STRATEGIC COMMUNICATIONS FRAMEWORK FOR WHO IN THE WESTERN PACIFIC REGION
Strategic Communications Framework for WHO in the Western Pacific Region
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Introduction

Strategic, effective, integrated and coordinated communications is integral to achieving the World Health Organization (WHO) mission of building a better, healthier future for all people.

The health challenges faced by countries in the WHO Western Pacific Region are complex and diverse. Communications plays a crucial role in WHO’s work supporting Member States to address these challenges – from increasing awareness of health risks and how to protect against them, to advocacy for policies that benefit health and improve health outcomes, to building partnerships and alliances that are needed to address many of these health issues over the long term.

In this context, this Strategic Communications Framework for WHO in the Western Pacific Region sets out the Organization’s overall approach and strategy for communications in the Region. The Framework charts an overall direction and provides practical tools and guidance for staff members in the WHO Regional Office for the Western Pacific and WHO country offices in communicating more effectively as we work towards our goal of protecting and improving the health of the nearly 1.9 billion people of the Western Pacific Region.
The Framework @ a glance

OVERALL OBJECTIVE
Use communications as a tool to achieve WHO's mission of protecting and improving the health of the nearly 1.9 billion people of the Western Pacific Region.

Six principles of effective communications

| @ | Accessible     | 🧑‍🤝‍🧑 | Relevant |
|   | Actionable    | 🔄 | Timely |
| 🧑‍🤝‍🧑 | Credible and trusted | 💡 | Understandable |

Our key audiences: health decision-makers

<table>
<thead>
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<th>Individuals</th>
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Platforms for connecting with our key audiences

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Enabled by...

Capacity-building and training  &  Monitoring and evaluation, a culture of feedback and learning
WHO and the Western Pacific Region

The WHO Western Pacific Region is home to nearly 1.9 billion people – more than a quarter of the world’s population. The Region is comprised of 37 countries and areas spread over a vast distance, from Mongolia in the north to Australia and New Zealand in the south, and French Polynesia in the east. It is a Region of contrasts: it contains the world’s most-populous country, China, as well as tiny island states such as Niue. The Region includes some of the world’s least-developed countries; several rapidly growing, transitional economies; and highly developed nations such as Australia, Japan, New Zealand and the Republic of Korea.

This diversity is also reflected in the Region’s public health challenges. In many countries, the unfinished business of infectious diseases such as hepatitis, malaria and tuberculosis (TB) is still a major challenge. All countries are experiencing increasing rates of non-communicable diseases (NCDs) including cancer, chronic respiratory diseases, diabetes, heart disease and stroke, which are now the leading causes of death and disability in the Region. The Region is also home to a diverse range of cultures and ethnic groups.

Many countries in the Region are prone to natural disasters, and all face environmental health threats – albeit with greatly varying capacity and resources to respond. The Region is also a hotspot for emerging diseases: SARS and the influenza viruses H5N1 and H7N9 originated in the Western Pacific Region. In addition, countries in the Region are grappling with the challenge of how to build strong and sustainable health systems to provide universal access to the health services that everyone needs.
As the global guardian of public health, WHO plays a crucial role in supporting countries in the Region to meet these health challenges in line with our core mission: the attainment of the highest attainable standard of health for everyone.

Communications: a regional and global WHO priority

The WHO Regional Director for the Western Pacific has identified strategic communications as a key priority for WHO’s work in the Region – especially in the era of the Sustainable Development Goals (SDGs). With the global health and development arena increasingly crowded and complex, WHO simply must communicate proactively and strategically in order to do the job our Member States expect of us.

In January 2017, WHO headquarters launched the WHO Strategic Communications Framework for effective communications. The Framework provides a resource for developing communications strategies and approaches across the Organization that are actionable, accessible, relevant, timely, understandable and credible.

These developments provide an excellent foundation for strengthening WHO communications in the Western Pacific Region and as a tool for achieving WHO’s key functions, based on our core values.

**WHO’s key functions**

» Providing leadership on matters critical to health
» Shaping the health research agenda
» Defining norms and standards for health
» Articulating policy options for health
» Providing technical support and building capacity
» Monitoring health trends

**WHO’s core values**

» Integrity
» Accountability
» Independence and impartiality
» Respect – for the dignity, worth, equality and diversity of all people
» Professional commitment
Why communicate? Why a regional Framework?

WHO’s overarching communications goal is:

To provide information, advice and guidance to key audiences – including individuals, health-care providers, policy-makers, communities, and various partners and stakeholders – to prompt action that will protect the health of individuals, families, communities and nations.

Strong communications increases awareness of health issues, demonstrates WHO leadership, and can enhance engagement with WHO among media, Member States, partners and the general public. Communications is also a tool for policy advocacy, behaviour change, and building constituencies and partnerships around key public challenges in the WHO Western Pacific Region.

Strong and strategic communications by WHO is also needed in the context of:

» a difficult financial climate, and thus an ongoing need to attract additional resources to support WHO work in the Region;
» a range of new and emerging health threats, and an ever-changing public health environment;
» expectations from Member States and existing donors for greater visibility in return for their financial support;
» the need for strong partnerships with a range of national and international stakeholders;
» an abundance of public health information and messages that compete for attention; and
» a range of powerful health and development players who compete with WHO for visibility, authority and donor support.

This regional Framework sets out the key principles for effective communications practice that apply to a broad range of communications functions and audiences. It is designed to provide a “toolbox” for both the Regional Office and for country offices, and some guidance about how to put the tools into practice. It is intended to be an ongoing resource that should be updated regularly as communications practice and experience in the Region evolves.
Stakeholder views

To inform the development of this Framework, in January 2017 the WHO Regional Office for the Western Pacific commissioned a regional stakeholder survey. The stakeholder survey also provided new data for comparison with a baseline study on communications in the Region conducted in 2010.

The new study was comprised of:

» in-depth interviews with 20 WHO staff members in the Regional Office and country offices;
» an online survey of the members of the Regional Communications Network;
» an online survey of 154 WHO staff members across the Region;
» interviews with representatives of five Member States (Australia, Japan, New Zealand, the Philippines and the Republic of Korea); and
» interviews with eight media stakeholders from the international and national news media – Agence France-Presse, The Associated Press, Reuters, Bloomberg, The Standard of Hong Kong SAR (China), The Philippine Daily Inquirer, The Philippine Star and Devex, a media platform for the global development community.

Detailed discussions with WHO Representatives (WRs) and Country Liaison Officers and a range of technical staff members from across the Region also fed into the development of this Framework. The following is a summary of what we heard during these consultations.

A strong and trusted brand

WHO is a very strong and trusted brand in the Region. This is confirmed both by stakeholder interviews and the findings of a global perception survey commissioned by WHO headquarters in 2015. WHO is regarded as a leading authority on health in the Region and a key source of authoritative information during health crises.

Communications is a core business

There is strong internal support for communications as a core activity for WHO. In the staff survey, 84% of respondents regard it as a top priority to engage donors in support of WHO work, and 88% believe communications is essential for our work with Member States. WRs universally consider communications to be crucially important for in-country work. Compared to the 2010 baseline, there is a sense that internal communications has improved, especially in the Regional Office – with a number of initiatives launched to improve information flow and collaboration across various parts of the Organization.
A story to tell

The work of WHO is making people across the vast Western Pacific Region healthier. We have a story to tell, and the news media wants to tell it. And the public also wants to hear it. However, the news media depends on timely, well-written, well-targeted content and an ongoing dialogue and relationship with the Organization, especially during emergencies.

Improved publications, donor reporting

The Region has made significant improvements in donor reporting in recent years, cutting the previous backlog of overdue donor reports and improving their timeliness. The visual identity of corporate publications is also much more consistent than it was a few years ago. However, there is often a missing link between publications, donor reporting and external communications – and as a result there is considerable scope for more effective promotion of WHO publications and the use of donor reporting to bring greater visibility to the impact of WHO and donor contributions to supporting it.

