

# Scaling Europe's emergency risk communication capacity through a five-step package

Implementation report 2017–2018





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*WHO's communications goal is to provide information, advice, and guidance to decision-makers to prompt action that will protect the health of individuals, families, communities and nations.*

WHO Strategic Communications Framework for effective communications, 2017

## Abstract

The draft five-step package for capacity-building in emergency risk communication (ERC) was pilot-tested in 13 countries and Kosovo\* between March 2017 and February 2018, with the generous support of the Federal Ministry of Health of Germany. On 1 March 2018, Turkmenistan was the first country enrolled in the project to adopt a national ERC plan.

## Keywords

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# Foreword

Recent emergencies – disease outbreaks, natural disasters, conflicts – have proven beyond any doubt that emergency risk communication (ERC) is an essential component of the emergency cycle, from prevention and preparedness to response and recovery. As such, it is a public health intervention in all meanings of the phrase.

This recognition prompted European health authorities to call on WHO to develop innovative tools and approaches to improve the way in which they communicate risks during emergencies. Many identified ERC as a priority for capacity-building under the International Health Regulations (2005) (IHR).

In 2014, the WHO Regional Office for Europe responded to this call and initiated activities to enhance the ERC skills of health communication and response staff. By mid-2016, representatives from 30 European countries had been trained. But this was not enough. We realized more and more that each country requires a tailored approach based on its assets and challenges. As the training phase ended, a new process began: in February 2017, the Health Emergency programme of the WHO Regional Office for Europe launched the ERC five-step capacity-building package.

The five-step package is a unique, sustained, country-tailored project for capacity-building in ERC. The five steps engage countries in an iterative process to develop, test and adopt national health ERC plans and to integrate them into new or existing national action plans for emergency preparedness and response under the IHR. Part of the Health Emergency Programme is putting countries at the core and working closely with relevant stakeholders to protect health and save lives in outbreaks and emergencies in Europe.

The objective is to ensure that coordinated structures, systems and plans are in place for effective communication before, during and after all-hazard health emergencies; to provide affected communities with targeted information to influence their behaviour and reduce suffering and loss of life; and to shorten the time required for emergency control.

In the first year, between March 2017 and February 2018, 13 countries and Kosovo<sup>1</sup> began to use the ERC five-step capacity-building package. This report is an opportunity to share the challenges, successes and results of the first phase of implementation of this initiative. In the next 24 months, we plan to consolidate the work and extend it to other European countries.

I am proud to release this report, as it demonstrates that a lot can be accomplished with political will, adequate financing and new methods. I am confident that the story narrated will inspire other regions and countries to achieve fast, effective, predictable communications responses to all types of health emergency.

**Dr Nedret Emiroglu**

Director, Programme Management

Director, Health Emergencies and Communicable Diseases

WHO Regional Office for Europe

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<sup>1</sup> All references to Kosovo should be understood in full compliance with United Nations Security Council Resolution 1244 (1999).



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*Our emergency response can be incredible, but if we don't communicate well with our public, it will all be in vain. Everything that our emergency responders have done will have been for nothing if we don't include communication as part of our response.*

Workshop participant, Romania, November 2017

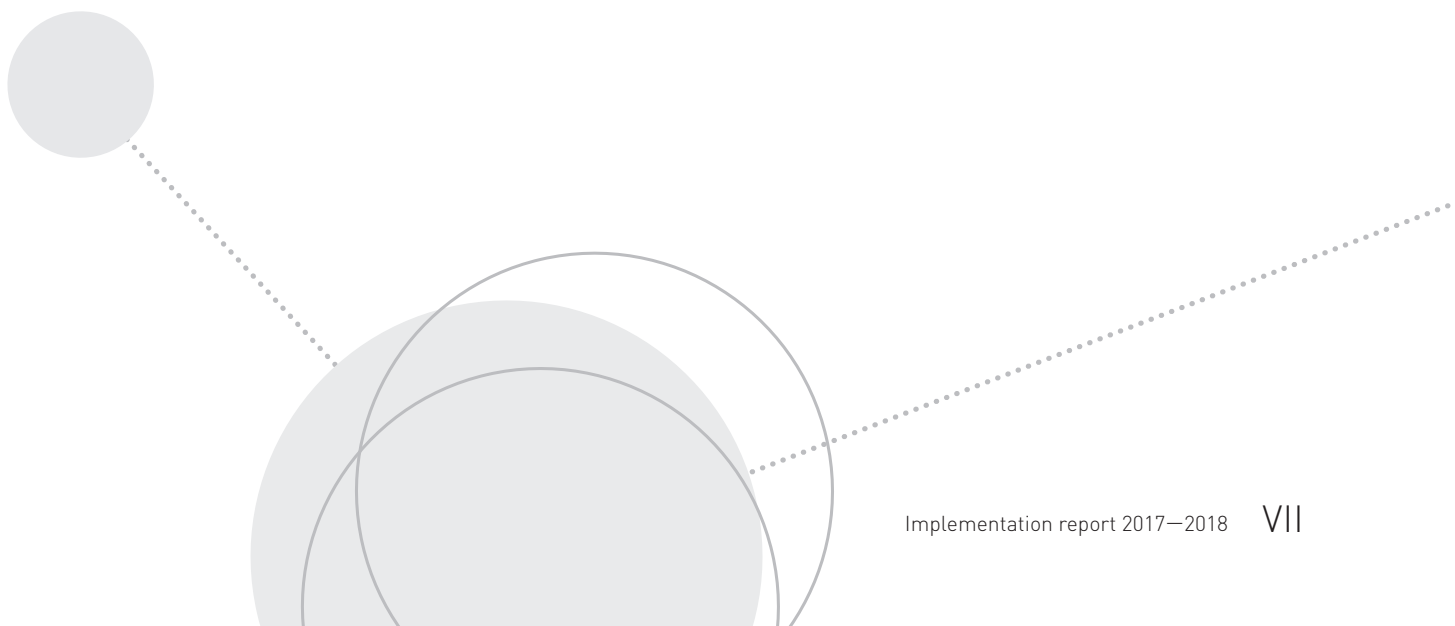


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We would also like to acknowledge the WHO country representatives and their staff in providing organizational support and sustaining the five-step ERC package before, during and after workshops, with national counterparts.



