

World Health Organization Outbreak Communication Planning Guide

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USING this GUIDE

Objective

The objective of this document is to help national authorities apply the *WHO Outbreak Communication Principles* to their outbreak planning and preparation activities. This document addresses specific public health objectives including:

- ensuring at-risk populations have the information they need to make well-informed decisions and to take appropriate actions to protect their health and safety during an outbreak;
- supporting coordination and the efficient use of communication resources among local, national and international public health partners;
- providing relevant public health information to inform implicated non-health sectors;
- minimizing social and economic disruption;
- and, as an overarching goal before, during and after outbreaks, to maintain and build public trust in public health authorities.

Intended User

National public health authorities are the intended users of this document.

Scope

The recommendations contained in this document build from the WHO Outbreak Communication Guidelines and, therefore, focus on infectious disease outbreaks. By following the recommendations set out in the document, however, an organization will be building public communication capacity that will be useful in responding to public health emergencies in general.

Tools and Checklists: related WHO documents

Among the most practical outbreak communication planning and response steps is the integration of simple tools and checklists for specific public communication activities. While not the focus of this document, several WHO resources are available which provide tools and checklists as well as in-depth consideration of specific public communications roles and areas of specialization.

For additional information on media relations in the outbreak context please see:

Effective Media Communications during Public Health Emergencies: A WHO Handbook:
http://www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/

For additional information on public health social mobilization please see:

Planning Communications-for-Behavioural-Impact (COMBI) Programmes for Health, WHO Mediterranean Centre, Tunisia:
<http://wmc.who.int/images/stories/pdf/combimanualVerCD.pdf>

For additional information on pandemic influenza communication please see:

WHO Pandemic Influenza Preparedness & Response Guidance:
<http://www.who.int/csr/disease/influenza/pandemic/en/>

Introduction

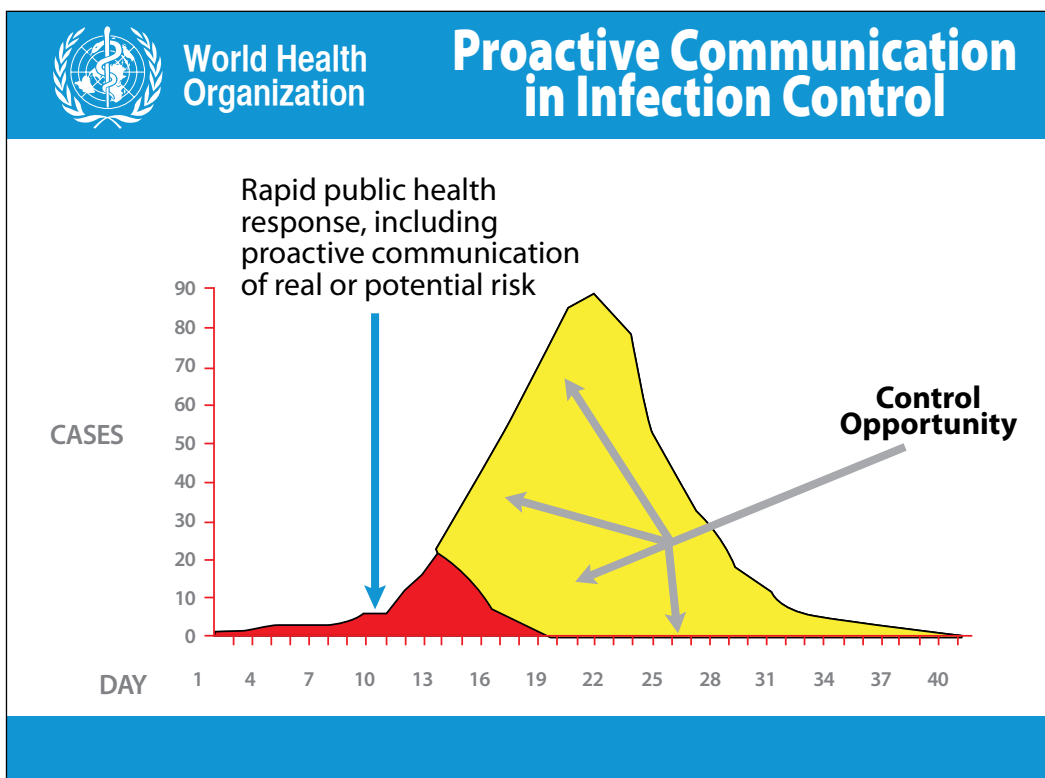
Effective risk communication is an essential element of outbreak management. When the public is at risk of a real or potential health threat, treatment options may be limited, direct interventions may take time to organize and resources may be few. Communicating advice and guidance, therefore, often stands as the most important public health tool in managing a risk.

Pro-active communication encourages the public to adopt protective behaviors, facilitates heightened disease surveillance, reduces confusion and allows for a better use of resources - all of which are necessary for an effective response.

Figure 1 illustrates a typical epidemic curve – which tracks numbers of cases over time – that could form during an infectious disease outbreak. The yellow area represents the number of cases which could be avoided – the control opportunity – of a rapid response to the threat.

The blue arrow indicates the point at which proactive communication plays a crucial role in supporting such a rapid response. By alerting a population and partners to an infectious disease risk, surveillance of potential cases increases, protective behaviors are adopted, confusion is limited and communication resources are more likely to be focused. Effective communication can help limit the spread of a disease and ultimately save lives.

FIGURE 1



Source: adapted from figure 2, page XII, World Health Report 2007

The Planning Foundation:

WHO Outbreak Communication Guidelines

In early 2004, WHO began to construct evidence-based, field-tested communication guidance that would promote the public health goal of rapid outbreak control with the least possible disruption to society. The WHO Outbreak Communication Principles can be summarized as follows:

■ 1. Trust

The key principle of outbreak communication is to communicate in ways that build, maintain or restore trust between the public and outbreak managers. Without this trust, the public will not believe, or act on, the health information that is communicated by health authorities during an outbreak.

