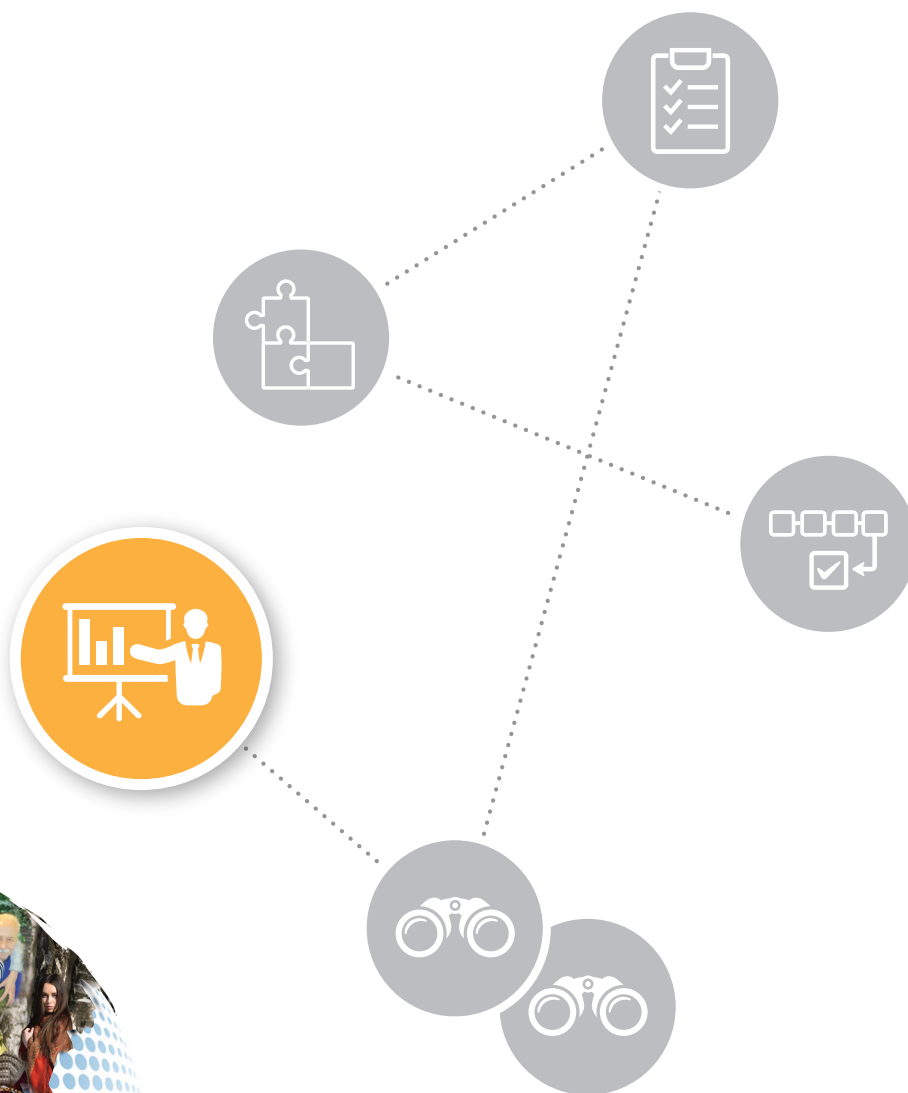


National health emergency risk communication

Training package



National health emergency risk communication

Training package

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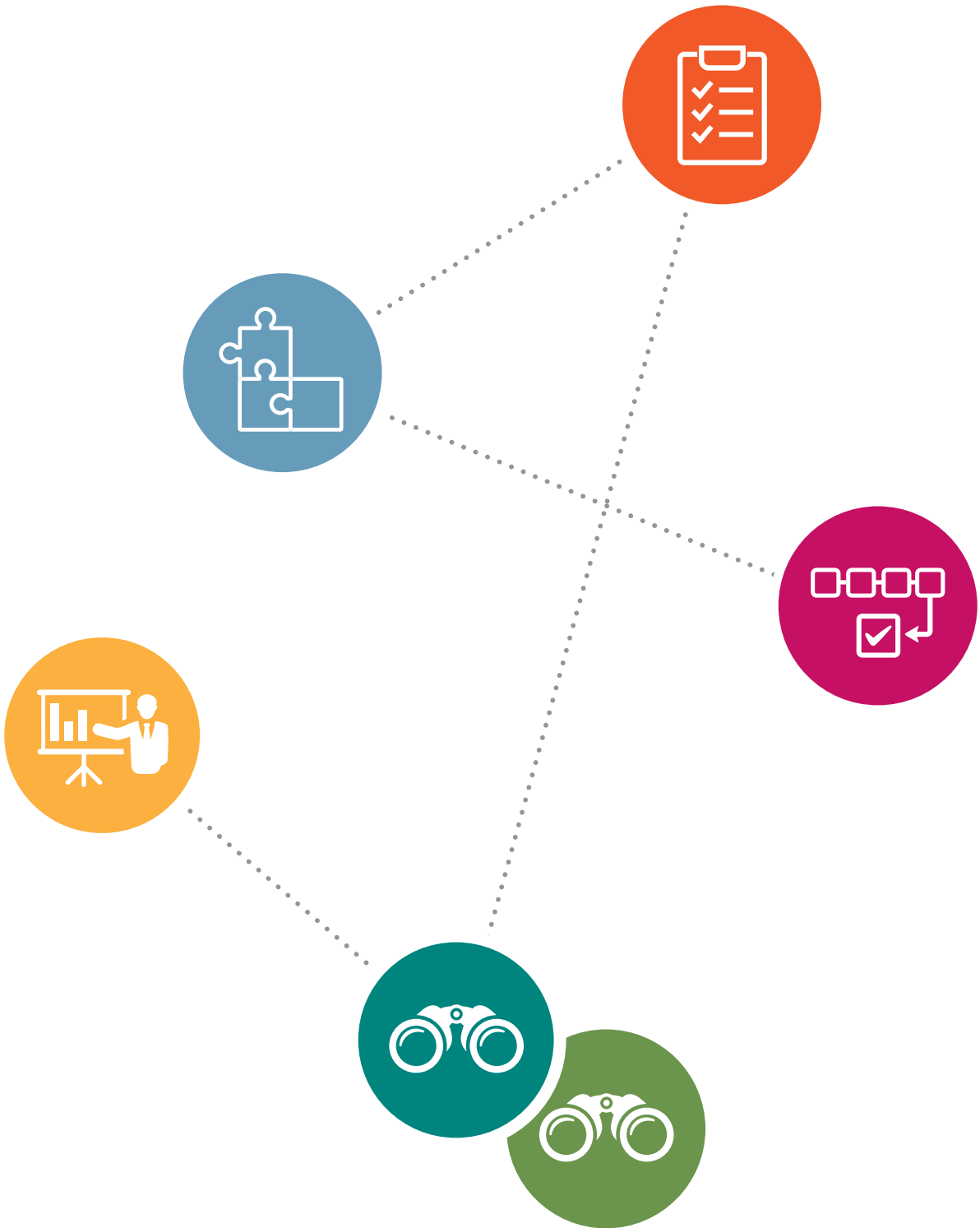
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Emergency risk communication and the five-step capacity-building package

Background

Despite progress in recent years, several core capacities for the International Health Regulations (2005) (IHR) still require improvement. The capacities are those for detecting, assessing, notifying and reporting events, and responding to public health risks and emergencies of national and international concern, as stipulated in articles 5 and 13 and Annex 1 of the IHR.¹

Emergency risk communication (ERC) is one of the eight core functions that WHO Member States must fulfil as signatories to the IHR. ERC helps to minimize deaths, disease and disability by engaging various stakeholders, including the public, by rapid, transparent information exchange, taking into account their social, religious, cultural, linguistic, political and economic contexts. ERC is also a component of global and country preparedness for an influenza pandemic within the pandemic influenza preparedness framework.²

Ministries of health increasingly recognize that ERC is an essential component of emergency response and is critical for managing risks. Member States have thus called on the WHO Regional Office for Europe to develop innovative tools and approaches to improve the way in which they communicate during emergencies.

