COMMUNICATION FOR HEALTH (C4H): BUILDING ON EXPERIENCES IN THE CONTEXT OF COVID-19 TO STRENGTHEN USE OF STRATEGIC COMMUNICATIONS IN THE WESTERN PACIFIC REGION

8-10 December 2020
Virtual meeting
MEETING REPORT

COMMUNICATION FOR HEALTH (C4H):
BUILDING ON EXPERIENCES IN THE CONTEXT OF COVID-19 TO STRENGTHEN USE OF STRATEGIC COMMUNICATIONS IN THE WESTERN PACIFIC REGION

8–10 December 2020
Virtual meeting

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NOTE

The views expressed in this report are those of the participants of Communication for Health (C4H): Building on Experiences in the Context of COVID-19 to Strengthen Use of Strategic Communications in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the virtual meeting on Communication for Health (C4H): Building on Experiences in the Context of COVID-19 to Strengthen Use of Strategic Communications in the Western Pacific Region from 8 to 10 December 2020.
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Annex 2. Meeting programme

Key words:

Communication / COVID-19 / Disease outbreaks / Strategic planning
On 8–10 December 2020, the World Health Organization (WHO) Regional Office for the Western Pacific convened a virtual meeting on Communication for Health (C4H): Building on experiences in the context of COVID-19 to strengthen use of strategic communications in the Western Pacific Region.

In all, more than 180 Member State representatives, communications experts, partners and WHO staff came together to build a shared understanding of the C4H approach, leverage key learnings in health communications – particularly in the context of the coronavirus disease 2019 (COVID-19) pandemic – and contribute to the shared goal of making the Western Pacific the healthiest and safest region. The meeting was chaired by Dr Angela Pratt, Director of the Regional Director’s Office and Communications and External Relations, WHO Regional Office for the Western Pacific.

The meeting included expert panels, country perspectives and skills-based sessions. Invited experts shared their reflections on communication achievements and lessons for improvement in relation to the COVID-19 response, provided insights on combating health misinformation, discussed the application of behavioural insights for more effective communications, and spoke on past experiences in overcoming vaccine hesitancy that may be relevant to communications around a COVID-19 vaccine.

Representatives from Member States shared stories about their countries’ greatest communication challenges and opportunities during the pandemic. They also discussed their countries’ highest priorities regarding COVID-19 vaccinations and C4H more broadly and identified ways for WHO to best support these priorities.

During the meeting, the Regional Office also provided an overview of the C4H approach and showcased how the principles of C4H have been harnessed in responding to COVID-19. Meeting participants took part in two C4H skills-based sessions, led by experts in the fields of behavioural insights, and communications measurement, evaluation and learning.

During the meeting, discussions emerged on the need for timely, transparent, and consistent communication messages when responding to a disease outbreak, and the challenges of achieving this when the information and context are uncertain or ever-changing. Participants identified these key communication challenges:

- addressing the health “infodemic”, especially in resource-constrained environments;
- reaching remote, minority and vulnerable populations;
- addressing pandemic fatigue, complacency and possible vaccine hesitancy;
- going beyond social media to engage with and listen to communities on the ground; and
- using behavioural insights when such an approach takes time, patience and persistence.

Participants emphasized the importance of countries collaborating with one another and with WHO and partners to advance the C4H approach regionally. WHO welcomed feedback from Member States on requested support, including through capacity-building activities for communicating on COVID-19 vaccines, behavioural insights, and measurement, evaluation and learning. WHO is also committed to providing technical support for strategic communications and sharing C4H guidance documents and tools as they are developed. Lastly, WHO and partners will support Member States in making the case for investing in C4H.
Meeting participants – Participants of the meeting included Member State representatives, communications experts, partners and WHO staff with expertise including risk communication, social and behaviour change communications, behavioural insights, media and journalism, health promotion, community engagement, and communications measurement and evaluation.
INTRODUCTION

Communication for Health (C4H) – a priority initiative of For the Future: Towards the Healthiest and Safest Region, WHO’s vision of its work in the Western Pacific – recognizes the power of strategic communications as a tool for delivering better health. The approach harnesses insights from social, behaviour and communication sciences to inform and change attitudes and behaviours for improved health outcomes at the individual, community and societal levels.

The inaugural C4H meeting

The meeting on Communication for Health (C4H): Building on experiences in the context of COVID-19 to strengthen use of strategic communications in the Western Pacific Region was held virtually from 8 to 10 December 2020. The meeting brought together more than 180 Member State representatives, communication experts, partners and WHO staff, with expertise including risk communication, social and behaviour change communications, behavioural insights, media and journalism, health promotion, public relations, community engagement, and communications measurement and evaluation. The list of participants is available in Annex 2.

The meeting provided an opportunity to share knowledge, experiences and best practices relevant to C4H. It also enabled discussion on shared communication challenges, opportunities and priorities. In doing so, the meeting provided a way towards strengthening effective health communications and advancing the C4H approach in the Western Pacific Region. The meeting programme is available in Annex 2.

Participant poll – Meeting participants came from many fields of work. This world cloud represents participant responses to the question: What does your role entail?
Meeting objectives

The meeting brought together regional counterparts:

- to build a shared understanding and ownership of the C4H approach in the Western Pacific Region;
- to discuss the current use of strategic communications approaches, initiatives and progress across Member States;
- to identify regional and country-specific challenges in adopting C4H;
- to discuss lessons and experiences of applying C4H-related approaches in the context of COVID-19;
- to discuss Member State priorities and identify opportunities for building on lessons beyond the current pandemic; and
- to establish a list of key actions needed by WHO, Member States and partners to strengthen use of C4H in the Region.

Participants joined the meeting from 35 countries and areas – Left to right, top to bottom: Mr Jean-Jacques Rory, Ms Wendy Williams and Ms Myriam Abel, Department of Public Health, Ministry of Health, Vanuatu; Dr Nguyen Dinh Anh, Department of Communication and Reward, Ministry of Health, Viet Nam; Mr Vu Manh Cuong, Department of Communication and Reward, Ministry of Health, Viet Nam; Dr Dolgorkhand Adiyadorj, Emergency Operations and Public Relations Division, Department of Public Health and Dr Purevdulam Lkhagvajav, Emergency Operations Center, Ministry of Health, Mongolia, Dr Nomin-Erdene Tsogtgerel, National Centre for Public Health, Mongolia, and Ms Jargalan Tsogt, WHO Mongolia.
Communication for Health (C4H) in a nutshell

What is C4H?

Health is shaped by the attitudes and behaviours of individuals and communities. Individuals, health workers, policy-makers and government leaders make decisions every day that affect people’s health. Strategic communications is a field of technical expertise that can help shape these decisions.

C4H uses techniques of strategic communications to drive positive public health outcomes. C4H programmes are designed to respond to the recognized social and behavioural drivers at play and aim to meet people where they are at with the information and resources they need and want. The approach applies insights from social, behaviour and communication science to create engaging, empowering – and ultimately, impactful – strategies.

How can C4H be used?

C4H can be used as a tool for many public health issues. Whether it be promoting health-protective behaviours for COVID-19, encouraging uptake and managing demand for COVID-19 vaccines, reducing stigma around mental health, or advocating for inclusive health policies, strategic communications plays an important role.

What does C4H require?

Communicating more strategically requires moving away from a focus on outputs, products and activities, towards a focus on the outcomes and impact of communication.

C4H is:

- Informed by data, evidence and theory,
- Measurable,
- Planned,
- Audience- and people-centred,
- Collaborative, and
- Targeted.

Effective communications goes beyond data and statistics, connecting with people on a human level. Communicating with impact means connecting with people’s hearts, not only with their heads. That is why storytelling, focused on how people feel is at the heart of the C4H approach.

Communication that understands the audience and the drivers of their behaviour, and communication that is understandable, credible, accessible, relevant, actionable and timely, can improve awareness, shift attitudes, and change policies and behaviour.
Meeting illustration – A visual summary of the three-day C4H meeting

PROCEEDINGS

DAY 1

Opening session

The inaugural C4H meeting was opened by Dr Angela Pratt, Director of the Regional Director’s Office and Communications and External Relations, WHO Regional Office for the Western Pacific. Dr Pratt spoke of her delight in being joined by Member State representatives, partners, experts and WHO colleagues from across the diverse Western Pacific Region for the three-day meeting. She noted that over the past year, the WHO Regional Office had been working hard to develop C4H – a tool through which we can improve health. This is an area where WHO would like work closely with Member States to further advance, and hence a key objective of the meeting is to build a community of practice around C4H.
C4H is strongly supported by the WHO Regional Director for the Western Pacific, Dr Takeshi Kasai. In Dr Kasai’s opening remarks, he stressed the importance of communication in advancing every health agenda, including health security. The ever-changing context of the COVID-19 pandemic has meant that communication has not been easy, but it is clear that effective health communications is more important than ever before. The Regional Director spoke of the role that communication plays not only in awareness-raising but also in engaging the public and generating consensus among citizens on the actions they should take to protect themselves and their countries during the pandemic and beyond. He expressed his support for building communication as an area of technical expertise within WHO, in the very same way that WHO structures other technical programmes.

Dr Angela Pratt, Director of the Regional Director’s Office and Communications and External Relations, WHO Regional Office for the Western Pacific, welcomed all meeting participants. Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, emphasized the importance of communication and his support for the inaugural technical meeting.
Participant introduction – Member State participants were invited to submit a short video to introduce themselves, as well as explain why they believe communication is important for public health and what they are most looking forward to about the C4H meeting.

Opening plenary: Communications and COVID-19: What did we get right? What did we get wrong and how can we do better?