Social media

The Regional Office is now expanding its “digital footprint” through social media – engagement with the Regional Office Facebook and Twitter accounts is steadily increasing, and with this, experience and institutional confidence in the power of social media as a platform for communicating about WHO work. Several country offices in the Region are also blazing a trail in social media, with many lessons for others to learn: the China country office’s engaging and interactive campaigns on Weibo (the Chinese equivalent of Twitter) regularly reach tens of millions of people, and the Philippines country office’s use of social media during Typhoon Haiyan demonstrated the importance of social media during a health emergency. However, there is still work to do.

Corporate identity and priorities still unclear

The staff survey results suggest that WHO’s corporate identity and priorities are still unclear among staff members: while there is a strong internal view about the importance of communications, there is not a strong shared sense of what we should be communicating. As in the baseline survey in 2010, staff members across the Region still believe that an outsider, seeking a description of WHO’s regional work, would get different views depending upon the staff member they asked. So while internal communications has improved, there is still a lot to do to optimize it. The WHO regional intranet could be used more effectively according to many respondents, and additional initiatives for cross-sector collaboration and country office interaction – both between the Regional Office and country offices, and among country offices themselves – are needed.
**Ad hoc approach, resources remain key challenges**

Communications initiatives are still perceived by many staff members as ad hoc rather than strategically planned. This is due to both insufficient attention given to communications planning and a lack of resources for communications – especially in country offices. In most country offices, technical staff members often take on communications tasks in the absence of dedicated communications capacity. WRs consistently emphasize the need for capacity-building, especially in the absence of more resources – both specifically for communications focal points and more general capacity-building for all staff members to improve their communications skills and make communications an integral part of their work.

**Timeliness, quality, proactivity**

There is growing external demand for good communications. Media representatives from large international media organizations as well as smaller national outlets want proactive, timely engagement targeted to their specific audiences and needs. However, media tends to perceive WHO as being too slow in responding to their requests – and rarely proactive. Together with a general dissatisfaction with the website and the lack of a quotable spokesperson at the regional level, the result is that WHO is not necessarily the media's first point of contact for public health issues in the Region.

**In summary**

WHO in the Western Pacific Region has a good foundation for strengthening communications: we have a strong and trusted brand, a good internal understanding of the importance of communications, a good story to tell and a number of achievements in recent years to build on – for instance, in social media. To build on this foundation and properly leverage the power of communications to advance WHO’s mission in the Region, we need to equip WHO staff members with better communications skills and capacity, be more proactive in our outreach and quicker in responding to requests, tell the WHO story in a more engaging and understandable way, and be more targeted and aware of who we are speaking to and what they need.
WHO’s approach to communications

There are six guiding principles that should be considered in all WHO communications materials and activities:

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<td>Credible and trusted</td>
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Accessible

WHO’s audiences rely on easy access to information to protect and improve their health. Communicators should identify all available channels and map the capacity of each channel to reach priority audiences. The right mix of channels can empower people to make informed decisions.

For example:

In a campaign designed to increase immunization rates, government policy-makers may be more effectively influenced to act by news media reports and opinion pieces in key media outlets on the urgent need for immunization. On the other hand, a social media campaign would be more effective at encouraging parents to get
their children vaccinated, especially if it is conducted along with a community-based poster campaign in the local language directing parents to local vaccination clinics.

**Actionable**

Our work is designed to support the adoption of healthy behaviours and the implementation of policies to protect health in the Region. Communications is a necessary component to achieve these goals. We need to know our audiences well enough to create messages that address their barriers and encourage recommended action.

*For example:*

Communications addressing a low level of awareness about a particular health issue, for instance, exposure to second-hand smoke, must make clear to target audiences how the risk concerns them, as well as trigger action to find out more about what steps they can take to address the problem. The need to confront social norms – for example, around smoking – to change risky behaviour might require engaging local influencers and role models to encourage and achieve the desired action.

**Credible and trusted**

WHO’s reputation is a key factor in people’s readiness to trust and act on advice and guidance. Trust is also crucial for serious media coverage and opportunities for partnerships in the interest of public health. We must use every opportunity to reinforce WHO’s trustworthiness so that its health information and activities become the basis for individual as well as policy decisions. All WHO communications must demonstrate competence, openness, honesty, dependability and commitment to its mission – and care for the health of all people.

*For example:*

The credibility of WHO depends on the Organization as a source for accurate, up-to-date, consistent and timely information. But it is just as important, especially in times of crisis, to be honest about what we do not know, and what is being done to find answers. In a crisis or health emergency, it is often important to share information about risks and make interim public health recommendations available, emphasizing that they may change as more information becomes known. If an error is made, it is important to correct it openly and quickly, and if misinformation appears, to counter it at once.

**Relevant**

To be relevant, our communications must help audiences see health information, advice or guidance applicable to them. This concerns all target audiences for our
communications, whether it is policy-makers at the national level or individuals who make decisions about their own and their family’s health. We need to know our target audience.

For example:

To make communications relevant for a specific audience, the content should be customized to respond to their questions and beliefs. If a target audience has health beliefs and values already consistent with the WHO message, adding statistics that reinforce the message can help to amplify it. If audience beliefs are contrary to WHO recommendations, emotional stories allowing for identification with other individuals may be more effective.

Timely

In all communications, timeliness is a key element for success. This applies in strategic programme communications, where communities need advice and guidance at the right time to make informed decisions to avoid health threats – and in media relations where a delayed press release or failure to respond to enquiries – can kill a story, or even turn a positive into negative publicity for WHO.

For example:

During health emergencies, communicating rapidly about what is known and not known – and providing frequent and reliable updates – is crucial. For non-urgent health topics, like seasonal or age-group related health risks, timeliness means engaging audiences at the time when individuals and policy-makers need to take action.

Understandable

WHO communicates with a wide variety of audiences. Some have backgrounds in medicine and public health and rely on WHO for technical information. Other key audiences are not technical experts but need information in order to understand health risks and take appropriate action. We need to determine with whom we are communicating and use an appropriate presentation and language.

For example:

In communicating with non-expert audiences, it is crucial to use clear, jargon-free language and a logical information flow. Descriptive storytelling makes health information more understandable, as does photography, infographics and other illustrative material. Making communications materials available in the language of the target audiences is also an important consideration.
These six guiding principles should be at the core of all WHO communications in the Western Pacific Region, whether it is:

» web-based communications such as fact sheets, feature stories, commentaries, infographics and Q&As;
» social media;
» intranet content and other communications with WHO staff members;
» press conferences, news releases and media advisories;
» targeted communications with Member States, partners, donors and other collaborators;
» videos and public service announcements (PSAs); or
» visibility and outreach activities from flyers to campaigns.

The more we apply the six guiding principles to WHO communications work in the Western Pacific Region, the more effective it will be.

Our objectives

The overall objective of this regional Framework is to use communications – based on the six guiding principles – as a tool for delivering on WHO’s mission of improving health for the nearly 1.9 billion people of the Western Pacific Region, through the provision of information, advice and guidance to key audiences, with the aim of protecting the health of individuals, families, communities and nations. Implementation of the principles and tools included in this regional Framework will also have the following benefits for WHO work in the Region:

» increased visibility with media, partners, donors, Member States and the general public;
» greater credibility as the leading health authority within the Region and the “go-to” source for information on health issues including during health emergencies;
» stronger partnerships, which will be particularly important in the SDG era, and potentially provide new support to advance WHO priorities;
» increased engagement with the general public on the health issues they care about, greater capacity to bring about individual behaviour change, for example, on health risk factors, and building of constituencies of support for WHO’s mission and work; and
» greater capacity to shape the debates and agendas that can improve health in the Region, including through building political constituencies for change.

