Risk communication, community engagement and infodemic management in the WHO European Region

Investing in preparedness, response and resilience to protect people from health emergencies

ABSTRACT

This brochure describes the critical importance of risk communication, community engagement and infodemic management (RCCE-IM) in emergencies. It presents the results and impact of RCCE-IM activities carried out by the WHO Regional Office for Europe during the COVID-19 pandemic, the Ukraine war and the mpox public health emergency in the WHO European Region, building the case for increased investment in RCCE-IM interventions as an integral part of the emergency cycle.

Risk communication, community engagement and infodemic management in the WHO European Region

Investing in preparedness, response and resilience to protect people from health emergencies

Contents

Foreword

During an emergency, mitigating the consequences and accelerating recovery is always the top priority. However, each emergency is also an opportunity to learn and improve. Throughout the COVID-19 pandemic, during the mpox outbreak, the war in Ukraine, the earthquakes in Türkiye and other emergencies, experience has proved that delivering services and interventions alone is not enough. People's behaviours are central to emergency control and, to accelerate recovery, services and interventions must be accepted and accessed.

Risk communication, community engagement and infodemic management (RCCE-IM) is the bridge that links service delivery and access. Without support from the public, including the acceptance of recommendations and uptake of protective measures, health services and supplies are redundant. Public support is key to the success of everything from testing and contact tracing to vaccination and treatment – and this is what RCCE-IM enables.

Recent emergencies have taught old and new lessons about the key role of RCCE-IM. Our challenge now is to act on these lessons. The Regional Office for Europe is uniquely positioned – here and now – to protect our people from the next emergency, but we need to scale up investment.

Investing in RCCE-IM interventions through WHO Regional Office for Europe can ensure that the European Region is better protected against the dire human and economic costs of future emergencies. This brochure lays out why investment in RCCE-IM through the WHO Regional Office for Europe makes economic sense, meets commitments to both the International Health Regulations (2005) and the sustainable development goals, builds resilience to future emergencies and saves countless lives.

Cristiana Salvi

Regional Advisor for risk communication,
community engagement and infodemic management,
WHO Regional Office for Europe

Acknowledgments

Abbreviations

CSO	civil society organization
ECARO	eastern European and central Asia regional office (United Nations Children's Fund)
ECDC	European Centre for Disease Prevention and Control
GBMSM	gay, bisexual and other men who have sex with men
IHR	International Health Regulations (2005)
MEL	measurement, evaluation and learning
RCCE-IM	risk communication, community engagement and infodemic management
SDG	sustainable development goal
UN	United Nations
UNICEF	United Nations Children's Fund

The critical role of RCCE-IM in health emergencies

The COVID-19 pandemic has been a forceful reminder that every country in the world is vulnerable to emergencies. Like the rest of the world, the WHO European Region was unprepared to respond to an emergency of such a scale *(1)*. While COVID-19 is no longer a Public Health Emergency of International Concern, it has not gone away, and its impact is still keenly felt. Millions have died, while many more are still suffering from the debilitating post COVID condition, known as long COVID *(2)*, across the 53 countries that compose the Region. In addition to physical impacts, the virus has caused multiple knock-on hardships: educational disruption, social isolation and mental health impacts, and increased pressure on health and social services. The financial costs of the pandemic are enormous; the European Union alone has committed to a €750 billion pandemic recovery effort from 2021 to 2027 *(3)*. According to estimates from the International Monetary Fund, in 2020, gross domestic product in Europe dropped 6.4%, covering both advanced and emerging economies *(4)*. It has estimated that the pandemic will have cost the global economy US$ 13.8 trillion by the end of 2024 *(5)*.

While the impact of the COVID-pandemic has been devastating, other emergencies continue to arrive. Conflicts, such as the destructive war in Ukraine take lives, threaten health systems, displace people inside their own countries and across the Region and raise the threat of chemical or nuclear contamination. The massive earthquake in Türkiye and Syria took tens of thousands of lives and impacted on many more. Mpox escalated suddenly in the Region, far away from the parts of the world in which it is endemic, claiming lives and causing suffering predominantly in gay, bisexual and other men who have sex with men (GBMSM). Furthermore, the Region's devastating floods are an example of climate-related hazards that are becoming more likely as the world warms *(6)*. As emergencies evolve, combinations of hazards such as outbreaks of food-borne diseases, and antimicrobial resistance will be experienced against a backdrop of natural

or man-made emergencies. Altogether, the Regional Office for Europe formally assesses around 2000 threats per year.

Responding to these emergencies requires a strong system grounded in key response functions, including surveillance and testing, and clinical management. Another of these key functions is risk communication, community engagement and infodemic management (RCCE-IM). Experience has shown that delivering services and interventions in emergencies is not enough. People's behaviours are central to emergency control and to accelerate recovery these services and interventions must be accessed. RCCE-IM creates the bridge between service delivery and access. It does so by engaging with and empowering communities as partners in preparedness and response efforts for health and humanitarian emergencies. Crucially, it also enables tailored, targeted and more efficient emergency interventions that build trust between people and health authorities, lead to the acceptance and uptake of protective measures, and ultimately, save lives.

> I call on all Member States to intensify and target risk communication, strengthen community engagement, empowerment and support, addressing community concerns, combatting misinformation and building trust.
>
> Tedros Adhanom Ghebreyesus
> **WHO Director-General**, closing remarks at the Special Session of the World Health Assembly – 01 December 2021 *(7)*.

Section One

Why invest in RCCE-IM?

Investment that makes economic sense

The pandemic confirmed that RCCE-IM is a public health intervention as crucial to a successful emergency response as biomedical measures. Consequently, demand for RCCE-IM in Europe is at an all-time high, with escalating requests from Member States for technical support to build capacities in preparedness, response and resilience. Investing in RCCE-IM interventions now will ensure that the European Region is better protected against the dire human and economic costs of future emergencies.

There is also a high return on investment from protecting people from health emergencies. The total global investment required for 2019–2023 to effectively prevent, prepare for, detect and respond to emergencies was estimated at US$ 28.9 billion. This investment could have offered an eight-fold return on investment of US$ 8.30 for every US$ 1 spent *(8)*.

The WHO Regional office for Europe publication "Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020" *(9)* found that:

> **investing in social networks can increase people's resilience to threats to health and well-being and improves recovery from illness. Social capital is reciprocally associated with better health and well-being. For example, every single unit spent on health volunteering returns between 4 and 10 in benefits, which is shared between service users, volunteers and the wider community. A health champions community project has shown an SROI [Social Return on Investment] of 3.55 for every unit spent.**

The intangible benefits of community engagement, empowerment and two-way trust building with beneficiaries have long been recognized. Now, new research offers evidence of a robust return on investment, detailed in this brochure through a recent study on a vaccination and information caravan in North Macedonia *(10)*.

A global study *(11)* found that if interpersonal trust and trust in Government were broadly equivalent to levels measured in Denmark, this might have reduced global infections respectively by 40.3% and 12.9%. The study found that a greater investment in RCCE strategies to boost individual confidence in public health guidance would improve outbreak preparedness and response for the next pandemic and, in turn, would reduce deaths.

The Sendai Framework for Disaster Risk Reduction, which the United Nations (UN) General Assembly endorsed in 2015 *(12)*, recommends shifting spending from crisis response to emergency prevention and preparedness. A proactive approach to emergencies can mitigate the worst effects; the framework encourages donors and UN agencies to prevent and prepare for emergencies, as well as to support affected populations as emergencies occur.

WHO can support countries in the European Region to map the risks and vulnerabilities of different populations, and to identify the strategic investment needed to maximize the capacities for preparedness, response and resilience. RCCE-IM is one of these core capacities and it is central at every stage of the emergency cycle; as such, investing in RCCE-IM not only saves money, but also save lives.

Investment that meets health and development goals and protects lives.

The European Programme of Work, 2020–2025 "United Action for Better Health in Europe" is WHO's vision to close the gaps in health outcomes throughout Europe *(13)*.

Under the title "United Action for Better Health in Europe", it describes a new way of working to close the gaps in health outcomes throughout the European Region. It aligns the work of the WHO Regional Office for Europe with the triple billion targets of the Thirteenth General Programme of Work *(14)*, while supporting countries in their commitments to implement the 2030 Agenda for Sustainable Development *(15)*.

