Report of the second plenary meeting of the

Technical Advisory Group on risk communication, community engagement and infodemic management

in the WHO European Region

*Virtual meeting*

*26–27 October 2023*
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Abstract

The second plenary meeting of the Technical Advisory Group (TAG) on risk communication, community engagement and infodemic management (RCCE-IM) in the WHO European Region took place online on 26–27 October 2023. TAG members received findings and conclusions from the working groups established following its inaugural meeting; created an additional working group; endorsed a research agenda; and gave advice on ongoing and planned WHO strategies and actions on RCCE-IM.

Keywords

EMERGENCIES INFODEMIC PUBLIC HEALTH
HEALTH COMMUNICATION COMMUNICATION RESEARCH
COMMUNITY PARTICIPATION HEALTH BEHAVIOUR

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This publication contains the report of the second plenary meeting of the Technical Advisory Group (TAG) on risk communication, community engagement and infodemic management (RCCE-IM) in the WHO European Region took place online on 26–27 October 2023 and does not necessarily represent the decisions or policies of WHO.
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<tr>
<td>AI</td>
<td>artificial intelligence</td>
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<tr>
<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>DOI</td>
<td>declaration of interest</td>
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<tr>
<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
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<td>EIPRA</td>
<td>European Infodemic Preparedness and Response Alliance</td>
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<td>ESCAIDE</td>
<td>European Scientific Conference on Applied Infectious Disease Epidemiology</td>
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<td>HEPR</td>
<td>health emergency preparedness, readiness, response and resilience</td>
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<td>ICRRRC</td>
<td>International Crisis and Risk Communication Conference</td>
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<td>IHR</td>
<td>international health regulations</td>
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<td>LLM</td>
<td>large language model</td>
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<td>MEL</td>
<td>monitoring, evaluation and learning</td>
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<td>RCCE-IM</td>
<td>risk communication, community engagement and infodemic management</td>
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<td>RCI unit</td>
<td>Unit for RCCE-IM within the WHO Health Emergency Programme, WHO Regional Office for Europe</td>
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<td>TAG</td>
<td>Technical Advisory Group</td>
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Executive summary

The second plenary meeting of the Technical Advisory Group (TAG) on risk communication, community engagement and infodemic management (RCCE-IM) in the WHO European Region took place online on 26–27 October 2023. The Chair opened the meeting and, following some administrative items, the Regional Adviser for RCCE-IM gave an update on advocacy work and profile-raising activities on RCCE-IM carried out by her team since April 2023. These included presentations and panel discussions at high profile conferences and symposiums, often with TAG members speaking alongside the Regional Adviser. These actions are helping to position RCCE-IM as an evidence-led public health intervention and will be continued in 2024. The Regional Adviser also gave an update on the “Preparedness 2.0 process” and the development of the 2024–2029 strategy and action plan on health emergency preparedness, response, and resilience.

TAG members received reports back from working groups that had met during the summer and autumn of 2023 focusing on RCCE-IM capacity building, research, and health literacy in emergencies. The capacity-building group discussed principles for developing a curriculum for a certified course in RCCE-IM. The research working group presented an RCCE-IM research agenda document and white papers to bridge academia and practice. The health literacy working group emphasized the importance of health literacy in emergencies, particularly during the preparedness phase, and highlighted the importance of tailoring interventions to the needs of communities-at-risk. The TAG supported the documents developed by the research working group and mandated all three groups to continue their work.

The Unit for RCCE-IM within the WHO Health Emergency Programme, WHO Regional Office for Europe (RCI unit) presented an analysis of opportunities, challenges and risks posed by the development of artificial intelligence (AI) for RCCE-IM. The TAG decided to establish a working on AI to advise the RCI unit on producing a Delphi Study1 on the implications of AI for RCCE-IM. Additionally, there was a discussion on a draft theory of change model and a draft logic framework model produced by the RCI unit to further improve the monitoring, evaluation and learning of its activities. TAG members gave advice on how these two models might be further nuanced to better capture how RCCE-IM interventions produce impact. Finally, the RCI unit presented plans for ongoing and future risk communication activities on coronavirus disease (COVID-19), including post-COVID syndrome, and plans to establish the European Infodemic Preparedness and Response Alliance (EIPRA) during 2024. The TAG discussed optimal approaches to targeting, messaging and delivery of the Regional Office’s COVID-19 risk communication, and how EIPRA could best help the Regional Office support infodemic management capacities across the Region.

The meeting ended with a discussion on the dates and format for TAG meetings in 2024.

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1 Delphi studies allow a community of experts to evaluate intricate issues about which there is only uncertain or incomplete knowledge, to develop guidelines and recommendations for action, or to forecast trends.
Introduction

This report summarizes the proceedings of the second plenary meeting of the Technical Advisory Group (TAG) on risk communication, community engagement and infodemic management (RCCE-IM) in the WHO European Region. This took place as an online meeting during the mornings of 26 and 27 October 2023. The list of participants and the meeting agenda can be found in Annex 1 and Annex 2, respectively.

Proceedings of the meeting

Opening of meeting and administrative items

After noting some affiliation updates from members, the Chair, Laura Woodward, addressed procedural items, including annual declarations of interest, and the adoption of the agenda and approval of minutes from the TAG’s inaugural meeting1.

Recalling that one of the major points of consensus at the Inaugural meeting in April was the importance of advocacy on RCCE-IM as an evidence-led lifesaving public health intervention, the Chair asked Cristiana Salvi, Regional Adviser for RCCE-IM (Regional Adviser) to report on the recent activities of the unit for RCCE-IM within the WHO Health Emergency Programme, WHO Regional Office for Europe (RCI unit).

Review of recent and upcoming RCCE-IM events and advocacy opportunities

The Regional Adviser noted that the profile of RCCE-IM both on the scientific and political agenda had never been higher. She warmly thanked TAG members who had either participated in events with the RCI unit since the previous meeting in April, or organized their own events and invited the Regional Office to participate, for helping to achieve this.

Events between April and October 2023 reported on by the Regional Adviser were:

- WHO Satellite Symposium on creating the next cohort of health professionals with emergency competencies at the Association for Medical Education in Europe Conference, Glasgow, United Kingdom (29 August 2023);
  - There was a presentation by the Regional Adviser on how to incorporate training on RCCE-IM into the basic training of future health professionals;
- the panel discussion “How can we be better prepared for the next infodemic together?” at the Second WHO Symposium on the Future of Health Systems in a Digital Era in the European Region, Porto, Portugal (5 September 2023) (1);
  - Two TAG members – Pavle Zelic and Rui Gaspar – took part along with speakers from the European Centre for Disease Prevention and Control (ECDC), the European Commission, FactCheck.ge of Georgia, the Vaccine Confidence Project and a communication manager from The Lancet;
- internal workshop at the Medical University of Lodz, Poland (20 September 2023):
  - WHO’s participation in this event followed on from discussions between the Regional

1 These have subsequently been adapted into a meeting report (2).
Adviser and a representative of the Medical University of Lodz at the WHO Satellite Event on 29 August in Glasgow on incorporating RCCE-IM into medical training;

- presentation on the RCCE-IM response to the earthquake in Türkiye, European Communication Research and Education Association 7th International Crisis Communication (Crisis 7) Conference, Gothenburg, Sweden (6 October 2023);
- the 18th Traditional Annual Symposium of Medicines and Medical Devices Agency of Serbia (ALIMS), Healthy Unity with Deep Roots, Belgrade, Serbia (12–14 October 2023);
- Regional Seminar for National Focal Points for Communication in Europe of the World Organization for Animal Health, Chioggia, Italy (18 October 2023);
- the working together to increase uptake of coronavirus disease (COVID-19) and flu vaccination, European Commission webinar for health professionals (25 October 2023); and
- the international Conference Trust in Knowledge – the Core of Better Health, University Ismail Quemali, Vlorë, Albania (26–27 October 2023);

the Regional Adviser noted that this is being organized by TAG member Fatjona Kamberi and that Thanas Goga, the RCCE-IM expert at the WHO Health Emergencies’ Programme Subregional hub for the Western Balkans, is speaking at it.

