



SUMMARY

Virtual FETN Risk Communication Workshop: Lesson learned from Covid-19 Pandemic Schedule on 17,20 and 24 August 2021. From 08:45 – 12:00 AM (ICT time)

Referring to the 11th ASEAN + 3 FETN steering committee meeting which was held on 13-14 January 2021 hosted by ASEAN + 3 FETN Coordinating Office virtually. All ASEAN + 3 FETN steering committees agreed to conduct the FETN Risk Communication (RC) workshop virtually for strengthening risk communication training for field epidemiology graduates/alumni/trainee capacity and responding to any scales of life-threatening infectious diseases outbreak in the ASEAN + 3 region. The concept notes of Virtual FETN Risk Communication Workshop: Lesson learned from Covid-19 Pandemic got the endorsement from ASEAN Health Cluster on 14th July 2021 by applying the silent procedure.

Accordingly, the virtual FETN Risk Communication Workshop: Lesson learned from Covid-19 Pandemic was held on 17,20 and 24 August 2021. From 09:00 – 12:00 AM ICT time (GMT+7).

The co-host of the workshop are Lao PDR, Singapore, Philippines and Malaysia by technical support from US CDC and facilitating by ASEAN Secretariat, ASEAN Plus 3 FETN Coordinating Office and ASEAN Plus Foundation. The web conference software, “Zoom”, was used. The workshop started at 08:45 AM.

D 1: 17 August 2021: Risk/crisis communication principles & Crafting messages for key audiences.

1. Chair: Dr Rattanaxay Phetsouvanh, Lao PDR
Co-Chair: Dr Thilaka Chinayah, Malaysia
Facilitator: ASEAN Risk Assessment and Risk Communication Centre (ARARC) of the
ASEAN EOC Network

Present: 47 valubles participants from Brunei Darussalam, Indonesia, Republic of Korea, Thailand, Malaysia, Philippines, Japan, Lao PDR, Singapore, US CDC, ASEAN Secretariat, Facilitator: ASEAN Risk Assessment and Risk Communication Centre (ARARC) of the ASEAN EOC Network, ASEAN Plus 3 FETN Coordinating Office, TUC and ASEAN Plus Foundation.



Recording...

Michele Evering...	Field Epidemiology Training Network Komchaluch ASEAN...	Dr Rattanaxy Phet...	Pascale Krumm, CD...	Inri Denna_Indo...
Malyvanh	Pahuratdr-DCC...	KDCA(Republic ...	Kumnuan's iPad	ASEC - Michael ...
Dr Thilaka Mala...	DOH- Philippin...	JKN PAHANG	Dr Steven Ooi	Qingyuan Pang
Siti Nor, MoH M...	Saran FETP Thai...	Tan Seow Yen - ...	ASEC - Randy	Dr Intan Malaysia
Tan Seok Hong, ...	DOH CHD1_RPP...	Alden Henderson	Aijia Soong, Sin...	Runni Simm, Sin...

Recording... Komchaluch ASEAN Plus 3 FETN is talking...

Tan Seow Yen - ...	ASEC - Randy	Dr Intan Malaysia	Tan Seok Hong, ...	DOH CHD1_RPP...
Alden Henderson	Aijia Soong, Sin...	Runni Simm, Sin...	Umnia Mahgoub	ASEC Jim Catam...
Dr Novia, ASE...	Qi Gao - Singap...	Jayson, Singapo...	Palm Arisara- F...	Phanthanee Thi...
NIID_Kamiya	Pang	DOH Alethea D...	Japan_FETP	Lalida
DOH-CMU Krisi...	[DOH-PH] Jas R...	Dr. Maria Sulei...	Menikha_Indon...	Office of Intern...



Agenda Item 1: Opening remark, Overview of the Meeting and Adoption of Agenda

2. The Day 1 workshop was chaired by Dr Rattanaxy Phetsouvanh, Director General of Communicable Diseases Control, Ministry of Health Lao People's Democratic Republic and Chair of ASEAN Plus 3 FETN Steering Committee. He extended a warm welcome to all participants and outlined the objectives of the three-day workshop which were to exchange countries experiences and lessons learned in recent risk communication strategies and actual gaps in practice during the COVID-19 pandemic, to share on capacity building in urban and/or rural settings for best practices with policymakers, media and the community, and to propose steps to improve risk communication training methods for stakeholder engagement and trust-building by FETPs. He highlighted the important role of risk communication that the next pandemics may happen unexpectedly, at any time, and more frequently. Effective risk communication (RC) by health authorities, through relaying reliable and authoritative information, is imperative in combating the spread of the pandemic.

3. The Co-Chair was Dr Thilaka Chinayah, Public Health Consultant and Malaysia Epidemic Intelligence Program (EIP), Disease Control Division of Ministry of Health Malaysia. The meeting agenda was reviewed and announced to all participants See the Agenda in Annex 1.

Agenda Item 2: Theory of Risk/crisis communication principles & Crafting messages for key audiences

4. Dr Pascale Krumm from US CDC gave a lecture on the Risk/crisis communication principles in the first hour. She tested the basic understanding of risk communication by using the virtual zoom poll. The results indicated all participants had a piece of excellent knowledge and understanding. She emphasized that risk communication during the crisis is a complex and challenging process because of the uncertainty of diseases situation and dealing with people having different emotions and believes. The messages must be clear messages having the fact more than opinion at the right time from the right person. Be first, be right, be credible, express sympathy, promote action, and show respect are the CDC's principles of risk communication. The unstable information environment needs to be considered carefully. The pros and cons of the spokesperson roles were discussed and clarified. See more detail in Annex 2. All participants actively participated and ask the question during presentation.

5. Dr Pascale Krumm from US CDC gave a lecture on crafting messages for key audiences. She mentioned that analyze and identify the audient to craft the proper messages was the first step. In the crisis, there are four target audiences as follows;1) direct affected, 2) possible affected, 3) general and, 4) healthcare providers. During the presentation, she checked participants' understanding by virtual zoom poll. She gave an example of the different approaches between coercion, manipulation and



persuasion. Persuasion would be the best and positive force by providing choice. Persuasive communication (SOCO = Single Overriding Communication Objective) had 3 components which were key messages, emotional components and a call to action. See more detail in Annex 3. They remain questions to be discussed on day 2 because of limited time.

Recording...

Elements of audience analysis

<p>DEMOGRAPHICS </p> <ul style="list-style-type: none"> Age Gender Languages spoken & read Education & reading level Income level 	<p>CULTURE </p> <ul style="list-style-type: none"> Religious beliefs Cultural norms and values, beliefs, & practices
<p>HEALTH LITERACY </p> <ul style="list-style-type: none"> Health information sources used & trusted Health-related knowledge, concerns, beliefs, & current behaviors Level of trust in public health agencies 	<p>TIE TO EVENT </p> <ul style="list-style-type: none"> Relationship to health threat Psychological connection to threat or emergency

Source: <https://docs.google.com/presentation/d/1oi1oKKeIGWJGEM8ZU5qFgSc3OA55CS5T/edit#slide=id.p9> 10

Pascale Krumm, CDC, US

Recording...

