

# **ASSET**

## **Local Communication Plan, Bulgaria**

### **National Centre of Infectious and Parasitic Diseases**

#### **Contents**

General framework and goals of the plan.....	2
Identification and characterization of key target groups.....	4
Key messages .....	6
Communication means and tools.....	8
Events as communication means and tools.....	9
Social Media use as part of the Local Communication Plan.....	10
Conclusion .....	10

## General framework and goals of the plan

The ASSET Communication Strategy consists of a general strategy, drafted for the whole Consortium, and Local Communication Plans for different countries. The Local Communication Plan, prepared for Bulgaria, aims to provide a general strategic framework, which can facilitate the further planning of actions, aimed at fulfilling the objectives, set out in the general communication strategy within the specific national context.

As laid out in the Description of Work (DoW) of ASSET project, communication activities will take place at global, European and local levels. International wider communication will be provided by the main tools of ASSET communication, i.e. website, social networks, newsletters, press releases. Local communication will be adapted to the local social and cultural context. It will consist of: 1. translation of key findings and materials; 2. Careful phrasing of the main messages/announcements, targeted to different stakeholders (doctors, health mediators, journalists, institutions, the general public); 3. Use of adequate channels to transmit the information, depending on target group. 3. Local initiatives and specific actions, planned in accordance with activities, laid out in DoW, which have to be implemented in Bulgaria.

The communication activities of NCIPD can be divided in two general “tracks” of main events:

- Internal communication with ASSET partners (Laid out in the General Communication Strategy and inherent to completing the Tasks, laid out in the DoW)
- External communication with stakeholders, which can be divided into communication at the international, and communication at the national level.

Internal communication will follow the DoW guidelines and the steps, outlined in the Communication strategy, like:

- Transdisciplinary workshop(m12). A representative of the project team will be sent to take part in the workshop. The goals of the workshop are to consolidate WP2 outcomes, cross-fertilize research, and progress in the establishment of an original, transdisciplinary, common, approach among partners
- One workshop, related to Background production for the Citizen Consultation (WP4).

With regard to **external communication at the international level**, NCIPD will follow the DoW guidelines and the steps, outlined in the Communication strategy, like:

- Participate in the preparation of the Pandemic Preparedness and Response Bulletin
- Help in the organization of the High level policy forum (HLPF)
- Participate in the organization of the Summer School
- Help with and participate in the Final Conference in Brussels
- Participation in work on the Stakeholder Portal.

With regard to external communication at the local level, NCIPD will follow the DoW guidelines and the steps, outlined in the Communication strategy, specifically:

- Citizen Consultation: Part of the Bulgarian team will be taught to apply the method and will conduct the 1-day face-to-face meeting and will select 50 citizens on the basis of a set of selection rules. Materials for the meeting will be translated in Bulgarian. The citizen meeting will help to shape the final Policy Report
- Participate in the organization of the Summer School – at the local level, NCIPD will advertise the Summer School to the relevant Bulgarian audience
- SiS in Pandemic Best Practice Award for GPs. The Bulgarian team will participate in Pandemic Best Practice Award for GPs. The award will improve communication with GPs and will give recognition of individuals or groups who have best SiS aspects in pandemic preparedness.

With regard to the specific local circumstance in Bulgaria, we believe that including health mediators as eligible for this award will adequately reflect their increasingly important active role in the Roma communities

- Stakeholder Portal - at the local level, the Bulgarian team will work towards getting the news about the portal across to the respective target groups.

To ensure the highest visibility of these project activities and their main results, and also to disseminate significant MML results and important messages, NCIPD aims to identify and use the most appropriate channels of communication. To this end, the main target groups and the main channels to reach each group will be carefully identified and analyzed. Information about the relevant activities and results will then be transferred through the adequate channels, to reach the desired target group.

It is important to note that external communication at the local level is in line with the recommendations, laid out in the current National Plan of the Republic of Bulgaria for Flu Pandemic Preparedness. Specifically, ASSET communication will help strengthen the stakeholder network, which can be viewed as an important task, to be carried out in the **preparedness phase** of the plan, in order to achieve a more efficient response during the **alert phase and pandemic phase**.<sup>1</sup>

In this respect the local communication plan is in line with, and builds upon already developed national pandemic preparedness strategies.

---

<sup>1</sup> The National Plan of the Republic of Bulgaria for Flu Pandemic Preparedness (3<sup>rd</sup> edition, 2013) lists four phases in relation to flu pandemics: Preparedness Phase, Alert Phase, Pandemic Phase and Post-Pandemic Phase. More specifically, the Preparedness Phase is the period between two pandemics, during which countries focus on planning and improving the preparedness of stakeholders.

