few responses and confirm:**
 - Media monitoring is the process of consistently reading, watching, or listening to media and social media to identify and analyze content that is important to you.
 - We are going to have a session devoted to media monitoring in our next module where we discuss more in depth some of the benefits and challenges and strategies for implementation, especially in times of emergency.
- **Ask:** What are some of the things we would want to be alert to in media?
- **Take a few responses and confirm:**
 - The accuracy of content.
 - The reliability of news outlets and journalists.
 - The frequency of reporting on key messages.
 - We often think of media monitoring as an activity for times of emergencies especially as it relates to a way to identify rumors.
 - However, it is also important to monitor messages during preparedness to identify how frequently PZDs are being discussed in the news media, if at all.
 - If they are being discussed, is the coverage promoting positive, preventative health behaviors or is it more sensational or undermining trust or confidence in public health advice or systems?
- **Ask:** What are some steps or ways we could prepare for media monitoring as part of our larger communication plan and media strategy?

- **Take a few examples and confirm:**
 - Create a profile for media outlets at national and local levels.
 - Assess key strengths, weaknesses, opportunities or threats for the outlets you identify.
 - Identify and correct errors or rumors disseminated in prior news reports.
 - Conduct training on key topics with a variety of news media outlets representing each of the categories identified in the media profiles sheet.
- **Introduce Handout 16 review** with the following:
 - We could spend a day or more looking at each of the components of a plan and pitfalls and principles for each, 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 that you can take with you to support you and your colleagues in risk communication prepare for and work with some of these elements.
 - 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 begin working on providing focused workshops to address interests.
 - I am going to distribute **Handout 16 Resource Package (PHP)** which is a compilation of 4 resources and templates that address broader components of what we have discussed. We will briefly review what each one covers.
- **Distribute Handout 16: 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 materials are available online and are a very comprehensive resource. The web address for the full training reference is included at the top of the sheet.
 - This checklist can help you and your risk communication colleagues to 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 and examples for completing a message map. This can help you develop messages for anticipated questions or to adapt general messages for audience groups.
 - The tool provides an overview on how to use it and a suggested exercise that could be brought to your risk communication and One Health focused working groups.

- The third tool is a resource sheet with suggested tips to contextualize messages and refine them as epidemiological and behavioral data and community feedback becomes available.
- The fourth tool is a reference for key considerations for choosing communication channels including media and social media.
- **Ask** if there are any questions and **clarify** as needed.
- **Close the session with the following:**
 - We will take the remaining time until tea break to work with a neighbor or on your own to review the tools.
 - After tea break, we will rejoin with the other group to complete the remaining modules of the training.

TEA BREAK AND ENERGIZER

Time: 15 minutes

- **Time** tea break for 10 minutes before moving to the energizer and then to Module 5 in plenary, with both groups back together.
- **Ask** for a volunteer to lead a short energizer for the group as you wrap up tea break
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included in the material list in **Annex 1**.
- **Begin** Module 5.

If you are leading a TOT

- ⇒ **Lead** the practice facilitation exercise for Module 4 breakout session in the breakout groups. Refer to Session 1.4 B in **Annex 3** for a reminder if needed.
- ⇒ **Modify** the time as needed to stay on schedule.
- ⇒ **Rejoin** the full group and continue to Module 5.

MODULE 5: TACKLING RUMORS AND MISINFORMATION

Total Time: 2 hours (not including lunch or tea breaks)

MODULE 5 OBJECTIVES

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

- Define rumors and discuss different types of rumors.
- Reflect and discuss on motivations for sharing rumors, how rumors spread, and the consequences they can have.
- Discuss and identify best practices for assessing rumors for their risk and how to respond to them.
- Reflect on their experiences with media monitoring and rumor tracking systems.
- Review tips and tools to support media monitoring and rumor tracking.

MODULE 5 METHODS

- Brainstorming
- Large group discussion
- Partner reflection
- Resource review

MODULE 5 CHECKLIST

- ✓ Prepare enough copies of printed materials for this Module in advance (See Material List in **Annex 1** for details):
 - **Handout 17:** *Technical Brief Package*
 - **Handout 18:** *Disease Z Simulation Role Play*
- ✓ Blank flipcharts, tape, and markers
- ✓ Timer or watch
- ✓ Laptop, projector, and slides, if using
- ✓ Prepare flip charts in advance, if not using slides:
 - Group work instructions
 - Criteria to assess risk of rumor

If you are leading a 5-day TOT

- ⇒ **Complete** Module 5 according to the *Facilitator Guide*.
- ⇒ **Lead** the practice facilitation exercise the same way you did it for Modules 1-4. Refer to Session 1.4 B in **Annex 3** for a reminder.
- ⇒ **Continue** to Module 6.