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

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






ERC training within the five-step capacity-building package

In February 2017, the WHO Regional Office for Europe launched a capacity-building package on ERC in five steps to support country development or strengthening of ERC under IHR (Fig. 1). The five-step package is a unique, sustained, country-tailored capacity-building project in ERC. It comprises:

1. Training
2. Capacity-mapping
3. Plan writing
4. Plan testing
5. Plan adoption

Training – step one of the ERC five-step package – helps multisectoral health communication response partners to develop and exercise skills in risk communication in addressing public health threats. ERC training sessions are often conducted in conjunction with ERC capacity mapping and/or plan development.

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

	<p>Step 1. Training</p> <p>ERC training sessions are tailored to meet needs and gaps identified in national ERC plans and documents. Through a mix of lectures, skill drills and media tips, participants learn and practice effective communication in public health emergencies. The training is designed for epidemiologists, experts in pandemic preparedness and vaccination and emergency response and communications specialists.</p>
	<p>Step 2. Capacity mapping</p> <p>The ERC capacity-mapping tool is used to identify needs and gaps in order to strengthen national ERC. The aim is to review priorities for intervention to be included in the ERC plan and in a national ERC capacity-building roadmap.</p>
	<p>Step 3. Plan writing</p> <p>The plan template supports and facilitates the development of a tailored national multihazard ERC plan. The Regional Office also assists countries in adapting and integrating the ERC plan into their national preparedness and emergency response plans, according to their governance structure.</p>
	<p>Step 4. Plan testing</p> <p>The WHO Regional Office for Europe provides support for testing the ERC plan in multisectoral simulation and table-top exercises in:</p> <ul style="list-style-type: none"> • health emergencies: disease outbreaks (including pandemic influenza), natural disasters and humanitarian and environmental crises; • ERC principles: early, transparent communication, communication coordination, listening and community engagement, effective channels and key influencers.
	<p>Step 5. Plan adoption</p> <p>On the basis of the results of the simulation exercise, the Regional Office makes recommendations for updating the national ERC plan and facilitates its integration into national preparedness and response plans.</p> <p>As part of the process, the Regional Office supports the development and implementation of a capacity-building roadmap based on identified priorities. The roadmap can include ERC training and workshops for different audiences and integration of ERC into technical capacity-building activities and field simulation exercises.</p>



ERC training





ERC training

Sample plan and agenda

Audience

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

Scope

ERC workshops are tailored for each country's risk communication needs. The workshops provide information on ERC theory, techniques and tools, a common language and practice to enable them to:

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

Meeting ERC needs

The following areas are covered in ERC training workshops:

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

Special sessions on working with the media provided on request

In countries that have had few opportunities for training in media interviews, the ERC team can:

- hire a media trainer and a camera operator, preferably in the host country;
- add a media session early in the training agenda; and
- schedule 30-minute practice interviews on camera in a breakout room.