Health communications experts, health officials and journalists gave an overview of the challenges in communicating with the public during a rapidly evolving situation such as COVID-19. It is difficult to communicate in a timely, transparent and consistent manner when the information and context are constantly changing. In such situations, we must avoid being silent, or too definitive, and instead remain transparent, flexible and adaptive in our communication, sharing what is known early, acknowledging that advice may change, and assuring the public that updates will be provided as the situation unfolds. It is important to look ahead and anticipate changes, preparing messages so that people know what to expect and how to behave.

There is also a need to communicate with empathy and respect, acknowledging community emotions, fears and challenges. Communicating to minority, vulnerable and remote populations should not be neglected, ensuring that no one is left behind in the battle against COVID-19.
The use of social media expands the reach of communication beyond television, radio and newspapers. It also allows the targeting of communication messages to specific audiences and data collection on their concerns and needs.

**Opening plenary speakers** – Left to right, top to bottom: Dr Jody Lanard, Risk communication advisor, The Peter M. Sandman Risk Communication Website; Ms Karen Tan, Deputy Chief of Government Communications, Ministry of Communications and Information, Singapore; Mr James Chau, International Broadcaster and WHO Goodwill Ambassador; Dr Caroline McElnay, Director of Public Health, Ministry of Health, New Zealand; and Mr Jason Gale, Senior editor, Bloomberg News. Dr Angela Pratt moderated the plenary.

**Meeting illustration** – A visual summary of the opening plenary discussion
Country perspectives #1: (Almost) 12 months into the pandemic, what have been countries’ greatest communication challenges and opportunities?

In this session, six health and communication officials from Australia, Cambodia, Guam, Papua New Guinea, the Republic of Korea and Viet Nam shared the strategies their respective countries had used to communicate on COVID-19 risks, health-protective behaviours and non-pharmaceutical interventions. In Australia, the use of data, research and social listening, even before the pandemic, led the health department to produce two key streams of communication materials: informative and emotive. Communication strategies aimed to be balanced and consistent, reinforcing risks and protective behaviours. Supplementary materials were developed for certain population groups, such as older people, and translated into at least 30 languages for minority groups.

Cambodia cited the importance of activating existing risk communication and community engagement systems in their response to COVID-19. The country took a multipronged approach in reaching, engaging and gathering feedback from the public. Cambodia cited the importance of strong community engagement; local authorities are involved in all aspects of the response, especially in providing health messaging to their communities. Effective solutions are developed from the ground up, as communities develop solutions that are adapted to their context.

In Guam, the health department harnessed the power of the community to boost the uptake of the contact tracing app. The strategy worked: despite the low budget, Guam’s 34% adoption rate is number one in the United States of America.

Papua New Guinea faced many challenges in communicating to the public on COVID-19 given that the majority of the population live in remote areas, the literacy level is low, and internet access is limited. However, the Department of Health took a systems approach to their communication strategy, bringing together different government departments and partners to form a coordinated pillar in the overall response operations and using multiple channels.
for engaging the public, including radio, television, newspapers, hotlines, social media, posters and community engagement through local authorities.

The Republic of Korea focused on three key goals in their communication strategy for COVID-19: building public trust in government; creating social solidarity and inducing public cooperation; and communicating in a tailored way to population groups such as children, older people and people with physical disabilities. To achieve this, strategies were centred around three streams: communication with the media; communication with the public; and partnerships with the private sector.

Underlying Viet Nam’s communication are the government’s four key messages: COVID-19 prevention and control is “like the war response”; “solidarity in order to win the pandemic”; “sacrifice immediate economic benefits to protect people’s lives”; and ensure that “no one’s left behind.” The subcommittee worked closely with the media to deliver timely, transparent, accurate and trusted information to the public. They also harnessed the power of key opinion leaders, art and culture to reach and engage audiences and counter rumours and misinformation.

Countries shared similar communication challenges, including:

- Communicating with the public in a timely, transparent and consistent manner when the information and context is uncertain or ever-changing
- Responding proactively to community fears and information needs, through new communication challenges and materials, when time and resources are limited
- Addressing pandemic fatigue, as well as complacency when case numbers drop
- Addressing “fake news”, misinformation, disinformation and conspiracy theories, especially in resource-constrained settings
- Understanding and responding to the needs of minority, vulnerable and remote populations that may have a different set of individual, environmental and sociocultural influences and require tailored strategies.

The key opportunities that emerged during the panel discussion included:

- Use of data and research – both quantitative and qualitative – to better understand audiences and inform communication strategies and messages
- Appealing to human emotions and community values
- Citizen solidarity and trust in government can be built and maintained through early, clear and frequent communication to the public
- Going beyond social media to engage with and listen to communities on the ground through various channels, including phone hotlines
- Strengthened capacity of community leaders and local networks in supporting public health, as well as stronger coordination between health, non-health sectors and other stakeholders
- Empowering communities and taking “grounds-up” approaches yield most effective solutions.
Meeting illustration – A visual summary of the discussions that took place during the country perspectives panel.
Regional Office briefing: Communication for Health (C4H), WHO’s approach to strategic communications in the Western Pacific Region

The meeting secretariat played a video to help introduce C4H to participants. The video defined C4H as a field of technical expertise that can improve health outcomes through shaping the actions and behaviours of individuals, communities and decision-makers.

When communication is understandable, credible, relevant, actionable and timely, it can improve awareness, shift attitudes, and change policies and behaviour – ultimately contributing to better health.

The rapid pace of information flow, the rise of online “influencers”, and declining trust in governments and institutions present both challenges and opportunities for WHO and Member States in the Western Pacific Region.

At the same time, the evidence base for effective communications is expanding. Governments, civil society and the private sector are harnessing behavioural insights, data collection and evaluation to make smarter investments in communication. This changed landscape demands that we – WHO and Member States – also change how we communicate.

The C4H approach places less focus on outputs, products and activities, and more on the outcomes and impact of communications. C4H strategies target a particular audience, for a specific purpose and responds to real barriers or gaps in understanding or behaviour, to contribute to health improvements.

C4H is all about IMPACT: Informed by evidence, data and theory; Measurable; Planned (rather than ad hoc); Audience- and people-centred; Collaborative; and Targeted.

Ms Olivia Lawe-Davies, Regional Communications Manager, WHO Regional Office for the Western Pacific, and Ms Lauren O’Connor, Technical Officer, Risk Communications, WHO Regional Office for the Western Pacific, discussed harnessing C4H principles in responding to COVID-19.

Ms O’Connor described risk communication as “C4H in a pressure cooker.” In emergencies, timelines are condensed, and uncertainty, media interest and emotions are high. There is an overabundance of information, including disinformation. More ministries and partners are involved. The event can quickly become politicized. In such a high-stakes environment, there is a crucial need to have a risk communication plan, pre-agreed procedures for rapid decision-making and trained risk communicators at the national and subnational levels. It is important for national leaders to set the tone, to listen to the population and their concerns, to identify and reach the hardest-to-reach communities, and to leverage strategic partnerships including community leaders.

There is much work to do, though Ms Lawe-Davies noted three important things that health communicators can do now:

1. Evaluate the effectiveness of communications in 2020 and capture lessons to strengthen the response to COVID-19 and future emergencies
2. Plan for 2021 – including for the roll-out of COVID-19 vaccines
3. Advocate for the necessary resources and support, including for more sophisticated C4H approaches such as behavioural insights, and measurement, evaluation and learning.
At the closure of the briefing, Member State representatives were polled on what they see as the top two communication challenges and top two communication opportunities in their countries. Key challenges reported included “fake news” and “misinformation”, and opportunities included “social media” and “community engagement”.

Participant poll – Meeting participants were asked to identify their top communication challenges and opportunities.

What do you see as the top 2 communication challenges in your country?
What do you see as the top 2 communication opportunities in your country?
DAY 2

To kick off the second day of the virtual meeting, participants were asked to cite one key takeaway from the first day’s discussion. Common responses included:

Panel #1: In the post-truth era, how do we combat the onslaught of misinformation to deliver health advice that people trust?

Panellists from government, the private sector, nongovernmental organizations (NGOs), academia and WHO offered different perspectives on combating health misinformation. The importance of communication during the COVID-19 response was reinforced, as was the importance of being transparent to build community trust and understanding who and where the community turns for trusted information. Who people trust may differ from community to community, but health-care workers globally consistently rank highly as trusted sources of health information.
Participant poll – Meeting participants were asked to answer whether health misinformation and disinformation are a concern in their country. The responses show that misinformation and disinformation are indeed a sizeable challenge across the Western Pacific Region.

Not all rumours are ridiculous; rumours can tell us about information gaps that exist, people’s fears and anxieties and who they trust. They can serve as early warning mechanisms of unrest or risky behaviours and flag which group of people is being excluded in communication efforts. Misinformation thrives when there is a void. It is critical to elevate authoritative voices and have trusted sources of information. Ms Irene Scott, Global Project Director, COVID-19, Rooted in Trust, Internews Network, said that it is important not to look at “rumour spreaders” as “other people”. She explained that every single person has spread misinformation, because people want to help and share information that they think will help their friends and families. Ms Scott cited the need to teach people “information hygiene” or how to carefully evaluate the information that they consume and share.

Trust is crucial in fighting rumours. Do not shy away from sticky issues. Instead, explain why we are asking people to do certain things. See media as a partner in this communication.

Communicators must listen first, then respond to actual, not perceived, questions. Listen for follow-up questions and listen to everyone, not just the loudest voices or only those on social media. It is important to understand the sentiments of different groups and to use differing listening methods to get a comprehensive picture.

