

The role of Risk Communication and Community Engagement during Listeriosis outbreak



24 February 2018
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What is Risk Communication



WHO describes Risk communication for public health emergencies as the range of communication principles, activities and exchange of information required through the preparedness, response and recovery phases of a serious public health event;

Takes place between responsible authorities, partner organizations and communities at risk to encourage informed decision-making, positive behaviour change and the maintenance of trust. -



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Objectives



- to prevent the spread of the current Listeriosis outbreak.
- to educate the general public about the risks, symptoms and prevention practices associated with Listeriosis
- to share the communication strategies, protocols, and tools
-
- to strengthen partner communication and coordination



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Target audience(Communicating risk to main audiences)



What technical/health professionals want to know

Context, risks, causes, workload

- What's going on?
- What are the risks in general?
- Am I at higher risk? Why/not?
- How will this affect me/my schedule?
- What will happen to me if people know I am working on this outbreak (stigma)?



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What technical/health professionals want to know



- Infection control, SOPs, information management, new responsibilities
- Additional SOPs to which I need to comply?
- How will I be kept in the information loop?
- What can/can't I tell my family, friends, patients or colleagues?
- Will I have to talk to the media?



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What the public wants to know



- Am I (are we) safe?
- What have you found that will affect me (my family)?
- Who (what) caused this?
- What can I do to protect myself and my family?



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Listeriosis Target audience



Primary:

- pregnant women
- newborns
- immuno-compromised (e.g. people living with HIV, TB)
- those on chronic medication (e.g. diabetes, cancer, kidney diseases, etc.)
- the elderly (65 years and older)

Secondary:

- health workers
- formal food industry (e.g. production, manufacturers, distributors, etc.)
- informal food industry (e.g. caterers, street vendors, school tuck shops/kitchen, etc.)
- institutions where mass food preparation happens (e.g. hospitals, correctional services, higher learning institutions, etc.)
- general public



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Communication Tools



- Print and electronic media
- Social media
- Digital media
- Face to face interactions using various approaches
- **Understand Strengths, Weaknesses and possible solution for each channel of communication**



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Key messages



Key message	Supporting messages
Prevention is better than cure	It's important you reduce the risk of contracting this infection during your pregnancy. You can do this by taking simple food hygiene steps at home, being careful about what you eat when eating out, and avoiding certain foods at higher risk of Listeria contamination.
Reduce the risk of Listeria during pregnancy	For the health of you and your baby during pregnancy, it is important that you select a nutritious diet from a wide variety of foods such as vegetables, fruit, dairy foods, bread, cereals, pasta, lean meat, fish, eggs and nuts. However, you should eat freshly cooked or freshly prepared food only. It's important that you do not eat food where there is any doubt about it's hygienic preparation and/or storage.
Avoid eating foods during pregnancy which could contain Listeria	<p>These are mostly chilled, ready-to-eat foods including:</p> <ul style="list-style-type: none"> • soft cheese such as brie, camembert and ricotta (these are safe if cooked and served hot) • takeaway cooked diced chicken (as used in chicken sandwiches) • cold meats • pate • pre-prepared or stored salads • raw seafood (such as oysters and sashimi) • smoked seafood such as smoked salmon, smoked oysters (canned are safe).



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Key messages continued



Key message	Supporting messages
Precautionary measures that you should take during pregnancy to prevent Listeriosis	Make sure it's fresh Listeria is destroyed by conventional cooking, so freshly cooked foods are safe to eat. However, Listeria is one of the few bacteria that will grow in refrigerated foods. This is why chilled ready-to-eat foods and refrigerated foods should be avoided. Do not eat food that has been prepared and then stored in a refrigerator for more than 12 hours. It's best not to use salad bars in restaurants, supermarkets or delicatessens. Refrigerated foods that are past their 'use by' or 'best before' dates should also not be eaten.
	Make sure it's really hot If you buy ready-to-eat(processed), hot food, make sure it's served steaming hot. When reheating food in the microwave at home, make sure it's steaming hot throughout.
	Eating out Only eat food that is served hot. Do not eat food that is served lukewarm. It is best to avoid buffet meals. If this isn't possible, choose the hot foods only. Avoid pre-prepared salads.



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Key messages continued



Key message	Supporting messages
Precautionary measures that you should take during pregnancy to prevent Listeriosis	Good food hygiene <ul style="list-style-type: none"> – Take some simple food hygiene steps to reduce the risk of Listeria infection and other food-borne illnesses. – Always thaw ready-to-eat frozen food in the fridge or microwave - don't thaw at room temperature. – Keep raw meat covered and separate from cooked food and ready-to-eat food. – Always store raw meat below other food in the refrigerator to prevent it dripping onto food. – Wash hands, knives and cutting boards after handling raw food to avoid cross contamination of cooked and ready-to-eat food. – Thoroughly cook all raw food of animal origin. – Keep hot food hot (above 60°C) and cold foods cold (at or below 5°C). – Do not let cooked foods cool down on the bench. Put in the fridge after the steam has gone. – Thoroughly reheat food until steaming hot. – Avoid unpasteurised milk or food made from unpasteurised milk.



