

# Effective Communications

# PARTICIPANT

# HANDBOOK



for WHO staff



World Health  
Organization

Effective Communications

**PARTICIPANT**

**HANDBOOK**

for WHO staff

WHO Library Cataloguing-in-Publication Data:

Effective communications: participant handbook: communications training programme for WHO staff.

1.Health Communication. 2.World Health Organization. 3.Handbooks. 4.Teaching Materials. I.World Health Organization.

ISBN 978 92 4 150946 6

(NLM classification: WA 590)

**© World Health Organization 2015**

All rights reserved. Publications of the World Health Organization are available on the WHO website ([www.who.int](http://www.who.int)) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: [bookorders@who.int](mailto:bookorders@who.int)).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website ([www.who.int/about/licensing/copyright\\_form/en/index.html](http://www.who.int/about/licensing/copyright_form/en/index.html)). The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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

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

Printed by the WHO Document Production Services, Geneva, Switzerland

# Table of contents

Acknowledgements	5
Introduction	7
<b>Section A</b> Framing your communications	<b>9</b>
<b>Session 1</b> The SOCO and the POINT	11
<b>Session 2</b> The audience	21
<b>Session 3</b> Communicating risk	31
<b>Section B</b> Developing communication materials and products	<b>43</b>
<b>Session 4</b> 7 Cs of public health communications	45
<b>Session 5</b> Storyline and talking points	53
<b>Section C</b> Working with the media	<b>63</b>
<b>Session 6</b> Media spokesperson tools	65
<b>Session 7</b> Tips for working with the media	77
<b>Section D</b> Communications policy	<b>87</b>
<b>Session 8</b> WHO communications policy	89



## Acknowledgements

The WHO Effective Communications Participant Handbook was created to support WHO staff around the world in enhancing their communications skills as part of the global communications capacity-building efforts of the WHO Department of Communications (DCO).

This document was authored by Dr Gaya Gamhewage, Medical Officer within the Pandemic and Epidemic Diseases Department in WHO Headquarters, with important contributions and updates from Ms Carey Kyer and Ms Caroline-Anne Coulombe. The Handbook was developed with inputs from Christy Feig, Director of Communications in the office of the Director-General, and WHO communication staff at headquarters and regional offices.

We thank Margaret Kahuthia and Christophe Grangier for their unwavering support in the production of the Participant Handbook and its numerous versions to date.

We also thank Yann le Floc'h, who originally designed the Document, and we thank Jean-Claude Fattier for the new design, giving it its current look.

The Participant Handbook was printed internally at WHO Headquarters, in the Duplication and Binding (DUP) unit. Its development, production, layout and graphic design, printing and translation into several languages were funded by the Staff Development and Learning (SDL) fund, as part of the Communications Capacity-Building project over several years.

Finally, we acknowledge the participation and efforts of all WHO staff who, during their face-to-face communications trainings, provided the essential feedback to make this Participant Handbook the useful pedagogical tool it has become today.





## Introduction



**Thank you for finding the time to attend this training. This handbook contains material you can use during and following the training. It contains:**

- the main learning points of each training session.
- tools to help you digest and internalize the material.
- worksheets for you to use during the sessions.

The overall objective of this training is to improve your communications skills. Specific learning objectives are listed for each session in the corresponding session notes.

Your trainers are WHO staff or external experts working closely with us.

### Here is a quick guide to the handbook:



**Green pages** are worksheets you will need during this training.



**Orange pages** contain reference material.

This material is continuously being updated and refined based on feedback from participants, and to accommodate the changes taking place in WHO. Please feel free to make comments and suggestions in writing to: [communicationstraining@who.int](mailto:communicationstraining@who.int) and write "Training" in the subject line.







# SECTION A FRAMING YOUR COMMUNICATIONS



# SESSION 1

## THE SOCO AND THE POINT



## SESSION 1

### THE SOCO AND THE POINT



## 1. What is this session about?

The most fundamental skill that a good communicator possesses is a clear understanding of the change they want to see regardless of what they say or how they say it. This session deals with the two most basic tips for effective communications: developing a **Single Overarching Communications Outcome (SOCO)** and getting to your point fast (POINT).



## 2. Learning objectives

By the end of the session, participants are able to:

- describe the two basic communications tips – **SOCO** and the POINT;
- develop a single overarching communications outcome (**SOCO**);
- demonstrate getting to the POINT quickly and effectively.



## 3. Steps and guidance

### 3.1 The **SOCO** (single overarching communications outcome)

The most important questions to ask oneself regardless of the type of communication are these:

***“Why am I speaking/writing/answering/presenting, etc?”***

***“What is the change I want to see as a result of my communication?”***

Knowing and always remembering the answer to these questions keeps your communications effective, compelling and on track. Remember this and you will NEVER go wrong.

The **SOCO**, or single overarching communications outcome, is the change you want to see in your audience as a result of your communication.

It is an outcome, and must therefore be expressed from the perspective of the audience.

It is not an objective, which usually reflects your perspective.

It must be explicit about the change you want, and time-limited.

It must be realistic and achievable.

It must, together with other interventions (programmatic, advocacy, etc.), contribute to a larger programme goal or objective.

It will be the fixed point on which you keep your mind when communicating. Messages are developed to achieve the **SOCO** only after considering the needs and nature of your target audience(s).

## How to develop a SOCO:

**Step 1:** What is your issue?

**Step 2:** Why do you want to focus on this issue and why do you want to focus on it now?

**Step 3:** Who needs to change their behaviour (audience)?

**Step 4:** What is the change that you want to see in your audience as a result of your communication? (THIS IS YOUR **SOCO**)



Here are some things to remember about the **SOCO**:

### Let's take an example:

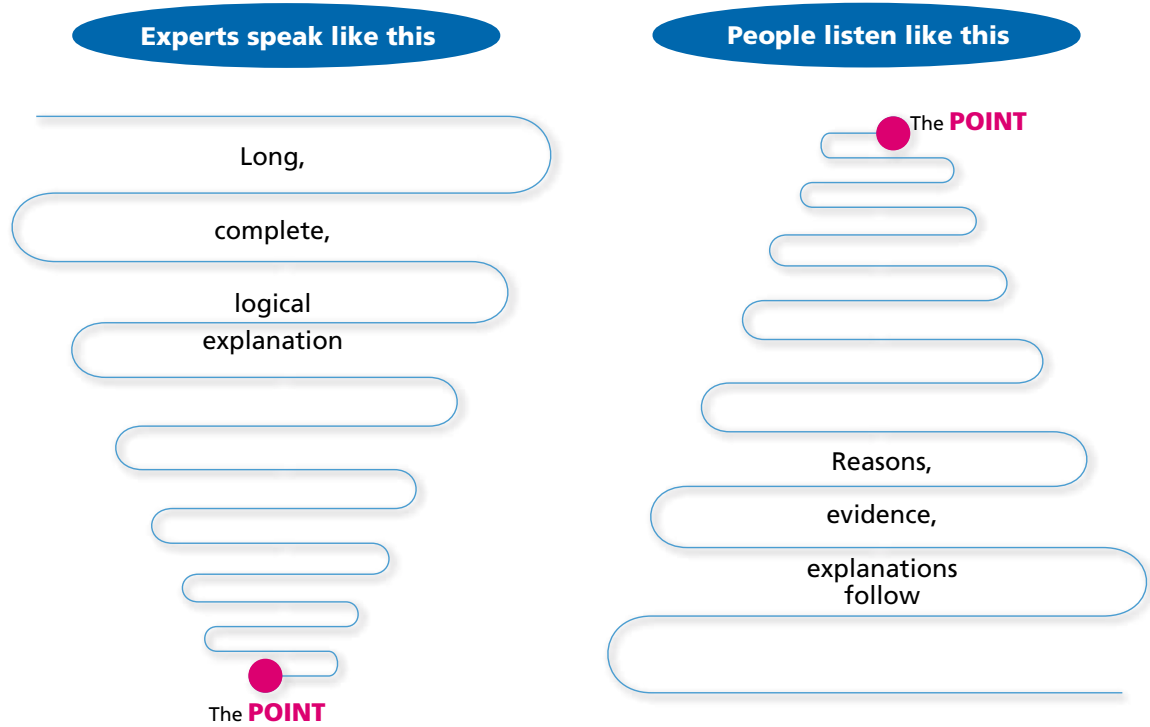
SOCO		
<b>Step 1</b>	What is your issue?	Antimicrobial resistance
<b>Step 2</b>	Why do you want to focus on this issue and why do you want to focus on it now?	There is growing evidence of antimicrobial resistance. On the one hand patients in many countries put pressure on doctors to prescribe antibiotics even for viral infections (when they will not be effective), and on the other hand patients do not complete a full course of antibiotics when they are needed (e.g. for treating tuberculosis). Because of this, common and life-threatening infections are becoming more difficult or even impossible to treat.
<b>Step 3</b>	Who needs to change their behaviour (audience)?	Option 1: Patients and their families Option 2: Doctors
<b>Step 4</b>	What is the change that you want to see in your audience as a result of your communication? (THIS IS YOUR <b>SOCO</b> )	If Option 1: Patients stop pressurizing doctors to prescribe antibiotics when they will not be effective; and patients adhere to the full course of treatment when antibiotics are needed.  If Option 2: Doctors only prescribe antibiotics when there are proper medical indications for their use. They don't give into pressure from patients.

