



A guide for the media on communicating in public health emergencies



BBC
MEDIA ACTION

TRANSFORMING LIVES THROUGH MEDIA
AROUND THE WORLD

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Women discuss polio immunisation during a Madubi Live Community Outreach event in Nigeria.

CREDIT: BBC MEDIA ACTION

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Introduction to this guide

A public health crisis or emergency is characterised by its ability to cause ill health and death among hundreds, thousands or sometimes millions of people.

In a health crisis, the media has the power to save lives.

Effective communication can help to prevent or reduce the spread of disease, and guide those affected towards health services and treatment.

This manual provides tips for media practitioners on how to help audiences during health emergencies.

It can be read in conjunction with [BBC Media Action's Lifeline Production Manual](#) (available online) which provides more general guidance on how to communicate with people affected by humanitarian crises in order to help save lives and reduce suffering.¹

Public health emergencies can start quickly or very slowly. **This manual will address those that start relatively quickly: rapid onset public health emergencies.**

Above

Following training on communication in outbreaks, journalists at Idadu FM in Benin arranged a Q&A phone session with listeners.

CREDIT: HADRIEN BONNAUD/UNICEF

¹ BBC Media Action (2013), *Lifeline programming for people affected by crises* (online). Available at: <https://www.bbc.co.uk/mediaaction/publications-and-resources/brochures/lifeline-programming>

2 How the media can make a difference

A good communication response to a health emergency can be the difference between tens or hundreds of people being affected, or thousands or millions of people being affected.

The media can reach populations rapidly and at scale, connecting citizens, experts and emergency responders. It can provide people with critical information from trusted sources so that they know what is happening, how to protect themselves, and when and how to seek treatment and support. It can help to reduce the need for health workers or community mobilisers to travel to raise awareness of public health emergencies, especially in situations where people may be, or may need to be, isolated from each other to prevent the spread of disease.

Reducing the impact of a health emergency reduces the overburdening of health services, saving even more lives.

A lack of accurate and trustworthy information in emergencies can lead to rumours and misinformation, resulting in panic and chaos, practices that put people at even more risk, and/or stigma towards people affected by illness, all of which can contribute to more people becoming affected or dying as disease spreads. Media organisations can help to fill dangerous information vacuums and counter incorrect information.

There is also evidence that the media can play an important role during public health crises by providing reassurance, promoting calm and motivating people to take action to improve their situation.²

² BBC Media Action (2015). *Research report: Humanitarian broadcasting in emergencies – A synthesis of evaluation findings* (online). Available at: <https://www.bbc.co.uk/mediaaction/publications-and-resources/research/reports/Humanitarian-broadcasting-in-emergencies-synthesis-report-2015>

3 What are public health emergencies?

A public health crisis or emergency is characterised by a health event that has the ability to cause ill health and disease, disability and/or death among a large number of people or a significant percentage of the population.³

If a health emergency becomes very large it may result in a government declaring a “state of emergency”, enabling it to change the functions of state agencies to manage the emergency response.⁴

A public health emergency or crisis may be rapid onset, such as an outbreak of cholera in a refugee camp during a humanitarian crisis, or slow onset, such as increasing levels of obesity in many countries. As mentioned in the introduction, this manual refers to rapid onset public health emergencies or crises.

Large-scale outbreaks of disease can overburden health services and disrupt normal ways of life, and there may not be a simple cure or treatment. The widespread use of international travel also means that an outbreak or epidemic can quickly become a pandemic if responses are not well co-ordinated, timely and appropriate.

