World Health Organization

European Region

Engaging health and care workers in health emergencies

Implementation toolkit

ABSTRACT

The active participation and engagement of health and care workers (HCWs) in health emergency preparedness, readiness and response is crucial to support risk communication, community engagement and infodemic management (RCCE-IM) interventions during emergencies. HCWs hold unique positions in society – repeatedly being identified among the main influencers of people's behaviours: they are one of the most trusted sources of health information and advice in communities and role models for the acceptance and uptake of protective measures during health emergencies. On the frontline, HCWs have valuable insights and knowledge that can be harnessed to support health emergencies across the entire emergency cycle. Between October and December 2023, the WHO Regional Office for Europe interviewed key informants on strategies and experiences to meaningfully engage HCWs during emergencies. These interviews, a desk review, and a review of RCCE-IM interventions, led to this implementation tool that offers practice-based tips for national and local health authorities, United Nation agencies, civil society and other interested organizations on how to involve HCWs in all stages of emergencies.

KEYWORDS

HEALTH PERSONNEL
DISASTER PLANNING
EMERGENCIES
COMMUNITY PARTICIPATION
INFODEMIC
NATURAL DISASTERS
DISEASE OUTBREAKS

Document number: WHO/EURO:2024-10376-50148-75534 (PDF)

Art-direction and layout: www.freightdesign.co.uk

Cover photos: © WHO / Mukhsindzhon Abidzhanov, © WHO, © WHO / Marie Oleinik, © WHO / Arete / Maxime Fossat, © WHO / MuhssinoImagine

World Health Organization

European Region

Engaging health and care workers in health emergencies

Implementation toolkit

© WHO / Cheppel Volodymyr

Health and care workers, like woven threads, form the backbone of resilience. The trust they earn from communities enables them to reach underserved and vulnerable groups.

During emergencies, health workers have their ears open to community concerns, provide life-saving support and advice, and ensure no one is left behind.

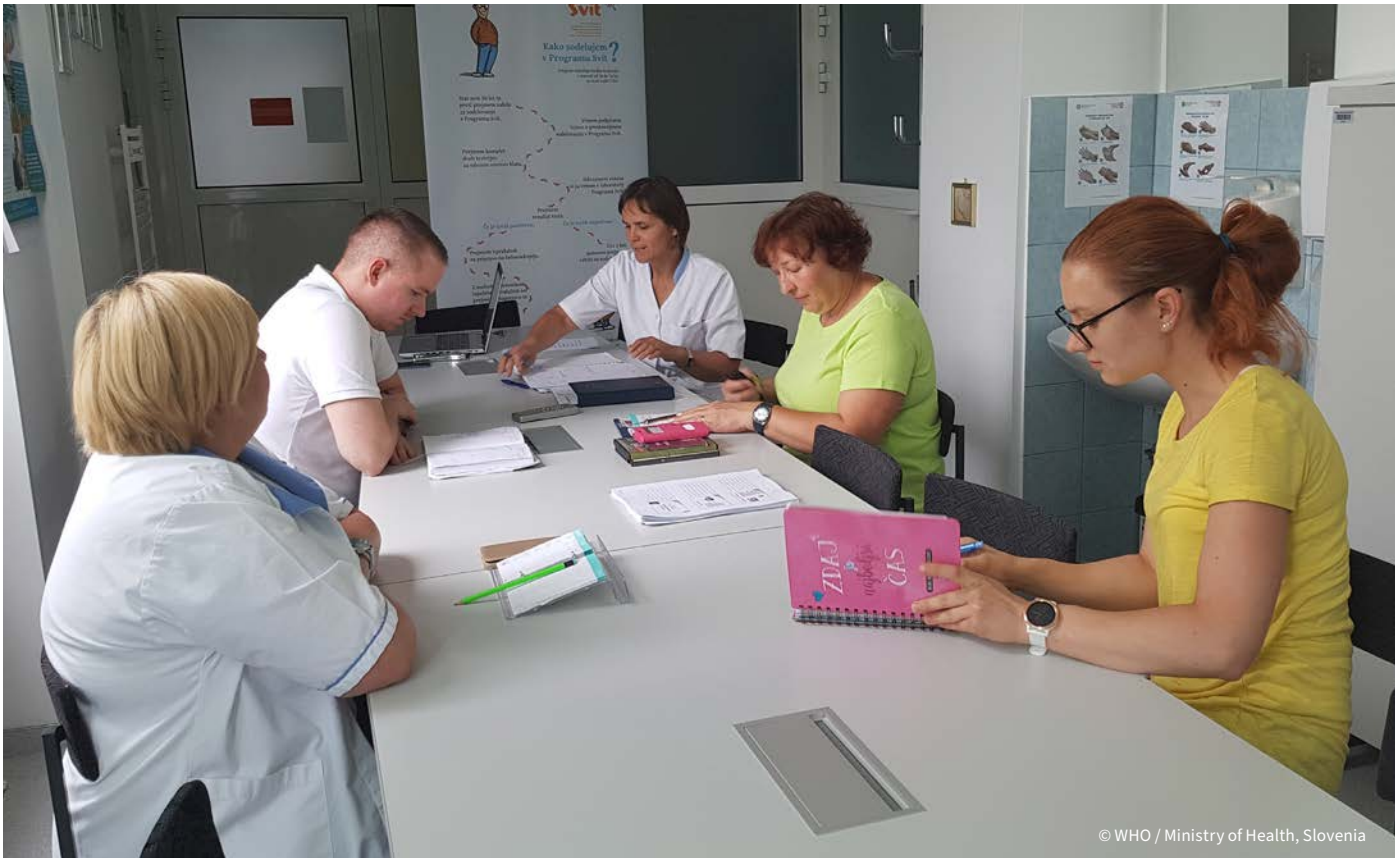
Hans Henri P. Kluge, WHO Regional Director for Europe

Contents

Acknowledgements

The WHO Regional Office for Europe would like to thank the following individuals for sharing their time, expertise and insights during the research stage of developing this implementation guidance: Dinora Alieva, Fanara Bunyadzada, Brett Craig, Joséfine Declaye, Marc Gallego Garcia, Thanas Goga, Justine Gosling, Catherine Kane, Dimitris Karamitsos, Bota Kaukenova, Osman Küçükkelepçe, Margrieta Langins, Ljubica Latinovic, Faris Mahmutovic, Cristina Mussini, Borche Nikolovski, Abdurrahman Tanriverdi, Elcin Torlak and Hadar Zaman. We would also like to thank Serdar Kemal Arik for his translation during interviews in Turkish.

The co-authors of the implementation guidance are Ben Duncan and Camila Picchio, consultants, WHO Regional Office for Europe. Leonardo Palumbo, Community Engagement Officer, WHO Regional Office for Europe, led the development of the tool. Cristiana Salvi, Regional Adviser for Risk Communication, Community Engagement, and Infodemic Management, WHO Regional Office for Europe provided substantial technical input and guidance to the process. The Regional Office would like to thank the following colleagues from the Regional Office and headquarters, members of its Technical Advisory Group on Risk Communication, Community Engagement and Infodemic Management in the WHO European Region, and community members for acting as external reviewers: Dilek Aslan, Ana Paula Coutinho Rehse, Nina Gobat, Otar Kantaria, Margrieta Langins, Thomas Moran, Sulakshana Nandi, Dina Pfeifer, Davit Raminashvili, Kai Von Harbou, and Pavle Zelic. Special thanks go to Naima Saeed, Community Engagement Consultant, WHO Regional Office for Europe, for integrating comments from external reviewers.



© WHO / Ministry of Health, Slovenia

Abbreviations

COVID-19	coronavirus disease
CSOs	civil society organizations
HCW	health and care worker
MEL	monitoring, evaluation and learning
RCCE-IM	risk communication, community engagement and infodemic management

Glossary

Civil society organization
A civil society organization is any non-state, non-for-profit, voluntary citizen's group that is organized on a local, national or international level.[1]

Community
A group of people connected by certain characteristics, including culture, age, gender, race, geographic location, ethnicity, shared vulnerability or risk, shared interests, shared objectives or common problems.

Community engagement
A process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes, including in public health events such as emergencies. It goes hand in hand with risk communication and infodemic management within public health emergency preparedness and response.

Disinformation
Incorrect, misleading or misattributed information circulated with a specific, including political, agenda.

Health and care workforce
Recent reports from the WHO Regional Office for Europe looking at the workforce situation in the Region use a broad definition of health and care workforce.

Infodemic
An infodemic is too much information, including false or misleading information, in digital and physical environments during an acute public health event.

Infodemic management
The systematic use of risk- and evidence-based analysis and approaches to manage the infodemic and reduce its impact on health behaviours during health emergencies. Infodemic management aims to enable good health practices by listening to community concerns and questions; promoting an understanding of risk and health expert advice; building resilience to misinformation; and engaging and empowering communities to take positive action. It follows actionable steps from surveillance through social listening, to verification, risk assessment and response strategies, including debunking and pre-bunking.

Misinformation
Incorrect, misleading or misattributed information circulated without an underlying agenda or intent to harm.

Risk communication
The exchange of real-time information, advice and opinions among experts and people facing threats to their health or economic or social well-being to enable them to take informed decisions for their health; used along with infodemic management and community engagement for public health emergency preparedness and response.

Social listening
The regular and systematic aggregation, filtering and monitoring of conversations and public discourse in a combination of traditional media, digital media, and off-line and on-line sources of information that represent different populations and geographies.

[1] Civil Society. In: United Nations [website]. United Nations; 2024 (https://www.un.org/en/civil-society/page/about-us).

Introduction

This implementation toolkit spotlights the role of health and care workers (HCWs) (see Box 1 for a definition of the term HCW)[2] as trusted intermediaries between health authorities and communities affected by or at-risk from health emergencies. It gives practical tips on how health authorities can partner with HCW to communicate public health information and advice, engage with communities, and counter false and inaccurate information during crises. Based on evidence and experience gathered from global challenges ranging from the coronavirus disease (COVID-19) pandemic and the mpox outbreak in 2022, to regional adversities like the war in Ukraine, the earthquake in Türkiye in 2023, and the influx of refugees into Armenia, the WHO Regional Office for Europe has recognized the importance of collaborating with HCWs and ensuring that they are meaningfully engaged. This engagement extends beyond conventional health-care delivery to strategic involvement in risk communication, community engagement and infodemic management (RCCE-IM) campaigns, capacity-building initiatives and community outreach. Examples of HCW engagement (Annex 1) show that HCWs are consistently among the most trusted influencers for communities across the WHO European Region.

The process for creating the tool (see section below on methodology) identified why health authorities need to engage HCWs in emergencies.

- Role in response: HCWs, as frontline responders, are directly involved with communities affected by or at risk from emergencies. They perform critical tasks such as case finding, contact tracing, testing, vaccination and treating the sick.
- Community representation: HCWs belong to the communities they serve. They know the community composition, characteristics and dynamics. Investing in them equates to investing in communities.
- Community trust: As part of their communities, HCWs are highly trusted and influential in the decision-making process of their community members and patients. For instance, the actions and knowledge of nurses strongly influence community health outcomes, and HCWs significantly impact vaccine acceptance and uptake.
- Care for vulnerable populations: HCWs, particularly those in social care, support the health and welfare of vulnerable groups. They often initiate community outreach programmes and align closely with patient care or recovery strategies.
- Protection of HCWs: The potential secondary effects of an emergency, such as disease transmission or mental health impacts, should also be considered in strategies for HCW self-protection during emergencies.

This publication sheds light on the influential role of HCWs, emphasizing the need to empower them to recognize and embrace their influence within the health systems. Leveraging HCWs' influence and collaboration can greatly enhance the effectiveness of RCCE-IM interventions, ultimately leading to greater impact and wider adoption of public health measures. The document puts forth practice-based tips and actionable recommendations on engaging HCWs during emergencies while safeguarding their rights, ensuring their protection and advocating for increased engagement across all stages of the emergency cycle.

[2] For human resources for health, WHO adopts a comprehensive definition of human resources spanning the health and social sectors *(1)*. For this implementation tool, the term HCW will be used throughout the document.

Box 1. Defining the term HCW

HCWs represent a diverse group of professionals who wield significant influence in their respective fields. This box showcases some of the varied expertise within this group who can serve as a bridge between health authorities and communities during health and humanitarian emergencies, it does not, however, encompass all professions within the health-care sector.

