Information management and communication in emergencies and disasters

MANUAL FOR DISASTER RESPONSE TEAMS

How to plan communication

How to manage information

How to work with the media

How to prepare messages and materials

Pan American Health Organization
Regional Office of the World Health Organization

Information management and communication in emergencies and disasters: manual for disaster response teams

Editors:
Susana Arroyo Barrantes, Social Communicator, OXFAM
Martha Rodrlguez, Social Communications Advisor, PAHO/WHO
Ricardo Pérez, Regional Advisor in Information, PAHO/WHO

Area on Emergency Preparedness
and Disaster Relief
Washington, D.C. • 2009

PAHO HQ Library Cataloguing-in-Publication

Pan American Health Organization
Information management and communication in emergencies and disasters: manual for disaster response teams

Washington, D.C.: PAHO, © 2009

ISBN: 978-92-75-12993-7

I. Title

1. DISASTER PLANNING – organization and management
2. MASS COMMUNICATIONS MEDIA – use
3. INFORMATION SYSTEMS – instruments
4. PREVENTION AND MITIGATION – methods
5. SOCIAL COMMUNICATION IN EMERGENCIES
6. DISASTERS EQUIPMENT AND SUPPLIES
7. MANUAL

NLM HV553

A publication of the Area on Emergency Preparedness and Disaster Relief of the Pan American Health Organization, Regional Office of the World Health Organization (PAHO/WHO).

The views expressed, the recommendations made, and the terms employed in this publication do not necessarily reflect the current criteria or policies of PAHO/WHO or of its Member States.

The Pan American Health Organization welcomes requests for permission to reproduce or translate, in part or in full, this publication. Applications and inquiries should be addressed to the Area on Emergency Preparedness and Disaster Relief, Pan American Health Organization, 525 Twenty-third Street, N.W., Washington, D.C. 20037, USA; fax (202) 775-4578; e-mail: disaster-publications@paho.org.

This publication has been made possible through the financial support of the Spanish Agency for International Development Cooperation (AECID), the International Humanitarian Assistance Division of the Canadian International Development Agency (CIDA) and the Office of Foreign Disaster Assistance of the United States Agency for International Development (OFDA/USAID).

Translation from Spanish: Mary Elizabeth Stonaker
Graphic design: Carlos Cuauhtémoc/Abel De Gracia

Table of Contents

Acknowledgements v

Introduction 7

Chapter 1 11
Communication and information management during emergency and disaster response

1.1 Objectives of this manual 12
1.2 Importance of information management in disaster situations 13
1.3 PAHO/WHO Regional Disaster Response Teams 15
1.4 Profile of information and communication specialists 19
1.5 Principles and standards for communication and information management 20

Chapter 2 25
Planning communication and information management for emergencies and disasters

2.1 The best communication is planned 26
2.2 Prerequisities for planning 28
2.3 The key stages of planning 28
2.4 Examples 35
2.5 Checklist 37

Chapter 3 39
Managing information during an emergency or disaster

3.1 The nature of information in disaster situations 40
3.2 Responsibilities of the Regional Disaster Response Team in managing information 41
3.3 Stakeholders and information sources on disasters and emergencies 45
3.4 The basics of situation reports 51
3.5 Preparing a web page on an emergency 56
3.6 Preparation and distribution of reports and news 58

Table of Contents

Chapter 4 — 61
Working with communication media

4.1 The role of communication media during emergencies and disasters 62
4.2 Understanding communication media 63
4.3 What the media want 69
4.4 How to reach the media 70
4.5 Recommendations for the official spokesperson 79
4.6 Monitoring media coverage 82
4.7 Media responsibilities following the emergency 83

Chapter 5 — 87
Developing messages and material

5.1 Messages for different phases of the emergency 88
5.2 Developing effective messages: message maps 91
5.3 Recommendations on message content, language, and format 101
5.4 Managing myths and rumors 104
5.5 Myths and realities of disasters 105
5.6 Producing communication and informational materials 107

Annexes — 111

I. PAHO/WHO checklist for communication in emergencies and disaster situations 112
II. PAHO/WHO Situation Report format (SITREP) 114
III. Examples of Situation Reports 116
IV. Examples of press releases 126
V. Web sites 132
VI. Acronyms 133
VII. Recommended bibliography 134

Acknowledgements

This manual is the result of an extended period of regional participation and consultation, with the support of professionals in the disciplines of communication and disaster management from Latin America and the Caribbean.

Many individuals provided comments and contributed from the first draft through the final version. The manual was reviewed during workshops held in Argentina, Ecuador, Panama, and Peru, where dozens of experts made recommendations and important contributions.

In particular, we would like to acknowledge the work and support of the following people:

- Liliana Arévalo and Paola Rosanna Caycedo from Colombia, and Alexandra Ayala from Ecuador.

- From PAHO/WHO, Tilcia Delgado, Patricia Bittner, Leonardo Hernández, Amaia López, and Isabel López.

Production of the manual was made possible with financial support from the Spanish Agency for International Development Cooperation (AECID), the International Humanitarian Assistance Division of the Canadian International Development Agency (CIDA), and the Office of Foreign Disaster Assistance of the U.S. Agency for International Development (OFDA/USAID).

Introduction

Many specialists from the fields of communication and disaster management from Latin America and the Caribbean participated in developing this manual. The contents were tested and adapted under actual emergency and disaster conditions. The final product reflects consensus among the experts about the most important uses of information and communication in emergency situations.

This manual focuses on operational aspects of disaster and emergency response as well as preparing for disasters. It addresses plans for communicating with the public during emergencies and techniques for producing, exchanging, and distributing information for humanitarian organizations. Experiences from many emergency situations show that communication is most effective when information management is linked to information exchange and social communication techniques and processes.

PAHO/WHO established the Regional Disaster Response Team (RDRT) to maintain a multidisciplinary group of experts that helps to coordinate disaster response in any member country affected by an emergency. The team includes professionals who specialize in information and communication activities. It is important that they have manuals and tools to guide and standardize work procedures. This manual is part of a broader effort to develop technical abilities. Besides serving the RDRT, the manual provides general guidance for the information and communication activities that are integral to the health sector's emergency and disaster preparedness and response.

The following principles have inspired this work:

1. Information management and communication should be part of planned design and execution, and be integral to an organization's risk and disaster management plans. Improvised communication can be costly and have unsatisfactory results.

2. In addition to having specialized training, persons responsible for information management and communication must be open and proactive. The ability to generate and exchange information is not exclusive to those who have studied communication; rather, it comes from a hands-on approach and good team work.

3. Teamwork is essential if information management and communication are to be successful. Disaster experts, communicators, or administrators cannot work in isolation and the work of those with one specialization should complement the work of the others. Those responsible for communication must have a strong understanding of disasters. Likewise, experts in disaster management and public health will make better decisions when they accept input from communication specialists.

4. Investment in information management and communication is a cross-cutting endeavor and should be integral to the work of disaster management experts and organizations. Information management and communication should be considered a culture more than a skill.

5. Finally, this guide aims to be dynamic and encourage participation. It will be perfected as long as communication and disaster experts put its principals into practice and help to improve on the recommendations presented here.

Who is the intended audience of the manual?

The manual was prepared for members of the PAHO/WHO Regional Disaster Response Team, but also for national and international communication and information management professionals who have an interest in or are working in disaster preparedness and response in the health sector. It is also useful for planning and teaching workshops on communication and disasters.

What are the contents and how can they be used?

Chapter 1 provides general guidelines on organizing communication activities. It introduces the PAHO/WHO Regional Disaster Response Team and presents a set of basic principles that should guide information management and communication in disaster situations.

Chapter 2 outlines the main steps that should be taken when planning communication before and during emergencies. It provides practical examples of how to design the disaster communication plan for a unit in a ministry of health or other health sector agencies.

Chapter 3 introduces the most important stakeholders and sources for information during emergencies. It addresses the critical topic of preparation and distribution of situation reports (SITREPs) during an emergency.

Chapter 4 gives techniques and recommendations for working with the communication media. It outlines specific characteristics of the media, their information requirements, and key messages that should be transmitted before, during, and after an emergency.

Chapter 5 gives techniques and recommendations for working with the communication media. It outlines specific characteristics of the media, their information requirements, and key messages that should be transmitted before, during, and after an emergency.

Finally, there are **annexes** that can be consulted with examples of types of communication used in emergencies, such as situation reports and press releases. A list of acronyms, Internet sites, and a bibliography are included.

The manual can be used to gain an overall understanding of actions taken in emergency situations. Individual chapters can also be used as modules. In either case, it is recommended that communication teams, departments, or experts use this manual to prepare communication plans before an emergency occurs.

© PAHO/WHO

Chapter 1

Communication and information management during emergency and disaster response

1.1 Objectives of this manual

1.2 Importance of information management in disaster situations

1.3 The PAHO/WHO Regional Disaster Response Team (RDRT)

1.4 Profile of communication and information management specialists

1.5 Principles and standards for communication and information management

This chapter addresses the importance of managing information during emergency and disaster response, the general aims and expected results of the Regional Disaster Response Team, and the responsibilities of those working specifically with information management.

1.1 Objectives of this manual

Information is the most valuable commodity during emergencies or disasters and helps in generating visibility and credibility.

© PAHO/WHO

This manual intends to facilitate the work of communication specialists who are members of the PAHO/WHO Regional Disaster Response Team as well as for those working in the health sector in general.

The manual provides recommendations on dealing with the context and conditions where information is needed, guidelines on producing reports and distributing information for different audiences, how to manage communication media, and planning the work of communication during emergency response.

Effective communication and information management are obviously critical to the overall process of managing and reducing the risks of disaster. For practical reasons, this manual focuses on communication and information management during emergency preparedness and response phases. It serves as a complement to documents, guidelines, and courses made available by PAHO/WHO and other organizations on communicating risk management.

1.2 Importance of information management in disasters and emergencies

Information is the most valuable commodity during emergencies or disasters. It is what everyone needs to make decisions. It is an essential aspect in an organization's ability to gain (or lose) visibility and credibility. Above all, it is necessary for rapid and effective assistance for those affected by a disaster.

Information is the main element in the damage and needs assessment process and is the basis for coordination and decision making in emergency situations. It has a powerful impact on how national and international resources are mobilized. It is essential for after-action analysis, evaluation, and lessons learned.

Moreover, public and social communication and media relations have become key elements in efficient emergency management. Technical operations in highly charged political and social situations must be accompanied by good public communication and information strategies that take all stakeholders into account.

Following are aspects of information that are important in the context of emergencies and disasters:

- During an emergency, timely and transparent production and dissemination of information generates trust and credibility. National authorities, international agencies, humanitarian assistance organizations, the affected population, and the communication media will demand information in the form of data, figures, reports, and situation analysis or recommendations. These stakeholders depend on this information to guide their work and to translate their interest and concern into concrete action.

- Information in emergency or disaster situations comes from many sources; it represents different points of views and serves a wide range of interests and needs. For example, following an earthquake, scientific, technical, and operational information will serve decision makers, the affected population, and the international com-

munity involved in response efforts. Clearly, the type of information provided reflects the multi-disciplinary nature of emergency and disaster response and the ever-growing number of specialists and organizations from different technical disciplines who are involved in disaster response.

- The participation and effectiveness of national and international actors will be beneficial to affected populations to the extent that they have precise, timely, and relevant information. This applies to communication channels and tools that can facilitate dialogue and build partnerships.

- The challenges are to show how communication and information management contribute to more effective and timely response, and therefore to saving lives, and how these activities can lessen the impact of disasters and emergencies and improve the quality of life of affected populations. They must also be recognized as key elements in mobilizing resources, stimulating solidarity and support, increasing visibility, and strengthening the position of humanitarian stakeholders and of the health sector.

If the above-mentioned communication measures and expertise are to be valued in the context of disaster management, all necessary technical and human resources must be made available, as well as political backing from health and disaster management authorities. Communication measures and the teams of people responsible cannot be improvised during an emergency; they require ongoing preparation and planning.

It is vital for disaster response teams to regularly include specialists in communication and information management. PAHO/WHO promotes and supports the work of these specialists inside the organization as well as in disaster response operations of the health sector in each country in the Region.

1.3 PAHO/WHO Regional Disaster Response Teams

© PAHO/WHO

In response to the request of Ministers of Health[1] in the Region of the Americas, the Pan American Health Organization (PAHO/WHO) established a Regional Disaster Response Team. The multidisciplinary team has health and disaster specialists with the necessary experience and training to collaborate in emergency and disaster response in the Region of the Americas.

The team is deployed immediately when a major emergency or disaster occurs. It includes experts from a variety of technical areas, including epidemiology, mental health, water and sanitation, health services, environmental health, administration, and logistics, as well as communication specialists.

The main functions of the Regional Disaster Response Team are to:

- Support the health sector of the affected country.
- Conduct damage and needs assessments.
- Provide technical advice to PAHO/WHO offices and local and international counterparts.
- Support, when necessary, in the activation of the health cluster and other specialized working groups in the framework of the United Nations Humanitarian Reform.

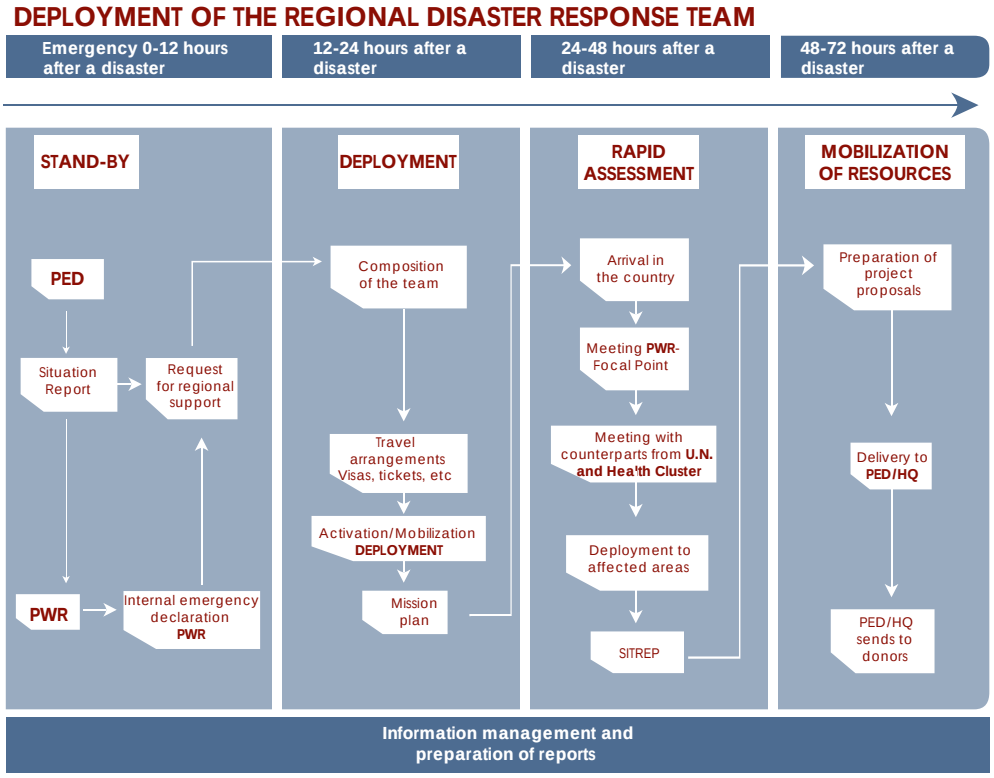
1 Forty-fifth Directing Council of the Pan American Health Organization, Washington, D.C., 2004.

Objectives of the Regional Disaster Response Team

- The main goal of the Response Team is to quickly mobilize specialists who can support the emergency operations led by the health sector in the country or countries affected by disaster.

- In cooperation with national authorities and other actors, the team calculates the potential risk to the public health of affected populations, carries out rapid assessment of damages to and needs of the health sector, and shares results of assessments with humanitarian stakeholders involved in disaster response.

- An important function of the team is to gather, produce, and distribute necessary information so that local authorities, PAHO/WHO, donors, agencies in the United Nations system, and other actors can take decisions and set life-saving operations into motion.



PED = PAHO/WHO Area on Emergency Preparedness and Disaster Relief.
PWR = Representative of PAHO/WHO, located in Member States of the Region.

Roles and responsibilities of the Regional Disaster Response Team

Despite what is widely understood about how disasters occur and impacts of various phenomena, each emergency is different because of the circumstances where it occurs. There are widely varying levels of vulnerability and response capacity in the countries affected. The Disaster Response Team, therefore, must adapt to the needs of whatever country or area is affected and to the requests made to PAHO/WHO for assistance.

Regardless of the conditions that might confront the team, there is a list of basic tasks for the team. Tasks for communication experts are divided into two groups, as outlined below.[2]

Information management:

- Prepare situation reports (SITREPs) and other technical documents and assist in preparing project proposals.
- Coordinate the timely and effective distribution of information.
- Organize the exchange of information with major national and international health sector agencies.
- Collect, organize, and preserve reports and other technical or scientific information relating to the emergency or disaster.

2 These duties and responsibilities are described in more detail in Chapter 3.

Comunication:

- Assist in planning the health sector's communication and information management activities.
- Promote, facilitate, and/or produce communication resources for health sector response activities and health promotion.
- Advise the PAHO/WHO Representative on managing communications media.
- Consult with the communications team from the Ministry of Health.
- Assist in management of communications media and in distributing key messages.
- Monitor coverage by communications media.
- Facilitate and promote activities that will increase the visibility of the health sector.

Guidelines for information management

- Communication and information management are not isolated activities but are part of the plans and strategies promoted by PAHO/WHO in disaster situations.
- Besides having specialized qualifications and training, the Disaster Response Team must be proactive, transparent, and willing to collaborate.
- Information management and communication are effective when they are part of all operations that experts and agencies carry out during disasters.
- It is very important for all members of the Disaster Response Team to coordinate their work so that communication experts have a better understanding of the scope and dynamics of the disaster. Health experts should work with communication specialists to improve the decision-making process and to improve response activities.

