

National health emergency risk communication

Plan-writing package



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Keywords

EMERGENCIES
RISK
COMMUNICATION
DISASTER PLANNING
DISEASE OUTBREAKS
CAPACITY BUILDING
EUROPE

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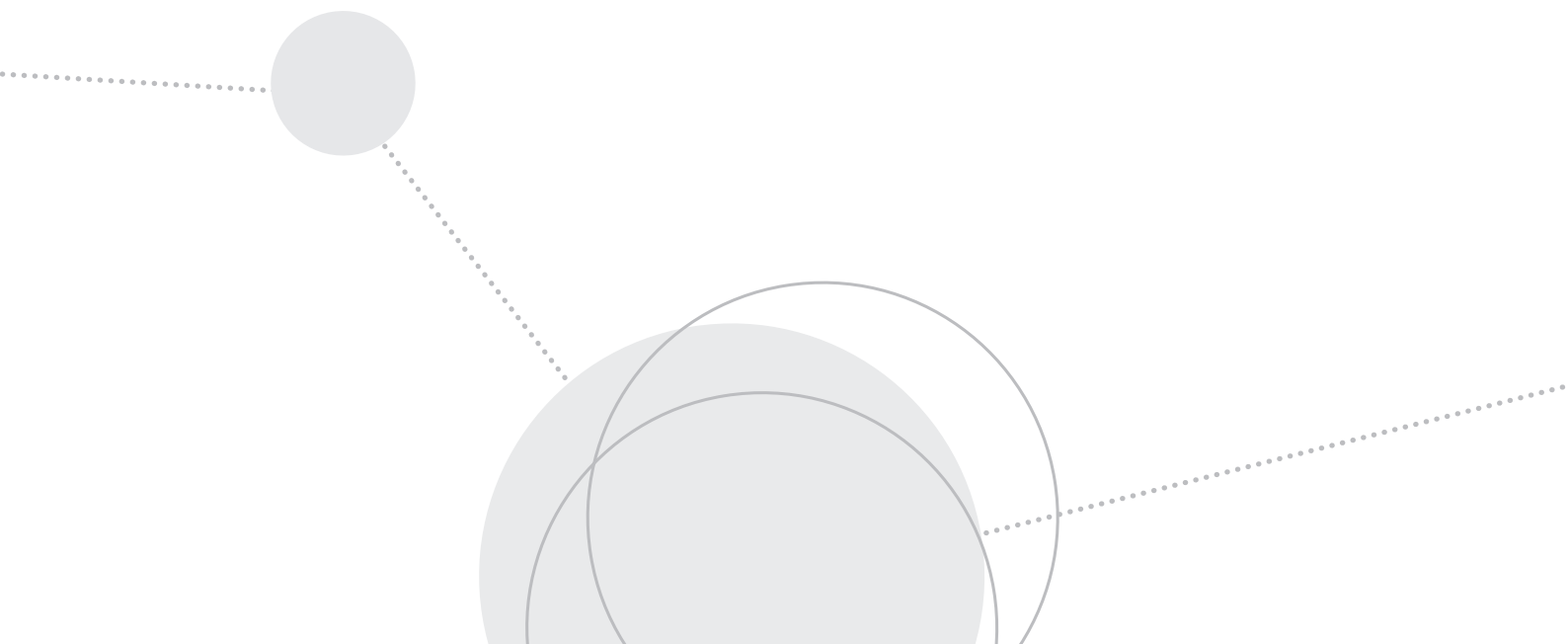
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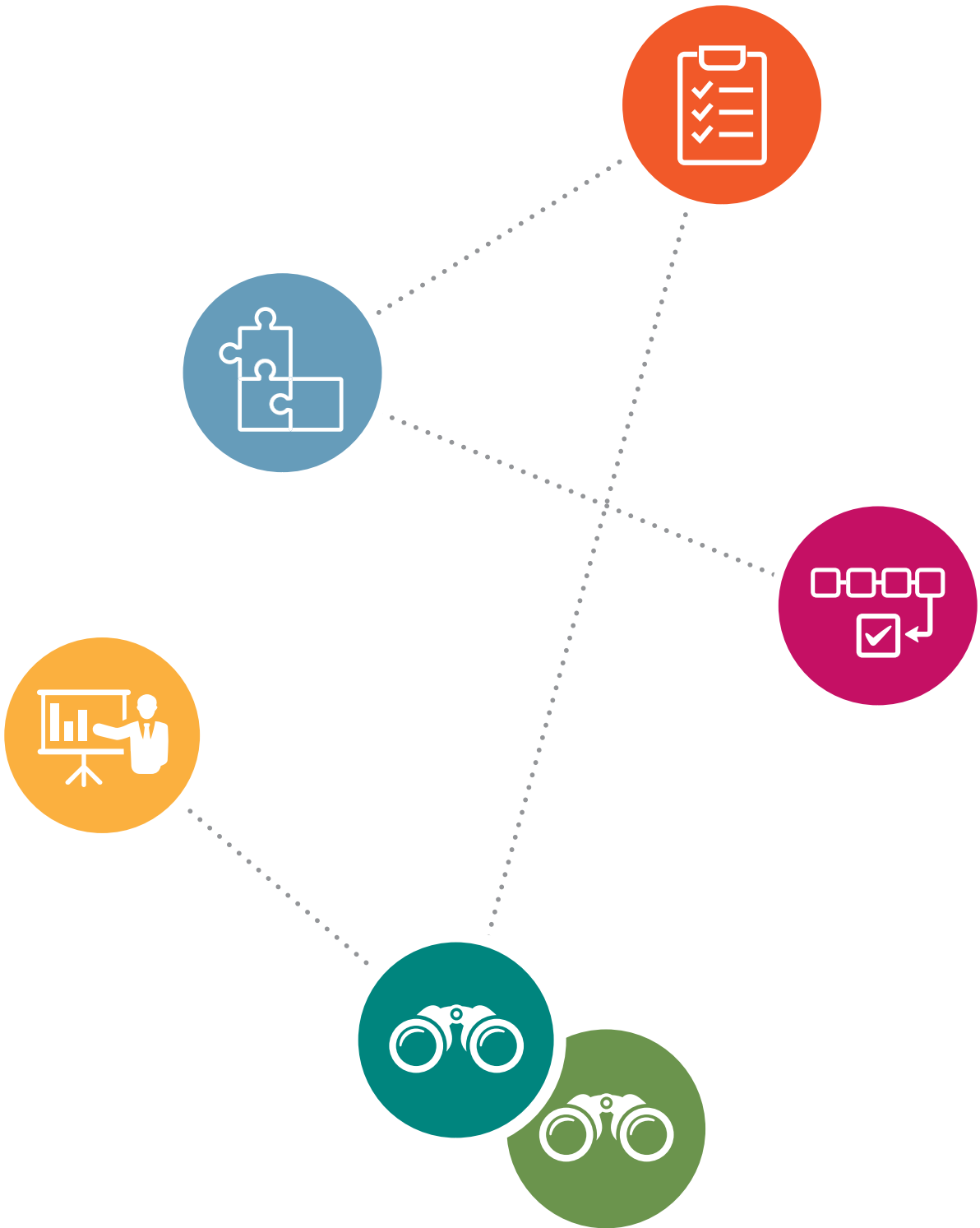
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Contents

Emergency risk communication and the five-step capacity-building package.....	1
Background	1
ERC plan writing within the five-step capacity-building package.....	2
ERC plan writing.....	6
Plan-writing overview	6
Audience.....	6
Scope.....	6
Meeting ERC needs	7
Training goal	7
Special topic ERC plan.....	7
Sample agenda.....	8
Day 1	8
Day 2	10
Sample preparation checklist.....	12
Documents to be reviewed and sent.....	12
Documents to be provided and reviewed before the mission	12
Participants to include in ERC plan-writing workshops	13
Plan-writing logistics	15
Plan-writing materials and checklist for printing and translation	16
Template for plan writing.....	19
1. [Name of country] and emergency risk communication	19
1.1 Country background	19
1.2 About the ERC plan	20
1.3 Definitions	20
1.4 Abbreviations and acronyms	21
2. Goals and guiding principles of effective ERC	22
3. The lifecycle of a crisis and the four ERC capacities.....	24
3.1 Lifecycle of a crisis.....	24
3.2 The four ERC core capacities	27
3.3 Preparation phase template	30
3.4 Initial response phase template.....	32
3.5 Crisis response and control phase template.....	34
3.6 Recovery and evaluation phases template.....	36

4. Tools	38
4.1 Standard operating procedures	38
4.2 Audience segmentation, analysis and engagement	42
4.3 Formative research	48
4.4 Dealing with rumours	56
4.5 Ensuring good-quality materials	58
4.6 Channel selection.....	59
4.7 Working with the media	61
4.8 Stakeholder and media contact lists.....	63
4.9 Strategies for hard-to-reach groups.....	63
4.10 Evaluating communication interventions	64
4.11 Testing and exercises.....	66





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.

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 writing 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

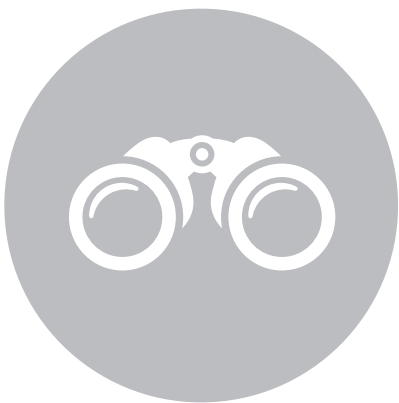
The aim of the national health ERC plan-writing activity – step three of the ERC five-step package – is to support health communication personnel in writing a plan in which the country's resources are used effectively to respond to communication needs before, during and after an emergency. The plan is written during a workshop facilitated by the WHO Regional Office for Europe ERC team. During the workshop, relevant stakeholders draft an all-hazard ERC plan to address major public health threats in their country. The workshop is often conducted in conjunction with ERC training and/or ERC capacity-mapping.

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

	<p>Step 1. Training</p> <p>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.</p>
	<p>Step 2. Capacity mapping</p> <p>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.</p>
	<p>Step 3. Plan writing</p> <p>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.</p>
	<p>Step 4. Plan testing</p> <p>The WHO Regional Office for Europe provides support for testing the ERC plan in multisectoral simulation and table-top exercises in:</p> <ul style="list-style-type: none"> • 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.
	<p>Step 5. Plan adoption</p> <p>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.</p> <p>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.</p>



ERC plan writing





ERC plan writing

Plan-writing overview

Audience

Health sector staff, such as communications specialists; emergency responders; epidemiologists; influenza, vaccination and hospital managers; staff at other levels and in other sectors; international organizations, civil society and other response partners.

Scope

The plan-writing workshop is tailored to each country's risk communication needs. Participants are guided through the phases of writing an ERC plan for the country's capacity and needs. Use of the plan should ensure that, before, during and after an emergency, the country will:

- communicate in a timely, transparent manner,
- coordinate communication to targeted audiences to allow them to make informed health decisions,
- engage with affected communities, maintaining two-way communication, and
- use effective communication channels and engage stakeholders.

Meeting ERC needs

The following capacities will be addressed in the workshop.

- overview of ERC principles and practice
- “speaking in uncertainty”
- communication coordination
- methods for risk perception
- rumour detection and response
- message testing
- community engagement
- use of effective channels

Training goal

Upon completion of this workshop, participants will have drafted an all-hazard draft ERC plan using multisector capacities to address public health threats in their country.

Special topic ERC plan

It is strongly recommended that the ERC plan address all public health emergencies that could occur in the country. Some countries, however, require a plan tailored for a specific public health threat, such as influenza. In these cases, the WHO Regional Office for Europe ERC team recommends that plan for the special topic be written at the same time as and annexed to the all-hazards plan. If the country planners strongly consider that they require an annexed special topic plan, discuss the design of an effective workshop with the facilitators in advance.