- **General practitioners:** General practitioners are the primary point of contact for patients and possess deep knowledge of their communities. As such, they have a major role in listening to needs and concerns, influencing acceptance and uptake of preventive health measures, advising about potential health risks, tackling false narratives and advocating for emergency responses tailored to community health needs. They can inform displaced people of the benefits package in health emergencies.
- **Nurses:** Nurses are among the most trusted professionals in health care, often regarded as the backbone of patient care. Not only do they provide medical care, but also emotional support They can be strong advocates for health protective behaviours like handwashing or wearing masks, sources of information on disease control, and part of efforts to tackle false information and improving inclusive governance. They can inform displaced people of the benefits package in health emergencies.
- **Community health workers:** Community health workers can act as a bridge between health authorities and communities, providing vital information on disease outbreaks and how to access health information and answer questions and concerns from the community.
- **Pharmacists:** Pharmacists, as trusted frontline sources of medication knowledge and health information, have community presence and are easily accessible. As such, they can play a crucial role in influencing and engaging community members' health decisions, especially during public health initiatives such as vaccination campaigns.
- **Carers and informal caregivers:** Carers and informal caregivers play a crucial role in navigating health-care systems, addressing care recipients' needs and disseminating accurate information. During emergencies, they can serve as the primary support for immunocompromised individuals and as valuable allies in managing long-term conditions such as Long COVID, given their continuous relationship with care recipients.
- **Health and cultural mediators:** Health and cultural mediators play a crucial role in facilitating communication between diverse communities and health authorities, ensuring that culturally appropriate information and advice is targeted during emergencies. By bolstering trust among vulnerable communities, they also promote social cohesion.
- **Midwives:** Midwives offer continuity of care to women, fostering rapport and trust. They are in a good position to target evidence-based information, combat false information in maternal and reproductive health, and can help in outreach to pregnant or breastfeeding mothers.
- **Ambulance personnel and paramedics:** Ambulance personnel and paramedics can also be considered sources of information during disease outbreaks and emergencies as well as a source of outreach capacity for door-to-door campaigns.
- **Psychologists and psychiatrists:** Psychologists and psychiatrists are viewed as reliable and trustworthy professionals creating a safe space to discuss thoughts and feelings. They are in a good position to listen to their patients, inform them about symptoms of mental health issues, work with communities to tackle stigma related to mental health and design community-centered interventions in an emergency.
- **Dentists:** Dentists can provide and disseminate reliable public health information, debunk myths related to oral health and support community outreach.
- **Occupational therapists:** Occupational therapists can leverage their skills in case management for community outreach and referrals, as well as be engaged in community initiatives on rehabilitation and long-term care in emergencies and be partners to tackle long COVID.

- **Medical specialists/secondary and tertiary health-care workers:** Medical specialists provide accurate and timely health information to individuals with underlying conditions or those seeking specialized services, such as treatment for sexually transmitted infections. They are instrumental in debunking false information and supporting community engagement initiatives. Secondary and tertiary HCWs can leverage their expertise to promote health protective behaviours during infectious disease outbreaks. They navigate the health system in collaboration with primary care providers to offer comprehensive care, including specialized services and interventions for complex needs.
- **Social Workers:** Social workers are seen as trusted allies who work tirelessly to empower individuals, families and communities to improve their health. In emergencies, they play a crucial role in community outreach, especially for underserved individuals, by amplifying public health advice, assisting displaced people in navigating the health system and referring individuals to health services during emergencies.
- **Health and care facility auxiliary workers:** Includes those working in kitchens, cleaners, administrative, maintenance and technical staff, and drivers. Auxiliary workers may have access to communities or social groups that are perhaps less likely to be directly exposed to HCWs and can be involved in community mapping exercises or identifying local needs.


© WHO / Mukhsindzhon Abidzhanov

Scope and Purpose

This toolkit's primary goal is to enhance a trustful and respectful collaboration and cooperation between health authorities and HCWs, acknowledging both players' critical roles during crises. At the heart of this initiative is the strategic empowerment of HCWs, enabling them to operate in emergency preparedness and response within their communities. HCWs are a great source of community insight as well as role models for health protection behaviours in emergencies. The secondary goal of this toolkit is to help health authorities equip HCWs with the skills and confidence needed to deliver public health information and advice, and effectively and proactively engage communities as role models and influencers.

Timely, targeted and responsive communication between health authorities and HCWs is needed. This facilitates a two-way flow of information, allowing for the immediate addressing of community concerns during health emergencies. Considering the rampant spread of false information in emergencies, the toolkit provides the tools to engage HCWs to identify and counteract it, thereby maintaining public trust and promoting accurate public health information.

Furthermore, the toolkit advocates for comprehensive training, information and resources designed to empower HCWs. Working with community influencers, especially HCWs, to develop and refine RCCE-IM interventions ensures their relevance and alignment with HCWs' experiences and community challenges.

In short, this toolkit offers practical guidance for involving HCWs in all stages of emergency response, with the goal of bolstering their community roles, fostering trust and resilience, facilitating efficient responses, and enhancing the well-being of those affected by crises (see Annex 1 for examples of HCW engagement). Ultimately, it aims to transform HCWs into dynamic, influential leaders, trusted messengers and role models of protective behaviour, enhancing their ability to effectively manage health emergencies within their communities.

Audience

The target audience of this implementation tool includes RCCE-IM practitioners and health emergency responders working in health and other relevant authorities at national and subnational levels, United Nation agencies, civil society, HCW and other organizations interested in engaging with HCWs.

Methodology

The implementation tool has been developed through a multi-step process. Firstly, a reflection was carried out on WHO's most recent RCCE-IM initiatives on HCW engagement in the WHO European Region. The objective of this reflection was to critically analyze and reflect on the methodologies, strategies and outcomes of these initiatives to identify tips for health authorities.

The second step took place between late October and early December 2023, when the authors carried out 17 semi-structured interviews – seven with HCWs and 10 with experts in WHO at global, Regional or country level – spanning central Asia, Caucasus, eastern Europe, Western Balkans and western Europe. The interviewees all had experience of engagement between health authorities and HCWs in the context of recent emergencies. Selections were made through leveraging the project team's practical expertise and experience, as well as suggestions made by other interviewees (also known as snowball sampling). HCWs and technical experts provided their suggestions and insights on ensuring that HCWs are effectively engaged in emergency preparedness, response and recovery.

Interviews were conducted remotely via Microsoft Teams and transcribed using the automated speech recognition feature of that programme. The authors then synthesized these results to identify key points of consensus on best practice and extract tips on how to engage HCWs during emergencies along the phases of preparedness, readiness, response and recovery.

A copy of the questionnaire used for the semi-structured interviews is in Annex 2.

Health and care workers are among the most trusted sources of health information and advice, especially during emergencies. Their impact extends beyond treating illnesses to shaping behaviours, fostering trust and promoting health equity.

They reach out to vulnerable members of society with compassion and dedication. With adequate support from health authorities, they can be empowered to be agents of change within communities.

Gundo Weiler, Regional Emergency Director

Valuing and investing in HCWs across the emergency cycle is key to successful engagement

National health authorities and health sector employers safeguard health systems in health emergencies. This is especially the case during a pandemic, or other such health emergency, when HCWs are asked to be in the frontline of the response. The dedication, efforts and sacrifices that went above and beyond the call of duty of health professionals and HCWs during the COVID-19 pandemic will never be forgotten.

To effectively enhance collaboration between health authorities and communities in emergency preparedness and response, it is crucial to understand the distinct needs and perceptions of a key intermediary: the HCWs. This includes the potential impacts of the emergency on HCWs and recognizing their key capacities, assets and resources.

However, there are other reasons why health authorities need to protect, value and invest in the health and care workforce at all stages of the emergency cycle. HCWs who feel protected and valued are more likely to be enthusiastic, well-motivated partners in preparing for and responding to emergencies. This has been vividly brought to the fore during the COVID-19 pandemic *(1)* and has led WHO and Member States to adopt several important policy documents at global level on how to protect and value HCWs, including:

- *Global strategy on human resources for health: Workforce 2030 (2)*;
- National workforce capacity for essential public health functions: A roadmap *(3)*;
- *Global health and care workers compact: technical guidance compilation (4)*;
- World Health Assembly Resolution *Strengthening WHO preparedness for and response to health emergencies (5)*;
- World Health Assembly Resolution Protecting, *safeguarding and investing in the health and care workforce (6)*; and
- WHO Global *strategic directions for nursing and midwifery (7)* and World Health Assembly Resolution *Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery (8)*.

Regional initiatives have been carried out in parallel to these global-level efforts.

- The Declaration of Alma-Ata on primary health care, adopted at the International Conference on Primary Health Care in Alma-Ata, Kazakhstan in 1978, emphasized the importance of primary health care as the key to achieving the goal of "Health for All" *(9)*. It stressed the need for community participation, whole-of-government collaboration, and the involvement of health workers in addressing the health needs of the community.
- Given that nurses and midwives constitute 63% of the health and care workforce in the region (90% of whom are women) *(10)*, the guidance *Building better together: roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region (11)*, focuses on leadership, service design, jobs and education to meet population needs.

- In October 2023, the WHO Regional Committee for Europe adopted a resolution *(12)* supporting a *Framework for action on the health and care workforce in the WHO European Region 2023–2030 (13)*. This Framework, built on the outcomes of a high-level meeting in Bucharest in March 2023 *(14)*, emphasizes recruitment, retention, future supply, performance optimization, workforce planning, and investment.

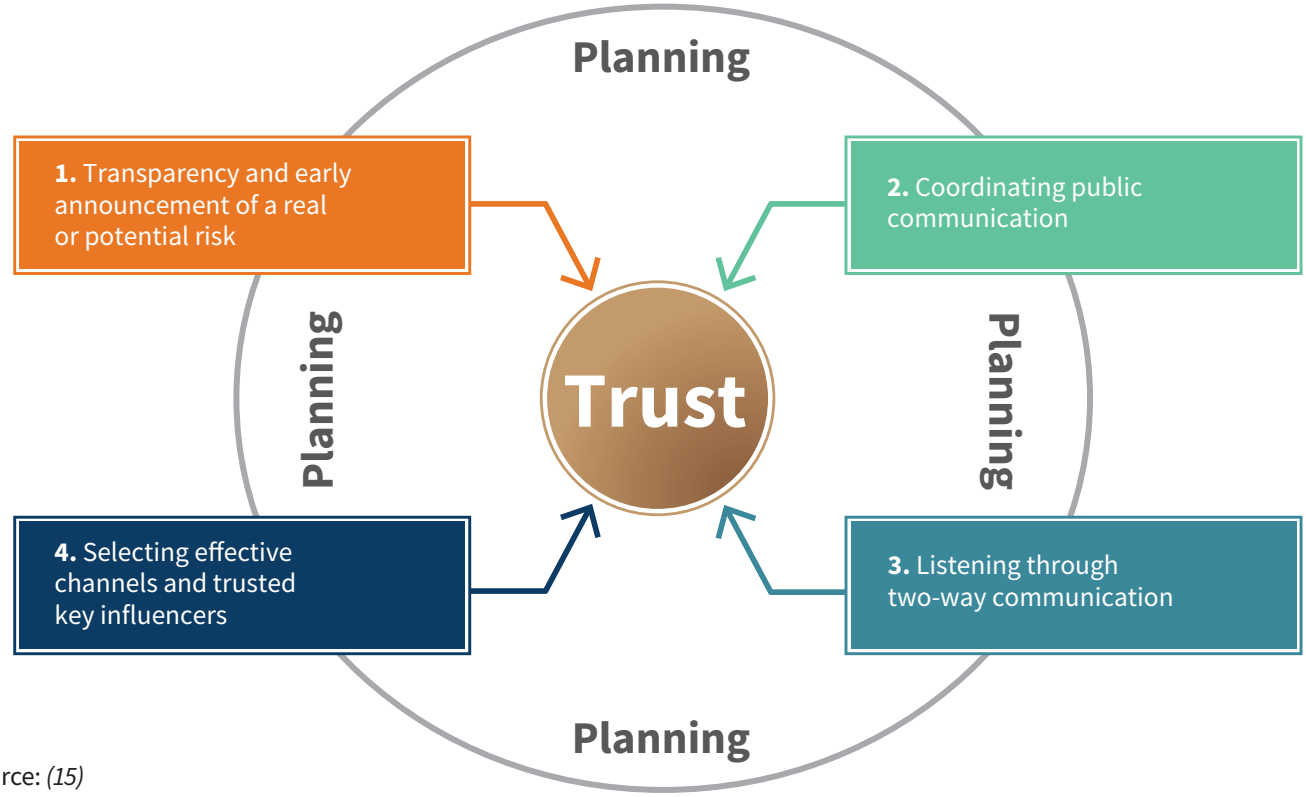
Despite the global and regional frameworks and strategies, a significant gap remains: the lack of practice-based tools specifically designed to guide the establishment of effective HCW engagement strategies in preparedness, readiness and response to health emergencies. A practical tool is needed to empower stakeholders to engage HCWs throughout the emergency lifecycle, aiming to strengthen their roles in communities, enhance community trust and resilience, and enable an efficient emergency response, thereby saving millions of lives.

Partnering with HCWs in Emergencies

Effective RCCE-IM contributes to increase community acceptance and uptake of protective measures and support for emergency responses.

At the heart of RCCE-IM is building and maintaining trust. Efforts may be severely hampered without strong trust between affected communities and public health and other response authorities. This guiding tenet applies in all areas of emergency preparedness and response (Fig. 1). While trust is a complex culturally sensitive concept, evidence suggests that it can be supported by applying the four core principles of: transparency and early announcement; coordinating public communication; listening through two-way communication; and selecting effective channels and trusted key influencers.[3]

Fig. 1. Risk communication and community engagement core principles



Source: *(15)*

[3] The core capacities were developed as part of an Emergency Risk Communication five-step package *(16)* rolled out in 2017–2019. The concept has not been expanded to include infodemic management, or RCCE-IM.


© WHO / Mukhsin Abidjanov

With their links to communities, HCWs are among the most trusted influencers of people's health decisions and behaviours. As frontline workers in emergencies, HCWs are vital communicators with a crucial role in encouraging the adoption of and being a role model for protective measures, such as handwashing, wearing masks and vaccination while also facilitating access to health information.

HCWs' active listening and responsiveness to patient concerns are crucial for effective health crisis management. They are well-positioned to feedback on the acceptability and uptake of public health measures, allowing health authorities to adapt and improve interventions.

