



World Health
Organization

WHO COMMUNICATIONS TOOLKIT



Introduction

The demand for information from the World Health Organization (WHO) has never been so great. Each day, more than 150 000 people visit www.who.int, and read more than 1 million web pages. Journalists call us daily, asking our views about outbreak rumours, or on the latest science in public health. Our partners regularly want to know our position, and need to understand WHO's role in addressing any given public health issue.

The more proactive we can be in communicating consistently and clearly, the better informed our stakeholders will be about public health, and about WHO's role and actions.

WHO has a role in articulating its evidence-based positions, in order to improve people's access to health care. WHO advocates for an end to tobacco use. For the eradication of polio. For clean water and better sanitation. For universal prevention, treatment and care for people affected by or living with HIV/AIDS. For ensuring a global outbreak safety net, that detects and responds to disease threats fast. For improving the health of women everywhere.

The WHO Communications Toolkit is aimed at WHO staff who are responsible for communicating the Organization's information and positions. This includes WHO Representatives, Directors, senior technical officers and communications staff. The information in this toolkit gives you practical ways to do this. It includes:

- an overview of WHO's role in advocacy,
- the ways in which WHO communicates with stakeholders,
- practical tips for working with journalists,
- the do's and don'ts of print, radio and television interviews,
- a primer on crisis communications.

This is the second edition of this toolkit. It was formerly called the *Advocacy toolkit*, but we feel *Communications toolkit* better reflects the contents. It has been revised to include comments from WHO staff, and to reflect the ever-changing communications landscape, where more access to communications technology, and "web 2.0" have transformed the way many people communicate with one another. At the same time, we can't forget the basics: the fact that for many, face-to-face communications or high-quality documents remain the primary way information is shared.

In that spirit, this document is available in hard copy, but is also available electronically here: WHO's intranet <http://intranet.who.int/features/communicationstoolkit>.

The Communications Department can also send you the .pdf via e-mail. WHO staff input into this document is vital. Please continue to send your comments to: communications@who.int. We will continue to update this toolkit to ensure you have the latest tools and knowledge to communicate, and to advocate for better health.

WHO Communications Department, November 2007

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POLICY



- WHO'S CONSTITUTION SETS OUTS AN ADVOCACY ROLE FOR THE ORGANIZATION.
- COMMUNICATIONS MUST SUPPORT CLEAR PUBLIC HEALTH GOALS.
- WHO MUST RAISE AWARENESS ABOUT HEALTH PROBLEMS AND SOLUTIONS, AND ABOUT ITS OWN ROLE.
- WHO'S WORK SHOULD BE JUDGED BY THE "IMPACT WE HAVE ON THE HEALTH OF THE PEOPLE OF AFRICA, AND THE HEALTH OF WOMEN."

1

A. WHO'S CONSTITUTIONAL ROLE IN ADVOCACY

WHO has a mandate to bring about change around the world.

The Constitution of the World Health Organization (WHO) was adopted by the International Health Conference in New York in July 1946, initially signed by 61 States, and it entered into force on 7 April 1948.

In modern terms, several of the functions listed in Article 2 of the Constitution are in line with the concept of "advocacy". WHO will "propose conventions, agreements and regulations", "assist in developing an informed public opinion", "promote international standards", etc.

As much as anything, these are advocacy challenges.

In short, these functions confirm that the Organization has a mandate to bring about change around the world. But what change exactly?

Constitutionally, the Organization's policies are determined by the 193 Member States, sitting annually in the World Health Assembly. Ultimately, WHO implements resolutions endorsed by the Assembly. These include obligations for the Member States and for the Organization, represented by the Director-General.

Engaging for Health, WHO's 11th general programme of work, lays out a 10-year vision for global health and the Organization's role to achieve progress. WHO's current work priorities are best expressed in the *Medium-term strategic plan (MTSP)* for 2008–2013, approved at the 2007 Assembly. The WHO budget for 2008–2009, within the MTSP, clearly states how the Organization will use its resources; subsequent budgets over the 6-year period will be approved every 2 years at the Assembly.

Dr Margaret Chan, WHO's Director-General, has clearly stated that WHO's work should be judged by the "impact we have on the health of the people of Africa, and the health of women." In her speeches, she has described a **six-point agenda**, which explains the overarching global health needs, the ways of meeting them, and how WHO can be most effective.

The WHO six-point agenda

THE OVERARCHING HEALTH NEEDS

1. Promoting development

During the past decade, health has achieved unprecedented prominence as a key driver of socioeconomic progress, and more resources than ever are being invested in health. Yet poverty continues to contribute to poor health, and poor health anchors large populations in poverty. Health development is directed by the ethical principle of equity: access to life-saving or health-promoting interventions should not be denied for unfair reasons, including those with economic or social roots. Commitment to this principle ensures that WHO activities aimed at health development give priority to health

outcomes in poor, disadvantaged or vulnerable groups. Attainment of the health-related Millennium Development Goals, preventing and treating chronic diseases and addressing the neglected tropical diseases are the cornerstones of the health and development agenda.

2. Fostering health security

Shared vulnerability to health security threats demands collective action. One of the greatest threats to international health security arises from outbreaks of emerging and epidemic-prone diseases. Such outbreaks are occurring in increasing numbers, fuelled by such factors as rapid urbanization, environmental mismanagement, the way food is produced and traded, and the way antibiotics are used and misused. The world's ability to defend itself collectively against outbreaks has been strengthened since June 2007, when the revised International Health Regulations came into force.

THE PRINCIPLES OF COMMUNICATIONS

Communications is an integral part of the way WHO fulfils its strategic goals.

WHO communications must:

- support clear public health objectives that stem from the Organization's vision, mission and mandate;
- be evidence-based and accurate;
- focus on the actions WHO is taking to address health issues;
- focus on people and how WHO is working to improve their lives;
- be delivered in a coordinated fashion;
- be flexible to allow for changes in the global environment;
- use a wide range of tools, including media relations, the web, social media, audiovisual materials, broadcasting and publications;
- provide multilingual materials that meet audience needs;
- respond to monitoring and evaluation;
- take advantage of lessons learned.

THE STRATEGIC WAYS TO MEET THE HEALTH NEEDS

3. Strengthening health systems

For health improvement to operate as a poverty-reduction strategy, health services must reach poor and underserved populations. Health systems in many parts of the world are unable to do so, making the strengthening of health systems a high priority for WHO. Areas being addressed include the provision of adequate numbers of appropriately trained staff, sufficient financing, suitable systems for collecting vital statistics, and access to appropriate technology including essential drugs.

4. Harnessing research, information and evidence

Evidence provides the foundation for setting priorities, defining strategies, and measuring results. WHO generates authoritative health information, in consultation with leading experts, to set norms and standards, articulate evidence-based policy options and monitor the evolving global health situation.

HOW WHO CAN DELIVER

5. Enhancing partnerships

WHO carries out its work with the support and collaboration of many partners, including UN agencies and other international organizations, donors, civil society and the private sector. WHO uses the strategic power of evidence to encourage partners implementing programmes within countries to align their activities with best technical guidelines and practices, as well as with the priorities established by countries.

6. Improving performance

WHO participates in ongoing reforms aimed at improving its efficiency and effectiveness, both at the interna-

tional level and within countries. WHO aims to ensure that its strongest asset - its staff - works in an environment that is motivating and rewarding. WHO plans its budget and activities through results-based management, with clear expected results to measure performance at country, regional and international levels.

B. PROBLEMS, SOLUTIONS, WHO ACTION

WHO has an obligation to raise awareness not only about health problems but, importantly, about solutions as well. The Organization's communications should also highlight the action WHO is taking to solve a problem.

Two examples

Problem: the polio virus causes paralysis and even death. It spreads quickly among people who have not been immunized and, two decades ago, paralysed at least 350 000 people every year.

