



EAST AFRICAN COMMUNITY
CONCEPT NOTE FOR THE COOPERATION IN RISK AND CRISIS COMMUNICATION
BETWEEN THE REGIONAL AND NATIONAL LEVELS

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1. Introduction

Risk and crisis communication enable people to make informed decisions and to behave in a manner that is suited to reducing a risk and mitigating its impact. While risk communication aims at preventing hazards such as an infectious pathogen or aflatoxin, a toxin produced by a certain fungus from causing harm, crisis communication kicks in to mitigate the impact when damage has occurred. Accordingly, risk communication is an ongoing process. It comprises the standardized, continuous, targeted and timely exchange of information and knowledge between all relevant stakeholders. Risk communication is a long-term strategic effort, which involves stakeholder engagement at every step. (EAC RCC Strategy, 2018 -2023).

1.1. Situational Analysis

The importance of risk and crisis communication (RCC) was clearly recognized during the Ebola Virus Disease (EVD) epidemic of 2014/16 in West Africa, when uninformed citizens in the affected countries behaved in ways that contributed to and even accelerated the spread of the disease. Timely and culturally adapted communication proved vital in reducing misinformation and stopping rumours that circulated around the Ebola disease. Overall, crisis communication played an important role in bringing the epidemic under control. A review on the response to the Bird Flu outbreak in Uganda in 2017 further proved the importance of rapid, clear and efficient risk and crisis communication. It also stressed the necessity of involving all relevant disciplines and of tailoring communication to the respective population with its specific economic, cultural and social background. The Ebola Virus Disease (EVD) outbreak in the Democratic Republic of Congo in 2018/2019 also serves as a key example. It was declared a Public Health Emergency of International Concern, with a high overall risk of spread in the region: four EAC Partner States (Burundi, Rwanda, South Sudan and Uganda) were categorized as priority one for scaling up their EVD readiness primarily due to proximity to the affected area and high volume of travel to and from it. RCC measures were successfully implemented to ensure that communities had comprehensive knowledge and were engaged on vital protective behaviours for the prevention of EVD at individual and community level.

In addition, the current COVID-19 pandemic clearly shows the importance of timely risk and crisis communication. Only people who know the risk can effectively and without unreasonable fear take appropriate measures aimed at avoiding or minimising it. They might even decide to take a risk as it is after carefully weighing the pros and cons. This however, they can only do, when they have the relevant information and understand it. Looking at a risk from different angles and perspectives and putting it into a context is crucial for a balanced assessment: For example if I only drink boiled milk, I need not fear contracting brucellosis from it and if I am a non-smoker and do not share a place with someone who smokes heavily, I need not fear the risk that cigarettes pose to health. But if I do not know the nature of a risk, I might easily take insufficient, ineffective or even unnecessary precautions. Therefore, knowing as much as possible about the nature of a risk and putting it into context is crucial for adequate action.



This might be difficult if little is known about a new hazard, as was the case with the virus that causes COVID-19 at the beginning of the pandemic. In such cases it is even more important to share the steady gain in scientific knowledge speedily and translate it into layman's language to avoid misunderstanding and misinterpretation. Therefore, during crisis leaders are called on to provide even quicker and clearer and especially sensitive information than "in peacetime". The public wants to know what you know, what you are doing about it and what they can or should do to reduce their risk of exposure to the virus and protect themselves and the health of their loved ones, according to their personal level of concern. Thus, instead of feeling powerless and at the mercy of someone or something, people will feel that they can contribute to controlling the response to the pandemic. This will bring out the inherent capacities and coping mechanisms within communities.

In the prevailing pandemic, long distance cargo truck drivers have been considered a high-risk group for the spread of COVID-19 although only a few of them have tested positive. Even after measures have been put in place to prevent them from spreading the disease the communities at their stop points still stigmatised and shun them. This is greatly attributed to a lack of knowledge and to misperception in the communities. Here, targeted, culturally adapted and fact-based information about the prevention of and response to COVID-19 would have been crucial to avoid possible long-term effects, such as lasting hostility towards truck drivers. Similarly, with aflatoxin contamination which poses a serious threat to human and animal health and to the economies of the EAC Partner States, strategic risk communication is continuously applied as one of the key activities aimed at aflatoxin prevention and control.

Effects of natural and human induced hazards like drought and floods, and fires impact other sectors like agriculture, education, trade, health, livestock and tourism, causing death and loss of livelihoods thereby affecting the overall Gross Domestic Product (GDP) of the region. Thus, in East Africa and across the globe, the importance of RCC is established and is increasingly being employed as one of the core tools for mitigating the effects and consequences of public health events and other emergencies

1.2. Rationale for harmonising risk and crisis communication between the regional and national levels

The EAC Secretariat has an advisory and coordinating role for the EAC Partner States when it comes to pandemic preparedness. To this end, both, the Secretariat and Partner States acknowledge the need for implementing risk and crisis communication in the region in a coordinated manner.

The Support to Pandemic Preparedness in the EAC Region (PanPrep) project assists the EAC Secretariat in establishing RCC in the region. The goal is to empower the EAC Partner States and residents to make informed decisions regarding their risk-reduction behaviour. In Phase I of the project, PanPrep supported the EAC Secretariat to establish RCC as an instrument for pandemic preparedness.

