

# **Effective Media Communication during Public Health Emergencies**

A WHO HANDBOOK



**World Health  
Organization**

Geneva, July 2005

**© World Health Organization 2005**

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

The named authors alone are responsible for the views expressed in this publication.

**Randall N Hyer** MD, PhD, MPH

Medical Officer, Alert and Response Operations  
Department of Communicable Disease Surveillance and Response  
World Health Organization  
Geneva, Switzerland

**Vincent T Covello** PhD

Director  
Center for Risk Communication  
New York City  
United States of America

## Acknowledgements

This handbook has been drawn from a wide variety of sources, including articles by the above authors, and documents and articles produced by WHO Member States, regional offices and country offices. Special thanks are also given to the following individuals:

Tomas Allen	DA Henderson	Mike Ryan
Robert Alvey	Michael Hopmeier	Cristina Salvi
Ann Andersen	Richard Hyde	Ron Sconyers
Bret Atkins	Margaret Joseph	Monica Shoch-Spalla
Maurizio Babeschi	Mary Kay Kindhauser	Mary Ann Simmons
Kazem Behbehani	Jennifer Leaning	Iain Simpson
Samantha Bloem	Clem Levin	Gloria Tam
Brian Butler	Expedito de Albuquerque Luna	Kiyosu Taniguchi
Mike Cameron	Craig Manning	Dick Thompson
Elaine Chatigny	Malin Modh	Timothy Tinker
John Clements	Karen Morrione	Belinda Towns
Ottorino Cosivi	Sandra Mullin	Robert Ulmer
Peggy Creese	David Nabarro	TE van Deventer
David Degagne	Rafael Obregon	Marsha Vanderford
Ellen Egan	Sam Okware	Mark Vanommeren
Gaya Gamhewage	Sam Page	Dave Wade
Donna Garland	Richard Peters	Myron Weinberg
Mohamed Mehdi Gouya	Lisa Pogoff	Joseph Wojtecki
John Grabenstein	Maura Ricketts	Sally Young
Gregory Hartl	David Ropeik	Maria Zampaglione
Mike Heideman	Dan Rutz	

Acknowledgement is also given to Anthony L Waddell for his expert editing of the text, as well as to Threefold Design Ltd for the design layout.

# PREFACE

In recent years public health agencies have considerably improved their ability to rapidly detect and respond to public health emergencies. At the same time, mechanisms for global cooperation and resource pooling have been greatly strengthened. Despite these advances, effectively communicating the threats posed by such emergencies and the actions needed during them remains a significant challenge. Such communication needs to be carefully planned and implemented as well as properly integrated with emergency management activities and operations. To communicate effectively through the media during a public health emergency, response managers must plan their communication strategies, integrate communicators into the most senior levels, provide transparent messages, and listen to the public's concerns.

Emergency events therefore present a unique challenge to the internal media-relations capabilities of health agencies. Although such events are hard to predict, media communication strategies for them can be planned in advance. Prior approval of communication strategies helps to minimize secondary damage (such as adverse economic or political effects) and leads to greater trust. Such advance planning also greatly increases the likelihood that the resulting news media coverage will further public health interests and contribute positively to emergency response efforts. Well-constructed and properly delivered media messages can inform and calm a worried public, reduce misinformation, and focus attention on what is most important.

Effective media communication is clearly a key responsibility of public health professionals. It is all too easy to be caught unprepared, especially for short-notice or demanding media interviews, and preparation is vital. Communicate badly and one may be perceived as incompetent, uncaring or dishonest. Communicate well and one can reach more people with a clear and credible public health message.

This handbook describes a seven-step process to assist public health officials and others to communicate effectively through the media during emergencies. At the core of this process is the belief that positive action must be taken to interactively facilitate effective media coverage of events and situations rather than simply responding to the resulting coverage. By implementing such a "proactive" and interactive approach, public health organizations and officials will be in a stronger position to ensure that their messages are accurately reported, highly visible and clearly heard. This will greatly increase the likelihood of successfully informing people, encouraging helpful behaviours by those affected or threatened, and significantly reducing the impact of events.

Although presented sequentially, all seven steps are in fact inter-dependent and form a continuous loop. In particular, the final step of evaluation is an ongoing and almost constant process aimed at improving communication activities at all steps based on feedback. Agencies and organizations should take every opportunity to obtain and apply feedback. Lessons should be learned and implemented to improve performance both immediately and in the long term.

The handbook is aimed at WHO office and field personnel who are unfamiliar with media interactions or who wish to sharpen their skills in this area. It is also intended to help public health officials in other organizations and networks to deal with the media communication aspects of emergencies. As an aid to easy recollection of the key issues in this area, a detachable double-sided wall chart has been provided at the end of this handbook. The chart shows the seven-step approach and provides easily recalled key information and advice.

