

RECOMSA rabies communication seminar

4-5 November 2015, Tunis (Tunisia)

RISK COMMUNICATION

DEFINE YOUR STRATEGY



Alison Brunier

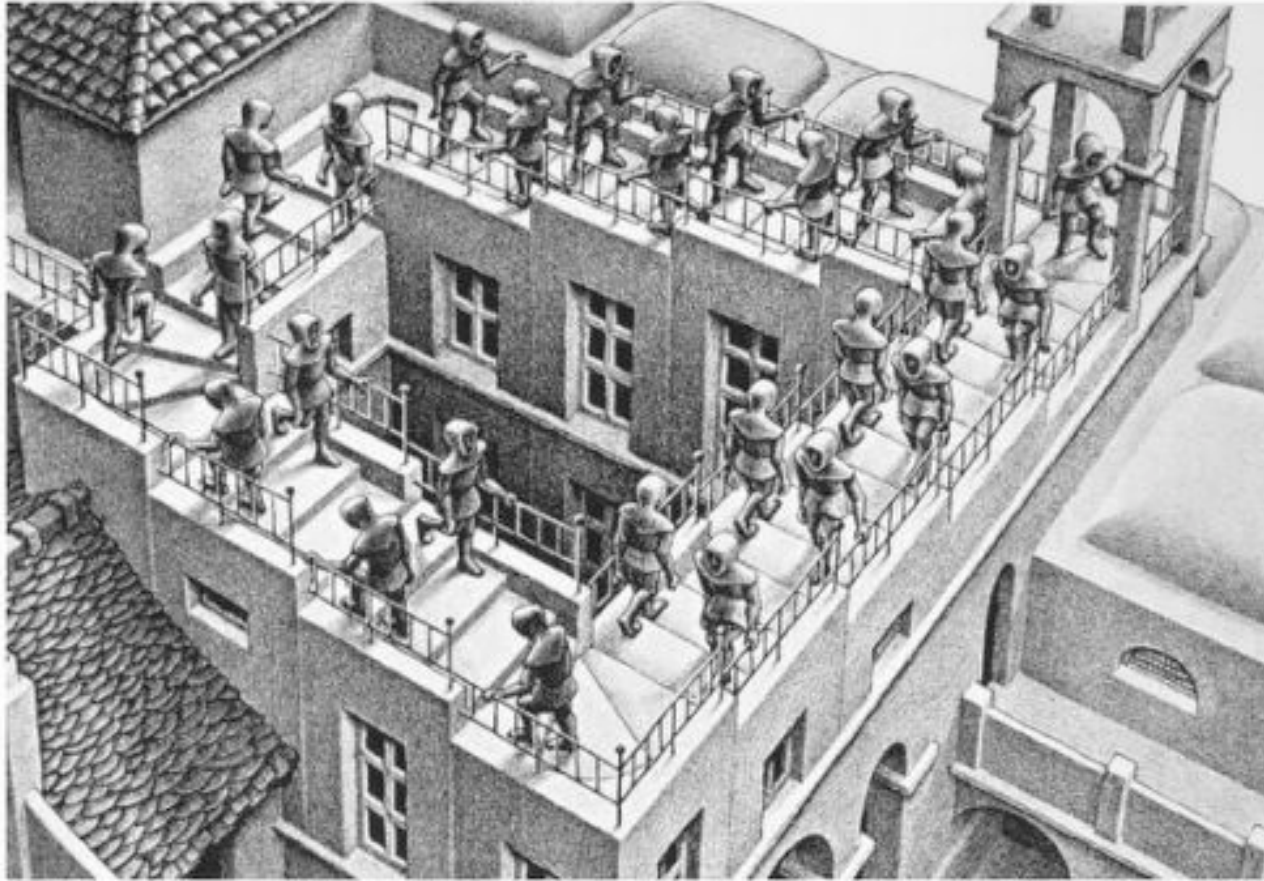
WHO Communication Officer



Dr Catherine Bertrand-Ferrandis

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Perception **is** Reality



To the general public facts are less important than feelings

Public perception of risk



Slovic et al

- **Less concerned about health risks that are:**
 - Voluntary
 - Familiar
 - Controllable
 - Controlled by self
 - Fair
 - Chronic
 - Diffuse
 - Not fatal
- **More concerned about health risks that are:**
 - Involuntary
 - Unfamiliar
 - Uncontrollable
 - Controlled by others
 - Unfair
 - Acute
 - Focused in time and space
 - Fatal