Sample agenda

DAY 1				
Time	Content	Format	Facilitator(s)	Output
8:30–9:00	Registration			
	Welcome and introduction to emergency risk communication (ERC)			
9:00–9:30	Official welcome to planning workshop by leaders	(Insert presenter) – Plenary	Ministry of Health and WHO country and regional offices	
9:30–9:45	Overview of all-hazards ERC in the country	(Insert presenter) – Plenary	Ministry of Health	
9:45–10:00	Overview of [topic] in the country	(Insert presenter) – Plenary	Ministry of Health	
10:00–10:30	Introduction to ERC plan-writing methods and process	(Insert presenter) – Plenary	WHO Regional Office	
10:30–11:00	Coffee or tea break			
Session 1	Preparedness and operational readiness phase			
11:00–11:20	Overview	(Insert presenter) – Plenary	WHO Regional Office	Draft plans for preparedness and operational readiness phase
11:20–12:00	Writing an all-hazards ERC plan	Group work – Breakout	Participants	
11:20–12:00	Writing a plan for a special topic	Group work – Breakout	Participants	
12:00–12:30	Sharing and comparing	Group presentations – Plenary	Participants	
12:30–13:30	Lunch			

DAY 1 (continued)				
Time	Content	Format	Facilitator(s)	Output
Session 2	Initial response phase			
13:30–13:50	Overview	(Insert presenter) – Plenary	WHO Regional Office	Draft plans for initial response phase
13:50–14:30	Writing an all-hazards ERC plan	Group work – Breakout	Participants	
13:50–14:30	Writing a plan for a special topic	Group work – Breakout	Participants	
14:30–15:00	Sharing and comparing	Group presentations – Plenary	Participants	
15:00–15:30	Coffee or tea break			
Session 3	Crisis and control phase			
15:30–15:50	Overview	(Insert presenter) – Plenary	WHO Regional Office	Draft plans for crisis and control phase
15:50–16:30	Writing an all-hazards ERC plan	Group work – Breakout	Participants	
15:50–16:30	Writing a plan for a special topic	Group work – Breakout	Participants	
16:30–17:00	Sharing and comparing	Group presentations – Plenary	Participants	
17:00–17:30	Wrap up and conclusions of day 1	Plenary	WHO Regional Office	



DAY 2				
Time	Content	Format	Facilitator(s)	Output
8:30–9:00	Planning check			
Session 4	Recovery and evaluation phase			
9:00–9:20	Overview	(Insert presenter) – Plenary	WHO Regional Office	Draft plans for recovery and evaluation phase
9:20–10:00	Writing an all-hazards ERC plan	Group work – Breakout	Participants	
9:20–10:00	Writing a plan for a special topic	Group work – Breakout	Participants	
10:00–10:30	Sharing and comparing	Group presentations – Plenary	Participants	
10:30–11:00	Coffee or tea break			
Session 5	Conclusion			
11:00–11:30	Consensus on ERC plan and agreement on way forward	Participant vote and discussion	Participants	Completed plan and evaluations
11:30–12:00	Reflection and evaluations	Exercise and completion of workshop evaluations	WHO Regional Office and participants	
12:00–12:30	Certificates and workshop closure	Group presentations and plenary	Participants	



Photo credit: WHO

Sample preparation checklist

Documents to be reviewed and sent

Please review the following documents:

- ERC plan-writing workshop checklist (this document)
- Mission schedule (2-day training and other activities as planned)

To be sent:

- Mission budget
- Agenda
- Other activity agenda(s)
- Mission print list

Documents to be provided and reviewed before the mission

Before conducting an ERC plan-writing workshop, review of the following documents and references – when available – will provide background on the host country's risk communication planning and functions.

- Joint external evaluation: summary and recommendations
- Risk communication plans or components of other plans
 - Ministry of Health internal crisis communications plan
 - Government communications office crisis communications plan
- National emergency response plan for an epidemic or pandemic of a human communicable disease
- Pandemic influenza preparedness plan
- Plans and materials for vaccine events
- Reports of previous risk communication training
- Recent studies of knowledge, attitudes and practice conducted in the country
- Results of studies on how national or segments of the national population seek trusted health information
- News stories about recent national emergencies
- Organizational charts of communication capacity units
- Recent national public health risk assessments
- WHO country operations plan

Participants to include in ERC plan-writing workshops

Those individuals who are required are indicated with an asterisk (*)

Emergencies usually require an organized multisectoral response. An effective ERC response is no exception. At a minimum, conflicting communication messages, plans and methods will cause confusion and reduce trust and, at worst, will result in negative public health outcomes. It is suggested that all relevant stakeholders be included in training and in subsequent planning to ensure agreement and consensus before an emergency.

Ministry of health representatives

Numerous sectors and individuals within ministries of health must be coordinated in order to respond effectively with ERC. The following are typically involved (or should be involved) in coordinating risk communication.

- health communication staff at national and subnational levels, to include:
 - public relations officers in the ministry of health*
 - spokesperson(s)*
 - community engagement and/or social mobilization personnel and/or health promotion and education, etc.*
- ministry of health staff who lead emergencies in known threats (e.g. communicable diseases, pandemic or avian influenza, foodborne illness, antimicrobial resistance, chemical, biological, radiological and nuclear disasters, natural disasters)*
- health staff in epidemiology, immunization and influenza*
- ministry of health public health unit
- health emergency operations centre staff*
- health emergency staff at subnational levels
- national institute of public health*
- any other staff in areas identified in recent national risk assessments.

Participants to include in ERC plan-writing workshops (continued)

Those individuals who are required are indicated with an asterisk (*)

Partners external to the ministry of health

Clear communication depends strongly on coordination of all voices during an emergency. Therefore, determination of duplication and gaps in capacity, best practices and challenges with partners in the ministry of health and with external organizations will assist the ministry in identifying cost-effective capacity-building activities and designing a cross-cutting risk communication strategy for health emergencies.

- government communications office
- communication and response staff from the host country's administration for civil protection and disaster relief*
- communication and response staff from the national ministries of e.g. agriculture*, education, defence, the environment*, information, rural development
- representatives of national and subnational emergency operations centres and other responders.*

United Nations and nongovernmental organizations (NGOs)

The goal of a partner assessment is to ensure that their capacities are identified, to avoid duplication or identified gaps in planning.

- WHO staff*
- United Nations partners (e.g. UNICEF, OCHA)*
- Red Cross and Red Crescent and Crystal Societies*
- NGOs with relevant interests or mandates
- health service providers, associations, etc.
- civil society groups

Plan-writing logistics

Venue

- ⊙ One large plenary meeting room is required.
 - If such a room is not available at the ministry of health, other facilities should be found.
- ⊙ The plenary meeting room should have:
 - one round table per 6–8 workshop participants,
 - two projectors and two projector screens for PowerPoint presentations and
 - one or two microphones per table and one per facilitator.
- ⊙ If a plan on a “special topic” is added to the agenda, a smaller, separate breakout room will be required.

Materials

- ⊙ Each plenary table of 6–8 participants should have:
 - one flipchart with stand
 - 2–3 large sticky notes
 - 4–5 large black markers (large tip)
 - printouts of all materials and worksheets required for the workshop (to be provided by the WHO Regional Office for Europe ERC team) – see printing and translation list.
- ⊙ Posters and wall materials as provided by the Regional Office

Translation

- ⊙ If translation is needed:
 - All materials should be translated.
 - Simultaneous interpretation must be procured.

Additional personnel (as needed)

- ⊙ A rapporteur to write all the communication plans developed and presented during the workshop sessions and to record information written on flipcharts, sticky notes, etc.
- ⊙ One facilitator per table to engage participants in the exercises. The facilitators could be bilingual and necessarily knowledgeable about ERC. Instructions will be provided in advance of the workshop. Consider United Nations or NGO partners if appropriate.

Plan-writing materials and checklist for printing and translation

ERC plan-writing materials can be downloaded from this website

Link to Dropbox or SharePoint site

No.	Title of document to be translated, printed and/or saved on a memory stick	No. of copies	Approximate number of pages/ words in English
1	Plan template	1 copy per participant	36 pages/9000 words
2	Mission schedule	1 copy per participant	1 page/400 words
3	Workshop agenda	1 copy per participant	5 pages/900 words
4	Plan evaluation	1 copy per participant	6 pages/650 words
5	Introduction to plan writing (PPT)	1 copy per participant or shared electronically	32 slides

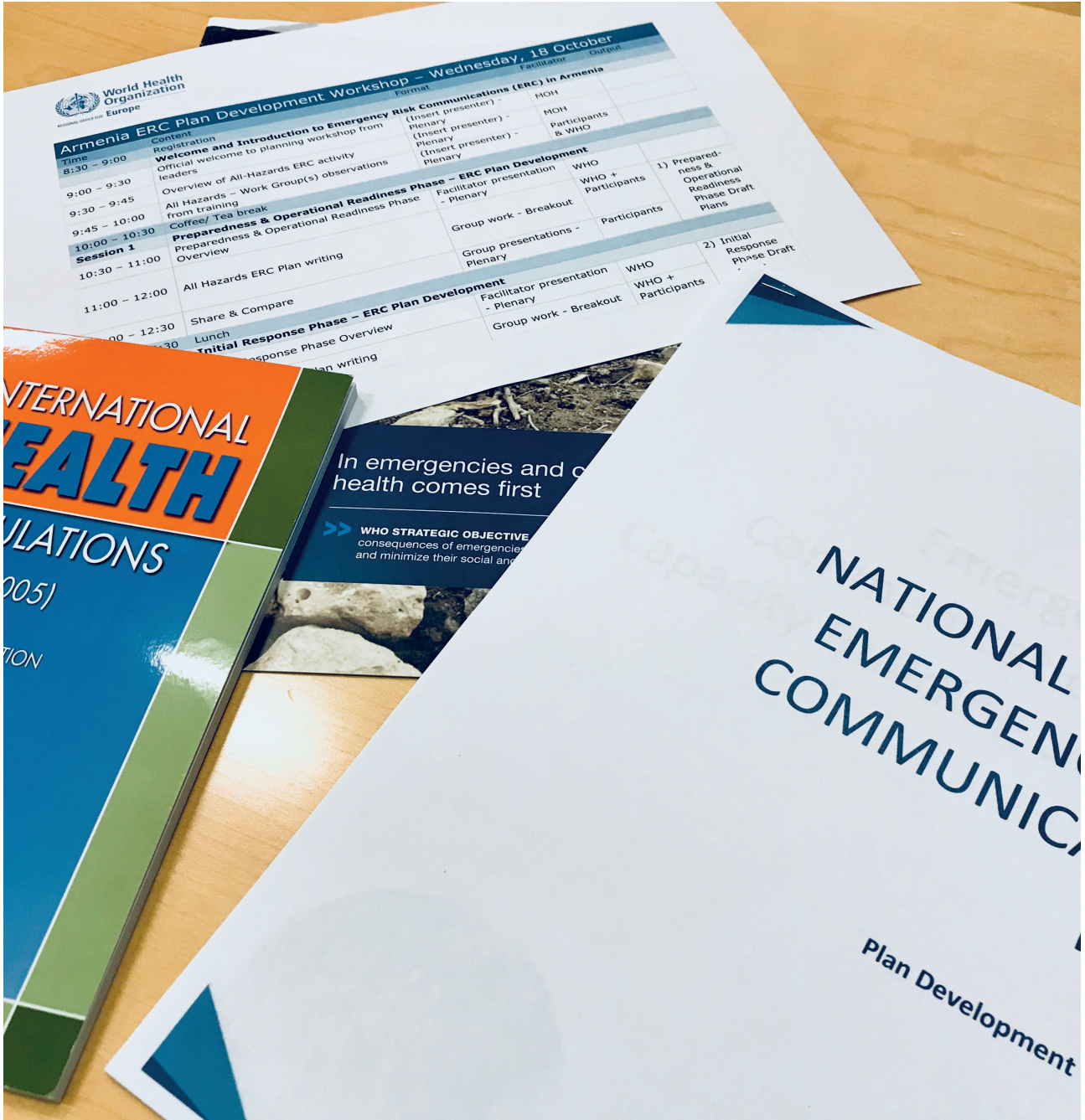


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Template for plan writing

Preface (from the country)

1. [Name of country] and emergency risk communication

1.1 Country background

[Information on country]

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.³

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.⁴

The Ministry of Health of [country] recognizes the critical importance of ERC and the role it plays in preparing for, responding to and recovering from public health emergencies. Effective multilevel and intersectoral collaboration is a priority to strengthen local, regional and national capacity to achieve health security. To this end, the Ministry is working to achieve the identified priorities in ERC in the most efficient and effective way, using existing strategic approaches, networks and resources.

