Report of the inaugural meeting of the Technical Advisory Group on risk communication, community engagement and infodemic management in the WHO European Region

Copenhagen, Denmark

26–27 April 2023
Abstract

The inaugural meeting of the Technical Advisory Group (TAG) on risk communication, community engagement and infodemic management (RCCE-IM) in WHO European Region took place in Copenhagen, Denmark on 26–27 April 2023 in the presence of Dr Hans Kluge, the WHO Regional Director for Europe. TAG members gave advice on ongoing and planned WHO strategies and actions on RCCE-IM in line with TAG’s terms of reference as well as methods and priorities for future work.

Keywords

EMERGENCIES
HEALTH COMMUNICATION
COMMUNITY PARTICIPATION
INFODEMERIC
RESEARCH
PUBLIC HEALTH
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Abbreviations

AI  artificial intelligence
COVID-19  coronavirus disease
DOI  declaration of interest
HEPR  health emergency preparedness, readiness, response and resilience
IHR  international health regulations
LGBTQI+  lesbian, gay, bisexual, transgender, queer and intersex
RCCE-IM  risk communication, community engagement and infodemic management
RCI unit  Unit for RCCE-IM within the WHO Health Emergency Programme, WHO Regional Office for Europe
TAG  Technical Advisory Group
Executive summary

The inaugural meeting of the Technical Advisory Group (TAG) on risk communication, community engagement, and infodemic management (RCCE-IM) in WHO European Region was formally opened by the Regional Director for Europe, Dr. Hans Kluge, on 26 April 2023 who hailed it as a significant advance in the Region's health emergency response framework. TAG members were briefed by managers and senior experts from the WHO Health Emergencies Programme on lessons learned during the coronavirus disease (COVID-19) pandemic and the evolving strategy and action plan for Health Emergency Preparedness, Readiness, Response and Resilience (HEPR) in the Region. The TAG took or endorsed procedural decisions including the appointment of a TAG Chair, the amendment of the TAG’s name and the establishment of subgroups to address specific focus areas.

Priority areas of work identified for 2023 included ensuring RCCE-IM input in the development of the Regional Office’s new five-year strategy and action plan to strengthen HEPR in the Region (Preparedness 2.0); supporting RCCE-IM workforce strengthening; advising on knowledge gaps; and strategizing around emerging technologies. TAG members identified successful strategies during the COVID-19 pandemic including instances of coordinated communication platforms, community engagement and capacity building. RCCE-IM challenges identified during the COVID-19 response included communication overload and varying levels of health literacy levels in at risk communities. Solutions proposed to further strengthen RCCE-IM included supporting more applied research, collaboration between stakeholders, and investment in evidence-based practices. The TAG advised that the Regional Office’s top three priorities on RCCE-IM in coming years should be advocating for RCCE-IM as a critical part of the health emergency response; to build, gather and disseminate evidence on its impact and effectiveness; and to strategize the use of new technologies for RCCE-IM.

There was consensus among TAG members that collaboration between researchers and health emergency responders is pivotal to further improving the effectiveness of RCCE-IM, even if there are significant barriers to overcome. Nonetheless, members noted that successful joint work between WHO and researchers shows such collaboration is possible. That said, academics need to show they can add value by translating data into actionable insights that address real-world needs. TAG members advised that establishing networks with researchers could help bridge the gap between academic research and health emergency response and facilitate emergency-specific operational studies. TAG members also advocated developing standardized methods/tools/questionnaires for studies. Priority areas where the TAG could support WHO on RCCE-IM capacity building were identified, including: giving advice and technical support on strengthening RCCE-IM workforce capacities; reviewing RCCE-IM curricula developed by WHO; and fostering partnerships with universities and professional associations.

TAG members received a briefing from staff of the Risk Communication, Community Engagement, and Infodemic Management Unit about ongoing RCCE-IM actions and campaigns on COVID-19, the possibility of a resurgence of mpox transmission in the European Region, and the humanitarian responses to the war in Ukraine and the Türkiye earthquakes. They gave advice on aspects of messaging, community engagement, and how to measure and evaluate the impact of interventions.
Introduction

This report summarizes the Inaugural meeting of the Technical Advisory Group (TAG) on risk communication, community engagement and infodemic management (RCCE-IM) in the WHO European Region. The report has been structured into two parts, which reflect the two key outputs achieved by the TAG at this inaugural meeting.

1. TAG was officially inaugurated by the Regional Director for Europe and agreed its methods of working; and.
2. TAG members gave advice on a set of questions posed to them by WHO.

In Part 1 of the report, which records the discussion and agreement on methods of working and priorities, there is also an account of the remarks made by Dr Hans Kluge, Regional Director for Europe, when he formally inaugurated the TAG. Briefings given by managers and experts from the WHO Health Emergencies Programme to enable TAG members to understand the evolving policy framework within which the Regional Office conducts its RCCE-IM activities are also summarized in this Part.

Part 2 of the report documents the verbal advice TAG members gave in response to various questions posed to them, most of which were developed by the Regional Office’s Risk Communication, Community Engagement and Infodemic Management Unit (RCI Unit) ahead of the meeting. Part 2 therefore, for the most part, reports discussions and conclusions relating to the questions posed to the TAG rather than giving a narrative account of what happened each day.
Part 1. Inauguration by Regional Director, briefings and decisions made during the inaugural meeting of the TAG on RCCE-IM in the WHO European Region
This part of the meeting report records the decisions taken by the TAG (mostly regarding its working methods), the inauguration of the TAG by the Regional Director for Europe, Dr Hans Kluge, and briefings given to TAG by managers and senior experts from the WHO Health Emergencies Programme on lessons learned during the coronavirus disease (COVID-19) pandemic and the evolving new strategy and action plan for Health Emergency Preparedness, Readiness, Response and Resilience (HEPR) in the Region.

The inauguration, the briefings and most of the decisions recorded took place during the first morning of the TAG meeting (26 April 2023).

**Key decisions made by the TAG at its Inaugural meeting**

**Procedural decisions made**

- WHO Regional Office for Europe appointed Laura Woodward of the UK Health Security Agency as the TAG Chair for the first year of the TAG’s operations.

- The name of the TAG was amended to become the “Technical Advisory Group on Risk Communication, Community Engagement and Infodemic Management (RCCE-IM) in the WHO European Region” to recognize the integration of IM into RCCE and RCCE-IM as an evidence based public health intervention.

- TAG members will submit declaration of interest (DOI) forms to the TAG Secretariat on an annual basis. The DOI forms submitted by members when they were recruited to the TAG count as their annual DOIs for 2023.

- The TAG will hold three scheduled sessions each year, of which one meeting should take place in person.

- The remaining scheduled TAG meetings for 2023 are planned for the summer and autumn. Dates will be agreed between the Chair and the TAG Secretariat. Both will be held as virtual meetings via Microsoft Teams.

- Four TAG subgroups will be created, namely:
  - Input to Preparedness 2.0
  - Capacity building/development of a RCCE-IM curriculum
  - Research and evidence generation
  - Health literacy for emergencies.

- The TAG subgroups will meet virtually via Microsoft Teams. Subgroups are open for expression of interest from TAG members.

- Emergency TAG meetings may be convened by the WHO Regional Office for Europe in case of urgent need for advice. These will be held online and typically last around one hour.

- The main way in which the TAG delivers its advice will be orally. However, the possibility of producing written documents is not excluded if TAG members wish to take the lead in drafting these.

- The TAG Secretariat will create a Microsoft Teams Channel and SharePoint workspace for TAG members to facilitate collaboration between meetings, and to act as a repository for documents – possibly including a library of resources, reports and articles.
Items for follow up (to be further developed)

Process and work plan issues

- Set the date and develop agenda for the second meeting of TAG, to be held online in the summer/early autumn of 2023.
- The TAG Secretariat is to establish an online platform for communication and document sharing/repository for TAG members.
- Ensure follow-up of the offer from Ihor Perehinets that the TAG can make input to the development of Preparedness 2.0.
- Establish terms of reference, timelines and memberships for the TAG working-groups on:
  - Input to Preparedness 2.0
  - Capacity building/development of a RCCE-IM curriculum
  - Research and evidence generation
  - Health literacy for emergencies.

Action on TAG advice

- The programmatic evaluation of Preparedness 2.0 should be written into the strategy from the start, so that it is budgeted for, and so that the correct data and evidence is gathered before, during and after the new strategy is implemented.
- The WHO Regional Office for Europe should work with countries to develop a risk communication campaign to highlight that people who took the COVID-19 vaccine are not suffering long-term side effects. If evidence supports this, they could also highlight that this cohort has been healthier than those who remain unvaccinated. This should replace the focus on “Long COVID”, which is problematic from a scientific point of view (no agreed diagnosis/case definition).
- It should be monitored as to whether and how advice given by the TAG at its inaugural meeting is acted on by the RCI unit.

