1. BACKGROUND

Communication has been identified as a cross-cutting priority for WHO's work on emergencies as highlighted in WHO’s Emergency Reform Roadmap for Action and by the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences.

In November 2015, WHO convened a consultation workshop to provide advice and input to the development of a strategic framework to support WHO’s emergency risk communication (ERC). The workshop brought together around 60 experts and specialists drawn from UN partners, international NGOs, academia and WHO staff from headquarters, regional and country levels. The aim of the workshop was to scope out WHO’s future role with regards to risk communication in outbreaks and health emergencies.

The objectives of the workshop were to:

i. Explore in depth the scope and function of emergency communication in outbreaks and health emergencies in the 21st century
ii. Map WHO and stakeholders’ roles, functions and gaps,
iii. Map linkages of communications to all areas of WHO's emergency reform agenda, including community engagement
iv. Propose concrete improvements for WHO’s emergency risk communications.

The workshop was organized by WHO’s Project Management Team on Emergency Reform and the Department of Communications, Office of the Director-General; with support from the Knowledge Transfer and Training for Outbreaks Team.

The workshop adopted a participatory approach. To this end, the number of presentations was limited. Breakaway sessions were frequently used to stimulate discussions and understand partners' expectations and needs regarding WHO’s role in risk communications.

2. WORKSHOP DISCUSSION

Over the two-day workshop, participants considered challenges, opportunities and priorities for WHO communication in outbreaks and health emergencies.

2.1 WHO’s emergency communication operating environment

Participants discussed key features of WHO’s operating environment for emergency and outbreak communication including:
i. **A complex, crowded environment** – Outbreaks and health emergencies take place in a rapidly shifting environment where information is often incomplete with many different actors exchanging public health information who often compete for authority.

ii. **Diverse communications** – WHO undertakes a range of communication activities to support the response, which may include strategic communication, public information, supporting national governments in risk communication, communication with affected communities and response personnel, media relations, knowledge transfer, message development, partner communication, internal communication and health promotion functions including donor relations.

iii. **Diverse contexts** - WHO’s communication priorities will differ greatly across various outbreak and health emergency settings depending on factors such as, public health hazard, government capacity, national health systems, political environment, local culture, traditions and languages.

iv. **An under-resourced priority** – Despite the critical role of communications in outbreak and health emergency management, it is not well resourced both in terms of human and financial resources, especially at country level. Without proper investment at all levels of the organization, communications will continue to be perceived as an optional product-driven add-on. Communications is a strategic management function which needs to be prioritized and should be integrated right at the outset as a critical part of the entire risk management cycle – preparedness, response and recovery.

v. **Political interests** – Communication is a sensitive area. Governments will always have strong interests in shaping the content of messages given the political, economic, and social consequences of communication. ERC must be cognizant of this when building national capacity.

vi. **Internal communication and coordination challenges** – A major barrier for the development and dissemination of communications relates to the disconnect between WHO’s three levels (country, regional and headquarter levels) and internal barriers for the rapid approval of communication approaches and materials. These barriers significantly frustrate WHO’s ability to demonstrate leadership through rapidly responsive, consistent and credible communication.

vii. **External communication coordination challenges** – There are significant organisational and political barriers to uniting multiple outbreak and health emergency actors under a common communications mission locally, nationally and globally. This is compounded by cross-over in mandates and definitions for social mobilization, community engagement and risk communication.

viii. **Workforce challenges** – A lack of investment in communication capacity at country-level is creating a dependence on deploying short-term communications personnel who are required to lead a full spectrum of communication priorities within a new and rapidly evolving context.

ix. **Strong demand for WHO leadership and coordination in communication** – There is a strong demand for WHO to demonstrate global leadership in communicating about an emergency. This requires that WHO’s leadership is seen visibly and frequently communicating about the emergency as it unfolds. Added to this, partners require WHO to also coordinate the communications component of an emergency. This means timely, clear, compassionate and consistent communication.
2.2 Guiding principles for WHO communication in outbreaks and emergencies

Participants discussed a range of strategic principles that should guide WHO’s communication in outbreaks and emergencies:

i. **Commitment to public health** – WHO’s first priority must always be saving lives, preventing illness, mitigating associated socio-economic loss and promoting global public health.