SESSION 5.1: OVERVIEW: DEFINING, ASSESSING, AND RESPONDING TO RUMORS

Time: 1 hour

Materials:

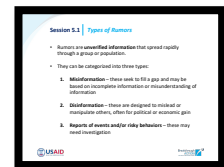
- Timer or watch
- Laptop, projector, and slides, if using
- Flip chart prepared with questions to assess risk of rumor

PLENARY DISCUSSION

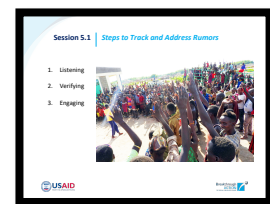
- **Welcome the group back** together and **introduce session** with the following:
 - Welcome back. I hope everyone had a productive time in their breakout sessions.
 - Each of your breakout groups touched on the challenges rumors and misinformation can cause in a public health emergency.
 - In this session we are going to explore this topic in more depth to ensure we have a common definition of rumors, different types of rumors, some of their consequences, and some strategies we can employ to minimize them and address them when they do occur.
- **Ask:** What is a rumor?
- **Take a few responses and confirm:**³³
 - Rumors are **unverified information** that spread rapidly through a group or population.
 - They can either be true or false. Often there is a bit of both in a rumor.
- **Ask:** What are some motivations for rumors especially in the context of public health emergency?
- **Take a few responses and confirm:**
 - Rumors are a natural response to uncertain or threatening times.
 - Rumors often emerge when there is a **lack of accurate, credible, reliable information** or **too much of it**, resulting in conflicting information or an overload of information. This can make it hard to separate fact from fiction.
 - The motivations for creating, sharing, and amplifying rumors may vary from:
 - trying to be helpful
 - needing to feel some sense of control in stressful times
 - wanting to position oneself as being “in the know”

³³ Bugge, J. (2017) *Rumour has it: A practice guide to working with rumours*. CDAC Network. Retrieved from <http://www.cdacnetwork.org/tools-and-resources/i/20170613105104-5v7pb>

- Rumors, can be wildly inaccurate, and significantly hamper the efforts of responders to stem transmission of the disease, in a number of ways
- **Ask:** What are some ways that rumors could negatively impact efforts to bring the public health emergency under control?
- **Take a few responses and confirm:**
 - They may lead the public to reject information that can help prevent the spread of a disease.
 - They may damage social and cultural relationships, as groups of people blame other ethnic, religious, cultural or geographic groups as potentially responsible for the disease.
 - They may lead to complex conspiracy theories, especially in countries where there is a high level of distrust of the government and other powerful organizations.
 - Most rumors seek to fill a gap and may be based on incomplete information or misunderstanding of information. We can classify these as ***misinformation***
 - Other rumors, however, are designed to mislead or manipulate others, often for political or economic gain. We can classify these rumors as ***disinformation***.
 - Sometimes rumors are ***reports of events and/or risky behaviors*** that may need investigation.
 - With the exception of disinformation, people generally share rumors because they believe them to be true.
- **Ask:** What are some rumors that you are aware of that have been problematic in this country and what do you think motivated them or allowed them to take a hold?
- **Take a few examples.**
- **Ask:** What are some of the biggest ways or channels that these rumors spread?
- **Take a few examples and confirm:**
 - Rumors often spread on informal networks, such as community gatherings, churches, collectives, community groups.
 - Word of mouth.
 - Social media, such as Facebook, WhatsApp, and Twitter, where unverified information can be widely shared and circulated.
 - Official sources, where incorrect information is disseminated to the public.
 - News media, where misinformed journalists report on incorrect facts.
- **Ask:** What are some challenges in addressing rumors?



- **Take a few responses and confirm:**
 - We sometimes have an immediate reflex to correct information as quickly and accurately as possible. This can sometimes backfire.
 - Rumors are often rooted in long-standing and deeply held beliefs and, as such, can be very resistant to attempts to correct them.
 - Some rumors may play a productive role in binding a community together in a shared belief system, and responses to these need to be considered carefully.
 - Often attempts to combat rumors with technical and biomedical information fail to have the desired effects.
 - For these reasons, it is critically important that communicators understand what causes rumors, how to recognize them, and how to address them when they inevitably emerge.
- **Ask:** What are some steps to take or things we need to consider to begin tracking rumors and address them?
- **Take a few responses and confirm:**
 - There are 3 main steps each with a few components that we are going to look at: ***listening, verifying, and engaging.***
 - The first is ***listening***. Listening is critical to enable us to understand what is being said. It is also one of the steps in rumor tracking that is often given the least attention.
- **Ask:** Why do you think listening so important?
- **Take a few responses and confirm:**
 - This ties back to our principles of engagement with communities and the public.
 - Listening improves our understanding of who they are, what issues they face, and the religious, economic, cultural and psychological factors that make up the fabric of the community.
 - Listening is part of a dialogue with community. When we dialogue, we are better able to understand each other.
 - When we are able to listen in a variety of ways, we are better able to have a deeper understanding of the issue.
 - Community conversations, chats with key informants, tracking, and following media reporting, messaging, social media posts, and discussions about the disease or situation can be triangulated to better understand what people are talking about.
 - Being able to listen in the language the community is most comfortable using is important, as well as having open and unstructured conversations.