Key events

Inauguration of the TAG by the WHO Regional Director for Europe

Dr Hans Henri P. Kluge, WHO Regional Director for Europe, inaugurated the TAG as the first-ever standing TAG tasked with advising the WHO Regional Office for Europe on RCCE-IM. Speaking to TAG members, Dr Kluge said:

The COVID-19 pandemic and other emergencies – collectively constituting what we call a permacrisis – have shown us how crucial risk communication, community engagement and infodemic management are to protecting health. Despite this – up until now – we have tended to devote much less brainpower to analysing evidence on these areas than, for example, epidemiology or microbiology when responding to health and humanitarian emergencies.

Further information about the inauguration is available on the Regional Office’s website here.1

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Briefings on the new landscape for RCCE-IM and the health emergency response

Catherine Smallwood, Programme Area Manager (Emergency Operations), Health Emergencies Programme, WHO Regional Office for Europe

Catherine gave an overview of the challenges of responding to the coronavirus disease (COVID-19) pandemic in the WHO European Region. She reflected on the humanitarian consequences of the war in Ukraine, which included the arrival of millions of refugees to neighbouring countries and talked about lessons learned on the crucial role of RCCE-IM and the importance of engaging affected communities during the response to Europe’s first ever epidemic of mpox in 2022. Finally, the humanitarian response to the Türkiye earthquake since February gave us our fourth simultaneous emergency in the WHO European Region. Catherine noted that when she took up her post with the Health Emergencies Programme in early 2020 the European Region was regarded as a WHO region that did not have many emergencies.

Catherine reflected on the exhaustion experienced by populations, health-care practitioners and governments that need to continually communicate health emergencies, and the huge opportunity to improve future preparedness by learning lessons from the pandemic. It is necessary to change the way things are done and aspire to do much better, and this TAG promises to do so by making use of new partnerships and bringing in community organizations for preparedness and response initiatives.

Richard Pebody, Programme Area Manager (Infectious Hazard Management), Health Emergencies Programme, WHO Regional Office for Europe

Richard drew parallels with the challenges, opportunities and lessons presented by Catherine and emphasized the importance of reflecting on past incidents to implement lessons learned and examine the research questions that still need to be answered for what comes next. The rollout of vaccines has been a significant issue throughout the pandemic in the Region, and RCCE-IM has supported approaches to address this. He also emphasized the importance of community engagement as a pillar of the response of the Regional Office, highlighting its importance for the mpox elimination strategy. Behavioural insights for emergency preparedness and response were also mentioned as useful evidence to inform effective strategies and actions for the health emergency response.

Ihor Perehinets, Programme Manager for Country Health Emergency Preparedness and International Health Regulations (IHR), Health Emergencies Programme, WHO Regional Office for Europe

Ihor expressed his appreciation for the technical expertise on the health emergency response and preparedness demonstrated by his WHO Regional Office for Europe colleagues. He emphasized the importance of proactive community engagement and transparent risk communication in policy and decision-making. He analysed challenges in delivering the correct messages and using the correct channels to reach the communities at risk. Preparedness 2.0 is a new strategy for emergencies which – in line with WHO’s new global level concept of Health Emergency Preparedness, Response and Resilience (HEPR) – focuses on community protection as one of its pillars. This TAG’s work can help lay the foundation for the community protection pillar in this new multi-annual Regional strategy. Ihor is coordinating the Preparedness 2.0 TAG to advise on the Strategy as a whole. The TAG will be meeting during the summer and autumn of 2023 with a view to helping the Health Emergency Programme present an initial document at WHO’s Regional Committee for Europe in
October 2023. This summer, around June/July, will be the optimal time for the TAG on RCCE-IM in the WHO European Region to deliver input to the strategy development process.

Cristiana Salvi, Regional Adviser for RCCE-IM, Head of the RCI unit, Health Emergencies Programme, WHO Regional Office for Europe

Cristiana Salvi opened her presentation by emphasizing the importance of inclusive efforts for RCCE-IM preparedness and response for health emergencies. This will be strengthened by the contribution of the TAG. She reflected on how RCCE-IM has become a priority on the public health agenda of countries across the Region. In health emergencies, RCCE-IM bridges health service delivery and access, helping governments tailoring interventions to affected communities’ needs and concerns. She highlighted the need to balance efforts between preparedness and response and to position RCCE-IM as an evidence-based public health intervention. Challenges include retaining skilled staff and maintaining investment in RCCE-IM in “times of peace” when there is no acute emergency to respond to, maintaining engagement with civil society organizations and community representatives, and ensuring good practices and lessons learned from the response to the COVID-19 pandemic and other recent emergencies are documented and made use of in future responses. WHO’s new HEPR framework and its concept of community protection emphasize RCCE-IM as being central to HEPR. Finally, Cristiana outlined her unit’s RCCE-IM vision statement for 2022–2023, emphasizing the need to place communities at the centre for emergency preparedness and response activities. This part of the meeting report records the decisions taken by the TAG (mostly regarding its working methods), the inauguration of the TAG by the Regional Director for Europe, Dr Hans Kluge, and briefings given to TAG by managers and senior experts from the WHO Health Emergencies Programme on lessons learned during the coronavirus disease (COVID-19) pandemic and the evolving new strategy and action plan for Health Emergency Preparedness, Readiness, Response and Resilience (HEPR) in the Region.
Part 2. Answers from TAG members to questions posed by the WHO Regional Office for Europe
This part of the meeting report records the TAG’s discussions and conclusions on the questions put to it for advice by the WHO Regional Office for Europe. These questions are grouped under the following headings:

- Priority topics for the TAG to address during 2023
- RCCE-IM research and evidence generation
- RCCE-IM capacity building
- Advice on ongoing RCCE-IM responses.

The TAG’s discussions on these matters took place in the afternoon of day one of the meeting (26 April 2023) and all of day two (27 April 2023).

For each of the first three headings listed above, TAG members, observers and WHO experts were divided into break-out groups of six or seven participants. Questions were divided among the groups, who then reported back to plenary on the answers they had come up with before opening up discussion to all TAG members. The TAG Chair and TAG Secretariat played a facilitating role in summarizing discussions and building consensus on answers.

Towards the end of the second day, TAG members completed a survey giving feedback on the content and organization of the meeting. The results of this survey are given towards the end of this report.

### Priority topics for the TAG to address during 2023

**Key action points proposed**

1. Ensuring high quality RCCE-IM input to Preparedness 2.0 should be a strategic priority for the TAG over the coming months.

2. The TAG should support the strengthening of the RCCE-IM workforce across government and other stakeholders (including civil society), by advising on RCCE-IM curricula and how universities, training bodies and professional associations can be engaged to multiply training capacity.

3. The TAG should advise on key knowledge gaps in RCCE-IM with a view to helping the Regional Office define a research agenda for the WHO European Region. This includes further and better evaluation of the impact of RCCE-IM interventions; and interventions to be best applied to increase health literacy relevant to emergencies.

4. The TAG should assist the Regional Office in strategizing around the opportunities and challenges for RCCE-IM posed by new tools and emerging technologies such as artificial intelligence (AI).

5. The TAG should work with the Regional Office to advocate for RCCE-IM as a critical part of the health emergency response, the importance of which should be reflected in Regionwide, national and subnational plans and strategies.
What RCCE-IM strategies and actions at European Region-wide and national level worked well during the COVID-19 pandemic (and other ongoing emergencies) and need to be built upon in the longer term? And how can the TAG address these challenges?

Report back from group work

Strategies that worked well and their caveats:

- Coordinated platforms with different stakeholders reaching out to different communities and adapting messages using existing tools worked well but there is more need for the co-creation and harmonization of information and strategies. Top-down strategies can be effective for governments and organizations to communicate to citizens, but there is growing evidence that bottom-up approaches are more effective.
- Although there was investment in RCCE-IM (both material and communication expertise) we need it to be sustainable both from governments and society in general.
- Learning as we go was an approach that worked during the pandemic but as we are currently not starting from point zero, the challenge is in aligning dissemination channels.
- The adaptation of best practices across contexts is both a strength and a challenge.
- There are universal truths about what is needed but these need to be adapted to different populations and disseminated through different community leaders.
- The involvement of volunteers is a strength, but they need to be better coordinated and better educated.

The TAG can contribute by:

- providing advice on capacity development for RCCE-IM;
- contributing to long-term planning, including strategy development for guidelines and sharing research, through a multi-disciplinary approach with multiple stakeholders; and
- producing a white paper on lessons learned.