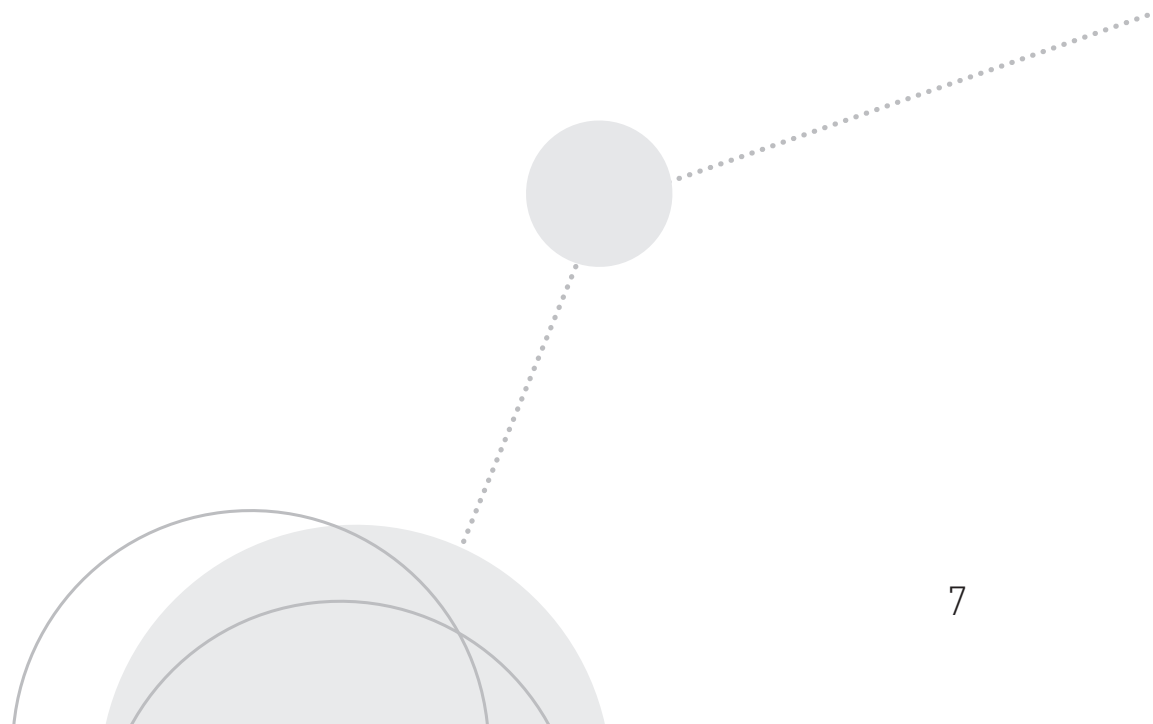
Training goal

Upon completion of this training course, participants will have developed and exercised risk communication strategies and tools to address public health threats in their country.

Training objectives

For a specific public health emergency, participants will be able to:

- define ERC, and apply it;
- develop a “single overarching communication outcome” (SOCO);
- conduct a stakeholder analysis;
- identify procedures for early, transparent communication and coordination among a number of response agencies;
- determine and address risk perceptions;
- understand how to manage rumours;
- use community engagement and listening strategies to meet information needs;
- develop effective health messages using risk communication capacity;
- describe methods of formative research and message testing;
- select effective channels and engage trusted influencers; and
- deal successfully with media.



Training structure

This workshop is designed to build a series of communication plans tailored to public health threats chosen by workshop participants, by the method outlined below.

- Early in the workshop, the participants agree on a list of public health topics that represent threats to their country's ERC capability.
- Participants are then separated into working groups, each of which receives one of the topics to work on during the 2-day workshop.
- The working groups are guided through eight sessions, each addressing one aspect of the public health threat assigned to them. The aspects are:
 1. principle public health threats in the host country
 2. release of information protocol
 3. partner map and engagement
 4. SOCO
 5. stakeholder analysis
 6. collection of risk perceptions
 7. rumour management
 8. message map
 9. message testing
 10. preferred channels and influencers
 11. media plan
 12. timeline for coordinated ERC response.
- After expert revision, these threat-specific products could be added as samples to an ERC plan.