Future events in 2023 noted by the Regional Adviser were:

- an RCCE-IM side event at European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE), Barcelona, Spain (23 November 2023);
- Biržiška Readings ’23: On the Infodemic Wave, Lithuanian Librarians’ Association’s international XXXII conference (1–2 December 2023), Kaunas, Lithuania; and
- WHO Regional Office for Europe’s RCCE-IM Forum, including the soft launch of the WHO Regional Office for Europe’s new RCCE-IM Plan Creator (3) and RCCE-IM Capacity Mapping tool (4), Copenhagen, Denmark (5–6 December 2024);

The Regional Adviser noted that six TAG members will be recording short presentations for the ESCAIDE side event, while the TAG Chair and the Regional Adviser will be present at the conference itself and lead an in-person discussion. The RCCE-IM Forum in Copenhagen in December will bring together practitioners from across western Europe.

Ahead of second plenary meeting of the TAG on RCCE-IM, several TAG members had notified the Secretariat about conferences and events in 2024 that may be opportunities to raise the profile of RCCE-IM, including the:

- International Crisis and Risk Communication Conference (ICRCC), Orlando Florida, United States (11–13 March 2024);
- 2nd International Summit on Public Health and Preventive Medicine, with sessions on health communication, health information technology and public health priorities post COVID-19, and held in Prague, Czechia (27–29 May);
- Risk in Space and Time, 32nd annual conference of the Society of Risk Analysis, Athens, Greece (2–5 June 2024), which includes sessions on risk communication and risk perception;
- Global Health Security Conference 2024, Sydney, Australia (18–21 June 2024);
- 2nd Global Meeting on Public Health and Healthcare Management, with sessions on public health beyond the pandemic; digital health, health information and communication, and held in Porto, Portugal (24–26 June 2024);
- European Communication Research and Education Association annual conference
“Communication & social (dis)order”, Ljubljana, Slovenia (24–27 September); and
• Traditional Annual Symposium of Medicines and Medical Devices Agency of Serbia (ALIMS),
  Belgrade, Serbia, held as part of ALIMS’s 20th anniversary celebrations (19 October 2024).2

The Chair then opened the floor to TAG members.

Pavle Zelic endorsed the Regional Adviser’s remarks about the 5 September panel session in
Porto and emphasized the importance of the Symposium in Belgrade, Serbia on 19 October 2024.
Audra Diers-Lawson noted that several TAG members had been at the European Communication
Research and Education Association’s Crisis 7 conference in Gothenburg in early October 2023
and that some will also attend the International Crisis and Risk Communication Conference in
Orlando in March 2024. Dilek Aslan reported that, along with Fatjona Kamberi of the TAG, she is
co-editor of a special edition of Frontiers in Public Health on the topic of infodemic management
in public health crises. Richard Amlôt informed the TAG via the Chat function that RCCE-IM will
be on the agenda of the United Kingdom’s Health Security Agency’s annual scientific conference
which takes place in Leeds, United Kingdom on 15–16 November 2023 (5).

Update from Regional Adviser for RCCE-IM on progress in developing
Preparedness 2.0

The Chair reminded TAG members that Preparedness 2.0 is the name of the new multi-annual
strategy and action plan on health emergency preparedness and response in the WHO European
Region. The process for developing this new strategy and its action plan started in June 2023 and
Preparedness 2.0 is the focus of a session at the WHO Regional Committee for Europe meeting in
Astana, Kazakhstan, 24–26 October 2023. While noting it was too early to have results from the
debate at the Regional Committee, the Chair asked the Regional Adviser to give an update on the
Preparedness 2.0 process.

The Regional Adviser stated that Preparedness 2.0 is intended to shape the health emergency
agenda for the period 2024–2029. The key focus of Preparedness 2.0 is to revamp the approach
to emergency preparedness and response based on lessons learned from the COVID-19 pandemic
and to operationalize the new health emergency preparedness, readiness, response and resilience
(HEPR) global architecture/framework published by WHO headquarters earlier in the year (6). Within
this new architecture, RCCE-IM is located within Community Protection, which is one of five
core subsystems of HEPR.3

The Regional Office established a TAG to advise it on Preparedness 2.0, which met for the first
time in person in June 2023, with virtual meetings held over the summer and the TAG will meet
in person again in Istanbul in November 2023. The Regional Adviser is the WHO Focal Point of the
Community Protection Working Group, that also includes TAG members Pavle Zelic and the TAG
Chair as an observer.

In October 2023, the TAG on Preparedness 2.0 presented a report for consideration at the Regional
Committee meeting in Astana (7), which recommends:

• taking an all-hazards approach;
• ensuring One Health is central to all activities;

2 This event was added to the list based on the discussion that followed the Regional Adviser’s presentation.
3 The other four are: Collaborative Surveillance; Safe and scalable care; Access to countermeasures; and Emergency
  coordination.
• endorsing HEPR five core subsystems (the 5 Cs); 4
• working across the whole of government and whole of society;
• enhancing collaborative surveillance;
• placing communities at the centre of all aspects of preparedness and response; and
• ensuring strong, resilient health systems with a well-trained and resourced health-care workforce.

The Regional Adviser emphasized the importance of community protection as one of the central components of the HEPR framework. The TAG on Preparedness 2.0 has recognized the role of local communities and the need for partnerships between communities and health authorities to enhance emergency response. The TAG also stressed the importance of engaging and empowering communities to make informed decisions, manage false information and address health literacy. The Regional Adviser then elaborated seven key messages on community protection within the report.

