WHO Strategic Communications Framework for effective communications

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WHO STRATEGIC COMMUNICATIONS FRAMEWORK

PURPOSE AND BACKGROUND

WHO recognizes that effective, integrated and coordinated communication is integral to carrying out WHO's goal to build a better, healthier future for people all over the world. The purpose of this Framework is to describe a strategic approach for effectively communicating WHO information, advice and guidance across a broad range of health issues: from chronic health issues to emerging and novel risks.

WHO has made a significant investment to meet the growing need for information, advice and guidance, from increasing capacity to improved integration of available communication channels including media relations, social and online communications, branding, visual communications, and health and emergency risk communications. WHO needs all employees to understand and use communications effectively to achieve programmatic goals.

This strategic approach is presented as a framework of principles for effective practice that apply to a broad range of communications functions. It reflects inputs and review by WHO communicators across WHO's country, regional and headquarters offices. Tactics are included to develop communication products and activities that apply the principles. If these tactics and resources are used, communication at all levels of the Organization can be improved.

The Framework is not designed as a communications strategy for particular diseases, specific health observances, or geographic regions. Instead, the principles and tactics can be used as resources to develop specific strategies to include communications that are more actionable, accessible, relevant, timely, understandable, and credible. It is a resource and reference designed for continuous updates as advised by all WHO staff involved in communications.

GOAL AND KEY AUDIENCES

WHO'S COMMUNICATIONS GOAL

Although techniques, audiences, and channels for WHO's communication products and activities differ, they all have the same goal:

> *To provide information, advice, and guidance to decision-makers (key audiences) to prompt action that will protect the health of individuals, families, communities and nations.*

All communications staff across all offices are committed to making sure that WHO's information, advice, and guidance effectively reaches key audiences to protect the health of individuals, families, communities and nations.

AUDIENCES AS HEALTH DECISION-MAKERS

This Framework focuses on communicating to and with key audiences as health decision-makers. They are the agents who use WHO communications products to make a range of health decisions and include the following groups.

- **Individuals** who make decisions about their own health and that of their families (such as whether to take children to a health care provider for screening, practice hand hygiene in the homes, or travel to a country where infectious diseases are circulating)**.**

- **Health care providers** who make decisions about screening, diagnostics, treatment, and recommendations for patients (such as whether to screen HIV patients for tuberculosis, counselling pregnant women about travel to areas of circulating virus, or recommending vaccinations for children).

- **Policy-makers** at national and subnational levels with responsibility for their residents' health (such as investing in training health workers, building emergency operations centres, or funding vaccine programmes).

- **Communities** who make decisions about shared space, activities, and services with health consequences (such as clean-up of standing water in community squares, creation of walking and exercise space within neighbourhoods, location of health facilities in proximity to residences.).

- **International organizations and stakeholders** who make decisions about funding and implementing health programmes (such as assisting countries in health systems strengthening, funding programmes to reduce chronic diseases, providing support for public health research).

- **WHO staff** who make decisions about programmes, coordination, human and financial resources, and how they speak to external partners and colleagues about WHO.

For purposes of WHO's Strategic Communications Framework, "decision-makers" and "key audiences" are used interchangeably.

WHO PRINCIPLES FOR EFFECTIVE COMMUNICATIONS

The Framework is organized according to six principles to ensure WHO communications are:

- accessible
- actionable
- credible and trusted
- relevant
- timely
- understandable.

WHO strives at all times to ensure these principles are at the core of its communication activities and are reflected in the full range of materials and activities: social media messages; web-based fact sheets, feature stories, commentaries, infographics, Q&As; intranet content for WHO staff; press conferences, news releases and media advisories; videos; visibility and outreach activities etc.

Principle:
ACCESSIBLE

WHO's audiences rely on their ability to access the information they need to protect and improve their health. Communicators should identify all channels that are available, and map their capacities to reach priority audiences. Using the right mix of channels helps empower audiences with the information they need to make informed decisions.

PLANNING QUESTIONS TO ENSURE COMMUNICATIONS ARE ACCESSIBLE

Communicators can start the planning process by considering how key audiences receive health information and with whom they discuss health advice and guidance. The following questions need to be addressed.

- What channels do audiences have access to?
- What channels do audiences prefer for receiving health information? For seeking information?
- Are there WHO partner channels that are used by hard-to-reach audiences?
- What channels encourage two-way engagement with audiences, enabling interaction between decision-makers and WHO?
- Which set of channels best supports the communication objectives identified for the project? For example:
  - if building awareness is the objective, what channels offer the greatest opportunities for exposure and for ensuring sufficient message frequency (repetition); or
  - if behaviour change is the objective, what channels provide opportunities for the audience to see others who have adopted the recommended behaviour and can serve as role models?
- What resources are required to develop the products needed for specific channels? For example, television public service announcements (PSAs) may provide the greatest reach, but the costs to develop them must be considered.

BACKGROUND

Effective mapping of communications channels will ensure WHO's messages are disseminated through multiple channels so that audiences receive WHO information, advice and guidance several times from a range of sources.

Communicators understand that channels tend to fall into three main categories.

- **Mass media.** These channels have broad reach and include television, radio, newspapers, magazines, outdoor and transit advertising, direct mail and websites. Placement through these channels may be free through PSAs or may incur a cost if placement on certain platforms or at specific times is important.

- **Organization and community.** These channels reach specific groups of individuals based on geography (for example, a specific village) or a common interest, such as occupational status. Channels may include community-based media, such as local radio talk shows, organization newsletters; community-based activities, such as health fairs; and meetings at schools, workplaces and houses of worship.

- **Interpersonal.** People seeking advice or sharing information about health risks often turn to family, friends, health care practitioners, co-workers, teachers, counsellors, and faith leaders. These one-on-one discussions are often the most trusted channels for health information.

Factors to consider when prioritizing channels include their reach (number of people that will hear, see, or read a message), and how the channel supports audiences' ability to recall the message and impact (whether the message results in action). Exposure to the message and repetition are key to audience recall, increasing the likelihood that audiences will act on the information provided. For example, government policy-makers may be influenced by multiple news media reports about the need for immunization campaigns, but posters on community boards can be more effective at encouraging residents to get vaccinated and directing them to local health facilities.

The component sections of this principle discuss how communicators can make WHO information, advice and guidance accessible by:

- identifying the best channels for message dissemination to achieve the communication objective (for example moving decision-makers from awareness to action);

- ensuring there are appropriate platforms to support those who are seeking information about the health issue; and

- considering the communication needs of those with disabilities.

IDENTIFY EFFECTIVE CHANNELS

Communicators need reliable channels for reaching decision-makers, disseminating messages and distributing materials. To identify the best available messaging pathways, communicators should analyse the audience's access to different channels and its preferences. When developing communications strategies, WHO communicators should consider a channel's reach and influence, for example:

- mass media channels, such as radio, community billboards, and posters on public transportation, have broad reach and can increase issue awareness;

- the effectiveness of mass media channels can vary depending on the target audience and the presence of mass media in their community;

- local radio can be a good channel for disseminating urgent public health information in specific locations; and

- interpersonal channels are especially important when trying to influence attitudes and encourage wider adoption of health behaviours.

USE GLOBAL CHANNELS TO REACH A BROAD AUDIENCE

WHO headquarters (HQ) manages several communications channels which can help reach broad groups of audiences with high level messages. These include:

- international news media;

- websites; and

- social media platforms that touch millions of followers, including Twitter, Facebook, YouTube, Periscope, Google+, Instagram, LinkedIn, Storify, Foursquare and Ello.

USE REGIONAL AND COUNTRY OFFICE CHANNELS TO REACH TARGETED AUDIENCES WITH TAILORED MESSAGES

Regional and country offices have their own set of communications channels. Some of those may sometimes overlap with global, HQ-managed outreach channels. Channels used by WHO at regional and country levels have the advantage of better targeting and reaching audiences geographically and are better able to bring tailored information to the attention of specific audiences with particular interests:

- regional, national and local news media

- social media with regional and local followers

- websites

- networks of local organizations

- interpersonal and community networks.

Compared to the ones used by headquarters communications, these channels are more effective at disseminating information, advice and guidance for local audiences' use. WHO communications staff are encouraged to tailor consistent messages aimed at different audiences and distribute them through global, regional, and country levels to ensure broad dissemination of information that is actionable at different locations and levels.

USE PARTNER CHANNELS

People are more likely to hear about WHO recommendations if a familiar or local source provides the information. To increase the distribution of WHO information, advice and guidance, communicators can coordinate messaging with partner organizations and agencies. Collaborations with partners who share WHO's communication objectives are particularly important when they have existing trusted relationships with key audiences that WHO does not regularly engage. Seek out partners who:

- share WHO's messaging objectives

- are known to the target audience

- interact frequently with hard-to-reach audiences.

CONSIDER NON-TRADITIONAL CHANNELS

WHO often shares messages and materials for distribution through ministries of health. However, other sectors also have effective distribution channels. To increase reach to local communities, WHO communicators can also use the following approaches.

- Distribute public health messages through different ministries. For example, report ozone alert days and asthma concerns through transportation ministries; report the risks of avian flu through agricultural ministries.

- Give local governments access to WHO resources. For example, WHO worked with the Government of Viet Nam to post WHO information on their Facebook account, which had greater reach to the priority audience than the WHO Country Office.

MAKE INFORMATION AVAILABLE ONLINE

WHO's website presents a vast library of trusted information on how to protect health. However, like all websites, WHO's website is a passive channel of communications. People have to purposely visit the site, search for content and navigate to find topics. Communicators need to develop strategies to draw people to the website, sustain their attention, and make information easy to find.

PLACE INFORMATION CONSISTENTLY AND PURPOSEFULLY

Strategic placement of website content increases users' ability to find information ("users" are the people who come to websites to seek information or engage with WHO). To ensure that people visiting the WHO website find what they need, communicators should take the following points into consideration.

- Establish hierarchy and importance for website content. Critical, high-level information should be placed at the top of the page. Detailed information should be placed at the bottom of the page or hyperlinked.

- Create highly visible locations for the information used most by the target audience. For example, WHO's website has a Media Centre page for journalists to find content for articles.

- Highlight easy-to-understand information on priority topics.

- Include fact sheets to help users quickly understand the basics on diseases and other health issues.

- Provide links to help users find more detailed information.

CONSIDER HOW AUDIENCES USE THE WEBSITE

Visual content on a website sustains user attention and encourages visitors to click through for additional information. Communicators can use visual elements to ensure key content is highlighted.

- The homepage and landing pages are gateways to the website and to major sections of content. These pages should have text, images and layout that lead visitors to specific topics and materials.

- Infographics on the homepage and landing pages provide quick and easy-to-understand introductions to complex topics.

- Users notice images before headlines. Compelling pictures motivate users to seek more information and make issues resonate at a personal level.

- Human interest photo stories use action-oriented photographs to connect WHO to real-life situations and demonstrate the impact of the Organization's work.

- Fact files combine 10 facts with 10 photographs to raise awareness of a topic and invite browsers to learn more.

CREATE EMERGENCY SPECIFIC WEBPAGES

An emerging health threat results in a lot of people seeking information. Decision-makers must have fast access to critical information from sources they trust. WHO communicators have designed a consistent layout for emergency webpages. Examples of emergency webpages are on WHO's website (http://www.who.int/emergencies/en/).

ENSURE PEOPLE WITH DISABILITIES CAN FIND AND USE INFORMATION THEY NEED

To achieve WHO's communications objectives, communicators must ensure that everyone can access WHO information, advice and guidance. The United Nations Convention on the Rights of Persons with Disabilities recognizes that access to information and communication technologies is a basic human right.

DESIGN COMPATIBLE CONTENT

According to the World Wide Web Consortium (W3C), all website content should meet accessibility standards for people with disabilities. WHO periodically performs accessibility audits of all its webpages. The 2015 audit shows strong accessibility compliance. To ensure that website content is accessible to all and is compatible with all devices, communicators need to:

- ensure that webpages work on all platforms and browsers;

- format information so it displays adequately on all devices, including smart phones and tablets;

- keep most file sizes small (less than 300 kilobytes) so users with slow internet connection can still have access to content; and

- create links to large files, rather than embedding them in a webpage, so users can retrieve them if they have access to more bandwidth.