Investing in RCCE-IM contributes to Core priority 2 of the EPW – protecting against health emergencies, which recognizes that "communities and individuals contribute to the collective emergency response; and that reliable risk communication has become a strategic responsibility to communicate science to the public" *(13)*. Ensuring people in need can access health services is vital in an emergency. Furthermore, RCCE-IM is key to achieving both sustainable development goal (SDG) 3 on good health and well-being as well as other SDGs *(15)*.

Partnership with communities to co-design interventions is central to positive health outcomes in emergencies. To be effective, these interventions need to be tailored to the local socio-cultural context, levels of trust and the diverse elements that influence risk perception and response.

RCCE-IM supports the achievement of a range of SDG 3 targets, namely:

- **Target 3.d** (Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks);
- **Target 3.1 and 3.2** (Reducing maternal and infant mortality); and
- **Target 3.8** (Expanding access to universal health coverage).

Investment in RCCE-IM also plays an important role in achieving other SDG goals such as:

- **Goal 1** (No poverty);
- **Goal 10** (Reduced inequalities);
- **Goal 16** (Peace, justice and strong institutions);
- **Goal 17** (Partnerships for the goals).

Investment that meets commitments to the International Health Regulations (2005)

The International Health Regulations (2005) (IHR) *(16)* are a legally binding set of rules that cover measures for preventing the spread of infectious diseases around the world. They make up the legal framework that defines national core capacities for managing acute public health events of national and international concern. All WHO Member States have signed the IHR treaty.

The IHR make a difference to the way that the world prepares for and responds to emergencies. Guiding countries towards common approaches and capacities to detect, assess and respond to health threats, the IHR bind WHO Member States to the following commitments:

1. Sharing information with WHO, with regards to disease outbreaks, potential contaminations or other health threats that might spread across borders;

2. Developing and maintaining core capacities to be able to prepare for, detect and respond to health threats; and

3. annually reporting on IHR implementation.

The Joint External Evaluation and State Party Self-Assessment Annual Reporting indicators have been revised to include community engagement and risk communication as core capacities of IHR requirements for emergency preparedness and response (2005) – signalling the centrality of communities across the emergency cycle.

The 15th meeting of the IHR Emergency Committee on the COVID-19 pandemic emphasized the need to continue to work with communities and their leaders to achieve strong, resilient, and inclusive RCCE-IM programmes *(17)*. The Committee advised that State Parties should adapt RCCE-IM strategies and interventions to local contexts. It was stressed at previous Committee meetings that persistent misinformation related to many aspects of the COVID-19 response is of high concern, particularly the dangers posed by pervasive disinformation on vaccination, vaccine hesitancy and the convergence of organized anti-vaccination efforts in many countries *(18)*.

Hazards common in the WHO European Region

Emergencies are frequent occurrences in Europe. The sooner these are detected, the better they can be mitigated. When two-way risk communication and community engagement are in place and when mis/disinformation is addressed, information flow can ensure that the nature and scale of risks are quickly understood and that solutions co-designed with those affected or at-risk, including the most vulnerable.

While SARS-CoV-2 was first reported far from Europe, it quickly spread world-wide. WHO has identified a list of 10 diseases that pose the greatest global public health risk due to their epidemic potential and a lack of countermeasures *(19)*. At present, the priority diseases are:

- COVID-19
- Crimean-Congo haemorrhagic fever
- Ebola virus disease and Marburg virus disease
- Lassa fever
- Middle East respiratory syndrome coronavirus and Severe Acute Respiratory Syndrome
- Nipah and henipaviral diseases
- Rift Valley fever
- Zika
- "Disease X".[1]

Many of these diseases have the potential to spread to or within the European Region *(20)*. In addition to diseases, there is a long list of other hazards to which the European Region is prone, both currently and historically (Table 1).

1. Disease X represents a human illness that may be caused by a pathogen currently unknown which may provoke a serious international epidemic.

Hazards faced by Member States in the European Region include:

- epidemics and pandemics, including epidemics of vaccine-preventable diseases, such as measles, mumps, rubella and pertussis in communities with low vaccine coverage, as well as outbreaks of West Nile virus, Dengue fever, Zika virus and Crimean Congo haemorrhagic fever in regions with mosquitos or ticks;

- emerging and re-emerging zoonotic diseases like mpox, anthrax, brucellosis and plague, including imported diseases, such as Middle Eastern respiratory syndrome;

- foodborne disease outbreaks, such as outbreaks of Salmonella, Listeria and E. Coli and the development of new antibiotic-resistant strains of existing bacteria;

- geological hazards, like earthquakes, mass movements and volcanic eruptions;

- hydro-metrological hazards, such as floods, avalanches, heatwaves, extreme cold and wild fires; and

- human-induced hazards, from conflict to industrial accidents, and chemical and radio-nuclear contamination.

Hazards often breed hazards and emergencies can quickly evolve. For example, heavy rain can cause flooding. Floods can lead to drinking-water being polluted by sewage, which can lead to sickness caused by water-borne disease. Earthquakes may damage industrial or nuclear facilities causing a chemical or nuclear contamination emergency.

Table 1. Examples of outbreaks, epidemics, disasters and conflicts in Europe since 1990

Date	Public Health event	Hazard type (based on WHO's Emergency response framework (20))	Agenda item	Resource person
1990	Vrancea earthquake	Geological: Earthquake (G1)	Bulgaria, Republic of Moldova, Romania	Bulgaria: 1 person dead; Moldova: 4 dead, dozens injured; Romania: 14 dead, 362 injured.
1992	Gissar earthquake	Geological: Earthquake (G1)	Tajikistan	274 dead, many injured.
1990–1996	Diphtheria epidemic	Biological: Epidemics & pandemics (B2)	All countries of the former Soviet Republic	140 000 cases with 4 000 deaths.
1999	Izmit earthquake	Geological: Earthquake (G1)	Türkiye	17 127 deaths and 500 000 made homeless.
2000	Baku earthquake	Geological: Earthquake (G1)	Azerbaijan	26 dead, 412 injured.
2006	H5N1 Avian influenza outbreaks	Biological: Epidemics & pandemics (B2)	Azerbaijan and Türkiye	Türkiye: impact on health system and economic costs.
2008	Nura earthquake	Geological: Earthquake (G1)	Kyrgyzstan	75 dead, 150 injured.
2009	Aquilla earthquake	Geological: Earthquake (G1)	Italy	309 dead, more than 1 500 injured.
2009	H1N1 influenza A pandemic	Biological: Epidemics & pandemics (B2)	All countries in the European Region	Between 151 700 and 575 400 deaths, 8 million people infected.
2010	Red toxic sludge: Ajka alumina plant accident	Human-induced technological: Industrial hazards (T1)	Hungary	10 dead, 150 injured; 40 square kilometres of land contaminated.
2011	Humanitarian crisis	Armed conflict (S1)	Originating in Syria; Türkiye	In 2021, there were 3.7 million Syrian refugees in Türkiye.
2011	E. coli	Biological: Foodborne outbreaks (B4)	Germany (and others)	44 dead, nearly 4 000 ill (750 with kidney failure). Hundreds of millions of Euros of economic damage.
2013	Humanitarian crisis	Armed conflict (S2)	Ukraine	The total number of conflict-related casualties in Ukraine from 14 April 2014 to 31 December 2021 is estimated to be 51 000–54 0000 with 14 200–14 400 killed (at least 3404 civilians). Thousands displaced (21)
2014	Balkan Floods	Hydrological: Flood (H1)	Bosnia and Herzegovina, Croatia and Serbia	60 dead, 67 000 people displaced and 210 000 in need of assistance.
2018	Measles epidemic	Biological: Epidemics & pandemics (B2)	Most countries in the European Region	Record number of over 82 000 children and adults infected with measles in 2018, resulting in 72 deaths that year.
2020	COVID-19 pandemic	Biological: Epidemics & pandemics (B2)	All countries in the European Region	Over 2 million dead in the European Region; pressure on health systems; billions of Euros of economic damage (22).
2021	Central European floods	Hydrological Flood (H1)	Austria, Belgium Germany, Italy and Romania	Over 200 fatalities. Widespread power outages, forced evacuations and damage to infrastructure and agriculture costing billions of Euros (23).
2021	Mediterranean wildfires	Wildfires (C2)	Greece, Türkiye	Over 100 people killed, thousands of km² of forest burnt, hundreds made homeless (24).
2022	Humanitarian crisis	Armed conflict (S1)	Ukraine	Thousands killed, millions of refugees and internally displaced people (25).
2022	Mpox	Biological: Epidemics & pandemics (B2)	Multiple countries across the European region	Over 25,000 confirmed and suspected cases in the region and several deaths (26).
2023	Earthquake in Türkiye and Syria	Geological: Earthquake (G1)	Türkiye and Syria	Almost 50 000 dead, thousands missing, millions of homes destroyed (27).