The 15th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health in November 2017 approved the expansion of the existing EAC Technical Working Group on communicable and non-communicable diseases (TWG CD & NCD) to include RCC experts (**EAC/Health/15SCM/Decision5**). The Partner States in line with the One Health approach nominated a total of 7 RCC experts (one from each Partner State including Zanzibar).

This sub-working group developed a regional RCC strategy and 5 SOPs to implement the strategy. The Health Sectoral Council approved strategy and SOPs in October 2018 (**EAC/SCHealth/18/Decision 09**) and (**EAC/SCHealth/18/Decision10**). The functionality of the strategy and its SOPs was tested during a cross-border field simulation exercise at the Namanga border between Kenya and Tanzania in



June 2019. The Council further directed the EAC Secretariat to strengthen its corporate communications department to undertake risk and crisis communication functions for the EAC region (**EAC/SCHealth/18/Directive21**).

RCC was included in the Regional Contingency Plan and features in its Emergency Structure. RCC support for the EAC Partner States is one of the activities listed in the EAC regional COVID-19 response plan.

Throughout, PanPrep supported the EAC Secretariat in risk and crisis communication: Press releases informed the public on emerging risks across sectors and press conferences provided further details. This requires continuous monitoring, processing and publishing of risk-related information from various sources such as research, surveillance or media. As mentioned above, the information needs to be prepared in a way that the content is easy to be understood by the lay public. RCC requires timeliness, accuracy, verification for correctness of information and viable approval processes. To achieve this high standard and quality of work there must be a robust and smooth linkage for collaboration between the Secretariat and the Partner States and clear conceptual guidance on who communicates what and who goes when public. Coordinated risk and crisis communication between the EAC Secretariat and Partner States enhances prompt information sharing, facilitates “speaking with One Voice” in the region and builds trust among stakeholders.

During the appraisal mission in February 2019 for PanPrep’s 2nd project phase, the TWG CD & NCD selected the institutionalization of RCC at the Secretariat as one of the three future areas of cooperation. This is reflected in the 2nd field of activity. Phase II of the PanPrep project was conceptualised against this backdrop and was approved for implementation by the Sectoral Council of Ministers of Health in March 2019 (**EAC/SCHealth/19/ Decision/008**). It builds on previous activities and aims to institutionalise RCC at the EAC. One of the project indicators in the field of risk and crisis communication is the “availability of an approved concept for the cooperation between the EAC Secretariat and the Partner States in risk and crisis communication”.

A regional task-related expert working group on RCC was established to develop this concept. The experts from EAC Secretariat, Partner States and PanPrep shared experiences in RCC between the national and regional levels and identified gaps and challenges.

This document is the result of their joint work.

2. Purpose, scope and objectives of the concept

Purpose

This concept provides guidance on how the EAC Secretariat and Partner States should cooperate to execute the most effective risk and crisis communication by utilising synergies and limiting duplication. It is geared towards promoting continuous sharing and timely disseminating of information. It guides on how to get approvals before going public and on sharing experiences between the EAC Secretariat and Partner States in an endeavour to enhance ‘speaking with One Voice’.

Scope

The concept refers to risk and crisis communication under a One Health approach at the regional and national levels. Health risks can have their roots in different sectors, they can stem from health, agriculture, livestock, fisheries, trade, tourism, wildlife or the environment among others. However, health will always be the connecting element. This is reflected in the fact that risk and crisis



communication at the EAC Secretariat will –for the time being – be attached to the EAC Health Department.

While a strong focus will continue to be on the prevention of and response to the outbreaks of infectious diseases of public health concern, non-communicable diseases will also feature in the communication. The guidance provided in this document, however, is not limited to health and ‘One health’ relevant sectors but can also be adapted to other sectors.

The concept is in line with WHO’s International Health Regulations (2005) whose goal it is “to prevent, protect against, control and provide a public health response to the international spread of diseases in ways that commensurate with and are restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”.

Objectives

This concept aims to:

- Facilitate effective, clear and timely risk and crisis communication in the EAC as a tool for improving the health as well as the knowledge of health-related issues of the citizens in the region;
- Empower the people in the EAC to take informed decisions and actively limit and manage risks;
- Clarify the roles of the EAC Secretariat and those of the Partner States in RCC and the relationship between them;
- Harmonise risk and crisis communication among and between the regional and the national levels to facilitate speaking with “One voice” in the region as a means of building trust and providing uniform advice;
- Facilitate and document cross-border information exchange and knowledge sharing between Partner States, EAC Secretariat and beyond.
- Support the establishment of a network of RCC National Focal Points in the EAC Partner States.

3. Roles and responsibilities in RCC

RCC through the EAC Secretariat

The roles and responsibilities of the EAC Secretariat are outlined in the regional contingency plan, the regional risk and crisis communication strategy and detailed in the SOPs developed and adopted to fill the strategy with life.