Solution: the polio vaccine, administered in several doses to children under the age of 5, will stop transmission of the virus. Quality surveillance for acute flaccid paralysis is a key to tracking the disease.

WHO action: WHO is a leading partner in the Global Polio Eradication Initiative and is working to improve surveillance of polio paralysis, support countries in implementing national immunization days and coordinate research and the development of new tools to fight the disease (such as monovalent oral vaccine).

Problem: HIV/AIDS is a global pandemic, directly affecting many millions of people, which kills almost 3 million people every year and causes massive social and economic disruption.

Solution: preventing infection and treating and caring for people living with HIV, can stop the epidemic, give people longer and healthier lives, and help to bring social and economic stability to communities.

WHO action: WHO documents the effectiveness of different prevention approaches, advises on prevention policies, supports training, provides guidance on the best HIV/AIDS treatments and how they can be delivered, helps to increase access to medicines and diagnostics, and promotes the greater involvement of communities to deliver care.

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” *Constitution of the World Health Organization* • “In nothing do men more nearly approach the gods than in giving health to men.” *Cicero* • “The first wealth is health.” *Ralph Waldo Emerson*



ADVOCACY



ADVOCACY MEANS MAKING THE CASE FOR CHANGE. IT INVOLVES:

- DEFINING THE ISSUE AND SETTING GOALS AND OBJECTIVES;
- DEFINING YOUR TARGET AUDIENCE AND DELIVERING CLEAR MESSAGES TO THEM;
- BUILDING SUPPORT — SUCCESSFUL PARTNERSHIPS HAVE MADE A HUGE IMPACT IN PUBLIC HEALTH;
- DECIDING ON THE VEHICLE FOR THE MESSAGE: A ONE-ON-ONE MEETING? A PRESENTATION TO A GROUP? THE WEB? THE MASS MEDIA?

5

A. WHAT IS ADVOCACY?

A CASE TO ARGUE

Information
is the
lifeblood of
advocacy

People are often puzzled about what exactly “advocacy” is.

In its simplest sense, an advocate makes a case – in many Latin languages, the term simply means lawyer.

In courtroom-drama movies and television programmes, the lawyer often swings the jury with a gripping speech, using the full theatrical range of word and gesture.

Humanitarian advocacy, like the legal kind, is intimately bound up with making a case in speeches or presentations, at news conferences, in broadcast media interviews, in meetings or in discussions with diplomats to change a policy, improve it or raise funds.

B. ADVOCACY OBJECTIVES

Whatever the audience, advocacy is ultimately about changing minds. It is as simple as that.

An example: the Tobacco Free Initiative

The WHO-led Tobacco Free Initiative’s goal was the adoption of an international convention which would help to dramatically reduce the use of tobacco. This was the first time in its history that WHO’s Member States negotiated a legally binding public health treaty by activating Article 19 of the Organization’s Constitution, which allows it to do so.

The WHO Framework Convention on Tobacco Control (FCTC) was adopted in 2003 and came into force two years later, making it one of the most rapidly embraced United Nations (UN) treaties in history. Countries continue to ratify it and implement its provisions.

One important strategy was consistent messaging. Tobacco is the leading cause of preventable death in the world today. These were some of the advocacy messages used in the tobacco campaign:

- A cigarette is the only consumer product that kills when used as directed.
- Tobacco kills 13500 people a day, mostly in the developing world.
- Half of the world's children are exposed to tobacco smoke at home.
- Nearly half of all men worldwide smoke.
- More than 10% of women smoke.

C. MESSAGE DEVELOPMENT

One of the fundamental rules of advertising is that anything that makes people stop and think is a success. Many ads will be cryptic or humorous, or "tease" viewers in some way.

This means the time you devote to thinking about your product, your issue, your argument, is time well spent.

Use your voice

The secret of successful speechwriting is that the message, however simple or complex, is "the speaker's own and presented in words that the speaker is comfortable with," according to Maury Flagg, veteran speechwriter for the international Red Cross and one of the most experienced in the humanitarian sector.

In a good speech, says Flagg, "sentences are brief, verbs and nouns work at moving the talk along, and phrases are lively". But if voice is the basic advocacy tool, in the digital age there are others, the most important being the Internet, radio and television. "*Information is the lifeblood of advocacy*," says the web site of the Washington DC-based Advocacy Project. "We try to help our partners use information and information technology more effectively."

In the 21st century, web sites, e-mail listservs and arguably blogs are often the best way of conveying information, as many politically motivated advocates have found.

THE ADVOCACY BASICS

WHO communications must:

- Define the issue – What is the issue that needs to be addressed and why?
- Set goal and objectives – A goal is a general statement about what needs to be achieved in the longer term (3–5 years). The objective describes short-term, specific, measurable achievements that contribute to the goal.
- Identify target audience – Who is the decision-maker that has the authority to bring about the desired change? Who are the individuals and groups that influence the decision-maker?
- Build support – A large support base increases the chances of success. Think about the successful partnerships at WHO which have made real progress on their issue.
- Develop the messages – Consider who you are trying to reach. What do you want to achieve through the messages? What do you want the recipient to do?
- Select channels of communication – These will depend on the nature of the target audience.
- Develop an implementation plan – Identify tasks, target audiences, roles and responsibilities, time frames, expected outcomes and needed resources.
- And throughout, collect and analyse data and monitor and evaluate to determine if the advocacy is effective.

WHAT MAKES AN EFFECTIVE PRESENTATION?

Knowledge, which boosts confidence, which generates enthusiasm, says communications specialist Iain Ewing.

“Enthusiastic people are more fun to be with and we get more pleasure from listening to them speak. This means we pay attention more intently and are more likely to get their message. Enthusiasm is the one magic ingredient that you can add to every speech or presentation you give that is beyond correct technique, beyond well written sentences and memory preparation.

“Where does enthusiasm – genuine enthusiasm – come from? From confidence. The more confident you are the more enthusiastic you will be, and using body language techniques there are many ways in which you can appear confident, no matter how nervous you may actually feel. But what makes us truly confident?

“When I ask this question in one of my seminars I often get the right answer: knowledge. A solid foundation of knowledge builds confidence, which naturally creates genuine and powerful enthusiasm. This sequence holds good whether it’s sales or public speaking.

“The consequence of this is that anyone can become a great public speaker. People are not simply born with charisma. It’s something they learn to project to their audiences. It is something we can all learn if we are willing to work hard to gain the skills we need.”

Box source Iain Ewing, CEO, Ewing Communications

“Are you breathing? Good. Then you can get tuberculosis.”
WHO tuberculosis advocacy report, 2003 • “Too often communications is still treated as an add-on or an optional extra. Yet in today’s world it is absolutely indispensable...”

Mark Malloch Brown, former DSG • “The Framework Convention on Tobacco Control is no ordinary convention. It is potentially a public health movement.” *WHO Tobacco Free Initiative, 1999 annual report*

ADVOCACY success

THE GLOBAL POLIO ERADICATION INITIATIVE

Since its launch in 1988, the Global Polio Eradication Initiative has achieved spectacular progress, almost completely wiping the disease out.

The Initiative has become a model of public-private partnerships and has shown what can be achieved if the world works towards a common goal. Polio eradication has seen great success and remained high on international and national agendas due to effective advocacy. As a result, political commitment has been boosted in polio-affected countries, support for the polio campaign garnered in international organizations and donor governments encouraged to contribute tens of millions of dollars.

Countries continue to commit to undertake polio eradication campaigns, and resolutions and decisions have been agreed by the African Union, the Organization of the Islamic Conference, the Organisation internationale de la Francophonie, the G8, the European Union and Asia-Pacific Economic Cooperation and, of course, the World Health Assembly.

The Global Polio Eradication Initiative has a large support base. It is a partnership led by WHO, Rotary International, UNICEF, the US Centers for Disease Control and Prevention and joined by governments, donors, foundations and the private sector.

