EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

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ECDC MANAGEMENT BOARD

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Document: Developing an ECDC Communication Strategy	
Date: 17 October 2005	**Reference**: MB4/15/13
To: Members of the Management Board	**From**: ECDC

Action: Members are asked to:

1. Help identify a contact person in their ministry/public health institute with whom ECDC's press spokesman should liaise on media issues
2. Take note of and discuss the approach ECDC is proposing for the development of its external and crisis communication strategy
3. Take note of and discuss the Interim Protocol on Crisis Communication annexed to this paper.

Summary: This paper outlines actions to be taken in developing a comprehensive ECDC communication strategy. Communications is a core ECDC function. As with other core activities, the Centre will work to network the expertise that already exits in health ministries and public health authorities across Europe; assess current capacities and needs; facilitate cooperation between Member States; and undertake actions that genuinely add value to, and support, what Member State authorities are doing. In order to define a communication strategy we need to answer three basic questions:

1) Where are we now (in terms of our communication capabilities and plans)?
2) Where would we like to get to?
3) By what means do we get there?

To address these questions, ECDC will undertake a mapping exercise of current external communication policies, plans and capabilities around Europe. Working closely with the designated media contact points, ECDC will build consensus on the type of actions ECDC can undertake to support, and add value to, the external communication activities of its partner organisations.

As crisis communications is seen as an urgent priority by ECDC and many of its partner organisations, this paper outlines a number of immediate steps ECDC is, or plans to take, including the adoption of an Interim Protocol on Crisis Communications for ECDC to follow in the event of a crisis during this developmental period.

"Motto: Be timely, credible and reliable".

Developing an ECDC Communications Strategy

Contents

1. INTRODUCTION

It is now well recognised internationally that "communication expertise and planning is as essential to outbreak control as epidemiological training and laboratory analysis.[1]" The importance of communication as an element of European disease control policy was recognised by the European Parliament and Council of Ministers when they passed the ECDC's Founding Regulation[2].

Communication is designated a core ECDC activity. As with other core activities, such as outbreak surveillance and planning, the Centre will work to network the expertise that already exits in health ministries and public health authorities across Europe; assess current capacities and needs; facilitate cooperation between Member States; and undertake actions that genuinely add value to, and support, what Member State authorities are doing.

Building an external and crisis communications network, and developing capacity within the Centre to support it, is something that will take time. The purpose of this paper is to outline a medium term "road map" for achieving this along with some immediate objectives for the next 6 to 12 months.

Management Board members are asked to help identify a contact person in their ministry / public health institute with which ECDC's press spokesman should liaise on media issues. This contact person will be notified by ECDC of any communication planned by the Centre relating to Public Health Events (see MB paper on PHEs). They will also be key partners for ECDC in identifying areas where it can support Member State media and external relations activities.

Our long term aim is to develop a Europe-wide network of key national health communicators and crisis communication experts. This network might, for issues where they have a role, include partners from civil society and the scientific community. It could, in due course, develop into a European platform for exchange of experience, training, and joint projects.

1.1. Scope of this paper

This paper addresses how the ECDC plans to work with the Member State authorities and other relevant partner organisations in communicating with:

→ The media
→ The general public, and specific populations within the public
→ Stakeholders groups with an interest in disease control issues

The process of communication between spokespeople, media officers and other health communicators in the ECDC and the Member State authorities is examined, though only so far as it relates to enhancing the effectiveness of communication with the external audiences identified above. This paper does not seek to examine day to day operational communication between the Centre and its partner organisations.

[1] WHO(2005) Outbreak communication Guidelines.

[2] European Parliament and Council Regulation (EC) no 851/2004, in particular Article 3 and Article 12

2. AN INTEGRATED APPROACH TO COMMUNICATIONS

Putting in place an outbreak, or crisis, communications plan, supported by the necessary capabilities and resources, is the most urgent priority facing the ECDC in the area of communication. Many of the issues that arise in developing the Centre's crisis communication capability build upon the development of its overall external communications capacity. It is therefore proposed to develop these two capabilities in parallel as:

1. The same basic principles of networking, participation and partnership are proposed for both crisis and "non-crisis" external communications