# Executive summary

Emergency risk communication (ERC) is a public health intervention during outbreaks and health emergencies and a core capacity under the International Health Regulations (2005) (IHR) (1). Recent global health emergencies have proven that effective ERC shortens the time required for emergency control and ensures that affected communities receive the information they need as they need it. In February 2017, the WHO Regional Office for Europe created and launched a five-step capacity-building package for ERC, the first of its kind.

The package builds on previous training in ERC in the Region since 2014. The approach consists of combining sustained technical guidance with the ingenuity of the host country, taking into account the country's assets and ERC structure. The comprehensive package includes tools for multisectoral training, capacity mapping and development, testing and adoption of an ERC plan. It results in an ERC plan that is written by and for national communication responders and is adapted to the country's emergency response system. The five-step package is designed to support development or strengthening of ERC response under the IHR in line with national approaches and commitment.

**ERC should have a designated strategic role in global and national emergency preparedness and response leadership teams.**

Recommendation from the WHO guideline for ERC policy and practice (2)

**ERC planning must be done well in advance, be continual and include both preparedness and response. Planning should take into consideration stakeholders' needs, be participatory, be responsive to the context and incorporate feedback from affected groups.**

Recommendation from the WHO guideline for ERC policy and practice (2)

The package was pilot-tested in 13 countries and Kosovo<sup>2</sup> in 2017 and early 2018 and is to be extended to additional countries in 2018–2019. Countries and territories use the package according to their ERC capacity. The five steps guide workshop participants through the process of (i) bringing response partners together to establish understanding of effective ERC; (ii) identifying shared capacities; (iii) developing a plan for an interdependent response by national, regional and local partners; (iv) practising the plan in simulation exercises; and (v) establishing a plan for adoption of ERC.

This method measurably strengthened ERC capacity in the pilot countries and territories, which will serve as examples for further WHO regional ERC capacity-building. The areas identified in the pilot countries and territories in which ERC could be improved included coordination among response agencies, ensuring sustained human and financial resources and stronger engagement with communities. Opportunities for improving ERC are formulating or updating regulations and using existing systems and capacity better *{3}*.

This report provides an overview of the project, its initial implementation, lessons learnt and future plans. The lessons were systematically used to improve the package for better country use for effective outcomes. They were also used to identify gaps and innovative, more advanced ERC approaches rather than less efficient, more expensive methods. Readers will recognize similar challenges in their countries and territories and find inspiration to address them with the package.

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2 All references to Kosovo should be understood in full compliance with United Nations Security Council Resolution 1244 (1999).



# Why focus on emergency risk communication? The need for better ERC response in Europe

Public health emergencies have few similarities, making it difficult to incorporate lessons learnt into planning for the next event. One consistent factor in any crisis is **communication**, which always affects the response and outcome of public health emergencies. Although communication is part of the response in nearly every emergency preparedness plan, it tends to remain on paper, with no action steps, roles, responsibilities or results. Without detailed, actionable plans, a country cannot ensure an effective communication response during an emergency.

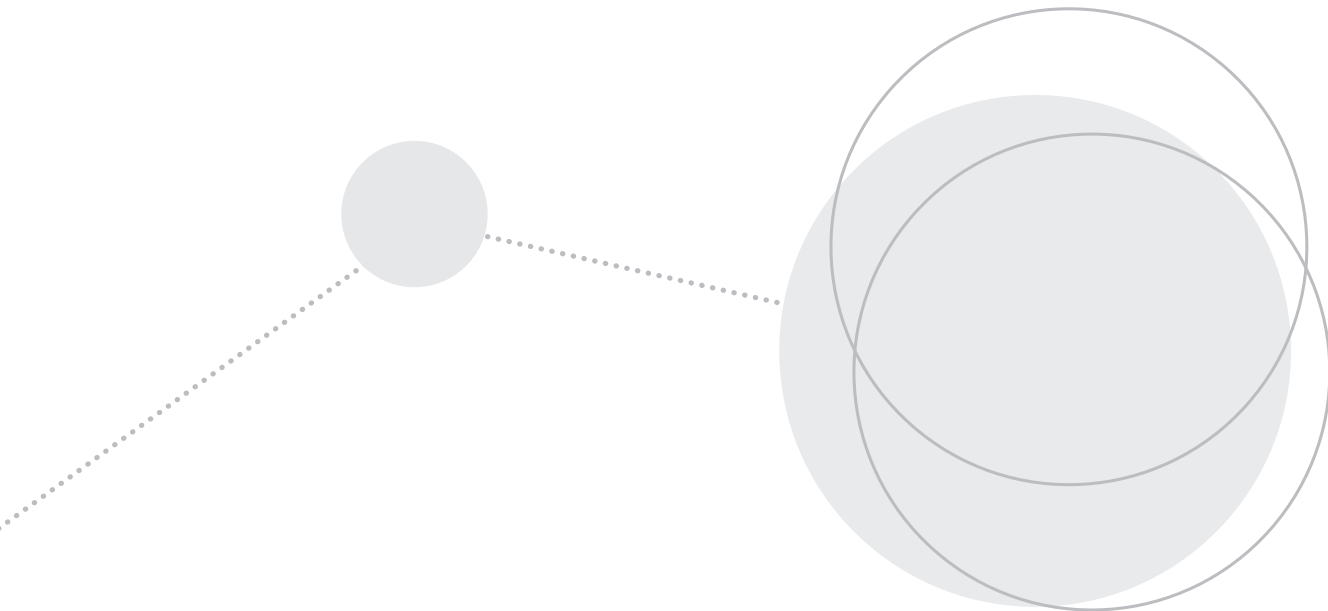
Unlike other public health measures, ERC is difficult to quantify. Whereas scientists can identify the sources of disease outbreaks in epidemiological investigations and laboratory tests, the source of misinformation is less easy to determine, and it is difficult to quantify its effect on individual decision-making and the ultimate damage it can cause to human health. Without a systematic, nationally adapted approach to ERC, the causes and effects of miscommunication during public health emergencies cannot be determined.