■ 2. Announcing early

Proactive communication of a real or potential health risk is crucial in alerting those affected and minimizing an infectious disease threat. Announcing early - even with incomplete information - prevents rumors and misinformation. The longer officials withhold information, the more frightening the information will seem when it is eventually revealed, especially if it is revealed by an outside source. Late announcement will erode trust in the ability of public health authorities to manage the outbreak.

■ 3. Transparency

Maintaining the public's trust throughout an outbreak requires ongoing transparency, including timely and complete information of a real or potential risk and its management. As new developments occur over the course of an outbreak they should be communicated proactively. Transparency should characterize the relationship between the outbreak managers, the public and partners as it promotes improved information gathering, risk assessment and decision-making processes associated with outbreak control.

■ 4. Listening

Understanding the public's risk perceptions, views and concerns is critical to effective communication and the broader emergency management function it supports. Without knowing how people understand and perceive a given risk and what their existing beliefs and practices are, decisions and required behavior changes necessary to protect health may not occur and societal or economic disruption may be more severe.

■ 5. Planning

Public communication during an outbreak represents an enormous challenge for any public health authority and therefore demands sound planning, in advance, to adhere to the principles described above. Planning is an important principle, but more importantly, it must translate into action.

For additional information on the original WHO Outbreak Communication Principles please see: **Outbreak Communication: Best practices for communicating with the public during an outbreak:** http://www.who.int/csr/resources/publications/WHO_CDS_2005_32web.pdf

The Planning Challenge:

Moving from Concept to Application

Since their introduction, the WHO Outbreak Communication principles have been useful in establishing the broad framework for effective communication during infectious disease outbreaks. More detailed implementation advice has been requested by Member States, however, in order to strengthen the national planning activities of public health organizations.

Focusing on the outbreak communication principle of *planning*, this document attempts to respond to these requests and is a guide to help Member States to build the required capacity for effective outbreak communication.

Member States may not have the human and financial resources to put in place elaborate public communication systems. The approach set out in this document, however, urges authorities to build from existing systems and take advantage of the capacity of other partner organizations. Basic planning is within the capacity of all, and the guidelines and recommendations offered here should be considered flexible and scalable, allowing public health communication managers to implement them according to their particular circumstances.

This document sets out seven planning steps recommended for national public health authorities to create a comprehensive plan for implementing the WHO Outbreak Communication Guidelines. It should be underscored, however, that a developed plan does not equal preparedness. Successful outbreak communication capacity is an ongoing and dynamic process including exercises, review, modifications and updates to ensure effectiveness.

Risk Communication: the International Health Regulation Context

The revised International Health Regulations (IHR 2005) came into force in June 2007 and represent a binding agreement among 194 State Parties to prevent, protect against, control and respond to public health events of international concern.

In addition, national core capacity requirements for surveillance and response among all State Parties are set out in the Regulations. Risk communication has been identified as one of the required core capacities within national public health authorities.

Although the IHR 2005 is concerned with public health events of international concern and not only infectious disease threats, the recommendations set out in the WHO Outbreak Communications Planning Guide have broad-based benefits for the ability of public health authorities to effectively communicate in crisis. The Planning Guide's recommendations are consistent with the IHR's broader risk communication capacity building requirements.



WHO Outbreak Communication

Planning Steps

The following planning steps for national public health authorities represent the key broad areas of work in building the required public communications capacity to deal with infectious disease risks. Each step is explored in detail in the sections which follow.



Step 1: Assessment

Conduct an assessment of existing public communication capacity and existing research of community understanding, including demographics, literacy levels, language spoken as well as socio-economic and cultural backgrounds

Step 2: Coordination

Identify likely public communication partners and develop a communication coordination mechanism

Step 3: Transparency

Put in place a national level policy or guideline on the public announcement and ongoing release of information in the event of a verified or suspected infectious disease risk

Step 4: Listening during outbreaks

Develop a system for ongoing information gathering during an outbreak about public knowledge, attitudes and behaviors related to infectious disease risks, interventions and involved organizations

Step 5: Communication Evaluation

Ensure there is an evaluation mechanism to identify public communication strengths and weaknesses during and following infectious disease events

Step 6: Constructing an Emergency Communication Plan

Capturing the previous steps, develop a written outbreak or emergency communication plan

Step 7: Training

Ensure readiness by establishing a risk communications training program, including simulations and exercises to test the emergency public communication plan and its components

■ Planning Step 1: Assessment

Key Planning Actions:

- Review existing plans
- Identify existing public communication capacity and expertise

The groundwork for outbreak communication planning should begin with the following capacity assessment steps.

- a.** Review any existing outbreak or emergency plans within the organization and the communication roles and responsibilities they may contain. Identify existing communication capacity among organizations inside and outside government (e.g. other government departments, professional associations, non-governmental and private sector partners). With particular focus on:
 - Language and translation capacity
 - Existing information sharing networks
 - Ability to communicate with hard to reach populations
- b.** Assess capacity of existing listening and public opinion gathering mechanisms such as media monitoring systems, community advisory groups, public inquiry phone-in lines, or web based systems within the organization and among partner organizations (note: compiling any existing community profiles of cultural, language or socio-economic data can inform communication during the first stages of an emergency, before full assessments can take place)
- c.** Review any international agreements, national laws or organizational policies on the public release of information



WHO Photo / J. Perugia

■ Planning Step 2: Coordination

Key Planning Actions:

- Identify likely communication partners
- Establish a communication coordination mechanism



Public health is a shared responsibility and depends on strong partnership among local, regional, national and international authorities. This is true among all public health functions including that of communication.

Distinct structures, leadership and perspectives ensure that such public communication coordination can be challenging. This is especially so during outbreaks as involved partners quickly broaden into non-health sectors, and the human health risk is elevated.

Although potentially difficult, strong partner coordination offers the chance for public health authorities to utilize the communications capacity and credibility of other organizations to disseminate public health advice, to better understand the situation, and ultimately, help limit an outbreak's spread. Failure to coordinate, on the other hand, increases the possibility that communication resources will be wasted, fails to take advantage of partner's distinct dissemination channels, and increases the likelihood of confusing and even contradictory public information.