The main target groups of the EAC Secretariat’s RCC are:

- Partner States Ministries;
- Stakeholders from various sectors and professional disciplines at national, regional, continental and international levels;
- Multipliers, and,
- Media

The EAC Secretariat:

- Communicates hazards and risks of relevance for more than one Partner State (e.g. cross-border risks) in close cooperation with EAC Departments;



- Interacts with media representatives on regional topics;
- Regularly monitors different media channels for relevant risk information, especially on newly emerging risks which are often first communicated informally on social media;
- Communicates risk related EAC positions and recommendations to Partner States;
- Provides regular information on relevant regional and international scientific results in laymen's language and cooperates in this regard among others with the East African Health Research Commission in Bujumbura, universities and institutes in the region;
- Supports the Partner States in RCC if they are overwhelmed or request for this support, including community awareness during health crisis;
- Engages with stakeholders and multipliers, such as religious and community leaders on hazards and risks of a regional nature;
- Conducts rumour management through active two-way engagement with stakeholders and the public at large;
- Conducts press briefings and press conferences on regional topics;
- Issues press releases and background information such as Frequently Asked Questions and Background Papers as well as other media materials;
- Organises interstate RCC events and meetings geared towards preventing or responding to outbreaks and emergencies of Public health concern;
- Provides picture and film material on selected topics;
- Assists EAC experts with RCC-related advice;
- Trains EAC experts in RCC;
- Trains media representatives on selected topics with high public relevance;
- Supports Partner States with RCC training on demand depending on the availability of funds;
- Monitors how media outlets (broadcast, print, social media) convey the provided information to be able to adapt its publications to their needs, responds to queries and corrects misinformation that refers to EAC topics;
- Supports the EAC spokesperson to disseminate accurate and factual information in a timely manner;
- Cooperates closely with EAC Corporate Communications and,
- Works alongside the crisis management team.

RCC through EAC Partner States

The target groups of RCC by EAC Partner States are broad. They include but are not limited to policy makers, experts in various sectors, the public and media. All these target audiences need continuous information to act from an informed position and can also vice versa provide information and function as early warning systems.

The EAC Partner States differ in the ways they conduct risk and crisis communication and in its extent. While some established risk and crisis communication units, others conduct RCC through their communications teams.

RCC at the national level does not differ too much from that at the regional level. The biggest difference is certainly the focus on the national, target group-related relevance of communicated risks and hazards, the results of national risk assessments and specificity of preventive and mitigating measures as well as the response to hazards.

In contrast to the EAC Secretariat, Partner States target their RCC directly at the people on the ground and are using community awareness and engagement to protect their citizens.



4. Cooperation in RCC between the EAC Secretariat and its Partner States

The EAC Secretariat and Partner States have mainly cooperated in RCC in the following ways:

The EAC One Health RCC Sub-Working Group to the TWG CD & NCD

With the RCC Sub-Working Group to the TWG CD & NCD, the EAC Secretariat and the Partner States established a multi-sectoral RCC group that has taken over a liaison function between the two levels and between disciplines and sectors and has also added value to the Technical Working Group on CD & NCD. The sub-working group members were trained on RCC. They liaise with other RCC experts within their respective Partner States and share information and experience and support their individual sectors to enhance RCC in the region. The sub-working group would continue to:

- Provide input to EAC regional RCC plans to enhance harmony with Partner States actions and policies;
- Set the tone for coordination and cooperation on RCC between the EAC secretariat and the Partner States;
- Assist Partner States' RCC or Communication units to adopt and adapt RCC advice provided by the EAC Secretariat at the national level and develop appropriate RCC interventions to prevent and respond to emergencies and outbreaks;
- Assist to implement RCC in the Partner States and,
- Assist to monitor media outlets in the Partner States (broadcast, print, social media) and to respond to queries and correct misinformation.

Cooperation in RCC during cross-border table-top and field simulation exercises

The capacity of both the regional and national levels for RCC was assessed and analysed for gaps in the cross-border table-top and field simulation exercises between the Republics of Kenya and Tanzania. The regional and national RCC experts are expected to work from their crisis communication plans and resources, including using SOPs to create messages, draft statements and press releases, compose social media updates, advise management, brief spokespersons and take calls from journalists during the exercise. All this in turn is assessed by an independent team of assessors to determine the strengths, weaknesses and gaps in capacity and make appropriate recommendations for improvement.

Incorporation of national level RCC experts and institutions in the regional flow

The EAC Secretariat shares all risk and crisis communication related information with the RCC experts and with key ministries ahead of publication to prepare the recipients for possible media requests, when the latter try to add a local touch to a regional topic. This up-front information usually happens 1-2 hours ahead of going public. EAC further shares the information with a wide range of partners from different sectors after publication to ensure that messages reach the target groups. This exchange of information is, however, still a one-way road from the regional to the national level.

Room for improvement: What future cooperation in RCC between the EAC Secretariat and Partner States could look like

These examples clearly indicate that cooperation in RCC between the regional EAC and national Partner States levels is currently rather random than coordinated. This concept paper aims at identifying further areas of cooperation and enhancing it by joining forces and utilising synergies, thus increasing RCC efficiency for the benefit of both sides, EAC and Partner States.



The experts who developed this concept recommend the following steps to achieve these objectives:

(1) Strengthen cooperation in RCC

Partner States' Ministries from different sectors will put in place a focal person for RCC, who shall continuously liaise with the regional RCC officer in charge and feed the information into the institutional hierarchy. These national focal points will exchange new risk-related information that could stem from research, politics, key stakeholders, communities or media among other sources. They will alert their RCC peers on topics relevant to their respective portfolios. They will agree on setting agendas (e.g. drawing attention to a new risk and looming crisis and making the topic a subject before anyone else does) and identify needs for further exchange, meetings or trainings.

The RCC focal points from different sectors shall meet regularly with a set agenda to exchange their approaches, experiences and address challenges.

(2) Agree on procedures and timelines for mutual information

If topics are relevant for both, the national and the regional level, EAC and Partner States through the RCC focal points shall agree on who publishes what, when, and without delaying the process.