CONSIDER INDIVIDUALS WITH LOW VISION

To ensure individuals with low vision have access to WHO information, advice and guidance, communicators can use a variety of techniques to enhance usability of web material. For example, adding ALT (alternative) text to an image such as a picture allows screen readers to describe that images to someone with low vision. This provides users who cannot see the image to have an idea of what it depicts by listening to the content.

Principle:
ACTIONABLE

WHO's work is designed to support the adoption of healthy behaviours and the implementation of policies to protect health. Communications is a necessary component of WHO's comprehensive organizational efforts to achieve these goals. To be successful, communicators must understand target audience knowledge, attitudes and behaviours in order to create messages that address barriers and encourage decision-makers to take the recommended steps.

PLANNING QUESTIONS TO ENSURE COMMUNICATIONS ARE ACTIONABLE

Communicators should consider the questions below to help identify if audiences are ready to take action. This insight can then be used to craft compelling communications products and activities that move decision-makers towards accepting and acting on WHO advice, guidance, and recommendations.

- What is the behaviour or action we want audiences to take to protect themselves or those they care about? Is there a behaviour or action that needs to be discouraged?
- Do the target audiences understand the situation, the health risks and recommended behaviours and policies?
- Do target audiences perceive the health issue as relevant to them; do they feel personally engaged with the issue?
- Do audiences understand the benefits of adopting the recommended behaviours or policies? Do they understand the consequences of not adopting them?
- What are the barriers preventing the adoption of health protection actions or policies?
- What social norms exist that could positively or negatively influence adopting the recommended action?
- How confident are decision-makers in their ability to endorse the safe and healthy behaviours, or to pass policies that promote health?
- Is the target audience able to act independently? If they need help in order to act, does the message describe what support might be available for them (either from the community or other stakeholders) or where to find additional information?

BACKGROUND

Communication is a necessary component of any effort to achieve positive health outcomes. WHO must provide accurate health information in a way that encourages audiences to take action and follow advice and guidance to protect safety and health.

There are many research-based social science models and theories that describe effective communications approaches leading to health protection action. Some communication practices and approaches focus on behaviour change at the individual level, while others have a broader social view, addressing behaviours and decision-making made by organizations and communities. WHO's mission is to influence health protection actions at a personal level as well as policies at the community or national level and therefore this Strategic Communications Framework addresses both aspects.

This principle comprises several components helping communicators develop messages and campaigns focused on behaviour change by understanding the audiences:

- level of awareness of the health risks and protection;
- feelings of personal relevance to the health risk;
- knowledge of appropriate health behaviours or policies to mitigate risks and promote health;
- confidence that they can take the recommended actions;
- sense that the recommended actions are endorsed by their community; and
- belief that the benefits of implementing actions outweigh the costs.

MOVE AUDIENCES TOWARD ACTION: THE COMMUNICATIONS CONTINUUM

Figure 1. The Communication Continuum
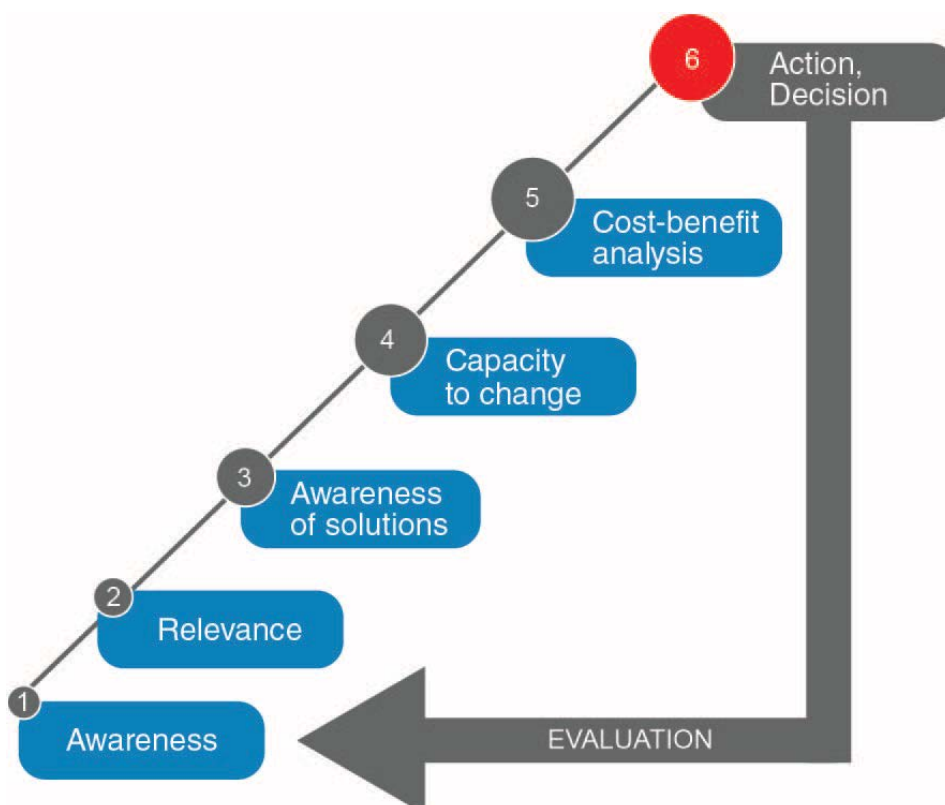
WHO communicators can create messages and strategies that help people make decisions and take action to protect their health. Each health issue is different, so a new approach needs to be planned for each one. Communicators understand that people who are not aware of a health risk are not likely to act after simply hearing recommendations to reduce risks. Also, people rarely accept complicated health recommendations after only hearing or reading about them once. Using step-by-step communications campaigns that follow a specific sequence, communicators can move people towards the desired action incrementally.

INCREASE AWARENESS

Communicators first need to build awareness of existing or emerging health threats or benefits. If people who make health-related decisions are not aware of the risks, they will not act to protect themselves or others. To achieve the benefits of new behaviours and policies, health care decision-makers first need to know what those behaviours and policies should be. Communicators can build awareness using a variety of methods.

- Increase the level of understanding of health risks and promote the steps that protect people's health.
- Widely disseminate messages that are simple, easy to recall, repeated and attention-getting.
- Use mass media and social media channels.
- Widen the reach of social media by designing messages that can be shared by partner organizations and networks of friends, family members and co-workers.
- Compete for attention by using credible message sources. For each health issue, identify which health information sources the target decision-makers believe are credible. These sources are not necessarily WHO staff or local health experts: they may be organizations, family members, faith leaders, or peers.
- Highlight WHO's unique expertise on the issue, making the Organization a trusted source of information.

SUPPORT AN APPROPRIATE UNDERSTANDING OF THE RISK

Decision-makers need to believe that a health risk is real and that they are vulnerable. The target audience and authorities will not take action if they think the risk only affects other groups or is not important. Communicators can use the following approaches to increase personal relevance of the issue.

- Create a connection to the health issue at a personal or community level.
- Show the health problem's effect on people who are like the target audience.
- Create a sense of urgency to prompt decisions and action.
- Direct media attention to an incident which the target audience can relate to. For example, to engage parents of young children, direct media attention to an outbreak among young children who were not vaccinated.
- Use messages to show the health threat is close to home by highlighting community members who have experienced or are susceptible to the health problem.
- Consider the target audience's perspective on risk when planning messages about a health threat. For example, focusing on the possibility of death is likely to be more effective with older populations than with youth.

PROMOTE KNOWLEDGE OF SOLUTIONS

People who feel susceptible to a health threat are more likely to look for ways to protect themselves. However, sometimes decision-makers overreact to a health risk. Unless communicators offer effective solutions, the target audience may act in ways that are counterproductive, causing harm or using resources unnecessarily. In these cases, communicators need strategies to match the perception of susceptibility to the real magnitude of the health risk. Communicators can assist in these areas to ensure the target audience knows what behaviours and policies reduce risk and susceptibility.

- Support decision-makers' implementation of protective measures by using messages that describe the desired action and explain where to find information and resources that support implementation.
- Consider which sources the target audiences trust as experts. For example, they may be health care providers, mothers or community faith leaders.
- Use interpersonal communication channels to enhance learning of protective skills.
- Encourage interactive conversations with the target audience so people can ask questions.
- Take into consideration the following when communicating with the target audience.
  - People learn in different ways.
  - People have different levels of education and different socioeconomic backgrounds.
  - Plain language and visuals enhance understanding of solutions and speed adoption of the recommended behaviours. For example, photographs and infographics can show a sequence of required steps, and probability statistics can be presented in more understandable formats.

INSTIL THE CONFIDENCE TO ACT

When people have confidence, they believe they can take the appropriate actions, and that those actions will make a difference. There are various ways communicators can ensure individuals and organizations believe they can perform recommended behaviours or implement policies to promote health.

- Use WHO stories of individuals or organizations that model the desired behaviour or policy-making action.
- Use well-known strategies to influence audiences' confidence. For example, promoting the ability to try a new behaviour without risk, observing someone else who is respected practising the health behaviour, using a credible source to encourage the behaviour and self-empowerment messages.
- Have a clear call to action that breaks the accomplishment of the desired health outcome into simple steps. Ensure that each step in the call to action is attainable for that target audience.
- Teach skills, if necessary. Begin with behaviours that have minimal skill requirements and continue working on others that require more complex effort. For policy-makers, begin with steps that require minimal initial investment, but reap visible rewards, to motivate towards the next step.
- Create opportunities for individuals and policy makers to practise skills or develop plans with someone who has already mastered them. Policy-makers should be encouraged to learn from the successful policy implementation of decision-makers who have already acted on WHO guidance.

- Enhance confidence and feelings of control by showing people what they can do individually, even as part of a larger campaign. Decision-makers are more likely to act if they can act independently.

- Show that taking action will make a difference. Design messages that clearly show that WHO-advised behaviours and recommended actions are worth the investment of time and effort.

INFLUENCE SOCIAL NORMS

Social norms can make it easier or harder for audiences to adopt recommended health actions and policies. Social norms are the rules, beliefs, expectations and behaviours supported by friends and communities. They can come from peer attitudes, social or community beliefs, and work contexts. Most people will find it difficult to adopt recommendations that are not connected to their social beliefs and expectations. Communicators can use the following approaches to align recommendations and benefits with relevant social and cultural norms.

- Encourage trusted influencers and messengers who are close to the audience to act as models and champions for the desired behaviours and policies.

- Identify where decision-makers feel pressure to conform to norms that contradict recommended actions. Work with the target audience to develop tactics to reduce that pressure.

- Increase message credibility by promoting trusted messengers who changed their behaviours to align with recommendations.

- Create messages that describe how communities, organizations and peers support the recommended actions.

REINFORCE BENEFITS TO OVERCOME BARRIERS

If people think that the barriers to the recommended actions are too high, they may not act to solve health problems, improve health, or prevent disease. Communicators can help the target audience see the benefits of protective health actions and lower the barriers for their uptake in the following ways.

- Increase confidence in institutional support for recommended behaviours and policies and lower the barriers to their adoption.

- Design communications materials and activities at individual and community levels to address barriers. Examples of barriers can include lack of time, problems with logistics, costs, lack of urgency and lack of awareness.

- Reduce the time between when the target audience adopts a recommended behaviour and the reward. Any significant time gap can disrupt this connection.

- Focus communications on midpoint milestones and rewards to close the time gap between adopting the behaviour and the reward.

- Promote all the benefits that result from the recommended behaviour, not just the health benefit. For example, getting a flu vaccine may help keep you healthy and reduce the potential need to take unscheduled time off work.

DESIGN A BEHAVIOUR CHANGE CAMPAIGN

A health campaign follows a specific sequence that moves the target audience from awareness of an issue towards a behaviour resulting in a specific health outcome. An effective campaign must also adapt to, and consider the context of, the community it serves. Success is most likely when the campaign is integrated across headquarters, regional and country offices and follows these key practices.