- Building on our principle of trust, seek opportunities to build on existing and trusted relationships. People may be reluctant to share rumors they may have heard with people they do not trust.
- **Ask:** What are some ways we can document or record what we are hearing?
- **Take a few responses and confirm:**
 - Coordination and collaboration with partners, civil society, local media, community-based groups, teachers, and health workers are ways to document or record what is being said.
 - Rumor logs are also helpful especially if all partners have the same log format. The same format will make it easier to collate, process, and make sense of the information.
- **Ask:** What are some features that would be important to document as the rumor is identified?
- **Take a few responses and confirm:**
 - Basic details such as the:
 - Content
 - Where it is coming from and how widespread it appears to be
 - Date and mode of transmission
 - Type of rumor you believe it to be (misinformation, disinformation, report requiring investigation)
 - We may also want to flag it if we think it deserves immediate verification and response or if it can wait.
- **Ask:** What are some criteria to consider assessing a rumor's potential for negative consequences and need for fast action?
- **Take a few responses and reference some of the examples shared by the group or give those from below as needed.**



Questions to assess the potential consequences	Example rumors and their potential consequences ^{34, 35}
Could it cause harm such as injury?	<p><i>"Gargling with bleach can kill the Covid-19 virus."</i></p> <p><i>"Drinking saltwater can cure Ebola".</i></p> <p>⇒ These rumors could lead to injury or loss of life.</p> <p><i>"Having unprotected sex with a virgin will cure you of AIDS."</i></p> <p>⇒ This rumor could lead to a rise in cases of child or youth rape.</p>
Could it stop people accessing services?	<p><i>"Healthcare workers are spreading the disease."</i></p> <p><i>"The vaccines are a plot to sterilize the people."</i></p> <p>⇒ These rumors could lead to people not going to health centers when they are sick.</p>
Could it cause conflict?	<p><i>"Vaccines and treatment are available but hoarded for friends and family or for ministry staff."</i></p> <p><i>"This is a biological weapon made by community X or country Y."</i></p> <p>⇒ These rumors could lead to pre-emptive attacks.</p>
Could it result in risky behavior?	<p><i>"Africans are immune to COVID-19."</i></p> <p><i>"Eating hot pepper prevents the disease."</i></p> <p>⇒ These rumors could lead to a false sense of protection.</p>
Could it put your staff, partners, and communities at risk?	<p><i>"Organization x is only working with xx communities because they are from the same ethnic group as xx."</i></p> <p>⇒ This could erode trust, reputation, or lead to conflict.</p>
Could it stigmatize certain groups?	<p><i>"Eating Chinese food should be avoided; it is contaminated with COVID-19."</i></p> <p>⇒ This rumor stigmatizes certain groups and can lead to isolation and economic loss.</p>
Could it pose a significant reputational risk?	<p><i>"Organization X is sharing information Y because they are a puppet of Z donor"</i></p> <p>⇒ This rumor could lead to erosion of trust and relationships as well as issues of access.</p>

- **Continue reviewing steps:**

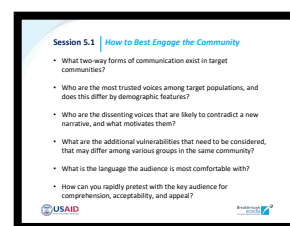
³⁴ Bugge, J. (2017) *Rumour has it: A practice guide to working with rumours*. CDAC Network. Retrieved from <http://www.cdacnetwork.org/tools-and-resources/i/20170613105104-5v7pb>

³⁵ READY: Global Readiness for Major Disease Outbreak Response. (2020). *Covid-19 Risk Communication And Community Engagement Toolkit For Humanitarian Actors ("RCCE Toolkit")*. Retrieved from <https://www.ready-initiative.org/covid-19-risk-communication-and-community-engagement-toolkit-for-humanitarian-actors/>