Coordination in Practice: Ugandan Epidemic Response

Ugandan public health officials place a high priority on coordination and have developed a structured system known as the National Task Force to help manage serious public health threats.

Chaired by a senior official of the Ministry of Health various Ministries are represented as required, depending on the nature of the problem, such as the Ministry of Agriculture. Membership of the National Task Force, however, is not confined to Ugandan Government staff. Various domestic and international partners are also involved including the World Health Organization, Red Cross, UNICEF and even independent experts.

Communication, including social mobilization, media and psycho-social support, is a dedicated sub-committee feeding into decision making and daily situation reports on the outbreak.

Setting out a flexible coordination structure in advance can help in the challenge of outbreak communication coordination and should be seen as a useful planning step.

Coordination: A Priority Planning Activity

Together with the broader assessment activities, it is recommended that planning the coordination of communication among partners be among the first steps taken to build outbreak communication capacity. Preparatory work to ensure strong communication coordination for outbreak events has several steps.

A. Partner Identification

The specific partners involved in a given outbreak will vary based on the country, region and the nature of the problem. Each national authority has to develop its own outbreak communication partner list.

The core question informing the compilation of such a list is:

- In the event of an infectious disease outbreak, what other organizations are likely to be engaged in public communication activities?

This can then be broken down into some of the general categories of potential partners:

Public Health Organizations

- Regional or local health authorities including hospitals and clinics
- Medical professional associations and health sector unions
- Health sector non-governmental organizations
- Health sector international organizations including the WHO, UNICEF, Médecins Sans Frontières, International Federation of Red Cross and Red Crescent Societies

Non Public Health Organizations

- Other government ministries or agencies such as those responsible for agriculture, trade, tourism, and foreign affairs
- Religious groups
- Business and industry associations
- Local political parties and activists
- Academic and other external experts

B. Communication Coordination Mechanisms

Options to coordinate between the various partners can range from simple email updates and exchange of communication materials to joint decision-making systems such as through formal national committees.

Based on the nature of the region affected and the infectious disease threat, it's likely that a number of coordination mechanisms will be required. In planning, therefore, it is recommended that authorities take key essential steps and prepare for additional coordination measures which may be required.

Essential coordination planning steps:

- Develop a contact list for likely or potential partners, including key communication contacts and alternates, along with working and off hour contact details

- Together with identified partners, sketch out public information sharing protocol in the event of an outbreak using email, text message or telephones. The aim of the protocol should be to ensure that partners can be informed of what individual organizations are saying publicly through media releases/interviews, public service announcements and telephone “hotlines” and other published material.

Additional coordination options that may need to be considered:

- Face to face and teleconference meetings may be appropriate based on the nature of the coordination challenge, and the organizations involved.
- Web-based collaboration systems may be useful as a means of exchanging information, materials and providing input into products.

Whatever the coordination structures and systems chosen, their effectiveness will be determined through their effective use and function. Figure 2 outlines key collaboration principles which support cooperation.



Figure 2: Outbreak Communication Collaboration Principles

- Develop partnerships in advance of a problem – founded on the common purpose of serving the community
- Build trust with partners by demonstrating transparency in communication with them, especially in providing details on how public health decisions were made
- Whenever possible, involve partners from within the affected community – in addition to being highly credible and effective voices, they represent points of view that are vital to understanding the perceptions of various groups affected
- Be prepared to explain organizational systems and processes to partners who may not have had exposure to public health emergencies in the past
- Be prepared to interact with organizations not necessarily completely supportive of the authorities or government
- Coordination plans should be flexible and adaptable – partners may vary according to the specific nature of the problem
- Don't expect partnership to mean everyone communicates exactly the same thing. The key is to ensure public health messages are not contradictory and confusing
- Be aware that, midway through the event, it may become clear that specific communities are not being reached and new partners will need to be engaged in order to prevent the spread of disease.

■ Planning Step 3: Transparency

Key Planning Actions:

- Establish a public communication policy or guideline for outbreaks
- Develop an emergency clearance process

Experience has shown that transparency in communication is essential if the public is to trust the authorities in charge of handling an outbreak. Without this trust, it will be difficult-- if not impossible -- to convince people to adopt behaviors needed to bring an outbreak under control. A lack of transparency increases the likelihood of rumors and misinformation, making disease control more difficult. Failure to demonstrate transparency can lead to serious negative public health, economic and political consequences.

Simply put, the communication strategy that best serves public health objectives in an outbreak is to release all information associated with risk. In practice this means authorities need to justify withholding information and not the other way around. Experience has shown, however, that deciding when and how information is communicated is a complex challenge. Demonstrating transparency demands planning by communications staff and support from public health and governmental decision-makers.

Defining transparency

There are two inter-related aspects of transparency during an outbreak. One refers to the quality of communication, communication should be factually accurate, timely and easily understood. The second aspect relates to building trust by sharing information with interested members of the public and partners so they can better understand decision making processes involved in outbreak management. These two aspects are captured in the following definition.

Transparency in outbreak communication means that:



WHO Photo / Pierre Formenty

- At-risk and interested publics are informed in an accurate, accessible and timely manner about an actual or potential health risk, including behaviors they should adopt to avoid disease and to control infection spread, and control measures undertaken by public health authorities;
- Public health stakeholders not directly involved in public health emergency management decisions are given timely access to the information used to inform outbreak and emergency management planning, policy and control decisions, as well as information about relevant decision-making processes and outcomes.

