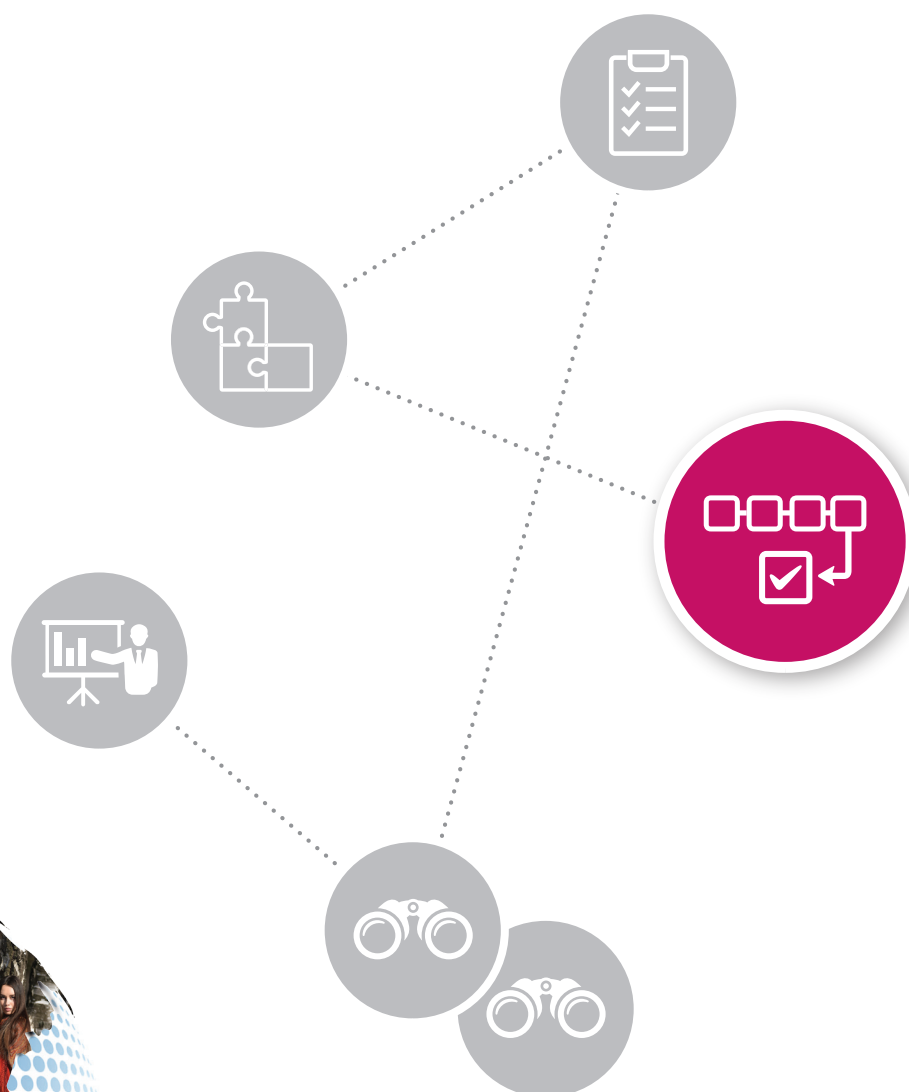


National health emergency risk communication

Plan-adoption package



National health emergency risk communication

Plan-adoption package

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
United Nations City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

