Report

Strengthening social science capacities in the European Region

Integrating social science-based interventions for effective emergency risk communication and community engagement in outbreaks and health emergencies

Contents

Acknowledgements

Abbreviations

ERC	emergency risk communication
IHR	International Health Regulations
IMS	Incident Management System
MoH	Ministry of Health
MSF	Médecins Sans Frontières
PIP	Pandemic Influenza Preparedness
RCCE	Risk Communication and Community Engagement
SIMEX	simulation exercise
SSI	social science intervention
UNICEF	United Nations Children's Fund
WHE	WHO Health Emergencies Programme

Executive summary

Social science interventions (SSIs) are a core feature of emergency preparedness and response. As part of emergency risk communication (ERC) and going beyond that, SSIs are critical to ensure that affected populations are engaged and enabled to take informed decisions to protect themselves and their loved ones during crises.

In order to integrate social science capacities on a global scale for pandemic and other health emergencies response, WHO developed the SocialNET training in 2017, which has been implemented in the context of the Pandemic Influenza Preparedness (PIP) Framework (2011).

This training was designed to prepare social scientists, communicators and related emergency response experts to work effectively as part of public health emergency response teams. It aimed to enhance the knowledge, attitude and skills required for personnel to be rapidly, safely, efficiently and effectively deployed to disease outbreaks, epidemics and other health emergencies and apply social science to emergency response.

The second WHO SSI training to be held globally was conducted in Bishkek, Kyrgyzstan on 10–14 December 2018 and included participants from 11 countries of the WHO European Region. The 24 participants were experts in emergency response and public health communication from ministries of health and emergencies, WHO and partner organizations.

The training was linked to the ERC five-step capacity-building package that the WHO Regional Office for Europe developed in 2017 to support countries of the Region in establishing plans and systems for effective communication in emergencies, tailored to their specific contexts.

The overall objectives of the Bishkek training were to engage participants in integrating SSIs into health emergency response; establish a roster of experts for emergency preparedness, readiness and response in the Region; and outline SSI plans for the countries.

The training course was:

- focused on 11 European Region countries: Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan;
- bilingual in Russian and English;
- facilitated by experts from WHO headquarters, the WHO Regional Office for Europe, the WHO Country Office in Kyrgyzstan, the United Nations Children's Fund (UNICEF) and Médecins sans Frontières (MSF);
- five days long, including two days of simulation exercise (SIMEX);
- organized in collaboration with UNICEF and with the participation of MSF and the Red Crescent Society of Kyrgyzstan.

The training comprised a prerequisite online course, classroom-based sessions with group work tasks, and a field-based simulation exercise based on a pandemic influenza scenario, where participants demonstrated skills and abilities learned through the previous days of classroom work and online study, as well as their own professional expertise.

In the SIMEX evaluation conducted at the end of the course, all participants rated the training extremely useful for their work and the role they play in their organizations. The results of the SIMEX evaluation confirmed that participants had strengthened their skills and knowledge and felt more prepared to respond appropriately in health emergencies. The participants acknowledged that it is essential to build strong capacity in ERC and community engagement before an emergency, to improve their countries' emergency response. The participants committed to share the knowledge and experience they had gained with their country colleagues and advocate for training and implementation of the five-step capacity-building package. They also committed to working with public health decision-makers and their counterparts from other sectors to put risk communication systems in place and to conclude, update and test the ERC and community engagement components of national plans for health emergency preparedness and response.

Introduction

Social science interventions (SSIs) are a core feature of emergency preparedness and response. As part of emergency risk communication (ERC) and going beyond that, SSIs are critical to ensure that affected populations are engaged and enabled to take informed decisions to protect themselves and their loved ones during crises.

In order to integrate social science capacities on a global scale for pandemic and other health emergencies response, WHO developed the SocialNET training in 2017, which has been implemented in the context of the Pandemic Influenza Preparedness (PIP) Framework (2011).

The second WHO SSI training to be held globally was conducted in Bishkek, Kyrgyzstan on 10–14 December 2018. It was linked to the ERC five-step capacity-building package that the WHO Regional Office for Europe developed in 2017 to support countries of the Region in establishing plans and systems for effective communication in emergencies, tailored to their specific contexts.

The training and the accompanying simulation exercise (SIMEX) were conducted in English and Russian, and were focused on 11 participant countries of the WHO European Region: Armenia, Azerbaijan, Belarus, Georgia, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. The 24 participants were experts in emergency response and public health communication from ministries of health and emergencies, WHO and partner organizations.

The course was designed and the SIMEX adapted in collaboration between WHO headquarters, the WHO Regional Office for Europe, the WHO Country Office in Kyrgyzstan and UNICEF.

The outcomes of the SocialNET training included:

- a roster of national and regional experts, particularly Russian speaking, that can provide surge support and be rapidly deployed in an outbreak or humanitarian health emergency, as needed;
- improved national capacity that integrates SSIs for effective ERC and community engagement in emergency and humanitarian situations, including seasonal and pandemic influenza;
- a draft communication/community engagement plan, as part of an all-hazards ERC plan, developed for each country in a participatory manner.

Course overview

The SocialNET training held in Bishkek, Kyrgyzstan, provided an interactive adult learning experience with an emphasis on sharing best practices. The training also engaged participants in a simulated health emergency requiring them to function in the capacity expected of them in a real emergency. The course comprised:

- a prerequisite online course on WHO's Incident Management System (IMS);
- three days of theory-based sessions to reinforce knowledge and skills related to ERC, social and community engagement, competencies for work in emergencies and application of social science for health emergency response;
- two days of field-based SIMEX, set in a fictional country that is experiencing an influenza outbreak that becomes a pandemic, where the participants demonstrated their competencies to work in an emergency situation.

At the end of the WHO SocialNET training, participants were expected to be able to:

- describe work needed in epidemics, pandemics and humanitarian emergencies, and how WHO's work fits into international response to emergencies;
- describe the role of SSIs in health emergency response;
- list key SSIs that can be used in preparedness, readiness and response to outbreaks and emergency and humanitarian situations;
- describe key stakeholders and partners, and their roles with regards to SSIs;
- communicate effectively with multidisciplinary teams in real-time to convey information, analysis and advice in the social science domain of emergency response.

By achieving the learning objectives, after the training, participants were expected to be capable of:

- finalizing and implementing a national community engagement plan;
- facilitating the enhancement of skills by training other experts in SSIs to strengthen national capacity;
- being deployed to other countries (e.g. for four weeks, and, if mutually agreed upon, up to 3–6 months a year) to support their efforts in emergency preparedness, readiness and response.

Box 1.
Participants' expectations of the training

Participants listed the following expectations of the training:

- learn about best practices in ERC and community engagement;
- share experiences and improve knowledge and skills, and how to use these to upgrade existing plans and strategies;
- create a network of specialist in the Region for emergency response;
- learn how to improve coordination and communication within and between government institutions such as the Ministry of Health, Institute of Public Health, Ministry of Interior, Ministry of Emergency Situations, etc.;
- better integrate SSIs into existing ERC plans and make them more operational;
- gain a better understanding of the structure of the communication plan and how to implement it on regional and local levels in countries.

Box 2.
How SocialNET was different

SocialNET 2018 was different from the previous course for the following reasons:

- The focus was on the WHO European Region.
- It was bilingual: all the materials, training and SIMEX were in Russian and English.
- UNICEF, Médecins sans Frontières (MSF) and the Red Crescent Society of Kyrgyzstan collaborated with WHO in facilitating the training.
- The learning objectives were designed to meet WHO's health emergency response needs.
- The participants were evaluated according to the WHO Health Emergencies Programme (WHE) Competency Framework.

Appendix 1 comprises the training agenda, while Appendix 3 presents the WHE Competency Framework criteria.

Participants

The participants came from 11 countries, and were mostly public health emergency experts – epidemiologists, scientist and communicators from ministries of health of invited countries. They were joined by communication experts from WHO headquarters, the WHO Regional Office for Europe, the WHO Country Office in Kyrgyzstan, and other staff from WHO country offices in the Region. The group included 9 representatives from ministries of health, 8 from WHO country offices, 4 from public health institutes/agencies, 1 from a ministry of defence, 1 from the Red Crescent Society of Kyrgyzstan and 1 from UNICEF (see Fig. 1).

