

Risk communication and community engagement (RCCE) for monkeypox outbreaks

Interim guidance

24 June 2022



Key points

- The sudden appearance of monkeypox in many countries without evident travel links to areas where monkeypox typically occurs is unprecedented and suggests that there may be more human-to-human transmission occurring. Evolving patterns of disease spread make clear communication more challenging and all the more important.
- Most, but not all, cases of monkeypox in newly affected areas are currently being detected among men who have sex with men (MSM). All efforts should be made not to stigmatize this or any affected population.
- Gatherings such as concerts and festivals in which people are or may be in close contact (e.g., face-to-face, skin-to-skin, mouth-to-skin, mouth-to-mouth contact, including sexual contact) may amplify the spread of disease. Organized gatherings and events that have prevention and control measures in place should be leveraged to conduct outreach and to provide practical public health messages to audiences and attendees.
- Issues including uncertainty surrounding the outbreak, the potential for stigmatization of currently affected populations, the threat of increased spread of the virus at upcoming festivals are key reasons to implement sound risk communication and community engagement (RCCE) plans and response immediately.
- The goal of the global RCCE response is to help control the outbreak and prevent onward transmission of monkeypox by informing and engaging affected populations.
- The key objectives of RCCE activities for monkeypox are to raise awareness, manage risk perception, maintain trust in health authorities and response measures, and proactively communicate to support people at risk to make informed decisions to protect themselves and others from infection and severe disease.
- RCCE activities must strike an appropriate balance of being informative and specific to higher risk populations without cultivating stigma or excluding other persons or groups potentially at risk.
- Clear, targeted, and intense efforts are needed to provide information where it will reach people at risk, including sexually active MSM and sex workers.

Introduction

An outbreak of monkeypox is occurring in several regions of the world. The situation is evolving, and WHO expects that more cases will be reported. This outbreak represents the first time that cases of monkeypox have been reported in many countries at the same time, including in countries *where the virus has not previously been detected* (1). This suggests that knowledge of the disease and its symptoms may not be well known amongst the general public, health workers and affected groups.

RCCE activities must strike an appropriate balance of being informative and specific to higher risk populations without cultivating stigma or excluding other persons or groups potentially at risk. Consequently, risk communication must be carefully managed to avoid complacency and to avoid causing undue levels of concern. People must understand their personal risk and adjust their behaviour to prevent infection and transmission and recognize that there is uncertainty around many elements of the outbreak that will require regular updates to guidance and recommendations. This guidance is designed to support RCCE activities at every level and provide accurate information to help people at risk of monkeypox make informed decisions to protect themselves and others from infection, as well as to protect themselves and others if they do become infected. This guidance will be updated as more information about the outbreak becomes available.

Recommendations

Identifying affected populations

Recommendation:

Due to the fact that monkeypox is now spreading in locations previously unaffected by the disease, many people are unfamiliar with the disease, its symptoms and the ways in which it is spreading from human-to-human. Many individuals may be affected by the disease in different ways and therefore will require tailored information and engagement through trusted sources.

Key audiences:

- 1. The general public** – People living in areas affected by the monkeypox outbreak should have a clear understanding of their level of risk and how to protect themselves and others. It is important for the general public to understand that anyone exposed to the virus through close contact with someone who has, or may have, monkeypox is at risk, and that the outbreak is not specific to a particular demographic.
- 2. Men, and in particular men who have sex with men (MSM)** – Monkeypox affects more men and boys than women or girls. While the reasons for this are not fully understood, this is true in previously affected and in newly affected areas. In the new multi-country outbreak, monkeypox is associated with human-to-human transmission and cases have been primarily detected among MSM. Conversely, for many years, monkeypox was associated with activities related to contact with wild game in areas where animals may harbour the virus. Knowledge of the local context is therefore critical to understanding monkeypox and raising awareness will help to protect those at risk and prevent onward transmission in all contexts. The risk of monkeypox is not limited to men, however.