## 3.2 The POINT

Once you are clear about your **SOCO**, you know where you are going or aiming. Once you know where you are aiming, you must get there as fast as possible. Here is why:

Experts are trained to explain the situation and all possible aspects of an issue, as well as to be complete, accurate and lead people slowly and step-wise to a logical conclusion. If this was depicted graphically, it would look like a triangle on its head, with long explanations eventually leading to the point.

However, people do not listen or hear in the same way. We tend to listen when our attention is grabbed quickly and focus is achieved. Once we are interested, we will listen to the explanation and other nuances. This becomes even more important in a world transformed by technology for communications. Listeners, including experts listening to other experts, are inundated with competing information. We need to get to our point as fast as possible and explain the supporting information and nuances incrementally and in a decreasing order of relevance and importance to our audience. Graphically, we would turn the triangle mentioned above so the point is at the top. The POINT is a basic, common-sense and essential communications tip.





## 4. Key messages from this session

**1** If you have no time for anything else, take time to develop a single overarching communications outcome (**SOCO**) that expresses the specific change you want to see as a result of your communications. Do not start messaging without defining your **SOCO**.

**2** Once you know your **SOCO**, keep focus on it. It will show you where to go, what to say and how to get back on your path if and when you are derailed, distracted or challenged.

**3** The **SOCO** clarifies the POINT you want to make. Get to the POINT as fast as possible. Explain and elaborate as needed. Conclude again with your POINT for greater effect.

**4** We will discuss the audience, their needs and motivations in the next section.

**5** Do not be tempted to start writing messages yet.



# Worksheet 1: The **SOCO**

## The **S**ingle **O**verarching **C**ommunications **O**utcome

<b>Step 1</b>	What is your issue? _____ _____ _____ _____ _____
<b>Step 2</b>	Why do you want to focus on this issue and why do you want to focus on it now? _____ _____ _____ _____
<b>Step 3</b>	Who needs to change their behaviour (audience)? _____ _____ _____ _____
<b>Step 4</b>	What is the change that you want to see in your audience as a result of your communication? (THIS IS YOUR <b>SOCO</b> ) _____ _____ _____ _____ _____

## What is NOT a SOCO:

The change I want to see is that my audience is:

- ✗ told...
- ✗ informed...
- ✗ made aware...

## What is a GOOD SOCO:

The change I want to see is that my audience is:

- ✓ reassured...
- ✓ convinced...
- ✓ prevented from...
- ✓ confident
- ✓ changed
- ✓ influenced...
- ✓ donating funds...
- ✓ modifying behaviour...
- ✓ changing or accepting policy...

## Examples:

The change I want to see is that:

My audience is (VERB) to do (VERB). -OR- My audience (VERB).

X                      Y                      Z                      X                      Y

The change I want to see is that:

Donors are convinced to give funds. -OR- Parents vaccinate their kids.

X                      Y                      Z                      X                      Y





# SESSION 2

## THE AUDIENCE



## SESSION 2

### THE AUDIENCE



## 1. What is this session about?

This session is about the most important, and changeable, element in any communication: the audience. We will look at how to identify your audience (for each different **SO**CO you have) and how the audience pays attention to your messages. We will consider findings from neuroscience research and adult learning theory to better understand how people hear, take notice, remember and even change behaviour.



## 2. Learning objectives

By the end of the session, participants are able to:

- explain why multisensory communications is important for communicating effectively;
- describe at least three adult learning approaches that can enhance understanding and retention;
- carry out a stakeholder analysis and outline strategic options for selecting target audiences.



## 3. Steps and guidance

### 3.1 How can you identify your audience, grab their attention and convince them to be part of the change you want to see?

There is an enormous amount of information out there competing with anything you want to convey. The sources of information increase continuously. Some of these sources contradict one another. Your audience is distracted, overloaded with information, and struggling to unravel contradictions.

If you do manage to get your messages out, the media, politicians, lobbyists and those with other interests will amplify your message. Sometimes, they will distort what you intended to say for their own benefit.



The erosion of trust in health experts, institutions, governments and authority in general is also negatively affecting how WHO's messages are perceived and acted upon.

Neuroscience tells us that adults learn and retain information in particular ways. The following are important aspects of adult learning which are important to remember when communicating with our audiences:

1. Our brains are wired to forget, not to remember. Multisensory communications help slow down the forgetting curve.
2. Use of multisensory communications increases understanding and retention of information.
3. When people have something to do, even if it is to call a number, visit a website, be vigilant, etc., they tend to remember messages more.
4. People remember what is outstanding or things that have particular meaning to THEM.
5. The human brain chunks information into manageable sizes. Most people cannot retain more than seven plus or minus two pieces of information. It is safe not to expect people to remember more than five things. Three is optimal.
6. People understand and retain information if there are regular "breaks". Present one idea at a time and take physical breaks if possible. This could mean presenting an idea and inviting questions or reflection before going onto the next.
7. Great educators, entertainers and salespersons know that people remember the beginning and the end. The middle is often a vast cognitive wasteland.

### 3.2 Audience analysis

You need to do a thorough stakeholder analysis before you think of strategy or messages. Your stakeholders can and should be analysed in this way:

**Step 1:** Look at the framework for stakeholder analysis.

**Step 2:** Write your **SOCO** at the top.

**Step 3:** Look at the X-axis (horizontal) and consider which of your stakeholders are supporting your **SOCO** (common interest).

**Step 4:** Look at the Y-axis (vertical) and consider how much energy each stakeholder puts to support or block your **SOCO**.

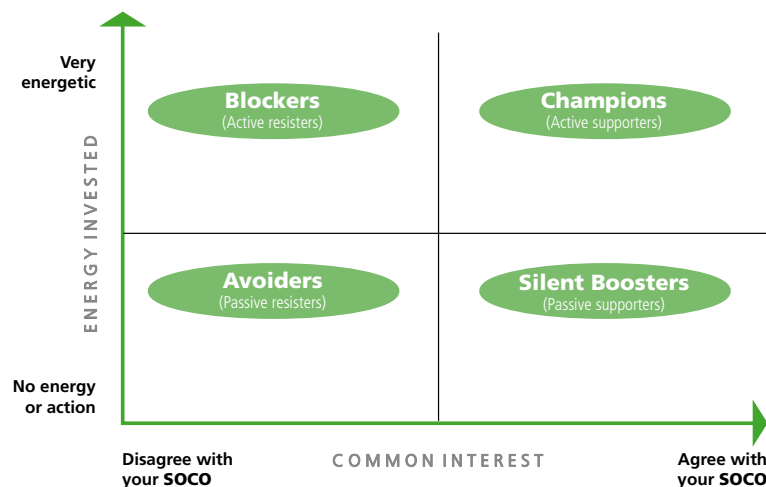
**Step 5:** Plot every group or person you think can influence the achievement of your **SOCO**. Be honest about your analysis.

**Step 6:** Understand that the position each person or group occupies: can change with time, can influence others in the matrix (i.e. public can influence politicians, doctors can influence patients, and vice versa).

**Step 7:** Decide which groups or persons are best to target to achieve your **SOCO**. Think of what needs to be done at what time. This is the beginning of your communications strategy.

**Step 8:** For each target group, think about what their needs, wants and concerns are. How can they be reached? What languages and levels of complexity of messages will best suit them? What channels can best reach them? How can you make your messages compelling for your audiences?