In suspected or confirmed disease outbreaks, HCWs serve as medical advisors, providing knowledge and reassurance to patients and their families. Furthermore, as trusted health mediators, they work to reduce stigma, bridge the gap between communities and health authorities and combat false information. In humanitarian emergencies, HCWs play a role in navigating health systems and building the trust of relocated populations.

Health literacy, a crucial element in disseminating health information and advice, is not only significant for patients but also for HCWs. These frontline workers can guide patients towards reliable resources, but it's essential to remember that they may also require education on the effective application of health literacy. Therefore, emphasizing its importance and providing necessary training to HCWs is imperative.

HCWs are influential figures within their respective communities. In essence, they are not just caregivers; they are influencers and advocates. Acknowledging and leveraging this multifaceted role can open new avenues for enhancing RCCE-IM interventions in emergencies. Being a HCW influencer means:

- listening to patients' perceptions and needs
- addressing patients' concerns with empathy
- providing clear health information and advice
- serving as role models
- bridging health systems and communities
- meeting the community where they are
- countering false information
- reducing stigma
- acting as a health mediator
- staying updated.

For more details on the various roles of the HCWs indicated in this list, please refer to boxes 2–11 overleaf.

Box 2. Listening to patients' perceptions and needs

Community listening can be supported by HCWs through their proximity with communities and patients. As part of the community they serve and as direct contacts of patients, HCWs are in a privileged position to understand their perceptions, needs and concerns and inform the response. As an emergency unfolds, HCWs continuously listen to patients and the community to acknowledge their concerns, beliefs, values, risk perceptions and practices as they offer public health advice. Listening is crucial in risk communication, bridging the gap between risk assessment and perception. By understanding community concerns, communicators can tailor messages, aligning public perception with scientific assessment, increasing trust and promoting informed decisions. Listening is also central to infodemic management, as it enables the detection and management of false information narratives. Through active listening, relations are built with communities and individuals and feedback is collected to inform interventions.

Box 3. Addressing patients' concerns with empathy

Addressing concerns with empathy during emergencies is crucial for HCWs to alleviate distress and enhance patient outcomes in critical situations. Acknowledging concerns hinges on listening without judgment or dismissing them, but gently guiding the conversation back to accurate information. This approach respects the patient's perspective while ensuring they have access to reliable facts to make informed decisions about their health. By acknowledging patients' concerns with empathy and genuinely understanding and reflecting on their emotions, HCWs can significantly contribute to establishing trust and providing support during such trying times.

Box 4. Providing clear health information and advice

In emergencies, HCWs are trusted sources of accurate health information and advice. They play a vital role in encouraging timely protective actions like testing, wearing masks, handwashing, contact tracing and vaccinations. Additionally, they can strengthen health literacy by delivering evidence-based messaging. To ensure clear communication, HCWs need to articulate their words slowly and gently, and continually check for understanding to ensure that the patient comprehends the information shared. Effective communication also requires simple language, while avoiding jargon. By explaining diagnoses, treatment options and preventive measures in everyday language, HCWs enable open communication, allowing patients to ask questions, participate in their care and make informed health decisions to protect their health.

Box 5. Serving as role models

As trusted role models, HCWs have a unique opportunity to influence positive health behaviours within their communities by exemplifying healthy practices through their actions. When HCWs demonstrate behaviours such as getting vaccinated or practicing proper hand hygiene, they serve as powerful influencers for their patients and community members. By leading by example and articulating the significance of these practices, HCWs inspire others to embrace similar health-protective behaviours. As such, HCWs can contribute significantly to building more resilient societies.

Box 6. Bridging health systems and communities

HCWs represent one of the most influential stakeholder groups in the field of health, often sought after for their insights and perspectives. Inclusive community engagement can be facilitated through HCW involvement. By actively involving community members and stakeholders, HCWs ensure that every voice is heard and valued in health-care decision-making processes. Serving as advocates, HCWs convey community feedback and insights to policy-makers and emergency responders, facilitating the implementation RCCE-IM initiatives. Moreover, enhancing the capacity of HCWs and mobilizing community actors can optimize outreach efforts and customize interventions to suit the unique needs of communities, consequently enhancing their support to the emergency response.

Box 7. Meeting the community where they are

HCWs are pivotal in providing health-care services and public health guidance across various settings, including clinics, community centres, schools and via home visits and mobile clinics. Leveraging technology, they expand their reach through telemedicine consultations and virtual support networks. This approach ensures timely access to health-care information and services, addressing challenges such as transportation issues and busy schedules, especially in underserved or remote areas. Particularly during times of physical distancing, this strategy enables HCWs to meet diverse population needs and ensure health-care accessibility for all.

Box 8. Countering false information

HCWs play an extremely critical role in combating false or erroneous information related to health emergencies. They can help health authorities identify information voids as well as rumours/false narratives that might be circulating at community-level but not on online channels. They are at the forefront of ensuring that accurate and evidence-based information is disseminated to communities. By addressing false information with simple and credible messaging, HCWs can help to prevent confusion and promote informed decision-making among individuals. They are key allies to engage in RCCE-IM campaigns, amplify trusted sources, build health literacy and debunk myths. Through their efforts, HCWs contribute to fostering a more informed and resilient community that can make better health-related choices based on reliable information.

Box 9. Reducing stigma

Stigma, driven by fear or anxiety, can hinder care-seeking and worsen health outcomes. HCWs can reduce stigma by treating and communicating with everyone based on medical ethics, non-discrimination and the right to health. Emphasizing non-judgmental care and respectful treatment empowers individuals to seek help without fear of prejudice. To tackle stigma effectively, HCWs need ongoing, tailored training to address the needs of underserved populations. This equips them with the skills to navigate stigma-related issues and dispel fears around conditions like mental health disorders, HIV/AIDS, and mpox. By challenging stereotypes and breaking down barriers, HCWs promote inclusivity and aim to improve health outcomes for everyone, irrespective of their background.

Box 10. Acting as a health mediator

HCWs play a vital role in enhancing health-care accessibility, quality, and cultural sensitivity, particularly for relocated individuals like refugees, migrants, as well as ethnic minorities. They address unique challenges these groups face by understanding cultural backgrounds, providing language services, advocating for community needs, and delivering culturally tailored health care. Acting as health mediators, they foster trust and ensure equitable treatment for all individuals in health-care settings and society. Additionally, HCWs support communities in accessing legal and social services, respond to emerging health risks post-emergencies and mitigate the negative consequences of language barriers and sociocultural differences, promoting social cohesion.

Box 11. Staying updated

By engaging with reputable sources such as government health agencies and international organizations, HCWs ensure they are equipped with accurate and up-to-date knowledge on the evolution of the emergency and response measures. This commitment to continuous learning enables them to adapt swiftly to changing circumstances, provide evidence-based information and advice, and effectively address public health challenges with confidence and expertise. It also helps HCWs communicate uncertainty by conveying that guidance may evolve over time and by transparently sharing what is known at the present moment. Providing regular updates to the community can instill confidence and trust in emergency response.

Resources for HCWs: Interpersonal communication with communities and patients

In times of crisis, patients and their communities naturally seek guidance from HCWs. This unique position allows HCWs to listen to concerns, promote accurate health advice, shape perceptions, debunk myths and promote informed decision-making. Yet, the fluidity of emergencies and the spread of false information necessitate a nuanced communication approach.

This section aims to provide health authorities, United Nation agencies, civil society, HCWs organizations and other interested organizations with tools to engage HCWs in effective communication with communities affected by health crises. Rather than revisiting basic patient communication skills, the focus is on enhancing HCWs' ability to act as crucial conduits between health authorities and communities during emergencies.

The WHO Regional Office for Europe offers a series of tips to fine-tune HCWs' interpersonal communication. These tips, included in this document, are derived from WHO's RCCE-IM capacity-building materials and training on communicating with HCWs about COVID-19 vaccination.[4] Health authorities can utilize these tips to train and support HCWs, empowering them to communicate effectively and efficiently during health crises and include:

- tips for listening to patients and communities
- tips for acknowledging and addressing concerns
- tips to deliver public health information and advice
- tips for speaking in uncertainty
- tips on responding to false information
- tips to help displaced people navigate the health system.

Each of these tips are expanded on in boxes 12–17 below.

Box 12. Tips to listening to patients and communities

When an emergency arises, it is important to continually listen to patients and the community, understand what concerns they have, and ensure that their beliefs, values, risk perceptions and practices are acknowledged when offering public health advice. An important part of risk communication is meeting people where they are culturally, emotionally and linguistically. Active listening is a prerequisite for engaging someone and improving conversation.

- **Try to understand "why do people do what they do":** Spend time getting to know the community, its culture and its values. Make efforts to understand what affects decisions for health: barriers and drivers. The information then can be used to formulate a response.

  > Listen carefully and openly.

  > Ask people what they know and believe.

  > Understand before seeking to be understood.

- **Use helpful non-verbal communication:** Keep your head at the same level as the patient's, maintain eye contact, pay attention, remove barriers and if possible, take time.
- **Be patient:** Changing behaviours and perceptions takes time; be patient and persistent in efforts. The realities of patients and HCWs may be different.
- **Show understanding:** Consider the cultural and/or linguistic differences with the community, especially if patients are from marginalized groups or are refugees and be conscious of these differences when hearing their experiences.

[4] The training materials are available for WHO internal use only.

Box 13. Tips to acknowledging and addressing concerns

Emergencies, such as natural disasters, disease outbreaks, or other crises, often result in injuries, illnesses, and fatalities and disrupted services which create a lot of uncertainty and therefore concerns and fears for communities.

- **Let people express their feelings:** stay attentive and patient. Remember that their anger and anxiety is likely to decrease as HCWs provide them with the space to share their thoughts.
- **Maintain composure:** strive to detach emotions from the conversation. Remember a concerned person might make provocative statements in the heat of the moment.
- **Gain insights on major concerns and acknowledge them:** don't dismiss the concerns and focus on exploring the reasons behind the concern by using open-ended questions. The following questions can help understand concerns:
  - > What is it that you are worried about most?
  - > Can you tell me what you heard?
  - > What could help you?
- **Be non-judgmental and non-confrontational:** be aware of personal biases. Biases can prevent understanding a situation or transmitting information. "Judging words" are words like *right*, *wrong, well, badly, good, enough, properly*. Using judging words when talking to a patient may make them feel that they are misunderstood, or that there is something wrong with them.
- **Do not sound paternalistic:** respect differences of opinion. Ask permission to explore underlying reasons for concerns without being judgmental and paternalistic.
- **Ask permission to discuss and increase knowledge:** for example, can I provide you with some information based on what you just shared?
- **Share facts and advice relevant to the concerns and bring the level of risk perception to the actual level of risk:** for example, if the person has doubts about getting a childhood vaccine:
  - > **Reassurance:** provide reassurance that childhood vaccine is safe and effective.
  - > **Facts:** proactively explain that side effects of childhood vaccines are expected, have mostly been mild to moderate and have lasted no longer than a few days.
  - > **Impact:** childhood vaccines have saved millions of lives since their introduction and provide strong protection against serious illness, hospitalization and death.
  - > **Consequence:** the benefits of childhood vaccinations outweigh the risks of getting ill. Getting vaccinated could save your child's life.
- **Find common areas of agreement, no matter how small:** collaboration can help the patient and HCWs to work successfully towards a common goal.
- **Use validation/expert opinion from a trusted source that would persuade the person**, such as public health advice from WHO.
- **Be transparent:** about the process, nuance and caveats of the treatments or advice. Science never has perfect answers and avoids pretending it does.
- **Be open about uncertainty:** show distress at having to be tentative – and acknowledge people's desire for certainty. HCWs wish they could be sure, but they cannot always be. Despite the uncertainties, communicate public health advice made on best available science to show the responsiveness and humanity of HCWs.
- **Show empathy and sincerity:** when a patient says something which shows how they feel, it is helpful to respond in a way which shows that what they said has been heard and is understood.
  - > Empathy is different from sympathy. When sympathizing, it demonstrates a feeling for the person, but it may not always convey that the person has been heard or that their feelings have been understood. Reflecting and acknowledging a patient's concerns with empathy can help in creating trust.
  - > Empathy is a particularly important interpersonal skill for engaging communities in an emergency. Take time to genuinely understand people, speak with them to learn from them. Try to understand their past experiences, their environment, their cultural background and presumptions

Box 13. Tips to acknowledging and addressing concerns continued

before proposing solutions or actions to their concerns. To engage effectively with the people, an HCW needs to seek to understand how they perceive the situation.

— I understand this might be an issue for you...

— I might feel the same way in your position...

— I hear what you are saying...

- **Leave the door open for discussion by:**
  - > demonstrating respect for the outcome of the conversation
  - > letting the person know you are open to talking more
  - > directing the person to credible sources.

Box 14. Tips to deliver public health advice

During public health emergencies, people need to know what health risks they face and what actions they can take to protect their health and lives. Accurate health advice provided in languages and channels that people understand, trust and use, enables individuals to make choices and take actions to protect themselves, their families and communities from threatening health hazards.