[Identified priority areas in ERC]

3 The International Health Regulations (2005) can be found at: <http://www.who.int/ihr/en/>.

4 The pandemic influenza preparedness framework can be found at: <http://www.who.int/influenza/pip/en/>.

1.2 About the ERC plan

Under the IHR, the ERC plan addresses all existing and potential hazards and the whole of society.

This document describes ERC principles and tools and shows how they can be used in outbreaks and health emergencies. They will be used at different stages of an emergency, comprising preparedness, response and control, crisis, recovery and evaluation. The document also indicates who does what, when and how.

1.3 Definitions (add as appropriate for the country)

Actor: any individual or organization that plays a part in the preparedness, response, recovery and evaluation of an emergency. In this document, the term refers to anyone who may or may not have a role in the communication response, as opposed to partners, who do have a role in the communication response.

Audience analysis: a process to inform the design of materials, messages, media selection and activities. It establishes a clear picture of the audience's daily habits, media preferences, trusted influencers, language, literacy and potential barriers to recommended actions.

Emergency risk communication: real-time exchange of information, advice and opinions between experts or officials and people who face a threat (hazard) to their survival, health or economic or social well-being. Its purpose is to ensure that everyone at risk can make informed decisions to mitigate the effects of the threat (hazard) and take protective and preventive action. It involves a mixture of communication and engagement strategies and tactics, including media communications, social media, mass awareness campaigns, health promotion, stakeholder engagement, social mobilization and community engagement.

External communication: in this document, refers to communication outside the primary health response organization, typically the ministry of health and also with other communication response partners.

Internal communication: in this document, refers to communication within the primary health response organization, typically the ministry of health.

Public communication: in this document, refers to communication to specified target audiences in the population.

Partner: any organization outside the ministry of health that has a role in preparedness, response, recovery and evaluation of an emergency. In this document, it refers to those with a role in communication response.

Stakeholder: any individual or organization interested in or concerned with preparedness, response, recovery and evaluation of an emergency. In this document, it refers to individuals, communities, health care providers, partner organizations, internal organizational staff, policy-makers and others with whom communication may be required.

Target audience: any portion of the population or an organization for which emergency risk communication is developed and directed (e.g. parents, health care providers, religious leaders, community leaders).

1.4 Abbreviations and acronyms (add as appropriate for the country)



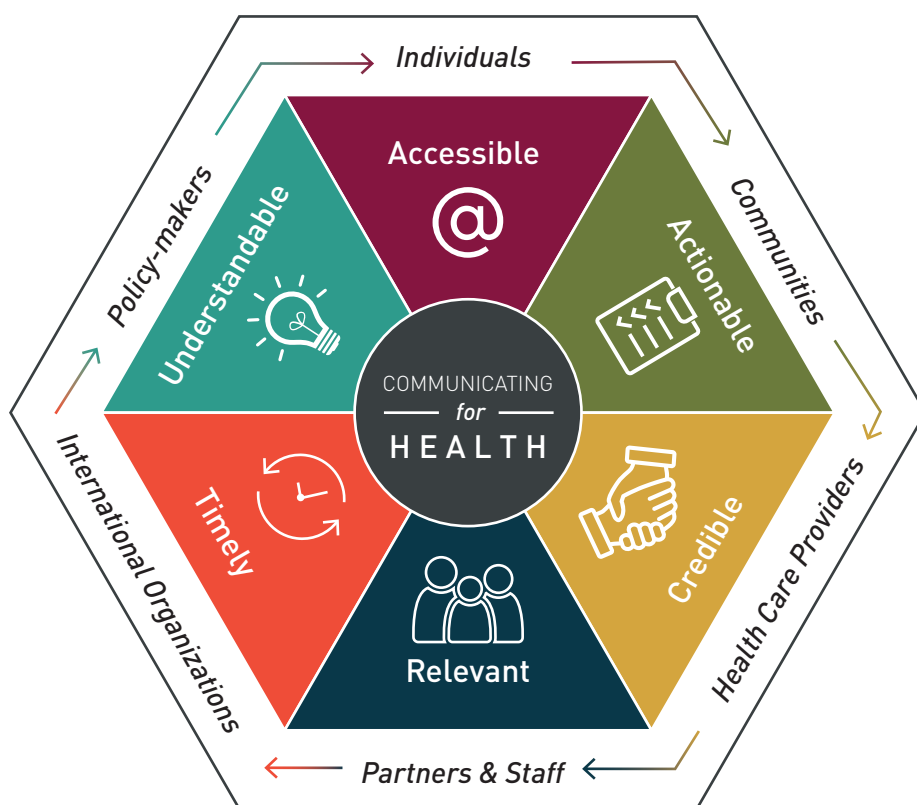
Photo credit: WHO

2. Goals and guiding principles of effective ERC

ERC is an essential public health intervention throughout the prevention, preparedness, response and recovery phases of a serious public health event. The goal of communication during a health emergency is to mitigate adverse effects by ensuring informed decision-making and encouraging protective behaviour in the affected population.

The six principles of effective communication are described in the WHO Strategic Communications Framework⁵ (Fig. 2) and are relevant for ERC.

Fig. 2. WHO Strategic Communications Framework



5 The WHO Strategic Communications Framework can be found at: <http://www.who.int/about/what-we-do/strategic-communications-framework/en/>

Accessible

The general public rely on accessing the information they need to protect and improve their health. Communicators should identify all the available channels and map their comparative capacities to reach priority audiences. The right mix of channels empowers audiences by giving them the information they need to make informed decisions.

Actionable

Effective communication leads to the adoption of healthy behaviour and policies to protect health. To be successful, communicators must understand the knowledge, attitudes and behaviour of the target audience(s) in order to create messages and interventions that address barriers to taking the recommended actions.

Credible and trusted

Reputation influences the motivation of individuals to act on advice, guidance and recommendations. Communicators must use every opportunity to reinforce their trustworthiness, so that their recommendations become the basis for informed health decisions.

Relevant

Communication must help target audiences to understand whether their health or that of people they care about is at risk, whether the risk is severe and whether they can reduce the risk by taking the recommended actions.

Timely

For all health issues, information, advice and guidance must be made available in a timely way, so that audiences have the information they need, when they need it, to make appropriate health decisions.

Understandable

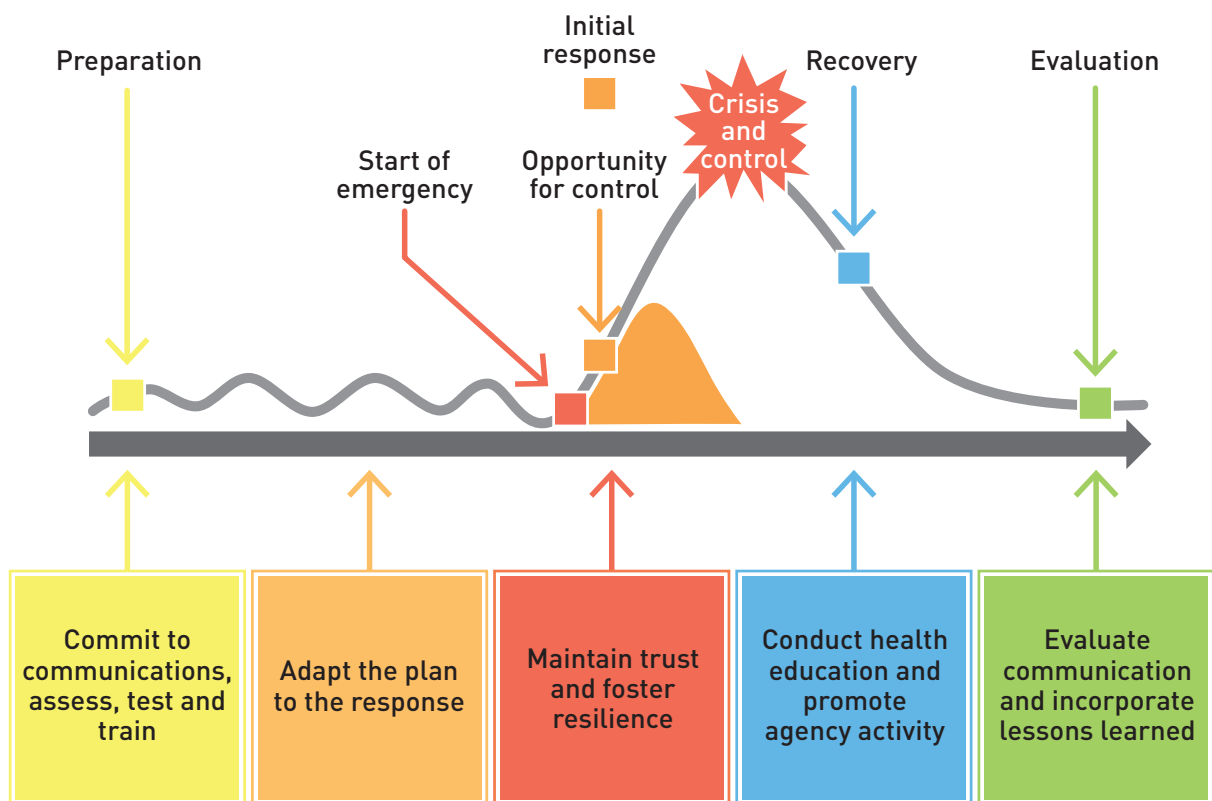
Many target audiences do not know what actions they should take during a crisis or health emergency. They need information that is easy to comprehend in order to understand the health risks and to take appropriate action.

3. The lifecycle of a crisis and the four ERC capacities

3.1 Lifecycle of a crisis

For communication purposes, the lifecycle of an emergency, disaster or crisis (Fig. 3) 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. 3. 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.

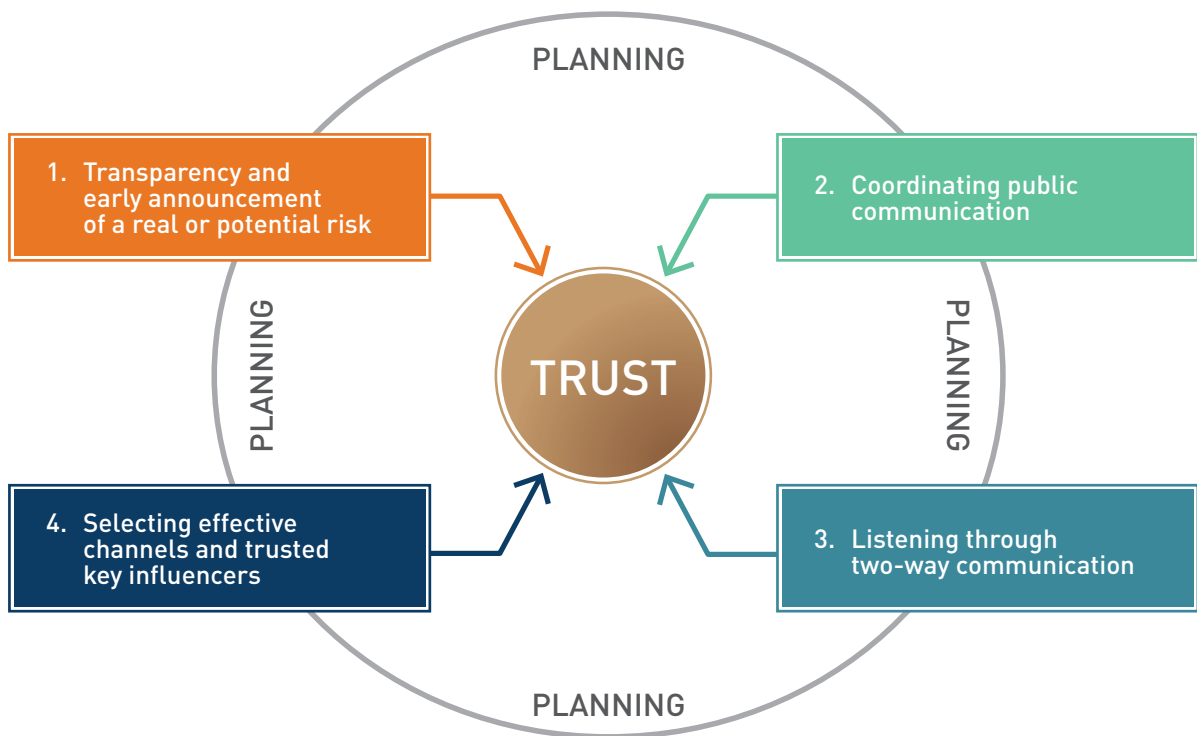


Photo credit: WHO

3.2 The four 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 communications; listening through two-way communication; and selecting effective channels and engaging key influencers (Fig. 4).