**Step 9:** Review your analysis at specific time intervals or if the situation or context changes for some reason.



ONLY **NOW** ARE YOU  
**READY TO START**  
 WORKING ON **MESSAGES**



## 4. Key messages from this session

**1** Take time to analyse your audiences ONCE you have your **SOCO** and BEFORE you start messaging.

**2** Remember that your audiences are distracted, overloaded and sometimes even confused about your issue.

**3** Be serious and honest about your audience analysis and review periodically or when something changes.

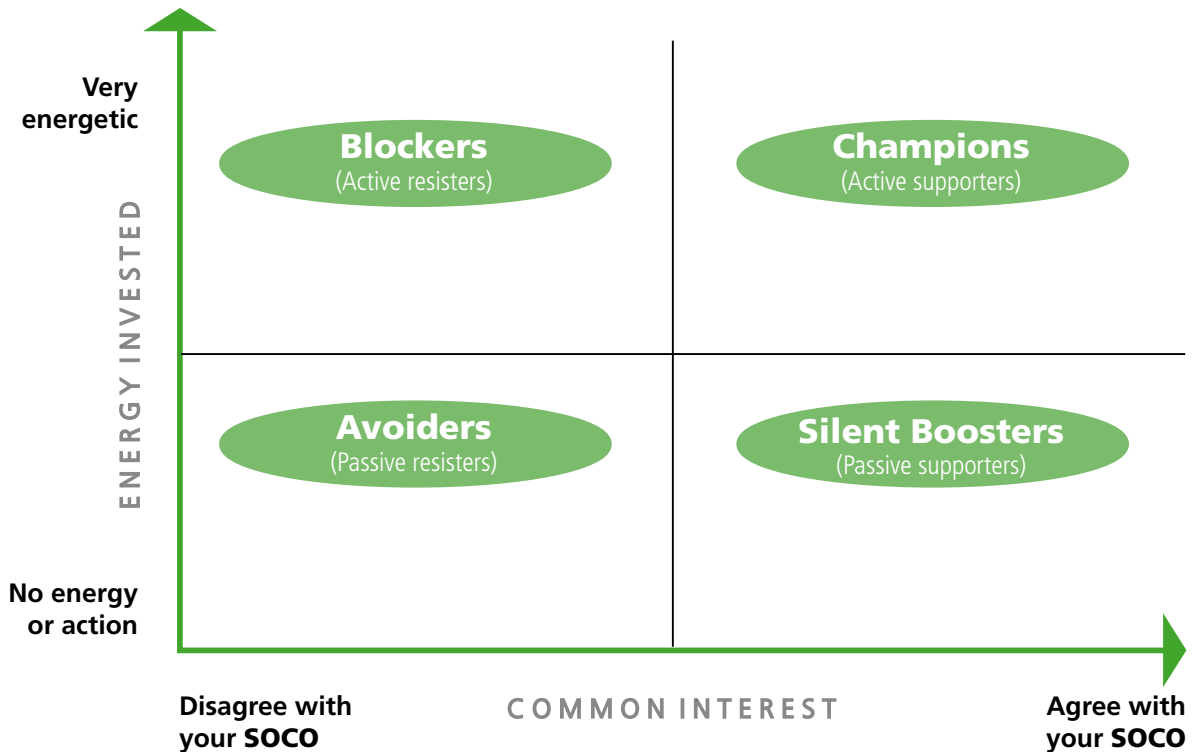
**4** CHOOSE your audiences based on how much they influence positively or negatively the achievement of your **SOCO** and your ability to reach them.

**5** Remember that communications is only one of the many things that need to be done to influence people and groups for a particular health or programmatic outcome.





# Worksheet 2: Stakeholder & audience analysis



Write your **SOCO** here: \_\_\_\_\_

---

---

---

---

---

---

---

## Worksheet 2: Stakeholder & audience analysis (continued)

	Share your objective	Energy Invested	Communications strategy
<b>Champions</b>	YES	Support publicly/vocally	<ul style="list-style-type: none"> <li>● Give them information</li> <li>● Appreciate + acknowledge their contribution</li> <li>● Let them champion your cause</li> </ul>
<b>Silent boosters</b>	YES	Support silently	<ul style="list-style-type: none"> <li>● Educate, enable, inform and motivate</li> <li>● Energize them by involving champions they admire</li> </ul>
<b>Avoiders</b>	NO	Oppose silently	<ul style="list-style-type: none"> <li>● Inform or ignore</li> <li>● Get critical mass of champions to influence them</li> </ul>
<b>Blockers</b>	NO	Oppose loudly	<ul style="list-style-type: none"> <li>● Ignore if they are not influential</li> <li>● Confront if their influence is significant</li> <li>● Counteract by giving facts and enlisting champions</li> <li>● Monitor what they say and who is listening to them</li> </ul>

**Write down your primary target audience(s) here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Your communications strategy must be further refined using the risk communications strategy to understand how your selected audience responds to your issue.





Lined writing area with 20 horizontal lines.



# SESSION 3

## COMMUNICATING RISK



## SESSION 3

### COMMUNICATING RISK



## 1. What is this session about?

This session is about how risk is perceived and the four strategies for communicating risk.



## 2. Learning objectives

By the end of the session, participants are able to:

describe how risk is perceived;

explain the risk communications framework linking hazard and emotional engagement of the audience.



## 3. Risk perception

### 3.1 **How can you identify your audience, grab their attention and convince them to be part of the change you want to see?**

For public health, risk can be considered as the probability of something bad happening when people are exposed to a hazard (something that has the potential to harm). The magnitude of the risk is directly related to the magnitude of the hazard, how much exposure people have to the hazard, and how vulnerable to the hazard those exposed are. But experts and those “at-risk” do not necessarily perceive risk the same way.

For technical experts, risk is directly related to the nature and magnitude of the HAZARD.

The public (or others at risk) perceives risk based on many other factors and their ability to create a sense of outrage (fear, concern, intense emotional engagement).

Risk communications experts<sup>1</sup> have observed the following factors as affecting how risk is perceived. They all contribute to the development of a sense of outrage. Outrage is usually higher when the public perceives the hazard to be:

- imposed involuntarily;
- uncontrollable;
- exotic or unfamiliar;
- manmade;
- irreversible;
- disastrous in scale (regardless of probability);
- unfairly distributed;
- dangerous to children and future generations;
- poorly understood.

The job of WHO's communications is to bridge this gap between how the experts define risk and how the public perceives it. So:

## RISK = HAZARD + OUTRAGE

Many experts believe incorrectly that if we are transparent and accurate, risk can be communicated well. However, technical information (facts and figures needed to support key messages), although core and central to risk communications, is not nearly enough. Here are the building blocks of risk communications:

- Technical information: these are facts and figures needed to support key messages.
- Values: we need to appeal to people/cultural values.

<sup>1</sup> This material is adapted from work done by Peter Sandman and Vincent Covello as well as WHO.

Trust: individuals and organizations must be trusted (The most important! By far!).

Credibility: of the messenger and the Organization.

Expression of caring/empathy: people will listen more closely and pay attention to your message if they feel the messenger cares.

