



World Health
Organization

European Region

Communicating risk in public health emergencies



ABSTRACT

This brochure shares examples from the WHO Regional Office for Europe on the crucial role that risk communication has played during the COVID-19 pandemic and other emergencies. It argues for investment in risk communication as an integral part of the entire emergency cycle.

KEYWORDS

RISK COMMUNICATION, EMERGENCIES, EMERGENCY PREPAREDNESS, COVID-19, MPOX (MONKEYPOX), UKRAINE

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Armenian materials on suicide prevention, entitled:
See the Unseen – Mental Health for All



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Abbreviations

IDPs	internally displaced persons
RC	risk communication
RCCE	risk communication and community engagement
RCCE-IM	risk communication, community engagement and infodemic management



Executive summary

During public health emergencies, the public need to know three main things:

- **what health risks they face;**
- **what authorities are doing to respond to these risks; and**
- **what actions they can take to protect their health and lives and the health and lives of those around them.**

People have unique insight into their own risk profiles and needs, as well as their community assets and vulnerabilities; these are essential to inform risk communication (RC) strategies.

As emergencies evolve, effective RC entails the ability to speak in uncertainty, acknowledging what is not known at a given time and transparently sharing information as it becomes available. Communication must be timely, relevant and accessible, both in language, form and the channel of its delivery. It must be based on people's perceptions and concerns and expressed with empathy.

RC includes the range of communication capacities required through the preparedness, response and recovery phases of a health emergency, including the real-time exchange of information, advice and opinions between experts, community leaders or officials, the media, community groups and the people who are at risk. RC is therefore a key public health intervention and should be seen as an integral part of emergency preparedness and response.

RC not only enables people most at risk to take informed decisions but allows authorities and experts to listen to and address people's concerns and needs so that their advice is relevant, trusted and acceptable. Failure to listen to people's views and poorly tailored messaging not only leads to low uptake of protective measures but can erode trust in health authorities and government and perpetuate disinformation.

RC is intrinsically linked to Community Engagement and Infodemic Management. This brochure focuses on RC, presenting stories and activities from across the WHO European Region that illustrate the many benefits of working with communities through RC, and showcasing the importance of two-way listening, speaking in uncertainty and providing evidence-based information to the media, governments and individuals.

This document is intended to be used by those wishing to advocate for risk communication (RC) with national governments, partners and other stakeholders involved in emergency prevention, preparedness and response.



Key messages on risk communication

Risk communication (RC) provides timely, tailored, engaging and relevant health information and advice. At-risk and affected populations can use this information and advice to take informed decisions to protect themselves.

RC works hand-in-hand with community engagement and infodemic management, to better protect people against the dire human and economic costs of emergencies. Together, risk communication, community engagement and infodemic management (RCCE-IM) forms a bridge that links health service delivery and access, increasing people's support and acceptance of measures, building resilience and saving countless lives.

RC builds trust and engagement with affected and at-risk populations. To build trust, RC interventions should acknowledge uncertainty and be transparent, timely and easy-to-understand. They should target affected and at-risk populations and address their perceptions and concerns. They should be disseminated using multiple platforms, methods and channels that target audiences access and use.

RC is a key public health intervention and should be integrated into the entire health emergency cycle. From preventive activities such as providing accurate health information and advice to reduce exposure to infectious pathogens, to responding with timely and transparent two-way communication, RC is central to the effective operation of all other components of health and emergency response systems.

RC requires staff who are specialized experts. RC is a technical area and needs dedicated skilled practitioners. A workforce of specialist RC experts should be established and trained in times of peace to be activated when an emergency hits.

RC requires a sustained budget as part of core funding for emergency preparedness and response.

A lack of funding, or reliance on short-term, last-minute surge funding has been shown to hamper RC during past and recent crises, highlighting the importance of sufficient sustained funding for both preparedness and response.

The WHO Regional Office for Europe can support health authorities on RC. The Regional Office can provide guidance and hands-on technical support to health authorities with social and community listening; message development testing and deployment; campaigns for behavioural change; use of effective channels such as media, social media, information-education-communication materials and hotlines; speaking in uncertainty; and publishing multimedia stories to bring to life technical messaging. The Regional Office can also support RC strengthening in countries, areas and territories, through an innovative capacity building offer including a RCCE-IM School, Plan Creator and Capacity Mapping tool.

This document is intended to be used by those wishing to advocate for risk communication (RC) with national governments, partners and other stakeholders involved in emergency prevention, preparedness and response.