The main messages are updated using the latest evidence and are channelled to decision-makers through meetings, technical consultations, country meetings of all partners and advocates such as members of Rotary International, as well as through the media and the Initiative's web site.



AUDIENCES



- DEFINING SPECIFIC AUDIENCES IS A CRITICAL FIRST STEP IN ALL COMMUNICATIONS.
- INDIVIDUALS MOVE THROUGH AWARENESS, UNDERSTANDING, ENGAGING AND PONDERING ACTION, TO ACTION ITSELF.
- WHO, AS AN INTERGOVERNMENTAL ORGANIZATION, HAS DIRECT ACCESS TO DECISION-MAKERS, BUT MUST USE IT WISELY.
- OF ALL AUDIENCES, JOURNALISTS PROBABLY HAVE THE LOWEST BOREDOM THRESHOLD.
- IF YOU CAN'T IMAGINE READING ABOUT YOUR STORY IN A NEWSPAPER, YOU WON'T.

9

A. THE TARGET AUDIENCE

Define
the target
audience
– precisely

WHO has various target audiences: policy-makers and opinion-leaders, health, finance, foreign and development ministers, donors, other UN agencies, non-governmental organizations (NGOs), the media at all levels, civil society, and the private sector.

Jane McElligott, who was a communications adviser in WHO's department of non communicable diseases and mental health, has developed a template in which target audience selection is, she says, "the most important step, worthy of focused attention and time".

Identify exactly who you need to help you achieve your objective. The more specific you are in identifying the target audience(s), the more strategic your communications plan will be.

Who will make the decisions you need to be taken? Who normally takes the action you seek? Who can help you reach your objectives? Then identify secondary target audiences. Who influences the primary decision-makers? Advisers? Technical staff? Peers? Opinion leaders? NGOs? Friends and family?

What do you want members of the target audience to do? Remember there is a process that individuals move through before taking action: awareness, understanding, engaging, pondering action, action.

Different target audiences will be at different stages. This is all the more reason to identify them as narrowly as possible, so they can be addressed as individually as resources and time allow. Again, the more precisely you have defined the target audience, the better you can analyse their motivation and decide what kind of information they need to shape their views and take action.

Policy-makers, for example, require sophisticated information and airtight arguments. Depending on their area, they will want to know how making changes in health policy will impact other areas – the economy, education, transport or tourism. And they will want to know how much a proposed change to policy will cost.

Other stakeholders, including UN agencies and NGOs, can be allies in efforts to bring about change. They require compelling arguments about why they should get involved in a health issue and how they can best present the case for change. They will also need all the latest facts, figures and messages at their fingertips, so they are “on-message” on a given health topic.

B. JOURNALISTS AS AUDIENCE

WHO is the partner of governments and especially health ministers. It has direct access to decision-makers and policy-makers, and it has to use that access judiciously. This relationship also has implications for our communications and advocacy efforts.

But it has the same access to the public that all other humanitarian agencies do through the media or the Internet. Newspapers and broadcast media are a conduit to the public – as well as to policy-makers, opinion leaders and donors.

ACTING IN CONCERT: REACHING A WIDE AUDIENCE

In April 2000 at the Abuja summit, African leaders committed themselves to reaching the Roll Back Malaria goal of halving malaria by 2010. The partnership, in which WHO is a major player, includes a textbook example of how to reach a wider public audience.

Malaria is not some forgotten relic of a bygone age but a disease of the here and now that affects some 40% of the world's population and kills one African child every 30 seconds.

Roll Back Malaria is also an example of how international consensus can reach “critical mass” and spawn other events that move ordinary people to action and create media momentum.

The biggest names in African music, including Youssou N'Dour, assembled for a huge concert in Dakar, Senegal, in March 2005 explicitly to further the cause of malaria prevention.

Filming the event were two seasoned world-music directors, Martin Meissonnier of France and Britain's Mick Csaky, who filmed the two-hour documentary “Africa Live: the Roll Back Malaria Concert”.

Mick Csaky's production company co-produced the project with Idéale Audience, along with Arte, BBC, TV5 and other key broadcasters.

What else can be said about journalists as a target audience?

One point is that reporters have a very low boredom threshold. They will be the first to walk out of any performance they do not consider up to scratch.

Another is that journalists hate having to have “the story” explained to them. It should be told in such a way that they can understand the first time. And if you cannot imagine reading about your story in a newspaper, you won’t.

Thirdly, journalists are intensely competitive: they will either be late or jockeying for the best seats in the house long before anyone else arrives. It is always good to save

a few places for journalists – on charter flights to usually inaccessible areas, for example.

Fourthly, they will look out for issues and venues they have enjoyed in the past. A good news release, for example, could well mean slightly closer attention to the next one. Vice versa for a bad news release.

Finally, journalists like going out in groups, but they disperse at the end of the day with what they each hope will be an exclusive angle. As a representative of WHO, you cannot spontaneously favour one reporter over another, but you can reward journalists’ curiosity if it comes your way.





MEDIA



- THE “MEDIA” ARE JUST GATEKEEPERS FOR THE PUBLIC. THE INTERNET HAS GIVEN EVERYONE POTENTIAL FOR DIRECT ACCESS TO THE AUDIENCE.
- IT HAS ALSO ERODED DISTINCTIONS BETWEEN DIFFERENT MEDIA: PRINT, RADIO, TELEVISION. THE INTERNET. THE SKILLS APPLICABLE TO ONE APPLY TO ALL.
- THE MAIN FORUM IN WHICH WE ENGAGE WITH JOURNALISTS IS THE NEWS CONFERENCE, BUT LIKE NEWS RELEASES THESE MUST BE USED SPARINGLY.
- JOURNALISTS ARE ON A CONSTANT QUEST FOR CONTROVERSY.

13

A. WHY TALK TO THE MEDIA?

To talk to the media is to talk to the public

It is worth pausing for a reminder of what the word “media” actually means: the plural of “medium”, it was probably coined in this sense in the 1920s in response to the development of radio. Simply, it means “the tools through which we communicate”.

One person talking to many – possibly millions.

To talk to “the mass media” is to talk to the public, or at least part of it. What varies, and what it is useful to be mindful of, is the amount of intervention involved: the degree to which communication is processed by journalists.

As the digital revolution progresses, the idea of addressing a mass audience through the media is gradually becoming a thing of the past. The Internet has given everyone with a web site direct access to an audience.

The Indian Ocean tsunami was remarkable for being the first thoroughly “blogged” disaster, with people not only looking for information but also searching for missing relatives on the Internet. Increasingly, newspapers devote considerable resources to their web sites – *The New York Times* is a prominent example – or reprint material from blogs.

For the moment, “old media” hold sway, although statistics show their audiences are now declining. The familiar arena in which media relations are still played out, and where the least intervention by journalists themselves is possible, is the news conference.

**WHO HAS PIONEERED THE
“VIRTUAL NEWS CONFERENCE”.**

B. NEWS CONFERENCES: THE FLOOR IS (LARGELY) YOURS

WHO is engaged in promoting health and the media are interested in health issues. But they will not dutifully trudge along to any news conference we care to hold and report exactly the story we present.

Remember the journalist's perennial quest for controversy: news conferences can go wrong when journalists realize there is no clear message and start asking awkward questions. "An unexpected question from an intelligent commentator can pierce ... unresolved organizational ambiguities," says media specialist Judith Byrne.

The truth is, if you simply want to convey straightforward information to a large number of journalists at the same time, it might be best not to hold a news conference. Issue a news release or a web update instead. But if you want to engage in media advocacy, shift public opinion or highlight the gravity of a situation, then call a news conference.