Source: Data are from reference 28 unless otherwise specified within the table.

Why invest in RCCE-IM?

Why is strong RCCE-IM capacity needed in European Region countries?

How do the components of RCCE-IM contribute to emergency response?

Working together throughout the COVID-19 response

Why invest in RCCE-IM through WHO in the European Region?

The WHO RCCE-IM Platform in action

Conclusion

References

Section Two

Why is strong RCCE-IM capacity needed in European Region countries?

The COVID-19 pandemic and other emergencies have shown beyond any reasonable doubt that RCCE-IM is an evidence-based core public health intervention across the emergency cycle: it enables and empowers people to take decisions that protect health and save lives.

RCCE-IM also enables and catalyses other response functions. In the first months of the pandemic, before vaccine treatments were available, RCCE-IM was a key tool with which health authorities could persuade at-risk and affected communities to protect themselves. RCCE-IM continued to be hugely important to encourage uptake when vaccines did become available and to maintain other preventive behaviours such as the use of masks or physical distancing. This showed that not only were RCCE-IM actions at the core of behaviour change outcomes, they were also needed to achieve results across all the main areas of the response – from testing, contact tracing and isolation, to treatment and protective measures including vaccination. Support from the public is crucial to the success of all these measures.

At the same time, the pandemic has revealed gaps in RCCE-IM technical expertise and specialist staff across the European Region. Despite the high demand, historical low investments in RCCE-IM have undermined a more efficient response that draws on community assets. In the most recent State Party Self-Assessment Annual Reporting, European State's Parties awarded risk communication and community engagement just 71%, the fourth lowest capacity score among the IHR core capacities *(29)*. While many countries in

the Region have strengthened RCCE-IM during the pandemic, funding has mostly been emergency related, thus temporary, with capacities repurposed from similar areas of work – not specific and dedicated.

Compared to other areas of the world, in the European Region, mechanisms for the involvement of communities in policy dialogue and decision making are less systematic. Moreover, Infodemic Management is a relatively recent approach in the Region, as well as the rest of the globe. These key elements – community engagement and infodemic management – can impact dramatically on the effectiveness of the emergency response, while increasing the involvement of individuals and communities in their own health protection.

The 53 Member States of the European Region are economically diverse and cover the whole spectrum of income levels, with one low-income country, four lower-middle-income countries, 14 upper-middle-income countries and 34 high-income countries *(30)*. Evidence gathered by WHO, Member States and partners over the past decade has documented that there are specific communities and population groups in nearly all countries who are underserved by their health systems. A tailored approach to RCCE-IM is thus essential for an effective public health response. This includes addressing the specific needs of underserved communities, vulnerable and at-risk population groups.

Why invest in RCCE-IM?

Why is strong RCCE-IM capacity needed in European Region countries?

How do the components of RCCE-IM contribute to emergency response?

Working together throughout the COVID-19 response

Why invest in RCCE-IM through WHO in the European Region?

The WHO RCCE-IM Platform in action

Conclusion

References

Section Three

How do the components of RCCE-IM contribute to emergency response?

Risk communication

Risk communication provides timely, tailored, engaging and relevant health information and advice so that at-risk and affected populations can take informed decisions to protect themselves. It is carried out through traditional mass media, social media, multimedia, data visualization and websites as well as through physical products such as leaflets and posters and health services such as hotlines.

In the response to emergencies, effective risk communication must be trustworthy. This involves communicating early and transparently and acknowledging the uncertainty of the emergency evolution – communicating what is known and what is not known and what is being done to learn more – while still maintaining credibility.

Close links with affected communities allow risk communication to reflect people's up-to-date, on-the-ground realities. Risk communication addresses their concerns, and through social and community listening, media monitoring, and behavioural insights, it ensures that messages are related to risk perceptions and are tested and tailored to needs.

See the risk communication brochure *(31)* for more information.

Community engagement

Communities are the primary source of capacity to tackle emergencies, whether through local governments or local partners, before national governments and international partners can step in. Through community engagement, communities are empowered to co-design and co-deploy response interventions.

With their close, trusting links to communities, civil society organizations (CSOs) and health and social workers have long provided services and support during emergencies, particularly to underserved or hard-to-reach groups. Strong examples are the response to the COVID-19 pandemic and mpox, where communities have complemented the work of health authorities by rallying to target and support key populations with health services and advice, as well as contributing to emergency recovery.

Partnerships with community actors, such as faith-based organizations, community leaders, youth leaders, health workers, journalists and CSOs – can create a bridge between government, health authorities and citizens: promoting trust,

providing responsive and accountable services, and increasing acceptance and uptake of emergency interventions.

See the community engagement brochure *(32)* for more information.

Infodemic management

Infodemics are characterized as too much information, including false or misleading information, online or in physical environments during emergencies. They represent a growing challenge to health emergency response. By making trustworthy information harder to find, infodemics can lead people to adopt fake (and sometimes deadly) cures, and ignore, avoid or actively resist protective and life-saving measures, including vaccines. They can also undermine overall trust in science and health systems and ultimately put health and lives at risk. IM is an interdisciplinary area of work and is based on areas such as behavioural science, data science, epidemiology, media science and user experience.

The aim of infodemic management in the European Region is to detect, assess, analyse and respond to infodemic risks while maintaining and strengthening national systems and multicountry or European Region-wide networks with training and broader capacity building. Every part of a health system can be affected by and interact with an infodemic, including through responding to rumours based on genuine community concerns. Infodemic management is therefore collaborative, with connections to other parts of the health and other systems.

See the infodemic management brochure *(33)* for more information.

RCCE-IM in the emergency management cycle

Within each of the steps of the emergency management cycle, RCCE-IM plays a crucial role (Fig. 1).

Fig. 1. The health emergency management cycle

Prevention

RCCE-IM interventions support emergency prevention by providing accurate health information and advice to reduce exposure to infectious pathogens, for example, related to influenza, hand hygiene and food safety risk.

Preparedness

RCCE-IM capacity building tailored to the needs of individual countries will strengthen the skills needed to communicate risks and engage communities in future emergencies. The best-prepared countries undertake development planning with a whole-of-government and society approach, allocate sustainable funding and adequate resources for RCCE-IM, and embed RCCE-IM in the entire emergency cycle.

Readiness

RCCE-IM readiness brings capacities to the level of capabilities; it lays the ground for rapid and targeted interventions when and where emergencies hit. For example, establishing social listening mechanisms can help authorities understand community barriers to good health. Increasing health literacy and social media prebunks on imminent risks can enable people to make informed decisions. Identifying community trusted influencers can support the rapid engagement of at-risk population groups.

Response

Timely and transparent two-way risk communications, partnerships and trusting relationships with stakeholders and communities alongside infodemic management mean that life-saving resources and information gets to where it's needed, mitigating harm and making sure no one is left behind. Unlocking community assets such as infrastructure and surge capacity leads to more efficient response.

Recovery

RCCE-IM can contribute to the reintegration of individuals and communities affected by the health emergency and to the sustainment of protective measures. Measurement evaluation and learning (MEL) allows for lessons learned from the emergency response to be incorporated throughout, and health systems strengthened and adapted to face the next emergency. MEL is most effective when embedded in an intervention from the planning stage, with in-process evaluation to allow for adjustments, and end-process evaluation to learn for the future.

Why invest in RCCE-IM?

Why is strong RCCE-IM capacity needed in European Region countries?

How do the components of RCCE-IM contribute to emergency response?

Working together throughout the COVID-19 response

Why invest in RCCE-IM through WHO in the European Region?

The WHO RCCE-IM Platform in action

Conclusion

References

Why invest in RCCE-IM?

Why is strong RCCE-IM capacity needed in European Region countries?

How do the components of RCCE-IM contribute to emergency response?

Working together throughout the COVID-19 response

Why invest in RCCE-IM through WHO in the European Region?