1. Local communities possess unique knowledge, skills, influence and resources, which should be mobilized. Effective social and behavioural changes need to be co-constructed through partnerships between communities and health authorities, before, during and after a health emergency.
2. By engaging with communities, health authorities can reach the target audiences whose behaviour supports the emergency mitigation or control measures. This empowers individuals to make informed decisions, reject misinformation or disinformation and follow recommended measures. Additional research can enhance the understanding of why false information develops and spreads.
3. The TAG on Preparedness 2.0 is sensitive to the role of the health and care workforce in countering misinformation and disinformation and providing accurate advice. Therefore, improving patient and health worker health literacy is paramount. It is important to understand how health-care workers can be better enabled and empowered to be a bridge between research, policy-makers and affected or at-risk communities in times of crisis.
4. Engaging community leaders, organizations and volunteers helps health authorities identify community-specific needs and vulnerabilities. By involving community members in planning and decision-making processes, emergency response strategies can be tailored to local contexts.
5. It is paramount that communities feel protected, are trained when needed and are provided with all the necessary resources (material, financial and psychosocial) to carry out support activities and to make informed decisions that protect their health and well-being.
6. The TAG on Preparedness 2.0 recommends that efforts are taken to engage with those who are often overlooked and/or marginalized, and the organizations that represent them.
7. RCCE-IM comprises core public health interventions that can achieve community protection and engagement. It is critical that an effective evaluation of RCCE-IM is conducted during and after an emergency response.

The Regional Adviser expressed pride and emotion that, in the words of the last message above – RCCE-IM is firmly established as a “core public health intervention”. She noted that at the upcoming in-person plenary in Istanbul of the TAG on Preparedness 2.0 there will also be an inaugural in-person meeting of the Working Group on Community Protection. This Working Group will be a key forum for defining in more detail the role of RCCE-IM within Preparedness 2.0. In parallel to this, the TAG on RCCE-IM will now restart its Working Group on Preparedness 2.0 so that the TAG on

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The 5Cs of the HEPR sub-systems are: Collaborative surveillance, Community protection, Safe and scalable care, Access to countermeasures and Emergency coordination.
RCCE-IM is ready and able to provide input when needed. The Regional Adviser ended by inviting questions and comments.

The Chair and several members (via Chat) thanked the Regional Adviser for her passion and dedication. The Chair emphasized the importance of the strategy and action plan that the Preparedness 2.0 process feeds into. She invited Pavle Zelic to share his experience as a member of the TAG on Preparedness 2.0.

Pavle Zelic stated that the report prepared for the Regional Committee is good, but there are many elements that need to be further developed. He was hopeful that the outlines of the strategy and action plan will become significantly clearer after the meeting in Istanbul in November. He noted that colleagues leading the process aspire to transform a very ambitious and rather complex set of plans and strategies into an “elevator pitch” of no more than 20 seconds that will motivate government ministers and health policy-makers to act. Pavle reflected that this may be challenging for WHO and its partners to achieve but had advised the Regional Office to ensure that communication on the strategy and action plan is modern, professional and effective – and that there is appropriate stakeholder engagement around finalizing the strategy.

The Chair reported her experience of attending the inaugural TAG on Preparedness 2.0 meeting and her views on the overall process. She reflected that Preparedness 2.0 proposes the introduction of some important new concepts and systems, not least “community protection”. She suggested that as well as communicating the new strategy and action plan in a modern and effective way, it might also be useful to provide countries with practical tools and guidance on how to implement them.

There then followed an open debate during which the following members spoke: Nahid Guliyev, Rui Gaspar, Dilek Aslan, the Chair and the Regional Adviser.

There were two main themes of discussion:

i) what exactly the concept of community protection should mean; and

ii) the process and timeline for the TAG on RCCE-IM to make its input to the Preparedness 2.0 process.

It was noted that the term community protection implies closer proximity to, and engagement with, communities than the older public health term “health protection”. RCCE-IM is clearly an important component of community protection, but it would be helpful to have more clarity on the other public health functions and disciplines that also contribute. Regarding the process, several speakers noted that, given Preparedness 2.0’s aim of putting communities at the centre of response, the TAG on Preparedness 2.0’s Community Protection Working Group needs expertise on it from civil society. It was also pointed out that academia is an important component of civil society, and that academics could also further strengthen the research and evidence base for Preparedness 2.0 and its implementation. There was consensus that the TAG on RCCE-IM could provide vital perspectives and insights to the Community Protection Working Group to advance its work. A joint meeting or cross-representations between these groups would be appropriate and should be proposed to the Chair of the Community Protection Working Group.

Regarding the timeline for the TAG on RCCE-IM to make its contribution to Preparedness 2.0, the Regional Adviser noted that the final version of Preparedness 2.0 is scheduled for adoption by
WHO’s Regional Committee for Europe in autumn 2024. Nonetheless, it would be a good idea to agree a schedule for input from the TAG on RCCE-IM. There was consensus that TAG RCCE-IM’s Working Group on Preparedness 2.0 should be re-activated and that a meeting of this Working Group should be scheduled in early November ahead of the Istanbul meeting.

**Report back from the working groups**

The Chair moved the discussion onto the next agenda item, which was the report back from the three working groups of the TAG on RCCE-IM, namely:

- Capacity building and RCCE-IM curriculum
- Research and evidence generation
- Health literacy in emergencies.

**Working Group on Capacity building and RCCE-IM curriculum**

**Members of the Working Group on Capacity building and RCCE-IM curriculum:** Dilek Aslan, Audra Diers-Lawson, Alexandar Dourtchev, Aizhana Dzhumalieva, Rui Gaspar, Nahid Guliyev

**Project manager:** Philippe Borremans, RCI unit

Philippe Borremans reported that the Working Group met on 14 September 2023 and that he was the chair. At this meeting he presented a proposal for an RCCE-IM curriculum based on the WHO Regional Office for Europe’s prototype RCCE-IM competency framework. This is a framework based on the competencies WHO wants to see in its RCCE-IM staff at the Regional Office and country offices, however, the target audience of the RCCE-IM curriculum includes Member States, partners, civil society and health workers across the European Region, as well as United Nations and WHO staff.

Regarding the content of the curriculum, Philippe noted that Working Group members endorsed the idea of basing it on WHO Europe’s competency framework but advised that other relevant concepts such as "resilience" also be incorporated. The Working Group endorsed the proposed concept of a blended learning teaching format, with a mix of online and in-person training. However, the advantages of in-person training for practical, skills-based training and simulations exercises were stressed.

The RCI unit favours an integrated approach to teaching RCCE-IM. Nonetheless, there may sometimes be a need for courses or modules that focus on, for example, risk communication or infodemic management only. There needs to be flexibility and adaptability to the different contexts and needs of countries.

Regarding certification, Philippe had explained that WHO rules require that there would need to be an exam at the end of the course in order for the Regional Office to issue an official pass certificate to people who graduated after completing the full RCCE-IM curriculum. Nonetheless, under WHO rules it was also possible for the Regional Office to issue certificates of participation to people who completed individual modules.
Ben Duncan reported that the Working Group had met twice since being established: its first meeting was held online on 5 July, and a second meeting (also online) took place on 14 September 2023. At its first meeting, the Working Group undertook a ranking exercise to prioritize the area(s) of work it would focus on over the summer and early autumn of 2023 in developing an RCCE-IM research agenda document and producing short white papers on existing research results relevant to RCCE-IM as priority actions. The aim of these white papers are to make research findings relevant and easily useable by RCCE-IM practitioners. Group member Audra Diers-Lawson volunteered to take the lead in drafting an RCCE-IM Research Agenda document while members Audra Diers-Lawson and Richard Amlôt volunteered to produce the white papers.