Fig.1. Training participants

- Ministry of Health
- WHO Country Offices
- Public Health Institute/ Agency
- Red Crescent Society of Kyrgyzstan
- Civil Defense
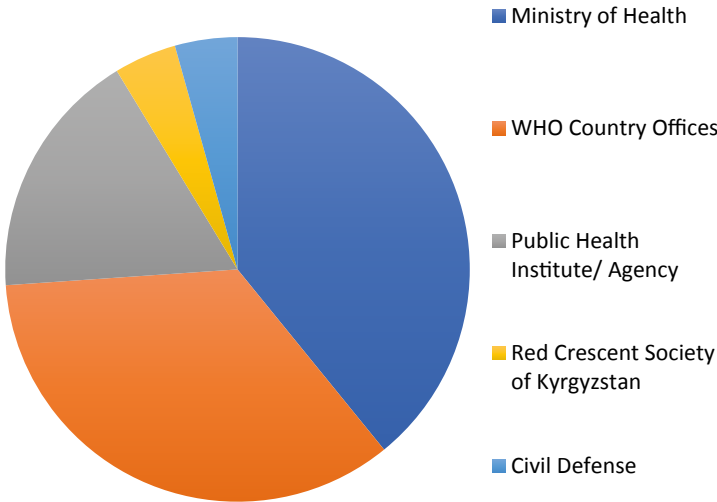
Training team

The training course and SIMEX were facilitated by a team of eight experts in ERC, community engagement, social sciences and deployment – from WHO headquarters, the WHO Regional Office for Europe, the WHO Country Office in Kyrgyzstan, Unicef, the Office of the United Nations (UN) Resident Coordinator and Médecins Sans Frontières (MSF) in Kyrgyzstan. All trainers participated in the development of the presentations and exercises for the theoretical part of the course; some were also responsible for adjusting and preparing the SIMEX material and logistics.

Course structure, methodology and content

The course comprised a combination of online modules, classroom sessions and field-based SIMEX.

Online course

All SocialNET participants were requested to complete the five modules of the online training course (see Table 1), provided through OpenWHO, before attending the face-to-face training in Kyrgyzstan in December 2018.

This online course builds on the introductory IMS course to provide deeper understanding of the system that WHO uses to organize and manage the response.

Table 1. Online course modules

Module 1.	Working in WHO's Incident Management System
Module 2.	Incident Management System functional areas
Module 3.	Ethics and values
Module 4.	Team dynamics
Module 5.	Me and the mission

Classroom sessions

The first three days of the training were dedicated to presentations by facilitators, discussions, individual and group work, and practical exercises, with specific learning objectives, in order to provide the participants with the necessary knowledge and skills for field work in health emergencies.

Content topics included:

- 21st century health emergencies;
- the ERC five-step capacity-building package and overview of ERC and community engagement principles;
- WHO's mandate, roles and functions;
- international agreements: IHR and use of Joint External Evaluation (JEE);
- competencies for working in emergencies;
- diseases in focus: pandemic influenza;
- behavioural risk factors;
- accountability to affected populations (AAP) and community engagement;
- emergency response roles and actors;
- the Emergency Response Framework (ERF);
- framing SSIs in epidemic and pandemic response;
- social science informed ERC and community engagement for health outbreaks;
- tools and resources;
- getting ready for the field.

As the participants were very experienced in the field of health emergencies response and/or communication, most of the content was implemented and tested in group work assignments and presentations.

The team exercises included:

- expectations of the training;
- mock JEE evaluation of country capacities in ERC and community engagement;
- communication refresher with four teams in rotating stations: audience analysis, developing a single overarching communication outcome (SOCO), applying message mapping techniques and working with the media;
- communication activities for first 30 days of emergency response;
- mapping of common SSIs to the emergency management lifecycle and identifying community engagement actions;
- development of IMS organizational chart;
- focus group and interceptive interview techniques.

As one of the expected outcomes of the training was to produce a community engagement plan, each team was assigned one health threat relevant for the region: measles, botulism, Crimean-Congo haemorrhagic fever, earthquakes and floods. Multiple group work sessions were organized during the three days in order to gradually develop a draft community engagement plan based on the provided threat. Group work sessions on this assignment were divided as follows:

- overview of the public health threat, target audience and SOCO;
- social science factors, potential myths and local behavioural risks, recommended behaviour change to protect health;
- challenges foreseen in addressing the social science factors in the assigned threat scenario and possible solutions;
- data gathering methods;
- plan finalization and presentation to plenary.

Simulation exercise

SIMEX content

The SocialNET simulation exercise focused on building skills in SSIs. It was a field-based exercise, lasting approximately 30 hours, and was based around a scenario in which an aggressive respiratory illness expands into a larger outbreak and then into a pandemic. It was designed to create a safe yet realistic environment for participants to apply existing and newly acquired skills and knowledge for working in a challenging health emergency setting. It created the pressure and urgency of an emergency response and participants could see for themselves how they would manage to deliver on individual and team assignments under pressure.

The SIMEX was situated in the fictive country of Rebekygzstan, in the province of Brosh, Bulak District. Although the country was fictive, the use of real country data (in this case from Kyrgyzstan) provided accurate information on which to base social science interventions. Otherwise, all locations, environments, people and scenarios were fictive.
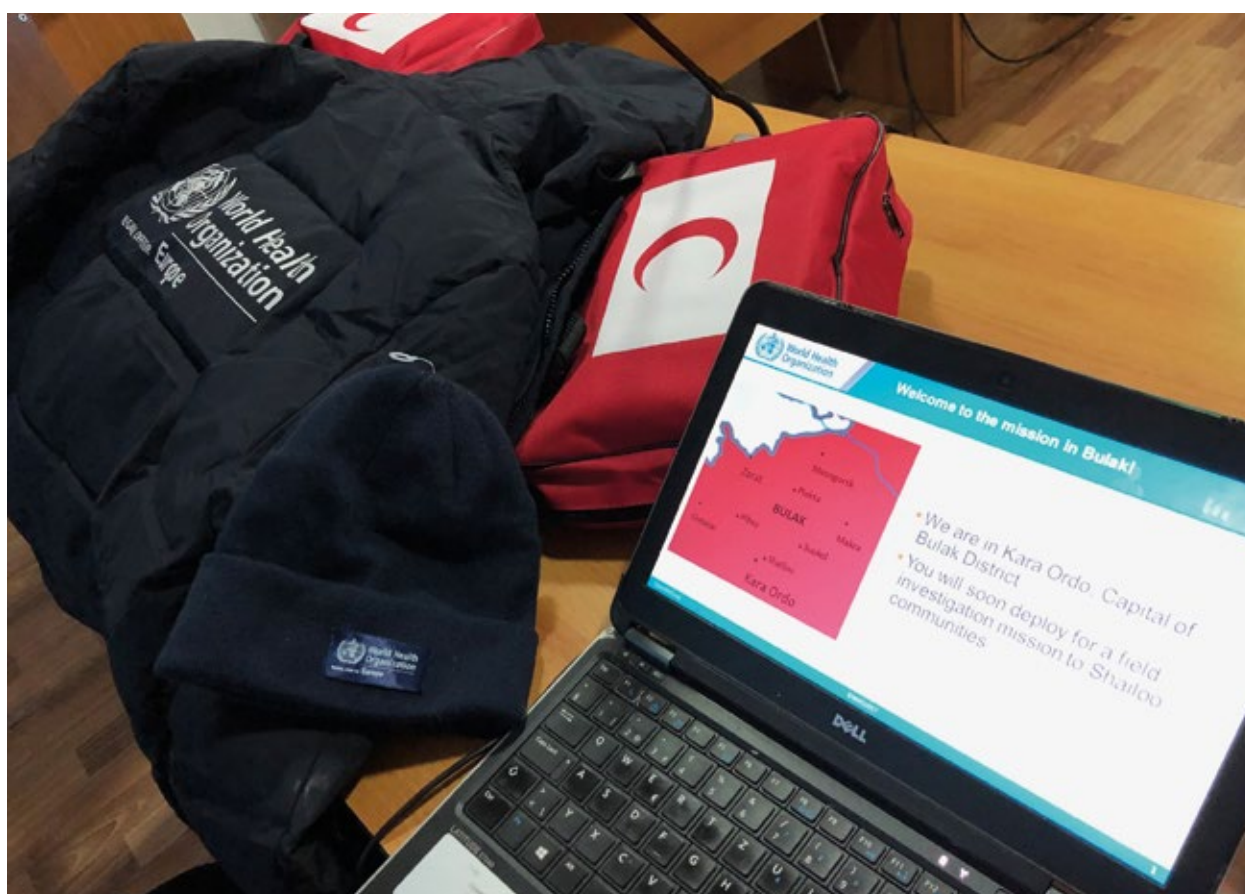
In the scenario, an outbreak of influenza was declared to be a Public Health Emergency of International Concern (PHEIC). The situation escalated, and WHO officials declared a pandemic. The fictive district of Bulak – an underserved, largely rural community – was hit hard by the outbreak. Participants in the exercise collaborated with in-country officials and authorities, as well as representatives of external aid organizations with defined roles and responsibilities (all roles played by facilitators).