Immediate audiences for risk communication

<p>Directly affected People, groups, communities known to have been affected by a health risk, threat, or hazard</p>	<p>Possibly affected People, groups and communities that could have been or will be affected by a health threat, risk, or hazard</p>
<p>General or broader public Overall population in a country, community, or other geographic area</p>	<p>Healthcare providers & influencers Those who provide healthcare or influence health decisions</p>

Source: <https://docs.google.com/presentation/d/1oi1oKKeIGWJGEM8ZU5qFgSc3OA55CS5T/edit#slide=id.p9> 8

Participants (47)

Find a participant

- Komchaluch ASE... (Host, me) 🔇 🗨️
- PK** Pascale Krumm, CDC, US 🟢 🔇 🗨️
- AS** Aijia Soong, Singapore 🔇 🗨️
- AH** Alden Henderson 🔇 🗨️
- ASFC Mikaela... 🔇 🗨️

Invite Mute All ...

Chat

From Khanchit Limpakarnjanarat to Everyone:

what is different between communication strategies of Trump and Biden?

Pascale Krumm, CD...

Who can see your messages? Recording On

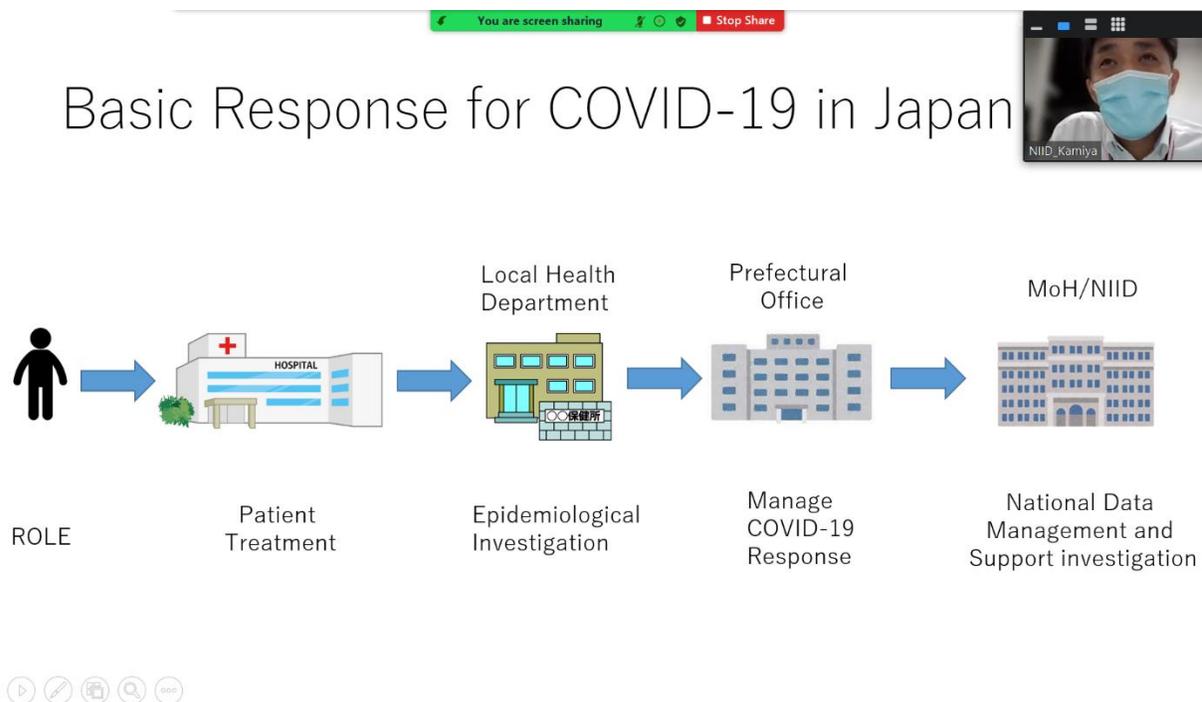
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Agenda Item 3: Sharing Experiences from ASEAN + 3 Context

6. On behalf of FETP Japan, Dr Anita Samuel, Dr Hajime Kamiya and Tomimasa Sunagawa from Center for Field Epidemic Intelligence, Research, and Professional Development (CFEIR), National Institute of Infectious Diseases (NIID) gave a very brief presentation on how Japan has been applying risk communication to deal with pandemic COVID-19 in the context of Olympic 2021. In the nutshell, It is often difficult to balance speed of communication or transparency with reaching an agreement on the message. Thus, experts on risk communication/press secretary may be needed. See more detail in Annex 4.



7. On behalf of the Korea Disease Control and Prevention Agency (KCDA), Dr Seung-ho Choi, Deputy Director, Risk Communication Team, shared experiences to fight with pandemic COVID-19 by implementing the Risk Communication (RC) procedure. In brief, they aimed to build trust and increase solidarity to prevent social chaos and turn around the pandemic. Communication with the public, media and partnership with the private sector were the 3 mains processing component. The results from the survey revealed the public have been trusted the government on the right and fast sharing of information. The vaccination rollout reached the goal early as a promise. This could increase more trust in the government. See more detail in Annex 5.



KDCA
Korea Disease Control and
Prevention Agency



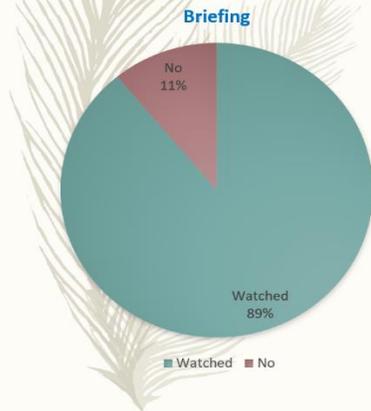
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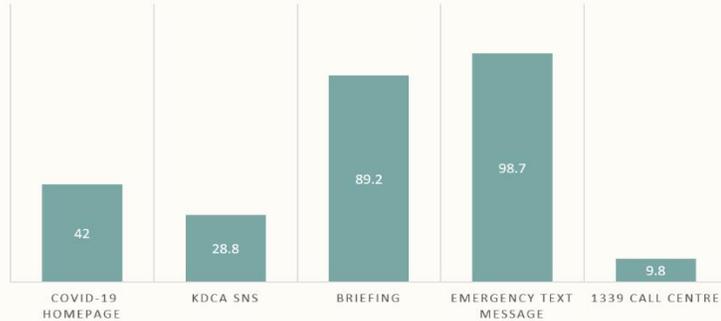


What are the outcomes consequences? (1)