INVOLVE PARTNERS EARLY IN THE CAMPAIGN

A campaign can benefit from organizations already actively promoting the health issue. Presenting a consistent message from multiple sources increases the likelihood of action. When communicators involve partners at the beginning of a campaign, the partners can:

- prepare their own materials
- conduct complementary media activities
- engage their constituency.

USE TRUSTED MESSENGERS

Trusted messengers and high-profile personalities can add their voices to the campaign and:

- help overcome barriers, such as fear of stigma, to behaviour change
- address social norms that conflict with the desired behaviour
- model the desired behaviour.

ENSURE AVAILABILITY OF COMMUNITY RESOURCES

Some recommended actions, such as getting vaccinated, quitting smoking, and screening for depression, require organization or community resources. To ensure that the target audience has access to these resources, communicators should:

- create materials and activities to direct people to the resources;
- check resource availability before recommending action; and
- work with country offices and local partners to provide information on available resources.

ENCOURAGE ACTION DURING A HEALTH EMERGENCY

During an emergency, situations change quickly. Communicators must adapt messages based on the rapidly changing status of the health threat. To move the target audience towards actions to protect families, communities, and nations in an emergency, communicators need strategies and tactics for creating effective messages. WHO and other partner organizations have developed communication plans for specific health emergencies (H1N1, Ebola, Zika virus, etc.). However, some similar tactics are found in all of them. This short section highlights common tactics and refers to more specific and detailed resources to assist WHO communicators in effective practice.

CONSIDER THE COMMUNICATION ENVIRONMENT AND EMPHASIZE WHAT IS BEING DONE TO CONTROL THE EMERGENCY

In a health emergency, there is an urgent demand for information, even while intelligence on the health threat is still being gathered and assessed. Various audiences will have very different information needs; for example, if people experiencing a crisis are not familiar with a health risk, they may feel they cannot do anything to stop it. For effective emergency messages, communicators must carry out the following steps.

- Evaluate the target audience's level of concern or fear. Messages should:
  - highlight the audience's ability at the individual or community level to protect themselves and others;
  - make visible the roles of trusted organizations who are taking action to protect health;
  - use clear calls to action to direct people towards actions they know they can do; and
  - demonstrate how the actions and/or policies will make a difference.

- Direct special attention to the needs of those who may be more vulnerable such as children, pregnant women, older adults and individuals with disabilities. Show how community officials or other organizations are meeting their needs.

- Provide frequent information updates through partners and global channels. Late announcements and lack of information allow rumours and non-credible information to fill the void.

USE A CONSISTENT PLANNING PROCESS THAT INCORPORATES EFFECTIVE RISK COMMUNICATION PRINCIPLES

WHO communications staff plan, execute and evaluate emergency communications in a regular cycle to ensure a rapid, regular, and comprehensive flow of information. The cycle also integrates the practice of effective risk communication principles into the protocols (transparency, rapid announcements, listening, and building trust). The WHO Outbreak Communication Planning Guide provides more detail on emergency risk communication principles and how planning can incorporate them. These are the various roles of the communicator during such a situation, as outlined in the Department for Communications Emergency Operation Plan.

- Analyse rapidly changing communications needs.
- Build the results of media monitoring into communication planning.
- Create and broadly share talking points and answers for frequently asked questions.
- Develop message banks for easy information retrieval.
- Coordinate communication planning and execution with internal and external partners.
- Develop proactive messages for news and social media outlets.
- Respond to media enquiries.
- Develop multiple-channel dissemination tactics.
- Update website content with the most recent information.
- Sequence messaging to ensure rapid release of key details. For example, a Twitter-first model allows for release of known intelligence until more detailed information is cleared.

COORDINATE MESSAGES WITH PARTNER ORGANIZATIONS

WHO, the UN system, and partners should speak as one voice to maintain trust and encourage appropriate action. In an emergency, messaging must be consistent, requiring coordination among:

- the United Nations (UN) including the UN Deputy Secretary-General and UN principals
- the UN Department of Information and communication counterparts in UN sister agencies
- partners conducting risk communication through community engagement
- regional and country offices
- incident management teams
- technical departments to ensure updates to published information
- WHO staff through the intranet.

USE THE WHO EMERGENCY COMMUNICATIONS NETWORK (ECN)

Trained emergency communications experts can be deployed to provide on-site communication assistance during humanitarian crises and public health emergencies. WHO has trained and maintained a roster of 150 communication specialists who have been certified through a rigorous process covering all aspects of WHO-UN emergency response. These communicators can rapidly deploy to:

- increase local risk communications capacity;
- apply a wide range of risk communications knowledge and practice; and
- serve as liaisons between countries, regions, and headquarters to unite communication efforts.

SUPPORT COMMUNITY ENGAGEMENT

Timely community engagement is particularly significant during health emergencies. To support community involvement, communicators can:

- coordinate with institutions, community networks and partner organizations to reach the target audience; and
- use toolkits to create well-timed local messages.

Principle: CREDIBLE AND TRUSTED

WHO's reputation is a key factor for whether audiences will take action on the Organization's advice and guidance. The more decision-makers trust WHO, the more likely they will believe, and act on, the information communicated by the Organization. WHO communicators must use every opportunity to reinforce WHO's trustworthiness so that its health information and activities become the basis for decisions. The terms "trusted" and "credible" are considered in most practice and dictionaries as synonymous. They are used interchangeably in the Framework.

PLANNING QUESTIONS TO ENSURE COMMUNICATIONS ARE TRUSTED

Communicators should consider these planning questions to help decide how to communicate with the aim of building and maintaining credibility.

- What is WHO's role as a global health authority in this health issue?
- What does WHO know about the health issue and what questions still need to be answered?
- How aware are at-risk populations and other decision-makers of WHO's status as a credible resource on the specific health issue?
- What other organizations are perceived by the audiences as trusted on this health issue? How can WHO align with them?
- Are partner organizations' messages aligned with those of WHO?
- Who is the best WHO spokesperson for this issue?
- Are there any reputational risks related to the health issue, such as threat to WHO's reputation, perceived value or standing in global health? Should these be considered in planning communication activities?

BACKGROUND

The components of this principle focus on strategies to reinforce public trust in WHO by demonstrating:

- competence: WHO has technical expertise in the health issue and its information is accurate and consistent with other experts and trusted organizations;
- openness and honesty: WHO is transparent in its work and the Organization is honest about what it knows, and what it does not know;

- dependability: WHO does what it says it will do; and
- commitment and caring: WHO is committed to its mission and cares about the health of all people.

ENSURE TECHNICAL ACCURACY

WHO technical and communications teams work together to ensure that all communications products are accurate and deliver a consistent message. Products go through a rigorous cross-checking and clearance process.

CLEAR AND CROSS-CHECK CONTENT

Communicators and technical units follow procedures to ensure the technical accuracy and appropriate presentation of WHO information.

- Technical units must verify all global, regional or country data in the information products that are developed.
- The legal office must clear products that contain legally sensitive material.
- The WHO eManual, section VIII, explains clearance procedures for product planning, content development and production.
- The WHO eManual, section VIII, describes the correct use of logos on products.
- The WHO Style Guide instructs how to present information such as presentation of numbers and references consistently in written products. The adherence to common style protocols contributes to the image of "One WHO", increasing consistency between products which increases credibility and confidence in the information.

KEEP FACT SHEETS UP TO DATE

Fact sheets define and profile a disease or other public health topic. When they are easy to understand and up to date, fact sheets reinforce decision-makers' trust in WHO information. When a topic is in the news, relevant fact sheets are highlighted on the WHO website, which now has approximately 150 fact sheets. Communicators work with technical units to ensure that fact sheets are updated and have accurate information so readers can:

- identify if they are at risk
- understand the scale of the problem
- learn ways they can protect their health and safety
- see how WHO actions reduce the health threat
- recognize the barriers to improvement
- follow overall progress of a health situation.

MAINTAIN VERSION CONTROL

WHO tracks versions of its messages and other information products to ensure it presents the most current and relevant information. Communicators should use tracking systems to:

- maintain internal consistency of information
- manage and update content on the website
- manage document translations on the website.

BE TRANSPARENT

To build trust, communicators must be transparent about how WHO analyses data and how it makes recommendations and policies. Messages also need to acknowledge uncertainty and quickly address any misconceptions or errors. Communicators must rapidly and publicly report the participants, processes and conclusions of:

- guideline development meetings
- International Humanitarian Relief (IHR) emergency committee meetings
- working groups.

Transparency of all communications is essential to ensure the credibility and trust of WHO information, advice and guidance.

MAKE INFORMATION AVAILABLE QUICKLY

For health threats of all kinds, it is important for WHO to provide the public and media with quick and easy access to up-to-date information. For emerging health threats, communicators must inform people about the current state of knowledge in order to maintain confidence in WHO as a key source of credible information. If communication is delayed, stakeholders may conclude that WHO does not know what is occurring or is hiding information. They will turn to other sources for information. Communicators must work across headquarters, regional and country offices to quickly publish emergency, context-specific information. WHO's Media Centre webpage provides a centralized source of information with links to:

- statements and notes for the media
- situation-specific webpages
- transcripts of press briefings
- online questions and answers
- fact files and fact sheets
- maps of affected regions.

ACKNOWLEDGE UNCERTAINTY

Transparency is particularly important at times of high uncertainty. During public health emergencies, communicators may have to announce recommendations before all facts are known. In these situations, communicators must ensure transparency and provide:

- interim public health recommendations, emphasizing that they could change as new information becomes available;
- preliminary research findings, such as recent vaccine trial results, letting audiences know about the limitations of the conclusions;
- clarification about what information is known and what is not known; and
- steps for how remaining questions will be answered.

ADDRESS ERRORS

WHO communicates openly when the Organization has made an error and rapidly issues correct information. Communicators should determine which media channels and spokespeople can most effectively address the misinformation.

COMMUNICATE RELATIONSHIPS WITH NON-STATE ACTORS

WHO collaborations require transparency and clear descriptions of the nature and purpose of relationships with other organizations. WHO's primary partners are its Member States and the health authorities in those countries. However, WHO also engages with non-State actors to encourage them to protect and promote public health. Coordinating messages with these organizations can raise the visibility of accurate health information and advice.

Non-State actors include nongovernmental organizations (NGOs), private sector entities, philanthropic foundations and academic institutions. Although often beneficial, these relationships can raise questions about potential conflicts of interest (a potential reputational risk), the Framework for Engagement with Non-State Actors (FENSA) has been created to provide ethical standards for work with private entities. Communicators are encouraged to use FENSA as an important resource for explaining how WHO works with partnerships in an ethical way, including:

- the principles of engagement
- risks and benefits
- types of interactions.

COORDINATE WITH PARTNERS

WHO works with the growing number of organizations, including non-State actors, and hosted partnerships, that respond to health threats and develop public health policies. These organizations can enhance WHO credibility and strengthen trust in WHO guidance. If WHO and its partners coordinate to present messages with consistent information, people are more likely to trust the information and follow the advice. If partner messages differ from WHO messages, credibility for all involved can be damaged. In addition, some partner organizations have more frequent contact with WHO's target audiences or are more trusted by them. When partners disseminate information that is consistent with WHO messages, some audiences are more likely to trust the information because it comes from credible partners.

To reach more audiences, communicators can collaborate with partners to:

- access more channels to disseminate important health messages;
- gain new audiences by cross-linking web materials between WHO and its partners;
- share and retweet messages;
- publish joint publications, drawing attention to the document among both WHO and partners' constituents; and
- issue joint press releases with partners.

COORDINATE WITH UNITED NATIONS (UN) AGENCIES

WHO can broaden its audience by using UN agency channels. These include the European Broadcasting Union, UN Radio, the UN News Centre and UN Web TV.

SPEAK AS "ONE WHO"

Consistent messaging, coordination among divisions, and good internal communications are part of effective communication practice. As such they are a critical focus for WHO. Promoting the same WHO message from all channels builds credibility and trust.

WHO communicators are encouraged to regularly share technical content, key messages, narratives and media responses across all three levels of the Organization. As news breaks or activities are planned, well-informed communicators are better able to ensure consistency, avoid conflict, and coordinate between levels and departments.