3. **Women** – including women who share a household with a person who has monkeypox, are partners of MSM or are female sex workers – These groups may also be more vulnerable in the context of the current outbreak and must be aware of the risks, how to protect themselves and others, and what to do if they have symptoms.
4. **Adolescents and young adults** – Young people may be at risk of monkeypox if they engage in activities that involve prolonged close or intimate physical contact with other individuals who are themselves at risk, or if they have multiple sexual partners, which would also place them at greater risk. Young people should be proactively engaged in awareness raising activities around this outbreak as their risk perception may be low.
5. **People who are pregnant and children** – People who are pregnant may be at higher risk of severe illness also entailing risks to the fetus and should avoid close contact with anyone who may have suspected or confirmed monkeypox. Children are also at risk of more serious illness from monkeypox. If children present symptoms compatible with monkeypox, seek guidance from a health worker. The rash that develops with monkeypox may resemble rashes found in other common childhood illnesses, such as chickenpox (2).
6. **Organizers and attendees of gatherings** – Gatherings and events may be environments conducive to the spread of monkeypox (see Gatherings and Events below). Event organizers and other key stakeholders involved in gatherings should share up-to-date, practical and targeted information about monkeypox with participants, staff and communities. Efforts should be made to inform people ahead of time not to attend the event if they have confirmed or suspected monkeypox. Attendees should be enabled to practice physical distancing, hand hygiene and respiratory etiquette. WHO has developed public health advice for event planners, organizers and participants, in the context of the current monkeypox outbreak (3).
7. **Health workers** – Cases of monkeypox have been identified through a range of primary and secondary health care services including sexual health clinics. Health workers require detailed information on early identification and infection, prevention and control measures to appropriately care for their patients and protect themselves from possible exposure to monkeypox. As trusted sources of information, they must have key messages to confidently and accurately communicate with their patients and communities.
8. **Partners, stakeholders, civil society organizations (CSOs) and non-governmental organizations (NGOs)** - Groups and agencies who work with other target audiences may be helpful as trusted sources through which to disseminate information.

Avoiding stigma

Recommendation:

Social stigma in the context of health is the negative attitude or belief about a person or group of people who share certain characteristics. Stigma is often fuelled by ignorance, fear or anxiety, and people who are stigmatized may be rejected, stereotyped, discriminated against, abused, and/or experience violence directed at them because of a perceived link with a disease.

All RCCE activities must take into consideration the threat that stigma presents and take steps to prevent it. Stigma negatively affects those with the disease, as well as their caregivers, family, friends, and communities.

People who share other characteristics with stigmatized groups may also suffer from stigma. Stigma and discrimination are already being detected towards some communities of MSM.

Remarks:

Stigma is a well-documented barrier to health-seeking behaviours. People who experience stigma may be less likely to report symptoms or seek care, due to fears associated with rejection, social isolation or the impact of discrimination on their families and friends (4). In some countries, being identified as having monkeypox may violate social or legal structures, resulting in abuse, violence or loss of life.

Take steps to avoid the use of language that may be perceived as stigmatizing or defamatory to people and communities:

- Focus communications on the behaviours – not the people - that are fuelling the outbreak.
- Emphasize the fact that monkeypox spreads between people through close contact. Anyone who has close contact with someone who has symptoms of monkeypox is at risk.
- Avoid using language, photographs or graphics that spread fear or place an emphasis on a particular group, activity or community.
- Use the proper language to describe the nature of transmission: People ‘acquire’ or ‘contract’ monkeypox through close contact.
- Reiterate that stigma and discrimination actually harm response efforts and can ultimately prolong the outbreak.

Managing gatherings and events

Recommendation:

Gatherings and events where physical contact may be involved may represent environments conducive for the transmission of monkeypox if they entail close, prolonged or frequent interactions among people, including intimate or sexual contact, which in turn could expose attendees to lesions, body fluids, respiratory droplets or contaminated materials. Event organizers, venue managers and other stakeholders involved in gatherings must be aware of and implement prevention measures and share up-to-date, practical and targeted information about monkeypox with customers, staff, volunteers and communities. WHO has developed public health advice for event planners, organizers and participants, in the context of the current monkeypox outbreak (3).