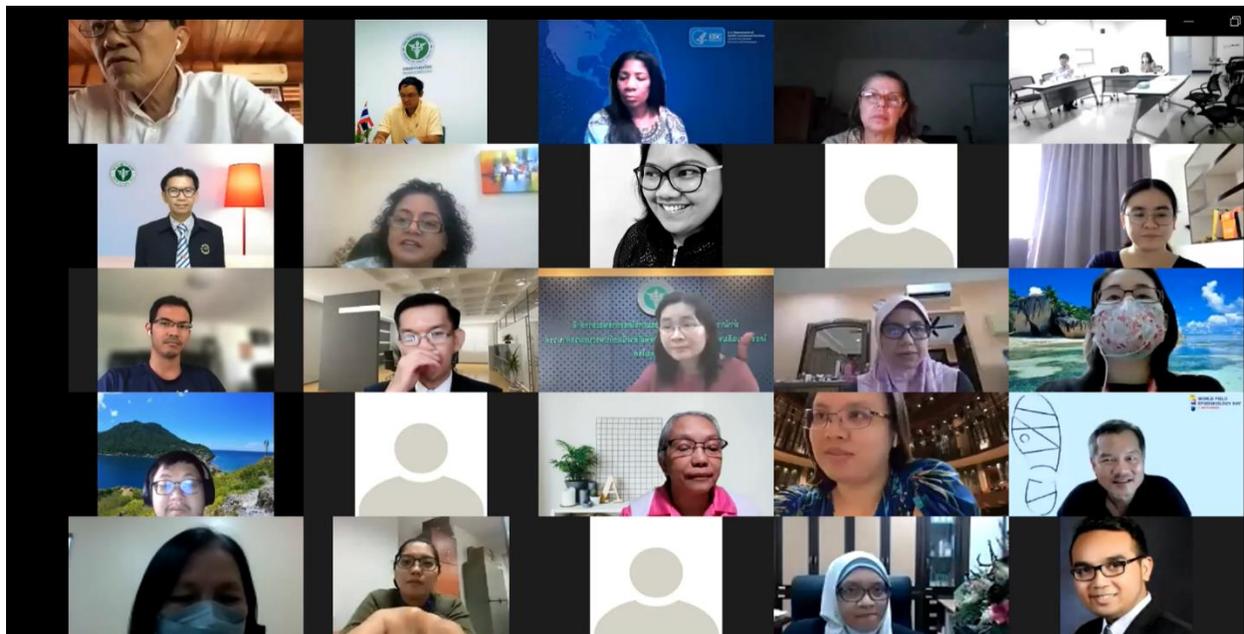
1 High satisfaction with the briefing (Survey by Korea Institute of Public Administration, 3rd – 7th July 2020)



WAYS TO ACCESS INFORMATION



8. Dr Tan Seok Hong who is the EIP trainee from Malaysia shared experiences to fight with pandemic COVID-19 by implementing the Risk Communication (RC) procedure. In summary, dealing with misinformation and disinformation is the most important issue. The presenter also showed an example of how to deal with public panic by using guidelines and infographics in the early phase of the pandemic. The hotline was used to identify the public issue. Fear and incentive approaches were applied to increase the number of vaccinated people during vaccine rollout. See more detail in Annex 6.





9. Dr Pahurat K. Taisuwan from the Department of Disease Control, Ministry of Public health pleased to share how Thailand implemented Risk Communication (RC) during pandemic COVID-19. Infodemic was the most challenging for Thailand to cope with during COVID-19, Panic vs accountability. Thailand used existing intelligent communication tools such as media (including social) monitoring, and the use of the hot-line. A spokesperson at different levels from local to the central level. Press briefings were broadcasted nationally by the 'Centre for COVID-19 Situation Administration (CCSA)'s daily press briefing. Multi-language communication material could enhance the success of risk communication implementation. See more detail in Annex 7.

Regarding SMCR – communication theory

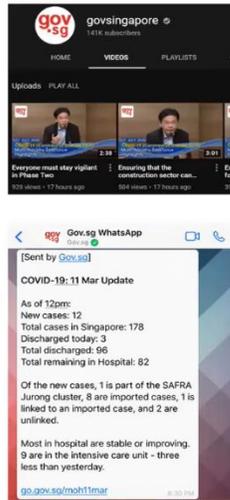
S - Sender	M - Message	C - Channel	R - Receiver
<p>Spokesperson Assignment</p>	<p>Message designation regarding 8Cs</p> <p>Clear: Concise: Concrete: Correct: Coherent: Complete: Courteous: Cultural approach:</p>	<p>Rogers' bell curve</p> <p>Public communication via main media, social media, HCWs, HCVs, etc. by concerning differentiation of the audiences</p>	<p>5 target audiences</p> <ul style="list-style-type: none"> • Policy maker • Colleagues • population • Journalist • International

10. On behalf of Singapore FETP, Dr Qin Yuan Pang shared the experience namely “Risk Communication in Singapore: a learning journey”. He said that Risk Communication is a dynamic process of sharing and responding to information about a public health threat. Listening and responding to concerns may be the first kick-off to implement risk communication procedures on the right track. Sharing information quickly to many platforms as possible in ways people trust could ensure the successful. The major challenge was that people do not always conform and/or understand the importance of public health social distancing measures. In summary, risk communication must be open and transparent with your audience, be sure two-way communication, understand the concerns of your audience and provide them with viable solutions to make their lives easier. It may not be easy to engage everyone to fight with COVID-19. See more detail in Annex 8.



Sharing information quickly in ways people trust

- **Gov.sg WhatsApp** ensures that members of public receives the latest, accurate and consistent information on any new initiatives or advisories pertaining to COVID
- **Gov.sg YouTube channel** with press releases, press conferences and other related videos
- TV programmes, commercials, YouTube commercials and radio broadcasts
- There are also televised soap dramas that incorporate COVID related information especially on vaccines information too



11. Ms Inrin Denna from Public Relations, Sub-Coordinator for Substance Group of Issue Management, Minister of Health Indonesia shared Indonesia's experiences to deal with pandemic COVID-19 by implementing risk communication procedures. The risk communication strategy was developed from WHO guideline which had pillars as follows; 1) listening, 2) sustainable structure, 3) engage communities, 4) partnering and 5) strengthening public communication. PESO (Paid, Earned, Shared, Owned) was applied for community engagement and participation. See more detail in Annex 9.

Recording...