ii. **Communication that builds trust** – Communication must be based on honesty, respect and listening; it must rapidly respond to public, community and partner concerns, be technically substantive and independent to partisan agendas. Communication should always demonstrate WHO’s accountability to affected communities, partners, the international community as well as national governments.

iii. **Leadership through communication** – WHO must amplify its role as the lead technical authority on outbreaks and health emergencies through establishing honest, open and collaborative communication with affected communities, governments and partners.

iv. **Sustainable national capacity building** – WHO’s communication efforts must be driven to support and build sustainable long-term national and local capacity in public health communication.

v. **People-centred local impact** – WHO communication must always be cognizant of its impact on local systems and people.

vi. **Socialisation of outbreak and emergency response** – WHO communication must demonstrate not only technical accuracy, but also show awareness and understanding of local settings and contexts. Communication must be geared towards building local relationships before the onset of an emergency or outbreak.

vii. **Dynamic and responsive** – WHO communication needs to be focused on dialogue. This requires proactive listening and responsive feedback in order to resolve the community’s concerns, misinformation, rumours and any new developments.

3. WORKSHOP OUTPUTS

3.1 Scope of emergency risk communication

The WHO definition\(^1\) of risk communication within the context of health emergencies was proposed as follows:

“The real-time exchange of information, advice and opinions between experts or officials and people who face the threat (hazard) to their survival, health or economic or social well-being. Its purpose is that everyone at risk is able to take informed decisions to mitigate the effects of the threat (Hazard) – such as a disease outbreak or other health emergency – and take protective and preventive measures.”

It was emphasized that ERC should use an outcomes-based approach. The logic model for ERC is given below.

---

\(^1\) This is the same definition used in the core capacity of risk communication under the International Health Regulations (2005)
The logic model discussed above recognizes that one should not only focus on consistency of messages but also ensure that it is understood by the community and partners involved in the response.

Emergency Risk Communication (ERC) uses a mix of strategies and approaches, including but not limited to: public communication, media relations, social media, mass awareness initiatives, health promotion, partner engagement, social mobilization, behavior change communication and, community engagement, etc. Planning, capacity building, coordination and operations of ERC needs to be added to this mix.

Strategic communication was described as the ability (of national authorities, or international agencies) to analyze ERC capacity in order to; develop strategies and plans including standard operating procedures to guide the response. Also it involves being able to lead, coordinate and manage communications. Participants made a clear distinction between organizational /corporate communications (which includes profiling the work of an agency or a government in emergencies) with the public health outcome-based type communication described in the logic model above. While corporate communication is a key component of building trust in affected populations and those supporting the response, it should not and cannot replace the practice of ERC as described in this report.
3.2 National capacity for ERC
The discussion clearly showed that participants believed that national capacity building must be at the core of WHO’s work in ERC.

Participants were briefed on the current version of the assessment tool proposed for evaluating national capacity for ERC. This served as a reference point for the discussions. Using this tool, ERC and community engagement were categorised into five functions that must be prioritised (predominantly by national governments with the support of international and national agencies and partners) in all responses.

These discussions highlighted...
1. The paradigm shift from telling people what to do (one-way/message-based communication) to systematically (two-way communication) to listening to those affected so that engagement and interaction through ERC can be contextualized to achieve health goals of outbreaks and emergencies
2. ERC is multi-faceted skill that requires using many types of communication and engagement tools that best suited to the context.
3. Community engagement is one of these many strategies, but one which requires its own expertise and capacity building
4. The need for all responders to be aware of, and familiarise themselves on ERC thinking, action and work alongside ERC experts
5. The urgent need to “socialize” WHO’s emergency response.

3.3 Priorities for WHO reform
The workshop produced important outputs to feed into WHO’s reform processes on outbreaks and health emergencies.
3.1 Priorities for strengthening WHO communication in outbreaks and health emergencies.