In the medium and long term, WHO in the Western Pacific Region should strive to become a recognized centre of excellence in public health communications – to serve both as an internal resource for country offices in the Region and other parts of the Organization, and to support Member States in their efforts to use communications as a tool for advancing public health.
3. **WHO priorities in the Region: linking communications with strategy**

The focus of WHO communications work must be guided by the Organization’s overarching priorities and strategies in the Region: there is no communication without content. WHO communications must go beyond “WHO days” – that is, annual observances of WHO global health days. Rather, communications efforts should be aligned with regional and national health priorities, plans and policies – including those set out in regional action plans and other policies adopted by the WHO Regional Committee for the Western Pacific, as well as WHO country cooperation strategies.

**Communicable diseases**

Communicable diseases continue to be among the most serious public health problems in the Western Pacific Region. Communicable diseases not only cause illness and death, but also impact families, communities, and whole societies and economies. WHO work on communicable diseases in the Region spans a range of areas, including:

» HIV/AIDS, and other sexually transmitted infections (STIs);
» hepatitis;
» tuberculosis – with a particular focus on the challenges posed by multidrug-resistant forms of the disease;
» vector-borne diseases, including malaria and dengue;
> neglected tropical diseases, including trachoma, lymphatic filariasis, schistosomiasis, leprosy and yaws – where countries in the Region are making strong progress on eliminating these diseases as public health threats; and
> vaccine-preventable diseases, including measles and rubella, tetanus, and polio – with the aim of keeping the Region polio-free.

Communications can play an important role in WHO’s work on communicable disease control – for instance, in informing and educating the public about risk factors and how they can protect themselves, as well as in policy advocacy on issues such as improved access to treatment.

## Noncommunicable diseases and health through the life course

Across the Region, countries are facing increasing rates of noncommunicable diseases (NCDs) – driven by risk factors including tobacco use, excessive consumption of alcohol, unhealthy diets and the lack of physical activity. Climate change, globalization, rapid and unplanned urbanization, and dependence on motorized vehicles also pose threats to health, as do unsafe roads, homes, communities and workplaces.

In response to these issues, WHO work on NCDs and promoting health through the life course spans a wide range of areas, including:

> tobacco control, to reduce the threat posed by the world’s leading cause of preventable illness and death;
> stronger management and control of NCDs, including cancer, diabetes and cardiovascular disease – with a focus on reducing premature mortality from these diseases;
> nutrition, to reduce the double burden of malnutrition and obesity;
> reproductive, maternal, newborn, child and adolescent health, to ensure every child has a healthy start to life;
> mental health, with mental illness now the leading contributor to disability worldwide;
> violence and injuries, a leading killer of young people in the Region;
> disability and rehabilitation, with a focus on improving the health of people with disabilities through access to health services and rehabilitation;
> eye health, with a focus on reducing avoidable blindness;
> health and the environment, in response to the significant and increasing health threats posed by climate change and other environmental health issues; and
health promotion, which aims to enable people to increase control over their own health by addressing and preventing the root causes of ill health, not just focusing on treatment and cure.

In each of these areas, communications can play a powerful role – from informing the public about how to avoid risk factors such as smoking that lead to poor health, to policy advocacy which encourages policy-makers to enact policies and create environments that promote good health. In some areas, such as mental health awareness, communications to encourage open discussion about mental illness is an important intervention in itself.

Health systems

Every year, 80 million people in the Western Pacific Region face financial hardship due to out-of-pocket payments for health services. Building stronger health systems, which provide universal health coverage (UHC), is central to the WHO mission of achieving the highest attainable standard of health for all.

WHO support for the efforts of every country to provide lifelong, affordable health care for all has many facets, these include:

- health workforce planning, education and regulation;
- health financing;
- supporting the development of people-centred health services, including at the primary health-care level;
- access to essential medicines;
- traditional medicine, which can play an important role as part of national health systems;
- creating robust systems for managing and using health information;
- promoting a focus on gender, equity and human rights at all levels and stages of policy-making; and
- providing advice and support on health law, research, and ethics.

An important area of cross-cutting work is antimicrobial resistance (AMR). In this and many other areas of WHO work on building stronger health systems in the Region, communications plays a crucial role in policy advocacy, as well as in engaging partners and building constituencies of support for long-term change.
Health security and emergencies

The Western Pacific Region is a hotspot for health security threats – including disease outbreaks, natural disasters and, occasionally, conflicts. WHO work on health security and emergencies in the Western Pacific, as part of the WHO Health Emergencies Programme, focuses on the following:

» reducing death, disease and social disruptions resulting from epidemics through prevention, preparedness, response and recovery activities;

» supporting countries, especially vulnerable countries, with their health emergency preparedness and implementation of the International Health Regulations (2005);

» making rapid risk assessments during health emergencies and potential health emergencies, with a focus on assessing risks posed to public health by new events, providing accurate and timely information to guide public health interventions, and keeping decision-makers, partners and public informed;

» emergency operations and response, ensuring that people have access to essential life-saving services during health emergencies; and

» food safety, protecting people’s health by strengthening food safety systems to manage food safety risks and respond to food safety incidents and emergencies.

Timely, trustworthy and understandable communications during emergencies is crucially important.

The Sustainable Development Goals

Communications is important in specific areas of work, as outlined above and in more detail in the following section. At the same time, cross-cutting communications linking various health issues and areas of work can also help establish a broader narrative about the impact of WHO work across issues.

An overarching priority in the Region is working towards the achievement of the SDGs – and their vision of a healthier and more prosperous, equitable, and sustainable world. SDG 3 – ensure healthy lives and promote well-being for all at all ages – is specifically focused on health. But many other goals have an impact on or are affected by health.

Highlighting how our work is contributing to the achievement of the SDGs and their aim to leave no one behind in efforts to ensure a healthier and more prosperous world should be a priority for WHO communications in the Region.
4. Engaging with key audiences

Know your audience!

This is a basic rule for any communicator. Messages tailored for specific audiences – and delivered through platforms the target audience is most likely to connect with – are much more effective than a general message addressed to everyone, or no one. In the Western Pacific Region, WHO has many different audiences to engage.

This Strategic Communications Framework for WHO in the Western Pacific Region identifies audiences who are health decision-makers at various levels. All are agents who use WHO communications to make health decisions:

» **individuals**, who make decisions about their own and their family’s health, such as whether to take children to a health-care provider for screening, practise hand hygiene at home or travel to an area where infectious diseases are circulating;

» **health-care providers** who make decisions about screening, diagnostics, treatment and recommendations for patients, such as whether to screen HIV patients for TB, counselling pregnant women about travel to areas with circulating viruses or recommending vaccinations, as well as decisions about their own personal protection;

» **policy-makers** at national and subnational levels with responsibility for public health, such as investing in training health workers, building emergency operations centres or funding vaccine programmes;

» **communities** that make decisions about shared space, activities and services with health implications, such as the cleanup of standing water in community
squares, creation of walking and exercise space within neighbourhoods, and the location of health facilities in proximity to residences;

» international organizations and stakeholders, including Member States, and other donors and development partners that make decisions about funding and implementing health programmes, such as assisting countries in health systems strengthening, funding programmes to reduce chronic diseases, and providing support for public health research; and

» WHO staff members who make decisions about programmes, coordination, human and financial resources, and how they communicate with Member States, external partners and colleagues about WHO.

### Connecting with our target audiences

The WHO Regional Office for the Western Pacific can connect with our target audiences through:

» corporate communications,

» media relations,

» social media,

» strategic programme communications,

» internal communications, and

» outreach to Member States.

At the centre of all efforts to engage with our target audiences, we must be focused on telling the WHO story.