Every public health emergency provides lessons, and those lessons usually include communications. The principles to which an operational ERC system must adhere are:

- transparency and early announcement,
- coordination of public communication,
- listening and two-way communication, and
- effective channels and trusted influencers.

These, with a supportive emergency response system, trained staff, defined roles and useful tools, serve as a solid foundation for a risk communication system (4). Nevertheless, each country has its own challenges and different dynamics of cohesiveness and trust between populations affected by emergencies and those who communicate with them during the emergencies – public health authorities, health care workers, response organizations, the media, their communities, political and religious leaders and many more.

Although risk communication is a vital thread that runs through prevention, preparedness, response and recovery in an emergency, there have been few large-scale initiatives to build national capacity for this element. After a training phase in 2014–2016 for more than 150 representatives from 30 countries in the European Region, reflecting lessons learnt from the outbreaks of Ebola and Zika virus diseases, European countries increased their demand for ERC capacity-building. The WHO Regional Office for Europe thus changed the scope of the project from training to a sustained, country-adapted capacity-building package.





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*Maybe we have the theoretical knowledge and maybe we are prepared with procedures, but we're not ready. The institutionalization and division of communication competences that you taught us was really very helpful to us.*

ERC workshop participant, Slovakia, November 2017



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*Whether we have good communication or bad communication, whether we have one plan or another, people are everything. When we know each other better, we can improve communication. Thanks to the relationships we've gained through this workshop, we can do better.*

ERC workshop participant, Bosnia and Herzegovina, January 2018



# Creating functional ERC response systems: applying the latest ERC science to practical solutions

ERC practitioners are still determining the characteristics of an operational ERC system and how to measure its efficacy. When communication during a public health emergency fails, it is glaringly apparent, while, when a communications response succeeds, it is all but invisible. We cannot quantify the lives lost due to poor communication, nor can we quantify those saved due to flawless communication; yet, in almost every country, there has been a defining moment when mistakes in communication led to a poor public health outcome and caused its leaders to seek ERC guidance and plans.

A fully functional ERC system can be described, but few, if any, exist. Common themes and approaches emerge when proven principles from ERC practice and effective models of capacity-building are applied. The European five-step capacity-building package is based on four basic ERC capacities, which reflect commonly accepted principles of ERC as well as recent findings (2).

**To build trust, risk communication interventions should be linked to functioning, accessible services, be transparent, timely and easy to understand, acknowledge uncertainty, address and engage affected populations, include self-efficacy and be disseminated through multiple platforms, methods and channels.**

Recommendation from the WHO guideline for ERC policy and practice (2)

**Identify people whom the community trusts, and build relationships with them. Involve them in decision-making to ensure that interventions are collaborative and contextually appropriate and that communication is community-owned.**

Recommendation from the WHO Guideline for ERC policy and practice (2)

## Emergency risk communication capacity: the cornerstone of a functioning ERC system

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### ■ **Transparency and early announcement**

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

Elements could include having an agreed ERC policy and procedures in place that support transparency and early announcement, ensuring that the ERC function is represented in management meetings and providing training on ERC for key staff.

### ■ **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 to address both information and public concerns. Public communications resources are thus used effectively, confusion is reduced, and outreach and influence are strengthened.

Elements could include identifying spokespeople and training them in ERC, identifying and training an ERC team to support the spokespeople and having policy and procedures for ERC coordination and information release, agreed with key partners and agencies throughout government.



## ■ Listening through two-way communication

Community engagement is essential, and communities must be at the heart of any health emergency response. Knowing which individuals to target, how they understand and perceive a given risk and their beliefs and practices are the basis for decisions and the behaviour changes necessary to protect health. In the absence of such knowledge, social or economic disruption may be more severe.

Elements could include establishing systems and resources for regular (at least daily) monitoring of mainstream media and social media, for identifying reactions and rumours in at-risk populations and for reviewing and acting on the information.

## ■ Effective channels and key influencers

Once the audience has been analysed, the right channels for reaching them should be selected. The optimal channels depend on the local context and the audience. Generally, the most effective channels are those used by the targeted audience, including the media, social media on the Internet, hotlines and SMS. Influential people in a community have an important role in delivering messages, as the community trusts their opinions.

Elements could include ensuring that the ERC team has the skills and capacity to analyse access to communication channels, to select those used by the targeted audiences and to form partnerships with stakeholders and “influencers” in the community.

## Emergency risk communication capacity: application throughout an emergency

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In the WHO European five-step programme, ERC capacity is applied throughout an emergency, so that countries visualize communication along the continuum of response. They communicate with affected populations when necessary, providing information that allows them to make decisions for themselves and their families, through communication channels that they regularly use and trust, in language that they understand and with guidance that they can act upon.

### ■ Preparation phase

This phase is continuous, constituting extensive planning and coordination, regular capacity assessments and training. The initial needs and challenges presented by each type of emergency can be anticipated and the preliminary materials developed.