Fig. 4. 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

Selecting 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.

■ 3.3 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.

Actions

Transparency and early announcement

- agree on procedures for timely, transparent release of information;
- define clearance procedures for messages and products;
- establish a roster of spokespeople at all levels, listing their expertise in anticipated public health threats, and train them; and
- produce and pre-test message templates.

Coordination

- identify partners: other agencies, organizations, community planners, health care workers, etc., with their contact information;
- assess the communication capacity of all relevant partners;
- plan and agree on communication roles and responsibilities through standard operating procedures (SOPs);
- set up a communication team, and define roles and responsibilities;
- train communication staff as needed; and
- prepare a budget for communication (including scaling-up).

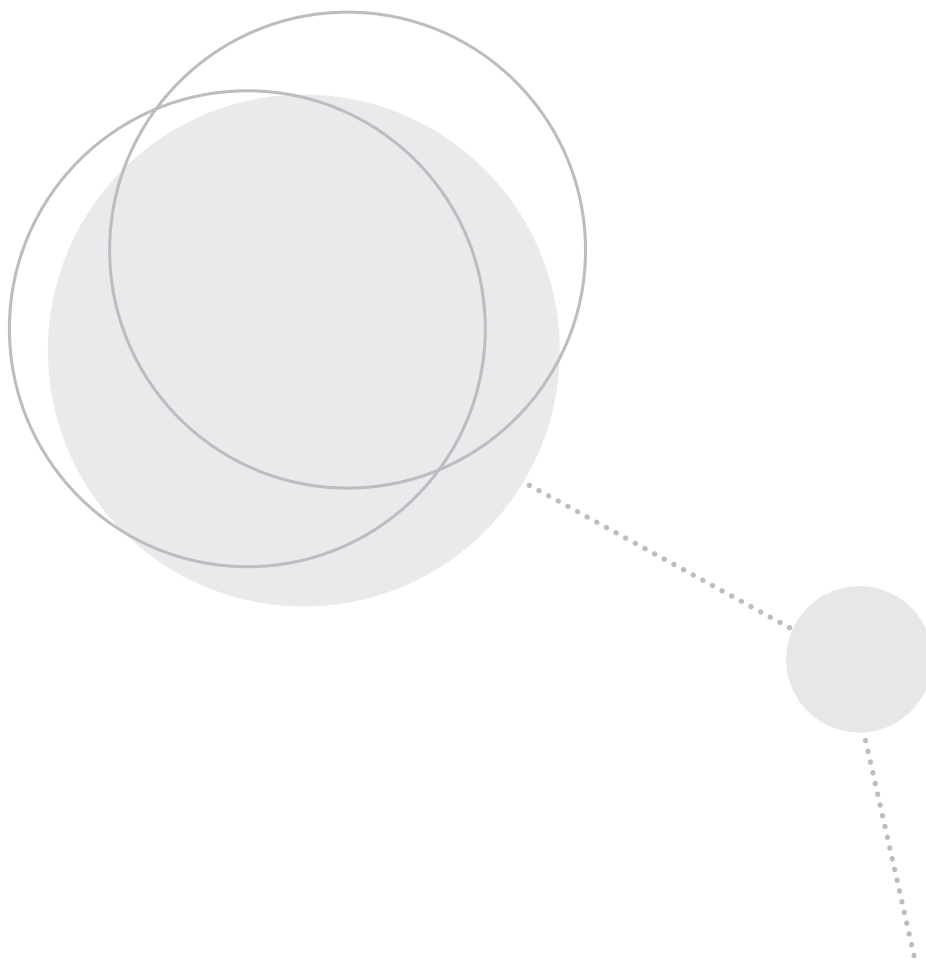
Listening and two-way communication

- establish a system for monitoring, verifying and responding to rumours;
- establish methods for understanding the concerns, attitudes and beliefs of key audiences; and
- identify target audiences, and conduct general surveys to characterize them (who they trust, how they are likely to receive information, their daily habits, their concerns, etc.).

Effective channels and key influencers

- identify key media; create and update a list of journalists, and foster media relations; and
- identify other communication channels and influencers, and assess their potential reach.

Note: Refer to the following tools during the preparation phase: 4.1, 4.3, 4.5, 4.6, 4.8 and 4.9.



■ 3.4 Initial response phase template

↓ Preparation	Goals
	<ul style="list-style-type: none"><input type="checkbox"/> Adapt the ERC plan to the response, and activate it.<input type="checkbox"/> Establish, build and/or maintain trust.<input type="checkbox"/> Manage expectations, and communicate uncertainties.<input type="checkbox"/> Coordinate and encourage collaboration.
↓ Initial response	<ul style="list-style-type: none"><input type="checkbox"/> Assess initial risk perception.<input type="checkbox"/> Test messages.<input type="checkbox"/> Provide information and guidance.<input type="checkbox"/> 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.

Actions
Transparency and early announcement <ul style="list-style-type: none"><input type="checkbox"/> activate the ERC plan and team;<input type="checkbox"/> announce the health threat early after a risk assessment and an analysis of risk perception;<input type="checkbox"/> provide information as soon as it is received, even if it is not complete (“managing uncertainty”);<input type="checkbox"/> draw up timelines for communication activities and products; and<input type="checkbox"/> identify and activate spokespeople for the emergency.
Coordination <ul style="list-style-type: none"><input type="checkbox"/> activate SOPs for coordination;<input type="checkbox"/> link national, regional and local ERC operations;<input type="checkbox"/> select relevant partners, and coordinate communication strategies;<input type="checkbox"/> assign responsibilities for internal and external communication; and<input type="checkbox"/> coordinate message preparation, consistency and dissemination.

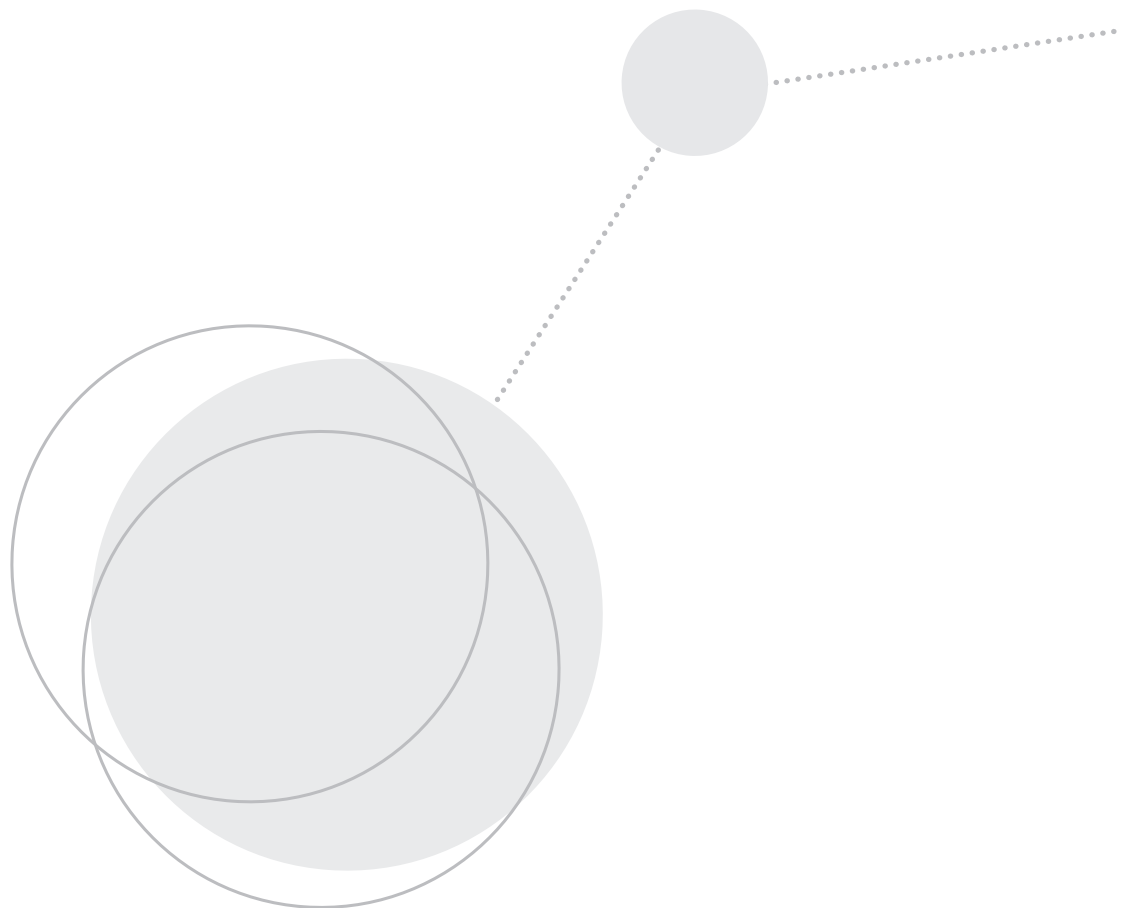
Listening and two-way communication

- activate rumour monitoring, verification and response mechanisms;
- monitor traditional and social media;
- segment the audiences for the communication response (affected people, health care workers, political leaders, donors, etc.);
- conduct initial formative research, including audience analysis (i.e. through interviews or focus groups); and
- translate materials into relevant languages, and adapt to literacy levels.

Effective channels and key influencers

- select trusted, effective communication channels for target audiences; and
- identify and activate trusted influencers for the audiences.

Note: Refer to the following tools during the initial response phase: 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8 and 4.9.



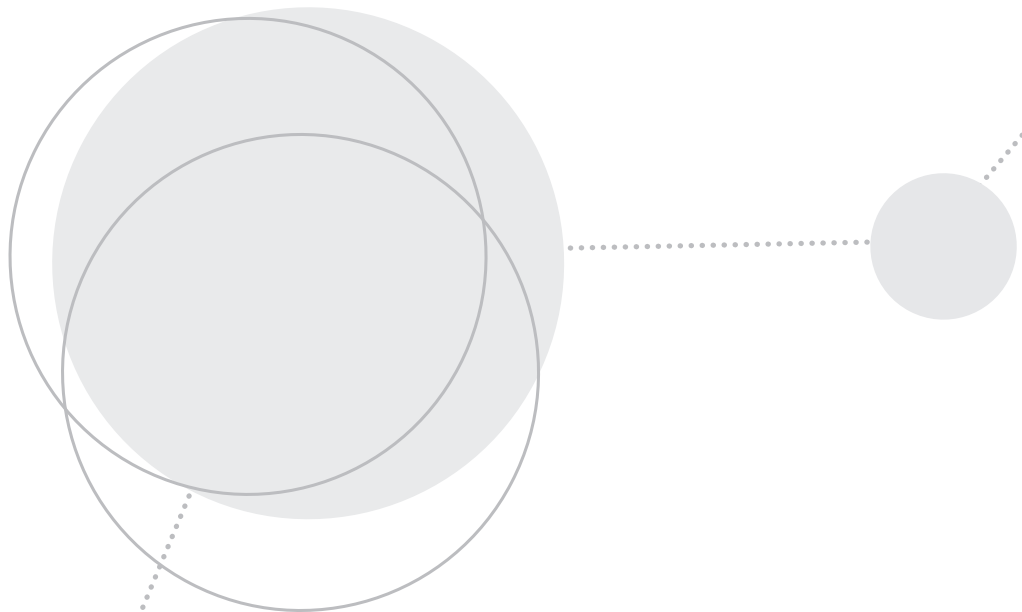
■ 3.5 Crisis response and control phase template



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.





