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Executive Summary

The purpose of this document is to assist public health authorities in their development and implementation of a risk communication strategy for a public health outbreak or emergency. It explains the critical nature of identifying, in advance, communication activities that should be undertaken during each phase of the crisis - pre-crisis/preparedness, initial, maintenance, resolution and evaluation phase.

It is noteworthy that the most important planning work is carried out during the preparedness phase, which includes the formation of a cross-cutting crisis communication team. This highlights the value of the Regional Health Communication Network (RHCN), which was established by CARPHA in 2015 and comprises of health promotion and communication specialists from its 26 Member States. These communication focal points are trained risk communicators, making them key members of the risk management team.

As communicators adapt and respond according to each phase of the crisis, it is important that information is presented in a simple, credible, accurate, consistent, and timely manner. Even when there is little information to offer, it is essential to share how the organisation is investigating the event and advise on when more information will be available. Expressing empathy, promoting action and providing respectful communication also build trust, promote cooperation and rapport among stakeholders, including the public.


At this time, the single overarching communication objective (SOCO) identified by CARPHA, is for its Member States to utilise information/knowledge provided by the Agency to prevent, treat and control the disease, thereby reducing stakeholders’ fears pre, during and post an outbreak.

Policy makers/decision makers, health professionals, health promotion/education personnel, individuals affected by the virus, media and the general public are among CARPHA’s target audiences. Key messages, such as encouraging proper hygiene related to handwashing, sneezing and coughing, and social distancing, as well as advisories for travellers, guidelines for ports of entry, guidelines for clinical presentation and management, are being compiled and disseminated to audiences. The most appropriate communication channels to reach diverse audiences are currently being utilised and include traditional (print and electronic media) and social media (Facebook, instant messaging), website, reports, face to face and/or virtual meetings. As the crisis evolves, key messages will be adapted, based on media monitoring and listening, also taking into consideration comments on social media platforms.

Monitoring is essential through all phases of the risk communication strategy. CARPHA will continuously monitor to assess the effectiveness and impact of the communication in each phase of the strategy, as well as to document best practices and lessons learnt.
Purpose

This document is intended to assist public health authorities from CARPHA Member States in their development and execution of a risk communication strategy for a public health outbreak or emergency. It explains the critical nature of identifying, in advance, communication activities that should be undertaken during each phase of the crisis, namely, pre-crisis/preparedness, initial (response), maintenance, resolution (recovery) and evaluation.

It is important to note that the creation of a risk communication strategy is “a dynamic and integrated process of analysing various scenarios, identifying stakeholders and partners, strengthening capacities, establishing surveillance and monitoring mechanisms, identifying alternative communication channels, and managing resources.” Evidence indicates that a risk communication strategy can contribute to a more coordinated response (Brennan & Gutierrez, 2011).

What is Risk Communication

Risk communication is an integral component of public health risk management. It is focused on dialogue with those affected and strives to ensure communication strategies are evidence-based.

Under the International Health Regulations (IHR), risk communication for public health emergencies includes the range of communication capacities required through the preparedness, response and recovery phases of a serious public health event to encourage informed decision making, positive behaviour change and the maintenance of trust (Pan American Health Organization (PAHO), 2011).

Risk communication involves active listening, not just speaking. It entails responding to the concerns, opinions, emotions, and reactions of the various stakeholders in the risk-communication exchange and not just providing facts or responding to assumed misperceptions. Effective risk communication recognises that the public has a right to receive information and to be actively involved in both the dialogue regarding the nature of the risk and in decisions about ways to minimise or control identified risks (Santos, S. 1990).

The Role of Risk Communication

Risk communication activities, according to the model developed by the Pan American Health Organization (PAHO) within the framework of the International Health Regulations (IHR 2005), should be incorporated into every phase of a public health emergency. For this reason, risk communicators are key members of the risk management team.

In the Field Guide for Developing a Risk Communication Strategy: From Theory to Action, Brennan and Gutierrez state that while risk managers analyse potential threats and select the best response for ensuring public safety in the face of a probable hazard, risk communicators serve as the voice and ears to both the risk management team and the public. They provide the policy makers and the public with information needed to make the best possible decisions in an emergency or disaster. Their close contact and ongoing dialogue with affected populations and other stakeholders enables them to provide valuable feedback to risk managers and public health officials (Brennan & Gutierrez, 2011).
The Regional Health Communication Network (RHCN)

The most important planning work is carried out during the preparedness phase, which includes the formation of a cross-cutting crisis communication team. This highlights the value of the Regional Health Communication Network (RHCN), which was established by CARPHA in 2015 and comprises of health promotion and communication specialists from its 26 Member States. These communication focal points are trained risk communicators, making them key members of the risk management team.

Communication should therefore be recognised as a core emergency response function, and communication specialists, especially those of the RHCN, should receive a permanent “seat at the table” where key crisis response decisions are made.