The top priority areas for strengthening WHO's work on outbreak and emergency communication are listed below by target audience:

- **Participants Priorities**: Strategic communication which includes community engagement and trust-building strategies and activities
- **WHO staff**: Strategic communication, coordination skills, and capacity and trust-building strategies.
- **External partners**: Socio-economic, political and cultural analysis to support emergency risk communication, translational communication of technical expertise and trust-building strategies and activities.

WHO has identified **12 functions** for emergency risk communication capacity building. In a group exercise, participants were asked to “vote” for the top three functions for emergency risk communication. The table below summarizes the results.

Table 1: Emergency risk communication (ERC) functions identified as one of three top priorities for strengthening WHO communication in outbreaks and emergencies

<table>
<thead>
<tr>
<th>ERC function</th>
<th>External partners</th>
<th>WHO staff (HQ, RO, CO)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Socio-political, economic and cultural analysis for ERC</td>
<td>6</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>2. Strategic communication - strategies, plans, SOPs</td>
<td>3</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>3. Translational communication of technical expertise into understandable, contextualized material</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>4. Trust-building strategies and activities</td>
<td>5</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>5. Testing capacity through simulation exercises and after-action review</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>6. Coordination skills and capacity</td>
<td>2</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>7. Rapid assessment of stakeholder and audience</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>8. Message development, testing and revision together with stakeholders</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>9. Community engagement</td>
<td>4</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>10. Media communications</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>11. Mass communications</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Stakeholder and partner communications</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
</tbody>
</table>

3.2 Stakeholder mapping

Participants identified a diverse range of stakeholders in WHO's outbreak and emergency communication
<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Analyses for ERC</th>
<th>Strategic Comms</th>
<th>Translation</th>
<th>Trust Building</th>
<th>Exercises &amp; Assessment</th>
<th>Coordinating Skills</th>
<th>Rapid Assessments</th>
<th>Message Development</th>
<th>C E</th>
<th>News Media</th>
<th>Mass Campaigns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Govt</td>
<td>x x x</td>
<td>x x</td>
<td>x x</td>
<td>x x</td>
<td>x x x x x x</td>
<td></td>
<td>x x x x x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NtI Media</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UN Sec Genl</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local pharmacist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteers</td>
<td>x x x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGOs</td>
<td>x x x</td>
<td>x</td>
<td>x x x x x x</td>
<td>x x x x x x x</td>
<td>x x x x x x x x x x x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Politician-Influencer</td>
<td>x x x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Think tanks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaspora</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intl response agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSOs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local NGO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Sector</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. RECOMMENDATIONS FOR REFORM

Participants made concrete recommendations across four building blocks, which are discussed below.

4.1 National capacity building

Building national and local capacity which is sustainable must be a key driver of WHO communication activities throughout all phases of an emergency, namely before, during and after outbreaks or health emergencies.

This will require WHO to:

- Strengthen communication capacity at all levels of WHO (country, regional and headquarter levels). This includes recruiting staff, training and developing SOPs for its implementation.
- Engage senior government decision makers to prioritise ERC as an essential element of outbreak and health emergency preparedness and response, starting in “peace times” (preparedness, readiness, and recovery phases)
- Identify stakeholders across different sectors for risk communication capacity building
- Involve those who engage with communities on a regular basis so that these mechanisms and networks can be readily activated and leveraged during emergencies
- Support national governments to assess, develop and implement national ERC capacity building plans.

4.2 Coordination

As global health cluster lead, WHO should help to coordinate partners and their activities before, during and after health emergencies. This will require WHO to:
• Develop platforms, systems and arrangements to support local – not just global - coordination and collaboration on outbreak and health emergency communication.
• Articulate common emergency risk communication goal(s) to unite multiple partners.
• Develop mechanisms for rapidly mapping who is doing what and where in communications including resources, needs, gaps and bottlenecks.
• Build strong relationships with partners and communities in quiet times, between outbreaks and health emergencies.
• Work collaboratively with partners and share visibility.
• Clarify the roles and responsibilities of partners regarding social mobilization, community engagement and other areas of emergency risk communication.
• Develop a MOU with UNICEF to clarify roles and responsibilities with regards to emergency risk communication, social mobilization and community engagement.