- For advice to be understood by the communities, it should:
  - > be accurate, relevant, consistent and timely
  - > be direct, short and simple, and not contain technical language or professional jargon
  - > describe clearly what needs to be done, by whom, and when
  - > explain how it needs to be done and for how long
  - > be accessible to the literacy levels of different groups.
- While providing advice and guidance several points should be kept in mind:
  - > **Be clear:** explain the importance of protective health measures during an emergency based on the person's knowledge, background and interest. Not every person has the same level of health literacy. Ask if something is not understood to avoid misunderstanding and confusion.
- **Be prepared:** prepare messages beforehand with clear public health advice. It is important that public health messaging aligns with that of health authorities as consistency is one of the features that contribute to trust.
- **Leverage the unique position HCWs have as trusted experts:** establish or define the HCW role, identity or image in a particular way to convince people. For example:
  - > I can tell you through long experience that...
  - > I have been working on in this topic since the start...
- **Provide feedback and confirmation:** always discuss action that needs to be taken. Summarize the interaction to ensure everything is understood.
- **Frame data positively:** For example – 99% safe versus 1% risk.
- **Foreshadowing possibilities:** always acknowledge the uncertainties – for example, "Over the next days or weeks, we will learn more, and the recommendations might change." (see detail overleaf)

Box 15. Tips for speaking in uncertainty

Uncertainty is inherent to all scientific knowledge. Like any scientific statement, a risk statement must always be qualified in principle by the possibility of new data. Recent studies *(17)* have refuted the idea that communicating uncertainty automatically leads to an erosion of public trust. Being transparent, honest and acknowledging uncertainty around key facts and figures maintains public trust in information and its source – the HCW.

To effectively communicate uncertainty to the public, HCWs can consider the following:

1. Base statements on what is known at the time, transparently.
2. Be honest about what is unknown.
   - Label messages with the caution that it is based on what is known at a specific point in time. Use language such as:
     > Current evidence indicates that...
     > Based on preliminary data, ...
     > As of now...
   - Acknowledge uncertainty and the limits of scientific evidence. **Do not use absolutes**, such as "We are sure that..."
     > Use "We are confident that", "We expect that" for things you'd bet on.
     > Use "hopeful" for desirable outcomes that are likely but not certain.
     > Where appropriate, point out explicitly that you are not confident.
   - Use conditional instead of future tenses: "it should/might be" instead of "it will".
   - Do not speculate about future scenarios that might or might not happen.
   - Say what is being done to find out answers to unknown questions.
   - Show distress at having to be tentative – and acknowledge people's desire for certainty.
   - Do not use an uncertain tone— confidently say statements could be updated.
   - Explain how uncertainty affects precaution-taking. The greater the uncertainty, the more justified the precautions.
3. Set expectations that information and guidance will likely change throughout the event as more is known. Repeat this message often. Helping people understand that the situation and recommendations may change over time increases trust. It is also helpful if communities know that if they need more information as the situation changes, they can reach out to HCWs.


© WHO

Box 16. Tips on managing false information

False health information, especially in emergencies, can cause significant harm. It can lead to patients making poor health decisions, distrust in medical advice and an overall erosion of public health efforts. HCWs are on the front lines of combating infodemics. As trusted professionals, HCWs have a unique position to detect and correct false information and guide patients toward reliable sources of information.

HCWs can use the following guidance to respond to false information and promote accurate, evidence-based health information:

1. **Leveraging trust to address false information.** HCWs are among the most trusted sources of health advice, more so than politicians or journalists. When HCWs communicate, patients listen. Using this trust can guide patients toward accurate information.
2. **Recognizing our shared vulnerability to false information.** Everyone, including HCWs, is susceptible to false information due to cognitive biases like authority bias and confirmation bias. Approach patients with empathy and understanding, avoiding judgment and an "us versus them" mentality. This creates a supportive environment where patients feel safe discussing their concerns.
3. **Listening to patients' concerns and questions.** Engaging in conversations can help map patients' information ecosystem: where do they get their health information, are there harmful sources and whom do they trust? This knowledge helps HCWs address false information effectively.
4. **Knowing how to verify information accuracy.** Even HCWs can fall victim to false information. Staying up-to-date and verifying information using trustworthy sources like WHO or national health authorities is vital. If a narrative seems questionable, HCWs can check if it has been debunked by a fact-checking organization. If still in doubt, they can reach out to the local health authorities or WHO country office for clarification.
5. **Debunking: responding effectively to false information.** When a patient presents false information, HCWs can use motivational interviewing techniques to guide the conversation:
   - Ask open-ended questions: explore their reasons with questions like "What?", "How?", and "Tell me?". These allow patients to elaborate on their beliefs rather than giving a simple "yes" or "no" response.
   - Use reflective listening: confirm what the patient is saying to show interest and respect, via simple reflection: "You are afraid of the side effects" or complex reflection: "It sounds like you want to make the best choice for your health."
   - Affirmation: recognize the patient's strengths and validate their concerns. For example, "You are concerned about your child's health," or "It's great that you took the time to look for information about the vaccine."
   - Share knowledge respectfully: build trust by sharing information respectfully. For example, "If it's okay, I'd like to share some information on this vaccine and explain why I recommend it for your child." When sharing knowledge, you can use the "fact sandwich" method: start with the truth, explain what is false, and repeat the truth. This reinforces accurate information while addressing the false narrative.
   - Summarize the interaction: provide a transition to concrete action. For example, "It sounds like your concerns were mainly about side effects. Now that we've discussed the common side effects, what do you think you want to do?"
6. **Prebunking:** building resilience to false information. Just as vaccines work by inoculating patients against diseases, HCWs can help inoculate patients against false information.

   By providing accurate information consistently and helping patients find and use trustworthy sources of health information, HCWs build a foundation of knowledge that makes it harder for false information to take hold. HCWs can actively engage their community of patients on critical health issues, by:

   - creating a mailing list or WhatsApp group with patients to share accurate information and warn them about spreading misinformation;
   - regularly sharing accurate health information through their social media channels; and

Box 16. Tips on managing false information continued

- providing accurate health advice in one-to-one consultations with patients.

This involves showing patients how to critically evaluate information, recognizing common false information tactics, seeking evidence-based sources and using fact-checking resources. By fostering a culture of critical thinking and informed decision-making, HCWs empower patients to take positive actions for their health and become more resilient to misinformation.

For further reading on infodemic management, see *Managing false information in health emergencies: an operational toolkit (18)* and *Advancing infodemic management in risk communication and community engagement in the WHO European Region: implementation guidance (19)*.

Box 17. Tips to help displaced people navigate the health system

During humanitarian emergencies, communities are understandably focused on immediate survival needs such as shelter and livelihoods, rather than health concerns. However, a significant health priority for many affected individuals is accessing affordable health care and treatment, particularly for chronic conditions. This underscores the importance for HCWs to support individuals in accessing and navigating disrupted or unfamiliar health-care systems as they relocate.

Specific recommended actions to apply to humanitarian emergencies include to:

- provide clear information about available health services, entitlements and community resources;
- explain how the local health system works, including emergency services, clinics, hospitals and vaccination programmes;
- have materials on registration to family doctors, patient pathways and the benefit package;
- create materials in different formats (video, audiovisual, infographics) and languages;
- understand that displaced people may come from diverse cultural backgrounds;
- show empathy and respect for their experiences and beliefs;
- learn about their cultural practices related to health and well-being;
- overcome language barriers by using interpreters, mediators or multilingual staff;
- offer/refer to mental health services and counseling;
- encourage displaced people to participate in community events, workshops and social gatherings;
- foster a sense of belonging and connection;
- share health information and advice at the right time for affected people to act upon it;
- share contact information for emergency services; and
- establish referral networks with local organizations, social services and community centres.

Estonia: Female pharmacists working in a pharmacy.

Collaborating with other influencers

Based on emergency response experience, HCWs have been identified as one of the six most influential community stakeholders, along with religious figures, youth, community leaders, journalists, and civil society organizations (CSOs). As part of their role, they can also engage with the other community influencers, to foster mutual understanding, build trust, positively influence health behaviours during emergencies, and amplify public health advice. Here follows a description of the other influencers and examples of potential collaborations:

Religious leaders

Religious leaders, faith-based organizations and faith communities, also called "faith partners," are respected and influential members of their communities. Faith partners have a deep knowledge of local needs and social dynamics and are highly trusted by their followers. As such, they can reconcile science and religion by joining hands with national authorities and empowering communities to become more resilient to and prepared for emergencies.

Example of HCW engagement: Providing health information to religious or community leaders (other influencers) to share science and religion reconciled messages with their followers.

For more information see: Engaging with faith partners in health emergencies: an interim implementation tool *(20)*.

Youth

Youth have a unique set of skills, perspectives and energy that can be leveraged during emergencies. They can also have special vulnerabilities that need to be recognized and addressed. Health authorities can harness the manpower of youth, including medical students, at all stages of emergency preparedness and response by assigning specific roles and responsibilities.

Example of HCW engagement: Organizing community events to talk to youth to listen to their specific needs and share accurate information and advice or engaging on social media challenges.

For more information see: Empowering youth in health emergencies: an implementation tool *(21)*.

Community leaders

Community leaders, formal and informal, can foster trust and promote health protective behaviours within their communities. Formal leaders like those in local authorities, health mediators, social workers and religious figures implement health strategies, facilitate information flow and mediate conversations. Informal leaders, including influencers and teachers can effectively convey accurate health information and advice, filling information voids and addressing false narratives.

Example of HCW engagement: Communicating with community leaders the identified needs, concerns, and/or fears from the community to ensure the community's voices are heard.

Journalists

Journalists are key public health players. As a conduit between public health experts and the community, journalists disseminate vital information that helps people understand public health advice and how to access health care. They are equipped to clearly communicate complex health data into accessible narratives and debunk harmful misconceptions. Their role extends beyond merely reporting; journalists are partners who can influence public opinion and risk perception, and ultimately aid in protecting communities from health emergencies.

Example of HCWs' engagement: Speaking with journalists, as a trusted community voice, to transmit accurate health information and advice.

CSOs

As part of the communities they serve, CSOs are a valuable resource for reaching diverse population groups. This includes those that are most vulnerable and underserved – CSOs can highly support identifying the barriers they face, figuring out how to address their special needs, and ensuring they are adequately represented and supported. They have systems and skills and can create a bridge between health authorities and citizens, thus increasing trust and access to appropriate services.

Example of HCWs' engagement: Engaging in CSO projects to establish HCW boards, or health mediation with vulnerable and marginalized populations.


© WHO / Volodymyr Shuvayev

In the ever-evolving landscape of health emergencies, the ability of health and care workers to skillfully communicate risks and protective measures, counter false information and actively engage communities stands as the next compelling competency.

Cristiana Salvi, Regional Adviser RCCE-IM

Considerations for meaningful engagement of HCWs

The effectiveness of emergency preparedness, readiness and response efforts relies on the active and continuous involvement of HCWs across all emergency phases. Exploring effective engagement strategies of HCW by health authorities unveils the essential elements that promote collaboration. The invaluable insights and inputs from interviews and reviewers have been categorized to identify enablers and barriers to HCW engagement.

Table 1 and Table 2 share enablers and barriers to HCW engagement identified by the consulted experts.

Table 1. Enablers to HCW engagement

Empowering HCW as Influencers	One way to give HCWs greater agency in implementing RCCE-IM interventions is to increase their understanding of their role as influencers – this can be done through capacity building and assigning roles in community advisory or emergency coordination mechanisms. HCWs can be supported to fulfill this role through providing access to resources, communication tools and incentives that are further described below.
Building community ties	HCWs are trusted by their community as they are part of it; they understand their patients' needs, local vulnerabilities and health threats. Implementing RCCE-IM interventions with HCWs can strengthen this link with the local community. HCWs can be equipped with the competencies needed to work with communities and communicate with patients. Sharing community health assessments with HCWs can enable them to tailor their services.
Providing timely and clear information	In emergencies, it is vital to keep HCWs updated with rapidly changing information, ensuring their inclusion in the response. The information should also be accessible and disseminated among various health professional associations.
Equipping HCWs with easy-to-use tools to communicate	Well-designed tools, preferably co-created with HCWs or their representatives, can aid HCWs in implementing RCCE-IM interventions. Examples include step-by-step guides for HCWs on patient communication and infographics to simplify health advice. (See Annex 3 for more information). Future exploration could involve interactive tools like online chat/support groups and tools to better engage communities and identify vulnerable members.
Establishing feedback mechanisms	In emergencies, mechanisms should be established for HCWs to share feedback and experiences with health authorities and the perceptions and concerns of their patients and communities. Examples exist of HCW-specific feedback mechanisms for regulating education and working conditions and engagement in multidisciplinary workforce committees *(22)*.

Table 1. Enablers to HCW engagement continued

Offering accredited training and continuous learning	HCW training should contribute to career advancement, e.g. through an RCCE-IM program recognized or accredited by relevant authorities. Regulations should protect HCWs' time for such training. Content should address HCWs' needs and leverage the technical knowledge of HCWs, topics should include shaping perceptions and behaviours (e.g. on vaccination). (See Annex 3 for more resources) Continuous training should use innovative, interactive methods like digital tools and scenario-based learning to make the training more interactive and effective.
Implementing legal and policy frameworks	Policies for surge health capacity should be in place to ensure HCWs can provide services as needed while also having the opportunity to rest. Policies can include integrating refugee HCWs in host communities and mobilizing medical/health-care students during health emergencies, to create an influencer pool.
Caring for HCWs and their families during emergencies	HCWs should receive focused services like childcare, housing and mental health support during emergencies. This includes supporting HCWs' well-being, ensuring their families' safety and recognizing their contributions to motivate participation in RCCE-IM activities and enhance performance. These issues are dealt with in-depth in the WHO Regional Office for Europe's publication, Health and care workforce in Europe: time to act *(23)*.

