World Health Organization
REGIONAL OFFICE FOR **Europe**
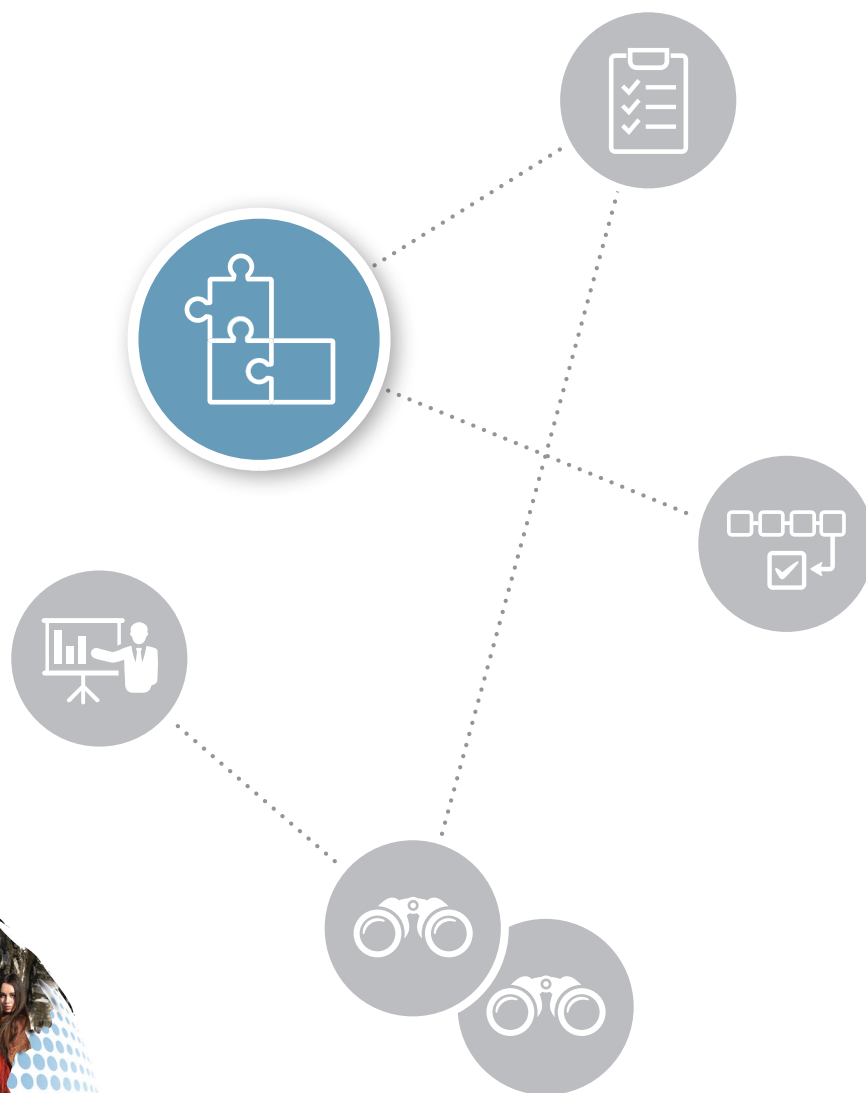
National health emergency risk communication

Plan-testing package

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Keywords

Contents

Emergency risk communication and the five-step capacity-building package

Background

Despite progress in recent years, several core capacities for the International Health Regulations (2005) (IHR) still require improvement. The capacities are those for detecting, assessing, notifying and reporting events, and responding to public health risks and emergencies of national and international concern, as stipulated in articles 5 and 13 and Annex 1 of the IHR.[1]

Emergency risk communication (ERC) is one of the eight core functions that WHO Member States must fulfil as signatories to the IHR. ERC helps to minimize deaths, disease and disability by engaging various stakeholders, including the public, by rapid, transparent information exchange, taking into account their social, religious, cultural, linguistic, political and economic contexts. ERC is also a component of global and country preparedness for an influenza pandemic within the pandemic influenza preparedness framework.[2]

Ministries of health increasingly recognize that ERC is an essential component of emergency response and is critical for managing risks. Member States have thus called on the WHO Regional Office for Europe to develop innovative tools and approaches to improve the way in which they communicate during emergencies.

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1   The International Health Regulations (2005) can be found at: http://www.who.int/ihr/en/.
2   The pandemic influenza preparedness framework can be found at: http://www.who.int/influenza/pip/en/.

ERC plan testing within the five-step capacity-building package

In February 2017, the WHO Regional Office for Europe launched a capacity-building package on ERC in five steps to support country development or strengthening of ERC under IHR (Fig. 1). The five-step package is a unique, sustained, country-tailored capacity-building project in ERC. It comprises:

1. Training
2. Capacity-mapping
3. Plan writing
4. Plan testing
5. Plan adoption

The aim of ERC plan testing – step four of the ERC five-step package – is to support countries in testing their national health ERC plan. In the ERC five-step capacity-building package, this activity follows training, capacity-mapping and plan-writing activities and missions. Plan testing may also be part of a broader emergency response simulation exercise in which ERC is tested with other core IHR capacities.