The critical role of risk communication in health emergencies

In health emergencies, Risk communication (RC) helps bridge the divide between risk assessment and risk perception, making sure that population groups have an appropriate level of understanding and concern about risks they may, or may not be susceptible to (1). Whether the message is to take precautions or is one of reassurance, through simple, clear and accessible messaging, that is timely and transparent and related by trusted spokespeople, RC gives people the information, advice and tools they need to assess risk accurately and take informed decisions to protect their health.

Time and time again, global emergencies teach the importance of using culturally relevant messaging, conveyed through trusted channels of communication (2). They underscore that information sharing should be two-way, and that effective RC must be based on listening, community engagement and empowerment to build trust, foster behavioural change and contribute to emergency response.

RC contributes to the following strategic frameworks:

- **the sustainable development goals** (3);
- **the International Health Regulations (2005)** (4);
- **the Thirteenth General Programme of Work 2019–2023: promote health, keep the world safe, serve the vulnerable** (5); and
- **the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”** (6).

RC helps fulfil these commitments by ensuring access to life saving information and services; building resilience, particularly among vulnerable groups; increasing health literacy and strengthening capacity for risk reduction; and meeting strategic responsibility to communicate science to the public, acknowledging their perceptions and concerns as part of emergency preparedness and response.

Lessons from past emergencies

Since the severe acute respiratory syndrome coronavirus epidemic in 2003, WHO has emphasized to Member States the importance of prompt and open public communication by health authorities responding to disease outbreaks. The guiding principles of effective communication during outbreaks and other emergencies are still central to RC today: building trust, announcing early, being transparent, respecting public concerns and planning in advance (7,8).

The media’s ability to positively or negatively affect risk perception and the up-take of preventive measures was noted during the 2009 influenza A virus subtype H1N1 outbreak – one study linked this to huge differences in uptake of vaccination between Sweden (60%) and Australia (18%) (9).

Lessons learned from outbreaks of Zika and Ebola in 2015–2016 also underlined RC as a vitally important element of public health. The ethnic diversity and political differences in the three countries most affected by Ebola, for example, confirmed that a “one size fits all” approach to RC does not work (10). Equally, top-down communication created fear and alienated the very communities whose support was necessary for a successful response (11).

The Zika outbreak in Brazil in 2015 proved that while social media offered a new and important tool for disseminating health information, traditional media remained an important way to share guidance and that misinformation could proliferate online (12). Both Zika and Ebola proved that for maximum effectiveness, local communities need to be involved with and own emergency RC processes, preferably well before an emergency occurs (13).

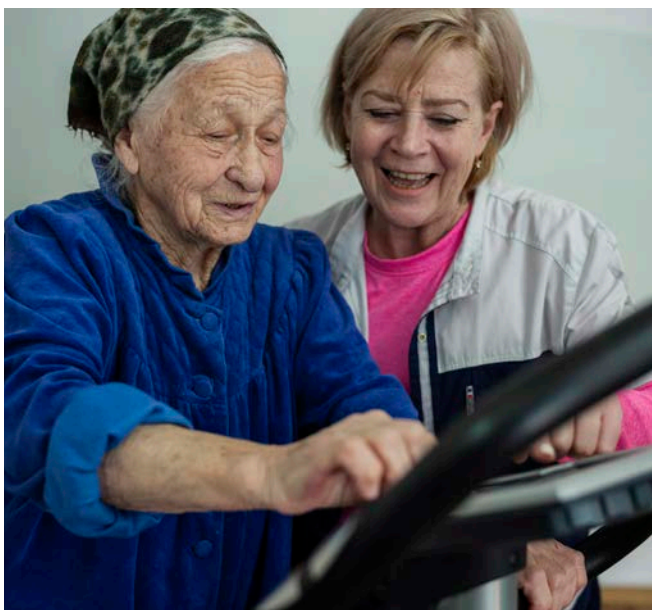
The demands of the COVID-19 pandemic

The COVID-19 pandemic has heightened the challenges of RC, including establishing and maintaining trust; managing and sustaining risk perception; speaking in uncertainty; understanding and conveying evolving science and preventive measures; managing fear; addressing mis/disinformation; and establishing long-term acceptance and uptake of measures including vaccination.

“Governments must invest in communities and risk communication as a priority now, as trust cannot just ‘happen’, when a new emergency strikes.”