The Outcomes & Consequences

- Development of risk communication strategy and community engagement plan
- Development of IEC materials on COVID-19
- Daily media monitoring
- Websites and Hotline for COVID-19
- Counter hoax
- Designated spoke person and regular press briefing
- Community empowerment for risk communication
- Media and influencer engagement
- Stakeholders' engagement



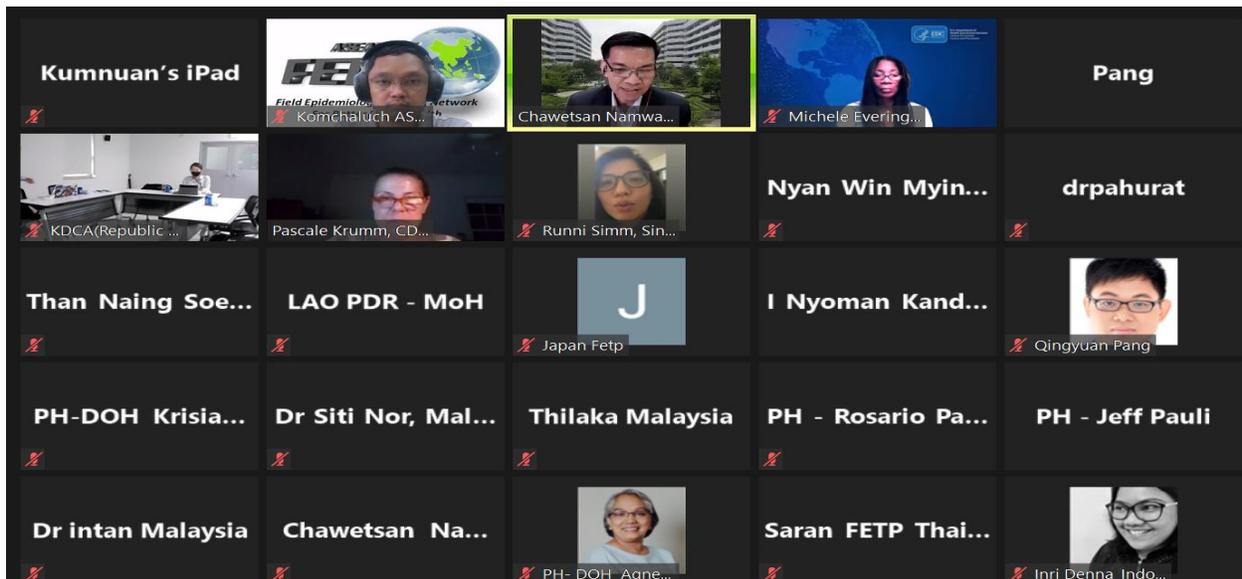
D 2, 20 August 2021: Community engagement & crafting messages for key audiences.

12. Chair: Dr Qin Yuan Pang, Singapore

Co-Chair: Dr Chawetsan Namwat, Thailand

Facilitator: ASEAN Risk Assessment and Risk Communication Centre (ARARC) of the ASEAN EOC Network

Present: 51 valuable participants from Brunei Darussalam, Indonesia, Republic of Korea, Thailand, Malaysia, Philippines, Japan, Lao PDR, Singapore, Myanmar, US CDC, ASEAN Secretariat, Facilitator: ASEAN Risk Assessment and Risk Communication Centre (ARARC) of the ASEAN EOC Network, ASEAN Plus 3 FETN Coordinating Office, TUC and ASEAN Plus Foundation. Co-Chair (Dr Chawetsan Namwat) welcomed all participants and outlined an overview of the updated D2 agenda. See the Agenda in Annex 10.



Agenda Item 1: Theory of Community engagement & crafting messages for key audiences.

13. Dr Pascale Krumm from US CDC gave a lecture on the topic namely “Responding to misinformation and disinformation”. She emphasized the importance and differences between misinformation and disinformation. She highlighted the definition of keywords as follows; infodemic, ignorance and trust. 7 best practices for correcting misinformation were proposed to the workshop and open the discussion among participants. She recommended how to use the truth sandwich techniques. How to create good messages was elaborated and clarified. To timely and effectively share or disseminate the information about a high-stress topic or event to people and allow them to make an informed decision to take appropriate action, The STARCC principle is needed. Zoom poll was applied. See more detail in Annex 11.



Recording...

Doctor, when do you think the COVID-19 pandemic will be over?

I don't know, I'm not a journalist.

Pascale Krumm, CDC, US

14. Dr Michele Evering-Watley from US CDC gave a lecture on an essential topic entitled “Community Engagement”. The definition of community engagement was elucidated. Community mitigation measures were needed to implement for the prevention further spread of infectious diseases and protect all people. Epidemiology, healthcare capacity, community characteristics and public health capacity were the four key factors to make an account for determining Community Mitigation Strategies. She also let us know how to do community engagement at different phases. She highlighted the importance of understanding individual behaviour and personal norms during a crisis. The importance of community mapping as described in more detail to increase community perception practically. The key point of community engagement is that “community collaboration requires a long-term commitment by the engaging organization and its partners. See more detail in Annex 12.

Recording...

What did the COVID-19 response teach us?

- Enhancing general understanding of crisis is critical
- Prosocial motivation is key
- Supportive policies and regulations is necessary
- Enhancing personal relevance is important

Source: Insights from early COVID-19 responses about promoting sustainable action
Bouman, T., Steg, L. & Dietz, T. Insights from early COVID-19 responses about promoting sustainable action. *Nat Sustain* 4, 194–200 (2021).
<https://doi.org/10.1038/s41893-020-00626-x>

Michele Evering-Watley



Agenda Item 2: Recap from D1.

15. Dr Qin Yuan Pang, Chair and representative from Singapore FETP, presented the recap from D1. In the nutshell, the public messages in a crisis must be simple, timely, accurate, relevant, credible and consistent (STARCC). We could form a resilient social system to tackle the emergency by applying good risk communications. In ASIA, we used the “Rojak” model instead of the “truth sandwich” which is applying in the USA. Infodemic issues are always happened during crisis pandemics and not difficult to solve in a short period. See more detail in Annex 13.

Recording...

SUN TZU'S TAKE ON COMMUNICATIONS

- For as the ancient book of Army Management says: On the field of battle, the **spoken word does not carry far enough**; hence the *institution of gongs and drums*. Nor can **ordinary objects be seen clearly enough**; hence the *institution of banners and flags* . . . the means whereby the **eyes and ears of our host may be focused on one particular point**. The host thus **forming a single united body**, it is impossible either for the brave to advance alone, or for the cowardly to retreat alone."

Taken from Sun Tzu's Art of War Chapter 7: Manoeuvring

Talking: Pang

Agenda Item 3: Sharing Experiences from ASEAN + 3 Context

16. Representative from the Centre for Communication and Education for Health, Department of Communicable Disease Control, Lao PDR gave the presentation to share what Lao PDR have done during the COVID-19 pandemic effectively and having the result of allowing Lao PDR to be one of the countries with the low number of COVID-19 cases. Lao PDR applied risk communication at a local level and have good collaboration from the community very well. They shared quick, transparent and consistent communication could enhance trust, empathy and engagement. Media briefing for updating COVID-19 situation still necessary and continue to do for fighting with Rumor from social media. Nevertheless, Capacity building on RC to the technical team at the province and district level is still needed to ensure they can implement in their level, it related to local transmission protection. See more detail in Annex 14.