2. Experience of cooperation and partnership gained in "times of peace" will help develop trust and effective working between communicators, policy makers and scientists in the Member State authorities, the Commission, the Centre and relevant partner organisations (such as WHO) in times of crisis

3. Developing relationships with the media, and building trust with the public in "times of peace" will greatly assist health communicators in the ECDC and its partner organisations in times of crisis

2.1. Ensuring Coherent and Professional Risk Communication

The Centre's Founding Regulation calls for its communications to be objective and factual [3]. The Centre will give prior information to Member States and the Commission before communicating during a Public Health Event[4] and it is obliged to cooperate with its partner organisations in promoting "coherence in risk communication"[5]. There is also wording in the Regulation about the aim of the Centre's communication activities being "to improve citizens' confidence"[6].

A key priority for this communication strategy is therefore to put in place a system to enable the Centre to:

- Efficiently inform and gather feedback from Member States and the Commission on its planned communication activities

- Facilitate exchange of information between Member State public health authorities, the Commission and the Centre, about their risk communication, communication intelligence gathering (e.g. opinion polls, focus groups, media monitoring) and information dissemination activities

[3] Article 12 (1) of European Parliament and Council Regulation (EC) no 851/2004 mandates the Centre to give information that is "*objective, reliable and easily accessible".*

[4] See ECDC Public Health Event Operation Plan of October 2005 (ref: MBXXX)

[5] Article 12 (2) of European Parliament and Council Regulation (EC) no 851/2004

[6] Recital 15 of European Parliament and Council Regulation (EC) no 851/2004

- Build consensus on the respective roles of the Centre, the Member State authorities and the Commission in communicating about risk during a public health emergency

2.2. Identifying target audiences and the appropriate channels to reach them

ECDC needs to communicate with a number of different target audiences across Europe:

- Officials in national and regional public health authorities
- The scientific community
- Health professionals and first responders
- The general public and specific populations within the general public. These specific populations can vary according to the disease or health threat being communicated about but may include groups such as children and young people, the elderly, pregnant women, populations living in border areas and intravenous drug users.

The target audience should be clearly identified for each communication action ECDC undertakes and appropriate channels of communication proposed (e.g. direct communication via leaflets or the ECDC website or indirect communication via the media), taking into account the resources available.

2.3. Developing relationships in "times of peace"

Working together to communicate about disease control issues in "times of peace" will help ECDC and its partners in developing a system of cooperation that is strong enough, and real enough, to be effective in times of crisis. It will also help build working relationships with each other and with the media that can also be helpful in times of crisis.

ECDC's new partnership with *Eurosurveillance* provides an excellent platform for building and strengthening our cross border working relationships. This multi-format epidemiological publication is a noteworthy existing example how public health authorities across Europe can cooperate in the creation, communication and dissemination of high quality information.

Other immediate opportunities for cooperation include:

- Communication activities on the human aspects of avian influenza (H5N1) and crisis communication preparedness against the threat of a human pandemic
- The EU health emergency simulation exercises being planned for autumn / winter 2005 (exact dates known only to planners)
- Communication activities in the run up to World AIDS Day 2005

Public interest across Europe in the influenza threat is currently high and most, if not all, ECDC partners are receiving media enquiries on this subject. ECDC believes that sharing ideas, comparing information and discussing different strategies for communicating on this issue is of value. ECDC has been invited to join the steering committee of a project being run by WHO Communicable Diseases Division on developing a best practice guide for communication to the public during an influenza pandemic. Work is underway with a target

date in December for producing initial conclusions. ECDC will consult closely with Member State authorities and ECDC partners to identify good practice and existing communication plans in Europe. We will also give regular feedback on the progress of the WHO project.

On HIV/AIDS too we believe it would be valuable for ECDC to facilitate "state of the art" information exchange between European health communicators.

As a first step in this process ECDC will hold a media seminar in November on "Communication as a determinant of HIV/AIDS control in Europe". Participants will be health communicators from civil society and from government, plus media experts from across Europe who have an interest in HIV/AIDS. This seminar may link with and support the initiative from DG SANCO's HIV/AIDS Think Tank to mobilise pan-European awareness raising activities on the resurgence of the epidemic in Europe.