- Timing is all. Assuming there is the scope, do not hold a news conference at 4 o'clock on a Friday afternoon; 8 o'clock on Monday morning is betting against the odds, too. Instead book something mid-morning, mid-week.
- Nothing is more likely to set reporters' teeth on edge than poor organization, including bad timekeeping. Journalists working in the modern commercial environment have no time to spare. Start the news conference promptly with a short prepared statement, then take questions. Provide a clean audio feed (to record and broadcast the press conference) and consider lighting and background issues for television. Do TV cameras have a clear view of the panel?

- Supply good written information, including print-outs of the prepared statement with contact details, and possibly any relevant, on-the-record background. Do not assume reporters will be impressed by glossy press kits. They want angles, not public relations.
- Journalists will risk their lives for a story, but at a news conference they are grateful for some basic comfort. Air-conditioning if appropriate makes a big difference; provide water and coffee if possible; think about access to the venue, parking and security.
- What all journalists are looking for all the time is the exclusive and by definition they will not find one at a news conference. Be ready, therefore, to be "button-holed" after the news conference by reporters looking for exclusive follow-up.

C. CONTACTS

Journalists live by their contacts: make sure you are one.

Joe Marconi sums it up: ultimately relationships are more important. This is echoed by the *2004 Fritz Report* on humanitarian media coverage (see box) – the biggest study of its kind ever undertaken.

Reporters, like office workers the world over, are deluged with e-mails. This may or may not be a good way to get through to them, depending on how well each individual deals with e-mail traffic.

Also, with longer-term advocacy and story placement (as opposed to "breaking news"), it may well be better to go through planning desks than straight to correspondents/reporters.

In any case, informative headings, or "sluglines" in e-mail subject fields can help get your event into journalists' news diaries.



THE 2004 FRITZ REPORT

The biggest ever study of media coverage of humanitarian issues was written in 2004 by Professor Steven Ross of Columbia University's Graduate School of Journalism for the Fritz Institute and the Reuters Foundation. The media relations personnel of 54 humanitarian relief organizations and nearly 300 international journalists were interviewed.

By a 3-to-1 margin, journalists say coverage of humanitarian aid operations is up, conflicting with NGO press officers' beliefs that coverage is static or declining, especially of chronic problems such as AIDS in Africa.

This is despite, in NGOs, a lack of "press relations training" or "an ethic for sharing information with peer organizations", says Ross, who also identified a failure to "separate the budgeting and staffing required" for press relations. Within the journalistic community, Ross observed lack of specialist knowledge, lack of resources, "impatience" and "crisis fatigue".

These are the Fritz Report's concrete recommendations:

- Humanitarian agencies should pool information resources and stop competing with each other.
- Better promotion of existing information sources like Reuters' AlertNet and the UN's ReliefWeb.
- Direct support for journalists interested in covering humanitarian emergencies, including training and actual finance for field trips.
- A facility to make photography, audio and video available on request to journalists who cannot travel – possibly on web sites.
- Much better use of Internet-based tools.
- Fewer news releases, better relationships.
- Respond to monitoring and evaluation;
- Take advantage of lessons learned.

ADVOCACY success

WHO'S "VIRTUAL NEWS CONFERENCES"

The increasingly global nature of infectious disease threats demands communication options that can engage journalists in any number of global centres, across many different time zones. The WHO Virtual Press Conference (VPC) was first used during the SARS crisis in 2003 and remains one of its key crisis communications tools according to John Rainford, communications officer for the Health security and Environment cluster:

“When an infectious disease issue emerges, the public health impact may be geographically defined, but the public communications demand can come from any corner of the world. There may be an outbreak in Africa with a strong trade or tourism link to Asia and areas of North America may have experienced similar problems recently. These very quickly become global events, which is then reflected in the demand for information.

The media look to WHO as a leading source of information when global health security is threatened. We'll get calls from Cairo, Hong Kong, Capetown and New York, often at a volume that can overwhelm our media relations capacity.

The Virtual Press Conference helps to meet this challenge quickly, efficiently, and at a low cost. Using the TV studio located at Headquarters, key technical staff can provide statements and take questions from any reporter with access to a phone line. Transcripts, audio and video clips of the VPC can then be posted on the website as an ongoing resource for reporters unable to participate or for WHO and partners wanting to get the latest publicly available information on a situation.”



INTERVIEWS



- **WHO** INTERVIEWEES START FROM AN ADVANTAGEOUS POSITION: THE MEDIA'S APPETITE FOR HEALTH ISSUES IS VERY GREAT.
- THE MOST IMPORTANT ADVICE FOR ALL INTERVIEW SITUATIONS IS: RELAX.
- NEWSPAPER INTERVIEWERS AND FEATURE STORY-WRITERS IN PARTICULAR ARE LOOKING FOR DETAIL.
- IN TELEVISION, BODY LANGUAGE IS CRUCIAL.
- IN RADIO, IT IS THE VOICE.

A. BE PREPARED, BE YOURSELF

*WHO's
supreme
advantage
is a sayable,
self-
explanatory
name*

Interviewees from WHO may well be doctors and other health professionals. The challenge they face is more likely to be how to get their message across in a non-technical way rather than "knowing their stuff" or "being prepared".

It is important to get an idea of what the interviewer wants to ask – not by demanding the questions in advance, but through ordinary conversation. This is not so that you can block or reject certain questions, but simply to brief yourself with relevant factual information and, as far as possible, to avoid being taken by surprise.

WHO enjoys major advantages when its people step forward to face the media: firstly, the supreme advantage of a sayable, self-explanatory name; secondly, the health mandate – the media's appetite for health news is almost bottomless; and thirdly, in many cases, its rep-

resentatives are medically qualified and journalists know that their audiences trust doctors more than government officials or, for that matter, journalists.

It is never a good idea to be complacent about interviews; reporters can be adversarial, even hostile.

Journalists working on longer-format stories (features, documentaries or longer interviews) are likely to be more inquisitorial than news reporters, going over the same ground again and again in what might feel like an interrogation.

If you do not know the answer, or there is no straightforward one, do not be afraid to say so. If the question appears to involve a "hidden agenda", try to deflect it onto safer territory without getting irritated. Try not to say "no comment", which always suggests that you have something to hide.

The best way to approach interviews – in whatever medium and in however unusual a situation – is to

regard them as normal conversations, perhaps with someone who is more keenly interested in what you have to say than usual. What are the key differences between print and broadcast interviews? Let's look at each in turn.

Print: details, details...

In the multimedia age, the distinction between "print" and "broadcast" media and interviews is crumbling. Newspapers post soundbites on their web sites; TV and radio outlets turn "broadcast" interviews into web stories for theirs. A key fact about print interviews: a feature-length newspaper article probably contains ten times as many words (1500) as the average television news report of just over a minute (150).

The print reporter is looking for detail. So...

- Find out a bit about the publication so that you can provide statements its audience will understand.
- Be prepared to offer context for your message – print journalists are often more knowledgeable about a topic area than broadcast journalists.
- Have specific data ready, with figures you feel comfortable sharing, and know the WHO publishing status of all documents.
- Speak conversationally but at a somewhat slower pace so the reporter can take accurate notes.
- Use time at the end of the interview to reiterate your key messages.

It is with straightforward newspaper and magazine interviews that the dilemma about going "off the record" mainly arises. Interviewees may have the temptation to talk freely to journalists. The only fully safe advice is: never go off the record.

Having said that, experienced people develop relationships with journalists they come to trust and might choose to offer guidance on a story "off the record". There is no policy to ban them from doing so.

Television: body language

Media researchers have proved conclusively that television audiences remember not so much the content of what interviewees say but their manner and their appearance.

Body language is crucial.

Television interviews are now much more likely to be live or "as-live", given the growth of 24-hour satellite and cable channels. Speaking to an automated camera responding to questions fed through an earpiece is one of the key media skills of the age!

Seemingly trivial issues suddenly take on huge prominence in the world of television. Like dress. Many reporters have made the mistake of appearing in wildly inappropriate clothing for the subject: appearing on camera in a lounge suit from a refugee camp is the example often quoted within the industry.