Keywords

EMERGENCIES

RISK

COMMUNICATION

DISASTER PLANNING

DISEASE OUTBREAKS

CAPACITY BUILDING

EUROPE

© World Health Organization 2018

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

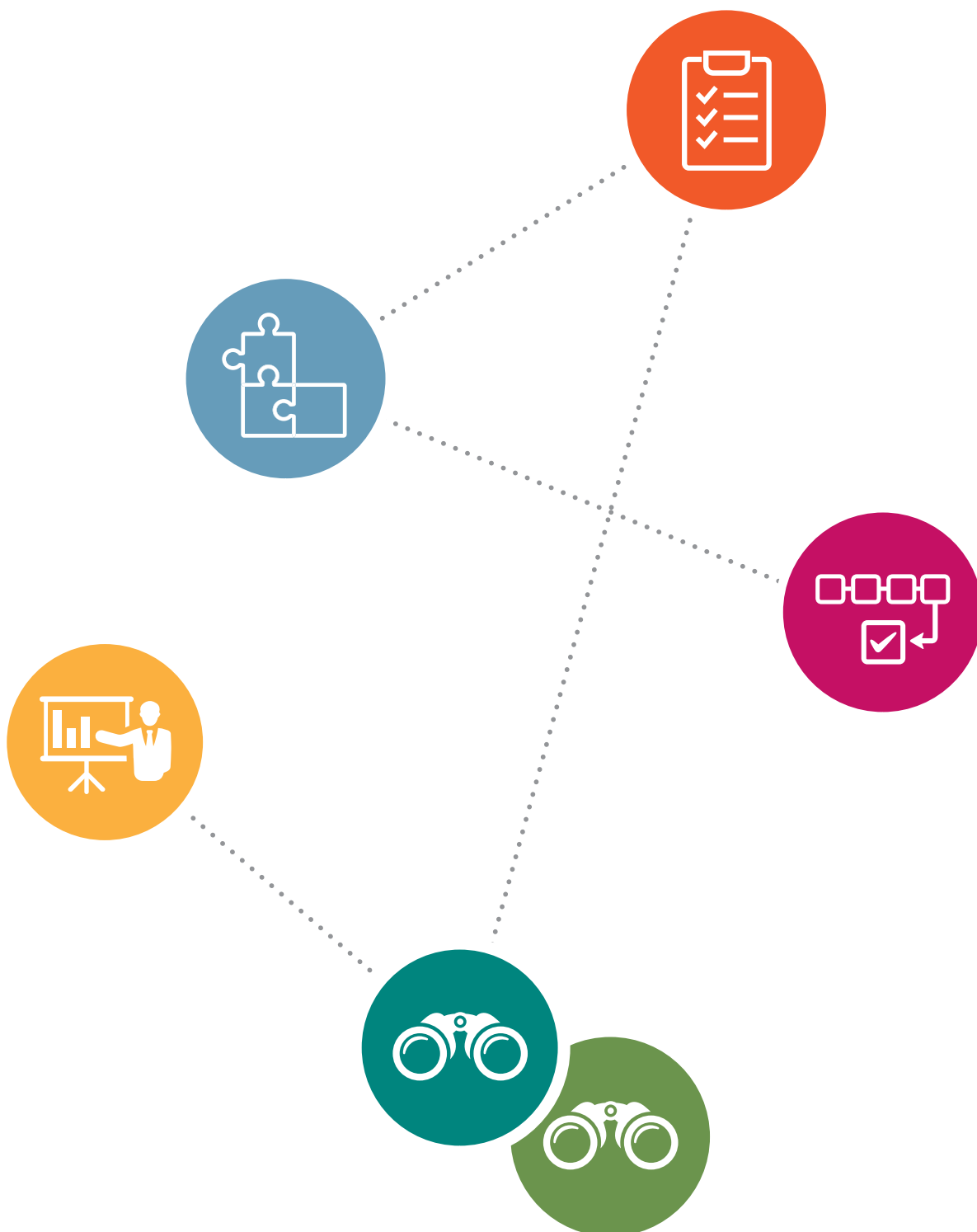
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Contents

Emergency risk communication and the five-step capacity-building package	1
Background	1
ERC plan adoption within the five-step capacity-building package.....	2
ERC plan adoption	7
ERC plan adoption	7
The lifecycle of a crisis and the four ERC capacities.....	8
Lifecycle of a crisis	8
Definition of national ERC core capacities	11
Creating a roadmap for national ERC plan adoption.....	14
Engaging stakeholders	14
Situation analysis and priority setting	14
“Bringing it all together”	15
From vision to operationalization	15
Quantifying resources and costing plans	16
Monitoring and evaluation	16



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 plan adoption within the five-step capacity-building package

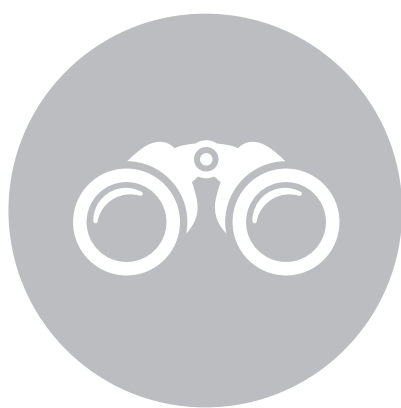
In February 2017, the WHO Regional Office for Europe launched a capacity-building package on ERC in five steps to support country development or strengthening of ERC under IHR (Fig. 1). The five-step package is a unique, sustained, country-tailored capacity-building project in ERC. It comprises:

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

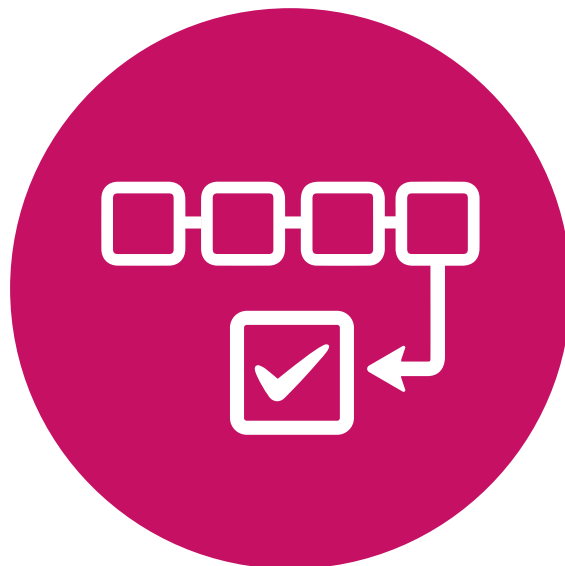
Adoption of a national health ERC plan – step five of the ERC five-step package – supports countries in integrating their tested plan into a national response framework or policy to ensure a recognized, funded, multisectoral ERC response during public health emergencies. If the plan is adopted within the five-step ERC capacity-building package, this will follow ERC training, capacity-mapping, plan writing and plan testing and missions.

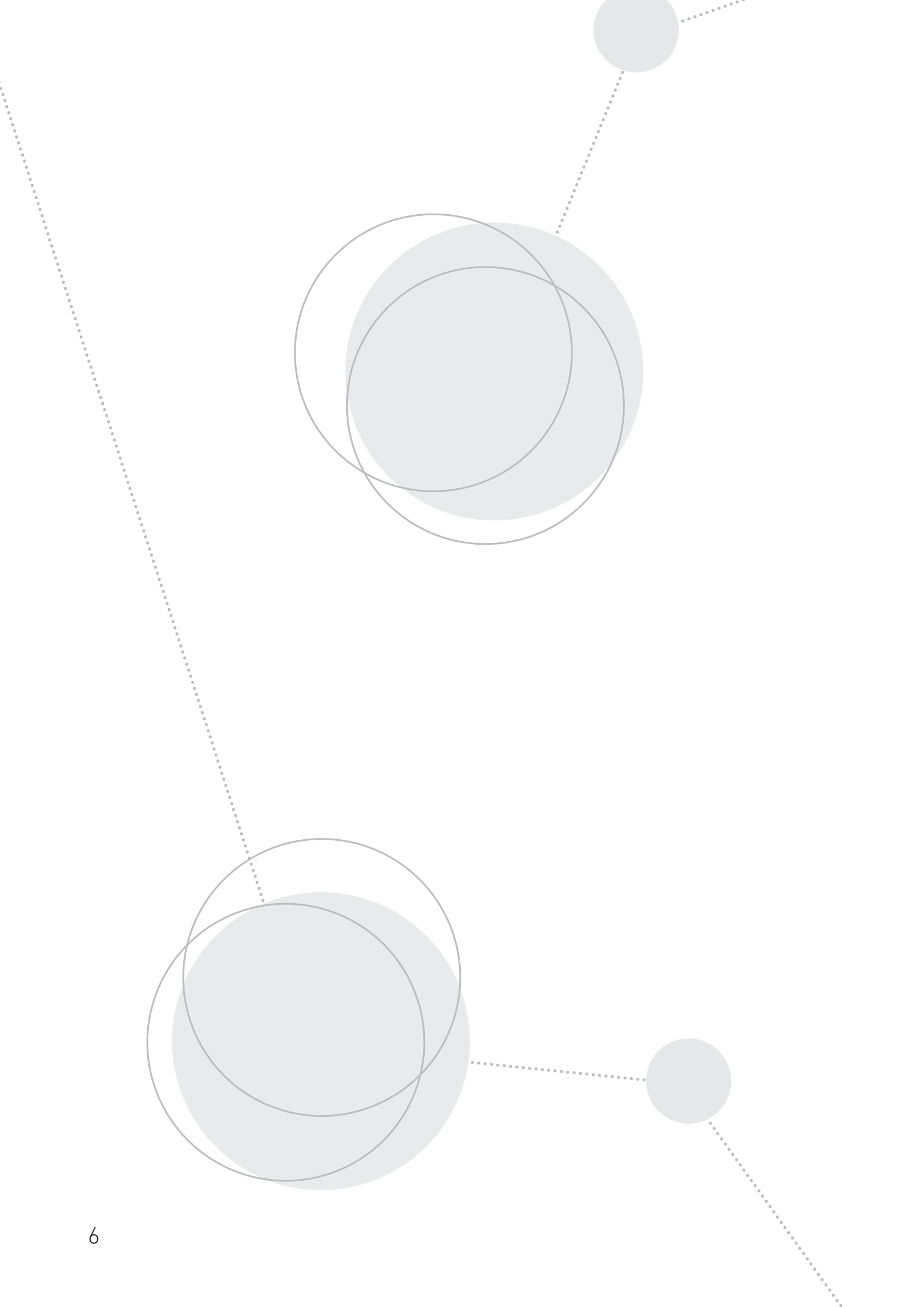
Fig. 1. ERC five-step capacity-building package