- If a rumor has been identified and poses sufficient risk that warrants addressing it, the next step is to **verify** it **to** uncover the truth behind the rumor and possible causes.
- It is very difficult to effectively address a rumor without understanding why it occurred in the first place.
- Understanding the truth behind a rumor can also help communicators understand and address the public's knowledge and information gaps.
- To verify a rumor, the facts behind it need to be checked using credible sources.
- **Ask:** In a public health emergency who are some of the credible sources?
- **Take a few responses and confirm:**
 - People with firsthand experience.
 - Experts with in-depth knowledge of the issue.
 - It is important not to discount the expertise of community members, who may be able to explain, for example, why community members prefer the advice of a traditional healer over a medical doctor.
- **Ask:** What are some of the challenges in verifying rumors?
- **Take a few examples and confirm:**
 - Verifying rumors can be incredibly complicated as it is often difficult to trace the source of the information. This is especially difficult on social media platforms, where information is generated, shared, and reshared almost instantly.
 - It also can take time and resources that are constrained in an emergency. Ideally, the turnaround time between identification and response to a rumor determined to have high risk should be quick.
 - Any rumor verification strategy requires a multi-pronged effort, that simultaneously includes:
 - Monitoring of information on mass media and social media.
 - In-depth and ongoing engagement of community networks.
 - Coordination with other partners and stakeholders.
 - Steps you are able to take in times of non-emergency to build relationships and strengthen listening, logging, and assessing mechanisms will facilitate this process in times of emergency.
- **Ask:** Once you have identified and verified the rumor, what should be considered in responding or **engaging** the community or public to reframe the issue?
- **Take a few examples and confirm:**
 - It is important to recognize that calling out a rumor as wrong or leaning too heavily on medical and scientific rationales and messaging may only

create defensiveness and is unlikely to change what people believe, which is often tied to culture, emotions, and prior history.

- While our impulse is to correct the rumor, the goal here is to empower them to make more informed choices about their health and wellbeing.
 - Rather than addressing the rumor head on for example, you might have testimonials from influencers who redirect the conversation back to accurate information without referencing the rumor.
 - As you create a new narrative, avoid repeating the rumor. Reframe to address the issues.
 - The more insight you are able to gain into the issue through rapid community surveys, focus group discussions, radio talk shows, and community discussions or debates, the more informed your response will be.
- **Ask:** What are some factors to consider to help you best engage the community?
 - **Take a few responses and confirm:**
 - Some questions to consider include:
 - What two-way forms of communication exist in target communities - e.g., talk radio shows, SMS feedback platforms, town criers, public theater, partner projects engaged in community activities?
 - Who are the most trusted voices among target populations, and does this differ by different demographic features such as male/female, urban/rural, level of education, young/old, and so on? Could they give testimonials or quotes?
 - Who are the dissenting voices that are likely to contradict a new narrative, and what motivates them?
 - What are the additional vulnerabilities that need to be considered, such as prior conflicts, religious groups, xenophobia between groups, cultural norms and customs that may differ among different 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?
 - Depending on the complexity of the rumor, the first new narrative might fail to take root.
 - Robust feedback loops with the community to gauge reactions are necessary, and often several iterations of new narratives are required.
 - Some community members, particularly those with additional vulnerabilities, may be much more resistant to changing their beliefs than



others, and separate strategies may be required to effectively work with these individuals.

- **Ask** if there are any questions and **clarify** as needed.
- **Introduce** the next session with the following:
 - We have quickly moved through a high-level view of key steps for identifying, assessing, and working with rumors and considerations for each step.
 - When we come back after lunch, we are going to take a more focused look at traditional media like newspapers, radio stations and television stations and social media and online platforms such as Facebook, Twitter and blogs and the roles they play in each of these steps.

LUNCH AND ENERGIZER

Time: 60 minutes

- **Time** lunch for 55 minutes to enable you to begin convening people to start the next session on time.
- **Ask** for a volunteer to lead a short energizer for the group as you wrap up lunch.
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included in the material list in **Annex 1**.
- **Begin** Session 5.2.

SESSION 5.2: USING MEDIA MONITORING TO MANAGE RUMORS IN TRADITIONAL AND SOCIAL MEDIA

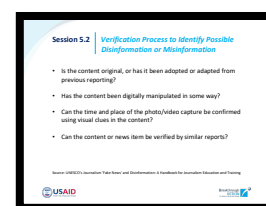
Time: 1 hour

Materials:

- **Handout 17: Technical Brief Package**
- Laptop, projector, and slides, if using
- Timer or watch