At the second Working Group meeting on 14 September, Audra Diers-Lawson presented a draft RCCE-IM Research Agenda and two short white papers (each less than 1000 words). The meeting concluded that:

- an RCCE-IM research agenda can help guide the academic community and public sector/non-profit research spending; and
- a compendium of white papers could help make research findings/evidence more accessible to practitioners, helping to promote more effective, evidence-led RCCE-IM interventions.

The Working Group endorsed the research agenda document presented by Audra, subject to some agreed changes to its recommendations and endorsed her two white papers unchanged.

Ben Duncan briefly presented the two endorsed white papers, both based on research published by Audra Diers-Lawson and her collaborators, and informed TAG members that a third paper authored by Richard Amlôt was in process.

Ben then outlined the three key outcomes endorsed by the working group, that the RCCE-IM research agenda document seeks to produce related to the establishment of a research infrastructure, namely to:

1. enable the key study protocols needed in future emergencies to be identified, developed in advance, and/or standardized;
2. collect study protocols from experts that have been tested and used to specifically produce an RCCE-IM research toolkit, which could prepare templates for studies that are ready to be deployed in future emergencies; and
3. create readily accessible repositories of information on best practices and cutting-edge research.
He also presented the six key RCCE-IM research questions that the research agenda document proposes.

1. What are the factors that most influence public willingness to adopt self-protective behaviours? How reliable are those factors?
2. How do public concerns about the future affect their willingness to adopt preventative self-protective behaviours?
3. What information needs do most people have? What factors influence information needs across populations?
4. Are there reliable ways to predict public engagement with issues of public health and safety? That is, who is engaged, why and with whom?
5. What factors affect constraint recognition? That is, for those people who are not engaged with risks and are at risk, how can this be explained and addressed communicatively?
6. To what degree does blame attribution affect general attitudes about self-protective behaviour adoption? That is, if people feel they are being blamed (scapegoated) for the negative effects of a public health emergency how will that affect their engagement about the risk?

Ben asked the TAG to:

1. endorse the RCCE-IM research agenda developed by the Working Group; and
2. consider whether, based on the model of those developed by the Working Group, other TAG members wish to draft white papers presenting their research findings to RCCE-IM practitioners.

Audra Diers-Lawson, who authored the RCCE-IM research agenda document added to Ben’s comments that the three key outcomes it sought were designed to help RCCE-IM practitioners. The document recognizes that collaboration between academic researchers and practitioners can be challenging, and that researchers need to find ways to produce rapid findings. Audra noted that there had been quite a lot of discussion at the Working Group meeting in September about developing a toolkit for rapid research to accompany the research agenda document, which might be a sensible next step. Audra ended by saying that while the six research questions presented were the result of a literature review, it did not pretend to be an exhaustive list, which could be extended to respond to different situations.

There was then an open debate focusing mainly on the research agenda document, but with the white papers mentioned under the topic of access to research findings. The following members spoke: Dilek Aslan, Rui Gaspar, Valentina Possenti, Olivier Rubin, Brigitte Strahwald and Pavle Zelic, as well as the TAG Chair and the Regional Adviser. Several key points of consensus and advice emerged:

1. Develop a toolkit for rapid (high-quality) operational research: There was strong consensus that a toolkit would be a valuable addition to the research agenda. It could help public health authorities across the Region, and their research partners, to conduct rapid operational studies. The toolkit would be scientifically grounded but designed to produce rapid data and analysis. It would also support practitioners and researchers on how to translate their results into evidence-based recommendations/options for action to further improve their RCCE-IM strategies and interventions.
2. Academic research needs to show it can add value to rapid polling data: the TAG Chair, highlighted that (certainly in western Europe) governments regularly commission private sector
market research companies to carry out rapid opinion polls. From an RCCE-IM practitioner’s point of view, these can provide a very rapid check on public mood and risk perceptions – which can then be used to inform decision-making. A key challenge for academics offering rapid operational research is to show it offers value to RCCE-IM practitioners beyond what they get from rapid polling.

3. **Standardization of terminology:** Rui Gaspar and Brigitte Strahwald stressed the need to standardize terminology used in RCCE-IM related research. Inconsistencies in the definitions of terms like "risk perception" and "trust" are barriers to the comparability of research result and can lead to confusion and misunderstanding among both researchers and health decision-makers. Standardized terminology would help improve comparability and reduce the scope for misunderstanding.

4. **Capacity-building for practitioners:** Dilek Aslan spoke of the broader perspective, including capacity-building – with the mobilization of more resources needed to address research gaps. Furthermore, creating a document that encompasses the Working Group's work from various angles would be helpful for the TAG.

5. **Research awareness and literacy for RCCE-IM practitioners:** Olivier Rubin stressed the importance of raising RCCE-IM practitioners' awareness of research resources and motivating them to use research findings in their work. He suggested demonstrating the usefulness of research in improving the impact of RCCE-IM interventions through training and best practice examples.

6. **Access to research findings:** Participants emphasized the need to make research findings accessible to practitioners. Audra Diers-Lawson highlighted the issue of academic research being hidden behind paywalls and the importance of making it more accessible. She stressed the value of products like the white papers endorsed by the Working Group in translating research into digestible, accessible formats. More effort is needed in facilitating knowledge exchange between academia and practitioners.

7. **Impact infrastructure and networking:** Valentina Possenti emphasized the importance of establishing a framework for long-term data collection and analysis. She highlighted the need for comprehensive surveillance systems and structured indicators to study risk perceptions, behaviours and responses. This infrastructure should be flexible, adaptable and sustained over time.

Audra Diers-Lawson, Rui Gaspar and Brigitte Strahwald then discussed how best to involve RCCE-IM practitioners in defining research questions, and how the process of co-creation between practitioners and researchers should work. Pavle Zelic raised the question of finding the funds for RCCE-IM related research, particularly in countries with more limited resources. International partners can sometimes help fund this research but there is still more to do.

The Regional Adviser underscored the role of data and evidence-based policy-making in addressing global health crises such as COVID-19. She emphasizes the need for actionable recommendations, as well as scientific rigor, in research. Strong partnerships between researchers, RCCE-IM practitioners and decision-makers are needed so that research findings are translated into effective interventions. The Regional Adviser recognized the importance of knowledge translation mechanisms in facilitating evidence-informed decision-making. She advocated further reinforcing collaboration with academic experts in future emergencies.

The Chair ended the debate by acknowledging the importance of research and evidence not only in designing RCCE-IM interventions, but also in evaluating their effectiveness on an ongoing basis.
This link between supporting RCCE-IM research and having good quality Monitoring, evaluation and learning (MEL) for RCCE-IM needs to be kept in mind. Making research results relevant and useful to RCCE-IM practitioners is the key to building an alliance of practitioners and researchers who can move our RCCE-IM research agenda forward. She suggested engagement between the Working Group, the practitioners involved with the TAG and possibly even a wider group as the way forward.