### Corporate communications...

“Corporate” communications should promote awareness and understanding of what we do, how we do it and the values that guide our work. WHO enjoys a high level of recognition and credibility among partners, donors and other stakeholders – an invaluable asset in all our work that should never be taken for granted. Corporate communications is like a “shop window” that needs to be kept constantly up to date in order to maintain recognition and credibility with partners and stakeholders and to promote WHO’s role and contribution to health in the Region.
... In the Regional Office

It is important for the Regional Office for the Western Pacific to maintain a broad set of corporate communications tools that are easily accessible to both present and potential stakeholders. Central to these tools is a relevant and up to date website.

Website

A website is the corporate “face” of any organization – and the means through which many of our stakeholders most commonly interact with us. The website should be a source of accessible, high-quality, reliable and up-to-date content on health issues and WHO priorities in the Region. To ensure that visitors to the website find what they need, it should be logical and easy to navigate. It should highlight current priority topics and have fact sheets on basic health issues – including information targeted at the general public. There should be a good balance between text and other means of communication such as photos, infographics and videos, and Internet hyperlinks to other sources to find out more.

If the Regional Office website becomes the “first port of call” for anyone interested in public health issues in the Region, it will also be an excellent entry point for further engagement. Once updated, we should be using every opportunity to promote the website, including through press releases, reports, publications, social media, search engines and similar avenues.

Corporate brochure and materials

A regularly updated corporate brochure and set of corporate communications materials – for example, a basic PowerPoint presentation outlining WHO work in the Region – available for use by all staff members provides a very useful first introduction to WHO work in the Region, as well as the vision, mission and core values that guide our work. It should be short, well-illustrated and presented in jargon-free language. The brochure should also be available on the Web and in other digital forms.

... In country offices

Every Office of the WHO Representative and every Country Liaison Office – both informally known as a WHO country office – should also consider their needs for corporate communications materials. Considering limited resources, it may be possible to adapt existing regional or global products such as the Regional Office corporate brochure to local contexts. The Regional Office Communications Unit is available to assist with this.
Country website

A country office website is usually a good investment – but this depends on the ability and resources within the country office to keep it up to date and well maintained. The Regional Office Communications Unit can provide support in both planning and developing a country website. For those country offices that cannot realistically sustain a country-specific website, the Regional Office website can feature more content about country-specific work. The Regional Office Communications Unit is available to help with this.

Country office corporate materials

In order to make WHO work in the country better known, a country office corporate brochure can be developed and featured on the country office website. For instance, a popularized – brief and non-technical – version of the WHO Country Cooperation Strategy (CCS) could be a useful resource. Where appropriate, this could be a collaborative effort with the host Government, and it could promote the partnership between WHO and the Government on key public health issues. Other national and local partnerships could also be featured. The Regional Office Communications Unit can help in developing country-specific corporate communications materials.

Media relations...

Media is both a channel for WHO to reach target audiences, as well as a means for making WHO work more visible and better understood in the Region – by highlighting priorities, challenges and achievements. In proactive media efforts, target audiences should be well defined and media channels chosen accordingly. WHO should be constantly cultivating a specialized network of health journalists and opinion-makers with access to WHO target audiences.

... In the Regional Office

The Regional Office must be accessible to media and be able to respond to enquiries in a helpful, candid and timely manner. The media must always be able to reach someone, and a Regional Office spokesperson should be designated at the highest appropriate level to complement technical spokespeople. The website should be designed to serve as a first point of contact for media enquiries on current issues, and must be constantly updated in order to be able to serve this purpose.
Proactive media outreach

The Region’s media engagement must go beyond the traditional approach of occasional press releases and press conferences. In the current media environment – with a proliferation of news outlets, many with specialized or niche audiences, a broadcast approach (everyone gets the same information) is less effective than “narrowcast”, which is a more targeted approach. Better targeting can be achieved by knowing our media audiences better and developing packages of information better suited to their needs. Partnering with press associations or specialized media organizations on events and initiatives can also be a valuable approach.

If the media network is constantly nurtured – and not only activated when needed, such as during health emergencies – journalists will learn that the Regional Office is a good source for stories and content. Media relationships will also be more robust so that they can be utilized quickly if there is a crisis. This can be achieved in a range of ways: notes for the media on upcoming topics and events, fact sheets and stock footage on current issues, fresh stories on the Regional Office website, using social media more as a way of connecting with the media, and providing targeted packages of material to different journalists.

Op-eds and feature articles

Opinion pieces, called op-eds as they generally appear in newspapers on the page opposite editorials, and feature stories on key public health issues can be a great way to bring visibility to an issue and, in particular, for WHO to lead the debate. More opportunities should be sought for op-eds by the Regional Director and WRs in influential regional media outlets. These are ideally planned well in advance to support special communications efforts such as global public health days or observances, but they can also be useful for highlighting emerging issues or on “hot” topics.

Communications during emergencies

Emergency situations put particular demands on WHO’s ability to communicate in a timely, accurate, actionable and trustworthy fashion. There is always tension between the need to be both quick and accurate in communicating urgent health information. WHO can never sacrifice accuracy, but there is a need to rapidly communicate known details and explain what is being done to find answers to outstanding questions. During emergencies, a fast and open communications flow between the Regional Office and affected country offices is of utmost importance. Communication with WHO headquarters is also crucial. Conflicting or disjointed communications among the three levels of the Organization is bad for WHO’s credibility, as is lack of information.
In country offices

The principles for good media outreach are the same in a country office as they are for the Regional Office: there must always be someone designated to field enquiries, and there must be a readiness and capacity to respond in a timely fashion. While the WR is usually the media spokesperson, there should also be a communications focal point to handle media enquiries. Ideally, both the WR and the focal point should go through media training.

Media interaction

In a country office environment, there are usually good opportunities to establish personal media relations and a local media network focused on public health. Each country office should maintain a list of key media contacts in the country. Depending on the interest and engagement of government counterparts, the country office can also function as a conduit for government media contacts on health and backstop ministry spokespeople when appropriate. Other engagements such as media visits to WHO-supported health events, journalist participation in WHO conferences, and WHO speakers participating in events organized by media organizations can all help to create good relationships and media interest in WHO’s work in the country.

Public health days

Global public health days usually bring significant media interest that can be expanded by organizing open public events rather than just office-based internal celebrations. Depending on the subject matter, such events in public places can help spread knowledge and awareness, give opportunities for partnerships, provide a platform for government counterparts, and generate interest from both TV and print media in public health and WHO work. To add media interest, recruiting an appropriate national celebrity to help promote the cause can sometimes be a good strategy in a country context.

Emergency communications

Internal WHO communications is extremely important during emergencies, and should be discussed and planned before an emergency occurs, when possible. Within country offices, consideration should be given to how public health emergencies, including communications, will be managed. During an emergency, protocols for coordination between the country office and the Regional Office and roles and responsibilities should be determined quickly – so that the Regional Office can best support the country office response. WHO headquarters maintains a roster of more than 150 emergency communications specialists – tapping into this should be considered in contingency planning.
Social media...

There are an estimated 1 billion active users of social media in the Western Pacific Region. Increasingly, people rely on – and trust – social media as a source of news and information. It is provides an important platform for reaching a broad range of stakeholders – from development partners to the general public. At the same time, social media can provide a forum for rapid proliferation of inaccurate information, especially during health emergencies. For all of these reasons, engaging with social media is a must for organizations such as WHO.

Social media is constantly evolving – which means there are always new things to try and new things to learn. The Regional Office has been active on social media since 2015. Several country offices in the Region including China, the Philippines and Viet Nam are actively engaging in social media, and providing many valuable lessons for other country offices.