Note: Refer to the following tools during the crisis response and control phase: 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8 and 4.9.



3.6 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.

 Preparation	Goals
	<ul style="list-style-type: none"> <input type="checkbox"/> Deactivate the ERC plan. <input type="checkbox"/> Educate communities to recognize, react and respond to similar threats in the future. <input type="checkbox"/> Promote response activities to receive support (e.g. financial and human resources). <input type="checkbox"/> Monitor for evaluation purposes.
 Initial response	Actions
	<p>Transparency and early announcement</p> <ul style="list-style-type: none"> <input type="checkbox"/> inform the public that the health emergency is being or has been controlled; <input type="checkbox"/> communicate the importance of vigilance; <input type="checkbox"/> reinforce messages to encourage the public to maintain the newly adopted behaviour; and <input type="checkbox"/> identify topics and activities to educate the population for future response. <p>Coordination</p> <ul style="list-style-type: none"> <input type="checkbox"/> promote the activities of responders and partners during and after the response; and <input type="checkbox"/> assess and address existing and potential challenges and barriers. <p>Listening and two-way communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> provide feedback, and listen to affected communities and all partners. <p>Selecting effective channels and key influencers</p> <ul style="list-style-type: none"> <input type="checkbox"/> communicate via the channels used by selected audiences; and <input type="checkbox"/> give key influencers access to health education materials and experts to increase community resilience for the next emergency.
 Crisis response and control	
 Recovery and evaluation	

Goals	↓ Preparation
<ul style="list-style-type: none"> <input type="checkbox"/> Evaluate the ERC plan. <input type="checkbox"/> Identify lessons from the emergency, and share them. <input type="checkbox"/> Address issues, and update the ERC plan. <input type="checkbox"/> Evaluate the response throughout the emergency by analysis of strengths, weaknesses, opportunities and threats or another type of “after-action review”. 	↓ Initial response

Actions	
<p>Transparency and announcement</p> <ul style="list-style-type: none"> <input type="checkbox"/> be honest about the successes and failures of communication during the emergency; <input type="checkbox"/> identify gaps and priorities; and <input type="checkbox"/> publish the communication response in a peer-reviewed journal or present it at a meeting, as a case study for others to learn from. <p>Coordination</p> <ul style="list-style-type: none"> <input type="checkbox"/> maintain the coordination mechanisms at all levels for evaluation purposes; and <input type="checkbox"/> share lessons learnt and tools developed with communicators, agencies, policy-makers, national and international partners and other relevant institutions and people. <p>Listening and two-way communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> collect evaluations from stakeholders, and update the ERC plan. <p>Selecting effective channels and key influencers</p> <ul style="list-style-type: none"> <input type="checkbox"/> evaluate the effectiveness and efficiency of channels and influencers for the targeted audiences. 	↓ Crisis response and control
	↓ Recovery and evaluation

Note: Refer to the following tools during the recovery and evaluation phases: 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10 and 4.11.

4. Tools

The following tools are described as examples; they should be updated and contextualized according to the event.

4.1 Standard operating procedures

The following ERC SOPs are to be activated at the onset of an outbreak or health emergency.

DAYS 1–5

(depending on the type of emergency)

Communicate first to create trust and establish the public health authority as a relevant, credible source of information.

Transparency and early announcement

- Conduct a rapid communication assessment to identify needs, according to the threat.
- Define communication goals and objectives.
- Develop messages, field-test them, and adapt communication materials, such as talking points, question and answers.
- Activate the emergency clearance process and transparency strategy.
- Prepare national spokespeople by informing them of the “knowns” and “unknowns” of the situation.
- Make the first announcement within 24 h, with consistent messaging, to numerous communication channels.

Coordination

- Activate the ERC plan and team.
- Activate the coordination mechanism. Inform and liaise with relevant ministries, agencies, international organizations, stakeholders, non-public health organizations, etc., and confirm roles and responsibilities.
- Regularly update the situation (preferably daily, at the same time) to all stakeholders, including the media.

DAYS 1–5 (continued)

(depending on the type of emergency)

Communicate first to create trust and establish the public health authority as a relevant, credible source of information.

Listening and two-way communication

- Assess the initial risk perception.
- Segment and analyse the audience.
- Listen and detect rumours, and verify and respond to misinformation in a timely manner (e.g. through media monitoring, health care workers).

Effective channels and key influencers

- Identify the preferred channels of the target audiences.
- Analyse the media, and contact journalists on the media list.
- Ensure access to reliable information via effective tools and channels (i.e. web sites, hotlines, information products, SMS, social media).

DAY 5: END OF CRISIS

(depending on the type of emergency)

Understand the situation in **affected areas** to ensure that the right messages reach the target audiences.

Assess risk perception to inform message development and improve people's knowledge, awareness, perceptions and practices.

Hotlines establish a direct link between responders and the public or stakeholders. They give people access to public health information and facilitate collection of information on the community by experts.

Transparency and early announcement

- Review and update communication goals and objectives after initial interventions.
- Update key messages, talking points and questions and answers, and prepare spokespeople.
- Provide regular media briefings on the current situation and developments in the evolving situation.
- Take photos and videos to document the crisis and the response.
- Document and share the main activities, lessons learnt and good practices.
- Share decision-making by response agencies with the public, and assure them that a process is in place.

DAY 5: END OF CRISIS (continued)

(depending on the type of emergency)

Understand the situation in **affected areas** to ensure that the right messages reach the target audiences.

Assess risk perception to inform message development and improve people's knowledge, awareness, perceptions and practices.

Hotlines establish a direct link between responders and the public or stakeholders. They give people access to public health information and facilitate collection of information on the community by experts.

Coordination

- Strengthen coordination mechanisms with relevant ministries, agencies, international organizations, stakeholders, non-public health organizations, etc.
- Hold regular coordination meetings to obtain feedback from health partners, stakeholders and NGOs.
- Review whether the plan is working, and identify needs and gaps.
- Contribute to resource mobilization with donors and health stakeholders.

Listening and two-way communication

- Strengthen media monitoring, rumour verification and response.
- Use formative research to understand and respond to community risk perception.
- Conduct audience surveys, monitor the media or review feedback from public health hotlines to confirm that messages are reaching target groups and being understood.
- Update or produce information, education and communication materials.
- Collect feedback from field personnel involved in response, and interact with local communities (e.g. surveillance officers, laboratory workers, epidemiologists, emergency response personnel).

Effective channels and key influencers

- Increase public health information via effective channels (hotlines, SMS, social media, web sites, etc.).
- Identify and use influencers to communicate to targeted audiences.
- Extend reach of traditional and nontraditional media (e.g. field visits, human interest stories).



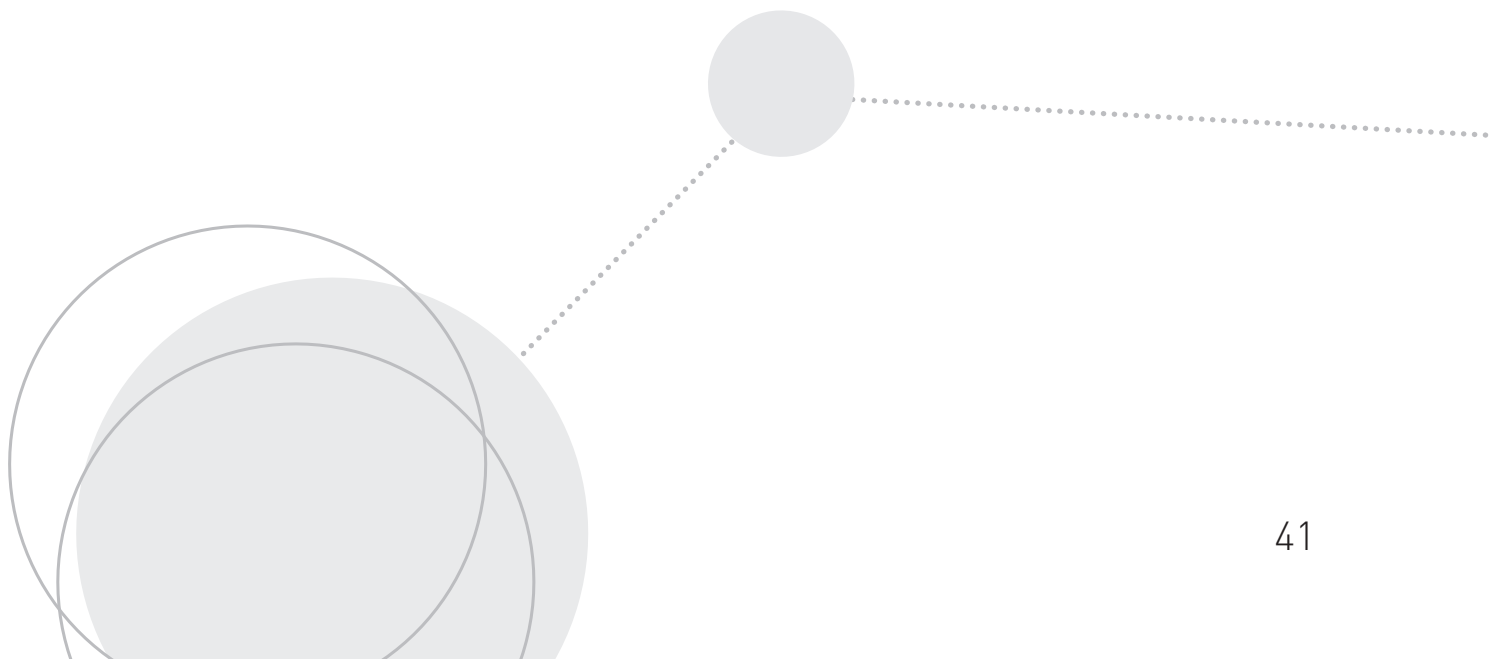
AFTER THE CRISIS

Transparency and early announcement

- Continue communication on protective behaviour to prevent re-emergence.
- Release and share best practices and lessons learnt.

Coordination

- Maintain coordination mechanisms at all levels.
- Evaluate implementation of the ERC plan; examine and record best practices, successes, challenges and lessons learnt.
- Advocate for policy change or improvements on the basis of the findings.
- Update the ERC plan, and schedule exercises and training to improve the communication response.
- Consider publishing or presenting the communication response as a case study for other countries to learn from.



4.2 Audience segmentation, analysis and engagement

At the onset of an emergency, an initial rapid assessment of public perceptions should be conducted to determine how key audiences receive health information, where they seek health advice and guidance, their concerns and the barriers to adopting protective behaviour.

4.2.1 Audience segmentation

To ensure effective communication, target audiences should be categorized into smaller groups with similar communication needs, preferences and characteristics.

Variables to consider

- Affected or not affected
- At risk or not at risk
- Easy or difficult to reach
- Language(s) spoken and/or read
- Gender and age
- Cultural and religious norms
- Knowledge and experience
- Geographical location
- Influencer or influenced

The audience can be classified into primary, secondary and tertiary audiences.

1. **Primary audiences** include affected populations; family members of at-risk communities, with special attention to those who are difficult to reach and marginalized; and populations at high risk because of their behaviour or lifestyle.
2. **Secondary audiences** include people who directly influence the behaviour of the primary audience. They help the primary audience to make suggested behaviour changes and are often from the same cultural and social environment of the primary audience. They could include local leaders, religious leaders, opinion leaders, local communities and family members, community organizations (such as women's groups, youth groups), health care workers, teachers, journalists and other influential and respected community members.
3. **Tertiary audiences** include those whose actions indirectly help or hinder the behaviour of others. Their actions reflect the broader social, cultural and policy factors that create an enabling environment to sustain desired behaviour change. These participants could include politicians, policy-makers, partners, the United Nations and other international organizations, NGOs, social mobilization teams, civil society organizations, bloggers and those who oppose the views of health authorities.