4.3 WHO’s unique role in outbreaks and health emergencies
WHO communications should amplify WHO’s leadership role as the global technical authority on outbreaks and health emergencies. This will require WHO to:

• Promote risk communication as a core capacity in the International Health Regulations (IHR) and as a core element of outbreak and health emergency preparedness and response.
• Integrate emergency risk communication (including community engagement) into risk assessments.
• Include emergency risk communication and community engagement staff as part of the response teams as they conduct risk assessment missions to ensure that it is integrated at the outset and throughout the response.
• Develop an evidence-base and best practice around emergency risk communication impact. This requires including appropriate monitoring and evaluation indicators at the start to demonstrate impact.
• Promote WHO’s unique role supporting national governments to build emergency risk communication capacity.
• Invest in assessing and testing emergency risk communication capacity between outbreaks and health emergencies by conducting simulation exercises, or supporting after-action reviews following real emergencies.
• Develop strong internal mechanisms for the key elements of emergency risk communication across departments and disciplines in the organization.

4.4 WHO’s communication approach for humanitarian, known diseases outbreaks and new diseases
New or unfamiliar diseases generate intense fear, misinformation and rumours. As part of the response, measures may be taken to contain the disease, which can create social-economic and political consequences. The same is true for some hazards such as radio nuclear or chemical events. A new respiratory disease such as a novel influenza virus with pandemic potential will be very different from Ebola. The emergency is likely to spread fast, affect multiple countries across the world. This will require ERC in the response. To this end, WHO will need to do the following:

• Develop technical emergency risk communication expertise for different outbreak and health emergency settings.
• Expand the Emergency Communications Network\(^2\) to include communications and community engagement expertise to deal with any kind of outbreak (known or unknown) or health emergency.

\(^2\) In 2012, as part of WHO Programme of Reform, the Organization established a network of communications experts who can be deployed to any emergency. This pool has about 150 experts from different fields of ERC and have a current deployment rate of 85%
Five domains of recommendations

1. National Capacity building
2. Coordination
3. WHO’s unique ERC role
4. Special considerations for some emergencies

Four areas, integrated, managed by teams across WHO, working closely with partners

5. Overall Conclusions and Next Steps

5.1 Building Blocks

Drawing from the discussions and recommendations of the workshop, the following building blocks emerged. These are in effect core functions for WHO’s Emergency Risk Communication work. They are dispersed across the Organization and need to be connected so that the different teams working on them can collaborate for maximum results and achieve ERC goals as part of the overall emergency response.

Overall building blocks for WHO’s reform of emergency risk communication work.

1. Health communication and translational communication – so that WHO’s technical teams can quickly scope, define and translate into understandable, contextualized format the science and technical knowledge of a particular emergency or threat throughout the risk management cycle.

2. Dynamic listening to peoples’ concerns, fears and managing quickly rumours and misinformation at all levels and feeding into all types of communications and engagement using a range of methods.

3. Public communication – communications teams at global, regional and country levels can use a range of communications approaches to ensure that key stakeholders – those affected as well as responders and their agencies – have access to and use the products of health communications and translational communications and be apprised of risks and their management.

4. Institutional communications – WHO fulfils its role as the global health agency by proactively keeping all relevant stakeholders, affected and not-directly-affected countries, informed real-time on the situation and what WHO is doing. This includes sitreps, Disease Outbreak News, IHR announcements, public communication from global through national levels on risks, their management using the best mix of channels.

5. Community engagement – This requires support for linking up with existing community engagement networks and mechanisms to reach, mobilize, engage with and ultimately have community ownership of response action, and knowing what WHO should and should not do in CE.

6. Support national governments and partners build in-country capacity - Include assessments to ascertain existing capacity, developing national strategies, plans and associated SoPs, testing the capacity through SIMEXEs or helping with after-action reviews following real events or emergencies so that strategies and plans are revised on a regular basis.

7. ERC operations – Build WHO’s own capacity and expand its Emergency Communications Network to include all related expertise (i.e. sociologists, anthropologists and coordination expertise; as well as strategists and managers in this area), deploy expertise as part of response teams and as part of the Global Emergency Health Workforce.
5.2 Next Steps
5.2.1 Establish a working group or task force

A working group must be established comprised of the different teams working on the steps 1-7 identified in the table above to determine next steps.