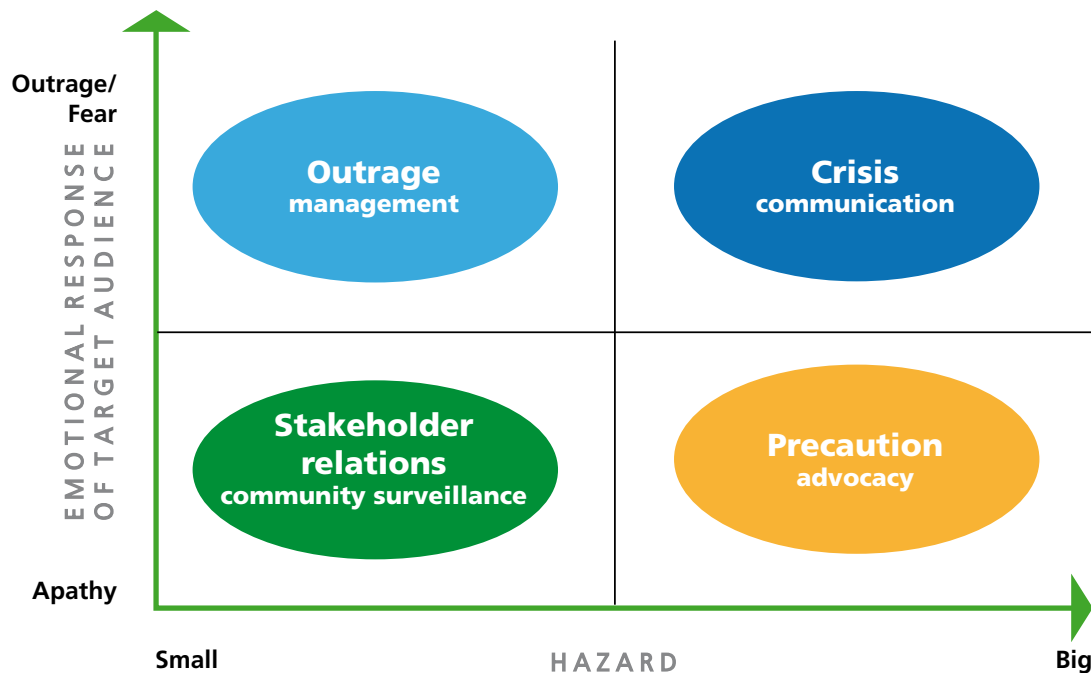
### 3.2 Risk communications strategies

The following model is proposed by Peter Sandman. It analyses risk perception based on:

the extent of the hazard.

the degree of emotion (fear, anger, concerns, outrage, other emotions) of the affected audience(s).

Based on your analysis of where the risk perception lies in the following matrix, you will use one of four risk communications strategies described here.



**Strategy 1: Stakeholder relations (and community surveillance):** is when the hazard is relatively small and emotional engagement is low or there is apathy.

**Goals:**

- ▶ Monitor communications surveillance to identify and address outrage early (before the situation moves to outrage management).
- ▶ Maintain public and stakeholder engagement in ongoing projects.

**Notes:**

- ▶ Craft messages based on strong scientific evidence.
- ▶ Disseminate general information, which is usually sufficient, but watch out for problems early.
- ▶ Rely on audience self-motivation to seek out and use communications products.
- ▶ Understand that it is unlikely to achieve major changes on its own.

**Examples:**

- ▶ Using a website or newsletter to keep parents informed about the best nutrition for their babies.
- ▶ Leaflets on food safety, physical activity, medical screening, etc.

**Strategy 2: Precautionary advocacy:** is when the hazard is big, but people are not very concerned or outraged. They may be apathetic to the issue.

**Goals:**

- ▶ Arouse emotions – outrage the public to bring them to your level of concern (not higher) so that they take action.

**Notes:**

- ▶ This is the ONLY situation where you want to increase public outrage but stop when it reaches the expert's level of concern.
- ▶ Be careful not to over-dramatize. No scare tactics. Be honest and transparent.

▶ Incite people to take action to avoid secondary crisis from this risk.

▶ Send messages based on strong scientific evidence, in lay language.

Most of WHO's work and public health work falls into this category. The health problems we tackle pose serious threats but our audiences are not emotionally engaged enough to take our advice.

### Examples:

▶ Communications about practicing safe sex, using seat-belts while driving, stopping tobacco use, etc.

▶ People are unaware of a new threat: risk of cholera in flood-affected communities. They need information to understand the magnitude of the risk and to know what measures to take to protect themselves.

▶ Vaccination rates are declining in developed countries. People are no longer faced with measles cases and do not realize how serious the disease can be for their children.

**Strategy 3: Outrage management:** is when the hazard is small (little or no real danger) but people are very outraged or upset, or their response is out of proportion to the real risk.

### Goals:

▶ Calm the public down, respectfully and reasonably.

- Listen to their concerns first.
- Apologize for any mistakes your organization has made if the outrage is about your mistakes.

▶ Communicate facts and evidence; respectfully acknowledge anger and fear.

- Explain the actual danger.
- Cite credible third parties (experts, scientific research, etc.).
- Correct misinformation.
- Resolve rumours.

### Notes:

▶ Act: there is a time pressure to communicate early and frequently.

**Examples:**

- MMR vaccine and public fears on the risk of autism.
- Anger that pandemic 2009 H1N1 vaccine was not needed.
- Allegations that WHO is colluding with private industry.

**Strategy 4: Crisis communication:** is when the hazard is large or imminent, and fear is also (appropriately) high.

**Goals:**

Put everyone on the same page in terms of information.

- Explain what is happening, explain early and keep providing information frequently.
- Tell people what you know, what is being done and when you will communicate next.
- Correct misinformation and resolve rumours.
- Messages will likely be based on uncertain scientific facts.
- Be transparent; admit what you do not know. In a crisis, much of the information is likely to be missing or at least uncertain at first.

Modify behaviour.

- Send a message that creates an impetus to act.
- Give people something to do (making risk seem controllable).

Act: there is a time pressure to communicate early and frequently.

- Deal with emotions.
- Show empathy.
- Do NOT over-reassure.



**Notes:**

Use a mix of methods: social mobilization, social media, mass media, trustworthy spokespersons, etc.

Update information daily or even more frequently in the acute phase.

Listen for concerns and address them proactively.

- A certain degree of fear/concern is necessary to motivate people to act to protect their health.
- False assurances that later turn out to be unfounded erode trust.

Communicate a sense of “we’re all in this together”.

**Examples:**

Earthquake in Haiti; floods in Pakistan

Ebola outbreak in Uganda, SARS, H1N1

Radiation leak from nuclear plant



## 4. Key messages from this session

**1** Experts and those affected do not perceive risk the same way.

**2** Consider levels of outrage before you consider a risk communications strategy.

**3** All health communication is about communicating risk.

**4** This model can and should be used for all advocacy, health communication, crisis communication, risk communication and outbreak communication.

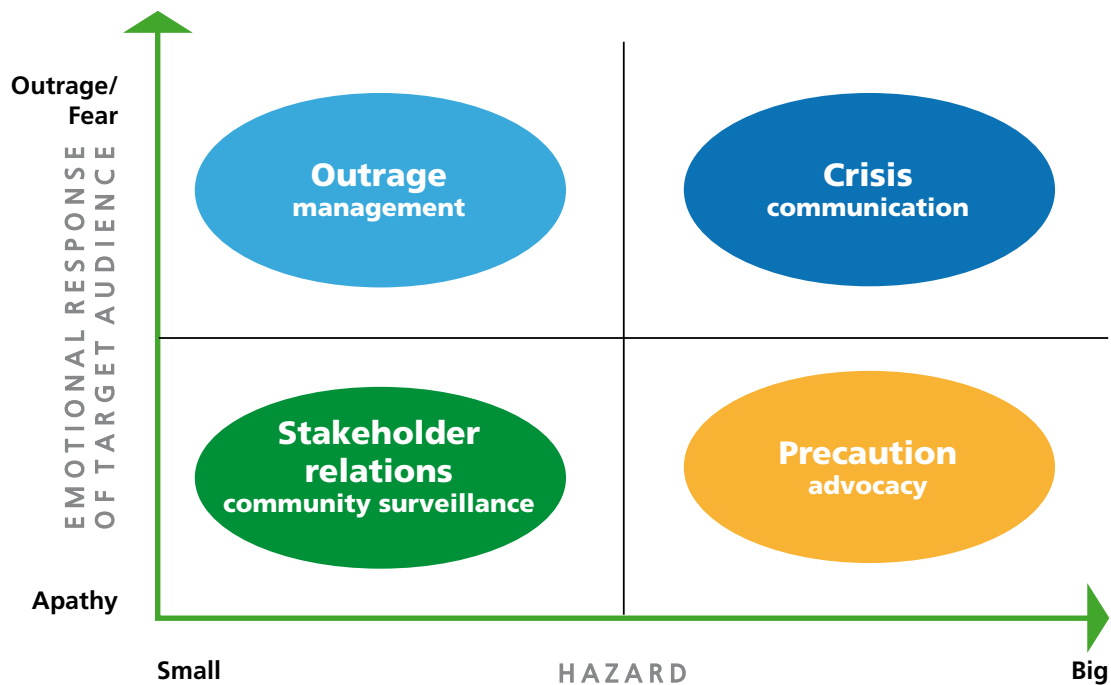


# Worksheet 3: Risk communication

Where is the audience perception? Is the audience emotionally engaged or concerned? Or is there lack of interest and apathy about your issue? Map where they are on the grid below.

