Communicating Risk in Public Health Emergencies

New evidence-based guidance from the World Health Organization developed using a systematic search of the most recent research on key issues in emergency risk communication practice and experience.

During public health emergencies, people need to know what health risks they face, and what actions they can take to protect their lives, their health, their families and communities.
What are these guidelines about?

These new guidelines provide WHO Member States, partners and stakeholders involved in emergency preparedness and response with evidence-based, up-to-date, systems-focused guidance on:

1. building trust and engaging with communities and affected populations;

2. integrating risk communication into existing national and local emergency preparedness and response structures, including building capacity for risk communication;

3. emergency risk communication practice – from planning, messaging, channels and methods of communication and engagement to monitoring and evaluation – based on a systematic assessment of the evidence on what worked and what did not work during recent emergencies.
**Why is this guidance needed?**

WHO has manuals, training modules and other forms of emergency communication and risk communication guidance based on expert opinion or lessons drawn from major environmental disasters, such as the SARS outbreak of 2003, and the H1N1 influenza pandemic of 2009, rather than from systematic analyses of the evidence.

**Who should use these guidelines?**

*Communicating risk in public health emergencies* was developed to guide policy-makers and decision-makers responsible for managing emergencies, particularly the public health aspects of emergencies, and practitioners responsible for risk communication before, during and after health emergencies.

Other groups expected to use these guidelines are frontline responders, local, national and international development partners, civil society, the private sector and all organizations, private and public, involved in emergency preparedness and response.
Building trust

To build trust, risk communication interventions should link to functioning and accessible services, be transparent, timely, easy-to-understand, acknowledge uncertainty, address affected populations, link to self-efficacy and be disseminated using multiple platforms, methods and channels. Integrating risk communication into existing national and local emergency preparedness and response structures, including building capacity for risk communication.

Communicating uncertainty

Communication by authorities to the public should include explicit information about uncertainties associated with risks, events and interventions, and indicate what is known and what is not known at a given time.

Engaging communities

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

Emergency risk communication as a strategic role

Emergency risk communication should be a designated strategic role in global and national emergency preparedness and response leadership teams.

Coordination and information systems

Develop and build on agency and organizational networks across geographic, disciplinary and, where appropriate, national boundaries. Tailor information and communication systems to the needs of users and involve local stakeholders to guarantee the flow of information across sectors.

Building capacity

The preparation and training of personnel for emergency risk communication should be organized regularly and should focus on cross-agency coordination.

Funding

Emergency risk communication requires a defined and sustained budget which should be a part of core budgeting for emergency preparedness and response.
**Best planning practices**

- Planning functions best through collaboration among constituent groups. Health and emergency response agencies, emergency systems, and other public services need to collaborate and establish communication networks in preparation for events.
- Communication planning must consider the community structures, cultures, and lifestyles of different segments of the public and design disaster education and preparation around them.
- Involve multiple channels and means of communicating disaster and emergency messages.
- Whenever possible, potentially at-risk communities and populations must be involved at the planning stage for the best results.
- Planning should include the establishment of mechanisms for monitoring and assessing the effectiveness of messages so that they can be adjusted as necessary.

**Messaging**

Risk should not be explained in technical terms as this is not helpful for promoting risk mitigation behaviours. Consistent messages should come from different information sources and emerge early on during the outbreak. Messages should promote specific actions that people can realistically take to protect their health.

**Using social media**

Social media should be used to engage the public, facilitate peer-to-peer communication, create situational awareness, monitor and respond to rumours, public reactions and concerns during an emergency, and to facilitate local-level responses. Social media and traditional media should be part of an integrated strategy with other forms of communication to achieve convergence of verified, accurate information.

**Strategic emergency risk communication planning**

Emergency risk communication planning must occur well in advance, and be a continuous process focusing on preparedness as well as response. Planning should be sensitive to stakeholders’ needs, participatory, responsive to the context and incorporate feedback from affected groups.

**Monitoring, evaluating and adjusting interventions**

Research is required to establish the best mechanisms and methods for rapidly evaluating emergency risk communication interventions and incorporating evaluation findings and feedback from stakeholders and communities to inform and improve ongoing and future responses.
Questions and answers on the new WHO emergency risk communication guidance: Communicating Risk in Public Health Emergencies

Why is emergency risk communication guidance needed?

WHO has manuals, training modules and other forms of emergency communication and risk communication guidance based on expert opinion or lessons drawn from major environmental disasters, such as the SARS outbreak of 2003 and the H1N1 influenza pandemic of 2009, rather than from systematic analyses of the evidence. This is the first ever evidence-based risk communications guidance.

The recommendations in this guidance are based on a systematic search of the evidence on key issues in emergency risk communication practice and experience. Not only was the academic structured evidence searched but also grey literature to ensure that the lessons learned from recent emergencies, such as the West African Ebola virus disease outbreak in 2014–15 and the global Zika virus outbreak in 2015–2016, were captured and explored fully.

What is new about this guidance?

Who should use this guidance?

These guidelines were developed for policy- and decision-makers responsible for managing emergencies, particularly the public health aspects of emergencies, and practitioners responsible for risk communication before, during and after health emergencies.

Other groups expected to use these guidelines are frontline responders, local, national and international development partners, civil society, the private sector and all organizations, private and public, involved in emergency preparedness and response.
These guidelines provide WHO Member States, partners and stakeholders involved in emergency preparedness and response with evidence-based, up-to-date, systems-focused guidance on:

- building trust and engaging with communities and affected populations;
- integrating risk communication into existing national and local emergency preparedness and response structures, including building capacity for risk communication;
- emergency risk communication practice – from planning, messaging, channels and methods of communication and engagement to monitoring and evaluation – based on a systematic assessment of the evidence on what worked and what did not work during recent emergencies.

A Guideline Development Group (GDG) comprising experts in risk communication, media relations, public health emergencies and epidemiology met in Geneva in July 2015 and agreed on 12 key domains of emergency risk communications requiring exploration of the evidence. Twelve questions were framed and used to guide evidence reviews, which were then used as a basis for formulating recommendations during a second meeting held in Geneva in February 2017.

An external peer review group made up of emergency risk communication practitioners, emergency responders, academics and policy-makers then reviewed the recommendations. Comments, changes and additions suggested by the External Review Group (ERG) were further reviewed by the GDG who used them to finalize the recommendations.

The recommendations in these guidelines provide overarching, evidence-based guidance on how risk communication should be practised in an emergency. The recommendations also guide countries to build capacity for communicating risk during health emergencies. Specific ‘how-to-do-it’ step-by-step instructions are beyond the remit of these guidelines. However, in due course, these will be provided in detailed manuals, standard operating procedures, pocket guides, checklists, training modules and other tools developed to elaborate the recommendations.