SHARE CORE MESSAGES ACROSS ALL PROGRAMMES AND LEVELS

Sharing core messages across the Organization enhances the perception of "One WHO", promotes consistency, and strengthens WHO's reputation. Communicators routinely disseminate key messages on emergency topics and World Health Day observances between levels and departments. This practice is encouraged for all high-priority issues.

MEET WITH TECHNICAL DEPARTMENTS REGULARLY

To promote accuracy of WHO messages and materials, communicators must work closely with technical experts to ensure the accuracy of messages and materials. The Department of Communications at the Office of the Director-General (DCO) uses a portfolio model to ensure collaboration, assigning specific focal points as liaisons with health clusters and technical units. These focal points become familiar with their specific public health topic. To support the technical units' communication initiatives, they:

- participate in regular meetings with the respective technical teams;
- integrate communications considerations from the beginning of discussions on research, policies, interventions and initiatives; and
- serve as the point of coordination within DCO to access communication services – such as web, media relations, training, and audio visual support – that can support the technical unit's goals and needs.

COMMUNICATE WITH REGIONAL TEAMS REGULARLY

Communicators at headquarters and regional offices conduct regular calls to address high priority issues, including emergency communication coordination.

CONVENE WHO COMMUNICATORS REGULARLY TO ADDRESS THE ORGANIZATION-WIDE PRIORITIES AND STRATEGIC COMMUNICATION APPROACHES

Every 12 to 18 months, communicators from headquarters, DCO, and regional and country offices gather for the Global Communications Forum and communication training. This meeting provides a critical, regular opportunity to take a longer view at communications capacity building, priority needs and strategy across the Organization.

COORDINATE DURING EMERGENCIES

Coordination and collaborative implementation of communications strategies are especially important during public health emergencies. The DCO Emergency Communications Operations Plan outlines steps for cross-organization goal setting, tactics, and assessments for communication to address high visibility, rapidly evolving emergency events.

MAINTAIN A GLOBAL EDITORIAL CALENDAR

The WHO global editorial calendar is available on the WHO intranet for communicators at all levels of the Organization. Entries include activities at headquarters, regional and country offices. Products and events associated with the calendar schedule are also included. The global editorial calendar:

- increases awareness of upcoming events and communications activities;
- offers opportunities to leverage channels and broaden outreach for scheduled events; and
- shows current schedule of events to avoid scheduling conflicts.

USING THE WHO BRAND FOR MAXIMUM IMPACT

Decision-makers use health information, advice and guidance from trusted organizations that have a strong reputation for competence. WHO communications are designed to communicate health information in ways that protect and enhance WHO's reputation as a source of credible information on chronic and emergency health issues.

PROTECT THE WHO BRAND AND INTELLECTUAL PROPERTY

Consistent branding of WHO content across all channels and levels of the Organization helps maintain trust in WHO.

- The WHO eManual, section VIII, and the web Emblem and Programme Logo Policy provide guidance on when and how to use the WHO logo and programme-specific logos.
- Visual identity guidelines detail how to use the WHO logo and provide links to graphic files.
- Partners that use and appropriately cite WHO information and guidance enhance WHO credibility.
- Appropriate use of social media can enhance the brand, but staff must know how to avoid negatively affecting the Organization when posting to their personal social media accounts.
- WHO provides employee training and policies on corporate and personal use of social media, helping staff use these channels in ways that support WHO activities.

AMPLIFY WHO MESSAGES

WHO employees are the most credible voices of the Organization. Their voices amplify the global WHO role and message.

- In the 2015 WHO global perception survey, 81% of employees said they would speak positively about WHO.
- The Director-General, Assistant Director-General, regional directors and senior staff are key voices representing WHO priorities at important events.
- All staff can use training resources to be more effective WHO ambassadors: The Effective Communications Participant Handbook, iLearn Communication Essentials, and the training module, "Telling the WHO Story".

PREPARE AND SUPPORT SPOKESPEOPLE

Communicators ensure that WHO spokespeople are prepared to represent the Organization when speaking to the media or at conferences. They can provide the following support services.

- Talking points, which are brief statements written in speaking style. They help spokespeople convey key messages and facts.

- Media training to provide guidance and opportunities to practice for interviews across a variety of platforms, including television, radio, Skype and social media.

- Background information on journalists and media outlets to help spokespeople prepare for interviews. Before an interview, spokespeople should know the focus of the interview and any prior relevant coverage.

- Spokespersons are encouraged to use DCO and regional and country communication officers to help prepare them for speaking roles at public and partner engagements.

Principle: RELEVANT

To be relevant, communications must help audiences see the health information, advice or guidance as applicable to them, their families, or others they care about.

PLANNING QUESTIONS TO ENSURE COMMUNICATIONS ARE RELEVANT

To help ensure WHO communications on public health issues are seen as relevant to the audience, communicators should consider these questions in the planning phase.

- What socio-demographic characteristics of the audience (such as age, education, geographic location, etc.) can inform message design and dissemination plans?

- If WHO is sharing information about a health threat, do individuals perceive they are at risk? Does that perception correspond to the actual degree of the risk? Some individuals experience greater concern than is appropriate. For example, this can occur when common health threats that pose a higher actual risk are more familiar and more accepted by the population than the new threat about which WHO communicates in that instant.

- Does the audience have previous experiences with this, or similar health risks or topics, that can be referenced to develop messages and materials about the current issue that are more relevant?

- Does the audience feel there are steps they can take to reduce the risks to their health?

- What is the audience hearing about the health issue from other sources that may affect their understanding of how WHO's information, advice, and guidance applies to them? Who are these messages from?

- What personal, community or national values related to the health topic could be associated with the need to act on WHO's messages and materials?

BACKGROUND

Communicators can increase the sense of relevance to a health issue by referring to the personal experiences of the audience or explaining how the issue can affect family, friends or others they may know in their community. For policy-makers, health issues are perceived as relevant if they are represented as a high priority for constituents, or are linked to other national and community values, such as security and economic prosperity.

Communicators can start the planning process and consider how to create relevant messages by following these points.

- Understand the characteristics of the target audience to design effective messages and strategies.
- Create messages and materials that include examples from or references to the target audience's community, organizations, or other points of identification. Alternatively, examples and references could relate to entities similar to the target audiences.
- Listen to the audience and to stakeholders that work with that audience, in order to identify how to address the audience's concerns.
- Tailor content and messages to meet the needs of the audience.
- Design messages based on the audience's readiness to take the appropriate actions.

KNOW THE AUDIENCE

WHO communicators must understand the target audience to develop a communications strategy relevant to decision-makers. To find useful information about a target audience, communicators can access community profiles or other existing research, perhaps from another campaign.

UNDERSTAND SOCIO-DEMOGRAPHIC AND CULTURAL CHARACTERISTICS

Age, gender, educational background, income, geographic location, cultural beliefs and civic structure all influence how people receive messages. To develop relevant messaging, communicators must learn how these characteristics influence a target audience and craft materials and engagements that appeal to those individuals and communities.

DETERMINE COMMUNICATION PREFERENCES

Messaging is most effective when it aligns with target audience preferences. Communicators should consider:

- how the target audience prefers to receive messages;
- what communications channels the target audience uses;
- what messengers the target audience trusts; and
- any preferences the target audience has for product format and design.

RECOGNIZE ATTITUDES TOWARDS THE RISK

Communicators must also take into account audience perceptions and attitudes toward the health topic or risk and the actions WHO is promoting.

LISTEN TO THE AUDIENCE

WHO communicators must stay aware of what a target audience knows about a health issue. Listening gives communicators insight into what people think about an issue and how they may act based on their understanding. Communicators can learn about audience knowledge, attitudes and practices from many sources and draw from the strengths of each.

LEARN BY LISTENING

Communicators can listen in a variety of ways to gain insight into whether people find the health topic relevant. Listening can identify:

- their level of interest in the issue;
- their perceptions and attitudes about the topic or risk and the promoted action (behaviour change, policy adoption, etc.);
- their current position or behaviours responding to health issue;
- the concerns about the health issue of at-risk audiences and the organizations that support them;
- how the media portrays the issue;
- the focus of conversations on social media; and
- any inaccurate coverage or misinformation.

LISTEN TO PUBLIC OPINION

WHO communicators can review reports from sources that track public opinion.

- WHO's headquarters Department of Communications (DCO) produces Health News Daily Digest, which summarizes media reporting and social media conversations.
- Regional and country offices, ministries of health, and other local responder agencies may have methods for recording public opinion, including media monitoring systems.
- Research institutes and media sometimes conduct public opinion surveys covering health topics. These can provide background context related to broad public perception of global health issues.

LISTEN TO ENQUIRIES

To learn about target audience questions and concerns, WHO communicators can check sources that process enquiries by people seeking information. This can help provide information about levels of concern among at-risk populations and also among those who are not at risk.

- Regional and country offices may have partner organizations with hotlines or consumer enquiry phone lines. The questions that people ask help WHO identify the gaps in existing information, which can be filled through WHO communication materials.
- The weekly DCO Google Analytics report on how users interact with the WHO website can identify content of most interest to users. WHO staff can sign up to receive the report.

LISTEN TO CONVERSATIONS

WHO communicators can investigate less traditional sources of information, such as local talk radio shows. A question and answer conversation on a radio show can provide insight about the main concerns of listeners. Communicators can also determine if the guidance offered to listeners by other sources is consistent with WHO recommendations.

LISTEN TO PARTNERS

WHO partners, including less traditional partners such as religious groups and business associations, provide different perspectives based on their networks and listening methods. Communicators should be aware of what partners believe the target audience thinks and needs. WHO's Health News Daily Digest regularly reports on current partner messaging. With timely information from this source, WHO communicators can monitor whether partner messaging aligns with WHO information, advice and guidance. In addition, WHO communicators are encouraged to engage directly with counterparts in partner agencies to ask about their understanding of decision-makers' knowledge, attitudes, and actions related to the health topic.

TAILOR THE MESSAGE

Customizing communications ensures the relevance of WHO information for target audiences. Message design can influence the effectiveness of a message. For example, if a target audience has health beliefs and values already consistent with those presented in a message, using statistics can be persuasive. If audience beliefs are counter to WHO recommendations, emotional stories may be more effective.

CUSTOMIZE MESSAGES

WHO communicators must customize messaging to meet the needs and values of specific target audiences. The following methods can be used to tailor WHO content and messages to specific audiences.

- Make the content relevant to the specific audience, which may be individuals, communities, health care providers, policy-makers, international organizations or employees.
- Address the barriers decision-makers may face when trying to take recommended action.
- Send messages through the audience's preferred communications channels.
- Consider the requirements of specific communications channels. For example, social media works best with short messages accompanied by interesting graphics.
- Use colours that relate to the content. For example, blues and greens tend to evoke calm, and reds tend to facilitate anxiety or alertness.
- Incorporate cultural symbols, such as familiar foods, dress, family gatherings and community settings, to help audiences relate to the health information. Ensure that messages do not include cultural symbols that might offend or that audiences cannot relate to. For example, do not use images of single-family homes when creating messages intended for people who live in dense, urban environments.

FOCUS ON THE OUTCOME

WHO communicators need to develop messages that focus on the desired single overarching communications outcome (SOCO).This focus will help communicators make sure to:

- engage the target audience
- achieve desired outcomes
- communicate risk effectively.

When creating messages, communicators should identify three key supporting points, each with supporting facts, statistics and examples, to accomplish that outcome. Audiences are able to retain a small number of ideas, but are unlikely to retain messages that include numerous steps, actions, or reasons for change.

MOTIVATE THE AUDIENCE

Effective message design moves target audiences along a communications continuum from awareness to action. WHO communicators should identify where audiences are on the continuum and design messages to engage them at that stage. For more information on the communication continuum see the principle "Actionable".

BUILD AWARENESS

Communicators should design messages to be simple, easy to recall, repetitive and attention-getting. Messages should focus on the health issue and the recommended actions relevant to the target audience.

EXPLAIN OR INCREASE PERSONAL RELEVANCE

Effective messages connect the target audience as close as possible to the health issue. Communicators can create messages that:

- reflect on the previous experiences of the target audience;
- show the effect of the issue on people who are like the recipients; and
- highlight the effects on family and friends who have or may experience the health problem.