Planned gatherings in areas where monkeypox cases have been reported can be safely conducted with a few precautions and sharing of information. Such events should also be used as opportunities to conduct outreach with public health information for specific population groups. It is important to communicate early, often, and consistently through known and trusted communication channels and in language and terminology used by the affected populations. Public health authorities and event managers should work together to ensure targeted information reaches event-goers before, during and after the event. It is highly recommended to work closely with community-based and civil society organizations that have direct and trusted relationships with affected population groups.

Before and during events

- Identify and map upcoming events in your region to understand the target audience, size and focus of the event. Engage and support venue organizers and event planners and provide them with accurate health information and guidance.
- Communicate proactively with event organizers on measures they should take to limit the risk of transmission at the event, including:
 - communicating in advance that workers, volunteers or attendees with confirmed or suspected monkeypox should not attend gatherings and should refrain from close contact with any other individual. They should follow advice issued by relevant health authorities.
 - Sharing information at the event on practicing physical distancing, hand hygiene and respiratory etiquette
 - Providing guidance on what to do if symptoms emerge during the event
- Introduce attendance lists for event participants, if applicable, to facilitate contact tracing in the event that a monkeypox case is identified.
- Provide staff responsible for dealing with attendees who fall ill at the event with information on how to manage people with signs and symptoms consistent with monkeypox.
- Consider that spontaneous or independent gatherings may occur outside the primary event venue, and extend outreach to hospitality venues, pubs and restaurants.
- Communicate with people attending the main event about risks associated with informal events.
- Events at sex-on-premises venues such as bathhouses, darkrooms and sex clubs may be particularly high risk due to the likelihood of close contact among participants. Recommend special measures for communication, contact tracing and cleaning at these events.
- Where possible, include information about other public health recommendations, such as those for COVID-19, HIV/AIDS and sexually transmitted infections (STIs).

After events

Following a large-scale event or gatherings, public health authorities should:

- Recognize that monkeypox cases associated with the event may be diagnosed after the event is over and support contact tracing and notification efforts.
- Maintain open communication with participants, planners and event organizers and continue to provide information about symptoms, prevention measures and where to seek testing or care. Participants and staff/volunteers should be encouraged to monitor themselves closely for symptoms for 21 days following the event, and to inform event organizers if they do test positive during this time.

Special considerations for event organizers

- Event organizers should be aware of the epidemiology of monkeypox in the host area, its modes of transmission and prevention, and what action should be taken if a person develops signs and symptoms compatible with monkeypox, including where appropriate care can be sought. This information should be shared with prospective attendees and all those involved in the event planning and delivery.
- Gatherings should be used as opportunities for information outreach and community engagement; attention should also be dedicated to the social context in which the event takes place, with a focus on individual risk behaviours associated with side events and unplanned congregations (i.e., gatherings in bars and pubs, house parties, private spaces, etc.).

- Attendees should always be reminded to apply individual-level responsibility to their decisions and actions, with the aim of preserving their health, that of the people they interact with, and ultimately that of their community. This is especially important for spontaneous or unplanned gatherings.
- Additional guidance can be found at <https://www.ecdc.europa.eu/en/publications-data/interim-advice-public-health-authorities-summer-events-during-monkeypox-outbreak> (3).