Effective Outbreak Communication

<table>
<thead>
<tr>
<th>Early Detection</th>
<th>Rapid Response</th>
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<tbody>
<tr>
<td></td>
<td>Proactive communication of real or potential risk</td>
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</table>

International Health Regulations (IHR) and Risk Communication

Under the International Health Regulations (2005), risk communication is one of eight (8) core capacities and involves the following activities, as outlined in Brennan and Gutierrez’ Field Guide for Developing a Risk Communication Strategy: From Theory to Action:

- Identifying stakeholders and partners
- Forming a communications team and clearly defining expectations and responsibilities during a public health event
- Identifying and training spokespersons who can respond rapidly by communicating news and providing regular updates
- Preparing special communications plans for specific events that include public information and social mobilisation efforts
- Establishing criteria that must be met prior to disseminating information to the public, such as consultation with technical and scientific personnel and authorities
- Validation of special plans
• Planning and implementing evaluations of the risk communication activities following a public health event, including assessing the transparency and relevance of messages as well as of the first announcement, which should be made within 24 hours following confirmation of the event
• Incorporating lessons learned in operational plans following event evaluations
• Apprising the media of the latest information, and keeping the community updated through websites, community meetings, national and local radio broadcasts, etc.

Communication During Each Phase of the Crisis

The risk communication strategy consists of five (5) phases:

1. Pre-crisis
2. Initial/Start
3. Maintenance
4. Resolution
5. Evaluation/Assessment

Pre-crisis/Preparation Phase

The pre-crisis phase is where the most important planning work is done. Communication objectives during this phase include the following:

1. Plan and Prepare
   • Anticipate the crisis. The more lead time you have to plan and prepare, the better your response
   • Form a cross-cutting crisis communication team. This team should be multi-sectoral and led by a senior official
Once the Risk Communication Team is formed, their functions should include:

- Researching and analysing potential threats to public health, preparation of risk maps, identifying vulnerable populations and potential cultural sensitivities, communication channels, risk perceptions, and any other relevant factors.
- Reviewing laws and international agreements (e.g., International Health Regulations) and public policies relating to the dissemination of public information.
- In consultation with the managers and/or authorities in charge, formulating a transparency management policy that establishes the criteria for dissemination of information to the public.
- Defining the functions of each member (institution) of the crisis communication team to ensure an efficient flow of information.
- Designating official spokespersons.
- Identifying the institution that will take the lead in communications and designating a focal point for information clearance.
- Reviewing the communications plan periodically to ensure that it remains current.

2. Foster Alliances with Stakeholders

- Develop partnerships and build relationships with national, regional and international organisations and community stakeholders that you expect to work with in a response. For example, the Ministry of Health, Ministry of Tourism, Ministry of Foreign Affairs, Pan American Health Organization, Caribbean Public Health Agency, Office of Disaster and Emergency Management and others.
- Identify and prepare databases of stakeholders that represent different segments in your community and connect with them before an emergency. Involve them in preparedness activities. These may include schools, youth groups, churches, associations and others.
- Establish shared concerns for your target populations so you can connect and empathise with their communities.
- Identify roles and processes for you and your partners to distribute information during an emergency. Partners include print and electronic/broadcast media, telecommunications (cell phone and Internet providers to facilitate text messaging and other social media activities) and private sector organisations.
- Enlist the support of primary care physicians, nurses, midwives and health promoters in transmitting and receiving information.
- Engage celebrities, entertainers and other trusted spokespersons to help in broadcasting information to their followers.

3. Develop Consensus Recommendations

- Ensure that input from members of the crisis management team are considered and valued.

4. Identify and Train Spokespersons

- Spokespersons should be a trusted source of information, credible
- Train spokespersons in the rules and principles of risk and outbreak communication and how to communicate effectively with the mass media and the public.
- Train risk communications teams; if appropriate, include other strategic stakeholders such as community leaders, religious leaders, municipal authorities, health workers, and others.
- Provide media training to enhance good journalism practices and build skills in health reporting.
5. Develop Messages and Distribution Channels
   • Prepare and test key messages with the public and other stakeholders including basic information on the health threat and prevention measures.
   • Draft press releases, public-service announcements, and question-answer sheets with health protection and threat-related information.
   • Determine the approval process for releasing information. Determine ahead of time who needs to approve information and the order in which information will be reviewed.
   • Select communication channels to be used to distribute messages and engage communities: community meetings, door-to-door visits, e-mail, radio, Internet, television, posters, billboards, direct mail, public address systems, social media, partners’ channels, and other ways of reaching large numbers of people.
   • Identify alternative communication channels for emergencies if traditional channels fail or fail to reach at-risk populations.