Fig. 1. ERC five-step capacity-building package

Step 1. Training

ERC training sessions are tailored to meet needs and gaps identified in national ERC plans and documents. Through a mix of lectures, skill drills and media tips, participants learn and practice effective communication in public health emergencies. The training is designed for epidemiologists, experts in pandemic preparedness and vaccination and emergency response and communications specialists.

Step 2. Capacity mapping

The ERC capacity-mapping tool is used to identify needs and gaps in order to strengthen national ERC. The aim is to review priorities for intervention to be included in the ERC plan and in a national ERC capacity-building roadmap.

Step 3. Plan writing

The plan template supports and facilitates the development of a tailored national multihazard ERC plan. The Regional Office also assists countries in adapting and integrating the ERC plan into their national preparedness and emergency response plans, according to their governance structure.

Step 4. Plan testing

The WHO Regional Office for Europe provides support for testing the ERC plan in multisectoral simulation and table-top exercises in:

- health emergencies: disease outbreaks (including pandemic influenza), natural disasters and humanitarian and environmental crises;

- ERC principles: early, transparent communication, communication coordination, listening and community engagement, effective channels and key influencers.

Step 5. Plan adoption

On the basis of the results of the simulation exercise, the Regional Office makes recommendations for updating the national ERC plan and facilitates its integration into national preparedness and response plans.

As part of the process, the Regional Office supports the development and implementation of a capacity-building roadmap based on identified priorities. The roadmap can include ERC training and workshops for different audiences and integration of ERC into technical capacity-building activities and field simulation exercises.
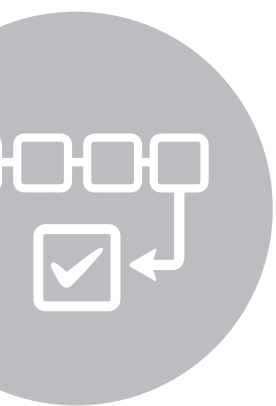
ERC plan testing
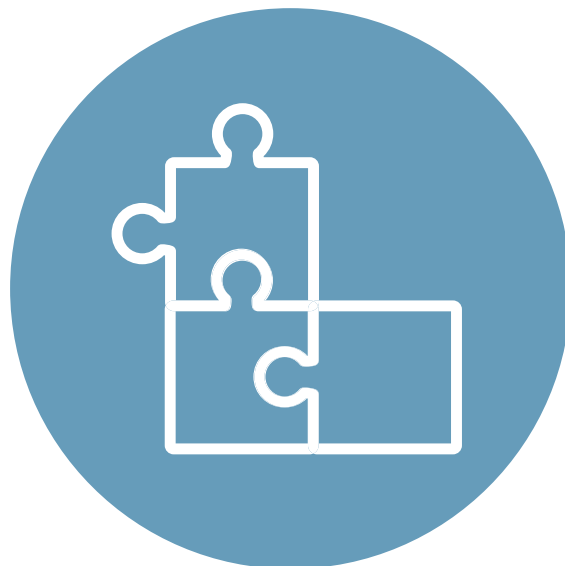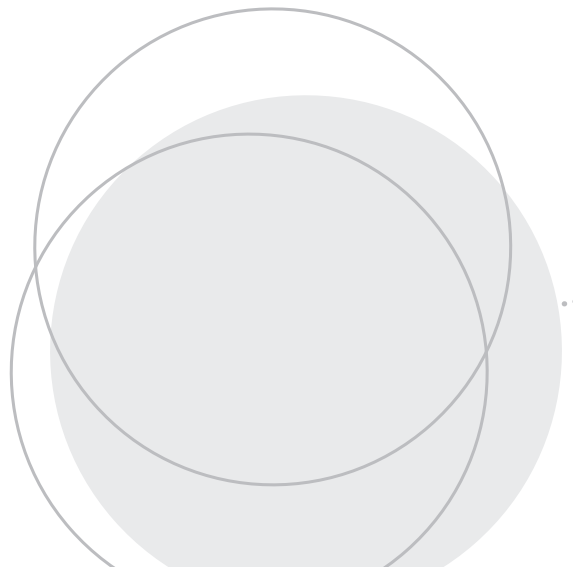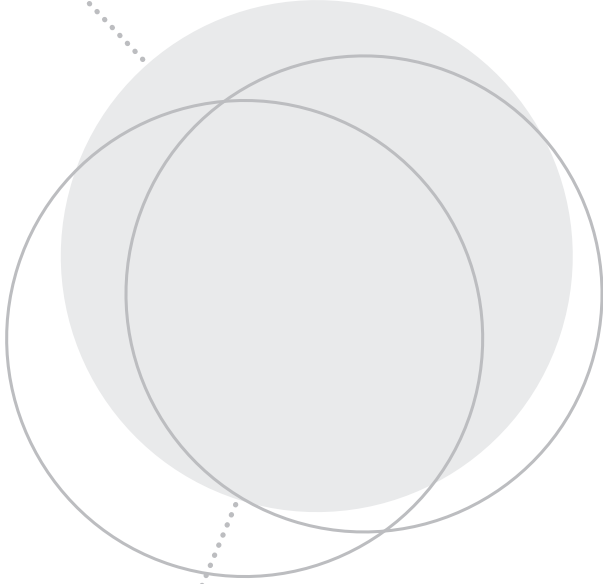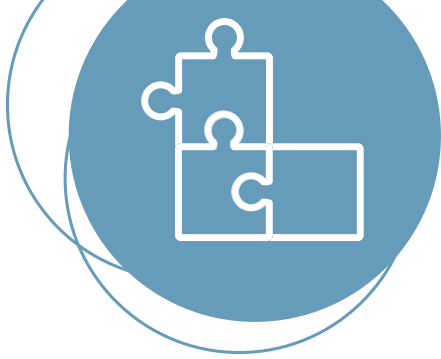
ERC plan testing

ERC plan testing

Under the IHR, the ERC plan is based on all-hazards and whole-of-society approaches to address existing and potential hazards.