Rt Hon. Helen Clark and H.E. Ellen Johnson Sirleaf,
Former Co-Chairs of the Independent Panel for Pandemic Preparedness and Response (14).

The pandemic dramatically underscored the importance of clear, actionable and timely health messaging from credible sources. Diversification of channels and the creation of tailored, engaging content have proved critical to target a broad variety of audiences (15). Health literacy has remained a key consideration when tailoring messaging for various communities. A global study found that efforts to improve pandemic prevention, preparedness and response for the next pandemic might benefit from greater investment in RC and community engagement strategies to boost the confidence that individuals have in public health guidance. This, in turn, would reduce deaths (16).



Why invest in RC?

Through RC, health authorities can engage with targeted population groups, often through trusted community representatives, to understand their perceptions and concerns, and then tailor information to individuals and communities to mitigate their risks or dispel their fears. Helping people to bring their risk perception to the level of risk assessment through RC leads people to engage in more protective behaviours, to the benefit of themselves and the wider community (17).

RC helps health authorities understand community concerns and risk perceptions: trained RC professionals may conduct face-to-face community listening, through focus groups or questionnaires, for example. They are also able to cut through online chatter to identify key issues, recurrent searches and information voids on the internet, for example in chat rooms and social media comments. Through regular two-way listening and the monitoring of message uptake and response, authorities have extra tools to understand if their emergency response is effective, accepted and reaching the people it needs to.

In times of flux, health authorities benefit from the ability to communicate in uncertainty; this has proved crucial to maintaining the trust and buy-in of communities in emergencies. Conveying the changing picture of what is known and what remains to be determined while keeping credibility is a critical skill that can play a huge difference in the public’s risk perception, their actions and their adherence to precautions.

Investing in RC allows health authorities to sustainably engage communities in their own health protection. Co-creating and testing messages with communities is key to making sure RC resonates, is couched in appropriate language and visuals and is taken up by the groups who are most affected.

Understanding which channels are most likely to reach target audiences is dependent on the close, trusting relationships with communities that risk communication, community engagement and infodemic management (RCCE-IM) nurtures, which can advise on how to phrase and where to place information and advice to get the most traction. This includes which media to work with and which spokespeople will be most acceptable. Transparent announcements about public health, informed through social listening and behavioural insight are often most successful when RC is led by subject matter experts (18).



Why investing in RC makes economic sense

Accurate and timely information is critical to limit disease and deaths caused by emergencies, as well as the impact on national economies and public health infrastructure, and to maximize the effective outcome of the response (19). Appropriate RC strategies have been shown to reduce the cost of disasters, particularly when combined with the monitoring of social media through analytics and the early detection of digital smoke signals (20), and to ameliorate stress related conditions through helping people identify “fake news” (21).



Social media listening

Clear and consistent RC has been associated with increased uptake of preventive and protective measures that led to fewer hospitalizations and many lives saved during the COVID-19 pandemic (22). Effective RC plays a big part in increasing trust in health authorities; countries with high levels of trust in government and interpersonal trust were shown to experience lower rates of death and serious illness from COVID-19 (23).

Forthcoming research carried out by the WHO Regional Office for Europe and partners offers evidence of a robust return on investment for RC. Furthermore, a study on a vaccination and information caravan in North Macedonia, in which health-care workers engaged with traditionally vaccine-resistant communities through communication materials and direct conversations, found a 31.8% increase in vaccination on the day of the visit with respect to the pre-intervention average and an estimated 34.8% increase in vaccination rates over the two weeks following the caravan visit. They estimate the cost-effectiveness of the caravan at US\$ 25.4 per additional vaccination (24).

The work of the WHO Regional Office for Europe during emergencies

WHO Regional Office for Europe's RC has been modelled on three main criteria – it had to be empowering, engaging and enabling.

Empowering the public by giving them access to public health information and advice that is understandable and relevant and supporting them in understanding the risks; **engaging**, by capturing the attention of target audiences and involving them in the response; and **enabling** informed decision-making to drive the adoption of protective measures.



COVID-19

During the COVID-19 response, the WHO Regional Office for Europe has run eight health campaigns, with a sustained and dedicated focus. Evidence shows that repeated exposure to consistent messaging, through campaigns, is most likely to influence behaviours related to health (25). The Regional Office has produced COVID-19 related content including news stories, photo stories, interviews, question and answers, and myth busters. This content reached a wide audience: by December 2021, it had received over 15.6 million page views. Engaging and persuasive content, informed by social listening and behavioural insight, tested with key informants and tailored to reach a variety of audiences builds trust and changes behaviours.

