# Risk Communication in the Event of Disease Outbreaks and Epidemics in the ECOWAS Region

## Strategic Plan 2019 – 2023

ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC)

Regional Technical Advisory Group Risk Communication

Disclaimer:

This version of the Strategy by WAHO/RCSDC has been adapted from its original version to the purposes of this training by IRSP/GFA/GIZ. This version does not represent the full official document by WAHO/RCSDC and may not be distributed outside this training.

May 2019

Supported by giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

# Table of contents


Acronyms 3
Acknowledgements 4
Background 5
Strategy Development Process 5
Situation Analysis from the Assessment on Risk Communication in the ECOWAS Region 6
A. Methodology 6
B. Institutional Environment and Stakeholders 6
C. Key Results 9
Regional Level / ECOWAS 9
National Level 11
Challenges 12
Recommendations 12
Vision 17
Mission 17
Aim 17
Strategic Objectives 17
Target audience 17
Guiding Principles 18
Scope 18
Strategic Axes 19
Principles of State-of-the-Art Risk Communication 19
Credibility and Trust 20
Integrating Emergency Risk Communication into Health and Emergency Response Systems 21
ERC Practice 21
Cross Cutting Aspects 22
One Health 22
Multi-Sectoral Involvement 23
Human Rights Based Approach 24
Gender 25
Strategic Action Plan 2019-2023 27
A. Regional Institutions 27
B. National Institutions 32
C. Networks, Media, Social Media, Civil Society 36
Monitoring and Evaluation (M&E) and Revision of the Strategic Plan 39
Appendix 40
Members of the Technical Advisory Group and further contributors 40

## Acronyms

| | |
|---|---|
| CDC | Centre(s) for Disease Control and Prevention |
| CSO | Civil Society Organisation |
| EGDC | ECOWAS Gender and Development Centre |
| ECN | Emergency Communications Network |
| ECOWARN | ECOWAS Early Warning and Response Network |
| ECOWAS | Economic Community of West African States |
| EOC | Emergency Operations Centre |
| ERC | Emergency Risk Communication |
| FAO | Food and Agriculture Organisation |
| GIZ | Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH |
| IHR | International Health Regulations |
| IEC | Information, Education, Communication |
| IOM | International Organization for Migration |
| JEE | Joint External Evaluation |
| MS | Member State(s) of the ECOWAS |
| NCI | National Coordinating Institution |
| NGO | Non Governmental Organisation |
| NRRT | National Rapid Response Team |
| OIE | World Organisation for Animal Health |
| RAHC | Regional Animal Health Centre |
| RC | Risk Communication |
| RCSDC | Regional Centre for Surveillance and Disease Control |
| REDISSE | Regional Disease Surveillance Systems Enhancement Project for West Africa |
| RPPP | Regional Programme Support to Pandemic Prevention in the ECOWAS Region |
| RRRT | Regional Rapid Response Team |
| SOP | Standard Operating Procedure |
| TAG | Technical Advisory Group |
| US CDC | United States Centers for Disease Control and Prevention |
| USAID | United States Agency for International Development |
| WAHO | West African Health Organisation |
| WANIDS | West African Network for Infectious Disease Surveillance |
| WHO | World Health Organisation |

## Acknowledgements

The Regional Risk Communication Strategy in the Event of Disease Outbreaks and Epidemics in the ECOWAS Region was developed through the collective efforts of experts from different institutions and organizations in the region, international experts representing stakeholders as well as development partner organizations. The West African Health Organization (WAHO) is leading this process with strong support from the German Regional Programme Support to Pandemic Prevention in the ECOWAS Region (RPPP). WAHO would like to thank the team of experts, the Member States, the regional and international experts for their generously provided expertise, time and support and thus contribution to the development of this strategy. A list of those who participated in the development of the strategy can be found in the Annex.

## Background

Outbreaks of infectious diseases occur regularly in the West African Region. In addition to the latest Ebola outbreak in 2014 - 2016, other epidemics, such as Cholera, Lassa fever and Zika virus disease have been reported. Specifically, efforts to stem the Ebola epidemic have revealed fundamental deficits in the health policies and strategies of the affected countries, as well as regional and international organizations operating in West Africa. The spread of such epidemics is often exacerbated by high mobility and cross-border migration, gaps in health systems, internal political tensions with loss of public trust in health authorities, and ineffective communication on health risks.

In Public Health events and emergencies, risk communication is an important measure considered part of the mitigation and prevention, response and control as well as during the recovery process. Risk communication is an integral part of the International Health Regulations (IHR 2005) and the Ebola crisis in West Africa has highlighted the weaknesses of risk communication with the population. Hence, risk communication capacities need to be strengthened in the region.

WAHO's Strategic Plan 2016 - 2020 includes the fight against disease outbreaks and the management of public health emergencies in its interventions. The formulated objective also foresees the strengthening of national and regional capacities in terms of prevention and control measures together with an improved application of IHR capacities in the ECOWAS Member States. The mandate of the ECOWAS-RCSDC under WAHO foresees the agency to '(…) prepare, respond and communicate risks for public health events.'
In this context, WAHO/RCSDC has developed this regional strategy on health risks communication in the context of infectious disease outbreaks in order to support a harmonised and bundled regional approach towards the shared public health challenges in the region and their effective management.

## Strategy Development Process

The strategy was developed following a participatory approach involving relevant stakeholders in ECOWAS, and international partners, under the lead of WAHO and supported by GIZ/RPPP.
An assessment including a situation analysis started in December 2017. During a first interactive workshop in March 2018 in Dakar, Senegal, the general approach and thematic priorities for the strategy were developed based on a concept paper presented by GIZ/RPPP.
A Technical Advisory Group (TAG) was identified to provide technical guidance and advice, and to ensure active participation throughout the entire process (for the list of members see Annex).
The TAG met in March 2018 in Dakar, Senegal, and again in September 2018 in Abuja, Nigeria, to discuss and further develop the concept paper and the draft strategy, based on findings and recommendations of the situation analysis of risk communication in the ECOWAS region.

After the TAG meeting in Abuja, the draft strategy was finalized according to the results of the discussions and the input of the participants was shared with the National Coordinating Institutions (NCIs)/ Ministries of Health (MoH) in the Member States (MS) for comments and submitted for technical validation to the 15 ECOWAS Member States in December 2018.
The participatory approach was sustained during the entire development process in order to ensure the relevance of the topics and activities, ownership of the concerned institutions as well as compliance with the procedures of ECOWAS and the MS.

## Situation Analysis from the Assessment on Risk Communication in the ECOWAS Region

A situational analysis was conducted to assess existing risk communication actors, systems, strategies and activities implemented before, during and after epidemics in the ECOWAS region, with a focus on the regional level.

### A. Methodology

For the qualitative study, surveys were conducted in early 2018 with key players in risk communication in four selected countries taking into account the three official languages of the ECOWAS region: Liberia (anglophone), Senegal (francophone), Cape Verde (lusophone) and Nigeria (anglophone). A Communication Officer at the Ministry of Health or National Coordinating Institution from each country was interviewed. Representatives of regional entities, WAHO, ECOWAS Commission, RCSDC, Regional Animal Health Centre (RAHC) and African Centres for Disease Control and Prevention (Africa CDC), as well as the international agencies, especially WHO and UNICEF and a representative of the network of health communicators of the ECOWAS were also interviewed.
In addition to the interviews, key documents related to risk communication in the ECOWAS region were reviewed. The results of a regional workshop on risk communication held in Dakar in early 2018 with the participation of communicators from the 15 Member States and other stakeholders, were also used. A prior workshop on risk communication organized by WAHO with the support of WHO in 2017 in Abuja had already served as a forum for exchange, training and formulation of recommendations.
This study describes stakeholders in risk communication, the risk communication situation and allows to make recommendations both at regional and national level in the ECOWAS region. In the following, a summary of the situational analysis is being presented.