Key messages

Key messages are the main points of information you would like for audiences to hear, understand and remember. They are bite-sized sentences that explain facts, concepts and information in a way that is clear, consistent and factual. As information evolves, key messages will change and must be updated accordingly. At present (June 2022), these key messages are recommended for monkeypox:

Symptoms of monkeypox:

- Symptoms of monkeypox typically include a fever, intense headache, muscle aches, back pain, low energy, swollen lymph nodes and a skin rash or lesions.
- The rash typically begins within one to three days of the start of a fever and may be concentrated on the face, palms of hands and soles of the feet.
- During this outbreak, many patients present with atypical rash that starts in genital or perianal area, on the mouth and may present at different stages of development. Even one or two lesions can indicate monkeypox infection.
- Symptoms may go away on their own in two to four weeks. However, skin lesions can be few or appear in large numbers; they can be very painful or itchy. Sores in the mouth or swollen lymph nodes can make it difficult to eat or drink leading to dehydration or poor nutrition. Some people may need to be hospitalized to manage pain or prevent serious complications which can occur. Death can occur in persons who are vulnerable and develop severe disease.
- Infants and children, people who are pregnant and people who are immunocompromised are at higher risk of more serious illness with monkeypox.

How monkeypox spreads from person to person:

- The different ways in which monkeypox can spread are not fully understood.
- People can catch monkeypox through close contact, including face-to-face, skin-to-skin, mouth-to-skin and mouth-to-mouth contact. Skin lesions and sores in the mouth contain infectious virus. Bodily fluids (such as fluid, pus or blood from skin lesions) and scabs are particularly infectious. Monkeypox virus DNA has been detected in semen. It is not yet known whether virus can spread through semen during sexual contact.
- Monkeypox can spread through contact with bedding, towels, clothing or contaminated objects or surfaces. This may also include objects such as eating utensils or items shared during sexual activities.
- Transmission of monkeypox has occurred among people who have visited sex-on-premises venues.
- Studies showed that some people developed immunity to monkeypox without having had symptoms (sub-clinical infection). However, it is not known whether people who do not have symptoms can

spread monkeypox. It is also not known how infectious a person may be before a rash appears (for example, when fever or swollen lymph nodes first appear).

- It is not yet known to what extent transmission to another person can occur due to short-range aerosols, (for example, when an infected person with mouth lesions speaks or sings at close range with others).
- There have been no reports of human-to-animal transmission to date.

Prevention measures:

- Anyone with confirmed or suspected monkeypox should isolate in hospital or at home, as advised by their health worker. By avoiding close contact with other people, infected persons can help to protect those around them.
- Those recovering from monkeypox at home should protect others by staying in a separate room, ensuring good ventilation, using separate utensils, doing their own laundry, and cleaning shared spaces such as bathrooms after every use.
- If close contact with someone with monkeypox is unavoidable, individuals should open windows for good ventilation, wear a well-fitted medical mask, wear disposable gloves, clean hands before and after touching and monitor oneself carefully for symptoms for 21 days after the last exposure and ask the person with monkeypox to cover any skin lesions by wearing clothing over the rash.
- Health workers caring for people suspected or diagnosed with monkeypox should implement transmission-based precautions, including use of personal protective equipment (PPE) when providing care. For additional information, refer to the Clinical management and infection prevention and control for monkeypox: Interim rapid response guidance, 10 June 2022 (2).
- People who are experiencing symptoms compatible with monkeypox should not attend events, parties, or gatherings.
- Reducing the number of sexual partners, including anonymous partners, may help to prevent monkeypox.
- Condoms do not protect from monkeypox which spread through skin-to-skin contact, but they do provide protection against a range of sexually transmitted infections.

In the event of monkeypox exposure:

- People who show symptoms or have been a close contact of someone with monkeypox should contact their health_care provider for advice, testing, and medical care.
- Exposed individuals should monitor_themselves closely for symptoms for 21 days after last exposure and contact a health worker if concerned.

Messages should also provide specific information about the monkeypox outbreak in the geographic area, including the number of confirmed cases, the location of the outbreak, how the public can protect themselves, and what agencies and organizations are doing to respond. Messaging should be provided in an accessible format that resonates with the intended audience. Questions and answers for the outbreak can be found at <https://www.who.int/news-room/questions-and-answers/item/monkeypox> ; these can be adapted for a local context (5). Ensure that messages communicate uncertainty and emphasize the evolving nature of the monkeypox outbreak and how information may change as more is learned.