<table>
<thead>
<tr>
<th>Function</th>
<th>Team location at HQ</th>
</tr>
</thead>
</table>
| 1. Health communication/Translational communicationss | PED/OHE for outbreaks, epidemics and pandemics  
ERM/OHE for humanitarian emergencies  
FOS/OHE for food safety events  
PHE/FWC for Chemical and Radio-nuclear emergencies |
| 2. Dynamic listening and rumour management | Formal and informal channels – media and social media monitoring, feedback from partners and coordination mechanisms, real-time research on the ground using KAP surveys, other rapid methods, “emergency” anthropological studies, community radio  
PED/OHE responsible for Member States capacity building in this area and the review of evidence for this |
| 3. Public communications | Communications teams – DCO/DGO (media, social media, web)  
Health communicators at all levels – materials for web, posters, leaflets, videos  
Leaders – statements by DG, EXD/OHE, other senior staff including at country level  
Systematic engagement and use of influencers  
Material development by relevant departments - PED, ERM, FOS, etc |
| 4. Institutional communications | DCO/DGO  
Comms teams in ROs  
Comms teams in countries |
| 5. Community engagement | No current focal team for CE in emergencies  
Need to establish task force or Working group prior to setting up unit or team  
Currently drawing on experts in Health promotion /NMH; RHR, UNAIDS and other independent experts |
| 6. National Capacity building | PED/OHE for national risk communications capacity building (under IHR and PIP) in collaboration with Regional Focal Units  
GCR/OHE for monitoring or capacities  
PED/OHE and DCO/DGO collaborating on evidence-based WHO Guideline on ERC for Member States (on best practice of ERC and national capacity building) |
| 7. ERC operations | PED/OHE and DCO for training and expanding the workforce  
The Emergency Response platform and/or Global Emergency health workforce for deployment and management |

5.2.2. All the participants in the workshop agreed to act as an advisory group for WHO as it moves forward on ERC reforms. Therefore, the wider group should be kept engaged at critical moments of the ERC reform process

5.2.3. Consider and link up with the recommendations provided by the Community Engagement workshop held on 26-27 November, 2016.
Attachments:
- WHO Emergency Reform Consultation Workshop: Emergency Risk Communication concept note
- WHO Emergency Reform Consultation Workshop: Emergency Risk Communication programme
- List of reference materials for the WHO Emergency Reform Consultation Workshop: Emergency Risk Communication

6. Contacts
Christy Feig,
Director of Communications
DCO/DGO
feigc@who.int

Dr Gaya Gamhewage
Medical Officer Knowledge Transfer and Training for Outbreaks (and lead for National Capacity Building for ERC under IHR and PIP)
PED/OHE
gamhewageg@who.int

Joanna Brent
Technical Officer
National ERC capacity Building under PIP
brentj@who.int

Aphaluck Bhatiasevi
Technical Officer
National Capacity Building under IHR
bhatiaseviap@who.int