PROMOTE KNOWLEDGE OF SOLUTIONS

WHO messages should include a recommended policy action or health behaviour related to the issue under discussion, and attribute it to a source trusted by the target audience. Methods for promoting target audience knowledge of WHO recommendations include:

- place messages in locations and at times that reach the decision-makers and allows them to process the information; and
- include visuals in messages to support the different ways people learn.

INSTIL CONFIDENCE

Research can identify barriers or factors that reduce the audience's confidence in their ability to act on the recommended behaviour. WHO communicators should create messages to increase target audience confidence. For instance, messages meant for decision-makers, should reinforce their belief that they can take action to prevent or control health risks and protect health. These messages will also encourage other target audiences to have high confidence in the recommendations and take the recommended actions.

INFLUENCE SOCIAL NORMS

Norms, or traditionally accepted and expected behaviours, may be a barrier to recommended actions and can influence the effectiveness of WHO messages. To support actions that require development of a new social norm, communicators can enlist community leaders or well-known celebrities to practice and model desired behaviour. UN's and WHO's goodwill ambassador policy provides key guidelines on how to determine which eminent personalities can be designated for these positions.

PROMOTE BENEFITS

Communicators must promote the benefits of the recommended behaviours or policy actions in health messages. Messages can reinforce benefits by connecting them to the lives of decision-makers and their communities. These benefits may or may not be related to health and, for example, could include:

- gaining more friends
- having more energy
- being able to work and earn money
- not needing to stay home because of illness.

Principle: TIMELY

Across all health issues, WHO must make information, advice and guidance available in a timely way, so audiences have the information they need when they need it to make appropriate health decisions.

PLANNING QUESTIONS TO ENSURE COMMUNICATIONS ARE TIMELY

WHO communicators should consider these questions when designing communications actions and products that are timely.

- When health threats are urgent, what are the best methods to engage priority audiences quickly?
- When are the audiences likely to be faced with a health-related decision for themselves or others on the health topic?
- How can messages be delivered so that audiences have enough time to understand and act on the message?
- How can WHO best engage with the press to get messages to the public quickly?
- Are there times when a health message will be crowded out by competing issues and concerns?
- Is there a way to deliver a sequence of messages over time that would increase the effectiveness of information and advice?
- How can WHO support partners so there is timely and consistent dissemination of information and advice?

BACKGROUND

Communicating in a timely way means engaging the audiences at the time when the health guidance is needed, and when they are receptive to hear and act on it. During health emergencies, for example, this means communicating rapidly what is known and unknown, and providing frequent and reliable updates. For many non-urgent health topics, timeliness means engaging audiences at the point when individuals and policy-makers need to take action. This "just-in-time" messaging is especially relevant for health issues that are seasonal, such as promoting flu vaccines, or when the health issues are more likely to affect specific age groups, such as shingles or pneumonia vaccines. In both cases, WHO will need to determine how to engage audiences when they are most likely to pay attention.

The component sections of this principle discuss how communicators can support timely dissemination of WHO information, advice and guidance by:

- making sure WHO's information is available to decision-makers as quickly as possible;
- timing communications to when decision-makers need to know and take action; and
- sequencing messages to build the conversation over time.

COMMUNICATE WHAT WHO KNOWS EARLY

WHO communicators work at a fast pace to ensure that urgent health information reaches decision-makers in time to protect health. This information must be accurate to maintain the Organization's reputation and credibility. The need to be quick and accurate is an ongoing tension in communicating urgently needed health information. WHO cannot sacrifice accuracy, but can still rapidly communicate details it does know, and also explain what the Organization is doing to find answers to areas of uncertainty.

USE SOCIAL MEDIA

Twitter and other platforms can help WHO messages quickly reach millions of people.

- A Twitter-first approach speeds dissemination of critical information that is verified, while more detailed information is developed and cleared.
- WHO Twitter alerts can be sent from the WHO account as SMS messages that can rapidly inform people about urgent health risks. SMS is especially useful to reach target audiences who are in areas where internet connections are unstable.

ENGAGE THE MEDIA

WHO communicators regularly reach out to local, national and international print, television and radio outlets. There are various approaches for communicators to engage with the media.

- **Hold in-person and virtual press conferences.**
  - Press conferences reach many journalists with the same message, which encourages consistency.
  - To speed up the release of emergency committee decisions, a press conference can be held on the same day the committee makes the decision, reinforcing WHO transparency.
- **Create press releases.** Breaking news about global health, policy changes, and new health information can be communicated through press releases.
  - Communicators can post press releases on the Media Centre page of the corporate website and send them directly to journalists.
  - Press releases should be coordinated across headquarters, regional and country offices.
  - Communicators can distribute press releases simultaneously to national, regional, and global press lists.
- **Expedite message clearance.** Using precleared talking points and prepared templates to create messages during an emergency will accelerate the clearance process.

ENHANCE EMERGENCY COMMUNICATIONS

Health emergencies demand rapid dissemination of information and guidance. If announcements are delayed, people may:

- overreact to the health risk;
- fill the information void with rumours and misperceptions;
- conclude that WHO is unaware of the situation or hiding information, causing audiences to lose trust in the Organization; and
- look elsewhere for information that may be inaccurate or incomplete.

WHO guidelines and planning documents, including the Outbreak Communication Planning Guide, provide ways to enhance emergency communications. Communicators establish WHO as a key source of credible information during an emergency by focusing on these areas of their role.

- **Quickly release known information** about:
  — symptoms
  — the severity of the threat
  — where the threat is located or spreading
  — who is at risk
  — how people can protect themselves
  — what is being done to contain the threat
  — how to get answers for additional questions.
- **Reassure people** that they have all the available information, and they will receive more as it becomes known.
- **Develop precleared documents and templates** to expedite the message clearance process.
- **Respond to media requests** 24 hours a day, seven days a week by taking advantage of the different time zones covered by DCO and the regional offices.
- **Deploy communicators** from the Emergency Communications Network to provide additional support, if needed.

LEVERAGE PARTNERS

Communicators can work with partners to reach the target audience rapidly by using partners' familiarity with decision-makers and customized channels to reach them. This should take place on partners' communications channels and in accordance with their approval timelines. Communicators keep an up-to-date list of communication contacts from partner organizations and other health agencies to speed coordination of messages and materials.

COMMUNICATE AT THE RIGHT TIME

Timing influences how a target audience reacts to messages. People can get overwhelmed with information coming from many sources and channels. WHO communicators must direct messages to decision-makers when they are most receptive.

LEVERAGE HEALTH AWARENESS DAYS

Communicators can focus messaging on a particular day or period of time that advocacy groups have already chosen to promote awareness of a health issue. These special days focus media, policy-maker and public attention on recommendations and new information. WHO supports several world health days as noted on the WHO global editorial calendar.

PLAN TIMING OF MESSAGES TO THE RISK

Some health risks are seasonal. Although information on these risks is always available, people are not likely to look for information until a threat is imminent. When planning messages for seasonal health risks, communicators should consider timing to increase target audience attention and action.

- Promote messages about natural hazards, such as floods, hurricanes, tornadoes and extreme heat or cold, immediately before and during the seasons in which they most frequently occur.
- Release messages about seasonal health hazards, such as asthma and influenza, before and during the seasons in which they most often occur.
- Create health risk alerts timed to when individuals are paying attention to local forecasts of severe weather or poor air quality.
- Engage a target audience, such as older adults, at specific life stages. Develop age-specific recommendations for them and encourage age-related screenings.
- Choose communications channels that reach decision-makers at critical age-related times, such as the first antenatal care visit and the first school entry.

BUILD THE CONVERSATION

Almost all messages need to be repeated frequently for people to remember them. If a campaign's goal is to change behaviour, communicators must plan timing and sequencing of messages along a continuum from awareness to action. (See section "Actionable", page 10 for a description of the communications continuum).

First, communicators should identify if the target audience is ready to change. After analysing the relevance of the health issue to the target audience, communicators can identify the types, timing, and series of messages needed to move audiences step-by-step towards behaviour change goals. To ensure the most effective methods for delivering messages, communicators should use a mix of communication channels.

USE MEDIA AND SOCIAL MEDIA

Journalists are always looking for newsworthy stories. Publication of new WHO information or guidance creates opportunities for media attention.

- Use media advisories to alert journalists to upcoming news events and briefings and to invite them to cover the topic.

- Make stories more interesting and relevant by providing broadcast journalists with B-rolls. Having a B-roll available speeds development of media stories and increases chances that WHO information will be included in the news.

- Promote the WHO Media Centre. This webpage provides journalists with information to create a compelling story. They will find photos, infographics, videos and links to other resources, such as fact files, fact sheets, and online questions and answers.

- Post on social media to keep the conversation going. WHO tweets can be inserted into online conversations to sustain interest or to echo the tweets of partners that are posting about the health topic.

- Use infographics and photos to capture and sustain interest on social media and to encourage users to seek more information.

SYNCHRONIZE MESSAGING WITH PARTNERS

Communicators can broaden the reach of messages by leveraging distribution channels.

- United Nations (UN) partner channels include the European Broadcasting Union (EBU), the UN News Centre, UN Radio, and UN Web TV.

- Communication toolkits help synchronize communications with partners so the target audience hears the message frequently and from multiple trusted sources.

TIME STORIES TO SHOW MOMENTUM

Use multiple compelling feature stories released across time to maintain interest.
These stories can:

- highlight progress in reaching health goals;

- sustain enthusiasm by demonstrating success;

- show the impact of the Organization's work in countries;

- describe the experience of a person who has benefited directly from a WHO recommendation, policy or action;

- focus on a health worker whose efforts have been effective as a result of a WHO action; and

- include quotes from individuals to make narratives more authentic.

SCHEDULE WEBINARS, FACEBOOK HANGOUTS AND TWITTER CHATS

Encourage partners and other influencers to share ideas on how to overcome barriers and motivate people towards recommended behaviours. Webinars and other virtual meetings are a low-cost way to encourage participants to engage their networks. People who participate in these virtual meetings are more likely to follow and promote campaign-related social media posts and hashtags.

Principle: UNDERSTANDABLE

WHO communicates with a wide variety of decision-makers. Some have backgrounds in medicine and public health and rely on WHO for technical information. However, many key audiences are not technical experts. They need information that is easy to understand in order to comprehend health risks and take appropriate actions.

PLANNING QUESTIONS TO ENSURE COMMUNICATIONS ARE UNDERSTANDABLE

To help ensure messages are understandable, communicators should consider these questions in the planning phase.

- How familiar is your audience with the topic? Does the audience have prior experience with the specific health threat or does your communications need to provide basic information to create awareness?
- What is your most important message, that is, what do you want your audience to do? How can you highlight it?
- Does your message clearly state the action you want the audience to take?
- Can you use photos or illustrations that provide visual reinforcement of the main messages?
- Are you using language that is familiar to the target audience?
- Have you, or can you, test your messages with audience members to ensure the meaning is clear?

BACKGROUND

If WHO-branded content is understandable, people are more likely to trust WHO as a good source of information. In order for WHO to influence decisions to improve health, communications products must be clear and actionable for a wide range of people in diverse circumstances. The component sections of this principle discuss how communicators can ensure messages are understandable by employing tactics such as:

- using clear and plain language to explain global health issues and guidance;
- telling stories with a human dimension to make the issues real to those at risk;
- incorporating visual components that show and enhance WHO content; and
- communicating in multiple languages, including the six official WHO languages (and more as necessary).

USE PLAIN LANGUAGE

Communicators must translate technical information into messages non-expert audiences can understand. People are more likely to trust and act on information they understand. To ensure the target audience understands WHO information, advice and guidance, communicators must:

- be clear about the desired outcome
- get to the point quickly
- know what the audience wants and needs.

USE FAMILIAR WORDS

If people have to read a WHO message several times to understand it, they are not likely to act on the advice and guidance in the message. When writing for non-experts, WHO communicators and editors can use the Organization's resource "Using Words That Work".