... In the Regional Office

Active on social media since 2015, the Regional Office should consolidate and strengthen its social media presence by focusing on using the unique features of social media to engage various audiences, especially the general public. Social media is different from traditional communications channels in its capacity to directly connect and engage with different audiences, including the general public, on the health issues that matter to them. Traditional communications models rely on monologue, while social media is all about conversation: we should be using social media to talk with people, rather than to them. In this way, social media provides a unique platform for organizations such as WHO to listen to public concerns and assess public perceptions about particular issues.

A strategic approach

To maximize the value of the medium, a strategic approach to social media is needed: rather than simply using social media as a platform for cross-posting other content such as media releases and website updates, specific content and audience engagement strategies should be developed for social media. To increase impact, campaigns on key issues should be developed that build interest and engagement over time – rather than relying only on ad hoc posts.

New strategies such as partnerships with social media companies and paid promotion of key content should also be explored – where, in the case of paid promotion, a modest financial investment could significantly increase reach.
Social media is 99% listening

In order to increase impact, the Regional Office should be actively monitoring and assessing its social media work by carefully analyzing social media trends, and benchmarking performance relative to other organizations. There is a huge array of social media analytics and metrics readily available – these should be carefully and continually analysed to see where WHO messages and materials can be better targeted for greater impact. Feedback should also be provided to technical units and country offices on what works – and what does not – so content generated by technical and country teams can be constantly refined and improved.

Timeliness, and during emergencies, Twitter-first!

In social media, timeliness is everything! This is especially so for posts about current issues and events. During emergencies, a social-media-first approach is crucially important for the dissemination of critical, verified information. Being out first with information can help frame an issue or emergency, as well as help to establish WHO as the leading health authority on the matter. Cultivating the Regional Office’s following on social media among journalists is important for this purpose – so that social media also becomes an avenue for communicating to journalists in emergencies.

Expanding to other channels

Following a period of consolidation on existing social media channels, the Regional Office could consider expanding its digital footprint to new social platforms such as Instagram and others – based on an assessment of the reach and profile of users in the Region.

... In country offices

For country offices there are also real advantages of engaging in social media. Several country offices in the Region have been active in social media for several years and have great experiences to share.

To engage or not to engage?

While there are huge advantages of social media conducted effectively, the capacity of the country office to maintain and monitor a social media presence is a crucial factor in deciding whether or not to engage. Social media accounts that are poorly maintained may be a liability for the Organization as a whole, rather than an asset. For country offices that want to engage, one option is to start small – for example, one platform, focused on a particular issue – and slowly build over time. For those
country offices that do engage, collaborating with a ministry of health and other partners on campaigns and key issues can increase impact.

An alternative for country offices that want to engage but do not have the resources and capacity to sustain their own social media presence is to feature more country stories on the Regional Office social media platforms – and promote this content to followers in the country. The Regional Office Communications Unit is available to support this.

The national social media landscape

The decision on how to engage and use specific platform(s) should be based on an analysis of the social media landscape in the country. Many countries in the Region have very high levels of social media penetration. Filipinos, for example, led a recent survey of social media users, spending an average of more than four hours a day on Facebook, Snapchat and Twitter. At the same time, social media penetration in countries such as Papua New Guinea and other parts of the Pacific is close to zero. The country situation should determine involvement.

The Regional Office Communications Unit can provide advice on how to assess the country landscape and what kinds of engagement in social media at the country level may work best.

Strategic programme communications...

Communications can be a powerful tool for delivering positive health outcomes – a strong awareness campaign on a health risk factor, for example, can change behaviour; an advocacy campaign can change how policy-makers see and respond to an issue. Strategic communications means packaging health information in a way that encourages decision-makers – from parents to government policy-makers – to take appropriate action. As in other areas of communications, strategic communications campaigns need to consider cultural appropriateness and the most effective channels for different audiences.

... In the Regional Office

The Regional Office should strive to be a leader within WHO, and within the Region, in strategic communications efforts: that is, in designing and developing campaigns that focus on behaviour change at the individual level or aim at broader social change by addressing decision-making in communities or governments.
Health promotion and behaviour-change communications

There is much of WHO work that lends itself to strategic communications: that is, where communications is an intervention in itself. For example, awareness campaigns can encourage people to talk about depression or quit smoking, or can be geared towards decreasing the stigma associated with particular diseases that can stop people from seeking treatment.

The Regional Office Communications Unit should work closely with technical units and country offices to design and develop such campaigns, in coordination with partners, where appropriate. In the medium and longer term, the Regional Office should strive to become a recognized leader in this field – providing expert advice and assistance to Member States looking to strengthen their communications capacity, in partnership with leaders in this field within the Region.

Policy advocacy and engagement

Strategic communications can also be an important tool for policy advocacy and engagement: that is, for raising awareness among policy-makers and leaders about the importance of a particular issue, building a constituency of support – among partners and the general public – on the issue, and ultimately encouraging decision-makers to take action. For example, at the regional level this approach may be valuable on issues such as UHC and AMR.

Risk communications

During health threats and emergencies, communications is a crucially important part of the response. Early communications can frame how the public responds to an issue and how the response to it is viewed over the longer term. In health emergencies, WHO must do its best to inform the public, Member States and other partners about what is known and not known. Delays in getting information out do not only facilitate the rumour mill, which can put people at risk, but also jeopardize trust in WHO as a source of credible information.

WHO’s new Health Emergencies Programme has transformed the way the Organization operates in outbreaks and emergencies. In the Regional Office, the Health Emergencies Programme and the Regional Office Communications Unit should have agreed protocols for working together before and during emergencies, and the Regional Office Communications Unit should review possible crisis scenarios with all divisions.
... In country offices

While communications resources in country offices are usually scarce, there are still opportunities for targeted advocacy and/or awareness campaigns on particular issues. Thinking about the role of communications should be a priority for technical officers when developing their work plans and programmatic interventions.

Health promotion campaigns

In resource-constrained environments, country offices may be able to adapt global or regional materials, or materials developed by other country offices, for their country context. The Regional Office Communications Unit can support campaign planning and adaptation of materials to local contexts.

Country offices may also explore interest from Member States in the provision of WHO technical support for government health promotion campaigns – and discuss with the Regional Office how this support could be provided.

Policy advocacy and engagement

Policy advocacy on priority issues can play an enormously valuable role in WHO work at the country level: using advocacy to help leaders adopt a particular intervention, such as a new tobacco control law or increased investment in health services, can make a real difference to health outcomes.

The Regional Office Communications Unit can support development of advocacy campaigns and tools on key issues, in close coordination with relevant technical units. In many cases, different country offices have key priority issues in common – and therefore there is also scope for sharing advocacy tools and materials.

Risk communications

Just as is the case for the Regional Office, communications is a crucially important part of the response to a health emergency at the country level. As also described under the Media Relations section of this Framework, country offices should give consideration to planning how to cover communications functions during a health emergency. In an emergency, roles and responsibilities between the country office and the Regional Office should be determined quickly so that the Regional Office can best support the country office in responding.
Internal communications...

Good internal communications is an important part of effective communications practice. Promoting consistent messages and a shared understanding of organizational priorities builds credibility and trust internally – and externally. Internal communications also strengthens the corporate culture by increasing staff awareness and by building ownership of and pride in WHO’s mandate, priorities and achievements – cultivating understanding of what each individual staff member contributes to the bigger picture. It also includes operational communications about organizational issues and priorities – that is, communication within different functional networks, such as Programme Management Officers and Administrative Officers.

... In the Regional Office

The Regional Office helps to set the standard and tone for internal communications across the Region – both within the Regional Office itself, and between the Regional Office and country offices. The Regional Office also has a strong role to play in connecting staff members within the Region to global issues and initiatives.