The WHO RCCE-IM Platform in action

Conclusion

References

Section Four

Working together throughout the COVID-19 response

Country support - a unique way of working

The WHO Regional Office for Europe works hand-in-hand with national and local authorities to tailor RCCE-IM interventions to local needs and contexts for greater country impact. This means going beyond just translating messages and materials into local languages, but rather adapting actions to ensure they are appropriate to the socioeconomic, cultural and political context of the country, as well as its epidemiological situation. Prior to and during emergencies, the WHO Regional Office for Europe has supported countries with RCCE-IM through strategies and tools, virtual and on-site missions, campaigns and social listening reports, influencer engagement and capacity-building efforts. This has not only helped countries further strengthen their response efforts, it has also helped them reinforce their RCCE-IM systems, structures and skills for the future.

Partner Networks - joining hands with UN agencies, CSOs and other stakeholders

Partnerships are central at both Regional and country levels to optimize resources and maximize impacts for positive health outcomes in emergencies. Some examples of successful partnerships in the Region are listed below.

Partnerships with UN agencies and other international organizations

Early on in the pandemic, the WHO Regional Office for Europe joined forces with the United Nations Children's Fund (UNICEF) eastern European and central Asia regional office (ECARO) to guide and support country work through collaborative strategies, campaigns, tools and capacity building. HealthBuddy+, a multilingual interactive chatbot *(34)* that helps users to access accurate information and counter mis/disinformation surrounding emergencies was one of the tools generated out of this partnership.

The partnership with UNICEF ECARO expanded to include the International Federation of Red Cross and Red Crescent Societies and the European Centre for Disease Prevention and Control (ECDC) through a task force to develop RCCE-IM acceleration plans on COVID-19 for countries of epidemiological concern.

The Regional Office for Europe also engaged with other UN organizations (such as the International Organization for Migration, the United Nations Population Fund and the United Nations Refugee Agency) and with the United Nations Development Coordination Office to train UN staff on RCCE-IM at country-level. The Regional Office established an informal social listening group to join forces with relevant stakeholders, including the European Commission and ECDC, to monitor, detect and address harmful health information.

Partnership with civil society

Partnership with CSOs has been mainstreamed in multiple responses of the Regional Office. This has reflected an innovative approach of working top-down and bottom-up to bridge authorities and communities for greater emergency resilience.

- During the COVID-19 response, the Regional Office partnered with 11 CSOs in country-based projects that generated an overall outreach and support to 2.4 million people and set the basis for sustained community structures in eight countries in the Region. The Regional Office also worked with a community of 2000 youth influencers for message outreach and peer influence.

- Throughout the mpox outbreak, the Regional Office has engaged 30 CSOs to co-design and co-deliver interventions to affected communities of GBMSM, trans people and sex workers, leveraging on their trust and outreach platforms. The work of CSOs in this outbreak has been central to the control of the disease.

- Since the beginning of Ukraine's emergency response in the refugee-receiving countries, WHO has engaged with and supported CSOs in different countries to co-design and co-implement activities. For example, the WHO Country Office in Poland has completed a project granting resources to five CSOs to implement RCCE-IM activities for refugee and host populations. This resulted in about 35 000 people being reached with health information and advice, around 200 frontline workers receiving additional training, 40 health-care workers from Ukraine supported in integrating into the Polish health-care system and two additional helplines established for patients and health workers.

Partnership with media and fact-checkers

The media can amplify WHO's interventions in emergencies by giving people access to health information and advice that is understandable and actionable. In doing so, the media can contribute to enabling informed decision making that drives the adoption of protective behaviours.

For these reasons, the WHO Regional Office for Europe has sought to build close, evolving and mutually beneficial relationships and opportunities with national and international journalists, including those who have influence on specific health topics. For example:

- for the 2021 #summersense COVID-19 campaign, the Regional Office worked closely with Matt Frei on London's Leading Britain's Conversation (known as LBC) radio station. Resulting coverage led other media to pick up and amplify the key messages of the campaign; and

- on mpox, the Regional Office worked closely with two gay journalists whose understanding of the community most affected by mpox helped to tailor messaging and influence health protection.

WHO's experienced spokespersons regularly take interviews across a range of print and other media, operating both at a high level of advocacy but also appearing locally to explain and comment on complex issues that impact the public.

WHO has consistently remained a trusted source for fact-checkers at international level (Agences France Press, Associated Press and Reuters) and with national organizations. Fact-checkers rely on the trusted, evidence-based answers WHO can provide to counter potentially dangerous misinformation.

Capacity Building – sustainably building local capacity

Increasing the capacity of countries to respond to RCCE-IM needs is a priority to face future emergencies. To meet this need, the WHO Regional Office offers an innovative and extensive array of capacity building opportunities across the gamut of RCCE-IM topics. Expert trainers have run numerous specially adapted workshops across the Region with over 3000 responders from governments, civil society and partner organizations. Among the WHO Regional Office for Europe's offerings are the following:

- The ground-breaking **RCCE-IM Plan Creator** (35), which offers a comprehensive online platform for RCCE-IM practitioners to develop both multi-hazard and specific-hazard plans in an interactive way, based on best practice tips gleaned from the lessons learned through the COVID-19 and other emergencies' response.

- The **RCCE-IM School** (36), a tailored workshop that brings together all the best practices from RCCE-IM across the 10 modules of the Plan Creator, including case studies, deep dives, exercises and interactive discussions with experienced trainers. This highly rated course culminates in a simulation exercise where participants are confronted with a fictitious health emergency scenario so that they can apply what they have learned during the workshop.

- A cloud-based **Capacity Mapping Tool** (37), developed with the University of Huddersfield, United Kingdom, with which users (individuals, organizations and countries) can self-assess their professional RCCE-IM skills against desired levels. The tool suggests resources for skills development and users can compare their skills within teams, departments and the whole organization.

Research and Development – achieving RCCE-IM impacts through evidence generation

As a technical area, RCCE-IM places a premium on evidence-based strategies and interventions. Data on the cost-effectiveness of interventions are key to inform RCCE-IM decision-making based on what works and what does not. The Regional Office is focusing on improving the quality and quantity of applied research on impacts of RCCE-IM, including from the world of academia, and translating this data into evidence on where, when and how to apply RCCE-IM interventions.

In this context, the WHO Regional Office for Europe has fostered evidence-informed RCCE-IM to underpin policymaking by: 1) establishing a Technical Advisory Group on RCCE-IM, and supporting peer-to-peer learning and exchange of best practice among RCCE-IM practitioners; 2) collaborating with academic institutions to embed RCCE-IM in university curricula; 3) calculating the return on investment from investing in RCCE; and 4) mainstreaming MEL at every stage for RCCE-IM decision-making.

Why invest in RCCE-IM?

Why is strong RCCE-IM capacity needed in European Region countries?

How do the components of RCCE-IM contribute to emergency response?

Working together throughout the COVID-19 response

Why invest in RCCE-IM through WHO in the European Region?

The WHO RCCE-IM Platform in action

Conclusion

References

Section Five

Why invest in RCCE-IM through WHO in the European Region?

Why RCCE-IM in the European Region

- The European Region represents a dramatic diversity of countries, culturally, economically and geographically, among which there is a wide disparity in emergency preparedness. Lessons learned and best practices from emergency responses can constitute a strong asset for subregions and countries to identify strengths and weakness and build their RCCE-IM roadmap onwards.

- Scores for risk communication capacity in Europe have been consistently low over time, and funding has only been temporarily dedicated to RCCE-IM for emergency response (e.g. COVID-19), diverted from other sources that will ultimately cease. This is the time to commit to and invest in RCCE-IM as a core public health intervention across the emergency lifecycle.

- RCCE-IM expertise is rare in the Region. During the pandemic, relevant skills have been repurposed from other sister areas, such as media and health promotion. There is a strong opportunity to establish stronger RCCE-IM capacity and capability in the Region, building the next cohort of skilled practitioners.

- Before the COVID-19 pandemic, community engagement had not systematically been conducted in the Region and Infodemic management is an emerging field. There is great potential to build on the profound and promising community engagement carried out over the past few years, and to boost innovative and important new IM initiatives.

Why the WHO Regional Office for Europe?

WHO is highly skilled, deeply experienced and uniquely placed to work on RCCE–IM:

- WHO's position as the leading international public health authority means that it has the technical expertise to integrate RCCE-IM with other key public health interventions, such as surveillance and testing, contact tracing and treatment, public health and social measures, and vaccination.

- WHO has a mandate for health emergencies. It is the lead agency for the Global Health Cluster, created in 2005 to increase the effectiveness of emergency response by building partnerships. WHO provides coordination to over 900 partners at country level, of which 60 partners engage strategically at global level.