Receiving advance information allows for thorough preparation. Therefore, EAC and Partner States will agree on sharing sensitive information and publications with each other before going public. However, this process shall not needlessly delay the process. This advance information exchange shall happen between the RCC focal points who will share it in their respective institutions.

It might be necessary for EAC to obtain certain information at short notice from the Partner States (and vice versa) while preparing a publication or other piece of information. The RCC focal points will establish timeliness for such events and strive to meet them in the mutual interest.

(3) Identify joint activities

Many topics are relevant for national and regional levels. In such cases it is meaningful and saves resources to plan joint activities (e.g. joint press releases, press briefings, workshops for media representatives). This will also contribute to the principle of "talking with One Voice" that aims at providing clear, complementing and consistent messages instead of conflicting ones.

The national and regional focal points shall harmonise their work based on ethical standards and existing rules and standing orders which provide a framework for cooperation in RCC between both levels. This shall include:

- periodic assessments of RCC performance.
- capacity building for the RCC focal points.

5. Partnership and commitments

For RCC to have impact and tremendously contribute to people's lives calls for partnership and commitment at all levels. The EAC Secretariat and the Partner States ought to commit to implement RCC in a coordinated manner. The commitment required will both include resources and political will for RCC to gainfully be relevant. The EAC regional One Health RCC strategy and its Standard Operating Procedures in place are a good starting point for this commitment. The EAC staff from the



One Health related sectors/departments who have already been sensitised on the importance of RCC also bring good will on the commitment.

6. Institutionalising RCC at the EAC Secretariat

While the EAC engages in risk and crisis communication, RCC is not yet institutionalised at the Secretariat. This lack of capacity is currently limiting the extent and degree to which RCC can be conducted at the regional level. While press releases are regularly published and press briefings are being conducted from time to time, it is important to establish a web portal for continuously providing relevant RCC information to the target groups.

Currently the EAC human resource structure does not provide for an RCC position. As a short- to medium-term measure Partner States are requested to second an RCC expert to the EAC Secretariat on a rotational basis for a limited period with a minimum of 1 year. The deployed RCC expert would gain regional experience and thereby add value to his/her CV. The EAC Secretariat would in turn provide a workplace for the expert to facilitate his/her operations. However, the costs for the secondment would need to be covered by the Partner States. If secondment is not tenable, the sustainable way is to establish an RCC position at the Secretariat. Terms of reference for an RCC expert are provided in the annexes of the contingency plan.

7. Benefits of the cooperation

The cooperation will go a long way to bring about the following benefits to both the EAC Secretariat and the Partner States:

- Continuous sharing of experiences in RCC between the national and regional levels to identify opportunities and solutions to gaps and challenges;
- Sharing of timely information on risks that may affect the population through appropriate avenues between the EAC Secretariat and the Partner States;
- Creating synergies and optimal utilisation of resources when disseminating information;
- Building capacity Improving efficiency for RCC at both levels to improve efficient RCC at both levels
- Disseminating risk related information in a timely manner as a result of harmonised approval processes for going public both at the EAC Secretariat and Partner State levels;

8. Key reference documents

The following documents are key references for this concept:

EAC regional level

- 1) The EAC One Health regional risk and crisis communication strategy. ([View here: https://www.eac.int/documents/category/regional-national-strategies-and-plans](https://www.eac.int/documents/category/regional-national-strategies-and-plans))
- 2) The Standard Operating Procedures to the EAC RCC Strategy. ([View here: https://www.eac.int/documents/category/risk-and-crisis-communication-sops](https://www.eac.int/documents/category/risk-and-crisis-communication-sops))
- 3) The East African Community Regional Contingency Plan for Epidemics Due to Communicable Disease, Conditions and Other Events of Public Health Concern 2018-2023. ([View here: https://www.eac.int/documents/category/regional-national-strategies-and-plans](https://www.eac.int/documents/category/regional-national-strategies-and-plans))