Examples of diseases with the potential to cause public health emergencies include:

- **Cholera** is a particular health risk in humanitarian emergencies. The outbreak in Haiti 10 months after the 2010 earthquake resulted in an estimated 600,000 cases of cholera and 7,436 deaths in 22 months. Overcrowding, poor nutrition, lack of clean water, no sanitation infrastructure, overburdened health services and poverty were key reasons for the rapid spread of cholera in Haiti, and are common to many outbreaks of this disease.⁵

³ WHO (2017), *Emergency Response Framework* (online). Available at: <http://apps.who.int/iris/bitstream/handle/10665/258604/9789241512299-eng.pdf;jsessionid=2C902589AC35344B0A22D5C5868C976E?sequence=1>

⁴ WHO (undated), *Definitions: emergencies* (online). Available at: <https://www.who.int/hac/about/definitions/en/>

⁵ Townes, D (2018), *Health in Humanitarian Emergencies: Principles and Practice for Health and Healthcare*, Cambridge University Press

- **Influenza** is usually seasonal but there are concerns that lack of proper prevention and care precautions could result in an influenza pandemic and millions of deaths within a couple of years.⁶ People with weaker immune systems, such as pregnant women, the elderly and children under five years old are at particular risk. High levels of illness can overburden health services and put pressure on families and communities to care for those who are sick, also putting them at risk. An outbreak that affects many people for months or years can have a significant impact on other sectors, as people are unable to work or attend school, because they are sick or caring for those who are sick or are trying to avoid contracting the disease.
- Outbreaks of **vaccine-preventable diseases** such as measles, yellow fever or polio occur as a result of misinformation about vaccinations, humanitarian contexts that disrupt vaccination services and mass migration between areas with limited vaccination coverage. These outbreaks have the potential to become public health emergencies if vaccination rates do not increase. At the time of writing (late 2018), polio outbreaks continue in Nigeria, Afghanistan and Pakistan, and there have been recent outbreaks in countries where polio was previously eradicated (such as Somalia and Syria). Measles outbreaks in Europe are also a result of lower vaccination levels due to misinformation.
- The 2014–2016 **Ebola virus** outbreak in West Africa spread rapidly through Sierra Leone, Liberia and Guinea, resulting in thousands of deaths. While the major outbreak was in these three countries, international travel resulted in a few cases occurring in other countries, including Mali and Nigeria. In addition to the deaths directly caused by Ebola during this time, deaths in Sierra Leone, Liberia and Guinea also resulted from people not accessing

⁶ WHO (2018), *Influenza* (online). Available at: <http://www.who.int/influenza/en/>

health services for other illnesses. People avoided health services more than usual because these services were overburdened, unavailable or because people feared contracting Ebola at health facilities. The rapid spread of Ebola was linked to a number of factors. These included the nature of the virus, traditional funeral practices that brought people into contact with others with Ebola when at their most infectious, misinformation that meant people did not reduce contact with others early enough, overcrowded living conditions in some areas, and travel by some infected people.

Definitions

Illness – any condition that causes someone to feel unwell. This includes diseases, disorders and conditions.

Infection – a cause of illness that can be passed from one person to another, such as viruses, bacteria and parasites.

Disease – a combination of symptoms that causes parts of the body to stop functioning in the usual way. Diseases may be caused by an infection, genetics, lifestyle or the environment.

Outbreak – when more people are affected by a disease than would normally be expected in a community, area or season. An outbreak can last for days, weeks or years.

Epidemic – when an infectious disease affects a large number of people within a short period of time, spreading through one or more communities or countries.

Pandemic – an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.

Vaccine-preventable diseases – diseases that can be prevented by the appropriate vaccination.

Immune system – the body's system that usually fights disease.

Who might be most at risk in public health emergencies?

Everyone may be at risk of getting sick but some are more at risk than others of becoming ill or experiencing “poor health outcomes” (death or long-term problems). This may be because:

- Their behaviour puts them at risk (eg health workers or family members caring for those who are sick)
- Their immune systems are not yet fully developed (eg children under five) or are weakened due to other conditions (eg pregnant women, people with existing health conditions that affect the immune system, the elderly)
- They are unable to leave a high-risk area (eg people with mobility issues or severe mental health issues)
- They are vulnerable due to their gender role (eg girls and women, who are more likely care for those affected by disease and thus at higher risk of being infected themselves).

The following table highlights some of the groups of people that may be most at risk of harm or illness in a public health emergency, and the ways in which they might be at risk. This is not an exhaustive list and those who are most at risk will change depending on the cause of the public health emergency. Speak to emergency responders as soon as you can to find out who is most vulnerable and most at risk, why and how, as these are the key groups your work will be trying to support.