## Identification and characterization of key target groups

For the needs of our local communication plan, we have identified two major types of target groups – the “network” target groups (GPs, health practitioners, health mediators, journalists) and the “end” target groups (different segments of the general public). The “network” target groups do not only receive messages, but also transmit the message further, and are strong influencers of the “end” target groups.

The “network” target groups are central to the local communication strategy, as they influence the “end” target groups. Communication of ASSET messages and results with the network target groups is the more efficient option, as network target groups are smaller in number. Transferring messages in a convincing manner to them is a more sustainable option, as they are in positions, allowing them to keep communicating with the “end” groups even after the end of the project. Direct communication with end target groups is also important, mostly in terms of achieving direct public visibility with regard to the project and the efforts, made by NCIPD as an institution, to improve pandemic preparedness.

### Network target groups

As we consider “network” target groups very important, we will characterize them in this section.

#### *General practitioners and other healthcare practitioners*

General practitioners (family doctors) are very important actors in the Bulgarian healthcare system. In 2012, there were 4967 general practitioners across the country<sup>2</sup>. They are central not only to treatment, but also to prevention. This is why we believe that are very important to the goals of the project, in their role as a link between the public and other doctors, and as a chief source of health information for many people. It is important to establish contact with leaders from GP non-governmental organizations (Bulgarian Medical Association, National Association of General Practitioners in Bulgaria), and to forward information and announcements to the most important sources of information, used by General Practitioners.

#### *Journalists*

Journalists are important influencers of society. Their informed and critical reporting are very important during pandemics, when the spread of wrong or misinterpreted information may have grave consequences.<sup>3</sup> In Bulgaria, with a few exceptions, the main media channels generally do not employ journalists, specialized in healthcare/science reporting. Journalists report ad-hoc on various events, or on trending topics of the day. In this respect, reaching them with important messages is best done through event announcements. These will be the event announcements for ASSET activities, planned in DoW (those at the local level, and especially the Citizen Consultation). Identifying and including important “take home” messages from the project in event announcements may be a good way to communicate essential issues in pandemic preparedness to this target group. How this is done is highly dependent on the nature of the events, being announced. A good strategy is to specifically involve journalists, employed in newspapers for the elderly, as the elderly are reachable through a more limited number of communication channels.

#### *Health Mediators*

Health Mediators act as a bridge between the Roma communities and the health and social services. In Bulgaria, the health mediator model was launched in 2001. On 08.09.2005, the Government of the Republic of Bulgaria adopted A Health Strategy for Disadvantaged Persons Belonging to Ethnic

---

<sup>22</sup> National Plan of the Republic of Bulgaria for Flu Pandemic Preparedness (3<sup>rd</sup> edition, 2013).

<sup>3</sup> Final Report "Science, H1N1 and society: Towards a more pandemic-resilient society", 2011.

Minorities. The new profession – this of the health mediator – finds significant place in the Strategy, and one of the indicators for the Strategy’s successful implementation is the number of health mediators employed by the government<sup>4</sup>. In 2008, 111 health mediators were appointed in 55 municipalities through delegated budgets to the municipalities<sup>5</sup>.

In Bulgaria, health mediators are an valuable link to Roma communities, which can not be fully reached through the media or GPs. On one hand, mediators are important “network” target. On the other, strengthening communication with them through a project, specifically aimed at endorsing participatory (bottom-up) approaches, is important. Lack of involvement of Roma Health Mediators in policymaking was identified as a major problem in the report “Roma Health Mediators: Successes and Challenges”:

“In general, the study revealed that Roma Health Mediators have greatly assisted individual Romani clients. However, policymakers fail to capitalize on these successes. They do not involve Roma Health Mediators, who are very knowledgeable about community health needs, in developing programs and strategies for Roma health”<sup>6</sup>.

In this respect, the local communication plan of NCIPD will involve work with health mediators. The institute already has a good working relationship with the National Network of Health Mediators. NCIPD will inform them about ASSET activities and results. In addition, **we believe that including health mediators as eligible for the SiS in Pandemic Best Practice Award for GPs will adequately reflect their increasingly important active role in the Roma communities.**

### **End target groups**

While the general public might be considered the single “end” target group of this communication strategy, there are several segments of this group which merit a specific approach, either with regard to messages, or with regard to channels, which will be used to reach them. These are:

#### *Vulnerable groups*

Vulnerable groups, which have rare contact with the usual “network” target groups – people, who have lower trust in and a more limited access to healthcare institutions, due to social and economic reasons (i.e. ghetto residents of the Roma ethnic group)

#### *Older people*

Older people – a group, which is usually at higher risk of complications, and which uses a more specific set of channels of information. At this point, older people use the internet to a lower extent. There are specific newspapers, targeting older people.