Although it covers many issues, this handbook is primarily intended to serve as a reference during planning sessions and as a reminder of key points. It can also be used as a training and preparation tool. Effectively communicating through the media is a learned skill that requires training and practice. Even in our diverse and culturally rich global community, there are universal and commonly accepted best practices for effective media communication. These best practices are supported by a robust scientific evidence base, which includes documented consequences of *not* using best practices. Global best practices and principles should always be tailored to local needs, and this handbook should be complemented with local and regional media training. It is recognized that many of the tasks described are ideals and may be difficult to put into practice. This will be especially true where the human and financial resources needed are not available.

The main focus of this handbook is on the news media as a means to reach people and on the interactions with journalists necessary to achieve this. Consequently, it offers only limited guidance on face-to-face exchanges or dialogues with the public during emergency events. Readers wishing to pursue this topic should consult texts dedicated to offering guidance on interactive exchanges with the public in emergency and non-emergency situations. In general, working with the media during an emergency must be recognized as only one aspect of a larger overall communication strategy. This handbook is not a description of how to develop and implement such a strategy. Nor does it describe how to develop and implement advocacy or social marketing campaigns, as these are largely the provinces of health educators or social mobilization specialists.

A separate WHO “field guide” has been produced that highlights the practical aspects of the seven-step approach described in full in this handbook. The field guide can act as a rapid primer document as it covers media communication activities that are crucially important during a public health emergency.

# TABLE OF CONTENTS

LIST OF FIGURES, TABLES, BOXES AND INFORMATION POINTS

vi

## INTRODUCTION

viii

### STEP 1: Assess media needs, media constraints, and internal media-relations capabilities

1.1: ASSESS THE NEEDS OF THE MEDIA

1

1.2: ASSESS THE CONSTRAINTS OF THE MEDIA

5

1.3: ASSESS INTERNAL MEDIA-RELATIONS CAPABILITIES

8

### STEP 2: Develop goals, plans and strategies

2.1: DEVELOP MEDIA COMMUNICATION GOALS AND OBJECTIVES

11

2.2: DEVELOP A WRITTEN MEDIA COMMUNICATION PLAN

13

2.3: DEVELOP A PARTNER AND STAKEHOLDER STRATEGY

20

### STEP 3: Train communicators

3.1: TRAIN THE MEDIA COMMUNICATION TEAM

25

3.2: TRAIN A PUBLIC INFORMATION OFFICER

27

3.3: TRAIN A DESIGNATED LEAD SPOKESPERSON

28

### STEP 4: Prepare messages

4.1: PREPARE LISTS OF STAKEHOLDERS AND THEIR CONCERNS

35

4.2: PREPARE CLEAR AND CONCISE MESSAGES

39

4.3: PREPARE TARGETED MESSAGES

48

### STEP 5: Identify media outlets and media activities

5.1: IDENTIFY AVAILABLE MEDIA OUTLETS

51

5.2: IDENTIFY THE MOST EFFECTIVE MEDIA OUTLETS

54

5.3: IDENTIFY MEDIA ACTIVITIES FOR THE FIRST 24–72 HOURS

60

### STEP 6: Deliver messages

6.1: DELIVER CLEAR AND TIMELY MESSAGES

65

6.2: DELIVER MESSAGES TO MAINTAIN VISIBILITY

69

6.3: DELIVER TARGETED MESSAGES

73

### STEP 7: Evaluate messages and performance

7.1: EVALUATE MESSAGE DELIVERY AND MEDIA COVERAGE

77

7.2: EVALUATE AND IMPROVE PERFORMANCE BASED ON FEEDBACK

81

7.3: EVALUATE PUBLIC RESPONSES TO MESSAGES

85

## ANNEXES

<b>ANNEX 1.</b> REFLECTING CULTURAL DIVERSITY IN COMMUNICATION ACTIVITIES AND MATERIALS	87
<b>ANNEX 2.</b> WHO OUTBREAK COMMUNICATION GUIDELINES	90
<b>ANNEX 3.</b> PRINCIPLES AND TECHNIQUES OF EFFECTIVE MEDIA COMMUNICATION	95
<b>ANNEX 4.</b> SAMPLE MEDIA COMMUNICATION PLAN CONTENTS	100
<b>ANNEX 5.</b> SAMPLE LETTER OF ENDORSEMENT BY THE AGENCY DIRECTOR OF THE MEDIA COMMUNICATION PLAN	101
<b>ANNEX 6.</b> QUESTIONS FREQUENTLY ASKED BY JOURNALISTS AND THE PUBLIC DURING DISEASE OUTBREAKS	102
<b>ANNEX 7.</b> EFFECTIVELY COMMUNICATING RISK NUMBERS	105
<b>ANNEX 8.</b> FACTORS IN RISK PERCEPTION	110
<b>ANNEX 9.</b> HOW PEOPLE FORM RISK PERCEPTIONS AND MAKE RISK JUDGEMENTS	112
<b>ANNEX 10.</b> HOW PEOPLE PROCESS RISK INFORMATION IN HIGH-STRESS SITUATIONS	114
<b>ANNEX 11.</b> HOW PEOPLE FORM PERCEPTIONS OF TRUST	115