Feedback from TAG members during the open discussion

- Community engagement was effective during the pandemic but communication tools to increase outreach and dissemination of messages need to be identified and developed.
- More capacity building for communication practitioners in countries is needed to strengthen and tailor RCCE-IM strategies based on the collective/individual approach of Member States.
- Religious leaders need to be engaged as health champions.
- Community leaders need to be health champions and trained in RCCE-IM.
- It is important to bridge the Ministry of Health and the Ministry of Civil Protection for high-level consensus and a whole of government approach.
- There is also a need to improve health literacy and digital literacy.
What are the key challenges, weaknesses and unmet needs in the area of RCCE-IM highlighted by the COVID-19 pandemic and other emergencies?

Report back from group work

The challenges included:

- recognizing the diversity of the WHO European Region (i.e. population characteristics, socio-cultural-political contexts and the RCCE-IM capacities of governments and civil society across the Region);
- communication overload, infodemic management and multiple, diverse and sometimes contradictory voices;
- varying health literacy across the Region;
- varying levels of trust in government agendas and motivations among communities across the Region, which opens opportunities for misinformation;
- varying levels of resources allocated for RCCE-IM across the Region;
- varying experience of and capacity for community engagement initiatives;
- social media misuse and a lack of RCCE-IM capacity and skills in health authorities to use social media channels effectively;
- communication channels favoured by some health authorities have limited reach among target communities;
- language barriers;
- linking RCCE-IM to easily accessible health services can be a challenge, especially in lower income countries;
- limited evidence and scientific uncertainty about emerging pathogens or new variants of existing pathogens, how it spreads and how effective prevention measures are;
- limited evidence leading to uncertainty about the effectiveness of RCCE-IM interventions;
- low levels of scientific literacy among target audiences and among journalists and social media influencers;
- a lack of preparedness for population displacement in some countries;
- stigmatization and labelling of some communities (e.g., the antivax label);
- unmet psychological needs among communities during and after emergency;
- suboptimal “one size fits all” approach to message development; and
- ineffective collaboration between communities and government authorities in some instances.

Solutions include:

- addressing challenges around low scientific literacy and misinformation during the preparedness phase through capacity development and supporting media in priority countries;
- mapping and networking communicators and key stakeholders in different sectors and different levels of governments to build multi-sector and multi-level RCCE-IM readiness;
• applying lessons learned to the challenges of the next emergency;
• ensure WHO and national public health authorities are open, visible and engage with communities;
• further exploring the role of health champions and community-based organizations;
• advocating for RCCE-IM in preparedness weeks and immunization weeks, and investing time and effort in raising the visibility of RCCE-IM in the public health community;
• fostering collaboration between practitioners and scholars to secure the publication of more peer-reviewed articles on RCCE-IM so that RCCE-IM is more visible in scientific literature;
• investing in increasing the resilience of RCCE-IM systems and infrastructure with a particular focus on community empowerment;
• realizing the potential of new tools and technologies for RCCE-IM; and
• continuing training and capacity-building activities to preserve and further develop RCCE-IM skills acquired by the health workforce during the pandemic.

Feedback from TAG members during the open discussion
• There is a need to better understand the potential uses of AI for RCCE-IM and to identify optimum ways to implement it.
• Leadership and a whole-of-society approach needs to be built with stakeholders who want to engage with RCCE-IM efforts.
• Collaboration with schools of public health and academic institutions on the implementation of emergency preparedness programmes is necessary.
• Internal communication within Member States should be strengthened through capacity building.
• Communication departments in Member States should be strengthened in Member States and used more effectively.
• More knowledge and evidence should be generated about the impact and effectiveness of RCCE-IM interventions – stimulating more studies/evaluations on this is key.

What should be the WHO Regional Office for Europe’s top three priorities for further strengthening RCCE-IM preparedness in the European Region over the longer term?

Report back from group work
There is a need to:
• advocate for RCCE-IM as a critical part of the health emergency response, to be reflected in Region-wide, national and subnational plans and strategies;
• build, gather and disseminate evidence on RCCE-IM impact and effectiveness and;
• strategize the use of technology for RCCE-IM capacity building and emergency response – for example, by looking at how to further improve social listening and how AI could improve the time efficiency of RCCE-IM.
Feedback from TAG members during open discussion

Potential uses of AI could include:

- supporting the development of key message at global, regional and country level, based on population profiles; and
- developing RCCE-IM insights based on multiple lessons identified during emergencies.

- AI could also help with strategy development and capacity building.
- A key issue is to prevent AI being used as a tool for misinformation.

How can we collectively bridge or speed up the application of RCCE-IM intellectual leadership/innovation at country level to increase impacts and be ahead of the curve for the next emergency?

Report back from group work

- Apply evidence and innovation in leadership:
  - as a first step we need RCCE-IM advocacy to the highest political leadership to ensure innovation on policy decision-making.
- Identify stakeholders for the support and implementation of RCCE-IM initiatives.
- Develop a council of academics, practitioners and community leaders (maybe also including the business sector) to advocate for RCCE-IM and oversee transparent, independent processes for RCCE-IM that avoid it becoming politicized.
  - This council would also oversee and monitor the quality (and impact?) of the RCCE-IM work being done.

A proposal made was:

- to have an institutionalized RCCE–IM group at national level that includes spokespersons and other RCCE-IM practitioners, key academic experts on RCCE-IM and community leaders, to contribute to a national preparedness plan, and to be involved in the decision-making process during emergencies.

Feedback from TAG members during the open discussion

- Several members said that the idea of a national RCCE-IM council might not be appropriate in all countries across the Region. Several Member States already have well-functioning cross-government communication coordination mechanisms based on different models.
- Some members warned that having a national council could dilute leadership and input from the health sector on RCCE-IM in national contexts where emergency response is led by other departments, such as the Office of the Prime Minister or Ministry of Emergencies.
- Task groups/task forces may be more practical. These can be constituted in a dynamic and flexible way to correspond to different types of emergency.
- Another possible model would be having national TAGs on RCCE-IM. The call for experts published by WHO to recruit its TAG on RCCE-IM in the WHO European Region could be adapted to help establish these national TAGs.
Governments can be recommended to integrate RCCE-IM into their next 5–10 year action plans, but leaving the mechanism for doing this open.

Each Member State has its own processes and structures, and the right structure of “council” needs to be matched with the respective Member State.

Some members suggested to look at using existing groups/mechanisms to coordinate national RCCE-IM strategy and actions rather than creating new structures.

Other members argued that a national RCCE-IM council is needed to institutionalize a whole-of-society approach and avoid “starting from scratch” in the next health emergency. Stable and permanent institutions are needed that can coordinate together to bridge the evidence to policy gap.

RCCE-IM research and evidence generation

Key action points proposed

- The TAG should advise on key knowledge gaps on RCCE-IM with a view to helping the Regional Office define a research agenda for the WHO European Region.

- The TAG should advise on how to stimulate the further and better evaluation of the impact of RCCE-IM interventions, including through randomized control trials and cost-effectiveness and return-on-investment studies.

- The TAG can help analyse existing scientific knowledge and literature and translate it into insights/proposals for action that meet real-world needs. This could take the form of a series of white papers on key insights from the literature and/or evidence-based best practices.

- A network of researchers could provide a bridge with policy-makers and public health authorities through a "centre for RCCE-IM effectiveness" that could address specific research needs during future emergencies. This network could also help with RCCE-IM research preparedness for future emergencies.

What are the opportunities to further strengthen collaboration between WHO, universities, national and European-level public health authorities and civil society organizations on applied research for RCCE-IM?

Briefing from the RCI Unit on current actions

Ben Duncan of the WHO Regional Office for Europe’s RCI unit gave an overview of its current activities on research and evidence generation. He noted that between October 2021 and May 2022 the unit convened an informal advisory group of academics and expert practitioners. The excellent input the unit received from this informal group led to the formal TAG. Ben also highlighted the compendium of case studies on RCCE-IM good practice during the COVID-19 pandemic that the WHO Regional Office for Europe published in October 2022, and the three subregional COVID-19 RCCE-IM lessons learned workshops held in 2022 in Tirana, Albania; Tbilisi, Georgia; and Almaty, Kazakhstan, respectively.

