

**ADDRESS BY THE HON. MINISTER FOR HEALTH
AT THE OPENING CEREMONY FOR THE IHR RISK
COMMUNICATION CAPACITY BUILDING WORKSHOP**

Wednesday 20th February, 2013

Fort Young Hotel

Today it is a distinct honour to address you at this crucial Regional Workshop on Risk Communication in our beautiful Commonwealth of Dominica. I am specially honoured to host the other regional partners at this landmark occasion. Risk Communication has been defined as; an exchange of information and opinions and establishment of an effective dialogue among those responsible for assessing, minimizing and regulating risks and those who may be affected by the outcomes of those risks. Risk communication is an evolving social science, which came to prominence with the advent of severe acute respiratory syndrome [SARS] disease the first severe new disease of the 21st century. It was considered a waterfront event .It showed how the world has changed in terms of the impact international events of public health concerns can have on a highly mobile and interconnected world. During a fortunately brief stay in its new human host, the SARS virus travelled rapidly along

the routes of international air travel and infected more than 8,000 people around the world but killed less than 800.

The SARS experience was remarkable in at least three ways. It showed that decisive national and international action, taking full advantage of modern communication tools, could prevent a new disease from establishing endemicity. It raised the profile of public health to new heights. And it did so by causing enormous economic damage and social disruption.

SARS primed politicians to understand both the far-reaching consequences of outbreaks and the need to make rapid containment a high priority. SARS also stimulated efforts to find ways to make the impact of the next international outbreak less dramatic. [WHO-2004]

Communication with the public, stakeholders, within the health system, schools, and numerous others during a public health emergency is critical to managing any crisis. Communication strategies designed in advance to deal with possible scenarios detail objectives, target

audiences, key messages, tool or channels and action plans. The suggestions for themes and topics for incorporation in a strategy geared toward, for example Diarrheal Diseases, have applications that are far reaching and serve for other outbreaks, disasters and public health emergencies in general.

Communication objectives prior to an outbreak seek to educate, inform, advocate, prepare and prevent. This applies to avian influenza in birds as well as the seasonal influenza. When an outbreak or pandemic emerges, communication goals shift to focus on accompanying containment activities, ensuring that the public, in part via media, is provided health messages, support recommendations, and that health personnel are informed, prepared and ready to act. Given the anticipated social disruption of a pandemic, communication activities must be in place well before the arrival to support and lay the groundwork for pandemic communication.

Communication planning accompanies pandemic planning through each step. The major thrust of outbreak communication, according to the

World Health Organization, is “to communicate with the public in ways that build, maintain or restore trust. This is true across cultures, political systems and level of country development.” The loss of public confidence, especially at a time of crisis, threatens the stability and viability of not only the health sector but of economies and governments as a whole. As part of maintaining trust, the health sector must inform the public quickly of developments, include various sectors in planning, listen and react quickly to stakeholders to address rumours and diminish social turbulence. In today’s global world, viruses and news travel quickly, and so does misinformation.

My Ministry is well on its way to achieving the 12 core capacities to obtain International Health Regulations compliance. We have produced a draft Risk Communication Plan which upon completion will outline procedures to address events of international health concerns Also Draft Quarantine Act and Regulations , Draft Food Safety Act are ready to be presented to Cabinet for approval. Finalization of these activities will result in meeting the requirements for Core Capacities 1

and 6 which are National Legislation and Policy and Risk Communication respectively.

Here I pledge Dominica's support to completion of activities to obtain full compliance to IHR by June 2014

Participants, your representation here is a testimony of the collaborative approach promoted by the Ministry to build capacity for risk communication in Dominica.

I wish you a productive workshop.

Thank You.

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