**Working Group on Health literacy in emergencies**

**The TAG on RCCE-IM members of the Working Group on Health literacy in emergencies:** Rui Gaspar and Marina Topuridze

**TAG on Behavioural and Cultural Insights (BCI) and WHO Regional Office for Europe BCI experts members of the Working Group:** Anastasia Koylyu, Diane Levin-Zamir, Martha Scherzer, Miguel Telo de Arriaga, Vesna Trifunovic and Stephan Van den Broucke

**Project manager:** Olha Izhyk, RCI unit

Olha Izhyk explained that the Working Group on Health literacy in emergencies is a joint working group including members from the Regional Office for Europe’s TAG on BCI and experts from the Regional Office’s BCI unit. It takes as its starting point the conviction that health literacy is key in ensuring communities can access, understand, and use health information effectively in all phases of the emergency response cycle. One of the lessons identified during the response to COVID-19 has been the need to strengthen the capacity of national health authorities across the European Region to increase the level of health literacy of their communities in the context of emergencies. Indeed, there is an increasing demand for strengthening communities’ health literacy by emergency management experts, including disaster managers, globally. The increased number of hazards facing the European Region and the world, gives this work added urgency.

The Working Group met on 14 September and was given a presentation by Kristine Sørensen, President of the International Health Literacy Association, who has been conducting a literature review on health literacy in emergencies for the Regional Office. Olha explained that there is a vast literature in this area so reviewing it is a crucial first step in understanding current evidence on best practice. Once the Regional Office has a better understanding of the recent research, it can then develop advice and design interventions to support countries in further strengthening health literacy in emergencies in their communities.

A significant portion of the discussion after Kristine’s presentation revolved around the importance of health literacy throughout the emergency response cycle, with a particular emphasis on the preparedness phase. The approach to health literacy was framed as empowering – members saw the Regional Office working with health authorities and governments to empower people in navigating health information.

Challenges identified included the need for a unified approach to language and definitions related to crises, emergencies and risks. The group also delved into the complex issue of health information and literacy in a post-truth society, expressing a need for further exploration in future meetings.
Key conclusions from the discussion were that:

- the various forms of health literacy – such as public, digital, mental and organizational – are content- and context-specific and that tailored solutions are required to address specific situations;
- health-care policy-makers and governments should consider health literacy determinants when formulating policies in emergencies;
- organizational strategies need to be in place to design health-literate organizations and systems capable of providing and facilitating health-literate responsive services; and
- disaster health literacy should be a priority in international and national emergency response frameworks.

There was also a suggestion of conducting one or more workshops with civil society groups that have been involved in responding to recent emergencies to better understand needs and opportunities.

Olha concluded with the recommendation that the Working Group continue its discussions on health literacy. She also asked TAG members to feel free to propose relevant peer-reviewed articles or reports that should be added to the body of papers being analysed by Kristine for the literature review.

The Chair opened the floor for discussion. The following members spoke: Dilek Aslan, Catalin Bercaru (observer), Rui Gaspar and Olha Izhyk, and the Chair and the Regional Adviser.

The main points made were:

- the need for WHO and the Working Group to create documents or guidelines for health literacy that can support advocacy and awareness raising – only speaking to the scientific community will not have an impact;
- the importance of health-care workers as key influencers on health behaviours during crises who could also play a key role in raising health emergency literacy during the preparedness phase;
- first responders and staff working in civil preparedness structures might also be important allies in strengthening health emergency literacy;
- the importance of considering social and commercial determinants of health in working group efforts; and
- the importance of digital literacy in strengthening community resilience against online misinformation.

There was a strong consensus in the TAG on the importance of building health emergency literacy during the preparedness phase. For many communities, the major hazards they face can be identified and can provide a focus for emergency literacy during the preparedness phase.

The Regional Adviser noted that scientific uncertainty, which led to rapidly changing guidance in some instances, had been a challenge when trying to build trust and literacy during the COVID-19 pandemic. Helping communities understand how science works needs to be part of health literacy interventions by the Regional Office and countries. Engaging health-care workers will be a key part of the strategy: in the coming month, the Regional Office will be publishing implementation
guidance on how to engage them. She advised that it could be very valuable for the Working Group to drill into some of the practicalities of how to shape and implement the Regional Office’s work on developing a strategy on health emergency literacy.

The Chair concluded by mandating the Working Group to continue its work.

**Establishment of a TAG Working Group on AI and RCCE-IM**

The Chair introduced Stefan Voinea, who this summer joined the RCI Unit at the Regional Office as the Infodemic Management Officer and asked him to present the RCI unit’s proposal to establish a TAG Working Group on AI.

Explaining the background of the proposal, Stefan Voinea told the TAG that the Regional Office is receiving a lot of requests from countries for guidance on how to take account of the emergence of AI in their preparedness and response. Individuals and institutions are increasingly using AI in their work and the disruptive potential of this new technology is becoming more and more clear. This is why the RCI unit would like to engage with TAG members, and with other external experts to better understand both the opportunities and threats posed by AI.

The potential opportunities for RCCE-IM practitioners include using AI tools (such as ChatGPT) for:

- rapid development, testing and tailoring of RCCE-IM messages and strategies;
- rapid processing of large amounts of technical information turned into easily accessible health information for different communities;
- rapid deployment of chat-bots (multimodal: text, voice and video, and via multiple platforms) to answer sudden surges of questions/information requests from communities during the acute stages of emergencies;
- automated translation of RCCE-IM content;
- needs assessment, survey design and dissemination;
- detection of mis- and dis-information, rapid data and trend analysis; and
- strategic planning – optimization of resources and team structures.

These are big opportunities and the development, testing and deployment of major RCCE-IM campaigns – work that can take months when done manually – could be done in a matter of days using AI. AI technologies will be available to partners such as civil society organizations as well as national health authorities.

Nonetheless, the risks that AI may pose are also substantial, as identified by a WHO analysis published in May 2023 (8):

- The data used to train AI may be biased, generating misleading or inaccurate information.
- AI generated responses that appear to be authoritative and plausible can be completely incorrect.
- AI large language model (LLMs) (such as ChatGPT) may be trained on data for which consent may not have been previously provided, and LLMs may not protect sensitive data (including health data) that a user provides;
- LLMs can be misused to generate and disseminate highly convincing disinformation that is
• While WHO is committed to realizing the potential of new technologies such as AI to improve human health WHO also recommends that health authorities (not technology firms) take the lead in regulating them to ensure patient safety and data protection.

Stefan reported that AI seems certain to drive major and wide-ranging change for RCCE-IM, and indeed all aspects of society, over the coming years. The challenge is predicting what exactly those changes will be, how soon each of them will materialize and what RCCE-IM practitioners should do to manage them.

The first steps towards developing a policy agenda on AI and RCCE-IM in the European Region is to build expert consensus on:

• the most important challenges/opportunities posed by AI for RCCE-IM; and
• how and where the WHO Regional Office for Europe and its partners should influence these changes.

Stefan proposed to create a TAG Working Group on AI and RCCE-IM to help the RCI unit define a protocol for a Delphi Study\(^5\) to answer these questions. It would also help define the profile of the panel of experts to be involved in conducting the Delphi Survey. This panel can include all interested members of the TAG but since a Delphi Panel should usually be 30 or more members, the panel will need additional practitioners, researchers and experts with deep knowledge of AI.

The Chair opened the floor for discussion. The following TAG members spoke: Rui Gaspar, Valentina Possenti and Pavle Zelic, as well as the Chair, the Regional Adviser and Stefan Voinea.