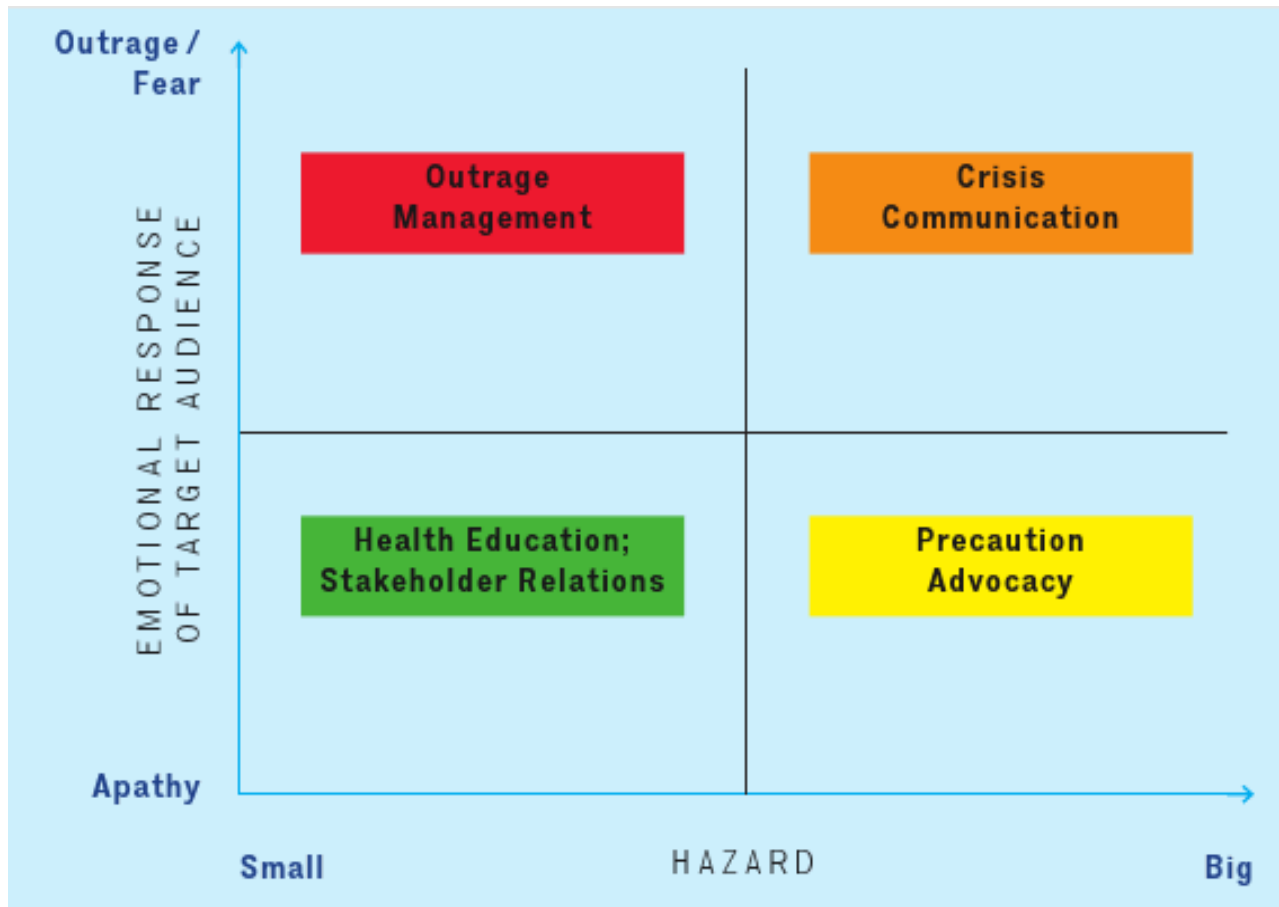
Risk Communication Strategies



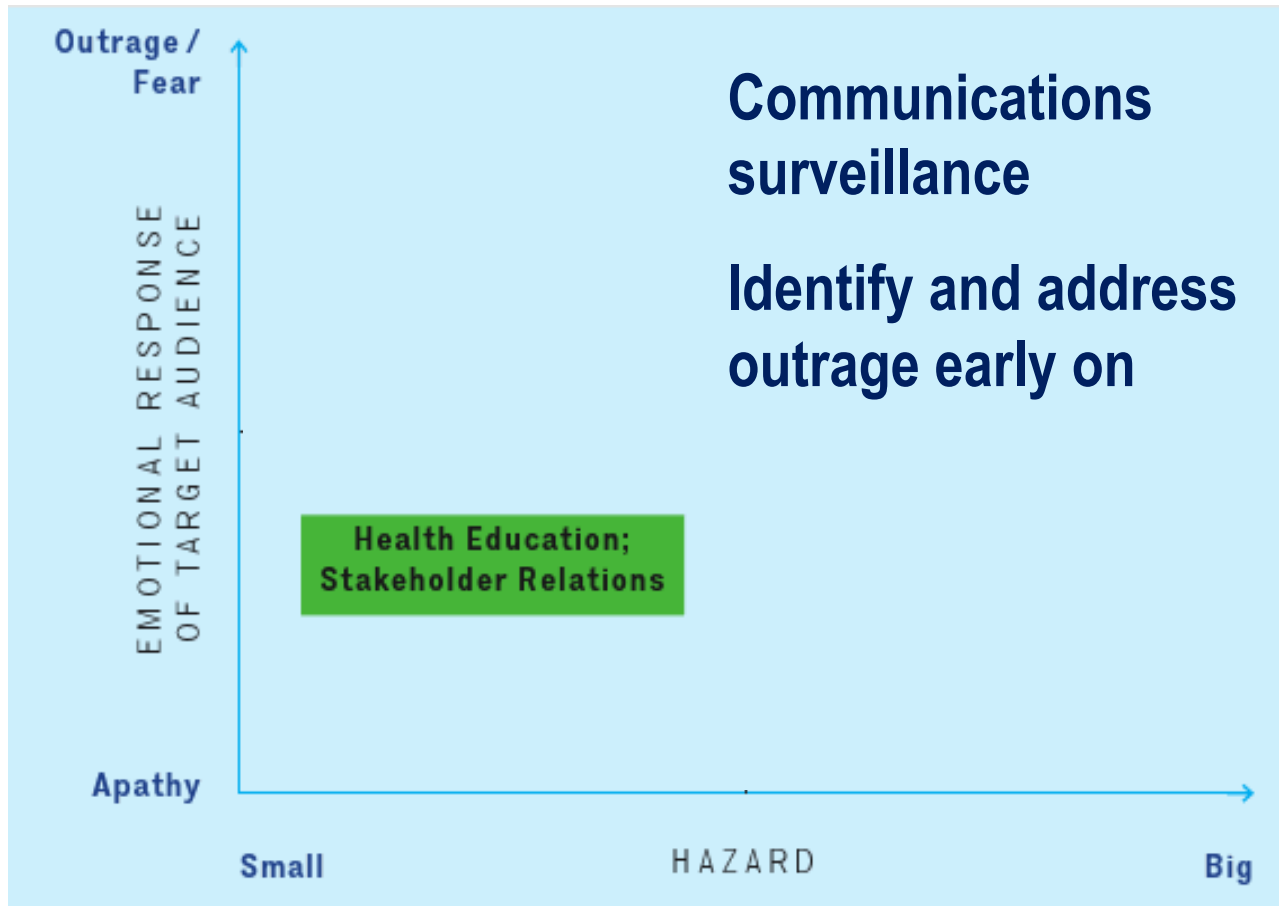
- 1. Precaution Advocacy**
- 2. Outrage Management**
- 3. Crises Communication**
- 4. Health Education and Stakeholder relations**