### ■ Initial response phase

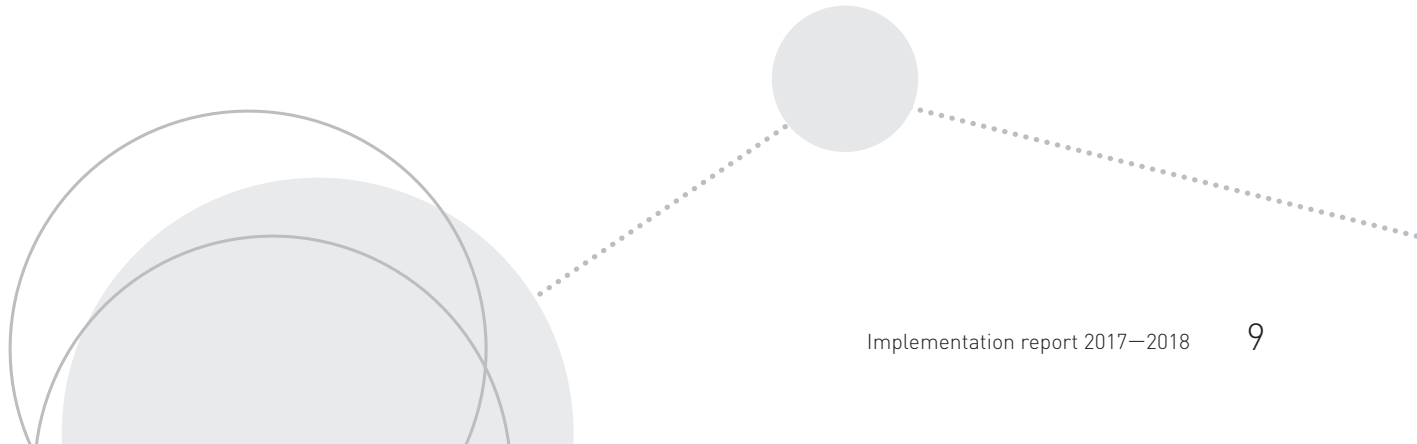
The first 3–5 days of an the emergency are often characterized by fear and confusion, and the general public requires timely, accurate information about the situation, what is being done and advice to protect their health and that of their families. When little information on an emergency is available and many sources provide inconsistent or conflicting messages, this phase can be extremely challenging. Dealing effectively with uncertainty is a critical feature of ERC.

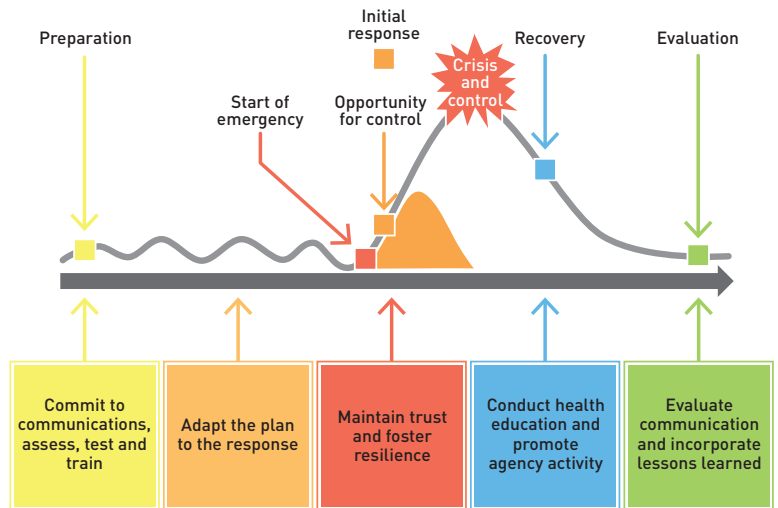
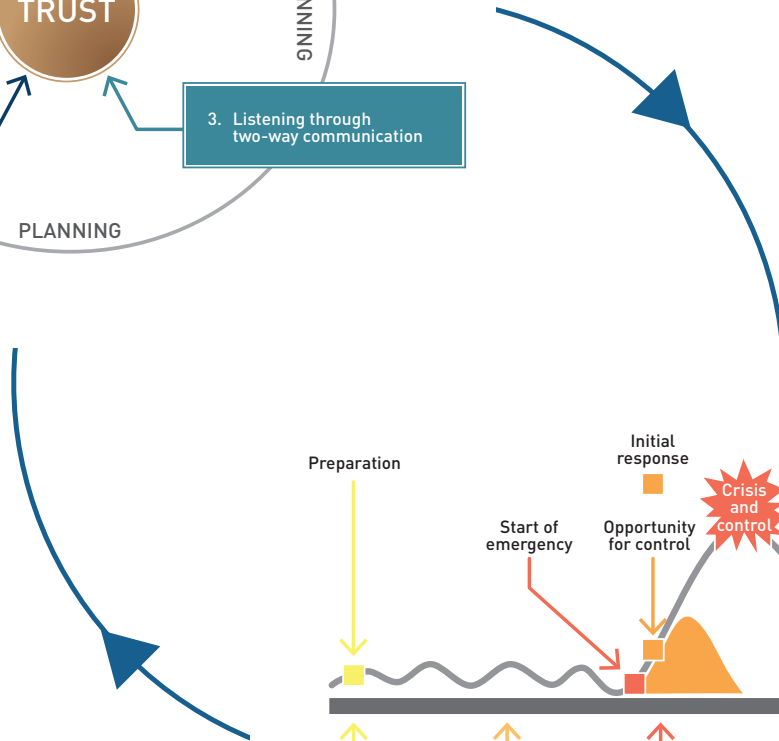
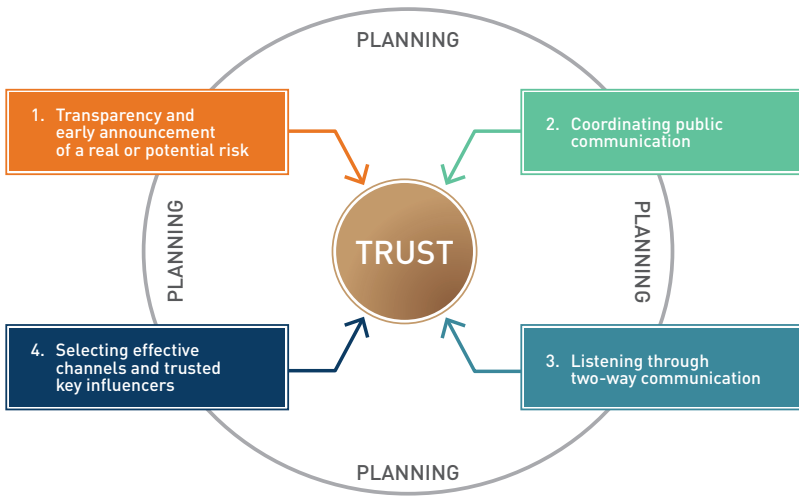
## ■ **Command and control phase**

Throughout the response, public concerns and fears must be understood and taken into account and rumours and misinformation identified and dealt with. Rumours spread fast among people who do not understand a threat and the importance of adopting protective behaviour. Effective two-way communication, in which people's perceptions and concerns are taken into account, is essential to maintaining trust and ensuring good health outcomes.