- WHO has the credibility, the authority and the connections to rapidly bring together the top experts and researchers needed to address even the most difficult challenges in the area of RCCE-IM.

- Investment in the World Health Organization is catalytic: funds invested in WHO are used to support Member States in taking action on health issues, which creates a substantial return on investment of at least US$ 35 for every US$ 1 invested in WHO.

The **WHO Regional Office for Europe** is highly skilled, deeply experienced, and uniquely placed to work on RCCE-IM in health emergencies. Throughout the course of the pandemic and other major emergencies, 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 (39). The Regional Office has trusted relationships across the diversity of its countries, and investment in work on RCCE-IM can leverage this experience to address vulnerabilities and help to increase resilience across the Region. The Regional Office can offer the following support to its Member States.

- **Capacity building:** Through innovative capacity building offerings, including the ground-breaking RCCE-IM School, Plan Creator and Capacity Mapping tool, the Regional Office provides a rich array of learning opportunities, whether that be in-person, remote, or experienced-based – prioritizing the practical application of RCCE-IM skills.

- **Risk communication:** in the European Region risk communication is a highly developed and well-respected technical area. As well as co-developing robust risk communication strategies and plans, the WHO Regional Office for Europe supports countries on strengthening health literacy for emergencies, and developing and testing messaging based on people's perceptions and needs, to help them take informed decisions to protect their health in emergencies.

Why the WHO Regional Office for Europe? Continued

- **Community engagement:** The Regional Office is actively engaged with community leaders and CSOs, through initiatives across the Region and has established networks and projects at Regional and national levels to be leveraged in emergency response. The Regional Office has produced tools and techniques to facilitate community engagement such as guides on mapping community actors and engaging with civil society, religious leaders and youth.

- **Infodemic management:** The Regional Office has scaled up infodemic management as part of its long-standing RCCE-IM expertise, along with relevant capacities and capabilities – including social and community listening. Through a coordination platform the European Infodemic Preparedness and Response Alliance (known as EIPRA) the Regional Office is ensuring that IM is coordinated and that best practice is recognized.

Why invest in
RCCE-IM?

Why is strong
RCCE-IM capacity
needed in
European Region
countries?

How do the
components of
RCCE-IM contribute
to emergency
response?

Working together
throughout the
COVID-19 response

Why invest in
RCCE-IM through
WHO in the
European Region?

The WHO
RCCE-IM Platform
in action

Conclusion

References

Section Six

RCCE-IM in action

Stories from across the Region
and across emergencies

Risk communication

During outbreaks or emergencies, the communications landscape is flooded with information from many sources and people are thirsty for trustworthy information. Addressing people's concerns and perceptions at these times requires special attention.

November 2021: With the world already reeling from the SARS-CoV-2 pandemic, news that a new, faster spreading variant called Omicron (B.1.1.529) had been detected by the World Health Organization was met with shock and dismay. Against a backdrop of fatigue, misinformation and fear, the Regional Office for Europe sought to communicate what was known about the new variant, without shying away from acknowledging that much was still unknown, particularly about its ability to evade immunity.

As part of a wider Preventive Measures campaign, video "explainers" were produced to answer questions about the continuing pandemic (40). Message-testing, media monitoring and behavioural and social listening insights all contributed to tailoring the content to meet real needs. As a trusted spokesperson, the WHO Regional Office's COVID-19 Incident Manager, Dr Catherine Smallwood presented these videos. Since a good deal of news and information is now consumed in multimedia format, videos are an important way to reach wide audiences, particularly demographics who are not engaged by written text.

In the video on Omicron Dr Smallwood answered questions such as "What do we know about the Omicron variant?", "What do we know about our immunity to the Omicron Variant?", "How severe is Omicron?" and "How does Omicron change the effectiveness against the tools against COVID-19?" The videos also provided an opportunity to reenforce key messages around protective measures such as wearing a mask, handwashing and vaccination.

Explainer content, which aims to inform the audience about complex issues in a simple way, had been tested previously by the WHO Regional Office for Europe with COVID-19 Vaccination Words Explained *(41)*. This was a series of "tiles" (an image produced for social media alongside clear, explanatory text) that, through visualization, simple language and bold graphics broke down the complex vaccination terminology heard on daily basis. These Vaccination Word explainer tiles organically achieved great success on social media, without the support of any social media advertising

– a clear indication that audiences in the Region were craving this type of content.

The Preventive Measures video explainers were published in English and Russian and around the emergence of the Omicron variant achieved over 4 million views.

> **In the response to emergencies, the most important thing a spokesperson can do is to be trustworthy. This means communicating early and transparently and acknowledging uncertainty – what we know and what we do not know – whether it be about the scale or severity of an outbreak, who is most likely to be at risk, or what preventive and protective measures are most effective. To communicate effectively, we need to understand people's risk perceptions – that means listening to what people think and need, what information they are looking for and what rumours or misinformation might be circulating. We also need to identify which channels to use to reach them. It's a complex and important job, but the right message from the right source at the right time can indeed save lives.**

Dr Catherine Smallwood, Covid-19 Incident Manager, WHO Regional Office for Europe

> **The WHO Regional Office for Europe has the technical expertise to support countries to integrate RCCE-IM with other key public health interventions, and its credibility and authority allow it to bring together top experts and researchers to address even the most difficult challenges in the area of RCCE-IM. The Regional Office can offer hands-on technical support and guidance on developing interventions to address people's concerns and perceptions, tailoring content to meet real needs, and producing multimedia formats, such as videos and "tiles", to reach target audiences.**

Community engagement

Working closely with affected communities makes sure issues are well-understood, community assets are used, and messaging and interventions are co-designed to resonate with the at-risk community.

Soon after the first cases of mpox were identified in the WHO European Region in May 2022, WHO Member States began to report rapidly rising and worrying spikes in transmission, with patients often experiencing painful and unfamiliar symptoms. It quickly became clear that the outbreak was impacting mostly GBMSM and communities of trans and gender diverse people linked to the same sexual networks. Alongside programmes of epidemiological surveillance and testing, urgent community outreach and insights were needed to ensure that these key populations could protect themselves and prevent onwards transmission.

The engagement and collaboration of organizations serving the GBMSM population with health authorities in the response to mpox in the European Region has been truly exceptional. Many health authorities have drawn on the critical experience and relationships built by CSOs with the groups most affected, particularly in relation to community-based programmes on HIV and sexually transmitted infection prevention. Others have facilitated CSOs to take on important roles in the emergency response. Community members have also been essential partners in understanding the risk perception of the communities themselves and their needs, the evolution and impact of the outbreak and the barriers to preventive and protective measures.

Throughout the outbreak, WHO has bridged top down and grass roots up approaches to working with both health authorities and community groups, providing technical support, guidance and capacity building through the Regional and country offices.

A compendium of case studies *(42)* captures examples of the many impressive initiatives to confront mpox taking place across the diversity of the European Region. These examples highlight the multidisciplinary work needed to approach mpox from all sides, including joint work between health authorities, clinicians, sexual health service providers, event organizers and CSOs. The WHO Regional Office's updated risk communication, community engagement and infodemic management toolkit for mpox elimination *(43)* offers community-informed guidance and advice for those wishing to take an RCCE-IM approach.
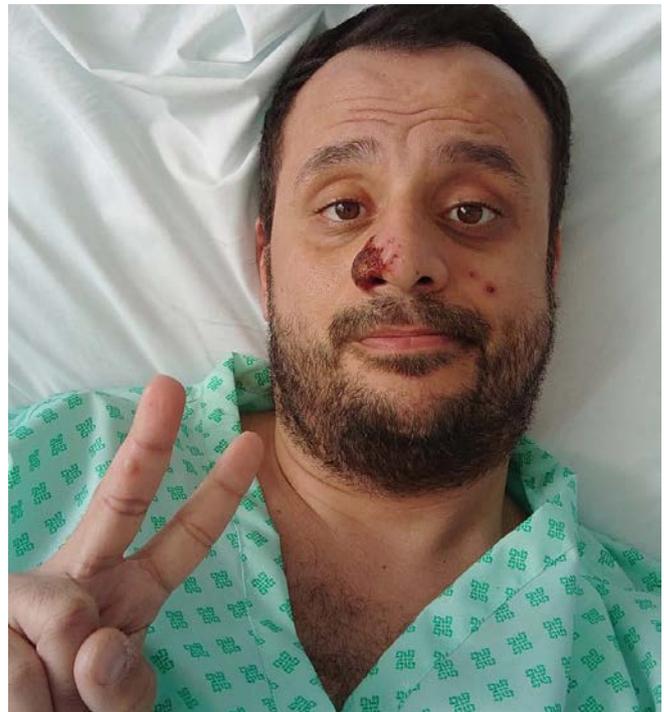
The decreasing case numbers seen in the Region are likely due to a combination of increased risk perception and an uptake of protective measures among affected groups thanks to community-based interventions, alongside increased immunity, whether through vaccination or infection.