Examples of people at risk	Examples of why and how are they at risk
<ul style="list-style-type: none"> • Health workers • People clearing bodily waste and rubbish • People dealing with the dead • People caring for others 	<p>As they come into contact with people when they are sick and/or at their most infectious, they are also at risk of getting sick themselves. Health workers are sometimes also targeted during armed conflict, and in humanitarian contexts they often work in the most dangerous environments.</p>
<ul style="list-style-type: none"> • People with health issues that weaken the immune system • The elderly • Pregnant women • Children, particularly children under five and babies 	<p>People with a weakened immune system are less able to fight infections and diseases. In some contexts, a lack of health services to prevent, manage and treat underlying health conditions means that these people are more likely to experience ill health and death in public health emergencies. Under-nutrition is also a risk for these groups, as children, pregnant women and those with health issues require more nutritious food to survive. In addition, people – particularly children – who suffer frequent cases of diarrhoea will be under-nourished and so also have weakened immune systems.</p>
<ul style="list-style-type: none"> • Children • The elderly • People living with disability • People with mental health issues • Women 	<p>These people may face numerous additional challenges, including accessing health and other services, caring for themselves, being able to leave an area that is affected by a health emergency, etc.</p>
<ul style="list-style-type: none"> • People in very precarious living conditions, such as people affected by humanitarian emergencies 	<p>See the section below, Disease and ill health in humanitarian crises</p>

Disease and ill health in humanitarian crises

In humanitarian crises there may be a particularly high risk of disease and ill health because infrastructure may be damaged, and because people often end up in cramped conditions without proper sanitation. Access to shelter, food, clean water, healthcare, and family and community support can be severely disrupted. All of these factors may severely affect health, worsening the likelihood and impact of disease outbreaks.

Several key contributory factors to disease and ill health in humanitarian contexts are outlined below.

- **Nutrition:** Lack of access to enough and nutritious food results in under-nutrition (a form of malnutrition). Babies and young children are usually the first to be affected by this. Nutritional deficiencies such as anaemia, wasting and stunting are all used as measurements of under-nutrition. Under-nutrition and nutritional deficiencies also weaken the immune system, which means the body is not able to fight infection and disease as well as usual. This means that someone who is under-nourished is more likely to get sick and more at risk of death from infections such as cholera, diarrhoeal diseases, influenza or pneumonia. Breastfeeding of babies is key to reducing the impact of malnutrition, particularly in those less than six months old. But for this to be effective, the mother must be receiving sufficient nutrition – if the mother is under-nourished, the breastfeeding baby will also be under-nourished.
- **Water:** Depending on the humanitarian crisis, water and sanitation systems may be destroyed, or people may be living in temporary camps and shelters without proper water infrastructures. In both cases, access to clean water, soap and cleaning products may be limited or non-existent. Sanitation systems such as designated rubbish dumps and sewer and drainage systems may also not be established for some time, and initially there will be no – or extremely limited – access to health services and medicines. Cholera outbreaks are a common risk in situations with poor hygiene and sanitation and very cramped living conditions.



Above
A medical worker feeds a child at an Ebola treatment centre in Sierra Leone.

CREDIT: CARL DE SOUZA/
AFP/GETTY IMAGES

- **Infectious diseases:** Large numbers of people living in tightly packed, temporary shelters without access to clean water, proper sanitation and often with low levels of vaccination creates the conditions for the rapid spread of infectious diseases. These may include diarrhoeal diseases (including cholera), vaccine-preventable diseases (such as polio and measles) and influenza. There may also be large numbers of people affected by diseases transmitted by insects or animals, such as malaria or dengue fever as a lack of water drainage creates breeding and living conditions for mosquitoes.
- **Sexual and reproductive health:** Depending on the humanitarian crisis, services that support sexual and reproductive health may not be available. This can mean a lack of access to family planning methods, emergency

contraception, maternal and newborn healthcare, management of reproductive health conditions, and the prevention and treatment of sexually transmitted infections (STIs) and HIV.