Once the target audiences have been identified and classified, they can be ranked according to priority. Within each audience (primary, secondary, tertiary), further segmentation helps in targeting messages, tools and channels.

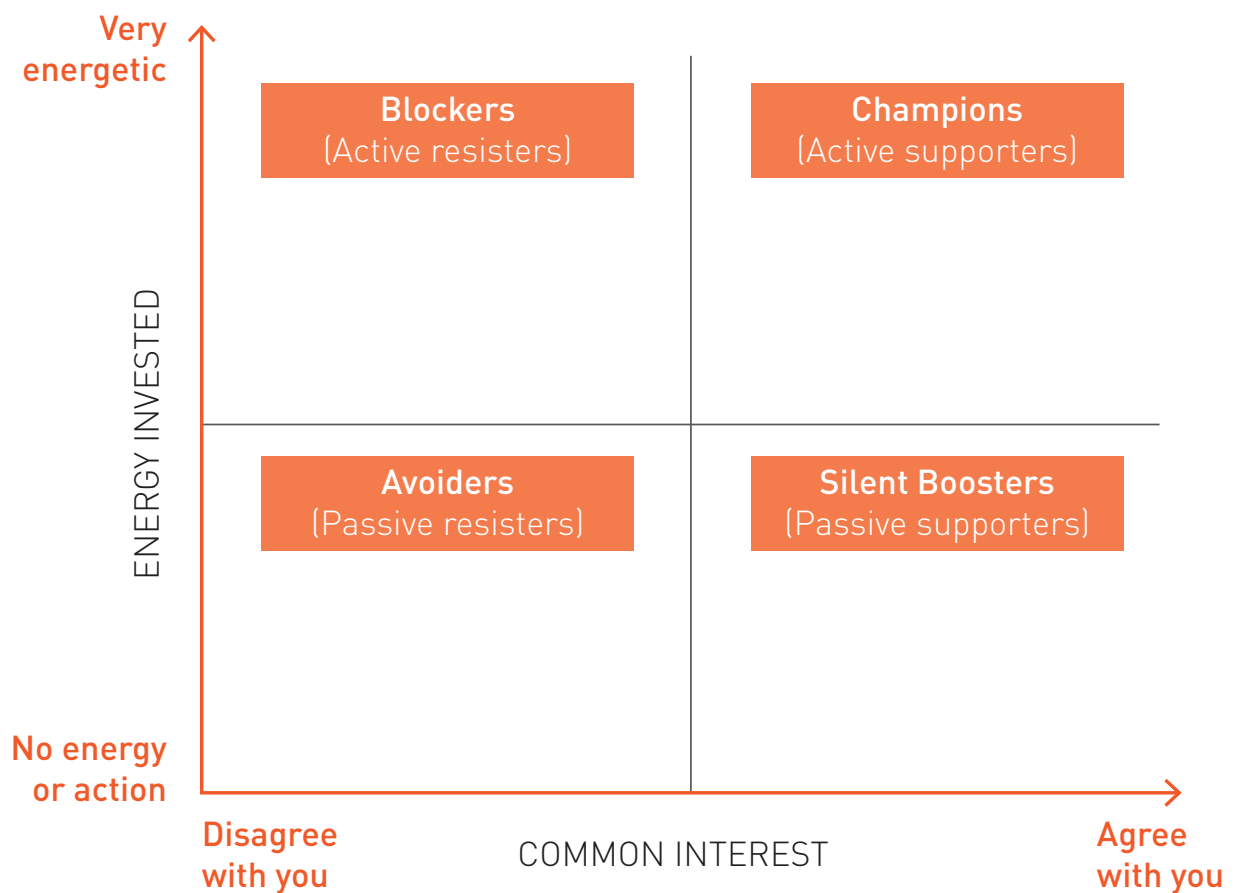


Photo credit: WHO

4.2.2 Stakeholder and audience analysis

An audience analysis helps to develop a communication strategy that best suits the target audience, prepare effective messages and ensure efficient use of resources. The stakeholder and audience analysis shown in figures 5 and 6 is adapted from the *Effective communications: participant handbook*.⁶

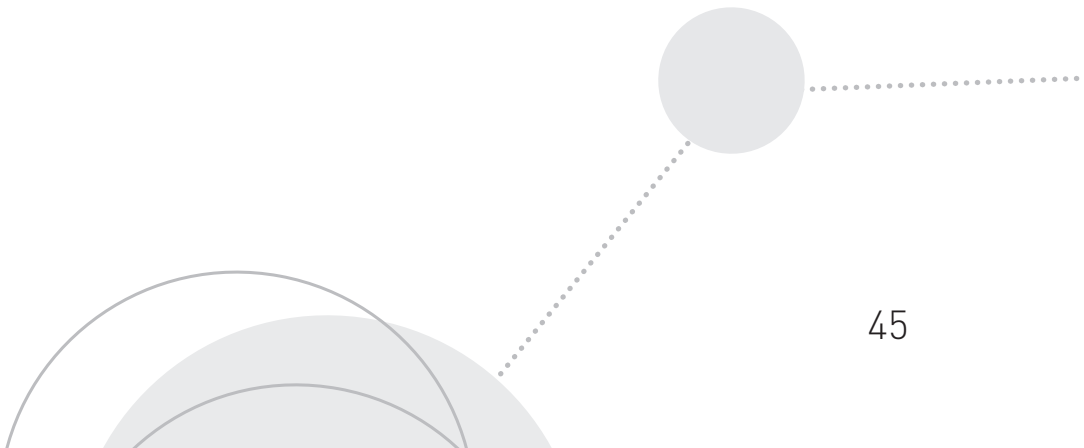
Fig. 5. Audience analysis matrix



6 Effective communications: Participant handbook can be found at: <http://apps.who.int/iris/bitstream/10665/249241/3/9789241509466-eng.pdf>

Fig. 6. Communication strategies for different audiences

	Share your objective	Energy invested	Communications strategy
Champions	Yes	Support publicly/ vocally	<ul style="list-style-type: none"> • Give them information • Appreciate and acknowledge their contribution • Let them champion your cause
Silent boosters	Yes	Support silently	<ul style="list-style-type: none"> • Educate, enable, inform and motivate • Energize them by involving champions they admire
Avoiders	No	Oppose silently	<ul style="list-style-type: none"> • Inform or ignore • Get critical mass of champions to influence them
Blockers	No	Oppose loudly	<ul style="list-style-type: none"> • Ignore if they are not influential • Confront if their influence is significant • Counteract by giving facts and enlisting champions • Monitor what they say and who is listening to them



4.2.3 Behaviour analysis

The analysis of audience behaviour should take into account risky behaviour and factors that could promote and/or hinder recommended interventions. A behaviour analysis should answer the following questions:

- From what behaviour or action do we want audiences to protect themselves or those they care about?
- Is there a behaviour or action that should be discouraged?
- Do the target audiences understand the situation, the health risks and recommended behaviour and policies?
- Do the target audiences perceive the health issue as relevant to them?
- Do the target audiences understand the benefits of adopting the recommended behaviour or policies? Do they understand the consequences of not adopting them?
- What are the barriers to adoption of health protection actions or policies?
- What social norms could positively or negatively influence adoption of the recommended action?
- Do the target audiences trust the communication response authorities? If not, who do they trust?
- Can the target audiences act independently? If they need help in acting, does the message describe what support might be available (from the community or other stakeholders) or where to find additional information?



Photo credit: WHO

4.2.4 Community engagement

Community engagement is based on audience segmentation and analysis. To support community involvement, communicators can:

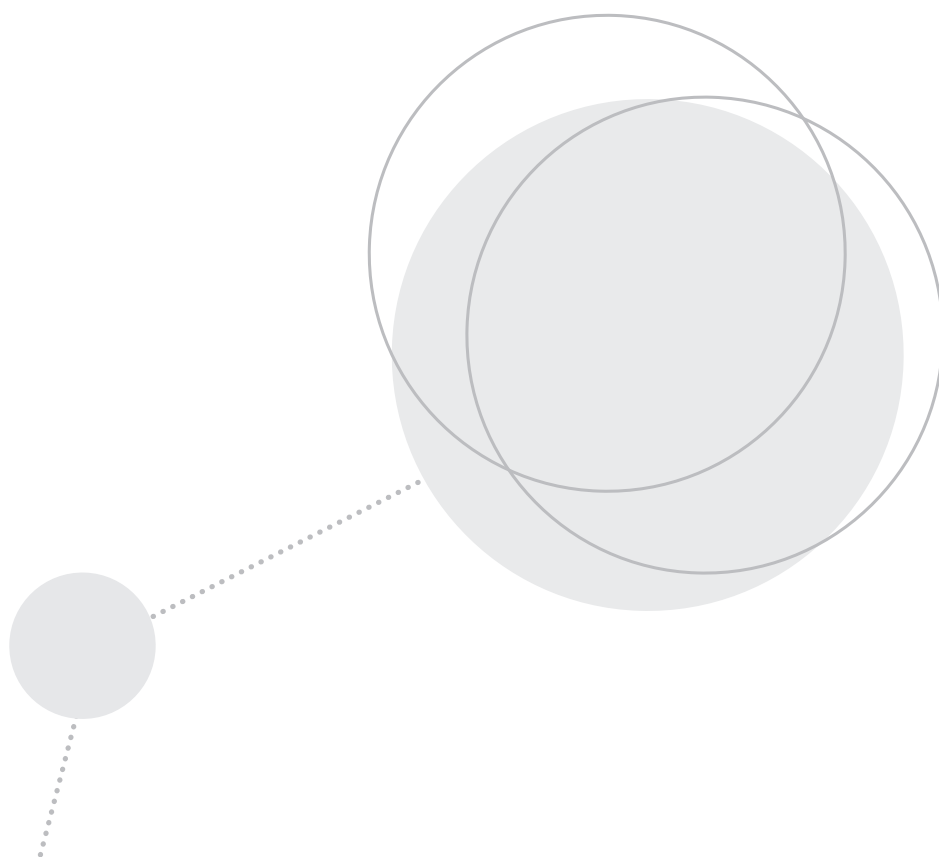
- coordinate with institutions, community networks and partner organizations;
- use toolkits and templates to create well-timed, coordinated messages, and
- involve target audiences in shaping strategies and developing and testing messages.

Use trusted messengers and high-profile personalities to:

- help overcome barriers to behaviour change, such as fear of stigma;
- address social norms that conflict with the desired behaviour, and
- model the desired behaviour.

For such campaigns, it is important to ensure the availability of community resources, such as information, education and communication materials. To ensure that target audiences have access to these resources, communicators should:

- create materials and activities to direct people to the resources,
- check the availability of the resource before recommending it, and
- work with local partners to provide information on available resources.



4.3 Formative research

The purpose of formative research is to understand the community's risk perception and the social and cultural context of populations at risk, to predict their acceptance of guidance. Various tools can be used in formative research, including focus groups, knowledge, attitudes and practices (KAP) surveys and interviews.

The aim of formative research is to better understand:

- what target audiences know about the health threat or emergency,
- the messages circulating within the community,
- rumours, allegations and misinformation,
- positive and negative attitudes likely to influence prevention and control,
- where target audiences obtain health information,
- media, institutions and networks available for message dissemination, and
- colloquial terms used by target audiences about the public health issue.

Formative research targets primary, secondary and tertiary audiences, as relevant.



Photo credit: WHO

4.3.1 Conducting a focus group

Focus groups are used to engage with and listen to people to better understand their views, values, fears and concerns on specific topics. They can be used to assess initial risk perception early in an emergency response and supplement the use of questionnaires, such as KAP surveys, in later stages.