3. GUIDING PRINCIPLES OF ECDC'S APPROACH TO COMMUNICATIONS

The ECDC's approach to communications will be based on European and international good practice. The "mapping exercise" of Member States' capabilities and policies launched by ECDC this month, and the consensus building exercise that follows it, will give us a picture of good practice among national public health authorities. Other sources of reference for establishing what constitutes good practice are:

- WHO guidance for outbreak communication and corresponding national contingency plans[7]

- Recent European Commission official policy documents on communicating to pan-European audiences[8], and the conclusions of recent European and international conferences on external communications, crisis communications and risk communication[9]

- US Centres for Disease Control and Prevention (CDC) guidance on risk and crisis communication[10]

A comprehensive ECDC strategy on external and crisis communications will be developed based on the mapping exercise and discussions between ECDC and its partners. Nonetheless, some guiding principles for ECDC's approach to external and crisis communications can already be identified based on the various published materials referred to above and the policy considerations discussed in Section 2 above. These principles are as follows:

7 WHO(2005) Outbreak communication Guidelines See also: www.who.int/csr/resources/publications/WHO_CDS_2005_28/en/index.html

8 See in particular the *Action plan to improve communicating Europe by the Commission*, adopted by the Commission on 20 July 2005 Scientific Advice, Crisis Management and Media

9 See in particular the conference *Scientific Advice, Crisis Management and Media* organised by the Greek Presidency in June 2003 and the European Commission's conference Risk Perception: Science, Public Debate and Policy Making held in December 2003 (see: http://europa.eu.int/comm/food/risk_perception/)

10 See in particular *Emergency Risk Communication CDCynergy*, Centres for Disease Control 2003

3.1. A networked approach

As with the ECDC's other activities, its approach to external communications will be based on networking the resources and expertise that already exist around the EU and facilitating cooperation between Member State authorities.

Three levels of networks are envisioned. The first level to include core crisis communicators from each Member State, the Commission and key partner agencies such as WHO. The second level to include communicators actively involved in intelligence gathering, dissemination, training and tool development. Sub networks focussed on each major disease entity could be envisioned. The third level would include a broad list of communicators to receive ECDC information via the web, press releases etc.

3.2. Partnership and coordination

Our aim will be to put in place a system that enables the ECDC, the European Commission, Member States and other partners such as WHO to share information rapidly and efficiently. We will aim to build a culture of cooperative partnership between health communicators in these organisations so that they routinely consult each other and coordinate messages and activities to maximum extent possible.

3.3. Building a "communications culture" across the ECDC's activities

External communication should be seen as a responsibility cutting across all ECDC's activities. All the key players involved its work, both within the Centre's staff and the ECDC's network of experts, should be aware of the need to explain what they are doing to external audiences and be prepared to work with health communicators in the Centre and its partner organisations to achieve this. The likely interest of the media, the public and key stakeholder should be considered at the outset in any new project or activity and a plan developed to explain why the ECDC is acting, and what benefits this action will bring. Key scientific staff and disease experts should, where appropriate, be involved in speaking to the media and the public. When this happens they should be given the training and support they need to succeed as communicators.

3.4. ECDC must add value to what national authorities are doing

The ECDC should concentrate its resources on activities that add maximum value to what Member State authorities are doing. The mapping exercise being launched by ECDC will help identify gaps in existing national external and crisis communications capabilities which action by the Centre could help fill. The mapping exercise will also help identify the areas where national authorities believe support from ECDC would be most beneficial.

3.5. Planning and preparedness

Good preparedness planning is the key to successful crisis management. Having a clear plan detailing who should do what at each stage of an emergency, and having the resources in place to implement it, helps ensure a rapid and effective response. It also minimises the risks of panic and confusion arising in the heat of a crisis. External and crisis communications are integral to the overall preparedness planning process. The definition of "who does what when" in responding to the crisis should address who communicates about what, when and to

whom. Building on the structures already being put in place[11], ECDC and the Commission need to work with Member States to develop consensus on appropriate Europe-wide crisis management and communication responses to various emergency scenarios. This will help ensure a coherent and efficient response in times of crisis.