Planning for Transparency

A. Public Communication Policy for Outbreaks

A key outbreak communications planning step is to establish a policy or a set of guidelines that will help ensure the proactive announcement of a real or potential infectious disease outbreak and for the ongoing sharing of outbreak related information with interested citizens and organizations. This could take various forms such as a policy on public health emergency communication, as part of a broader policy on outbreak or emergency management or as part of a general communication policy. Such an approach would not guarantee transparency but it could be embedded throughout the planning process after being approved by the senior officials responsible for making key communication decisions. Transparency principles that national authorities should adhere to when managing the release of information are described below. An effective transparency policy would imbed these considerations as part of the decision making process:

In the event of an infectious disease outbreak:

- Any and all information needed by at-risk parties to adopt behaviors that could minimize risk must be proactively released by authorities in a timely and accessible manner
- Information relevant to decisions and decision-making associated with the management of a serious public health event should be made available to interested parties so as to maintain trust in authorities, public support for control efforts and coordination among partners.

Additionally, a transparency policy could identify additional considerations which should be factored into the strategy on the release of information during an outbreak.

- Could the release of the information compromise national security or an ongoing police investigation?
- Will release of the information violate privacy laws and/or existing confidentiality policies?
- Could the release of the information result in stigmatization of, for example, specific ethnic groups or geographical regions?

Note: Positive answer to these and other questions may justify modifications to the information released, however, the core public health imperative of informing those at-risk must take priority.

Policy on Information Release: the Chinese Example

In 2007, China's National People's Congress passed the National Law for Emergency Response. The broad legislation sets out the management system and response processes in the event of a serious event, including a public health emergency.

Specific provisions of the law set out detailed instructions for the release of public information. Emergencies are classified into four levels of severity and include provisions for public communication when a serious event is likely or expected.

When a situation is assessed as potentially serious or very serious, all implicated levels of government are to inform the public and to proactively release recommendations on harm reduction measures. Similar measures apply for those events deemed less serious as a precautionary measure.

Although not, in itself, sufficient to ensure effective outbreak communication, the law provides an example of efforts to codify the practice of transparency and should be seen as a useful planning measure.

B. Implementing a Transparency Strategy

Once a transparency policy has been approved at senior levels, responsible staff then need to apply it to the various categories and types of information that may be used to inform the public of what they need to do in an outbreak, as well as information used in monitoring and controlling an outbreak throughout all phases.

In particular, responsible staff should focus on ensuring transparency for information about:

- the incidence, spread and containment of an outbreak;
- specific actions that need to be taken by health workers, communities, families and individuals to protect their health and control the outbreak;
- risk assessments used by decision makers;
- what is not known about an outbreak and about control measures;
- ethical considerations that may underpin outbreak control decisions; and
- how outbreak management decisions are being made

Based on the application of the transparency policy to the above types of information, information clearance and release procedures for disclosing information throughout the course of an outbreak can be developed.

C. Developing an Emergency Public Communication Clearance Process

The characteristics of an outbreak – including high information demand, low information quality, potentially high political sensitivity and economic impact – mean that seemingly straightforward communication tasks can overwhelm existing systems. Planning should attempt to eliminate practical barriers to the efficient and effective release of information. An expedited information approval or clearance process can help achieve this goal, and could include the following:

- Limiting required sign-off to only the essential roles, including technical lead, risk communications lead and emergency manager
- Assigning specific responsibility to secure approvals to a senior team member
- Establishing emergency communication approval protocols and ensuring those responsible understand their assigned roles

Some additional considerations:

- Emergency clearance procedures should not be tied to specific individuals but instead identify roles (e.g. technical clearance, communication clearance).
- Emergency clearance should accommodate for the release of interim findings and recommendations. At the beginning of an outbreak, there are often many gaps in information and there may be scientific uncertainty. In this setting, public health communicators should issue provisional information and reinforce that recommendations may change over time by:
 - Labeling recommendations as “Interim”
 - Issuing changes in recommendations and guidelines as “updates” including statements in all outbreak messages that your agency’s guidance and recommendations are “based upon best current information”

■ Planning Step 4: Listening during an Outbreak

Key Planning Actions:

- Gather and assess existing community cultural, language and socio-economic profiles
- Ensure an efficient information gathering system is in place
- Plan to integrate findings into decision making

Listening to those affected and involved is an integral part of effective outbreak communication. Through listening, communications staff and outbreak managers can learn how affected and involved citizens and organizations understand and are reacting to a disease outbreak, their perceptions of the management of the problem, levels of trust and confidence in authorities and potential behavioral, cultural or socio-economic barriers that might prevent the adoption of infection control measures. Outbreaks are also invariably accompanied by rumors and misinformation and the process of listening helps monitor rumors and to better understand how they can be countered.

Epidemiology and Risk Communication:

Organized and systematic epidemiological investigation is the corner stone of any effort to better understand an outbreak. Key investigation steps including gathering data on those affected, developing case definition and identifying the source of the outbreak, allowing public health authorities to establish an evidence base for their work to try and stop the disease spread.

Experience has taught us, however, that limiting investigation to strictly defined medical dimensions of an outbreak may not fully address the problem. For example, there may be cultural reasons why certain recommended interventions are rejected. There could be language barriers between authorities and segments of the affected population. Rumours may be circulating confusing both authorities and the population and undermining the required trust among all the partners involved. Controlling an outbreak requires putting into place measures that are understood, accepted and implemented by the population.

Epidemiological investigation of an outbreak, therefore, looks to other areas of expertise and intelligence gathering to broaden the understanding of a given problem and ensure that success of public health measures are maximized. Principles of cultural anthropology, political science and sociology can all help enrich the investigation and this area of work can be captured as part of the listening principle.

The concept of “listening” is central to the process of risk communication which can help public health authorities understand perceptions, community information needs and the trusted sources of information in an affected region. It can help uncover cultural, political and communication barriers to outbreak management and as such, play a complementary role to that of the epidemiologist, as part of the outbreak management team.

The information gathered through listening activities should be used to:

- Develop communication strategies that are consistent with social and cultural values of at-risk populations and other stakeholders
- Involve influential people in affected communities and stakeholder groups to identify the most effective health protection advice and solutions
- Identify barriers to proposed outbreak interventions and adjust interventions as needed.
- Ensure that recommended risk reduction behaviors are realistic, effective and culturally appropriate.
- Evaluate the effectiveness of outbreak communication activities.