The SIMEX started on the third day of the SocialNET training, with health authorities in Rokokol, the capital of Rebekygzstan, confirming that the disease in Bulak District was the result of a novel virus. First the participants needed to complete mission preparations and a deployment plan, as the next day they were sent to Bulak District to assess and analyse the situation, establish SSIs in response, and adjust strategies in line with developments. This part of the SIMEX was based at the Civil Protection Training Centre in Leninskoye. After a full day of assessing the situation in the affected district, the participants returned to Rokokol to provide advice on the overall Risk Communication and Community Engagement (RCCE) strategy for the situation. The SIMEX finished with team presentations of RCCE plans to the President of Rebekygzstan and cabinet of Ministers.

Box 3.
SIMEX pandemic scenario timeline

December 2018 (SIMEX Wednesday pm)
- An aggressive, unknown respiratory outbreak was reported in Bulak District.

January 2019 (SIMEX Thursday am)
- Deployment of antiviral stocks was initiated, and a PHEIC declared by WHO.
- The outbreak spread to two neighbouring countries, and Bulak District was severely impacted.

February 2019 (SIMEX Thursday pm)
- On 5 February WHO declared an H8N5 pandemic.

March 2019 (SIMEX Friday pm)
- There was an urgent need and request for a pandemic vaccine in affected countries.

SIMEX teams

The participants were divided by the faculty into four teams, each with a code name: Alpha, Bravo, Charlie, Delta. Each team had six participants, all from different countries and with mixed specialties: communications, emergency preparedness and response, and epidemiology. Each team had their own leaders and deputies and divided the tasks themselves throughout the SIMEX. Teams were encouraged to divide tasks in a way that enabled all members to try new skills, rather than focusing on existing areas of expertise.

Team/individual assessment

During the classroom sessions, participants were divided into five groups. Each group chose a team leader and a name for the team. The faculty observed and rated teamwork according to the following indicators:

Ability to:

- contribute and enable others to contribute
- listen with attention to others
- engage with and apply content
- motivate others to participate
- work as a team member.

At the end of the theoretical part of the course, a small award ceremony was held for the winning team.

At the end of the theoretical part of the course, a small award ceremony was held for the winning team.

One of the goals of SocialNET 2018 was to assess the skills and abilities of the participants in order to create a roster of national and regional experts, including from Russian speaking countries, who could provide surge support and be rapidly deployed in an outbreak or humanitarian health emergency, as needed. To achieve this, a competency-based assessment was piloted during the training . The instrument, the WHE Competency Framework, consists of six competencies that are broken down into 49 observable behaviours. For the purposes of the training , the facilitation team decided to observe 15 behaviours, which fell under the communications and teamwork competencies (see Appendix 3 for the WHE Competency Framework criteria).

The faculty convened and provided feedback based on the observed behaviours at the end of the training. A table of the observed competency behaviours was provided for each participant, to be used as part of the individual feedback process (see Appendix 4 for the competency-based assessment results).

Course evaluation results

The course evaluation was conducted in two parts at the end of the training: one for the online course and the theoretical training in the classroom and the second one for SIMEX (see Appendix 5 for evaluation forms).

Online and face-to-face training

In the first evaluation, the participants were asked about the usefulness of the online course as well as the face-to-face sessions delivered by the faculty in the first three days.

Figs. 2–6 present a summary of the results of the first evaluation.

Fig. 2. How would you rate the usefulness of the online course?
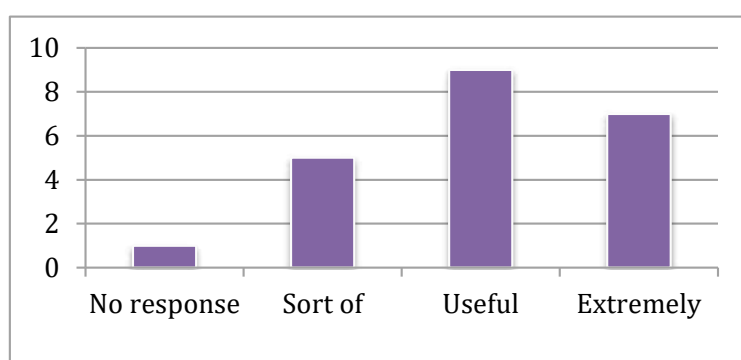
Fig. 3. Did the online course help you prepare for the face-to-face training?
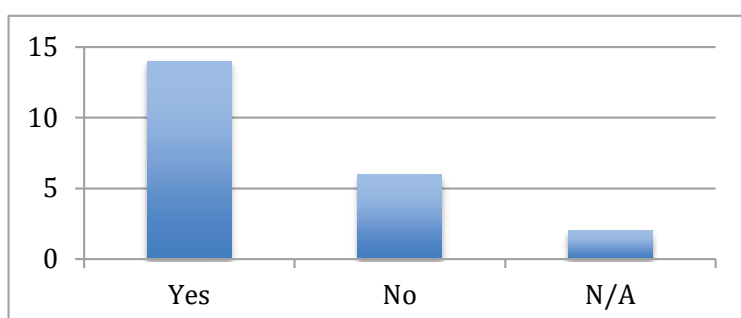
N/A = not applicable.