**SOCO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Audience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Worksheet 3: Risk communication (continued)

Communication strategy	Hazard (danger) vs outrage (concern)	Examples of hazards (real or perceived)	Dealing with outrage (concern)	Main message	Required action
<b>Precautionary advocacy</b>	<ul style="list-style-type: none"> <li>• Hazard big</li> <li>• Outrage low (apathy)</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking</li> <li>• Unsafe sex</li> <li>• Drink-driving</li> <li>• Driving without seat-belt</li> <li>• Refusing vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• Raise outrage to your level of concern</li> </ul>	<ul style="list-style-type: none"> <li>• Beware! Something bad could happen!</li> </ul>	<ul style="list-style-type: none"> <li>• Increase people's emotional engagement</li> </ul>
<b>Crisis communication<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Hazard big</li> <li>• Outrage high</li> </ul>	<ul style="list-style-type: none"> <li>• Natural disaster</li> <li>• Disease outbreak</li> <li>• Food contamination</li> <li>• Nuclear plant meltdown</li> </ul>	<ul style="list-style-type: none"> <li>• Keep outrage high so as to maintain people's vigilance and the motivation to act</li> </ul>	<ul style="list-style-type: none"> <li>• We're in this together</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate proactively and early</li> <li>• Explain what is happening</li> <li>• Make clear what you know and what you don't</li> </ul>
<b>Outrage management</b>	<ul style="list-style-type: none"> <li>• Hazard small</li> <li>• Outrage high</li> </ul>	<ul style="list-style-type: none"> <li>• Suspicion of autism from MMR vaccination</li> <li>• Rumours of female sterility from polio vaccine</li> <li>• Allegations of WHO decisions influenced by conflict of interest</li> </ul>	<ul style="list-style-type: none"> <li>• Try to lower outrage level</li> </ul>	<ul style="list-style-type: none"> <li>• I appreciate/ understand your concern Here are the facts as I know them</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate proactively and early</li> <li>• Listen and acknowledge fears and present the evidence or facts</li> <li>• Explain why you believe there is no danger</li> </ul>
<b>Stakeholder relations and community surveillance<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• Hazard small or intermediate or not imminent</li> <li>• Outrage low or absent (apathy)</li> </ul>	<ul style="list-style-type: none"> <li>• Micronutrient deficiency</li> <li>• Deworming campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• No action</li> </ul>	<ul style="list-style-type: none"> <li>• Be watchful</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct communication surveillance as soon as possible</li> <li>• Identify potential causes of concern early on</li> </ul>

<sup>1</sup> Also termed outbreak communication, pandemic communication and risk communication.

<sup>2</sup> Stakeholder relations involves assessing the public's beliefs, opinions and knowledge about specific risks.

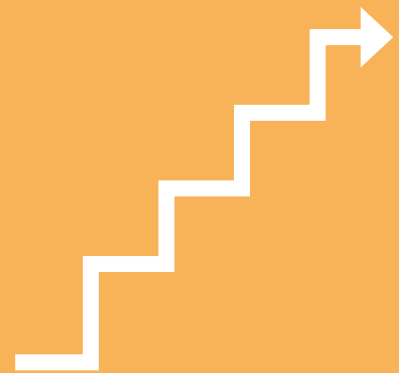








**SECTION B  
DEVELOPING  
COMMUNICATION  
MATERIALS  
AND PRODUCTS**



# SESSION 4

## 7 Cs OF PUBLIC HEALTH COMMUNICATIONS





## SESSION 4

# 7 Cs OF PUBLIC HEALTH COMMUNICATIONS



## 1. What is this session about?

This session introduces a checklist that is useful for ensuring that our public health communications and products follow good practice.



## 2. Learning objectives

By the end of the session, participants are able to:

- list the 7 Cs of public health communications;
- apply the 7 Cs to develop and test public health communications material or products.



## 3. Steps and guidance

Good public health communication products follow the criteria below.

### 3.1 **Command attention:**

Effective communications products command attention. We do this by focusing on the point fast and using compelling arguments, facts and emotive images.

### 3.2 Clarify the message:

Once you have people's attention, you need to clarify what you mean. What does the number mean? Who is at risk? What is the cost of not doing something? How can something be done?

### 3.3 Communicate a benefit:

This is one of the most common mistakes in communications. We must be EXPLICIT about the benefits for our target audience(s). For example: your child will grow up healthy; or, this will protect you and your family, etc.

### 3.4 Consistency counts:

We must be consistent in all our content including numbers, facts and calls to action. There must be consistency over time (unless our communication is about a change in the knowledge or advice WHO offers) and consistency across all parts of the Organization. Being inconsistent damages our reputation and credibility very quickly and undermines our ability to do our work even in other areas of focus.

### 3.5 Cater to the HEART and the HEAD:

We are usually good about scrutinizing the content of our communications. Do we have our facts right? Are they backed up by evidence or agreement? But we must remember to pay equal attention to the emotional needs of our audiences. People listen with their eyes, ears and heart. Issues and messages that appeal to people's hearts or emotions have greater chances of being heard, understood and acted upon, thus leading to action and change.

### 3.6 Create trust:

Trust is the currency we deal in as the UN's public health agency. Sound technical content, respect for the values of the audience, credibility of the Organization or the messenger and expressions of caring all invoke trust. Announcing a situation early, being transparent and available for clarification help strengthen trust. Genuine expressions of caring and empathy also help maintain trust. In many situations the use of WHO's logo provides credibility and increases or inspires trust.

### 3.7 Call to action:

All public health communications **MUST** have a call to action. This could be: wash hands, vaccinate your child, use a condom, call the help line, visit a website, etc.

These tips apply to all communications, posters, leaflets, videos, interviews, etc.



## 4. Key messages from this session

1

The 7 Cs help us ensure that our public health messages are effective.

2

Use them **ALWAYS** for **ALL** products.



# Worksheet 4: The 7Cs of communication

## 7 Cs of communication assessment sheet

Before sending a message, verbally or written, take a minute to think about your communication points... are the 7 Cs covered in your message?

Use this assessment as a guide to creating a message that is clear, actionable and most importantly, listened to.

**Type of material:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Subject:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Audiences:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Worksheet 4: The 7 Cs of communication (continued)

The 7Cs	Description	No	Partially	Completely
<b>Command attention:</b>	Have you focused on the point quickly? Does it have compelling arguments, facts and images?			
<b>Clarify message:</b>	Is your message clear (meaning of numbers, pictures, risk groups, actions needed by particular audience and consequences of them not doing them)? Is it clear what should be done?			
<b>Communicate a benefit:</b>	Have you made the benefit explicit to the target audience(s)?			
<b>Consistency counts:</b>	Are the numbers, facts, and calls to action consistent?			
<b>Cater to the HEART and HEAD:</b>	Do you have your facts right? Are they backed up by evidence or agreement? Have you paid equal attention to the emotional needs of your audiences?			
<b>Create trust:</b>	Is your message trustworthy? Is it transparent and credible? Does it express empathy?			
<b>Call to action:</b>	Is there a call to action? Is there a verb?			



# NOTES

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



# SESSION 5

## STORYLINE AND TALKING POINTS





## SESSION 5

# STORYLINE AND TALKING POINTS



## 1. What is this session about?

This session helps you develop “talking points” and a storyline for your interview or conversation.



## 2. Learning objectives

By the end of the session, participants are able to:

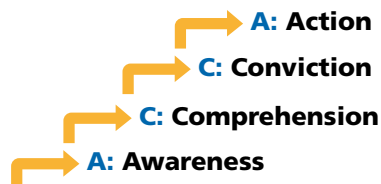
- develop a storyline;
- prepare talking points in preparation for an interview on a key subject or message.



## 3. Steps and guidance

### 3.1 Before you think about developing a storyline and preparing talking points

As discussed in Session 2, you must know your audience before communicating with them. Most often, the goal of your communication is for your audience to take some kind of action – this is what you define with your **SOCO**. But before people take action, they usually go through some internal steps. Understanding how people make decisions and take action is a critical part of the communication process. People are usually in one of the four following steps of the decision ladder:



Your ultimate goal is for your audience to take the top step – Action. Depending on where people are in the decision ladder, however, your intermediate goal will be for your audience to take the next step. Your audience can only go up the ladder one step at a time.