Panel #1 speakers – Left to right, top to bottom: Ms Melinda Frost, Technical Officer, Risk Communication and Community Engagement, WHO/HQ; Ms Irene Scott, Global Project Director, COVID-19, Rooted in Trust, Internews Network; Professor Masato Kajimoto, Associate Professor of Practice, Journalism and Media Studies Centre, The University of Hong Kong; Ms Stephanie Sasser, Global Health Partnerships, Facebook; and Dr Purevdulam Lkhagvajav, Officer, Emergency Operations and Public Relations Division, Department of Public Health, Ministry of Health, Mongolia. Ms Olivia Lawe-Davies moderated this session.
Meeting Illustration – A visual summary of discussion highlights from Panel #1.
Panel #2: When human behaviour is both our most effective tool and greatest challenge, how can behavioural insights be used to communicate more effectively?

Key insights from the advisers and experts on this panel include:

- Effective communications considers the full range of social, cultural, economic and political influences at play. In other words, it is as much about the listener as it is about the message. Listening – and responding to what is being understood – is hard work and takes time, patience and persistence.

- To embed behavioural principles in communication, it is helpful to put together a checklist. The behavioural principles checklist can include matters such as: ensuring there is a specific call to action; ensuring that a substitute behaviour or action is presented; simplifying the message; avoiding jargon; and using social norms.

- Communication must go beyond statistics and technical jargon to engage people on a human level, tapping into community values and civic-mindedness. While we all have unique perspectives, populations generally share common values such as justice, fairness and equality. These shared values present an opportunity for public health. It is important to design your communication so that it speaks to community interests and values.

Speakers offered advice for health ministries that are interested to use behavioural insights in communication. Dr Chiara Varazzani, Lead Behavioural Scientist, Organisation for Economic Co-operation and Development and Member, WHO Technical Advisory Group (TAG), Behavioural Insights and Sciences for Health, advised them to start with the specific behaviour that they would like the target audience to undertake. In persuading senior officials to use behavioural science, she said that it is good to underline that behavioural interventions offer huge returns on investment. Dr Sandro Demaio, Chief Executive Officer, VicHealth, The Victorian Health Promotion Foundation, recommended that the health ministries use examples from other jurisdictions to build a case for a behavioural science approach.

Regarding impact measurement, Dr Varazzani advised testing things quickly, doing surveys and running experiments. Ms Archna Vyas, Country Deputy Director, Communications, India Country Office, Bill & Melinda Gates Foundation and Member, WHO TAG, Behavioural Insights and Sciences for Health, also recommended piloting small interventions and showing quick wins and results on specific behaviours.

Panel #2 speakers: Mr Robb Butler, Executive Director, Office of the Regional Director, WHO Regional Office for Europe; Dr Chiara Varazzani, Lead Behavioural Scientist, Organisation for Economic Co-operation and Development, Member of WHO Technical Advisory Group on Behavioural Insights and Sciences for Health; Dr Sandro Demaio, Chief Executive Officer, VicHealth; Ms Archna Vyas, Country Deputy Director, Communications, India Country Office, Bill & Melinda Gates Foundation, Member of WHO Technical Advisory Group on Behavioural Insights and Sciences for Health; and Mr Saiful Adli bin Suhaimi, Principal Assistant Director, Centre for Competency and Promotion of Continuing Education, Health Behavior Research Institute, Ministry of Health, Malaysia. Ms Paige Snider, Senior Advisor, Communications and External Relations, WHO Representative Office for China, moderated the panel discussion.
At the closure of Panel #2, Member State representatives were polled on the main barriers in their position, organization or ministry to utilizing more behavioural insights in health communications and what support they need from WHO to apply behavioural insights into health communications. “Lack of capacity (not enough people or time)” and “lack of skills among health communicators and partners” were the top two barriers reported; “trainings”, followed by “a regional network of behavioural science and communication practitioners”, were identified as most needed support from WHO.

**Participant poll** – Meeting participants were asked to answer the main barriers they face and the support they most need for implementing behavioural insights to communications.

### What are the main barriers in your position, organization or ministry to utilizing more behavioural insights in health communications?

- **Lack of funding**: 19
- **Lack of skills among health communicators and partners**: 23
- **Lack of support from leadership**: 10
- **Lack of capacity (not enough people or time)**: 30
- Not seen as a priority: 16
- Other: 2

### What support would you or your office need from WHO to apply behavioural insights into health communications?

- **Trainings**: 36
- **Funding for pilot projects to build the evidence base**: 25
- A **regional network of behavioural science and communication practitioners**: 28
- **Support to make the investment case to ministry officials**: 16
- Other: 0
Jocelyne Basseal @JocelyneBasseal · Dec 9, 2020
*Understand what is important to the community you want to engage* & *invest time and be patient*

Fantastic presentation by @SandroDemaio from @VicHealth at the #C4H @WHOWPRO

Rosemarie North @RosemarieNorth · Dec 9, 2020
Although people's experiences & backgrounds, they're likely to share values.

Effective comms #C4H resonates by appealing to justice, fairness, equality etc, not lengthy & complex facts, says @SandroDemaio of @VicHealth.

Show this thread

Rosemarie North @RosemarieNorth
4 comms strategies when there's #COVID19 fatigue:
1. Use data & evidence to understand people
2. Engage people as part of the solution
3. Help people reduce risk but do things that make them happy.
4. Address hardship

Dr Sally Fawkes @safawkes · Dec 9, 2020
#C4H vital for social mobilisation, no matter the issue. @angepratt · Hoping @WHOWPRO will distill advice for training institutions (universities & others) across Region - what capabilities do we now know #C4H practitioners must develop, and how? #healthpromotionfutures

Angela Pratt @angepratt · Dec 9, 2020
When human behaviour is both our most effective tool & greatest challenge, how can behav. insights be used to communicate more effectively?

Fascinating panel on #C4H meeting Day 2 - @RobbButler2 @SandroDemaio @charavara @archnavayas @Saiful Adli bin Suhaimi @KKMPutrajaya twitter.com/WHOWPRO/status...

Chiara Varazzani @charavara · Dec 9, 2020
Honored by and grateful for this! Thanks for a great discussion on #behaviouralscience and #communications for #health @angepratt @archnavayas @SandroDemaio & Saiful Adli bin Suhaimi @KKMPutrajaya #C4H Tremendous questions and comments from the audience.
Skills-based session #1: Behavioural insights for health

Mr Alexander Clark, Senior Advisor, The Behavioural Insights Team (BIT), led a skills-building session on behavioural insights for health.

Mr Clark provided a helpful framework for behavioural interventions:

- **Target**: Define the problem and determine the measurable target outcomes.
- **Explore**: Map relevant behaviours and the wider context.
- **Solution**: Consider and design the intervention(s).
- **Trial**: Design and launch trial, evaluate, learn and adapt.
- **Scale**: Increase adoption of effective interventions.

Simple tips for applying behavioural insights were also given. Evidence shows that putting the key action at the top, using plain language, shortening text, using images and graphics, and testing and improving are all effective strategies. Mr Clark and BIT colleagues used these strategies to improve the “wash your hands” campaign in the United Kingdom of Great Britain and Northern Ireland.

Mr Clark shared three case studies about how behavioural insights were used to: communicate the risks of spreading the coronavirus during festival travel for Eid in West Java, Indonesia; inform the public about the health risks of going to the Eid cattle market in Bangladesh; and promote handwashing in a rural area in Bangladesh.

Mr Clark stressed the importance of using behavioural insights for the crucial “last mile” of policies when behavioural issues start. He used vaccination as an example. Behavioural insights help us
recognize that we calculate risk based on our emotions, and more certain side-effects may outweigh uncertain likelihood of getting ill. They tell us that messengers matter: people trust doctors and they also trust “the crowd” – if other people are doing it, it must be safe.

He pointed out that they have found in many campaigns to promote vaccination and screening programmes that a simple SMS message to remind people about a scheduled programme can make a big difference to attendance rates.

Mr Clark said that it has been reported consistently that pro-social rather than personal motivation messaging appears to be more effective in a COVID-19 context. If the options are “you should protect yourself” versus “you should protect your family,” the second option appears to work better.

Meeting illustration – A visual summary of discussion highlights from C4H Skills-based session #1.

Ms Paige Snider, Senior Advisor, Communications and External Relations, WHO Representative Office for China moderated the session. Mr Alexander Clark, Senior Advisor, The Behavioural Insights Team, led the skills-based session.
Panel #3: What have we learnt from past challenges in overcoming vaccine hesitancy, and how can these inform communications around a potential COVID-19 vaccine?

Panellists from government, academia, partner agencies and WHO provided rich insight on overcoming vaccine hesitancy – a challenge expected for many Member States in the roll-out of COVID-19 vaccines (as seen in below poll results).

Participant poll – Meeting participants were asked whether vaccine hesitancy is expected to be a challenge in the roll-out of a COVID-19 vaccine in their country.