Given the importance of listening to effective outbreak communication it's crucial that it be done efficiently and effectively. Active and successful listening during outbreaks must be planned for.

The Process of Listening

The organized task of listening has a number of steps and can be difficult to do during an outbreak. Much of the planning, therefore, involves making sure systems are in place and tools have been developed to ensure that listening can be undertaken and the results acted on quickly in an outbreak situation.



WHO Photo / Pierre Formenty

A. Information Gathering

Listening can – and should -- be done through a variety of mechanisms and based on a wide variety of sources if possible. Options include:

Assess and Review Existing Material

Given the time pressures and resource demands associated with communication efforts during outbreaks, planning should begin with an assessment of what useful information is already available prior to an event. For example, socio-economic community profiles may already exist as part of ongoing health promotion campaigns and could provide useful background data which would simplify the information gathering and assessment process during an outbreak (see Planning Stage 1: Assessment for additional information).

Community Advisory Panel

A Community Advisory Panel should attempt to mirror the composition of the community and be comprised of political, economic, social, religious, medical and media community members who are respected and credible to their peers. (Note: while designed specifically for the community setting, a similar model can work effectively on a regional and national scale.)

Home visits and one-on-one dialogue

You can test your communications hypotheses with one member or family of a target stakeholder group through home visits or one-on-one dialogue. A team can conduct several of these visits, following a dialogue script and documenting the conversation. and can then share the notes from their dialogue sessions and analyze the results.

Telephone hotline assessment

Systems to collate information obtained through telephone information lines hold strong potential to gauge the types of questions and concerns among the population. As with the Internet based discussion, it is likely that only a specific demographic of the population may be accessing such services, however, if combined with other confirming strategies compiling the questions asked and issues raised can be very useful.

Public Opinion Research

Rapid public opinion surveys may be organized to gauge broader views of the at risk and implicated groups. This option has clear challenges given there may be significant time required to engage polling resources. Its advantages are in the broad snapshot of perception the technique can provide and, on a practical level, phone based interviews can be an important way to minimize any disease risks associated with more direct contact within an affected community.

Four common information gathering tools of public opinion research are:

- Semi-structured interview: purposefully select key informants, using pre-determined, open-ended questions; data gathered is usually in the form of stories and/or quotes
- Structured interview: using either a questionnaire or survey, interviews would be conducted with a representative sample of the target audience; data gathered usually in the form of numbers, and percentages

- Unstructured observation: participating in selected settings/events to gather wide-ranging observations of activities and behaviors ; data gathered usually in form of descriptions of events or processes
- Structured observation: using a predefined checklist to observe activities and behaviors; data gathered usually in the form of numbers, and percentages.

Media Monitoring System

The news media remain the single most important channel for the mass dissemination of information and opinions to the public during a health emergency. Media provide crucial information for effective outbreak communications management, including:

- Providing early warning of outbreaks: news organizations can be an important source of information on potential outbreaks or public health emergencies.
- Reflecting rumor and misinformation: outbreaks are invariably characterized by misinformation and rumors that media often pick up and circulate.
- Monitoring public opinion and trust in the authorities: Through their editorial and opinion columns, newspapers offer views that both form and reflect public, partners' and decision makers' opinions.

Which media should be monitored?

Based on the scale and nature of the outbreak, media monitoring will need to adapt. Characteristics of different news sources should be factored into the media monitoring plan:

- Regional and local news outlets: The close ties of local reporters with their communities mean coverage in the affected communities is a crucial source of communication intelligence.
- International media: Even though an outbreak might be purely local, it could still make international news (as in the case of Ebola outbreaks in parts of Africa). Misinformation in the international news media can shape risk perception, especially among decision makers and partners in the economic sector.
- New media and blogs: The internet is a major channel of information distribution through the speed at which it can disseminate information globally, and through its diverse, alternative and often influential voices. While there are countless sites on the internet, it is recommended that tools such as search engines and RSS feeds and other forms of internet alerts be used to "listen to" both Internet news sites, as well as influential blogs.

B. Establish an Information Gathering Template

Establishing an information gathering template in advance of an outbreak, can help organize sources and information gathered quickly into a useable format. Figure 3 is a sample template which could be used or adapted to organize gathered information.

Figure 3: Outbreak Communication Information Gathering Template

At-risk groups/populations

- What specific groups are at risk?
- What specific groups or partners are indirectly involved?
- Are there groups or partners who should be considered as communication priorities in light of their likelihood to be looked to for advice or direction?
- Are there particularly vulnerable/high risk groups that need to be reached?

Knowledge, awareness, perceptions

- What do individuals and communities know about the cause and transmission of the disease?
- What are the local terms or descriptions of the disease?
- What are the individual and community perceptions of risk posed by the outbreak?
- Have these groups experienced outbreaks before and how have they managed them?
- What are the messages circulating within the community?

Information sources, channels and settings

- Where/who do people get information (health and other sources of advice) from and why? Who are 'trusted' and 'credible' information sources and what makes them so? (e.g. health care staff/local leaders/religious leaders/influential individuals)
- What media or channels of communication are available to promote messages? What channels are most popular and influential among the different affected groups? What traditional media are used?
- What are the current patterns of social communication? What active community networks and structures exist and how are they perceived by the local population?
- What other organizations are currently addressing the issue in the community? (some examples of channels are: fact sheets, face to face communication, newsletters, posters and brochures, public service announcements, news media, web sites, podcasts, text messages, and other new technologies, email messages, secure and proprietary networks) What settings are relevant to deliver communication materials and messages? (e.g. clinic, home, village etc.)

Existing household and community practices

- What are the – non outbreak – health-seeking and health-care practices?
- What existing practices amplify risk and what are the beliefs and values that underpin them?
- What existing practices reduce risk, (e.g. hand washing, cooking food thoroughly, chlorination etc. and what are the beliefs and values that underpin them)?
- What are the decision-making processes within communities and the household related to seeking health-care?