	Step 1. Training 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.
	Step 2. Capacity mapping 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.
	Step 3. Plan writing 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.
	Step 4. Plan testing The WHO Regional Office for Europe provides support for testing the ERC plan in multisectoral simulation and table-top exercises in: • 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.
	Step 5. Plan adoption 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. 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.



ERC plan adoption







ERC plan adoption

ERC plan adoption

Under the IHR, the ERC plan is based on all-hazards and whole-of-society approaches to address existing and potential hazards.

This document provides an overview of ERC principles and shows how they can be used in outbreaks and health emergencies throughout the lifecycle of an emergency, which comprises preparedness, initial response, crisis response and control, recovery and evaluation.

An ERC plan can be adopted in several ways, depending on:

- existing emergency response structures and laws,
- agreements among national government response agencies, and
- agreements between ERC response partners.

This package helps Member States to create a roadmap for integrating a national ERC plan into policy by following the WHO-recommended policy process,³ which comprises:

- engaging stakeholders,
- situation analysis and priority-setting,
- “bringing it all together”,
- from vision to operationalization,
- costing, and
- monitoring and evaluation

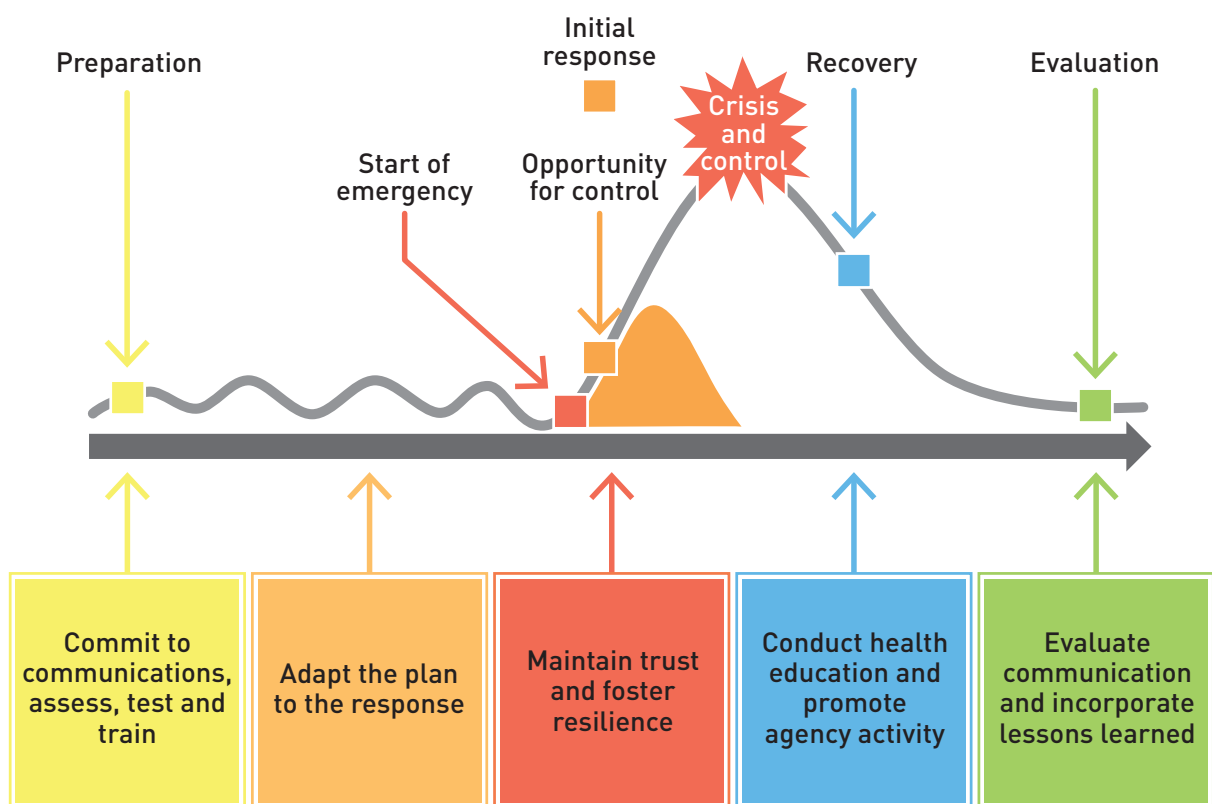
3 World Health Organization, Policy Process (<http://www.who.int/nationalpolicies/processes/en/>)