Keeping staff informed and involved

A central tool for internal communications is the WHO intranet, which unlike the public Internet is a private space open only to authorized users. An attractive, efficient and up-to-date intranet serves both as a channel for internal information and for dialogue with staff members in the Region. It should contain topical, up-to-date, easily accessible and understandable information about both programmatic issues and administrative and management issues, as well as staff news and events and a meeting calendar that is kept up to date. Features by or on individual staff members in various parts of the Region should be encouraged. While it is the Regional Office’s job to maintain the intranet, it will ultimately only be as strong as staff engagement with it.

The various global public health days, mandated by Member States as official health observances, provide opportunities for staff members to learn more about specific issues. Thematic “brown-bag” lunches and other opportunities to hear colleagues share their expertise are excellent ways to learn more about the different work that goes on across WHO, and broaden the perspective of staff members beyond their own areas of work. Similar town-hall style meetings can be used during emergencies to ensure that staff members are well briefed are especially important.

Communications planning

The Regional Office Communications Unit should coordinate, map and support communications initiatives across the Region, and provide support to each unit
and division to include communications in their work planning. Communications should be a standing agenda item in division and team meetings, as well as in the bimonthly Technical Coordinators Meeting.

**Integrating communications**

Communications staff must work closely with technical experts to ensure the accuracy of messages and materials. The Regional Office Communications Unit should serve as a resource for strategic guidance and support on communications for technical unit and country office communications initiatives. This involvement must start early in the planning process in order to integrate communications considerations from the very beginning. Communications skills should be evaluated as an element of the Performance Management Development System (PMDS) for all technical staff.

**The Regional Communications Network**

The Regional Communications Network, made up of communications officers and focal points from country offices and the Regional Office, is an important platform for disseminating information and exchanging experiences, materials and information. The Regional Communications Network should meet regularly – at least every two months – by teleconference or videoconference. As communications work and platforms evolve, the Network should be constantly looking at ways to improve and expand collaboration.

**... In country offices**

Internal communications is just as important in country offices as it is at the regional level. In smaller offices, where the organizational chart is less complex and all staff members tend to work together more closely, internal communications is usually easier. Nonetheless, its importance should not be taken for granted: a well-working internal information flow reduces misunderstandings and confusion, and helps country office staff members feel connected to the broader work of the Organization.

**The role of the WR**

Communications needs to be an integral part of work planning, training and performance evaluation, and a regular item in management and technical meetings. Mechanisms for efficient coordination of these issues within country offices should be established where they do not already exist. The leadership of the WR is critical: the level of importance attached to communications by the WR sets the tone.
Importance of the intranet

The regional intranet is as much a tool for country offices as it is for the Regional Office – it is an important resource and provides an important opportunity for country offices to connect to what is happening elsewhere in the Region. Country office staff members are encouraged to provide content for intranet stories and make suggestions for improvements. These could be coordinated by the communications officer or focal point.

Communicating with Member States

WHO works in close partnership with our Member States: they are our “board of governors” in the Region, and WHO work is aimed at protecting and improving the health of their people.

For Member States, close, ongoing communications and dialogue are of utmost importance: good communications enables Member States to better connect with relevant technical areas, obtain advice on best practices, engage in the development of technical guidance, and participate in technical and WHO governing body meetings.

... In the Regional Office & in country offices

There are already multiple ongoing formal and informal contacts and dialogues at various levels among the Regional Office, WHO headquarters, WHO country offices and Member States. These existing relationships provide an excellent platform for strengthening, and in some areas professionalizing, WHO engagement with Member States.

Web portal for Member States

The establishment of a Regional Office online hub for information and exchange with Member States – for example, a SharePoint site or “Member States only” Web portal to complement bilateral and informal contacts – could help to ensure tailored, consistent and up-to-date information flow.

Some Member States have also suggested the establishment of a centralized webpage for information about upcoming events hosted by the Regional Office would be of value. Over time, the Regional Office could also consider hosting digital events, for example, online forums on specific technical areas to enable greater collaboration and promote the dissemination of technical advice.
Visibility in Member States without country offices

In those countries in the Region without Country Offices, the Regional Office should identify and explore ways of increasing WHO’s visibility in the country – for instance, in donor countries, through highlighting the impact of that country’s contributions throughout the Region.

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**Telling the WHO story …**

WHO’s goal is to build a better, healthier future for people all over the world. We do this by providing leadership on health; shaping the research agenda; setting norms and standards and promoting their implementation; providing policy options; providing technical support, especially to Member States; and monitoring and measuring health trends across a wide range of health issues and topics. Descriptive storytelling about the impact of each of these areas of work can make health information more understandable and compelling.

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**… In the Regional Office**

There are many opportunities for the Regional Office to create and disseminate stories about the impact of WHO work across the Region. In the SDG era, stories are particularly important for demonstrating how WHO work helps ensure that no one is left behind in the effort to create a healthier and more prosperous future.

**The impact of WHO work**

Behind each area of WHO’s technical work are interesting, insightful human stories about the impact of the Organization’s work – whether about someone who has benefited from WHO work towards the elimination of a particular disease, or a local health worker who has implemented a WHO policy or WHO guidance and seen the results first-hand. We need to be better at telling these stories because they can be a powerful vehicle for engaging and influencing decision-makers. Stories bring a human face to suffering, inspire audiences and motivate them to take action, and they bring visibility to WHO work to protect health and save lives.

The Regional Office Communications Unit will work closely with technical units and country offices to develop a bank of stories on the impact of our work – to be featured on the Web and social media. The story bank should be constantly updated.
and refreshed with new stories. Over time, this will help to create a stronger narrative about the impact and relevance of WHO work in the Region.

**Giving visibility to donor contributions**

WHO relies on donor support for much of the work we do across the Region. Creating visibility of donor contributions to our work can help audiences understand how WHO works with partners, and national and local health authorities to improve health. Creating visibility for donor-funded work is also useful for resource-mobilization efforts.

Stories about WHO work in the Region should highlight donor contributions where relevant and appropriate.

**A picture is worth a thousand words**

Photos and videos enhance storytelling and illustrate WHO work. The Regional Office Multimedia Library is a rich source of powerful photos and other audiovisual content. It houses more than 3000 high-quality images that can be used to create a variety of compelling communications materials. For example, photo stories are a good way to make health issues concrete and to demonstrate the impact of WHO work, and they can help bring a human face to an issue – although for sensitive issues, photos in which individuals are identifiable should be avoided.

... **In country offices**

Country offices are a rich source for content for stories: country office staff members are on the frontlines and see the impact of WHO work in the field. Stories about the impact of WHO work in countries are also good material for country office websites and social media channels and to support resource mobilization efforts at the country level. Country office staff members are well placed to describe the impact of donor support and tell those stories to present and future partners.

The Regional Office Communications Unit is able to assist country office staff to develop stories about WHO work in their country.
5. Building capacity

Communications is not just the work of professional communications officers. Successfully delivering on the overarching objective of this Framework – to use communications as a tool for achieving WHO’s mission and mandate through the provision of information, advice and guidance to key audiences – requires building capacity in communications among all WHO staff members.

To strengthen communications in the Region, we need to build capacity in both the Regional Office and country offices, among communications and technical staff members, and we need to do so in a strategic, targeted way: generic, one-off training workshops are rarely effective in delivering sustained increases in capacity.

Every WHO employee is a communicator

WHO employees in the Western Pacific Region are the face of the Organization in the Region: they interact with key audiences and decision-makers – individuals, communities, health-care providers, policy-makers, partners, donors, Member States and other stakeholders – every day. It is therefore crucially important that capacity-building opportunities are not restricted only to communications staff or focal points.
The Regional Office Communications Unit will develop an ongoing capacity-building programme based on the specific needs of various categories of staff.