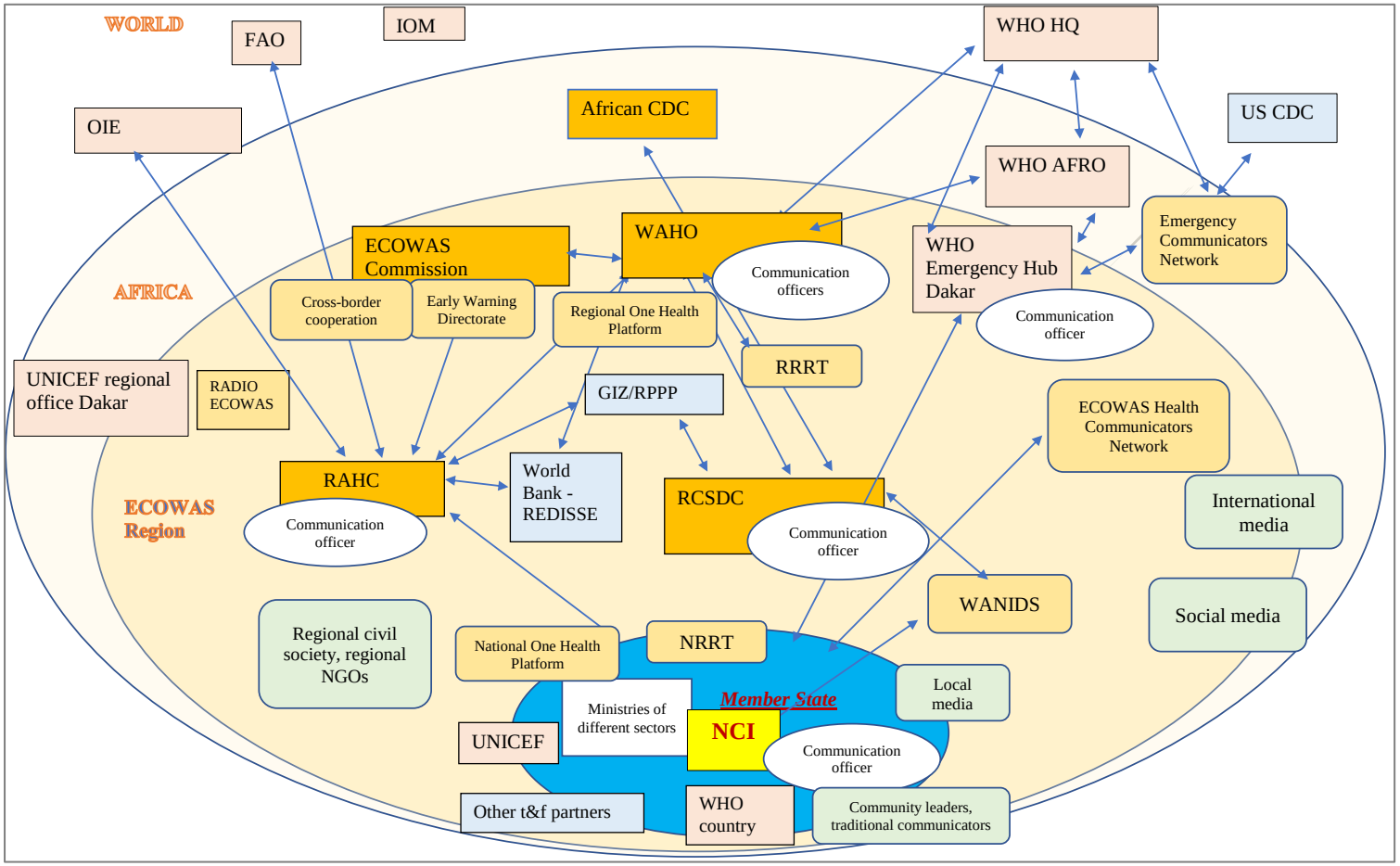
### B. Institutional Environment and Stakeholders

At the regional level, risk communication in the context of disease outbreaks and epidemics falls within the mandate of the newly established RCSDC under the lead of WAHO. It coordinates at the same time the West African Infectious Disease Surveillance Network (WANIDS) as the network of the National Coordinating Institutions in Member States.

- A network of ECOWAS health communicators has been set up by WAHO, bringing together two communicators per country and organizing annual meetings. The network does not yet play a key role in risk communication, but offers a great opportunity as a forum and should be strengthened.
- A regional rapid response team (RRRT) is in the process of being established and should include risk communicators.
- The ECOWAS Commission is an important actor advocating towards the Ministers to take the communication on health risks into account. Its Early Warning Directorate, detecting various kinds of emergencies, and the Cross-Border Cooperation Division treat issues closely linked to risk communication.
- With regard to the management of animal health risks, the RAHC is the mandated agency at the regional level communicating with WAHO.

Other actors involved in risk communication are:

- The Africa CDC based in Addis Ababa as the headquarter of the future five Collaborating Centres of which the RCSDC is the first one for West Africa. The Africa CDC gives technical and financial support, ensures preparedness on the continent, organizes trainings in risk communications and deploys experts in emergencies.
- The WHO Emergency Hub based in Dakar intervenes in case of an emergency in West and Central Africa.
- The UNICEF Regional Office in Dakar produces educational tools and mobilizes expertise in the countries.
- Further, international and national media including social media and networks of journalists are considered as crucial actors.
- The WHO Headquarter in Geneva is providing guidelines and supporting training sessions on risk communication; among others, a training for the 15 ECOWAS Member States was supported in collaboration with WAHO in 2017.




**Graph 1: Map of key actors in risk communication on health risks due to disease outbreaks and epidemics at regional level in the ECOWAS Region**

- WHO also organises the Emergencies Communicators Network (ECN) by training cohorts of WHO communications officers and communications staff in Ministries of Health, globally. The first ECN training in Africa was held 2018 in Nairobi, Kenya with the financial and technical support of the United States Centres for Disease Control and Prevention (US CDC).
- Further technical and financial partners include the World Bank with its Regional Disease Surveillance Systems Enhancement Project (REDISSE) supporting regional and national preparedness and response efforts to epidemics and GIZ through its Regional Programme Support to Pandemic Prevention in the ECOWAS Region.
- The World Organisation for Animal Health (OIE) reports regularly on animal disease outbreaks and the Food and Agriculture Organisation (FAO) is also involved in animal health. These actors convene at the level of the regional One Health platform which is in the process of being set-up.
- The International Organization for Migration (OIM) was also cited by stakeholders as an actor for cross border activities including risk communication.

At the national level, the communication on health risks lies within the mandate of the Ministries of Health and/or the NCIs as newly appointed structures. These structures can be the Emergency Operations Centre (EOC), the national public health institute or a division within the MoH or other. The Ministries of other sectors such as animal health and environment can also be implicated for the coordination with regards to health risks, see also chapter on cross-cutting aspects.
Other actors involved are: national, local and international media including social media, as direct partners in relaying information, communities as dialogue partners regarding, among others, risk perceptions and social cultural aspects, opinion leaders, traditional communicators and civil society organisations who bear the confidence of communities as multipliers, as well as international actors, such as UNICEF, WHO AFRO and WHO Country Representations who provide risk communication advice, communication materials and training.
Armed forces can be involved in crisis management and risk communication, as are law enforcement forces. This was done for example with the Directorate of Civil Protection of the Gendarmerie in Guinea (Conakry). Moreover, the technical and financial partners, who specifically support capacity building measures in risk communication in selected countries together with other bilateral partners, such as the World Bank, US CDC and GIZ must be mentioned here.

## C. Key Results

### Regional Level / ECOWAS

Apart from international frameworks such as the IHR, no further regional framework documents or strategies managing risk communication for infectious diseases or for other health risks are available at the ECOWAS level. Regional institutions have only recently begun paying attention to this area. However, selected plans at the regional level, such as WAHO's Strategic Plan 2016-2020 and the ECOWARN Strategic Plan

include the strengthening of national and regional capacities for prevention and control as well as the aim to improve IHR capacities in the Member States.

RCSDC is tasked with organizing a monthly teleconference with WAHO, NCIs, Africa CDC and the RAHC as well as the ECOWAS Commission for coordination, exchange, risk analysis and preparation of the teleconference with WHO AFRO, also held monthly.