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Presentation by David Stuckler, University of Bocconi, Italy (return-of-investment studies)

David Stuckler presented results from studies commissioned by the Regional Office looking at return-on-investment for selected RCCE-IM interventions during the COVID-19 pandemic. He presented two case studies based on real-world evidence and vaccination uptake data. The first was an intervention in North Macedonia, which sent a “vaccination caravan” to a number of municipalities with low vaccination rates. The results showed a significant increase in COVID-19 vaccine uptake in the municipalities visited by the caravan, with much of the increase taking place in the days and weeks after the caravan visit. Looking at the cost of the vaccine caravan against the number of additional people vaccinated the study showed a strong return on investment.3 The second study (unpublished, WHO Regional Office for Europe, 2023) was implemented in Romania, through the analysis of a Facebook campaign using a “truth sandwich” approach and targeting people exposed to online misinformation about the COVID-19 vaccine with the aim of increasing their motivation to get vaccinated against COVID-19. The study results showed that people who viewed the online “truth sandwich” campaign who were already partially or fully vaccinated against COVID-19 had an increased perception of the risk of the disease and motivation to get vaccinated. However, among people who had not been vaccinated against COVID-19 the study showed either no effect or a small negative effect. The session highlights the need to investigate the effectiveness of RCCE-IM interventions and further improve strategies to increase vaccine demand.

Presentation by Prof. Audra Diers-Lawson (COVID-19 lessons learned)

Prof. Audra Diers-Lawson presented an article on key lessons identified on RCCE-IM from experience during the COVID-19 pandemic in the European Region. The key focus of the article was lessons identified at workshops organized in 2022 by WHO’s subregional hubs in the Western Balkans and South Caucasus in collaboration with the Regional Office. It identified a series of barriers to effective RCCE-IM. A top challenge for effective RCCE-IM was a lack of institutional response capacity. Nearly every country or area identified this as a critical challenge and/or a key barrier limiting the RCCE-IM response and its success. Limitations in response capacity were connected to a lack of staff or support – both in terms of the numbers of people available to work as well as those having the core knowledge to respond effectively. Other limitations included legal limitations as well as the lack of political will and/or knowledge (e.g., low budget for RCCE-IM or limited willingness to act). One of the critical lessons identified from the COVID-19 pandemic is that RCCE-IM is a critical expert area and needs sustained investment in skilled staff, and the development of systems and tools ahead of health crises. Examples of building capacity included training staff, investing in developing health knowledge and trust among journalists and editors in national and local media, and cross-institutional collaboration.

Presentation by Leo Palumbo, RCI unit, WHO Regional Office for Europe, on a mpox response study conducted for WHO by the Medical University of Vienna, Austria

Leonardo Palumbo presented the design of a study developed for WHO by the Medical University of Vienna to review the role of RCCE-IM in the response to the multi-country epidemic of mpox in the European Region from May 2022. This involved researchers from the university conducting

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3 The results of this study have since been published as 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 doi:10.1016/j.healthpol.2023.104966.
interviews in different countries with key informant profiles agreed with WHO to determine the extent to which RCCE-IM interventions advocated by the Regional Office worked in their national context and what challenges they faced. The study will focus on three countries from different parts of the Region, but which had a relatively high number of cases. It aims to look at how RCCE-IM interventions were integrated into their respective mpox response strategies. The study will look at countries inside and outside of the European Union, and western and central Europe. The aim is to produce an internal paper for WHO as well as an academic publication with the researchers at the university. The study will involve working with WHO country offices for country interviews and developing a policy brief.

Feedback from TAG members during the open discussion, grouped by theme

Opportunities to strengthen collaboration for applied research for RCCE-IM include:

- expanding the profile of people who get RCCE-IM training;
- Training/supporting and engaging with journalists to further develop their health literacy and understanding of emergency response;
- measuring the impact of engagement with stakeholders and communities;
- sharpening the focus on subpopulations – further and better audience segmentation;
- documenting and promoting RCCE-IM success stories, such as, for example, community engagement by the WHO Regional Office for Europe and national authorities during the 2022 mpox outbreak;
- incorporating evaluation into RCCE-IM programmes and projects from the start so that needed data is defined and gathered from the outset and resources for the evaluation are included in plans;
- increasing and bettering studies to address key research gaps around vulnerable groups, using a transdisciplinary approach and having an ethnographer or anthropologist accompany outreach teams if possible;
- sharing data across countries, including host countries for migrants and refugees;
- engaging in studies to evaluate complex interventions and their effectiveness;
- conducting more randomized control studies to investigate the effectiveness of RCCE-IM interventions and overcoming ethical issues around how to randomize groups/communities for such studies (sometimes communities can object to being part of a randomized study – they do not like to feel they, or their loved ones, are being experimented on);
- investigating what incentives work and can be used by governments to increase vaccination uptake;
- conducting more return-on-investment studies on different RCCE-IM interventions to broaden the range of evidence on RCCE-IM as a good “value for money” public health intervention;
- conducting infodemic management studies, looking at interventions based on “fact-myth” and “fact-myth-fact” models to examine how to avoid the “rebound effect”, and investigating previous research on the effectiveness and challenges of repeating myths/misinformation in RCCE-IM materials; and
- studying the potential impact of and barriers to community engagement before implementing campaigns.
Scope for further action to develop more RCCE-IM research and evidence include that:

- RCCE-IM interventions should be included in the standard protocols for all vaccination campaigns;
- more research is needed on when, how and under what conditions the intention to vaccinate translates into actually getting vaccinated;
- there is a need to increase focus on real outcomes (within the limits of what is possible in terms of practicalities of gathering data and resource constraints);
- it is important to further clarify aims of research and which parameters are being looked at so that the right methods and data to follow are selected before the intervention starts;
- situation analyses and stakeholder mapping should be conducted at a national level to better identify research needs;
- investment in RCCE-IM advocacy should increase;
- research protocols should be developed for designing and evaluating RCCE-IM interventions and a common study methodology at national level: aim to harmonise these across the Region;
- knowledge from various fields should be combined to identify effective approaches, research gaps and what more can be done to fill in the information voids;
- literature reviews can help with cost-effectiveness;
- research networks can be used as partners to facilitate research;
- advice should be provided on how to conduct studies for frontline RCCE-IM practitioners;
- large-scale longitudinal studies on elderly populations and other vulnerable groups (e.g., people with chronic conditions) should be conducted to build solid evidence on health outcomes among group members who took the COVID-19 vaccine in comparison with those who did not get vaccinated;
  - if, as expected, these studies show people who took vaccine had better health outcomes this could be a strong basis for future RCCE-IM campaigns on COVID-19 vaccination;
- existing tools and research for RCCE-IM should be used;
- mixed methods techniques should be used and developed to study and engage with people in relation to RCCE-IM; and
- key RCCE-IM evidence gaps should be mapped to help prioritize research.

How can we strengthen collaboration between academia and health emergency responders?
Are there channels or bridges we can use? What can this TAG do to help?

- Collaboration between academia and health-care institutes is important, but often hindered by concerns about reputation management during emergencies.
- WHO collaborations are fruitful for increasing research and opening doors to research opportunities.
- Academia can be involved in translating information into insights/proposals for action that meet real-world needs.
- Different levels of academia have different opportunities and risks, which can pose challenges
to further research implementation and selection of topics.

- A network of researchers could provide a bridge with policy-makers through a "centre for RCCE-IM effectiveness" that can address specific research needs during a crisis.
- A standardized questionnaire can be used to standardize responses to WHO concerning implementation of WHO recommendations to Member States.
- Successful academic collaborations can inform our understanding of how well interventions have worked and generate insights about the usefulness/appropriateness of the Regional Office’s guidance to Member States and other partners.
- WHO should endorse the concept of collaboration between health authorities and academia on RCCE-IM and recommend this to Member States.

RCCE-IM capacity building

Key action points proposed

1. The TAG should support the strengthening of the RCCE-IM workforce across government and other stakeholders (including civil society), by advising on RCCE-IM curricula and how universities, training bodies and professional associations can be engaged to increase training capacity.

2. The TAG can give feedback on RCCE-IM curricula and tools developed by the RCI unit, which will help ensure these have an appropriate evidence base.

3. The TAG advises that the RCI Unit should facilitate the development and evaluation of a series of pilot projects to test the advantages and challenges facing different models of RCCE-IM education and training, including: incorporating RCCE-IM content into undergraduate and postgraduate courses across disciplines ranging from medicine and public health to communication and social science, as well as in-service training for professionals.

4. The RCI unit, with support from the TAG and partners, could develop a Community of Stakeholders and/or a Community of Practice on RCCE-IM capacity building. This should help put in place a network of country and area-level “Trainers of Trainers” who have the skills and mandate to follow up on RCCE-IM trainings delivered by the RCI unit.

Can the TAG support in developing and validating an RCCE-IM curriculum? Can the TAG identify relevant academic stakeholders and partners? How the sustainability of capacity building activities for RCCE-IM be ensured?