6. Media Relations
   • Ensure qualified/trained spokespersons are available
   • Respond to demands of emergency media relations
   • Establish or update databases of the news media and contact information.
   • Define the logistics for collaborating with the media and providing updates

7. Listening: Communication Monitoring
   • Gather perceptions of individuals, partners and communities and adapt strategies as required
   • Establish a media monitoring team to monitor traditional and non-traditional media for questions, information needs, points of confusion and rumours. Set up a hotline.
   • Evaluate mechanisms for monitoring the effectiveness of communication and methods for understanding the attitudes and motivations of the public.

8. Refine the Communication Plan

**Initial Phase**

**Confirmation of the First Case**

The initial phase of a crisis is often associated with confusion, uncertainty and intense media interest. Therefore, when communicating in this phase, it is important to present information that is simple, credible, accurate, consistent, and timely. Even when there is little information to offer, it is essential to share how the organisation is investigating the event and advise when more information will be available.

At the start of the crisis, the Centers for Disease Control and Prevention (CDC) recommends the following nine (9) steps that can help to effectively manage the emergency:
1. Verify the Situation

Situational awareness is the first step in an informed response. Although information will be scarce, get the facts and try to verify them with more than one credible source.

2. Conduct Notifications

Notify all necessary response points of contact, and keep a record of who was notified, when, how, and if they were reached or require follow-up.

3. Conduct Crisis Assessment (Activate Crisis Plan)

Continually assess new information, the severity of the situation, the target audience, and what information should be communicated.

4. Organize Assignments Quickly

Quickly assign responders specific responsibilities, dividing these assignments based on immediate and ongoing issues. Coordinate with appropriate response partners to address all communication needs.

5. Prepare Information and Obtain Approvals

Coordinate development of activities and messages, rapidly sharing and clearing information within your organisation for timely release.

6. Release Information through Pre-arranged Channels

Identify audiences and communication channels prior to the crisis, so information can be disseminated rapidly during an emergency. The Communication team should:
Conduct a review and rapid revision of key messages, and active support for spokespersons. Messages drafted during the preparedness phase will need to be revised to reflect the context of the current event. Spokespersons should be prepared to report on the policies adopted by the authorities in response to the emergency.

- Anticipate possible questions that journalists may ask spokespersons, and prepare appropriate responses.
- Monitor media coverage and note rumours.
- Revise messages to respond to the information needs of the target population.
- Identify and meet the information needs of health workers and others involved in the response, since they need to guide the public.
- Regularly update information in designated emergency communication channels (institutional websites, blogs, call centres, radio and/or television) as the emergency evolves.
- Activate the media plan to disseminate key messages efficiently, and to generate the best and most effective coverage. This involves holding press conferences, disseminating press releases, arranging interviews with spokespersons. Carefully consider and select the methods best suited to the communication needs of the institution and the target audiences.

7. Obtain Feedback and Conduct Crisis Evaluation

As soon as possible after the crisis starts, conduct an evaluation of your organisation’s response. Feedback from key audiences and coverage from media can inform messages and allow problems to be addressed.

8. Conduct Public Education

Offer educational opportunities to improve public understanding, support, and preparation for future emergencies.

9. Monitor Events

Monitor communication activities on an ongoing basis, including media, social media and responder interactions, to determine how to improve messages and the general communication strategy.

Maintenance Phase

In the maintenance phase, most of the direct harm has been contained and the intensity of the crisis has subsided. However, staying on top of the information flow and maintaining close coordination with other agencies and spokespersons is essential.

Communication objectives during this phase include:

- Continuing to provide information to stakeholders, including helping the public understand risks faced, so that they can make proper decisions.
- Listening to stakeholder and audience feedback and correcting any misinformation.
- Generating understanding and support for response and recovery plans.

The crisis maintenance phase also includes an ongoing assessment of the event and continued allocation of resources for the response.
Resolution Phase

The crisis continues to wind down during this phase, but the communication team should continue to transmit key messages to the public, reinforce prevention messages and encourage people to continue to follow health recommendations.

Evaluation of the effectiveness of the risk communication response should begin in this phase, and should focus on detecting and rectifying errors, and improving the response to future health events.

Evaluation Phase

When the crisis is over, it is important to evaluate the performance of the communication plan, document lessons learned, and determine specific actions to improve crisis systems or the crisis plan.

Maintaining Credibility

CDC’s Crisis and Emergency Risk Communication (CERC) manual provides a set of principles that teach effective communication before, during, and after an emergency. The six principles of CERC are:

1. Be First: Crises are time-sensitive. Communicating information quickly is crucial. For members of the public, the first source of information often becomes the preferred source
2. Be Right: Accuracy establishes credibility. Information can include what is known, what is not known, and what is being done to fill in the gaps
3. Be Credible: Honesty and truthfulness should not be compromised during crises
4. Express Empathy: Crises create harm, and the suffering should be acknowledged in words. Addressing what people are feeling, and the challenges they face, builds trust and rapport
5. Promote Action: Giving people meaningful things to do calms anxiety, helps restore order, and promotes some sense of control
6. Show Respect: Respectful communication is particularly important when people feel vulnerable. Respectful communication promotes cooperation and rapport

Key Messages

The importance of developing messages prior to an event cannot be overstated. Key messages should be distributed in a phased manner as the seriousness and risk level increases. The Communications team must decide when, how and to whom each message should be disseminated,

At the start of the outbreak, prepared messages can be released to encourage proper hygiene related to handwashing, sneezing and coughing and social distancing. As the outbreak evolves, health authorities should adapt messages to reach specific audiences, based on media monitoring and listening, especially to comments on social media platforms.