PRACTICE GOOD WRITING

To practice good writing, communicators need to consider the following steps:

- organize information so the most important points come first;
- create a single overarching communication outcome (SOCO) that defines the desired outcome, for example, behaviour change;
- break long and complicated information into understandable portions;
- use simple language to explain the meaning of technical terms; and
- format documents with plenty of white space so they are easy to read.

ENSURE FACT SHEETS ARE CLEAR

WHO fact sheets explain WHO's global health priorities. They are the most popular pages on the Organization's website. Communicators must ensure that fact sheets follow a consistent format and are accurate, easy to understand and concise so people can easily:

- identify if they are at risk
- understand the scale of the problem
- learn ways they can protect their health and safety
- see how WHO actions reduce the threat
- recognize the barriers to improving the health situation
- follow the progress of how the health problem has occurred and evolved
- click on links to find more information.

ADAPT CONTENT FOR THE WEB

Communicators should follow WHO's web style guide when developing content for the web.

TELL REAL STORIES

Descriptive storytelling makes health information more understandable and compelling. WHO communicators can use narratives to:

- bring a human face to suffering;
- inspire audiences with success stories that would motivate them to take action;
- tell WHO's story, about specific teams and activities, showing how WHO protects health and saves lives;
- showcase decision-makers who implemented WHO policies and experienced positive outcomes; and
- build confidence in WHO and its guidance.

USE REAL STORIES TO HELP AUDIENCES RELATE TO THE HEALTH INFORMATION PROVIDED

Communicators can connect WHO to real-life situations by developing human interest stories that highlight WHO efforts to improve health.

- **Photo stories** are a good way to make health issues concrete to demonstrate the effects of WHO's work. To motivate the target audience towards action, communicators should make their products easy to understand by:
  - using photo stories that contain action-oriented photographs with captions;
  - including compelling, captivating images in photo stories;
  - placing photo stories prominently on the website homepage;
  - translating text associated with photo stories into all six official languages; and
  - directing viewers to WHO programme pages to learn more about the health issues presented in photo stories.

- **Web feature stories** can also help audiences understand how WHO works with national and local health authorities to improve public health. It is often challenging to explain to the public the policy and guidance work that WHO conducts. Illustrated stories make these efforts understandable by showing the effects of WHO policy by:
  - describing the experience of someone who has benefited directly from a WHO recommendation, policy or action implemented by a national or local partner;
  - focusing on a local health worker who implemented a WHO policy or guidance and achieved positive results; and
  - reinforcing the authenticity of a story by including quotes from people highlighted in the narrative.

INCLUDE ANECDOTES IN PRESENTATIONS

Including anecdotes in presentations and reports is a good way to make WHO's work clear and interesting in the eyes of the audience. They provide engaging examples of how WHO's work benefits people.

MAKE IT VISUAL

Communicators increasingly share health information through visual means, such as YouTube videos, photographs, infographics, charts and illustrations. Visual messages make WHO information easier to understand and can reach people of all literacy and education levels. Communicators can increase understandability of WHO's messages by:

- presenting technical information with illustrations and images so it is easier to understand;
- clarifying sequences, timelines and relationships with drawings to show the steps in a process; and
- including images and graphics in social media content to encourage the target audience to share messages through their social media networks, increasing the dissemination of easy-to-understand content.

LEVERAGE YOUTUBE'S REACH

YouTube is the second largest search engine in the world. Approximately one third of all online activity is spent watching video content. Communicators can use WHO's YouTube channel, which has hundreds of WHO videos, to increase knowledge and awareness of health issues.

USE INFOGRAPHICS, GRAPHICS, AND GRAPHICS INTERCHANGE FORMAT (GIFS)

Infographics and other visual representations of facts and figures help people quickly understand information by complementing or replacing text with images. Communicators can add graphics and GIFs (a series of short animated images) to social media messages to increase clicks and sharing. Good GIFs use relatively small amounts of data to make sharing easier. They focus on one main idea rather than a lot of detail.

ENHANCE STORYTELLING WITH PHOTOS

Photos and videos enhance storytelling and illustrate WHO's work. The photo library houses more than 44 000 images on the WHO intranet and 27 000 images on external websites. The use of these and other photos creates a variety of compelling products. For example, fact files (10 facts with 10 photos) present information visually and can be used for social media channels. When using the resources in the library, communicators should not change the context in which photos and videos were recorded. For sensitive situations, individuals must not be identifiable. Review WHO's guidance and policies on selecting and using photographs and videos for more information.

PROVIDE B-ROLL FOOTAGE

Communicators can help journalists understand WHO's work with B-roll footage that can be added to an interview or video segment. B-roll footage does not include sound, so it can be used in video with a voice-over.

CAPTURE ATTENTION WITH CREATIVE PRINT MATERIALS

Communicators can also develop and use posters, flyers, and other creatively designed printed materials to illustrate stories about WHO's work and make very obvious and visible the benefits of following WHO policies and advice. High-quality graphic design and imagery can show public health interventions at work, enhance a campaign right where people live. Communicators can engage communities by recruiting residents to help distribute the materials.

USE FAMILIAR LANGUAGES

To ensure target audiences understand WHO information, advice and guidance, communicators should create messages in multiple languages and provide translation support.

DISTRIBUTE MESSAGES IN RELEVANT LANGUAGES

People are more likely to understand messages presented to them in their local languages. To increase multilingual messaging, communicators can carry out the following steps.

- Publish information in WHO's six official languages (Arabic, Chinese, English, French, Russian and Spanish).
- Personalize the message by using the decision-maker's language.
- Use regional and country offices to create and adapt content to meet specific preferences of their communities and partners. For example, WHO worked with the Russian Federation's Federal Research Institute for Health Care Organization and Informatics to create fact sheets in Russian for hospitals and health care establishments.
- Encourage creating original messages in non-English languages rather than translating English messages.

SUPPORT TRANSLATION IN EMERGENCIES

Distributing information in the most easily understood language is critical, especially in emergency situations. Communicators can review WHO's multilingual workflows for corporate, technical and emergency content for more information on translation support. WHO communicators should consider translation services for:

- all emergency messages
- emergency preparedness response team publications
- technical information
- Disease Outbreak News
- WHO's Bulletin
- social mobilization or community engagement materials
- feature stories
- infographics
- audio and visual products.

EVALUATION

Evaluation is an important communication function at all levels of the Organization. Communication evaluation can be defined as judging WHO messages, products, and engagements based on their effectiveness at reaching specified goals and principles. In this section, evaluation and assessment are used synonymously.

PURPOSES OF COMMUNICATIONS EVALUATION

Regular assessments of communication messages, materials, and audience engagements allow WHO to analyse various trends.

- Measure improvements in WHO's messages, activities and products.
  - Evaluation can chart how the use of recommendations found in the Framework improve WHO's communications to make them more accessible, actionable, credible, relevant, timely, and understandable.
- Determine how and to what extent activities and products are making a difference for the targeted audiences.
  - What impact are the communication interventions and activities having such as changes in awareness, attitudes, behaviours, positions, policies?
- Increase the skill and expertise of WHO's communication staff through continuous learning.
  - Systematic, ongoing evaluation encourages staff to learn communication practices and tactics that are effective and to try out new ones, assessing them over time.
- Inform decision-making about future communications initiatives and outreach.
  - Communicators can feed the results of evaluation into their planning to determine what is working, and to identify where changes are needed in the next steps of an ongoing initiative or in future outreach. As a result, mid-course corrections can be made in the midst of campaigns and future outreach can be based on evidence from previous experience. On the basis of evaluation data, communicators can better set objectives and use resources more strategically and efficiently.
- Demonstrate the value of communication interventions.
  - Results of evaluation help measure the value of specific communications tactics or approaches, enabling WHO to direct human and financial resources to support interventions with highest return on investment.

WHO programmes and offices should engage in regular assessment of their communications work. Even units with limited communication resources can start by evaluating a small number of products or practices, using simple metrics and methods.

Currently, the most frequently practiced communications assessments at WHO focus on monitoring website traffic, news and social media. Tracking audience exposure to the Organization's channels and messages is helpful to establish trends over time, and also to capture how particular products such as website content or press releases reach specific audiences. The monitoring data can be put to even better use when WHO communicators develop the habit and skills to compare reach and exposure to the defined communications goals, and link the findings to accessibility, relevance, and other Framework principles. The measurements to be considered should be used consistently to indicate the effectiveness of particular communications tactics, strategies and interventions.

This section at the framework is not intended to be an exhaustive discussion of all types of possible communication assessments and methods. Instead, it focuses on two key areas:

- evaluating how well WHO communications fulfil the principles of effective communications , i.e. measuring if communication products and activities are accessible, actionable, credible, relevant, timely, and understandable; and
- evaluating campaigns and other complex communications interventions
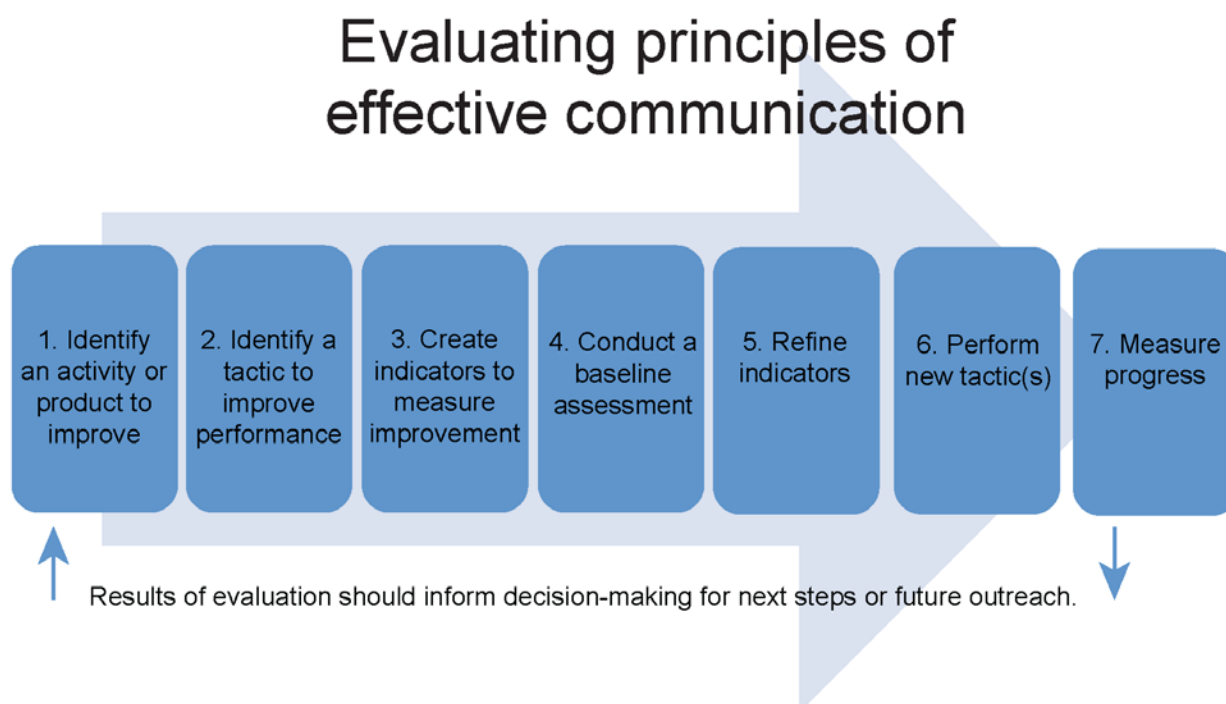
EVALUATING HOW WHO COMMUNICATIONS FULFIL THE PRINCIPLES OF EFFECTIVE COMMUNICATIONS PRACTICE

Assessments related to the principles of effective communication may be conducted for particular products; for example, issuing more rapid press releases (timeliness). Alternatively, they may be applicable to ongoing practices; for example, writing communications products targeted to the public in plain language (increasing understanding).

ASSESSMENT STEPS

Varied methods and tools for setting goals, developing objectives, creating indicators, and measuring progress can be found in the resources of the Framework's Evaluation section. The seven-step process presented below is suggested as one possible model that may be used to improve communication in relation to the principles set out in the Framework (Figure 2).