## ■ **Recovery and evaluation phases**

The recovery and evaluation phases of a response are critical but are often given low priority. Risk communication should be assessed during and after an emergency in order to obtain feedback, identify achievements and modify interventions. The data collected can be used systematically to update strategies, plans, messages and risk communication materials. Special attention should be given to transparency and announcement of a real or potential risk; public communication and coordination; listening through two-way communication; and selecting effective channels and trusted key influencers.





# The WHO Europe five-step ERC package: sustained assistance beyond training

The five-step ERC package was designed to build the capacity of Member States and territories in the European Region, from the basic principles, practice and application of tools to complex testing and adoption of nationally developed and agreed all-hazards plans. Member States adopt the five steps at different stages according to their ERC capability and experience. Most begin with ERC training, to ensure that all those involved in an emergency share a single language of ERC. Training is often coupled with capacity-building and writing plans.

## 1. ERC training

ERC training courses are tailored to meet the needs and gaps in national ERC plans and documents. Participants learn and practise effective communication in public health emergencies through lectures, “skill drills”, case studies and tips on use of the media. The target audiences of the courses are ministries of health and other government response partners, such as ministries of emergency response, agriculture, tourism and trade, as well as civil society and United Nations organizations. In interactive sessions, participants apply ERC principles and tools to public health hazards selected by the country, so that they learn with actual issues of concern. Public health experts and emergency responders practise ERC skills with communication experts, each gaining a new appreciation of the other’s role during an emergency.



*This workshop was eye-opening for me. I put myself in the shoes of our spokesperson and realized that this is not an easy job.*

ERC workshop participant, Slovakia, November 2017

## **2. ERC capacity mapping**

The ERC capacity mapping tool is used to identify needs and gaps with a view to strengthening in-country ERC. The ERC capacity mapping mission aims to review ERC priority areas for intervention to be addressed in the ERC plan and in a national ERC capacity building roadmap. Through this process, Member States also identify communication capacity that can be included in a larger communication response system during an emergency. Participants often discover previously unknown resources, such as hotlines, media training, volunteer professionals in community engagement, media research and information centres within emergency operations centres.

## **3. ERC plan writing**

The WHO Regional Office for Europe has prepared a template for an ERC plan to facilitate the design of a national multi-hazard ERC plan. The Regional Office also supports countries and territories in adapting the ERC plan and integrating it into national preparedness and emergency response plans, depending on their governance structure. The template includes standard steps in communication for each of the five emergency response phases: preparedness, initial response, crisis and control, recovery, and evaluation. Within each phase, steps are described for each of the four key capacities. Countries and territories use the template as guidance but are encouraged to adapt it to their context.





*I think that drafting a communications plan is a must. I'm glad to see that it happened here at this workshop.*

ERC workshop participant, Romania, October 2017

#### **4. ERC plan testing**

The WHO Regional Office for Europe provides support for testing the ERC plan in multisectoral simulation and table-top exercises, focusing on: health emergency: disease outbreaks (including pandemic influenza), natural disasters and humanitarian and environmental crises. The simulation exercises are designed to test ERC capacity in transparency and announcement of a real or potential risk; public communication and coordination; listening through two-way communication; and selecting effective channels and trusted key influencers. Simulation exercises may be conducted in conjunction with a national emergency exercise to test other response capability or as exercises in communication.

#### **5. ERC plan adoption**

On the basis of the results of the simulation exercise, the WHO Regional Office for Europe recommends how the national ERC plan should be updated and facilitates its integration and adoption into national preparedness and response plans. It also supports the preparation and implementation of a capacity-building roadmap based on the identified priorities. The roadmap could include further training and workshops for different audiences and integration of ERC into technical capacity-building and field simulation exercises.



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*Trust! We have a lot of knowledge to share, but we must trust each other and coordinate our communication. It's all about communication!*

ERC workshop participant, Slovenia, November 2017

# A unique approach for each country and territory: tailored capacity-building for national needs and systems

Emergencies always occur locally first and are rarely handled solely by the health sector. When many organizations are involved in responding, they may give out some messages that are inconsistent or, worse, conflicting. Inconsistent information from ministries of health, frontline responders, national agencies, health care workers and other experts can spark rumours and ultimately lead to loss of trust in the responding authorities. The ERC five-step capacity-building package consists of several proven approaches to ensure synchronous, unified communication.

The aim of the package is to ensure systematic ERC capacity-building by including communication structures and systems and staff roles, skills and tools (4). By addressing these different facets of a communication response system, the model ensures the development and adoption of a comprehensive national ERC plan with defined roles, coordinated systems and practical tools. The health of individuals, families, communities and nations will be protected when all communication responders work together to ensure transparent, timely, understandable, accessible, actionable information to affected populations.

**Develop and build on agency networks across geographical, disciplinary and, where appropriate, national boundaries.**

Recommendation from the WHO Guideline for ERC policy and practice (2)

### **Multisectoral participation: *identifying and combining communication assets***

The inclusion of response partners from various sectors in the first step of ERC training ensures that they all “speak the same language”. Mapping communication response capacity with that of the health sector and inviting all responders to participate in development of the ERC plan and in testing and adopting it ensures stronger communication responses during emergencies. When each of the five steps is conducted with a wide range of partners, participants make bonds and come to a consensus on sharing their assets, thus amplifying each other’s health messages to broader audiences.