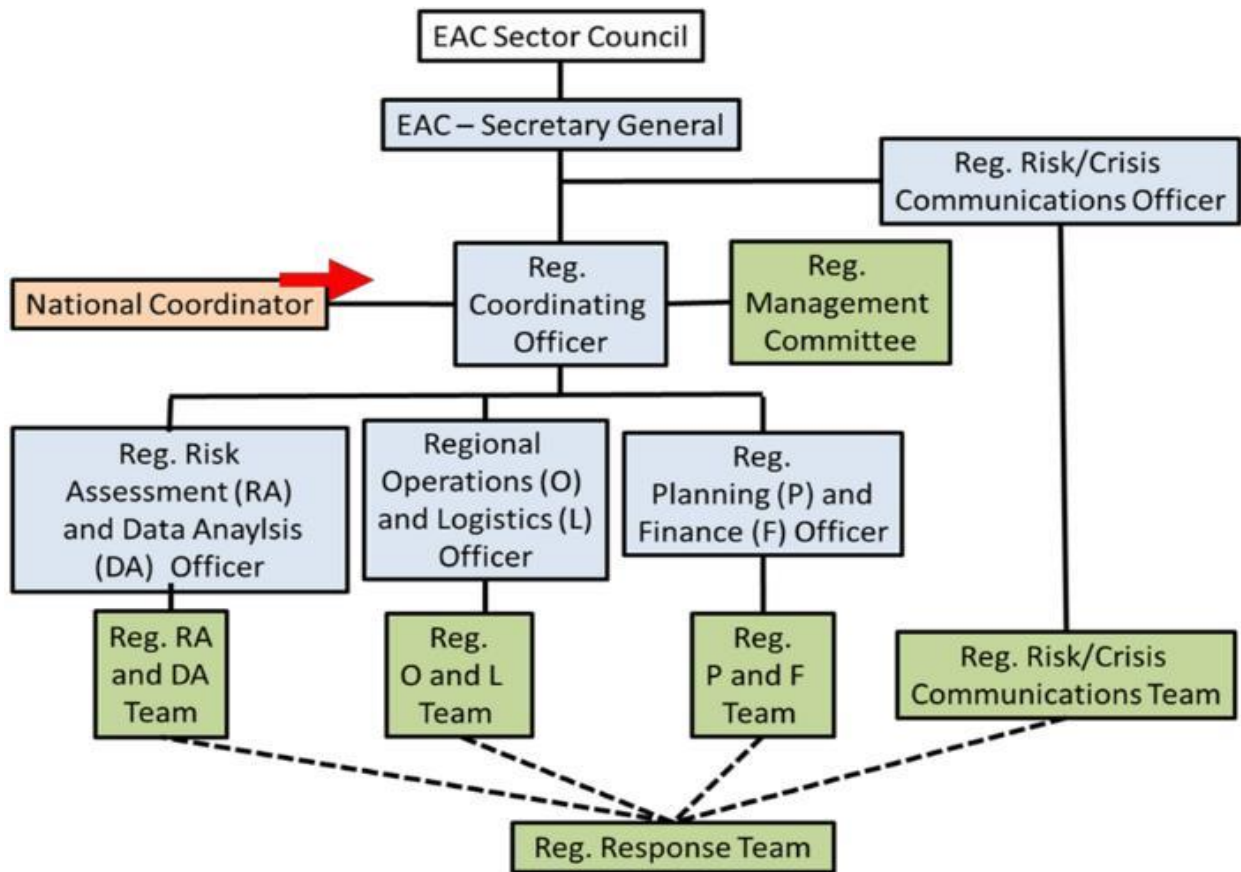
National level

Existing communication policies and risk and crisis communication strategies in One Health related sectors.

9. Annexes

- i. Regional Contingency Plan's Emergency Structure with RCC unit
- ii. Terms of Reference for RCC expert
- iii. Concept for the development of a regional web portal for RCC
- iv. Budgeted Activity Plan for the Concept

Annex I: Emergency Structure of the EAC Regional Contingency Plan



Annex II: Terms of Reference for a Risk and Crisis Communication (RCC) Focal Point

Expert for Communication and/or Risk and Crisis Communication

From Partner States' Ministries responsible for: Agriculture, Communication, Defense, Education, Environment, Health, Immigration, Livestock, Tourism, Trade and Wildlife.

Purpose: To be the Focal Point for risk and crisis communication between the national and EAC regional level.

Responsibilities:

- Implement the regional risk and crisis communication strategy
- Contribute regularly to the regional RCC website/portal
- Provide advice on risk and crisis communication matters
- Serve as a Focal Point for risk-related information sharing among EAC Partner States and the EAC Secretariat.
- Liaise closely and exchange regularly with the Focal Points of other EAC Partner States and the EAC Secretariat.
- Liaise closely and exchange regularly with Emergency Operations Centers (EOCs), surveillance and One Health desks. Receive and update information on risk and crisis communication to inform decision making
- Conduct joint RCC activities and contribute to developing joint RCC materials
- Engage in resource mobilization for RCC activities.
- Institutionalize RCC activities within the individual sector and contribute to including them in the annual work plan
- Facilitate training on risk and crisis communication within your sector
- Conduct and coordinate adequate continuous risk communication (develop, reconcile and distribute content of all communications and awareness raising material)
- Coordinate crisis communication and awareness raising across Partner States
- Develop, review and customize national risk and crisis communication instruments for use at the regional level
- Regularly liaise with the risk and crisis communication experts of international organizations (e.g. WHO, FAO, OIE, CDC, UNICEF, AU CDC) and establish joint structures for emergency situations.
- Contribute to quarterly RCC monitoring reports and bulletins/newsletters.
- Knowledge generation on new hazards and identified risks.
- Support the continuous regional risk/crisis assessment process and communication.

Professional Background:

The Focal Point should be/have:

- An expert in his/her sector and have sound experience (5+ years) in communication and/or risk communication
- Strong communication and coordination skills
- A good understanding of events of public health concern (disease outbreaks, drought and famine, flooding, social unrest etc.)

Annex III: Concept for the development of a regional web portal for risk and crisis communication

CONCEPT NOTE FOR THE DEVELOPMENT OF A REGIONAL RISK AND CRISIS COMMUNICATION (RCC) WEB PORTAL AT THE EAC SECRETARIAT

1. Introduction

Risk communication is a two-way exchange of information, perceptions and advice among risk assessors, risk managers, and various groups of people in the society who face a threat to their wellbeing about the likelihood and consequences of harm from an event. Only those who know the risk can effectively take the appropriate measures to protect themselves. It is a continuous process involving stakeholder engagement at every step. Prompt and accurate risk communication is vital in reducing misinformation and stopping rumours that may worsen the magnitude of any emergency. Well planned risk communication can improve decision-making and the adoption of recommended behaviours by communities.