Remember:

In most cases, these tasks should be carried out in close coordination with PAHO/WHO and the communication team of the Ministry of Health of the affected country or countries. The recommendations included in this manual are directed at these two key actors.

1.4 Profile of information and communication specialists

Members of the Regional Disaster Response Team must assist those persons working in disaster preparedness and response to lessen negative impacts on health and to achieve rapid recovery for individuals and the community.

During a disaster or emergency, communication specialists on the Disaster Response Team must have the necessary experience and skills to perform effectively. Some of the qualities required are the following:

- Facilitate dialogue among different actors
- Produce, analyze, and organize information
- Promote and stimulate work on the team and in multicultural settings
- Work under pressure
- Make decisions
- Manage politically sensitive situations
- Have both oral and written communication skills
- Prepare and carry out communication strategies that respond to the needs and demands of key actors
- Design, execute, and evaluate communication plans
- Manage computer equipment and software programs
- Be fluent in official PAHO/WHO languages (e.g., English, Spanish, French, Portuguese).

Communication specialists will always work with experts in other disciplines and will have technical support from personnel in areas of administration, information technology, graphic design, multimedia, photography, and audiovisual production. They will have access to other resources that can be hired at the disaster site, when conditions allow.

1.5 Principles and standards for communication and information management

Members of the Risk, Emergency, and Disaster Working Group of the Permanent Inter-Agency Committee for Latin America and the Caribbean (REDLAC) agreed on a set of principles to guide information management in disaster or emergency situations.[3] PAHO/WHO endorses these recommendations and promotes their inclusion in activities taken by the Disaster Response Team. The principles are as follows.

- **Accessibility**. Humanitarian information and data should be made accessible to all humanitarian actors by applying easy-to-use formats and by translating information into common or local languages when necessary. Information used for humanitarian purposes should be widely available through a variety of online and offline distribution channels, including the media.

- **Inclusiveness**. Information management and exchange should be based on a system of collaboration, partnership, and sharing. There should be a high degree of participation and ownership by multiple stakeholders, especially representatives of the affected population.

- **Inter-operability**. All sharable data and information should be made available in formats that can be easily retrieved, shared, and used by humanitarian organizations.

- **Accountability**. Users must be able to evaluate the reliability and credibility of data and information by knowing its source.

3 For more information on REDLAC activities, visit www.redhum.org.

Information providers should be responsible to their partners and stakeholders for the content they publish and disseminate.

- **Verifiability.** Information should be accurate, consistent, and based on sound methodologies, validated by external sources, and analyzed within the proper contextual framework.

- **Relevance**. Information should be practical, flexible, responsive, and driven by operational and decision-making needs throughout all phases of a crisis.

- **Objectivity.** Information managers should consult a variety of sources when collecting and analyzing information so as to provide varied and balanced perspectives for addressing problems and recommending solutions.

- **Humanity**. Information should never be used to distort, to mislead, or to cause harm to affected or at-risk populations and should respect the dignity of victims.

- **Timeliness.** Humanitarian information should be collected, analyzed, and distributed efficiently, and must be kept up-to-date.

- **Sustainability.** Humanitarian information and data should be preserved, catalogued, and archived so that it can be recovered for future use in areas such as preparedness, analysis, lessons learned, and evaluation.

WHO communication standards for dealing with outbreaks of disease[4]

The Regional Disaster Response Team's communication specialists, can benefit from these WHO recommendations in their activities. Important features of these standards are presented below:

▶ **Trust.** The overriding goal for emergency managers is to communicate in a way that builds, maintains, or restores the trust of the public. This is true across cultures, political systems, and level of country development. The less people trust those who are supposed to protect them, the more afraid they will be and less likely to conform to recommendations or guidelines.

▶ **Announcing early.** In today's globalized and interconnected world, information about the impact of a disaster or emergency is almost impossible to keep hidden from the public. Eventually, the emergency will be revealed. Therefore, to prevent rumors and misinformation and to frame the event, it is best to announce as early as possible.

Early announcements are often based on incomplete and sometimes erroneous information. It is critical to publicly acknowledge that early information may change as further information is obtained or verified. The benefits of early warning outweigh the risks, and even those risks (such as providing inaccurate information) can be minimized with appropriate messages about hazards.

▶ **Transparency.** Maintaining the public's trust throughout an emergency or disaster requires transparency (i.e., communication that is candid, easily understood, complete, and factually accurate). Transparency characterizes the relationship between the emergency managers and the public. It allows the public to view the processes of information gathering, risk assessment, and decision-making that are associated with controlling risks. Transparency, by itself, cannot ensure trust. The public must see that competent decisions are being

4 These principles are adapted from the World Health Organization (WHO), Outbreak communication guidelines (WHO/CDS/2005.28), Geneva (WHO), 2005. Available online at: www.who.int/infectious-disease-news/IDdocs/whocds200528/whocds200528en.pdf.

made. But in general, greater transparency results in greater trust.

- **Understanding the public.** For communication to be effective, it is critical to understand the public. It is usually difficult to change pre-existing beliefs unless those beliefs are explicitly addressed. Without knowing what the public thinks, it is nearly impossible to design successful messages that bridge the gap between the expert and the public. Communicating about risks should be a dialogue with the public. The communicator must understand the public's beliefs, culture, opinions, and knowledge about specific risks.

- **Planning.** The decisions and actions of public health officials have more effect on trust than communication on the public's perception of risk. Communication about risk has an impact on everything emergency managers do, not just what they say. Therefore, risk communication is most effective when it is integrated with risk analysis and risk management. Risk communication should be incorporated into preparedness planning for major events and in all aspects of disaster response.

© PAHO/WHO

Chapter 2

Planning communication and information management for emergencies and disasters

2.1 The best communication is planned

2.2 Prerequisites for planning

2.3 The key stages of planning

2.4 Examples

2.5 Checklist

This chapter outlines the main steps that health sector agencies should take to plan communication and information management before and during emergencies or disasters.

2.1 The best communication is planned

Planning clarifies, in an ordered and sequential way, the context of what has to be communicated, how it will be communicated, through what media, what people and resources can be counted on, and the audience for the messages.

© PAHO/WHO

It is impossible to plan communication without considering strategies, material design, and media activities which, in the case of the health sector, will provide the population with messages to protect themselves and improve their quality of life.

When dealing with emergencies and disasters, communication planning becomes a complex and challenging undertaking. It involves the collection, organization, production, and dissemination of the information that makes it possible to make informed decisions and mobilize necessary resources. Sources and key shareholders must be identified and different audiences must be given priority. It is vital to create messages that will make health agencies visible and relevant to the population, the international community, donors, communications media, and organizations involved in international disaster response. This planning is usually carried out in a complex political and social environment.

Communication planning requires a good understanding of the environment and the information needs both of the population and health sector institutions and authorities. Effective management ensures the optimal use of resources and improves the quality and organization of the work before, during, and after a disaster or emergency.

One of the major challenges in risk communication is to transform the uncertainty and reactive communication that can occur in the first hours after an emergency/disaster to an organized, proactive and engaging information and communication process with both stakeholders and the public.

Experience in the United Nations system and national and international humanitarian agencies has improved the understanding of the impact and development of disaster and emergency situations. One of the lessons learned is the necessity to formulate plans and strategies that respond to the needs and priorities of the affected population and the health sector.

Of all of the tasks discussed in this manual, communication planning and information management are among the most important. It is the starting point for deciding what and how messages will be communicated, the target audience, the media to be used, and the context within which all of this will be implemented. It is also the end point of deliberations and learning; it replicates best practices and corrects actions based on lessons learned.

Communication planning at a glance		
What is the situation?	⇨	Diagnosis
Why communicate?	⇨	Objectives
To whom?	⇨	Target audience
How?	⇨	Strategies, program, channels, tools
When?	⇨	Timeline for actions
Who?	⇨	Responsible parties
With what?	⇨	Resources
How is it going?	⇨	Monitor, obtain public feedback and adjust as necessary
How effective?	⇨	Follow-up and evaluation

2.2 Prerequisites for planning

© PAHO/WHO

Planning clarifies in a sequential order, the content of what has to be communicated, how it will be communicated, through what media, to which people and identifies available or required resources. Planning also helps to define roles and responsibilities, establish goals and objectives, and assign resources, both in terms of budget and personnel.

It must be kept in mind that planning is an ongoing, dynamic process. Adjustments have to be made continually in goals, strategies, activities, and resource allocation. Once at the disaster or emergency site, and after the type of relief for the affected population has been determined, the communication plan must be adapted to the health sector objectives in consultation with the all critical partners, i.e., the national authorities, PAHO/WHO, and the leader of the Disaster Response Team, to ensure collective commitment and follow through.

Remember:

Plans for communication and information management for the health sector must be consistent with the disaster management plans carried out by national authorities or PAHO/WHO in the country or countries affected.

2.3 The key stages of planning

This section outlines the key stages in developing a communication plan. They must be adapted to specific local, regional, and institutional needs.

A. Diagnosing the situation

A diagnosis identifies the social, political, and economic conditions of potentially affected communities and of the country in general. It assesses the health sector, scientific information about hazards and their possible effects on health, potential information and communication needs, and conditions that favor or challenge the communication process.

Keep in mind that during the disaster, information must be revised and updated to reflect the damage and must include new information from the needs assessments that are carried out by the health sector. It is vital that the development of the emergency and the response provided by health authorities be monitored and recorded. To begin the planning process, make sure that you have the following information:

General:

- General characteristics: Population disaggregated by sex, age, national and ethnic origin, urban, rural; literacy level; main income sources and production capacity; languages, dialects, religious practices, and social organizations; lifelines, main roads; and most vulnerable areas and populations.

- Information about disasters or emergencies relevant to the area: Type of event(s); prior events and response behavior; risk maps; factors affecting vulnerability (for example, political system, institutions, health and social services, educational system, environment, economy).

- Level of organization for disasters: Disaster response organizations, coordination mechanisms, and disaster preparedness and disaster prevention programs and plans.

- Health sector: Condition of infrastructure; health coverage; human, technical, and financial resources available for disaster or emergency response.

- Monitoring emergency and response efforts: Once at the scene of the disaster or emergency, there must be detailed monitoring and follow-up of how the situation is evolving, including how health authorities are responding.

Communication:

- Perceptions of risk: Knowledge and beliefs of the population about their level of risk and the potential impact of an emergency or disaster; the influence of myths and cultural practices on the disasters and how to manage them. Ask: What does the community know about hazards they are exposed to? Do they consider them risk factors? How does the community live with the hazards? What explanation does the community give for the phenomena?

- Communication media used by potentially affected population: Radio, television, newspapers, magazines, newsletters, level of access to the Internet, community resources, and alternative media and information networks. Know the hours and programs with the largest audience.

- Social spaces and communication customs: Religious services, fairs, markets, sporting events, meeting rooms, public squares, community centers and other gathering areas.

- Directory of journalists: Telephone and fax numbers, electronic and postal addresses; program directors and journalists (specialists or general) of media and of national and international news agencies.

- Opinion makers: Community, religious, and political leaders; sports and cultural figures respected by the potentially affected population.

Institutions:

- Human and technical resources that the Disaster Response Team can use during the emergency or disaster.

- Capacity and needs of the health sector communication teams.

- Nature of the relationship between the health sector and communication media.

- Support, consulting, or training needs of the health sector and PAHO/WHO personnel.

- Support, consulting, or training needs of designated spokespersons.
- Existing means of gathering, producing, approving, and disseminating information about the health sector response.
- Institutional communication protocols and policies to be applied in emergency and disaster cases.
- Dealing with difficult media situations relating to health sector response.
- Plans, programs, or experiences about communication and health used during other emergencies or disaster situations.
- Important agencies and actors in the affected area.

B. Objectives

Objectives define the timely and priority actions for communication and information management. Objectives are established in response to the needs identified in the diagnosis. They determine the strategies and resources used to reach the population, the intended messages, the most appropriate media, and a timeframe for completing activities.

What we want to achieve, what changes we want to make, and in what period we can do it are some of the guiding questions to ask when formulating objectives.

What do communication and information management seek to achieve? The list is extensive: to collect, produce, and disseminate information; to assist and advise health sector communication teams; to train and advise spokespersons and authorities; to manage the relationship with the media; to educate, persuade, stimulate, and change practices and behavior of the population.

Because the discipline of communication and information management covers such a broad area, goals must be concrete and realistic, and there must be measures and indicators to determine whether objectives are met. When dealing with emergencies or disasters, the key is to design objectives

that can be adapted to the many dimensions of a crisis. Communication and information management must work to serve the health sector and to improve the quality of life of persons affected.

C. Target audiences

Once the target audience is defined, it is then possible to set the strategies, contents, and media to be used.

Target audience(s) might include the general public, the affected population, vulnerable populations, national authorities, communication media, journalists, the academic community (students, teachers, administrators, parents), international organizations, donors, and the international community.

D. Strategy

Communication strategies can be based on policy, technology, or methodology. When setting strategies, the target audience, key messages, conditions, and the interests of the institution and of the public must be considered. Strategy is the combination of criteria, decisions, methods, and actions used to realize the stated objectives. It uses campaigns and programs that are structured for the short- and medium-term depending on the specific circumstances and nature of a disaster or emergency.

Advocacy strategies, for example, would be used to promote public policies and mobilize resources for disaster preparedness and response, for risk reduction, and for educating the public about risk.

Social mobilization strategies build a critical mass of persons and institutions to address the specific situations and problems resulting from a disaster or emergency and influence common behavior to overcome these circumstances. These strategies include public and private institutions, municipalities, civil society organizations, and individual citizens etc.

A communication strategy can also include educational functions such as training journalists, building partnerships, purchasing informational and public service announcement spots in broadcast and print media, among other media channels.

E. Communication tools

The communication activities and channels chosen are supported by a variety of tools or media. Factors that determine what tools can be used are: the complexity, style, purpose, and sensitivity of the message; target audience; availability of certain materials and media; and resources.

Tools can be print (brochures, foldouts, posters, newsletters, flyers, manuals, press packets, etc); audiovisual (videos, spots, movies); radio (public service announcements, radio magazines, radio dramas, news reports, interviews), computer-based (web pages, blogs, social networking sites, educational and interactive CD-ROMs); or alternative media (theatre, songs, calendars, table games, etc.).

F. Program of activities

The program of activities is an integrated and timed combination of actions devised to achieve stated objectives. The first step is to define the objectives and the activities needed to accomplish them, establish the time limits for carrying them out, determine what resources are required, and designate who is responsible for each aspect of implementation.

G. Timeline

No planning process is complete without including the time factor. Time is a measure or indicator of success, i.e., whether goals set were achieved within the required timeframe. Time lines are also part of the communication strategy as some activities require specific time periods for efficacy and desired impact. A timeline can be set up in a double-entry format where different activities are entered with the time required to carry them out for maximum impact.

H. Budget

Each activity included in the communication plan must be backed by financial resources to facilitate its execution. Where there are budget shortfalls, other agencies with similar objectives are often willing to contribute to the program. Having a clear budget significantly aids the mobilization of additional resources.

It should be kept in mind that broadcast and print media can provide space and time free-of-charge for institutional and public service messages. It is important to identify and manage the use of these resources to maximize impact.

A great deal of informational and educational material already exists, and it is important to identify institutions that are willing to share materials and to collaborate in communication activities.

I. Follow-up and evaluation

Evaluation is a tool for determining effectiveness. Feedback on how messages impact on the population, how messages are received, and whether messages are understood is critical to planning and managing communication activities.

Mechanisms for ongoing monitoring and evaluation should be defined at the onset of the planning process. Continual evaluation will provide answers to the following questions: Who received the messages? How did the public absorb and interpret the messages? Were the strategies, contents, and means of delivery appropriate? Did the messages take into account local attitudes and practices? Did they strengthen or modify these attitudes and practices? What other information is needed? Communication activities and messages should be adapted or redirected throughout the entire process in response to evaluation. Lessons learned should be shared with national authorities, PAHO/WHO, and others, as appropriate.

2.4 Examples

Objectives and actions taken by a Ministry of Health to assist communities affected by flooding

Objectives	Audience	Strategy	Activities/Tools
1. Ensure that situation reports on the development of the emergency and health sector response are produced and distributed regularly.	Donors, international agencies, health sector authorities, U.N. agencies, local shareholders, communication media.	Organize the communication and information management team to set up mechanisms for collecting, analyzing, producing, and disseminating technical information.	1.1 Identify relevant sources of information. 1.2 Produce daily technical reports. 1.3 Systematically distribute these daily reports to an approved list of contacts. 1.4 Publish reports on the institution's Web site.
2. Ensure that the communication agenda includes information that will reduce adverse impacts of the floods on the health of the affected community.	Affected community, health sector authorities, international community.	Strengthen relationships with media partners to facilitate ongoing dissemination of information.	2.1 Prepare press releases, organize workshops, conduct interviews, distribute press kits, and visit affected areas. 2.2 Organize working groups with broadcast and print editors and managers. The objective is to raise their awareness and ensure their commitment to publicizing measures to prevent disease, to encourage healthful practices, and to follow emergency response plans. 2.3 Raise awareness among journalists and train them on prevention measures for dengue, diarrhea, and hepatitis B, and promotion of healthful practices.
3. Strengthen civil participation and organization to reduce the impact of the floods on health.	Affected community, community leaders, local NGOs.	Social organization; educational communication; partnerships with all areas of the health sector (e.g., include health promotion in response plans).	3.1 Train brigades, teachers, health promoters in health communication. 3.2 Raise awareness of teachers and mayors and plan health actions that will address the emergency. 3.3 Involve the population in campaigns to clean up debris and destroy vector breeding sites. 3.4 Raise awareness of religious leaders; encourage them to address the health effects of flooding during worship services. 3.5 Transmit messages about the prevention of illnesses such as dengue and diarrhea, and promote healthful practices. 3.6 Produce two videos, three radio spots, and one manual for teams on preventing dengue, diarrhea, hepatitis, and to promote healthful practices.

