

Opening Remarks

**“Regional Training Course
on Risk Communication in Health Emergencies”
at the Legend Hotel, Kuala Lumpur on 27 April 2009 @ 0900H.**

by

***Tan Sri Dato’ Seri Dr. Hj. Mohd Ismail bin Merican,
Director General of Health, Malaysia.***

Organizing Chairman,
Distinguished Delegates,
Ladies and Gentlemen,

First and foremost, on behalf of the Ministry of Health, Malaysia, I would like to welcome the organizers and all delegates to the “Regional Training Course on Risk Communication on Health Emergencies” organized by the SEAMEO TROPMED. The organization of this course again demonstrates the spirit of regional cooperation and solidarity of our countries. Malaysia is honoured to be selected as the venue for this very important training course. Perhaps Malaysia has been selected in view of our past experiences in managing health and health-related emergencies.

The training course on risk communication in health emergencies is timely because of the potential threat of emerging infectious diseases (EID) outbreaks which do not recognise national boundaries. Because of globalisation and rapid transportation, a health emergency caused by EID in one country could easily transcend into a pandemic situation if concerted efforts are not taken to control and manage the outbreak by the regional and international communities. Therefore, this training course is lauded, in our joint efforts to be fully prepared and ready in confronting and combating health emergencies.

Ladies and Gentlemen,

When we are faced with a health emergency, we have to be prepared not only for what we have to do but also what we need to say. Unless the public is clear about what we do and why, the management of such an emergency can create confusion, anxiety and a breakdown of trust and when that happens, we will end up with another crisis, i.e. a crisis of confidence and that will spell danger to the government of the day and may result in breaches of security and other dire consequences. The main aim of communication is to make the public and others understand the health issue at hand, to develop trust and avoid fear. In this context risk communication is one of the most effective communication tools that could be applied to address a variety of communication challenges in responding to a health emergency. Effective risk communication will directly influence how events evolve and encourage behaviour that contributes to control. This has been demonstrated repeatedly by global and local experiences.

Information is a vital resource especially during health emergencies. It is one of the primary tools of public health intervention and practices. During health emergencies, all available data obtained is translated into information for action, such as communicating with the community. Poor communication of risk can result in fuelling rumours, lack of trust that will affect the credibility of the source, resulting in an angry public blaming the authorities for allowing the emergencies to happen in the first place. We must avoid putting ourselves in this situation.

Ladies and Gentlemen,

Participants to The Sixth Futures Forum on crisis communication in Europe, in May 2004 agreed that in health emergencies, the health authorities are advised:

- ❖ To be proactive and start public communication as early as possible at the outset of the health emergency, as information has a calming effect by itself;
- ❖ To be available for the press and to communicate regularly in an emergency, but to avoid over-communication. In general, daily press conferences are required only in the peaks of the emergency;
- ❖ To get a competent spokesperson who has the desired qualities;
- ❖ To combine information about health risks with advice for the public on how they can react to threats themselves;
- ❖ To communicate simply, accurately, transparently, without being patronizing;
- ❖ To be honest and avoid keeping health information secret;
- ❖ To be clear what one knows and what one does not know (yet);
- ❖ To ensure consistency in the messages communicated to the press, targeting a single-voice effect;
- ❖ To get the numbers right for accurate presentation and concrete actions;
- ❖ To show respect and empathy with public anxiety and to communicate accordingly;
- ❖ To understand public's interests and what the media wants;
- ❖ To organize structured contacts with the press;
- ❖ To maintain close contacts between teams managing the emergency and the communication team.

We in Malaysia have our fair share of experiences in managing health emergencies. I was personally involved in the SARS outbreak of 2002/2003. We realize information is a vital resource for prompt decision making. We disseminate information and consistent messages immediately. We maintain close collaboration locally and internationally. Various guidelines on Clinical Management, Public Health Surveillance, Laboratory procedures, Travel advisory, Advisory for doctors, Health advisory to airlines and Health alert card were produced and distributed. I held regular press conferences to disseminate accurate and timely information which was provided by the National SARS Operation Room. This has maintained and strengthened the credibility of the Ministry of Health.

Our experience in handling the SARS emergency clearly exemplify the fact that the provision of regular information including the actions taken by the ministry in dealing with the media resulted in the gaining of the trust and confidence of the public which further facilitated the control of the outbreak.

Ladies and Gentlemen,

The country has to abide by the International Health Regulation (IHR) 2005. To assist this, the Asia Pacific Strategies on Emerging Diseases (APSED) have to be adhered to. Of these, Risk Communication is one of five (5) programme areas in the APSED. Hence to conform with IHR 2005 implementation, Malaysia clearly emphasizes the critical need for building capability and capacity in risk communication in instilling public confidence for the management of future health emergencies. Malaysia has the expertise and training experience on risk communication since

the year 2000. Training on risk communication covers top and middle management officials at both national and state levels. This resulted in the establishment of a critical mass of trainers on risk communication.

The ASEAN Plus Three countries have identified Malaysia as the proponent country for risk Communication. A workshop to formulate 'The Regional Risk communication Plan' was hosted by Malaysia on 24-26 March 2008. This workshop was conducted with the assistance of a WHO Consultant and two local consultants on risk communication. The workshop was attended by representatives of all ASEAN Plus Three Countries.

A separate workshop to formulate a generic training module on risk communication for use by the region was also hosted by Malaysia on 21-23 October 2008. The workshop was attended by members from the ASEAN Plus Three countries, Malaysia Technical Working Group (TWG), the ASEAN Secretariat, the WHO Western Pacific Region (WPRO), the WHO South-East Asia Regional Office (SEARO), the World Organization for Animal Health (OIE) and the Indonesian National Committee for Avian Influenza Control.

In this workshop a generic regional training module on risk communication was formulated with the following objectives:

- Provide knowledge on risk communication to policymakers, health care providers, the media and other relevant stakeholders;
- Strengthen skills in communicating health risk in appropriate settings by the relevant staff;

- Outline appropriate mechanism in communicating health risks to policy makers, public and media;
- Identify legal issues and apply the relevant laws, circulars, rules and SOPs, and
- Identify ethical issues and apply the general theories of ethical behaviour.

I am sure Member countries of ASEAN Plus Three Countries already have risk communication mechanisms in place. Many of us have already experienced health emergencies in the past and we have also collectively engaged in combating these emergencies. In the process of handling the health emergencies we have gained experiences and learned how to handle them. At the same time we have also realized some of our shortcomings, which we did not quite anticipate, not because of poor planning but because of the nature of the risk which often is unpredictable.

This training course then becomes an excellent opportunity for us to exchange views, learn from one another's experiences and evolve mechanisms to strengthen risk communication efforts for the region and also for individual member states.

Ladies and Gentlemen,

In conclusion, risk communication is an essential component in managing health emergencies. Therefore, there is an urgent need for national countries to have the capacity and capability in risk communication. I believe this training course would provide the essential knowledge and skills in risk communication and meet the expectations of participating delegates. We welcome this training course

which will certainly add value to our existing training module on risk communication. Our officers will be most happy to share their experiences and expertise on risk communication with all the delegates. Finally, I wish to urge all our foreign guests to extend their stay in Malaysia, after the course, so that you will be able to experience our Malaysian hospitality, savour our world famous multi ethnic cuisine and visit some exotic tourist spots of our beautiful country and discover for yourselves why Malaysia is truly Asia.

With that I conclude my introduction remarks with a quote from Martin Luther King Junior:

**“The ultimate measure of a person is not where he stands
in the moments of comfort and convenience
But at times of challenges and controversies”**

Thank you.