Communicating about uncertainty

As the monkeypox outbreak situation is evolving, it is important to continue to explain what is known, what is unknown and what is being done to address the unknowns. State clearly that the situation is evolving. Use wording such as, “There is still a lot we don’t know...” or, “The evidence we have now, though incomplete, is...” And, “We will keep you updated as we learn more.” Advise people where they can find additional information, directing them to health authorities, websites or hotlines that may be in place. Using empathetically toned communication will better ensure trust with audiences.

RCCE methods

1. Use a data-driven approach

RCCE is a proper technical intervention and using an evidence-informed and data-driven approach informs contextually relevant, targeted, and effective response actions and interventions. Clear methodology and data are essential to monitor, evaluate, and adjust response materials and solutions. Monitoring and evaluation should be conducted on a designated schedule to harness the value of data for action.

Data on key variables – such as knowledge, attitudes, practices, behaviours, risk perception, preferred communication channels and trusted influencers – can be rapidly collected using pre-established data collection tools and platforms. These data are often collected through surveys, mixed methods or rapid qualitative methods are also recommended as they provide richer insights and explanations than quantitative methods alone. Analysis of data will highlight key themes and trends that can then inform the focus of RCCE interventions. Disaggregated data analysis is important to also highlight emerging issues in particular population groups.

Collection and analysis of data over time informs strategic shifts in RCCE. Where possible, existing data collection platforms should be activated for this purpose, or new listening platforms established.

Efforts to produce data and analytics require clear operational questions to guide the process and pathways to shape decisions.

2. Conduct social listening

Social listening is the collection, analysis, and interpretation of contextual, behavioural, and social data into actionable insights. Social listening is key to:

- Monitoring public chatter (on- and offline) and sentiments about the outbreak in real time
- Picking up on rumours, misinformation, frequently asked questions, and community concerns
- Understanding community risk perception, knowledge, and behaviours
- Responding rapidly to feedback, questions, and concerns as they arise
- Monitoring whether messages are reaching the target audience and the extent to which they are understood

Social listening collects data from online and offline platforms and communities (see Table 1). Many online platforms predate recent outbreaks, and they can be rapidly accessed. Online searches can be more targeted through the use of online syntax (e.g., #monkeypox on social media channels and/or “monkeypox” on search engines). While online (digital) listening has its limitations, including inevitably missing voices from those

who are not active social media or internet users, it allows RCCE field experts during emergencies to monitor public conversations, track themes and topics including mis/disinformation, be closer to audiences and manage/adapt priorities faster. It is important to

- ensure that social listening is conducted for all affected populations
- identify key community concerns, myths, misunderstandings and assess risk perceptions, knowledge, and behaviours to determine the necessary RCCE response measures, and
- document insights in a central location that is easy for colleagues and partners to navigate.

Social listening data sources include:

- Media monitoring (e.g., reading, watching or listening to news broadcasts)
- Patient feedback from healthcare workers
- Community meetings or forums
- Focus groups, surveys and interviews (qualitative studies)
- Records or documentation from previous emergencies
- Community-based and civil society organizations

Digital social listening data sources include:

- Social media channels, such as Twitter or Facebook
- Digital (online) media monitoring – scanning news sites for updates
- Search engines such as Google
- Closed social-media communication tools such as WhatsApp or Viber
- Websites used by selected audiences and those who influence them

3. Identify, understand, and reach target audiences with key messages

Public health messages about the monkeypox outbreak should include:

- Information about the disease, including signs and symptoms;
- The level of risk presented by the circumstances or population;
- Protective and preventive behaviors; and
- What to do if you appear to have symptoms.

Every audience has different social and demographic backgrounds, information needs and sources, risk perception, and levels of vulnerability to rumors and misinformation.