PLENARY DISCUSSION

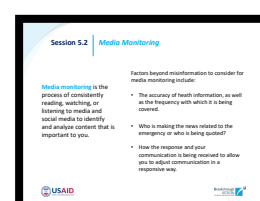
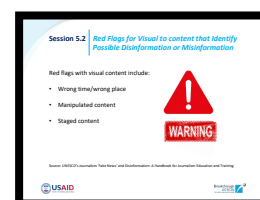
- **Introduce the session** with the following:
 - As we have discussed, the news media are critical sources of information for the public during any health threat or emergency.
 - Robust, in-depth investigative reporting can keep the public abreast of key developments, and sometimes counteract government officials' reluctance to share information.
 - Social media platforms have proven instrumental in:
 - Getting real-time reports from eyewitnesses.
 - Rapidly disseminating information to the public.
 - Supporting disease surveillance efforts.
 - Facilitating rapid coordination and response.
 - The unmoderated nature of social media, however, means that misinformation and rumors can spread rapidly and easily.
 - False and misleading content is sometimes even picked up by otherwise credible and trustworthy news outlets, which undermines trust in them.
 - It may be shared and amplified on social networks by journalists-unintentionally or intentionally.
- **Ask:** For the media professionals in the room, what are some ways you have used to help identify potential rumors or would help you to better assess information in an outbreak setting?
- **Take a few responses and continue:**
 - UNESCO's **Journalism "Fake News" and Disinformation: A Handbook for Journalism Education and Training**³⁶ describes a simple verification process to help journalists and media



³⁶ Trewinnard, T. & Bell, F. (2018). *Module 6: Social media verification: assessing sources and visual content*. Retrieved from https://en.unesco.org/sites/default/files/module_6_1.pdf

monitors identify possible disinformation or misinformation:

- Is the content original, or has it been adopted or adapted from previous reporting?
- Has the content been digitally manipulated in some way?
- Can the time and place of the photo/video capture be confirmed using visual clues in the content?
- Can the content or news item be verified by similar reports?
- Other red flags with visual content include:
 - **Wrong time/wrong place:** the most common type of misleading visuals are old visuals that are being re-shared with new claims about what they show.
 - Rapid spread of such visuals is often caused by accidental sharing of content that can be easy to debunk. However, this content can soon become viral.
 - **Manipulated content:** content that has been digitally manipulated using photo or video editing software.
 - **Staged content:** original content that has been created or shared with the intent of misleading.
- These tips are also helpful for media and social media monitoring.
- **Ask:** What is media monitoring?
- **Take a few responses and confirm:**
 - Media monitoring is the process of consistently reading, watching, or listening to media and social media to identify and analyze content that is important to you.
- **Ask:** What are some of the things we would want to be alert to in media beyond misinformation?
- **Take a few responses and confirm:**
 - The accuracy of health information, as well as the frequency with which it is being covered. It can help us to get a sense of the reliability of journalists and different media outlets.
 - Who is making the news related to the emergency or who is being quoted? These may become influencers if appropriate.
 - How the response and your communication is being received to allow you to adjust communication in a responsive way.
- **Ask:** What are some of the challenges with media monitoring?



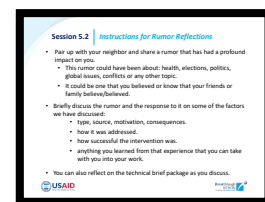
- **Take a few responses and confirm:**
 - Media monitoring during an emergency or outbreak is much more difficult given the pace and volume of information that is shared by the news media.
 - Effective rumor management requires a dedicated team with training to identify the rumor, assess its risk, verify and investigate it, determine an appropriate response coordinating with authorities, partners and communities as needed, and assess uptake and efficacy of the correction.
 - In addition to dedicated staff, media monitoring requires software or services to be done on any wide scale, and decision-making processes and protocols.
- **Ask:** What types of decision-making protocols may be required?
- **Take a few responses and confirm:**
 - How information will be compiled and analyzed on a daily basis.
 - Criteria to determine what to monitor (outlets, influencers, key words, etc.)
 - Criteria to determine what requires an immediate response.
 - How to integrate a response into the broader communication plan.
 - As discussed in the public health breakout session, steps taken to establish and strengthen media monitoring during preparedness phases can help facilitate the process in times of a public health emergency.
- **Ask:** What are some ways that you have conducted or could conduct media and social media monitoring?
- **Take a few examples and confirm:**
 - Scan headlines.
 - Listen to popular national talk shows/call in shows.
 - Follow local influencers.
 - Set up a keyword tracker on [Google Alerts](#), [Talkwalker Alerts](#), or a similar platform or working with a partner that can provide a monitoring service.
 - Filtering by keyword or hashtag to collect data related to an event.
 - Defining a way to collect data posted by predefined geographical locations.
 - Filtering by a preselected set of users of interest to track their posts.