This document provides an overview of ERC principles and shows how they can be used in outbreaks and health emergencies throughout the lifecycle of an emergency, which comprises preparedness, initial response, crisis response and control, recovery and evaluation.

An ERC plan can be tested in several ways according to:

- whether there are other emergency response exercises;
- the extent to which health communication responders are familiar with the plan; and
- the extent to which health communication responders have shared materials, meet regularly and are familiar with each other's capacity to implement the national health ERC plan.

This package provides:

- suggestions for possible exercises;
- potential exercise topics;
- recommended testing in each phase of the emergency lifecycle and ERC core capacity; and
- "sample injects".

The lifecycle of a crisis and the four ERC capacities

Lifecycle of a crisis

For communication purposes, the lifecycle of an emergency, disaster or crisis (Fig. 2) comprises the following phases: (i) preparation, (ii) initial response, (iii) crisis response and control, (iv) recovery and (v) evaluation. Each phase requires specific, timely interventions.

Fig. 2. The phases of the emergency lifecycle
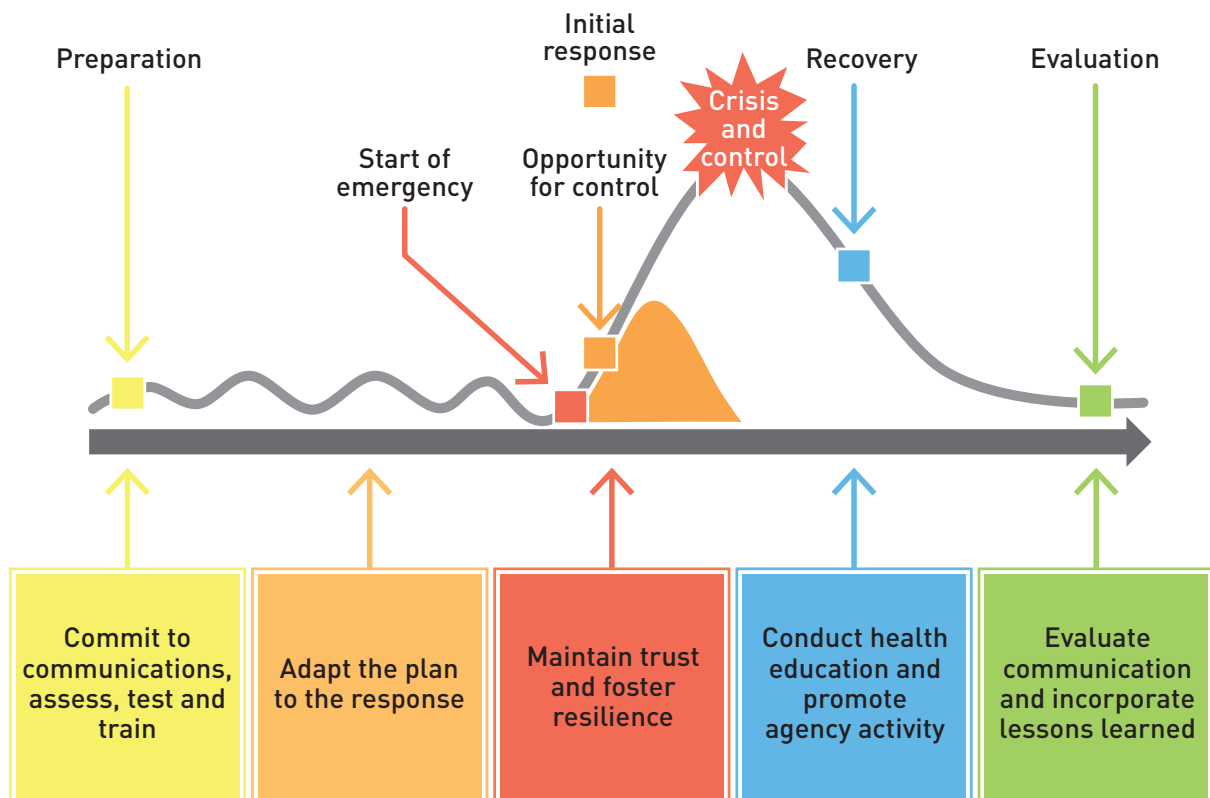
Preparedness and operational readiness

This phase is continuous, rather than an event, and requires extensive planning and coordination through regular assessments and training. The needs and challenges for each type of emergency can be anticipated and preliminary materials prepared.