Photo credit: WHO



Sample agenda

DAY 1				
Time	Content	Format	Facilitator	Output
8:30–9:00	Registration			
Session 1	Welcome and introduction to emergency risk communication (ERC)			
9:00–9:30	Official welcome to workshop from leaders, and group photo	(Insert presenter) – Plenary	Ministry of Health and WHO country and regional offices	
9:30–10:00	Overview of ERC principles and of the five-step package in the WHO European Region	(Insert presenter) – Plenary	WHO Regional Office	
10:00–10:30	Mode of work and expected outcomes Exercise: mapping health risks for the host country	(Insert presenter) – Plenary	WHO Regional Office	Main public health threats in the host country
10:30–11:00	Coffee or tea break			
Session 2	Transparency, early announcement and coordination			
11:00–11:45	Transparency, early announcement and coordination	(Insert presenter) – Plenary	WHO Regional Office	Release of information protocol
11:45–12:30	Exercise: transparency, early announcement and coordination	Group work – Breakout	Participants	Partner map and engagement
12:30–13:30	Lunch			



DAY 1				
Time	Content	Format	Facilitator	Output
Session 3				
SOCO and stakeholder analysis				
13:30–14:00	Single overarching communication outcome (SOCO) and exercise	(Insert presenter) – Plenary	WHO Regional Office and participants	SOCO Stakeholder analysis
14:00–14:30	Stakeholder analysis and exercise	(Insert presenter) – Plenary	WHO Regional Office and participants	
14:30–15:00	SOCO and stakeholder analysis presentations	Group presentations – Plenary	Participants	
15:00–15:30	Coffee or tea break			
Session 4				
Listening and two-way communication (part 1) – Risk perception, community engagement and rumour management				
15:30–16:15	Listening through two-way communication – community engagement and rumour management	(Insert presenter) – Plenary	WHO Regional Office	Collecting risk perceptions Rumour management protocol

DAY 2				
Time	Content	Format	Facilitator	Output
8:30–9:00	Learning check and continue group reports			
Session 5	Listening and two-way communication (part 2) – Messaging to affected audiences			
9:00–9:15	Message writing	(Insert presenter) – Plenary	WHO Regional Office	Message map Message testing
9:15–9:45	Exercise: message writing	Group work – Breakout	Participants	
9:45–10:00	Message testing	(Insert presenter) – Plenary	WHO Regional Office	
10:00–10:30	Exercise: message testing	Group work – Breakout	Participants	
10:30–11:00	Coffee or tea break			
Session 6	Effective communication channels and trusted key influencers			
11:00–11:30	Selecting effective communication channels and key influencers	(Insert presenter) – Plenary	WHO Regional Office	Preferred channels and influencers
11:30–12:00	Host country’s preferred communication channels and trusted influencers	(Insert presenter) – Plenary	Ministry of Health or communications researcher	
12:00–12:30	Exercise: selection and use of channels and influencers	Group work – Breakout	Participants	
12:30–13:30	Lunch			
Session 7	Working with the media			
13:30–14:00	Working with the media	(Insert presenter) – Plenary	WHO Regional Office	Media plan
14:00–15:00	Exercise: interview practice	Group work – Breakout	Participants	
15:00–15:30	Coffee or tea break			
Session 8	ERC planning			
15:30–17:00	Lifecycle of a crisis	(Insert presenter) – Plenary and interactive exercise	WHO Regional Office	ERC coordinated response timeline
Closure	Wrap up and evaluation			