Briefing from the RCI Unit on current actions

Philippe Borremans of the Regional Office’s RCI unit presented the structure of the Capacity Building team and the modules and trainings the Regional Office is implementing to strengthen national RCCE-IM capacities. He highlighted the need: for sustainable solutions to increase country RCCE-IM capacities; to position the Regional Office as an RCCE-IM capacity-building authoritative partner; and to provide a standardized approach for RCCE-IM planning. He presented prototypes of the RCCE-IM Plan Creator tool and the Capability Mapping tool for RCCE-IM teams.4 Key priorities

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going forward include building an effective roster of RCCE-IM surge staff for future emergencies, creating an RCCE-IM community of practice and/or an Regional Office training programme alumni network, and integrating RCCE-IM into university courses and curricula.

**Outcome of the plenary discussion**

- The TAG can offer support in developing and validating RCCE-IM curricula.
- Relevant academic stakeholders and partners could offer RCCE-IM curricula at undergraduate or postgraduate level.
  - Several TAG members thought this would be of interest to universities in their home countries.
  - Departments/faculties/schools might be interested in including RCCE-IM content into their curricula included public health, medicine, communication and social science.
- The sustainability of university activities on RCCE-IM could be reinforced by promoting them to decision-makers.
- The various audiences for RCCE-IM curricula should be considered for sustainability purposes, the curriculum should be translated into different languages and a network of professionals for the sharing of knowledge created.
- Good practices for developing and implementing curricula have been seen in Albania, where the Ministry of Health organized different profiles of nurses to promote a family nursing curriculum.
- Belgrade University and Emory University in the United States of America are developing a pilot curriculum for the Medical school of Pharmacy on infodemic management that can be expanded to include RCCE-IM modules.

**Do you have any advice on how we could further improve the roll-out of the RCCE-IM Capacity Building Platform, RCCE-IM Schools and the Capability Mapping tool?**

Proposed solutions included to:

- use the capacity building tool as a central training module and develop selection criteria for participants with particular profiles;
- use regional workshops to gauge interest and create a value proposition for national/sub-national institutions to make use of these tools;
- communicate about workshops and success stories linked to them to promote the Regional Office’s capacity-building programme;
- support initiatives to diversify/build stakeholder capacity in RCCE-IM at subnational level;
- cascade training capacity from the Regional Office to the national and subnational level;
- create a network of national “Trainers of Trainers” who have the skills and mandate to follow up with trainees in their country/area;
- use the Capability Mapping Tool through Member States to better target their selection of participants;
- consider offering scholarships through partnerships with universities;
- adapt courses for leadership levels to include policy-makers;
- consider the duration of courses and their adaptation for the highest level of government
officials; and

• Utilize IHR focal points and those responsible for IHR trainings in countries to link with RCCE-IM focal points.

What are the opportunities to further strengthen collaboration between the WHO Regional Office for Europe and major stakeholders, including national and European-level public health authorities, civil society organizations, universities and scientists, on capacity building for RCCE-IM?

Proposed opportunities included to:

• develop networks with existing partners and stakeholders interested in training and building relations with the Regional Office;

• contact and connect with potential champions and ambassadors, such as the European Centre for Disease Prevention and Control and the Association of Schools of Public Health in the European Region;

• consider creating a paid network of influencers to promote RCCE-IM modules;

• offer regular webinars to introduce RCCE-IM capacity-building topics to different target groups;

• build a Community of Stakeholders;

• build a Community of Practice;

• create opportunities for community partners such as empowering them to give presentations to the Community of Practice/Community of Stakeholders to feel included;

• establish RCCE-IM training and learning pathways that lead to certificates/qualifications;

• work with national public health authorities and other key partners to define career development pathways for RCCE-IM expert practitioners;

• map RCCE-IM processes based on COVID-19 and other recent emergency responses;

• build a repository of RCCE-IM materials for future health emergencies to share among different stakeholders;

• be present at big national and Regional-level events for international health days;

• build capacity to translate scientific concepts and terms between biomedical scientists, social scientists and communicators so they are able to speak a common language;

• rebuild trust in national authorities, universities and scientists through the credibility of the WHO Regional Office for Europe; and

• collaborate with institutions of medical specialists at the highest level for the integration of RCCE-IM curricula in all country programmes, using undergraduate and postgraduate opportunities in universities.
How do you see RCCE-IM advocacy and capacity building being supported by research and innovation for country impacts?

Discussion output included that:

• RCCE-IM advocacy and capacity building have seen diverse investments from Member States;
• to cover diverse populations, there needs to be a wide-ranging discussion on how to make the latest research accessible to Member States,
  − this can be done through already existing publications on COVID-19 and mpox about best practices and lessons learned; and
  − publications can be put into a platform for decision-makers to consult;
• the Regional Office should help Member States fill in evidence gaps and prioritize research needs; and
• collaborating with academia on a social science-led review of partner and stakeholders’ experience of the 2022 mpox RCCE-IM response is a valuable exercise to understand research gaps, capacity and find inspiration for further studies.

How do you consider that we can make capacity building on RCCE-IM more effective and sustainable in view of creating adequate structures, systems and skills in countries?

Proposed actions included to:

• partner with universities to provide RCCE-IM as a choice, for candidates interested to specialize in this;
• involve recipients and alumni from past courses in subsequent editions of the course as a “Trainer of Trainers” opportunity for continued engagement;
• collaborate with professional associations so that health workers gain credits recognized in the continuing professional development system of their discipline;
• respond to calls for projects under schemes such as the Erasmus+ programme and integrate this across countries through the TAG;
• develop WHO Collaborating Centres for RCCE–IM;
• involve the corporate sector in RCCE-IM as appropriate so that it is adapted and integrated into businesses/leadership programmes, training communicators on the concept of RCCE-IM for a whole-of-society approach;
• embed RCCE-IM in corporate social responsibility and human resources sectors of corporate institutions;
• establish a volunteer network to be trained in RCCE-IM for emergency response; and
• collaborate with public relations and corporate communications managers to create a network of allies to be activated in emergency response.
Advice to the WHO Regional Office for Europe on ongoing RCCE-IM responses

Key action points proposed

Health emergencies

1. COVID-19 – the TAG advised that the Regional Office should exercise caution in communicating about Long COVID/post-COVID syndrome. There is no medical consensus on the symptoms of this syndrome and so WHO needs to acknowledge the scientific uncertainty around it. The TAG advised campaigns based on lives saved/illness avoided due to vaccines instead, and a personal-story based approach to showing that people who took the COVID-19 vaccine have not suffered long-term complications.

2. Mpox (formerly Monkeypox) – the TAG advised that Region-level communication on mpox vaccines may need to focus on advocacy to policy-makers for vaccine equity due to the very different availability of the vaccines between countries. The TAG advised that elderly people should be included on the RCI Unit’s list of harder to reach target groups for mpox RCCE-IM as they can be vulnerable to sexually transmitted infections and may be less willing to identify as men who have sex with men. Also, LGBTQI+ individuals should not be regarded as a single community but rather a network of interlinked communities: further segmentation and targeting is needed.

Humanitarian emergencies

3. War in Ukraine – the TAG advised that the Regional Office should emphasize health as a human right and focus on creating empathy between Ukrainian refugees and their host communities in countering negative sentiment about refugees being a “burden” on national health-care systems, but also engaging refugees in respecting and accepting the host health system. The TAG also recommended holding focus group discussions both with health professionals and other key stakeholders from the host community as well as refugees to better understand the issues and experiences around access to health care.

4. Türkiye earthquake – the TAG advised that social media campaigns around mental health should focus on: 1) informing people in affected communities how to access mental health services; 2) helping people in affected communities recognize the symptoms of mental health issues so they can rapidly seek care.

COVID-19

Olha IZHYK presented the RCCE-IM response to COVID-19 and asked TAG members for input and advice.