- **Child health:** The disruption to health services means that child health monitoring, support to parents and child vaccinations will be interrupted. The immune system is still developing until a child is five years old. This means that children under five will get sick much more quickly and are more likely to die during disease outbreaks or as a result of under-nutrition.
- **Violence:** During a humanitarian crisis, levels of domestic violence tend to rise, with women and children the most commonly affected. Rape and sexual assault, particularly of women and girls, increase and there is often little access to treatment for injuries, emotional and mental support or judicial accountability for the perpetrator.
- **Mental health:** Widespread mental health issues may be brought on by witnessing or experiencing trauma during humanitarian crises. The daily stresses of impoverishment, loss of livelihoods, isolation and social exclusion may also threaten people's mental health. Post-traumatic stress disorder (PTSD), depression, anxiety and substance misuse are all common mental health issues in these contexts.
- **Injuries:** The type of humanitarian crisis will determine the type of injuries. Deep cuts, burns, broken bones, drowning, gunshots, battering and internal bleeding, stabbings, loss of limbs, etc. all require immediate first aid, and may also require extensive, complicated surgery. Many people do not know what to do when someone is hurt: they do not know the immediate actions they need to take or how to access the help and care that is available.
- **Chronic health conditions and disabilities:** People living with non-communicable diseases, chronic health conditions or disabilities may have ongoing medication needs that are suddenly unmet in humanitarian crises. This means that people living with diabetes, cancer, HIV, arthritis, mobility issues, epilepsy, blindness, deafness or dementia-related illnesses have additional essential needs alongside the basics of food, clean water, shelter and basic healthcare.



4 How to save lives: guidelines for communication

This section outlines some things that you, as a journalist, editor, or programme-maker, can do to best help your audience members in a public health emergency.

Prepare

To be most effective, a media and communication response to a public health emergency has to take place quickly. Good preparation helps rapid responses. Start building contacts with emergency responders, health organisations and experts who are good communicators now. Cultivating these relationships can help to ensure that media and communication is part of the emergency response and will make it easier to achieve the other steps listed in this manual. In some places, organisations such as the Red Cross may be undertaking preparedness work with local communities, including setting up disease surveillance systems and establishing plans for what to do in an outbreak. Discuss with these organisations how you might best support this work.

Above

A journalist interviews a Red Cross worker about practical ways people can cope after the 2010 Haiti earthquake.

CREDIT: BBC MEDIA ACTION

Potential sources of information

- **Agencies specialising in health issues:** Médecins Sans Frontières (MSF), World Health Organization (WHO), Unicef, United Nations Population Fund (UNFPA), the local ministry of health, Centers for Disease Control and Prevention (CDC)
- **National and international non-government organisations (NGOs):** local NGOs and the Red Cross/Red Crescent movement
- **Community members:** religious leaders, community leaders, youth leaders, union leaders, etc.
- **Frontline responders:** including health workers, social mobilisers, police and sometimes military personnel

In a big public health emergency, the websites ReliefWeb.int and humanitarianresponse.info may contain useful contacts and information.

Do your research

It is important for journalists to know the basic information about a given health emergency – its prevention, transmission and treatment – but journalists are not the experts. Identify sources that can provide the correct information and teach you more about the topic.

Set goals

There are many different ways in which you can help your audience members in public health emergencies. If you are clear on what you want to achieve through your programming, your content is more likely to be successful. The following list outlines some of the things that media programming can usefully do in public health emergencies.

Help audience members to stay healthy by:

- Giving them accurate information about what is happening and what caused the crisis
- Explaining the emergency response measures that are underway and how to access help
- Telling them how to prevent the spread of disease and what to do if they or family members have symptoms

Motivate audience members to cope with the challenges they face by:

- Showcasing positive stories of coping and recovery
- Sharing experiences and learning from others affected by the emergency
- Giving them airtime to share their coping strategies and ask questions to health experts, emergency responders or political leaders
- Inviting trusted figures to offer reassurance and guidance

Reduce stigma towards people affected by health problems by helping audience members to:

- Believe in the health facts rather than superstitions, and help to overcome taboos
- Feel empathy towards people affected by the emergency and understand what they are going through
- Feel motivated to help those affected without causing further risks or harm

Counter dangerous rumours and misconceptions about the health crisis by:

- Providing verified facts from trusted voices
- Identifying and correcting misconceptions and misinformation
- Inviting audience members to ask questions about the disease or emergency and putting the questions to trusted experts
- Managing expectations about what can and cannot be achieved, to avoid anger and disappointment later

Help communities to access health and support services by:

- Drawing attention to communities or issues where needs are not being met (and allowing those responsible to respond and solve problems)

Examples of useful information

In a public health emergency, people are likely to want answers to the following kinds of questions.