The WHO Regional Office for Europe can also offer community engagement initiatives to ensure that risk communication messaging resonates with at-risk communities. This includes working closely with affected communities, recognizing community assets, and utilizing two-way listening through community engagement to ensure relevance and increase impact.

Infodemic management

Public health authorities' response to the COVID-19 pandemic has been challenged by an avalanche of online and offline information, including mis/disinformation. Monitoring and timely addressing false information and offering steady sources of health information and advice helps maintain trust in science and saves lives.

In March 2020, the WHO Regional Office and UNICEF ECARO developed, and launched, HealthBuddy+, a multilingual interactive chatbot *(34)*. HealthBuddy+ is a resource for countries in Europe and central Asia in response to the COVID-19 pandemic and helps users to build health literacy, access accurate information, and counter misinformation surrounding the virus. Using artificial intelligence to answer questions about COVID-19, it also provides local information, such as mental health resources made available in European and central Asian countries.

WHO and UNICEF offices at the Regional and country levels have supported their partners to deploy the chatbot locally. HealthBuddy+ has been embedded in many national health authorities' websites and made available in 20 European languages. HealthBuddy+ also featured a rumour reporting tool and a poll functionality, which provided COVID-19 response authorities with live information on the most in-demand topics, gaps in messaging and content and specific tailored poll results. Based on this, the chatbot provided accurate and targeted health advice for the public and directed information to trustworthy sources.

HealthBuddy+ was originally web-based, but due to its success, it added a mobile-based application (available on Apple and Google Play Stores). It has also been integrated into additional platforms, including WhatsApp, Facebook Messenger, VKontakte and Telegram, in five countries so far.

As of 31 May, 2023, HealthBuddy + has recorded the following results:

• Total number of countries that deployed HealthBuddy+: **18**

• Total number of languages HealthBuddy+ was available in: **20**

• Total number of users reached: **855 769**

• Total number of interactions on all channels: **3 781 435**

• Total number of rumours reported: **19 544**

Analysis of user data has repeatedly indicated gender and human rights-related information gaps; the team has developed additional content on topics such as gender-

based violence and pregnancy/breastfeeding during COVID-19. Engaging with CSOs at national and subnational levels has introduced the tool to additional audiences, an example being a training of trainers workshop on using HealthBuddy+ with older people in Kyrgyzstan.
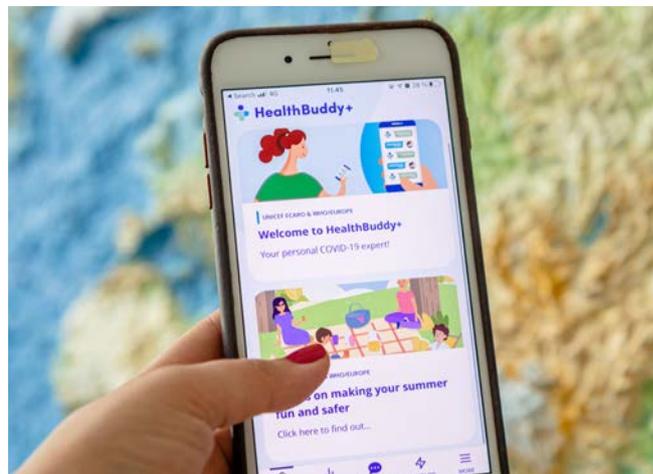
As a tool for information sharing, HealthBuddy+ can be adapted and adjusted as new emergencies occur, to meet peoples' needs during the very acute phase when public information is scarce. At the beginning of the war in Ukraine, Ukrainian refugees in neighbouring countries experienced significant information voids about basic health services and regulations in their hosting countries. WHO worked at speed with country offices in Bulgaria, Poland, Republic of Moldova and Romania and to adjust the information available on the chatbot. Relevant guidance on areas such as continuity of health care and vaccination requirements were taken from ministry of health websites, translate into Ukrainian and consolidated onto HealthBuddy+ for refugees and their host families.

During health emergencies, the WHO Regional Office for Europe can support countries in monitoring and responding to harmful rumours and misinformation by establishing social listening mechanisms, as well as networks with CSOs and fact-checkers. The Regional Office can also provide guidance and technical support to country health authorities on how to build health literacy for preparedness, response and resilience to prevent and mitigate infodemics.

Capacity Building

The pandemic, more than ever before, has put RCCE-IM high up in the emergency response, highlighting the role of communities as central to disease control. Despite progress in recent years, national health authorities in most countries have recognized the need to further strengthen their RCCE-IM systems and skills. The WHO Regional Office for Europe has responded by developing capacity-building interventions based on the latest research and lessons learned in RCCE-IM.

The RCCE-IM school in Istanbul

To ensure that countries in the European Region are better prepared to face emergencies, The Regional Office's RCCE-IM Unit, together with the WHO European Centre for Preparedness for Humanitarian and Health Emergencies and the Turkish Red Crescent, organized a five-day capacity-building programme that comprised an immersive, full-scale simulation exercise. The event brought together 45 communication specialists from 15 countries in the European Region. The WHO Regional Office for Europe provided specialists in the separate components of RCCE-IM to guide participants through the newly developed RCCE-IM Plan Creator *(35)*. The tool helped them to create both strategic and tactical plans in 10 modules, based on best practices and accepted methodologies, and to understand the resources, capacities and capabilities needed to implement their plans.

> **Over the 5 days, we learned a lot about the strategic development of risk communication plans under the leadership of experienced supervisors. I enjoyed the human and professional cohesion in our team and I am proud of our joint efforts to create targeted messages with journalists, representatives of local and religious communities, and local authorities.**

Michail Okoliyski, WHO Country Office in Bulgaria

As part of the RCCE-IM school, the simulation exercise deployed representatives from health authorities and WHO country offices to a fictional city in the grip of a fast-moving emergency (in reality a specially adapted venue on the outskirts of Istanbul). Complete with a market square, religious building and media zone, and peopled by actors playing concerned, and in some cases angry citizens, religious leaders and interrogative journalists, the fictional world of the simulation exercise was created to test and apply participants' knowledge of RCCE-IM, as well as their

personal communication skills and cultural sensitivity. An attendee, Mahir Boydak from the Turkish Red Crescent stated that, "It was a wonderful experience for me. I usually attend this kind of training and get the theoretical background, but never had the chance to implement it in the field right away."

> **The WHO Regional Office for Europe offers capacity-building activities and technical support to countries in state-of-the-art RCCE-IM. This includes subject matter experts, the latest available tools, interactive activities, and hands-on exercises. It also includes embedding RCCE-IM in public health and communication university curricula to build the next generation of RCCE-IM practitioners.**

Country partnerships

Providing tailored advice and technical assistance to national health authorities – particularly in countries with less strong health systems – is one of WHO's most important tasks. Throughout the response to COVID-19 and beyond, the Regional Office has established strong reference points within countries to establish needs and provide timely and appropriate support to countries so they can tailor interventions to their target populations.

Navigating new health systems

In June 2022, with over 1.5 million Ukrainian refugees registered for temporary protection in Poland, the WHO Country Office in Poland worked with national and local health authorities and CSOs to adapt a health booklet for this population. Originally created in Czechia, the adapted booklet brings together useful information to help refugees navigate the health-care system in Poland. It contains health-care contacts, including who to call in emergency situations, information on how to register for and access healthcare, and gives information on vaccination (including childhood vaccinations) and advice for pregnant women. A list of key vocabulary related to health enables people to communicate accurately about the symptoms they are experiencing. The production of a physical booklet means that information is accessible for those without access to, or skills to use internet technology. To overcome language barriers and facilitate communication with health providers and host families, the booklet was produced in a trilingual format: in Polish, Russian and Ukrainian.