A Knowledge, Attitudes, Perception study, with different segments of the population, should also form part of the preparations to help identify target audiences and determine message content. In developing messages, risk perception should be used to address the questions and concerns of the population.
Today, social media sources play a critical role in informing and, in some cases, misinforming the public during a crisis or emergency. Traditional media also often use social media sources for content. Media channels including blogs, Facebook, Instagram, text and WhatsApp messages and other social media should be identified.

However, it may be best to employ a variety of formats and channels, including advisory committees, panels, workshops, public discussion forums and meetings, chat rooms, interactive web pages, text messages and social media. Other common channels are press releases, statements, interviews with print or broadcast media, appearances on live call-in programmes and press conferences.

See Appendix A for samples of key messages that can be used for social media.

Advantages of Communicating through Social Media

Using social media before and during a crisis can promote preparedness, as well as educate audiences about risks. Social media can:

- provide immediate information (fast)
- make information more accessible (through hand-held mobile devices)
- reach more individuals through cross posting and retweeting messages among shared networks
- assist in listening to the concerns of the public and others who may be bearing risks
- help dispel rumours by immediately providing accurate information
- provide links for more detailed information
- communicate directly with stakeholders and the media at the same time
- provide information in a user-friendly manner
- support other communication tools and strategies

See Appendix B for samples of communication products from CARPHA and Member States.

Managing Rumours and Misinformation

While public health professionals strive to provide accurate information about COVID-19, the spread of half-truths and misinformation about the disease is going viral on social media platforms. In a public health emergency, misinformation can promote harmful behaviours that increase personal and public health risks, resulting in disastrous consequences. It is therefore important to understand when and how to address incorrect information.

The following steps can help to address myths, rumours, and misconceptions:

- Monitor the news (print, electronic and social media) to identify rumours, false information, and misperceptions in order to respond accordingly
- Dispel rumours by immediately providing accurate information through appropriate channels, including:
  - Media
  - Social media
  - Partner organisations
  - Print and website content disseminated by your organisation
• The level of the response should match the seriousness of the rumours. Overblown, exaggerated responses may give more credence to rumour
  o Responses to rumours should be unemotional, clear, and firm, and leave no room for doubt

• Regularly update information outlets with current information to help avoid speculation

Spotting Fake News

A Huffington Post news article dated November 28, 2016 entitled “How to Spot Fake News” provides the following tips:

  1. Read Past the Headline
One way that fake news gets amplified is that busy readers may not look past the headline or opening paragraph before they decide to share an article. Fake news publishers often write the beginning of a story in a straightforward way before filling in the rest with false information.

  2. Check the News Outlet that Published the Article
Unfamiliar websites plastered with ads and all-caps headlines should draw immediate skepticism. Googling a site’s name and checking out other articles it posts should also help determine whether it’s trustworthy.

  3. Check the Published Date and Time
Another common element in fake news is that old articles or events can resurface and lead people to believe they just happened.

  4. Who is the Author?
Searching through the author’s previous articles can show whether they are a legitimate journalist or have a history of hoaxes.

  5. Look At the Links and Sources Used
A lack of links or sources for claims in an article is an obvious warning sign that the post is likely false. Fake sites may also provide numerous links to sites that appear to back up their claims, but are themselves spreading misinformation. Check to see that claims supported by links come from reliable sources.

  6. Look out for Questionable Quotes and Photos
It’s easy for fake news writers to invent false quotes, even attributing them to major public figures. Be skeptical of shocking or suspicious quotes, and search to see if they have been reported elsewhere.

  7. Beware of Confirmation Bias
People are often drawn to stories that reinforce the way they see the world and how they feel about certain issues. Fake news is no exception, and many of the articles that fall under its umbrella are designed to stir up emotion in readers and prey on their biases.

  8. Search to See if the News is being Reported on other News Outlets
If a story looks suspicious or claims to reveal major news, search to see if other news outlets are also reporting the story. A single article from a suspicious source making a grand claim should be viewed with heavy skepticism. If no reliable news outlets are also reporting the story, then it’s very likely fake.
9. Think Before You Share
Fake news sites rely on readers to share and engage with their articles in order for them to spread. In extreme cases, these fake articles can balloon out of control and have unintended consequences for those involved in the stories.