Fig. 4. How would you rate the face-to-face training overall?
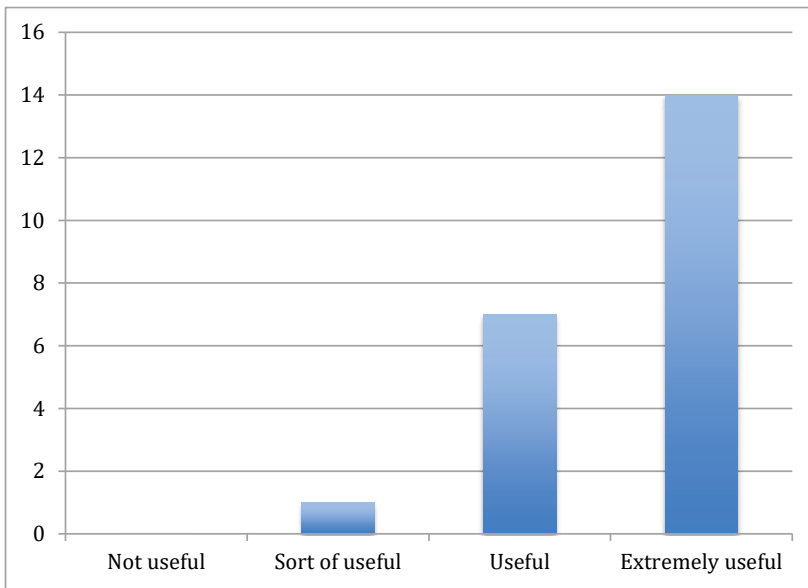
Fig. 5. Which part of the training was most useful to you?
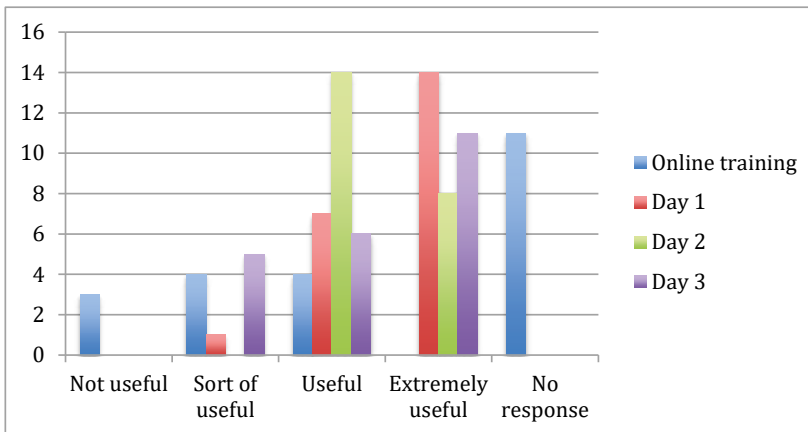
Fig.6. Which of the topics from the face-to-face training were the most useful to you?
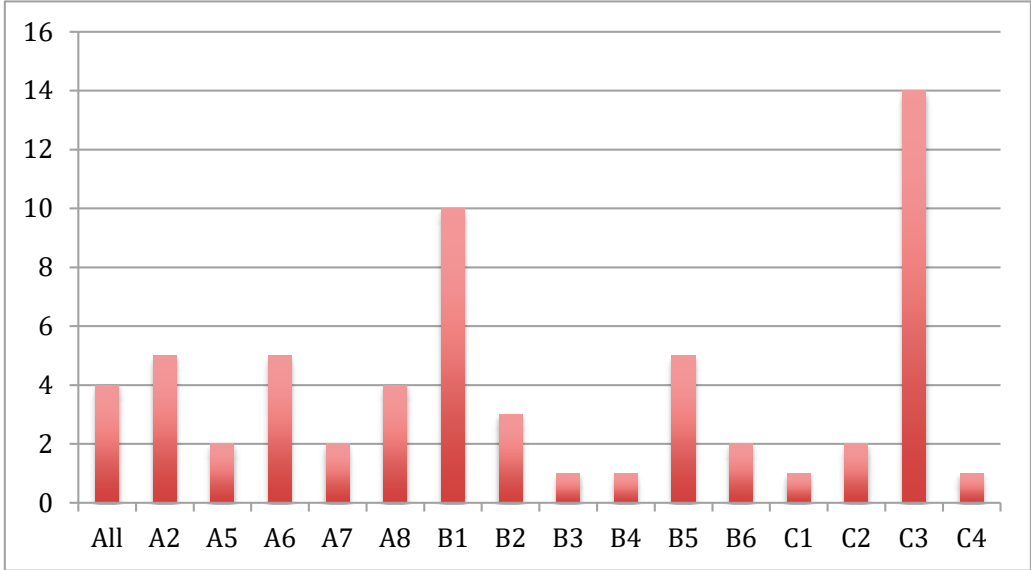
All = all topics
A2 = Managing 21st century epidemics and pandemics
A5 = Scaling up risk communication capacity in health emergencies: a five-step package
A6 = WHO's purpose, mission and functions
A7 = International agreements for stopping epidemics
A8 = Competencies for emergency work
B1 = Introduction to pandemic influenza
B2 = Disease-specific social and behavioural risks
B3 = Accountability to affected populations and community engagement
B4 = Incident Management System
B5 = Emergency Response Framework
B6 = Framing social science-based interventions
C1 = Formative research informing social science-based interventions
C2 = Social science mapping for preparedness and response
C3 = Social science informed risk communication and community engagement for health outbreaks
C4 = Getting ready for the field

Box 4.
Participant responses: What are you most likely to do as a result of this training?

- I will continue to get more information about this topic and apply the acquired knowledge.
- I will use the acquired knowledge in my everyday work and share it with my colleagues and other experts.*
- I will apply focus groups methods before developing communication materials.
- I will review our country's ERC plan in order to update it and add communication engagement strategies.
- I understand the importance of communication and teamwork for better response in health emergencies and hope to apply this with my work team.*
- I will use some of the training materials for future trainings in my country.
- I will advocate with decision-makers in order to review and update our preparedness and response plan and include ERC and community engagement.

* Stated by several participants.

Box 5.
Participant responses: Do you have any suggestions as to how this training could be improved?

- The training was very useful and well organized.*
- The training was excellent, especially the simulation exercise. More time should be given for the SIMEX – at least three days in the field.*
- Training hours could be shorter with fewer presentations, especially in the classroom component of the training.*
- More opportunities could be provided for participants to get to know each other outside of the venue; such as, after training activities – like cultural nights.
- Teams could consider having a mentor to guide group work and clarify translation of material if needed.*
- It would be good to include psychologists, anthropologists and other social scientists as trainees.
- Reminders could be sent on the materials needed for the training, like bringing laptops.
- Simulation exercises based on existing ERC plans should be organized at least once a year between countries of the Region.

* Stated by several participants.

SIMEX evaluation

In general, all the participants stated that they had learned a lot from the SIMEX. They highlighted how well organized it was, how well the facilitators performed in the role-play and how realistic the situation seemed.

They stressed the importance of teamwork and shared roles in order to achieve results. Most of them thought that the SIMEX, especially the time spent in the field, should have been longer.