Table 2. Barriers to HCW engagement

Lack of time	Overworked HCWs, particularly during emergencies, have limited time for training and patient engagement, hindering the application of learned lessons and participation in RCCE-IM activities.
Lack of resources	The lack of resources presents a significant challenge for implementing RCCE-IM initiatives, impacting the support and level of time and attention of HCWs in various aspects of their work. HCWs require sufficient budget, mandate and staff to effectively engage in RCCE-IM interventions and respond to emergencies, aligning their work with government strategies.
Lack of feedback mechanisms	A lack of a clear two-way communication channel can lead to HCWs to feel their concerns are not being recognized by the national or local authorities, resulting in ineffective policies and interventions. Regular dialogues and feedback mechanisms foster an environment where everyone feels their voice matters
Lack of understanding of roles	HCWs might be unsure of their roles in emergencies beyond patient care. Their position as frontliners should be celebrated, and they should be reminded of their roles as trusted engagement enablers and information sources. Role ambiguity can frustrate HCWs during emergencies.

Table 2. Barriers to HCW engagement continued

Establishing feedback mechanisms	In emergencies, mechanisms should be established for HCWs to share feedback and experiences with health authorities and the perceptions and concerns of their patients and communities. Examples exist of HCW-specific feedback mechanisms for regulating education and working conditions and engagement in multidisciplinary workforce committees *(22)*.
Lack of familiarity with a new ward/unit	During emergencies, HCWs may be placed in unfamiliar settings like new wards or cities, requiring time to adapt to their communities and patients.
Lack of guidance on using social media	HCWs may not want or know how to use their personal social media accounts (i.e. to be influencers) effectively to promote vaccines or actively combat infodemics due to the risk of severe backlash.

Box 18 introduces HCWs and partners to be engaged in emergency response and expands on how health authorities can engage them in RCCE-IM initiatives.

Box 18. Who are the HCWs and how to engage them more effectively: Tips for health authorities

Emergency response can effectively involve HCWs in planning and implementation stages. A non-exhaustive list of potential partners who can be a bridge for HCW engagement includes:

- medical, nursing and pharmaceutical student networks: these networks can contribute manpower and fresh insights;
- HCW CSOs: these organizations provide a platform for collaboration and coordination among various HCWs;
- national professional associations: these associations provide extensive expertise, resources and professional networking;
- trade unions: these unions safeguard HCWs' rights and interests during emergencies;
- emergency response organizations with paramedical staff: these organizations have trained staff and deliver immediate health service during crises;
- specialized networks (e.g. infectious disease networks or HCWs specialized in immunocompromising conditions): these networks can provide specialized knowledge and skills that are crucial in emergencies;
- associations of mental health professionals: these associations offer necessary mental health support and resources;
- allied health professionals (e.g. physiotherapists, occupational therapists and speech therapists: they play crucial roles in rehabilitation and long-term care in emergencies;
- public health departments: they can provide valuable insights into the local context and needs, including local HCWs;
- academic institutions (e.g. medical, public health, pharmaceutical, infectious diseases, social work and mental health faculties): they can furnish evidence-based insights, resources and expert contributions to emergency response; and
- international medical organizations: they bring invaluable expertise and resources, especially for cross-border or large-scale emergencies.

Box 18. Who are the HCWs and how to engage them more effectively: Tips for health authorities continued

Engaging HCWs as community influencers

Here are the main steps for engaging HCWs as community influencers:

- Map trusted HCW groups or individuals who resonate with communities and can serve as champions or opinion leaders.
  - > These influencers could be HCWs with a blog or a large social media following; those actively involved within their communities; or HCWs who have previously collaborated with local, national or international health organizations.
- Develop a HCW engagement plan for RCCE-IM that outlines objectives, target audiences, and desired outcomes for engaging HCWs. This can also help align engagement efforts with broader health authority goals and priorities.
- Motivate HCWs to fulfil their role of community influencers, including keeping the community informed about the latest emergency developments, acting as role models, providing advice of protective measures and answering questions through community sessions or mobile outreach.
- Encourage and train HCWs on RCCE-IM, including on listening and interpersonal communication skills, and use of the most effective channels (e.g. social media channels) to share health information and advice in ongoing health emergencies.
- Foster opportunities for HCWS to collaborate on RCCE-IM projects or initiatives with other community actors.

When engaging HCW influencers, be mindful of:

- criteria for the type of individuals you are looking to engage as influencers;
- due diligence and background checks for each potential HCW influencer;
- individuals who may have a conflict of interest with the values and messages you want to promote, such as engaging in unhealthy lifestyles like smoking or excessive drinking; and
- carrying out an evaluation of each potential influencer's online presence, reputation and past campaigns to ensure alignment of achievement of RCCE-IM activities.

When working with HCW influencers:

- be transparent about the objectives and how they can contribute to amplifying public health advice and promoting health-protective behaviours;
- share accurate information from reliable sources and ask for their support to amplify the information across their channels;
- have easy-to-use and understandable RCCE-IM materials, preferably co-created with HCWs and communities – this can include infographics making it easier to explain or pocket guides;
- engage HCWs and HCW influencers to encourage their patients and followers to take steps to protect their health and inform them about health threats; and
- invite HCW influencers to media, social media events or community sessions to increase community participation and crowdsource questions from their followers about specific health threats to address communities' concerns effectively.

Levels of HCW engagement

When designing an HCW engagement strategy or plan for an emergency response, it is important to determine the desired level of engagement. Theories and experiences from implementing community engagement strategies outline the following five levels (see Fig. 2 for a visual representation of the levels):

- **Information:** HCWs are provided with relevant information from health authorities as it becomes available, encompassing the emergency's causes, risks, impacts and up-to-date response efforts and health recommendations.
- **Consultation:** HCWs are actively sought for their opinions and ideas regarding emergency preparedness and the response. They can provide feedback and suggestions tailored to the health-care context.
- **Involvement:** HCWs actively participate in all phases of the emergency preparedness and response, involving them in activities such as volunteering, community outreach, answering questions from the community, sharing public health advice and shaping positive behaviours.
- **Collaboration:** HCWs collaborate with health authorities and various stakeholders, including government agencies, nongovernmental organizations, or community groups to co-design and co-deliver interventions. They contribute their expertise, knowledge and resources to plan and implement emergency preparedness and response, fostering a collaborative approach.
- **Empowerment:** HCWs are empowered with the authority and resources to take a leadership role in making decisions about emergency preparedness and response alongside other community groups. This empowerment is based on their unique expertise and understanding of the situations, and their proximity to and understanding of their local community.

Fig. 2. Levels of community engagement

Source: Adapted from *(24)*

Emergency preparedness and response checklists for HCW engagement

Table 3 and Table 4 are emergency response and emergency preparedness checklists, respectively (See Box 19 for explanation of the emergency cycle) – asking what needs to be in place and suggesting relevant activities, by the level of HCW engagement in the preparedness and response phases of an emergency. These checklists can help health authorities and national/international organizations agencies to map the extent of their HCW engagement and to develop a comprehensive plan that includes appropriate activities. In mapping current engagement levels, authorities/organizations should aim to progress towards HCW empowerment as much as possible. Additional resources on HCW and community engagement are in Annex 3.

Table 3. Emergency preparedness checklist by level of HCW engagement

Level of HCW engagement	Description (key performance indicator)	What needs to be in place?	Suggested activities
HCWs are informed	Key information channels for HCWs are identified	• A HCW stakeholder map • A HCW-tailored dissemination strategy including professional platforms and networks • Emergency protocols and response strategies module	• Map key HCW influencers and stakeholders including schools, medical institutions and professional associations • Develop a dissemination strategy • Conduct training sessions on emergency protocols and response strategies.
HCWs are consulted	A feedback mechanism is established, actively seeking and incorporating HCW views	• Fora for feedback and HCW contacts. • HCW feedback system (online platform, survey, focus groups or intercept interviews).	• Establish regular fora for dialogue (face -to-face or virtual) between authorities and HCWs • Implement feedback mechanisms like surveys, focus groups and interviews for HCWs
HCWs are involved	Feedback from HCWs informs policies and programmes, incorporating their perspectives.	• Inclusion of HCWs in emergency decision-making mechanisms • Advisory boards at local/national level with HCW participation • HCW networks	• Facilitate collaborative workshops and other engagement methods for insights. • Incorporate HCW insights into emergency preparedness plans.
HCWs collaborate	HCWs have specific roles and responsibilities in policy development and programme implementation.	• HCW representatives embedded in emergency response teams. • Mechanisms to co-develop and co-deliver interventions with HCWs • Dedicated measures for HCW and other community influencer collaboration. • Module for workshops with HCWs on effective RCCE-IM curricula • Training or mentorship programme for HCWs	• Include HCW representatives in incident management teams during the preparedness and readiness phases • Co-design emergency preparedness policies with HCWs • Form interdisciplinary task forces with HCWs for specific emergency scenarios • Establish a mentorship programme connecting experienced HCWs with newcomers and to empower HCWs to take leadership roles in emergency responses • Organize workshops for HCWs on effective RCCE-IM.
HCWs are empowered	HCWs lead operations as formal partners.	• Resources and budget for HCW-led initiatives • Medical education includes emergency preparedness and response and RCCE-IM	• Allocate a dedicated budget for HCW-led initiatives, such as interventions being implemented by HCW organizations, and acknowledge their work. • Partner with the HCW education system for emergency preparedness and response and RCCE-IM curricula.

Table 4. Emergency response checklist by level of HCW engagement

Level of HCW engagement	Description (key performance indicator)	What needs to be in place?	Suggested activities
HCWs are informed	HCWs possess up-to-date information on the state of the emergency	• An HCW-tailored dissemination strategy including professional platforms and networks	• Distribute regular updates via professional newsletters, social media, online forums and targeted webinars • Organize offline and online information sessions (Facebook, LinkedIn, Signal and WhatsApp)
HCWs are consulted	A feedback mechanism is activated actively seeking and incorporating HCW views.	• HCW feedback system (online platform, survey, focus groups or intercept interviews).	• Establish a user-friendly online platform for suggestions with meaningful follow-up • Establish rapid HCW consultations through focus groups or key informant interviews
HCWs are involved	Feedback from HCWs informs policies and programmes, incorporating their perspectives.	• Advisory boards at local/national level with HCW participation • Help and assistance to develop HCW networks.	• Facilitate collaborative workshops and other engagement methods for insights • Incorporate HCW insights into emergency preparedness plans
HCWs collaborate	HCWs have specific roles and responsibilities in policy development and programme implementation.	• HCW representatives in emergency response teams. • Dedicated measures for HCW and other community influencers collaboration. • Co-designed and co-delivered interventions	• Co-design emergency response policies and interventions with HCWs. • Jointly deliver interventions with HCWs and health authorities (e.g. community boards, community sessions, mobile clinics, hotlines, social media campaigns)
HCWs are empowered	HCWs lead operations as formal partners.	• Motivation and incentives to lead emergency responses • Resources and budget for HCW-led initiatives • Acknowledgement	• Organize motivational sessions or distribute letters for HCWs and provide incentives to reward their efforts • Allocate a dedicated budget for HCW-led initiatives and acknowledge their work

Box 19. RCCE-IM during the emergency cycle

RCCE-IM is a vital public health intervention which can save lives during emergency situations and should be considered an investment in people's health, safety and security. RCCE-IM is essential in all emergency phases.

Emergency cycle phases:

- **Preparedness:** the preparedness phase facilitates RCCE-IM planning through comprehensive whole-of-government and whole-of-society approaches, ensuring the allocation of sufficient and sustainable human and financial resources. During this phase, teams and plans are established and relationships between health authorities and communities are cultivated. HCWs play a pivotal role as key community actors, and it's essential to map them out, establish relationships and initiatives, and build their motivation as well as capacities well in advance of emergencies.
- **Readiness:** RCCE-IM readiness brings capacities to the level of capabilities; it lays the ground for rapid and targeted interventions when and where hazard-specific emergencies hit. During the readiness phase, RCCE-IM ensures communities are ready for potential emergencies; for example, RCCE-IM allows health authorities to work together with HCWs and communities to co-design contingency plans for specific health risks. This can include collaborating with HCWs to establish social listening mechanisms, increase health literacy and social media prebunks on imminent risks to enable people to make informed decisions.
- **Response:** at the core of an effective emergency response lies the co-design and co-delivery of interventions, leveraging community assets and skills to tailor the response to the needs of communities. In this phase, RCCE-IM can help to communicate risks and emergency measures and identify and address false information, rumors and fearmongering, which undermine public health efforts while also addressing community concerns and questions. As community influencers HCWs can play a pivotal role in influencing health behaviours and saving lives. Individual, group and student HCWs are community assets that can surge capacity leading to a more efficient response.
- **Recovery:** RCCE-IM during the recovery phase can support in reintegrating individuals and communities affected by a health emergency, and the sustainment of protective measures. In the recovery phase, RCCE-IM interventions address lingering concerns or fear and prevent further harm or confusion by countering any false information that may arise. HCWs and community influencers can be empowered to co-create and co-deliver recovery plans and build community resilience for the future.

© WHO / Anton Skyba

Empowering HCWs as partners: actions throughout the emergency response cycle

The key recommended actions for health authorities to foster collaboration, trust and active participation of HCWs across the emergency response cycle are outlined below.

Emergency preparedness

Mapping:

- Identify key communities and vulnerable groups targeted by RCCE-IM plans; HCW-representing groups (professional associations, trade unions, campaign groups, and CSOs); and HCWs most engaged with communities and informal leaders or influencers among HCWs.
- Identify community advisory boards and feedback mechanisms to co-design and co-implement interventions in collaboration with HCWs and communities.