- What is happening?
- Why?
- Where?
- Who is at risk?
- What are the dangers?
- How can I protect myself and my community?
- What should I do if someone I know is sick?
- What kind of help and treatment are available, where and how can I access it?
- Is it safe to go to health centres?
- Is there a hotline number – and if so, what is it?
- Which agencies are helping? (Describe their logos, how to recognise them and the services each provides)
- How should we dispose of waste?
- What will happen to people who survive?
- Will survivors make me and my family sick?
- Will there be a vaccine to protect us?
- Who will care for children who have lost their families?
- For how long is the emergency likely to continue?
- Can we go back to behaving as we did before, or do we have to keep following the prevention measures?
- Will there be another outbreak or health emergency like this one? If yes, how can we prevent it?
- When is it safe to travel/ or return to the market/school/workplace?
- Where can I find more information?

Co-ordinate

In a public health emergency, media and health responders must work together to create a co-ordinated communication response that provides timely, clear and consistent information. Liaise with other media, international and local organisations as well as government actors to find out what is happening and to identify useful information for people affected by the health emergency. If communication co-ordination mechanisms exist, try to tap into them to maximise resources and minimise confusion and duplication of effort.

Offer practical, actionable information

Media coverage in public health emergencies often focuses on generic overviews of the situation (such as the scale of the emergency or the death toll) and the negatives (including human suffering, and the failures of government and other responders). But in a crisis, people who are affected or at risk need, above all, “news they can use”.

Use your airtime to include practical information that people can act upon to improve their situation, such as simple steps to help prevent infection, what to do if someone becomes sick and key sources of further information and support. Be sure to offer content **for** those affected, not just **about** them.

▶ CASE STUDY

Trusted voices

In 2012, an outbreak of polio started in Somalia. BBC Media Action’s team used a combination of well-respected poets as well as vaccinators and health experts on our radio magazine programme to help audience members make informed choices about polio and vaccination. The poets created and read out poetry with information about polio and vaccinations, health experts explained the facts, and polio vaccinators were interviewed to explain why they had become vaccinators – helping to build trust when they visited communities.

Read more here:
<https://www.bbc.co.uk/mediaaction/where-we-work/africa/somalia/polio-vaccination>

Use trusted voices

People will only act on information and guidance if they trust it, and a big part of trusting and believing in information is based on who the information comes from. It is really important that you have people (“voices”) on your programme that your audience members trust. Depending on the community and context, this will be a combination of well-known personalities, community leaders, health experts and people “like me” – people that audience members can relate to, ideally those who have put the correct guidance into practice, and have taken the right steps to protect their health or sought treatment from an approved health facility.

Personal stories

Personal stories from people directly or indirectly affected by a public health emergency can be very powerful in normalising people’s experience and feelings about a crisis, helping people to feel supported and less isolated, and building empathy towards others. Personal stories help people realise they are not the only ones facing a crisis and that others feel and have reacted in the same way. Personal accounts also demonstrate to audience members how people like them have overcome challenges and adopted new behaviours. Ensure you include the voices of people from the community you are trying to target, such as care-givers at home, as well as more vulnerable people who might be overlooked, such as the elderly or people with disabilities.

Interact

Audience interaction is critical for effective programmes. As well as making programming interesting and lively, this brings people together and helps audience members to progress from knowing about a health emergency to motivating them to take action to prevent it from becoming worse.