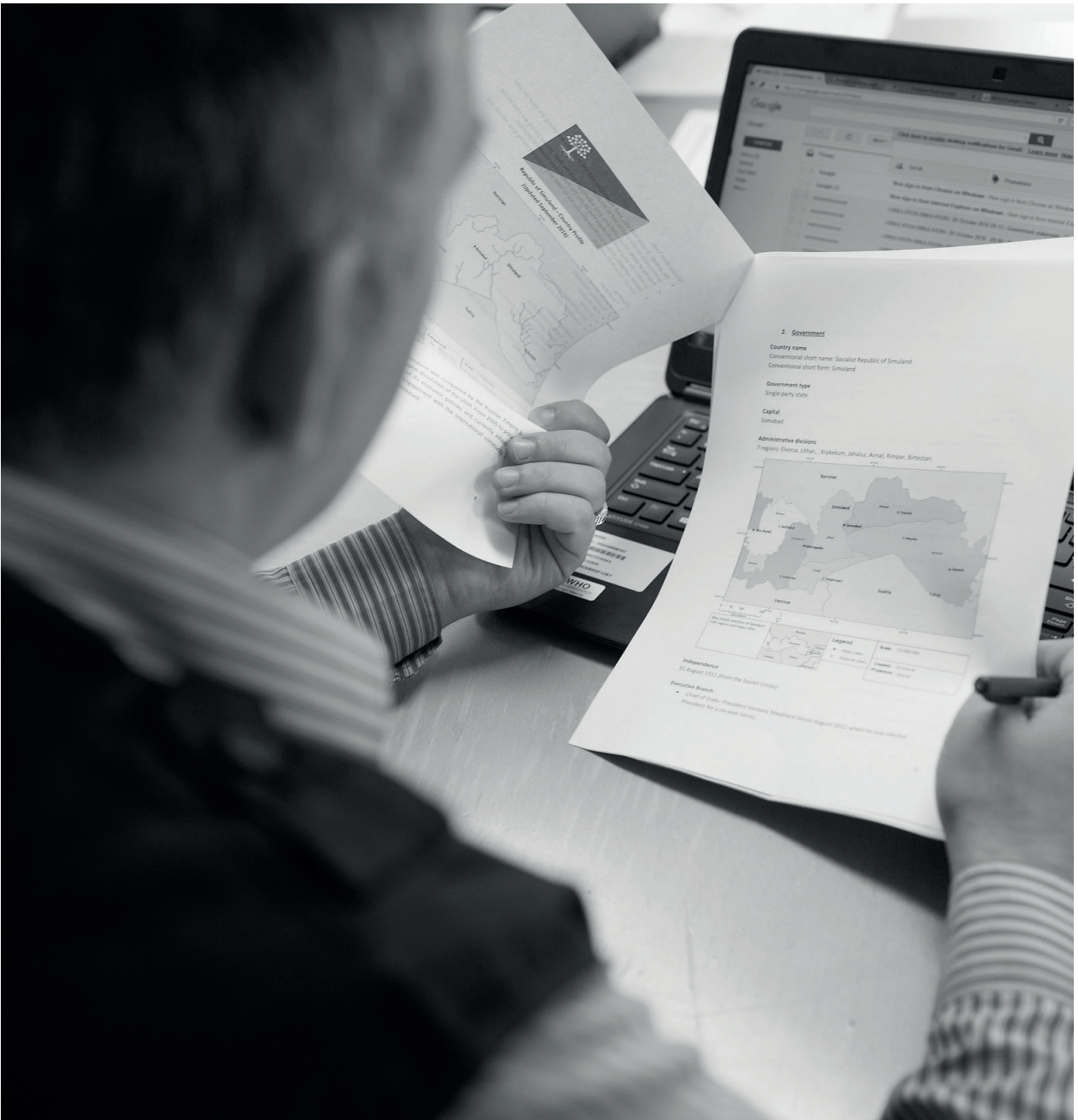
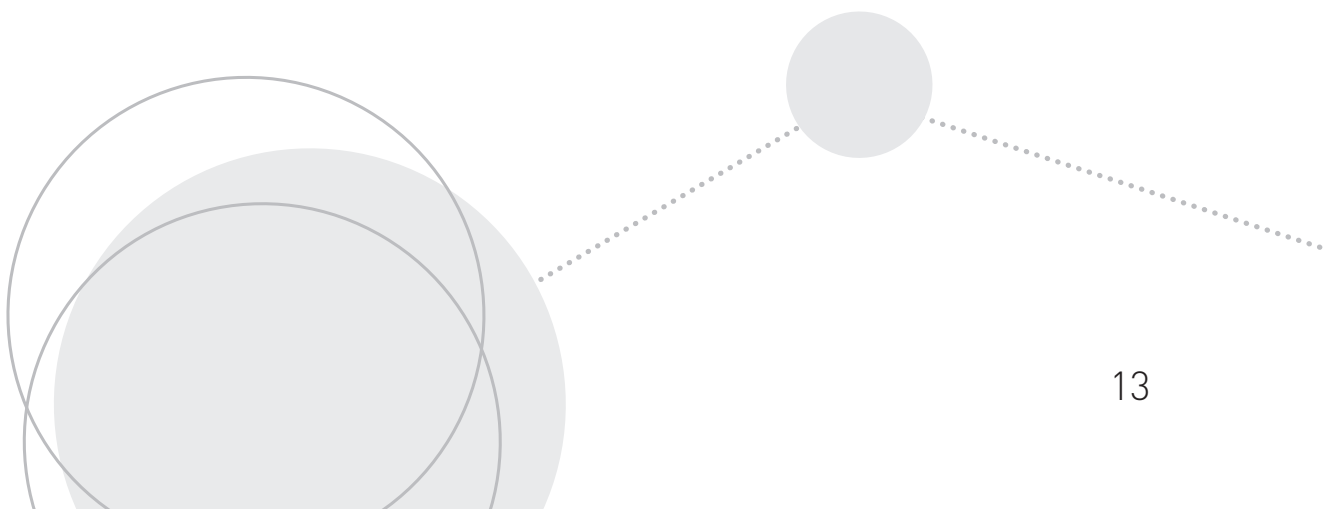