Mpox

Between May and December 2022, the WHO Regional Office for Europe ran a powerful, sustained campaign to counter a sudden rise in mpox (previously known as monkeypox) cases in the Region. Understanding the power of messaging co-created with affected communities to reach and resonate with them, this campaign engaged and collaborated with men who have sex with men, trans communities and other underserved communities such as sex workers. It amplified their voices through human interest stories and case studies, and worked closely with civil society organizations to make sure that guidance was sensitive, relevant and conveyed in the language and channels most likely to reach affected communities.

The war in Ukraine

Since the beginning of the war in Ukraine in February 2022, the WHO Regional Office for Europe has strengthened country work in Ukraine and surrounding countries including on RC. Providing health information, including on access to services and care, was recognized as a public health intervention in the war setting: receiving clear information is vital in such a situation of extreme confusion and anxiety. Not only does this improve the ability of the affected people to navigate and access health systems for prevention and treatment, but it gives them a sense of reassurance, which can increase their well-being. This focus has resulted in messaging that brings timely health information to people affected by conflict, including refugees.

The earthquakes in Türkiye

After the massively destructive earthquakes that occurred in Türkiye in February 2023, WHO, at Regional and country levels worked hand-in-hand with the Turkish Ministry of Health to provide timely and relevant health information and advice to those affected by the emergency. WHO conducted regular social listening, gathering insights from the affected communities on a daily basis, which they gleaned using online tools to analyse conversations and find out which topics were of most concern. These insights were used to provide messaging on a range of critical subjects from how to

cope with cold and hypothermia, to water, sanitation and hygiene and mental health. To ensure that messages were acceptable to affected communities, WHO conducted rapid online message testing on the relevance of the content, language and visuals, before disseminating materials through boosted social media channels in the period following the quakes. This work supported community outreach and engagement on a range of issues, for example, on health advice for breastfeeding women living in temporary accommodation.



The benefits of RC – stories from the Region

Benefit 1

Communicating with affected communities ensures greater access to health

Two-way listening is a crucial facet of RC interventions that ensures their relevance and increases their impacts.

Ensuring access to health is a priority in Ukraine (26). During the war, internally displaced persons (IDPs) fled to the other regions of the country and had to adjust to a new environment which was often disorienting. The ability to access health care in different regions became one of their main concerns. To understand the health information needs of IDPs, the WHO Country Office in Ukraine conducted community visits, visits to IDP centres and focus group discussions. Even though Ukraine is a highly digitalized country and a lot of information on how to access health care was available through digital channels, new arrivals at IDP centres said they needed a physical one-stop-shop for information on arrival, and preferred printed rather than online materials.

A joint project was initiated to provide IDPs with access to health services in the Chernihiv, Poltava, and Zaporizhzhia regions, implemented collaboratively with local health departments, civil society organizations, the Ministry of Health and the Ukrainian Public Health Centre. Printed materials included information from national authorities on how to access health services, and from regional authorities on where those services are available in the region. The Country Office worked with health departments in different regions to provide regionally relevant information. Materials were tested through focus group discussions with IDPs to make sure the needs of the target audience were met, and all information was clear and easy to follow.

The final materials were delivered by civil society organizations and partners working in the respective regions to around 40 000 families and were positively received. Online social listening gave another dimension through which to understand more about people's concerns, as well as revealing potential seams of misinformation.



Benefit 2

Effective RC manages uncertainty, sharing what is known and offering people the best information available at the time

Communicating openly in evolving emergencies is central to maintaining trust. When RC acknowledges areas of uncertainty that exist alongside known fact, the public can build a more nuanced risk perception in times of flux.

To ensure that spokespeople and media communicating about risks associated with the pandemic had access to the best guidance, in 2021, the WHO Regional Office for Europe produced a guidance booklet COVID-19 – an informative guide: Advice for journalists (27) and shared key information on speaking in uncertainty with WHO Representatives across the Region. To build capacity in the WHO European Region, the Regional Office conducted training sessions throughout the pandemic for journalists on how to report on evolving emergencies as well as training for spokespersons.