Preparedness: Action taken in anticipation of an emergency to facilitate a rapid, effective, appropriate response. *Are you planning for the future?*

Operational readiness: Organization, planning, funding, exercise and training to be ready to respond to priority hazards, threats and risks. *Can you activate your plan tomorrow?*

Initial response

The first few days of an initial response may pose many challenges due to fear, confusion and uncertainty. The general public requires timely, accurate information about the situation and what is being done to address it.

Crisis response and control

Throughout the response, public concerns and fears must be understood and taken into account, and rumours and misinformation must be identified and addressed. Once a rumour is created, it can spread fast among people who have genuine difficulty in understanding the threat and the necessity of protective behaviour. Effective two-way communication, taking into account people's perceptions and concerns, is essential to maintain trust and improve health outcomes.

Recovery and evaluation

The recovery and evaluation phases of a response are critical, although they are underprioritized. Risk communications should be assessed during and at the end of an emergency to understand achievements and modify interventions if necessary.

The data collected can be used systematically to update strategies, plans, messages and risk communication materials. Special attention should be paid to reviewing transparency, early announcements, coordination of public communication, listening and two-way communication, selecting effective channels and engaging influencers.

Photo credit: WHO

Definition of national ERC core capacities

The role and importance of trust in all communication are central. Responders must communicate with stakeholders and the public in ways that build, maintain or restore trust, as this increases uptake of guidance. Key trust-building mechanisms in the lifecycle of a crisis include: ensuring timely, accurate, transparent communication; coordinating public communication; listening through two-way communication; and selecting effective channels and engaging key influencers (Fig. 3).

Fig. 3. The four ERC core capacities
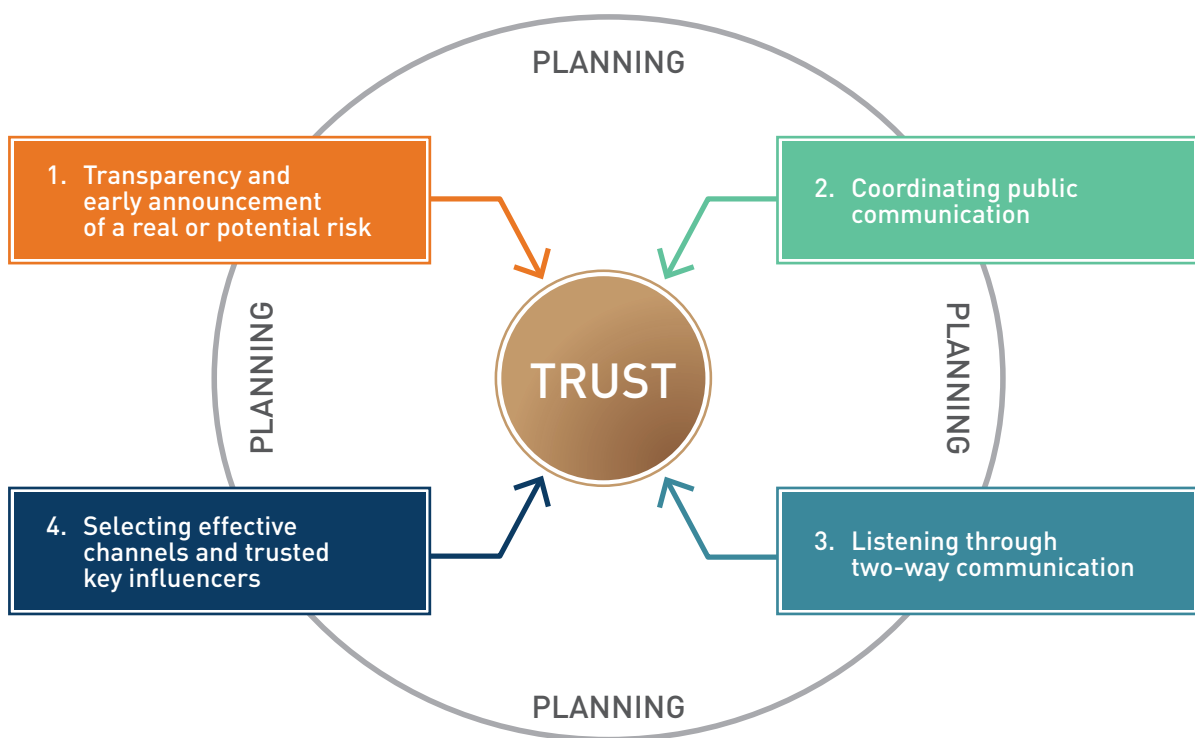
1   Transparency and early announcement

Maintaining the public's trust throughout an emergency requires constant transparency, including providing timely, complete information about a real or potential risk and its management. The first announcement frames the risk and addresses concerns. New developments should be communicated proactively during an outbreak as they occur. Communications must state transparently what is known and what is not yet known. When there is transparency, people are more likely to trust the responders and follow their recommendations.

The elements could include: an agreed ERC policy and procedures to support transparency and early announcement, ensuring that the ERC function is represented in management meetings and providing training in ERC for key staff.

2   Coordinating public communication

Proactive external public and internal communication and coordination with partners before, during and after an emergency are crucial to ensure effective, consistent, trustworthy risk communication that both provides information and addresses public concerns. As a result, public communications resources will be effectively used, confusion reduced and outreach and influence strengthened.