4. Identify regularly accessed and trusted information channels

Once target audiences have been identified, the next step is to determine how to effectively reach each one. In a connected world, there is constant flow of information through all channels, some of which is true, some not, and it is increasingly difficult for people to identify credible information. Engaging and collaborating with community groups is essential and parallel to media and social media communication.

Map public-facing and targeted communication channels, specifying which are most commonly used and which are more trusted by different audiences (6). Note that regularly accessed and trusted channels may not be the same ones. People may be regularly exposed to information on social media, for example, but

perceive that information to be unreliable. They may instead trust information from a community leader or specific news channel, even though they are exposed more frequently to information from elsewhere.

5. Developing key messages

Table 2 illustrates a sample template for RCCE planning activities for key audiences.

Table 2: Template for RCCE planning activities for target audiences, monkeypox outbreak, June 2022

Target audience	Demographic, social background	Language and accessibility considerations	Risk perception of this group	Key messages for this audience	Regularly accessed information channels	Trusted information channels
Health workers	Provide according to context	Local language literacy levels high. Access to technology.	Low – monkeypox has not been previously seen in this community.	Messages on infection prevention and control and on how to protect themselves and other patients from onward transmission in health care facilities; how to identify symptoms of monkeypox; how to communicate to their community	Mass media, radio, social media, professional medical networks	Information disseminated through medical associations and from peers
Men who have sex with men (MSM)	Provide according to context	Familiar language and terminology used by the population.	Mixed – some individuals may have a heightened sense of risk while others may be unaware of the risks	Protection measures with for those with high-risk perception Provide recommendations to balance the risk for those with lower risk perception –use tones of concern to raise risk perception to appropriate levels	Closed social media applications, dating apps, social media accounts from trusted influencers	Existing trusted community networks, popular event registration channels, familiar medical provider networks
Close contacts of cases	Provide according to context	Local language, low level of medical – literacy – will likely not know/understand monkeypox	High – fear and rumours have been circulating since the first cases were found Or Low – not realizing they may be at risk	Symptoms of monkeypox; what to do if they think they may have been exposed; what to do if they think they are infected; how to safely take care of someone with monkeypox; how to avoid infecting others; the importance of informing their own contacts because of the long incubation period and sometimes mild presentation of the disease; information on vaccination for contacts of cases.	Local media sources, social media apps regularly used, engagement through trusted influencer networks; community-based and civil society organization, general public service announcements.	Health workers, community leaders

6. Establish and mobilize partnerships and coordination mechanisms

RCCE supports the outbreak response by establishing strong relationships with affected communities, partners and stakeholders. Strong coordination between response partners is key to avoid duplication of efforts and to avoid contributing to the spread of mis/disinformation. In the current context, some stakeholders may not be traditional partners, and additional efforts to include them may be required. At this point in the response, it is highly recommended to include community groups who work with MSM and associations of sexual health care providers in partnership-building efforts.

External groups, organizations, or individuals may provide additional channels that can share and reinforce messaging. By hearing the same message from multiple sources (especially those they trust), people are more likely to accept the information and take the recommended actions. Partners and stakeholders can also be helpful in gathering social and demographic data on and communicating with hard-to-reach populations with which they have existing relationships.

In areas where RCCE frameworks are already in place, relationships with trusted partners and stakeholders on the ground should be leveraged as part of supporting communities affected by monkeypox. Early coordination of these groups allows for relationship-building, response planning, and message development before emergency communication is needed.

7. Conduct regular community dialogues

Engagement with specific at-risk or affected communities through dialogue is a crucial part of the monkeypox outbreak response. This may be particularly relevant for communities of MSM, sex workers, persons living with HIV, adolescents and young adults, women who are partners of men who have sex with men, health workers and others.

Depending on the community, dialogue can take many forms, ranging from stakeholder meetings to public events to individual conversations. During these interactions, both sides speak, listen, seek to understand each other, and share information and ideas with the common goal of protecting the community.