In 2022, in Istanbul, the WHO Regional Office for Europe also staged a full-scale simulation exercise, during which representatives from regional Ministries of Health and WHO country offices were put through their paces by specialist role-play actors (28). This practical exposure, which followed three-days of risk communication and community engagement (RCCE) capacity-building training delivered through the Regional Office's newly enhanced platform, ensured that participants could test their knowledge of emergency RC procedures in real time, as well as working on their flexibility, personal communication skills and cultural sensitivity.

Only days after the RCCE training held in Türkiye, one participant, Nadja Cirar, from the National Institute of Public Health in Slovenia, had to urgently put the RC training into practice. Due to seasonal environmental causes such as heavy rain, dangerous bacterial strains such as enterococcus, norovirus and Clostridium perfringens were detected in the water supply system. Nadja Cirar and her team had to urgently communicate

risks to the local population, before all the facts were known.

"The training helped us to be able to articulate about what we knew and what was unknown in ways that retained the trust of the public. We were able to keep them safe by communicating risk, and keep their respect for our actions. The ability to communicate in uncertainty as a spokesperson in times of emergency is a key skill."

Nadja Cirar

The public health institute quickly controlled the outbreak and took steps to prevent further threats.



Benefit 4

RC helps health authorities to reach people with evidence-based information and guidance

RC ensures that governments and authorities are equipped to engage the public on the measures recommended to reduce health risks during emergencies.

During summer 2021, some countries in the WHO European Region reported declining trends in cases and deaths from COVID-19, prompting many authorities and event organizers to restart in-person sporting events such as football matches and music festivals that would bring together large numbers of people, risking a resurgence in transmission.

Acknowledging the delicate balance between protecting people's health while minimizing socioeconomic damage, the WHO Regional Office for Europe released evidence-based considerations for countries in the Region to help them make risk-based decisions about if, when and how to allow travel and gatherings of a large number of people based on their own country context. A public facing campaign that provided multimedia coverage across multiple channels gave authorities and governments access to a raft of materials to promote preventive and protective measures throughout the sporting season (29). Event organizers too could make use of this information to institute better preventive measures, and disseminate information to participants so they could better assess their own risk. Content included scientific-based advice, messaging for health authorities, human stories, citizens' video clips, interviews with technical spokespersons, and questions and answers across web and social media posts.

Pegging a renewed focus on precautions in crowded places to the highly popular and much-publicized Union of European Football Associations (UEFA) European Football Championship helped to generate public and media interest in WHO guidance on the need for caution, coordination, enhanced public health measures such as increased testing, and using a risk-

based approach for mass gatherings. The outreach around UEFA generated over 500 media articles in June and July with an estimated audience reach of 7 million people.



Benefit 5

RC uses social listening and message testing to produce relevant, targeted health advice

Informing messaging with social listening makes sure that it is relevant and culturally appropriate for the communities most at risk from emergencies, helping to increase uptake and acceptance.

On 6 February 2023, massively destructive earthquakes struck 10 provinces in southern Türkiye. To understand the context, people's evolving health information needs and risk perceptions, WHO experts at Regional and country levels joined hands to conduct regular social listening and gathered insights on a daily basis.

Experts from the WHO Regional Office for Europe identified key words relating to topics of immediate health concern such as mental health, food and water safety and skin diseases, and translated them into Turkish and Arabic (to reflect the large numbers of Syrian refugees affected by the quake). This allowed them to collect different insights such as the volume of online conversations, top earthquake-related topics

circulating on social media in Türkiye, as well as sentiment analysis, i.e., which topics were the focus of negative or positive conversations. Information voids and trending searches were also detected by using software which analyses the popularity of information people are searching online for every day.

One of the main and enduring topics detected was mental health. Shocked and grieving citizens, and health and emergency service workers responding to the quake reported a big impact on their mental health. With input from mental health specialists, WHO therefore developed messages on mental health, working closely with local experts to make sure the messages were culturally appropriate and context relevant. They then developed visually appealing social media tiles and conducted online message testing on how clear and understandable the advice was and whether the message was relevant.

In the context of emergencies, collecting rapid feedback from communities is critical; the WHO Regional Office for Europe collected insights on the public health advice they were disseminating from diverse demographics in as little as 48 hours. After adapting the messaging, a targeted advertisement campaign boosted the content to make sure that tiles were seen with high frequency by the most affected groups to reinforce the message. Other messages developed by WHO included water and sanitation, how to manage the bodies of deceased people and staying warm in cold weather, among others.