Socio-cultural, economic and environmental context

- Are there any social and political tensions that may affect risk reduction practices?
- Do people have access to sufficient resources to implement risk reduction practices? (eg. Do people have access to clean water?) Are health services available and accessible? Are there problems related to transporting sick people to clinics/hospitals?
- What existing traditional religious beliefs and social norms may inhibit implementing risk reduction practices?

LISTENING IN ACTION: Marburg in Angola

The experience of a Marburg hemorrhagic fever outbreak in Angola in the first half of 2005 illustrates how important listening is during a public health emergency, and how much easier it is to enlist community support in outbreak management after understanding the perspective of affected communities.

International teams and partners from the WHO Global Alert Operations and Response Network (GOARN) began their work in Angola without first explaining to the affected population what they were going to do and understanding how locals perceived the outbreak.

The local people regarded the outbreak management teams with great suspicion. The villagers were alarmed at the sight of foreigners dressed from top to toe in white protective equipment, their faces masked and covered, taking their sick loved ones away from them. The fact that the colour white is associated in the local culture with ghosts and supernatural events made the villagers even more determined not have anything to do with the outbreak management teams.

Villagers were also prevented from burying their dead in the traditional way, since burial practices were a risk factor for the spread of the disease. Those who died in hospital were buried without informing the family and some of the dead were buried in graves marked with a cross even though they were not Christians, increasing local anger. As suspicion and anger rose, the WHO had to suspend its mobile surveillance operations after stones were thrown at team vehicles in more than one village.

Two medical anthropologists were brought in to help understand the social and cultural context in which the epidemic was occurring. They interviewed local people and conducted a rapid assessment of the socio- cultural environment and learned how the local people perceived the disease, and the cultural barriers to outbreak control measures. As a result, instead of arriving at the village in their protective gear, the teams would suit up at the village in view of the villagers, allowing them to see that they were only human beings. The teams were also advised to smile and greet the local people, to use local ways of greeting, and to try and establish a dialogue with those who displayed hostility.

Since there were rumours that patients were being taken to hospital to be killed, the isolation barriers around patients' beds were lowered, allowing relatives to see from a distance that their sick family members were being looked after. Relatives dressed in protective equipment were allowed to visit patients in the isolation unit and bring them home cooked food.

Modified funeral rites were introduced and one member of the family, wearing protective equipment was allowed to be present when the body was placed in a coffin or body bag. Since villagers trusted traditional healers, outbreak managers began to enlist the support of traditional healers and birth attendants to pass health messages to villagers. Schools and non-government organizations were also brought into the outbreak management and communication process.

Providing information face to face is often more effective than receiving it through more impersonal methods so health workers were trained to go door to door in Uige providing information and answering questions. In other cities, boy scouts went from door to door providing information. These measures, based on listening and community involvement, made outbreak control more effective.



C. Integrating Findings Back into Decision Making

Among the most significant challenges of listening during outbreaks is in ensuring that findings are reflected back to the outbreak management team and that communications strategies and messages are adapted as required. This can be a very difficult task given the pressures and demands of a crisis and therefore recommendations must be distilled down into a useable form. A template can help manage this task efficiently and effectively, such as the example of figure 4 known as a Communication Situation Analysis. The purpose of the Communication Situation Analysis is to distill the findings of the various listening activities into a product that can be used by communication staff and outbreak managers. It should be brief and limited to one page of text to ensure it is a practical aid.

Figure 4: Communication Situation Analysis: [event, date, time, author]

Knowledge, awareness and perceptions among at risk and other populations:

- note significant gaps in knowledge as to cause, transmission, and risk reduction steps
- highlight any notable knowledge gaps among specific populations
- confirm key information sources among at risk and other populations

Social/Political/Economic Context

- note any potential barriers to infection control such as existing social norms or traditional beliefs, economic cost of adherence, or local political tensions

Media coverage:

- note any inaccurate trends in coverage that would demand correction
- note any rumors or misinformation reflected in the media
- where relevant, characterize discussion among key web-based discussion groups

Partner communication:

- note whether or not partners are actively communicating public health messages
- isolate any key differences among partner public communication that could be confusing for external audiences

Recommended Changes to Messaging and Communication Activities

- briefly describe the recommended communications strategy changes
- briefly describe the recommended communication activity changes
- briefly describe the recommended messaging changes

Emerging Communication Issues

- briefly describe what issues, questions and potential problems that are likely to emerge in the coming days and the communication strategies that may be required to address them

■ Planning Step 5: Communication Evaluation

Key Planning Actions:

- Set up a system to evaluate communication during an outbreak
- Plan for evaluation after an infectious disease event to capture lessons learned

The crucial step of evaluation should be thought of in two ways – evaluation of communication efforts during the outbreak, and evaluation of communications efforts after the outbreak. To ensure both evaluation components are addressed appropriately, planning is essential.

A. Communication Evaluation During an Outbreak

Evaluation of communication strategies and efforts during an ongoing outbreak is a key next step following the listening process. It is vital to understand the effectiveness of communication to help limit the spread of disease, reinforce trust with citizens and partners, and what changes may be required to the communication strategy and approach going forward.

The basic questions that need to be answered through communication evaluation are:

- What impact are the communication interventions and activities having? eg. behavior change, risk perception, societal disruption
- Have there been changes in what people are saying and doing as a result of the communication interventions and activities?
- Are messages reaching the target groups and are they being understood?

In the midst of a crisis, evaluation can be very difficult to do as new developments can overtake and overwhelm such efforts. It is important, therefore, in advance of an outbreak, to establish a simple evaluation template. The communication evaluation checklist, figure 6, provides a list of possible evaluation questions and information sources which could potentially answer them.



Figure 5: Communication Evaluation Questions/Information Sources

Communication Evaluation Questions

- What impact are the communication activities and interventions having with target groups and partners? eg. behavior change, risk perception, societal disruption
- Have there been changes in what people are saying and doing as a result of the communication efforts?
- Are these impacts having either a positive or negative effect on disease control?
- Are messages reaching the target groups and are they being understood?
- Are communication activities and products being delivered as planned?
- Are communication resources being used as planned?
- Are communication activities and products within budget?
- What kind of participation levels are occurring in organized events, information sessions, or meetings?
- To what extent are communication interventions changing in response to the information needs of stakeholders?