Objectives and actions taken by a Ministry of Health to assist communities affected by flooding

4. Ensure adequate knowledge about the application of standards and guidelines in emergency shelters.	Disaster response personnel in the health sector.	Educational communication, training	4.1 Convene periodic gatherings to distribute guidelines on successful coexistence in emergency shelters. 4.2 Produce informative posters for the shelters highlighting organization, guidelines for healthful coexistence, measures to prevent disease, among other topics. 4.3 Adapt communication materials about disease prevention and promotion of healthful practices for distribution in emergency shelters. 4.4 Produce a video for medical personnel on maintaining standards in emergency shelters and guidelines on shelter operations.

On the next page is a checklist with tasks that should be addressed during the planning process. While some of the tasks may seem obvious, none should be neglected in the event of an emergency or disaster.

2.5 Checklist

Materials and resources for planning

- Communication coordinator has been assigned.
- A spokesperson has been assigned.
- Updated contact lists are available.
- Technical equipment and personnel are available.
- Logistics and transport have been arranged.
- Key health and disaster management agencies have been contacted.
- Health authorities understand the need for information management and communication.
- PAHO/WHO and other partner agency visibility standards are understood.
- Communication and information management activities used in previous emergencies have been analyzed.
- Best practices and lessons learned have been studied.

Preparation of the plan

- Identify the priority needs of the population, the health sector, and the media.
- Establish objectives for responding to urgent needs.
- Ensure that objectives include communication and information management.
- Determine resources and time needed to carry out objectives.
- Map out and assign communication projects, activities or production of materials to be undertaken by the Ministry of Health or PAHO/WHO or other partner, e.g. Red Cross.
- Update the inventory of available information and educational materials.
- Renew (or establish) relationships between the media and key health sector and disaster management agencies.
- Work with decision-makers to determine the type of relationships they require with communication media during the disaster.
- Manage visibility for national health agencies and PAHO/WHO.
- Establish and carry out periodic reviews of mechanisms in place for monitoring and evaluation.
- Maintain a record of the planning process and of tasks in order to simplify evaluation and documentation of the work.

© PAHO/WHO

Chapter 3

Managing information during an emergency or disaster

3.1 The nature of information in disaster situations

3.2 Responsibilities of the Regional Disaster Response Team in managing information

3.3 Stakeholders and information sources on disasters and emergencies

3.4 The basics of situation reports

3.5 Preparing a web page on an emergency

3.6 Preparation and distribution of reports and news

This chapter identifies situations where information is required and must be produced for use during emergencies. It describes the role of the actors who participate in disaster and emergency response, and explains, step by step, how to translate data and technical reports into informational products that make the needs of the affected population visible and that facilitate rapid and effective response to those needs.

3.1 The nature of information in disaster situations

The main challenge is to ensure that information is clear and that it reflects the most urgent needs of the affected population.

© PAHO/WHO

Major disasters and emergencies bring chaos and confusion. Typical government and bureaucratic procedures are upset, resulting in difficulties in obtaining and delivering information. While these are limiting factors, they should never justify a lack of information.

It is likely that information in the first hours of a disaster will be neither readily available nor very reliable. At this stage, the main challenge is to ensure that information is clear and that it reflects the most urgent needs of the affected population. The second major challenge is to produce and update information regularly.

The national press is among the actors that demands the most information. It provides coverage of the impact of the disaster, the needs of the population, and the response measures being taken. It commonly focuses public opinion on the State's effectiveness in responding to the disaster and on the quality of assistance provided to the affected population.

The following are important factors to consider in this context:

- Information management is successful to the extent that measures are planned for collection, production, and dissemination.

- To be effective, communication and information managers must know and have contact with the most reliable information sources before any disaster or emergency occurs, and they must understand the procedures for exchanging information with these sources.

- To improve understanding of the impacts of a disaster or emergency on the population, communication specialists should have ready access to risk maps and vulnerability studies, population statistics, socio-economic indicators, historical data, and information on previous disasters.

- Information is the foremost need for the international community. Governments, international cooperation agencies, and humanitarian assistance organizations need to know the impact of the event and the needs of the population. Many of them send their own personnel to the disaster site to gain first-hand information.

- The international media are also focused on the event. Their main demands are for figures, images, expert opinions, and statements from the affected population. They will ask what relief efforts are being taken by national and international authorities and organizations and how international assistance is being utilized.

3.2 Responsibilities of the Regional Disaster Response Team in managing information[1]

In an emergency, the collection, production, and dissemination of information are vital for both internal and external use. When information is produced and circulated promptly, it is more likely that decisions will be made rapidly and effectively. That information in turn, becomes the basis for messages that guide the actions of the affected population and of public opinion in general.

1 These roles and responsibilities were developed for the PAHO/WHO Regional Disaster Response Team, but can be applied to the work of any response team in the health sector.

Whenever possible, and according to the complexity of the emergency, the Regional Disaster Response Team will include an individual or a working team with expertise in communication and information management. Their main duties will be to collect, process, and publish information associated with the disaster, whether in the form of situation reports (SITREPs) or reports for the communication media.

The communication specialists on the PAHO/WHO Regional Disaster Response Team are responsible for gathering the technical reports produced by experts from different disciplines and converting them into clear and understandable information. They are required to collect data supplied by specialists in epidemiology, water and sanitation, environmental health, mental health, hospital damage assessment, logistics, procurement, and administration. These data are the raw material for the information reports used to determine needs and are to be shared with all health sector actors and other partners or stakeholders, as necessary.

Depending on the situation, the list of potential tasks is long. The person or group responsible for information management is therefore responsible for the following:

- Gathering technical disaster information produced both by national health areas and the PAHO/WHO Regional Disaster Response Team.
- Preparing situations reports, project proposals, project reports, and other technical documents for both internal and external use.
- Coordinating timely and efficient information dissemination and distribution for internal use as well as for use by stakeholders from the national and international disaster response system.
- Promoting, facilitating and/or producing resources (photographs, maps, graphics, videos, press releases, etc.) that document the impact of the emergency and of disaster response actions taken by the health sector and PAHO/WHO.

- Advising the PAHO/WHO Representative on managing the media, monitoring their work, and providing coordination to assist them in responding to needs.

- Preparing and distributing press releases, managing requests for information from the media, and ensuring coverage of and dissemination of important messages.

- Monitoring media coverage on the impact of the emergency, progress in disaster response made by the health sector, and making recommendations for required action to the population, etc.

- Supporting the development and implementation of an emergency communication plan that includes preparation, production, and distribution of materials on health information, education, and promotion that need to be communicated to the affected population and general public.

- Promoting and facilitating the visibility of institutions, highlighting the work of the health sector, the support and assistance provided by PAHO/WHO, and PAHO/WHO's role in facilitating donor assistance to the health sector.

- Advising health authorities in the planning, design, and development of effective information management and communication activities for disaster response and protecting the health of the affected populations.

This list of tasks demonstrates that during a disaster, information management can center on the preparation of reports, on management of the media, or on both. In all cases, the Disaster Response Team will face situations that make it difficult to access, organize, and disseminate information. The best way to manage such obstacles is to anticipate them.

Tips for avoiding information challenges

- In cases where management is centralized, establish clear and flexible methods for gathering, processing, verifying, and approving information. This applies to internal information, pertaining to Disaster Response Team issues, as well as information shared between PAHO/WHO and national authorities. Get answers to these questions: Who prepares what; when; and what are the contents? Who informs whom; when; and with what information? Who approves the information before it is made public?

- The methods used for gathering and analyzing information should be shared by all team members involved in those tasks. If the methods, formats, and procedures are commonly used by team members, the results will be uniform, efficient, and easier to organize.

- Having too much confusing information can be worse than not having any at all. Always seek a balance between speed, quantity, and quality of the information.

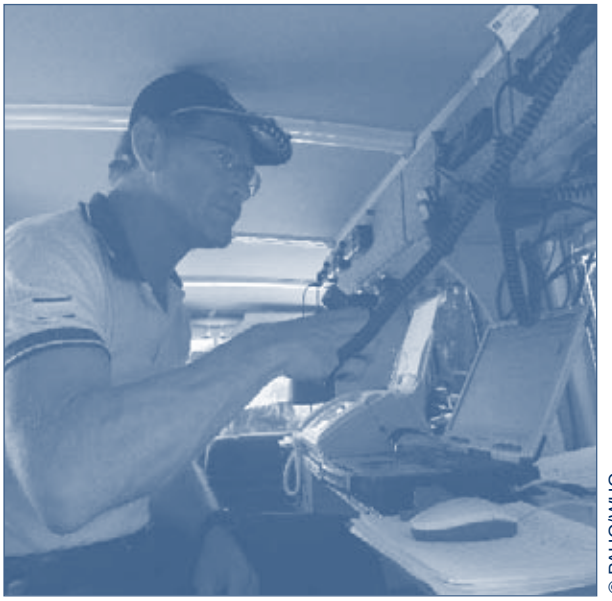
- To ensure that the information is useful and not under-utilized, seek feedback from the authorities or institutions that receive it and are required to use it. Establish clear and regular procedures for monitoring distribution and use (e.g. display of posters).

- If equipment, telephone services, or electrical power are poor or lacking, find other systems that will allow information to be collected, produced, and disseminated from the affected area.

- Avoid taking the limelight in information management. Anticipating and controlling political sensitivities may make the difference in collecting and producing information.

- Planning and work carried out prior to a disaster will help to anticipate the most complex situations and to make the most efficient use of resources when the disaster or emergency occurs. It will also make it easier to work with people who have limited experience in information management.

3.3 Stakeholders and information sources on disasters and emergencies



© PAHO/WHO

The first step in accessing information about a disaster is to know the stakeholders and what technical and management procedures they use for emergency management. It is critical to coordinate with stakeholders, whether national or international, so that reports from the health sector can be fed into their information distribution systems, and vice versa.

Among the most important sources of information are the Emergency Operations Centers (EOC), Situation Rooms, and information sites for international assistance. While these actors or mechanisms may not be fully functional in the first hours of an emergency, they should always be the primary source of information.

A. Emergency Operations Center (EOC)

Emergency Operations Centers are a device for organizing and controlling operations and making the required decisions for effective emergency management. Their main function is to coordinate emergency response and make the policy and technical decisions that will ensure an effective and timely response. EOC actions are always based on available information. Sectoral or geographic criteria (i.e., the health sector EOC; national, regional, or local EOCs) determine how they are organized.

Depending on the country and the magnitude of the disaster, there should be EOCs within PAHO/WHO, the U.N. system, and the Ministry of Health offices. The EOC organized by the national civil protection agency will have representatives from different sectors, including a health sector representative.

EOCs are located in secure sites, and should be equipped with adequate technological and human resources to maintain rigorous oversight of each detail of the response to an emergency.

B. Situation Room

The Situation Room is a mechanism for collecting and analyzing the information needed for the EOC to make decisions. Information about the emergency is received, organized, processed, and disseminated through the Situation Room.

Physically, the Situation Room may or may not be connected with the EOC and share facilities, or it could be located in an annex or other space. It may be a "virtual room," with information provided via the Internet. Many PAHO/WHO country offices have created permanent Situation Rooms or have assisted in setting them up in ministries of health.

For the PAHO/WHO Regional Disaster Response Team, the Situation Room should be the site for collection and analysis, but also for dissemination of information. All specialized reports and evaluations that feed the data and analysis of the Situation Room can serve as the source for health sector situation reports. Likewise, health sector reports go to the Situation Room, which makes this information available to other sectors.

Vital information provided by the EOC and Situation Room

- Percentage of population affected (by age, sex, location, etc.).
- Critical needs of the population (satisfied or unsatisfied)
- Percentage of population that has received some form of assistance
- Conditions of essential services in the affected zone
- Main actions undertaken by the state or by international agencies

C. Damage and Needs Assessment (DANA)

Damage and Needs Assessments (DANAs) are essential for making decisions. They can be general or specific to the health sector, but in all cases they serve to identify the impact of a disaster and the needs of the affected population.

The health DANA aims to determine the type and scope of the effects of the disaster on the health of affected communities, specific damages, and the areas that require urgent assistance. It assesses not only the health of victims, but health conditions and damage to health facilities and services. PAHO/WHO directly assists health authorities to carry out DANAs in the health sector and participates in multisectoral assessments carried out by U.N. agencies.

The health DANA is neither fixed nor static; rather, it is a dynamic process that evolves according to the emergency. Therefore, assessments are regularly carried out and updated. Information obtained in the first few hours will serve to deal with the most urgent, life-saving needs, and will minimize human suffering. Information compiled in the 48 to 72 hours following the event will quantify damages, and be the basis for planning health response and the resources needed to repair or rebuild damaged services.

D. International cooperation

During disasters, international teams and experts support governments, usually in cooperation with the national authorities and with international cooperation agencies already present in the country affected.

Besides traditional humanitarian actors, such as U.N. agencies or the Red Cross Movement, there are increasing numbers of nongovernmental organizations (NGOs) with substantial logistical capacity and ability to mobilize resources. Donors, whether private or public, individuals, corporations or faith-based, have also expanded their participation.

This ensemble of actors relies on information for making decisions. Where to intervene, how to assist, and how much to invest in relief, are questions that can only be answered with reliable, clear, and quality information on the impact the disaster has had on the population and on expected solutions or the recovery efforts underway.

Experts in communication and information management should know who does what, be able to categorize incoming and outgoing information, and be ready to prepare the reports, proposals, or projects that are relevant to international humanitarian actors.

E. The United Nations System

In each country, the work of the U.N. system is directed by the U.N. Resident Coordinator. During a disaster, the Resident Coordinator leads the work of United Nations Emergency Technical Teams (UNETT), made up of representatives of all of the U.N. agencies working in a country.

The U.N. Disaster Management Team (UNDMT) provides leadership for the UNETT. Their responsibilities include analyzing the emergency situation, evaluating the requests for international assistance, and verifying information to be included in situation reports.

The U.N. Resident Coordinator may request deployment of the U.N. Disaster and Assessment Coordination team (UNDAC). The UNDAC team is made up of disaster management professionals who can be mobilized within hours of a disaster. They are charged with evaluating the most urgent needs of the affected population, and communicating these needs to the

national and international communities, in close coordination with national authorities.[2]

F. Humanitarian Reform work groups[3]

The U.N. system has established the Humanitarian Reform process, with the goal of strengthening coordination among the many stakeholders in humanitarian assistance.

One of the reform measures is the creation of nine sectoral work groups, known as "clusters," which coordinate operations and promote collaboration in defined areas. The nine clusters are: nutrition, water and sanitation, health, emergency shelters, logistics, emergency telecommunications, early recovery, and protection and coordination in camps.

When the U.N. Resident Coordinator in a country decides to activate the cluster system, PAHO/WHO acts as lead agency for the health cluster. Its role is not to replace national health authorities, but to provide them with assistance and ensure that work is effectively coordinated among national entities, international agencies, NGOs, and all other actors in humanitarian assistance.

PAHO/WHO also contributes to the work of the water and emergency shelter clusters, which are led by UNICEF and the Red Cross Movement, respectively.

For communication and information management, activation of the cluster system implies the need for additional coordination and information exchange among all members, NGOs, and institutions involved in emergency and disaster response.

G. Mobilizing resources

There are multiple mechanisms for obtaining humanitarian financing which conform to the interests and practices of the major international donors. In all cases, information and the expeditious provision of information are essential for preparing

2 This section was adapted from the Field Coordination Support Section of the web site of the U.N. Office of Coordination of Humanitarian Affairs (OCHA). See: http://ochaonline.un.org/Coordination/FieldCoordinationSupportSection/UNDACSystem/tabid/1414/Default.aspx.

3 For a more detailed description of the U.N. Humanitarian Reform and the cluster approach, see http://ocha.unog.ch/humanitarianreform.

projects for emergency assistance, since these projects are the basis for requesting financing.

Mechanisms within the U.N. System

One such mechanism is the U.N. system's international **"flash appeal."** This document is typically published within a week of the emergency or disaster and presents a general and brief (but precise) description of the most urgent needs for the next six months. If the emergency lasts longer than six months, the flash appeal can be part of an extended process called a "consolidated appeal". In both cases, the party responsible for the preparation, contents, and quality of the document is the U.N. Resident Coordinator or the Humanitarian Coordinator, with the support of the U.N. Office for Coordination of Humanitarian Affairs (OCHA).[4]

The flash appeal can include projects prepared by U.N. agencies, international organizations, societies of the Red Cross and Red Crescent Society/Movement, and NGOs. Government ministries (such as the ministry of health) can only participate as parties to projects presented by U.N. agencies.

In anticipation of delays in the approval of flash appeals, the U.N. system has developed the **Central Emergency Response Fund (CERF)** for urgent financing of humanitarian assistance. This fund covers projects for up to three months, but can only be requested by U.N. agencies. CERF grants are ultimately included as components of the flash appeal. CERF grants are the responsibility of the U.N. Resident Coordinator or the Humanitarian Coordinator.

Through flash appeals and other financing instruments, PAHO/WHO leads development for the health cluster and collaborates with the water and sanitation cluster. The U.N. system submits these appeals to the donor community, and donors commit to an amount for the component that is of interest to them. When the funds arrive, each agency administers the amount that corresponds to their project(s). In the case of PAHO/WHO, the organization manages funds designated for the health component.

It is important to establish relationships with donor countries prior to any emergency in order to understand specific procedures used by that country for emergency assistance.

4 Visit www.humanitarianreform.org, "Resources and tools" section to learn more about these U.N. mechanisms. The section on tools at www.redhum.org can also be consulted.

Other mechanisms

Some donors such as the European Union's Department for Humanitarian Aid (ECHO), OFDA/AID or CIDA (Canada) have their own formats and procedures which should be understood in advance of any emergency situation.

The communication team's greatest contribution to mobilizing resources is to make sure that high quality, relevant, and timely information is available for specific proposals and procedures.

3.4 The basics of situation reports

Situation reports (SITREPs) are usually produced daily, and describe the status of the emergency, its impact, and the needs of and actions taken to assist the population. These reports present the facts; they are not based on speculation, making them a source of reliable information about the status of the emergency or disaster.

The production of SITREPs is a critical activity for the PAHO/WHO Regional Disaster Response Team. SITREPs include results of the damage and needs assessments; decisions made to respond to the needs of the affected population are based on this information.