Audience interaction:

- Gives people a platform to express their needs and raise their queries or concerns
- Creates a sense of community and connectedness
- Strengthens the public's sense of partnership with the media
- Helps to identify gaps in the emergency response and holds authorities to account
- Helps to identify and correct misinformation
- Facilitates the flow of information between experts and people
- Helps people to share knowledge and learning that will guide them to take the right action
- Destigmatises health conditions through normalising them, and building understanding and empathy
- Humanises your programmes and their subject matter, making them more engaging
- Enables you to get to know your audience members better and adapt your information and content to them

Interacting with audiences

Think about how you can use your existing channels to build discussion and engagement with audience members. Here are some ideas:

- Call-in shows (eg a question and answer session with an expert on the health emergency)
- Question and answer sessions with experts on social media (eg Facebook)
- Quizzes that audience members can join in via text messages or voice calls
- Audience members sharing their personal stories*
- Vox pops*
- Live “town-hall” style discussions*
- Interviews with audience members*

***Do not bring people together in a space, or conduct interviews and vox pops in person, if the health crisis is linked to an infectious disease and there is a security risk.** Instead, conduct interviews, etc. by phone or web-based tools such as Skype or messaging apps. Seek advice from experts before meeting potentially infected people in person.

Also consider:

- What communication methods (eg phones) do your audience members already have that will enable them to interact with your programming? Does everyone have this access, or only certain sections of your audience (eg the most wealthy)?
- Do you have enough resources to respond to or manage any audience interaction? Audience interactivity can be labour-intensive, such as needing staff to answer telephones or travel to conduct vox pops.
- What safeguarding issues do you need to consider (eg the age and vulnerability of your audience members, the safety of your staff members)?
- Might you need to protect the identity of audience members who are contributing?
- Is there a way to ensure that vulnerable people (eg the elderly, children, girls and women, people with disabilities) can interact with, or be fairly represented in, your programming?

Consider the most vulnerable people

During any public health emergency, the people who are most vulnerable are those who are most at risk of health problems and those who are least able to care for themselves. As explained in Section 3, these may include children, the elderly, women and girls (particularly pregnant women), people with disabilities, and people with existing health and well-being issues.

In planning your programming, consider the specific needs of these groups, which are often greater than, and may be different from, those of others:

- What needs do they have?
- How can these needs be met?
- What protection and support do they need?
- Who cares for them and what support do these carers need?

Counter rumours

Directly challenge myths and misconceptions about the infection or disease at the heart of a health crisis – its causes, transmission, prevention, treatment and stigma towards affected people.

I Identify

Listen out for rumours and incorrect information, which can spread quickly by word of mouth and even more quickly on social media.

▶ CASE STUDY

Interactive programming

During the 2014–2016 Ebola outbreak in West Africa, one of the programmes that BBC Media Action created was a radio discussion and call-in show. With health experts as guests, audience members could call in to ask questions about the outbreak, the required changes in traditional practices to prevent the spread of Ebola, and rumours they had heard. People were able to ask the questions they wanted answers to, share their experiences and get direct clarification about what was happening, the Ebola virus, and why certain traditional practices had to change or stop.

Read more here:

<https://www.bbc.co.uk/mediaaction/where-we-work/africa/sierra-leone/sierra-leone-ebola-response>

2 Verify

When you encounter a rumour or questionable information that is circulating widely, verify how accurate it is.

3 Consider

Think about the rumour's implications – could it cause harm, either directly or indirectly?

4 Correct

If a rumour in wide circulation might cause harm, you need to counter it with accurate information. To challenge myths and misconceptions, you will usually need to do more than merely state that they are incorrect. Make sure you have trusted sources who can discuss them and clearly explain the facts in a sensitive and respectful way. Interact with your audience members and invite them to ask questions to help them trust facts and identify misinformation in the future.

For further guidance on rumours, see this Communicating with Disaster-Affected Communities (CDAC) Network manual: <http://www.cdacnetwork.org/tools-and-resources/i/20170613105104-5v7pb>

▶ CASE STUDY**Countering rumours**

Efforts to fight polio in Afghanistan in recent years have been hampered by false rumours about the polio vaccination. There have been claims that it is illegal, that it is made from animal urine and that it harms children, damaging their fertility. Healthcare workers and the authorities have teamed up with local mullahs and community leaders to convince people that the vaccines are safe. They have obtained *fatwas* (religious rulings) from influential religious scholars in print and video, to help convince sceptical parents that polio vaccinations are allowed under Islam.