WAHO has a small communication team, which is mainly oriented towards institutional communication. WAHO's general public outreach tools include a website and social media. The health information systems team at WAHO collects epidemiological data from the 15 Member States and disseminates a weekly epidemiological bulletin as well as a quarterly bulletin on this basis, both of which are currently intended for a small technical group. There is neither a systematic media monitoring system for publications by the regional institutions, nor a well-established collaboration with media in place.

The RCSDC staff includes a health communication officer who publishes on the epidemiological situation on twitter and the WAHO website, as no RCSDC website is available at this point. WAHO is working closely with partners to train stakeholders in risk communication, e.g. the training for communicators from the 15 Member States in 2018 with the support of WHO, Japan International Cooperation Agency (JICA) and the United Nations Development Programme (UNDP). WAHO does currently not have sufficient human resources with sufficient capacities to support countries in risk communication. At the level of the RCSDC, not all human resources and capabilities needed to coordinate risk communications activities are available at this point.

In the area of One Health, cross-sectoral communication and collaboration at the regional level needs to be strengthened. This applies especially to the environmental sector, which is the most neglected area and does not have a regional structure to the present day. Even though a line of communication exists between the RAHC and WAHO, there is no coordination mechanism with respect to risk communication. Generally, a weakness regarding the multi-sectorality in the activities can be noticed. At ECOWAS level, there is no plan or strategy for risk communication in the animal health sector. However, some contingency plans, for example against bird flu, contain a communication component.

There is little cross-border coordination of risk communication. However, during the time of the Ebola outbreak, the Member States' Ministers of Health met several times in 2014 and 2015 on the initiative of WAHO to consult on communication messages. Currently, there are few risk communication activities, even less activities related to the preparedness phase for epidemics. The monitoring and evaluation of communication activities also proves to be weak. Unclear internal inter-institutional and cross-border lines of communication add to this. In terms of risk communication content, issues around socio-cultural specificities including gender and protecting the vulnerable and children are not yet sufficiently addressed in regional risk communication activities. Considering the early stage of risk communication at the regional level, this area should be strengthened from the onset.

Countries and stakeholders expect WAHO/RCSDC's leadership and support to coordinate risk communication activities at the regional level, supporting countries e.g. through well-defined procedures and technical or financial support. However, the

organisation has not yet received a request from a Member State for support in risk communication. Additionally, the states' sovereignty can lead to conflicts of interest potentially hindering effective coordination and regulations to be observed by all Member States.

The institutional commitment for risk communication at the regional level (ECOWAS, WAHO, Africa CDC) and the commitment of development partners to promote this sector offer great potential. Furthermore, the partnership with the network of ECOWAS health communicators or the set-up of the ECOWAS regional radio, as the former United Nations radio in Liberia, are also opportunities to be exploited. The main constraints to be taken into account include particularly the weak awareness of the importance of risk communication in disease control and thus often low financial resources for the risk communication sector, insufficient human resources and the coordination challenges posed by the great linguistic and socio-cultural diversity in the region.

**National Level**

Eleven of the 15 ECOWAS Member States have so far been assessed by a Joint External Evaluation (JEE) in the context of IHR implementation. The results for risk communication capacities are mixed: None of the countries assessed reached a sustainable capacity in any of the five categories. Most rated around 2 out of 5. The greatest weakness identified is the lack of a risk communication system. On the other hand, at the level of internal coordination and coordination with partners, some countries have reached higher scores, especially Liberia and Sierra Leone.

At Member State level, apart from some countries which have capitalized the experiences with Ebola, the following findings can be stated:

- Most countries do not have sufficient technical, human and financial resources to promote this area.
- The absence of national risk communication plans is attributable to the types of human and financial resources available to countries to engage in risk communication activities.
- The teams dedicated to risk communication are still weak and do not have all the necessary capacities.
- Limited coordination at the country level.
- The consideration of a gender-sensitive approach and the One Health approach is weak.

The roles and responsibilities between the structures responsible for communication within the Ministries of Health and the newly appointed NCIs are not always well defined and clarified. This often creates an overlap of responsibilities and activities or a lack thereof. Although many countries do not yet have a specific risk communication strategy, activities are being carried out. This includes trainings organized with the support of partners e.g. WHO, UNICEF, US CDC and Africa CDC, as well as socio-behavioural research to feed communication messages.

### Challenges

- Insufficient comprehension and understanding of the concepts of risk communication among the stakeholders and actors in the health sector in the ECOWAS region
- Limited capacities and capabilities for RC at all levels, including lack of availability of a significant pool of RC experts in the region
- Lack of RC plans and strategies at regional level and at national level in most Member States
- Need for the definition of standard operating procedures (SOP), including but not limited to rules of engagement for RC
- Lack of a functional regional platform for inter-sectoral collaboration in risk communication
- Limited sustainability of risk communication activities in the region
- Weak budget lines for RC at regional and national level
- Multi-cultural diversity and language barriers
- Insufficient coordination of stakeholders
- Use of inappropriate channels / communication tools
- Limited media and rumour monitoring as well as rumour management

## Recommendations

Strategic axes to prioritise in a regional strategy on the basis of the situational analysis are:

- Governance and coordination
- Capacity strengthening
- Human rights based approach
- Research and innovation

Theses axes should be applied to the three different levels of groups of actors identified:

- Regional institutions
- National institutions
- Networks, media, social media, civil society organisations

On the basis of the situation analysis, the recommendations have been regrouped by levels of actors and in strategic axes.

**At regional level (WAHO/RCSDC, RAHC)**

**Governance and Coordination**

- Strengthen the leadership of WAHO and RCSDC for risk communication at regional level, which includes improving the coordination of actors and stakeholders and their interventions

- Provide technical assistance and guidance to Member States for the organisation and coordination of risk communication activities and stakeholders within and between countries
- Determine the communication and coordination processes between the national level and WAHO/RCSDC and between WAHO/RCSDC and RAHC in peace and crisis times
- Improve collaboration between the health information unit at WAHO and the health risk communication unit at RCSDC
- Use the monthly coordination meetings of RCSDC, NCIs and RAHC organized by WAHO for the coordination on risk communication, among others on harmonized messages by systematically including the communicators of the participating institutions
- Test RC mechanisms at the regional level through regular simulation exercises
- Advocate for fixed budget lines for risk communication in national and regional institutional budgets
- Ensure sustainability of the regional strategy and action plan
- Use the regional One Health Platform, once fully functional, for the exchange on health risks and harmonized messages between human, animal health (RAHC) and environment actors
- Encourage MS to establish One Health Platforms
- Foster visibility of WAHO's and RCSDC's actions regarding control of infectious diseases and exchange with other institutions
- RCSDC should keep up a regular dialogue with media and target audiences and measure uptake of its press releases by media in the region

**Capacity Strengthening**

- Strengthen health communication teams at RCSDC and WAHO:
    - Recruit necessary staff for communication units
    - Train communications staff on risk communication *(consider collaboration with WHO and OIE to ensure One Health)*
- Establish an expert pool of qualified staff at regional level, as trainers and for deployment in emergencies
- Include risk communication and socio-anthropological expertise into the regional rapid response team of WAHO
- Develop harmonised generic communication tools for the MS, adaptable to the country context
- Develop online trainings on risk communication adapted for the region
- Share their good practices within the ECOWAS space

**Human Rights Based Approach including Gender**

- Ensure the integration of a Human Rights based approach, including the needs of vulnerable groups, in risk communication activities through guidelines and training on adequately targeted messages
- Take into account gender by consolidating expertise on gender issues among communicators and journalists
- Carry out research on the role of gender in risk communication

**Innovation and Research**

- Provide a health risk map for infectious diseases in the ECOWAS region and share with Member States
- Foster socio-anthropological research regarding cultural practices and beliefs of different communities, socio-cultural factors which influence behaviour relevant in this context
- Evaluate risk communication measures, efficacy studies on different communication means, tools and channels
- Promote the use of modern information and communication technology for RC activities
- Documentation and dissemination of best practices; A sub-regional meeting will be organized for the sharing of best practices and lessons learned by the mid-term implementation of this strategy
- Monitor WAHO/RCSDC's external communication, including the uptake of press releases in local/ regional media