Risk Communication Strategies

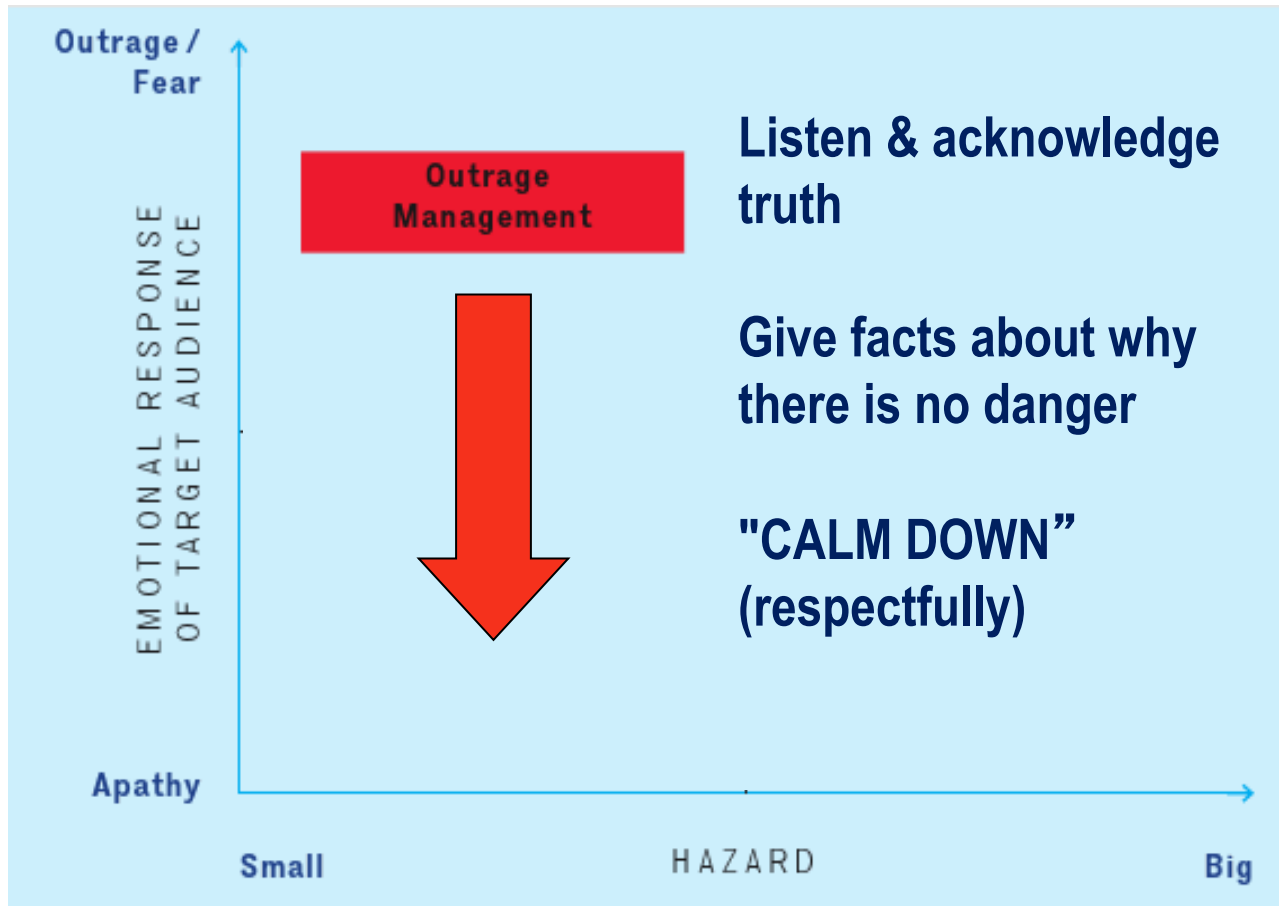
Peter Sandman's model



Risk Communication Strategies



Risk Communication Strategies



Risk Communication Strategies



Risk Communication Strategies



Flow-chart awareness campaign



Approach: Individual & Interpersonal Change

Increase awareness of susceptibility and preventability

Increase awareness of behaviors as solutions to reduce/control disease

Assure at-risk groups that they can perform behaviour —show them how

Increase and sustain practice of healthy behaviors

**Ultimate Goal:
Reduce morbidity,
mortality, and injury**

Flow-chart crisis campaign

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Evaluation



- Did the campaign reach its goals? If not, why not? (SOCO, messages, audiences,...)
- Was the campaign cost-effective?
- What is the learning from the campaign and how to adjust future campaigns in light of this learning?
- Do we need longer-term engagement; can we be shorter?

Questions?



**Thank you
for your attention!**



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