The insights from advisers and experts on this panel include:

- People’s perceptions about vaccinations change with different events that may even be unrelated to vaccines themselves. In the beginning of the COVID-19 pandemic, when fatalities were higher, people were more willing to be vaccinated. Now (December 2020), concern is rising in some communities about vaccine safety.
- With the news about new vaccines for COVID-19 with high efficacy, confidence is up again. With high efficacy comes new hope. We need to build on people’s hopes. There is a need to engage the public and build their confidence around the vaccines so that they can come out with a greater appreciation of the vaccines.
- It is critical to prepare messages for different situations now, set up lines of communication and listen proactively. It is important to work closely with the media and advocates to carefully manage negative messages.
- Misinformation influences behaviour. It is important to “inoculate” people early with correct information and to invest in listening to and engage in dialogue with people to find out who their trusted sources of information are.
- Empowering health-care workers who will be on the front line of the vaccination programme is key.
- Citizens’ negative experiences with past vaccines will influence hesitancy for future vaccines such as COVID-19.
- Given that not everybody will get the vaccine at the same time, it is crucial to manage vaccine demand. Mr Rudrajit Das, Chief of C4D, UNICEF Regional Office for East Asia and the Pacific, stressed the importance of engaging the community in dialogue and presenting scientific information that lay persons can understand. Professor Julie Leask, Sydney Nursing School, Faculty of Medicine and Health and Adjunct Professor at the School of Public Health, University of Sydney, emphasized the need to explain the epidemiological evidence behind the decisions about who gets the vaccine first in ways that respect the public.
Panel #3 speakers – Left to right, top to bottom: Professor Heidi Larson, Director, Vaccine Confidence Project, London School of Hygiene and Tropical Medicine; Professor Julie Leask, Professor, Sydney Nursing School, Faculty of Medicine and Health, Adjunct Professor, School of Public Health, University of Sydney; Mr Rudrajit Das, Chief of C4D, UNICEF Regional Office for East Asia and the Pacific; Dr Rasul Baghirov, WHO Representative to Samoa, American Samoa, Cook Islands, Niue and Tokelau; and Dr Beverly Ho, Director IV, Health Promotion and Communication Service, Department of Health, Philippines. Dr Cory Couillard, Consultant, Risk Communications, WHO Regional Office for the Western Pacific, moderated this panel discussion.

Meeting Illustration – A visual summary of discussion highlights from Panel #3.
Country perspectives #2: Thinking about COVID-19 vaccinations and C4H more broadly, what are countries’ highest priorities, and how can WHO best support these?

In this session, five communication and health promotion officials from Brunei Darussalam, China, the Lao People’s Democratic Republic, Solomon Islands and Vanuatu shared their country perspectives on priorities for COVID-19 vaccination and C4H more broadly.

Brunei Darussalam discussed its seven strategies, ranging from conducting online surveys to establishing a response plan after community engagement. The country requested WHO support in the form of standardized COVID-19 vaccine promotional materials (infographics, video, guidelines etc.) and standardized/pre-tested questionnaires for surveys on the COVID-19 vaccine.

China used a wide range of formats, channels and platforms to maximize the influence and reach of core public health messages for COVID-19. It also conducted online surveys to assess the changes in people’s health behaviours before and after the outbreak of COVID-19.

The Lao People’s Democratic Republic shared the results of a survey that it conducted: around 75% would take a COVID-19 vaccine if it were safe and recommended; beliefs/attitudes on who to prioritize mostly align with WHO recommendations – health-care workers and older people; and there are high levels of trust in the health ministry and WHO on COVID-19. Around 16% do not want to be vaccinated because they are unsure about the vaccine’s safety. Vaccine hesitancy is higher among health-care workers than among the general public, and many older people do not see themselves as a priority group. Mr Visith Khamlusa, Director, Center for Communication and Education for Health, Ministry of Health, Lao People’s Democratic Republic; Professor Cui Ying, Director, Centre for Health Communication, Chinese Centre for Disease Control and Prevention, People’s Republic of China; Mr Adrian Leamana, Acting Director, Health Promotion Division, Ministry of Health and Medical Services, Solomon Islands; and Mr Jean-Jacques Rory, Manager, Health Promotion, Health Promotion Unit, Department of Public Health, Ministry of Health, Vanuatu. Ms Lauren O’Connor moderated this panel.

Solomon Islands is planning the following: developing a COVID-19 vaccination risk communication plan; capacity-building of national and subnational health promotion officers; national and stakeholders advocacy; and development, pre-testing, production and distribution of communication materials. It sought WHO support for the provision of financial resources for programme implementation, capacity-building and equipment procurement.
Vanuatu is organizing a national workshop on immunization and the cold chain system, of which COVAX is one of the priority agenda items. There is an ongoing survey on the three new vaccines being planned. Vanuatu is seeking a collaboration between its government and partners, including WHO, to continue to work on C4H for COVID-19 and the COVAX vaccines.

**Open forum**

A participant from the Philippines asked how invested the health ministries are in capacitating even those in the villages in risk communication. Professor Cui Ying Director, Centre for Health Communication, Chinese Centre for Disease Control and Prevention, China, replied that they use the internet and shortwave radio, which is used by 70% of Chinese.

Ms Athirah Fakhriah Hj Awg Yussof, Senior Public Relations Officer, Head of Corporate Communications Division, Ministry of Health, Brunei Darussalam, stated that they use a whole-of-nation approach to bring in village head leaders, volunteers and youth leaders at the government and NGO levels to reach even the populations in remote areas who may not have internet access.

Ms O’Connor noted that in the Philippines, effective use has been made of a closed chat group where messages can be passed down from national to subnational actors and from the subnational level to the national level about what the community members are feeling and thinking.

Mr Adrian Leamana, Acting Director, Health Promotion Division, Ministry of Health and Medical Services, Solomon Islands, replied that they engage and train faith-based organizations in coming up with different materials and community guidelines and reaching the remote areas. They also partner with NGOs and volunteers to design and deliver accurate messages to these areas.

Mr Jean-Jacques Rory Manager, Health Promotion, Health Promotion Unit, Department of Public Health, Ministry of Health, Vanuatu, said that they established a working group composed of the church, women and other sectors. They also use a hotline to break the chain of rumours and mass media to provide information.

At the conclusion of the country perspectives panel, Member States were polled on their **top three priorities** for effective communications on COVID-19 vaccines and the **support** they need from WHO. Member States reported a range of priorities, including “transparency”, “community engagement” and “trust”. Support is most required for “data and evidence”, “content and materials” and “capacity-building trainings” (see polling results below).
Participant poll – Member States were asked to report their top priorities and areas of required support.

What do you see as the top three priorities for effective communications on COVID-19 vaccines in your country?

What support do you need from WHO to effectively communicate on vaccines?

- Strategy and planning: 23
- Capacity building trainings: 25
- Content / materials: 26
- Data and evidence: 26
- Other*: 3
Meeting illustration – A visual summary of discussion highlights from country perspectives #2.
Skills-based session #2: Communications measurement, evaluation and learning

Distinguished Professor Jim Macnamara, Deputy Dean of the Faculty of Sciences, and Professor Maureen Taylor, Head of Discipline for Public Communication, both at the University of Technology Sydney, led participants through a skills-based session on measurement, evaluation and learning for communications.

Key learnings included:

- The Measurement, Evaluation and Learning (MEL) model is a cyclical process. It is important to measure and evaluate the outcomes and impacts of communication activities, and to feed learnings into future projects and activities.
- It is important that in communication, we must get beyond doing activities and outputs (putting out things). We at least want to demonstrate some outcomes. This is the essence of best practice today.
- A MEL plan should be set up from the earliest phases of strategic planning and include: a clear overarching goal; specific, measurable, attainable, relevant and time-bound (SMART) objectives; and key performance indicators for activities, outputs, outcomes and impact.

A case study of a campaign to promote breast cancer screening among Indian and Sri Lankan women in New South Wales, Australia, was discussed to illustrate best-practice MEL. The campaign used a baseline survey of the target demographic and conducted consultations with the community to co-design the campaign. The campaign evaluation showed a significant uptake of breast cancer screening among the target group.

Open forum

Ms Lawe-Davies facilitated the open forum. A participant from Papua New Guinea asked how to measure how many people are watching a TV campaign meant to inform the public about the new normal and how to get their feedback.

Professor Taylor replied the difficulty in finding out exactly how many people watched a TV programme. She suggested using social media to encourage people to watch it and get feedback from viewers. She also advised to treat the TV programme as just one part of an entire communication programme and to evaluate the sum of all those activities and not just the one product or activity. Professor Macnamara advised asking stakeholders questions such as: What do you think? What do you do? and Where did you learn that? This could provide a link to a product that you may have used in your communication programme. He also identified low-cost ways to do MEL by using students as interviewers and researchers and by doing online interviews and focus group discussions.

A participant from China asked whether an independent third-party evaluation is necessary to conduct outcome and impact evaluation without bias and how to establish a monitoring system like that in the United Kingdom. Professor Macnamara stressed the need to be rigorous and, ideally, to use an independent company or interviewer for surveys to remove bias. That is not always possible, and many organizations work with academics and students who want to do research and write papers.
Professor Taylor is an advocate of using a mix of techniques – surveys, focus groups or key informant interviews – to create a deeper and broader picture of what you have been able to accomplish.

To establish a monitoring system, Professor Taylor says you do not have to create a complex system right away. Start small – with your logic frames, good baselines and theory of change – and set SMART objectives.

At the end of the skills-based session, Member States were polled on their main barriers to utilizing more measurement and evaluation in health communications and what support they need from WHO to apply measurement and evaluation into health communications. Member States reported “lack of capacity (not enough people or time)” and “lack of skills among health communicators and partners” as their top two barriers. “Guidance materials”, “trainings” and “technical support” were identified as most needed support from WHO.

**Participant poll** – Meeting participants were asked to answer the main barriers they face and the support they most need from WHO for implementing measurement and evaluation in health communications.
Meeting illustration – A visual summary of discussion highlights from C4H Skills-based session #2.