**At National Level**

**Governance and Coordination**

- Develop/update national strategic plans for risk communication, while considering the phases before, during and after an epidemic
- Organise risk communication between the responsible institutions:
    - Clarify the roles between communicators in the NCI and other communication units of the Ministry of Health
    - Clarify and improve the coordination of actors and stakeholders for risk communication at national level and for cross-border situations
    - Consider the military and law enforcement actors as stakeholders, particularly for strengthening human resources in the event of a crisis for the RC
- Advocate and raise awareness for the importance of RC in epidemic prevention and response in order to allocate a fixed budget line
- Organise periodic simulation exercises

- Integrate risk communication into existing coordination mechanisms for One Health
- Support the creation of a multi-sectoral country-level platform involving key governmental, non-governmental, private and civil society partners for effective coordination of CR activities

**Capacity Strengthening**

- Establish a pool of risk communication experts in each Member State: recruit and train sufficient staff, several per institution, to attain a critical mass
- Train health staff at the different levels of the health system: central, district, community level
- Strengthen the role of NCIs regarding risk communication
- Strengthen the structures in charge of the RC with equipment adapted for a real-time management of communication
- Develop communication media
- Integrate socio-anthropological and risk communication expertise into the national rapid response teams (NRRT)
- Mainstream RC: raise awareness for the importance of RC for prevention and control of epidemic prone diseases towards authorities and decision makers as well as opinion leaders in communities

**Human Rights Based Approach including Gender**

- Offer trainings on Human Rights based approaches
- Develop awareness raising material
- Promote the identification of vulnerable groups
- Promote Gender Mainstreaming
- Conduct research on gender in risk communication in the ECOWAS region

**Innovation and Research**

- Strengthen socio-anthropological research as basis for tailored risk communication and trust building with communities
- Carry out evaluations of quality and efficacy of risk communication measures
- Evaluate capacities and functionality of risk communication systems:
    - After action reviews,
    - Simulation exercises
    - Monitor quality standard indicators of RC
- Promote the utilization and development of innovative communication technologies for RC
- Document and disseminate best practices and lessons learnt, e.g. via conferences, publications

- Ensure a communication watch of information disseminated through the various communication channels to ensure the reliability and credibility of information relayed by these media
- Develop and strengthen media monitoring systems, including social media
- Develop and strengthen an event based surveillance system to support rumour management

**Networks, Media and Civil Society**

**Collaboration and Coordination**

- Foster understanding and exchange between media and institutions in charge of risk communications by establishing a regular dialogue
- Strengthen the ECOWAS health communicators' network
- Strengthen national health journalists' networks to be able to play their role in risk communication accordingly
- Strengthen networks of social anthropologists in health
- Strengthen existing community networks (NGOs and CSOs) to enable them to support in the field of risk communication
- Expand networks of communicators in human health to journalists specializing in animal health and environmental issues

**Capacity Strengthening**

- Establish a cooperation with the ECOWAS radio
- Train NGOs and community leaders as important partners for health authorities in community engagement
- Provide information material on relevant content, incl. One Health for journalists
- Identify verified information sources

**Human Rights Based Approach including Gender**

- Provide trainings on Human Rights based approaches incl. gender for journalists, NGOs and CSOs
- Define concepts and terminologies for media use
- Give guidance on resources and tools

Based on these key findings and recommendations, the present regional strategy for risk communication and accompanying action plan have been developed.

## Vision

Give the people the opportunity to make informed decisions before, during and after a public health event and thus better protect themselves against infectious diseases.

## Mission

Contribute to the establishment and the strengthening of risk communication in the ECOWAS Region in order to provide the population with the highest level of health information.

## Aim

Create a framework in which regional institutions assist Member States in developing and implementing their national crisis communication strategies at all stages of the emergency.

## Strategic Objectives

- Establishing a forum for continuous sharing of information relevant for risk communication on health events in the ECOWAS Region
- Supporting regional networks for risk communication
- Providing guidance for risk communication relating to risks potentially affecting more than one country, esp. in cross-border public health events
- Integrating the human health approach with specific regard to vulnerable populations and gender aspects as well as the One Health approach into the development and the practice of risk communication in the region
- Identifying and challenging regional and international health partners to advocate for and strengthen risk communication in West Africa
- Serve as a reference framework for the elaboration of a specific national strategy taking into account the different contextual particularities of the countries.

## Target audience

This document is primarily intended to provide guidance to professionals in the health and other sectors involved in risk communication on outbreaks and epidemics in the ECOWAS region.

**At Regional Level**

The target audience at regional level consists of the ECOWAS Commission Directorates and Departments responsible for human, animal and environmental health, and the specialised ECOWAS institutions and technical agencies such as WAHO/RCSDC and RAHC.

Another target group are the regional networks in risk communication.

WAHO is the leading institution in the ECOWAS for human health. It will take the lead for the implementation of the strategy, strongly supported through the RCSDC and other relevant institutions and agencies in the region as well as implementing partners.

**At National Level**
The target group at national level are the key institutions mandated for risk communication in the Member States.
National institutions are the biggest beneficiaries of the strategy, followed by actors in other areas of risk communication. NCIs and national institutions in other sectors will benefit from improved communication mechanisms, capacity strengthening and networking initiated through this strategy.

**Partners and stakeholders**
The document is also intended for partners and other stakeholders involved in providing technical and financial support in capacity building for the improvement of risk communication and the control of epidemics.

Public and private media, public health experts in the region, networks of multipliers and others are strongly encouraged to use the strategy as an orientation or source of information.

## Guiding Principles

The strategy shall follow ethical and managerial principles, which ensure that appropriate guidance is provided, and that the strategy is in line with other health policies and international guidelines and principles.

- Strong political commitment and leadership
- Transparency and accountability
  - All activities, processes and documents should be clearly defined and shared with stakeholders and implicated actors to ensure transparency, build trust and ensure accountability
- Collaboration and participation (multisectoral, UN and partners)
  - Promote teamwork and team spirit among all personnel and strengthen networking and collaboration with stakeholders
  - Ensure equal access for all Member States and relevant organisations
- Sustainability
  - Engage for long lasting and resource saving approaches

## Scope

Development of sustainable risk communication in the ECOWAS region is a long-term process which requires the continuous engagement of all stakeholders. Processes and procedures build on each other, and need to be developed and implemented in a

consistent way with durable technical and financial backing in all sectors and at all levels.
The scope of the strategy is regional, targeting the regional structures, and adding components that are different from a mere extension of national policies and strategies. The regional aspects will create added value for the MS, their institutions, and other stakeholders, provide guidance for national processes, support cross-border and multi-country activities, create and use synergies, and will increase the efficiency of human and financial resources for risk communication in the region.

The timeframe for this strategic plan is five years after the official endorsement, 2019 – 2023.