For instance, all Professional (P) staff members should be able to perform against basic communications competencies – such as writing and speaking for a non-technical audience (jargon-free communications), packaging information to increase impact, and understanding what it means to be a WHO “ambassador” – and should have access to training in these core capacities. Staff members at the P5 level and above should be able to speak with confidence – for instance, to the media and partners – about their area of work and thus should have access to media “spokesperson” training.

Over time, opportunities for P staff members to have more in-depth training in other aspects of communications – for example, strategic programme communications – should also be explored. Communications focal points may need more targeted training in areas of particular focus and priority, such as social media, risk communications, website management, photos and videos, and basic graphic design. Opportunities for providing innovative training and development opportunities for communications staff – for instance, short-term placements in a newsroom – could also be considered. For communications staff in particular, formal training opportunities should be combined with mentoring and “buddying” (peer-to-peer learning opportunities) to strengthen the Region’s network of strong communicators and build capacity over time.

Capacity-building targeted to country and programme needs

Communications priorities vary greatly across different country offices and programmes. Country and programme contexts vary, as does availability of resources.

As part of the regional capacity-building programme, the Regional Office Communications Unit will support targeted capacity-building opportunities for country offices and programmes, based on each country office’s and division’s communications priorities, as determined by the WR, Directors and communications focal points. This will be delivered through:

» training opportunities for communications focal points – for example, delivered through the annual Regional Communications Network workshops;

» a train-the-trainers approach, through which communications focal points are trained to become trainers and then deployed to provide training in their country office and programmes; and

» identifying opportunities for country offices to learn from each other, as several country offices have excellent experience in particular areas of communications that can be shared with their peers in other country offices and Regional Office divisions.
6. Monitoring, evaluation and learning – as a way of doing business

Did we achieve our intended goal?  
What was key to success or failure?  
Can we do better next time?

These are the questions we should be constantly asking about communications in the Region. While evaluating the direct health impact of communications activities is difficult, nonetheless, evaluation of WHO messages, communications products and engagements based on their effectiveness at reaching specific goals and principles is crucially important for strengthening communications practice at the Regional Office. This needs to be more than just an add-on or afterthought at the end of a communications activity, but a way of doing business.

Even in a very resource-constrained environment, there are several ways that we can do this. Investing time and energy into a systematic and ongoing approach to monitoring and evaluation is an investment in a resource for the future.

Looking at the metrics: tracking audience exposure to WHO channels and messages

Currently, the most frequently practised communications assessments at WHO focus on monitoring website traffic, news and social media. There is now a huge array
of metrics available – especially for social media – that can be used to monitor trends over time and also capture how particular products such as website content or press releases reach specific audiences.

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... **In the Regional Office**

The Regional Office Communications Unit should be routinely tracking basic media and social media metrics. These metrics should be used to assess the effectiveness of various communications efforts on an ongoing basis and identify ways to improve.

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... **In country offices**

At a minimum, communications focal points should be monitoring national media for mentions of WHO, especially those generated by WHO communications efforts – and for “hot” health issues WHO may be asked to respond to. Country offices with social media channels should also be monitoring metrics, as well as following engagements and comments. The Regional Office Communications Unit can assist country offices to set up basic media and social media monitoring systems where needed.

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**Were our communications accessible?**

**Actionable? Credible and trusted?**

**Relevant? Timely? Understandable?**

The six guiding principles of effective communications – set out in Section 2 – can be used as a basis for evaluating communications efforts. In some cases, all six principles may be relevant, in others only particular principles will apply: for example, issuing more rapid press releases (timeliness); writing communications products targeted to the public in plain language (increasing understanding); communicating in a health emergency (credible and trusted; timeliness).

An evaluation using the six principles does not need to be formal or detailed: in busy and resource-constrained environments, this is rarely feasible.

Rather, both at the Regional Office and in country offices, the six principles can function as a framework for a quick assessment – for example at a team meeting or campaign debriefing – of effectiveness.
Evaluating campaigns

For large-scale communications campaigns, a more detailed evaluation may be warranted – to properly take stock of lessons learnt and how effectiveness can be improved in future. For social media in particular, while “likes” and “shares” are valuable metrics, we need to go beyond these to properly assess campaign effectiveness and impact.

In cases where a more in-depth evaluation is warranted, the WHO Strategic Communications Framework for effective communications suggests a model that can serve as a basis for the assessment of individual products and practices against the principles of effective communications, as shown in the following figure.

Different ways of measuring impact

The China country office has developed a simple “cost-per-click” analysis to evaluate effectiveness of social media campaigns: that is, how much staff time and money (on products such as graphic design, offline supporting events) was spent per “like” or “share”? This provides a helpful internal metric for the China team’s work – to benchmark various campaigns against one another, as well as to reorient campaign efforts and resources as necessary.

Evaluating principles of effective communication: a sample model

1. Identify an activity or product to improve
2. Identify a tactic to improve performance
3. Create indicators to measure employment
4. Conduct a baseline assessment
5. Refine indicators
6. Perform new tactic(s)
7. Measure progress

Results of evaluation should inform decision-making for next steps or future outreach
A culture of feedback and learning

Formal evaluation is a question of both financial resources and staff time. For major communications campaigns that merit an in-depth monitoring and evaluation investment, it is important for this to be considered at the planning stage, not just as an afterthought.

However, monitoring and evaluation should also be an established way of doing business, consistent with the aspiration of the Regional Office to be a learning organization.

In order to achieve this, taking stock of what works and what does not should become a routine part of communications work. The Regional Office Communications Unit should debrief divisions, units and country offices after major campaigns or new initiatives, as well as provide regular feedback through forums at the bimonthly Technical Coordinators Meeting at the Regional Office.

The Regional Office Communications Unit should make a point of reaching out to country offices and divisions to share experiences and success stories and, where appropriate, highlight these on the Regional Office intranet.
Next steps

This Regional Framework sets out an overall approach and strategy for WHO communications in the Western Pacific Region. It is also designed to provide practical tools for both the Regional Office and country offices.

Concrete actions the Regional Office and country offices can take to strengthen communications are set out in the Annexes. Annex 1 provides an action plan for the Regional Office to operationalize this Strategic Communications Framework and provide the environment and support necessary for country office action. As such, it includes deliverables, accountabilities and timelines. Annex 2 is a more generic tool box for tailored country office action as determined by in-country needs. Additional tools – such as templates for communications products and examples of best practices – can also be developed and added over time.

This Framework will be updated periodically as communications practice and experience in the Region develops, and as the context in which we are communicating evolves – always bearing in mind the overarching goal of using communications to deliver on WHO’s mission of protecting and improving the health and the lives of the 1.9 billion people of our Region who we are here to serve.
## Annex 1