The elements could include: identifying and training spokespeople in ERC; identifying and training an ERC team to support the spokespeople; and a policy and procedures for ERC coordination and release of information that is agreed with key partners and agencies within the government.

3   Listening through two-way communication

Community engagement is not an option. Communities must be at the heart of any health emergency response. It is essential to know which people to target, how they understand and perceive a given risk and their beliefs and practices; otherwise, the decisions and behavioural changes necessary to protect health may not occur, and social or economic disruption may be more severe.

The elements could include: systems and resources for regular (at least daily) monitoring of mainstream media and social media; systems for collecting feedback and listening for rumours among at-risk populations (e.g. through formative research); and a system for the ERC team to review feedback and act on it.

4   Effective channels and key influencers

Once the audience has been identified, the right channels to reach them must be selected. The channels that work best depend on the local context and the audience. The most effective channels are usually those used by the targeted audience. These can include media, Internet, social media, hotlines and SMS. Influencers have a critical role in delivering messages, as they are trusted opinion-makers who are often part of the community.

The elements could include: an ERC team with the skills and capacity to analyse access to communication channels and to select those used by the targeted audiences; and strong partnerships with stakeholders and influencers in the wider community.
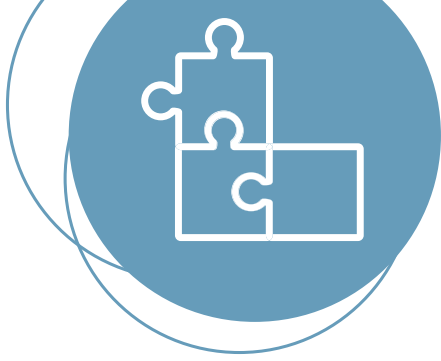
Testing the national health ERC plan

Selecting the appropriate exercise to test the ERC plan[3]

To achieve the stated purpose, the correct type of exercise must be selected and generic materials adapted to meet the scope and country context required for an ERC response. Adaptation is critical to ensure that the exercise meets the stated objectives, priority risks, national communication response capability and the national response plan.

On the basis of feedback from ERC capacity-building missions in 2017–2018, ERC plans can be more effectively tested in a multisectoral, ERC-focused table-top exercise or as part of a national response table-top exercise or functional exercises.

- **Table-top exercise**: an exercise with a progressive simulated scenario and a series of scripted "injects" that make participants consider the impact of a health emergency on plans, procedures and capacities. It simulates an emergency situation in an informal, stress-free environment.

- **Functional exercise**: a fully simulated interactive exercise to test the capability of an organization to respond to a simulated event. Multiple functions of the organization's operational plan are tested. It is a coordinated response to a situation in a time-pressured, realistic simulation.

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3   WHO simulation exercise manual (http://www.who.int/ihr/publications/WHO-WHE-CPI-2017.10/en/).

Potential topics for testing an ERC plan

Lessons learnt from recent ERC capacity-building missions suggest that the following public health threats and ensuing complications may be appropriate topics for an ERC plan exercise:

- **Pandemic influenza and zoonoses**: economic instability, conflicting goals of public and animal health agencies, lack of information or early access to a vaccine, priority groups for vaccination, uncertainty about severity and risks, etc.

- **Natural or man-made disaster coupled with an infectious disease threat**: threats affect different portions of the population to different extents, communication response strained by response to two emergencies at once, difficulty in reaching at-risk populations because of loss of homes, electricity, etc.

- **Foodborne disease outbreak**: conflicting goals of public health agency and food industry, lack of information early in the outbreak because of timing of epidemiological investigations, uncertainty about the source, severity and risks, mistrust in government response agencies, similar food items blamed for the outbreak, etc.

- **Bioterrorism attack**: uncertainty about severity and risks, mistrust in government ability to manage the attack and aftermath, timely release of transparent information during criminal investigation, etc.

Photo credit: WHO

◼ Preparation phase template

Goals

☐ Commit to communication.

☐ Assess communication capacity.

☐ Identify the main actors, and form partnerships.

☐ Have the ERC plan endorsed by all stakeholders.

☐ Plan for activation, implementation and deactivation in the relevant phases of a public health emergency.

☐ Test and train.

The preparation phase is continuous, rather than an event, and requires extensive planning and coordination through regular assessments and training. The needs and challenges of each type of emergency can be anticipated and preliminary materials prepared. Actions during this phase are summarized below.

ERC actions to be tested

Transparency and early announcement

☐ procedures available for timely, transparent information release;

☐ procedures for clearance of messages and products available;

☐ a roster of spokespeople at all levels available, listing their expertise in anticipated public health threats, and training; and

☐ pre-tested messages.

Coordination

☐ partners identified: other agencies, organizations, community planners, health-care workers, etc., with contact information;

☐ communication capacities of all relevant partners assessed;

☐ roles and responsibilities of a communication team determined through standard operating procedures (SOPs);

☐ communication staff trained as needed; and

☐ draft budget for communication (including scaling-up).

Listening and two-way communication

☐ system for rumour monitoring, verification and response;

☐ methods to understand concerns, attitudes and beliefs of key audiences established;

☐ target audiences identified and general survey ready to characterize them (including who they trust, how they are likely to receive information, their daily habits, their concerns, etc.)