The results of the SIMEX evaluation are presented in figs. 7–10

Fig. 7. Were the following objectives of SIMEX achieved?
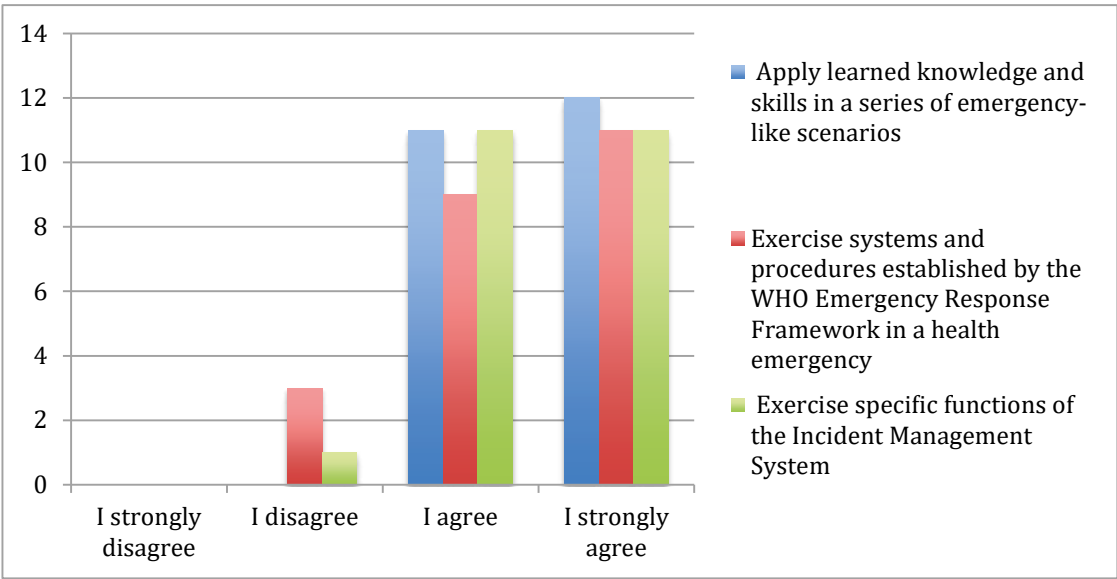
Fig. 8. Self-preparedness
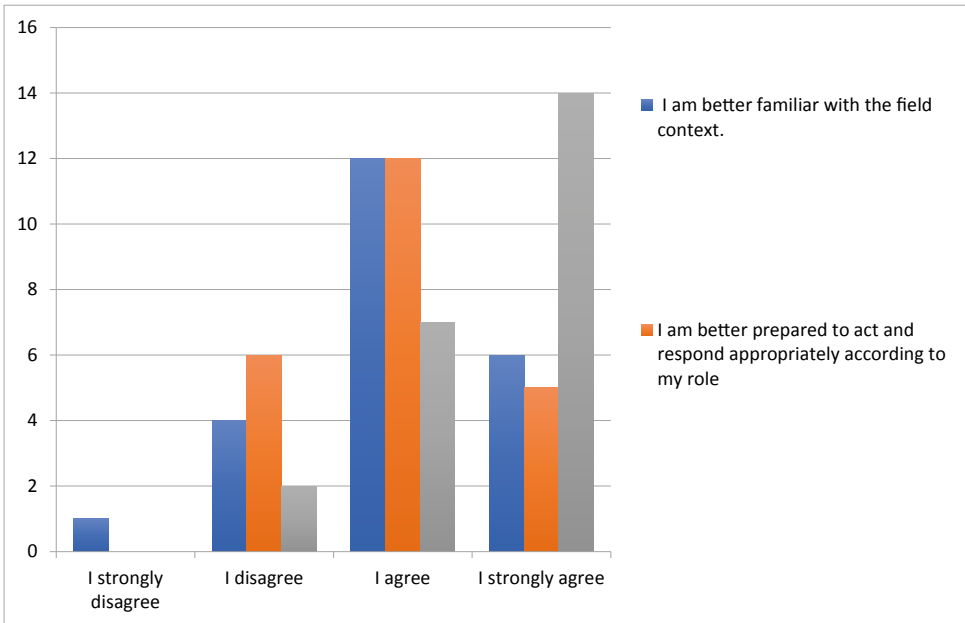
Fig. 9. Simulation facilitation
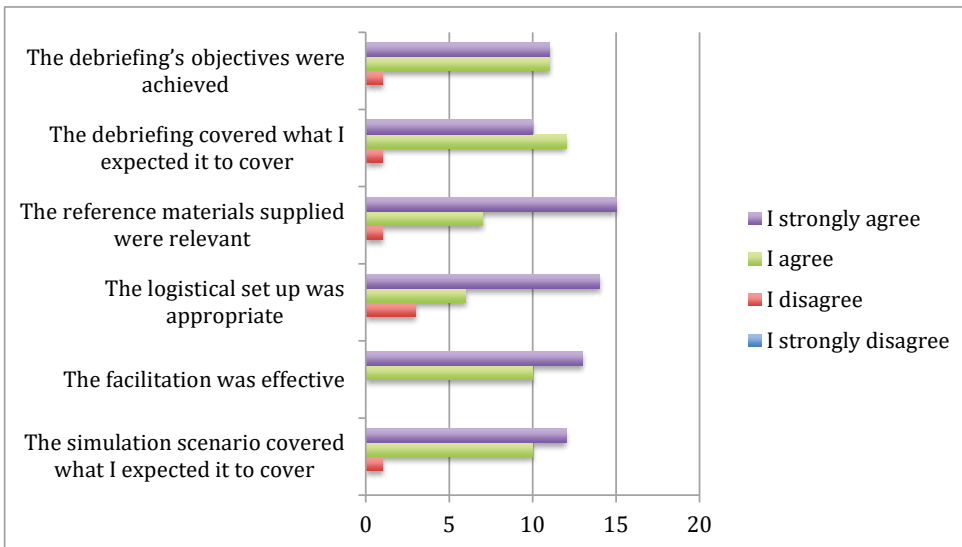
Fig. 10. Personal preferences
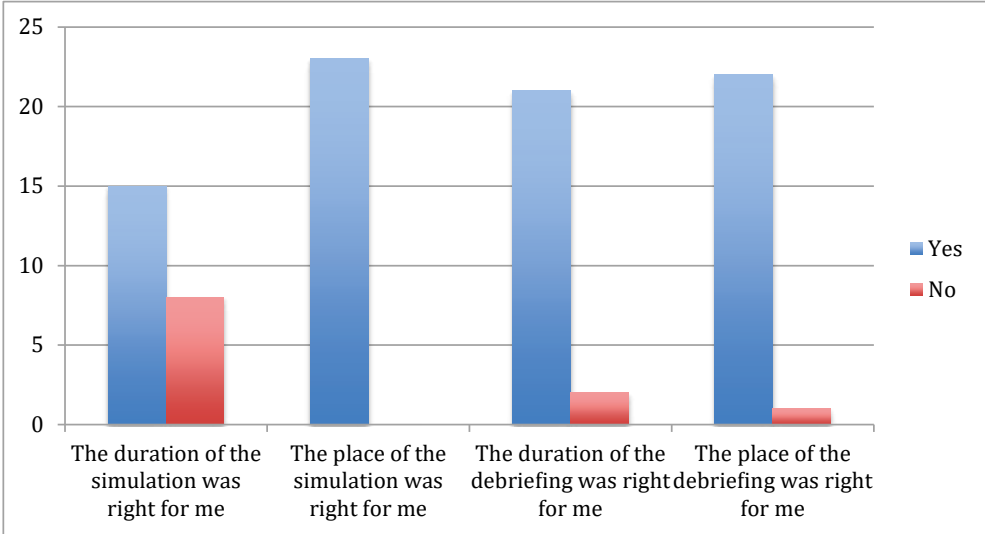
Recommendations for improvement

The recommendations that were suggested by the participants included:

- The SocialNET training could be adapted and updated further according to the needs assessment, to address the learning objectives of the training and respond to the needs of the participants from the specific region.

- At least one of the faculty members should speak the language of the course fluently. The training facilitators were experts from WHO headquarters, the WHO Regional Office for Europe, the WHO Country Office in Kyrgyzstan and UNICEF but none was Russian speaking.

- For teams to have better clarity of the tasks, it is suggested that each team be provided with a mentor from the training staff. This would also facilitate translation and daily feedback between teams and faculty, and monitoring of the participants competencies.

- Pre- and post-evaluation exercises could have a longer dedicated time in the agenda so everyone can complete them and evaluation results can be compared. Online or mobile evaluation tools could be used.

- Participants could be asked to prepare brief presentations of lessons learned from their countries on specific topics to share with the other participants.

Appendix 1.
Training agenda

Day 1, Monday, 10 December		
Time	**Activity**	**Presenter(s)**
08:00–08:30	Registration Pre-test	
08:30–09:15	Opening ceremony Group picture Presentation of the facilitation team	Kyrgyzstan dignitaries T. Atatrah C. Salvi
09:15–10:30	A1. Setting the scene Mode of work and expected outcomes Participant introductions Group work on expectations	M. Frost M. Frigo
10:30–11:00	**Coffee or tea break**	
11:00–12:00	A2. Emergency risk communication (ERC) 5-step capacity-building package and overview of ERC and community engagement principles	C. Salvi
12:00–13:00	**Lunch**	
13:00–14:00	A3. Community engagement	A. Baialinov L. Latinovic
14:00–15:00	A4. WHO's mandate, roles and functions	M. Frigo C. Salvi
15:00–15:30	A5. International agreements	C. Couillard
15:30–15:45	**Coffee or tea break**	
15:45–16:45	A6. Competencies for working in emergencies	A. Black
16:45–18:00	A7. 21st century emergencies	T. Atatrah
18:00–19:00	**Dinner**	
19:00–21:00	A8. Communication refresher	Facilitators

Day 2, Tuesday, 11 December		
Time	**Activity**	**Presenter(s)**
08:30–09:30	B1. International Health Regulations (IHR) (2005): multi-hazard dimension Disease of focus: influenza Behavioural risk factors	L. Latinovic M. Frost
09:30–10:30	Group work – Community engagement plans: public health threats, behavioural outcomes and audiences	C. Salvi C. Couillard M. Frost
10:30–11:00	**Coffee or tea break**	
11.00–12.00	B2. Group work presentations	
12:00–13:00	**Lunch**	
13:00–14:00	B3. Accountability to affected populations (AAP) and community engagement	K. Chitnis
14:00–15:30	B4. Emergency response roles and actors	A. Black M. Frigo C. Couillard
15:30–16:00	**Coffee or tea break**	
16:00–16:30	B5. The Emergency Response Framework (ERF)	C. Salvi M. Frost
16:30–17:00	Group work – Community engagement plans: social science factors and local behaviours	
17:00–18:00	B6. Framing social science interventions (SSIs) in epidemic and pandemic response	M. Frigo A. Black
18:00–19:00	**Dinner**	
19:00–21:00	B7. Community engagement plans – challenges and solutions	Facilitators

Day 3, Wednesday, 12 December		
Time	Activity	Presenter(s)
08:30–09:00	Reminder of participant/team attributes being assessed C1. Tools and resources	M. Frost M. Frigo
09:00–09:30	C2. Social science informed risk communication and community engagement for health outbreaks	K. Chitnis
09:30–10:00	C3. Three way rotation station – Round 1: Knowledge, attitude and practices (KAP) (Mara), plenary; focus groups (Cristiana), coffee room; intercept interviews (Ketan), Business Centre	
10:00–10:30	**Coffee or tea break**	
10:30–11:00	C3. Three way rotation station – Round 2: KAP (Mara), plenary; focus groups (Cristiana), coffee room; intercept interviews (Ketan), Business Centre	
11:00–11:30	C3. Three way rotation station – Round 3: KAP (Mara), plenary; focus groups (Cristiana), coffee room; intercept interviews (Ketan), Business Centre	
11:30–12:00	Presentation on Médecins Sans Frontières (MSF) work in emergencies	MSF
12:00–13:00	**Lunch**	
13:00–13:30	Report out and group work	Frost
13:30–14:30	Community engagement plan presentations – part 2 Awards to the teams	Group work
14:30–15:30	C4. Getting ready for the field Overview of how individuals will be observed with competency approach	A. Black
15:30–16:00	**Coffee or tea break**	
16:00–19:00	Introduction to simulation exercise (SIMEX)	H. Utunen
19:00–20:00	**Dinner**	