Potential Data/Information Sources

- Discussions with epidemiologists, clinicians, and other medical staff involved in the response
- Feedback from field personnel involved in outbreak response activities and interacting with local communities: e.g. surveillance officers, lab/epi, emergency response personnel
- Interviews with representatives of key groups and partners
- Media (traditional and non-traditional)
- Spot checks at public places where affected groups are to be found
- Interview and observation with key audiences and stakeholders through:
 - Intercept (or immediate post-event/experience) interviews
 - Focus group discussions
 - Audit and observation at service distribution and delivery points (e.g. clinics, training sessions)

B. Evaluation After an Outbreak

Communication evaluation following an outbreak can help an organization to identify areas in which communication teams could better address outbreak communication challenges in the future.

The core planning steps of this guide can act as an evaluation framework - producing the template set of post outbreak evaluation questions in Figure 7 (p.24):

Figure 6: Post Outbreak Communication Evaluation

- 1 Did the outbreak communication response work from existing systems and strengths and take advantage of the communications capacity and expertise of partner organizations?
- 2 Was public communication effectively coordinated among the implicated organizations through the outbreak?
- 3 Was information about the outbreak proactively released by the responsible authorities? Was ongoing public communication conducted in a transparent manner?
- 4 Was listening effectively done among at risk and other key groups? Were the findings of such a process effectively integrated back into message development as well as broader outbreak management decision making?
- 5 Was communication tracked and evaluated during the outbreak? Were the results of such an evaluation integrated back into decision making?
- 6 Was a written emergency communication plan in place and was it useful in guiding the communication response?
- 7 Is there a training and simulation programme in place and will it be adapted to focus on the identified weaknesses and lessons learned of the recent outbreak?



WHO Photo / Chris Black

■ Planning Step 6: Constructing an Emergency Communication Plan

Key Planning Actions:

- Review the results of the other six planning steps and build plans from strengths and existing systems
- Ensure those responsible for outbreak communication are involved in the development of the plan



While a plan in and of itself does not equate with preparedness, the development of a written plan helps focus the planning process and capture key elements of the previous five planning steps.

Figure 8 below captures the results of an informal survey of communications staff involved in various outbreak events in recent years. It paints a picture of the increase in workload and distinct communication dynamic of a serious public health event and highlights why the development of a plan which corresponds to this altered environment is so important.

Figure 7: Outbreak Communication Increase in Workload

Information demand:

Media requests: ↑ 500 to 1000%
 Press conferences: ↑ 300 to 700%
 Material production: ↑ 500%
 Additional language/translation demands: ↑ 300%
 Implicated partners: ↑ 300%

Other considerations:

- a shift from national to international interest
- non-health reporters more likely to be involved
- immediate economic consequences
- involvement of senior political actors

* SARS, Vietnam, 2003; AI (human), Thailand, 2004; Reintroduction of wild polio virus, Indonesia, 2005; AI, Romania, 2006; AI (human), Azerbaijan, 2006; AI (human Turkey, 2006; Ebola, Democratic Republic of Congo, 2007; Dengue, Uruguay, 2007; Vaccine derived polio virus, Nigeria, 2007; Rift Valley Fever, Sudan, 2008.

A. What should a plan contain?

A communication plan should set out the basic requirements, or infrastructure, needed to help achieve outbreak goals. The plan should describe the functions and roles that will be required, the activities that will be performed and the products that will be produced.

Setting objectives

Overarching communication goals and objectives should be set out in the plan and be further broken down to be specific to various stages of an outbreak:

Pre-event: Set objectives for communication in advance of an outbreak, including raising awareness among the public, partners and within the organization of potential threats

Introduction of disease: Objectives must emphasize the importance of the first announcement of a real or potential outbreak, as well as the need to engage public communication partners in the initial stages of an outbreak.

Rapid increase of disease and peak transmission: In this stage, numbers and geographic spread of cases in affected areas increase within a short period of time, often challenging the ability of health agencies to respond. Effective listening is crucial during this period, including evaluation and adaptation of communication strategies, as required.

Decrease in disease and eventual resolution: As an outbreak moves towards resolution, numbers of cases decrease and continue to decline to levels at which health agencies are able to respond adequately and public health control and mitigation strategies can be relaxed. Outbreak communication must continue, however, and objectives should include reinforcing vigilance and aiding the recovery process.

Planning in Practice: Costa Rica

In 2005, the Government of Costa Rica working closely with the Pan-American Health Organization, began planning for the communication challenge of the next influenza pandemic. Effective communication was understood to be a crucial element of any public health response, but little work had previously been done in this area.

The first phase of the planning process focused on establishing a group of responsible communication officers across all the Ministries, not just those with direct public health responsibilities. The role of the group was to develop messages and products designed to increase awareness of cough and sneezing etiquette and hand washing – basic infection control measures which would act as a core of any pandemic response. Subsequently a public web page was established that acted as a central spot where materials, manuals and multimedia materials could be stored. Training programs were organized for spokesperson training and the training of community health workers to aid in the implementation of local preparedness plans. Research or listening campaigns were launched to explore risk perceptions associated with pandemics and also as to hygiene habits.

With the eventual development of a Costa Rican pandemic influenza communication plan the planning process met its objectives, however, it also revealed the scope and complexity of the communication challenge. All involved came to understand that preparedness demands ongoing investment of time and resources. Reflecting this, public communication has been repositioned in Costa Rica as an established technical component of the response to all public health events.