- Embrace live interviews as a chance for the audience to have unfiltered access to your message, but be cautious of agreeing to a live interview on a negative or controversial subject.
- Stay engaged at all times. Lean forward a bit. Sit or stand up straight.
- Use words that speak directly to the audience, such as "your families, friends and neighbours". Look at the reporter, not at the camera unless you are in a studio with no reporter present, in which case look directly at the camera.
- Assume the microphone is always on. There is absolutely no such thing as "off the record" anywhere near a microphone.
- Above all, relax. Nothing is more readily apparent on television than tension and nervousness. The main priority of media training courses is always to iron this out of budding interviewees.

Radio: a medium reborn

Radio is still a strong medium in developing countries. The reasons are diverse, having to do with the history of many of these countries and their socioeconomic conditions including analphabetism and the spread of oral culture.

In many African countries, radio is seen as the media-roi. However, more and more people all over the world listen to radio online if they have access to the Internet. Where it is widely available, the Internet has given an enormous boost to radio, a medium once thought to be in decline. Most major radio stations now “stream” their output on the website; some make programmes fully downloadable, called “podcasting.” WHO regularly posts audio files, including podcasts.

TOP TIPS FOR RADIO INTERVIEWS

Project your voice and put energy into it. Radio has the effect of diluting the human voice and reducing its impact. (Those hand gestures you are making in the radio studio are lost on the audience.)

- Don't hum and hah and go “mmm” or “uh-huh”. Obvious, but it takes a little self-control at first.
- Use short, declarative sentences. Radio is merciless to wafflers.
- It is often easier to use notes, but avoid rustling papers.
- Radio producers working in the field are very keen on “background” or “ambient” sound that illustrates a topic. When being interviewed by radio reporters keep this in mind. For example, the buzz of a health clinic during an immunization campaign might illustrate a story about an immunization drive.



WHO INTERVIEWEES: GETTING THE MESSAGE ACROSS



The Lancet, 17 March 2007: How do you plan to do so much with such a small budget?

Dr Margaret Chan, WHO, Director-General: “In order to be relevant, we need to rethink, and this includes dumping some of the oft-repeated excuses for WHO’s poor performance. People always say that we don’t have enough money, we don’t have enough this, that and the other. Resources are important, but we also have to ask ourselves should we be doing so many things.”

Richard Knox, National Public Radio: What are the chances that SARS is going to come out of whatever box it’s in?

Mike Ryan: We don’t know. Nobody knows. If anybody thinks they know then they’re probably labouring under a misconception. What we do know of other diseases like SARS is that if a disease has a natural cycle in the environment and it emerged once into human populations, then there is a strong possibility that it can re-emerge. Therefore we have to hope for the best but prepare for the worst. (Mike Ryan, Director Epidemic and Pandemic Alert and Response Network.)

Biohazard News: In your opinion, have the federal authorities done a good job, or does the fact that the anthrax mailer is still on the loose indicate that the authorities have failed?

Martin Hugh-Jones: By definition they have failed by not having found the perpetrator, however hard or well they might have searched. (Martin Hugh-Jones, one of the world’s top authorities on anthrax, is coordinator of WHO’s working group on anthrax research and control.)

All these questions have a hidden agenda of some sort. The first interviewer is implying that WHO doesn’t have enough budget. The second knows the answer is not known (and cannot be). The third is inviting the interviewee to judge the performance of the United States Government in tracing the 2001 anthrax terrorist. They are dealt with skilfully and the answers are turned into strong message platforms for WHO.

“Journalists are trained not to take things at face value.” *Judith Byrne, How to Talk to the Media (2000)* • “An interview is like a game and, provided you are prepared and keep cool, you can win.” *Annie Gurton, Press Here (1998)* • “Most spokespeople fail to realize they are not talking to a reporter, but rather to the reporter’s readers, listeners and viewers.” *Karen Friedman, CEO, Karen Friedman Enterprises*

PRODUCTS



- THE MOST BASIC WHO MEDIA PRODUCTS ARE NEWS RELEASES, BUT THEY MUST BE USED EFFECTIVELY.
- NEWS RELEASES MUST BE BRIEF, EYE-CATCHING, POWERFUL AND JARGON-FREE, ESPECIALLY HEADLINES.
- MAINTAIN AN EXTENSIVE AND UP-TO-DATE DISTRIBUTION LIST FOR YOUR PRODUCTS.
- WHO WORDS AND PICTURES PUBLISHED ON WWW.WHO.INT MUST BE UP TO THE QUALITY OF MEDIA STANDARDS.
- JOURNALISTS VALUE FIELD TRIPS AND ACCESS ABOVE ANYTHING ELSE.

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A. AN INTRODUCTION TO WHO MEDIA MATERIAL

Journalists demand information from WHO every day.

WHO provides journalists with lots of written material. But it is even more useful to meet journalists reporting on health issues. Take the opportunity to brief them on your issue as well as providing them with information and documents.

Suggest stories and angles (different approaches) on stories. Take journalists to the scene of the action to show them what is happening. The more you interact with journalists, the more likely you are to get quality coverage.

WHO produces and distributes many different products for the media, including the most basic and familiar of all: the news release. But news releases alone do not guarantee coverage.

WHO produces: news releases, notes for the media, fact sheets, media advisories, statements, briefings, ques-

tions & answers (Q&A) and holding statements (which are not published).

In addition, WHO is increasingly publishing interactive, compelling visual stories on its web site. These use photographs, "Flash"© technology, video and sound. All of the media material produced or distributed by Headquarters is posted on the WHO media centre <www.who.int/mediacentre> in at least two languages. Regional and country offices also distribute and post news releases on their respective web sites.

Remember, a good distribution list will serve as a critical reference for all your media activities. The list should include: reporters from national newspapers who regularly cover health issues; editors of national newspapers; news producers from radio and TV stations; and reporters and bureau chiefs for leading international outlets.

Do not limit your list to reporters in the national capital. Regional newspapers and broadcast outlets are also important.

News releases and other products

News release conveys “hard news” not previously in the public domain and is issued promptly, for example, with a new report, a partnership announcement, public health campaign or humanitarian emergency.

On its own, the fact that a meeting has occurred is not enough reason for a news release, but depending on the subject, a release on the decisions taken at the meeting might be of major interest.

Notes for the media alert journalists to less important news or updates on previously reported items. Journalists may not report on them, but still be grateful for the information for a future report.

Fact-sheets for the non-expert mainly contain facts and figures about a public health issue and relevant WHO action. They can be distributed at the same time as a news release to provide further details on a disease or condition. It is important to have one available and up to date when a particular health issue is being widely covered.

Media advisories inform journalists about upcoming events and encourage covering them. They should answer questions like: what, where and when? Who is involved? Why is this important? How can journalists cover it?

They should ideally be no more than a half-page long and should always provide contact details of the relevant communications officer.

Official statements: no more than a page long, often quote the Director-General or a regional director. They

might announce policy, welcome an important initiative, express concern or mark a special day.

Media briefings are written versions of points made at a press briefing or news conference and are handed out at the event or posted on the web site. They allow journalists to check back on facts and the major points. They should contain the names of the speakers, the date and place of the event and contact details.

“New from WHO” is a product meant for information of interest to some audiences but not necessarily of wide interest to the media – for example, the outcome of a committee meeting, a new publication or a call for nominations. They are about a page long, including contact details. The originating department should distribute them to their own stakeholders and post them on their own web site.

Q&As list questions that are likely to be asked by the media or other audiences, and provide answers. They are used primarily to prepare for major media launches and sensitive topics. Q&As help WHO staff to maintain a coherent position in their dealings with journalists. On sensitive issues, they should be for internal use only.

Talking points are internal documents meant to guide spokespeople on a particular issue. It is critical that these be updated regularly and distributed to everyone who might need them, including at Headquarters, in regions and countries.