### Key actions required for implementation of this Framework @ the Regional Office

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<thead>
<tr>
<th>Area / Audience</th>
<th>Key actions</th>
<th>Responsibility</th>
<th>Time frame</th>
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<tbody>
<tr>
<td><strong>1. Corporate communications</strong></td>
<td>a. Develop new corporate brochure for the WHO Regional Office for the Western Pacific (WPRO) and set of corporate communications materials (e.g. corporate PowerPoint presentation).</td>
<td>Office of the Regional Director (RDO)</td>
<td>By end of Q3 2017</td>
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| **2. WPRO website** | a. Thorough review of WPRO website to update existing information and materials, and add new topics.  
   b. Produce series of fact sheets for the general public on popular health topics.  
   c. Regularly monitor and refresh existing content – including more multimedia and digital content. | Regional Office Communications Unit (COM), divisions | a & b – by end of Q4 2017  
   c – ongoing            |
| **3. Media relations** | a. Formalize role of WPRO media spokesperson.  
   b. Develop protocol for interaction between COM and the WHO Health Emergencies Programme (WHE) during health emergencies.  
   c. Review and update WPRO media contacts database, develop strategies for more targeted outreach to journalists.  
   d. Develop a stock of ideas for op-eds and feature stories on priority issues to be pitched to regional media outlets. | RDO, COM                                | a – by end of Q2 2017  
   b – by end of Q3 2017  
   c & d – ongoing |
| **4. Social media** | a. Review effectiveness of WPRO’s presence on existing social media channels, benchmarking against other similar organizations.  
   b. Identify new strategies for growing reach and impact such as partnerships with social media companies and paid promotion of key content.  
   c. Consider expanding to new channels, e.g. Instagram, based on strategic assessment of reach and profile of users in the Region.  
   d. Proactive outreach to country offices to support those with social media platforms, and feature content on WPRO channels for those who do not have their own social media platforms. | COM                                      | Ongoing – basic social metrics should be routinely monitored, and a more comprehensive analytics report compiled every 3–6 months |
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b. Search for opportunities for partnerships with experts and centres of excellence across the Region, with a view to growing WPRO’s expertise in this area.  
c. Search out opportunities for supporting Member States to develop strategic communications campaigns in support of their health priorities. | COM, in close consultation with divisions and country offices | Ongoing          |
| **6. Internal communications** | a. Maintain and enhance regional intranet as a source for updates on both programmatic and administrative/organizational issues, as well as features by or about the work of staff members across the Region.  
b. Proactive outreach to Divisions and country offices to map and support planning of communications initiatives.  
c. Meetings every two months by videoconference of Regional Communications Network, and annual face-to-face meetings (resources permitting).  
d. Hold regular “brown-bag” sessions on the work of different units and health issues – as a learning opportunity for staff.  
e. Make communications a standing item in division and technical unit meetings, as well as in the bimonthly Technical Coordinators Meeting.  
f. Evaluate communications skills as an element of all Professional (P) staff Performance Development Management System (PMDS) assessments. | a, b, c – COM, in collaboration with divisions and country offices  
d, e – Divisions, technical units  
f – all P staff | Ongoing          |
| **7. Outreach to Member States** | a. Explore feasibility of establishment of Web portal for Member States.                                                                                                                                                                                                                                                                  | RDO, Information Technology and Administration (ITA) | By end Q4 2017 |
| **8. Telling the WHO story** | a. Develop strategies for increasing visibility of WHO work across the Region, highlighting donor contributions where relevant and appropriate.  
b. Develop a bank of story ideas about the impact of WHO work in countries, especially where there is a link to the SDGs.  
c. Maintain WPRO Multimedia Library as a source of photos and images for communications products. | a & b – ERP/COM  
c – IPS | Ongoing          |
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</table>
| 9. Capacity-building and training | a. Develop ongoing capacity-building programme, including training opportunities in core capacities for all staff and targeted training in specific areas, especially for country offices, based on priorities.  
b. Ensure close follow-up and mentoring/“buddying” outside of formal training opportunities, especially for country office communications focal points.  
c. Hold annual workshop of Regional Communications Network (resources permitting). | COM | Ongoing |
| 10. Monitoring and evaluation | a. Routine tracking of media and social media metrics to assess effectiveness of communications efforts.  
b. Provide regular feedback to divisions and country offices on effectiveness and impact of communications efforts (e.g. through debriefings on major campaigns and routine meetings such as the bimonthly Technical Coordinators Meeting). | COM | Ongoing |
# Annex 2

**Ideas for strengthening communications @ country offices**

<table>
<thead>
<tr>
<th>Area / Audience</th>
<th>Key actions</th>
<th>Focal point in WPRO for help and support</th>
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<tbody>
<tr>
<td><strong>1. Corporate communications</strong></td>
<td>a. Develop country office corporate brochure, e.g. based on Country Cooperation Strategy (CCS) priorities and set of corporate communications materials, for promotion of WHO work in the country and distribution to partners and stakeholders.</td>
<td>RDO</td>
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| **2. WPRO website** | a. For country offices with websites, designate a focal point for coordinating regular review/updates and working with technical teams to develop new stories and updated content.  
b. For country offices without websites:  
• consider conducting feasibility assessment of establishing a country office website, which should include consideration of resources within the country office for ongoing maintenance;  
• provide content and story ideas to be featured on WPRO website. | COM |
|  | | |
| **3. Media relations** | a. Designate media contact point and ensure quick response time.  
b. Maintain an up-to-date list of national media contacts and try to find ways of keeping in touch with key contacts regularly so the relationship is strong and robust in case of need for urgent contact, e.g. in a health emergency.  
c. Discuss protocol for WPRO–country office interaction during health emergencies, noting that these may need to be adapted depending on the nature of the health emergency.  
d. Where possible, try to place op-eds on key issues from the WR in national media outlets. These can often be adapted from existing materials developed by the Regional Office (or other country offices), and do not need to be developed from scratch. | COM |
|  | | |
| **4. Social media** | a. For country offices with social media channels:  
• discuss and preplan social media interventions in team meetings,  
• regularly monitor social media metrics and benchmark performance against similar organizations in the country,  
• share social media content, materials – and success stories – with other country offices.  
b. For country offices without social media channels:  
• if considering establishment of a country office social media platform, conduct an analysis of the social media landscape to guide strategy and ensure there is a plan for ongoing maintenance and management (including monitoring). | COM |
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| 5. Strategic programme communications | a. Initiate discussion with technical officers on use in their areas.  
b. Consider how regional and global strategic communications materials can be adapted for country context.  
c. Explore interest and scope for supporting Member States to develop strategic communications campaigns in support of their health priorities. | COM, and communications focal points in divisions |
| 6. Internal communications | a. Contribute ideas for stories and features to the WPRO intranet.  
b. Make communications a standing item for team and office meetings.  
c. Create a platform for internal information sharing, e.g. a “cloud” drive.  
d. Hold regular “brown-bag” or similar sessions on the work of different units and health issues – as a learning opportunity for staff. Take advantage of staff visiting from WPRO and HQ for this purpose.  
e. Evaluate communications skills as an element of all P staff Performance Development Management System (PMDS) assessments. | COM |
| 7. Telling the WHO story | a. Develop ideas for stories about the impact of WHO’s work in the country, highlighting donor contributions where relevant and appropriate – WPRO can help turn these into features for Web and/or social media.  
b. Coordinate/collaborate on stories with Member State counterparts and other partners as appropriate.  
c. Consult WPRO multimedia library for photos and images for use in communications products. | ERP/COM/IPS |
| 8. Capacity-building and training | a. Ideally, WR and communications focal point should go through media/spokesperson training.  
b. Identify training opportunities in “core” communications capacities for all P staff and relevant General staff – for example through training opportunities offered by WPRO and HQ, and conduct training in the country office when country office staff have been through a “train-the-trainer” course.  
c. Talk to the WPRO COM about specific training needs. | COM |
b. Create repository illustrating country office media presence.  
c. Country offices with social media channels should be monitoring basic social media metrics and engagements, especially comments about WHO or in response to WHO posts. | COM |
LIST OF RESOURCES

» WHO Strategic Communications Framework for effective communications
  http://www.who.int/about/what-we-do стратегический коммуникационный план

» The Framework Web portal includes a wide range of other resources and materials
  for WHO communicators – Internal resource
  http://apps.who.int/dco/strategy/en

» WHO style guide, Second edition – Internal resource
  http://intranet.who.int/homes/whp/publishingwho/contentdevelopment/whostyleguide.shtml

» Visual Identity Guidelines – Internal resource

» The WHO Outbreak Communication Planning Guide
  http://www.who.int/ihr/publications/outbreak-communication-guide

» Multimedia library
  http://www.who.int/ihr/publications/outbreak-communication-guide

» Designing publications: guidance and recommendations
  http://www.who.int/ihr/publications/outbreak-communication-guide