In a major emergency, different teams might prepare reports or send information to be included in the overall reports. In this situation, it is vital that the information be consolidatied and analyzed, so that PAHO/WHO can publish a single, official report either daily or at set intervals.

Each agency or organization, whether it is the U.N. or NGOs, produces SITREPS. They use different formats, but they are structured around certain common features. In the case of PAHO/WHO, daily SITREPs may be the basis for generating other, more specific reports, or reports that meet the needs of a broader, more diverse audience.

Once the SITREP is written, and before it is distributed, review the report or have a colleague review it to determine the following: Does the report assist in planning and decision-making? Will it assist donors to award grants? Does it strengthen the image and visibility of health authorities and of PAHO/WHO?

It is very important that the PAHO/WHO team be familiar with the SITREPs produced by other agencies and NGOs; likewise, it is vital for PAHO/WHO to share their own reports with these other entities.

A. How to prepare a SITREP

Everyone on the PAHO/WHO Disaster Response Team should have the ability and knowledge to prepare SITREPs. However, communication and information management specialists on the team are ultimately responsible for consolidating information and distributing the report.

To prepare the reports, the Response Team should have certain equipment available. This includes a laptop computer with Internet connection, receiver for a Global Positioning

Basic questions answered by a PAHO/WHO SITREP

- What is the condition of the area affected by the disaster?
- Which is/are the affected population(s)?
- What are the most seriously affected or vulnerable sectors, groups, or communities?
- How has the disaster impacted upon people's health?
- How has the disaster impacted health conditions and health services?
- What are the main needs?
- What needs have been covered?
- What is not needed?
- What has the health sector accomplished; what immediate actions are being taken by the health sector?
- What has PAHO/WHO accomplished, and what is its immediate plan of action?
- To what extent is the government capable of responding to the disaster or emergency?
- Has the government requested external assistance?

System (GPS), a cellular phone, a satellite phone, printer and fax machine. Redundant communication systems for voice and for data are necessary. The more channels available, the better.

Main sources of information for the SITREP are the experts on the PAHO/WHO Disaster Response Team, authorities from health and other sectors, representatives of the affected population, and teams from other agencies who are conducting damage and needs assessments in affected areas.

Existing databases, web sites, documents from other agencies, and media reports should be considered secondary sources. Whenever possible, it is beneficial to confirm information locally and compare different sources.

B. Different types of SITREPs

As soon as possible after the damage and needs assessment, it is important to get the details of and process health information, so that they can then be published and updated in the SITREP.

Health reports can be produced daily for internal PAHO/WHO distribution, for distribution internally among U.N. agencies (health reports will be included in the official U.N. SITREP), and also for other audiences such as NGOs and communication media.

Although aimed at different recipients, the information circulated is the same. The key is to modify the information according to the many different needs of SITREP recipients and according to PAHO/WHO priorities.

The contents and dynamics of the SITREP can also vary depending on the phase of the emergency in which the report is produced.

- **Initial reports** are prepared between emergency onset and 48 hours after onset. They are short and perfunctory. Typically, reports in this phase are based on limited, confusing, and incomplete information. The value of the SITREP is to explain and transmit the impact of the disaster as accurately as possible and to anticipate response in the area of health.

DOs and DON'Ts of SITREPS	
DO	**DON'T**
Change technical and complicated text into straightforward text.	Do not embellish text.
Be brief and to the point.	Avoid adjectives and adverbs.
Use direct and clear language.	Do not use passive voice.
Analize situations and trends.	Do not make vague assertions.
Provide sources for information provided.	Do not assume that the reader is familiar with the country affected or the disaster situation.
Include maps and photographs.	Do not repeat the same information in each report. Save only information that does not have to be updated.
Explain tables and figures.	Do not include unreliable or unconfirmed information.
Include name(s) of report authors.	
Include date and hour of publication.	
Include the logo and full name of PAHO/WHO.	
Explain any acronyms or abbreviations.	

- **Complementary reports** come out during the first few hours of the emergency or disaster and address the evolution of the situation. These reports give more coverage and details on technical areas (health services, epidemiological surveillance, water and sanitation, etc.) and geographic information (describing the most and least affected populations).

The U.N. Office for Coordination of Humanitarian Affairs (OCHA) also publishes situation reports. The health section of their report is made up of daily summaries produced and sent by PAHO/WHO. Their format includes:

- Emergency, place, date;
- General situation;
- Progress in national and international response (urgent needs, important achievements, remaining challenges, and the most important gaps in assistance).

C. Distribution of the SITREPs

The mechanisms for distribution and dissemination, as well as the frequency and recipients of the SITREPs should be established, approved, and clearly understood. With the exception of delicate or very special situations that require confidentiality or an embargo on some contents, the PAHO/WHO situation reports should be distributed to the following:

- PAHO/WHO headquarters in Washington, D.C., the Area on Emergency Preparedness and Disaster Relief (PED), PAHO/WHO Emergency Operations Center (EOC),[5] and possibly other technical areas involved in the emergency.
- United Nations system in the affected country and the OCHA office in Panama.
- National health authorities as indicated by the PAHO/WHO Representative in the affected country (PWR).
- Other national authorities, as indicated by the PWR.
- The PAHO/WHO web site.
- Where convenient, to communication media, international agencies, and donors (with prior authorization from the PWR).

Remember:

Situation reports are a way of giving visibility to relief operations. At the same time, they keep the communities affected and the general public informed which strengthens transparency and accountability.

5 The PAHO/WHO Emergency Operations Center (EOC) is located in Washington, D.C., and operates continually. Its objectives are (1) to collect, analyze, and distribute information related with events that can develop into emergencies, and (2) when emergencies or disasters occur in the Region, to facilitate coordination and decisions made by the Disaster Working Group and Working Group for Warning and Response to Epidemics.

3.5 Preparing a web page on an emergency

During an emergency, the web pages from health sector organizations should become the preferred point of reference for those requesting reports and analysis about the disaster or emergency, the needs of the affected population, and the progress being made in response to the situation.

These web sites must be constantly updated. In the case of PAHO/WHO, whenever possible, a technician and a communication specialist should be assigned to maintain the site design and contents. They should also prepare flexible and efficient ways of reviewing and approving the information that will be posted on the site.

It is advisable to build and test, in advance, formats and thematic templates for the web page or section of an existing web site. When the time comes to publish the information on the emergency, less will have to be improvised, and it will be easier to maintain order and organization.

Useful resources for the web site

Priority information	Background information
▶ SITREPs on the health sector	▶ Tables showing socioeconomic data
▶ Reports from other sectors or agencies	▶ Health or risk management profiles
▶ Maps and statistics on damage	▶ Publications and technical manuals about disasters
▶ Epidemiological information and information about health services affected	▶ Links to communication media
▶ Photographas from the emergency	▶ Links to web sites with information about the country or about disasters (information centers, databases, research institutes, etc.)
▶ Recommendations for population action	
▶ Press releases and other resources for the press	
▶ Links to other information sources	

Having a web site facilitates and organizes the exchange of information among technicians and consultants from different areas, among agencies and institutions (civil defense, U.N. agencies, ministries of health, Red Cross movement) and between PAHO/WHO and the communication media. At the same time it is a resource that makes health sector activities visible and strengthens accountability and transparency.

Increasingly, web sites have become a basic information source for donors, for the international community in general, and even for the population of the country (affected or not) who want to know the mechanics of cooperation.

3.6 Preparation and distribution of reports and news

During emergencies and disasters there are opportunities to demonstrate the successes of health sector response, account for resources, and to promote lessons learned and best practices that can serve as examples and motivation to others.

Too often, opportunities to collect and publicize stories, programs, and case studies that enrich and justify our efforts are lost. The collective memory of emergencies and disasters is vague and it is beneficial to pass on lessons and practices that can benefit others in the future. Such examples are also useful for campaigns, public awareness, and health promotion.

Those responsible for information management and communication should seek ways to increase visibility about relief efforts. This visibility increases awareness about health and disasters in general, and improves the health sector's position in the agendas and strategic decisions made nationally and internationally.

Listed below are proposed topics for human interest stories and other types of information products:

- Follow up on the story of a family or community that demonstrates typical health problems resulting from the crisis, and highlight solutions offered by national health agencies and PAHO/WHO. Keep track of their

condition over time; for example, one week, one month, six months, and a year after the disaster.

- Identify one person or family who has made a donation in cash or kind. Explain what is done with that resource from the time it is made to the time it is delivered to an affected family, in the form of clean water, medications, etc.

- Compile representative statements and publish them creatively. For example: "Four weeks, four stories," "Ten families, a thousand hopes."

- Write short accounts about health sector personnel, telling where they are from, their role in disaster resonse, what a typical day of work is like, and their feelings about the situation.

- Prepare photographic reports or stories told through images that summarize the challenges facing disaster victims and what they do to overcome them. It is important to show the capacity and strength of affected communities.

- Highlight the stories of individuals who are important, but who are often invisible; for example, medical personnel, relief teams, hospital patients, health promotion workers, mothers responsible for health issues in their communities or in the shelter where they live, among others.

- Identify health facilities or services that have ceased to function or have been negatively affected by the disaster. Highlight the social impact that these failures have on the community: that is, just when health services are most needed, they are unavailable.

In all cases, remember to discuss with the community how the information will be used. Request authorization from a person photographed, explaining that the picture may be published. Above all, always respect the dignity of the person or persons being depicted.

At all times, ensure that the information published is respectful of the identity and culture, of those affected and that the dignity of the community is maintained. Remember to put into practice the principles and standards of information management that are addressed in Chapter 1 of this manual.

© PAHO/WHO

Chapter 4

Working with communication media

4.1 The role of communication media during emergencies and disasters

4.2 Understanding communication media

4.3 What the media want

4.4 How to reach the media

4.5 Recommendations for the official spokesperson

4.6 Monitoring media coverage

4.7 Media responsibilities following the emergency

This chapter provides guidance on organizing work with communication media. It outlines specific characteristics of the media, their requirements for information, and the key messages that the health sector should publicize during emergencies and disasters.

4.1 The role of communication media during emergencies and disasters

In emergency and disaster situations, the media will both demand and provide information. To strengthen partnerships between the media and health sector during an emergency, it is critical to understand the media structure, main characteristics, accessibility, and their advantages and disadvantages before an event.

© PAHO/WHO

When a disaster strikes, the media perform a social function by providing prompt, first-hand coverage of the situation. Having an alliance with media outlets makes it easier to engage them in time of disasters and emergencies. During this time they serve as a critical partner to facilitate the transmission of messages that can generate humanitarian assistance, inform public behavior, and contribute to improving the quality of life in these circumstances.

The media's ability to influence international humanitarian assistance is well-known. The media can shape agendas as well as decisions made by governments and cooperation agencies. Their presence and credibility give visibility to donors, health agencies, PAHO/WHO, and others as they undertake and cover relief operations.

It is known that the media can be instruments of criticism and scrutiny in situations where there have been irregularities, lack of transparency, or irresponsible management of assigned resources and emergency situations. This, in turn, engenders a public demand for accountability of resources received and actions taken.

In this context there are two important factors to consider when working with communication media:

1. Ensure that the media have access to information on the emergency, its impact on the population, relief operations, and developments along the way. Once messages are based on fact and evidence, the media can assist in managing population response, reducing uncertainty, and focusing attention on the most pressing matters and required public action.

2. Build alliances with the media and coordinate initiatives to protect the health of the public. The media can promote civil support and participation and guide cooperative efforts not only among disaster victims, but among the response teams, groups providing assistance, and donors.

4.2 Understanding communication media

The mass media should be viewed as important allies. Their credibility and broad coverage enables messages to be distributed in record time to their audiences both locally and internationally, as necessary.

In emergency and disaster situations, the media will both demand and provide information. To strengthen partnerships between the media and health sector during an emergency, it is critical to understand the structure of the media, their main characteristics, accessibility, and their advantages and disadvantages before an event.

To ensure a successful relationship, planning, understanding, trust, and credibility are necessary before, during, after the emergency. National health authorities and PAHO/WHO "must plan their communication strategies, integrate communicators into the most senior levels, provide transparent messages, and listen to the public's concerns. ...Prior approval of communication strategies helps to minimize secondary damage (such as adverse economic or political effects) and leads to greater trust".[1]

1 World Health Organization, Effective media communication during public health emergencies; A WHO handbook; WHO/CDS/2005.31; Geneva; page ii. Available on the Internet at: www.who.int/csr/resources/publications/WHO_CDS_2005_31/en.

The following are some features of the main available media channels that will aid your understanding of the nature of the selected media and, therefore, help you to establish and maintain a good and mutually beneficial relationship with them.

Television

Television typically provides national coverage, and in Latin America and the Caribbean there are important local television networks. Television is based on imagery and as such broadcasters require images. Therefore, you must be prepared to facilitate their access to the sites and/or provide them with video or at least still images. Ensure that the material recorded for television respects, at all times, the personal dignity of the subjects. To ensure coverage, you must meet television's demands for brevity and timeliness; if not, pieces may be edited and your message altered.

Television	
Role during response phase	**Role during recovery phase**
▶ Television images (once properly prepared) vividly demonstrate the situation and the needs of the affected communities. ▶ Televised coverage of an event attracts the attention of donors, relief agencies, etc., and gives credit to their response. ▶ It is an ideal medium for live transmission. ▶ Whereever available, television is the most effective means of public communication.	▶ Television is usually involved during the recovery phase through informational or investigative programs. It can be vital for reporting on the quality of relief operations and in strengthening a culture of transparency and accountability. ▶ During this phase, televised debates and panel discussions can highlight analysis of humanitarian assistance operations, and the roles played by and contributions made by donors.

Radio

Radio is recognized for its immediacy and that it can be accessed by a large population. It facilitates communication particularly with illiterate populations, and production costs are less than television production costs. It is effective in reaching national and community audiences. After the Internet, it is the medium that offers the most interactivity for its users.

Radio	
Role during response phase	**Role during recovery phase**
▶ It allows communities that have been cut off by a disaster to communicate with health sector authorities, to inform them on their situation. ▶ Programs can be transmitted live. ▶ Several participants can be interviewed simultaneously; for example, an interview with a community leader, the Minister of Health, and the director of the EOC. ▶ It is the most effective medium for managing the population's emotions and for providing warnings to communities during the first hours following an event. ▶ It functions as a community bulletin board where families can contact each other, and provides other services to the community. ▶ It is a low-cost way to launch fund-raising campaigns.	▶ Community stations are particularly useful in assisting the population during their recovery. Trained announcers who are usually from the community can broadcast messages promoting basic health (e.g. how to treat water for drinking), or provide information on the reestablishment of services, etc. ▶ After the recovery phase, stations can continue to air programs about changing behaviors, risk situations, and preventing new emergencies, where possible.

Print media

Print media best support the publication of in-depth reports and analysis of conditions leading up to and after the emergency. They generally have wide circulation, daily issues for diverse audiences, and people can read and re-read the information.

Print media	
Role during response phase	**Role during recovery phase**
▶ They publish key information so that the public knows how to behave (e.g., evacuation plans, how to keep water supplies clean, etc.). ▶ Useful for publishing action plans and for making appeals for assistance and donations. ▶ Put the needs of the victims on the international agenda, through reports produced by news agencies. ▶ Ideal for publishing in-depth interviews that analyze the situation or report on damage and needs assessments. ▶ Their graphics communicate the story in itself which complements the written text.	▶ They inform the public about actions taken by certain agencies. ▶ Provide a public accounting of funds received, and explain how they have been spent. ▶ Publish testimony and photographs of survivors, challenges they face, and unmet needs, so that the disaster is not forgotten. ▶ Commemorate the time that has passed since the disaster, for example: “Six months after the earthquake, the aid is nearly exhausted,” or “A year after the floods, families start a new life.” ▶ Can be used to provide information on how individuals can prepare for a disaster or emergency; prevent and/or respond should the event reoccur.

International news agencies

The role of news agencies during disasters is closely tied to the media outlets that purchase information from them. The output of news agencies will reflect the advantages, disadvantages, and roles that characterize their clients, whether print, radio, or television.

International news agencies	
Role during response phase	**Role during recovery phase**
▶ Provide stories that highlight the event from a humanitarian perspective, which can generate support from international agencies. ▶ Provide on-site coverage of human interest stories, which generates support and highlights the work of the responders.	▶ Generate stories highlighting the contribution and role of particular organizations. ▶ Provide follow-up to humanitarian assistance and stories.

Computer-based media

Computer-based media offer an extremely effective means of communicating with the international community, donors, humanitarian assistance agencies, and the international public. They have multimedia features, can provide instantaneous coverage on a global scale, and have a nearly limitless capacity to store information. Interactive formats, such as chat rooms and blogs, assist in maintaining transparency and accountability.

A disadvantage is that affected populations may not have access to the Internet, particularly during disasters.

It is important for communication teams from health agencies to develop a list of frequently used web sites that provide relevant and quality information. Examples are online newspapers and web sites for the ministry of health, health NGOs, international organizations, etc.

In all cases, it is important to identify the programs and segments of each medium that generally cover emergency situations. Establish contact with the journalists who coordinate the coverage, and develop a thorough understanding of

Computer-based media	
Role during the response phase	**Role during the recovery phase**
▶ Immediate information updates on the emergency or disaster. ▶ Ideal for publishing photographs. ▶ Multimedia platform allows publication of statements with audio, videos about relief activities, text analyzing situation, or life stories. ▶ Fastest medium for disseminating notes, press releases, news bulletins. ▶ Journalists working in the affected area can post blogs about their experience and report on progress in relief operations. ▶ Important: Links can be made to the PAHO/WHO web site.	▶ When special programs or segments are created on the emergency it is easy to include information about the recovery phase. The communication team should be prepared to provide to the newspaper (or other medium) photographs (with credits, description), statements, interviews, etc. ▶ These media are usually receptive to commemorating the anniversary of an emergency or disaster and are willing to publish news and special reports about the recovery process of the affected communities months or even years after the event.

their operational mechanisms, including the nature of their work, publication or broadcast plans, and press deadlines.