Effective channels and key influencers

☐ key media identified and an updated list of journalists; and

☐ other communication channels identified, including key influencers for target audiences.

Sample injects

In preparing for a public health emergency, the ERC team will:

- notify relevant individuals about the communications clearance chain;
- identify appropriate spokespeople (press officers, subject matter experts, etc.) to ensure that they receive pre-tested messages about the emergency topic;
- develop pre-tested public messages to be updated according to the incident;
- set up an ERC team in your agency for potential activation;
- coordinate a communication response team externally to multisector partners for potential ERC team activation;
- identify potential roles and responsibilities of each individual on a multisectoral ERC response team;
- review the draft ERC budget and identify potential areas to be revised as needed;
- list probable target audiences (at-risk populations, hard-to-reach populations, etc.), and review formative research on these audiences; and
- review contact information for media and other key influencers to deliver key health messages, particularly to target audiences.

■ Initial response phase template

Goals

☐ Adapt the ERC plan to the response, and activate it.

☐ Establish, build and/or maintain trust.

☐ Manage expectations, and communicate uncertainties.

☐ Coordinate and encourage collaboration.

☐ Assess initial risk perception.

☐ Test messages.

☐ Provide information and guidance.

☐ Monitor for evaluation purposes.

The first few days of an initial response may pose many challenges due to fear, confusion and uncertainty. The general public requires timely, accurate information about the situation and what is being done to address it.

ERC actions to be tested

Transparency and early announcement

☐ ERC plan and response team activated;

☐ the health threat announced early on the basis of the risk assessment and risk perception;

☐ information provided as it is received, even if it is not complete ("managing uncertainty");

☐ timelines set for communication activities and products; and

☐ spokespeople for the emergency identified and activated.

Coordination

☐ SOPs for coordination activated;

☐ national, regional and local ERC operations linked;

☐ relevant partners selected and communication strategies coordinated;

☐ responsibilities for internal and external communication assigned; and

☐ message development coordinated for consistency and dissemination.

Listening and two-way communication

☐ rumour monitoring, verification and response mechanisms activated;

☐ traditional and social media monitored;

☐ key audiences for the communication response segmented (affected people, health care workers, political leaders, donors, etc.);

☐ initial formative research conducted, including audience analysis (i.e. through interviews or focus groups); and

☐ materials translated into relevant languages and tailored to literacy.
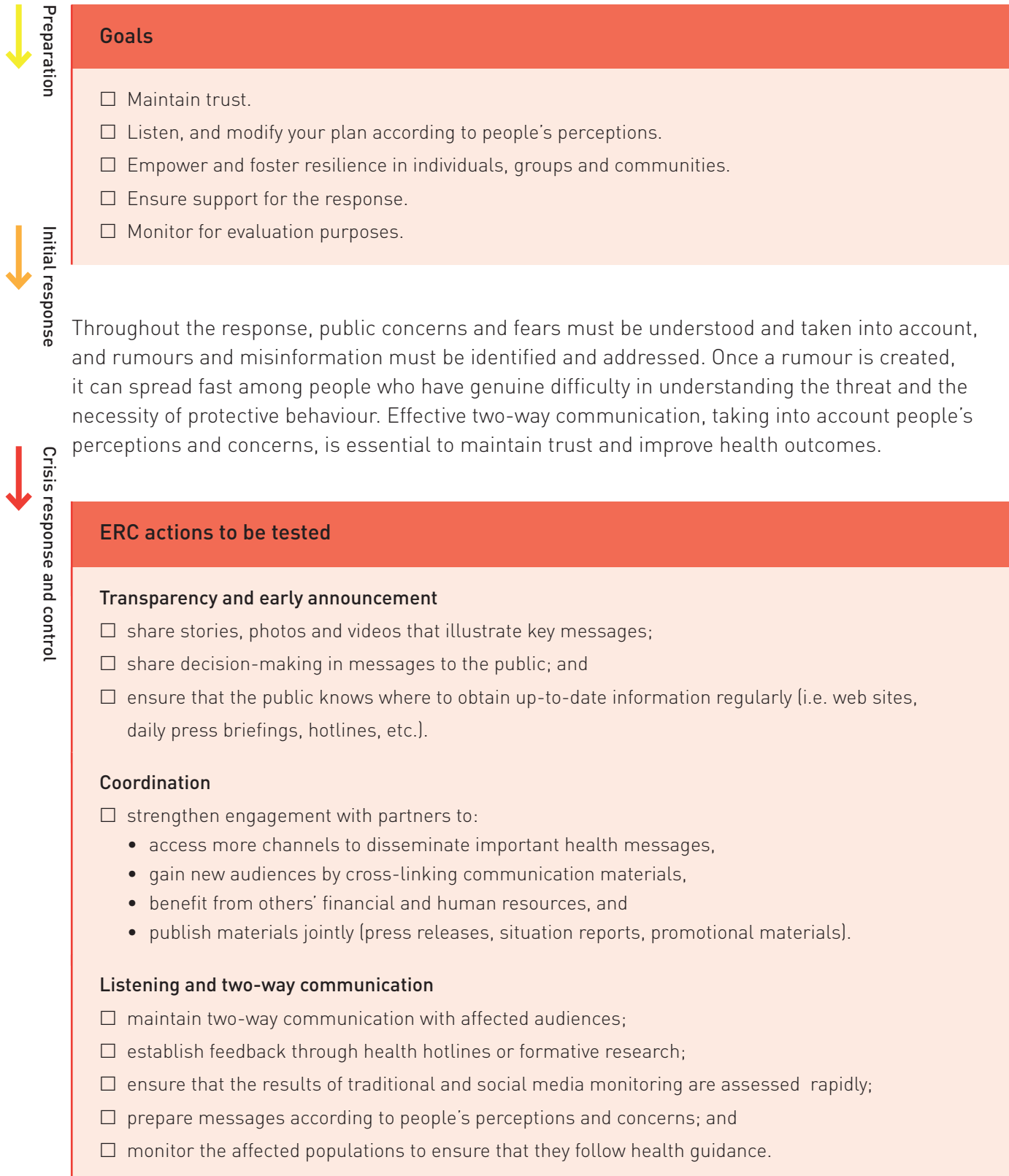
Effective channels and key influencers