Context of COVID-19 response: The pandemic is still ongoing, with people still being hospitalized and vulnerable populations remaining at high risk. Although the risk of COVID-19 is still present, there is a low-risk perception among populations and health authorities. The focus is now on addressing Long COVID, which can be challenging to diagnose, but information is available to recognize it. Olha contended it was necessary to empower health-care workers to recognize and normalize long COVID. To encourage people to continue protecting themselves from COVID-19, Long COVID can be used as a hook. Olha ended her presentation by posing two specific questions

5 LGBTQI+: lesbian, gay, bisexual, transgender, queer and intersex.
to TAG members:

1. How do we maintain protection from COVID-19?
2. Is Long COVID / post-COVID syndrome a strong RCCE-IM hook?

In the subsequent discussion TAG members gave the advice to:

- exercise caution when communicating about Long COVID/post-COVID syndrome – there is no medical consensus on its symptoms or diagnosis. the Regional Office needs to acknowledge the uncertainty around this syndrome and be driven by the latest science;
- focus on public health and social measures that are the same across diseases and can protect from COVID-19 as well – develop messages on good health practices and wrap COVID-19 messages in with different health issues;
- develop a campaign on lives saved from vaccines and communicate transparently about adverse effects of vaccines (as many were hesitant due to the uncertainty of the vaccine’s side-effects);
- develop personal stories about COVID-19 that will resonate with people, based on hesitancy around new vaccines and experience with vaccines during the pandemic and lives saved;
- use the inoculation theory for unvaccinated – counter concerns with facts;
- flip the communication direction and include messaging on people who have experienced COVID-19, to shift peoples’ perspective on vaccines;
- segment unvaccinated populations and avoid labelling people as vaccine-hesitant;
- conduct behavioural insight studies on unvaccinated populations and tailor messages to individuals’ concerns about the COVID-19 vaccine; and
- develop strategies to address general practitioners and health-care workers and make them champions of vaccines.

Mpox

Leonardo PALUMBO presented RCCE-IM interventions in response to the mpox emergency in Europe.

Context of mpox: The WHO European Region currently is reporting a very low number of new cases related to mpox. The summer of 2022 was the peak of the outbreak. It is possible we could see a resurgence in spring and summer 2023 as the season for travel and parties returns. The RCE unit last year established an informal working group with civil society organizations. This group gave feedback on draft public health advice and proposed RCCE-IM interventions around mass gatherings (during 2022) and then on the WHO Regional Office for Europe’s draft mpox elimination strategy in 2023. As of April 2023, the RCE unit in WHO Regional Office for Europe has produced a mpox RCCE-IM toolkit6, several posters, videos and conducted webinars and roundtables in nine countries to address the needs of target populations. Last year an informal TAG was organized to review the response to the outbreak and provide rapid feedback. Future plans include releasing a compendium of case studies on the mpox response and the role of communities, updating the RCCE-IM toolkit for vaccination and sex–on-premise venues, and communicating on vaccine

supply and demand. Three specific questions to TAG members were proposed:

1. There is high demand for vaccines and limited supply. What can RCCE-IM do to address this?
2. How can we best engage communities for behavioural change and prevention?
3. How can we reach and engage with vulnerable communities?

In the subsequent discussion TAG members gave the advice to:

- include the elderly community in the vulnerable groups for mpox as they experience higher stigma for sexual orientation or gender identity and for engaging in sexual activity;
- approach access to vaccines from a higher level and explore the role of advocacy – solutions for countries without vaccines can be donations and bilateral agreements and the pharmaceutical industry can be involved to provide and determine the dissemination of vaccines;
- develop transparent criteria for vaccine distribution and link to campaign rollout as part of efforts to foster trust;
- examine lessons learned for vaccine access across the WHO European Region and from HIV/AIDS campaigns to increase and maintain risk perception in populations;
- use positive framing – communicate what is gained in terms of sexual behaviours and what people can do to protect themselves;
- understand the complexity of the affected communities:
  - there is crossover between sex workers and trans communities so by targeting the first we can also target the latter group but both groups have different needs; and
  - LGBTQI+ is not one community but is rather comprised of multiple subgroups;
- coordinate messages and surveillance when cases are high;
- develop as actionable guidance as possible; and
- increase outreach through digital applications for community engagement to places where the target population go.

**War in Ukraine**

Olha IZYHK also presented the WHO Regional Office for Europe’s RCCE-IM actions in support of the humanitarian response to the war in Ukraine.

**Context of the war in Ukraine:** The war has resulted in 8 million refugees, mostly women and children. Fatigue is evident as the war has been ongoing for over 1 year now and risk perceptions of communities are decreasing not only in civil society organization programmes but also refugee populations. The main challenge is linking refugees to health services in the host countries and the lack of political support in some instances to ensure access. Social listening suggests there may be increasing tension among host populations due to rumours and misinformation especially around health-care benefits for Ukrainian refugees. Olha posed two specific questions to TAG members:

1. How can we understand and assess social cohesion?
2. How can RCCE-IM contribute to the continuation of support to health for refugees?

During the subsequent discussion TAG members gave the advice to:

- avoid discrimination or stigmatizing language towards refugees and avoid using the term
fatigue – there was also some discussion on how to improve the phrasing of research questions;

- do focus group discussions with:
  - health professionals, people hosting refugees and nongovernmental organizations to gather insights on health-care access, social cohesion and perceptions around refugees, and
  - refugees to investigate their experiences and beliefs through active discussions and identify the problems they face;

- adapt information to the different refugee communities across the country rather than use one campaign to target all refugee communities across the country;

- develop instructions on how to access, use and navigate through the health-care system of the host country and disperse through telegram channels;

- support refugees in utilizing the health system of the host countries to prevent misuse/abuse of the available resources;

- follow national media to analyse themes of blame and social cohesion;

- make social cohesion more objective – refugees should be encouraged to access and respect the host health system too;

- do not forget that positive discrimination also manifests as discrimination – use more positive language to frame the refugees’ situation and emphasize their cultures and traditions to target positive sentiment from host populations;

- conduct historical analysis to support the integration of the population – there is a past history that can explain why social cohesion may be higher in some countries than others; and

- emphasize that health is a human rights issue and focus on creating empathy in the community – when targeting health-care workers remind them of their professional and ethical obligation to ensure the right to health for refugees.

Türkiye earthquake

Olha IZHYK presented the WHO Regional Office for Europe’s RCCE-IM actions in support of the humanitarian response to the Türkiye earthquake.

Context of the Türkiye earthquake: A good collaboration has been established with the Ministry of Health and health advice on over 20 topics has already been developed. Social listening reports and social media messages have been developed and tested in the 10 most affected provinces of the earthquake. Community engagement projects are under way as well as the adaptation of the Regional Office/United Nations Children’s Fund’s HealthBuddy+ tool for public health advice. Messages for mental health and psychosocial support have been developed, tested and disseminated reaching over 20 million people, and communities have created their own advocacy tool for mental health support through a hashtag to demonstrate psychological support needs. Olha posed specific questions to the TAG:

1. How do we measure the impact of social media messaging?

2. What can we do more for mental health? It is an ethical question so where is the balance in supporting people the right way?
In the subsequent discussion TAG members gave the advice to:

- utilize a reputable psychological first aid toolkit to train first respondents to provide psychological support to target population during response;
  - an existing psychological first aid toolkit from the United Kingdom of Great Britain and Northern Ireland\(^7\) could be adapted by the WHO Regional Office for Europe;
- share messages with target audiences on how to access mental health support /promote mental health literacy;
  - mental health interventions can be complex/time consuming so meeting physical health needs – which impact mental health – often needs to be the priority in the early stages of the response;
- develop a campaign for self-vigilance on mental health related symptoms;
- harmonize a psychiatrist and psychologist task force to address all mental health needs of populations (practitioners in medical facilities, nongovernmental organizations and community centres can also be coordinated) – these individuals can be trained through workshops to address needs and reflect recommendations to government;
- engage with youth – postgraduate level students can help with psychosocial support, avoiding language barriers and enhancing social cohesion); and
- look at reports of health-care professionals from the field to help identify needs.

**Advice and reflections on Measurement, Evaluation and Learning**

To measure impact, first define the desired impact of the intervention and connect to the aim of the intervention. Answer the question “What do we want?” and then examine the correct channels and messages. Measuring reach and acceptability followed by health outcomes in behaviour can provide evidence for the efficiency of an intervention.

- A mixed methods technique should be utilized for data analysis after comparing the use of methodologies to identify the correct one.
- Protocols for study methods should be designed and objectives identified ahead of time for advocacy.
- The evaluation of social media campaigns and what has been possible should be shared. Be clear about outcomes and what our expectations are because a social media campaign is not a mental health intervention (although it could help with self-vigilance in an affected population).

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Feedback from TAG members on inaugural meeting

Thirty minutes was set-aside towards the end of the afternoon of the second day of the meeting for TAG members to give feedback on the content and organisation of the meeting. Most of that time was devoted to having TAG members complete a survey ranking various aspects of the meeting (full list given below). This achieved a 94% response rate for the survey, with 17 out of the 18 TAG members who attended the meeting completing the survey.

The oral feedback given by members during this session was overwhelmingly positive, with those members who spoke saying how useful they had found the meeting. There was enthusiasm among these speakers for starting up working groups under the TAG. In the anonymized survey, 100% of respondents agreed that attending the TAG meeting over the past two days had been a good use of their time, with 15 out of 17 (88%) strongly agreeing with this statement (Fig. 1).