- **Close session** with the following:
 - While we do not have time to explore these in topics in more depth, we do have some additional reading resources you take with you.
 - These consist of 3 technical briefs for you for discussion and consideration with your colleagues. These briefs are focused on COVID-19 but have broader relevance to zoonotic disease outbreaks and other emergencies.
 - Each brief includes additional links and contact info of people for more information or support.
 - Let's quickly review them.
- **Distribute Handout 17: Technical Brief Package**
- **Hold up** each brief as you briefly **describe** it.
 - The first brief is on using Social Media to disseminate information. Key topics include:
 - defining terms.
 - developing a social media strategy.
 - understanding your audiences and different social media platforms.
 - defining roles and processes.
 - analyzing data and metrics.
 - The second brief is on rumor tracking that provides a more comprehensive look at what we have discussed today and links to templates and other guides.
 - The third resource is a technical brief on creating a Real Time Rumor Management System. Key topics include:
 - how to design a system using different platforms such as WhatsApp, GeoPoll, Viamo or CrowdTangle.
 - considerations for analysis.
 - exploring beliefs with SMS or IVR.
 - developing, pretesting, implementing, and monitoring the communication response.
- **Introduce** small group reflection with the following:
 - Talking about monitoring, metrics, and technology can be exciting as we consider potentials for it to help bring some systematization to the complexities of rumors and misinformation.
 - It is critical not to lose sight, however, of the fact that a cornerstone of effective rumor management is ongoing dialogue with communities.

- Actively listening to communities and asking questions to understand and working with them to identify solutions establishes and strengthens trust and credibility.
- We are going to end our session with a short reflection exercise with a partner.
- You will pair up with a neighbor and share a rumor that has had a profound impact on you. This rumor could have been about: health, elections, politics, global issues, conflicts or any other topic. It could be one that you believed or know that your friends or family believe/believed.
- Briefly discuss the rumor and the response to it on some of the factors we have discussed:
 - type, source, motivation, consequences.
 - how it was addressed.
 - how successful the intervention was.
 - anything you learned from that experience that you can take with you into your work.
- You can also reflect on the technical brief package as you discuss.
- You will have 25 minutes for your reflection and review of the materials, then we will wrap up the workshop with our final module.
- **Ask** if there are questions and **clarify** as needed.

ACTIVITY: RUMOR REFLECTION AND RESOURCE REVIEW

- **Ask** participants to pair up with their neighbor.
- **Post the instructions.**
- **Time** the groups for 25 minutes.
- **Bring the group back together.**
- **Begin** Module 6.



If you are leading a TOT

- ⇒ **Lead** the practice facilitation exercise the same way you did it for Modules 1-4. Refer to Session 1.4 B in **Annex 3** for a reminder.
- ⇒ **Modify** the time as needed to stay on schedule.
- ⇒ **Continue** to Module 6.

MODULE 6: ENHANCING COORDINATION

Total Time: 2 hours and 45 minutes (not including tea break)

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

MODULE 6 OBJECTIVES

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

- Establish agreed upon ground rules to enhance coordination and collaboration between public health officials and media professionals that embrace their differences yet recognize the ways in which they complement one another.
- Establish a coordination mechanism for continued joint learning or interaction if desired.
- Complete a post-test to assess knowledge gained across the training.
- Offer feedback on the workshop.

MODULE 6 METHODS

- Brainstorming and reflection
- Large group discussion
- Role play

MODULE 6 CHECKLIST

- ✓ Timer or watch
- ✓ Prepare enough copies of printed materials for this Module in advance: (See **Annex 1** for details):
 - **Handout 18:** *Disease Z Simulation Role Play*
 - **Handout 19:** *Post-Test Questionnaire*
 - **Handout 20:** *Workshop Evaluation*
 - **Handout 21:** *Certificate*
- ✓ Flip charts prepared in advance for group work activity:
 - Working with media – Challenges
 - Working with media – Dislikes
 - Working with media-Likes
 - Working with officials – Challenges
 - Working with Officials-Dislikes
 - Working with Officials – Likes
- ✓ Sticky Notes (3 different colors if possible and if not, 3 different colored markers)

- ✓ Blank flipcharts, tape, and markers
- ✓ Laptop, projector, and slides if using

If you are leading a TOT

- ⇒ At the end of Session 6.2, lead the practice facilitation exercise the same way you did it for Modules 1-5. Refer to Session 1.4 B in **Annex 3** for a reminder if needed.
- ⇒ Then, continue to Session 6.2 A in **Annex 3**.
- ⇒ Then, return to Session 6.3 in the *Facilitator Guide* to conclude the training.