3.6. Public perceptions and participation

Communication is a two way affair. It is "nearly impossible to design successful messages that bridge the gap between the expert and the public without knowing what the public thinks."[12] Understanding the perceptions of target audiences is key to shaping communication plans and messages. Intelligence gathering, so called communication surveillance, through focus groups, panels, surveys, and media monitoring can help inform this "dialogue" of communication. Addressing identified public concerns has been shown to "result in greater public resilience and supports the rapid containment of an outbreak." [13]

3.7. Timely communications

European and national public authorities must establish themselves as the leading source of authoritative and reliable information early on in an emergency. The authorities must balance their desire to give properly substantiated information against the dangers of silence. In the modern era of 24 hour news if information is not available from reliable sources the media will soon turn to other sources, such as activist groups and self-appointed "experts". Rumour and misinformation can quickly be perceived as fact and so need to be countered rapidly.

3.8. Sensitivity to language and culture

Communication is most effective when it adapts to the language and culture of its intended audience. Partnership with national authorities across Europe will be key to achieving this.

3.9. Integrity and transparency

ECDC and its partners should avoid alarmism when communicating about the risks, but also avoid being overly reassuring. Communications should be transparent (candid, easily understood complete and factual)[14]. Having to state that a threat is less serious than originally thought will usually be less damaging to the credibility of public authorities than having to admit it is more serious than one's earlier statements implied. We should be honest about uncertainty and open about gaps in our knowledge. The "counter-intuitive" nature of such transparency for officials and politicians has been identified as a barrier to them communicating effectively in a crisis[15].

[11] See in particular ECDC Public Health Event Operation Plan of 15 September 2005 (ref: AF3-12)

[12] WHO (2005) Outbreak Communication Guidelines

[13] IBID

[14] IBID

[15] IBID

4. IMMEDIATE STEPS

Building a "state of the art" external and crisis communications capability will take time, effort and investment. However, in the area of crisis communications, time may be a luxury we cannot afford. It is impossible to know when the next public health emergency will happen, so we must plan on the basis that one is imminent. This paper therefore outlines a number of actions to ensure ECDC has a "ready to use" crisis communications capacity immediately. Some of these actions have already been taken. The *immediate steps* outlined in this section are designed to feed into and complement the longer term process proposed in the next section.

4.1. Actions already taken:

1. ECDC Director has drafted an *Interim Protocol on Communication During a Public Health Emergency* – see Annex I below. This will be refined and developed in light of experience: in particular, the EU public health emergency simulation exercises planned for late 2005 will provide an opportunity to test it. The Management Board is invited to support the *Interim Protocol* as an interim measure in case a crisis occurs before the more detailed plan has been finalised.

2. ECDC has appointed Ben Duncan, who currently heads DG SANCO's external communications team, to be ECDC Press Spokesman and Media Relations Officer. He will be in post as from 16 October.

3. ECDC has joined the steering committee of a project being run by WHO Communicable Diseases Division to developing a manual on communication to the public during an influenza pandemic. This work will prepare a meeting on pandemic communication to be held by WHO Geneva in December. ECDC will consult closely with Member State authorities and ECDC partners to identify good practice and existing communication plans in Europe. We will also give regular feedback on the progress of the WHO project.

4. ECDC has concluded a partnership with *Eurosurveillance* for the production of ECDC's weekly epidemiological report. The "e-alerts" of *Eurosurveillance* will also be used by ECDC when there is a need for rapid communications on specific issues.

5. ECDC has established a website and is in the process of expanding the information and news available on this. The contents of *Eurosurveillance* will gradually be fully integrated in this website.

4.2. Actions planned or underway:

6. ECDC and its press spokesman will participate in the EU crisis simulation exercises being held this autumn / winter.

7. As from next month ECDC Director, with the involvement of the Management team, will hold a monthly press conference. There is one already envisaged on 10 November in Stockholm on the occasion of the inauguration of ECDC's new premises.

8. ECDC will create a "press room" on its website where journalists can sign up to receive news from ECDC. This will supplement the initial media contact list generated by the monthly press conferences.

9. In November ECDC will hold a media seminar on "Communication as a determinant of HIV/AIDS control in Europe". Participants will be health communicators from civil society and from government, plus media experts from across Europe who have an interest in HIV/AIDS. This seminar may link with and support the initiative from DG SANCO's HIV/AIDS Think Tank to mobilise pan-European awareness raising activities on the resurgence of the epidemic in Europe.