1.0 Situation Analysis

An outbreak of COVID-19 causing severe acute respiratory illness has been reported in Wuhan, China since December 21, 2019. There is still little known about the virus including its origin, but human to human transmission has been confirmed among cases.

On January 30, 2020 the World Health Organization (WHO) announced that this outbreak is a Public Health Emergency of International Concern, and on March 05, 2020, CARPHA upgraded the risk of transmission of COVID-19 to the Caribbean Region to Very High. The revised risk level was based on international risk assessment guidelines, particularly in keeping with risk assessment for MERS-COV and pandemic influenza. CARPHA’s decision was also informed by reports of COVID-19 cases in non-English speaking Caribbean countries in close proximity to CARPHA Member States. Another factor is the sustained transmission of the disease in countries with direct flights into the Caribbean region. Additionally, multiple countries outside the original epicentre of Wuhan City have been reporting an increasing number of confirmed cases; while significantly more new cases are being reported from countries outside of China, than there are new cases in China.

These recent situations are of concern and CARPHA Member States (CMS) are being urged to increase their surveillance mechanisms and to be ready to implement their national pandemic preparedness plans, which have been modified to address COVID-19. CARPHA continues to work closely with regional and international health partners to respond to this public health threat and provide timely advice and assistance to its Member States.

2.0 Communication Goals

- To build and maintain trust in public health authorities
- To support coordination and the efficient use of limited resources among local, national, regional and international public health partners
- To provide relevant public health information to stakeholders
- To take appropriate actions to protect the health and safety of Caribbean people
- To minimise social and economic disruption
3.0 Single Overarching Communication Objective (SOCO)
Change we want to see in our audience(s) as a result of our communication

- To increase knowledge and awareness by providing Member States with timely and accurate information to prevent, treat and contain the COVID-19 disease, thereby reducing the fears of the general public pre, during and post the outbreak.

4.0 Stakeholder and Audience Segmentation

The target audiences for the COVID-19 Risk Communication Strategy include various national, regional and international agencies/organisations and individuals at risk of being affected. These groups are regarded as key stakeholders based on their experience, level of risk exposure and role in the response.

4.1 Target Audiences within CARPHA’s Member Countries:

International and Regional Partner Organisations:
- World Health Organization (WHO)
- Pan American Health Organization/World Health Organization (PAHO)
- CARICOM Secretariat
- Caribbean Disaster Emergency Management Agency (CDEMA)
- Caribbean Hotel and Tourism Association (CHTA)
- Caribbean Tourism Organisation (CTO)
- Airline and cruise carriers and couriers

Government /National Health Systems:
- Heads of Government
- Ministries of Health, Tourism and other Government Ministries
- Physicians/Clinicians
- Nurses
- Other health professionals
Health Promotion/Education Partners:
- Regional Health Communication Network (RHCN)
- National Disaster Offices (NDOs)
- Non-governmental Organisations (NGOs)
- Faith-based Organisations (FBOs)
- Community-based Organisations (CBOs)
- Civil Society Organisations (CS)es

Other Stakeholders:
- Academia
- Media
- Wider population

5.0 Stakeholder/Audience Analysis

The table below describes the target audiences, key information to be shared with each audience and communication channels to be used during the preparedness phase of the COVID-19 crisis.

<table>
<thead>
<tr>
<th>Target Audience(s)</th>
<th>Champion(s) /Advocate</th>
<th>Buy in/What do we want from the specific audience</th>
<th>Energy Invested</th>
<th>Communications Strategy</th>
<th>Key Information Required</th>
<th>Communication Channels</th>
</tr>
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<tbody>
<tr>
<td>Policy makers/decision makers</td>
<td>CMOs, Lab Directors, Epidemiologists, PAHO</td>
<td>CMOs Line Ministers (Health, Tourism)</td>
<td>Advocacy – Provide regular, accurate information to the general public and other</td>
<td>Support publicly/vocally</td>
<td>Actively engage with target audiences and provide them with accurate, relevant</td>
<td>Pathology of the disease</td>
</tr>
</tbody>
</table>