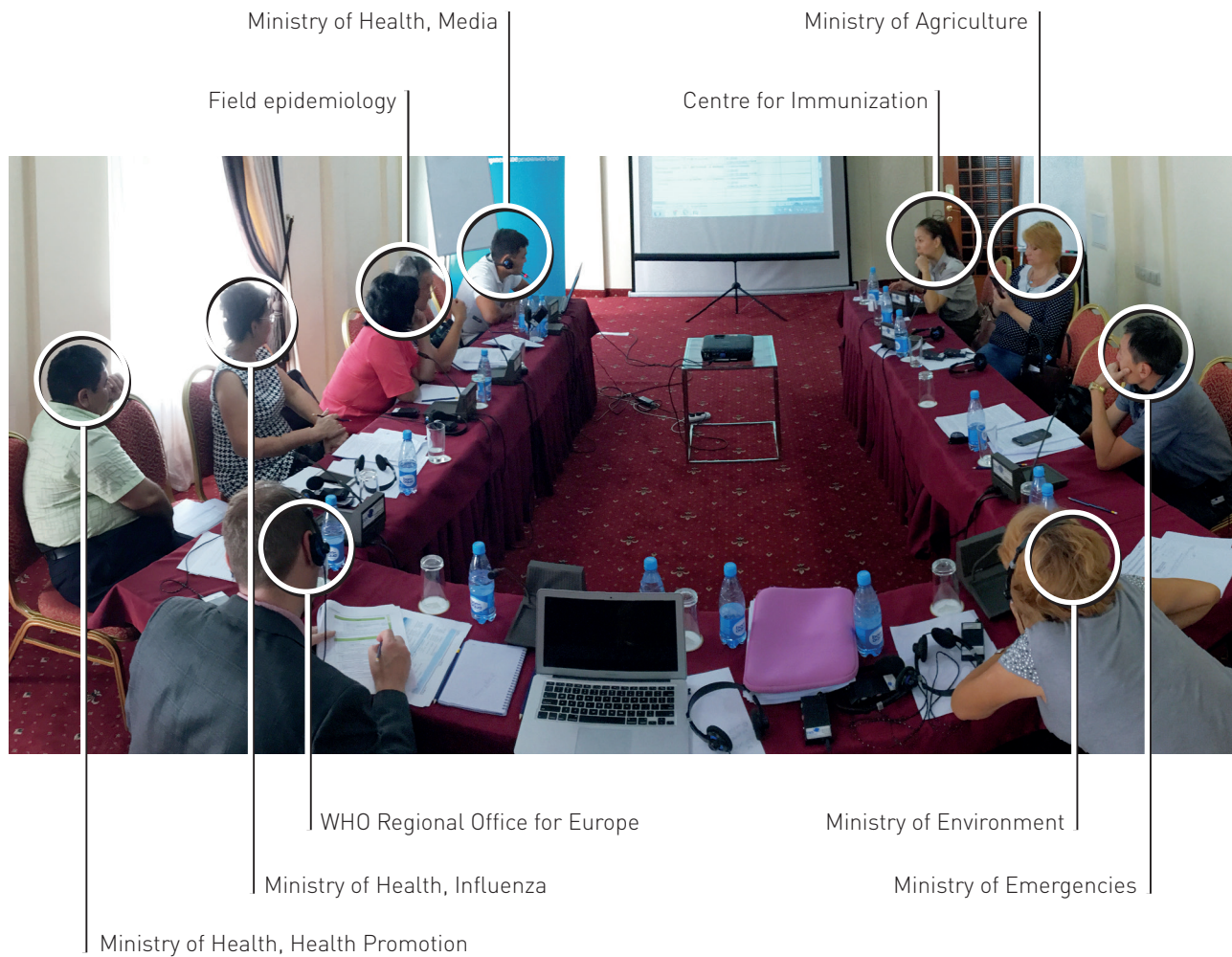
### **Planning for all hazards: *practicing and applying principles to national threats***

Public health emergency responders are often organized according to fields and threats, and many communications plans are written to address a specific threat. This may limit the results, as many responding partners and organizations may not be familiar with or able to use such specific plans. To avoid making communication response plans that may not be operationalized during an actual emergency, ERC capacity-building creates all-hazards plans, covering disease outbreaks, natural disasters and humanitarian and environmental crisis, as required under the IHR (2005). To demonstrate to participants that an all-hazards plan can be used to respond to numerous nationally identified public health threats, participants in the ERC training courses apply the principles and practices to those identified as of high priority by the country or territory.

### **Ensuring an ERC plan that works for countries: *creating and testing a living document***

The goal of the five-step ERC package is adoption of agreed upon, tailored, tested ERC plans as part of national emergency response plans and systems. This is not simple, as each step requires multisectoral consensus and simulation exercises to test various communication response capacities throughout an emergency. With each step, however, the ERC plan becomes a stronger, more useful “living” document that is familiar to and actionable by all communication response partners.

ERC PLAN WRITING SESSION  
Bishkek, Kyrgyzstan - September 2017



# Application of the ERC five-step package: progress in Europe as of 2018

ERC training in Europe began in 2014 and accelerated in 2017 and early 2018 with financial support from Germany. The programme has thus been able to meet the needs of 13 countries and Kosovo<sup>3</sup>, including:

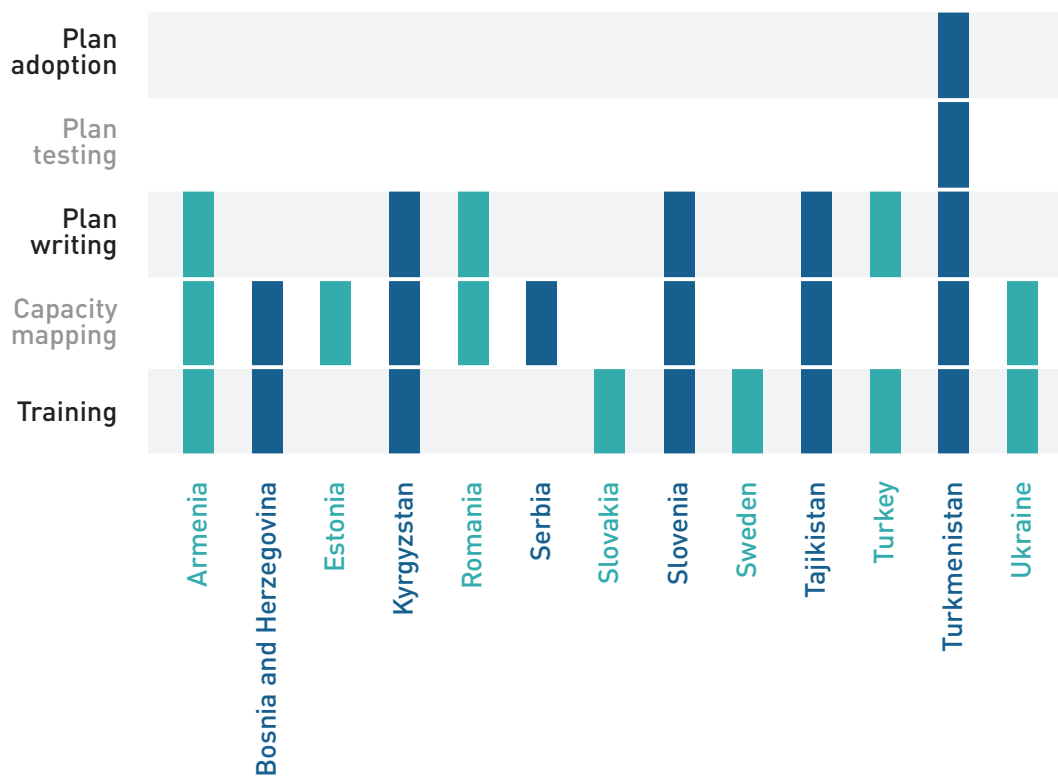
- 10 multisectoral trainings,
- 10 capacity-mapping missions,
- seven ERC plans drafted, and
- one ERC plan tested in a simulation exercise.

Turkmenistan was the first country enrolled in the programme that adopted an ERC plan, on 1 March 2018.

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<sup>3</sup> All references to Kosovo should be understood in full compliance with United Nations Security Council Resolution 1244 (1999)

## Implementation of the ERC five-step capacity-building package in enrolled countries



\* ERC capacities were mapped in Kosovo<sup>4</sup>.

<sup>4</sup> All references to Kosovo should be understood in full compliance with United Nations Security Council Resolution 1244 (1999)





# What did we learn from ERC capacity-building? Lessons to be applied across Europe

The five-step ERC capacity-building package has elicited strong interest in the European Region, as many countries acknowledge that they should increase their capacity and capability in emergency preparedness. The package will be adapted to address and reference the challenges listed below in countries identified as priorities *(3, 5)*.

1. Most health ministries do not have dedicated human and financial resources for ERC.

ERC is often not a priority for preparedness and funding. Adherence of many countries in the European Region to the five-step package indicates heightened interest and commitment in this area. Documenting the effectiveness of ERC for public health and the cost of inaction or failure will provide policy-makers with arguments to invest in and sustain resources for ERC.

2. The health sector leads disease outbreak responses but is part of a broader intersectoral response to other hazards.

This should be taken into account in preparing the plan and in determining roles and responsibilities, so that the comparative advantages of different response agencies and national structures and systems are used. It is important to ensure that the health sector is represented by a communications focal point on a multisectoral emergency joint communications committee and that it is proactive in health emergencies.

3. Coordination among sectors should be strengthened.

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While the response might be led by the health sector, particularly for disease outbreaks, health authorities are unlikely to be able to manage an entire emergency response alone and will require the channels and resources of partners in other sectors, civil society, health care workers, the media and influencers to ensure an effective communication response. Partners and coordination mechanisms should be identified before any emergency and activated in response to a specific hazard.

4. Many countries and territories are instituting an incident management system.

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An incident management system is a formal, standardized mechanism for managing an emergency response, usually by another ministry such as of the interior, emergencies or civil protection. As emergency communication focal points in other sectors may or may not have experience in ERC, operationalization of the ERC plan should be integrated into the incident management system.

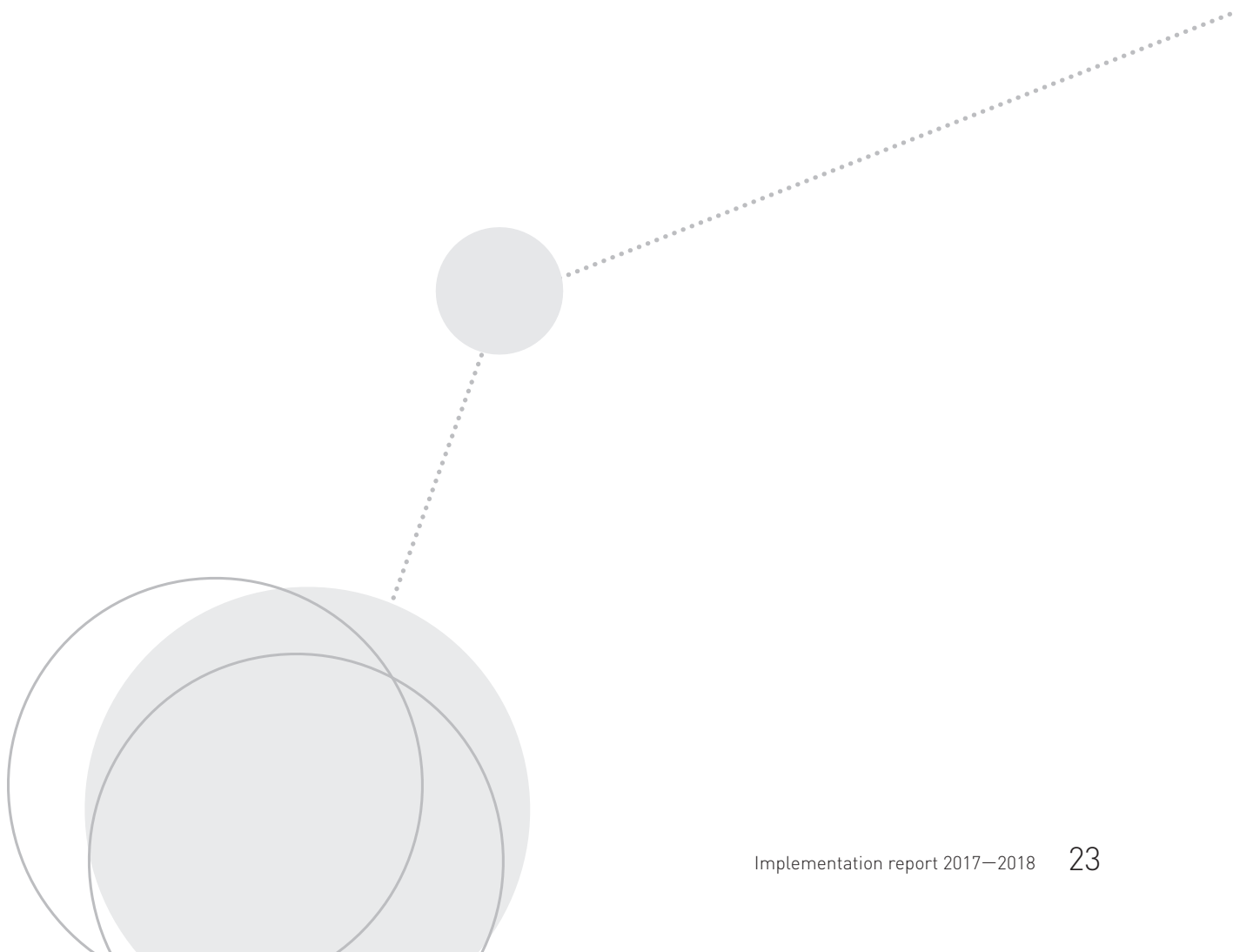
5. Community engagement, listening, message testing and rumour management are weak in most countries and territories.