All of the members who spoke (Richard Amlôt, Alexander Dourchev, Alena Petrakova and Brigitte Strahwald) supported the creation of the working group as did the observer Catalin Bercaru.

The Chair declared the Working Group on AI created. She asked members to contact the TAG Secretariat (Ben Duncan) by close of business on Friday 10 November if they wished to become members.

Advice from TAG on the Regional Office’s MEL Strategy for RCCE-IM

The Regional Adviser opened the item by introducing Hanna Radysh, an expert on MEL who this summer joined the Regional Office’s RCI unit. The Regional Adviser expressed the view that investing in MEL is crucial to positioning RCCE-IM as an evidence-led public health intervention and ensuring our interventions are effective. This is why the RCI unit wants to incorporate MEL into all aspects of its work. The Regional Adviser recalled that RCI unit had originally planned to have a discussion on MEL at the Inaugural meeting in April 2023, but had decided to postpone it to allow more debate on other items and for the RCI unit’s MEL strategy to be drafted.

In opening the discussion on this item, the Regional Adviser noted that RCI unit is currently

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\(^5\) Delphi studies allow a community of experts to evaluate intricate issues about which there is only uncertain or incomplete knowledge, to develop guidelines and recommendations for action, or to forecast trends (9).
providing RCCE-IM support to several different emergencies: these include two protracted emergencies – the war in Ukraine and the ongoing response to COVID-19 – as well as two relatively new acute emergencies – the influx of refugees into Armenia from the Nagorno-Karabakh region of Azerbaijan and the conflict in Israel and Gaza. Every time that the RCI unit develops the RCCE-IM element of an emergency response plan it includes MEL, but a balance needs to be achieved between the data gathering and monitoring that the RCI unit would like to do and what is realistic in the context of an emergency. With the Nagorno-Karabakh emergency, which is still acute and fast moving, the MEL element of the plan needed to be adjusted to streamline and simplify reporting. MEL on RCCE-IM should be seen through this lens of what its feasible in the context of an emergency.

The Regional Adviser identified two key reasons why MEL is mission critical for RCCE-IM.

1. MEL provides data on impacts achieved by RCCE-IM interventions, and so can help practitioners make the case for investment in RCCE-IM; and
2. real-time MEL enables RCCE-IM practitioners to monitor whether their interventions are having the desired impact during a response, and if not to make adjustments.

Given this importance, the RCI unit looked forward to hearing the TAG’s insights and advice.

Hanna Radysh explained that, starting in August, she had led a reflection process in the RCI unit to establish an overarching theory of change and a logical framework that analyse the steps in the pathway of RCCE-IM strategies and actions from inputs to outputs, outcomes and impacts. Hanna presented drafts of both the theory of change and logic framework produced following this process. They seek to capture the different elements involved in creating RCCE-IM interventions and how these interventions produce impact. Having an agreed model of how these interventions are developed and how they produce an impact will enable the RCI unit to identify the key indicators it should measure and to evaluate these in a consistent way across its various response strategies and actions.

Looking at the proposed theory of change, Hanna highlighted that the RCI unit can only control inputs, activities and outputs. The outcomes from an RCCE-IM intervention, such as a change in risk perception or an increase in knowledge, are beyond the control of the RCI unit. However, the RCI unit does seek to influence these outcomes, so it is important to measure them.

Hanna also pointed out that RCCE-IM does not exist in a vacuum. The theory of change and the logical framework are underpinned by a number of supporting assumptions including that:

- the RCI unit has sustained and adequate financial and human resources as an input;
- the WHO European Region and its Member States recognize emergencies as a top risk;
- the WHO European Region and its Member States adopt inclusive governance for health emergencies and place communities at the heart of their interventions;
- target populations access and engage with risk communication content;
- target populations consider their national health authorities (and WHO) to be credible sources of information;
- people have cultural competence;
- communities are organized and able to be reached by Member States and WHO;
- communities realize that they are the main drivers of change;
• resources/countermeasures are in place to enable the uptake of the protective behaviours advocated in RCCE-IM interventions; and
• regulations are in place to enforce protective behaviours.
The **Regional Adviser** posed the following questions to the TAG:

• Are the draft theory of change and logical framework that the RCI unit has developed complete and accurate? How could they be further improved?
• How do we measure RCCE-IM outcomes efficiently and show their contribution to impacts?
• How can we disentangle RCCE-IM impacts as much as possible from those of other pillars?
• How can we ensure MEL is both realistic and effective in emergencies?

The **Chair** opened the floor for debate. The following TAG members spoke: **Dilek Aslan, Catalin Bercaru (observer), Audra Diers-Lawson, Rui Gaspar, Nahid Guilyev, Fatjona Kamberi, Anzhela Kzhdryan, Alena Petrakova, Olivier Rubin, Brigitte Strahwald, Pavle Zelic** as well as the **TAG Chair**.

The following recommendations and comments were made.

**Concerning the MEL strategy overall:**

- The strategy implies a linear relationship between the different factors and spheres of influence. But in reality the different factors that directly and indirectly influence outcomes happen at the same time and have feedback mechanisms.
- The strategy should recognize that there are highly nonlinear feedback loops and all these effects will take place at the same time.

**Concerning the content of the theory of change:**

- The RCI unit should pay attention to the use of resources from donors and other partners for emergency preparedness and capacity development.
- The RCI unit should pay attention to synergizing efforts with other United Nations agencies to promote and advocate cooperation between government ministries to develop packages where the health response is an important component of the overall emergency response.
- The sphere of interest is lacking the goal of preventing adverse behaviour, such as “prevent misinformation”, which is a more achievable goal and it is easier to measure using social media analysis.
- There are both intended and non-intended effects especially when there is external motivation to change people’s behaviour, such as loss of trust as a result of forced use of masks.
- The spheres of direct influence and indirect influence are not fully sorted out: “community actors pick up and amplify risk communication messages” is categorized under direct influence but it is not under our direct influence.
- We need to be very cautious about something that we communicate. There must be some big cultural shift for people to really understand and accept possibility of another pandemic, another lockdown, another mask mandate. We need to get the attention of the real decision-makers so they don’t make some unsound recommendations because they thought it would be a popular thing to do.
- There should perhaps be a different response or different criteria – separate tactics or strategies – for health emergencies versus an emergency with a health component.
The goals are slightly too broad and limiting them would be more efficient.
Impacts could be defined specifically in metric terms.
Every community and situation is unique. Local organizations need to understand the specific
dynamics and needs of the communities they work with, allowing them to tailor their RCCE-IM
strategies to local contexts.
The institutional trust component is a very long-term project.

Concerning the methods to measure outcomes:

- We can use the measurement of “internalization” as set out in the IDEA model of risk
communication (10). This assesses understanding of “why” behaviour changes is needed
rather than intention. This approach will also help to differentiate between “do it because you
have to” versus “do it because you want to”.
- There are reasonable limitations in measuring outcomes and disentangling the RCCE-IM
effects because of complexity of interventions settings.

The Chair thanked TAG members for their excellent input and advice. This will be a valuable
resource for the RCI unit in the next iterations of its MEL strategy and actions for RCCE-IM, including
the theory of change and logical framework.