B. What communication functions or roles should a plan include?

At a minimum, a communication plan should describe the various communication roles, or functions, required to achieve the plan's objectives. Depending on the nature of the emergency and on resources available, one person could perform several of these roles, or many people could be assigned to a single role. The functions and associated responsibilities may include:

Communication Leadership: Overall responsibility for the development of outbreak communication objectives, strategies, and tactics

Political liaison: Emphasis must be placed on ensuring political representatives and their staff have the communication support and information they require

Message Development and material production: Transforming outbreak information into messages, questions and answer documents and other communications tools that help audiences assess risks, take protective actions, and know where to go for additional information and help

Management of Approvals: Coordinating clearance and approval for the public release of outbreak related information, communications materials etc

Listening: Responsibility for gathering and analyzing risk perceptions, knowledge gaps and potential non-medical barriers to recommended public health measures and reflecting findings back into outbreak communication decision making

Media Relations: Responsibility for providing information to the local, national and international media as required, arranging press conferences and ensuring spokesperson are adequately prepared

Website Management: Ensures that the latest information regarding the outbreak or public health emergency is updated frequently on your organization website, and that web traffic, trends and questions are noted and responded to

Partner Communication Coordination: Identifies specific partners implicated from public health organizations and non public health organizations as well as establish communications coordination mechanisms to enable efficient and effective communication with implicated partners

Communication evaluation: Working closely as a complement to listening, ensures that communication processes and outcomes are assessed and measured. Applies the results of evaluation to improve communication response efforts during an outbreak and in future responses

C. Protocols, Procedures, Templates and Contacts

Establishing in advance, pre-approved, step-by-step protocols, or guidelines for many of the communication tasks that need to be performed during an outbreak or other public health emergency will speed up and potentially improve the communication response.

While flexibility and adaptation are important principles to be respected, developing protocols is a first step towards ensuring that outbreak communication principles are incorporated into communication. Among the protocols, procedures, templates and contacts, an outbreak communication plan could include:

- Contact lists for emergency response team, communication staff member(s), media outlets, health care organizations, public information officers from partner organizations
- A specific protocol for the first announcement of a real or potential infectious disease threat (note: see Planning Step 3 – Transparency)
- An established system for the distribution of public information to reach a variety of audiences such as affected communities, general public, news media, internal staff, partner organizations each of whom might require different channels of distribution and different types of information.
- Protocols for various high and low technology options for message dissemination which should account for production, editing, translation as required for example, media, email distribution systems, web postings, phone calls, telephone information systems, text messages, poster distribution and pamphlet distribution, local meetings, internal communication and postal mail.
- Procedures for effective listening in order to determine audience concerns, knowledge, attitudes, and behaviors during the outbreak, including specific templates to gather information and organize findings, along with protocols for integrating recommendations back into the outbreak management decision making process (see Planning Step 4: Listening during an outbreak)
- Arrangements to engage key partners and coordinate communication efforts including potential protocols on the joint announcement of new developments, public health recommendations to limit risk, and other key updates (see Planning Step 2: Coordination).
- Designation of organization spokespersons, including lead and backups, subject matter experts, and various language capacities (see *Effective Media Communications during Public Health Emergencies: A WHO Handbook*)
- Specific protocols and arrangements to address common outbreak communication challenges including:
 - responsibility for the rapid approval of materials and messages,
 - organization of shifts for communication staff during an extended outbreak,
 - legal review of communication materials, and,
 - financial administration associated with outbreak communication.
- Processes and procedures for communication evaluation during the outbreak to understand the effectiveness of communication in supporting outbreak management objectives and also a plan for communications evaluation following an outbreak to ensure lessons are learned and organizational improvements made.
- Update, simulation and training schedules to promote readiness (see Planning Step 7: Training).

■ Planning Step 7: Training

Key Planning Actions:

- **Organize simulations to test your organization's outbreak communication readiness and broaden awareness of plans**
- **Ensure senior management endorsement of plans and other activities**

Ensuring the outbreak communication planning process does not stop with the development of a written plan is a key determinant of success. Planning has to translate into substantive improvements in preparedness and simulations, training and ongoing updates are all important parts of the planning process. Among the key considerations in this area:

- Training programs on risk communication should be conducted to build familiarity with relevant theory and practice.
- Training exercises such as table top simulations and guided discussions involving both communication staff and outbreak or emergency response management staff will help build familiarity with the requirements of effective outbreak communication
- Those responsible for media relations and with spokesperson responsibilities should be given opportunities to gain experience of dealing with the press by holding regular press conferences and interviews on non-emergency issues.
- Plans should be reviewed periodically to ensure consistency with day-to-day procedures, personnel, organizational structure and broader public health emergency planning
- Senior management should endorse the emergency communication plan and other outbreak communication planning activities



WHO Photo / J. Perugia

Glossary

Behaviour Change Communication: Is the strategic use of communication to promote positive health outcomes, based on proven theories and models of behavior change.

Capacity Building: The development of sustainable skills, organizational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over.

Communication Objectives: The outcomes expected following exposure to communication activities and messages in support of the program's overall goal.

Communication Surveillance: The gathering and analysis of what the key information sources, such as media, partners, critics and practitioners and the public are communicating about a public health emergency.

Outbreak: The emergence of infectious disease human cases and rapid spread causing illness and potential death.

Pandemic: An epidemic crossing international boundaries and usually affecting a large number of people.

Partners: Organizations, groups or individuals affected by a project/event or who can influence it, but who may or may not be directly involved in doing the work associated with the project/event.

Partnership: Relationship between individuals or groups that is characterized by mutual cooperation and responsibility towards a specific goal or cause.

Public Health Emergency: A public health emergency is an unusual or unexpected event that necessitates immediate intervention/response, and has a serious impact on public health.

Risk Perception: Is the subjective judgment that people make about the characteristics and severity of a risk. The phrase is most commonly used in reference to natural hazards and threats to the environment or health.

Social Mobilization: Involves planned actions and processes to reach, influence, and involve all relevant segments of society across all sectors from the national to the community level, in order to create an enabling environment and effect positive behavior and social change.

Stakeholders: Stakeholders are those who might be affected by, or have a significant interest in, the process of decision-making about the topic and the implications of decisions reached.

Simulation Exercises: A scenario-based drill about a hypothetical event that enables participants to test their communication preparedness by simulating a series of proposed actions and reactions.



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