#### *Mothers*

Mothers – while using and accessing all communication channels, mothers are increasingly skeptical towards vaccination. In this respect, an option worth exploring is how to efficiently communicate with Women’s organizations including women NGOs, especially with regard to attitudes towards vaccination of both children and older people.

---

<sup>4</sup> Health Strategy for Disadvantaged Persons Belonging to Ethnic Minorities, 2005, available at: [www.strategy.bg](http://www.strategy.bg)

<sup>5</sup> Open Society Foundation, Report: Roma Health Mediators: Successes and Challenges, 2011, available at: <http://www.opensocietyfoundations.org/reports/roma-health-mediators-successes-and-challenges>

<sup>6</sup> Open Society Foundation, Report: Roma Health Mediators: Successes and Challenges, 2011, available at: <http://www.opensocietyfoundations.org/reports/roma-health-mediators-successes-and-challenges>

## Key messages

Key messages differ by target group, depending on the perceptions in the respective target group. Specific problems with perception may be further identified and fine-tuned through the work in ASSET, and messages can be changed accordingly. At the initial point, at which this Local Communication Plan is drafted, main messages by target group can be summarized in the following way:

### **Network target groups:**

#### *GPs and healthcare practitioners:*

Perceived conflict of interest during the H1N1 pandemic and distrust by the GPs have already been identified as a central issues in ASSET's Description of Work. In this respect, three main messages, relating to the pandemic, must be communicated with GPs and health practitioners:

The first one is very well summarized in the DoW:

“Public health communication in epidemics is, by its nature, incomplete. Those who receive early warnings seek clarity and so demand more detail. Mass media may mislead the public as to any potential impact, exaggerating the level and impact of any health threat. Moreover several factors can make early messages particularly weak: authorities may tend to avoid full transparency, technical protagonists - scientists who want to use the occasion - appear on the media and take leadership. Time requirements for full diagnostic procedures and inadequate use of epidemiological models based on early, incomplete, information were both biases identified and documented during the 2009 influenza pandemics.”

The second one relates to perceived conflict of interest, which may be mitigated through communicating the results from the investigations at European level, carried out in response to the H1N1 pandemic, and stressing that, to quote ASSET's DoW “Conflicts of interest exist as well as cases of misconduct or unethical behavior, yet they are isolated phenomena and to put the blame for the political crisis only on these cases would be misleading.”

The third message, while not directly related to pandemics, is essential in the context of the increasing strength of anti-vaccination movements, which may hamper vaccination attempts in the event of a pandemic. This message is defacto tailored towards patients as an “end” target, using the healthcare practitioners (“network” target) as a channel of communication. It mainly relates to the general topic of vaccine safety. In this respect, clear and understandable messages have already been developed as part of the project “Let's talk about disease prevention”, carried out by NCIPD and the National Network of Health Mediators<sup>7</sup>, and the experts, who have worked on this project, may be contacted for consultation.

#### *Journalists*

Communication with journalists will mainly involve the announcement of events, with key messages in simplified form. Messages for journalists should relate information on the unavoidable technical incompleteness of early pandemic communication (and the reasons behind it) and to the safety of vaccines.

---

<sup>7</sup>“Let's talk about protection”, available at:

<http://www.ncipd.org/UserFiles/File/Lets%20Talk%20About%20Protection/Guide%20Communication%20on%20vaccination%202014.pdf>

### *Health mediators*

Health mediators in general are not so skeptical towards the healthcare system. The good working relationships between NCIPD and the mediators through the years has resulted in mutual trust. At the same time, the main work of mediators is to increase compliance among the Roma population and to actively correct misconceptions in Roma communities. Their job requires them to be well informed. As well, they are often direct witness to the results of non-vaccination (e.g. the measles outbreak in 2009, which affected about 24 000 people, most of them from the Roma ethnic group<sup>8</sup>, which has been demonstrated to have lower vaccination coverage).

### **End target groups**

#### *General Public*

Messages towards the general public will relate to the technical incompleteness of early pandemic communication and to the safety of vaccines.

#### *Mothers*

Same as for the general public with special emphasis on the safety of vaccines.

#### *Elderly*

Same as for the general public with special emphasis on the safety of vaccines and specific risks in this age group.

#### *Roma*

Same as for the general public.