How to conduct a focus group

- Plan and organize.
- Design the questions.
- Identify the participants.
- Conduct the focus group.
- Analyse the data.
- Use the data.

Plan and organize

- Understand that it takes more than one focus group on a topic to obtain valid results.
- Designate and train a moderator and an assistant.
- Define goals and purpose.
- Create an accepting, nurturing environment.
- Ensure that groups are large enough for a rich discussion but not so large as to exclude participants (8–10 participants).
- Generate the maximum number of different views, values, fears and concerns on a specific topic in the allotted time.

Design the questions

- Aim for 8–10 questions.
- Ensure that the questions are:
 - short and engaging
 - non-threatening
 - explorative
 - open-ended.
- Design questions so they cannot be answered by only “Yes” or “No”.

Identify the participants

- Include different subgroups (e.g. affected, at-risk, influencers, women).
- Establish criteria to differentiate the subgroups.
- Organize participants into similar subgroups.
- Reduce barriers to attendance, and incentivize participation.
- Plan for no more than 8 participants per focus group.

Conduct the focus group

- Schedule the meeting for at least 1 h.
- Facilitate logistics (e.g. location, equipment, name tags, consent forms, collection and review of data surveys, food).
- Speak the language of the group or be assisted by someone who does.
- Make a presentation including welcome remarks, introduction of the moderator, the purpose of the focus group, ground rules and expectations.
- Participate in dialogue on all the prepared questions.
- Manage the group:
 - Remain neutral.
 - Encourage deeper insight.
 - Draw in shy participants.
 - Prevent domination of participation.
 - Paraphrase and clarify long comments.
 - Monitor time for each question.
 - Thank the focus group members for their time.

Analyse the data

The participants' inputs must be managed in a systematic, verifiable process.

- Compile:
 - Create a different spreadsheet for each subgroup.
 - Use one page per question in a spreadsheet.
 - Code and label columns with participant identification numbers and responses.
 - Correlate and enter data by common categories and themes.
- Analyse:
 - Sort and arrange categories by frequency.
 - Summarize findings for each subgroup.

Use the data

- Integrate findings into communication messages, products and materials.

4.3.2 Knowledge, attitude and practice consent form (sample)

The KAP consent form and survey below were adapted from *Essentials for excellence: researching, monitoring and evaluating strategic communication for behaviour and social change*.⁷

Sample KAP consent form

(It is important to make a strong introduction to the family to create trust and rapport.)

Hello, my name is <state name>. I am visiting you today to ask the person who looks after the children in the household to help us in an important study for the Ministry of Health. We are surveying a number of people in the village.

Let me first tell you what the study is about. The Ministry of Health has been working for some time to improve the health of children in *****. It is now doing a new study on poultry and people's health. Your input could really help us to better protect *****'s population.

What I would like to do is to first ask for your permission to carry out this interview. I will then ask you some simple questions about poultry-keeping and health. Taking part is entirely voluntary. It will take about 20-30 minutes. The results will come out in a report but no one will know what you told us today because it will be added to all the other interviews. We will not publish your name or release the answers you give us to anyone else. Your answers will be combined with everyone else's so no-one can tell who said what.

Are there any questions you would like to ask about the study or the survey?

<Write in topics asked>

If you are willing to take part, I have to get you to sign below to show you understand and agree.

This document is to certify that I, <write in name>, hereby freely agree to take part in this study and that:

- The research project and my role in it have been fully explained to me by the interviewer.
- I have been given a chance to ask questions about the study and the survey, and I am happy with the answers I have been given.
- I understand that my name is not recorded on the form.
- My answers will not be shown or given to anyone outside the research team.
- I understand that taking part in this research project is voluntary and that I am free to stop the interview at any time.

Signature: _____

Date: _____

⁷ Essentials for excellence: researching, monitoring and evaluating strategic communication for behaviour and social change (https://www.unicef.org/cbsc/files/Essentials_for_excellence.pdf).

Sample KAP survey

1. How is 'flu' (use local word) transmitted from one person to another?

Tick any that the respondent mentions:

- | | |
|------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sharing utensils |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Sharing towels |
| <input type="checkbox"/> Handshake | <input type="checkbox"/> Kissing |
| <input type="checkbox"/> Eating together | <input type="checkbox"/> Other |

2. How can you tell if one of your family members has 'flu'?

Tick any that the respondent mentions:

- | | |
|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Coughing sore throat |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Muscle aches and pains |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Other: _____ |

3. If a family member is very sick, what do you do?

- | | |
|------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Home care | <input type="checkbox"/> Take to health centre |
|------------------------------------|------------------------------------------------|

4. How do you treat 'flu' at home?

Tick any that the respondent mentions:

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bed rest | <input type="checkbox"/> Keep eating |
| <input type="checkbox"/> Give drinks | <input type="checkbox"/> Fresh air |
| <input type="checkbox"/> Pain killer | <input type="checkbox"/> Other: _____ |

5. Is physical contact with people when they are sick an important part of family home care?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Comment:

6. Do you think there is much risk of you catching 'flu' by touching a person with 'flu'?

- No risk
- Some risk
- Big risk

Information

1. The signs of human influenza are fever, shivering, headache, muscle aches and pains, sore throat, dry cough and runny nose.
2. The treatment is bed rest until fever has passed, pain killers, maintaining nutrition and fluid balance and ventilating rooms.
3. Transmission is prevented by covering the nose and mouth when coughing and sneezing (not with hands) in public and by washing hands and common surfaces often.

Sources of information

7. Do you use the following at home?

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| TV | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Radio | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you buy newspapers regularly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Internet | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Internet on phone? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

8. What do you think is the best way to get accurate news and public emergency messages to your community?

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> TV | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Radio | <input type="checkbox"/> SMS |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other: _____ |

If you ticked the Internet, what site?

If you ticked radio or TV, which programmes are the most reliable?

9. If you heard there was a flu outbreak, where would you try to get more information?

- | | |
|----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> TV | <input type="checkbox"/> Phone Government ministry |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |
| <input type="checkbox"/> Internet, if ticked, what site? | |

10. Why would you go to this source of information?

- Reliable information always available
- Trust the people
- Other

The questions below are asked in a major outbreak with certain restrictions in place. It was invented by the author of this document. They are as realistic as possible.

In case of a major outbreak

11. If many people are becoming sick from dangerous flu, what are you going to do to prevent you and your family from catching flu from others?

Note to interviewer: Record order of response (1, 2, 3, etc.). After each response ask: "Anything else?"

- Nothing, just wait for a few days
- Avoid crowded places
- Wash hands frequently
- Stop my children from playing with other children
- Visit only a small number of friends and family who do not visit others
- Other <Write in>

12. If many people are becoming sick from a dangerous flu, how risky is it to:

Still visit crowded places?

- No risk at all
- Some risk
- Very risky
- Don't know

Allow your children to play with poultry?

- No risk at all
- Some risk
- Very risky
- Don't know

Allow your children to play with many other children?

- No risk at all
- Some risk
- Very risky
- Don't know

13. If many people are becoming sick from flu, would you:

(a) still visit many of your friends and family?

- Don't know
- No
- Yes

(b) still do this if the Government advised against it?

- Don't know
- No
- Yes

(c) still send your children to school?

- Don't know
- No
- Yes

(d) still do this if the Government advised against it?

- Don't know
- No
- Yes

14. How could you protect your children from dangerous flu passed from poultry?

Note to interviewer: Record order of response (1, 2, 3 etc.). After each response ask: "Anything else?"

- Keep children away from poultry
- Teach them not to play with or near poultry
- Teach them to wash their hands with soap
- Don't know
- Other <Write in>

15. Who would you trust if you wanted to find out more about how to protect yourself from flu that could be passed from poultry to people?

- Health professional
- Neighbour or friend
- Famous person <Ask which one and write in>
- Other <Write in>

16. Tick box of respondent's gender

- Female
- Male

17. In which of the following age groups are you? <If no response, make an estimate>

- | | |
|--------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 10–19 years | <input type="checkbox"/> 40–49 years |
| <input type="checkbox"/> 20–29 years | <input type="checkbox"/> 50–59 years |
| <input type="checkbox"/> 30–39 years | <input type="checkbox"/> 60 years or over |

4.4 Dealing with rumours

Note: Select and implement the strategies appropriate to the situation.

Prevent rumours

- Be proactive. Identify the messages likely to be misunderstood or questioned, and proactively provide information to increase comprehension before any rumour develops.
- From the beginning, team up with respected community leaders and NGOs with good standing in the community. Ask the leaders and the organizations to participate actively in message dissemination.
- Involve community members and leaders in planning and implementing ERC activities from the beginning. Promote community ownership of the messages and emergency activities.
- Involve health workers and private practitioners in planning communication, and maintain regular contact.
- Frequently consult community leaders and community members, and integrate their advice and concerns into the design of communication activities and messages.

Monitor and stop rumours as soon as they start

- Conduct effective monitoring to identify developing rumours, and ensure that they are addressed in good time before they spread or cause damage.
- Monitor rumours early and regularly by active listening and engagement with health reporting in the media (print, radio and TV), monitoring the Internet and social media platforms, engaging health care workers, etc.
- Link with technical teams (surveillance, contact tracing, clinical) to monitor perceptions.
- Make reporting on rumours and misinformation part of the monitoring plan.



Approach rumours systematically

Address rumours as follows:

1. Assess and analyse the rumour

- Determine how far the rumour or misinformation has spread.
- Analyse the situation and the type of messages that are circulating.
- Analyse the people or organizations spreading the rumour.
- Determine the motivation behind the rumour.

2. Involve the rumour originator

- Invite the originator of the rumour to join the search for a solution.

3. Involve partners and health communication networks

- Discuss the rumour at stakeholder meetings and take a common position.
- Develop information to address the rumour and make it available to health facilities, health workers and community networks involved in dissemination of messages.
- Train leaders and facilitators in rumour prevention and response.

4. Develop and implement a rumour control strategy

Depending on the type of rumour and its dynamics, the control strategies may include the following.

- Do not discard the rumour, but acknowledge and address it.
- Provide information to clarify what appears to be poorly understood or is being misrepresented.
- Respond to misunderstandings or misrepresentations point by point.
- Publish questions and answers to clarify the misunderstandings.
- Call a press conference to address the issues (if the rumour is very serious).
- Conduct workshops and meetings with leaders to discuss rumours, provide the correct information and enlist the leaders in disseminating correct information.
- Launch a rumour-correction campaign in the media and in the community (if needed).

4.5 Ensuring good-quality materials

This checklist can help gauge whether audiences will understand, accept and respond to proposed messages and materials. Many answers to the checklist questions were derived by pre-testing the messages with target audiences.

Are the messages accurate?

- Experts have reviewed the messages to ensure that they are technically accurate.

Are the messages and materials consistent?

- All messages in all materials and activities reinforce each other and follow the communication strategy.
- All campaign elements have the same graphic identity: print materials have the same or compatible colours, types of illustrations and typefaces. All materials include the appropriate logos or themes, if applicable.

Are the messages clear?

- Messages are simple and contain limited technical terminology.
- Messages explicitly state the call to action.
- Visual aids such as photographs and infographics reinforce messages to help the audience understand and remember them.

Are the messages and materials relevant to the audience?

- Communication materials take into account the perceptions, beliefs and concerns of the target audience.
- Messages state the benefits of the recommended behaviour that the audience will value.
- The presentation style of messages is appropriate to the audience's preferences.
- Messages and materials speak to the knowledge and experience of the audience.
- Messages suit the readiness of the audience to make a change.

Are the messages and materials sensitive to gender and cultural differences?

- Messages are equitably developed and do not discriminate by gender and/or culture.
- Messages, materials and activities are appropriate for the needs and circumstances of both women and men. In particular, they account for differences in access to information and services and mobility.

4.6 Channel selection

It is common to rely on and use traditional media channels (TV, radio and print) during the early stages of an emergency; however, as a public health emergency evolves, the demand for information outside traditional channels increases, and authorities must choose the right method of delivery to address various audiences.