Advice from TAG on autumn/winter campaigns on seasonal influenza
and COVID-19, including post COVID syndrome (long COVID)

Olha Izhyk reminded TAG members that even though the emergency phase of COVID-19 may have
ended, the COVID-19 pandemic is still with us. The RCI unit is therefore supporting the Regional
Office’s transition into the next phase of the COVID-19 response in the WHO European Region. In
doing this, it aims to further reinforce and sustain the protection of individuals and communities
from COVID-19 and other respiratory pathogens – in particular influenza. In parallel to this, the RCI
unit is also prioritizing collaboration with health-care workers and community actors to minimize
the risk of long COVID. The objectives of the unit’s risk communication campaign on COVID-19 and
other respiratory infections during winter 2023–2024 are to:

- normalize COVID-19 protection
- promote individual risk assessment
- manage the risk perception of at-risk groups and health-care workers
- co-design and co-deliver with communities
- sustain social and community listening and feedback
- minimize the risk of long COVID through collaborative work.

Olha elaborated the approach the RCI unit is taking to this campaign. Firstly, in a multicountry
initiative such as this, aimed at multiple communities, it is important to be aware that “one size
does not fit all”. The campaign aims to increase individual responsibility and risk assessment
and emphasizes key protective measures that can be taken at every step. A second principle is
to “protect the most vulnerable”, with the campaign focusing on the most at-risk groups, such
as older adults, people with underlying health conditions and pregnant women. It urges these
groups to take up the offer of COVID-19 vaccination, where available, as well as offering simple
protection measures.
The third and final element of the approach is “work with health-care workers”. It seeks to engage health-care workers in support of prevention measures to use their influence as role models in their communities and invites them to co-create interventions with health authorities. It also seeks to engage health-care workers to support people with long COVID to recognize their symptoms, better understand how to manage their symptoms as well as possible treatment options available to them.

Olha presented the following overview of target audiences and the targeted outcomes for each (Table 1).

Table. 1. Overview of audiences and outcomes for the risk communication campaign on COVID-19, seasonal influenza and other respiratory infections for winter 2023/2024

<table>
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<th>Audiences</th>
<th>Outcomes</th>
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| At-risk groups (e.g. older people, people with underlying health conditions, pregnant women) | • Take up offers of vaccination/boosters, for both COVID-19 and influenza  
• Protect their health by taking simple measures “when and where these matter most” |
| People with long COVID                        | • Recognize their symptoms and better understand the self-management and treatment options available at this time |
| Health-care workers                           | • Get the COVID-19 and flu vaccination and act as role models for others.  
• Engage as influencers to recommend protective measures including vaccination  
• Recognize Long COVID symptoms, and provide accurate and relevant information about Long COVID |
| Civil society organizations and influencers   | • Provide feedback on and co-create targeted RCCE-IM interventions  
• Engage with vulnerable groups  
• Amplify health information and advice |
| Public                                         | • Recognizes and learn how to normalize protection from COVID-19 as a newly accepted way of living  
• Adopt a risk assessment approach at every step |

She finished by posing three questions to TAG members concerning the current COVID-19 and respiratory infections campaign:

• How can the current communication strategy be further improved?
• How can we “refresh” the current COVID-19 messages to make them more relevant to the recovery phase?
• Can you provide suggestions for RCCE-IM interventions on long COVID prevention (the current key message is “the best way to prevent long COVID is not to get COVID-19 at all”)

The Chair opened the floor for comments and advice from TAG members. The following members spoke: Audra Diers-Lawson, Rui Gaspar, Olivier Rubin, Valentino Possenti, Brigitte Strahwald, Pavle Zelic as well as the TAG Chair, the Regional Adviser and Olha Izhyk.

The Regional Adviser opened the discussion by acknowledging that the media and public attention in the European Region has shifted away from COVID-19. Despite this, we still need to aim to sustain simple protective measures such as handwashing. The RCI unit believes we should normalize such practices in everyday life, not just for COVID-19 but also for other respiratory infections. Risk communication interventions need to adapt to the changing situations and levels of risk. Engaging influencers and targeting the most vulnerable groups via civil society organizations and health-care workers will be key.

• TAG members supported the aim of maintaining preventive behaviours, particularly hand hygiene and respiratory hygiene. Members generally supported the approach of targeting the most vulnerable groups and renewing public health messaging around COVID-19, but cautioned that:
  • targeting needs to be done in a way that does not stigmatize vulnerable groups;
  • there is still a need for operational research to better understand the key barriers to the uptake of protective behaviours and health authorities can develop interventions to address these barriers (which may not correspond neatly with the vulnerable demographic groups); and
  • it can sometimes be more effective to target RCCE-IM interventions at specific settings (e.g. workplaces, schools etc.) rather than geographical areas – this approach can also reduce the risk of stigma.

The conversation concluded with reflections on guidelines, incentives and the role of influencers, particularly in intergenerational communication. The participants highlighted the complexity of addressing vulnerable populations across different countries and regions, emphasizing the need for nuanced strategies and the importance of ethical considerations.

TAG members advised caution regarding the message that the best way to avoid long COVID is to not get COVID-19 in the first place. This is not an easily actionable message and could lead to frustration and undue fear among some audiences. There was also concern that it could stigmatize people with long COVID and particularly those from vulnerable groups.

Other points made included that:

• the RCI unit could consider developing broader messaging stressing all the health and well-being benefits of hygiene measures – for example, that they also protect against food and water borne infections;
• the RCI unit might also consider a lighter, more humorous approach to health messaging, now that we are beyond the acute emergency phase;
• health-care workers should be motivated to get vaccinated against seasonal influenza and COVID-19 as many health-care workers feel they already have good immunity against circulating viruses so perceive their risk as low;
• messaging to health-care workers could highlight that healthy individuals can be infected
without symptoms and stress the need for health-care workers to protect vulnerable patients;

• results from a study in Portugal (11) indicated that positive predictors for vaccination included a patient’s doctor recommending it, prior influenza vaccinations, perceived safety and protecting family and friends;

• if countries offer both seasonal influenza and COVID-19 vaccines at the same time they should be careful not to discourage pregnant women from getting the influenza vaccine due to their concerns about the COVID-19 vaccine; and

• serious games, educational entertainment and gamification can be powerful strategies to influence behaviour change especially in younger audiences.

Advice from the TAG on the Regional agenda on infodemic preparedness and the start-up of EIPRA

Stefan Voinea informed TAG members that the RCI unit has been planning the creation of EIPRA, and that on 5 September 2023 in Porto, Portugal it hosted a “soft start-up event” for EIPRA. This was a multi-partner session at the Second WHO Symposium on the Future of Health Systems in a Digital Era in the European Region entitled How can we be better prepared for the next infodemic together? Key partners who participated in this session included the European Commission, ECDC and the United States Centers for Disease Control and Prevention’s Regional Office for Eastern Europe and Central Asia. TAG members Rui Gaspar and Pavle Zelic also spoke at this event, along with a representative from a Georgian fact-checker organization and a communications manager from The Lancet. There was strong consensus among all partners on the need to continue coordinating and collaborating on infodemic management during the recovery and preparedness phases of the health emergency cycle. Speakers thought EIPRA could provide a structure to institutionalize this collaboration.