SESSION 6.1: ENVISIONING EFFECTIVE COORDINATION

Time: 45 minutes

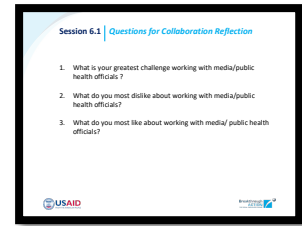
Materials:

- 6 Flip charts prepared in advance
 - Working with media – Challenges
 - Working with media – Dislikes
 - Working with media-Likes
 - Working with officials – Challenges
 - Working with Officials-Dislikes
 - Working with Officials – Likes
- Sticky notes
- Markers and pens
- Blank flipcharts, tape, and markers
- Projector, laptop, extension cord and presentation slides, if using.
- Timer or watch

PLENARY DISCUSSION

- **Introduce** the session with the following:
 - In our final module we are going to focus on the issues of coordination and collaboration, building on the reflections and focused work we have done together and in our respective breakout sessions.
 - To get us started we are going to have a short activity. I will explain it first and then we will begin.
- **Explain** instructions:
 - I am going to give each of you 3 sticky notes.
 - You will use the sticky notes to answer 3 questions- 1 note per question.
 - When you have finished writing your answers you will come to the front of the room and stick the note with your answer on the corresponding flip chart.
 - When everyone's notes are up, everyone will have the chance to review.
 - The 3 questions are:
 1. What are your greatest challenges working with media/public health officials?
 2. What do you most dislike about working with media/public health officials?
 3. What do you most like about working with media/ public health officials?

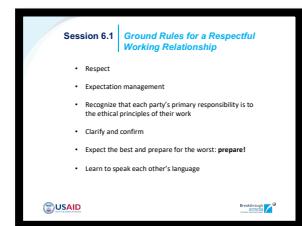
- If you are a media professional, you will answer the questions about working with public health officials. If you are a public health professional, you will answer about working with media.
- I encourage everyone to approach giving and receiving critiques in a respectful way.
- They should not be intended as or taken as personal but understood that open and honest exchange can facilitate greater understanding and solution finding.
- You will have 5 minutes to write your answers and then we will take 10 minutes to walk around and review before we discuss.
- Please write large and clear so that others can read it easily.
- **Ask** if there are any questions and **clarify** as needed.



ACTIVITY: GALLERY WALK

- **Give** each person 3 sticky notes and **make sure** everyone has a pen or marker.
- **Post the questions.**
- **Time** group for 5 minutes.
- **Hang flip charts** so that participants can easily access them while the group is working.
- **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 officials and journalists co-exist in epidemic preparedness and response, yet they have:
 - different needs,
 - different responsibilities,
 - different access to training, professional resources, and job stability,
 - different pressures,

- different ethical or legal frameworks, and
 - different passions, and motivations.
- There are clear areas of overlap and public health officials and journalists are often on good terms, but trust may be easily hampered when any of the critiques outlined above come to the surface.
- We have also seen throughout the workshop that for the most part, spokespersons/public health officials and journalists:
 - are interested and willing to learn ways of coordinating more effectively in public health, and
 - believe it is necessary to strengthen coordination and relationships in order 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 the role of the other without necessarily agreeing with him or her?
- **Take a few responses** and **write them** on the flip chart.
- **Ask:** What are some other ground rules based on your experiences or breakout sessions that can help a respectful working relationship?
- **Take some examples and confirm:**
 - **Expectation management:** Recognize that each person has competing responsibilities and deadlines and be realistic in what the person in the other role can offer you.
 - **Recognize that each party's primary responsibility is to the ethical principles of their work:** Many working relationships between government spokespersons and journalists have failed because either party expected that their personal friendship with the other person would mean they could convince the other. Remember, everyone has a job to do.
 - **Clarify and confirm** the purpose of the interview/ media opportunity interaction, terms, so that you understand what is being asked and the answer, etc.
 - **Expect the best and prepare for the worst:** the key word is **prepare!**
 - **Learn to speak each other's language:** break down technical terms or lingo that the other uses to facilitate understanding and clarity about what is being asked and what is being shared.



- We are going to practice bringing it all together in our next session when we come back from tea break.
- **Ask** if there are any questions and **clarify** as needed.
- **Explain** that after tea break, we will have one last role play and then move into the post-test, evaluation, and closing.
- **Continue** to tea break.

TEA BREAK AND ENERGIZER

Time: 15 minutes

- **Time** tea break for 10 minutes before moving to Session 6.2
- **Ask** for a volunteer to lead a short energizer for the group as you wrap up tea break
 - Volunteer leads a short energizer for 5 minutes.
 - A resource for ideas is included in the material list in **Annex 1**.
- **Begin** Session 6.2.