Holding statements are used internally when communications officers or technical experts anticipate questions on a complex or sensitive issue. They are never published but can, with editing, be turned into public media documents. They can protect WHO against criticism or provide WHO's position vis-à-vis other agencies whose thinking on public health issues might not coincide with WHO's recommendations. They should be prepared in advance or produced quickly the day a public health issue first hits the news. Holding statements should be promptly circulated internally to people who need them in WHO Headquarters, regional and country offices.

WRITING POWERFUL NEWS RELEASES

Write a headline that is brief, eye-catching, powerful and free of jargon.

- Ensure the lead paragraph summarizes the new information.
- Answer the key questions: who?, what?, where?, when?, how?
- Arrange the release using the “pyramid principle”: what is most important at the top; more general information for background later.
- Include context in the first few paragraphs: you must answer the question, “why now?” (the vital news “peg”) and explain the significance of the new WHO development or publication.
- Include a direct WHO quote in the first three paragraphs from leading staff and partners where relevant.
- Provide contact details of the relevant communications officer.
- Refer to other information that could assist a journalist’s reporting work, such as photographs, web links, broadcast materials or background.
- Write two pages at most.



News

WHO/42
26 MARCH 2006
EMBARGO: for release at 00.01 GMT on 28 March 2006

African Govts Urged to prioritize TB

Brazzaville 24 March 2006 -- African countries have been urged to prioritize tuberculosis (TB) by allocating adequate resources for its control and increasing access to TB prevention, treatment and care services.

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WEB FEATURE STORIES

The World Wide Web is a powerful tool in both advocacy and media work, and a chance for the Organization to address the audience directly without any processing by journalists or editors. But this means these stories must be up to the quality of media standards in words and pictures.

- Showcase the range and quality of work carried out by WHO, presenting topics that might not always reach the headlines;
- Use the interactivity of the web to communicate messages in new, visually powerful ways;
- Inform on a public health issue through real-life, human stories;
- Highlight WHO successes;
- Include photographs, maps, compelling text and potentially audio or video;
- Can all be found at Features on the WHO home page: www.who.int/mediacentre/multimedia/en/ and www.who.int/about/licensing/podcast/en/index.html



“You need one organization that provides the gold standard ... Most countries prefer it to be WHO because they look to WHO for reliable statements about what’s going on.” *David Nabarro, United Nations System Coordinator for Avian and Human Influenza* • “The reason for [journalists] using your press release is that it says something genuinely new, interesting and significant.” *Judith Byrne, How to Talk to the Media (2000)* • “[Journalists] will be delighted to go behind-the-scenes for something unusual or unfamiliar.” *Frank Jefkins, Public Relations Techniques (1994)*

ARRANGING FIELD TRIPS

Journalists value field trips more than almost anything else. A field trip is almost guaranteed to produce a story and gives reporters genuine insight.

When arranging field trips:

- obtain approval from the Organization or programme to be visited well in advance;
- explain all the necessary logistics and relevant cultural information to the journalists ahead of the visit;
- provide them with background information;
- explain to photographers and camera crews what they are going to be able to photograph;
- arrange a debriefing to elaborate on issues discussed, answer follow-up questions, address any misunderstandings and encourage coverage of the issue;
- ensure journalists are not tied up in unnecessary meetings with officials; they want to see what is happening and talk to ordinary people.

DIGITAL



- THE WEB HAS TURNED COMMUNICATORS INTO PHOTOGRAPHERS, VIDEOGRAPHERS AND BROADCASTERS (OR SHOULD HAVE).
- 21ST CENTURY ADVOCACY CANNOT BE COMPETITIVE WITHOUT A MULTIMEDIA DIMENSION.
- A PICTURE IS WORTH A THOUSAND WORDS. THE IRREDUCIBLE MINIMUM OF A SUCCESSFUL PHOTOGRAPH IS WHAT IT HAS ALWAYS BEEN: FOCUS, EXPOSURE AND CONTENT.
- THE BASIC PRINCIPLES OF SHOOTING VIDEO ARE COMPARABLE TO PHOTOGRAPHIC STILLS WORK.

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A. TECHNOLOGY: TAKING YOUR STORY TO THE WORLD

The potential audience for multimedia products is vast

Like many UN agencies, NGOs and charities, WHO has a section called Multimedia on its web site. We publish photo, video, audio and graphics sorted by topic and event.



As broadband Internet access booms throughout the world, the potential audience for multimedia products is vast.

Photographers, especially in WHO country offices, have a ready-made outlet for their work on www.who.int. In fact, multimedia web sites have turned all professional communicators into photographers, videographers and broadcasters, or should have done.

This may still be of limited relevance in the key area of WHO health promotion or programme communications, which are designed to reach a specific community group with a public health message.

Here, “old media” like terrestrial radio and TV, newspaper advertisements or even loudspeakers will continue to be relevant for the foreseeable future.

But when it comes to media and advocacy worldwide, digital products (audio, video, still photos) and concepts like “digital convergence” (people watching TV on their computers or downloading e-mail on their mobile phones) are going to become more important. Twenty-first century advocacy worldwide will simply not be competitive without a multimedia dimension.

B. PHOTOGRAPHY AND VIDEO

Ironically, as communications change virtually out of recognition, so the importance of long-established basics is reaffirmed.

Standing with your back to the light source is as important with a camera-phone as with an ancient Kodak Instamatic. Similarly, writing an effective news release involves much the same skills whether it is posted on the web or not.

Probably the most important multimedia skill of the new era is digital stills photography. And the irreducible minimum of a successful photograph is what it has always been: focus, exposure and content.

No amount of digital wizardry can save an image that is out of focus or badly exposed; and if there is nothing happening in it, no one will care.

We might add a fourth key factor: advocacy value.

The truest saying in the communications business remains: “a picture is worth a thousand words”.

Here is a selection of digital and traditional tips to help you get the most from your digital stills camera.

- Have as big a memory card as possible, or a spare one. Digital photography lends itself to experimentation.
 - Automatic focus can easily slip beyond the subject; use the locking button if your camera has one.
 - Avoid cameras that only have a digital rather than an optical zoom, or deselect the digital zoom extension, as it affects the quality of the image.
 - Use a tripod or failing that, a monopod.
 - Stand with the light-source behind you, or get the subject to move, or use daytime (fill-in) flash.
 - Move around; get close to your subject, then closer still; be willing to bend your knees or even lie down to take the photo.
 - Look for interesting diagonals, shapes and colours and use the “rule of thirds” (placing subjects slightly off-centre in the frame).
 - Experiment with “shutter priority” (longer exposure of 1/2 to 1/8) for moving objects in good light.
 - Experiment with “aperture priority”: to maximize depth of field use a wide-angle lens and set a larger f-number; to blur out unwanted background, get close and set a small f-number.
 - Remember to record caption information as you shoot – this is publicity, not art!
- Modern high-definition digital video cameras that produce 100% broadcastable video cost a few thousand dollars. The basic principles of shooting video are comparable to stills work. Start out with all the pre-sets on automatic. Think of light in broadly the same way as in stills. Lesson number one: hold the camera still. Also:
- Rehearse camera movements such as zooms, pull-backs and pans before you record them. Better still, do not use them at all.
 - Record at least one uninterrupted minute of any background sound – especially music. The video camera is also an audio recorder. But in order for pictures to be edited with a consistent soundtrack, you need to record plenty of unbroken music, singing or background noise.
 - Do not shoot too much, otherwise the edit becomes unmanageable. About four minutes of raw “rushes” for a finished edit of a minute is about right.
 - Establish each different location with a general “wide shot” or two: so that the geography, scale and feel of a location can be seen. Then go in and select your close-ups.
 - Remember to shoot “cutaways”, such as images of people’s hands or their backs, or of the room, when recording interviews. These enable the audio track to be edited without awkward jump cuts in the picture.