Partnering:

- Schedule regular meetings with HCW representatives to discuss RCCE-IM preparedness interventions.
- Gather evidence about barriers to trust between HCWs and communities in health emergencies.
- Create a roster of HCW experts or organizations for consultation based on their relevant areas or scopes of work.

Capacity building:

- Integrate HCWs into in-house training and professional development RCCE-IM programmes including existing health emergency simulation exercises and drills in collaboration with other government agencies or international partners.

Participating in emergency response planning:

- Co-design health emergency preparedness plans with HCWs.
- Invite HCW representatives to join existing health emergency preparedness planning committees or forums.
- Establish new structures for consultation and co-creation between HCW and emergency responders if needed.

Emergency readiness

Building health literacy:

- Actively seek input from HCWs in the development of health literacy materials and strategies, ensuring that they are relevant and effective in the local context.
- Conduct rapid research or assessments involving HCWs on effective RCCE-IM interventions to increase health literacy to feed into response interventions for specific imminent hazards.
- Engage HCWs in prebunking initiatives to prepare both HCWs and communities to tackle false information in emergencies.
- Create a readiness package for HCWs with public health advice on specific imminent health hazards that are tested with at risk groups and affected communities.

Preparing for community listening:

- Map listening and communication channels established between HCWs and their patients/communities.
- Establish social and community listening systems based on the communication channels and online platforms used by HCWs and communities.
- Engage HCWs to stay alerted to any false narrative spreading.

Participating in emergency readiness planning:

- Ensure HCW representatives are part of incident management teams and seek input and consultation from HCW during the readiness phase.
- Facilitate interactive webinars where HCWs can ask questions and receive real-time updates on imminent health threats.
- Train HCWs on RCCE-IM when there are disease outbreaks in neighbouring countries or other imminent health hazards, including to fulfil tasks such as intercultural mediation before the arrival of refugees.

Emergency Response

Co-developing response interventions:

- Partner with HCWs and delegate specific response actions and responsibilities.
- Set up rapid consultation systems with HCWs during emergencies (i.e. focus groups or key informant interviews).
- Co-develop and test health information and advice targeted to communities HCWs serve.
- Enable rapid co-creation of interventions and solutions between HCWs and health authorities (i.e. community advisory boards or feedback mechanisms).

Co-delivering response interventions:

- Amplify health advice through HCWs via offline and online channels.
- Engage HCWs as influencers of peers for behavioural change.
- Provide funds and resources to HCWs organizations to participate in and lead emergency response efforts (i.e. implementing partners). Include HCW representatives in incident management teams.
- Offer a hotline or services for HCW psychosocial support in emergencies.

Recovery

Building community resilience:

- Include HCWs in community-led recovery plans (i.e. community advisory boards or feedback mechanisms).
- Continue engaging HCWs in sustaining protective measures, as necessary.
- Organize routine debriefings or after-action reviews with HCW representatives involved in planning.
- Continue dedicated psychosocial support for HCWs throughout the recovery phase.

From the COVID-19 pandemic and recent emergencies, it has become clear that risk communication, community engagement and infodemic management are a crucial public health intervention.

Trust Building is at the core of this work. By building and maintaining trust within communities, you [health and social workers] can make information dissemination more effective, thus have positive impact and results on human health and lives.

Dr Marthe Everard, Former Special Representative of the WHO Regional Director to Armenia

Inclusive and gender-responsive RCCE-IM Strategies

Several vulnerable groups can potentially be neglected in an emergency response *(25)* such as older people, people with disabilities, children, women, pregnant women, the LGBTIQA+[5] community, and refugees and migrants. Leaving them behind can create a cluster of populations that need higher attention from the health system in the short, medium and long term. Early engagement of these groups via HCWs can build trust from these communities and the health system thereby mitigating disease severity, deaths and related costs. Box 20 contains guiding questions that can help HCWs tailor their communications to different vulnerable groups.

Health emergencies impact genders differently due to gender norms, under-prepared health systems and barriers to quality health care, exacerbating risks and vulnerabilities during emergencies, including pandemics *(26,27)*. The exclusion of women and diverse gender identities from decision-making processes reflects inequalities and hampers the effectiveness of emergency preparedness and response. Meaningful improvements necessitate cross-sector collaboration, including health, women's issues, social protection, education, labour, finance and employment *(23)*. Health authorities can enhance HCWs' understanding of gender-specific vulnerabilities and the importance of inclusive care during emergencies. Risk perception and access to health services can be impacted by gender, and the gender-responsive communications checklist below (Box 21) can be a tool for HCWs to provide tailored and inclusive public health advice.

Box 20. Checklist for effective communication with vulnerable groups

Guiding questions:

- Are vulnerable people's perceptions and needs understood to inform messaging?
- Does the communication and dissemination strategy foresee the diversification of messages and channels according to the target population?
- Is there a mechanism to co-develop and test content with target groups or their community representatives?
- Is there provision to ensure that communication content and images avoid the use of stereotypes, use inclusive language and avoid stigma?
- Has informed consent been obtained and recorded from people displayed in visuals and from people quoted?
- Has the RCCE-IM strategy been designed to highlight the added value of mainstreaming human rights in the fight against vulnerability?
- Do all the documents and activities in the dissemination plan consider the current legislation and international commitments related to human rights?

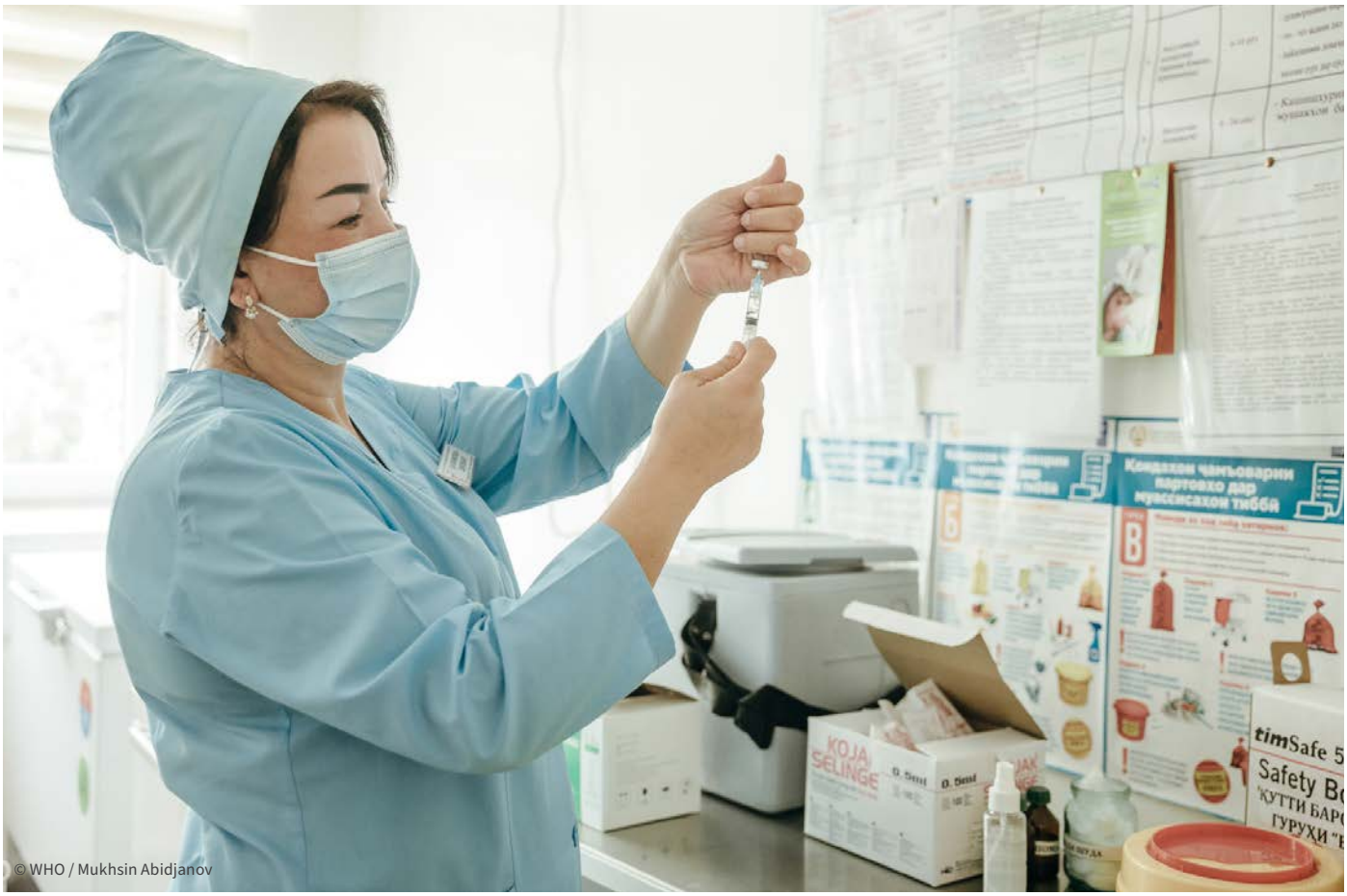
Source: adapted from *(28)*.

[5] Lesbian, gay, bisexual, transgender, queer, intersex, asexual +.

Box 21. Checklist for gender-responsive communications

Guiding questions:

- Have the target beneficiaries and audiences, including women from diverse backgrounds, meaningfully participated in communications activities (including in the design, testing, implementation, and monitoring, evaluation and learning)?
- Has a gender analysis been conducted when designing a communications campaign/ intervention (including for the selection of appropriate channels, tools and messages)?
- Are the risk communication materials and messages free from gender stereotypes; harmful gender norms, roles and relations; and biases (for example, communication materials showing only women being responsible for childcare or hygiene practices)?
- Do the communication programmes, materials and messages specifically aim to promote gender equality and transform harmful gender roles, norms and relations (for example, promoting a man's role in caretaking, emphasizing equal sharing of household work)?
- Is there diverse representation in terms of gender norms, roles and colours displayed in your graphics and visuals so that they are not reinforcing harmful stereotypes?
- Has informed consent been obtained and recorded from people displayed in visuals and from people quoted?
- Do the visuals/text portray a diverse range of women, men, girls, boys and gender-diverse people from different backgrounds, ages, ethnicities and abilities in a balanced way?
- Do the communication programmes, materials and messages respond to the specific needs and challenges of girls, boys, women, men and gender diverse people (based on a gender analysis)?
- Is gender-responsive and inclusive language consistently used throughout the materials and messages?



© WHO / Mukhsin Abidjanov

© WHO / Andreas Beck

During the COVID-19 pandemic, European Union funding provided a unique opportunity for strengthening the primary health care (PHC) system, under the overall efforts of building back better. In early May 2022, the Ministry of Health requested support from WHO and other donors in training all PHC doctors and nurses, in all regions of Georgia on routine vaccination integrated COVID-19 vaccination; COVID-19 management; and vaccine communication.

WHO facilitated the development of the training package for PHC personnel and conducted – in collaboration with family medicine professional associations – nearly 200 training events, to train 3821 PHC doctors and nurses all over Georgia.

Silviu Domente, WHO Representative in Georgia

Monitoring, evaluation and learning (MEL)

To accurately gauge the impact of initiatives aimed at engaging HCWs meaningfully, it is crucial to create and adopt a MEL framework. Through desk reviews and interviews with HCWs and experts, a gap was found in the best practices for MEL about HCW engagement in the WHO European Region.

MEL not only allows for the monitoring of the effectiveness of a particular intervention but can also be crucial in the improvement of outcomes. In summary MEL:

- informs and enhances the current programme's strategy and tactics, acknowledging that circumstances and contexts are subject to change and adaptations may be necessary;
- informs the development of future programmes, ultimately leading to greater effectiveness and impact; and
- shows the positive impacts of HCW engagement, thus supporting further investment.

When establishing a MEL framework, several principles should be followed.

Inclusivity in participation.
To ensure comprehensive and effective MEL, it is crucial that HCWs at all levels are actively involved in the process. By incorporating a diverse range of perspectives, the MEL framework will be more responsive and relevant to the needs of all stakeholders.

Accountability to affected populations.
Accountability to affected populations is paramount. This principle mandates that the MEL framework not only tracks the effectiveness and reach of the interventions but also ensures that the voices of those most affected are heard and acted upon. Regular feedback mechanisms, such as community forums and patient surveys, should be instituted with HCW engagement to gauge satisfaction and gather insights directly from beneficiaries.

Transparency and communication.
Transparency in the processes and outcomes of monitoring and evaluation is essential to build and maintain trust among health workers, stakeholders and the communities they serve. Clear, consistent and accessible reporting of MEL findings should be a priority, allowing for timely adjustments to interventions and strategies. This transparency also supports a culture of continuous learning and improvement.

Ethical considerations and respect for rights.
MEL activities must be conducted with the highest ethical standards, ensuring that the rights and dignity of all participants are respected. This includes obtaining informed consent, ensuring confidentiality and safeguarding personal and sensitive information of both HCWs and their patients. All stakeholders should be educated on their rights and the ethical implications of the MEL processes.

Capacity building and support.
To effectively engage stakeholders in the MEL process, there must be ongoing capacity building and support. This includes training on MEL methods, data collection and analysis, and the ethical handling of information. Empowering HCWs with these skills enhances their ability to contribute meaningfully to the MEL efforts and fosters a sense of ownership and responsibility towards the outcomes.

Adaptability and responsiveness.
The MEL framework should be flexible enough to adapt to the rapidly changing contexts of health emergencies. This adaptability allows for the integration of new insights and the shifting of strategies as necessary to address the evolving needs of affected populations. Continuous consultation with HCWs, as well as affected communities, and regular reviews will aid in keeping the MEL framework relevant and effective.