SESSION 6.2: BRINGING IT ALL TOGETHER

Time: 60 minutes

Materials:

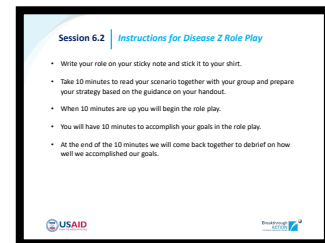
- **Handout 18:** *Disease Z Simulation Role Play*
- Sticky notes (3 colors)
- Markers (3 colors)
- Timer or watch
- Flip charts and markers

PLENARY DISCUSSION

- **Introduce** final role play with the following:
 - We are going to practice applying some of what we have learned in a **very quick** role play simulation.
 - 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 are going to divide into 3 groups of both media and public health professionals that will be designated by a colored sticky note/or color of the ink on the sticky note:
 - Group 1: Public health officials (sticky note color pink /marker ink red)
 - Group 2: Journalists (sticky note color blue / marker ink blue)
 - Group 3: Community members (sticky note color orange/ marker ink orange)
 - Each group will receive **Handout 18** with the information on what your goals are and some circumstances/ parameters for your specific role.
 - When you get your sticky note write your role on it and stick it to your shirt.
 - You will have 10 minutes to read your scenario together and prepare your strategy based on the guidance on your handout.
 - When 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** as it is during times of emergency.
 - At the end of the 10 minutes we will come back together to debrief on how well we accomplished our goals.
- **Ask** if there are any questions and **clarify** as needed.

ACTIVITY: DISEASE Z SIMULATION ROLE PLAY

- **Divide** the group by 1-2-3 and ensure each group has a mix of media and public health professionals.
- **Give each group** their assigned role (being careful not to share the role of the other groups) from **Handout 18: Disease Z Simulation Role Play** along with their sticky notes and marker.
- **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** you have on 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* to explain what their goal was and if they met it.
- **Thank them** and **ask** if anyone else in the group has something additional to add.
- **Take a response being mindful of time.**
- **Ask** the *public health group*: Did your 3 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 a response being mindful of time.**
- **Ask** the *journalist group*: What challenges did you face or what worked well as you worked between the community members and the public health officials?
- **Take 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:**
 - Hopefully this is 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 post-test and closing activities we have 1 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 – quarterly meetings, WhatsApp groups, or an email listserv.
- **Encourage** the group to decide what type of forum they would like and any functions of those interactions – to share resources, future trainings, new information.
- **Ask** the group to select 2 representatives one from journalists and one from spokespersons to take the lead on ensuring that these plans are carried out (meeting held, WhatsApp group established).
- **Remain mindful of time and move to the final session as needed.**

If you are leading a TOT

- ⇒ **Lead** the practice facilitation exercise for Sessions 6.1-6.2 as you have for Modules 1-5. Refer to Session 1.4 B in **Annex 3** for a reminder.
- ⇒ Then, **continue** to Session 6.2 A in **Annex 3**.
- ⇒ Then, **return** to Session 6.3 below to conclude the training.

SESSION 6.3: POST-TEST, WORKSHOP EVALUATION, AND CLOSING

Time: 45 minutes

Materials:

- Laptop with Excel spreadsheet of Contact Sheet
- **Handout 19:** *Post-Test Questionnaire*
- **Handout 20:** *Workshop Evaluation*
- **Handout 21:** *Certificate*
- Laptop, projector, and slides if using
- 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 that you can carry with you and perhaps even share with others.
 - To conclude our workshop, we have a few remaining short tasks. These are:
 - Complete the post-test.
 - Complete the workshop evaluation.
 - Confirm the completion of a contact list that includes everyone's complete contact info and share with all participants after the training.
 - Hand out certificates.
 - We will have any final closing remarks and then complete these tasks simultaneously to maximize our time.
 - When you hand in your completed post- test and workshop evaluation, you will receive the contact list and your certificate.
 - You will have 30 minutes to complete the post-test 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 if you wish.
- We encourage you to give your honest feedback as it helps us to improve the course for others.
- **Ask** if there are any questions about anything we have discussed in the workshop and **clarify** as needed.
- **Thank** everyone again and **give any final closing remarks** or administrative information.

ACTIVITY: POST-TEST AND EVALUATION

- **Distribute** the post-test 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 with the score sheet in **Annex 1**.

If you are leading a TOT

- ⇒ **Use** the following wrap-up statement for your TOT:
 - Thank you again for your participation, hard work, and valuable contributions in this workshop. We have all learned from each other, and it has been a pleasure to work with this team.
 - We wish you success as you go back to carry out your training.
- ⇒ **Ask** if there are any questions about the training package and clarify as needed.
- ⇒ **Continue** to Post-test and Evaluation as described in the *Facilitator Guide*.