



WHO Outbreak communication guidelines





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WHO

Outbreak communication guidelines

Background

Disease outbreaks are inevitable, and often unpredictable, events. The environment surrounding an outbreak is unique in all of public health. Outbreaks are frequently marked by uncertainty, confusion and a sense of urgency.

Communication, generally through the media, is another feature of the outbreak environment. Unfortunately, examples abound of communication failures which have delayed outbreak control, undermined public trust and compliance, and unnecessarily prolonged economic, social and political turmoil. The World Health Organization (WHO) believes it is now time to acknowledge that communication expertise has become as essential to outbreak control as epidemiological training and laboratory analysis. But what are the best practices for communicating with the public, often through the mass media, during an outbreak?

Guidelines for communicating with the public during outbreaks

In early 2004, WHO began an effort 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 first step in this process was an extensive review of the risk communication literature. During this process, WHO identified risk communication components which had direct relevance to outbreaks. Then, this body of material was distilled into a handful of features strongly associated with communication effectiveness or, when lacking, strongly associated with failures. Finally, these few features were assessed by outbreak control experts from a wide variety of cultures, political systems and economic development. The result of this extensive review, filtered through a broad practical assessment, is a shortlist of outbreak communication best practices. They are listed below.

1. Trust

The overriding goal for outbreak communication is to communicate with the public in ways that build, maintain or restore trust. This is true across cultures, political systems and level of country development.



- a. The consequences of losing the public's trust can be severe in health, economic and political terms. Abundant research and prominent public health examples support the hypothesis that the less people trust those who are supposed to protect them, the more afraid the public will be and less likely they will be to conform their choices and behaviour with outbreak management instructions.
 - b. Senior management must endorse this goal but winning their support for specific trust-building measures faces many practical barriers.
 - i. This is because these trust-building measures are often counter-intuitive (such as acknowledging uncertainty or avoiding excessive reassurance).
 - ii. Consequently, building trust internally between communicators and policy-makers is critical. Trust is also essential between communicators and technical outbreak response staff who may not see the need of communicating with the public especially if it means diverting them from other tasks. This internal relationship – between communicators, technical staff and policy-makers – is sometimes known as the "trust triangle".
 - It is important that the trust triangle be established before it is needed. This can be complicated because different stakeholders, perhaps represented by different ministries, may have conflicts of interest which will require consensus building among partners.
- c. Trust in communicating with the public is critical in both directions. Evidence shows that public panic is rare and most rare when people have been candidly informed. But the extent to which outbreak managers trust the public's ability to tolerate incomplete and sometimes alarming information influences communication decision-making and effectiveness.
- d. Mechanisms of accountability, involvement and transparency are important to establish and maintain trust, and they are especially important to slowly rebuild trust when it is low. Allowing high-profile critics to watch decision-making and even participate, for example, reduces the need for trust and increases trust.

2. Announcing early

The parameters of trust are established in the outbreak's first official announcement. This message's timing, candour and comprehensiveness may make it the most important of all outbreak communications.

- a. In today's globalized, wired world, information about outbreaks is almost impossible to keep hidden from the public. Eventually, the outbreak will be revealed. Therefore, to prevent rumours and misinformation and to frame the event, it is best to announce as early as possible.
 - b. People are more likely to overestimate the risk if information is withheld. And evidence shows that the longer officials withhold worrisome information, the more frightening the information will seem when it is revealed, especially if it is revealed by an outside source.
 - c. An announcement must be made when public behaviour might reduce risk or contribute to the containment of the outbreak.
 - d. The small size of an outbreak alone or a lack of information are insufficient arguments to delay an announcement. There are times when even one case, such as an Ebola report, can justify early announcements.
 - e. But there are potential problems.
 - i. Rapid announcements may surprise important partners who might disagree with the initial assessment. This can be minimized by having well-established communication pathways in place among key and predictable stakeholders. These systems should be tested during routine exchanges or through desktop exercises.
 - ii. Early announcements are often based on incomplete and sometimes erroneous information. It is critical to publicly acknowledge that early information may change as further information is developed or verified.

The benefits of early warning outweigh the risks, and even those risks (such as providing inaccurate information) can be minimized with appropriate outbreak communication messages.



3. Transparency

Maintaining the public's trust throughout an outbreak requires transparency (i.e. communication that is candid, easily understood, complete and factually accurate). Transparency characterizes the relationship between the outbreak managers and the public. It allows the public to "view" the information-gathering, risk-assessing and decision-making processes associated with outbreak control.



