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Participatory Communication Management in Health Crises

Participatory communication of all sectors in health crises is an important process that corresponds to health crisis management strategies of the government agencies. There shall have systematic communication plans to enable unified, transparent, and timely communications to the public. Moreover, there shall be an administrative center for health crisis communication which consists of committee members from all sectors to serve as a mechanism to execute the plans with responsibility and accountability by requiring public participation in all dimensions to establish accurate, mutual understanding and strengthen confidence for all to ensure that they can behave in a proper and safe manner which consequently bringing the Thai society to expeditiously make it through the health crisis.

The Fourteenth National Health Assembly,

Having considered the report on Participatory Communication In Health Crises.[1]

Realizing that communication is an action that invariably takes place in various forms through a variety of mediums in which everybody in the digital society can be a producer of their own media products, resulting in outreaching, rapid, and borderless communications in the present era.

Concerned that in a health crisis, especially the COVID-19 pandemic, is a crisis that requires participative management as it has been found that several measures executed by the government sector cannot completely clarify or solve questions or concerns of the general public to a confident and satisfactory extent. This is because the government sector lacks explicit management strategies to deal with the crisis and still lacks unified commands at all levels. This results in communication management during the crisis being improper and lacking participation while also not being able to conform to the sensitive and complicated situation, whether in political, economic, or social terms.

Worried that impacts caused by poor communications during the crisis potentially lead to misunderstanding, media manipulation, fake news, and misinformation to an extent that there would be a wave of distrust towards the government. This results in people in the society being unable to behave in an accurate, safe, and compliant manner in order to meet the requirements of applicable public health measures, becoming an obstacle to curb the pandemic. These are causes the health crisis and may lead to economic, social, and environmental impacts in an indeterminable way.

Acknowledging that communications in a crisis consist of three operational stages namely pre-crisis communication, crisis communication, and post-crisis communication in which this three-stage communication requires planning and systematic, procedural operations, which must also be deliberate and concise. Communication, technological media,

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[1] NHA 14/ Main 3

political, economic, and social contexts, as well as those of policies, laws, and relevant measures are required to be taken into consideration.

Appreciating that a considerable number of stakeholders that are organizations, partnership networks, media outlets or the general public are active and aware of the ongoing communication issues during the COVID-19 crisis. In addition, these groups of stakeholders have expressed their determination to participate and collaborate in developing communication approaches to ensure that the country can eventually manage to overcome the present health crisis with minimum impacts to all parties.

Considering that participatory communication in health crises is a highly important approach that requires public collaboration. There should be a public policy in order to let all sectors collectively operate and move it forward in a tangible and practical manner in accordance with the roadmap of the resolutions.[2]

Hereby, adopts the following resolutions:

1. Requesting the government sector to be prepared for communications in health crises by adopting it as a national urgent agenda and particularly defining the direction of communications in health crises in the master plan. The communication plan during crises can be classified into 3 phases, namely pre-crisis phase, crisis phase, and post-crisis phase, whether they are an urgent, short-term, or long-term plan, as to collaborate with all sectors to develop an integrated management plan and allocate a suitable budget for communication management in health crises taking into account contexts and actual situations that take place in each area.

2. Requesting the government sector to formulate a strategy for communication management in health crises by engaging all related sectors, and establishing an administrative center for health crisis communication at the national level, the provincial level, etc., as deemed appropriate, in a form of multi-sectoral committee including government, private sector, people sector, civil society and academic sector, to communicate from a single point, in a unified and consistent manner at all levels. Moreover, there shall be a director who is responsible and authorized for decision-making on the basis of common interests. This center shall be the central point for coordination in order to collect, analyze, synthesize, produce media products and disseminate information through various and comprehensive channels. In addition, budgets shall be suitably allocated based on the crisis communication plans while database or data center at the national, provincial, local and community levels shall be developed to ensure effortless accessibility of the general public with clearly assigned coordinators at all levels, who can coordinate promptly and be at the same pace with the situation.