Closing

Ms Lawe-Davies recapped the key themes of the meeting proceedings by reflecting on the meeting illustrations. Key themes include:

- the importance of building and maintaining public trust in effective communications;
- being timely, transparent and consistent with messaging;
- the need to connect with people’s hearts and not only their heads – demonstrate empathy and respect;
- the complexity of addressing infodemics, as well as the drivers and means to combat health misinformation and disinformation;
- the importance of engaging in two-way dialogue with communities to understand their values, points of view, fears and information needs;
- practical ways to apply behavioural insights to communications, including reducing jargon, ensuring there is a clear call to action, and providing a substitute behaviour;
- the need to understand where people are on a continuum of vaccine hesitancy in order to address their concerns; and
- building relationships with the public and health-care workers who play a vital role in the success of vaccination programmes.
Dr Pratt capped the summary by citing two quotations: At the beginning of the meeting, Dr Kasai said that “Until now, communications hasn’t been recognized as an area of technical expertise in public health in the same way as epidemiology, vaccine science, or management of NCDs. But in my view, communication is just as important, and will be increasingly so in the future.” During her presentation, Dr Caroline McElnay, Director of Public Health, Ministry of Health, New Zealand, said, “When we’re developing our strategy to deal with this [COVID-19] … [r]ight from the very beginning, your strategy needs to include communication. Communication is the intervention.”

In Dr Kasai’s closing remarks, he expressed his gratitude to all the participants for the rich meeting discussions and deemed the very first meeting on C4H a success. He expressed optimism that the meeting signalled the start to change the perception that communication is an area of technical expertise. Communication will be even more important with the roll-out of COVID-19 vaccines. He expressed WHO’s commitment in supporting Member States in implementing C4H.
World Health Organization Western Pacific 🌍 @ ... - Dec 16, 2020

Many thanks to everyone who shared ideas and experiences at the
inaugural @WHOWPRO Member States meeting on communications for
health #CAH last week. Fave key insight from the week: #communications
is the intervention!

Falizza Tanggol 🇲🇾 @FalizzaTanggol - Dec 10, 2020

Key takeaway in this week’s @WHOWPRO first ever Communications for
Health #CAH Member States Meeting:

"Communication is an area of technical expertise." – @angepratt
Meeting mobility breaks — Participants got on their feet for a few dance breaks between meeting sessions, led by the WHO Western Pacific Regional Office Dance Troupe

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Angela Pratt @angepratt · Dec 10, 2020
@JulieLeask @EIDGeek thanks for being such good sports and joining in! (And for your excellent contributions to the meeting of course!) #C4H #dancingmeetings 🤗

Julie Leask @JulieLeask · Dec 10, 2020
First webinar where we had dancing as a break between sessions - videos on. Brilliant and refreshing. Thanks to the dance leaders in Manila. #C4H @WHOYWPRO
CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Communication is in itself a public health intervention. It is a technical field backed by evidence and theory, and it is as valuable and important for tackling health challenges like COVID-19 as other areas of public health and science. Communication can be used not only to inform but also to build trust, shift attitudes, and drive behaviour change for population health gain. Using communication methods and strategies that are informed by evidence and grounded in listening to the community can result in more effective communication interventions that contribute to better health outcomes.

During the inaugural meeting on Communication for Health (C4H): Building on experiences in the context of COVID-19 to strengthen use of strategic communications in the Western Pacific Region, participants from Member States, academia, NGOs, the private sector, WHO and other United Nations agencies came together to share experiences, reflect on challenges, and identify opportunities and priorities related to effective health communications. The meeting also provided a forum for building a shared understanding and ownership of the C4H approach in the Western Pacific Region.

Participants shared lessons of effective communications, including going beyond health statistics and technical jargon to engage with people on a human level, tapping into community values and civic-mindedness. As communicators, we must listen to and validate community concerns, communicating with kindness, respect and empathy. We can listen to our audiences through different channels, to better understand their concerns, who they trust, where they go for information, and what their needs and preferences are. We should also draw on local art, culture and storytelling techniques to ensure complex health issues are better understood and remembered.

In rapidly evolving situations such as COVID-19, we must avoid being silent, or too definitive, and instead remain transparent, flexible and adaptive in our communication, sharing what is known early, acknowledging that advice may change frequently and assuring the public that updates will be provided as the situation unfolds. It is important to look ahead and anticipate changes, preparing messages so that people know what to expect and how to behave.

To reach different audiences, we should use a mix of communication channels – both online and offline, new and traditional. As well as engaging people through social media platforms, in some countries channels such as radio are still the most effective for reaching people in remote areas and hotlines can be used to reply directly to citizen queries and concerns.

Trusted spokespersons, key opinion leaders and influencers should also be drawn on to carry health messages further and faster to key audiences. Credibility and trust in institutions, messengers and the information itself are essential and must be built during “peacetime” and reinforced during crises. Engaging with a range of partners, including NGOs and faith-based organizations, the private sector, media and others can strengthen communication initiatives, as can multidisciplinary and whole-of-government coordination mechanisms.

Member States identified common challenges in adopting C4H and related strategic communications approaches in the context of COVID-19, including communicating with the public in a timely, transparent and consistent manner. Addressing pandemic fatigue, complacency and vaccine hesitancy have also posed major challenges, as well as understanding and responding to the needs of minority, vulnerable and remote populations that may have a different set of individual, environmental and sociocultural influences and require tailored strategies.

Most Member States acknowledge that health misinformation and disinformation is a major communication challenge in their country, as well as utilizing behaviourally informed approaches when these efforts take time, money, patience and persistence. Going beyond social media to engage
with and listen to communities on the ground, including building the capacities of local networks to support the response remains a critical yet challenging endeavour to ensure that credible information reaches and engages harder-to-reach communities.

Participants agreed that the meeting has come at an opportune time and marks only the beginning of the dialogue between Member States, WHO and partners on communications as a technical field of work. Member States welcomed further collaboration and requested support for guidance materials, capacity-building trainings and technical support for C4H.

**RECOMMENDATIONS**

**Recommendations for Member States**

Member States are encouraged to consider the following:

1. Equip communicators with the skills and tools needed to implement C4H approaches, including social listening, behavioural insights, and measurement, evaluation and learning.
2. Persuade decision-makers to invest in C4H and communication interventions that are guided by evidence and theory.
3. Strategically and proactively address misinformation, disinformation and community concerns through partnerships and the adoption of new listening tools, technology and available data.
4. Continue to build trust, foster solidarity and empower communities to find local solutions, by strengthening “grounds-up” community engagement, as well as listening and feedback mechanisms.
5. Identify community leaders and networks of local champions, besides health ministries and national leaders, to convey health messages.
6. Strengthen coordination between the health and non-health sectors and other stakeholders at regional, national and subnational levels.
7. Communicate with the public on the process to develop and approve COVID-19 vaccines, limited availability and decisions about priority groups to initially receive the vaccine. Anticipate and address the concerns of health-care workers and citizens regarding vaccine safety.

**Recommendations for WHO**

WHO is requested to consider the following key actions and next steps needed to strengthen use of C4H in the Region:

1. Continue to work actively with Member States and partners in 2021 to use C4H in the context of COVID-19.
2. Together with partners, develop and facilitate capacity-building for Member States, including for communicating on COVID-19 vaccines, behavioural insights, and measurement, evaluation and learning.
3. Together with partners, provide technical support on C4H, including on addressing health misinformation and disinformation and communicating on COVID-19 vaccines.
4. Share COVID-19 vaccine communication materials and other C4H tools as they continue to be developed.
5. Support Member States in making the case for investing in C4H.
ANNEXES

ANNEX 1. LIST OF PARTICIPANTS

1. PARTICIPANTS

AUSTRALIA

Ms Jennifer TAYLOR
Director
Market Research Unit
Communication and Parliamentary Division
Australian Government
Department of Health
GPO Box 9848
Canberra
ACT 2601
Australia
Tel. No.: (61) 2 6289 1555
Email: jenny.taylor@health.gov.au

BRUNEI DARUSSALAM

Dr Norhayati binti Hj AHMAD
Senior Medical Officer
Health Promotion Centre
Ministry of Health
Commonwealth Dr
Bandar Seri Begawan BB3913
Brunei Darussalam
Tel. No.: (673) 238 5800
Email: norhayati.ahmad@moh.gov.bn

Ms Lydiana Harliza binti Hj Abd KADIR
Senior Health Officer
Ministry of Health
Commonwealth Dr
Bandar Seri Begawan BB3913
Brunei Darussalam
Tel. No.: (673) 238 5800
Email: lydiana.abdkadir@moh.gov.bn

Ms Athirah Fakhriah binti Hj Awg YUSSOF
Senior Public Relations Officer
Ministry of Health
Ministry of Health
Commonwealth Dr
Bandar Seri Begawan BB3913
Brunei Darussalam
Tel. No.: (673) 238 5800
Email: athirah.yussof@moh.gov.bn
Ms Nurul Adilah binti MAHMUD
Health Education Officer
Health Promotion Centre
Ministry of Health
Commonwealth Dr
Bandar Seri Begawan BB3913
Brunei Darussalam
Tel. No.: (673) 238 5800
Email: adilah.mahmud@moh.gov.bn

Ms Noradina binti Hj MUHAMMAD
Assistant Public Relations Officer
Ministry of Health
Commonwealth Dr
Bandar Seri Begawan BB3913
Brunei Darussalam
Tel. No.: (673) 238 5800
Email: noradina.muhammad@moh.gov.bn

Ms Hjh Siti Norahmat binti Hj NASIP
Assistant Public Relations Officer
Ministry of Health
Commonwealth Dr
Bandar Seri Begawan BB3913
Brunei Darussalam
Tel. No.: (673) 238 5800
Email: norahmat.nasip@moh.gov.bn

