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Current major event

Emergency risk communication in outbreaks

To provide WHO Member States, partners and stakeholders involved in emergency preparedness and response with the most up-to-date best practices on Emergency Risk Communication, this year WHO published "Communicating risk in public health emergencies - A WHO guideline for emergency risk communication (ERC) policy and practice".

Editorial note

During public health emergencies, ERC informs at-risk people on the health risks they face, and on the actions they can take to protect their health and lives. Proper ERC is a two-way street: it informs at-risk people, while at the same time allowing authorities and experts to listen to the same people and address their concerns and needs so that the experts' advice remains relevant, trusted and acceptable. Risk communication sits at the center of the risk management cycle, connecting all the other parts (see figure 1). This circular view of risk management has replaced the older, more linear, vision, and emphasizes the central importance of risk communications in every step of the process—and even more so in emergency settings .

As the fields of marketing, communications and public health advanced, so did the practice of ERC. Thus, mobile technology and digital information platforms play an important role in modern-day ERC. Twitter and Facebook have been used with success to spread truthful information and to verify information to dispel rumours and misinformation during public health crises. Services like SMS, WhatsApp and others are increasingly being used to share health-related information, including to track and combat rumours and to communicate with people in quarantined areas, for example during the West African Ebola virus outbreak in 2014-2016.

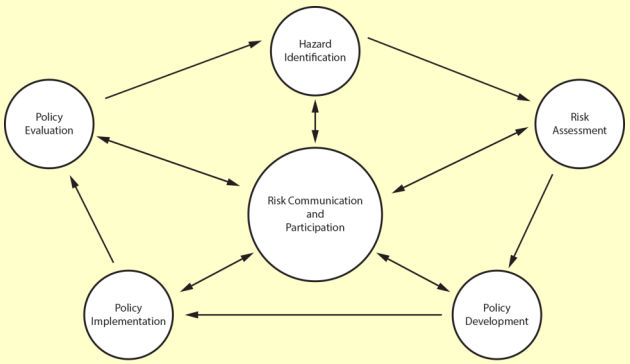
Distinct but related principles underpin WHO's approaches to effective communications and effective risk communications. For the former, WHO aims to make all communications accessible, actionable, credible, relevant, timely, and understandable (see figure 1). These general principles also support risk communications, but for ERC there is an additional focus on measures that build trust: transparency, rapid announcements, and listening to the at-risk populations. This emphasis is explained by the fact that trust is a central factor in decision-making and a strong indicator for compliance rates among message recipients, because the more you trust someone, the more you are likely to follow their instructions.

In recent years, two complex issues have emerged determining ERC's success and failure. First, different perceptions of the same risk by experts and the public mean that for ERC to be effective, the social, religious, cultural, political and economic aspects associated with the event and those at risk must be considered. Second, issues of the trustworthiness of the information and advice that is communicated mean that for practitioners of ERC, be they international organizations, health authorities, or community workers, maintaining and nurturing their audiences' trust is a key concern.

Because of improving technology and more sophisticated tools from the marketing communications field, monitoring and evaluation in ERC have also improved over the past years. Combining pre-digital tools like in-person surveys with digital analytics facilitates the gathering, analysing, and interpreting of emergency risk communication data and feedback, which can then feed into emergency risk communication planning, strategy development, execution and renewed evaluation.

Even so, the new Guidelines identify many areas of further research, including several looking at the effect of ERC, especially in low and middle income countries. A related gap is the lack of sustained funding for ERC modalities as standard part of health project design. Finally, the effects of digital media and the splintering of sources and fields of information, absence of longitudinal studies, and research measuring the effect of an intervention, rather than simply describing it, all deserve further investigation.

Risk management cycle



Update on outbreaks in the Eastern Mediterranean Region

MERS in Saudi Arabia; **cholera** in Somalia; **cholera** in Yemen; **Diphtheria** in Yemen.

Current public health events of international concern

[cumulative N° of cases (deaths), **CFR** %]

Avian influenza: 2006-2017	
Egypt (A/H5N1)	[359 (122), 34%]
Egypt (A/H9N2)	[4 (0)]
Ebola virus disease (EVD): 2018	
Democratic Republic of Congo (DRC)	[43(33), 76.7%]
Rift Valley fever : 2018	
Kenya	[94 (10), 10.6%]
Uganda	[8 (3), 37.5%]
Cholera: 2017-2018	
Somalia	[6 018 (41), 0.6%]
Yemen	[1 121 189 (2 326), 0.2%]
Tanzania	[3 287 (64), 1.9%]
Diphtheria: 2018	
Yemen	[1 904 (98), 5.1%]
Bangladesh	[8 031 (44), 0.5%]
MERS: 2012-2018	
Saudi Arabia	[1 853 (717), 38.7%]
Yellow Fever: 2017-2018	
Brazil	[1 266 (415), 32.7%]