## Strategic Axes

The thematic scope envisaged for this first period is articulated around the following strategic axes both at the level of regional institutions, national institutions as well as networks, media and civil society:

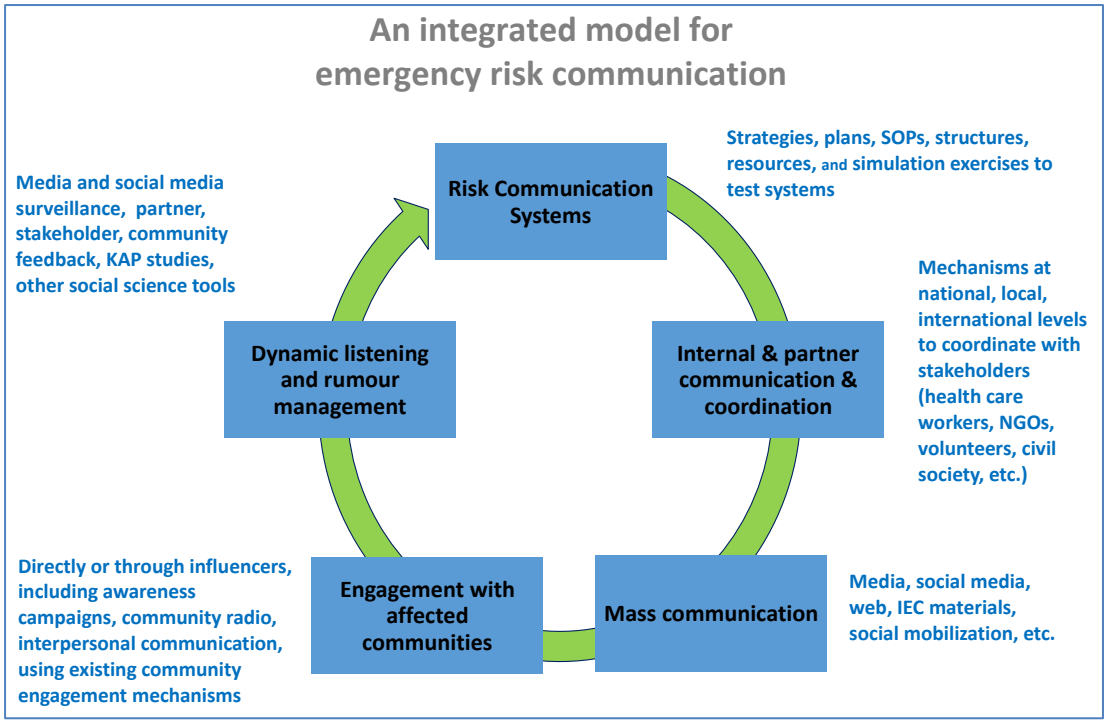
- Governance and Coordination
- Capacity Strengthening
- Human Rights Based Approach
- Research and Innovation.

## Principles of State-of-the-Art Risk Communication

Risk communication refers to the real-time exchange of information, advice and opinions between experts, local officials or political decision makers and the people who are at risk, as defined by the World Health Organisation (WHO). 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. The general public must be regularly informed and given prevention advice in order to avoid the circulation of false information, creating more uncertainty and fear in the population. Risk communication should always make use of a range of communication and engagement tactics, including, for example, mass communications for public information, strategic partnerships - such as setting up working groups and committees with key stakeholders, or leveraging existing information platforms and information systems. Furthermore, community participation is also an important strategic approach.

Following the integrated model for emergency risk communication, which informs the external evaluation tool for IHR (2005)[1], capacities should be built in the following five areas: risk communication systems, internal and partner communication and coordination, mass communication, engagement of affected communities, dynamic listening and rumour management.

[1] Joint External Evaluation Tool: International Health Regulations (2005). Geneva: World Health Organisation 2016




**<u>Graph 2:</u> Integrated model for risk communication, adapted from the new IHR external evaluation tool (*Source: WHO Training Module on Risk Communication*[2])**

Best practice principles for emergency risk communication according to WHO are:

1. Creation and maintenance of trust
2. Acknowledgement and communication even in uncertainty
3. Coordination
4. Transparency and rapid communication
5. Proactive approaches in public communication
6. Involvement and engagement of those affected
7. Use of integrated approaches
8. Building national capacity and support to national ownership.

In the following section, the principles of state-of-the art risk communication are elaborated further, mainly based on WHO guidelines for emergency risk communication[3].

## Credibility and Trust

A crucial aspect for effective risk communication is the need of authorities and experts to be credible and to build trust among those facing a threat to their health as well as with the media. Trust building should be a continuous activity during all phases of

[2] WHO Training Module B1 for Risk Communication (2018)
[3] Communicating Risk in Public Health Emergencies. Geneva: World Health Organisation; 2017. Licence: CC BY-NC-SA 3.0 IGO.

emergencies: preparedness, emergency and recovery. One way of building trust is to engage relevant stakeholders and trusted persons in affected communities. This includes the communication in an open, transparent and regular manner, also communicating uncertainty about health risks – stating what is known and what is not known at a given moment and updating information regularly. The responsible authorities need to provide information to the media in time before misinformation and rumours can spread. Framing the issue and reassuring the population that all possible actions are being taken to receive more information on the situation and taking appropriate measures supports trust building efforts. In case of emergency, timeliness of communication is critical, even when little or no information is available. Proactive communication thus ensures stable credibility and remains a trusted source throughout all phases of an emergency.

Community engagement is an important means of recognising communities' concerns and perceptions. Thus, being able to adapt communication to the socio-cultural context and needs to ensure the communication is owned by the target communities. Engaging communities can be safeguarded by identifying key persons whom the communities trust, building relations with them and involving them in decision making and message development.

### Integrating Emergency Risk Communication into Health and Emergency Response Systems

Risk communication can only be effective by designating emergency risk communication (ERC) - a core strategic role in global and national emergency and preparedness procedures. This can be done by providing policy support and allocating sufficient funds. In order to take risk communication in all preparedness and response activities into account, ERC should be integrated in the following health system pillars: governance, information systems and coordination, capacity building and finance.

It is recommended to tailor information and communication systems to the needs of users and involve further local stakeholders to guarantee the flow of information across sectors. In terms of human resources capacity building, the provision of sufficient staff for the needed tasks in risk communication is seen as a priority. Capability strengthening of staff can be achieved through regular trainings of communicators including media representatives. One thematic focus of capacity building measures should be the coordination of involved stakeholders.

### ERC Practice

Strategic planning is key to successful and coherent emergency risk communication. It involves needs assessments, the setting of objectives, coordination of interventions, as well as monitoring and evaluation of intervention activities to influence behaviour before, during and after a public health event or emergency.

A convergence of different media, including traditional and social media, should be part of an integrated strategy to convey verified and accurate information. Social media are a useful channel to engage with stakeholders and create credibility and trust through regular communication.

The communication content needs to be relevant as well as accessible to the target population by using adequate communication channels and tools. Messages must be conveyed in a tailored manner to the target group and in an easily understandable language. This translates to avoiding the over use of technical language as this has proven to be ineffective for promoting risk mitigating behaviour. Information on health risks should be consistent across different sources and should be actionable i.e. providing advice on realistic measures which the communities can adopt to protect themselves. Messages should be tailored to the respective socio-cultural contexts which requires pretesting and taking account of information and needs arising from the community. Coordination of stakeholders, including partners, is necessary to ensure the consistency of messages and an efficient use of resources.

When communicating on health risks, a human rights based approach should be the basis, including possible gender related characteristics. This aspect will be discussed further in the next chapter.

## Cross Cutting Aspects

### One Health

Recent, larger outbreaks of infectious diseases in the West African region have again drawn the attention to the concept around the inter-linkage of human, animal and environmental health and stressed its importance. Most visibly, the high level Ministerial Meeting in 2016 formed the groundwork for the region on this aspect. Ministers of Health, Livestock, Environment and Agriculture of ECOWAS Member States together with WAHO, ECOWAS Commission, WHO, FAO, OIE, USAID, US CDC and World Bank came together to pledge to their commitment in working towards the One Health approach in the region and to contribute to the prevention, detection and response to emerging infectious disease threats and towards the implementation of a regional One Health strategic framework. In 2017, the Assembly of the ECOWAS Health Ministers then decided on a road map for the implementation of One Health in the region. The naming of the Regional Animal Health Centre in Mali as an ECOWAS agency for Animal Health presents an important further step in creating the necessary institutional framework and strengthen the sector's visibility. At this level, the appointment of liaison officers for WAHO and possibly the RCSDC at RAHC facilitates the needed connection between the regional entities within this approach. Besides the inclusion of the environmental sector in the regional platform, it is not yet clear in which form and to which extent the environmental sector is represented in the approach at regional level. The lack of strong dedicated institutions for environmental health is a deficiency, which on a longer-term perspective would need to be addressed to guarantee a more comprehensive understanding and approach for One Health in the region.