Ms Hjh Nuurul Hidayah binti Hj Md YUSSOF
Assistant Public Relations Officer
Ministry of Health
Commonwealth Dr
Bandar Seri Begawan BB3913
Brunei Darussalam
Tel. No.: (673) 238 5800
Email: nuurul.yussof@moh.gov.bn

CAMBODIA

Dr CHHEA Chhordaphea
Director
National Center for Health Promotion
Ministry of Health
Building Nº 3, National Road 6A
Kien Khleang, Preaek Liab
Chroy Changvar
Phnom Penh
Kingdom of Cambodia
Tel/ No.: (855) 1296 0727
Email: daphea@nchp.gov.kh
CHINA

Professor CUI Ying
Director
Health Communication Centre
Chinese Centre for Disease Control and Prevention
155 Changbai Road
Changping District
Beijing, PR China
Tel. No.:(86) 0 1058 9003 12
Email: cuiying@chinacdc.cn

Dr LI Yinghua
Director
Department of Publication Management
Chinese Centre for Health Education
Building No. 12,
Anhuaxili Block 1,
Chaoyang District
Beijing, PR China
Tel. No.: (86) 1064 2602 33
Email: liyinghua729@sina.com

Professor SHI Qi
Deputy Director
China Population Education Centre
No. 1 Shenggu Beili
Yinghuayuan Xijie
Chaoyang District
Beijing 100029, PR China
Tel. No.: (86) 1861 8289 975
Email: shiqicpcc@163.com

COOK ISLANDS

Dr Josephine HERMAN
Secretary of Health, Planning and Funding
Ministry of Health
Tupapa, Rarotonga
Cook Islands
Tel. No.: (682) 29664
Email: josephine.herman@cookislands.gov.ck

FEDERATED STATES OF MICRONESIA

Ms Celine TACHELIOL
Chief of Public Health
Yap Public Health
Department of Health Services
P.O Box 148
Yap
Federated States of Micronesia
Tel. No.: (691) 350 2115
Email: ctacheliol@fsmhealth.fm
Ms Janet FICHWEMANG
MEH Program Coordinator, PH/DHS/MCH
Department of Health Services
P.O Box 148
Yap
Federated States of Micronesia
Email: jfichwemang@fsmhealth.fm

Ms Julie Ann ISAAC
Immunization Educator
Division of Health Services
FSM Department of Health and Social Affairs
P.O. Box PS 70, Capitol St
Palikar 96941
Federated States of Micronesia
Tel. No.: (691) 320 2619
Email: jiasaac2@fsmhealth.fm

Ms Martina LEGGSUGRAM
Public Health Nurse
Yap Public Health
Department of Health Services
P.O Box 148
Yap
Federated States of Micronesia
Tel. No.: (691) 350 2115
Email: mleggsugram@fsmhealth.fm

Ms Moria SHOMOUR
Chuuk State Noncommunicable Disease Program Manager,
Chuuk State Department of Health and Social Affairs
P.O. Box 400 Weno
Chuuk 96942
Federated States of Micronesia
Tel. No.: (691) 932 8922
Email: mshomour@gmail.com

Mr Ari Jh. Skilling
Email: ASkilling2@fsmhealth.fm

FIJI

Dr Ana MAISEMA
General Manager
COVID-19 Incident Management Team
Ministry of Health and Medical Services
Suva
Fiji
Email: abmaisema@gmail.com
Ms Litiana VOLAVOLA
National Programme Officer
Expanded Programme on Immunization
Family Health Unit
Ministry of Health and Medical Services
88 Direm House
Amy Street
Toorak
Suva
Fiji
Tel. No.: (679) 890 5018
Email: litiana.volavola@govnet.gov.fj

Ms Sunil CHANDRA
Assistant Information Officer
Executive Support Unit
Ministry of Health and Medical Services
88 Turak Road
Suva
Fiji
Tel. No.: (679) 890 8053
Email: Sunil.Chandra@health.gov.fj

GUAM
Ms Krystal PACO-SAN AGUSTIN
Director of Communications
Press Secretary
Office of the Governor of Guam
Ricardo J. Bordallo Governor’s Complex
513 W. Marine Corps Dr
Hagåtña, Guam 96910
The United States of America
Tel. No.: (671) 4728 9316
Email: krystal.paco@guam.gov

Ms Janela CARRERA
Public Information Officer
Department of Public Health and Social Services
123 Chalan Kareta
Mangilao
Guam 969136304
The United States of America
Email: janela.carrera@guam.gov
HONG KONG SAR (CHINA)

Dr Raymond Lei Ming HO
Head, Health Promotion Branch
Center for Health Protection
Department of Health
Government of the Hong Kong
Special Administrative Region
21st Floor, Wu Chung House
213 Queen's Road East
Wan Chai
Hong Kong
Fax. No.: (852) 2836 0071
Email: Raymond_lm_ho@dh.gov.hk

Dr Ho Yeung LAM
Senior Medical and Health Officer (Epidemiology)
Communication Disease Branch
Center for Health Protection
Department of Health
Government of the Hong Kong
Special Administrative Region
21st Floor, Wu Chung House
213 Queen's Road East
Wan Chai
Hong Kong
Fax. No.: (852) 2836 0071
Email: smo_epi4@dh.gov.hk

KIRIBATI

Ms Mweritonga TEMARETI-RUBEARIKI
Chief Health Promotion Officer
Health Promotion Unit
Department of Public Health
Ministry of Health and Medical Services
Bikenibeu
South Tarawa, Kiribati
Tel: +686 740 28100
Email: mtrubeiariki@gmail.com

Mr Tebikau TIBWE
Environmental Health Unit
Department of Public Health
Ministry of Health and Medical Services
Bikenibeu
South Tarawa, Kiribati
Tel: + 686 740 28100
Email: tnrnoran@gmail.com
LAO PEOPLE’S DEMOCRATIC REPUBLIC

Mr Visith KHAMLUSA
Director
Center for Communication and Education for Health
Ministry of Health
Ban thatkhao
Sisattanack District
Rue Simeuang
Vientiane, Laos
Tel. No.: (856) 2121 4000
Email: vkhamlusa@yahoo.com

Dr Sibounhom ARCHKHAWONGS
Senior Officer
Public Health Emergency Operations Center (PHEOC) Unit
Center of Disease Control Department
Ministry of Health
Ban thatkhao
Sisattanack District
Rue Simeuang
Vientiane, Laos
Tel. No.: (856) 2 05539 2648
Email: sbh_dohp@yahoo.com

MACAO SAR (CHINA)

Dr CHAN Tan Mui
Head of Department
NCD Management and Health Promotion Unit
Centre of Disease Control
Health Bureau
Government of the Macao Special Administrative Region
P.O. Box 3002
Macao
Email: tmchan@ssm.gov.mo

Ms SIO Hao Iok
Senior Technical Officer
Chronic Diseases Prevention And Health Promotion Unit
Health Bureau
Government of the Macao Special Administrative Region
P.O. Box 3002
Macao
Email: Helina@ssm.gov.mo
Ms LEI Wai Kei  
Senior Technical Officer  
Chronic Diseases Prevention And Health Promotion Unit  
Health Bureau  
Government of the Macao Special Administrative Region  
P.O. Box 3002  
Macao  
Email: leivicky@ssm.gov.mo

MALAYSIA

Mr. Sri Tharan a/l BALAKRISHNAN  
Senior Principal Assistant Director  
Health Education Division  
Ministry of Health Malaysia  
Level 13, Block E7, Parcel E  
Federal Government Administrative Centre  
62590 Putrajaya  
Malaysia  
Tel. No.: (603) 8883 2526  
Email: sritharan@moh.gov.my

Mr. Saiful Adli bin SUSHAIMI  
Principal Assistant Director  
Center for Competency and Promotion of Continuing Education Health Behaviour Research Institute  
Ministry of Health Malaysia  
Level 13, Block E7, Parcel E  
Federal Government Administrative Centre  
62590 Putrajaya  
Malaysia  
Tel. No.: (603) 8883 2526  
Email: saifuladli@moh.gov.my

Ms Komathi a/p PERIALATHAN  
Health Education Officer  
Health Behavior Research Institute  
Ministry of Health Malaysia  
Level 13, Block E7, Parcel E  
Federal Government Administrative Centre  
62590 Putrajaya  
Malaysia  
Tel. No.: (603) 8883 2526  
Email: komathi.p@moh.gov.my
**MARSHALL ISLANDS**

**Dr Chocho THIEN**  
Medical Director  
Primary Health Care Division  
Ebeeye Community Health Centre  
KAHCB  
Ministry of Health and Human Services  
P.O. Box 16  
Majuro 96960  
MH  
Republic of the Marshall Islands  
Tel. No.: (692) 925 5660  
Email: chocho_thien@yahoo.com

**Ms Leilani PEREN**  
Tobacco Control Coordinator  
Acting Director, Health Promotion  
Health Promotion and Disease Prevention  
Ministry of Health and Human Services  
P.O. Box 16  
Majuro 96960  
MH  
Republic of the Marshall Islands  
Tel. No.: (692) 925 5660  
Email: leilaniperen@gmail.com

**MONGOLIA**

**Dr Dolgorkhand ADIYADORJ**  
Officer-in-Charge  
Emergency Operations Center (EOC) and Zoonoses  
Emergency Operations and Public Relations Division  
Department of Public Health  
Ministry of Health  
14210 Government Building VIII  
Olympic Street-2, Sukhbaatar District  
Ulaanbaatar  
Mongolia  
Tel. No.: (976) 11 263 913  
Email: 