Besides providing information, communication media are instruments and agents of change. They can play an important role in shaping attitudes or behaviors about health and the environment, which are critical during and after an emergency. The stimulus they can give to social mobilization is vital if uncertainty and suffering are to be transformed into activities of support and solidarity.

Remember, too, that the media will investigate and criticize when they discover lack of transparency or failure to comply with international standards of humanitarian assistance. When planning your work with them, stress the importance of their role in informing the affected community and the general public about health sector actions that maintain accountability in using resources and in providing quality assistance.

4.3 What the media want

© PAHO/WHO

What do communication media want?

- Information that is accurate, timely, transparent, and regularly updated.
- To know the official position about the facts.
- To know everything you know about the emergency.
- Messages that are consistent, compelling, clear, and truthful.
- Images, numbers, and statements from key actors.
- Resources to help them better understand the emergency.
- Clarification of rumors to avoid publishing information based on speculation.
- Acknowledgement of and correction of errors, when necessary.

General recommendations for working with the media

- Anticipate. Be proactive—do not wait for them to ask for information. Develop a partnership based on trust; show interest and willingness to share information.
- Minimize ambiguity. Deliver concise, timely, and clear information. Describe facts rather than processes.
- Treat them equally. Do not discriminate because of size, penetration, or ideology; local, national, or international coverage; broadcast, or print.
- Adapt information to the media. The emergency is seen differently from the perspective of local media vs international news agencies.
- Find common interests. Generally journalists are not specialists in disasters. Help them to understand the emergency.
- Pay attention to their demands. Address their demands and do not tell them how they should do their work.
- Monitor coverage. Providing information is no guarantee that it will be published. Keep track of what is and is not published or broadcast. Also keep track of other related publications/broadcasts which can inform your communication activities as required.
- Know the decision makers. In important cases, approach and establish alliances with news editors and directors. They decide the what, how, and when of the news.
- Identify their interests. Understand the business and ideology of each medium.

4.4 How to reach the media

By establishing and developing relationships with the media before an emergency or disaster strikes, you will know what the information demands are and how they prefer to obtain it.

Press releases and press conferences, technical bulletins, interviews with specialists, visits to the disaster site, meetings with editorial teams, institutional web sites, public service announcements, and educational material are some of the ways to get information to communication media, and, therefore, to the public.

Depending on the purpose and audience of your message, certain media outlets will be chosen in preference to others. This may change at the actual time of the emergency, so a thorough understanding of the options and flexibility of choice is necessary.

Press releases

These are among the most common ways of contacting the media. They are useful when you want to impart certain information on the record, clearly, and without urgency.

Pointers for preparing a press release[2]

- WHAT ➡ What exactly is being announced? The key message must be precise and the information provided should be as detailed and complete as possible.
- WHY ➡ Why did an event take place? Why were the announced decisions made or actions taken? Why is the agency that is issuing the press release involved in the emergency?
- WHO ➡ Who is giving the news? If it is the PAHO/WHO Representative's office, the press release should clearly say so. It should be clear when you are announcing something jointly with the ministry of health, a national civil defense entity, or other U.N. agencies.
- WHERE ➡ Where did the disaster occur or where is the predicted danger?
- WHEN ➡ When did it occur or when is the event expected to happen?
- CONTACTS ➡ Name and contact information of a responsible person the media can contact for clarification and expansion. Include a web site address that will provide more information.

2 The text on press releases and press conferences has been adapted from "Media Relations in Emergencies," available from the PAHO/WHO web site at www.paho.org/English/Ped/medios.htm.

Press conferences

Press conferences are also widely used. Reporters are convened to receive an important message and experts are present who can respond to media questions.

Pointers for preparing a press conference[3]

- WHAT➡ Deliver an important message that is brief and provides detail. It is advisable that each press conference address a specific topic.
- WHO ➡ Authorities from the ministry of health, from PAHO/WHO, or both will host the conference. Other key actors in response efforts may be present. Each agency represented must designate a spokesperson before the event. If the event is televised, spokespersons must be careful to appear calm, authoritative, and have command of the material.
- WHERE ➡ The event can be organized at the offices of the ministry of health, PAHO/WHO, a meeting hall, or at a location in the area affected by the disaster.
- WHEN ➡ Press conferences are best held early in the day, depending on local customs. They should be held immediately after you learn important news, especially if it is bad news. Remember: bad news does not improve over time. If there is a continually evolving emergency situation you may want to hold press conferences or briefings daily.
- HOW ➡ Define an important topic and the key messages that you want to deliver. Determine who the spokespersons will be. Choose the most relevant media outlets and send announcements stating the date, time, place, and topic of the conference.
- CONTACTS ➡ Indicate clearly the names and positions of the people who will speak during the press conference. Include the address of a web site that provides more details.

In some cases, radio and television provide live transmission of the press conference. The spokespersons should be aware of this. Emphasize that they must appear calm, speak with authority, and be familiar with the topic.

3 Modified text from "Media Relations in Emergencies," available from the PAHO/WHO web site at www.paho.org/English/Ped/medios.htm.

Remember:

Prepare print and audiovisual material and provide each reporter with a copy. Include situation reports, photographs, maps, graphics, video, and a transcript of the statements of authorities. Following the conference you can arrange individual interviews to add to the information or to adapt it to certain regions or media.

Interviews

Interviews are another way to reach the media. They provide the opportunity to directly explain, from the perspective of experts, the predicament of the affected population, actions taken by the health sector, and the progress made in relief efforts. It is an ideal way to provide more in-depth information on specific or more complicated topics. Interviews also can increase media awareness about their role during an emergency or disaster.

Tips for giving interviews

- Find out whether the interview will be live or pre-recorded.
- Find out whether there will be one interviewee or if others have been invited.
- Choose two or three central messages to focus on during the interview.
- Think carefully before responding to interviewer questions.
- Set the tone and control the direction of the interview.
- State your conclusions at the opening and provide additional information at the end.
- Offer to provide follow-up information if you cannot provide an answer during the interview.
- Ignore small mistakes that do not affect the information.
- Tell the journalist about major mistakes, if there are any.
- Restate the objectives of the organization.
- Prepare photographs and offer them to the media.
- Review the published interview and identify areas where improvement is needed.
- Do not speculate or try to respond about something you don't know.
- Do not give long answers; be brief and concrete.
- Do not try to impress the journalist with a superior attitude.
- Do not refuse to respond to a question; or if you do, explain the reasons.
- Do not speak on behalf of others.
- Do not lie or try to hide the truth.
- Never assume that the microphone has been turned off when the interview is over.

Remember:

Interviews should only be given by authorized spokespersons who are fluent with the topic. Identify these persons at the beginning so that they can be recommended as a technical resource for media coverage.

Institutional web sites

Institutional web sites offer information—before, during, and after a disaster—that can improve media coverage.

If health agencies in the affected country have or plan to have a web site, work with them to organize their site. The chart in the next page can help to give order to and optimize space on the Internet.

When possible, include interactive services such as chat rooms or blogs on the institutional web site. If time, resources, or technical ability do not allow this, establish partnerships with web portals or online newspapers that provide such options. Specialists from the health sector could be invited to participate in the blogs/chat rooms during disaster relief operations to generate discussion and disseminate key messages.

Another effective approach is to negotiate with these media to create special or temporary sections on their web sites that offer, for example, information about health promotion campaigns, situation reports, reports on resource use, discussion forums, and training resources.

When the institution web site is ready, exchange links with other sites so that other organizations, cooperation agencies, donors, and communication media have web links to the institution's site. This will increase the frequency that the institution's site appears in search engines and will expand access to the institution's messages.

Guidelines for posting information on an institutional web site

Type of information	Disaster/emergency response phase	Recovery/ rebuilding phase
Technical/ Operational information	Situation reports Damage and needs assessments List of populations affected Description of warning systems Action plan and/or emergency response plan Reports from other agencies (e.g., Ministry of Health) Technical guidelines or recommendations to assist in response	Reports on operational progress List of populations assisted New assessments Financial reports on use of funds Reports to donors Narrative reports on conclusion of relief operations

Guidelines for posting information on an institutional web site

Type of information	Disaster/emergency response phase	Recovery/ rebuilding phase
Informational products for key audience	Press releases on response activities initiated by the institution Articles with statements from leaders or agency spokespersons Key messages for the public (e.g., What should you do in the next 24 hours? Where should you go? How do you treat water supplies? What can you do to help?) Photographs List of institutional spokespersons (including contact information).	Press briefings Life histories of recovering populations Recorded statements Videos Photographs Messages of support received during operations Special reports on use of resources Special reports on recovery (“Before and after,” “Return to normal life,” etc.) Section with links to other web sites and information resources

Other resources

Organizing visits of journalists to the disaster site and publication of paid announcements are other ways of working with the the media and reaching the public. Include these options in your plans when you want to keep the emergency or disaster on the public agenda, raise media awareness, and strengthen relationships with them. Visits to the disaster site will put a human face on the situation. Paid announcements allow you to deliver unedited messages and information and without the intervention of other stakeholders.

The checklist below will help to identify and record basic information that has to be considered when submitting material to the communication media, whether through press releases or conferences.

Checklist

Basic information for press releases or conferences and informational and educational materials

- Description of the disaster or emergency and the area where it occurred.
- Description (preliminary) of the impact on the population.
- Specific impacts on women, the elderly, children, etc.
- Advance damage and needs assessment reports.
- Response operations underway, possible actions in the next 24 to 48 hours.
- Number of persons who have received assistance at the time of posting.
- Funds invested by disaster response authorities.
- Information on emergency shelters (where, how many, for how many people, for how long, etc.).
- Information on finding family members in emergency shelters.
- Name and contact information for the person responsible for updating information.

Checklist

Additional information that the media should transmit to the public

- Information on safe areas.
- Information on functional health facilities.
- Safety measures to reduce the impact of new events.
- Preventative or health care measures (in disease outbreaks, volcanic eruptions, etc.).
- Measures to protect water sources and other resources.

Responsibility for preparing press releases

- Person responsible for clearance of press release.
- Person responsible for distributing press release.
- Person responsible for follow-up with media outlets.

Managing journalists

- Directory of local, national, and international journalists.
- Record of journalists who request information about the emergency.
- List of information that the media demand most frequently.
- When possible, send periodic updates about the evolution of the emergency.

Managing photographs

- Identify person responsible for storing photographs and video.
- File images and video, indicating place, date, name of subject, name of photographer, and description of activity.
- File images in JPG or GIF format and video, as per available software.
- When possible, prepare high quality images for use by media.
- Activate a free server to upload images and video to the Internet.

Remember:

It is mandatory for all messages to be reviewed and approved before being published or distributed. An unambiguous protocol must be in place at the onset for clearance of messages, materials, and information sent to the media.

4.5 Recommendations for the official spokesperson[4]

During contact with the media the person who assumes the role of spokesperson for the ministry of health or for PAHO/WHO must be prepared to answer many questions. Some are standard and can be anticipated, such as:

- What happened? What type of event was it? Where and when did it happen?
- What caused it? Why did it happen?
- How many people are injured, dead, affected, or missing?
- What has been damaged? What are the damages to the health sector?
- Are victims receiving help?

The great demand for information from the media provides a unique opportunity to explain the mechanics of humanitarian assistance, and to give visibility to the operations and practices of the health sector. Keep this in mind when the media ask the following questions:

- What should the affected population do? Where should they go?
- What should be donated? To whom should donations be made?
- Who is in charge of the emergency and what are they doing?
- What are expected consequences in the short-, medium-, and long-term?

4 Adapted from: *Crisis and emergency risk communication by leaders for leaders. Be first, be right, be credible*. CDC (Washington, D.C.) www.bt.cdc.gov/erc/leaders.pdf

- What are the health sector's plans to help the poputation?
- Where can we get more information?

Guidelines for spokepersons

- Be calm, honest, transparent, and open when you communicate.
- Use a clear and simple message, avoid scientific or technical jargon.
- Be aware of the audience you want to reach.
- Distinguish between talking to the media and talking to the affected population.
- Be sincere when you express your empathy with the affected people.
- Express confidence, but never arrogance.
- Modulate your voice and enunciate words.
- Discuss what you know, not what you think.
- Remain calm and in control; do not react defensively.
- Agree to an interview only when you have a clear message to deliver.
- Listen to and show respect to those speaking to you.
- Anticipate questions about the evolution of the crisis and about what is to come.
- Assume that the microphone is always turned on.
- Never make "off the record" statements.

Before giving information to the media you must anticipate difficult or politically sensitive questions that journalists may ask. Avoiding thorny questions is not adequate: always try to bring the discussion back to your objectives – sharing the key messages agreed on before the interview. National health authorities and PAHO/WHO Representatives must have answers prepared even though they may never have to give them.

Official sensitive information guidance forms can be developed to identify these difficult questions, frame responses, and briefly state the organization's position on the situation in question. They are for internal use only and must be cleared by the health authorities or the PAHO/WHO Representative, as appropriate. The chart below sets out the basic structure of the official sensitive information guidance form.

Official reaction: Title of sensitive topic
(For internal use only)

Topic	Describe in a few words the sensitive situation that requires a reaction. Example: Rumors about delivery of outdated medicines in shelter.
Date	Date when official reaction form generated.
Responsible for clearance	Person or persons responsible for approving official reaction. Example: PAHO/WHO Representative, ministry of health, experts.
Authors	Persons who write the official reaction.
Spokespersons	Persons responsible for publicizing the official reaction, if this is the approach decided on. Indicate name, position, and contact information.
Background	Briefly describe how the situation or crisis came about. Describe its origin, why it happened, what was its impact, who was involved. This information should be sufficient for someone who was not previously aware of the situation to understand it.
Questions and answers	Anticipate possible sensitive questions and prepare a response for each of them. Write short answers that are based on facts.
Basic information about PAHO/WHO	Include information about PAHO/WHO and the health sector of the country(ies) affected that can be useful for spokespersons.

When you are asked to do an interview, be clear about the topic and purpose of the conversation. Find out whether it will be transmitted live or be pre-recorded, and if it will be for radio, print, or television. This will aid your preparations.

Official declarations that are timely and transparent, based on conclusive evidence, and include statements from experts, can keep rumors from spreading indiscriminately.

Remember:

Major errors in emergency information have the potential of making the situation worse or causing additional problems, and they must be corrected immediately. The longer incorrect information circulates, the more difficult it is to correct.

4.6 Monitoring media coverage

It is vital to follow up on the messages that we circulate in the media. There may not be funds to hire companies that monitor all of the media outlets, so an alternative is to use search and news alert services that are offered on the Internet.

Putting a simple, well-organized monitoring system into place allows you to channel information more strategically. Ultimately, this assists authorities and PAHO/WHO in making decisions which affect the health sector response.

This will also allow you to identify topics that receive more or less coverage, and adjust the emphasis in messages as necesssary.

Keep in mind the following recommendations to improve the system:

Recommendations for monitoring the media

- Make a directory of web pages to keep track of media outlets interested in the emergency, and determine whether your institution's messages have had any influence.
- Subscribe to Internet services that offer searches. You can receive a daily report of news items published about the emergency via e-mail.
- Identify the journalists who write most about the disaster, and send them detailed information, images, graphics, or resources that can expand their coverage.
- Share the most relevant results with national authorities and PAHO/WHO. They can evaluate whether messages adequately represent the health sector's mission and operations.
- Save samples of coverage of health sector activities and create an archive that can be reviewed after the emergency phase is complete.

4.7 Media responsibilities following the emergencies

The work of the media should continue past the peak of the disaster. The challenge is to keep their attention over time. During the first hours, their presence is overwhelming, but two or three weeks after the disaster, coverage tends to lessen and the predicament of the affected populations can disappear from the informational agenda.

It is precisely when media interest begins to lessen that attention should be given to human interest stories, new angles on stories, updated figures, and reports on advances in recovery and rebuilding. The key is to find what is positive and novel at that decisive moment. Following are some practical recommendations on how to accomplish this:

- Make the first, third, and sixth month, or the first annual anniversary after the disaster an opportunity to present new information, to attract attention to the prevailing conditions of the affected population, to give an account of how resources are being used, and to analyze lessons learned and the best practices during the humanitarian response.

- Identify important national or international dates when disaster and health themes can be highlighted. For example, World Health Day, World Day for Water, International Disaster Reduction Day, among others.

- Organize traveling exhibits, concerts, or painting, essay or photograph competitions to attract public and media attention and to keep interest in unmet needs of the affected population.

- Sponsor journalism competitions around the disaster. The best articles relating to health can be presented in the press, radio, and television at the community level, nationally, and even internationally.

- Identify journalists or media outlets that gave the most coverage to the emergency. Propose that they do stories following the development of one community or family throughout the response phase, or that they create an ongoing segment that covers the emergency recovery. Consult first with the people involved to determine whether they are willing to participate and able to respond to requests for information from the media.

- Meet with editorial directors, journalists, and other media representatives to get feedback on their access to information during the emergency, their challenges, needs, and other aspects that will help national health authorities and PAHO/WHO to improve information management in the future.

- Propose to media outlets the creation of a blog that addresses the emergency. This is a good opportunity for health sector personnel to share, in first person, how they feel and how their work is progressing.
- Once resources permit, consider purchasing advertising time or space. While it is a rarely used option because of its high cost, sometimes it is the only opportunity to transmit important messages when they are needed.

Remember:

Media are powerful instruments for changing attitudes and behavior in relation to health and the environment. These are critical issues in the post-emergency period. Keeping media attention and involvement after the crisis passes maintains the partnership for risk reduction and keeps the public mobilized around the relevant issues.

Chapter 5
Developing messages and material

5.1 Messages for different phases of the emergency

5.2 Developing effective messages: message maps

5.3 Recommendations on message content, language, and format

5.4 Managing myths and rumors

5.5 Myths and realities of disasters

5.6 Producing communication and informational materials

This chapter provides direction on anticipating key messages and material needed for communicating with the public in an emergency or disaster; and how to develop them efficiently and effectively.

5.1 Messages for different phases of the emergency

Messages for the public and communities affected by a disaster or an emergency aim to educate, save lives, and reduce risks.