Fig. 1. Results of TAG members’ post-meeting survey
Closing of meeting and conclusions

Cristiana Salvi, Regional Adviser for RCCE-IM, thanked the TAG members and observers for a highly productive inaugural meeting. She stated that the TAG is in a position be a key contributor to the Regional Office’s RCCE-IM strategy, a powerful advocate for evidence-lead RCCE-IM to health authorities across the Region, and a catalyst for partnerships to foster collaboration between researchers and health emergency responders.

The TAG Chair, Laura Woodward, briefly recapped the key items the TAG had given advice on as well as the procedural decisions taken. The Chair stated that the TAG Secretariat would be in contact with members shortly regarding terms of reference and membership of the working groups due to meet over the summer. The TAG Secretariat would also notify members of the date of the next plenary meeting. Both the working groups and the next plenary will be online meetings. The Chair closed the inaugural plenary of the TAG, thanking the TAG Secretariat and wider WHO team for their support and wishing both members and observers a safe journey home.

Further information about TAG on RCCE-IM can be found here.⁸

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## Annex 1. List of participants in the inaugural meeting of the TAG

### TAG members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Title</th>
<th>Country</th>
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<tbody>
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<td>Spokesperson</td>
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<td></td>
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<td>Communication Expert</td>
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<tr>
<td>Brigitte Strahwald</td>
<td>Ludwig-Maximilians-Universität</td>
<td>Coordinator of Pettenkofer School of Public Health</td>
<td>Germany</td>
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<tr>
<td>David Stuckler</td>
<td>Bocconi University</td>
<td>Researcher in Public Health</td>
<td>Italy</td>
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<tr>
<td>Laura Woodward (Chair)</td>
<td>UK Health Security Agency</td>
<td>Professor of Policy Analysis &amp; Program Management/Head of Risk Communication and Emergencies</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Pavle Zelic</td>
<td>Medicines and Medical Devices Agency of Serbia</td>
<td>European Integration and Public Relations Manager</td>
<td>Serbia</td>
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Observers

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Title</th>
<th>Country</th>
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<tbody>
<tr>
<td>Catalin Bercaru</td>
<td>European Centre for Disease Prevention and Control</td>
<td>Risk Communication Expert</td>
<td>Sweden</td>
</tr>
<tr>
<td>Thomas Moran</td>
<td>WHO headquarters</td>
<td>Technical Officer (Risk Communication)</td>
<td>Switzerland</td>
</tr>
</tbody>
</table>

Staff from the WHO Regional Office for Europe

Hanne Fjeldhoff, Temporary Programme Assistant, Unit for RCCE-IM within the WHO Health Emergency Programme, WHO Regional Office for Europe (RCI Unit).

Olha Izhyk, Risk Communication Officer, RCI Unit.

Leonardo Palumbo, Community Engagement Officer, RCI Unit.

Cristiana Salvi, Regional Adviser for RCCE-IM and Head of RCI Unit.

Roy Wadia, Communications Manager and Head of Corporate Communication Unit.

Cassandra White, Programme Assistant, RCI Unit.

Consultants working for the WHO Regional Office for Europe

Lydia Asonti, Country Partnerships Consultant, RCI Unit.

Philippe Borremans, Senior RCCE-IM Consultant, Capacity Building, RCI Unit.

Ben Duncan, Senior RCCE-IM Consultant, Research, Innovation and Networking, RCI Unit.
## Provisional programme

### 26 April 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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<tbody>
<tr>
<td>08:30–09:00</td>
<td>Arrival and registration of participants</td>
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<tr>
<td>09:00–09:10</td>
<td>1 Welcome (and housekeeping), Cristiana Salvi, Regional Advisor for risk communication, community engagement and indodemic management (RCCE-IM)</td>
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<tr>
<td>09:10–09:25</td>
<td>2 Procedural items, Laura Woodward Technical Advisory Group (TAG) Chair (a) Reminder of need to keep Declarations of Interest up to date (b) Opportunity for oral updates to members’ Declarations of Interest (c) Reminder that photography and filming may take place during meeting, and that the names of attendees may be published in minutes (d) Opportunity to state objection to being filmed/photographed</td>
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<tr>
<td>09:25–09:30</td>
<td>3 Opening remarks and announcements from the Chair</td>
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<tr>
<td>09:30–10:15</td>
<td>4 Tour de table – members introduce themselves</td>
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<tr>
<td>10:15–10:35</td>
<td>Coffee/comfort break</td>
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<tr>
<td>10:35–11:45</td>
<td>6 New landscape – the evolving role of WHO and its RCCE-IM function in health emergencies and how the TAG can support this (a) Catherine Smallwood, Programme Area Manager (Emergency Operations), Health Emergencies Programme, WHO Regional Office for Europe (5 minutes) (b) Richard Pebody, Programme Area Manager (Infectious Hazard Management), Health Emergencies Programme, WHO Regional Office for Europe (5 mins) (c) Ihor Perehinits, Programme Manager for Country Health Emergency Preparedness and IHR, Health Emergencies Programme, WHO Regional Office for Europe (5 mins) (d) Cristiana Salvi, Regional Adviser for RCCE-IM – “A new landscape brings new needs: how the RCCE-IM function in the Regional Office will evolve over the coming years and our needs for expert advice” (5 minutes) (e) Questions and comments from TAG members</td>
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<tr>
<td>11:45–12:15</td>
<td>5 Ceremonial session in the presence of the Hans Kluge, WHO Regional Director for Europe and moderated by Cristiana Salvi, Regional Adviser for RCCE-IM a) Remarks by the Regional Director, followed by the opportunity for questions and comments</td>
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<tr>
<td>12:15–13:00</td>
<td>Lunch</td>
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<td>13:00–15:00</td>
<td>7 TAG methods of working and priorities for 2023 (a) Process and methods This includes, frequency and format of TAG meetings, methods of work and expected outputs in 2023 (i) Options proposed by the Secretariat and Chair</td>
</tr>
</tbody>
</table>
(ii) Comments and discussion
(b) **Priority topics for the TAG to address during 2023**
(i) Cristiana Salvi, Regional Adviser for RCCE-IM – recap of the short term and long-term priority areas for expert advice and input from the TAG
(ii) Discussion of what it is feasible for the TAG to deliver in these areas during 2023
(iii) Agreement on priority actions and timelines for implementing them

| 15:00–15:30 | Coffee/comfort break |
| 15:30–17:30 | 8 **WHO strategies and actions for ongoing emergencies**
(a) Briefing by the Unit for RCCE-IM within the WHO Health Emergency Programme, WHO Regional Office for Europe (RCI Unit) on ongoing RCCE-IM strategies and plans – Olha Izhyk on coronavirus disease (COVID-19) and humanitarian emergencies in Ukraine and Türkiye and Leonardo Palumbo on the mpox (former Monkeypox) response
(b) Oral feedback and advice from TAG members |
| 17:30–17:40 | 9 **Close of day one by Chair** – closing remarks, announcements, thanks |
| 19:00–21:00 | Dinner for TAG members organized by WHO at Vita Restaurant |

### 27 April 2023

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<thead>
<tr>
<th>Item</th>
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<tr>
<td>08:30–09:00</td>
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</table>
| 09:30–10:45 | 10 **RCCE-IM research and evidence generation**. What are the opportunities to further strengthen collaboration on applied research for RCCE-IM? What other actions or collaborations could help further strengthen the availability of evidence
(a) Briefing from RCI unit on current action
(b) Short statements by Prof David Stuckler (return-on-investment study), Prof Audra Diers-Lawson (COVID-19 lessons learned) and Leo Palumbo (mpox study)
(c) Initial orientation and advice from TAG members
(d) Scope for further action |
| 10:45–11:15 | Coffee/comfort break |
| 11:15–11:45 | 10 **RCCE research and evidence generation – continued** |
| 11:45–12:30 | 11 **RCCE training, education and capacity building**. What are the opportunities in the WHO European Region to build collaboration and synergies on RCCE-IM training, education and capacity building between WHO, universities, national institutes and civil society organizations
(a) Briefing by RCI unit and the Corporate Communications unit on their activities
(b) Initial orientation and advice from TAG members
(c) Scope for further action |
| 12:30–13:30 | Lunch |
| 13:30–14:00 | 11 **RCCE-IM training, education and capacity building - continued** |
| 14:00–14:45 | 12 **Feedback from TAG members to WHO**
(a) Chair’s conclusions on advice from day 2 of TAG meeting
(b) Observation on what worked well and what could be further improved for future |
| 14:45–15:00 | 14 **Closing remarks and thanks from the Chair** |
Annex 3. Terms of Reference for the Technical Advisory Group on Risk Communication, Community Engagement and Infodemic Management (RCCE-IM) in the WHO European Region

WHO Regional Office for Europe’s Action plan to improve public health preparedness and response in the WHO European Region 2018–2023 commits the Regional Office to continuously evaluate and update the risk communication and community engagement support it offers Member States to “ensure targeted impact on improvement of the emergency risk communication function”.