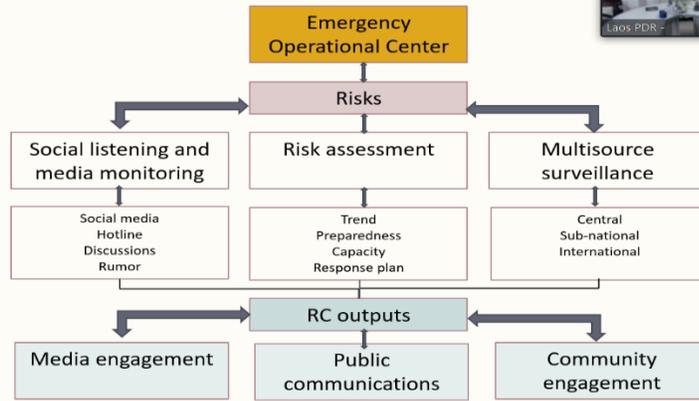


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What are the implementation processes?



17. On behalf of The Philippines FETP, Mr Jas Roque Lead from Communication Operations and Support Services Communications and Management Unit Office of the Secretary shared the experiences to combat with COVID-19 pandemic effectively and practically. The organization chart of risk communication during crisis COVID-19 pandemic having 6 sections was presented. General communication and communication support services were two main parts during the implementation process. Many routes of digital technology for communication were applied for key messages and talking points, media engagements, social media platforms (Facebook, Twitter, YouTube, LinkedIn, WhatsApp), media monitoring reports, communication outputs and communication to policies...etc. We had more Media Partners reporting health news and articles across the country (national and regional) See more detail in Annex 15.

Recording...

What is the Objective of Implementing Risk Communications?

Risk Communications

is not just communicating what WE can prepare for in events of health risks and/or events of special concern, but also building synergy and trust among members of society, both implementers and the people they are serving. Through fortified collaboration and sustained dialogue, addressing risk communication concerns becomes more responsive to the needs of the local communities.

PH - DOH Jas Roque

DEPARTMENT OF HEALTH



18. Dr Than Naing Soe who is the Director of Health Literacy Promotion Ministry of Health Myanmar shared experiences to fight with pandemic COVID-19 by implementing Risk Communication (RC) strategy. In summary, Myanmar aims to ensure that people have life-saving information for protecting themselves and others from the virus and reducing the negative consequences of pandemic COVID-19 on health, social life, and the economy. Many kinds of information have been implementing such as printed media in ethnic languages, social media, songs, cartoons, local loud-speakers...etc. Community trust is essential for the successful implementation of public health actions especially vaccine acceptance. Social media is influencing the decision making of the public also much misinformation and rumours are spreading. Therefore, Media surveillance and timely transparent sharing of the right information is crucial for making trust between media and health authorities. See more detail in Annex 16.

What is the objective for implementing Risk Communication? (please specify)

- To ensure that people have the life-saving information they need to protect themselves and others from the virus and to reduce its impact on health, social life, and the economy
- To ensure effective feedback mechanisms are in place and used to ensure two-way communication between health/response authorities and communities, the public and Stakeholders
- To position country health officials as the main/first trusted source of information about COVID-19
- To ensure participation of and engagement with relevant communities to increase uptake of public health measures and address barriers to their implementation

D 3, 24 August 2021: Integration, application & way forward

19. Chair: Dr Agnes B. Segarra, Philippines
Co-Chair: Dr I Nyoman Kandun, Indonesia

Present: 49 distinguished participants from Brunei Darussalam, Indonesia, Republic of Korea, Thailand, Malaysia, Philippines, Japan, Lao PDR, Singapore, Myanmar, US CDC, ASEAN Secretariat, Facilitator: ASEAN Risk Assessment and Risk Communication Centre (ARARC) of the ASEAN EOC Network, ASEAN Plus 3 FETN Coordinating Office, TUC and ASEAN Plus Foundation. Dr Agnes B. Segarra, medical officer V, from the Department Of Health PHILIPPINES welcomed all participants and outlined an overview of the updated D3 agenda. See the Agenda in Annex 17. The chair presented the overview of the workshop activities last 2 days. See detail in Annex 18.



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TRUST CALL US HERE

Virtual FETN Risk Communication Workshop: Lesson learned from Covid

Objective: to strengthen risk communication training for field epidemiology graduates/alumni/trainee in ASEAN Plus 3 countries

Main activities

1. Risk/crisis communication principles theory
2. Community engagement theory
3. Crafting messages for key audiences theory
4. Sharing experiences among participating countries
5. Discussion with Questions and Answers

49 participants in 2 days (47 - 51) from:

- 10 Field Epidemiology Training Programs and risk communication units
- ASEAN Secretariat
- US CDC
- ASEAN Risk Assessment and Risk Communication Centre (ARARC) of the ASEAN EOC Network
- ASEAN Plus 3 FETN Coordinating Office
- ASEAN Plus FETN Foundation
- Office of International Cooperation

Who we are on average

- M:F = 2.2:1
- Dr. : Non-Dr. = 2.6:1
- Experiences = 13.6 years (range: 1 - 31)

16
35

14
37

Date: 17,20 and 24 August 2021
Time: 09:00 – 12:00 AM (ICT time)

Doctor, when do you think the COVID-19 pandemic will be over?
I don't know, I'm not a journalist.

Agenda Item 1: Country presentation “From theory to be action practically”

20. Dr Hajime Kamiya, senior researcher, from the National Institute of Infectious Diseases Japan presented the points of view from Japan to integrate what we learnt from this workshop to be active and how to move forward via the FETN platform. He mentioned the importance of train or foster spokesmen having credible and trustworthy. Sharing the best practice in each country by holding the periodic meeting is needed for sustainability. See more detail in Annex 19.

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INTEGRATION, APPLICATION & WAY FORWARD

HAJIME KAMIYA, SENIOR RESEARCHER, NATIONAL INSTITUTE OF INFECTIOUS DISEASES



21. On behalf of Myanmar, Dr Than Naing Soe who is the Director of Health Literacy Promotion and Risk Communication expressed the importance of risk communication implementation. Risk communication could improve the FETP training program by providing extend the ongoing programs and career path for alumni productivity. To strengthen the collaboration among the FETP network, we should advocate the importance of FETP to the ASEAN leaders through the ASEAN secretariat and having a regular regional meeting. See more detail in Annex 20.

THE MOST ESSENTIAL RISK COMMUNICATION KNOWLEDGE
THE FETN RISK COMMUNICATION WORKSHOP

- Get updated knowledges and experiences from the FETN member states as well as from US CDC
- Bottom up/up to bottom approach as well as lateral partnership with like minded entities
- Whole of government approach, whole of society approach
- Continuous Risk communication and community engagement according to changing epidemiological situation and community needs
- Continuous partnership and sharing of experiences
- People centered approach and community lead sustainable preventive behaviors
- Community empowerment, participation and ownership on prevention, control, containment, quarantine, referral, isolation, treatment centers.