An example of a simple logical framework for measuring the outcomes of HCW engagement is shown in Table 5.

Table 5. A simple logical framework for measuring the results of HCW engagement

Inputs	Activities	Outputs	Outcomes	Impact
DESCRIPTION				
• Time • Human resources • Funds • Knowledge and expertise • Data • Reputation • Software • Organizational property • Contract support • External experts • Facilities	• Map HCW individuals and groups • Conduct assessments, mapping exercises, social and community listening, testing of health information and advice acceptance involving HCWs • Co-design and co-deliver interventions and content with HCWs • Coordinate task forces, community advisory boards, debriefings, after-action reviews with HCW representation • Conduct surveys, focus groups, intercept interviews to seek and incorporate HCW views • Develop rosters of HCW experts or organizations for consultation • Develop RCCE-IM training curriculum for HCWs and organize training logistics • Develop HCW-targeted strategy including professional platforms and networks. • Organize social media, online forums, targeted webinars, offline and online information sessions to share regular updates with HCWs	• HCW stakeholder mapping • Mapping of communities and vulnerable groups informed by HCWs • Listening and research reports • HCW feedback informing interventions • Risk communication content co-developed and co-delivered with HCWs • Prebunking and debunking interventions from HCWs • RCCE-IM materials and publications for HCWs • Engagement events for communities featuring HCWs • Recruited, motivated and skilled HCW influencers • HCW engagement workshops/training courses • Psychosocial hotline for HCWs • Hotlines with HCW students or HCWs • Community stakeholder collaborations	• Health emergency preparedness and response plans, policies, interventions and solutions are informed by evidence from community mapping, needs assessments, message testing, social and community listening involving HCWs • Health emergency preparedness and response plans, policies, interventions and solutions are co-created and co-delivered with HCWs • Authorities and HCWs have a regular dialogue • Patient concerns are addressed and false information is tackled by HCWs • Patient and public health decisions are positively influenced by HCWs • HCWs amplify health advice via offline and online channels • HCWs take leadership roles in emergency responses in implementing RCCE-IM interventions • HCW organizations co-deliver emergency response as implementing partners, engaging other influencers	• Community members adopt protective measures based on HCW influence

Table 5. A simple logical framework for measuring the results of HCW engagement continued

Inputs	Activities	Outputs	Outcomes	Impact
DESCRIPTION				
	• Develop opportunities for partnerships with HCWs, HCW organizations and HCW schools • Develop mentorship and motivational programmes for HCWs • Organize RCCE-IM workshops and trainings to facilitate HCW engagement • Invite HCWs to committees and forums • Establish infrastructure and engage HCWs and medical students in hotlines • Facilitate engagement of HCWs and other influencers • Engage HCWs in MEL of interventions at community level		• Education system has emergency preparedness and response capacity-building programmes for HCWs on RCCE-IM • HCWs are resilient to stress and can execute their functions to the highest standard	
INDICATOR(S)				
• Financial value of personnel time, funds and organizational assets	• The number of pieces of evidence generated that include HCW input • The number of materials/ publications developed for HCWs • The number of stakeholder engagement events organized targeting or featuring HCWs • The number of training events organized for HCWs on RCCE-IM	• The number of HCWs and HCW groups and associations engaged • The number of HCWs and HCW groups and associations included in preparedness and response mechanisms • The number of risk communication messages and materials co-created with HCW representatives • The number of messages and materials co-delivered with HCW representatives	The number of interventions informed by formative research and social listening with HCW views • Mechanism with HCWs • The proportion of HCW representatives satisfied with their engagement • The number of HCW trainees who improved their knowledge on RCCE-IM as a result of the training • The number of HCW training participants who apply what they learned during training	• The number of community members adopting protective measures based on HCW influence

Table 5. A simple logical framework for measuring the results of HCW engagement continued

Inputs	Activities	Outputs	Outcomes	Impact
INDICATOR(S)				
	• The number of myths prebunked/ debunked • The number of HCWs attending capacity building events • The number of people/ stakeholders exposed to publications/ materials • The number of hotline consultations engaging HCWs		• The number of other influencers engaged by HCWs • The perceived stress level of HCWs • Number of people reached by hotlines	
MEANS OF VERIFICATION				
• Administrative data	• Activity reports	• Participant lists • Distribution reports • Activity reports • Training satisfaction forms	• Stakeholder and HCW interviews and surveys • Training evaluation surveys • Performance appraisal reports • Document reviews • Perceived stress surveys	• Community survey • Patient survey • Health statistics

© WHO / State budget healthcare institution

References[6]

1. Minelli A, Silva RC, Barlati S, Vezzoli M, Carletto S, Isabello C, et al. The Elephant in the Room: A Cross-Sectional Study on the Stressful Psychological Effects of the COVID-19 Pandemic in Mental Healthcare Workers. Brain Sci. 2022 12(3):408 (https://doi.org/10.3390/brainsci12030408).

2. Global strategy on human resources for health: workforce 2030. Geneva: World Health Organization; 2016 (https://iris.who.int/handle/10665/250368).

3. National workforce capacity for essential public health functions: A roadmap. In: World Health Organization [website]. Geneva: World Health Organization; 2024 (https://www.who.int/teams/health-workforce/PHEworkforce).

4. Global health and care workers compact: technical guidance compilation. World Health Organization; 2023 (https://iris.who.int/handle/10665/373347).

5. Seventy-fourth World Health Assembly. Strengthening WHO preparedness for and response to health emergencies. Geneva. World Health Organization; 2021 (WHA74.7; https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf).

6. Seventy-fourth World Health Assembly. Protecting, safeguarding and investing in the health and care workforce. Geneva. World Health Organization; 2021 (WHA74.14; https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R14-en.pdf).

7. Global strategic directions for nursing and midwifery 2021-2025. Geneva: World Health Organization; 2021 (https://iris.who.int/handle/10665/344562).

8. Seventy-fourth World Health Assembly. Strengthening nursing and midwifery: investments in education, jobs, leadership and service delivery. Geneva. World Health Organization; 2021 (WHA74.15; https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R15-en.pdf).

9. Declaration of Alma-Ata. Copenhagen: WHO Regional Office for Europe; 1978 (https://iris.who.int/handle/10665/347879).

10. WHO/Europe launches new roadmap to strengthen nursing and midwifery in the Region. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2024 (https://www.who.int/europe/news/item/15-12-2021-who-europe-launches-new-roadmap-to-strengthen-nursing-and-midwifery-in-the-region).

11. Building better together: roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2021 (https://iris.who.int/handle/10665/350207).

12. Newly adopted resolution is a tool for countries to tackle the health workforce crisis. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2023 (Newly adopted resolution is a tool for countries to tackle the health workforce crisis (who.int)).

13. Regional Committee for Europe, 73rd session. Seventy-third Regional Committee for Europe: Astana, 24–26 October 2023: framework for action on the health and care workforce in the WHO European Region 2023–2030. Copenhagen: WHO Regional Office for Europe; 2023 (EUR/RC73/8; https://iris.who.int/handle/10665/372563).

[6] All references were accessed on 11 June 2024.

14. Bucharest Declaration on health and care workforce. High-level Regional Meeting on Health and Care Workforce in Europe: time to act, 22–23 March 2023, Bucharest, Romania. Copenhagen: WHO Regional Office for Europe; 2023 (https://iris.who.int/handle/10665/366519).

15. National health emergency risk communication: capacity-mapping package: four-core capacity method. Copenhagen: WHO Regional Office for Europe; 2018 (https://iris.who.int/handle/10665/346117).

16. Emergency Risk Communication five-step capacity-building package. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2024 (https://www.who.int/europe/teams/risk-communication--community-engagement-and-infodemic-management-(rci)-unit/emergency-risk-communication-five-step-capacity-building-package).

17. Uncertainty about facts can be reported without damaging public trust in news. In: Nuffield Foundation [website]. London: Nuffield Foundation; 2024 (https://www.nuffieldfoundation.org/news/uncertainty-about-facts-can-be-reported-without-damaging-public-trust-in-news).

18. Managing false information in health emergencies: an operational toolkit. Copenhagen: WHO Regional Office for Europe; 2024 (https://iris.who.int/handle/10665/375783).

19. Advancing infodemic management in risk communication and community engagement in the WHO European Region: implementation guidance. Copenhagen: WHO Regional Office for Europe; 2022 (https://iris.who.int/handle/10665/363798).

20. Engaging with faith partners in health emergencies: an interim implementation tool. Copenhagen: WHO Regional Office for Europe; 2022 (https://iris.who.int/handle/10665/365339).

21. Empowering youth in health emergencies: an implementation tool. Copenhagen: WHO Regional Office for Europe; 2023 (https://iris.who.int/handle/10665/372262).

22. State of the world's nursing 2020: investing in education, jobs and leadership. Geneva: World Health Organization; 2020 (https://iris.who.int/handle/10665/331677).

23. Health and care workforce in Europe: time to act. Copenhagen: WHO Regional Office for Europe; 2022 (https://iris.who.int/handle/10665/362379).

24. Community engagement: a health promotion guide for universal health coverage in the hands of the people. Geneva: World Health Organization; 2020 (https://iris.who.int/handle/10665/334379).

25. How vulnerable groups were left behind in pandemic response. In: European Commission [website]. Brussels: European Commission; 2021 (https://projects.research-and-innovation.ec.europa.eu/en/horizon-magazine/how-vulnerable-groups-were-left-behind-pandemic-response).

26. United Nations International Strategy for Disaster Reduction, United Nations Development Programme, and International Union for Conservation of Nature . Making Disaster Risk Reduction Gender Sensitive: Policy and Practical Guidelines. Geneva: UNDP; 2009 (https://www.undp.org/publications/making-disaster-risk-reduction-gender-sensitive-policy-and-practical-guidelines).

27. Ekenga CC, Ziyu L. Gender and Public Health Emergency Preparedness Among United States Adults. J Community Health. 2019 Aug;44(4):656-660 (https://doi.org/10.1007/s10900-019-00638-5).

28. How to equity proof your policies and interventions: a resource guide for planners and policy makers to leave no-one behind. Copenhagen: WHO Regional Office for Europe; 2023 (https://iris.who.int/handle/10665/368236).

When a pandemic occurs, doctors have to fight not only the virus, but also the infodemic, which, by its speed, may be spreading faster than even the virus itself. The danger it poses is very significant. Misinformation can cause confusion, sow seeds of doubt, and undermine public health efforts. This can lead to behaviours that increase disease transmission and impede preventive measures from being taken.

I am glad that representatives of the medical community of Kazakhstan used their expertise to stop misinformation and educate the general public about fact checking on medical topics and other health-care issues. It is extremely important that we all actively participate in the dissemination of reliable, scientifically based information and the debunking of myths and lies. And let's remember that we have a collective responsibility to ensure that our conversations about pandemics are based only on facts.

Dr. Skender Syla, WHO Representative in Kazakhstan

Annex 1. Examples of health and care worker engagement from the WHO European Region

European Region-wide: interpersonal communication training for Health and care workers (HCWs) conducting COVID-19 vaccination

From February 2021 to 2023, the WHO Regional Office for Europe held about 50 vaccine communication workshops as part of the coronavirus disease (COVID-19) response. These workshops, using techniques like motivational interviewing, trained HCWs to empathize with patients, understand their concerns, and motivate vaccine acceptance. Timed with national COVID-19 vaccination campaigns, these workshops took place in 15 European countries. A "train the trainers" model was used, where WHO-trained "master trainers" replicated the training nationwide, reaching nearly 3000 HCWs. The training, adapted from a course on childhood immunization communication, focused on COVID-19 vaccines. The key change was a different target group for the communication – for childhood immunizations, the decision on vaccine acceptance is usually made by the parents or carers. However, for COVID-19, the communication mainly targets older adults, who generally decide for themselves whether to accept the vaccine.

Brett Craig, one of the WHO experts who ran the training stated that "when running this type of workshop for health workers, you don't only need to give them training, you also have to satisfy their information needs about the vaccine", and that "health workers can ask very technical questions about the vaccine's safety profile and what this might mean for various medical conditions." Therefore, having an expert with strong technical knowledge about the vaccine available at these workshop can be very helpful. Indeed, in several instances WHO and the national health authorities it was working with organized the communication training workshops back-to-back with product information sessions about the vaccine.

Another practical tip is to develop a one-page communication aid on laminated paper to give HCWs a simple, step-by-step summary of what they have learned at the training and how to apply it.

European Region-wide: engaging HCWs in the mpox (monkeypox) outbreak

In July 2022, at the height of the global outbreak of mpox in non-endemic countries, there were more than 15 000 cases, with over two thirds reported in the WHO European Region. The WHO Regional Office for Europe interviewed two clinicians – Dr Cristina Mussini, a professor of infectious diseases and Director of the Infectious Disease Clinic at the University of Modena and Reggio Emilia, Italy and Dr Francisco Silva, a general practitioner at a sexual health clinic in Lisbon, Portugal – about their experience of treating patients with mpox to find out how concerned they were about the current outbreak and to clear up various misconceptions that surround it *(1)*. The two clinicians participated in an informal civil society organization (CSO) working group on risk communication, community engagement and infodemic management.

Dr Silva noted that "Most people are looking for what they've been told to watch out for on social media – so a rash – but it's not what we always see. I've seen people with anal, genital and oral ulcers or no visible ulcers, and swollen lymph nodes," and that "we often need to thoroughly investigate to determine whether it's monkeypox, and this can involve an anoscopy to look for lesions inside the anus and then perform a swab test to get a full diagnosis."

