

# Global Communication & Marketing

## Global Activities Overview

- Objectives**
- Build health communication and marketing capacity among international Ministries of Health and global partners
  - Test and research the implementation of innovative health marketing strategies

## Worldwide Activities

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- Global Emergency Communication System**
- Provide real time emergency communication support through the Joint Information Center system
  - Share key communications messages with international partners
  - Provide feedback to the CDC on international information needs
  - Coordinate emergency overseas deployment of CDC communication and education staff
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- Pandemic Preparedness**
- Liaise with the World Health Organization to:
- Implement pandemic influenza preparedness communication exercises
  - Train journalists, policy makers and other trainers on risk communication principles to increase proactive and protective behaviors during emergencies
  - Provide input on a public information sharing system and outbreak communications guidelines
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## Regional Activities

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- Common Methodology**
- Conduct country assessments of health communications and training capacity
  - Survey available information and communication technology (ICT) systems used by the health system
  - Develop communication and marketing strategies for public health interventions
  - Market new technology among local staff through training
  - Implement health communication through ICT systems and face to face methods
  - Evaluate and contrast message impact via the various message mediums
  - Provide scale-up recommendations for emergency and long term health communication
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## Contact Information

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Global Communication and Marketing Team Website  
<http://www.cdc.gov/healthmarketing/ihm.htm>

Email Us:  
[globalcomm@cdc.gov](mailto:globalcomm@cdc.gov)

## Site Specific Activities

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| <b>Central America</b> | <ul style="list-style-type: none"> <li>• Pilot test a laboratory biosafety E-learning course and communication materials for public and private laboratory workforce in Guatemala.</li> <li>• Develop and implement exercises to test risk communication plans</li> <li>• Develop a communication and marketing strategy for micronutrient fortification and supplementation interventions to improve maternal and child health</li> </ul>   |
| <b>Kenya</b>           | <ul style="list-style-type: none"> <li>• Pilot the use of new ICT networks for health communication in rural settings</li> <li>• Implement targeted communication of hospital infection control guidelines in 7 provinces</li> </ul>   |
| <b>China</b>           | <p>Pilot Information and Communication Technology Mediums</p> <ul style="list-style-type: none"> <li>• Compare outcomes from monitoring and evaluation training of HIV/AIDS interventions through: face to face, net conferencing and satellite trainings</li> </ul> <p>Knowledge Center Development</p> <ul style="list-style-type: none"> <li>• Pilot the impact of ICT change behavior among public health workforce and among the public for risk mitigation</li> </ul> <p>Emergency Risk Communication (ERC) Project</p> <ul style="list-style-type: none"> <li>• Test US-based ERC principles for cultural appropriateness in China</li> <li>• Identify and develop additional local ERC strategies for 2 pilot provinces</li> <li>• Test ICT system use among Health Emergency Response Officers</li> </ul> |

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| <b>Expected Global Outcomes</b> | <ul style="list-style-type: none"> <li>• Regional health training and communications networks will boost cost-effective, rapid response communication during health emergencies</li> <li>• Emergency Risk Communication (ERC) principles will increase controlled proactive response (among individuals and health professionals) during health emergencies.</li> <li>• Regional offices realize increased health system quality through workforce behavioral change that is communicated through varying ICT methods</li> </ul> |
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| <b>Results to Date (China)</b> | <ul style="list-style-type: none"> <li>• Risk communication principle acceptance: U.S. developed risk communication principles were effective with Chinese audiences. Focus groups preferred messages written with risk communication principles incorporated.</li> <li>• eLearning acceptance:             <ul style="list-style-type: none"> <li>○ Of those trainees who participated in the long distance training methods during the pilot, a majority preferred or liked e-learning methods as much as face to face.</li> <li>○ &gt;75% prefer or would like eLearning methods as much as face to face methods for future trainings.</li> </ul> </li> <li>• Time Savings and Cost Effectiveness of Net Conferencing: 87% of trainees in net-conference forums traveled &lt;2 hours. With satellite (34% traveled &lt; 2 hours) with face to face (31% traveled &lt;2 hours).</li> </ul> |
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## Partners

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| China     | <ul style="list-style-type: none"> <li>• US CDC, Coordinating Office for Global health, Global Disease Detection, China Ministry of Health; China CDC, China - Ministry of Health, Office of Health Emergency, China Global Fund Round 3 (GF3) China Office, and the China National Institute for Health Education</li> </ul>                                   |
| Guatemala | <ul style="list-style-type: none"> <li>• Guatemala's Ministry of Health, Guatemala National Reference Laboratory, Farceutical &amp; Quimicos Professional Association, US CDC Central America Program, US CDC Coordinating Office for Global Health, Global Disease Detection</li> </ul>  |
| Kenya     | <ul style="list-style-type: none"> <li>• Kenya's Ministry of Health, Kenya Medical Training College, Nursing Council of Kenya, African Medical &amp; Research Foundation, CDC's Coordinating Center for Infectious Disease, National Center for Preparedness, Detection and Control of Infectious Diseases, Division of Healthcare Quality Promotion</li> </ul> |