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Risk Communication management within provinces



Each province has its own specific social, economic and cultural context.

The communication strategy reflects the priorities of the government and the needs of its population.

Different provinces will encounter different challenges and their own solutions and responses.



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Why we must Engage Communities



- **HEARING** is not **KNOWING**
- **KNOWING** is not **UNDERSTANDING**
- **UNDERSTANDING** is not **PRACTICE**

How do we influence lifestyle behaviors?

Conditions in which people are born, live, grow, work and policies put in place produce health outcomes

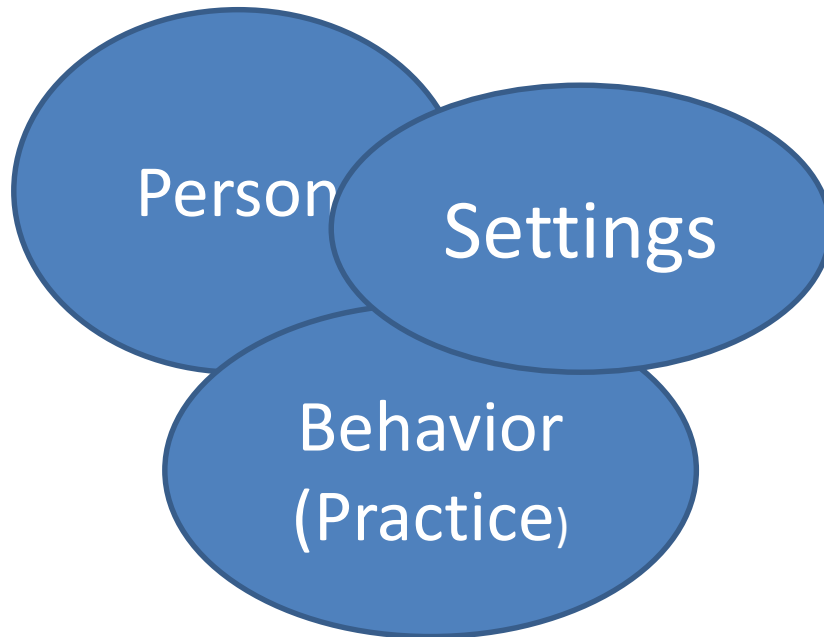


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Community Engagement: Key Elements



Drivers of health outcomes

1. Proximal
2. Intermediary
3. Distal (Structural)

Continuous interactions of the 3 with the SETTING defining outcomes



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Community Engagement: Key Elements



- Begin with the positive
- Commit to partnership and report back to community
- Be comfortable with being uncomfortable – Taking tough decisions e.g., the recall
- Understand the problem and commit to finding a solution (use evidence to develop interventions);

Broader required actions



- Integrate Risk Communication and Community engagement
- Providing leadership on matters critical to health and engaging in partnerships;
- Setting norms and standards, and promoting and monitoring their implementation;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalyzing change, and building sustainable institutional capacity;
- Monitoring the health situation and assessing health trends.

Multisectoral Action



Health is not produced by the Health sector or Ministry of Health but by other sectors;

The information you have is the information you do not need, what you need is with someone else, AND unless you work together, you will never get the information you need;

Integrate health across sectors through Legislation, regulatory framework and policies;



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Ensuring community engagement and empowerment



- Sit down with communities and build trust and credibility (Balancing listening with talking)
- Engage in an open conversation and listen (Remember that even the rivers of ignorance contain clever crocodiles!)
- Implement with the communities BUT do not put all your eggs in one basket (Do not depend only on communication);
- Build healthy public policy, supportive environment, reorient health services toward prevention, make health a core responsibility communities; civil society and traditional leaders, and place health at the center of development;
- Pay attention to details - Credibility of the source is highly correlated with behavior change (do as I do OR as I say);
- Find adequate resources – financial, human, infrastructure and time (Does medical care seem like WAR and prevention like PEACE when it comes to resource allocation?)

Challenges (Opportunities)



- Information availability - deficiency vs overload)
- Denial by public, government and/or industry
- Mistrust of authority (citizens v ruling elite)
- Fear and panic from rumors (Not to scare the sacred)
- Cultural beliefs and values (food consumption practices)
- Weak health systems: surveillance, case finding, hygiene and sanitation, human resources for health, good governance including industry interference



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Thank you



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