**Dr Gerelmaa SURENJAV**  
Head of Health Promotion Training and Disease Prevention  
Disease Prevention Unit  
National Center for Public Health  
Ministry of Health  
14210 Government Building VIII  
Olympic Street-2, Sukhbaatar District  
Ulaanbaatar  
Mongolia  
Tel. No.: (976) 99280101  
Email: gerelmaa_sur@yahoo.com
Dr Purevdulam LKHAGVAJAV  
Officer  
Emergency Operations Center (EOC)  
Ministry of Health  
14210 Government Building VIII  
Olympic Street-2, Sukhbaatar District  
Ulaanbaatar  
Mongolia  
Tel. No.: (976) 9961 7156  
Email: Puujkapujka@gmail.com

NEW ZEALAND  
Ms Christine ROSS  
Manager  
COVID-19 Communication  
COVID-19 Directorate  
Ministry of Health  
133 Molesworth Street  
Thornton  
Wellington 6140  
New Zealand  
Tel. No.: (64) 2496 200  
Email: Christine.Ross@health.govt.nz

Ms Kate WHITLEY  
Manager  
Digital Channels and Insight  
Office of the Director General  
Ministry of Health  
133 Molesworth Street  
Thornton  
Wellington 6140  
New Zealand  
Tel. No.: (64) 2158 3293  
Email: Kate.Whitley@health.govt.nz

Ms Deborah JENSEN  
General Manager, Communication  
Digital and Marketing  
Health Promotion Agency  
Level 16  
101 The Terrace  
Wellington 6011  
New Zealand  
Tel. No.: (64) 04 917 0060  
Email: d.jensen@hpa.org.nz
PALAU

Mr Gustap Earl SALII
Coordinator
Perinatal Hepatitis B
Immunization Program
Bureau of Public Health
Ministry of Health
One Hospital Road
P.O. Box 6027
Koror 96940
Republic Of Palau
Tel. No.: (680) 775 1311
Email: gustap.salii@palauhealth.org

Ms Cherie Lynn RENGIIL
Health Educator
Community Health Worker
Community Advocacy Programme (CAP)
Bureau of Public Health
Ministry of Health
One Hospital Road
P.O. Box 6027
Koror 96940
Republic Of Palau
Tel. No.: (680) 775 4042
Email: Cherierngjiil@gmail.com

PAPUA NEW GUINEA

Dr Petronia KAIMA
Acting Head of Health Promotion
COVID-19 Cluster Lead for Risk Communication and Community Engagement
National Control Centre
National Department of Health
Aopi Building Centre, Waigani Drive
Tower One
P O Box 807
Waigani 121
Port Moresby
National Capital District
Papua New Guinea
Email: pkaima@hotmail.com

Ms Patricia Mitiel GAHANAO
Family Health Services Coordinator
COVID-19 Risk Communications
Social Mobilization and Community Engagement
Morobe Provincial Health Authority
Email: mittielpatricia@gmail.com
Ms Glenda Arima SUAGU  
Technical Officer for Health Promotion and Education  
COVID-19 National Command Centre (NCC) RCCE Coordinator for Highlands and Momase Regions  
Email: gsuagu37@gmail.com

PHILIPPINES

Dr Beverly HO  
Director IV  
Health Promotion and Communication Service  
Department of Health  
San Lazaro Compound  
Rizal Avenue, Sta. Cruz  
Manila  
Republic of the Philippines  
Tel. No.: (63) 9175082010  
Email: beverlyho.doh@gmail.com

Dr Miguel Angela MANTARING  
Medical Officer IV  
Health Promotion Bureau  
Department of Health  
San Lazaro Compound  
Rizal Avenue, Sta. Cruz  
Manila  
Republic of the Philippines  
Tel. No.: (63) 2 8807 5286  
Email: miguelmantaring.doh@gmail.com

Mr Paoloregel SAMONTE  
Health Education and Promotion Officer IV  
Branding and Creative Marketing Division  
Department of Health  
San Lazaro Compound  
Rizal Avenue, Sta. Cruz  
Manila  
Republic of the Philippines  
Tel. No.: (63) 920 8273905 (mobile)  
Email: pbsamonte.doh@gmail.com

Ms Alyzza Vienn ECLAVEA  
Supervising Health Program Officer  
Policy and Technology Division  
Health Promotion Bureau  
Department of Health  
San Lazaro Compound  
Rizal Avenue, Sta. Cruz  
Manila  
Republic of the Philippines  
Tel. No.: (63) 2 8559 4201  
Email: ameclavea.doh@gmail.com
Dr Samuel Anton QUIZON
Medical Officer III
Health Promotion Bureau
Department of Health
San Lazaro Compound
Rizal Avenue, Sta. Cruz
Manila
Republic of the Philippines
Tel. No.: (63) 2 8932 9672
Email: tquizon.doh@gmail.com

Mr Christian RIEZA
Information Officer III
Campaign Strategy and Management Division
Health Promotion Bureau
Department of Health
San Lazaro Compound
Rizal Avenue, Sta. Cruz
Manila
Republic of the Philippines
Tel. No.: (63) 2 7738 1514
Email: rieza.christian@gmail.com

Ms Roan Kathleen VITUG
Information Officer III
Campaign Strategy and Management Division
Health Promotion Bureau
Department of Health
San Lazaro Compound
Rizal Avenue, Sta. Cruz
Manila
Republic of the Philippines
Tel. No.: (63) 918 498 7522
Email: rvitug.hpcs@gmail.com

Mr Ronn Joshua BAUTISTA
Media Production Specialist
Health Promotion Bureau
Department of Health
San Lazaro Compound
Rizal Avenue, Sta. Cruz
Manila
Republic of the Philippines
Email: ronnbautista@gmail.com
Ms Ariane ALVAREZ
Health Education and Promotion Officer II
Capacity Building and External Relations Division
Department of Health
San Lazaro Compound
Rizal Avenue, Sta. Cruz
Manila
Republic of the Philippines
Tel.No.: (63)906312 8205
Email: aalvarez.hpcs@gmail.com

Ms Jerimae CABERO
Health Education and Promotion Officer II
Campaign Strategy and Management Division
Health Promotion Bureau
Department of Health
San Lazaro Compound
Rizal Avenue, Sta. Cruz
Manila
Republic of the Philippines
Tel. No.: (62) 2 651 7800 loc. 2825
Email: jcabero.hpcs2@gmail.com

Mr Albert John Enrico DOMINGUEZ
Information Officer II
Campaign Strategy and Management Division
Health Promotion Bureau
Department of Health
San Lazaro Compound
Rizal Avenue, Sta. Cruz
Manila
Republic of the Philippines
Email: adominguez.hpcs@gmail.com

Ms Honey Mhay Noeriza FANCUBIT
Health Programme Officer II
Health Promotion Bureau
Department of Health
San Lazaro Compound
Rizal Avenue, Sta. Cruz
Manila
Republic of the Philippines
Tel. No.: (63) 966 680 9018
Email: mfancubit.doh@gmail.com
Ms Anne Marie REY  
Health Program Officer II  
Policy and Technology Division  
Health Promotion Bureau  
Department of Health  
San Lazaro Compound  
Rizal Avenue, Sta. Cruz  
Manila  
Republic of the Philippines  
Tel. No.: (63) 2 833 20261  
Email: Annerey.doh@gmail.com

Ms Maria Theresa SUMPIO  
Health Education and Promotion Officer II  
Capacity Building and External Relations Division  
Department of Health  
San Lazaro Compound  
Rizal Avenue, Sta. Cruz  
Manila  
Republic of the Philippines  
Tel. No.: (63) 8289 8104  
Email: msumpio.hpcs@gmail.com

Ms Eunice Justine PIEGA  
Health Program Officer I  
Cyber Division  
Health Promotion Bureau  
Department of Health  
San Lazaro Compound  
Rizal Avenue, Sta. Cruz  
Manila  
Republic of the Philippines  
Tel. No.: (63) 2 8732 8676  
Email: yunispiega@gmail.com

REPUBLIC OF KOREA  
Mr CHOI Seung-ho  
Deputy Director  
Risk Communication Team  
Korea Disease Control and Prevention Agency  
Osong Health Technology Administration Complex  
187 Osongsaengmyeong 2-ro  
Osong-eup  
Heungdeok-gu  
Cheongju-si  
Chungcheongbuk-do  
Republic of Korea  
Tel. No.: (82) 43 719 9340  
Email: csh9731@korea.kr
Mr LEE Youn-Jae
Deputy Director
Public Relations
Office of the Spokesperson
Korea Disease Control and Prevention Agency
Osong Health Technology Administration Complex
187 Osongsaengmyeong 2-ro
Osong-eup
Heungdeok-gu
Cheongju-si
Chungcheongbuk-do
Republic of Korea

Mr KO Jae-Young
Spokesperson
Korea Disease Control and Prevention Agency
Osong Health Technology Administration Complex
187 Osongsaengmyeong 2-ro
Osong-eup
Heungdeok-gu
Cheongju-si
Chungcheongbuk-do
Republic of Korea

SAMOA

Ms Siufaga Avel SIMI
Principal Health Promotion Officer
Health Protection and Environment Division
Ministry of Health
Private Mail Bag, Motooutua
Apia
Samoa
Tel. No.: (685) 763 4177
Email: fagasimi02@gmail.com

Mr Asiata Gerard ANAPU
Senior Foreign Service Officer
International Relations Division
Ministry of Foreign Affairs and Trade
Private Mail Bag, Motooutua
Apia
Samoa
Tel. No.: (685) 21171
Email: asiata@mfat.gov.ws
Ms Esau Tupai FAATAFA  
Senior Audio Visual Officer  
International Relations Division  
Ministry of Foreign Affairs and Trade  
Private Mail Bag, Motootua  
Apia  
Samoa  
Tel. No.: (685) 759 3497  
Email: esua.faatafa@health.gov.ws