© PAHO/WHO

The severity and extent of the impact of a disaster determine how much assistance is needed from and within the health sector. The context of damage and needs determines what the most relevant messages are.

Messages for the public and communities affected by a disaster or emergency aim to educate, reduce risks, and so save lives. Most health problems that result from natural disasters (earthquakes, hurricanes, floods, volcanoes, etc.) are foreseeable and occur after each event. Therefore, many of the messages and informational material can and should be prepared prior to an event.

These messages should be simple, timely, relevant, credible, and concise. Those directed to protecting or promoting health in emergency situations should have clear action points which encourage and enable people to take and be responsible for their own health. The messages should highlight relief efforts, and encourage actions that are positive.

Before the disaster, messages should focus on prevention and understanding of possible consequences of an event. The population needs to know what type of disaster they could face, what the impact could be, and actions they must take to reduce their vulnerability. Ensure that the public has reliable

and regular access to this information, which will improve their understanding and ownership of the information, hence their response during an event.

During and after the disaster, the population should have access to information that will calm them and inform them about safety measures, always focusing on life-saving actions. While these messages should aim to reduce anxiety and panic, they should not minimize the situation or possible threats.

Immediately after the event that causes the disaster, the messages should focus on protecting health and saving lives. At this time, provide information on the areas affected and support services available (water, power, and health services) for the affected population.

The affected population must have access to information on the following:

- Procedures for searching for missing persons and the location and condition of the injured
- Practical information on health precautions
- The availability of mental health services
- Rules for living together and tolerance in emergency shelters
- Restoration of health services
- Agencies that can provide assistance, and how they function.

During the disaster response phase, the public will need information on correct hygiene practices and health care for families and the community. At the same time, the public should be informed about the following:

- What is the progress of relief efforts?
- How are funds being used and donations being distributed?
- How long will relief efforts last?
- What can be done to reduce the impact of future events?

Where possible, anticipate the demand for information. Keep track of how information needs develop, and any innovative and responsible approaches to dealing with these needs.

Remember:

Keep in mind that traditional media outlets should not be the only means of disseminating this information. Interpersonal, one-on-one communication should complement regular media.

Public perception of messages about risk

- Risk is an intangible and abstract concept. Many people do not recognize relative risk, and as a result their decisions can be based on faulty reasoning.
- The public responds best to straightforward messages. Community response is better when messages call for simple actions that are easy to carry out.
- The community expects information. Information vacuums can lead to erroneous conclusions or delayed decisions and actions.
- Alarming messages can have unfavorable responses. Communities living in risk situations can experience denial, helplessness, and fear. The way the message is delivered should consider these reactions so that paralysis and denial do not result.
- The public can be suspicious of scientific information. When technical information on hazards or disasters have been ineffective or vague in the past, it can continue to be a source of skepticism among the population.
- Communities have other priorities. Often, the population feels that circumstances of daily life (economic, social, safety issues) are more important than conditions presenting risk.
- Communities tend not to recognize their own vulnerability. People think of natural disasters as inevitable. Making changes in habits and customs (behavior change) is a complex and lengthy process.

Remember:

Before developing the key messages, take into account socio-cultural and psychosocial factors that can affect how a community either accepts or rejects the message. Perceptions of risk and the impact of disasters are not all the same. Keep in mind that a technical or scientific report is not easily assimilated by the general population, so with the help of an expert, rewrite it in language that is simple and easy to understand.

5.2 Developing effective messages: message maps

"Message maps are risk communication tools used to transmit complex information in a simple way."[1] The principle is that each main message has secondary messages that reinforce, complement, and give perspective to the main message.

Message maps allow institutions to organize ideas and develop messages in response to anticipated community concerns. It also helps to elaborate the content of messages and develop a style of message to achieve an identified objective. This way for example, the public is able to link messages and actions to achieve the desired behavior change.[2]

The process of creating the message map can be as important as the message itself. It encourages participation of scientists, health sector and communication specialists, policy and legal experts, and others who can enrich the contents of the key messages.

1 U.S. Department of Health and Human Services, *Pandemic influenza pre-event message maps.* Available at http://www.pandemicflu.gov/news/pre_event_maps.pdf.
2 Ibid.

Steps for building message maps:[3]

1. **Determine the main concerns:** These include problems causing public distress, problems reported by the PAHO/WHO Disaster Response Team, or problems revealed by the media. They can be either general concerns or very specific ones, e.g., management of dead bodies, ash fall from volcanoes, deficient water supplies in a community, etc. Once identified, the concerns must then be prioritized.

2. **Identify facts or evidence** that can put concerns to rest. For example, scientific explanations, technical opinion, facts based on experience, figures, or statistical data that can support and legitimize messages.

3. **Identify the target audience(s):** These include persons affected by the event, their families, relief workers, public health workers, donors, communication media, etc. They can be grouped according to their credibility and potential as decision makers or as "multipliers" of information.

4. **Develp key messages** that respond to concerns. The messages can respond to general or specific concerns. They should be based on what the majority of people need to know, what they want to know, and what is of primary concern to most of them. Specialists and experts then brain-storm to propose key words (a maximum of three) for each message.

5. **Develop supporting material** for each key message, using facts, figures, expert statements, and data to reinforce and improve the understanding of each message.

6. **Confirm messages** before publishing them. First, confirm the accuracy of technical information. Messages should be reviewed by specialists who have not participated in developing them. The second step is to confirm that they are easy to understand: select a group that represents a target audience, and test by focus group how they receive the messages.

7. **Share message maps** with spokespersons and use them to organize work with media outlets. The maps can be used to guide and inform press conferences, interviews with communication media, information exchange, public meetings, web sites, recorded reverse emergency phone calls, etc.

3 Adapted from PAHO/WHO, *Curso de autoaprendizaje en comuncación de riesgos*, available at http://www.cepis.ops-oms.org/cursocr/e/index.php. This approach is based on V.T. Covello, *Message mapping: Workshop on bio-terrorism and risk communication*. WHO: Geneva, 2002.

Example of message map on management of dead bodies

Problem » Concerns that dead bodies cause epidemics

Evidence	Audience	Messages	Channels	Materials
Most infectious agents do not survive for more than 48 hours in a dead body. Dead bodies do not cause epidemics. The use of appropriate protection equipment (gloves, goggles, masks, etc.) and basic hygiene are the best protection that workers have to avoid exposure to illnesses that can be contracted by contact with bodily fluids.	Community	The bodies of disaster victims do not cause epidemics. Risk for the public is minimal because they are not in contact with the bodies. People who die as a result of disaster do not tend to have infections such as cholera, typhoid, etc., that can cause epidemics.	Radio, TV, interpersonal communication, community leaders, information centers, teachers.	Radio and TV spots, announcements.
	Journalists	Your help is important. Refute comments you hear about mass cremations or burials to prevent epidemics. Do not join the alarmists. If you have doubts, contact experts from PAHO/WHO or the Red Cross Movement. Victims of disasters die because of injuries, not from infectious diseases.	Press conferences, interviews, meetings.	Press releases, guidelines and recommendations, references to web sites.

Example of message map on management of dead bodies

Problem » Concerns that dead bodies cause epidemics

Evidence	Audience	Messages	Channels	Materials
Most infectious agents do not survive for more than 48 hours in a dead body. Dead bodies do not cause epidemics. The use of appropriate protection equipment (gloves, goggles, masks, etc.) and basic hygiene are the best protection that workers have to avoid exposure to illnesses that can be contracted by contact with bodily fluids.	Medical personnel	Use gloves and boots. Wash and disinfect equipment. Wash hands with soap and water. Avoid touching your face or mouth. The risk of contagion with disease is minimal and can be prevented by taking precautions. Do not cause alarm in the community.	Meetings	Practical safety information for workers handling dead bodies.

Example of message map on management of dead bodies

Concern » Identification and appropriate disposition of dead bodies

Evidence	Audience	Messages	Channels	Materials
Protocols for identification of dead bodies are time-consuming. Efforts made to recover dead bodies are valued. If necessary, bodies should be stored or buried temporarily so that expert identification can be conducted later.	Community	Work with authorities to help in proper identification of bodies. Coroner or medical examiner is the only authority allowed to release a body and must document the release with a death certificate.	Radio, TV, interpersonal communication, community leaders, information centers, teachers.	Radio and TV spots, announcements.

Example of message map on management of dead bodies

Concern » Identification and appropriate disposition of dead bodies

Evidence	Audience	Messages	Channels	Materials
Protocols for identification of dead bodies are time-consuming. Efforts made to recover dead bodies are valued. If necessary, bodies should be stored or buried temporarily so that expert identification can be conducted later.	Journalists	Identification process can be slow. Give public calming messages; encourage cooperation with authorities in carrying out proper identification of the dead.	Press conferences, interviews, meetings.	Radio and TV spots and announcements, e- mail, press releases.
	Disaster managers and response team	Bodies should be recovered and stored in refrigerated containers or containers with dry ice. Attempts should be made to identify all bodies. Until identification is complete, bodies should be temporarily stored or buried.	Meetings, interpersonal communications	Practical safety information for workers handling bodies.

Problem: Safe drinking water

Concern » Water sources are contaminated and it is difficult to access safe water

Evidence	Audience	Messages	Channels	Materials
Drinking safe water prevents diarrhea, parasites, cholera, and hepatitis. Water can be disinfected at home using chlorine and filters. Drinking water can be contaminated by industrial waste. In disaster situations water quality must be closely monitored because it may be contaminated and turbidity may increase.	Affected community	Use chlorine to disinfect water. Wash a receptacle and fill it with water; follow instructions on the chlorine container to measure the correct amount of chlorine. Add the chlorine to the water and let it rest for 30 minutes before drinking it. If water is cloudy, filter it before adding chlorine. Use safe sources of water. Store the disinfected water in clean containers with lids.	Radio, TV, interpersonal communica-tion, community leaders, information centers, teachers.	Radio and TV spots and announce-ments; press.

Problem: Safe drinking water

Concern » Water sources are contaminated and it is difficult to access safe water

Evidence	Audience	Messages	Channels	Materials
Drinking safe water prevents diarrhea, parasites, cholera, and hepatitis. Water can be disinfected at home using chlorine and filters. Drinking water can be contaminated by industrial waste. In disaster situations water quality must be closely monitored because it may be contaminated and turbidity may increase.	People living in emergency shelters	Obtain chlorine from health workers. Wash a receptacle and fill it with water; follow instructions on the chlorine container to measure the correct amount of chlorine. Add the chlorine to the water and let it rest for 30 minutes before drinking it. If water is cloudy, filter it before adding chlorine. Use safe sources of water. Store the disinfected water in clean containers with lids.	Interpersonal communication, use of posters, loudspeakers, skits, meetings, community leaders (religious leaders, youth, authorities).	Posters, radio spots, messages delivered over loudspeakers.

Problem: Safe drinking water

Concern » Water sources are contaminated and it is difficult to access safe water

Evidence	Audience	Messages	Channels	Materials
Drinking safe water prevents diarrhea, parasites, cholera, and hepatitis. Water can be disinfected at home using chlorine and filters. Drinking water can be contaminated by industrial waste. In disaster situations water quality must be closely monitored because it may be contaminated and turbidity may increase.	Journalists	Inform the public about the importance of only drinking chlorinated, boiled, or bottled water. For storing treated water, recommend the use of clean, non-corrosive, containers with lids. Promote water conservation measures	Press conferences, interviews, meetings.	Informational press kit, photographs, radio and TV spots and/or announce-ments.
	Health workers and disaster response team	Recommend that the public drink chlorinated, boiled, or bottled water. Authorities must guarantee water quality, quantity, and coverage.	Meetings, electronic and interpersonal communica-tion with specialists.	Specialized information kits, manuals.

Problem: Health in emergency shelters

Concern » Overcrowding in emergency shelters poses a potential risk of communicable disease. Strict guidelines for sanitation and safe water must be followed.

Evidence	Audience	Messages	Channels	Materials
Lack of sanitation contributes to proliferation of vectors that spread disease. Simple actions such as hand washing and cleaning latrines contribute to maintaining health in shelters.	People living in emergency shelters	Cooperate in keeping latrines clean. Verify that toilets or latrine holes are covered. Throw trash only in designated areas.	Radio, posters, loudspeakers, interpersonal communication, community leaders, information centers, teachers.	Radio and TV spots and announce-ments; printed messages.
	Journalists	Practical information about protecting water supplies and trash disposal.	Meetings, press releases, information on the web.	Information kit, press releases, visit to shelters, interviews with experts.

Problem: Health in emergency shelters

Concern» Overcrowding in emergency shelters poses a potential risk of communicable disease. Strict guidelines for sanitation and safe water must be followed.

Evidence	Audience	Messages	Channels	Materials
Lack of sanitation contributes to proliferation of vectors that spread disease. Simple actions such as hand washing and cleaning latrines contribute to maintaining health in shelters.	Health workers and the disaster response team	Verify that people are receiving drinking water whether from a tanker truck, water storage tanks, or bottled water. Verify daily whether water is being tested for residual chlorine in storage tanks. Verify weekly that water storage tanks are being cleaned and disinfected. If treated water is available in dwellings, verify that people understand methods for disinfecting it.	Meetings, posters, guidelines, interpersonal communications.	Practical guidelines with technical information provided at meetings.

5.3 Recommendations on message content, language, and format

Once the message is defined and the audience is identified, choose the style of communication appropriate for the audience, and the format and the medium for distributing this information. Keep in mind that while traditional communication media can influence agendas, other channels, such as interpersonal communication are considered among the most efficient mechanisms for public information in emergencies.

The following are some basic recommendations that will help in this process.

Content

- Begin with needs and world view of your audience.
- Respect the language, socioeconomic level, and diversity of the audience.
- Reach to the public's heart and mind, with reason and arguments.
- Organize your messages into blocks and concentrate on the most important ones.
- Inspire the public to take action; tell them what they can do.
- Offer the unexpected with fresh, novel, and original messages.
- Adapt the contents to the areas or regions where they will be received.
- Reaffirm and repeat as often as necessary.

Language

- Do not use more than three ideas at the same time.
- Use simple grammar, short sentences, and active voice.
- Do not abuse figures.
- Avoid technical jargon and abbreviations.
- If you use uncommon terms, provide a glossary with your message (print material).
- Use language appropriate for the target audience.
- Avoid messages that reinforce cultural or ethnic stereotypes.

Presentation

- Use simple and attractive formats.
- Use colors to emphasize the importance of messages.
- Use graphics, drawings, photographs, or video to enhance understanding.
- Do not violate customs or traditions of an area.
- Make sure that photographs and video have all necessary references (caption, locations, description, etc.).
- For print messages, use type fonts that are easy to read; if audiovisual, use simple and straightforward expressions.
- Where populations speak native languages, translate or subtitle all of the contents.
- If you want the population to preserve the message, choose durable materials that can be adapted to conditions where they will be used.
- Determine whether your message will have more impact if communicated through opinion leaders or through persons who identify closely with the community and share the values of PAHO/WHO.

Media

- Identify the most effective medium for your audience.
- Remember that radio is economical and reaches many people, but transmissions are short-lived.
- Print materials survive, but exclude illiterate populations.
- Television allows the use of text and images, but production and transmission costs are very high.
- Use information fairs, theatre, radio dramas, games, and other formats that can be adapted to populations with specific or different needs.
- Use communication methods, i.e., house-to-house visits, and interpersonal communication whenever possible.

Remember:

During the emergency and at the end of the response phase, it is important to assess the entire process of message production and distribution as part of the evaluation of the communication plan. Evaluations help to improve content development and distribution plans so that they can be adapted to better meet the needs of the population.

5.4 Managing myths and rumors

A rumor is untrue information that cannot be verified but for various reasons becomes plausible to the media and the public. Disasters often are associated with myths that originate in cultural, family, and local traditions and are confused with reality when spread from person to person.

The greater the uncertainty or lack of information, the greater the likelihood that rumors will spread. The best way to manage them is to identify them early on and neutralize them with clear, official statements made immediately and openly, backed up with solid evidence and statements from experts.

Combating rumors

- Identify them.
- Neutralize them with official statements.
- Disseminate clear and precise messages on the topic.
- Reinforce announcements with statements from specialists.
- Show concrete evidence and facts.
- Identify opinion leaders who can back up your statements.
- Carry out intensive investigation of how the rumor is spreading.
- Determine whether your messages have the needed impact to neutralize rumors.
- If necessary, train journalists to cover the topic.

Why do people believe myths? What relationship do they have with reality? Why do people believe them if no one verifies them? Health sector professionals and the communication media should respond to these questions. They must also identify, analyze, and clarify myths about disasters, distinguishing them from reality.

5.5 Myths and realities of disasters

In the 1980s, PAHO produced a video entitled "Myths and Realities of Disasters," which has been widely viewed internationally. The video explores commonly held beliefs relating to disaster response. This section addresses most of those myths, along with others.

- ***Myth: Disasters are random killers.***

  Reality: Disasters strike hardest at the most vulnerable groups—the poor, and especially women, children, the elderly, and people with disabilities.

- ***Myth: Things are back to normal within a few weeks.***

  Reality: The effects of a disaster last a long time. Disaster-affected countries and communities deplete many of their financial and material resources in the immediate post-impact phase. Successful relief programs gear their operations to the fact that international interest wanes as needs and shortages become more pressing.

- ***Myth: Temporary settlements are the best place for families affected by the disaster.***

  Reality: They should be the last alternative. Many agencies use funds normally spent for tents to purchase building materials, tools, and other construction-related support in the affected country. Shelters are the worst option for the mental well-being of affected persons.

- ***Myth: The affected population is unable to take responsibility for their own survival.***

  Reality: On the contrary, many find new strength during an emergency. This has been seen again and again when thousands of volunteers spontaneously unite to search for victims after major earthquakes, when there is little hope of finding survivors.

- ***Myth: Disasters bring out the worst in human behavior, such as looting and hoarding.***

  Although isolated cases of antisocial behavior exist, the majority of people respond spontaneously and generously. In communities affected by a disaster, it is usually neighbors of the victims who are the first to provide assistance.