Crisis communication is the prompt exchange of information during a crisis. It is aimed at informing and changing the behaviour of a target group in a manner that leads to minimizing the impact of an event. Thus, crisis communication plays an important role in bringing an emergency under control. Together, risk and crisis communication (RCC) form an integral part of public health response and are essential elements of disaster and emergency preparedness.

The Ebola Virus Disease (EVD) outbreak in the Democratic Republic of Congo in 2018/2019 serves as a key example. It was declared a Public Health Emergency of International Concern, with a high overall risk of spread in the region: four EAC Partner States (Burundi, Rwanda, South Sudan and Uganda) were categorized as priority one for scaling up their EVD readiness primarily due to proximity to the affected area and high volume of travel to and from it. RCC measures were successfully implemented to ensure that communities had comprehensive knowledge and were engaged on vital protective behaviours for the prevention of EVD at individual and community level.^{1, 2}

Similarly, with aflatoxin contamination which poses a serious threat to human and animal health and to the economies of the EAC Partner States, strategic risk communication is continuously applied as one of the key activities aimed at aflatoxin prevention and control.³

Thus, in East Africa and across the globe, the importance of RCC is established and is increasingly being employed as one of the core tools for mitigating the effects and consequences of public health events and other emergencies.

1.1 Rationale for establishing a regional EAC risk and crisis communication web portal

The EAC Secretariat has an advisory and coordinating role for the EAC Partner States. This is especially true when it comes to pandemic preparedness in the region. To this end, both the Secretariat and Partner States acknowledge the need for implementing RCC in the region in a coordinated manner to empower the people in the EAC to make informed decisions regarding their risk-reduction behaviour. On behalf of the German Government, the “Support to Pandemic Preparedness in the EAC Region” project assists the EAC Secretariat to establish RCC as an instrument for pandemic preparedness.

The **15th Ordinary Meeting of the EAC Sectoral Council of Ministers of Health** in November 2017 approved the expansion of the existing EAC Technical Working Group on communicable and non-

¹ (UNICEF, 2020)

² (WHO, UNICEF, & IFRC, 2018)

³ (East African Community, 2020)

communicable diseases (TWG CD & NCD) to include RCC experts (**EAC/Health/15SCM/Decision5**). In November 2019, the **19th EAC Sectoral Council of Ministers of Health** directed the Partner States to further promote and strengthen interdisciplinary collaboration to embrace One Health in preparedness and response (**EAC/SCHealth/19/Directive/044**).

Risk and crisis communication require timeliness, accuracy, verification for correctness of information and viable approval processes. Presently, cooperation in RCC between the regional EAC and national Partner States levels is rather random than coordinated. To achieve this high standard and quality of work there must be a robust and smooth linkage for collaboration between the EAC Secretariat and the Partner States and clear conceptual guidance on who communicates what and who goes public when. Coordinated RCC between the EAC Secretariat and Partner States enhances prompt information sharing, facilitates “speaking with One Voice” in the region and builds trust among stakeholders.

Against this backdrop, an RCC sub-working group was established that reflects the One Health approach. Among other key documents, the sub-working group has developed the “EAC Regional Risk and Crisis Communication Strategy” and the “EAC Concept for the Cooperation in Risk and Crisis Communication between the Regional and National Levels”. The latter refers to the availability of a web portal for the continuous provision of relevant risk-related information to the EAC’s target groups as one of the crucial steps in harmonising RCC between the national and regional levels and across sectors.

As a result, Focal Points for RCC have been nominated from Partner States’ ministries responsible for One Health core sectors, namely: agriculture & livestock, defence, education, environment, health, immigration, tourism & wildlife and trade. These focal points will serve as editors/contributors to the portal, providing risk-related information from their respective sectors.

It has been proposed that an EAC RCC expert will be seconded to the EAC Secretariat from the Partner States on a rotational basis. However, there is currently no secondment policy in place, and thus, no EAC RCC expert. Therefore, this role will be assumed by GIZ RCC advisors for a limited period.

1.2 Web portal vs a website

A website is a collection of web pages linked together under a single domain that can be accessed through a web address. Content on a website is globally visible, publicly used and is the same for different individuals. One is not required to log in to access a website.

On the other hand, a web portal is a knowledge management system that enables organisations or companies to build, share, interchange and reuse knowledge. Content on a web portal is dynamic. Portals are user-centric and their content is obtained from different and diverse sources. One might be required to log in to access a web portal.

From the nature of RCC and to achieve the objectives listed in chapter 2 below, a web portal will be used. Principally, it will allow for a more refined targeting through the limitation of access to key actors in risk mitigation and response. Users will be able to log in, connect with other users or create topic-related groups. A portal will also aid the continuous exchange of diverse information (different sectors, formats, risks and hazards) with the identified target groups, the storage of files, their exchange between users and their reuse and publication in the case of updates, for example. This will promote further multidisciplinary collaboration and exchange across the national level and with the regional level.

1.3 Justification for a new online platform at the EAC Secretariat

The EAC has several online platforms with a focus on health such as its institutional website that has a [dedicated section for health](#), [the EAC Regional Knowledge Management Portal for Health](#) (EAC health portal) and the [EAHRC health portal](#). The EAC health portal is a platform for sharing health data, information, innovation and lessons in health policy, services and research between the EAC Partner

States and stakeholders. The EAHRC health portal offers health information with a focus on research and development. These two platforms are predominantly focused on human health issues.