The lifecycle of a crisis and the four ERC capacities

Lifecycle of a crisis

For communication purposes, the lifecycle of an emergency, disaster or crisis (Fig. 2) comprises the following phases: (i) preparation, (ii) initial response, (iii) crisis response and control, (iv) recovery and (v) evaluation. Each phase requires specific, timely interventions.

Fig. 2. The phases of the emergency lifecycle



→ □ Preparedness and operational readiness

This phase is continuous, rather than an event, and requires extensive planning and coordination through regular assessments and training. The needs and challenges for each type of emergency can be anticipated and preliminary materials prepared.

Preparedness: Action taken in anticipation of an emergency to facilitate a rapid, effective, appropriate response. *Are you planning for the future?*

Operational readiness: Organization, planning, funding, exercise and training to be ready to respond to priority hazards, threats and risks. *Can you activate your plan tomorrow?*



□ Initial response

The first few days of an initial response may pose many challenges due to fear, confusion and uncertainty. The general public requires timely, accurate information about the situation and what is being done to address it.



□ Crisis response and control

Throughout the response, public concerns and fears must be understood and taken into account, and rumours and misinformation must be identified and addressed. Once a rumour is created, it can spread fast among people who have genuine difficulty in understanding the threat and the necessity of protective behaviour. Effective two-way communication, taking into account people's perceptions and concerns, is essential to maintain trust and improve health outcomes.



□ Recovery and evaluation

The recovery and evaluation phases of a response are critical, although they are underprioritized. Risk communications should be assessed during and at the end of an emergency to understand achievements and modify interventions if necessary.

The data collected can be used systematically to update strategies, plans, messages and risk communication materials. Special attention should be paid to reviewing transparency, early announcements, coordination of public communication, listening and two-way communication, selecting effective channels and engaging influencers.