☐ trusted, effective communication channels selected for target audiences; and

☐ trusted influencers for the audiences identified and activated.

Sample injects

Initial reports of a public health emergency have been verified, and your agency must communicate it to the public. The health leadership has activated your communication response system. The ERC team will:

- activate a multisectoral ERC response team and assign roles and responsibilities, including which agency communicates about which topics;

- prepare talking points and initial messages with pre-tested materials and uncertainty techniques as needed;

- develop an ERC response strategy, including audiences, timeline, channels, influencers and other two-way communication (e.g. media monitoring, hotline feedback);

- determine the appropriate spokespeople, give them messages, and discuss ERC response strategy;

- conduct formative research on audiences for which you have little information (e.g. a population that has newly migrated into the region); and

- translate materials as needed for target audiences.

■ Crisis response and control phase template

Goals

☐ Maintain trust.

☐ Listen, and modify your plan according to people's perceptions.

☐ Empower and foster resilience in individuals, groups and communities.

☐ Ensure support for the response.

☐ Monitor for evaluation purposes.

Throughout the response, public concerns and fears must be understood and taken into account, and rumours and misinformation must be identified and addressed. Once a rumour is created, it can spread fast among people who have genuine difficulty in understanding the threat and the necessity of protective behaviour. Effective two-way communication, taking into account people's perceptions and concerns, is essential to maintain trust and improve health outcomes.

ERC actions to be tested

Transparency and early announcement

☐ share stories, photos and videos that illustrate key messages;

☐ share decision-making in messages to the public; and

☐ ensure that the public knows where to obtain up-to-date information regularly (i.e. web sites, daily press briefings, hotlines, etc.).

Coordination

☐ strengthen engagement with partners to:

- access more channels to disseminate important health messages,
- gain new audiences by cross-linking communication materials,
- benefit from others' financial and human resources, and
- publish materials jointly (press releases, situation reports, promotional materials).

Listening and two-way communication

☐ maintain two-way communication with affected audiences;

☐ establish feedback through health hotlines or formative research;

☐ ensure that the results of traditional and social media monitoring are assessed rapidly;

☐ prepare messages according to people's perceptions and concerns; and

☐ monitor the affected populations to ensure that they follow health guidance.

Effective channels and key influencers

☐ provide regular, transparent communication through the channels that targeted audiences use;

☐ engage with trusted influencers to communicate with audiences, particularly those that are hard to reach; and

☐ use traditional media, the Internet and social media, hotlines and SMS.

Sample injects

The public health emergency has worsened, with an increasing number of cases and greater complexity. While some members of the public understand and are following health recommendations, others either do not understand or do not trust the advice and are therefore not following it. This is causing additional cases, confusion and further mistrust. The ERC team will:

- share stories, photos and videos to further illustrate the health recommendations;

- ensure that all messages give a hotline number or website address where people can get updated health response information;

- describe the decision-making method of the responders as needed;

- investigate and use partner capacity, including communication channels and outreach;

- monitor the target audience to ensure that the health recommendations are being followed and, if not, why;

- ensure that information from audience monitoring is being integrated and is shaping the communication response by editing messages, etc.; and

- continue using mass and social media but also broaden the channels and identify additional key influencers.

Recovery and evaluation phases template

The recovery and evaluation phases of a response are critical, although they are underprioritized. Risk communications should be assessed during and at the end of an emergency to understand achievements and modify interventions if necessary.

The data collected can be used systematically to update strategies, plans, messages and risk communication materials. Special attention should be paid to reviewing transparency, early announcements, coordination, listening and two-way communication, selecting effective channels and engaging influencers. Integration of lessons learnt into operational plans will ensure a more effective communication response during the next emergency.

Goals

☐ Deactivate the ERC plan.

☐ Educate communities to recognize, react and respond to similar threats in the future.

☐ Promote response activities to receive support (e.g. financial and human resources).

☐ Monitor for evaluation purposes.

Actions

Transparency and early announcement

☐ inform the public that the health emergency is being or has been controlled;

☐ communicate the importance of vigilance;

☐ reinforce messages to encourage the public to maintain the newly adopted behaviour; and

☐ identify topics and activities to educate the population for future response.

Coordination

☐ promote the activities of responders and partners during and after the response; and

☐ assess and address existing and potential challenges and barriers.