A MULTIMEDIA SUCCESS STORY

WHO PODCAST

Launched in November 2006, WHO podcast features public health information and related news from around the world in a 5-8 minute audio capsule in radio news style. Each episode generally contains two or three brief news items followed by a longer feature. The episodes are produced every two weeks in Geneva, but audio material is gathered from WHO offices all over the world. As well, archive sources have been used effectively as a source for natural sounds which add elements of reality and act as a transition from one subject to another.

Key to the success of the WHO podcast has been lively interviews with WHO health experts and timely sound bites from WHO staff in the field working to tackle health emergencies. Using satellite phones, the WHO GPN network and occasionally landlines, WHO staff give the latest information and eyewitness accounts of the situation, and describe WHO's response. Disasters, disease outbreaks and vaccination campaigns have been in the spotlight, but the podcast has also given a voice to silent crises and forgotten diseases.

The word "podcast" is a combination of the words "broadcast" and "iPod"®, one of the popular portable mp3 players. The podcast is a digital audio file (usually in mp3 format) made available for download on the Internet via a "feed". Each episode is published on the WHO website, where visitors can subscribe to the feed or can listen to current and archived episodes in streaming audio format. Listeners can also access the podcast via sites such as iTunes, or a podcast aggregator such as Feedburner.

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THE WORLDWIDE BROADBAND EXPLOSION

The more people around the world access the web on broadband, the more multimedia communications products will be seen by a mass audience. Would you be surprised to hear that the second-fastest growth in broadband Internet take-up in the world in 2004 (after France) was in urban Brazil?

The web sites of the International Telecommunication Union (ITU) and the Organisation for Economic Co-operation and Development (OECD) are good places to track broadband in your country. The ITU's latest figures show that 19 countries now have more than 10 broad-band subscribers per 100 inhabitants, led by the Republic of Korea at nearly 25/100.

Broadband in OECD countries has grown rapidly and is picking up speed, according to the OECD. Growth has been particularly rapid in parts of Europe and it has brought a host of new services like Internet telephony and online video. In the United States of America, broadband access exceeded half of online households in 2005.

SETTING UP YOUR DIGITAL CAMERA

The most difficult thing about using your digital stills camera might be understanding the instruction manual and setting it up. Here's our handy guide to point-and-shoot settings. The most important principle is: do not select anything irreversible in the camera, like black and white or a low resolution.

Image size: maximum
(but carry spare memory card)

Picture quality: fine (not e-mail –
compress only in the computer)

Aperture and shutter: automatic

File type: JPEG (unless using TIFF
for print-quality shots)

White balance: auto

Digital zoom: off

Red-eye correction: on

Contrast: off (you cannot reverse pre-set contrast)

Sharpening: off (ditto)

Flash: automatic

Spot-metering: off

Exposure bracketing: off

When you are more familiar with your camera and opportunities allow, experiment with manual setting of features like shutter, aperture, ISO, spot-metering and bracketing.



CRISES



- LITERALLY, A “CRISIS” IS JUST A TURNING POINT WHICH MIGHT TURN OUT WELL OR BADLY.
- **WHO** FACES TWO KINDS OF CRISIS DEMANDING A COMMUNICATIONS RESPONSE: A DISASTER OR DISEASE OUTBREAK AND CRITICISM OF THE **ORGANIZATION**.
- IN DISEASE OUTBREAK COMMUNICATIONS, **WHO** BELIEVES IN THE MOST RAPID DISCLOSURE POSSIBLE.
- DURING EMERGENCIES AND NATURAL DISASTERS, RAPID INFORMATION FLOW – BETWEEN THE FIELD AND HEADQUARTERS AND BETWEEN **WHO** AND THE MEDIA – IS VITAL.
- THE KEY TO SUCCESSFUL MANAGEMENT OF INTERNAL CRISIS COMMUNICATIONS IS PREPARATION AND PLANNING.

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A. CRISIS, KRISIS

A “crisis”
is a key
turning
point

The English word “crisis” comes directly from the Greek krisis, which means “decision”.

The primary meaning is a time of danger or difficulty. But interestingly, the word also has a medical sense: the turning point in a disease is when recovery or death is indicated. This is also much closer to the interpretation made by contemporary public relations professionals.

A crisis is an event or incident which is potentially but not necessarily negative; a key juncture at which things could go either way. Crises are also seen as opportunities for organizations to show that they are alert, action-oriented, responsive, truthful and, if necessary, contrite.

An organization can even emerge with credit from a crisis which is unambiguously of its own making, provided it is handled skilfully, the management textbooks say.

For WHO, two types of crises demand a communications response. The first is when a country is in crisis due to a natural or man-made disaster or a disease outbreak. The second is when the Organization finds itself under attack, rightly or wrongly.

B. OUTBREAK COMMUNICATIONS

WHO believes communications expertise is as essential to outbreak control as epidemiological training and laboratory analysis. But what are the best practices for communicating with the public, often through the mass media, during an outbreak?

A practical study by the Organization begun in 2004 produced the following communications best-practice goals.

- The overriding priority is to communicate with the public in ways that build, maintain or restore **trust**. Evidence shows that genuine public panic is rare – and rarest when people have been candidly told

what is going on. But trust-building measures often involve acknowledging uncertainty or avoiding excessive reassurance.

- In today's wired world, information about outbreaks is impossible to hide from the public. The speed with which an announcement is made is crucial: **announce as early as possible.**

Evidence shows that the longer worrying information is withheld, the more frightening it will eventually seem. Rapid announcements may surprise important partners or, of necessity, be based on incomplete information, and things can change. But the benefits of early warning outweigh the risks.

- Maintaining the public's trust in an outbreak requires **transparency** – communication that is candid, easily understood, complete and accurate. The maximum candour consistent with individual rights such as patient privacy should be the operational goal. Cultural change among decision-makers and officers

leading to greater transparency should be one of the strategies in planning for outbreaks.

- **Understanding the public** is critical. Their concerns must be listened to and appreciated, even if they seem unfounded. It is nearly impossible to design successful messages that bridge the gap between the expert and the public without – and this is the communicator's job – knowing what the public thinks.
- Outbreak communications **planning** must be part of management planning. To be effective, communication cannot be a last-minute add-on. Issues about first announcements, limits of transparency and other communication components should be agreed upon by senior management and the political leadership before crises break. Who is the spokesperson? Which agency has the lead? Who needs to act?

WHO has developed outbreak communications guidelines. They are here: www.who.int/csr/resources/publications

TIPS FOR INTERNAL CRISES

The first few hours are crucial and the media will not wait.

- Coordinate with key people, senior staff and the legal department.
- Update Q&As, facts and figures and holding statements, and be sure everyone who needs them has access.
- Appoint a spokesperson and make sure the media have their number.
- If you are the spokesperson, plan what to say.
- Ensure partners know what WHO thinks – explain the situation to them quickly so they know WHO's point of view.
- Get help with the media from the local health ministry, WHO Headquarters or regional office, or another UN agency.
- Never speculate and do not be afraid to say you do not know.
- Make preparations for a news conference.
- Do not get bogged down in operational details.

Internal crises

The vast amount of publicity that WHO receives is overwhelmingly favourable. However, this does not mean the Organization is immune from criticism or the kind of crisis caused in the private sector, for example, by a product recall. That is, an organizational crisis.

WHO can make mistakes, get things wrong and disseminate incorrect information, just like anyone else. We offer 10 key things to remember in the crisis scenario.

One of the most important differences about the media during a crisis is that journalists will try to find different ways into the Organization. Unless you have managed to achieve a good flow of information, they are unlikely to restrict themselves to normal channels such as routine calls to the press or public relations departments. They are likely to attempt to speak to anybody they can get through to.

People instinctively look to their leaders and to Headquarters for guidance and support during crises. Staff need to believe the situation is being handled well.