### 3.2 Importance of creating a storyline

For thousands of years and all over the world, stories have been used to transmit knowledge and information. This can be explained by how the brain works: cognitive scientists have found that humans are not ideally set up to understand logic, they are ideally set up to understand stories. So when you speak about the work of WHO, or about a certain topic or issue, it is important to frame what you say as a storyline.

A typical WHO storyline flows like this:

The problem: give a very short description of the problem, and how it has evolved to this point; address the question “so what”?

The solution: describe what can be done about the problem – concrete, appealing, feasible actions.

The (WHO) response: what is WHO doing about this, how is it contributing to the solution? And what can others do?

### 3.3 Importance of creating talking points

The speaker plays a key role in any verbal communication. After thinking about the WHY of the communication (**SO**) and understanding his/her audience, the speaker will prepare the WHAT – the content of this communication. In Aristotle’s model of communication, the speaker:

- discovers rational, emotional and ethical proofs;
- arranges these proofs strategically;
- clothes the ideas in clear and compelling words;
- delivers the communication appropriately.

Talking points help focus your “WHAT”.

In any media communications, it is important to ensure the version of the story being reported is what WHO wants. The way to ensure this is to create talking points.

Talking points are key messages that provide background facts and supporting evidence about a topic in a conversational way. Talking points are written to help speakers or interviewees to address the media and other influential audiences. Although talking points are written in a conversational matter, it is important to have strong supporting statements that provide credibility to the talking point.

### 3.4 Steps for creating talking points

1. Have a **SOCO** (single overarching communications outcome), the change or outcome you want to see as a result of your message.
2. For your particular topic, and keeping your **SOCO** and your audience in mind, think of the three key points you would want someone to know, one point each for the problem, the solution, and WHO's response.

▶ These are your three talking points.

3. For these three talking points, explain each in a conversational way and write it on paper.
4. Take each of the three talking points and, in bullet-point style, create three supporting arguments for each, including:

▶ concrete examples, or  
▶ facts, or  
▶ statistics.

#### Note:

When preparing three supporting arguments, think about the information that will be needed to back up your talking points. If someone were to challenge the talking points, what facts and examples will support the talking points?

▶ As of DATE we have X cases of TRAUMA and are doing Y to address the situation.

5. Read the talking points out loud to yourself before finalizing. This is important because ultimately the talking points are for a speaker who will need to sound conversational as well as knowledgeable on the key messages.



## 4. Key messages from this session

**1** People are usually in one of four following steps of the decision ladder: awareness, comprehension, conviction, action. They can only go up one step at a time.

**2** Humans are not ideally set up to understand logic, they are ideally set up to understand stories.

**3** Talking points are the basic framework for the main messages, facts and information you want to convey in your interview.

**4** Always prepare, practise and get feedback on your talking points BEFORE your interview.

**5** Talking points are written in a conversational manner, and it is important to have strong statements to provide credibility.





# Worksheet 5: Talking points template

**Originator:** \_\_\_\_\_

\_\_\_\_\_

**Date and time:** \_\_\_\_\_

\_\_\_\_\_

**Cleared by:** \_\_\_\_\_

\_\_\_\_\_

**Main audiences:** \_\_\_\_\_

\_\_\_\_\_

**Talking points topic:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCO** (the change you want to see is): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Worksheet 5: Talking points template

**The problem: talking point 1:** \_\_\_\_\_

\_\_\_\_\_

● Supporting argument: \_\_\_\_\_

\_\_\_\_\_

● Concrete example, supporting fact or statistic: \_\_\_\_\_

\_\_\_\_\_

**The solution: talking point 2:** \_\_\_\_\_

\_\_\_\_\_

● Supporting argument: \_\_\_\_\_

\_\_\_\_\_

● Concrete example, supporting fact or statistic: \_\_\_\_\_

\_\_\_\_\_

**The WHO response: talking point 3:** \_\_\_\_\_

\_\_\_\_\_

● Supporting argument: \_\_\_\_\_

\_\_\_\_\_

● Concrete example, supporting fact or statistic: \_\_\_\_\_

\_\_\_\_\_

**NOW, READ THIS OUT LOUD... HOW DOES IT SOUND?**



# NOTES

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---







# SECTION C WORKING WITH THE MEDIA



# SESSION 6

## MEDIA SPOKESPERSON TOOLS



## SESSION 6

### MEDIA SPOKESPERSON TOOLS



## 1. What is this session about?

This session outlines how to be an effective spokesperson for public health and for the Organization.



## 2. Learning objectives

By the end of the session, participants are able to:

- describe the attributes of a good spokesperson;
- recognize and deal with difficult interviews using bridging techniques.



## 3. Steps and guidance

### 3.1 The Spokesperson

The role of the public health spokesperson is to communicate information that the public wants or needs to prevent and reduce illness, injury or death. The spokesperson can bring the agency to life by building trust and credibility for the agency and by building support for the public health response. When preparing as a WHO spokesperson, keep in mind the following guidance tips.

**A. Remember, good spokespersons are made, not born**

They:

are prepared;

have a compelling story to tell;

have longstanding credibility (expertise, experience);

▶ have a solid reputation, past, present and sustained (individual and organizational reputation);

are engaged with the key stakeholders and relate to the audience;

are available to interact with the media;

are good communicators.

**B. Bring your story to life**

Remember to personalize your message through:

a story;

a personal recollection or experience;

▶ social math;

explaining concepts and jargon;

explaining the implications for individuals affected;

using the language of the audience.

## C. Follow essential communication tips

Basic communications tips apply to all spokespersons, regardless of how skilled they are. Applying the following essential communication tips will help you to create three key messages, find stories, illustrations, factual evidence or examples and support your message.

These are the essential communication tips:

Start with a single overarching communications outcome (SOCO).

Get to the point, as fast as possible.

Remember, the interviewer is thinking: "What's in this for me?"

Respect the 7 Cs of public health communications:

1. Command attention.
2. Clarify message.
3. Communicate a benefit.
4. Cater to the heart and mind.
5. Consistency counts.
6. Create trust.
7. Call to action.

## 3.2 The interview

### A. Media interviews are useful for public health work

Media interviews offer valuable opportunities for the Organization. They are cost-effective ways of reaching our audiences to highlight health problems and engage key stakeholders in public health solutions and actions. Done properly, they enhance the trust in the Organization which is essential for WHO's overall work.

## B. Know the rules of a media interview

Most interviews are straightforward if you have a clear, compelling message that is targeted at your primary audiences. Most media are friendly and want WHO spokespersons as experts in their stories. We are usually valued, especially for our technical knowledge. However, at times interviewers can be hostile or difficult regardless of how much you have prepared.

Interviews are NOT conversations. Here are the basic media interview rules.

The job of the media is to get a story.

Your job is to tell YOUR story, YOUR way.

You don't have to answer the question asked.

The only way to improve your media skills is preparation, rehearsal and feedback.

Face to face communication: 55% body language; 38% voice, 7% words.

Be prepared; and be prepared for difficult media interviews.

## C. Beware of difficult interviewers

A few journalists may use some of these unfair approaches.

The Machine-gunner - lots of questions all at once...

- Pick one or two and ignore the rest.

The Interrupter...

- Either ignore the interruption or say "I'll come back to that later"; or "Excuse me please, let me finish".

The Dart thrower - tosses in an unflattering or unfair statement...

- Take exception if you are being unfairly characterized. Show indignation if the accusations are unfair. Don't overreact or lose your professional demeanour.



The Dumb-Dumb - has not done the homework or is uninterested...

- Lead the interview with, "I think your audience might be interested to know..." or, "are you aware of the fact that..."

## D. Some tried and tested ways to deal with difficult questions

Below are some techniques for transitioning back to the safety of your key message.

### Remembering your SOCO

Keep your **SOCO** in mind and communicate so that you achieve your **SOCO** objective at every opportunity. Plan and rehearse your key messages. Use it if the interviewer asks "what would you like to talk about?" or "is there anything you would like to add?"

### Blocking

Sometimes a reporter asks you a question you don't want to answer.

If it is a policy not to discuss certain issues, it is okay to say that you are not able to discuss the topic, and then follow up with what you can discuss as it relates to your key message. If you can not answer a question, it is okay to say so and then explain why. If you don't know the answer to a question, it is okay say you don't have the information, and follow up with what you do know.