Appendix 2.
Facilitators

Surname, name	Position	Role
Salvi, Cristiana	Programme Manager, External Relations WHO Regional Office for Europe	SocialNET team lead
Atatrah, Tasnim	Acting WHO Representative and Head of Country Office in Kyrgyzstan	SocialNET country office lead and facilitator
Utunen, Heini	Technical Officer, WHO headquarters	SocialNET SIMEX manager
Frost, Melinda	RCCE consultant, WHO Regional Office for Europe	Training/SIMEX technical advisor and facilitator
Latinovic, Ljubica	RCCE consultant, WHO Regional Office for Europe	Training/SIMEX facilitator
Couillard, Cory	Risk Communications Officer, WHO Regional Office for Europe	Training/SIMEX facilitator
Frigo, Mara	Technical Officer, WHO headquarters	Training/SIMEX facilitator
Black, Andrew	Consultant, WHO headquarters	Training/SIMEX facilitator
Chitnis, Ketan	Communication for Development Specialist, UNICEF Programme Division, New York	Training/SIMEX facilitator

RCCE = risk communication and community engagement; SIMEX = simulation exercise; UNICEF = United Nations Children's Fund.

Appendix 3.
WHE Competency Framework criteria

3. Communication

WHO definition: Expresses oneself clearly in conversation and interaction with others; actively listens. Produces effective written communications. Ensures that information is shared.

WHE context: WHO personnel must be able to provide clear, credible and trusted communications while ensuring that the voices of crisis-affected persons are incorporated and heard. WHE personnel are faced with challenging environments working with many team members they may not have worked with previously. In these challenging circumstances, WHE personnel will need strong communication and negotiation skills that can bring opposing opinions amongst a diverse array of stakeholders to an acceptable compromise.

Behavioural indicators

3.A. Actively listens and considers the perspectives and experiences of team members, Member States, partner stakeholders and affected communities.

3.B. 3.B. Is concise, clear (without unnecessary use of jargon), timely, targeted (to the needs of different stakeholders), compelling and directive (when required) while being culturally adapted to the context. Adjusts communications as needed for specific target audiences (e.g. teams, partners, public).

3.C. Negotiates to a positive result for WHO and positive health outcomes to the benefit of those that the Organization serves, while treating sensitive or restricted information as confidential.

3.D. Can clearly articulate WHO's mandate and functions in a compelling way that gives voice to WHO's values and work. Responds to media enquiries (per WHO rules and based on an understanding of WHO communications protocols) and health authority enquiries, respects the use of images related to crisis-affected communities (per WHO rules) and uses social media effectively (per WHO rules of engagement related to social media).

3.E. Contributes proactively to the flow of clear internal and external communications. Shares and requests appropriate information in a timely manner, using the most effective communication medium and language, according to need and in a culturally appropriate manner. Demonstrates ability to effectively contribute to and manage meetings.

3.F. Is analytical in thought and communications. Demonstrates capacity to capture (extract), summarize and apply relevant emergency information to inform evidence-based decision-making.

4. Teamwork

WHO definition: Develops and promotes effective relationships with colleagues and team members. Deals constructively with conflicts.

WHE context: WHE personnel will likely work with colleagues from a wide array of backgrounds, cultures, experiences, skill sets and roles. Team members will often change on a frequent basis, with team members fulfilling various functions within a team, often in roles that are different (above or below) their normal grade level. WHE emergency personnel need to be able to integrate rapidly into emergency work, build trust with fellow team members and quickly establish means to contribute positive, productive and effective ways of working together in a multicultural environment.

Behavioural indicators

4.A. Establishes and fulfils agreed ways of working, roles and responsibilities with team members. Demonstrates understanding of both individual roles within the team and collective team roles. Respects the chain of command within the team while also contributing to solution-oriented decision-making.

4.B. Actively contributes to the objectives of the team with a focus on and understanding of common goals, purpose, values and mission of the team.

4.C. Solicits input by genuinely valuing team members' ideas and expertise; integrates as relevant this input into their own work; is willing to learn from others.

4.D. Shows they are a team player by working collaboratively, supporting fellow team members, building rapport and empowering others. Able to work cross-functionally as needed and go beyond one's non-emergency functional role, status or grade level.

4.E. Seeks to build trust with team members and amongst the team. Accepts joint responsibility for team's successes and shortcomings.

4.F. Contributes to the security, safety, well-being and duty of care amongst the team.

4.G. Identifies and addresses conflict proactively and can challenge others when appropriate and constructive. Acts bravely when needed and is sensitive to team members.

4.H. Demonstrates ability to work in a multicultural environment. Appreciates and respects cultural differences.

4.I. As a team member, manages oneself emotionally, mentally and physically so that he or she can be an effective contributor to the team.

WHE = WHO Health Emergencies Programme.

Appendix 4.

WHO competency-based assessment results

Introduction

A competency-based assessment was piloted during this training. The assessment is being developed by the WHO Health Emergencies Programme (WHE), Learning and Capacity Development (LCD) Unit. It is the intention that this type of individual assessment will become standard for emergencies staff.

The WHE Competency Framework builds on the Enhanced WHO Competency Model and constitutes an essential component of the WHE Learning Strategy. This WHE Competency Framework develops more in-depth WHE-focused competencies that are currently considered essential for individuals and teams working in emergencies. WHE competencies are crosscutting competencies that – to varying degree – apply to all WHE human resources. These competencies build upon and enhance technical knowledge that experts have acquired through their education and experience.

The core WHE competencies are:

- moving forward in a changing environment: flexibility, agility and adaptability; situational awareness in diverse cultural environments; security, safety and duty of care; change management;
- operationalization of technical expertise: technical leadership; information and planning; health operations; operations support and logistics; finance and administration;
- communications: clear; based on listening; effective communication;
- teamwork: building, nurturing and working in emergency teams;
- partnership: building and promoting partnerships across the Organization and beyond; partner coordination;
- leadership: leadership; vision; empowering others; building trust; managing performance, judgment and decision-making.

The six WHE competencies are broken down into 49 observable behaviours. The WHE behavioural competencies are highlighted as priorities for the current WHE emergency workforce. They are taken from the Enhanced WHO Competency Model but contextualized and expanded upon to meet WHE requirements related to the present WHE challenges of working in emergencies.

Apart from WHE competencies, all personnel, staff and those deployed under WHO's flag will be required to demonstrate the core values of the United Nations – integrity, professionalism and fostering diversity.

Methodology for assessment – SocialNET training

For the purposes of this training, it was decided to observe 15 behaviours, which fell under the communications and teamwork competencies.

Faculty graded participants against the behaviours, with a grade between 0 and 3. Zero demonstrates that the participant has shown behaviour contrary to those indicated and 3 indicates that they have exemplified the behaviour. Generally, participants are graded 1 or 2, which indicates that they have met the behaviour required. Where the behaviour is not observed no grading is given.

During the SocialNET course, faculty members were provided with a list of the competencies and behaviours and a list of participants, which had a picture of the participant and their name. Everyone was asked to grade participants throughout the classroom activities and the simulation exercise. Best practice is to collect and record observations on a regular basis by writing the number of the behavioural indicator on the sheet and indicating a grade between 0 and 3. It is useful for faculty to make a note of the observed behaviour in order to have a written explanation of the assigned grade.

The grading for each behavioural indicator is then recorded on an Excel spreadsheet and averaged to provide an overall score against each competency.

In practice, however, observations were not regularly recorded, so the faculty convened and provided feedback based on the scoring system at the end of the training. Some of the faculty had made observations during the week, which were also taken into consideration. A table of the observed competency behaviours and grades is provided for each participant to be used as part of the individual feedback process.

Results

The groups achieved scores of between 1 and 3 across all the behaviours, indicating that all the behaviours were demonstrated to an acceptable standard.

Overall the group scored marginally higher in the teamwork behaviours than in the communications, but this may be accounted for by the fact that many were not communications staff and that there was a significant language barrier (none of the assessing faculty spoke Russian).

Scores under the communications competency ranged between 1.68 and 2.00.