All these factors mean that internal communications become a vital part of the successful management of the overall communications strategy during a crisis (see box on tsunami). What are the professional communicator's responsibilities likely to be in this scenario?

One is very likely to be the drafting of the "press line", sometimes called the Q&A (question and answer). This



is a list of questions, ideally including the most awkward that could be asked, and the answers to them that have been agreed within the Organization. These should be regarded as internal documents and sent to everyone who needs them.

The key to successful crisis management and communications is preparation and planning. If you anticipate a problem down the pipeline, get ready for it. Burying problems is a short-term strategy; mishaps that are not faced squarely, even minor incidents, are likely to re-emerge as full-blown crises.

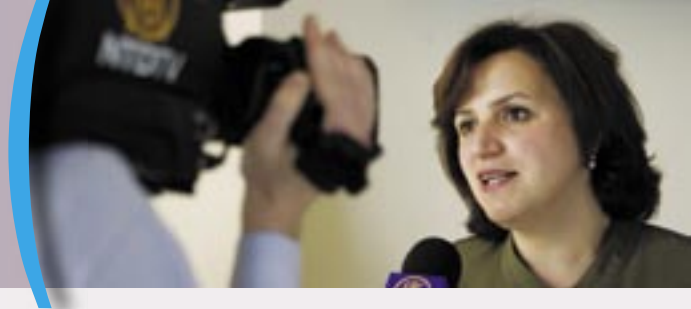
THE TSUNAMI: INTERNAL COMMUNICATION LESSONS

A review of communications lessons learned during the tsunami crisis was carried out in February 2005, soon after the immediate emergency was over.

- **Lesson 1:** Early coordination of information is vital to ensure that there is no gap between different parts of the Organization.
- **Lesson 2:** In particular, the information flow between country and regional offices and Headquarters must be fast.
- **Lesson 3:** We need to look more broadly at the role of information and ensure that it is accessible to people in usable form.
- **Lesson 4:** Media and communications support must be available to country offices.
- **Lesson 5:** It is vital to make time for strategic planning and thinking, to get out of the initial “crisis–response” mode.
- **Lesson 6:** It is essential that everyone knows who is in charge and who to turn to for advice and direction.
- **Lesson 7:** We must plan now for the next crisis. The one thing we know for certain is that the next crisis will come.

“We have to be on the lookout, any time, any day.” *Dr Margaret Chan, Director-General WHO* • “No organization is immune to crises.” *W. Timothy Coombs, Ongoing Crisis Communication (1999)* • “In a health context, a doctor or a nurse ... is a better choice of spokesperson than a be-suited bureaucrat.” *Judith Byrne, How to Talk to the Media (2000)*

PEOPLE



- IN GENERAL, **WHO** TECHNICAL STAFF MAY SPEAK TO THE MEDIA, WITHIN THEIR AREA OF RESPONSIBILITY.
- **WHO** STAFF COMMENTS TO MEDIA SHOULD REFLECT **WHO** POLICY, NOT PERSONAL OPINION.
- **WHO** COMMUNICATIONS OFFICERS CAN DEVELOP STRATEGIES TO COMMUNICATE WITH SEVERAL DIFFERENT AUDIENCES, INCLUDING THE MEDIA.
- A GOOD SPOKESPERSON KNOWS WHAT JOURNALISTS NEED.
- **WHO** CAN APPOINT GOODWILL AMBASSADORS WITH THE DIRECTOR-GENERAL'S PERMISSION.

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A. PEOPLE POWER

WHO staff speak with one voice.

WHO is committed to being open and transparent in its work with stakeholders, including the media. WHO's spokespeople and technical experts should strive to speak to all audiences, regularly, in language they can understand and report easily.

Public health is important to many audiences; people trust WHO to provide reliable and consistent information. WHO staff should speak with one voice.

The principal voice of the Organization is the Director-General – who advocates for public health with heads-of-state, ministers of health, CEOs, UN agency heads and other key players, as well as with the media. Regional directors, assistant directors-general, directors, country representatives and experts are also advocates; other advocates include Goodwill Ambassadors. As a matter of principle, professionals at WHO may

speak to the media, provided they do so within their area of responsibility, offering evidence-based facts and WHO policy rather than personal opinions. Consult your communications staff and advise your supervisor before speaking to journalists.

WHO communications staff should work as a network – to ensure that evidence-based messages, clear information, products and policies are shared and implemented quickly across the Organization.

Formal media outreach is coordinated by the Communications Department in the Director-General's office. The office works with communications staff in Headquarters, regions and increasingly in countries to help to coordinate proactive and reactive outreach.

As connectivity improves in the Organization, so will its ability to coordinate its main messages.

The regional offices offer direct support to country communications and many, though not all, country offices have communications staff. They work with stakeholders including the media to give a regional or country perspective on a health issue.

Terms of reference

Communications staff can offer a range of skills – including strategic communications planning targeting a variety of audiences, campaign implementation, speechwriting, report writing, media outreach and training, web and other multimedia skills, crisis communications, fund-raising support, product development and public information.

However, one size does not fit all. Different people will bring different communications skills. A former journalist may be a great writer and media relations expert – but may not immediately focus on the full range of communications needs. A social mobilization expert may have strong skills working with a community, but not necessarily with journalists.

The following standard terms of reference are a guide for the types of skills a WHO communications officer should have:

- draft and implement a communications strategy, targeting a range of audiences;
- develop messages, supporting products (web materials, e-updates, brochures, newsletters and news releases) and distribution channels;
- oversee media relations, including advice to WHO staff giving interviews;
- act as a spokesperson;
- build a network of stakeholder contacts;
- monitor and respond to the communications and media environment in more than one language;
- coordinate work with the WHO country, regional and Headquarters communications network;
- be sensitive to the local environment and culture.

B. WHO'S POLICY ON GOODWILL AMBASSADORS

WHO works with Goodwill Ambassadors, who help to advocate for key public health issues. A policy on Goodwill Ambassadors has been developed for the Organization. They can be appointed only by the Director-General.

Goodwill Ambassadors can be a tremendous asset capturing the public's imagination and bringing a message to new audiences. They can engage in advocacy, awareness-building and fund-raising activities under WHO's supervision. Working with them effectively also requires a lot of work.

Personalities designated as WHO Goodwill Ambassadors should be respected and have a high degree of integrity and public credibility.

Goodwill ambassadors should:

- be well known to the public and be effective communicators;
- have demonstrated integrity and credibility, with no involvement in controversial activities, including in their private lives;
- have a high profile and have demonstrated a commitment to the issues;
- have a genuine interest in lending their image to WHO and a willingness to offer time and effort;
- have no involvement in any incompatible commercial sponsorship, such as tobacco.



On the left, Liya Kebede, appointed as WHO's Goodwill Ambassador for Maternal, Newborn and Child Health
www.who.int/goodwill_ambassadors/en

“I beg you to enter the fray.” *Stephen Lewis, former UN special envoy for HIV/AIDS in Africa (keynote address in San Francisco, 2004)* • “With telephone and TV it is not so much the message as the sender that is ‘sent’.” *Marshall McLuhan (author of Understanding Media, 1964)*



A GOOD SPOKESPERSON: 11 TOP TIPS

1. Be accessible. Return calls as soon as possible, even if you have no news to give.
2. Be helpful. Give the best guidance possible. If you cannot help, be honest and leave the journalist convinced you did your best.
3. Be friendly but recognize the limits of friendship with journalists. "Familiarity breeds contempt," runs the old saying.
4. Do not speculate. If you do not know the answer or cannot give it, say so. It will rarely be held against you.
5. Do not lie or mislead.
6. Do not favour some journalists over others.
7. Take journalists seriously; understand the pressure they face.
8. If you want coverage, make sure what you say really is news.
9. Do not waste time arguing with reporters if they have not provided precisely the coverage you were hoping for.
10. Assume you're always "on" (the record). Much safer.
11. Remember you are representing WHO at all times.



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