Paul Garwood
WHO Communications: NCDs, Emergencies & Emergency Reform
garwoodp@who.int
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Position</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander, Robert</td>
<td>Independent Consultant</td>
<td>Integrated Disaster, Climate Change &amp; Development, Vulnerability Reduction and Resilience</td>
<td><a href="mailto:bfootbob@hotmail.com">bfootbob@hotmail.com</a></td>
</tr>
<tr>
<td>Aparicio, Reyes Katthyana</td>
<td>WHO HQ, Patients for Patient Safety</td>
<td>Programme Officer</td>
<td><a href="mailto:apariciok@who.int">apariciok@who.int</a></td>
</tr>
<tr>
<td>Bacal, Christie</td>
<td>IOM</td>
<td>Communications Specialist</td>
<td><a href="mailto:christie.bacal@gmail.com">christie.bacal@gmail.com</a></td>
</tr>
<tr>
<td>Baggio, Ombretta</td>
<td>IFRC</td>
<td>Senior Health Communications Officer</td>
<td><a href="mailto:ombretta.baggio@ifrc.org">ombretta.baggio@ifrc.org</a></td>
</tr>
<tr>
<td>Bailey, Christopher T</td>
<td>WHO HQ, Department of Communications</td>
<td>Communications Officer</td>
<td><a href="mailto:baileych@who.int">baileych@who.int</a></td>
</tr>
<tr>
<td>Bari, Sona</td>
<td>WHO HQ, Polio Eradication Initiative (PEI)</td>
<td>Communications Officer &amp; Spokesperson</td>
<td><a href="mailto:baris@who.int">baris@who.int</a></td>
</tr>
<tr>
<td>Bastide, Lois</td>
<td>University of Geneva, Department of Sociology</td>
<td>Postdoctoral Fellow</td>
<td><a href="mailto:Lois.Bastide@unige.ch">Lois.Bastide@unige.ch</a></td>
</tr>
<tr>
<td>Bayou, Yolanda</td>
<td>WHO HQ, IHR Capacity Assessment, Development &amp; Maintenance</td>
<td>Technical Officer</td>
<td><a href="mailto:bayugo@who.int">bayugo@who.int</a></td>
</tr>
<tr>
<td>Bhatiasevi, Aphaluck</td>
<td>WHO HQ, Global Capacities, Alert and Response</td>
<td>Risk Communications Officer</td>
<td><a href="mailto:bhatiaseviap@who.int">bhatiaseviap@who.int</a></td>
</tr>
<tr>
<td>Black, Christopher</td>
<td>WHO HQ, Department of Communications</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Communications Officer
Email: blackc@who.int

Boelt, Wynne Frederick
WHO HQ, Emergency Risk Management and Humanitarian Response
Advocacy Officer
E-mail: boeltf@who.int

Brent, Joanna
WHO HQ, Communication Capacity Building
Communications Officer
E-mail: brentj@who.int

Caminade, Joy Rivaca
WHO Western Pacific Region
Communications Officer
E-mail: caminadej@wpro.who.int

Chapelier, Carole
BBC Media Action
Senior Projects Manager Africa
E-mail: carole.chapelier@bbc.co.uk

Chitnis, Ketan
UNICEF NY
Communication Lead for EBOLA
E-mail: kchitnis@unicef.org

Clements-Hunt Alison
WHO HQ, Department of Communications
Communications Officer
E-mail: clementshuntal@who.int

Cumberland, Sarah
WHO HQ, Department of Communication
Communications Officer
E-mail: cumberlands@who.int

Daly, Margaret
WHO HQ, Department of Communications
Communications Assistant to team
E-mail: dalym@who.int

Dawes, Martin
CDAC NETWORK
Communications and Advocacy Advisor
E-mail: martin.dawes@cdacnetwork.org

Dewi, Nursila
WHO HQ
Communications Officer
E-mail: dewin@who.int
Dwyer, Kieran  
**OCHA NY, Communications Services Branch**  
Chief of Communications  
E-mail: dwyer@un.org

Dye, Christopher  
**WHO HQ, Office of the Director General**  
Director of Strategy  
E-mail: dyec@who.int

Eberwine-Villagran, Donna  
**WHO Regional Office for the Americas**  
Media & Communication Officer  
E-mail: eberwind@who.int

Egan Jeanne Ellen  
**WHO HQ, Emergency Risk Management and Humanitarian Response**  
External Relations Manager  
E-mail: egane@who.int

Faye, Sylvain Landry  
**Cheikh Anta Diop University, Senegal**  
Health Anthropologist  
E-mail: sylvain.faye@ucad.edu.sn

Feig, Christy  
**WHO HQ, Department of Communications**  
Director of Communications  
E-mail: feigc@who.int

Falero, Fernanda  
**MSF Spain**  
Anthropologist/Social Mobilization  
E-mail: fernanda.falero@barcelona.msf.org

Gaborone, Moagi  
**WHO Botswana**  
Health Promotions and Social Mobilization Officer  
E-mail: Gaboronem@who.int

Gamhewage, Gaya  
**WHO HQ, Pandemic and Epidemic Department, Health Security and Environment Cluster**  
Medical Officer  
E-mail: gamhewageg@who.int