Stefan outlined the objectives and functions for EIPRA as currently proposed by the RCI unit.

• Build a multi-stakeholder coordination mechanism: create a structured environment that brings together key stakeholders to prepare and respond to infodemics.

• Facilitate knowledge-sharing and promote standardization: identify common challenges and goals, develop definitions and best practices, and support members in standardization.

• Generate evidence: apply rapid collection methods for preparedness and response, develop and identify interventions, digital tools and policy solutions to address infodemics and identify MEL best practices.

• Improve the implementation of infodemic management activities: monitor, evaluate and refine the effectiveness and efficiency of members’ ongoing projects and interventions.

In the coming months, and going into the first half of 2024, the RCI unit plans to start up EIPRA with a limited group of “principal members”: the European Commission, ECDC and the United States Centers for Disease Control and Prevention’s Regional Office for Eastern Europe and Central Asia.

During 2024, the RCI unit then plans to expand the membership of EIPRA to include “non-state actors” such as academia, fact-checkers and civil society organizations. The challenge will be that there are many hundreds of potential EIPRA participants among these groups, and that each would need to undergo WHO’s so-called FENSA checks. The staff resources needed to do this may be significant.

Stefan asked TAG members whether they agreed on this strategy for the start-up of EIPRA and how might the strategy be improved?

TAG members were positive about the initiative to start up EIPRA and the aim of strengthening collaboration and cooperation between key partners on infodemic management.

Pavle Zelic expressed his appreciation of the discussion in Porto, in which he was a participant. He was enthusiastic about EIPRA, which he believed should be a broad network. Recalling experience in the Western Balkans during the COVID-19 infodemic, Pavel saw EIPRA serving as a safety net to support RCCE-IM practitioners in smaller public health agencies in future pandemics.

**Planning the next TAG meeting**

The Chair proposed that the TAG hold two plenary meetings in 2024, and, as in 2023, these should take place in April and October. The Chair’s proposal was unanimously agreed.

The Chair informed members that the financial resources available to support TAG in 2024 have not yet been finalized. If sufficient funding for an in-person meeting is not available, the third meeting in April may need to be another virtual meeting. If, however, (the preferred) in-person meeting is possible, Rui Gaspar offered to host it in Lisbon, which was supported by TAG members.
References


All references were accessed 3 April 2024.
Annex 1. List of participants in the second plenary meeting of the TAG

**TAG members**

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<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Richard Amlôt</td>
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<td>Deputy Director, Behavioural Science and Insights</td>
<td>United Kingdom</td>
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<tr>
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<td>Türkiye</td>
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<tr>
<td>Maja Bašić</td>
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<td>Spokesperson</td>
<td>Croatia</td>
</tr>
<tr>
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<td>Professor of Risk Communication</td>
<td>Norway</td>
</tr>
<tr>
<td>Alexandar Dourtchev</td>
<td>American University in Bulgaria</td>
<td>Professor of Communication</td>
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<tr>
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<td>Rui Gaspar</td>
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<td>Deputy Chair</td>
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<td>Fatjona Kamberi</td>
<td>University of Vlora &quot;Ismail Qemali&quot;</td>
<td>Associate Professor</td>
<td>Albania</td>
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<td></td>
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<td>Communication Expert</td>
<td>Armenia</td>
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<td>Alena Petráková</td>
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<td>Associate Professor, Head of School of Public Health</td>
<td>Czechia</td>
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<tr>
<td>Valentina Possenti</td>
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<td>Researcher</td>
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<tr>
<td>Olivier Rubin</td>
<td>Roskilde University</td>
<td>Professor of Social Science</td>
<td>Denmark</td>
</tr>
<tr>
<td>Brigitte Strahwald</td>
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<td>Coordinator of Pettenkofer School of Public Health</td>
<td>Germany</td>
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Observers

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<td>Catalin Bercaru</td>
<td>European Centre for Disease Prevention and Control</td>
<td>Risk Communication Expert</td>
<td>Sweden</td>
</tr>
<tr>
<td>Dalia Samhouri</td>
<td>WHO Regional Office for the Eastern Mediterranean</td>
<td>Programme Area Manager</td>
<td>Egypt</td>
</tr>
</tbody>
</table>

Staff from the WHO Regional Office for Europe

Olha Izhyk, Risk Communication Officer, RCI Unit.

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

Stefan Voinea, Infodemic Management Officer, RCI Unit.

Cassandra White, Programme Assistant, RCI Unit.

Consultants working for the WHO Regional Office for Europe

Hanna Radysh, Monitoring and Reporting 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.
### Technical Advisory Group (TAG) meeting on risk communication, community engagement and infodemic management (RCCE-IM) in the WHO European Region

**Online**

**26–27 October 2023**

**11 October 2023**

**Original: English**

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### Provisional programme

This document sets out the order in which agenda items should be discussed, and the amount of time they should be allocated.

#### 26 October 2023

<table>
<thead>
<tr>
<th>Time allocated</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:45–10:00</td>
<td>TAG Secretariat activates Teams call</td>
</tr>
</tbody>
</table>
| 10:00–10:20    | **1** Welcome, procedural items and announcements from the Chair:  
  a) Welcome and procedural items  
  b) Launch of Declarations of Interest exercise for 2024 for TAG members |
| 10:20–10:35    | **2** Information items from the Regional Adviser on RCCE-IM:  
  a) Update on RCI unit activities  
  b) Interim report to Regional Committee about “Preparedness 2.0 process” and convening of Working Group on Community Protection under Preparedness 2.0 TAG |
| 10:35–12:05    | **3** Report back from Working Groups  
  Working Group on Capacity building  
  Working Group on Research and evidence generation  
  Working Group on Health literacy for emergencies |
| 12:05–12:25    | **4** Establishment of a Working Group on Artificial Intelligence for RCCE-IM |
| 12:25–12:30    | **5** Any other business |
|                | **6** Conclusions of day one by Chair |

#### 27 October 2023

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<tr>
<td>09:45–10:00</td>
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<tr>
<td>10:00–10:05</td>
<td><strong>1</strong> Opening of day two, recap of day one and announcements from the Chair</td>
</tr>
<tr>
<td>10:05–10:45</td>
<td><strong>2</strong> Measurement Evaluation and Learning</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
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<tr>
<td>--------------</td>
<td>--------------------------------------------------------------------------</td>
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</tbody>
</table>
| 10:45–11:25  | a) Development of the Theory of Change and logic model for the WHO Regional Office for Europe’s RCCE-IM strategy and actions  
               b) Advice from the TAG on Regional Office’s Measurement Evaluation and Learning (MEL) Strategy for RCCE-IM |
| 11:25–12:00  | Autumn/winter campaign on coronavirus disease (COVID-19) and influenza, including Long COVID |
| 12:00–12:25  | Advice from the TAG on the Regional agenda on infodemic preparedness and the start-up of the European Infodemic Preparedness and Response Alliance |
| 12:25–12:30  | Parking lot/any other business                                            |
|              | Setting the next TAG meeting dates                                       |
|              | Conclusions of day two by Chair                                           |
The WHO Regional Office for Europe

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