In comparison, the scope of the planned RCC web portal is broad and follows the One Health approach. It will cover a minimum of 8 sectors (Agriculture & Livestock, Defence, Education, Environment, Education, Health, Immigration, Tourism & Wildlife and Trade), across the six (6) Partner States. Additionally, its content will be diverse and will utilise multiple relevant multimedia formats to reach its audience. As an independent discipline and in view of the anticipated volume of content, a new online platform (web portal) would be the best way forward.

The RCC web portal will strengthen the EAC Secretariat's multisectoral and multi-disciplinary approach to achieve better public health outcomes. Collaboration with the EAC health portal is planned, for instance, in the exchange of information where applicable to avoid duplication and to develop synergies for a greater impact.

2. Objectives

The objectives of the EAC RCC web portal are:

- To communicate public health related hazards or risks of relevance to more than one Partner State (e.g., cross-border risks) thereby preventing avoidable harm or death.
- To enable a multisectoral approach in the implementation of public health emergency and risk communication activities at the regional level.
- To provide effective, clear and timely risk and crisis information to relevant stakeholders in the EAC as a tool for improving the health of the residents.
- To harmonise RCC among and between the regional and the national levels to facilitate speaking with "One voice" in the region as a means of building trust and providing uniform advice.
- To contribute to preparedness by providing information on issues of public health concern in the region.
- To empower the people in the EAC to make informed decisions and actively limit and manage risks.
- To prevent and tackle mis- and disinformation that often surrounds events of public health concern by providing timely and fact-based information from a reliable and trustworthy source.
- To improve transparency of information and decision making.
- To contribute to the acceptance of information by enabling two-way communication between the EAC and Partner States and the lay public.
- To provide regular information on significant risk-related regional and international scientific findings in an easy-to-understand language.

3. Target Groups

Information on the web portal will mainly target the following groups:

- Leadership and policymakers in Partner States
- Government ministries, institutions and agencies in EAC Partner States relevant to the "One Health" approach
- Emergency preparedness and response entities, including RCC officers at district or local level in the Partner States
- Professional associations like medical unions and chambers of commerce
- Researchers and Academia
- NGOs/Development and strategic partners
- Researchers/Academia

- Multipliers
- Media

4. Content and scope

Information on the web portal will, in the beginning, be classified into four main classes as follows:

- **Newsroom:**
 - a) Event-related risk communication – timely and relevant risk and crisis communication from selected One Health sectors, namely: agriculture & livestock, environment, health, tourism & wildlife and trade. The sectors will be expanded progressively to include other core sectors (defence, education and immigration). For example, earlier this year, a fuel truck crashed and exploded at a border between Uganda and the Democratic Republic of Congo, destroying property including a screening centre for Ebola and COVID-19. In this scenario, news articles would follow directed at the affected groups, warning against the danger of siphoning fuel, the effects of toxic smoke or possible economic consequences through loss of property and transport delays, and indicating alternatives where travellers or the border communities could get screened for Ebola or COVID-19. For recurring high-risk events, a response kit could be prepared including frequently asked questions, media briefs, Information, Education and Communication (IEC) materials for rapid distribution.
 - b) Routine risk communication (health education) – These will not relate to new or emerging threats, but rather provide background information on existing risks such as polluted water and how to safely handle it.
 - c) Fact-check – As part of rumour monitoring and management, short articles aimed at debunking widespread myths will be published.
- **Risk-related research and publications:** Risk-related academic findings from regional or international publications that are of relevance to the EAC region will be shared on the portal. A summary of the published pieces will be made available on the portal in layman’s language for all interested parties.
- **Data:** Various data from the EAC region shall also be provided on the portal as applicable. For example, the trend of tuberculosis infections in area x over a certain period. This would always be accompanied by an element of risk communication; in this case – how to protect oneself from contracting tuberculosis and how to behave in case one does get infected.
- **Risk-relevant events** such as workshops, webinars and trainings in the EAC region or elsewhere will also feature on the portal.
- **Existing RCC initiatives/best practices** (at a later stage)

These categories of information will be presented in the form of:

- press releases,
- news articles,
- summaries with links,
- explainers,
- feature articles,
- photos/videos,
- graphics and
- data (storytelling/visualisation).

The portal will use layman’s language to promote easy understanding across sectors, thereby minimising the risk of misunderstandings which might cause rumours. The information shared shall related to a risk or hazard that may have an implication on more than one Partner State so as not to interfere with national RCC.

5. Web administration

The EAC Secretariat will bear the main administrative responsibility (i.e. establishment, maintenance) of the web portal.

- Editors/contributors: RCC-in-charge at the EAC Secretariat, EAC Departments, National RCC Focal Points including members of the EAC RCC sub-working group.
- Workflow: The editors will contribute relevant topics and content to the portal. The content will be shared with the relevant department/desk officers at the EAC for final clearance as per EAC procedures before publication.
- The RCC-in-charge at the EAC Secretariat will serve as the chief editor of the portal and will be responsible for publishing the approved content online and overall management of the portal.
- With the support of the other editors, the RCC-in-charge at the EAC Secretariat will develop an editorial plan for populating the portal.

6. Promotion

Owing to their trust and high engagement, the EAC social media accounts shall be leveraged where necessary to promote the portal and/or its contents.

Links or referrals to the portal from relevant sections of the EAC website shall be requested e.g., on health: <https://www.eac.int/health>.

A continuous exchange and interaction between the regional web portal and national platforms will be encouraged.

RCC Focal Points may include the link to the web portal in their email signatures.