The table above describes the target audiences, key information to be shared with each audience and communication channels to be used during the preparedness phase of the COVID-19 crisis.
| Non-technical: Heads of Government, CARICOM Secretariat, Caribbean Disaster Emergency Management Agency (CDEMA), Ministers of Health/Tourism and other Gov’t Ministers; Caribbean Hotel and Tourism Assoc. (CHTA); Caribbean Tourism Organisation (CTO), Airline carriers and couriers | CARICOM, CDEMA, CHTA, CTO | key stakeholders which can contribute to an increase in knowledge and change in attitudes and behaviours | Disseminate information to networks | and timely information | disease (Situation Reports) | Risk assessment
Guidelines for ports of entry
Guidelines for clinical presentation and management
Regional Frameworks (Continuity Guideline & Supply Chain Guideline)
Laboratory diagnostic capacity, Shipping and Biosafety guidance
Travellers’ guidelines and advisories |
<table>
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<tr>
<th><strong>Health Professionals</strong></th>
<th><strong>Health Promotion/Education</strong></th>
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<tr>
<td>Physicians/Clinicians, Nurses, Non-governmental Organisations (NGOs), Civil Society Organisation (CSOs)</td>
<td>Regional Health Communication Network (RHCN), National Disaster Offices (NDOs), NGOs, Faith-based Organisations (FBOs), Community-based Organisations (CBOs)</td>
</tr>
<tr>
<td>Heads of health facilities and organisations</td>
<td>RHCN and other Communication Focal Points,</td>
</tr>
<tr>
<td>Provide reliable, accurate information to patients and communities which can contribute to an increase in knowledge and change in attitudes and behaviours</td>
<td>Provide reliable, accurate information to communities which can contribute to an increase in knowledge and change in attitudes and behaviours</td>
</tr>
<tr>
<td>Disseminate information to patients and/or networks</td>
<td>Develop and disseminate communication products to patients and/or networks</td>
</tr>
<tr>
<td>Actively engage with target audiences and provide them with accurate, relevant and timely information</td>
<td>Actively engage with target audiences to develop and/or provide them with accurate, relevant and timely information tailored to meet the needs of diverse audiences</td>
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<tr>
<td>Guidelines for clinical presentation and management</td>
<td>Population-level prevention and protection messages</td>
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<tr>
<td>Incidence and prevalence of the disease</td>
<td>Incidence and prevalence of the disease</td>
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<tr>
<td>Travellers’ guidelines and advisories</td>
<td>Regional Frameworks (Continuity Guideline and Supply Chain Guideline)</td>
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<tr>
<td>Website, reports, face to face and/or virtual meetings</td>
<td>Traditional and social media</td>
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During the **onset of the crisis**, individuals and their families impacted by COVID-19 will also be targeted and key messages developed.

<table>
<thead>
<tr>
<th>Target Audience(s)</th>
<th>Champion(s) /Advocate</th>
<th>Buy in/What do we want from the specific Audience</th>
<th>Energy Invested</th>
<th>Communications Strategy</th>
<th>Key Information Required</th>
<th>Communication Channels</th>
</tr>
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<tbody>
<tr>
<td>Individuals and their families affected by the virus</td>
<td>Affected individuals</td>
<td>Demonstrate responsible behaviour in managing the spread of the virus</td>
<td>Heed the advice of health authorities re: managing spread and</td>
<td>Assist individuals by providing the necessary physical, medical and mental/emotional support required</td>
<td>Clinical management and counselling services as appropriate</td>
<td>Face to face and/or virtual consultations, Instant Messaging (WhatsApp)</td>
</tr>
</tbody>
</table>
6.0 Key Messages

The following are some frequently asked questions that can be used in developing key messages.

- **What is a coronavirus?**
  Coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

- **What is a novel coronavirus?**
  A novel coronavirus (CoV) is a new strain of coronavirus that has not been previously identified in humans.

- **What is 2019 novel coronavirus?**
  An outbreak of a novel Coronavirus causing severe acute respiratory illness has been reported in Wuhan, China since December 21, 2019. This virus has not been previously identified and so, since it is new, there is still little known about it including its origin. There has been human to human transmission among cases both in and outside of Wuhan City, China. The virus belongs in the same family of coronaviruses as Severe Acute Respiratory Syndrome (SARS), which killed nearly 800 people globally during a 2002/03 outbreak that also started in China. This coronavirus is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or COVID-19.

- **What are the symptoms of someone infected with a coronavirus?**
  Symptoms can be different depending on the type of coronavirus, but common signs include respiratory symptoms, fever, cough, shortness of breath, and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.
• **Can coronaviruses be transmitted from person to person?**
  Yes, some coronaviruses can be transmitted from person to person, usually after close contact with an infected patient, for example, in a household workplace, or health care setting. Some reports also indicate people who have not yet developed symptoms may also be able to infect others.

• **Is there a vaccine for a novel coronavirus?**
  Presently, there is no vaccine for the COVID-19. When a disease is new, there is no vaccine until one is developed. It can take a number of years for a new vaccine to be developed.

• **What is the treatment for COVID-19?**
  There is no specific treatment for disease caused by a novel coronavirus. However, many of the symptoms can be treated and therefore treatment is usually based on the symptoms on presentation.