### Bridging

You will often be asked questions that don't get to the points you wish to make or that you don't wish to answer. You can use bridging to turn the question to your points. Here are some bridging techniques to help you return to the safety of your key message:

- "Let me start by..."
- "I would describe it differently...(the answer)..."
- "let me explain..."
- "That's the way it used to be... here's what we do now..."
- "Historically, that was the case. Today, here's what we're doing..."

- "I've heard that too... The real issue is..."
- "Yes... (the answer) and furthermore... and in addition to that..."
- ▶ ● "That's interesting...The fact is (are)..."
- "That's one view... CDC research shows..."
- "Yes, but... that speaks to a bigger point..."
- "...I think what you are really asking is..."

### Flagging

▶ When trying to quickly make your key messages clear in an interview, start with the conclusions and end with the explanations – "flag" or "headline" the issue. This is especially important for broadcast interviews. It helps your audience remember your message by emphasizing or prioritizing what you consider to be most important first, then following up with the explanation.

### Hooking

▶ Hooking is leaving a little taste at the end of something you have said so that the reporter will want to ask you a follow-up question, such as, "You'd be surprised at what our research indicated..."

### Enumerating points

▶ When you have a complicated message in a broadcast interview, you can carefully extend the soundbite by enumerating your points, making it difficult for the media outlet to separate them, for example, "There are three things every woman planning a pregnancy should know: ...1 ...2 ...3 ..."



## 4. Key messages from this session

**1** Media interviews are very effective for public health work and for strengthening trust in the Organization.

**2** Basic communication tips apply to all media interviews.

**3** The job of the media is to get a story; your job is to tell your story, your way.

**4** Use bridging techniques to get back to the safety of your **SOCO**.

**5** Face-to-face communications is **55%** body language, **38%** voice, **7%** words.



# Worksheet 6: Phrases to bridge back to safety (your SOCO)

Question type	Reporter tactic/questions	Spokesperson responses
Speculative questions	<p>What could happen if _____?</p> <p>How do you think this happened?</p> <p>Can you offer a guess as to _____?</p>	<p>I wouldn't want to speculate on that. The facts are _____</p> <p>It is important that we deal with the facts as we know them, and they are _____</p> <p>It's too early to tell. We will have a full evaluation and find out what happened.</p>
Hearsay questions	<p>John Smith from the UK Government told us that _____</p> <p>A source from within CDC has told us _____</p> <p>How do you respond to Mary Jones of UNICEF who said that _____?</p> <p>Our sources tell us _____</p>	<p>This is the information I have _____</p> <p>I'd like to stick to the facts, and they are _____</p> <p>The facts are _____</p> <p>This is what I know _____</p> <p>I can't speak for Dr XYZ, but what I can address _____</p>
Negative repeat questions	<p>Tell us about the E. coli outbreak that happened here today?</p> <p>Could this have been another Katrina?</p> <p>Tell us about the _____</p> <p>Why is WHO's surveillance substandard?</p>	<p>The truth is _____</p> <p>Let me give you the facts as I have them _____</p> <p>Once again, let me share with you exactly what happened _____</p> <p><b>Note: Don't repeat the negative comment or word!! Correct the inaccuracy.</b></p>
Putting words in your mouth	<p>"So, low staff morale in WHO is affecting public health, isn't it?"</p>	<p>Many organizations are going through tough times _____</p> <p><b>Note: Don't repeat the negative. Make the answer collective.</b></p>
Presupposition questions	<p>Reporter gives you completely false information to put you on the defensive.</p> <p>Isn't it true that WHO didn't provide enough training to quarantine officers because the money was used for office parties?</p>	<p>Let me give you the correct information _____</p> <p>Actually this is what happened _____</p> <p>The truth is _____</p> <p><b>Note: Don't repeat the negative comment or word!!</b></p>
False facts and incorrect information	<p>"So you have awarded 75% of your grants budget to study TB to one organization?"</p> <p>Note: If a reporter provides incorrect information, it is okay to correct them with . . .</p>	<p>"Perhaps I could clarify that for your (viewers, listeners, readers), [reporter's name],</p> <p>That is not true . . . the facts are that . . ."</p> <p><b>Note: Correct graciously and go to your positive point</b></p>
Feeding the mike	<p>"You've given good answers to such a controversial issue . . . (reporter pauses, camera stops rolling . . .)"</p> <p>Note: When the camera stops rolling, the reporter is still recording</p>	<p>Stay on your agenda.</p> <p>Be aware of nonverbal cues.</p> <p>It's the reporter's job to fill the airtime.</p>

# Worksheet 6: Phrases to bridge back to safety (your SOCO)

Technique	Explanation	Example
<b>Blocking</b>	Sometimes a reporter asks you a question you don't want to answer. If it is a policy not to discuss certain issues, it is fair to say...	"It's our policy not to discuss XYZ...but what I can tell you is..." ...and then bridge on to what you want to talk about. If you can't answer a question, explain why
<b>Bridging</b>	You will often be asked questions that don't get to the points you wish to make or that you don't wish to answer. You can use bridging to turn the question to your points.	"Let me start by..." "I would describe it differently... (the answer)...let me explain..." "I don't know... I don't have that information... What we do know is..." "That's the way it used to be... here's what we do now..." "Historically, that was the case. Today, here's what we're doing..." "I've heard that too... The real issue is..." "Yes... (the answer) and furthermore... and in addition to that..." "That's interesting... The fact is (are)..." "That's one view... CDC research shows..." "Yes, but... that speaks to a bigger point..." "... I think what you are really asking is..."
<b>Hooking</b>	Hooking is leaving a little taste at the end of something you've said so that the reporter will want to ask you a follow-up question.	"You'd be surprised at what our research indicated..." "There are three things we've found that are particularly important..."
<b>Flagging</b>	When trying to make your key messages clear quickly in an interview, start with the conclusions and end with the explanations – "flag" or "headline" the issue.  This is especially important for broadcast interviews. It helps your audience remember your message by emphasizing or prioritizing what you consider to be most important.	You can simply make your point and then explain it, or you can draw attention by saying phrases such as: "What's important to remember is... The most important thing to remember..." "I've talked about a lot of things today. It boils down to these three points..." "I'm glad you mentioned that... because..." "What we really want to make clear is that..." "Your readers/viewers need to know..." "But what's really important or what you should take away is..."
<b>Enumerating points</b>	When you have a complicated message in a broadcast interview, you can carefully extend the soundbite by enumerating your points, making it difficult for the media outlet to separate them.	"There are three things every woman planning a pregnancy should know: 1) take folic acid prior to trying to conceive, 2) abstain from drugs and alcohol, and 3) talk to your doctor."



# NOTES

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

A series of 20 horizontal lines on a white page, intended for writing or drawing.



# SESSION 7

## TIPS FOR WORKING WITH THE MEDIA





## SESSION 7

### TIPS FOR WORKING WITH THE MEDIA



## 1. What is this session about?

This session outlines tips, tools and advice for dealing effectively with the media.



## 2. Learning objectives

By the end of the session, participants are able to:

- list the 10 golden rules for dealing with the media;
- know what the media want and do not want;
- prepare a soundbite.



## 3. Steps and guidance

### 3.1 Prepare

#### A. Have a **SOCO** (single overarching communications outcome) and be clear about your audience

The media are not your audience, but they need to understand your message and be motivated to convey it to your audience.

**B. Practise and rehearse and get feedback****C. Remember the 10 golden rules**

1. Never, never, never lie.
2. Never say "No comment".
3. There is no such thing as, "off the record".
4. Be short, get to the point and always think of the audience.
5. Stay calm, confident and in charge.
6. Use simple language, avoid jargon.
7. Be human, and smile when appropriate.
8. It is okay to say "I don't know, but I'll find out".
9. Do not speculate.
10. Beware of reporters' tactics.

**3.2 Understand what the media want****A. Today's reporter**

Today's reporter often covers more than one "beat" and writes for more than one media channel (print/radio/TV/web). Frequently, reporters are on a 24/7 production cycle and can be bombarded with releases, advisories, statements (much of which contains little "news"). It is our job to provide compelling, complete and accurate stories and messages so they grab the attention of the media as well as are portrayed accurately.

**B. What reporters want**

Reporters want:

numbers, numbers, numbers... (that are "current" and "reliable")

what is new

what is unexpected, surprising, or against "trend"

to have calls answered promptly

access to an expert or spokesperson who “gets to the point”

material in local language

good quotes, analysis and current information

photo and video images

respectful treatment

human interest stories.