Dr Mussini reported that "Some of our patients that have gone on to test positive for monkeypox had a fever, inflammation of their colon and rectum areas, while others had blister-like lesions on their chin, chest and stomach."

Their interviews highlighted the need for people to seek medical advice quickly and to get tested.

Georgia: civil society builds HCW skills to respond to the needs of domestic violence survivors during the pandemic

The Civil Society Organization Initiative *(2)* pilots bottom-up approaches for community involvement in policy-making, contributing to the COVID-19 response by strengthening community readiness, connecting vulnerable communities to services and enhancing inclusive governance. Georgia is among the eight European and 40 global countries that piloted these approaches.

Partnering with the WHO Regional Office for Europe to build HCW capacities to increase community resilience to health emergencies, Union Sakhli, a Georgian organization, led the trainings and discussions based on the initiative, equipping HCWs to recognize signs of violence *(3)*. The project built the capacity of HCWs to provide services to over 300 000 patients in their care, better equipping them to recognize signs of violence in the future. Union Sakhli teamed up with EVEX Medical Corporation to enhance HCWs' skills in supporting women at risk of violence. Luka, a participant, said, "We identified the needs and problems of victims of domestic violence…such as access to services, including vaccination, restriction of transport during lockdown, difficulty accessing hygiene products, and economic, psychosocial and safety problems."

The project's focus groups revealed HCW pressures during the pandemic, including increased risk of violence and burnout due to extended working hours and staff shortages.

Kazakhstan: MedSupport project translating science for people

In early 2020, a group of recent graduates from Nursultan University Medical School in the Kazakh capital Astana started translating the latest scientific articles about COVID-19 – nearly all of them published in English – into Kazakh or Russian. This was their voluntary contribution to Kazakhstan's response to the pandemic and designed to support most HCWs who speak only Kazakh or Russian. The young doctors formed a CSO and launched a website and social media channel called MedSupport *(4)*.

By 2023, the MedSupport website and social media channels had broadened their focus from the latest science on COVID-19 to health and medical advice on a range of issues, from cancer and diabetes to mental health. Though MedSupport's key target audience is doctors and other HCWs, its website and social media channels are also increasingly viewed by the wider public in Kazakhstan. Dr Botagoz Kaukenova, one of the founders of MedSupport, has heard from several doctors that they use infographics posted by MedSupport on social media to help them explain health issues to their patients, stating "they use our materials to help explain these issues in normal language for their patients."

North Macedonia: health caravan outreaching communities with vaccination and advice

North Macedonia, with one of the lowest COVID-19 vaccination rates in the WHO European Region, had around 45% of its population fully vaccinated by March 2022. This is akin to its Western Balkan neighbours whose rates are 20-30 percentage points lower than the regional average. The COVID-19 caravan, a community-based intervention, was a partnership between WHO, the United Nations International Children´s Emergency Fund, the United States Agency for International Development and the North Macedonian authorities. The intervention sent a mobile vaccination unit to areas with low vaccination uptake. HCWs accompanied the caravan, disseminating public health advice and boosting vaccination rates. From 21 March to 3 April 2022, the caravan visited 22 of the 80 municipalities. A study showed a significant increase in vaccination rates in these municipalities on the day of the visit and up to three weeks after *(5)*. Specifically, the caravan increased daily vaccination rates by 7.7 vaccines per 100 000 inhabitants; a 35% increase from pre-intervention rates. The cost-effectiveness of the caravan was estimated at US$ 25.4 per additional vaccination. The compelling results led to the implementation of this intervention in several other Western Balkan countries and areas.

Poland: integration of Ukrainian HCWs into the Polish health system

The Poliklinika.Zdorovo project enhanced outpatient health-care access for nearly 3500 Ukrainian refugees in Poland by addressing cultural and language barriers. A local helpline was established to assist refugees in utilizing Polish health services, including free opportunities from the National Health Fund. This facilitated patient referrals, consultations and medication prescriptions by Ukrainian health-care professionals. The project also integrated Ukrainian HCWs into the Polish health system by helping

Ukrainian doctors and nurses obtain temporary medical licenses from the Ministry of Health Poland, enabling them to work within the project and in Polish hospitals. This resulted in the inclusion of eight doctors and two psychologists in the project team, and the employment of 31 Ukrainian medical professionals in Polish hospitals.

Republic of Moldova: future doctors trained to counter health infodemics

A training on infodemic management was held in Chisinau, Republic of Moldova, in March 2023 *(6)*. Organized by the WHO Regional Office for Europe and the WHO Country Office in the Republic of Moldova, with European Union support, it educated primarily medical students on the impact of infodemics, the role of social media, and handling fake news and rumors. Nicoleta Bodrug, a nurse and sixth-year preventive medicine student, shared, "I could see how much patients diagnosed with COVID-19 or hospitalized due to complications caused by the virus were suffering. Their struggle led me to become involved in the promotion of vaccination." Nicoleta was among the 30 trainees who learned to counter online vaccine misinformation with facts.

Post-training, the participants monitor 42 social media and online media platforms, reporting and responding to vaccine misinformation with evidence-based information and links to reliable sources like the Ministry of Health or WHO. This has helped curb misinformation spread, build vaccination trust and save lives. The students, being future doctors, are well-positioned to counter misinformation credibly.

Since the training, the participants have been actively responding to online comments and sharing trusted information links. The monitored pages, each with around 4000–5000 followers, have seen a significant drop in negative comments following the students' positive vaccination posts.

The WHO Regional Office for Europe has developed tools for infodemic management, trend monitoring and response actions. Over 850 people have been trained Region-wide since the pandemic's onset, and networks of infodemic managers have been established to advance the field.

Türkiye: HCWs enhanced their interpersonal communication skills in earthquake-affected provinces

On February 6, 2023, a 7.7 magnitude earthquake – the strongest since 1939 – hit Türkiye in the Pazarcık district of Kahramanmaraş province, followed by another major quake in Hatay province on February 20. These quakes, with over 38 000 aftershocks, caused significant damage and destruction.

In response, the WHO Regional Office for Europe collaborated with the WHO Country Office in Türkiye and the Ministry of Health to encourage informed decision-making and protective behaviours among affected communities.

A key effort was a two-day Training of Trainers for local health-care providers in the five most affected provinces: Adıyaman, Kahramanmaraş, Gaziantep, Hatay and Malatya *(6)*. The training, attended by 72 HCWs, aimed to improve their communication, engagement and fact-checking skills, positioning them as influencers for positive behaviour change during emergencies.

Participants learned risk perception and assessment concepts, key interpersonal skills and how to combat stigma obstructing vulnerable individuals' access to crucial health-care services. They also learned their roles beyond service provision during emergencies, including influencing decisions, linking communities to health services and informing health policies and programmes. Dr Osman Kurt, Public Health Specialist at the Adıyaman Provincial Health Directorate stated "The skills acquired as a result of this training will serve as a bridge between those providing and those receiving health services and care... But now we realize the importance of this."

The trainers will further equip 8000 health-care providers with RCCE-IM skills, promoting effective engagement with patients and communities, support for the most vulnerable and acceptance of protective measures during emergencies.

This initiative aims to build back better from the earthquake experience, increase the resilience of HCWs and communities, and strengthen the health system's resilience against earthquakes and other emergencies.

References[7]

1. Responding to the monkeypox outbreak: perspectives of clinicians treating patients with the disease. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2022 (https://www.who.int/europe/news/item/24-07-2022-responding-to-the-monkeypox-outbreak--perspectives-of-clinicians-treating-patients-with-the-disease).

2. Celebrating the CSO Initiative: building community readiness, response and resilience to emergencies. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2022 (https://www.who.int/europe/news/item/26-01-2022-celebrating-the-cso-initiative-building-community-readiness-response-and-resilience-to-emergencies).

3. Georgia: civil society builds health workers' skills to respond to the needs of domestic violence survivors during the pandemic. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2021 (https://www.who.int/europe/news/item/09-12-2021-georgia-civil-society-builds-health-workers-skills-to-respond-to-the-needs-of-domestic-violence-survivors-during-the-pandemic)

4. HealthInfo. Там, где есть здоровье, есть и жизнь. Получите последние научно обоснованные данные о здоровье прямо сейчас [HealthInfo. Where there is health, there is life. Get the latest scientifically proven data on health] [website]. HealthInfo; 2022 (https://healthinfo.kz) (in Russian).

5. Serrano-Alarcón M, Mckee M, Palumbo L, Salvi C, Johansen A, Stuckler D. How to increase COVID-19 vaccination among a population with persistently suboptimal vaccine uptake? Evidence from the North Macedonia mobile vaccination and public health advice caravan. Health Policy. 2024;139:104966 (https://doi.org/10.1016/j.healthpol.2023.104966).

6. Learning to fight health infodemics: future doctors train in the Republic of Moldova. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2023 (https://www.who.int/europe/news/item/31-07-2023-learning-to-fight-health-infodemics--future-doctors-train-in-the-republic-of-moldova#:~:text=Managing%20the%20COVID-19%20infodemic&text=A%20deep%20dive%20into%20infodemic,support%20from%20the%20European%20Union).

7. A "positive ripple effect": health workers as influencers following Türkiye's earthquakes. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2023 (https://www.who.int/europe/news/item/19-12-2023-a--positive-ripple-effect---health-workers-as-influencers-following-t-rkiye-s-earthquakes).

[7] All references were accessed on 11 June 2024.

Annex 2. Questionnaires for key informant interviews

Guiding questions for consultation with health and care workers (HCWs)/civil society organizations/technical experts

Introduction

I am working with the WHO Regional Office for Europe to develop an implementation tool with practice-based tips on engaging HCWs in health emergencies. We are conducting key informant interviews and would appreciate your participation. Do you consent to record our consultation and use some of your words as quotes? If yes, we will send you the quotes for review before using them. If you wish to say something "off the record" at any point, please let us know and we will stop recording. Thank you. We will start recording.

Questions

Background

- Please could you tell me a bit about your organization (name, mission, activities)

Tips for the meaningful engagement of HCWs in health emergencies

- Based on your experience, what are the main principles that authorities/emergency responders/associations should apply to engage HCWs efficiently in emergency response?
- Based on your experience, can you share **suggested actions** to increase HCW engagement in health emergencies?
- Based on your experience, can you share your **practical tips** to authorities/emergency respondents/associations who want to engage HCW in health emergencies. Can you please structure your tips based on the emergency cycle:
  - Preparedness – what to do before?
  - Readiness – what to do when a specific health threat is imminent?
  - Response – what to do during the response?
  - Recovery – what to do after the emergency?

Project/intervention

- Could you provide an example of project/intervention run by your organization [with the support of WHO] to promote/improve the engagement of HCWs in health emergencies? (scope, objectives, results)
- Do you think [project/intervention] was useful for HCWs? Why?
- Can you give an example of how [project/intervention] helped people in your community?
- Do you have any video or photographs showing the intervention (or people/places involved with it)? Do you have any posters or artwork? [If yes, seek permission to use in the implementation tool]
- What support would your organization need to involve HCWs in emergencies in the future?
- Based on your experience, how do we measure success in HCW engagement?
- Do you have any advice based on experience/lessons learned to provide to authorities/emergency responses/associations who want to engage with HCWs about the creation of indicators to monitor and evaluate interventions?

Annex 3. Additional resources[8]

Communicating with patients

- Communicating about vaccination with caregivers and patients: a communication training module for health workers. Copenhagen: WHO Regional Office for Europe; 2023 (https://iris.who.int/handle/10665/375090).

This is a training module developed by the WHO Regional Office for Europe to help health workers communicate effectively about vaccinations with caregivers and patients.

- Communicating with patients about COVID-19 vaccination: evidence-based guidance for effective conversations to promote COVID-19 vaccine uptake. Copenhagen: WHO Regional Office for Europe; 2021 (https://iris.who.int/handle/10665/340751).

This training module is designed to equip health workers with knowledge, skills, confidence, and resources to help them in their role to recommend the COVID-19 vaccine.

- Facilitator's guide: communicating with health workers about COVID-19 vaccination. Copenhagen: WHO Regional Office for Europe; 2021 (https://iris.who.int/handle/10665/343963).

This guide is designed to accompany the training module, providing detailed explanations, resources, and guidance to support those implementing the training.

Community engagement

- Community Engagement in Humanitarian Action (CHAT) Toolkit: Updated version [website]. United Nations Children's Fund; 2024 (https://www.corecommitments.unicef.org/kp/community-engagement-in-humanitarian-action-%28chat%29-toolkit%3A-updated-version).

Health equity

- How to equity proof your policies and interventions: a resource guide for planners and policy makers to leave no-one behind. Copenhagen: WHO Regional Office for Europe; 2023 (https://iris.who.int/handle/10665/368236).

Behavioural insights

- Health workers in focus: policies and practices for successful public response to COVID-19 vaccination: strategic considerations for member states in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2021 (https://iris.who.int/handle/10665/339854).


© WHO / Halldorsson

[8] All references were accessed on 11 June 2024.

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

Member States

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

WHO/EURO:2024-10376-50148-75534 (PDF)

World Health Organization
Regional Office for Europe
UN City, Marmorvej 51,
DK-2100 Copenhagen Ø,
Denmark

TEL +45 45 33 70 00
FAX +45 45 33 70 01
EMAIL eurocontact@who.int
WEB www.who.int/europe