

Current major event

Communications in public health emergencies

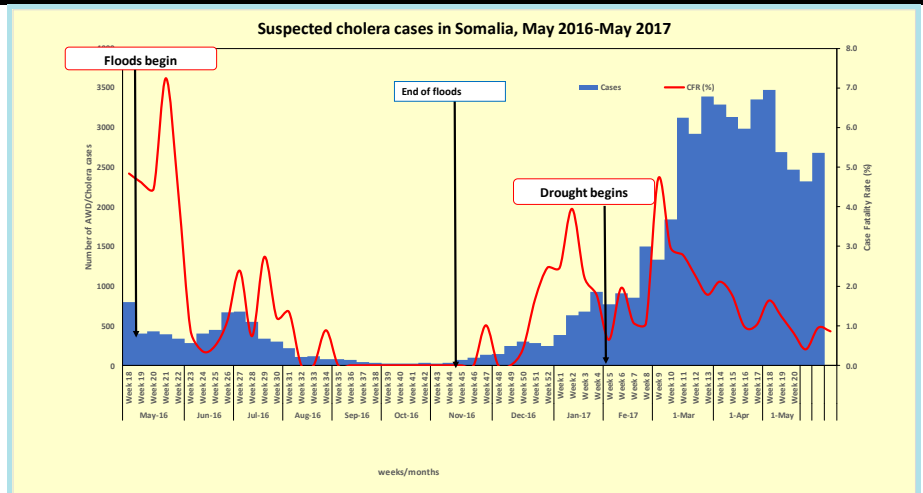
Recent experience with famine and cholera outbreak in Somalia has shown that communication, whether with affected communities, among public health response actors, or with the media, is a critical component of effective response to public health emergencies.

Editorial note

The term- Communications covers organizational activities including public relations, media liaison, image management, crisis management, advocacy, community relations and donor relations. As a core, strategic organizational function, it establishes a public ‘persona’ associated with the organization’s services and capacities, responds to predictable and unexpected crises, educates the public, handles rumours and speculation, showcases relationships with key partners (press, government, other development agencies, interest groups and donors) and establishes publication channels where stakeholders can seek and find reliable information.

Effective communications during a public health emergency happens when health experts, government officials and response partners provide access and guidance to the affected communities and builds trust through proactive, sound and consistent messaging. An example is the positive reaction to the efforts of the WHO during the ongoing humanitarian crisis in Somalia where against a background of chronic conflict, drought, famine, malnutrition and cholera outbreak have devastated the local population.

Information published on the ongoing response efforts showed the community that WHO was actively engaged and working closely with government authorities to alleviate the suffering of the population. It informed donors of the kind of activities being undertaken and the kind of funding needed to continue the work. Additionally, national and international media organizations could



Cholera Vaccination Coverage in Somalia, March & April 2017

AGE GROUP	NO. VACCINATED
1— 4 YEARS	165 916
5—15 YEARS	339 815
OVER 15 YEARS	359 742
TOTAL	865,469

easily identify from where and whom to get accurate information on the health response.

Failure to communicate or ‘silence’ is not a neutral position, but rather, a detrimental one. It creates a gap rife with rumours, speculation and misinformation. For example, when oral cholera vaccination (OCV) was introduced in Somalia, communities needed to be informed that the vaccine is for both adults and children. Previously, vaccine drives were for immunizing children only. The high vaccination rates during the first OCV campaign in Somalia can be attributed to the successful communication of this message.

The impact of communications activities is measured through market research, data analytics, audience surveys, media interest etc. Aligning communications activities with the overall emergency response plan not only improves the emergency response efforts, but also builds a positive image during and after the crisis. Public communication remains and will remain an important tool for managing public health emergencies across the globe specially in crisis.

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia; Cholera in Somalia; Cholera in Yemen; Chikungunya in Pakistan.

Current public health events of international concern [cumulative N° of cases (deaths), CFR %]

Avian Influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 34%]
Egypt (A/H9N2) [3 (0)]

Chikungunya: 2016-2017

Pakistan [6,293 (0)]

MERS-CoV: 2012-2017

Saudi Arabia [1,613 (646), 40.1%]

Cholera: 2016-2017

Somalia [55,121 (992), 1.8%]
Yemen [95,059 (781), 0.82%]

Meningococcal disease: 2017

Nigeria [13,943 (1,112), 8%]

Avian Influenza A (H7N9): 2013-2017

China [1,486 (571), 38.4%]

Ebola Virus Disease: 2017

DRC [7 (4), 57%]

Wild poliovirus: 2014-2017

Pakistan [382 (0)]
Afghanistan [64 (0)]

Zika Virus Infection: 2015-2017

84 countries and territories have reported transmission so far.