For risk communication, the link between WAHO/RCSDC and RAHC can create an opportunity to connect the ECOWAS' human health communicators network with the existent but not yet functional communication network of the RAHC to foster information exchange and timely communication. WAHO, RCSDC and RAHC have to aim for defined communication and regular information exchange channels and

procedures e.g. via coordination meetings and the recently created regional and national One Health platforms, e.g. in Liberia, Sierra Leone and Guinea. Further linking the regional One Health platform with already existing and future national One Health platforms can support information exchange. In terms of tools, the planned virtual, regional platform for risk communication can be used as a medium to collect and present relevant information of the regional and national One Health platforms.

Risk communication efforts can highly benefit from the approach through the opportunity of conclusive data collection from relevant sectors according to disease context, the understanding of risk factors from all contexts as well as early risk assessments and warnings on possible spill-overs. The expansion and connection of regional surveillance capacities in the human, animal and environment sector should thus be aimed at, leading to improved data used for risk communication messaging. In mainstreaming the approach through involved institutions and agencies for outbreak control on each level, the needed communication and coordination channels can be built and guarantee the sharing of relevant information and activities for accurate risk communication. Although national and regional levels have taken important steps towards One Health coordination, the current structures and capacities remain insufficient for a factual One Health approach in the ECOWAS region. Communication and coordination structures and procedures have to be identified and formalised in order for risk communication officers to build upon. Opportunities to link platforms and communication mechanisms are available, but have to be taken up by the mandated national and regional actors.

Also in the context of infectious disease outbreaks, antimicrobial resistance (AMR) in the ecosystems should be addressed. Depending on the disease and its context, i.e. availability of a drug and degree of resistance, AMR can have an impact on the successful control of an outbreak. While taking this into account in risk communication, stakeholders are being sensitised for the issue and adequate information on control measures is being conveyed. It can further avoid possible rumours on the perception of presumed inefficient medications.

### Multi-Sectoral Involvement

Connected to the One Health concept, a multi-sectoral approach supports the successful design and implementation of activities, policies, legislation and research. This way multiple sectors communicate and work together to achieve improved public health outcomes. The ECOWAS regional level has yet to strengthen its multi-sectoral engagement in pandemic preparedness. The regional platform for One Health represents a promising base but needs to be expanded and consequently further connected to other relevant sectors, e.g. Peace and Security and Humanitarian Affairs. The limited structures also apply to the newly introduced area of risk communication at the ECOWAS level. The limited structures at regional level have thus led to a modest consideration of this aspect in the strategy to harmonize available capacities with realistic targets. The bold target should lie in the adequate strengthening of WAHO/RCSDC, RAHC and ECOWAS Commission in this aspect to be able to form more concrete targets in the next strategic action plan.

As the implementation of the IHR requires the support from all sectors, multidisciplinary working groups and mechanisms at regional and national levels for risk communication

can lead to improved coordination and communication efforts as implicated sectors are being engaged and can display specific contexts according to the situation. Missing possible barriers can be avoided in advance and mitigated through adequate communication. Further, it facilitates harmonised risk messaging across sectors and hence moderates the risk of contradicting information towards the public. Only when taking all relevant aspects per sector into account, can the full scale of risks be understood, assessed and consequently communicated to the target groups.

### Human Rights Based Approach

Outbreaks of epidemic prone diseases have implications on human rights, for example the right to health, the right to information and the right to freedom of movement. It is important to further guard human rights in an outbreak situation in order to avoid severe negative consequences and implications, including the loss of trust by the public into state actors. The obligation of the state to guard and protect its citizens based on human rights during a crisis is a factor to consider to outbreak control and communication.

For risk communication, guarding the right to information and hence conducting adequate risk communication is a key factor. Affected groups have the right to receive information, which is complete and timely in order to fully understand their risks and take informed decisions to protect their health. Furthermore, a human rights based approach recognizes inequalities, discriminatory practices and unjust power relations in societies. The recognition of vulnerable population groups who are repeatedly most severely affected by infectious disease outbreaks needs to be promoted. Vulnerability as the degree to which individuals and communities are susceptible to or have diminished capacity to cope with exposure to risk factors defines their risk in attaining a disease. The lack of (health promoting) resources leads to a *differential exposure*, meaning that causes of diseases are unevenly distributed across socio-economic groups. Often, these groups are made up of women and children. Particularly, the vulnerability of children must always be taken into account in a crisis. By identifying most vulnerable groups based on these and underlying concepts can hence support the quick identification of risks and targeted risk communication response to specific needs.

Considering determinants of health can provide valuable information for risk communication teams. These include but are not limited to (i.) Education: as a low education level is linked to poor health, (ii.) Social and economic environment: as social support networks and greater support by families and communities is linked to better health, including culture in the form of customs and traditions and the beliefs of the family and community, as well as (iii.) Gender: as women and men can suffer from different diseases throughout their lifetime. Comprehensive risk assessments which include these aspects form the base for adequate communication messages targeted directly at specific contexts.

Thus, the identification of governmental and non-governmental entities and partners who work on human rights at the intersection with health for a complete understanding will support the development of adequate risk communication messages targeted to realities of affected groups. At the regional level, the aim should lie in mainstreaming human rights based aspects in pandemic prevention and control via risk

communication through all stakeholders and channels. Stakeholders and channels include further regional and national civil society organisations as well as the media. In mainstreaming these concepts, stakeholders need to be able to understand and communicate content adequately to function as multipliers in the mainstreaming efforts. Other measures include capacity building activities which include human rights based concepts and approaches.

### Gender

Gender mainstreaming contributes to a human rights based approach. As a determinant of health, gender aspects can have implications on infectious disease outbreaks. Influenced by societal and cultural factors, expectations of a man's or woman's behaviour, social interaction and appearance, gender roles can change while the biological and physiological sex characteristics of a body remain.

In this context, it is important to recognize that gender related socio-cultural roles can lead to differing exposure patterns. The difference in exposure patterns can be seen in different risks depending on the environment, the frequency and intensity of exposure towards a risk. This is vital for risk communication activities in order to identify the actual and underlying risks for both men and women in their settings and according to their life cycle. Adequately formulated risk messages based on this information can thus give the affected population group the assurance of being recognized with their very own realities. Further differences between men and women in risk communication can be found in communication behaviour, access and use of communication channels, risk perceptions, health conscious practices and hence preparedness measures. For example, past outbreaks have underlined that women have often less access to education and hence health relevant information. This can lead to an underinformed risk perception and behaviour leading to a higher risk of exposure to a disease. Risk communication efforts can mitigate this via its recognition, assessment and the adequately targeted use of information channels, e.g. visuals as posters versus factsheets with more text, including the direct contact with women via outreach workers.

Actors need to conduct gender- and cultural-sensitive risk assessments before, during and after outbreaks in order to gain a full understanding of a community's social life, circumstances, fears and hence risks which risk communication messages are based on. The regular inclusion of sex markers (male/female) and reproductive factors (e.g. pregnancy status) in disease surveillance and case investigation provides relevant information to risk communication teams. The collection of information on occupation and social events both for men and women should be considered additionally in case investigations during outbreaks of epidemic prone diseases. The inclusion of these factors can currently not be seen at the ECOWAS regional level and its data dissemination.

The aspect of socio-cultural aspects should highlight the diversity of groups, customs, beliefs and languages and language use. Risk communication teams must be aware of language specificities in order to communicate in the right language through the right channels to the affected groups. The knowledge on how individuals create, receive, interpret and exchange knowledge about hazards will sustainably inform risk communication activities. However, the identification and analysis of specifics lie within the mandate of national and sub-national actors.

As a consequence, risk communication at the regional level should promote gender and culture sensitivity, customs and beliefs as well as the identification of vulnerable populations through risk assessments. The regional level should furthermore promote and advocate for research in these areas as well as advocate for the inclusion of the topics in capacity building measures for involved communicators at state and civil society level and for journalists. The network of ECOWAS health communicators and relevant media houses can function as multipliers. Building on existing capacities, gender relevant entities at the regional level should be included for planning and implementation of measures. This includes the ECOWAS Commission's Department for Social Affairs and Gender as well as the underlying ECOWAS Gender Development Centre in Dakar, Senegal.