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The focus of ERC in many countries and territories is media communications, complemented by web and social media. Other channels and influencers are used less often, especially those that appeal to and are trusted by the community, including health care workers. In addition, messages are often reactive, not based on the perceptions of target groups and are untested. Inclusion of these components in training in social science would strengthen countries' and territories' communication capacity.

6. Five-step ERC activities must be adjusted consistently to meet the needs and situation of each country and territory.
- 

ERC facilitators will require a certain amount of expertise, and the package will have to be further refined to ensure that it is applicable and useful in other countries and territories and in organizations that might use the package.



## Where do we go from here? Phase 2 of the five-step capacity-building project

In response to requests from Member States, the ERC capacity-building project will continue to apply the full five-step ERC package in countries at highest priority and also introduce the concepts and practice to other regions that wish to increase national ERC responsiveness.

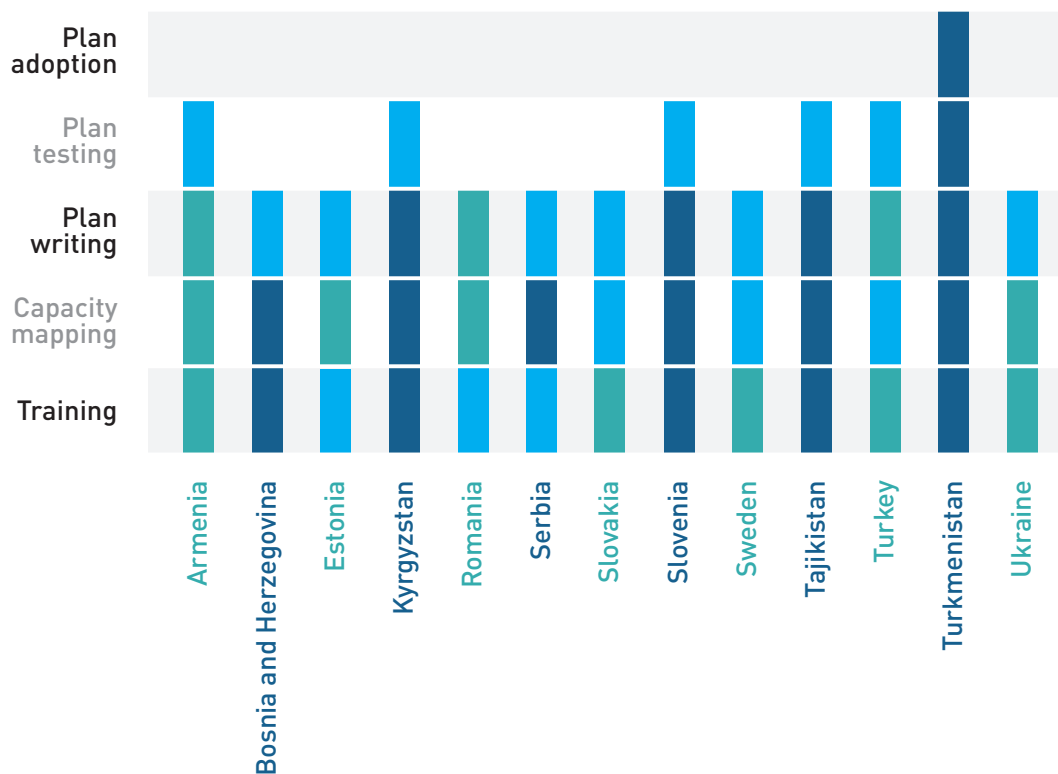
A number of opportunities have been identified for establishing strong, integrated ERC systems:

- updating or establishing laws for adoption of an ERC plan;
- training and repurposing health promotion staff for ERC;
- linking the emergency and health sectors to ensure coordination;
- ensuring that the ERC plan is coordinated with existing or developing emergency structures;
- using the expertise of civil society and international partners in community engagement; and
- engaging with trusted opinion leaders and influencers.

With additional financial support, the ERC programme at the WHO Regional Office for Europe will continue to meet Member States' requests to increase their ability to communicate with their populations before, during and after an emergency, as projected in the figure below, ultimately helping to make Europe and the world safer in public health emergencies.

\* All references to Kosovo should be understood in full compliance with United Nations Security Council Resolution 1244 (1999).

## Projection of the ERC five-step capacity-building package in enrolled countries



\* ERC capacities were mapped in Kosovo<sup>5</sup>.

More countries in the European Region are in the pipeline to start implementation of the ERC package, including Georgia and the Republic of Moldova.

<sup>5</sup> All references to Kosovo should be understood in full compliance with United Nations Security Council Resolution 1244 (1999)

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