Identifying needs

The booklet was updated based on the need for a comprehensive guide and in response to requests from health authorities, particularly from the City of Warsaw, for health information in Ukrainian. To ensure that important perspectives were captured, the WHO Country Office worked in parallel with health authorities and with four CSOs who serve Ukrainian refugees. It engaged CSOs in a process of social listening and message testing, knowing that they were well-placed to understand refugee needs and already had the trust of this population. The booklet was then presented a draft version to CSOs for their review, who also sought consultation with refugees themselves, after which they participated in detailed feedback conversations.

Feedback from CSOs working with refugees led to the addition of a section on mental health coping strategies and lists of specific mental health symptoms which might necessitate more specialized support. Via CSOs, refugees also requested more vocabulary for female health issues to be included, alongside words relating to tests and prescriptions, oncological diseases and chronic illnesses.

Multisectoral cooperation

Concurrent consultations were carried out with the Warsaw Health Directorate and health authorities in Lublin who participated in discussions and supported the eventual dissemination of almost 10 000 copies of the booklet via Blue Dots centres (emergency spaces for families and children on the move in emergencies), the United Nations High Commission for Refugees and through national and international health partners. The leaflet was also shared digitally through the WHO website, social media and implementing and community engagement partners. The cooperation with government and national authorities meant their knowledge of the acute needs of refugees and their understanding of the care pathways available was recognized. The WHO Country Office in Poland was able to offer technical expertise while focus groups with refugee-serving CSOs ensured that all information was relevant and communicated through channels most likely to reach and resonate with refugees.

The Regional Office for Europe can provide guidance and hands-on technical support to country health authorities to help them tailor their RCCE-IM interventions to situations and contexts, as well as support longer term policy development in these areas.

Research and Development

As a scientific organization, WHO is committed to basing its actions and advice on evidence. This includes its work on RCCE-IM. The WHO Regional Office for Europe has ramped up evidence generation and return on investment in RCCE-IM.

The COVID-19 pandemic and other emergencies – collectively constituting what we call a permacrisis – have shown us how crucial risk communication, community engagement and infodemic management are to protecting health. Despite this – up until now – we have tended to devote much less brainpower to analysing evidence on these areas than, for example, epidemiology or microbiology when responding to health and humanitarian emergencies.

Dr. Hans Kluge, WHO Regional Director

In April 2023 the WHO Regional Office for Europe launched the first ever Technical Advisory Group on RCCE-IM in the WHO European Region *(44)*. Representing 18 different countries across the Region, the Technical Advisory Group's members include experts from national public health institutes and CSOs, as well as academics and researchers with expertise and experience in RCCE-IM. Their role will be to advise the Regional Office on RCCE-IM strategies and actions for ongoing emergencies such as COVID-19, mpox and the humanitarian responses to the Ukraine war and the earthquakes in Türkiye as well as longer term RCCE-IM issues including capacity building and preparedness for future emergencies.

Now, more than ever, WHO Member States realize the importance of RCCE-IM, which is a public health intervention in itself, with a significant impact on the success of preventing and controlling health emergencies. This Technical Advisory Group will help sift through the evidence, share practical experience from across countries and areas on what works, and will provide recommendations for the most effective approaches and vital investments health authorities need to make.

The Chair of the Technical Advisory Group, **Laura Woodward**, Head of Risk Communication and Emergencies at the United Kingdom Health Security Agency

Risk communication, community engagement, and infodemic management is a relevant topic. It's one of the most critical we've seen in the pandemic. We've seen that the wrong communication and failure of community engagement does not only hurt people, but it can kill people. Bad communication can kill, and good communication can save lives. That is the momentum we have here.

Brigitte Strahwald, Ludwig-Maximilians-Universität, Germany

The WHO Regional Office for Europe can help countries establish RCCE-IM as an evidence-based intervention to better protect people's health from emergencies. The Regional Office can offer expertise and input on RCCE-IM through its Technical Advisory Group, which includes practitioners, academics and researchers from 18 different countries across the Region.

Measuring, Evaluation and Learning (MEL)

Creating an evidence base to show the effectiveness and return on investment of RCCE-IM is important to justify the allocation of resources, tailor communication strategies, assess the impact of interventions and inform policy.

To bolster the growing body of evidence on RCCE-IM, the WHO Regional Office for Europe carried out an analysis of an intervention in North Macedonia which took place in March 2022 *(10)*.

Mobile health caravans can help to increase access to vaccination by overcoming barriers, such as a lack of transportation, long distances and time constraints. They are known to build trust between health authorities and affected communities, as face to face conversations offer the chance of two-way listening and tailored public health advice. Most of the evidence on mobile vaccination caravans comes from high-income countries with relatively high vaccine uptake. North Macedonia had a suboptimal uptake of COVID-19 vaccination (40%) at the beginning of the intervention, so the intervention offered scope for a new understanding on the effectiveness of RCCE with vaccine hesitant populations.

During the intervention studied, a mobile health caravan offering COVID-19 vaccination travelled to 14 urban and rural communities throughout North Macedonia where COVID-19 vaccination uptake was lower than the national average. The COVID-19 caravan was carried out in a partnership involving the WHO Regional Office for Europe, UNICEF, the United States Agency for International Development and North Macedonia authorities. Local CSOs were engaged to publicize the caravan's arrival and encourage attendance. The caravan and attendant health-care workers and volunteers spent a day in each location, giving out brochures and promotional material, holding one-to-one conversations with individual patients and local health-care workers to hear perceptions and concerns, and engaging with local media.

As part of MEL, working with an academic partner, an analysis of the impact of the mobile caravan was conducted. Results from analysis showed that the mobile vaccination caravan increased daily vaccination rates by 7.7 vaccines per 100 000 inhabitants during the 3 weeks after the day of the caravan visit, corresponding to a 35% increase with respect to pre-intervention vaccination rates. This translates to an estimated cost of US$ 25.4 per additional vaccination given.

These results point to mobile caravan vaccines as an effective strategy to increase COVID-19 vaccination rates, even in a context of persistently low vaccine uptake.

These results show that community engagement can be an effective and value for money intervention within vaccine hesitant communities. The analysis will offer decision-makers evidence to justify the allocation of resources to future activities. By increasing the evidence base for RCCE-IM, the Regional Office is helping to inform policy decisions related to emergency preparedness, response and recovery, ensuring that policies are effective in protecting people's health from emergencies.

The power of MEL

Mainstreaming MEL in all RCCE-IM interventions means that their effectiveness, value for money and impact can be better understood for improved performance. The Regional Office can support countries to incorporate MEL into their activities to adjust both response measures and future strategies. Access to the data MEL provides is critical for efficient and sustainable initiatives that can direct policy and attract repeated funding.

By leveraging its expertise in RCCE-IM and relationships with academics, the Regional Office can complement this work with research and data analysis on the effectiveness of RCCE-IM measures and help countries to build a strong evidence base to underpin policy-making and investment on those interventions that most benefit communities.

Why invest in RCCE-IM?

Why is strong RCCE-IM capacity needed in European Region countries?

How do the components of RCCE-IM contribute to emergency response?

Working together throughout the COVID-19 response

Why invest in RCCE-IM through WHO in the European Region?

The WHO **RCCE-IM Platform in action**

Conclusion

References

Section Seven

Conclusion

The COVID-19 pandemic and other emergencies have proven that the risks associated with major health crises were widely underestimated and plans and interventions underfunded. Future health and humanitarian emergencies could again result in millions of deaths and cause major social, economic and political disruption, if action is not urgently taken.

The massive learning during the pandemic and other major emergencies cannot just go unnoticed and unused. Experience in the Region has shown that RCCE-IM is a core public health intervention as crucial to emergency control as biomedical measures and its role in the response is an essential one: enabling people's access to the health services and interventions delivered, thus contributing to emergency mitigation and control. RCCE-IM offers the tools to build community resilience, so that people can protect themselves from whatever emergency strikes next.

Not committing to RCCE-IM is not an option: the time to invest is now.

Why invest in RCCE-IM?

Why is strong RCCE-IM capacity needed in European Region countries?

How do the components of RCCE-IM contribute to emergency response?

Working together throughout the COVID-19 response

Why invest in RCCE-IM through WHO in the European Region?

The WHO RCCE-IM Platform in action

Conclusion

References

Section Eight

References

1. 14.9 million excess deaths were associated with the COVID-19 pandemic in 2020. In: WHO [website]. Geneva: World Health Organization; 2022 (https://www.who.int/news/item/05-05-2022-14.9-million-excess-deaths-were-associated-with-the-covid-19-pandemic-in-2020-and-2021).