Read more here: <https://www.irinnews.org/feature/2018/05/10/afghanistan-battles-polio-rumours-mistrust-and-negotiating-taliban>

Communicate well

In order to make your communication and programming as accessible, constructive and helpful as possible, it is important to ensure they fulfil the following criteria.

- **Clear:** Cut out acronyms, complicated terms and jargon. Stick to language that people will understand. Always explain any terms or phrases that may not be immediately obvious or clear to audience members.
- **Accurate:** Get it right! Stay up-to-date and learn about the relevant health issues. Do not contribute to myths and misconceptions that can hinder prevention efforts. If your information is perceived as inaccurate or incomplete, you will lose your audience members' trust and could do more harm than good. Imagine the consequences of reassuring people that a vaccine is arriving tomorrow, when it is only in the test phase and will not be available to anyone for weeks or months. If you communicate any incorrect information, rectify it as quickly as possible and inform relevant authorities so that they can limit the consequences.
- **Trusted:** Be a trusted voice. As well as ensuring that your information is reliable, show that you care about your audience members' well-being and are trying to help them. Work with respected members of the community to help communicate important information. Do not sensationalise or exploit stories of suffering.
- **Consistent:** Co-ordinate with other communicators, such as local authorities and frontline responders, to ensure you are not giving contradictory information to people. If there are inconsistencies in messages, find out why and aim to correct them.
- **Solution-oriented:** Help audience members to look for solutions to the challenges they face. Acknowledge the barriers to disease prevention and treatment, and discuss the stigma towards anyone with disease symptoms. Talk about people's fears and explore possible solutions, such as identifying and discussing community-led alternatives to risky traditional practices.



- **Realistic:** If people in a community do not have soap and cannot get it, do not tell them to wash their hands with soap. Find out what they can use instead (eg ash) and offer that as an option. What are the simple, doable actions that will help people feel they have some control over the crisis?
- **Practical:** Help to manage demand and access to healthcare and emergency response services. Find out what services are available (such as helplines, treatment centres and testing services) and be clear about when and how people can, and should, access them. For instance, people may only benefit from testing services after displaying a specific symptom or being exposed to a specific risk, or helplines may only operate during daylight hours.

Above

A woman in Afghanistan consults with a doctor after her husband lost a limb in an explosion.

CREDIT: RAMIN HASHEMPOUR

- **Empathetic:** Humanise your content. Tap into people’s emotions and tell the personal stories of health workers, awareness-raisers, people affected by the health emergency and those who survive it. Being ill is unpleasant and sometimes scary. Being a survivor may also be very frightening, with fears of stigma and rejection from family and community members. The same goes for health workers, who have even been attacked and killed when working in some public health emergencies. Allow people to talk about their fears.
- **Engaging:** Grab the attention of your audience members and enable them to participate in your programming. They may develop communication fatigue about the health issue, especially in places that are at risk but not yet affected. Find new ways to keep people listening to and talking about the issues, without sensationalising or scaring them (see Explore different formats, below).
- **Positive:** Try not to dwell on the negatives of the health emergency. It is very easy for fear and hysteria to be whipped up. And although communication interventions that use fear and shock as tactics can result in increasing people’s awareness, they can also lead to stigma and denial, and prevent the behaviour change needed to stop a health emergency.

Explore different formats

Think creatively about different ways of communicating information with a range of formats or segments. For example, short, advertisement-style spots can be useful in communicating and reinforcing very simple pieces of information, such as “This is the number to call if you have these symptoms”. Songs can be an entertaining way to repeat a core message in a way that people remember.

Longer segments are good in helping people know what to do, as well as understand why and how to do this. They are also helpful in addressing more complicated, sensitive or taboo topics. Formats such as interviews, discussions and dramas can allow you to explore the detail of an issue and humanise the people affected by, or involved in resolving, a health crisis.