Listening and two-way communication

☐ provide feedback, and listen to affected communities and all partners.

Selecting effective channels and key influencers

☐ communicate via the channels used by selected audiences; and

☐ give key influencers access to health education materials and experts to increase community resilience for the next emergency.

Goals

- ☐ Evaluate the ERC plan.
- ☐ Identify lessons from the emergency, and share them.
- ☐ Address issues, and update the ERC plan.
- ☐ Evaluate the response throughout the emergency by analysis of strengths, weaknesses, opportunities and threats or another type of "after-action review".

Actions

Transparency and announcement

- ☐ be honest about the successes and failures of communication during the emergency;
- ☐ identify gaps and priorities; and
- ☐ publish the communication response in a peer-reviewed journal or present it at a meeting, as a case study for others to learn from.

Coordination

- ☐ maintain the coordination mechanisms at all levels for evaluation purposes; and
- ☐ share lessons learnt and tools developed with communicators, agencies, policy-makers, national and international partners and other relevant institutions and people.

Listening and two-way communication

- ☐ collect evaluations from stakeholders, and update the ERC plan.

Selecting effective channels and key influencers

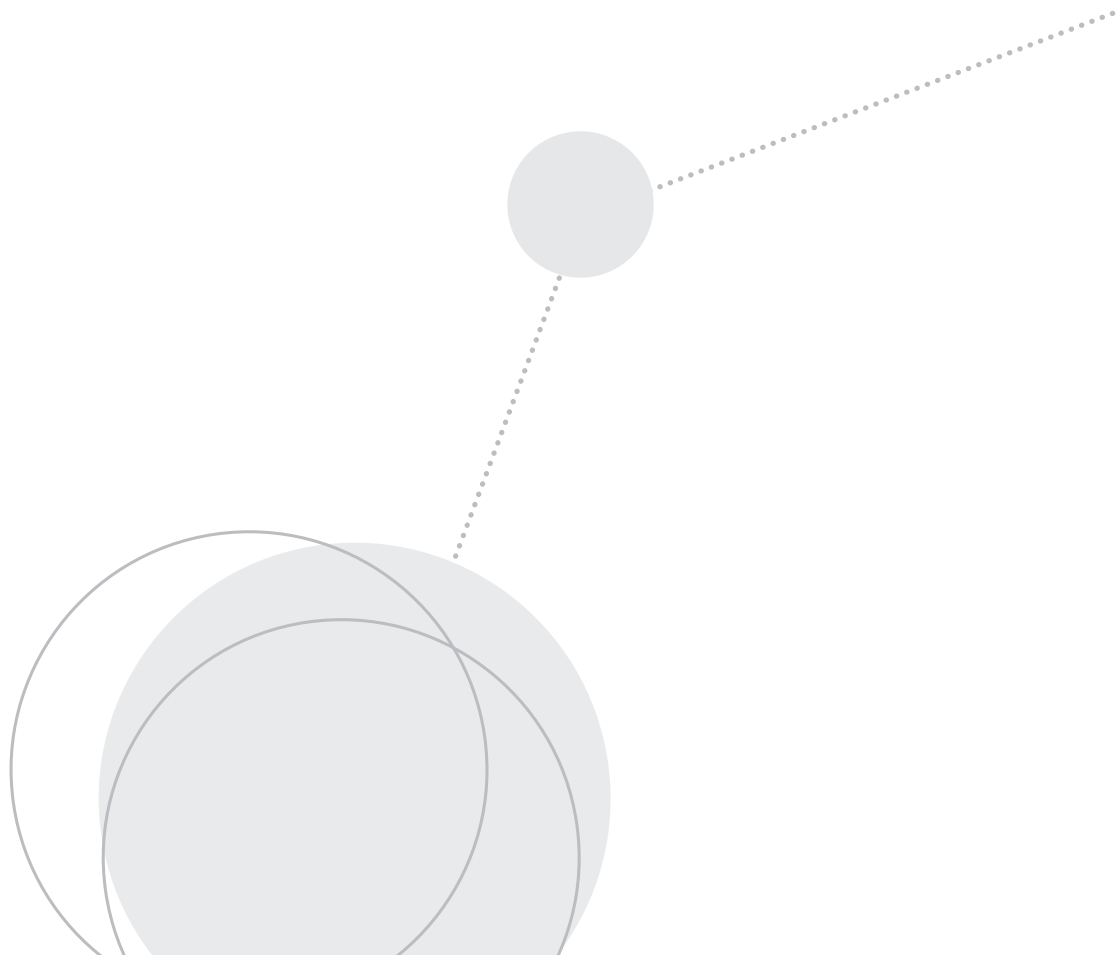- ☐ Evaluate the effectiveness and efficiency of channels and influencers for the targeted audiences.

Sample injects

 The public health emergency has been resolved, but the population is still recovering. Partners and response agencies are concluding their work. Lessons about the communication response can be learnt. The ERC team will:

- create a plan to sustain and/or increase community resilience through communication;

- find ways to ensure that the agencies of ERC response team members recognize their time and engagement;

- work with affected communities to learn how the ERC response could be improved for the next emergency; and

- conduct an "after-action review" with communication partners, spokespeople, media, etc. to improve response activities for the next emergency.