2. In the wake of the pandemic, preparing for long COVID. Copenhagen: WHO Regional Office for Europe; 2021 (https://apps.who.int/iris/handle/10665/339629).

3. Infographics. Brussels: European Council; 2020 (https://www.consilium.europa.eu/en/infographics/recovery-plan-mff-2021-2027/).

4. The european recovery. Policy recalibration and sectoral reallocation. Washington DC: International Monetary Foundation; 2021 (https://www.imf.org/en/Publications/REO/EU/Issues/2021/10/20/regional-economic-outlook-for-europe-october-2021).

5. A disrupted global recovery. Washington DC: International Monetary Foundation; 2022 (https://www.imf.org/en/Blogs/Articles/2022/01/25/blog-a-disrupted-global-recovery).

6. Economic losses from climate related extremes in Europe (8th EAP). Copenhagen: European Environment agency; 2023 (https://www.eea.europa.eu/ims/economic-losses-from-climate-related).

7. WHO Director General's opening remarks at the special session of the world health assembly, 01 December, 2021. In: World Health Organization [website]. Geneva: World Health Organization; 2021 (https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-special-session-of-the-world-health-assembly---01-december-2021).

8. A Healthier Humanity: The WHO Investment Case for 2019–2023. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/handle/10665/274710).

9. Dyakova M, Hamelmann C, Bellis MA, Besnier E, Grey CNB, Ashton K et al. Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020. Copenhagen: WHO Regional Office for Europe; 2017 (Health Evidence Network (HEN) synthesis report 51) (https://apps.who.int/iris/handle/10665/326301).

10. 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.

11. COVID-19 National Preparedness Collaborators. Pandemic preparedness and COVID-19: an exploratory analysis of infection and fatality rates, and contextual factors associated with preparedness in 177 countries, from Jan 1, 2020, to Sept 30, 2021. Lancet. 2022 Apr 16;399(10334):1489-1512. doi: 10.1016/S0140-6736(22)00172-6.

12. United Nations Office for Disaster Risk Reduction. Sendai Framework for Disaster Risk Reduction: Goal, Targets and Metrics. Bonn: The United Nations Framework Convention on Climate Change; 2023 (https://unfccc.int/documents/628865?gclid=EAIaIQobChMI6uySnu_ggAMVDyIYCh30WQwlEAAYASAAEgKafvD_BwE).

13. 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).

14. 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).

15. The 17 goals. In: United Nations Department of Economic and Social Affairs/ Sustainable Development website Geneva: United Nations; 2023 (https://sdgs.un.org/goals).

16. International Health Regulations (2005) - Third edition. Geneva: World Health Organization; 2016 (https://www.who.int/publications/i/item/9789241580496).

17. Statement on the fifteenth meeting of the international health regulations (2005) emergency committee regarding the coronavirus disease (COVID-19) pandemic. In: WHO [website]. Geneva: World Health Organization; 2023 (https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic).

References

18. Statement on the thirteenth meeting of the international health regulations (2005) emergency committee regarding the coronavirus disease (COVID-19) pandemic. In: World Health Organization [website]. Geneva: World Health Organization; 2022 (https://www.who.int/news/item/18-10-2022-statement-on-the-thirteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

19. Prioritizing diseases for research and development in emergency contexts. In: . In: World Health Organization [website]. Geneva: World Health Organization; 2023 (https://www.who.int/activities/prioritizing-diseases-for-research-and-development-in-emergency-contexts).

20. Emergency response framework, 2nd edn. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/handle/10665/258604).

21. Conflict-related civilian casualties as of 31 December 2021. Geneva: United Nations Human Rights; 2023 (https://ukraine.un.org/sites/default/files/2022-02/Conflict-related%20civilian%20casualties%20as%20of%2031%20December%202021%20%28rev%2027%20January%202022%29%20corr%20EN_0.pdf).

22. Coronavirus disease (COVID-19) pandemic. In: WHO [website]. Copenhagen: WHO Regional Office for Europe; 2023 (https://www.who.int/europe/emergencies/situations/covid-19).

23. Copernicus and European Commission. Flooding in Europe. Brussels: European Commission; 2021 (https://climate.copernicus.eu/esotc/2021/flooding-july).

24. Mediterranean wildfires. Shibuya City: United Nations University; 2022, (https://interconnectedrisks.org/disasters/mediterranean-wildfires).

25. Ukraine: civilian casualty update 8 May 2023. Geneva: United Nations Human Rights; 2023 (https://www.ohchr.org/en/news/2023/05/ukraine-civilian-casualty-update-8-may-2023).

26. Mpox (monkeypox). In: World Health Organization [website]. Copenhagen: WHO Regional Office for Europe; 2023 (https://www.who.int/news-room/fact-sheets/detail/monkeypox).

27. Türkiye and Syria earthquakes. In: World Health Organization [website]. Copenhagen: WHO Regional Office for Europe; 2023 (https://www.who.int/europe/emergencies/situations/turkiye-and-syria-earthquakes).

28. Health emergencies in Europe: making sure every country is ready. Copenhagen: WHO Regional Office for Europe; 2019 (https://apps.who.int/iris/handle/10665/346022).

29. E-Spar-State Party Annual Report. In: World Health Organization [website] Geneva: World Health Organization; 2023 (https://extranet.who.int/e-spar/#capacity-score).

30. Drawing light from the pandemic: a new strategy for health and sustainable development: a review of the evidence. Copenhagen: WHO Regional Office for Europe; 2021 (https://apps.who.int/iris/handle/10665/345027).

31. Communicating risk in public health emergencies. Copenhagen: WHO Regional Office for Europe; 2024 (https://iris.who.int/handle/10665/376362)

32. Engaging with communities in health emergencies: Building readiness, response and resilience. Copenhagen: WHO Regional Office for Europe; 2024 (https://iris.who.int/handle/10665/376361)

33. Infodemic management: protecting people from harmful health information in emergencies. Copenhagen: WHO Regional Office for Europe; 2024 (https://iris.who.int/handle/10665/376363)

34. HealthBuddy+ [online chatbot]. Copenhagen: World Health Organization Regional Office for Europe; 2023 (https://www.who.int/europe/tools-and-toolkits/healthbuddy)

35. RCCE-IM Plan Creator [website]. Copenhagen: WHO Regional O[1]ice for Europe; 2023 (https://rcceimfd-bpehbpdgd3hwfxd9.z01.azurefd.net/welcome)

36. 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).

Why invest in RCCE-IM?

Why is strong RCCE-IM capacity needed in European Region countries?

How do the components of RCCE-IM contribute to emergency response?

Working together throughout the COVID-19 response

Why invest in RCCE-IM through WHO in the European Region?

The WHO RCCE-IM Platform in action

Conclusion

References

Section Eight

References

Continued

37. Capacity Mapping Tool [website]. Copenhagen: WHO Regional O[1]ice for Europe; 2023 (https://uohgcbpwhod-wa.azure websites.net/)

38. A Healthy Return: investment case for a sustainably financed WHO. Geneva: World Health Organization; 2022 (https://apps. who.int/iris/handle/10665/354372).

39. Edelman Trust Barometer [website]. New York: Edelman Trust; 2023 (https://www.edelman.com/trust/2023/trust-barometer).

40. WHO Regional Office for Europe. COVID-19 Explainers: What do we know about the Omicron variant? Sann Bruno: YouTube; 2022 (https://www.youtube.com/watch?v=-wQPl2IJEWY).

41. COVID-19 Vaccination Words Explained. Copenhagen: WHO Regional Office for Europe; 2022 (https://who.canto.global/s/GLTFN?viewIndex=0).

42. Eliminating mpox in the WHO European Region - a response with communities at its heart: a case studies compendium. WHO Regional Office for Europe; 2023 (https://apps.who.int/iris/handle/10665/367827).

43. Considerations for the control and elimination of mpox in the WHO European Region update 25 April 2023: the need for integrated national operational plans. Copenhagen: WHO Regional Office for Europe; 2023 (https://apps.who.int/iris/handle/10665/367265).

44. Technical Advisory Group on Risk Communication, Community Engagement and Infodemic Management (RCCE-IM) in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2023 (https://www.who.int/europe/groups/technical-advisory-group-rcce-im-in-the-who-european-region).

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

Member States

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