• **What can I do to protect myself and loved ones?**
  To reduce exposure to and transmission of the illnesses, maintain basic hand and respiratory hygiene, and avoiding close contact, when possible, with anyone showing symptoms of respiratory illness such as coughing and sneezing. In addition,
  - frequently clean hands by using alcohol-based hand rubor soap and water;
  - When coughing and sneezing cover mouth and nose with flexed elbow or tissue – throw tissue away immediately and wash hands;
  - Avoid close contact with anyone who has fever and cough;
  - If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider;

• **What if I recently travelled to a country with reported cases and got sick?**
  If you travelled to a country where cases of COVID-19 was detected, watch yourself for symptoms within 14 days after you left that country. If you develop symptoms and feel sick with fever, cough, or difficulty breathing, you should
  - Seek medical care right away. Before you go to a doctor’s office or emergency room, call ahead and tell them about your recent travel and your symptoms.
  - Wear a mask if available
  - Avoid contact with others.
Do not travel while sick if possible.

- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer if soap and water are not available.
- Check your local Ministry of Health for information or CARPHA’s website for guidance for travellers.

6.1 Communication Activities and Tools

The communication tools and activities identified for the COVID-19 Risk Communication Strategy are as follows:

6.2 Print and Electronic Media

The preparation of at least one media (print, radio, television or internet) impression relating to the activities of the development of the COVID-19 outbreak, appearing each week in either the national, regional or international media.

Tools:
- Develop and distribute press releases to the media. These press releases will also be posted on CARPHA’s website and partners’ web pages
- Issuing advisories to the media when necessary
- Distributing media kits to members of the media for all events related to the COVID 19 situation
- Organising press conferences and television/radio interviews in addition to the print and online media to significantly increase awareness and provide updated/relevant information.
- Public Service Announcements (PSAs) and short video documentaries featuring various aspects of the COVID-19 and with key messages for specific audiences

Target audiences: Media (national and regional media houses/networks/outlets); national and regional public/private sector personnel in the health, tourism, disaster management sectors; wider population

Responsible: CARPHA with support from regional and national partners
6.3 Public Education and Information Sharing Materials

In order to enhance information sharing, contain the spread of misinformation and rumours, it is critical to invest in and develop professionally designed public education materials bearing consistent messages on the COVID-19 outbreak. As such, public education and information sharing materials will be used to increase knowledge across the Region.

Tools:

- Postcards/Infographics
- Videos
- Fact Sheets
- Posters
- Brochures
- Power point presentations

Target audiences: Policy/decision makers; partners; national and regional public and private sector personnel in the health and other Ministries, research institutions/schools across the region and wider population

Responsible: CARPHA with support from regional and national partners

6.4 Website and Social Media

CARPHA’s website will be updated with information on a regular basis. All communication products including the public information education materials will be disseminated via the website and on social media platforms.

Tools:

- CARPHA’s and partners websites
- Social media Platforms: Facebook, Twitter and Instagram
**Target audiences**: National and regional public and private sector personnel in the health and other ministries/sectors; media (national and regional media houses/networks/outlets); academia; regional and international agencies and groups, wider population.

**Responsible**: CARPHA with support from regional and national partners

**Budget Considerations**

A budget will be determined by each Member State taking into consideration social and cultural norms, as well as the resources (physical, human and financial) that may be available to the Ministry for execution of the Communication Strategy.

**Monitoring and Evaluation**

Monitoring is essential through all phases of the risk communication strategy. Since the public is the primary target audience for risk communication, they should be involved in assessing the effectiveness and impact of the communication in each phase of the strategy. CARPHA’s Behavioural Scientist, with assistance from the Regional Health Communication Network (RHCN), will assess social media usage, conduct interviews and/or opinion polls to acquire feedback from the public, as well as document reach and impact of COVID-19 messaging. The following table outlines the communication activities proposed for evaluation.

<table>
<thead>
<tr>
<th>Communication Activity</th>
<th>Purpose of Activity</th>
<th>Evaluation Tool</th>
<th>Effectiveness Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotional/Educational Material</td>
<td>To create awareness of COVID-19</td>
<td>Pre-Test of key messages with small groups</td>
<td>Positive Verbal and Written feedback on accuracy of key messages</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Positive verbal feedback on overall effectiveness</td>
</tr>
<tr>
<td>Promotional/Educational Meetings</td>
<td>To educate</td>
<td># of meetings # of participants</td>
<td>Obtain targeted # of meetings and participants</td>
</tr>
<tr>
<td></td>
<td>To affect behavioural change</td>
<td>Obtain feedback on perceived use of information received</td>
<td>Positive verbal feedback on information received</td>
</tr>
<tr>
<td>Communication Activity</td>
<td>Purpose of Activity</td>
<td>Evaluation Tool</td>
<td>Effectiveness Measure</td>
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<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Website/Social Media</td>
<td>To educate</td>
<td># of hits on website</td>
<td>Assess timing and source of hits to determine whether other communication instigated</td>
</tr>
<tr>
<td></td>
<td>To reduce misinformation</td>
<td># of myths addressed</td>
<td>website/account enquiry</td>
</tr>
<tr>
<td></td>
<td>To affect behavioural change</td>
<td>Poll on education and behaviour</td>
<td>Estimate reach of each message</td>
</tr>
<tr>
<td></td>
<td></td>
<td>change</td>
<td>Assess comments on social media</td>
</tr>
<tr>
<td>Media Relations</td>
<td>To create awareness and educate media specialists of current COVID-19 situation</td>
<td>Identify media mentions of campaign</td>
<td>Assess media coverage for accuracy and appropriateness of messaging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Record number of contacts with media</td>
<td>Estimate avenue for media coverage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>regarding campaign</td>
<td></td>
</tr>
<tr>
<td>Combination</td>
<td>Monitor long-term effect on COVID-19 awareness</td>
<td>Post COVID-19 follow up with</td>
<td>Enhanced understanding of COVID-19 prevention identified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>participants/meeting attendees</td>
<td></td>
</tr>
</tbody>
</table>
Appendix A