5. A ROAD MAP FOR STRATEGY DEVELOPMENT

	Description	Responsibility	Timing
PHASE 1 Assessment of needs	ECDC will conduct a mapping exercise (through telephone / video conferences and site visits) to identify the external and crisis communications expertise and resources that already exist in the Member States. This will explore what gaps might exist in current capabilities, how cooperation between different Member State and EU level authorities could be enhanced and in which areas ECDC can add most value to existing capabilities.	ECDC in close cooperation with the designated media contact points in Member States	11/2005 to 07/2006
PHASE 2 Building consensus on how to address needs	As and when areas for ECDC action are identified by the mapping exercise, how these actions should be pursued will need to be discussed. There should also be a more general process of building consensus on what constitutes good practice in external and crisis communications.	ECDC in close cooperation with the designated media contact points in Member States	11/2005 onwards
PHASE 3 (a) Development of issue specific preparedness plans and communication networks	Crisis communications need to be an integral part of EU-level preparedness plans for public health emergencies. These plans, and the players responsible for implementing them, may vary depending on the disease or incident in question. It may therefore make sense to develop networks of health communicators, and develop preparedness plans, focusing on specific diseases and scenarios. For external communications on issues such as HIV/AIDS and TB in Europe specific networks might also be the best approach.	ECDC in close cooperation with the designated media contact points in Member States	Gradual roll out from late 2005 onwards
PHASE 3 (b) Development of tools and products to support external and crisis communications	Products might include, for example, fact sheets about specific diseases or public health threats, web pages, manuals for health communicators or image banks of photographs to illustrate disease control issues.	ECDC in close cooperation with the designated media contact points in Member States	Gradual roll out from late 2005 onwards
PHASE 4 Maintaining and developing networks and tools / products	Once networks of health communicators have been established, maintaining and developing them will be an ongoing task for ECDC. Similarly any information products or tools will have to be constantly reviewed and updated to maintain their accuracy and relevance.	ECDC with support of Member State contact points	Mid-2006 onwards

5.1. Key upcoming events

2005

17 October	Tour of Tomtebodaskolan plus meeting with Z. Jakab for Swedish journalists
18 October	First press conference (to be confirmed)
November	Teleconference between ECDC and media contact points on crisis communications for pandemic influenza
8 November	Z. Jakab meets Brussels based health journalists on margins of Open Health Forum
10 November	Second ECDC monthly press conference + official inauguration of Tomtebodanskolan
November	Media seminar "Communication as a determinant of HIV/AIDS control in Europe"
Autumn / Winter (dates secret)	EU public health emergency simulation exercises – bioterror and pandemic influenza
December	First site visits to Member State authorities' media / external communications operations
December 6-8	ECDC participates in WHO Pandemic Communication meeting, Geneva

2006

First Quarter	Site visits to Member State authorities continue Post-exercise conferences for EU simulation exercises – "lessons learned" relevant to crisis communications
Second Quarter	Teleconferences / meetings to build consensus with MS media contact points on priority areas for ECDC action Site visits to Member State authorities continue.

ANNEX I

ECDC INTERIM PROTOCOL ON COMMUNICATION TO THE MEDIA DURING A PUBLIC HEALTH EMERGENCY

First steps

1. If a Public Health Event (PHE) has occurred, or looks likely to occur, the ECDC press spokesman as a member of the Centre's PHE Executive Team[16] will coordinate all communication aspects of planning and response. A key job of the communicator will be to understand the public's beliefs, opinions and knowledge about specific risks and to represent those views as the decision making process evolves.

2. The spokesperson will work with the relevant scientific expert(s) and Head(s) of unit in the Centre to draft a key messages document, and a "Question and Answers" (Q&A) document. The "key messages" document will give a concise and coherent summary of what ECDC may need to say about the emergency, the relevant audience or audiences for ECDC's messages and the actions it plans to undertake to communicate the messages to them. The Q&A document will anticipate the main questions the media is likely to ask, including some of the difficult questions journalists might ask. Once the final texts of these documents have been cleared in ECDC they will be circulated to designated media contact points in the Member States, the European Commission and WHO

3. Except for where there is an urgent need for ECDC to speak to the media, the designated media contact points will be given at least 24 hours to comment on the "key messages" and "Q&A" documents. ECDC will endeavour to incorporate any comments it receives.