Ask the right people the right questions

Having access to a wide audience through the media is a very powerful tool that can be beneficial or harmful. It is our responsibility to make sure that our airwaves are used for good. Choosing the right interviewees to meet audience members' needs is fundamental. Select people with the right knowledge, credibility and ability to express themselves on the subject. In some cases, a community health worker or someone recovering from a disease may be a more valuable or relevant interviewee than a senior politician. Ask questions that will lead to clear advice or solutions – not just vague information that people cannot act upon.

Example interview questions

Questions to ask specialists during an interview in an influenza outbreak could include the following (these can be adapted for other health emergencies):

- What is influenza?
- How does it spread?
- How does someone know if they might have influenza?
- What should someone do if they think they or someone they know has influenza?
- Where and how can they get help if they think they have influenza?
- What are the chances of survival if you get influenza?
- Is there a cure for influenza?
- How can I help prevent influenza from spreading?
- How can I support someone as they recover?

Do no harm

Sometimes, in trying to help in a public health emergency, the media can inadvertently cause more damage. As well as making sure the information you share is factually accurate, you need to consider the implications of what you are communicating and how it may be interpreted.

For example, in some emergencies people may not have access to safe drinking water, so aid agencies distribute chlorine tablets. People are told that they need to use these tablets to help protect them from disease. But there have been cases where people have not been told *how* to use the tablets, so instead of diluting them in the required amount of water, they have eaten the tablets, putting their health at risk. The incomplete information did more harm than good.

Make sure you understand how different terms, phrases or information could be misunderstood or used to stigmatise others and try to avoid this. For example, use “person affected” rather than “victim” and avoid blaming people for “spreading” disease. Rather, use language like “the spread of” or “transmission of” a disease. Do not link a particular group with the cause or spread of a health problem. Ensure that people understand how a disease may affect someone and what kind and amount of contact people can have with them without stigmatising or isolating them.

If someone or their loved one has been affected by the illness, be sensitive. They may be physically and emotionally fragile if recovering from a serious illness or grieving for a dead relative. The box on following page contains some useful guidance.

Interviewing people affected by a public health emergency

Before you talk to people directly or indirectly

If you plan to speak with someone directly affected by a health emergency, do not put yourself or others at risk. First, seek advice from authorities and health experts on the safety of doing so and any protection measures that may be needed.

If you arrange to go ahead with an interview, prepare by talking with support workers about the kinds of issues and challenges people affected by the health crisis are facing and how to talk to them during the interview.

Pre-interview: have a conversation to ensure the interviewee knows which issues might be discussed and is comfortable talking about them.

During the interview: ensure you gain informed consent from the interviewee before starting the interview, so they know why they are being interviewed and how the interview content will be used. They may want someone with them as moral support during the interview.

The **needs of someone affected by a public health emergency are always more important than the needs of the interviewer**. If the interviewee becomes very tired or distressed, or wants to stop the interview, respect their wishes.

Think of the bigger picture

Health emergencies affect more than people's health. Their livelihoods, education, daily routines, access to food and routine healthcare may all be heavily impacted by the crisis. Try to explore these kinds of issues in your programming as well.

If a health emergency occurs within a humanitarian crisis, there are likely to be multiple health problems that need to be addressed, in addition to all the other issues people are experiencing (such as loss of family members, homes, livelihoods, and experiences of trauma).

5 Sources of further information

The Health Communication Capacity Collaborative (HC3)

https://healthcommcapacity.org/hc3-project-materials/?fwp_health_area=emergency-preparedness

World Health Organization

Emergency resources:

<http://www.who.int/emergencies/en/>

Communicating in emergencies guidelines:

<https://www.who.int/risk-communication/guidance/download/en/>

Médecins Sans Frontières (MSF)

<https://www.msf.org.uk/issues>

The Centers for Disease Control (CDC)

<https://www.cdc.gov/>

BBC Media Action guides on communication for health and other emergencies

Lifeline:

<https://www.bbcmmediaactionilearn.com/course/view.php?id=187>

The Pulse:

<https://www.bbcmmediaactionilearn.com/course/view.php?id=138>

A synthesis of research findings on broadcasting in emergencies:

<https://www.bbc.co.uk/mediaaction/publications-and-resources/research/reports/Humanitarian-broadcasting-in-emergencies-synthesis-report-2015>

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