- ***Myth: The traumatized and mentally ill should be isolated or hospitalized.***

  Reality: Most cases can be attended to in the same community, with good outcomes. Reintegrating them into routine life is their best route to recovery.

- ***Myth: Psychological problems in disasters are rare and they have little impact.***

  Reality: Disasters and emergencies affect both the physical and mental health of people. Mental health treatment is important, especially among the most affected population. This includes rescue personnel and relief workers, as well as families of those affected.

- ***Myth: Epidemics and plagues are inevitable after every disaster.***

  Reality: Epidemics do not spontaneously occur after a disaster and dead bodies will not lead to catastrophic outbreaks of exotic diseases. The key to preventing disease is to improve sanitary conditions and educate the public on good hygiene practices.

- ***Myth: Disaster victims always need clothing.***

  Reality: Used clothing sent to disaster sites is usually inappropriate, and while disaster victims accept it, they do not use it. Sometimes worn out and even torn clothing is donated. Delivering goods in such conditions is contrary to the dignity of the persons affected.

- ***Myth: Food aid is always necessary.***

  Reality: Natural disasters rarely affect access to food. Massive shipments of food are becoming less frequent in humanitarian response. When crops are damaged, responses can include plans to restore livelihoods through the delivery of seeds, tools, or agricultural materials that will revitalize production.

5.6 Producing communication and information materials[4]

The development of educational and informational material is often carried out by experts on the topic, graphic artists, and style editors, but that is not enough. To add value and increase the possibility of success, users, decision makers, health and disaster response teams, among others, should be involved. This is not the work of communication experts alone, it is a collective effort.

A small amount of research about the target audience will help you to understand their information needs, their concerns, and their reasons for changing their behavior.

Participation in the process of testing and revising materials will increase confidence in the final product both for the authors and the final audience.

4 The material in this section draws on the Program for Appropriate Technology in Health (PATH), Children's Vaccine Program, *Immunization and child health materials development guide*, Seattle, Washington, U.S.A. Available from : http://www.path.org/publications/details.php?i=346.

Recommendations on ways to improve the level of success in the development and design of these materials are listed below:

- Prepare a work plan that provides the justification and objectives of the message, expected results, plan of activities, timeline for completion, and a detailed budget.

- Identify and study the target audience. The better you can direct your messages to specific groups, the better their needs can be met. Audiences can be chosen by profession (such as decision-makers, relief workers, trainers, etc.); by demographic variable (e.g., age, sex, education level, ethnic group); or by the type of problem that concerns them. Do not overlook partners and associates who can assist the Disaster Response Team to reach the affected population.

- Put the print, audiovisual, or multimedia material to the test: that is, determine whether it meets your objectives. Assess how well the material is understood and accepted by the public. Remember to keep track of the documents, photographs, and videos produced.

- Consider what form of production—print, radio, audiovisual, or computer-based materials—will be most cost effective for each message and audience.

- Distribute the material prior to providing training or directions on their use. This requires preparing a distribution plan and carrying it out diligently, seeking strategic occasions to present the materials. The training process can be simple, but people must understand how to use the material and what benefits will be derived for their work or lives.

- Evaluate the entire process to determine whether materials reached the proper audience and had an impact. Evaluation will reveal strengths and weaknesses of the material and give useful and constructive feedback regarding the messages, audience, communication media chosen, and techniques chosen for preliminary trials.

© PAHO/WHO

Annexes

I PAHO/WHO Checklist for Emergencies and Disaster Situations

II PAHO/WHO Situation Report (SITREP) format

III Examples of Situation Reports

IV Examples of Press Releases

V Internet Web Sites

VI Acronyms

VII Recommended Bibliography

Annex I

PAHO/WHO Checklist for Communication in Emergencies

1. Completed rapid assessment of information and communication needs during the emergency: YES ___ NO ___

2. Needs are:

   - Internal YES ___ NO ___
   - Need advisor YES ___ NO ___
   - Need strategy for working with communication media YES ___ NO ___
   - Team is available YES ___ NO ___
   - Communications plan exists YES ___ NO ___
   - Will work with national and international counterparts YES ___ NO ___

3. The following aspects of information management and production are understood:

   - Collection of information YES ___ NO ___
   - Production YES ___ NO ___
   - Analysis YES ___ NO ___
   - Approval YES ___ NO ___
   - Dissemination of information YES ___ NO ___

4. The following people are familiar with these mechanisms:

   - Staff of PAHO/WHO Representative (PWR) YES ___ NO ___
   - Regional Disaster Response Team YES ___ NO ___

5. Information flows from following entities:

   - Ministry of Health YES ___ NO ___
   - Regional Disaster Response Team YES ___ NO ___
   - International organizations YES ___ NO ___
   - Other staff of PAHO/WHO Representative (PWR) who are involved in emergency response YES ___ NO ___
   - Regional PAHO/WHO office YES ___ NO ___

6. Procedures have been established for the following:

- Evaluation of information YES ___ NO ___
- Organization of information YES ___ NO ___
- Monitoring of information YES ___ NO ___

7. Information exchange is maintained with the following:

- EOC (National and PAHO/WHO in Washington, D.C.) YES ___ NO ___
- PAHO/WHO Situation Room YES ___ NO ___
- Ministry of Health Situation Room YES ___ NO ___
- United Nations agencies YES ___ NO ___

8. The procedures and scheduling for the preparation, clearance, and distribution of situation reports (SITREPs) are clear: YES ___ NO ___

9. The following have been defined:

- The relationship with the communication media YES ___ NO ___
- Visibility strategies for PAHO/WHO YES ___ NO ___
- Support to communication from the Ministry of Health YES ___ NO ___

10. Needs have been identified for health promotion materials: YES ___ NO ___

- Personnel are available to develop these materials YES ___ NO ___

Annex II

PAHO/WHO Situation Report Format (SITREP)

Event:	
Date of event:	
Specific area of impact:	
Date of report:	

1. Brief description of adverse event (include information about deaths, injuries, displaced population, houses destroyed):

2. Impact of the event:

a. **Impacts on health of the population** (displacement to shelters, obstacles in accessing health services, lack of access to health service locations):
b. **Impacts on water/environment** (drinking water, vectors, negative environmental impacts, negative changes in services including drinking water, power, trash collection):
c. **Impacts on health and other infrastructure** (e.g., damaged hospitals):

3. If a preliminary damage and needs assessment exists, provide a synthesis of that report. If the needs assessment does not exist, omit this item and send the damage and needs assessment information at a later date.

4. General information about actions being taken in the health sector (Ministry of Health, PAHO/WHO, United Nations, Red Cross, other actors):

5. Was an emergency declared?

6. Was international assistance requested?

7. Most urgent needs in the health sector identified by the country or PAHO/WHO.

Prepared by _____

Before sending this report, be sure that it provides clear answers to the following questions:

- What is happening?
- Why is the event important? (Implications and possible impacts on health.)
- What are the main needs? What are the health sector and PAHO/WHO doing to respond?
- Is international assistance needed at this time?
- Taking into account actions taken in response to prior events of this nature, will international resources or assistance be needed?

Take into account:

- It is important that you send this report as quickly as possible.
- Avoid writing long or complicated reports.
- Clearly indicate the sources of your information.

Annex III
Examples of Situation Reports

Health Cluster Situation Report - Cyclone Nargis in Myanmar, 16 May 2008

World Health Organization, Regional Office for South-East Asia

HIGHLIGHTS

1. According to information from the Myanmar state media, the death toll from Cyclone Nargis is now 77,738 with 19,359 injured. Another 55,917 people are still reported missing.

2. Five out of six station hospitals in Ngaputaw township are reported to have been destroyed. The township hospital is, however, functional. Referral cases are being sent to Pathein township's hospital.

3. There are adequate stocks in the country to deal with potential outbreaks of severe diarrhoea.

HEALTH ASSESSMENT AND SITUATION UPDATE

• According to information from the Myanmar state media, the death toll from Cyclone Nargis is now 77,738 with 19,359 injured. Another 55,917 people are still reported missing.

• Five out of six station hospitals in Ngaputaw township are reported to have been destroyed. The township hospital is, however, functional. Referral cases are being sent to Pathein township's hospital.

• There have been no confirmed disease outbreaks but cases of diarrhoea have been reported. Disease surveillance is being further strengthened. Putting prevention and control measures in place remains a priority.

HEALTH CLUSTER RESPONSE

1. Supplies
• There are adequate stocks in the country to deal with potential outbreaks of severe diarrhoea. The WHO and UNICEF stocks include 30,000 i/v fluid drip packs, 50,000 ORS sachets, and 500,000 doxycycline tablets (with equal numbers in reserve). Additional supplies for the treatment of severe diarrhoea as well as water purification tablets are on their way.

• WHO delivered one Emergency Health kit to the hospital in Maubin, which is acting as referral hospital for Pyanpon, Bogale, Kyaiklat and Dedaye.

• In response to the request of the Regional Surveillance Officer in Pathein, WHO is sending additional supplies for the management of diarrhoeal diseases.

• Thirty basic units of Interagency Emergency Health Kits and other medical supplies procured by UNICEF, including ORS and zinc, have arrived to Yangon. They are sufficient for the treatment of more than 80,000 cases of diarrhoea.

• An additional 125 fogging machines have arrived in Myanmar.

• Supplies of viper anti-venom are now available. Cases of snakebite have been reported in Shwepyithar township of Yangon division.

2. Medical Care

• UNICEF deployed five additional public health experts to Myaung Mya, Maubin, Wakema, Pyapon and Mawlamyinegyu, bringing the total to 11 in seven townships in Ayawadee. They will facilitate health sector coordination at the field level, provide technical support, supply medicines and assist field monitoring and emergency response.

• Seven public health doctors from UNICEF have been visiting Hlaing Thayar, Dala, Kyaun Tan, Kungyangon, Kawhmu, Kayan/Thongwa, and Kee Myint Taing everyday since a day after the cyclone to assess the health situation and identify needs as well as monitor the response.

• The WHO guidelines on the management of cholera were distributed to Health Cluster partners. NGOs are encouraged to contact WHO and UNICEF if more copies are needed.

• MSF-Holland is providing relief services in Ngaputaw and Labutta townships; 25 medical teams and 200 staff, including 28 medical doctors, were redeployed. Twelve boats are available to move medical teams southwards into the most affected coastal areas. MSF-Holland also confirmed that no disease outbreaks have yet been detected in these areas. The main health concerns reported are injuries, acute respiratory infections and diarrhoea.

3. Surveillance

• Disease surveillance has been further intensified, particularly for diarrhoea, cholera, measles, dengue haemorrhagic fever and malaria.

• Streamlined surveillance and data reporting forms are being distributed to partners, hospitals and health centres. They will facilitate the uniform collection, compilation and analysis of the available information on selected diseases including diarrhoea, malaria, dengue and snake bites.

• Surveillance officers at the township level are working to enhance the transmission and sharing of information.

HEALTH COORDINATION

• Participation in the Health Cluster meetings in Myanmar has increased, with more than 60 representatives of 30 international NGOs and UN agencies.

• A Civil Society Information Resource Centre was opened on 15 May for local self-help groups at the initiative of INGO Forum.

• WHO and UNFPA are addressing reproductive health and maternal health needs and looking into ways to fill the urgent need for basic reproductive health kits.

• Further steps have been initiated to increase coordination between clusters; Health Cluster national staff members are receiving updated information from the Water and Sanitation and Shelter clusters, among others.

NEXT STEPS

• A joint action plan and charting out of activities for the Health Cluster for the next 3 to 6 months is being finalized.

• WHO continues to mobilize the donor community to provide stronger support to the health sector emergency response.

• Psychosocial support is likely to be an important issue in the next few weeks, and WHO guidelines and protocols in the local language have been sent to Myanmar.

For more information, visit: www.searo.who.int

SITREP: Example 2

Situation Report, Earthquake in Peru, 21 August 2007

Pan American Health Organization

1. Summary of the general situation and priorities

Preliminary Damage Asssessment*

	Cañete	Chincha	Pisco	Ica	Other	Total
Deaths	6	75	335	71	16	503
Injured	172	240	100	487	43	1,042
Homes destroyed	928	16,010	16,000	300	1,012	34,250

* According to estimates from INDECI, 21 September 2007.

- The most severe damages in the service network are concentrated in Pisco, with 2 hospitals collapsed and more than 25 health centers affected.
- The population needing shelter could increase in the coming days, as homes are evaluated and declared uninhabitable. The number of those left homeless could surpass 30,000 families.
- More than 650 wounded have been transported to Lima (417 women and 250 men); of these three have died.
- The Ministry of Health is organizing information dispatches from the affected areas up to a command center and it is expected to establish and maintain daily monitoring of the other affected provinces within one to two days.

Most urgent priorities for the health sector

- It does not seem necessary to send additional health workers to the affected areas. Rather, the health workers present should be reassigned.
- Provide safe drinking water to the affected population.
- Assess the health service network and service recovery.
- Strengthen epidemiological surveillence in shelters to avoid transmission of diseases.
- Monitor environmental health and trash and debris collection.
- Launch a psychosocial support program and mental health support for the affected population and for health workers.
- Initiate public information and communication campaign to the community on environmental health and safe water management.
- Optimize effective humanitarian assistance by using LSS/SUMA.
- Support basic sanitation and water quality control for displaced population.

2. General health situation in Pisco

- The accelerated demolition of unsafe homes and buildings has increased the levels of particulate matter in the environment and consequently the incidence of respiratory infections has increased.
- The evacuations of damaged homes have increased the population in shelters.
- The city has begun to restore electrical power.
- Water distribution continues to be provided from tanker trucks.
- The local health workers are returning to their usual workplaces; foreign workers who are being permanently relieved of their duties.
- Medications and medical supplies are available.
- The principal need is providing electrical power generators to different facilities.
- It has been emphasized that NO additional health workers are needed, but existing personnel should be reassigned.

Health service network

Hospital San Juan de Dios. The new hospital building was not affected, and service is being provided. A situation room for health has been set up, and health workers from other parts of the country who are providing services are staying overnight in the new facility.

Hospital Antonio Skabronja. The hospital was destroyed. Health care is being provided in a field hospital in the main square, where 4,933 patients have been seen to date; 250 patients have been evacuated to Lima.

The laboratory network is functioning.

Twenty-two other outpatient health units have been evaluated in the Chincha-Pisco network:

- Only 5 are operating at 100% capacity.
- Ten are without power.
- Two are operating at 50% capacity due to partial building damage, lack of basic services, or shortage of health personnel.
- Two are closed.
- Twelve have still not documented the damage.

Water and sanitation in Pisco

The city continues to lack water. Water continues to be provided by tanker trucks both to shelters as well as the rest of the community.

The evaluation of the water systems has started in the rural sector and serious damage has been detected. Some areas are using alternate water sources that are not chlorinated.

Twenty-three shelters are being established with a total capacity for 11,899 people. The most immediate need is for latrines.

3. General health situation in Ica

- The rural and surrounding areas of the city are being served by medical brigades both from the region and professionals from Arequipa, Moquegua, San Martín, Lima, Apurimac and the NGO Solaris.
- Health services in the areas surrounding the city have remained operational with adequate resources.
- Food rations have been distributed for at least 35,000 families. With contributions from WFP there are enough food resources to continue with the distribution. Soup kitchens are being used to feed organized communities. Besides the regular regional diet, specialized food for children under the age of 2 does not exist.
- A downward trend has been observed in injuries due to external causes, wounds and trauma. Respiratory infections, conjunctivitis, diarrheal diseases, foodborne illnesses and skin infections have increased during this period. However, there is no evidence of epidemics and outbreaks. It is still not possible to conclude whether the increase in morbidity is caused by the disaster and population displacement or if the figures only reflect the increased availability of medical services at this time.

A donation of 30,000 oral rehydration packets and chlorine tablets for water purification was received.

Water and sanitation in Ica

- The drinking water supply is gradually being reestablished throughout the city. Tanker trucks are servicing 90% of the urban area and 60% of the outlying areas.
- The solid waste collection system is functioning at the same level as before the earthquake.
- Damage to 200 meters of the sewage system has been detected in one of the sectors of the city.

- Outdoor defecation has increased as a consequence of damage to homes and people's fears of remaining trapped, given the number of aftershocks.

In several outlying and rural areas, the communities have started to repair their homes using salvaged materials (adobe, wood, matting).

A structural assessment mission is necessary for the Regional Hospital of Ica to determine if it should be repaired or demolished. It is recommended to increase the size of the medical area and to relocate the outpatient consultation area.

4. PAHO/WHO response

- Expert teams continue to support the affected areas with damage and needs assessments, intersectoral coordination, establishing the EOC in Pisco and setting up a situation room.
- Coordination with the UNDAC team and other international cooperation agencies in the capital and affected areas.
- Support mobilization of LSS/SUMA, under the coordination of the National Civil Defense System, to inventory national and international humanitarian assistance and manage distribution from the airports in Pisco and Lima (Group 8), with the support of White Helmet personnel and INDECI.
- Coordinate with the United Nations in preparing a flash appeal. Based on information gathered by the Ministry of Health and PAHO/WHO on the health situation, an interagency health group (including PAHO/WHO, UNICEF, UNFPA, and UNAIDS) developed the health component for the global appeal, totaling US$ 1.97 million. The proposal includes actions to strengthen health services, make emergency repairs to water and sanitation systems, improve coordination in the health sector, and prevent outbreaks, including disease surveillance.

5. Humanitarian Assistance

LSS/SUMA operations in Lima, based at the Jorge Chavez Airport:

- A SUMA team was formed, including the National Logistics Division of INDECI, the Peruvian Agency for International Cooperation (APCI), the Lima Branch of the Red Cross, and the Peruvian Air Force.
- Registered supplies distributed through the point of entry of the Military Airport of Pisco.
- Generated consolidated reports beginning 17 August for local and international donations sent to Pisco.

- Registered 100% of supplies dispatched from the point of entry to the city of Pisco in approximately 40 air operations and 15 land operations beginning 16 August, with official support provided by the National Logistics Division of INDECI.

This report can be consulted at: www.paho.org/disasters (Major Emergencies).