Garwood, Paul  
**WHO HQ, Department of Communications**  
Communications Officer  
E-mail: garwoodp@who.int

Greenway, Jon  
**UN Department of Public Information (UNDPI), Public Affairs for UN Peacekeeping**
Deputy Chief
E-mail: greenway@un.org

Gully, Paul Russell
WHO HQ, Health Security and Environment Cluster
Senior Advisor
E-mail: gullyp@who.int

Gupta-Smith, Vismita
WHO HQ, Department of Communications
Communications Coordinator
E-mail: guptasmithv@who.int

Hamam, Inas
WHO Regional Office for the Eastern Mediterranean
Communications Officer
E-mail: hamami@who.int

Harris Margaret Ann
WHO HQ, Department of Communications
Communications Officer
E-mail: harrism@who.int

Kelley Edward
WHO HQ, Service Delivery and Safety
Director
E-mail: kelleye@who.int

Kertesz, Daniel
WHO HQ, WHO Emergency Reform
Head of Project Management Team
E-mail: kerteszd@who.int

Kouta, Paryss
Communications Consultant to WHO Ebola Response, Guinea
Senior Communication Specialist
E-mail: pkouta@yahoo.fr

Kyer Carey Sears
WHO HQ, Communication Capacity Building
Communications Officer
E-mail: kyerc@who.int

Lindmeier Christian
WHO HQ, Department of Communications
Communication Officer
E-mail: lindmeierch@who.int

Linn-Campana Leticia
WHO Regional Office of the Americas
Communications Officer
E-mail: linnl@who.int
Mana Christina
WHO Regional Office for Americas
Communications Officer
E-mail: manacris@who.int

Manning Craig
CDC, Division of Emergency Operations
Branch Chief, Emergency Risk Communications
E-mail: fte9@cdc.gov

Mcclelland Amanda
IFRC
Emergency Health Advisor
E-mail: amanda.mcclelland@ifrc.org

Ndioga Seck
WHO HQ, Global Outbreak and Alert Response Network (GOARN)
Technical Officer
E-mail: kn@who.int

Pattison Andrew
WHO HQ, Department of Communications
Communications Officer
E-mail: pattisona@who.int

Russell Sarah
WHO HQ, Department of Communications
Communications Officer
E-mail: russellsa@who.int

Salvi Cristiana
WHO Regional Office for Europe
Communications Officer
E-mail: csa@euro.who.int

Peltoniemi, Suvi
WHO HQ, Ebola Virus Outbreak Response
Training Technical Officer
E-mail: peltoniemis@who.int

Serlemitsos Elizabeth
John Hopkins Center for Communication Programs
Senior Program Officer - Strategic Communication and Social Mobilization
E-mail: eserlem1@jhu.edu

Sloate, Lori
GAVI
Deputy Director, Advocacy and Public Policy
E-mail: Lsoate@gavi.org
Snell-James, Julie  
UN Department of Public Information (UNDPI)  
Communications Officer and Special Assistant to the Director, Strategic Communications  
E-mail: snell@un.org

Suri, Sameera  
WHO HQ, Global Outbreak Alert and Response Network (GOARN)  
Communications Officer  
E-mail: suris@who.int

Syed, Abd Rahman Syarifah  
WHO HQ  
Technical Officer  
E-mail: syedabdrahmans@who.int

Thulkanam, Michelle  
WHO HQ, Department of Communications  
Communications Officer  
E-mail: thulkanamm@who.int

Utunen, Heini  
WHO HQ, Communication Capacity Building  
Communications Officer  
E-mail: utunenh@who.int

Vanderford, Marsha  
CDC  
Associate Director for Communication: Center for Global Health  
E-mail: Mev7@cdc.gov

Wannous, Chadia  
UN OCHA  
Senior Policy Advisor of the UN System Coordinator for Avian and Pandemic Influenza  
E-mail: wannous@un.org

Watkins, Tom  
WHO HQ, Department of Communications  
Communications Officer  
E-mail: watkinst@who.int

Wilberforce-Cerat, Ann  
WHO HQ  
Assistant to Dr Daniel Kertesz  
E-mail: wilberforcea@who.int