## Strategic Action Plan 2019-2023

Levels:

- Regional institutions
- National institutions
- Networks, media, social media, civil society

Strategic axes:

- Governance and coordination
- Capacity strengthening
- Human rights based approach
- Research and innovation

### A. Regional Institutions

| | Lead for implementation | Time frame (quarter/year of implementation) | Indicator |
|---|---|---|---|
| **Governance and Coordination** | | | |
| **Expected Result A.1.**<br>Processes organising RC at regional level, taking into account One Health, between the different stakeholders are defined, tested and improved | | | 1. Availability of a document defining processes of communication for RC at regional level<br><br>2. Number of SOPs for RC at regional level developed |

| | | | |
|---|---|---|---|
| | | | 3. Number of simulation exercises to test RC mechanisms carried out at regional level |
| A.1.1. Launch and disseminate the official documents of the regional RC strategy at regional level | WAHO | 2/1 - continued | |
| A.1.2. Maintain an updated repository of stakeholders and responsible persons for RC in the region | RCSDC | 1/1 - continued | |
| A.1.3. Determine communication and coordination processes for RC between responsible institutions at regional level and with national level | RCSDC | 2/1 – 3/1 | |
| A.1.4. Develop SOPs according to identified needs | RCSDC, implicated NCI | 3/1 – 3/2 | |
| A.1.5. Develop an SOP for regular communication by WAHO/RCSDC on surveillance data and trends, and timely external communication during public health events, outbreaks and epidemics | WAHO, RCSDC | 4/1 – 4/2 | |
| A.1.6. Test defined RC mechanisms at regional level through simulation exercises | WAHO | 1/2 – 1/4 | |

| Capacity Strengthening | | | |
|---|---|---|---|
| **Expected Result A.2.**<br>Capacities and capabilities of human resources for risk communication are adapted to the increasing need for and the importance of risk communication in human, animal and environmental health | | | 1. Number of persons trained by WAHO at regional level<br><br>2. Number of persons trained by WAHO at national level<br><br>3. Number of RC experts which are members of the RRRT |
| A.2.1. Support the provision of needs-oriented learning offers (face-to-face training, blended learning, e-learning, supervision on the job, professional coaching, ToT etc.) to staff in regional institutions and organisations | WAHO/RCSDC | 2/1 – 4/5 | |
| A.2.2. Advocate for an increase in personnel for risk communication in regional institutions | WAHO | 1/1 – 4/5 | |
| A.2.3. Build an expert pool of qualified staff for risk communication at regional level as part of the RRRT (as trainers and deployable experts) | WAHO/RCSDC | Ongoing | |
| A.2.4. Provide regional risk communication teams with adequate materials, tools, guidelines, SOPs | RCSDC | 3/1 – 3/2 | |

| | | | |
|---|---|---|---|
| A.2.5. Provide technical and financial support for RC to MS before, during and after outbreaks and epidemics | WAHO/RCSDC | 1/1 – 4/5 | |
| **Human Rights Based Approach** | | | |
| **Expected Result A.3.**<br>Risk communication by regional institutions in ECOWAS takes human rights and gender approaches into account | | | 1. Availability of a service package on HRBA and RC which is developed and disseminated<br><br>2. HRBA and gender is effectively mainstreamed in SOPs, tools, guidelines etc. developed under this strategy |
| A.3.1. Advocate for the integration of human rights and gender approaches into core competencies and curricula for risk communication | WAHO, RCSDC | 1/1 – 4/5 | |
| A.3.2. Compose a service package on how to integrate human rights and gender approaches into risk communication | RCSDC | 3/1 - continued | |
| A.3.3. Integrate human rights and gender approaches in RC SOPs and guidelines developed under this strategy | RCSDC | 1/1 – 4/5 | |
| A.3.4 Produce awareness material on human rights and the gender dimension that can be adapted by each MS | RCSDC | 4/1 - continued | |

| Research and Innovation | | | |
|---|---|---|---|
| **Expected Result A.4.**<br>Research and modern ICT regarding risk communication in the ECOWAS region are promoted. | | | 1. Number of regular teleconferences among RC communicators having taken place per year<br><br>2. Existence of a functional virtual platform for RC on WAHO'S/ RCSDC's website<br><br>3. Availability of a document on good practices in RC at regional and national level, including cross-border collaboration |
| A.4.1. Create the technical preconditions for regular tele/video conferences of the responsibles for risk communication at national and regional level | RCSDC | Ongoing - continued | |
| A.4.2. Create a virtual platform hosted by WAHO and/or RCSDC for information, training (online courses), exchange etc. including a repository of research material | WAHO/RCSDC | Ongoing – 3/1 | |
| A.4.3.a. Organize a regional meeting for the sharing of best practices in CR and lessons learned (in the process of implementing the strategy) | RCSDC | 2/3 | |
| A.4.3.b. Document and disseminate best practices in risk communication (national level and regional level, including cross-border collaboration) | WAHO/RCSDC | 2/3 – 4/3 | |

| | | | |
|---|---|---|---|
| A.4.4. Set up a regional media monitoring system incl. social media | RCSDC, NCI | 1/1 - continued | |

## B. National Institutions

| | Lead for implementation | Time frame (quarter/year of implementation) | Indicator |
|---|---|---|---|
| **Governance and Coordination** | | | |
| **Expected Result B.1.**<br>National risk communication structures use the support of the regional institutions to build their national risk communication framework and harmonise interaction with other Member States. | | | 1. Number of MS which have developed or revised a national RC plan<br><br>2. Availability of formalised procedures for cross-border collaboration<br><br>Number of simulation exercises on RC carried out at MS level |
| B.1.1. Develop and/or revise national risk communication plans with the support of regional institutions | NCI, RCSDC | 3/1 – continued | |
| B.1.2. Facilitate collaboration and mutual support between MS to develop and/or improve their national RC strategy and risk | NCI | 1/1 – 4/5 | |

| | | | |
|---|---|---|---|
| communication activities related to control of outbreaks and epidemics | | | |
| B.1.3. Foster inter-country collaboration and coordination by strengthening WANIDS regarding RC | NCI, RCSDC, WAHO | 1/1 – 4/5 | |
| B.1.4. Define procedures for cross-border RC activities | NCI, WAHO/RCSDC | 1/3 – 4/3 | |
| B.1.5. Organize periodic simulation exercises | NCI, RCSDC | 6/1 - continued | |
| **Capacity Strengthening** | | | |
| **Expected Result B.2.** Framework conditions regarding awareness and capacities for risk communication at national level have improved. | | | 1. Number of trainings on RC at national level conducted<br><br>2. Number of countries having conducted an advocacy WS with the support of WAHO |
| B.2.1. Conduct risk communication training at the national level (communication officers, managers, members of the ECOWAS health communicators' network) | NCI, MoH | 2/1 – 3/1 | |
| B.2.2. Support the organisation of workshops to sensitise key stakeholders and decision makers on the importance of risk communication for prevention and control of infectious diseases at the national level | NCI, MoH | 1/2 – continued | |

| | | | |
|---|---|---|---|
| **Human Rights Based Approach** | | | |
| **Expected Result B.3.**<br>Framework conditions for human rights based approaches and gender in risk communication at national level have improved. | | | 1. Number of awareness material on human rights based approaches and gender produced and disseminated |
| B.3.1. Promote the integration of human rights and gender into trainings on risk communication | NCI, RCSDC | 1/1 – 4/5 | |
| B.3.2. Produce awareness raising material on human rights and gender to be adapted by each MS | NCI | 1/2 – 4/1 | |
| **Research and Innovation** | | | |
| **Expected Result B.4.**<br><br>B.4.a. Socio-anthropological research as basis for tailored RC has been strengthened. | | | 1. One regional health risk mapping has been produced and shared with MS<br><br>2. Number of available risk communication tools according to risk mapping |
| B.4.a.1. Organise a regional meeting to provide harmonised tools and the methodology for mapping of risks from infectious diseases in the countries | WAHO/RCSDC, NCI | 2/2 | |

| | | | |
|---|---|---|---|
| B.4.a.2. Produce and share with MS and relevant stakeholders the results of the mapping of risks from infectious diseases mapping from the countries | RCSDC, WAHO | 2/2 – 2/3 | |
| B.4.a.3. Conduct a review of existing socio-anthropological research relevant for the risks (from infectious diseases) mapped in the countries | NCI, RCSDC | 2/2 – 2/3 | |
| B.4.a.4. Develop risk communication tools based on the results of risk mapping and related research | NCI, MoH | 2/3 – 2/4 | |
| B.4.b. Innovative communication solutions are more widely used for RC | | | 1. Number of pilots developed on improving RC through ICT solutions |
| B.4.b.1. Develop risk communication tools according to the results of the risk mapping and the related research | NCI, RCSDC | Ongoing – 3/2 | |
| B.4.b.1. Organise workshops with software developers to develop application for RC | NCI, RCSDC | Ongoing – 3/2 | |
| B.4.b.2. Promote the further development of the selected risk communication solutions (from the workshops) | NCI | Ongoing – 4/5 | |