Photo credit: WHO



Sample preparation checklist

Documents to be reviewed and sent

Please review the following documents:

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

To be sent:

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

Documents to be provided and reviewed before the mission

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

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

Participants to include in training workshops

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

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

Training is best conducted with 30–40 participants, although more can be accommodated. Participants will work in teams of 6–8 throughout the workshop.

Ministry of health representatives

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

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

Participants to include in training workshops (continued)

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

Partners external to the ministry of health

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

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

United Nations and nongovernmental organizations (NGOs)

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

Training logistics

Venue

- ⦿ One large plenary meeting room is required.
 - If such a room is not available at the ministry of health, other facilities should be found.
- ⦿ The plenary meeting room should have:
 - one round table per 6–8 workshop participants,
 - two projectors and two projector screens for PowerPoint presentations, and
 - one or two microphones per table and one per facilitator.
- ⦿ If a session on working with the media is added to the agenda, a smaller, separate breakout room will be required for the camera operator and media trainer to conduct practice interviews with individual participants.

Materials

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

Translation

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

Additional personnel (as needed)

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

Training materials and checklist for printing and translation

ERC training materials can be downloaded from this website			
Link to Dropbox or SharePoint site			
No.	Title of document to be translated, printed and/or saved on a memory stick	No. of copies	Approximate number of pages/ words in English
1	Mission schedule	1 copy per participant	1 page/400 words
2	Training agenda	"	5 pages/900 words
3	Training evaluation	"	6 pages/650 words
4	Opening (PPT)	1 copy per participant or shared electronically	37 slides
5	Mode of work and outcomes (PPT)	"	9 slides
6	Transparency in early announcement and coordination (PPT)	"	20 slides
7	SOCO (PPT)	"	17 slides
8	Audience analysis (PPT)	"	21 slides
9	Listening to the community and rumour management (PPT)	"	30 slides
10	Message writing (PPT)	"	28 slides

**ERC training materials
can be downloaded from this website (continued)**

Link to Dropbox or SharePoint site

No.	Title of document to be translated, printed and/or saved on a memory stick	No. of copies	Approximate number of pages/ words in English
11	Message testing (PPT)	"	16 slides
12	Effective communication channels and influencers (PPT)	"	22 slides
13	Working with the media (PPT)	"	18 slides
14	ERC lifecycle (PPT)	"	32 slides
15	Handout: ERC decision-making tool (PPT)	1 copy per participant; full-page printout (colour preferred)	1 slide
16	Handout: ERC early announcement messages	See instructions on the first slide; full-page printout (colour preferred)	9 slides
17	Handout: ERC stakeholder analysis worksheet	1 copy per participant; full-page printout (colour preferred)	1 slide
18	Handout: ERC strategies	"	2 slides
19	Handout: message map	"	2 slides

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

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