As of March 2023, the targeted public health advice on WHO social media has reached 27 million users and gained 150 000 engagements. Tiles on mental health were the most viewed among the boosted messages. Relevant and targeted mental health information will help protect people's well-being and facilitate access to specialist services where needed.



Why invest in RC through WHO in Europe?

Why RC in the European Region?

The European Region represents a dramatic diversity of countries; culturally, economically and geographically, and there is a wide disparity in emergency preparedness.

The challenges of combatting COVID-19 and a host of other emergencies have revealed gaps in technical expertise and specialist staff in the European Region to deliver RC. Despite high and increasing demand, historical low investment has undermined the emergency response. In the most recent State Party Self-Assessment Annual Reporting tool, European State's Parties consistently awarded RC just 69% – the fourth lowest capacity score (30).

In the last three years, countries of the European Region have increased investments in RCCE-IM (of which RC is a part) to respond to the pandemic but much of the capacity in place is repurposed from related areas of work and is based on COVID-19 emergency funding, which will end at some point.

Stable funding, allowing for long-term planning and investment in RC will help build the capacity of health authorities to communicate in emergencies, preventing costly confusion, promoting greater trust in science and government and saving lives.

Why WHO Regional Office for Europe?

WHO is highly skilled, deeply experienced and uniquely placed to work on RC:

- Throughout the course of the pandemic and beyond, the WHO Regional Office for Europe remained a trusted source of information in the European Region. While levels of trust varied between countries

and over time, WHO is consistently seen as a trusted source of information where it matters most (31).

- RC is one of the most highly developed areas of expertise within WHO. The organization has been investing in RC and leading in this area since 2004. It has led on the production of guidance outbreak communication planning guides, and guidance on RC policy and practice.
- The WHO Regional Office for Europe has partnered with country governments to support RC during multiple different emergencies, from communicable diseases to natural disasters.
- The WHO Regional Office for Europe has forged strong links with communities and is adept at co-creating RC messages with them to reach specific population groups.
- A range of guidance has been produced by the WHO Regional Office for Europe to support authorities and governments with RC, including guidance for spokespersons, on managing crisis situations and reputational risk, speaking in uncertainty, working on social media and partnering with key media outlets.
- The WHO Regional Office for Europe has developed the ground-breaking RCCE-IM Plan Creator (REF), which provides a comprehensive online platform for RCCE-IM practitioners to develop emergency response plans and takes stock of a track record of sustainable capacity building as well as lessons learned in the Region.

How can the Regional Office support Member States' health authorities with RC across the emergency cycle?

On prevention, the WHO Regional Office for Europe can provide accurate health information and advice to reduce exposure to infectious pathogens, for example, related to influenza, hand hygiene and food safety risk.

On preparedness, the WHO Regional Office for Europe can build skills for effective RC including how to listen, analyse and use people's insights; how to create, test and deploy effective messages; and how to speak in uncertainty. The Regional Office offers a range of capacity building offerings on RC: the aforementioned RCCE-IM Plan Creator (32); the RCCE-IM School (28), a multi-day workshop that brings together all the best practices from RCCE-IM in 10 modules; and the Capacity Mapping Tool (33) with which users can self-assess their professional skills against desired levels.

On readiness, the WHO Regional Office for Europe can support countries to strengthen health literacy for emergencies and develop policies and recommendations on helping people to interrogate and evaluate the information they see – empowering the public to be better prepared to face imminent health threats.

On response, the WHO Regional Office for Europe can provide technical assistance in developing robust RC strategies tailored to the specific needs of countries. This involves helping countries assess their RC capacity, identify target audiences and design, test and disseminate effective public health advice to address public health threats.

On recovery, the WHO Regional Office for Europe can establish mechanisms to listen to individuals and communities affected by the health emergency, understand their challenges and concerns.



Conclusion

The COVID-19 pandemic and ongoing threats ranging from conflict, climate induced risks, zoonotic disease outbreaks and water and foodborne illness remind us that there is no room for complacency in the face of emergencies. Investment in RC is central to preventing and mitigating risks, ensuring uptake of protective measures, building people's resilience and increasing trust in governments and health authorities. However, scores for RC capacity in Europe are low, and funding has only temporarily been dedicated to RC in emergency response.

RC cannot be an after-thought. It is a public health intervention that is intrinsic to every step of the emergency cycle. Investing in mainstreaming RC – together with community engagement and infodemic management – is an investment in more successful emergency readiness, response and resilience. Ultimately, it is an investment in people's lives.