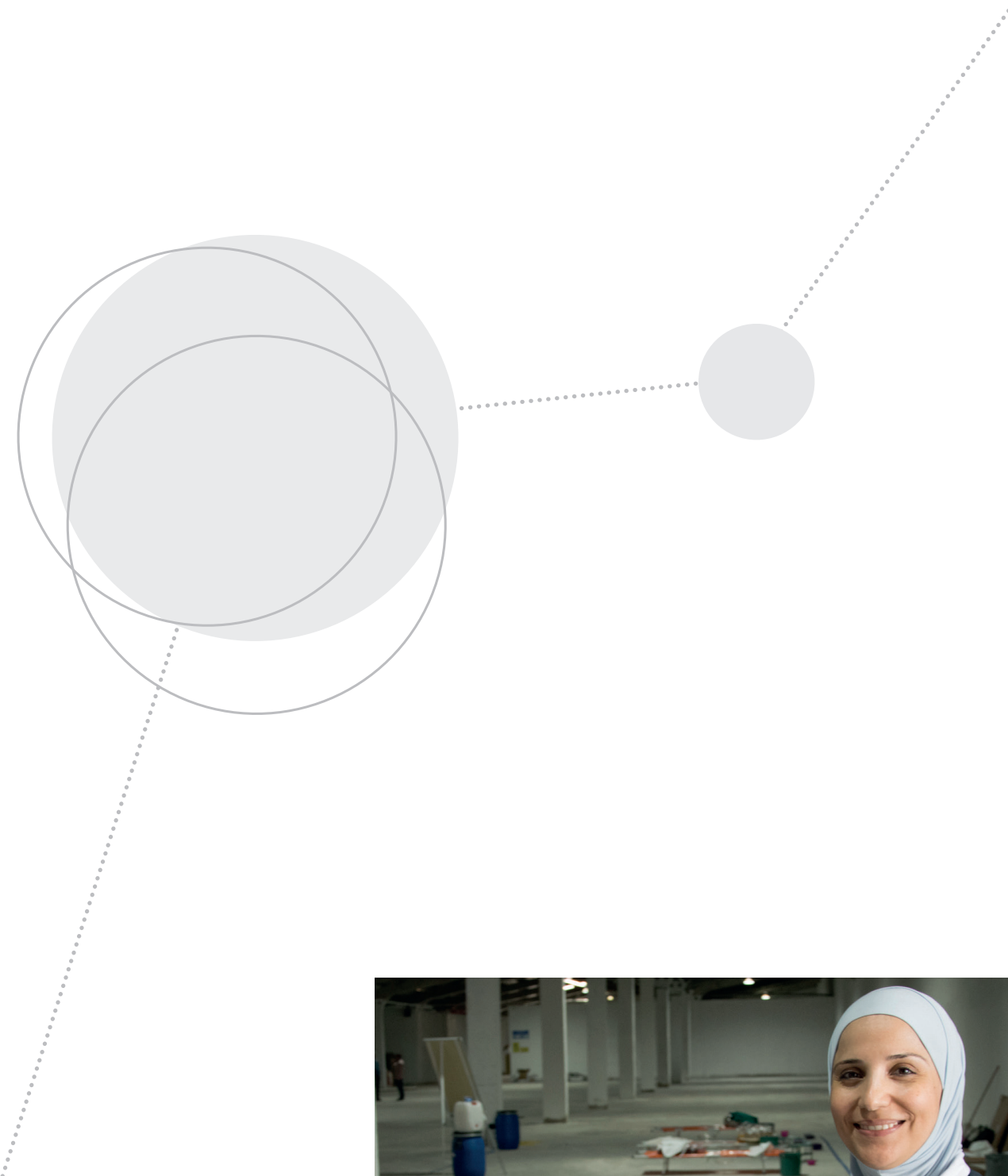
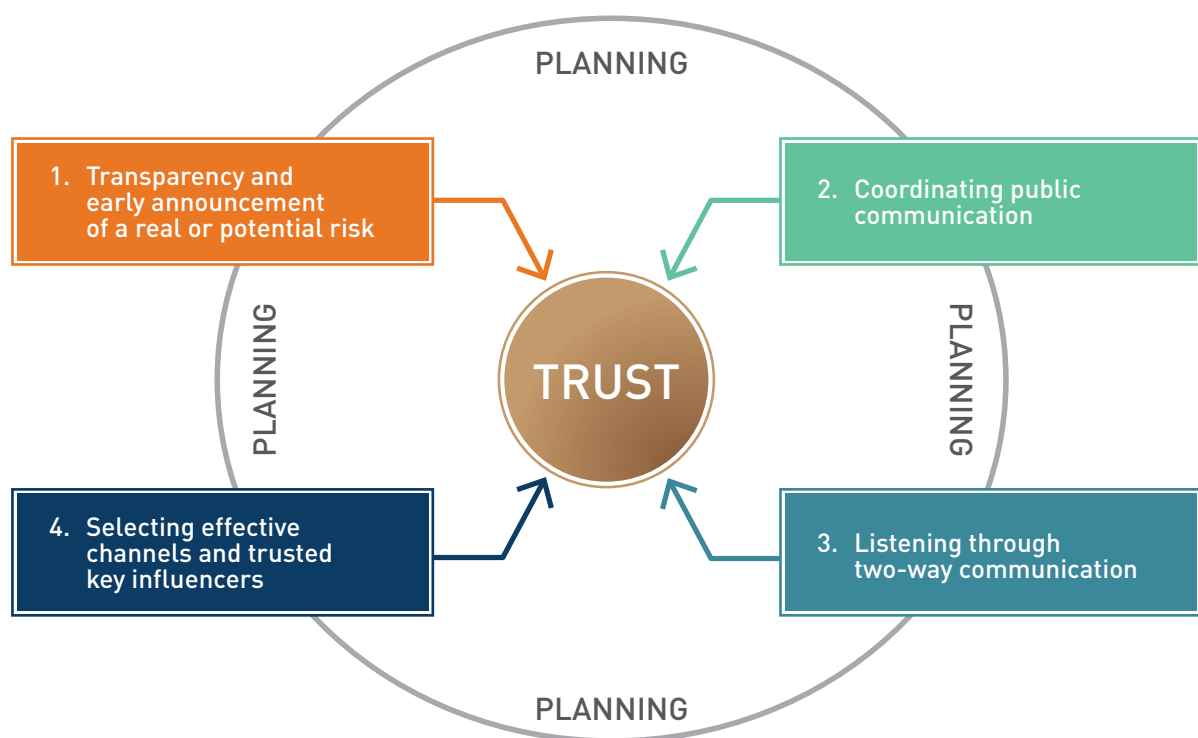