Building on lessons learnt from global outbreaks and crises, a mix of complementary channels and influencers is important to ensure that information is readily available and repeated.

Select the channels that your audience uses	
Channels	Influencers
Mass media (TV, radio, newspapers, blogs, etc)	Health care workers
Social media	Local and religious leaders
Web	Citizens' representatives and community figures
Information, education and communication materials	Well-known, recognizable community members
SMS	Schoolteachers
Toll-free hotlines	Testimonials

The following questions should be considered:

- To what channels do the audiences have access?
- Which channels are credible?
- Which channels do they trust?
- Which channels reflect the target audience's habits and patterns of use?
- Which channels encourage two-way communication with audiences?
- What resources are required to develop the products required for specific channels?
- Use of which channels is feasible in view of timing and budget constraints?

Communicators should consider a channel's reach and influence. For example:

- Mass media channels, such as radio, community billboards and posters on public transport, have a broad reach and can increase awareness.
- The effectiveness of mass media channels may depend on the target audience and the availability of mass media in their community.
- Local radio can be a good channel for disseminating urgent public health information in some locations.
- Interpersonal channels are especially important when trying to influence attitudes and encourage wider adoption of healthy behaviour.

Modern technology is a powerful tool for facilitating communication among stakeholders and enabling rapid dissemination of messages in a public health event. SMS messaging is especially useful in outbreaks and health emergencies, as it can be customized to individuals' needs. Social media sites and platforms may also be used, if they are available and accessible, to reach target audiences with simple, concise information.

Social media sites and platforms can be used to monitor individual and community needs, detect rumours and misinformation and ensure that public health messages reach target audiences.

4.7 Working with the media

The media, both traditional and new media such as social media, offer critical communication channels for use before, during and after an emergency. Using and leveraging these channels requires a thorough understanding and regular training on what the media want and what one should and should not do.

4.7.1 Press briefing

Have your spokesperson ready with your message to the media, and rehearse the key talking points. Decide on the next time for an update. See tips on how to build a message below, as well as 4.7.2 Media challenges and solutions. Only trained people should talk to the media.

Golden rules when speaking to the media

- Never lie.
- Never say “no comment”.
- Do not speculate.
- Be short, get to the point, and always think of the audience.
- Use simple language, avoid jargon.
- Be consistent – repeat, repeat, repeat.
- Show compassion and a human angle.
- Beware of reporters’ tactics.
- Stay calm, confident and in control.

Make sure the key messages are:

- short, memorable sentences, 10–15 seconds long, and
- positive: communicate what you can do, not what you cannot do.

Limit technical information for non-technical audiences.

Include facts that explain:

- the situation, including who is affected and to what degree;
- the actions expected of the public; and
- the actions you are taking and will take.

4.7.2 Media challenges and solutions

Challenge: Interviewers go off message, become aggressive or use wrong information.

Solution: Control the interview by asking for questions in advance. Correct misperceptions and knowledge gaps. Re-focus on the key messages.

Challenge: Key message contains too much jargon or too many statistics.

Solution: Simplify messages so that a child could understand them.

Challenge: A comment is recorded without your knowledge and then transmitted.

Solution: The best solution is prevention. Assume that all microphones are always live. This is especially true at news conferences. If the comment is transmitted, monitor the media to determine whether follow-up action is needed.

Challenge: A journalist asks for an off-the-record comment or briefing.

Solution: Always assume that you are on the record. Never tell a journalist something you do not want to make public.

Challenge: An emergency develops, and the media are about to print or broadcast before an official statement.

Solution: It is very important to be first and fast. You should speak even if you do not have all the information: deal with known facts, and say whether certain facts are unknown. This is also important in reducing rumours and reputation risk.

Challenge: There is a continual demand for information, especially from the international media.

Solution: It cannot be ignored. Be available, and prepare in advance. Have a 24/7 staffing plan, and expect different approaches from foreign media, who may want more direct, immediate forms of coverage, such as live interviews.

4.8 Stakeholder and media contact lists

Note: An emergency contact list should be created, in electronic and hard formats, to streamline communication to all stakeholders and actors, including the media, in the event of an emergency.

Date and time	Name	Designation	Phone number	E-mail address	Notes

4.9 Strategies for hard-to-reach groups

Category	Communication strategies and activities
<p>People in difficult-to-reach geographical areas (in mountains, forests, deserts)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Visit sites with someone from the community to meet community leaders. <ul style="list-style-type: none"> • When you cannot visit, brief or train trusted community members. <input type="checkbox"/> Brief leaders about the recommendations, seek their support, and discuss the best way forward. <input type="checkbox"/> Involve local NGOs and community organizations. <input type="checkbox"/> Provide education and training to leaders and organizations. <input type="checkbox"/> Seek assistance in identifying health workers and other influencers. <input type="checkbox"/> Discuss how interventions will be tracked and monitored.
<p>Religious sects that reject mainstream health services</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Identify and meet with leaders to introduce the facts of the emergency, discuss their concerns, and seek their support. <input type="checkbox"/> Involve sect members in all stages of planning and implementation. <input type="checkbox"/> Identify supportive members, and encourage them to form a group to encourage others. <input type="checkbox"/> Promote community monitoring by the sect members themselves, and share the results at appropriate sect meetings to motivate others.

4.10 Evaluating communication interventions

Monitoring and evaluation are essential to assess the effectiveness of messages, products and engagements in reaching specified goals and principles. They serve as a reference to:

- determine changes in awareness, attitudes, behaviour, positions and policies, etc;
- demonstrate the value of communication interventions;
- inform decision-making about future communication initiatives and outreach; and
- increase the skill and expertise of communications staff through continuous learning.

Communication interventions should also be evaluated to assess the overall process, to inform future communication planning and implementation. Various methods and tools for setting goals, developing objectives, creating indicators and measuring progress can be found in the WHO Strategic communications framework (see section 2).

Transparency and early announcement

- Were procedures agreed on for timely, transparent release of information?
- Were spokespeople identified and trained before the emergency?
- Were message templates prepared and approved?
- Was the first announcement made within 24 h?
- Were public communications released systematically and proactively?
- Were knowns, unknowns and uncertainties about the situation and threat acknowledged and communicated?

Coordination

- Were stakeholders identified and engaged prior to the emergency?
- Was the ERC plan agreed upon by all stakeholders?
- Did all parties agree on their roles and responsibilities through SOPs?
- Were regular intersectoral and multisectoral stakeholder meetings conducted?
- Were routine situation reports and internal communication products shared?

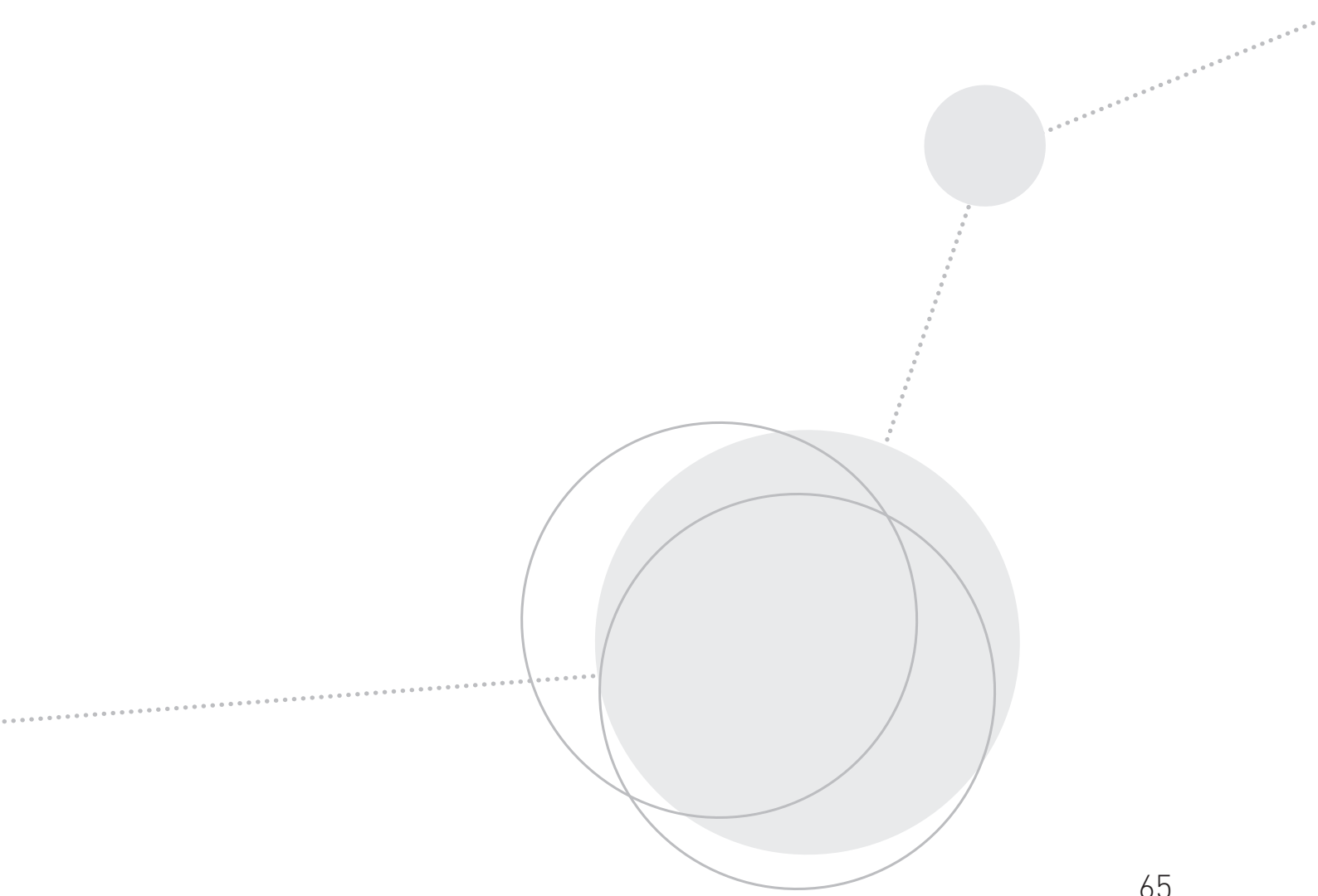


Listening and two-way communication

- Were rumours and misinformation detected and responded to?
- Were influencers identified and engaged?
- Was formative research conducted to understand risk perception in target audiences?
- Were community engagement campaigns conducted?
- Were results from formative research used to refine the ERC plan?

Effective channels and key influencers

- Were effective communication channels identified and used?
- Were key influencers identified and collaborated with?
- Did the channels reflect the target audience's habits and patterns of use?
- Were multiple channels used to increase reach and impact?
- Were journalists trained, engaged and/or informed of their role in emergencies?



4.11 Testing and exercises

Testing and exercises should be conducted to assess the plans, procedures and systems and also the personnel skills, knowledge and expertise required to deliver them. Under the International Health Regulations (2005), ERC plans should be tested every 2 years in simulation exercises or in a real emergency. The following checklist was adapted from *Public health for mass gatherings: key considerations*.⁸

Exercises should have the capacity to address and assess:

- internal notifications;
- early announcement and response to a health emergency;
- coordination and communication among agencies and partners;
- talking points, questions and answers, situation reports, etc.;
- detection of and response to rumours and misinformation;
- use of listening mechanisms;
- engagement of media and selection of effective channels;
- identification and mobilization of additional financial, human and material resources;
- effectiveness of communication interventions; and
- training needs.

Key considerations

- Ensure that communication capacity is adequate in advance of a crisis before attempting to scale up to meet the needs of a major event.
- Review and learn from other emergencies and previous experience.
- Ensure that SOPs on roles and responsibilities are available to be tested.
- Test the ability of event organizers and the media to respond rapidly and robustly to information requests and requirements.
- Use testing and exercises to ensure that proper training and skills have been provided for effective communication. communication needs, preferences and characteristics.

8 Public health for mass gatherings: key considerations. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/162109/1/WHO_HSE_GCR_2015.5_eng.pdf?ua=1).

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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