---

<sup>8</sup> Marinova, L. 2012. The Epidemiology of Measles in Bulgaria (Dissertation)

## Communication means and tools

In this section, all relevant communication means and tools will be listed for reference. It is not feasible to use all of them, but listing them with respect to the specific audience and in the context of the messages, described above, will be useful for further work.

### *GPs and health practitioners*

- Inter-institutional communication network – mailing lists
- Websites, used by GPs and health practitioners – Institutional websites, websites of relevant organizations (e.g. the Bulgarian Doctors' Union, Union of the GP's, other websites), targeting and preferred by this group (as identified through already performed preliminary research on preferences and site visits)
- Contact through the "GP Award" activities.

### *Journalists*

- Personal contact
- Communication through mailing lists.

### *Health mediators*

- Same as for health practitioners, plus websites of the health mediator networks (as Website of National Network of Health Mediators)
- Personal contact
- Contact through the "GP Award" activities.

### *General Public*

- Communication through network target groups
- Mainstream and social media, with social media interaction focusing on the identification of existing social media groups, rather than on organizing a separate Bulgarian social media entity for the project.

### *Mothers*

- Communication through network target groups
- Mainstream and social media, with social media interaction focusing on the identification of existing social media groups, rather than on organizing a separate Bulgarian social media entity for the project
- Websites, presenting healthcare information, targeted to mothers.

### *Elderly*

- Communication through network target groups
- Mainstream media, with a specific focus on media, targeting the elderly group (newspapers for the elderly).

### *Roma*

- Communication through network target groups, especially health mediators
- Mainstream media.



## Events as communication means and tools

More specific actions, which may be considered communication means and tools are the Local Initiatives, the GP Award and the Citizen Meetings.

### Local initiatives

Scheduled between m25 and m45, local initiatives aim to promote mobilization and mutual learning at the local level and to enhance the transfer of the most effective policies and practice. Local initiatives will experiment two-way communication at local level, they will provide an opportunity to local actors and stakeholders to claim their bottom-up activities and to co-design the action.

The Description of Work envisions mapping of local initiatives, analysis of their potential, and possibly interaction with events which can be related to pandemic and infectious diseases (science festivals, exhibitions, theatre plays, science museum, etc.). For Bulgaria, types of events that may be considered and explored are:

- Popular science events - the Sofia Science Festival, organized by the British Council, Ratio (a popular science lecture event, taking place twice a year in Sofia), Night of the museums and galleries in Sofia, FameLab Bulgaria
- Some conferences and seminars for medical professionals and students (e.g. the Annual Congress of the Bulgarian Association of Microbiologists, the Annual Symposium on Nosocomial Infection and Disinfection etc.)
- Initiatives, targeted towards awareness and prevention in specific risk groups (e.g. Roma)
- Non-traditional events which may be related to pandemics appear in this period. For example, this year was the first edition of "Renaissance – Arts and Sciences in Bulgaria", which tried to blend the two fields. If further editions come up, we may consider them
- Events organized by women's NGOs.

### Citizen meetings

Citizen meeting with around 50 people each will be held in month 33 – a citizen meeting lasts one day, and the programme is split into thematic sessions. The thematic sessions will address different aspects of pandemics, such as the ethics of pandemic control, policy options, crisis participatory governance, communication needs, the Internet and new social media in pandemics, etc. Citizen meetings will be carefully aligned to local initiatives in order to achieve a multiplying effect with local initiatives.

### GP Award

The Bulgarian team will disseminate information for Pandemic Best Practice Award for GPs. The award will improve communication with GPs and will give recognition of individuals or groups who have best SiS aspects in pandemic preparedness. With regard to the specific local circumstance in Bulgaria, we believe that including health mediators as eligible for this award will adequately reflect their increasingly important active role in the Roma communities.

## **Social Media use as part of the Local Communication Plan**

Social media, with their wide use, can be a very important source and channel of information for society. There is a high risk in their use, however, as a single message easily gets removed from its original context. In Bulgaria, the trust towards institutions (including healthcare institutions) is low, and social media are mostly used for fun. This is why the local communication plan involves a generally neutral strategy for informing society – not so much through statements and messages, but through announcements, mostly using, when feasible, already existing social media groups.

### **Conclusion:**

This Local Communication Plan provides a general framework, which can facilitate the further planning of actions, aimed at fulfilling the objectives, set out in the general communication strategy within the specific national context. It can be considered part of the strategy for the implementation of the tasks, central to the preparedness phase of the National Plan of the Republic of Bulgaria for Flu Pandemic Preparedness. The Plan provides a careful consideration of target groups, channels of communication, and key messages, which is central to a well directed implementation of communication activities.