RCCE-IM as defined by WHO covers a wide range of activities. These range from building health authorities’ capacity to speak to journalists to working with local-level civil society organisations on community empowerment projects. Our understanding of what constitutes best practice and how to measure impact across all these diverse activities is informed by both experience on the ground and input from a myriad of academics and experts working in a range of different disciplines.

The Technical Advisory Group (“the TAG”) will advise the WHO Regional Office for Europe unit on: 1) the current “state of the art” in RCCE-IM related research, analysis and innovation in best practice and; 2) how this might be applied to the design, implementation and evaluation of RCCE-IM strategies, plans, guidance, projects, tools, campaigns and capacity building initiatives in the specific context of the European Region.

The Technical Advisory Group (the “TAG”) will act as an advisory body to WHO in this field.

I. Functions

In its capacity as an advisory body to WHO, the TAG shall have the following functions:

1. To provide independent advice on and review of the scientific technical, best practice and strategic aspects of RCCE-IM actions, campaigns, guidance, tools, support services and programmes being developed or implemented by WHO in the European Region;
2. To provide independent advice on appropriate methods and technical strategies for evaluating WHO RCCE-IM interventions, campaigns, policies, tools, services and programmes in the European Region;
3. To recommend priorities for RCCE-IM related research, provision of support services / tools or other interventions to the WHO Regional Office for Europe;
4. To advise the WHO Regional Office for Europe on the current “state of the art” in RCCE-IM related research, analysis and innovation in best practice and recommend how this might be applied by WHO in the context of the European Region to RCCE-IM interventions, campaigns, policies and programmes.

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II. Composition

1. The TAG shall have up to 20 members, who shall serve in their personal capacities to represent the broad range of disciplines relevant to research into, practice of and evaluation of RCCE-IM in the specific context of the European Region. In the selection of the TAG members, consideration shall be given to attaining an adequate distribution of technical expertise, professional experience, geographical representation and gender balance.

2. Members of the TAG, including the Chairperson, shall be selected and appointed by WHO following an open call for experts. The Chairperson’s functions include the following:
   - to chair the meeting of the TAG;
   - to liaise with the WHO Secretariat between meetings.

In appointing a Chairperson, consideration shall be given to gender and geographical representation.

3. Members of the TAG shall be appointed to serve for a period of 2 years and shall be eligible for reappointment. A Chairperson is eligible for reappointment as a member of the TAG, but is only permitted to serve as Chairperson for one term. Their appointment and/or designation as Chairperson may be terminated at any time by WHO if WHO’s interest so requires or, as otherwise specified in these terms of reference or letters of appointment. Where a member’s appointment is terminated, WHO may decide to appoint a replacement member.

4. TAG members must respect the impartiality and independence required of WHO. In performing their work, members may not seek or accept instructions from any Government or from any authority external to the Organization. They must be free of any real, potential or apparent conflicts of interest. To this end, proposed members/members shall be required to complete a declaration of interests form and their appointment, or continuation of their appointment, shall be subject to the evaluation of completed forms by the WHO Secretariat, determining that their participation would not give rise to a real, potential or apparent conflict of interest.

5. Following a determination that a proposed member’s participation in the TAG would not give rise to a real, potential or apparent conflict of interest, the proposed member will be sent a letter inviting them to be a member of the TAG. Their appointment to the TAG is subject to WHO receiving the countersigned invitation letter and letter of agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, TAG members have an ongoing obligation to inform the WHO of any interests real or perceived that may give raise to a real, potential or apparent conflict of interest.

6. As contemplated in paragraph II.4 above, WHO may, from time to time, request TAG members to complete a new declaration of interest form. This may be before a TAG meeting or any other TAG-related activity or engagement, as decided by WHO. Where WHO has made such a request, the TAG member’s participation in the TAG activity or engagement is subject to a determination that their participation would not give rise to a real, potential or apparent conflict of interest.

7. Where a TAG member is invited by WHO to travel to an in-person TAG meeting, WHO shall, subject to any conflict of interest determination as set out in paragraph II.6 above, issue a letter of appointment as a temporary adviser and accompanying memorandum of agreement (together ‘Temporary Adviser Letter’). WHO shall not authorize travel by an TAG member, until it receives a countersigned Temporary Adviser Letter.

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10 Members serve as full participants and partake in the decision-making process of the meeting in which they are involved.
8. TAG members do not receive any remuneration from the Organization for any work related to the TAG. However, when attending in-person meetings at the invitation of WHO, their travel cost and per diem shall be covered by WHO in accordance with the applicable WHO rules and policies.

III. Operation

1. The TAG shall normally meet at least once each year. However, WHO may convene additional meetings. TAG meetings may be held in person at the WHO Regional Office for Europe in Copenhagen or another location, as determined by WHO, or virtually, via video or teleconference.

TAG meetings may be held in open and/or closed session, as decided by the Chairperson in consultation with WHO.

(a) Open sessions: Open sessions shall be convened for the sole purpose of the exchange of non-confidential information and views, and may be attended by Observers (as defined in paragraph III.3 below).

(b) Closed sessions: The sessions dealing with the formulation of recommendations and/or advice to WHO shall be restricted to the members of the TAG and essential WHO Secretariat staff.

2. The quorum for TAG meetings shall be two thirds of the members.

3. WHO may, at its sole discretion, invite external individuals from time to time to attend the open sessions of an advisory group, or parts thereof, as “observers”. Observers may be invited either in their personal capacity, or as representatives from a governmental institution / intergovernmental organization, or from a non-state actor. WHO will request observers invited in their personal capacity to complete a confidentiality undertaking and a declaration of interests form prior to attending a session of the advisory group. Invitations to observers attending as representatives from non-state actors will be subject to internal due diligence and conflict of interest considerations in accordance with FENSA. Observers invited as representatives may also be requested to complete a confidentiality undertaking. Observers shall normally attend meetings of the TAG at their own expense and be responsible for making all arrangements in that regard.

At the invitation of the Chairperson, observers may be asked to present their personal views and/or the policies of their organization. Observers will not participate in the process of adopting decisions and recommendations of the TAG.

4. The TAG may decide to establish smaller working groups (sub-groups of the TAG) to work on specific issues. Their deliberations shall take place via teleconference or video-conference. For these sub-groups, no quorum requirement will apply; the outcome of their deliberations will be submitted to the TAG for review at one of its meetings.

5. TAG members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her appointment as a member of the TAG.

6. A yearly report shall be submitted by the TAG to the WHO Regional Director for Europe. All recommendations from the TAG are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the TAG.
7. The TAG shall normally make recommendations by consensus. If, in exceptional circumstances, a consensus on a particular issue cannot be reached, minority opinions will be reflected in the meeting report.

8. Active participation is expected from all TAG members, including in working groups, teleconferences, and interaction over email. TAG members may, in advance of TAG meetings, be requested to review meeting documentation and to provide their views for consideration by the TAG.

9. WHO shall determine the modes of communication by the TAG, including between WHO and the TAG members, and the TAG members among themselves.

10. TAG members shall not speak on behalf of, or represent, the TAG or WHO to any third party.

IV. Secretariat

WHO shall provide the secretariat for the TAG, including necessary scientific, technical, administrative and other support. In this regard, the WHO Secretariat shall provide the members in advance of each meeting with the agenda, working documents and discussion papers. Distribution of the aforesaid documents to Observers will be determined by the WHO Secretariat. The meeting agenda shall include details such as: whether a meeting, or part thereof, is closed or open; and whether Observers are permitted to attend.

V. Information and documentation

1. Information and documentation to which members may gain access in performing TAG related activities shall be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. In addition, by counter signing the letter of appointment and the accompanying terms and conditions referred to in section II(5) above, TAG members undertake to abide by the confidentiality obligations contained therein and also confirm that any and all rights in the work performed by them in connection with, or as a result of their TAG-related activities shall be exclusively vested in WHO.

2. TAG members and Observers shall not quote from, circulate or use TAG documents for any purpose other than in a manner consistent with their responsibilities under these Terms of Reference.

3. WHO retains full control over the publication of the reports of the TAG, including deciding whether or not to publish them.
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