- a. Transparency provides many benefits, including demonstrating how even at a time of uncertainty and confronting unknowns, outbreak managers are systematically seeking answers.
- b. Since transparency can also expose weaknesses in outbreak management structures and operations, it provides a strong incentive for deliberative and accountable decision-making.
- c. Total candour should be the operational goal consistent with generally accepted individual rights, such as patient privacy. The key is to balance the rights of the individual against information directly pertinent to the public good and the public's need and desire for reliable information. Announcing the limits of transparency publicly, and explaining why those limits are being set, is usually well tolerated provided the limits are justified. But if limits to transparency become excuses for unnecessary secretiveness, the likely result will be a loss of public trust.
- d. Many barriers can block transparency.
 - i. Economic arguments are often raised, but public health officials' first concern has to be human health. There is, however, an increasing body of evidence showing that recovery from the economic impact of an outbreak is faster when governments have been transparent and have developed a track record of effective outbreak management.
 - ii. Media preparation should be an essential component of professional development for public officials. Whenever possible, such preparation should precede each media interaction. It is not a process of preparation of delivery skills so much as preparation of specific messages and answers to likely questions.

- III. Spokespersons or public officials may not feel confident in delivering bad news or discussing uncertainty.
- IV. And there might be a fear of revealing weaknesses in infrastructure. Pride, embarrassment, and fear of being blamed can also lead to lack of candour.
- V. Although these factors are very difficult to manage in an acute situation, culture change among decision-makers and senior technical officers leading to greater transparency should be one of the strategies in preparedness planning for outbreaks.

Transparency, by itself, cannot ensure trust. The public must see that competent decisions are being made. But in general, greater transparency results in greater trust.

4. The public

Understanding the public is critical to effective communication. It is usually difficult to change pre-existing beliefs unless those beliefs are explicitly addressed. And it is nearly impossible to design successful messages that bridge the gap between the expert and the public without knowing what the public thinks.



- a. Early risk communication was directed at informing the public about technical decisions (known as the "decide and tell" strategy). Today, risk communicators teach that crisis communication is a dialogue.
- b. It is the job of the communicator to understand the public's beliefs, opinions and knowledge about specific risks. This task is sometimes called "communications surveillance".
- c. If possible, representatives of the public should be brought into the decision-making process. Often this is not possible, so it becomes the job of the outbreak communication manager to understand and represent those views as decision-making evolves.
- d. The public's concerns must be appreciated even if they seem unfounded. When a publicly held view has validity, policy-making should be consistent with that view. When a publicly held view is mistaken, it should still be acknowledged publicly and corrected, not ignored, patronized or ridiculed.
- e. Risk communication messages should include information about what the public can do to make themselves safer. This affords people a sense of control over their own health and safety, which in turn allows them to react to the risk with more reasoned responses.

The public is entitled to information that affects their health and the health of their families. Learning who they are and what they think is critical to successful outbreak communication. Communication about personal preventive measures is particularly useful as it empowers the public to take some responsibility for their own health.

5. Planning

The decisions and actions of public health officials have more effect on trust and public risk perception than communication. There is risk communication impact in everything outbreak control managers do, not just in what is said. Therefore, risk communication is most effective when it is integrated with risk analysis and risk management. Risk communication should be incorporated into preparedness planning for major events and in all aspects of an outbreak response.



- a. Have a risk communication plan ready before it is needed. Outbreak communication planning must be a part of outbreak management planning from the start. To be effective, outbreak communication cannot be a last-minute, add-on feature to announce decisions.
- b. Communication planning is usually led by agency communicators and often ignored by senior management. Because outbreak communication principles include some counter-intuitive notions about dealing with the public, it is a potential hazard to wait for a crisis to tell managers about the need to acknowledge uncertainty or empathize with the public's beliefs and fears.
- c. Issues of first announcements, limits of transparency, and other communication components should be agreed upon by senior management and ideally by the political leadership before the crisis is breaking. Central features include answering questions such as: What needs to be done? Who needs to know? Who is the spokesperson? What agency has the lead? And who needs to act? These steps are also placed in context, so they are linked to other ministries and, if need be, the international community.

This does not mean that outbreak communication which has not been planned is doomed to failure. Trust, for example, can develop during an outbreak. But it is far easier to build trust before it is needed.

Conclusion

If implemented effectively, these guidelines for outbreak communication will result in greater public resilience and guide appropriate public participation to support the rapid containment of an outbreak, thus limiting morbidity and mortality. In addition, effective outbreak communication will minimize the damage to a nation's international standing, its economy and its public health infrastructure.

WHO is now extending its outbreak communication activities. Among the next steps is the development of training for communications staff so that they can provide support to WHO country offices during high-profile outbreaks. WHO also plans to assist Member States in building capacity in outbreak communication when requested.

The overriding public health goal is to bring the outbreak under control as quickly as possible, with as little social disruption as possible. Effective outbreak communication is one tool to achieve that goal.



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