## SELECTED READING

INTERNATIONAL PERSPECTIVES AND CULTURAL DIVERSITY	116
HEALTH, RISK AND EMERGENCY COMMUNICATIONS	118
MEDIA COMMUNICATION AND PUBLIC HEALTH	122

# LIST OF FIGURES, TABLES, BOXES AND INFORMATION POINTS

## INTRODUCTION

<b>FIGURE ONE:</b> SEVEN STEPS TO EFFECTIVE MEDIA COMMUNICATION DURING PUBLIC HEALTH EMERGENCIES	xi
<b>INFORMATION POINT:</b> Cross-cultural sensitivity in message design	ix

## STEP 1: ASSESS MEDIA NEEDS, MEDIA CONSTRAINTS, AND INTERNAL MEDIA-RELATIONS CAPABILITIES

<b>BOX 1.1:</b> 77 MOST FREQUENTLY ASKED QUESTIONS BY JOURNALISTS IN AN EMERGENCY	2
<b>BOX 1.2:</b> INTERNAL MEDIA-RELATIONS CAPABILITIES – AN ASSESSMENT TOOL	8
<b>INFORMATION POINT:</b> Questions to ask as part of assessing internal media-relations capabilities before, during and after an emergency	10

## STEP 2: DEVELOP GOALS, PLANS AND STRATEGIES

<b>BOX 2.1:</b> PANIC AVOIDANCE AS A GOAL	11
<b>BOX 2.2:</b> EXAMPLE OF A MEDIA COMMUNICATION GOAL STATEMENT	12
<b>BOX 2.3:</b> BASIC INFORMATION TYPICALLY INCLUDED IN A MEDIA COMMUNICATION PLAN	14
<b>BOX 2.4:</b> ELEMENTS OF ORGANIZATIONAL CULTURE	21
<b>BOX 2.5:</b> ESTABLISHING WORKING RELATIONSHIPS WITH THE MEDIA BEFORE AN EMERGENCY OCCURS	21
<b>FIGURE TWO:</b> WORKSHEET FOR IDENTIFYING ORGANIZATIONS AND INDIVIDUALS TO BE CONTACTED DURING AN EMERGENCY	15
<b>INFORMATION POINT:</b> Considerations when developing relationships with partners	22
<b>INFORMATION POINT:</b> Common mistakes in working with partners	22
<b>INFORMATION POINT:</b> Working with partners	23

## STEP 3: TRAIN COMMUNICATORS

<b>BOX 3.1:</b> MEDIA COMMUNICATION COMPETENCIES OF PUBLIC INFORMATION OFFICERS	27
<b>BOX 3.2:</b> PERSONAL AND PROFESSIONAL CHARACTERISTICS OF A DESIGNATED LEAD SPOKESPERSON	28
<b>BOX 3.3:</b> RECOMMENDED APPROACHES FOR LEAD AND OTHER SPOKESPERSONS WHEN DEALING WITH THE MEDIA DURING AN EMERGENCY	29
<b>BOX 3.4:</b> PITFALLS TO AVOID WHEN COMMUNICATING WITH THE MEDIA DURING AN EMERGENCY	30
<b>BOX 3.5:</b> NEGATIVELY PERCEIVED NON-VERBAL COMMUNICATION	32
<b>BOX 3.6:</b> POSITIVELY PERCEIVED NON-VERBAL COMMUNICATION	33

## STEP 4: PREPARE MESSAGES

<b>BOX 4.1:</b> EXAMPLES OF STAKEHOLDERS DURING A MAJOR DISEASE OUTBREAK	36
<b>BOX 4.2:</b> POTENTIAL CONCERNS IN A PUBLIC HEALTH EMERGENCY	37
<b>BOX 4.3:</b> A FIVE-STEP MODEL FOR PREPARING MESSAGES FOR POTENTIAL MEDIA INTERVIEWS DURING AN EMERGENCY	45

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_28408](https://www.yunbaogao.cn/report/index/report?reportId=5_28408)