Photo credit: WHO

Definition of national ERC core capacities

The role and importance of trust in all communication are central. Responders must communicate with stakeholders and the public in ways that build, maintain or restore trust, as this increases uptake of guidance. Key trust-building mechanisms in the lifecycle of a crisis include: ensuring timely, accurate, transparent communication; coordinating public communication; listening through two-way communication; and selecting effective channels and engaging key influencers (Fig. 3).

Fig. 3. The four ERC core capacities



1

Transparency and early announcement

Maintaining the public's trust throughout an emergency requires constant transparency, including providing timely, complete information about a real or potential risk and its management.

The first announcement frames the risk and addresses concerns. New developments should be communicated proactively during an outbreak as they occur. Communications must state transparently what is known and what is not yet known. When there is transparency, people are more likely to trust the responders and follow their recommendations.

The elements could include: an agreed ERC policy and procedures to support transparency and early announcement, ensuring that the ERC function is represented in management meetings and providing training in ERC for key staff.

2

Coordinating public communication

Proactive external public and internal communication and coordination with partners before, during and after an emergency are crucial to ensure effective, consistent, trustworthy risk communication that both provides information and addresses public concerns. As a result, public communications resources will be effectively used, confusion reduced and outreach and influence strengthened.

The elements could include: identifying and training spokespeople in ERC; identifying and training an ERC team to support the spokespeople; and a policy and procedures for ERC coordination and release of information that is agreed with key partners and agencies within the government.

3

Listening through two-way communication

Community engagement is not an option. Communities must be at the heart of any health emergency response. It is essential to know which people to target, how they understand and perceive a given risk and their beliefs and practices; otherwise, the decisions and behavioural changes necessary to protect health may not occur, and social or economic disruption may be more severe.

The elements could include: systems and resources for regular (at least daily) monitoring of mainstream media and social media; systems for collecting feedback and listening for rumours among at-risk populations (e.g. through formative research); and a system for the ERC team to review feedback and act on it.

4

Effective channels and key influencers

Once the audience has been identified, the right channels to reach them must be selected. The channels that work best depend on the local context and the audience. The most effective channels are usually those used by the targeted audience. These can include media, Internet, social media, hotlines and SMS. Influencers have a critical role in delivering messages, as they are trusted opinion-makers who are often part of the community.

The elements could include: an ERC team with the skills and capacity to analyse access to communication channels and to select those used by the targeted audiences; and strong partnerships with stakeholders and influencers in the wider community.



Creating a roadmap for national ERC plan adoption

Engaging stakeholders

National health policies, strategies and plans are more likely to be implemented effectively if all stakeholders in and beyond the health sector are included in their development and negotiation. Thus, all actors should be engaged in a broad consultation and a meaningful dialogue to build consensus on the current situation and on the values, goals and overall directions that will guide health policy.⁴

Adoption of an ERC plan is simply a continuation of stakeholder engagement. Multisector partners and stakeholders are involved throughout the five-step capacity-building package in training, capacity-mapping, plan writing and plan testing. Moving to an agreed policy should be a natural next step.