22. Dr Pahurat K. Taisuwan from the Department of Disease Control Thailand depicted the essential of the risk communication discipline. She emphasized that sharing and integration the information for Risk Communication and Community Engagement (RCCE) was essential. During the COVID-19 pandemic, we may need to establish the virtual RCCE training for ASEAN plus 3 FETN countries, the ASEAN Plus 3 FETN focal points were the first cohort. The regular virtual meeting could keep the collaboration among ASEAN Plus 3 FETN securely. See more detail in Annex 21.

HOW COULD YOUR COUNTRY APPLY RISK COMMUNICATION PRINCIPLE TO...

- **Improve FETP training program by**
 - FETN training's DDC-MOPH. 2 years/June course
 - FETN alumni regularly meeting in person/ online
 - FETN on the job training for raise capability both epidemiological issue and RCCE
- **Improve risk communication program by**
 - Establishing RCCE focal point/tasking force: policy/officer level
 - RCCE training course/ online course open for ASEAN's FETN
 - Supporting experts for countries' training
 - Sharing Information/guideline both situation and RCCE issue
- **Improve the collaboration among FETP Network**
 - Regularly meeting in person/ online



23. Mr Visith khamlusa who is the Director of Communication and Education for Health the most important knowledge gathering from this virtual workshop was 6 principles of Risk Communication (RC). Risk communication is a soft skill that should be included in the FETP curriculum to respond the crisis like pandemic COVID-19 effectively because RC was a dynamic process of sharing and responding to information about a public health threat. See more detail in Annex 22.

The slide features a header with logos for ASEAN, FETN, and a 'Your country logo' placeholder. The main content is a list of three bullet points, each with a sub-list of three numbered items. A small video inset shows a meeting with the caption 'Dr Rattanavay Phetsouvanh Lao...'. At the top, there is a status bar that says 'You are screen sharing' and a 'Stop Share' button.

HOW COULD YOUR COUNTRY APPLY RISK COMMUNICATION PRINCIPLE TO...

- Improve FETP training program by
 1. Risk Communication is dynamic process of sharing and responding to information about public health threat
 2. Giving accurate information as possible to the public so they can make decisions to avoid or manage the risk to protect themselves and others.
 3. Build the public's thrust for the government
- Improve risk communication program by
 1. Provide information to public fast, right and trust
 2. Avoid misinformation and rumor in public
 3. Community engagement to involve protect themselves, family and community
- Improve the collaboration among FETP Network
 1. Share experience and lesson learn between network
 2. Share information among network

24. Dr Gao Qi, a senior epidemiologist from National Center for Infectious Disease (NCID) presented the importance of applying Risk Communication (RC) knowledge to fight with COVID-19 pandemic in Singapore. She agreed that the 6 principles of RC could build trust in the community. Risk communication was not communicating the message but about understanding the context in which the message was understood. Online training and cross-training could increase exchange between technical disciplines and collaboration in our network. See more detail in Annex 23.

The slide features a header with logos for ASEAN, FETN, and a 'Your country logo' placeholder. The main content is a list of six bullet points. A small video inset shows a woman with the caption 'Qi Gao - Singapore'. At the top, there is a status bar that says 'You are screen sharing' and a 'Stop Share' button. At the bottom, there are navigation icons.

THE MOST ESSENTIAL RISK COMMUNICATION KNOWLEDGES FROM THE FETN RISK COMMUNICATION WORKSHOP

- 6 Principles of risk communication: Express **empathy**. It builds **trust**.
- Putting **sense** into **perspectives** – how to craft the message for the appropriate audience
- Spokesperson **is** the statement.
- Misinformation vs **Disinformation**
- It is not just about **communicating the message** but about **understanding the context in which the message is understood**
- Useful resources 😊



25. The representative from Indonesia, Miss Inri Denna who was the sub-coordinator of issue management, Ministry of Health, shared her perspective on how important risk communication gather from this event. She mentioned that clear public communication and community empowerment were essential. The messages should be as simple and as possible. Risk communication training needed to be held at the local level and invited regional and/or global experts from other organizations for being partnerships. See more detail in Annex 24.

The screenshot shows a video recording interface. On the left, a presentation slide titled "THE MOST ESSENTIAL RISK COMMUNICATION KNOWLEDGES FROM THE FETN RISK COMMUNICATION WORKSHOP" is displayed. The slide includes the following bullet points:

- Learn from US CDC and other countries
- Make the messages as simple as possible
- Coordination with multisectoral is important
- Clear public communication and community empowerment are essential
- Hoax must be debunked and have trusted spoke persons
- Provide trusted source of information

On the right side of the recording, there is a small video feed showing Miss Inri Denna, who is wearing a face mask.

26. Dr Tan Seok Hong who is the EIP trainee from Malaysia presented what she learnt from the virtual FETN Risk Communication (RC) training. She mentioned the strongest predictor of individual behaviour was Risk Perception. Successful communication is composed of trust and credibility. Risk Communication training should be incorporated in the FETP training module. We could improve the RC program by applying it to outbreak management. See more detail in Annex 25.

The screenshot shows a video recording interface. On the left, a presentation slide titled "THE MOST ESSENTIAL RISK COMMUNICATION KNOWLEDGES FROM THE FETN RISK COMMUNICATION WORKSHOP" is displayed. The slide includes the following bullet points:

- Risk Communication is HELP
- Credibility + Trust = Successful Communication
- Persuasive communication has 3 components: Key message, Emotional component, Call to action
- The strongest predictor of individual behaviour is Risk Perception
- Best practices for correcting information includes timeliness, repetition, be first and last
- Understand the power structures in the community through community mapping
- Engage with community networks

On the right side of the recording, there is a small video feed showing Dr Tan Seok Hong, who is wearing a face mask. The background of her video feed includes logos for ASEAN+ FETN and the Ministry of Health, Republic of Indonesia.



27. Dr Agnes B. Segarra was the presenter from the Department Of Health (DOH) in the Philippines. She emphasized crafting Key Messages was crucial in setting the narrative component of the whole risk communication plan by aligning with the goal of prevention mechanisms to have a great impact on society. Appropriate language and cultural background needed to be considered. It was important to ensure that inaccurate/fake information must be dismissed in a crisis. Resource management hub could strengthen FETN collaboration. See more detail in Annex 26.