### C. Networks, Media, Social Media, Civil Society

| | Lead for implementation | Time frame (quarter/year of implementation) | Indicator |
|---|---|---|---|
| **Governance and Coordination** | | | |
| **Expected Result C.1.**<br>The prerequisites for cooperation between WAHO/RCSDC, MS/NCIs, media, networks and civil society organisations have been created. | | | 1. Existance of an SOP on RC with medias, networks and civil society in emergency situations<br><br>2. A regional conference on RC has been organised |
| C.1.1. Provide a database for CSOs, networks and media institutions at regional and national level | RCSDC, NCI | 4/1 – 2/1 | |
| C.1.2. Develop a SOP for RC for WAHO/RCSDC with media, social media, networks and the civil society in emergencies | RCSDC, WAHO | 3/1 – 2/2 | |
| C.1.3. Organise a regional conference on risk communication with a track on collaboration with civil society and media | RCSDC, NCI | 1/3 | |

| | | | |
|---|---|---|---|
| **Capacity Strengthening** | | | |
| **Expected Result C.2.**<br>Networks, civil society organisations and media have better access to relevant and up-to-date information related to risk communication and infectious diseases. | | | 1. Availability of a Knowledge Gateway for RC on the website of WAHO/RCSDC |
| C.2.1. Establish collaboration with<br>• ECOWAS Radio (Monrovia)<br>• West African Democracy Radio (Dakar)<br>• and other media *(to be identified)* | WAHO, RCSDC, ECOWAS Commission | 2/3 – 4/3 | |
| C.2.2. Use the virtual RC platform of WAHO/RCSDC to set up a "Knowledge Gateway" for journalists and relevant stakeholders of civil society to provide information and IEC material on common infectious diseases | WAHO, RCSDC | 1/2 – 3/2 | |
| **Human Rights Based Approach** | | | |
| **Expected Result C.3.**<br>Capacities of journalists, NGOs, CSOs on human rights and gender based approaches for RC have improved. | | | 1. HRBA is integrated into modules, guidelines, concepts for utilisation by media and CSO |
| C.3.1. Integrate human rights approaches into training modules, guidelines, concepts and terminologies based on human rights | NCI, RCSDC, EGDC (ECOWAS | Continued | |

| | | | |
|---|---|---|---|
| and gender based approaches for media and CSO use | Gender and Development Centre) | | |
| **Research and Innovation** | | | |
| **Expected Result C.4.**<br>Mutual learning from best practices for innovative solutions in RC has been enhanced. | | | 1. Availability of a directory of best practices of innovative approaches to RC |
| C.4.1. Promote best practices of innovative approaches to RC on the basis of existing resources (e.g. UNICEF) | RCSDC, NCI | 2/3 – 4/3 | |
| C.4.2. Develop criteria for sustainability for new tools and technologies in RC (checklist) and promote it. | RCSDC, NCI | 1/5 – 4/5 | |

## Monitoring and Evaluation (M&E) and Revision of the Strategic Plan

The implementation of the strategic action plan extends over five years. This process is designed to be executed quickly and efficiently in order to be implemented without delay. Monitoring and evaluation of the implementation of the Strategic Action Plan is the responsibility of WAHO following the existing framework and processes.

The indicators are chosen at the outcome level, which corresponds to the sub-objectives of the strategic action plan. The data collection calendar must use resources rationally, be harmonized and follow an annual rhythm. It should further be synchronized with similar processes.

Activities build on each other and, as a result, the indicators depend on previous achievements of different activities, as indicated in the separate M&E plan document.

Whenever a reference is needed as a baseline value, this is indicated in the plan and should be defined as soon as possible after the adoption of the strategy and the start of implementation.

Data collection uses as much as possible readily available data sources to make the results comparable to other M&E systems and to minimise data collection efforts.

The process and its outcomes need to be regularly reviewed by institutions and stakeholders to ensure the successful implementation of the strategic plan.

Evaluations will be conducted jointly by a team of internal and external evaluators.

A mid-term evaluation will be carried out after two years from the starting date of implementation, the final evaluation will be made after five years.

The results and recommendations of the mid-term evaluation will be used to refocus priorities and activities and respond to unforeseen delays and challenges.

The final evaluation will provide guidance for the next phase of the strategy and help define new priorities and areas for further work.

# Appendix

## Members of the Technical Advisory Group and further contributors

Members of the Regional Risk Communication Technical Advisory Group (in alphabetical order)

| Name | Function, Institution |
|---|---|
| Dr. Ayoola, Olufemi | Risk Communication Lead, Nigeria Centre for Disease Control |
| Mr. Barry, Rodrigue | Senior Risk Communication Advisor, WHO Emergency Hub, Dakar |
| Dr. Brito, Carlos | Senior Director, WAHO |
| Ms. Cojocaru, Violeta | Regional Advisor, UNICEF Regional Office Dakar |
| Dr. Diouf, Aloyse | Directeur de Cabinet, Ministry of Health Senegal and President of the ECOWAS Health communicators network |
| Dr. Fall, Babacar | Risk Communication Officer, ECOWAS-RCSDC |
| Ms. George, Geraldine | Former Risk Communication Officer, Ministry of Health Liberia |
| Ms. Gosch, Karen | Technical Advisor Risk Communication, GIZ RPPP |
| Dr. Kabore, Henri | Former Director, Regional Animal Health Centre ECOWAS |
| Ms. Mengesha, Sarah | Technical Advisor Risk Communication, GIZ RPPP |

| | |
|---|---|
| Dr. Rehmet, Sybille | International expert |
| Dr. Sow, Ibrahima Sékou | Communication Expert, Ministry of Health Guinea |
| Mr. Thomas, Harold | Communication Lead, Emergency Operations Centre Sierra Leone |

The following persons have participated in the finalisation process of the document (in alphabetical order by country)

| Name | Function, Institution |
|---|---|
| Anitha Belemtougri | Communication Lead, National Public Health Institute Burkina Faso |
| Dr Ngibo Fernandes | Focal Point Health Observatory, National Public Health Institute Cape Verde |
| Buba Darboe | Health Promotion and Risk Communication Officer, Ministry of Health and Social Welfare of The Gambia |
| Jean Traore | Communication and Media Lead, National Agency for Health Security (ANSS) Guinea |
| Jean Pierre Umpeca | Director for information and communication for health, Ministry of Public Health and Social Solidarity Guinea-Bissau |
| Oliver Jah<br><br>Richard Zeon | Communication Officer, National Public Health Institute of Liberia (NPHIL)<br><br>Coordinator Risk Communication, Health Promotion Division Ministry of Health Liberia |
| Hallarou Chaibou | Head of Division for Communication at the Epidemics, Surveillance and Response Directorate Ministry of Health and Social Action of Niger |

| | |
|---|---|
| Dr. Joshua Obasanya | Director Prevention and Programs Coordination, Nigeria Centre for Disease Control |
| Bineta Bocoum | Communication Lead, Health Emergency Operations Centre Senegal |
| Koffi-Kuma Kokou Edem | Head of Division Health Promotion and Risk Communication Lead, Ministry of Health and Social Protection Togo |

Implemented by

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Regional Programme Support to Pandemic Prevention in the ECOWAS Region (RPPP)