SITREP: Example 3

Situation Report #18 on Influenza A(H1N1), 12 May 2009, 6:00 p.m., Washington, DC

PAHO/WHO Emergency Operations Center (EOC)

1- Status of Influenza A(H1N1) in the Americas:

- Cuba reported its first confirmed case, in Provincia Matanzas.
- Confirmed cases reported in other countries in the Americas:
  - USA, 3,009 confirmed cases with 3 deaths;
  - Mexico, 2,282 confirmed cases with 58 deaths;
  - Canada, 358 confirmed cases with 1 death;
  - Panama, 16 confirmed cases;
  - Costa Rica, 8 confirmed cases with 1 death;
  - Brazil, 8 confirmed cases;
  - Colombia, 6 confirmed cases;
  - El Salvador, 4 confirmed cases;
  - Guatemala, 3 confirmed cases;
  - Argentina, 1 confirmed case.
- The World Health Organization maintains pandemic alert of Phase 5. There is no evidence of sustained community level human-to-human transmission outside of the Americas.

2- Status of Influenza A(H1N1) in other Regions:

30 countries have officially reported cases of influenza A(H1N1) as follows:

- The following countries have reported laboratory-confirmed cases with no deaths: Australia (1), Austria (1), China (2, comprising 1 in China, Hong Kong Special Administrative Region, and 1 in mainland China), Denmark (1), France (13), Germany (12), Ireland (1), Israel (7), Italy (9), Japan (4), Netherlands (3), New Zealand (7), Norway (2), Poland (1), Portugal (1), Republic of Korea (3), Spain (95), Sweden (2), Switzerland (1), and the United Kingdom (55).

3- PAHO/WHO response:

- Dr. Mirta Roses, the Director of PAHO/WHO, will attend the World Health Assembly in Geneva, beginning 18 May. Although the agenda for this year's WHA was set many months ago, influenza A(H1N1) is sure to be an important topic. The WHA is the

decision-making body of WHO. It is attended by delegations from all WHO Member States.

- To date, PAHO/WHO has deployed 29 experts to Mexico to provide support to health authorities.

- Oseltamivir shipments continue to arrive in Member Countries.

- In a WHO press conference today, Dr. Nikki Shindo, a medical officer for WHO, announced that WHO will soon publish clinical management guidelines to help doctors, nurses, and other people caring for patients who have or will be affected by this virus. The WHO is working closely with the Global Influenza Network to monitor the seasonal flu viruses circulating and provide the best option for medications.

4- Recomendations:

- PAHO/WHO recommends that countries continue to review their national influenza pandemic preparedness plans and address any gaps identified.

- For those health care facilities in countries where cases of influenza A(H1N1) have NOT yet been reported, please refer to these general recommendations from the Pan American Health Organization Office of the Assistant Director Health Systems and Services Area.

5- Resources:

Today, WHO published an article on assessing the severity of an influenza pandemic. The report highlights the many factors that can influence the overall severity of a pandemic's impact, including: the properties of the virus, population vulnerability, subsequent waves of spread, capacity to respond, and the assessment of the current situation. Some interesting findings are:

- Influenza A(H1N1) appears to be more contagious than seasonal influenza.
- In terms of population vulnerability, the tendency of the H1N1 virus to cause more severe and lethal infections in people with underlying conditions is of particular concern.
- Outside Mexico, nearly all cases of illness, and all deaths, have been detected in people with underlying chronic conditions.

In Central America, a hand washing initiative was presented to members of the task force of the Council of Ministries of Health for Central America and the Dominican Republic

For more information, visit: www.paho.org/disasters.

Annex IV

Examples of press releases

Fears of Dead Bodies Are Unfounded

Washington, D.C., 29 December 2004 (PAHO/WHO)—The staggering human toll of the tsunami disaster has led to widespread reports that rotting corpses pose a serious health threat in affected areas from India to Indonesia. Contrary to popular belief, dead bodies do not lead to catastrophic outbreaks of diseases.

Disaster and relief experts from the Pan American Health Organization —which serves as the regional office for the Americas of the World Health Organization—have said that one of the most common myths associated with natural disasters is that cadavers are responsible for epidemics.

The mistaken belief often leads authorities to take misguided action, such as mass burials or cremations, which can add to the burden of suffering already experienced by survivors, according to Dr. Dana Van Alphen, an advisor in PAHO's Office of Emergency Preparedness and Disaster Relief.

"In too many cases," says Van Alphen, "authorities rush to bury victims without identifying them, under the false belief that bodies pose a serious threat of epidemics. It is just not true." She adds that such practice is not only scientifically unfounded, it violates the human rights of victims and survivors. Public health experts have repeatedly emphasized that the key to preventing diseases is improving sanitary conditions and informing people.

"Unfortunately, we continue to see the use of mass graves and mass cremations to dispose of bodies quickly, based on the myth that they pose a high threat of disease outbreaks," Dr. Mirta Roses, Director of the Pan American Health Organization, writes in the introduction to a PAHO book, *Management of Dead Bodies in Disaster Situations*. It is a medical fact that infectious agents do not survive long in dead bodies.

To counter the practice of mass burials and to help guide the management of dead bodies in the aftermath of disasters, public health officials have developed these recommendations:

- Provide survivors with access to victims' bodies and support for their final disposition.
- Conduct burials in such a way as to permit later exhumation. Above all, avoid mass burials and cremations.
- Raise awareness among the public and authorities that cadavers do not cause epidemics.

- Make identification of remains a priority to avoid adverse legal consequences and other long-term problems.
- Avoid subjecting relief personnel and the general population to mass vaccination against diseases supposedly transmitted by cadavers.
- Respect cultural and religious beliefs, even when the identities of the dead are unknown, showing respect for the feelings of those at the site of the tragedy.

PAHO was established in 1902 and is the world's oldest public health organization. PAHO works with all the countries of the Americas to improve the health and the quality of life of people of the Americas.

This press release con be consulted at: http://www.paho.org/english/dd/pin/pr041229.htm.

Press release: Example 2

Influenza-like Illness in Mexico and the United States

Geneva/Washington, DC, April 24, 2009 (PAHO/WHO) — The Government of Mexico has reported three separate events related to influenza-like illness (ILI). In the Federal District of Mexico, surveillance began picking up cases of ILI starting 18 March. The number of cases has risen steadily through April and as of 23 April there are now more than 854 cases of pneumonia from the capital. Of those, 59 have died. In San Luis Potosi, in central Mexico, 24 cases of ILI, with three deaths, have been reported. And from Mexicali, near the border with the United States, four cases of ILI, with no deaths, have been reported.

The United States Government has reported seven confirmed human cases of influenza A(H1N1) in the USA (five in California and two in Texas) and nine suspect cases. All seven confirmed cases had mild ILI, with only one requiring brief hospitalization. No deaths have been reported.

Of the Mexican cases, 18 have been laboratory confirmed in Canada as influenza A(H1N1), while 12 of those are genetically identical to the influenza A(H1N1) viruses from California.

The majority of these cases have occurred in otherwise healthy young adults. Influenza normally affects the very young and the very old, but these age groups have not been heavily affected in Mexico.

Because there are human cases associated with an animal influenza virus, and because of the geographical spread of multiple community outbreaks, plus the somewhat unusual age groups affected, these events are of high concern. The influenza A(H1N1) viruses characterized in this outbreak have not been previously detected in pigs or humans. The viruses so far characterized have been sensitive to oseltamivir, but resistant to both amantadine and rimantadine. The World Health Organization (WHO) and the Pan American Health Organization (PAHO) have been in constant contact with the health authorities in the United States, Mexico and Canada to better understand the risk which these ILI events pose. PAHO/WHO is sending missions of experts to Mexico to work with health authorities there. It is helping its Member States to increase field epidemiology activities, laboratory diagnosis and clinical management. Moreover, WHO's partners in the Global Alert and Response Network have been alerted and are ready to assist as requested by the Member States.

PAHO/WHO acknowledges Mexico and the United States for their proactive reporting and their collaboration with PAHO/WHO and will continue to work with Member States to further characterize the outbreak.

PAHO, founded in 1902, works with all the countries of the Americas to improve the health and quality of life of their peoples. It also serves as the Regional Office for the Americas of the World Health Organization (WHO).

For more information, please contact Daniel Epstein, email: epsteind@paho.org, Public Information Officer, Knowledge Management and Communication Area, PAHO/WHO, Tel +1 202 974 3459 – mobile +1 202 316 5679, fax +1 202 974 3143 – www.paho.org.

This press release can be consulted at: http://new.paho.org/hq/index.php?option=com_content&task=view&id=1259&Itemid=1

Press release: Example 3

Donations in disaster situations: Do they help or do they create a second disaster?

Lima, Peru, 21 August (PAHO/WHO)—Humanitarian assistance destined to help people affected by the earthquake demonstrates national and international solidarity and generosity for the victims; however, it also requires a huge organizational and logistical effort by the authorities responsible for the emergency.

In order to make the assistance to the affected population more efficient and to promote recovery, PAHO/WHO recommends that the national and international community take into account the following general principles:

- A donor's objective is to respond to the needs expressed by the affected population. Therefore, it is necessary to make sure that they respond to what has been included in the needs assessment prepared by the country's authorities.

- The donation of used clothes and shoes, perishable foods, or expired medicines should be discouraged.

- Whenever possible, cash donations should be encouraged. This allows for local purchases and saves time and logistical resources (for transportation and storage).

- The affected population's needs do not stop immediately after the disaster. They are extended to the recovery and reconstruction periods. The most efficient donation is not the one that arrives first, but the one that responds to a proven need.

These and other recommendations can be consulted online at: http://www.paho.org/english/dd/ped/pedhumen.pdf.

As part of the support that is being given to the country, PAHO/WHO and the U.N. System are working with the Peruvian Government in the installation of the LSS/SUMA System for supply management. The System allows for registration, inventory, classification, and distribution of donated supplies in a transparent and responsible manner.

In coordination with the Civil Defense System, LSS/SUMA has been installed at the most important points of entry for humanitarian supplies, particularly the Jorge Chavez Airport (Group 8) in Lima and the Pisco Airport. LSS/SUMA has helped to collect information regarding the type and characteristics of the supplies, so that donations can be effectively managed.

The Pan American Health Organization is working with the Peruvian authorities and health sector to achieve an efficient response to the affected population.

For more information: icaldero@paho.org
Telephone: 4213030 Annex 287; Cel. 96336846

This press release can be consulted (only in Spanish) at:
http://200.10.250.205/doc/emergencia/cp-ops-3.pdf.

Annex V

Web Sites

Pan American Health Organization. Area on Emergency Preparedness and Disaster Relief (PAHO/PED)	www.paho.org/disasters
World Health Organization (WHO)	www.who.int
Regional Disaster Information Center for Latin America and the Caribbean (CRID)	www.crid.or.cr
Regional Humanitarian Information Network (RedHum)	www.redhum.org
Reliefweb	www.reliefweb.int
Centers for Disease Control and Prevention (CDC)	www.cdc.gov
International Strategy for Disaster Reduction	www.unisdr.org
United Nations Office for the Coordination of Humanitarian Affairs (OCHA)	www.ochaonline.un.org
International Federation of Red Cross and Red Crescent Societies (IFRC)	www.ifrc.org

Annex VI

Acronyms

CERF: Central Emergency Response Fund

DANA: Damage and Needs Assessment

ECHO: European Community Humanitarian Aid Department

EOC: Emergency Operations Center

IFRC: International Federation of Red Cross and Red Crescent Societies

NGO: Non-governmental Organization

OCHA: United Nations Office for the Coordination of Humanitarian Affairs

PAHO/WHO: Pan American Health Organization/World Health Organization

PED: PAHO/WHO's Area on Emergency Preparedness and Disaster Relief

PWR: PAHO/WHO Country Representative

REDLAC: Risk, Emergency and Disasters Task Force for Latin America and the Caribbean

RRT: Regional Response Team

SITREP: Situation Report

UNETE: United Nations Emergency Team

UNDAC: United Nations Disaster Assessment and Coordination Team

UNICEF: United Nations Children's Fund

UNS: United Nations System

Annex VII
Recommended bibliography

RISK COMMUNICATION

- Centers for Disease Control and Prevention of the United States and the Pan American Health Organization (CDC/PAHO/WHO). *Self-instruction course in risk communication*. Available at www.cepis.ops-oms.org/tutorial6/i/wellcome.html de. Accessed 12 July 2009.

- O'Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merritt, A.P. 2003. *A field guide to designing a health communication strategy*. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs. Available at www.jhuccp.org/legacy/pubs/tools/DesigningaHealthCommunicationStrategy/index.html.

- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2002. *Crisis and emergency risk communication*: by leaders for leaders. Washington, D.C.: CDC. Available at: www.bt.cdc.gov/erc/leaders.pdf.

- U.S. Environmental Protection Agency (EPA). 2004. *Considerations in risk communication: a digest of risk communication as a risk management tool*. Washington, D.C.: EPA. Available at www.epa.gov/nrmrl/pubs/625r02004/625r02004.pdf.

- World Health Organization. 2008. *Outbreak communication planning guide*. Geneva: WHO. Available at www.who.int/ihr/elibrary/WHOOutbreakCommsPlanngGuide.pdf.

- _____. *Effective media communication during public health emergencies*. A WHO Handbook (WHO/CDS/2005). Geneva: WHO. Available at www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/.

- _____. Report of the WHO Expert Consultation on Outbreak Communications held in Singapore on 21–23 September 2004. WHO.

INFORMATION MANAGEMENT

- Inter-Agency Standing Committee. 2007. *Operational guidance on responsibilities of cluster/sector leads & OCHA in information management*. Geneva: IASC. Available at: www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/Res&Tools/IM/Operational%20Guidance%20on%20Information%20Management%20V3.pdf.

- Norwegian Refugee Council (NRC), The Camp Management Project (CMP). 2008. *Camp management toolkit* (Section 5, Information Management). Available at www.nrc.no/arch/_img/9293555.pdf

- Organización Panamericana de la Salud. 1994. *Comunicación eficaz con el público durante épocas de desastres: Pautas para los administradores de desastre para preparar y difundir adecuadamente mensajes de salubridad*. Washington, D.C.: OPS; 1994.

- United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Field Coordination Support Section. 2006. *UNDAC Handbook*. Chapter F. Information Management. Available at http://ochaonline.un.org/Coordination/FieldCoordinationSupportSection/UNDACSystem/Handbook/tabid/1432/language/en-US/Default.aspx.

MEDIA MANAGEMENT

- Bratschi, Gloria. 1995. *Comunicando el desastre: comunicación social preventiva y de emergencia en zonas sísmicas (extensivo a otros desastres)*. Argentina.

- Mexico, Secretaría de Innovación y Calidad, Subsecretaría General de Planeación y Desarrollo en Salud. 2005. *Guía de manejo de medios masivos de comunicación durante crisis en unidades de salud*. Mexico, D.F.

- Noji, Eric K. 2000. *Impacto de los desastres en la salud pública* (Chapter 7). Washington, D.C.: Pan American Health Organization.

- Pan American Health Organization, Office of Public Relations. *Media relations in emergencies*. Available at www.paho.org/english/ped/medios.htm.

MESSAGES AND INFORMATIONAL MEDIA

- Program for Appropriate Technology in Health (PATH), Children's Vaccine Program. 2001. *Immunization and child health materials development guide*. Seattle, Washington: PATH. Available at: www.path.org/publications/details.php?i=346.

OTHER RESOURCES

- Pan American Health Organization. 2009. *Be a better donor: Practical recommendations for humanitarian aid*. Panama: PAHO/WHO.

- _____. 2004. *Manual de evaluación de daños y necesidades en salud para situaciones de desastres*. Quito: OPS/OMS.
- Pan American Health Organization. *Action card for PAHO/WHO Representatives*. PAHO/WHO.
- _____. 2009. *Field Manual for the PAHO/WHO Regional Disaster Response Team*. Panama: PAHO/WHO.
- _____. 2006. *Management of dead bodies after disasters: A field manual for first responders*. Washington, D.C.: PAHO/WHO.
- _____. 2006. *Management of dead bodies after disasters*. Washington, D.C.: PAHO/WHO.
- Pérez de Armiño, Karlos, ed. 2000. *Diccionario de acción humanitaria y cooperación al desarrollo*. Bilbao: Icaria y Hegoa. Available at http://dicc.hegoa.efaber.net.
- United Nations. Office for the Coordination of Humanitarian Affairs. Humanitarian reform in action. Web site: http://ocha.unog.ch/humanitarianreform/.
- World Health Organization (WHO). 2008. *Manual for the care of children in humanitarian emergencies*. Geneva: WHO. Available at: www.who.int/child_adolescent_health/documents/9789241596879/en/index.html.

The Pan American Health Organization has developed the Regional Disaster Response Team and supports efforts to strengthen the ability of national health sector teams to respond to emergencies and disasters. These multi-disciplinary teams have expressed the need for specialists in the fields of information management and communication. The role of these specialists is to produce quality information which can be shared with the people and agencies that need it. The information must be produced on time, in the proper format, and distributed through the most appropriate channels.

This work can only succeed when performed in a team setting. Disaster management experts, communicators, or administrators cannot work in isolation. It is the integration and balance of their efforts that make the difference. Communication specialists need to understand the reality of disasters. Likewise, those with disaster management and public health experience can make better decisions when they can rely on the support of communicators.

This manual is part of the effort to improve technical capacity in the Region of the Americas, and has been developed from lessons learned and practical experience gained in countless disasters. In addition to helping disaster response teams, it is structured to guide the information and communication activities for those responsible for disaster preparedness and response in the health sector. It complements other PAHO/WHO efforts in communicating for risk management.

This publication can be consulted at:
www.paho.org/disasters

Pan American Health Organization
Regional Office of the
World Health Organization

Area on Emergency Preparedness and Disaster Relief

525 Twenty-third Street, N.W.
Washington, D.C. 20037, U.S.A.
disaster-publications@paho.org

With financial support from:

MINISTERIO DE ASUNTOS EXTERIORES Y DE COOPERACION
aecid
USAID FROM THE AMERICAN PEOPLE
Canada

ISBN 978-92-75-12993-7