The screenshot shows a presentation slide with the title "HOW COULD YOUR COUNTRY APPLY RISK COMMUNICATION PRINCIPLE TO...". At the top, there are logos for the United States Centers for Disease Control and Prevention (CDC), the Association of Southeast Asian Nations (ASEAN), and the ASEAN+3 Field Epidemiology Training Network Foundation (FETN). A video inset in the top right corner shows Dr. Agnes B. Segarra, PH-DOH. The slide content is as follows:

- **Improve FETP training program by**
 1. Conducting deeper training needs assessment for the targeted participants.
 2. Creating a library of curriculum as part of the capacity building framework of FETP wherein ASEAN countries can choose topics and engage its stakeholders for the training.
 3. Attending training/workshops to be updated on the recent updates on risk communication
- **Improve risk communication program by**
 1. Establishing an improved social listening system catering to quad media, social media, and even community listening. For a comprehensive view of the real scenario on the ground.
 2. Employing 3rd party organizations and survey institutions to conduct deeper study on the current risk communication activities being implemented.
 3. Engaging all sectors for a wider reach of information and communication

28. Dr Seung-ho Choi, on behalf of Korea Disease Control and Prevention Agency (KCDA), Dr Seung-ho Choi, Deputy Director, Risk Communication Team, highlighted the key messages from the virtual training and emphasized engagement with the community, fast sharing scientific information, making empathy and trust, community mapping and communication professional were the essential Risk Communication (RC) determinants. We all should improve risk communication programs through strategies in the context of a nation's environment. See more detail in Annex 27.

The screenshot shows a presentation slide with the title "HOW COULD YOUR COUNTRY APPLY RISK COMMUNICATION PRINCIPLE TO...". At the top, there are logos for the Association of Southeast Asian Nations (ASEAN), the Korea Disease Control and Prevention Agency (KDCA), and the ASEAN+3 Field Epidemiology Training Network Foundation (FETN). A video inset in the top right corner shows Dr. Seung-ho Choi, KDCA (Republic of Korea). The slide content is as follows:

- **Improve a risk communication program through strategies in the context of a nation's environment:**
 - **1. Media:** briefings (regular, special, and online) and press releases → clear language, data, respected experts, etc.
 - **2. The public:** campaigns, posters, celebrities on TVs, daily messages, psychological counselling, SNS cartoons, short videos → the public's trust, support, participation
 - **3. Collaboration:** provincial governments, communities, ministries, etc.
 - **4. Infodemic:** correct information through briefings, press releases, card news, media, website, etc.
 - **5. Communication professionals:** human resources expansion and training
 - **6. Extramural research on risk communication** to acquire scientific data: communication methods, influence, policy, empathy, transparency
- **Improve collaboration among member states to strengthen the FETP Network**
 - **1. Create an SNS channel to communicate in real time among risk communication specialists for media and the public.**
- **Improve an FETP training program by**
 - **1. Increase the proportion of discussions among member states while reducing the presentation time.**



29. Dr Norhayati Hj Ahmad who was senior Medical Officer, Health Promotion Centre from Brunei Darussalam gave the points of view on implementing the risk communication in national contexts verbally. Brunei could build public knowledge, awareness and confidence to ensure people have the right information to protect themselves from COVID-19. FETP pieces of training or workshops should be introduced to other professionals. Because of the limited time, please see more detail of Brunei experience to cope with the COVID-19 pandemic by applying risk communication in Annex 28.



Agenda Item 2: Recap the action needed from the presentation

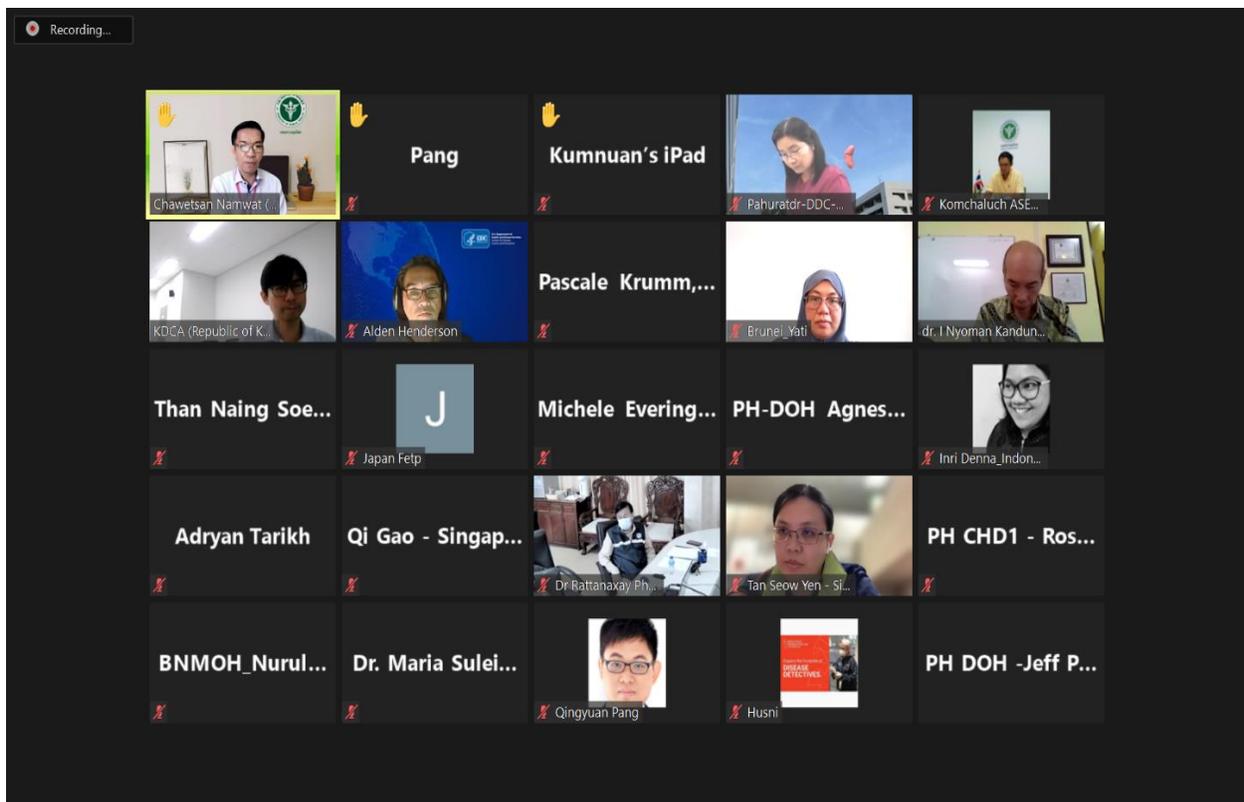
30. Dr Michele Evering-Watley from US CDC pleased to recap the action needed from 10 country's presentation. All presentations were comprehensive and informative sharing. Sharing experiences among the FETN network could strengthen the collaboration and partnerships with others. The network was the key for building risk communication capacity. Risk communication should be trained for FETP trainees and must be included in the FETP curriculum. All agreed building trust in the community was essential to reach out the good outcome of risk communication implementation. See more detail in Annex 29.