### C. What reporters don't want

Reporters don't want:

lies, half-truths and misinformation

unanswered messages

news releases about all of WHO's activities

exhaustive and lengthy news conferences

material only in English

being kept waiting

last-minute notice.

## 3.3 Prepare a soundbite

One way to work with the media and to ensure a clear message is to prepare a soundbite. A soundbite is a short, focused, clear quote that is easy to repeat and memorable when heard.

Creating a soundbite will help to focus your message and reach your audience, as soundbites:

use plain language – no jargon;

use bold, positive, active verbs;

adhere to the ideal 27/9/3 rule:

- 27 words,
- 9 seconds,
- 3 messages;

▶ speak to a 4th-6th grade level;

have action and emotion;

do not use humour;

contain an analogy or memorable example;

have been rehearsed and rehearsed so it naturally flows off your tongue.



## 4. Key messages from this session

1

The only way to improve your media skills is to prepare, rehearse and get honest feedback.

2

Today's reporter is constantly multitasking with multiple stories - we need to ensure our stories are portrayed accurately.

3

Soundbites are useful to get across a quotable quote focusing on your most important message.



# Worksheet 7: My soundbite

**Step 1:** Review Worksheet 5, your talking points;

**Step 2:** Apply the 27/9/3 Rule: 27 words; 9 seconds; 3 messages;

**Step 3:** Say it loud, get feedback and refine.

**Write your soundbite here:** \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Worksheet 7: My soundbite

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



# NOTES

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---









SECTION D  
COMMUNICATIONS  
POLICY

§

# SESSION 8

## COMMUNICATIONS POLICY



## SESSION 8

# COMMUNICATIONS POLICY

## 1. Introduction

Communications is an essential part of bringing about change in public health and is, therefore, an integral part of the Organization's work. Clear, concise, reliable and timely communications build support for public health action and strengthen the Organization's reputation and standing as the UN's lead agency for health. This section of the manual describes the organizational approach, policy and structure for communications.

## 2. Purpose

The purpose of communications at WHO is to support health outcomes needed for improving people's health. This is done in two interconnected ways:

- direct health communications with stakeholders via a variety of platforms and channels for health policy, practice and behavioural change; and
- communications to maintain and strengthen the Organization's reputation and trust so that stakeholders support the Organization's work.

## 3. Approach

### 3.1 The Spokesperson

WHO's communications should support transparency for health action, be evidence-based whenever possible, and support programmatic and political efforts to improve public health. At all times, communications should maintain and strengthen the levels of trust stakeholders and the public have in the Organization. This is essential for public health work and for mobilizing resources for health work.

## 4. Requirements

All WHO communications should:

contribute to clearly defined public health goals, have a specific target audience and focus on concrete outcomes;

be evidence-based (or consensus-based when evidence does not exist);

should motivate audiences to take action and not just stop at information and increasing awareness;

raise awareness of health problems, propose solutions to these problems, and indicate how WHO is contributing to solutions<sup>1</sup>;

use WHO's priorities as a framework for key messages and be in-line with the Organization's position on related issues;

use a consistent corporate voice throughout the Organization to build trust and maintain credibility;

use the medium best suited to reach the target audience;

be contextualized, and where possible, be presented in the language of the audience;

use the WHO logo in accordance with the WHO Visual Identity Guidelines;

include measures to assess outputs and outcomes of communications work.

## 5. WHO spokespersons

WHO staff can, and are encouraged to, communicate to stakeholders on their areas of technical expertise. In issues which have political implications for the Secretariat or for Member States, staff are required to seek advice from their supervisors and to seek support from colleagues working in communications.

---

<sup>2</sup> Frame WHO's work in one of the four comparative advantage areas:

1. WHO is the leading generator of reliable health information, data and guidelines.
2. WHO is a trusted provider of support, advice, expertise and assistance to countries.
3. WHO is a powerful convener and coordinator at global, regional and national levels.
4. WHO is a strong protector from risks to health.

Staff are responsible for attending regular communications trainings run by the Department of Communications to improve and update their communications skills. Staff involved in advocacy campaigns, launch of new material, news conferences, issues potentially affecting WHO's reputation and other public communications activities are required to inform their supervisors and the Department of Communications at HQ (or Regional Director's Office or the Head of WHO Country Office as applicable) well in advance according to standard operating procedures, and avail themselves to briefing, coaching and training sessions as necessary.

Staff who communicate in the public domain are responsible for monitoring how their messages are received and to report back any distortions and any potential risks to the Organization's reputation to their supervisor and the Department of Communications at HQ, the Regional Director's Office or Head of WHO Country Office as relevant.

WHO staff are required to work with designated spokespersons of the Department of Communications at HQ to brief media regularly and proactively on priority issues and to educate media on an ongoing basis on emerging public health topics.

The use of celebrities and high-profile persons external to the Organization can be made to speak on behalf of WHO's priority issues as Goodwill Ambassadors (GWAs), or celebrity supporters, with the approval of the Director-General or Regional Director's Office, and in coordination with the Department of Communications at HQ. When GWAs or other celebrity supporters are engaged, the WHO focal point must ensure they use clear, consistent and approved messages.

## 6. Communications material

All communications material is subject to clearance procedures.

Numbers and statistics must be accurate and presented in the right context and must be cleared by the Information, Evidence and Research (IER) cluster at HQ.

For corporate communications priorities as identified by the Department of Communications at HQ, material must be cleared by the Office of the Director-General (or the corresponding Office of the Regional Director), in order to ensure consistency, credibility and adherence to best practice for effective health communications.

The following must be cleared by the Department of Communications in the Office of the Director-General at HQ:

all news releases and other news products;

all plans and material for press conferences, briefings and seminars;

all health campaign material for identified corporate priorities, such as WHA-mandated health days, events involving the Director-General, etc;

all talking points for public health and humanitarian emergencies and corporate crises;

all material appearing on the corporate web pages;

all new web sites or major revisions of existing sites, prior to launch;

all factsheets for the WHO website;

corporate messages for social media;

all audiovisual material for corporate priorities including those linked to the corporate website or intended for use on corporate accounts for social media;

all quotes, speeches and statements attributed to the Director-General;

all communications strategies and plans for corporate events and priorities;

all communications work related to Goodwill Ambassadors or other high-profile spokespersons.

All other material, including material for the web, must be approved by the respective Director and Assistant-Director-General or the Head of WHO Country Office and the Office of the respective Regional Director.



## 7. Communications monitoring and evaluation

Staff and their work units are responsible for planning for and adequately resourcing the monitoring and evaluation of communications work. Media contact must be followed up by media surveillance and an analysis of the outcome of that contact. The Department of Communications at HQ carries out daily media monitoring. For advocacy campaign and other health communications work, outputs and outcomes must be monitored and reported back to programme units and the communications team.

All staff are responsible for alerting their supervisors and the Department of Communications at HQ of any real or potential risks to WHO's reputation.

## 8. Communicating in health, humanitarian or organizational crises

WHO must be proactive and communicate early and often in times of emergency. It must frame the important health or institutional issues even when information is incomplete.

For major emergencies a senior policy group will be convened, usually led by the Director-General or her representative, to decide on response, including communications response, and the Director of Communications will operationalize these decisions. The communications capacity for emergency response will be expanded using surge capacity as needed for the duration of the crisis.

Talking points and communications material will usually be developed and cleared as close as possible to the location of the emergency. The lines of command and communications as well as the structure of the emergency communications team is decided on at the onset of an emergency and may shift with time and circumstance.



**Communication Training Programme  
For WHO Staff**

Department of Communications  
Director-General's Office  
WHO Headquarters

[communicationstraining@who.int](mailto:communicationstraining@who.int)

2015

ISBN 978 92 4 150946 6



## Follow-up

This training has been made possible through the Staff Development and Learning (SDL) fund, and is organized by the Department of Communications. Through the use of SDL funds, the global communications training programme for WHO staff reaches colleagues at HQ, six WHO regional offices, and staff from selected country offices.

If you or your teams require more training or coaching, please contact the Department of Communications in the office of the Director-General at HQ at:

[communicationstraining@who.int](mailto:communicationstraining@who.int)

All the training material used in this training will be made available to you electronically. Please remember to fill in the training evaluation form which will be sent to you electronically.