Situation analysis and priority setting



A situation analysis is an assessment of the current health situation and is fundamental to designing and updating national policies, strategies and plans. A strong situation analysis (...) should assess the current situation as compared to the expectations and needs of the country. Such a situation analysis can then serve as the basis for setting priorities to be addressed in the policy, strategy or plan through the process of a broad, inclusive policy dialogue.⁵

In an ERC plan, the situation analysis and priority setting have been completed. Member States that have used the five-step capacity-building package will probably have conducted training in the most common public health threats to the country. They are also likely to have conducted a capacity-mapping exercise to identify multisectoral ERC capacity opportunities and challenges. During plan writing and testing, Member States will have conducted a situational analysis of their ERC system.

⁴ WHO policy process – engaging stakeholders (<http://www.who.int/nationalpolicies/processes/stakeholders/en/>).

⁵ WHO policy process – situational analysis and priority setting (<http://www.who.int/nationalpolicies/processes/priorities/en/>).

“Bringing it all together”



In many countries, more could be done to ensure comprehensive, coherent, and balanced national health policies, strategies and plans. A key concern is ensuring adequate linkages with disease-specific or programme-specific plans. The disconnect between programme planning efforts and national planning processes leads to imbalance, lack of coherence, and subsequent problems with implementation.⁶

As ERC plan adoption might take a number of forms – from guidance within a ministry of health to a section of a national emergency response policy or law, the WHO Regional Office for Europe will assist Member States by providing peer-reviewed evidence, guidelines, sample plans, rosters and national policies.

From vision to operationalization



Effective planning at the various levels of a health system is essential for ensuring alignment between people’s needs and expectations, and overall national priorities. National policies, strategies and plans must, therefore, be linked to strategic and operational plans at subnational and local levels. (...)

Broad national health strategies and goals need to be ‘translated’ by local health authorities into appropriate approaches and feasible operational health plans and targets, based on local circumstances. Similarly, national strategies should be constantly ‘fed’ by situation analyses and strategy development carried out at the various subnational levels of the health system.⁷

The ERC five-step capacity-building package includes national, regional and local training and capacity mapping and planning. A key element of ERC capacity is ensuring that ERC plans are operational in all response sectors, from the local level – where all emergencies begin – to regional and national response levels. Countries that are adopting an ERC plan will probably have tested the plan, and lessons learnt during testing should further improve operationalization of ERC plans.

6 WHO policy process – bringing it all together (<http://www.who.int/nationalpolicies/processes/comprehensive/en/>).

7 WHO policy process – from vision to operational (<http://www.who.int/nationalpolicies/processes/operational/en/>).

Quantifying resources and costing plans



National health priorities need to be translated into detailed resource plans by quantifying needed inputs in terms of people, equipment, infrastructure, etc., and then determining the budgetary implications. This is an iterative process. Long before the budgeting phase, cost information should be fed into the planning process, so that different scenarios projecting different packages and levels of service delivery can be compared for impact and cost. It is also a strategic process, requiring a negotiated consensus among stakeholders on the trade-offs that must be made⁸.

The WHO Regional Office for Europe can provide support throughout the process of costing ERC priorities in terms of people, equipment and scalable infrastructure during emergencies, with terms of reference, organizational charts, scalable ERC team capacities and leveraging resources from multisector response units.

Monitoring and evaluation



Outcomes can be improved through increased and more focused investment in monitoring and evaluating how national health policies, strategies, and plans are implemented. During joint annual reviews, for example, different actors within the health sector and beyond assess progress and performance according to agreed benchmarks and indicators within a single monitoring and evaluation framework. When properly designed, this allows for learning, continuous improvement of the planning process and timely corrective measures⁹.

The WHO Regional Office for Europe will share lessons learnt and experience from Member States that have integrated ERC plans into national policy, law or national response plans. The Regional Office will also share evidence-based guidance on integrating ERC plans into policy.

8 WHO policy process – costing plans (<http://www.who.int/nationalpolicies/processes/costing/en/>).

9 WHO policy process – monitoring and evaluation (<http://www.who.int/nationalpolicies/processes/evaluation/en/>).

The WHO Regional Office for Europe

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.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark

Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01

E-mail: euwhocontact@who.int

Website: www.euro.who.int