A small-scale digital campaign will be planned to inform the target group of the new platform.

7. Infrastructure

Hosting: The portal will be hosted at the EAC server. Hosting costs will be discussed with GIZ PanPrep at a later stage. A sub-domain will be created for the portal.

Language: The primary language will be English; however, the portal should allow for users to switch to other languages, particularly Kiswahili and French at a later stage.

Back-end features: The portal will have a knowledge management system that will enable the exchange of files between editors.

Content management system (CMS): The portal will utilise an open-source CMS that:

- Is user friendly to allow editors with no coding skills to create, edit and publish content.
- Is dynamic and responsive to provide an optimal experience for users accessing the portal via mobile phones or with low bandwidths.
- Allows for large images, graphics, videos, data visualization etc. so that the page is vibrant for a better user experience.
- Allows for a transparent approval process through multi-user permission levels.

Interactivity: This is a crucial aspect of RCC. Therefore, the portal should enable two-way communication between the users and the EAC and Partner States.

Inclusivity: The portal should include features such as alt-text for image captions to ensure accessibility also to all interested parties.

Annex IV: Budgeted Activity Plan for the Concept

Budgeted Activity Plan for the EAC Concept for Cooperation on Risk and Crisis Communication (RCC) between the regional and national levels 2022 - 2023									
Overall Objective	Objectives	Expected Outputs	Activities	Indicators	Time-frame	Budget per item/person (USD)	Total budget (USD)	Responsible	Remarks
Institutionalise Risk and Crisis Communication in the EAC Region while mainstreaming the One Health Approach	Objective 1: To establish an RCC network across the relevant One Health sectors in the EAC region	RCC network established across sectors in the EAC region	Activity 1: To define the terms for RCC Focal Points and get approval	At least 5 RCC focal points nominated per Partner State	Q2 2022	0	60000	GIZ PanPrep	
			Activity 2: Regular information exchange (meetings, newsletter, bulletin)	1 physical and 1 virtual meeting of nominated focal points conducted	Q2 2022	Virtual: 10,000 Physical: 50,000			
	Objective 2: To strengthen risk communication in the EAC region	Risk communication in the EAC region is strengthened	Activity 1: Focal points meet to exchange experiences on RCC during COVID-19 and	1 physical and 1 virtual meeting of nominated focal points conducted	Q2 2022	0 (Same meeting as above)	60000	GIZ Panprep	

		develop lessons learned					
		Activity 2: Exchange visits (benchmarking) among risk communicators in the Partner States	1 physical visit in 2022 for 18 pax (3 persons per state) to up to 3 Partner States (1 week)	Q4 2022	500 per day x 18 pax = 9000 Flights 18 pax x 3 countries x USD 500 = 27,000 Accommodation: 18 pax x 7 days x 100 = 12,600 DSA on travel days USD 20 x 18 pax x 2 days = 720 Total = 49,320		EAC/Partner States/Donors
		Activity 3: Improve accuracy and timeliness of response	Annual survey (online or physical)	Q3 2022	10,000		EAC/GIZ
Objective 3: To utilise the EAC website/portal for risk communication in the region in addition to the	An EAC website/portal for risk communication in the region is established and utilised for	Activity 1: To establish the website/portal at the EAC Secretariat	Website/portal is functional	Q3 2022	0 (GIZ funded)	5000	EAC/ GIZ PanPrep

national platforms	regional risk communication	Activity 2: To train focal points on content management of the portal	Focal points are able to use and the manage the portal	Q3 2022	35000	35000	EAC/ GIZ PanPrep
		Activity 3: Develop joint products: Press releases, Information Education Communication (IEC) material	At least 1 product finalised in 2022	Q4 2022	5,000		EAC/Partner State/Donors

<p>Objective 4: To build the capacity of risk communicators in the EAC regional network</p>	<p>The capacity of risk communicators in the EAC regional network is enhanced</p>	<p>Activity 1: Conduct trainings of trainers (ToT) to RCC focal points in core sectors (virtual/hybrid) and focal points to cascade training (blended)</p>	<p>1 training conducted in 2022</p>	<p>Q4 2022</p>	<p>USD 45 x 3 days x 70pax = 9450 Flights: 70 pax x USD 500 = 35000 Accommodation: 70 pax x 5 nights x 130 = 45500 DSA on travel days USD 20 x 70 pax x 2 days = 2800 DSA 20 USD x 70 pax x 3 days = 4200 3 Trainers: 30,000 Training material/technical equipment = 10,000 Total: 136,950</p>	<p>140000</p>	<p>EAC/GIZ PanPrep</p>	
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Objective 5: To improve RCC-related monitoring in the EAC region	RCC-related monitoring in the EAC region is improved.	Activity 1: Establish close exchange with EOCs, surveillance and One Health desks/platforms to get risk information and support with RCC expertise	1 quarterly meeting between the RCC focal persons and EOCs, surveillance and One Health desks/platforms (2 physical, 2 virtual)	Q3 2022 - Q3 2023	35000 per Partner State x 2 meetings x 6 States = 420,000	430000	Partner States/Donors	A. RCC meeting in April: Day 1 - Orientation of new focal persons Day 2 - Review of COVID response Day 3 - Development of M&E framework for RCC activities B. 70,000 per Partner State to be mobilised internally
		Activity 2: Identify and monitor other relevant sources of risk information (scientific	A list of relevant sources is available and regular monitoring has started	Q2 2022	0	EAC/Partner States		