Figure 2. Seven step model of evaluation

Evaluating principles of effective communication

| 1. Identify an activity or product to improve | 2. Identify a tactic to improve performance | 3. Create indicators to measure improvement | 4. Conduct a baseline assessment | 5. Refine indicators | 6. Perform new tactic(s) | 7. Measure progress |

Results of evaluation should inform decision-making for next steps or future outreach.

1. Identify an activity or product to improve

Identify an objective for a communication practice or product by better aligning planned activities or materials with one or more of the principles of effective communication (i.e. aim to make it more relevant to audiences, easier for people to understand, etc.).

Communicators are encouraged to start evaluation with realistic objectives. For example, it is important to remember that few individual communication interventions can move an audience immediately from awareness to behaviour change. However, communicators can show incremental improvements in products and processes along a range of communications goals (such as increasing awareness, enhancing understanding of health risks, or nurturing the skills needed for audiences to undertake an action based on WHO's information and advice).

These are examples of objectives related to each principle in the Framework.

- Increase the number of people who see the programme's feature stories. (Accessible).
- Get more staff at WHO to walk the stairs, instead of taking the elevators. (Actionable).
- Increase the number of WHO Twitter followers who share the Organization's health messages with their networks. (Credible).
- Raise the percentage of staff who sign up for training after receiving a notice of capacity-building opportunities. (Relevant).
- Decrease the amount of time needed to clear press releases. (Timely).
- Make the language in messages targeted at the public readable at the high school level. (Understandable).

2. Identify a tactic to improve performance

Using respective sections of the Framework (timeliness, relevance, etc.) identify a tactic that may best suit the products or interventions chosen to be implemented in order to meet the communications objectives.

3. Create indicators to measure improvement

Create precise indicators that would measure the communications performance, both before and after new tactics have been introduced for a set period of time. Indicators are used to measure communications outputs and show if a tactic has had desired results.

They should be:

- clearly defined so that interpretation of data implies the same result when viewed by different people;
- reliable so that the indicator produces the same measure when used in repeated trials to indicate results;
- valid so that the indicator is clearly related to the goal;
- measurable or observable; and
- practical so that it can be used for measuring success within the context of available financial and human resources and organizational constraints.

These are examples of indicators that may be used.

- The number of feature stories posted or linked across all three levels of WHO's websites (headquarters, regional, and country). (Accessible).
- The number of people walking the stairs during lunchtime, 12:00-14:00. (Actionable).
- The number of WHO Twitter followers to share the Organization's health messages with their networks. (Credible).
- The number of staff signing up for training using forms included in notices for capacity-building activities. (Relevant).
- Amount of time from sending a draft press release for clearance to its distribution to the news media. (Timely).
- Scores on automated reading level assessments of communication materials. (Understandable).

4. Conduct a baseline assessment

Conduct a baseline assessment to identify how well the unit is currently performing on these indicators. Also called "formative research", baseline assessments are carried out before a new tactic or intervention is used to improve performance. The baseline uses the same method of measuring that will be later used by communicators to find out if a new intervention has improved performance.

These are examples of baseline assessments.

- Check current website traffic over a set period to monitor the number of views on a sample of website feature stories. (Accessible).
- Put monitors in the stairways for a set period of time to count the number of people who take the stairs. (Actionable).

- Count the number WHO health messages that are shared by followers over a set period of time. (Credible).

- Count the number of staff who sign up for training after receiving the training advertisement. Compared to the number of those who signed up independently of the advertisement. (Relevant).

- Track the time it takes to send numerous drafts of press releases through clearance to dissemination to the press and/or posting on relevant websites. (Timely).

- Using computer based assessment software, assess the reading level of current communication materials targeted to the public. (Understandable).

5. Refine indicators

Refine the objectives from the baseline assessment. What would be considered a success given current performance levels and proposed intervention? These are examples of refined objectives.

- A 100% increase in the number of people who see a programme's feature stories. (Accessibility).

- Get 20% more staff walking the stairs, instead of taking the elevators. (Actionable).

- A 10% increase in the number of WHO Twitter followers who share the Organization's health messages with their networks. (Credible).

- A raise in the percentage of staff from 5% to 10% signing up for training after receiving a notice of capacity-building opportunities. (Relevant).

- A 20% decrease of the amount of time needed to clear press releases. (Timely).

- Ensure 100% of WHO materials targeted to lay audiences readable at the high school level. (Understandable)

6. Perform new tactic(s)

Using selected tactics, establish new practices and sustain them for a period of time necessary to find out if they help communicators make progress in meeting the predefined objectives.

Examples of tactics can include the following.

- Work with colleagues at all levels of WHO on feature stories so they are promoted and linked across websites at all levels of the Organization. (Accessible).

- Set up posters at point-of-decision locations, i.e. elevator doors, explaining the benefits of stair climbing. (Actionable).

- Include call to action for WHO Twitter followers to share the Organization's health messages with their networks. (Credible).

- Insert testimonials from staff who took the capacity-building training and benefited from it. (Relevant).

- Set up expedited clearance protocol, such as back-ups for clearance points who may be on leave, time limits for "no-response". (Timely).

- Follow the guidelines for high school reading level in all outreach materials such as the number of syllables per word, length of sentences, amount of white space, etc.. (Understandable)

7. Measure progress

After using new tactics for a set period of time, repeat measures to compare results against the baseline. Depending upon degree of success communicators may decide to further explore the following areas.

- Continue the new practice based on good results, measuring periodically to sustain or improve performance.

- Keep on using the new tactic and measure after it has had more time to achieve impact. Some practices take longer to show results.

- Try a different approach. Communicators may need to try modified or different tactics before finding the one that works best for their context, objectives and primary audiences.

- Use the evaluation results to inform communications planning for next steps and future outreach.

- Share the results with relevant technical staff as rationale for using effective communication tactics. Also share them with other communication colleagues who can benefit from the evaluation and testing.

EVALUATING CAMPAIGNS AND OTHER COMPLEX COMMUNICATION INTERVENTIONS

The seven-step process described previously facilitates the assessment of individual products and practices against the principles of effective communication. Multi-dimensional communications campaigns to support specific WHO health impacts require more complex approaches to evaluation. Individual products and practices in a multi-step communications project can still be measured in view of whether and how the principles are applied. In parallel, they may also be monitored to track how well each one of them supports sequential and integrated steps leading to comprehensive health impact, such as decreasing infections, saving lives, containing infectious diseases, etc.

It is important to recognise that WHO communication must be timely, understandable, accessible, relevant, actionable, and credible to support efforts to achieve health impact. These are the goals of complex campaigns and interventions which can involve raising awareness, increasing knowledge, influencing attitudes, and building confidence in WHO recommended changes.

MEASURE WHAT COMMUNICATIONS CAN ACHIEVE

Communication efforts should be measured on how well they contribute to health impact, as communications can alter levels of knowledge, influence attitudes, and increase knowledge. However, communication is not sufficient by itself to achieve health outcomes.

For example, if the health impact goal is to decrease measles by increasing the immunization of children, communication can play an important role by increasing knowledge of the location of vaccine clinics and increasing positive attitudes towards immunization. Communication cannot, however, ensure the vaccine is delivered, available at the appointed time, or that families have transportation to reach the appropriate clinics. To achieve its role, communication must be integrated with the larger planning efforts.

USE A LOGIC MODEL

Use a logic model to outline the steps and resources needed to achieve communication goals that support health outcomes and impact. When planning complex, multi-step and multi-dimensional communications projects, communicators could use logic models (also called logic frames).

These help identify the appropriate communication resources and steps that can be strategically integrated with other WHO activities to achieve health impacts (Figure 3). They can be used by communicators as tools to identify points of evaluation, and help technical experts understand the role that communication efforts play to support WHO impacts.

Figure 3. Logic Model or Frame
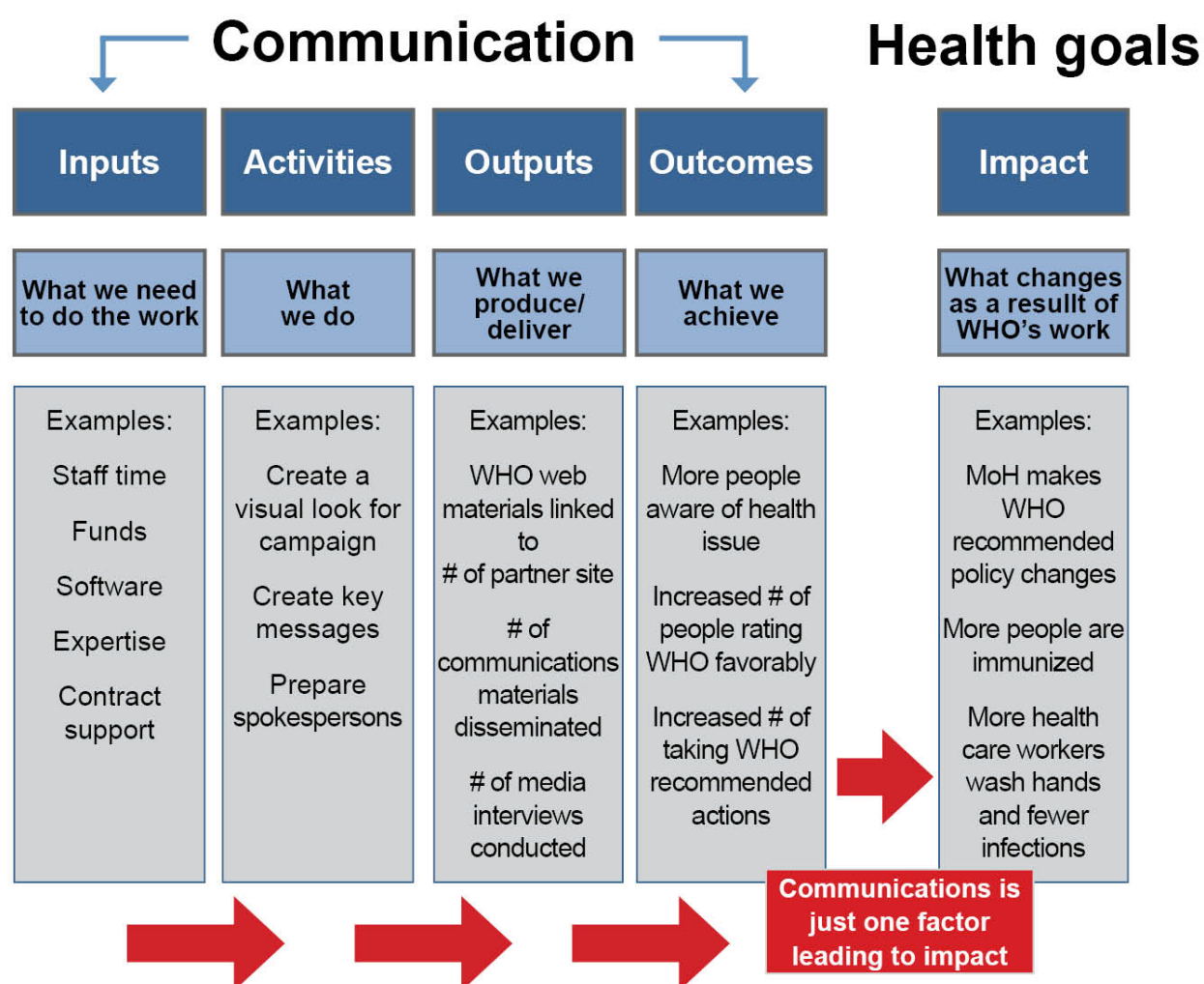
Inputs include communication resources put into the project to support its implementation. These include assets such as personnel, finances, and equipment, as well as experience and expertise.

Activities include actions WHO communicators perform to achieve the project's goals. Activities could include adapting messages to key audiences or creating messages, materials, and their dissemination.

Outputs are first-level results including quantification of activities. Outputs could include the number of posters disseminated, number of staff trained, or numbers of websites linking to WHO content.