Each community has its own specific concerns and questions. Engaging community organizations, including faith, work and youth networks can help us to understand those concerns and co-develop messages and material that will have a greater impact.

Community dialogue can help to identify:

1. Local needs and priorities
2. The accessibility of health services
3. Ways in which the communities can help shape and drive the response
4. Cultural practices and beliefs that influence health behaviors
5. Preferred channels of communication
6. Gaps in information, true and false rumors, and misinformation in the community
7. If messaging is reaching target audiences
8. Trusted sources of information in the community that could share and help reinforce messaging

The design of community dialogues/conversations should include pathways for action. The organization should include transparent accountability processes to demonstrate progress on the points raised during

these dialogues. It is expected that some of the points raised will not be taken forward and mechanisms to justify such decisions should be made clear.

8. Monitoring and evaluation of RCCE

Monitoring and evaluation of RCCE is important to iteratively inform and improve existing and future response activities. Evaluation methods are selected based on the programme aim, setting, target audience, and available resources, but can include one or more of the methods below.

- Surveys
- In-depth interviews
- Focus group discussions
- Review or analysis of previously collected data (formative only)

Additional resources

On monkeypox:

- [WHO monkeypox health topic page](#)
- [Factsheet on monkeypox](#)
- [Answers to common questions on monkeypox](#)
- [Open WHO Monkeypox introductory training](#)
- [Open WHO Monkeypox epidemiology, preparedness and response in-depth training](#)
- [Monkeypox outbreak toolkit](#)

On RCCE:

- [WHO Risk Communication web page](#)
- [CERC in an Infection Disease Outbreak factsheet](#)
- [WHO Trainings:](#)
- [SocialNet: Empowering communities before, during, and after an infectious disease outbreak](#)
- <https://openwho.org/channels/social>
- <http://www.who.int/risk-communication/training/en/>
- [Communicating During Global Emergencies](#)
- [Communication for behavioural impact \(COMBI\): A toolkit for behavioural and social communication in outbreak response](#)
- [Taking a Multisectoral, One Health Approach: A Tripartite Guide to Addressing Zoonotic Diseases in Countries](#)

Process and methods

This interim guidance was developed using existing risk communication and community engagement tenets and guidance updated for the current context and synchronized with other current guidance from WHO regional offices and other responding units.

Limitations

This is a rapidly evolving situation with a number of implications for communications, community engagement and behavioral aspects. This document will be updated as needed.

Working Definitions

Risk communication is the real-time exchange of information, advice, and opinions between experts and people who are facing a risk or threat to their health, social or economic wellbeing. The purpose of risk communication is to provide people with accurate and timely information and to support them in making informed decisions to mitigate the effects of a threat or hazard.

Community engagement is the collaborative process that involves people in understanding the risks they face and includes communities in developing health and response practices that are acceptable and workable for them. The goal of community engagement is to empower communities and to develop shared leadership throughout the emergency response cycle.

A community is a group of people connected by common characteristics, such as geographic location, age, gender, profession, ethnicity, faith, shared vulnerability or risk, or shared interests and values. Communities can be virtual, and people can belong to many at once, each with different priorities and perceptions. Vulnerable communities are those who are marginalized or who have limited access to health and social services and may be worse affected.

An infodemic is defined as excess information, rumours, mis- and disinformation in the digital and physical environment during health emergencies, often spreading through the same channels as factually correct information.

Partners are international, non-governmental, or community organizations that work in a geographic area or health field.

Stakeholders are governments and individual local leaders that have a vested interest in protecting the health of their own country, region, or community.

Plans for updating

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance will expire one year after the date of publication.

Contributors

This interim guidance was developed by the WHO's Country Readiness Strengthening Department including the Risk Communication and Community Engagement team with contributions from colleagues working in social-behavioural science and infodemic management. Information about Mass Gatherings is supported by technical guidance from WHO's HIV, Hepatitis and STIs Unit and the WHO Smallpox Secretariat.

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