References

1. Dr. Peter M. Sandman. Crisis Communication. New York: The Peter Sandman Risk Communication website; 2020 (<https://psandman.com/index-CC.htm>).
2. Herbert, S. & Marquette, H. COVID-19, governance, and conflict: emerging impacts and future evidence needs. K4D Emerging Issues Report 34. Brighton: Institute of Development Studies; 2021. doi:10.19088/K4D.2021.029.
3. The 17 goals. In: United Nations Department of Economic and Social Affairs/ Sustainable Development [website] Geneva: United Nations; 2023 (<https://sdgs.un.org/goals>).
4. International Health Regulations (2005) – Third edition. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/246107>).
5. Thirteenth Programme of Work 2019-2023: promote health, keep the world safe, serve the vulnerable. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/324775>).
6. European Programme of Work 2020-2025: United Action for Better Health. Copenhagen: WHO Regional Office for Europe; 2021 (<https://apps.who.int/iris/handle/10665/339209>).
7. Outbreak communication: best practices for communicating with the public during an outbreak: report of the WHO Expert Consultation on Outbreak Communications held in Singapore, 21-23 September 2004. Geneva: World Health Organization; 2004 (<https://apps.who.int/iris/handle/10665/69138>).
8. Outbreak Communication Guidelines. Geneva: World Health Organization; 2005 (<https://apps.who.int/iris/handle/10665/69369>).
9. Sandell T, Sebar B, Harris N. Framing risk: Communication messages in the Australian and Swedish print media surrounding the 2009 H1N1 pandemic. *Scandinavian Journal of Public Health*. 2013;41(8):860-865. doi:10.1177/1403494813498158.
10. The Ebola Lessons Reader. New York: International Rescue Committee; 2016 (<https://www.rescue.org/sites/default/files/document/563/theebolalessonsreaderlowres.pdf>).
11. The Ebola response in West Africa: exposing the politics and culture of international aid. London: Overseas Development Institute; 2015 (<https://odi.org/en/publications/the-ebola-response-in-west-africa-exposing-the-politics-and-culture-of-international-aid/>).
12. Risk Communication and Community Engagement for Zika Virus Prevention and Control. Zika Communications Network; 2016 (<https://zikacommunicationnetwork.org/resources/risk-communication-and-community-engagement-zika-virus-prevention-and-control>).
13. Toppenberg-Pejcic D, Noyes J, Allen T, Alexander N, Vanderford M, Gamhewage G. Emergency Risk Communication: Lessons Learned from a Rapid Review of Recent Gray Literature on Ebola, Zika, and Yellow Fever. *Health Commun*. 2018; 34:4, 437–455. doi: 10.1080/10410236.2017.1405488.
14. Transforming or Tinkering? Independent Panel for Pandemic Preparedness and Response; 2022 (https://theindependentpanel.org/wp-content/uploads/2022/05/Transforming-or-tinkering_Report_Final__Embargoed-distribution.pdf).
15. Weitzel T, Middleton J. What channels are countries using to communicate with the public and at what frequency? Brussels: European Observatory on Health Systems and Policies, 2020 (<https://analysis.covid19healthsystem.org/index.php/2020/07/03/what-channels-are-countries-using-to-communicate-with-the-public-and-at-what-frequency/>).
16. Paakkari L, Okan O. COVID-19: health literacy is an underestimated problem. *Lancet Public Health*. 2020;5(5):e249-e250. doi: 10.1016/S2468-2667(20)30086-4.
17. Heydari ST, Zarei L, Sadati AK, Moradi N, Akbari M, Mehralian G et al. The effect of risk communication on preventive and protective Behaviours during the COVID-19 outbreak: mediating role of risk perception. *BMC Public Health*. 2021; 21:54. doi: 10.1186/s12889-020-10125-5
18. Lee SI. Costly Lessons From the 2015 Middle East Respiratory Syndrome Coronavirus Outbreak in Korea. *J Prev Med Public Health*. 2015;48(6):274-6. doi: 10.3961/jpmph.15.064.
19. Wendling C, Radisch J, Jacobzone S. "The Use of Social Media in Risk and Crisis Communication". OECD Working Papers on Public Governance, No. 24. Paris: OECD Publishing; 2013. doi: 10.1787/5k3v01fskp9s-en.
20. Cool CT, Claravall MC, Hall JL, Taketani K, Zepeda JP, Gehner M, et al. Social media as a risk communication tool following Typhoon Haiyan. *Western Pac Surveill Response J*. 2015 Nov 6;6 Suppl 1(Suppl 1):86–90. doi: 10.5365/WPSAR.2015.6.2.HYN_013.
21. Su Z, McDonnell D, Wen J, Kozak M, Abbas J, Segalo S. Mental health consequences of COVID-19 media coverage: the need for effective crisis communication practices. *Global Health*. 2021; 17:4. doi: 10.1186/s12992-020-00654-4.
22. Petersen M, Bor A, Jørgensen F, Lindholt M, (2021) Transparent communication about negative features of COVID-19 vaccines decreases acceptance but increases trust. *PNAS*. 2021; 20;118(29):e2024597118. doi: 10.1073/pnas.2024597118.