Outcomes include second-level results that occur from communication outputs. These are usually changes in audience knowledge, attitudes, or behaviours taken by target audiences based on exposure to WHO communication messages or materials. These changes are necessary to achieve health impact.

Impact refers to longer term health goals such as reduced maternal mortality. These impacts require, but routinely transcend, communication inputs, activities, outputs or outcomes. Many public health functions are required to achieve impacts. Health impacts are also usually the result of multiple interventions by different groups and institution. It is difficult to attribute impact to a single agency's intervention or campaign.

TYPES AND POINTS OF EVALUATION RELATED TO THE LOGIC MODEL

Evaluation of communication can be conducted at any point along the logic model and can include finding answers to the following questions.

- Were communication activities completed? (Activities).
- Were the required numbers and types of products developed? (Outputs).
- Did audiences take recommended actions or demonstrate new awareness/skills? (Outcomes).
- Were health goals achieved? (Impact).

Evaluation at different points in the process of a campaign or multi-step communication intervention can inform next steps and future outreach. Ideally, monitoring and evaluation should be embedded from the very start of planning as a core element of a campaign.

- **Formative or baseline evaluation is carried out before a project is implemented.** This type of assessment is conducted to establish the existing status of the target audience and informs the focus of the campaign or intervention. The methods used at this stage are usually the same as those used in other stages at the mid-term and end of the project. If WHO is trying to increase the number of people who practice healthy behaviours, a baseline assessment is needed to find out what proportion of the target group is already practicing the behaviour and where others are placed along the continuum of action laid out in the Actionable section of the Framework.

- **Mid-point evaluations are conducted as the project progresses.** They establish if a project is advancing towards its goals. Mid-point evaluation can help build confidence in the project among organizational leadership and partners, increase support for its continued implementation or expansion to other sites. Mid-point evaluation can also identify problems or barriers in the project, pointing to needed corrections or modifications.

- **Summative evaluation is conducted at the end of a project to compare outputs and outcomes with baseline measures.** Its purpose is to establish project success and can support success stories and lessons learned.

WHAT WE DO: COMMUNICATION FUNCTIONS AT WHO

AUDIO-VISUAL COMMUNICATIONS

Technical information illustrated by images is better understood by lay audiences, at all levels of education. This is especially true among audiences who are considering how to implement procedures to improve health. Sequences, timelines, and relationships are often better understood through WHO audio-visual services provide alternative methods to convey information through other means than written text. This includes graphic design of posters and print materials; production of exhibits, infographics and videos; broadcast video in support of WHO media and management of the WHO YouTube channel and the television and radio studio.

Audio-visual services also include support for creating and maintaining the WHO Photo Library and advise on the use of photos for WHO information materials. In regards to the use of audio-visual materials, DCO is available to guide teams from the planning phase to implementation, providing advice about the choice of audio-visual products, options, service providers, production and dissemination channels.

BRAND AND CORPORATE IDENTITY

Audiences seek and use information, advice and guidance from organizations they trust and that have strong reputations for competence around the public health issue of interest, as well as perceived as independent and proven leaders on global health matters. WHO enjoys a high level of recognition among its stakeholders and is perceived by external stakeholders as highly credible. According to the 2015 Perception Survey WHO enjoys a high level of recognition among its stakeholders and is perceived by external stakeholders as highly credible. The Survey found that 88% of external stakeholders view WHO as important or indispensable to their health work, and 84% perceive WHO as the most effective organization at influencing global policy for improving people's health. WHO's logo is widely recognized, and as such is an important element of WHO's brand identity.

WHO's corporate identity communications work involves improving awareness and understanding of what we do as an Organization, how we do it, and the underlying values that guide our work. More concretely, we identify opportunities, both internally and externally, for creating awareness of our work; provide communications support for positioning WHO at events of importance for global health; run training sessions for staff on what it means to be a WHO Brand Ambassador; and develop policies and guidance on use the WHO logo and other branded products, and advise on their use. Lastly, we undertake regular surveys on internal and external perceptions of WHO, to help guide our work.

COMMUNICATIONS CAPACITY BUILDING

This is the on-going work to improve the communications skills and capacities of WHO staff to help them communicate WHO's work, health information, advice and guidance effectively. The function includes face-to-face and online trainings, and developing tools to guide and support communications efforts.

Whenever possible, external partners (ministries of health and UN agencies) may also benefit from WHO-provided learning opportunities. The Global Staff Development and Learning Programme funds, via DCO, the training of different staff groups. This includes: a monthly communications induction for all new staff at headquarters; full-day, in-depth communications trainings for interested headquarters staff; and tailored training with continuous coaching for high-impact, high-responsibility staff (such as the leaders of WHO country offices and senior managers in headquarters).

DCO rolls out its capacity building expertise by using the Training of Trainers (ToT) approach – WHO communicators are trained to become trainers and then deploy trainings across the three levels of the Organization. Building communications capacities is regularly done by communicators at the regional offices. Many of the country-level communications staff can also provide communications training to peers in country offices and beyond, particularly when they have undergone trainings and ToT and are certified as qualified to deliver high-quality, adult-learning capacity building.

EMERGENCY COMMUNICATIONS

The world looks to WHO for reassurance, direction and action at all times, but especially during health emergencies.

WHO's new Health Emergencies Programme transforms the way the Organization operates in outbreaks and emergencies. It is crucial to be able to demonstrate that this transformation is leading to a faster and more effective international and national response to all kinds of health emergencies. Communications plays an important role in building greater confidence in partners, Member States and donors and guarding the reputation of the Organization.

In emergencies, WHO's communications objectives are to ensure that at-risk and affected people as well as stakeholders have the information they need to protect their health and safety. It is important to maintain their confidence in WHO so that they trust and act on the information and guidance.

WHO's Incident Management System (IMS) helps to expedite the development of technically sound and timely guidance and interventions to reduce health risks during public health emergencies. As needed, WHO will deploy the WHO Emergency Communications Network (ECN) – a network of health communicators who undergone intensive pre-deployment trainings and have been certified to have the right skills to join response teams whenever needed.

WHO communications staff plan, execute and evaluate emergency communications in a regular cycle as required by the emergency. At headquarters, the Emergency Communication Team staffed by DCO includes all communications functions needed to analyse communications needs. It monitors news and social media about the emergency; develops and tailors materials and talking points for different audiences; develops proactive news and social media messaging; responds to media inquiries; designs and builds emergency websites; develops and updates website content; and coordinates communications activities with internal and external partners.

Similar communication structures are developed at regional and country levels. The three levels coordinate development, clearance, adaptation and dissemination of messaging.

HEALTH CAMPAIGNS

Global public health days are an opportunity to raise awareness and understanding about critical health issues and mobilize support for action. WHO campaigns provide an opportunity for WHO to convene and focus world-wide attention on a health issue of high importance and to coordinate the efforts of multiple agencies and Organizational levels to support specific goals from policy-makers to families and communities.

WHO focuses particular attention on seven days and one week during the year that WHO Member States have mandated as "official" global health observances, including:

- World TB Day, 24 March
- World Health Day, 7 April
- World Immunization Week, last week of April
- World Malaria Day, 25 April
- World No Tobacco Day, 31 May
- World Blood Donor Day, 14 June
- World Hepatitis Day, 28 July
- World AIDS Day, 1 December

INTERNAL COMMUNICATIONS

An essential strategic complement to external communications initiatives, internal communications is crucial in building credibility and trust in the WHO brand by influencing the way employees talk about the Organization with one another and with outside partners and stakeholders. Staff who know how they are clearly connected to the Organization's mission, values, and goals are uniquely positioned to be brand ambassadors, nurturing a shared sense of identity and demonstrating WHO's value to people everywhere.

Building internal communications capacity means providing timely and effective information to all staff, connecting offices across the Organization, and promoting stronger employee engagement; corporate priority events, such as global public health days, facilitating dialogue and information exchange are prime avenues. The headquarters team also manages the corporate intranet homepage: ensuring it contains critical, up-to-date information for staff about programme, management, and staff initiatives, and regular features on individual staff members from around the world. The team also provides logistics support for Town Hall and other "all staff" meetings, serving as the internal communications point of contact for management departments (i.e., human resources, information management and technology, building services, security, etc.), and working closely with departments in the Office of the Director-General (DGO) and the staff association.

MULTILINGUAL: COMMUNICATING IN MANY LANGUAGES

As the global reference authority for health, WHO makes information available, as appropriate, in the six official WHO languages (Arabic, Chinese, English, French, Russian, Spanish). While WHO gives priority to its official languages, it recognizes that the world's people live and work in

many more languages and communicates in other languages (e.g. Portuguese, German) whenever possible and urgently needed.

To broaden its reach to these audiences and ensure that health information reaches the people who need it, WHO has put a framework in place and developed processes and tools, to publish in six languages. Multilingual content makes access to health information and WHO communication resources more equitable and effective as supported by "Multilingualism: plan of action, Report by the Secretariat".

NEWS MEDIA

WHO's media engagement makes it possible for the Organization to quickly connect with people across the globe. WHO content is widely covered by influential and popular news media, across all outlets and across the world. Coverage includes digital and traditional TV and radio, wire agencies, print outlets and various social media platforms. WHO media officers develop and disseminate press releases, notices, and advisories, arrange for media interviews with WHO's technical experts, act as spokespersons for WHO and organize and conduct press conferences. Press conferences are disseminated through phone, live and Facebook streaming, and after-event audio/video transcript files.

Country offices are in the lead when the target audience is national and local media, or when the health topic of concern is geographically focused in a specific country. Regional offices support staff at the country level by coordinating outreach to media and messaging to be consistent across all countries in a specific WHO region. The headquarters news team manages engagement and relationships with the Geneva-based press corps and all major global media outlets. WHO communicators coordinate across the three levels of the Organization when there is a need to make corporate public messages.

STRATEGY AND CONTENT

At headquarters, WHO's central communications department (DCO) includes a strategy, content, and outreach (SCO) team that serves as an "internal public relations agency", developing communication strategies and tactics that connect WHO's work to a global audience. It works closely with a set of technical departments, meeting regularly with them to plan how communications can support and amplify the impact of their work.

Members of the SCO team are experienced communicators with strong writing skills. Once communications objectives, audiences and messages have been agreed with technical units, all teams in the communications department work together to design and implement the best tactics to achieve those objectives. In order to ensure that content is accurate, stringent quality control is applied and different communications activities are scheduled in a coordinated manner.

SOCIAL MEDIA

The social media landscape is constantly evolving and WHO headquarters currently engages social media subscribers on 11 channels: Twitter, Facebook, Google+, YouTube, Instagram, LinkedIn, Storify, foursquare, Vine, Ello, and Periscope. All six WHO regions also have a presence on Twitter and Facebook and many country offices are developing the capacity to sustain a social media presence as well. By participating in social media conversations and disseminating credible information through social media, WHO can drive traffic to the WHO website where more detailed and trusted content can be found. WHO's main social media

channels - Twitter and Facebook – now reach almost 6 million subscribers with daily health information.

The constant evolution of social media represents a significant challenge for WHO and any organization. New social media platforms emerge and current platforms also constantly evolve to take advantage of novel film, broadcast, and other new technologies that enhance the ability for their subscribers to engage in conversations. WHO must constantly keep abreast of changes and identify areas of improvement, such as using more visuals, pictures and infographics to simplify information, tell better stories, and create a fast but lasting impact. WHO also continues to update policies and will soon include social media in the E-manual.

WEBSITES / ONLINE COMMUNICATIONS

WHO's website, with its vast breadth and depth of health information in many languages, is a unique online repository of trusted health information. The website houses scientific research articles, plain language fact sheets on diseases, and feature stories on WHO work around the world. The WHO public website had close to 100 million visitor sessions and more than 220 million page views in 2015. The number of users accessing WHO's website is increasing with the configuration of Web content available for download on smartphones.

WHO web communications officers create and update web guidance and standards to improve the user experience across WHO. They develop accessible content, produce and edit fact sheets, feature stories and other products for multiple web connected devices, in all six official WHO languages. They also manage the web content management system and seek to develop new functionality for the website. The team also responds to emergencies with dedicated one stop, emergencies portals, providing timely, evidence based information.

World Health Organization

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