Three behaviours under the communications competency were scored comparatively low. These were "emotional and cultural intelligence", "analytical and precise" and "effective information sharing". The behaviour of "effective information sharing" refers to the ability to proactively share relevant information within and outside a team.

All three of these behaviours relate to the ability to proactively provide brief and targeted communications that are adapted to the needs of audiences. That these scored lower than other communication behaviours may be indicative of the need to include some material on the delivery of effective briefings.

The participants scored higher in the "active listening" behaviour, which refers to the ability to hear, acknowledge and integrate the views of colleagues and stakeholders. This behaviour can be linked to the high score for demonstration of "collaborative mindset" behaviour under the teamwork competency.

As mentioned, scores for teamwork were higher than for communications. Under this competency, the scores for the observed behaviours ranged from 1.77 to 2.10. Here the lowest scoring behaviours were "conflict resolution" and "respect for team roles and ways of working". Conflict resolution refers to the ability to proactively identify and address conflict. In two of the four teams strong characters were observed who dominated activities and were not challenged by teammates. This may be indicative that there is a need to brief participants on team dynamics and the responsibility of senior members to exercise leadership through supporting rather than dominating the less experienced members of the group. The score for "respect for team roles and ways of working" likely reflects a similar tendency of some participants to dominate proceedings. If participants had had the opportunity to complete the Incident Management System Tier 2 (IMS2) training online, they would have completed modules which deal with some of these issues.

However, the teams scored highly on "goal orientation", which concentrates on actively contributing to and understanding team goals, and "collaborative mindset" which indicates the ability to build rapport. Two of the teams were particularly effective at encouraging contributions from across their teams. All of the teams met the requirements of the training and the exercise and produced the outputs expected of them.

Summary

Overall the lower scores for the communications competencies might be explained by the fact that a majority of the participants were not communications specialists. All the teams worked effectively and two of the teams demonstrated a particular ability to effectively involve all the team members. This is reflected in the high scores for teamwork behaviours. Completion of the IMS2 online training may help address some of the challenges experienced in those teams where the balance of contribution between all participants was not as well demonstrated.

Appendix 5.
Evaluations forms

Evaluation: training

Bishkek, Kyrgyzstan, 10–12 December 2018

Your feedback will assist us in maintaining and improving the quality and relevance of future social science trainings.

1. How would you rate the usefulness of the online pre-learning? (1 – not useful, 2 – sort of useful, 3 – useful, 4 – extremely useful)	

2. Did the online pre-learning help you prepare for the face-to-face part of the training? (Please circle)	Yes No

3. How would you rate the training overall? (1 – not useful, 2 – sort of useful, 3 – useful, 4 – extremely useful)	

4. Which part of the training was most useful to you? (1 – not useful, 2 – sort of useful, 3 – useful, 4 – extremely useful)	
Online pre-learning module on the OpenWHO platform	
Day 1 **Topics covered:** 21st century emergencies; emergency risk communication five-step capacity-building package; WHO's mandate, roles and functions; international agreements; competencies for working in emergencies and community engagement	

Day 2

Topics covered: International Health Regulations; disease-specific social and behavioural risks; accountability to affected populations and community engagement; emergency response roles and actors; Emergency Response Framework; framing social science-based interventions

Day 3

Topics covered: tools and resources; social science-based interventions for preparedness and response; social mobilization and communication for development (C4D); getting ready for the field

5. **Which above topics from days 1–3 were most useful to you?**
   (Write responses and then rank in order of relevance)

6. **List three priority areas in which you would like to have opportunities for growth/ learning in the area of risk communication, community engagement and social science-based interventions**

7. What are you most likely to do as a result of this training?

_____

_____

_____

_____

8. Do you have any suggestions about how this training could be improved?

_____

_____

_____

_____

Thank you for your feedback.

Evaluation: simulation exercise

Bishkek, Kyrgyzstan, 13–14 December 2018

Your feedback will assist us in maintaining and improving the quality and relevance of future simulation exercises.

Which team are you a member of? (Please circle)

Alpha   Bravo   Charlie   Delta

Do you have prior experience of simulation exercises? (Please circle)   Yes   No

1. Simulation objectives Please circle your response to each statement.	I strongly disagree	I disagree	I agree	I strongly agree
Were the following simulation objectives achieved?				
1. Applied learned knowledge and skills in a series of emergency-like scenarios.	1	2	3	4
2. Exercised systems and procedures established by the WHO Emergency Response Framework in a health emergency.	1	2	3	4
3. Exercised specific functions of the Incident Management System.	1	2	3	4

2. Self-preparedness Please circle your response to each statement.	I strongly disagree	I disagree	I agree	I strongly agree
1. I am more familiar with the field context.	1	2	3	4
2. I am better prepared to act and respond appropriately according to my role.	1	2	3	4
3. Reinforced field skills: team work; self and stress management; working under pressure; understanding of code of conduct and ethics; learning how to handle diverging views, positions, interests and values; networking techniques; negotiation skills.	1	2	3	4

3. Simulation facilitation Please circle your response to each statement below.	I strongly disagree	I disagree	I agree	I strongly agree
The simulation scenario covered what I expected it to cover.	1	2	3	4
The facilitation was effective.	1	2	3	4
The logistical set up was appropriate.	1	2	3	4
The reference materials supplied were relevant.	1	2	3	4
The debriefing covered what I expected it to cover.	1	2	3	4
The debriefing's objectives were achieved.	1	2	3	4

Comments:

_____

_____

Please list some of your key impressions, whether personal or professional from the simulation and debriefing process.

_____

_____

Do you have any suggestions about how this simulation could be improved?

_____

_____

Appendix 6.
Participants feedback

Participants from Armenia

Participant 1

I would like to express my gratitude; thank you very much for such an interesting training. I have participated in many trainings; though this training was very long, it was very interesting and exciting because there were many interventions, group work and lectures. It was interesting.

What will I take with me? I will take many friends with me. I will have many colleagues now. I will remember many faces and we will communicate, we will work together. What I liked most of all, in practice, was the work with the community. In my country, engaging communities needs strengthening. I will introduce this in my country; not just on the prevention of infectious diseases but also for noncommunicable diseases, in order to reduce the risks.

Participant 2

I want to say thank you very much to the organizers of this training. In my life, I have had a lot of trainings, but this was the first on community engagement. Before, we have been taught everything except this topic (how to deal with people, how to communicate, how to work with mass media, etc.) and because of that, this training was very important for us.

What will I do when I go home? I said last time that we would develop an ERC plan, and now it is circulating. Certainly we will do our best to have this plan adopted by the government. It will be a National Plan and we are going to implement it.

Participants from Azerbaijan

Participant 1

Thank you very much for this opportunity to learn from experts and colleagues, to gain experience important for my job. I have already made a strategy, but there is a need to make it more sustainable. Next week, we are having a communications group meeting with the United Nations country team, to apply what we have learned here. I have gained a lot of technical knowledge and experience. Thank you.

Participant 2

Thank you very much to all. I would like to extend my gratitude to those who contributed to organizing a very nice workshop and training. The simulation exercise was great. I gained a lot from this workshop. I will certainly apply this knowledge and skills in my work.

Participant from Belarus

I want to extend my gratitude to the organizers of this workshop. This week was so intense for us, but everything was done in a friendly atmosphere. Thank you very much for the valuable things that you gave us. The experience of working in different teams was interesting. For me, it was important to get tools and knowledge that can be applied in my job. I am sure these methods and workshops will be applied in our country, and I will share this information with my colleagues. Again, thanks to everyone; we were working as a team and hopefully it will continue.

Participant from Georgia

In this training, I learned how to work in a multicultural group, and how to work together and divide roles. I am currently working in the National Centre for Disease Control and Public Health (NCDC), and I will use this experience in my work.

Participants from Kyrgyzstan

Participant 1

Thank you all. In fact, in the beginning, the topic was not so clear for me and I wondered why we needed so many trainers, but now I know this is a big effort. Thank you for your professional attitude to the workshop. You have done a great job for all the participants.

During the simulation, I understood that we can apply the knowledge and skills learned not only in emergencies but also in our daily work, dealing with mass media and leading a team. I have gained a lot of knowledge and I will certainly apply it, because the information that you provided is really good. Every day was new for me; it was a really cool training for me personally.

Participant 2

This was a great workshop. In my city, you have given us such an opportunity: this five-day intensive training, from morning to late night. Your efforts are highly appreciated.