References

continued

23. Diers-Lawson A, Omondi G, Hillier S. Shooting from the hip or taking careful aim? Developing the VISTA analytic framework comparing English and Scottish visual campaigns for self-protective behaviour throughout the COVID-19 pandemic. *J Vis Polit Commun*. 2021; 9; Issue COVID-19 Health Campaigns (59–97). doi: 10.1386/jvpc_00017_1.
24. Stuckler D, Salvi C, Serrano Alarcon M, Palumbo L, McKee, M. How to increase COVID-19 vaccination among a population with persistently suboptimal vaccine uptake? Evidence from the North Macedonia mobile vaccination and public health advice caravan. 2023
25. Making messages work. In: The Health Foundation [website]. London: The Health Foundation; 2020 (<https://www.health.org.uk/what-we-do/a-healthier-uk-population/thinking-differently-about-health/making-messages-work>).
26. Ukraine crisis strategic response plan for June – December 2022. Copenhagen: WHO Regional Office for Europe; 2020 (<https://apps.who.int/iris/handle/10665/358796>).
27. COVID-19: an informative guide: advice for journalists. WHO Regional Office for Europe; 2021 (<https://apps.who.int/iris/handle/10665/339256>).
28. Preparedness without borders: New emergency risk communication school and simulation bring training to life. In: WHO Regional Office for Europe [website] Copenhagen: WHO regional Office for Europe; 2022 (<https://www.who.int/europe/news/item/14-10-2022-preparedness-without-borders--new-emergency-risk-communication-school-and-simulation-bring-training-to-life>).
29. The Beautiful Game: keeping spectators, players and communities safe. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2021 (<https://www.who.int/europe/news/item/28-05-2021-the-beautiful-game-keeping-spectators-players-and-communities-safe>).
30. Capacity score. In: State Party Annual Report [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/e-spar/#capacity-score>).
31. Edelman Trust Barometer [website]. New York: Edelman Trust; 2023 (<https://www.edelman.com/trust/2023/trust-barometer>).
32. RCCE-IM Plan Creator [website]. Copenhagen: WHO Regional Office for Europe; 2023 (<https://rcceimfd-bpehbpdgd3hwxfd9.z01.azurefd.net/welcome>)
33. Capacity Mapping Tool [website]. Copenhagen: WHO Regional Office for Europe; 2023 (<https://uohgcbpwhod-wa.azurewebsites.net/>)

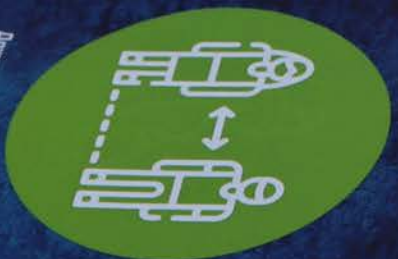


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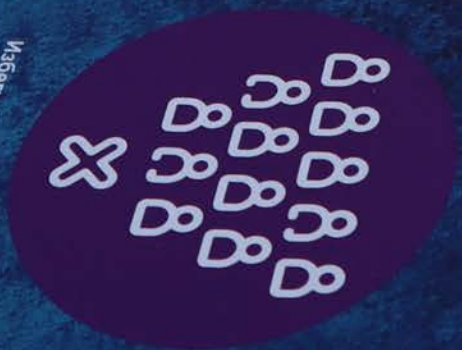
Како да си го зачуваме здравјето оваа есен и зима



Применувајте мерки на заштита тогаш кога и таму каде тие најпотребни. Заштитете се себеси и другите од КОВИД-19 и



Држете растојаније од најмалку 1 м од другите



Избегавајте преполни и слабо проветрени места



Мијте ги рацете

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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