Creation of a crisis communication team

4. If it becomes clear that a significant public health emergency is underway ECDC will create a crisis communication team bringing together key players from the Centre and its partner organisations. This team will include, at least, the ECDC's Press spokesman, the Head(s) of unit / senior scientific experts responsible for managing ECDC's response to the crisis, and a member of the *Eurosurveillance* editorial team. The role of the team will be to develop the "key messages" and "Q&A" documents into a communication strategy and to facilitate coordination of the media activities of ECDC, the Commission, the Member State authorities and the WHO.

[16] See ECDC Public Health Event Operation Plan of 15 September 2005 (ref: AF3-12)

Communication during the crisis

5. The "key messages" and "Q&A" will be designed as guidance documents for spokespeople rather than as documents for publication in their own right. These documents will guide all public comments on the crisis made by ECDC staff. They can also be used as resources by spokespeople in Member State authorities and the Commission. If a crisis communications team is created, this team will develop and update the "key messages" and "Q&A" documents as the emergency evolves. If the incident is too minor to merit the creation of a crisis communications team, or if it turns out to be a false alarm, updating will be done by the ECDC's Press spokesman.

6. ECDC will issue short, factual, press statements about all major developments relevant to the Centre's involvement in the crisis – e.g. the holding of an emergency meeting of an ECDC committee or the Advisory Forum, an official request for the ECDC to provide a risk assessment, the sending of an ECDC outbreak investigation team or ECDC participation in a WHO outbreak investigation team.

7. Relevant scientific experts from the ECDC's network and media contact points will be consulted before any detailed press statements about the risks posed by the crisis are issued. Where a crisis communications team has been created, this team will seek the necessary scientific input. If needed, consultation may take the form of an audio or video conference.

8. ECDC will create a dedicated page on its website where all the information it has issued about the crisis is made available to the public and the media. This page will also give notice of upcoming developments, such as the anticipated date and time of the next ECDC press conference or press statement about the crisis, and provide links to other relevant websites (e.g. WHO, European Commission, Member State public health authorities).

9. The channels of communication used to reach the media and the public will depend on the magnitude of the Public Health Event (PHE) and the extent of ECDC's role in responding to it. In a major crisis where ECDC has an important role to play, regular press conferences (daily or weekly) might be needed. During a more minor PHE issuing a series of written statements may be sufficient. The ECDC's "key messages" document will address these issues for each given incident and allow the proposed approach to be debated between ECDC and its partners.

Coordination between public authorities

10. Every effort will be made to coordinate the communication actions of the ECDC and its partner organisations so as to ensure coherence of the response of the public authorities. For example, the crisis team could decide to organise a joint press conference involving ECDC, the Commission and one or more Member State public health authorities.

Choice of Spokespeople

11. ECDC will present the Centre's Director and / or one leading scientific experts as the public face of ECDC's response to the crisis. They will speak at any press conferences, give any major TV or radio interviews and be attributed as the source of quotes given to the print media. The ECDC's Press spokesman will act as the first point of contact with journalists and will manage the demands this media work places on the time of the ECDC Director / lead scientific expert. The ECDC Press spokesman will handle routine demands for information and, if needed, give interviews.

12. If the crisis communications team so wishes, the pool of ECDC spokespeople could be expanded. For example, a network of spokespeople across Europe could be created to communicate the ECDC's messages to their local media.

13. Where an ECDC committee or expert group has been mandated to produce a risk assessment the committee / group shall, in agreement with the Centre's staff, nominate one of its members to take on a media liaison role. That person will work with the ECDC's press spokesman, and the crisis communications team if one exists, to communicate both the work of the committee and its final opinion to the media.

14. Where an ECDC outbreak investigation team has been formed the team will nominate one of its members to take on a media liaison role. That person will work with the ECDC's press spokesman, and the crisis communications team if one exists, to communicate both the work of the team and its final opinion to the media.

15. The ECDC's general policy, during both times of crisis and times of peace, is that the ECDC's press spokesman should be the first point of contact between the Centre and the media. No ECDC staff should agree to talk to any journalist without having first consulted the press spokesman. Member State officials and other experts not on the ECDC staff can only speak on behalf of the ECDC if this has been agreed by the crisis communications team, or by the ECDC Press spokesman after having consulted the Centre's Director.