3. Requesting all sectors to focus on inclusive and comprehensive participation in crisis communication, including on the aspects of correct information, time span, and targets that extend to all groups within the society. The communication process in health crises should be organized into at least two levels, namely the policy level and the operation level, both proactive and reactive, utilizing central, regional, local, and community mechanisms by assigning a person to be specifically responsible for communications. There is a constructive communication atmosphere at all levels, using a language that is appropriate to the target audience with easily accessible media and verifiable sources of references.

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[2] NHA 14 / Main 3 / Annex 1

4. Requesting the government sector to place importance on establishing mutual understanding of people in the society by organizing a public hearing to obtain information and opinions of all stakeholders as well as organizing a unit to surveil and follow up on communication issues that are unclear, incomplete, inaccurate, causing confusion in the society or that may affect the society in the future. This is to collect, seek answers and clarify the public in an appropriate manner, and to keep up with the situation, using communication psychology through a variety of channels, including local media and public media, with a language suitable for all target groups and taking into account interactions of all parties. The hearing is aimed to acquire opinions and exchange information between all groups of people in a constructive way with responsibility and accountability of all parties on the basis of common interests.

5. Requesting the government sector to consider rights and freedom of people to access and verify information by enabling communication channels for people of all groups and ages to ensure they have access to accurate, complete, prompt, and timely information that is matching and unified (Single Message) with consistency at all levels in order for people to act properly; facilitating prompt access to public health services through a variety of media, including convectional, modern and personal ones. This must extend to all target groups, e.g., children and youths, the elderly, the disabled, the vulnerable to discrimination, specific populations, ethnic groups, migrant workers, people with gender orientation, etc., taking into account specific attributes of each area where different local languages and dialects are used

6. Requesting the government sector to pay attention to the direction and the accuracy of information in the health crisis communicated within the society by enforcing relevant rules, regulations or laws in an appropriate, fair, prompt and timely manner. It requires responsible agencies to monitor and deal with media manipulation, fake news, and misinformation that can affect public confidence in government communications. This also includes violations of personal privacy of all and communications regarding performance and mechanisms to acquire information from the general public. In this regard, the rights and freedoms of the people in expressing their opinions as stipulated in the Constitution of the Kingdom of Thailand shall be taken into consideration.

7. Requesting the media professionals organization, in collaboration with the Office of The National Broadcasting and Telecommunications Commission (NBTC), to place importance on supervising the operation of media outlets by defining media guidelines during health crises which include requirements, code of conduct, prohibitions, and clear penalties in case of violations as well as setting forth guidelines to promote and encourage the media to strictly operate in accordance with professional ethics and applicable laws on the ground of collective responsibility.

8. Requesting the government sector, private sector, educational institutions and media professional organizations to rigorously emphasize enhancing communications in the Thai society to achieve morality and ethics without contradicting the national laws, whether they are conveyed through conventional media, modern media, or personal media. Moreover, it shall foster the general public with media, information, and digital technology literacy (MIDL) through both formal and informal education in order to ensure independent accessibility, analysis, content creation, application, and verification of information received from various media and to minimize adverse effects of communications for proper and safe conduct amidst the health crisis.

9. Requesting the administrative center for health crisis communication and relevant sectors to place importance on knowledge management and evaluation in order to exchange and cultivate knowledge, which contribute to suggestions for further development. There must be collection, analysis, and synthesis of crisis-related information, and communications during crises as well as a systematic after action review In this regard, the evaluation period shall be set in accordance with the national crisis communication management plan.

10. Requesting the members of the National Health Assembly and all sectors to collaboratively drive this healthy public policy to their fullest potential based on the approaches, directions, process, and related entities specified in the roadmap of resolution.

11. Requesting the Secretary-General of the National Health Assembly to report progress of the resolution on the participatory communication management in health crises which is passed by the National Health Assembly to the 15th and 16th National Health Assembly.