SIMEX was fantastic. You organized it so well, we could not even believe that it was an exercise. It was so realistic; a real emergency. Thanks to your talent as actors, we believed we were in a real emergency. Thank you for the knowledge, theoretical and practical. This knowledge will not only be used in emergency situations, I am sure it will be useful in our daily life. It was a very useful experience and I will share it with my managers. Working with our partners, we will continue to implement this approach in our country.

Participant 3

I would like to extend my gratitude to all colleagues. The first thing that I took with me from the training was new friends. And what I learned during the workshop was that the most important thing to consider is social science and community engagement. In my job, I already had some knowledge about this concept, but now I have gained a deeper understanding.

I know how to identify gaps and how to communicate with mass media. I rely on the WHO Regional Office for Europe to help me with the skills I need to communicate with the media. It was a good experience to work in a team with different personalities, behaviours, cultures, languages and professional backgrounds. Thank you very much for this experience.

Participant 4
Unforgettable days! During the simulation, it was so interesting to participate in all of the activities. At some point, I came to the conclusion that it is very important, especially in an emergency, to be ready for anything. We were planning one thing, but faced another situation in reality.

In some cases I was scared, it was horrible for me. I saw a pregnant woman who needed support. Everything was so realistic. The actors were great. The specialists really put their heart into this, which means that they love their jobs. This is my wish and desire as a professional.

I have prepared a pandemic preparedness plan and we have a section on communication. Certainly, I will include this knowledge in the plan. During the simulation exercises, it was so important to get feedback.

Participant 5
Thank you for coming to Kyrgyzstan. I hope that you will take nice memories home and I hope these days of training were useful for you from a professional point of view. There were many useful things we can use for our work in the future. I was happy to see you here and determine how we should use this knowledge.

We need to improve our knowledge and skills, and I hope it will not be the last social science training in Kyrgyzstan. We will utilize the information that we were provided.

Participants from the Republic of Moldova
Participant 1
I learned how to work better in a multicultural and bilingual team, and I will work on supporting, organizing and training a country team.

Participant 2
I learned a lot about how to engage communities in emergency situations and will work more on developing an emergency risk communication and community engagement plan.

Participant 3
I liked everything this week. The SIMEX was very interesting. I learned from different experiences and situations. It was amazing. I will try to push for similar exercises in my country.

Participants from the Russian Federation

Participant 1

Thank you very much for conducting this activity. I would like to express my gratitude to the organizers. This was the first activity that I have attended in this format. The level of knowledge I received was very high. I had something to learn, especially from the point of view of working in a group, because in our country, if the team does some investigation, it is usually conducted in a vertical way, and the leader makes the decisions. I will continue to look for information on the topic and will share this information with my colleagues.

Participant 2

I want to say, this was my first experience of this kind of training. The knowledge we gained is very valuable. Thanks to the trainers and to my colleagues.

All of the days were very important and complimentary. Day by day, we gained more knowledge and became more experienced. I will certainly apply this in my everyday practice. It is very useful. I will share this information with my colleagues in my job.

Participant 3

I share the opinion of those who have already commented. I have a lot to say, but within this limited time, I want to highlight that it was very important for me to work with representatives from WHO, especially countries of our Region. We are all neighbours, but each country has particular characteristics.

The training was a unique opportunity to communicate with colleagues. We had a chance to discuss the community and these are the human things that are really important. Certainly, we will remember these activities and each other, and our future communication will be better.

I would like to say, from what I understand, teamwork is a great and universal tool that can be applied in different organizations and areas. If something happens, we are unified in one team, because one person cannot manage the situation by themselves.

When I go back, I will discuss the importance of the topic of emergencies with my colleagues in the country office. In my country, we have a well-developed structure for emergencies. We will also talk with national partners to develop communication in our country.

Participants from Tajikistan

Participant 1

It was so nice to participate in this wonderful workshop. I want to express gratitude to the organizers. During this training, it was especially nice to get practical skills and to work in groups. Thank you very, very much for the support and invitation.

We will implement the skills which we learned here in our country and we will perform such exercises.

Participant 2

I would like to thank the organizers and experts who conducted this workshop with us. It was good to gain knowledge and practical skills.

Participant from Turkmenistan

Thank you very much Cristiana [SocialNET training lead] for such a perfect and professional team. Despite the fact that we had five days of intensive work, waking up early and going to bed late, I want to thank the WHO Country Office in Kyrgyzstan for the logistics, lodging, meals and so on. I was very glad to meet colleagues and I would like to extend my gratitude to them all. I will talk to my boss and the Ministry of Health in my country and we will organize a similar workshop for the experts in our country.

Participant from Ukraine

Thank you very much for this training. This was a new thing for me, the first experience as a team leader. Thank you very much for such an opportunity; it was an interesting experience for me. I would like to thank all members of my team and the people who we exchanged knowledge and experience with.

For myself, I will take home how to provide information. I will certainly share the information with partners in my country, with the Ministry of Health, the WHO country office, and the public health centres. Certainly, this experience will be implemented in Ukraine.

Participants from Uzbekistan

Participant 1

I want to thank all the WHO experts. I liked the simulation exercise, where all the WHO experts were excellent actors. The whole workshop was organized very well. I have participated in many trainings and workshops, but I liked your method and approach to the training. In my country, I work with mass media and I will use all the knowledge and skills that I gained during this workshop.

Participant 2

I would like to add that the teamwork was great, and international teamwork was even more important. So, thanks to the teams.

I am so proud, and feel lucky that I met some international experts and professionals.

In such a short period of time, you have explained everything in such detail. This is not my area of expertise, but now I can apply all of this knowledge and experience to my job.

Since my work directly relates to communications and coordination in emergencies, I am overseeing this area in my country; therefore, the practical exercise was very useful for me. I will apply these lessons not only personally, but also to my team.

Participant responses: What are you taking back to your country?

Participant from Armenia
"The previously developed plan is circulating. The goal is to have the plan adopted by the government and implement it."

Participant from Kyrgyzstan
"I will apply all the knowledge I have gained to my work. It was a cool training. Thanks to WHO and the trainers."

Participant from the Republic of Moldova
"We will work together and receive technical support to draft a risk communication and community engagement plan."

Participant from the Russian Federation
"I will apply this knowledge and valuable experience and share it with colleagues."

Participant from Tajikistan
"We will implement the skills we learned here and perform such simulations in our country. I will introduce this to my superiors."

Participant from Turkmenistan
"I will take and share all knowledge and skills I have learned and organize a similar training in Turkmenistan."

Participant from Ukraine
"We will implement this in Ukraine. We need to finalize the risk communication plan that was previously developed."

Participant from Uzbekistan
"I work in mass media and I will use the knowledge and skills I have gained in my work."

Appendix 7.
Resources

1. Scaling Europe's emergency risk communication capacity through a five-step package. Implementation report 2017–2018:
    http://www.euro.who.int/en/health-topics/emergencies/international-health-regulations/emergency-risk-communications/emergency-risk-communications-tools/scaling-europes-emergency-risk-communication-capacity-through-a-five-step-package.-implementation-report-20172018

2. Emergency risk communication (ERC) 5-step capacity-building package:
    http://www.euro.who.int/en/health-topics/emergencies/international-health-regulations/emergency-risk-communications/emergency-risk-communications-tools/national-health-emergency-risk-communication-training-package

3. Emergency risk communication – early lessons learned during the pilot phase of a five-step capacity-building package:
    http://www.euro.who.int/__data/assets/pdf_file/0009/364869/php-4-1-1207-emergency-risk-eng.pdf

4. From capacity mapping to development of a national response plan: increasing emergency risk communication capacity in Romania:
    http://www.euro.who.int/__data/assets/pdf_file/0007/364867/php-4-1-1206-romania-eng.pdf?ua=1

5. Zika virus and emerging mosquito - borne diseases: The European emergency risk communication challenge. A response guide (2017):
    http://www.euro.who.int/en/health-topics/emergencies/zika-virus/technical-reports-and-guidelines-on-zika-virus/emergency-risk-communications/zika-virus-and-emerging-mosquito-borne-diseases-the-european-emergency-risk-communication-challenge.-a-response-guide-2017

6. Communicating Risk in Public Health Emergencies: a WHO Guideline for Emergency Risk Communication (ERC) policy and practice:
    https://www.who.int/risk-communication/guidance/download/en/