**Key Messages for Social Media (Excerpt from CARPHA Social Media Strategy)**

CARPHA’s social media strategy for COVID-19 categorises its social media (SM) posts as follows: – Updates, Proper Hygiene Practices and Debunking Myths

The target audiences are: – General Public, Regional Health Communication Network (RHCN) and Clinicians

Based on its limited resources, CARPHA has determined that 2 – 4 posts will be uploaded to SM platforms each day and will be rotated as necessary. A minimal budget (US$10/post) will be spent to boost FB posts to expand reach.

Spokespersons for messages may include a diverse range of Officers from the CARICOM Secretariat, CARPHA and Member States. Existing communication products from Member States, including infographics in other languages such as French, Dutch and Spanish will also be featured.

Social media monitoring will be conducted by the Communications team in collaboration with Dr. C. Jones, the CARPHA Behavioural Scientist, and include analysis of reach, shares, engagement and impact. FB polls will also be used.

SM messages will be distributed via CARPHA SM platforms and also to Heads of regional Medical Associations, the Regional Health Communications Network (RHCN) and other Agency partners and Networks for maximum coverage.

COVID-19 communication products can be accessed here: [https://carphatt-my.sharepoint.com/:f:/g/personal/isaacavr_carpha_org/EqYKPUDuT1ZKke49n9nORL8B6eAlQdDzMo7otCyzUR0V0w?e=nRUC3c](https://carphatt-my.sharepoint.com/:f:/g/personal/isaacavr_carpha_org/EqYKPUDuT1ZKke49n9nORL8B6eAlQdDzMo7otCyzUR0V0w?e=nRUC3c)  
https://carphatt-my.sharepoint.com/:f:/g/personal/isaacavr_carpha_org/EsMQPToOXM9MuTVyy3Ggoh4BD5WDYaoxAdxkWDd0gi7x9w?e=bYPJpb
Appendix B

Sample Communication Products (CARPHA and Member States)

2019 Novel Coronavirus
Soap and water not available?

Clean your hands with an alcohol-based hand sanitiser that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

#Coronavirus  #2019-nCoV
www.carpha.org

2019 Novel Coronavirus
CARPHA wants you to:
Cover your mouth and nose with a tissue when you sneeze or cough, then dispose of it.

www.carpha.org
#Coronavirus  #2019nCoV

2019 Novel Coronavirus
CARPHA wants you to:
Cough or sneeze into your elbow not in your hands, if no tissue is available.

www.carpha.org
#Coronavirus  #2019nCoV
Communication Products cont’d

French and Papiamento Postcards

Mesures de prévention contre le nouveau coronavirus (2019-nCoV)

Se laver régulièrement les mains avec du savon et de l’eau;
Se couvrir la bouche et le nez en toussant et en éternuant;
Faire cuire complètement la viande et les œufs;
Évitez tout contact étroit avec toute personne présentant des symptômes de maladie respiratoire tels que la toux et les éternuements;
Évitez de se toucher la bouche, les yeux et le nez.

Reduci risico pa contrae cualkier virus, entre otro coronavirus:

Laban man frecuentemente cu habon y awa of “hand sanitizer”.

Evita contacto cercano cu cualkier persona cu tin sintomanan di griep.

Cushina bon tur carni y webo.

Evita contacto sin proteccion cu bestia salvahe.
Communication Products cont’d
You Tube Videos

• Is there a new bleach cocktail that can cure and protect against the Flu and the novel Coronavirus?
https://youtu.be/LjJxVgSMVIw

• How is the Novel Coronavirus new, if Lysol and Clorox have “Human Coronavirus” listed on their labels?
https://youtu.be/W0wCOxu3154

• Who should wear a mask for protection against coronavirus? CARPHA Biorisk Manager responds.
https://www.youtube.com/watch?v=VN6SpxpTr70

• Can a surgical mask protect me from Coronavirus? CARPHA Biorisk Manager explains.
https://www.youtube.com/watch?v=b1EcYb-GISY

• CARPHA ready to test samples for the 2019 novel Coronavirus from national laboratories in the Region
https://www.youtube.com/watch?v=b1EcYb-GISY
References