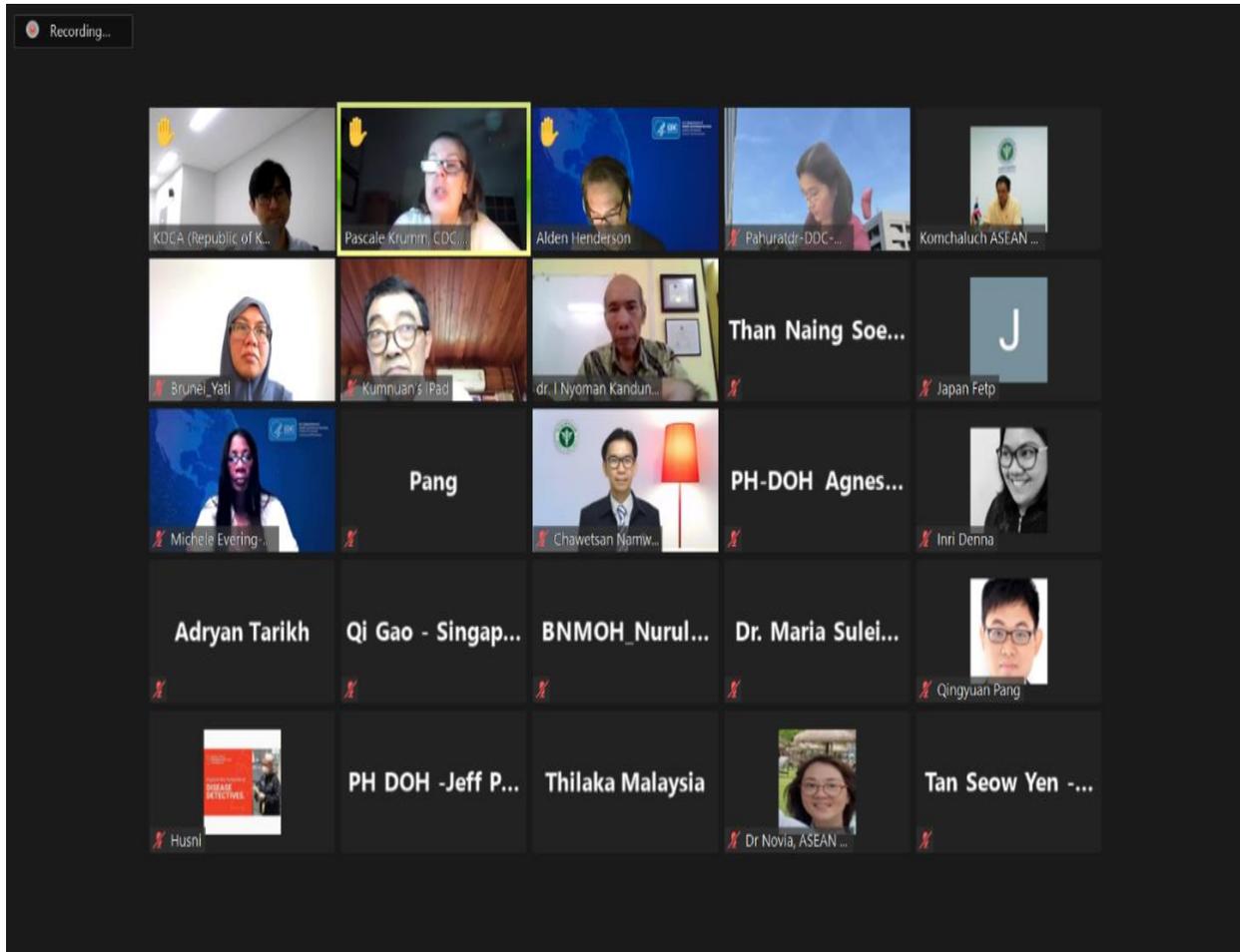




Agenda Item 3: General discussion and Synthesis of actions and recommendation

31. Dr I Nyoman Kandun, Indonesia who was the Co-chair from Indonesia led the discussion and facilitated the discussion among all participants. he gave an example of a discussion on the issues of vulnerable people during the COVID-19 pandemic in ASEAN Plus 3 regions. The capacity to prevent, detect and respond is really to be strengthened. Thailand mentioned that risk communication was the soft skill that needs an expert to provide lectures especially for Infodemic issues and not only for field epidemiologists but need for other professionals. The Republic of Korea agreed and added more perspectives that risk communication knowledge may not be taken from knowledge to be practical and effective action. Singapore added more input that risk communication might need for migrants and be translated for other languages to avoid misinformation. The young trainee might be very new to risk communication knowledge. Thus, teaching by adding scenarios could increase the understanding of participants. Mr Co-chair provided more information about how to apply risk communication for hazard mapping like happening in Indonesia. The issue of delivering the messages to the public between policy level and operational was raised. Malaysia emphasized risk communication should be included as a module for the FETP curriculum is the most challenging. Thailand agreed and mentioned we did not have routine standard Risk Communication training. The co-chair emphasized the risk communication is risk reduction for public health.





Agenda Item 4: Partnerships and way forward

32. In this agenda, the representatives from ASEAN Secretariat, ASEAN Plus FETN Foundation and US CDC were invited to provide collaborative information for further collaboration. Michael Glen provided the ASEAN Secretariat perspective to support ASEAN Plus 3 FETN to implement the work plan for enhancing field epidemiology capacity which matches the 5-years strategic plan of Health Cluster II (2021 – 2025). See more detail in Annex 30. Dr Alden from US CDC mentioned that US CDC and TEPHINET initiated and developed the sharing best practices and experiences platform among global namely community of Practice. Dr Supamit Chunsuttiwat, President of ASEAN Plus FETN Foundation, expressed his appreciation and congratulated the success of the FETN Risk Communication Workshop. He shared appreciation. This workshop was an initial milestone although we were all in difficulty from the COVID-19 pandemic by having excellent participation from the network members and efforts and very well support from many well-wishers, US CDC and ASEAN Secretariat. The very important outcome was to strengthen and extend an opportunity for further collaboration shortly.





Agenda Item 5: Closing remark

33. Dr Rattanaxy Phetsouvanh, Chair of ASEAN Plus 3 FETN Steering Committee gave the close remark. Dr Rattanaxy Phetsouvanh expressed his gratitude to all of you who have actively participated in this essential meeting. He highlighted 3 main points. First, ASEAN + 3 FETN activities have been implemented and managed systematically with great support from the Members and development partners. Second, ASEAN + 3 FETN Workplan and its activities are in line with the ASEAN Health Cluster 2 Work Program. Third, Concrete agreements and commitments from 13 ASEAN + 3 FETN countries are crucial for moving forwards this mechanism sustainably.



The meeting ended at 11:05 AM