SINGAPORE  
Ms Adeline NG  
Assistant Director  
Corporate Marketing  
Health Promotion Board Singapore  
3 Second Hospital Avenue  
Singapore 168937  
Singapore  
Tel. No.: (65) 9368 6930  
Email: adeline_ng@hpb.gov.sg

Ms Sylvia Chin SHIQI  
Assistant Director  
Corporate Marketing  
Health Promotion Board Singapore  
3 Second Hospital Avenue  
Singapore 168937  
Singapore  
Tel. No.: (65) 9687 4704  
Email: sylvia_chin@hpb.gov.sg

Ms Chan YUZHEN  
Assistant Director, Marketing  
Corporate Marketing/Marketing Preventive Health  
Health Promotion Board Singapore  
3 Second Hospital Avenue  
Singapore 168937  
Singapore  
Tel. No.: (65) 9423 8112  
Email: chan_yuzhen@hpb.gov.sg

SOLOMON ISLANDS  
Mr Adrian LEAMANA  
Acting Director  
Health Promotion Division  
Ministry of Health and Medical Services  
P.O. Box 349  
Honiara  
Solomon Islands  
Tel. No.: (677) 22376  
Email: ALeamana@moh.gov.sb
Mr Stephen ALUFURAI  
Health Communications Manager  
Ministry of Health and Medical Services  
P.O. Box 349  
Honiara  
Solomon Islands  
Tel. No.: (677) 22376  
Email: SAlufurai@moh.gov.sb

Ms Barbara PWAI SIHO  
Senior Health Promotion Officer  
National Referral Hospital  
Hospital Compound  
Honiara  
Solomon Islands  
Tel. No.: (677) 23600  
Email: BPwaisiho@nrh.gov.sb

Ms Maxwell WANEFIOLO  
Senior Health Promotion Officer  
Honiara City Council  
Mendana Avenue  
Honiara  
Solomon Islands  
Tel. No.: (677) 21133  
Email: MWanefiolo@hcc.gov.sb

Ms Mercy WALANI  
Senior Health Promotion Officer  
Guadalcanal Provincial Headquarters  
Guadalcanal Province  
Solomon Islands  
Email: walanimercy@gmail.com

Ms Dian Maggie ROW  
Media Officer  
Ministry of Health and Medical Services  
P.O. Box 349  
Honiara  
Solomon Islands  
Tel. No.: (677) 22376  
Email: DRow@moh.gov.sb

TOKELAU

Mr Petelo ALAPATI  
Deputy Director, Public Health  
Department of Health  
Health Head Office  
Nukunonu  
Tokelau  
Email: alapatitavite@gmail.com
Ms Barbara TALI  
Surveillance, Education and Promotion  
Department of Health  
Health Head Office  
Nukunonu  
Tokelau  
Email: levibarb.tali@gmail.com

Mr Tenali IOSEFA  
Public Health Assistant  
Department of Health  
Health Head Office  
Nukunonu  
Tokelau  
Email: tenali.iosefa@gmail.com

VANUATU

Mr Jean-Jacques RORY  
Manager  
Health Promotion  
Health Promotion Unit  
Department of Public Health  
Ministry of Health  
PMB 9042  
Port Vila  
Vanuatu  
Tel. No.: (678) 774 5450  
Email: jrory@vanuatu.gov.vu

Ms Wendy WILLIAMS  
Acting Surveillance Manager  
Department of Public Health  
Ministry of Health  
Iatika Complex  
PMB 9009  
Port Vila  
Vanuatu  
Tel. No.: (678) 22512/ 773 6759  
Email: wwilliams@vanuatu.gov.vu

Ms Melissa BINIHI  
Health Education and Communication Officer  
Department of Public Health  
Ministry of Health  
PMB 9042  
Port Vila  
Vanuatu  
Tel. No.: (678) 22512  
Email: mbinhi@vanuatu.gov.vu
2. TEMPORARY ADVISERS

Mr James CHUA  
Broadcaster  
WHO Goodwill Ambassador  
Beijing, PR China  
Email: chau.james@gmail.com
Mr Alexander CLARK
Senior Adviser
The Behavioural Insights Team
9 Raffles Place, Level 4
Republic Plaza
Singapore
Singapore
Tel. No.: (65) 6829 2247
Email: alexander.clark@bi.team

Dr Sandro DEMAIO
Chief Executive Officer
VicHealth
The Victorian Health Promotion Foundation
Ground Floor
15-31 Pelham St
Carlton, Victoria
Australia
Tel. No.: (61) 3 9667 1333
Email: sdemaio@vichealth.vic.gov.au

Mr Jason GALE
Senior Editor
Bloomberg News
30/120 Collins St
Melbourne
VIC 3000
Australia
Tel. No.: (61) 3 9228 8700
Email: j.gale@bloomberg.net

Professor Masato KAJIMOTO
Associate Professor
Journalism and Media Studies Centre
University of Hong Kong
Pok Fu Lam, Hong Kong
China SAR
Tel. No.: (852) 2859 2111
Fax. No.: (852) 2858 2549
Email: kajimoto@hku.hk

Dr Jody LANARD
Risk communication advisor
The Peter Sandman Risk Communication Website
New York, New York
United States of America
Email: jody@psandman.com
Ms Irene SCOTT  
Global Project Director  
COVID-19  
Rooted in Trust, Internews Programs, Comm and Development  
1113 Fifteenth St, Suite 350  
Washington DC 20005  
The United States of America  
Tel. No.: (1) 8773 4715 22  
Email: irene.scott@internews.org

Ms Karen TAN  
Deputy Chief of Government Communications  
Ministry of Communications and Information  
140 Hill Street #01-01A  
Old Hill Street Police Station  
Singapore 179369  
Singapore  
Tel. No.: (65) 6837 9655  
Email: karen_tan@mci.gov.sg

Professor Maureen TAYLOR  
Head of Discipline  
Public Communication  
University of Technology Sydney  
15 Broadway Ultimo  
NSW 2007  
Australia  
Tel. No.: (61) 2 9514 2000  
Email: maureen.taylor-1@uts.edu.au

3. OBSERVERS

AUSTRALASIAN MEDICAL WRITERS ASSOCIATION

Ms Emma HENSHALL  
President  
P.O. Box 1261  
Chatswood  
NSW 2067  
Australia  
Email: president@medicalwriters.org

BBC MEDIA ACTION CAMBODIA

Ms Gemma HAYMAN  
Country Director  
#6 St 446 P.O Box 155  
Tuol Tumpung Ti Muoy Sangkat  
Chamkar Mon Khan  
Phnom Pehn  
Kingdom of Cambodia  
Tel. No.:  
Email: gemma.hayman@kh.bbcmediaaction.orgs
COMMON THREAD, INC

Mr Michael COLEMAN
Director and Co-founder
Dublin, Ireland
Email: mike@gocommonthread.com

Ms Sherine GUIRGUIS
Director and Co-founder
Bucharest, Romania
Email: sherine@gocommonthread.com

Ms Paula KABITSIS
Behavioural Scientist
Email: pauline@gocommonthread.com

Ms Felicity POCKLINGTON
Account and Research Manager
Email: felicity@gocommonthread.com

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Dr Vivian FLUCK
Co-Chair
Risk Communication and Community Engagement (RCCE)
Asia Pacific Working Group
218 Jalan Ampang
Kuala Lumpur
Federal Territory of Kuala Lumpur
Malaysia
Tel. No.: (60) 39207 5700
Email: viviane.fluck@ifrc.org

Ms Sushana PANDEY
Risk Communication and CEA Consultant
218 Jalan Ampang
Kuala Lumpur
Federal Territory of Kuala Lumpur
Malaysia
Email: sushama.pandey@ifrc.org

INTERNEWS

Mr Gian LIBOT
Project Coordinator
Rooted in Trust, Philippines
1113 Fifteenth St, Suite 350
Washington DC 20005
The United States of America
Tel. No.: (1) 8773 4715 22
Email: Gian.Libot@internews.org
### 4. REPRESENTATIVES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
<th>Title/Position</th>
<th>Office/Contact Information</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILL AND MELINDA GATES FOUNDATION</td>
<td>Ms Archna VYAS</td>
<td>Country Deputy Director Communications India Country Office Bill and Melinda Gates Foundation Member, WHO Technical Advisory Group (TAG) Behavioural Insights and Sciences for Health New Delhi, India</td>
<td>Email: <a href="mailto:archna.vyas@gatesfoundation.org">archna.vyas@gatesfoundation.org</a></td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION FOR ECONOMIC COOPERATION AND DEVELOPMENT (OECD)</td>
<td>Dr Chiara VARAZZANI</td>
<td>Lead Behavioural Scientist Organisation for Economic Cooperation and Development Member, WHO Technical Advisory Group (TAG), Behavioural Insights and Sciences for Health 2 Rue Andre Pascal Paris 75016, France</td>
<td>Email: <a href="mailto:chiara.varazzani@oecd.org">chiara.varazzani@oecd.org</a></td>
<td></td>
</tr>
<tr>
<td>UNITED NATIONS CHILDREN’S FUND (UNICEF) EAST ASIA AND PACIFIC</td>
<td>Mr Rundrajit DAS</td>
<td>Chief, Communications for Development Division of Healthy Environments and Populations UNICEF East Asia and Pacific Regional Office 19 Pra Athit Rd Chana Songkhram Pra Nakhon Bangkok 10200, Thailand Tel. No.: (662) 356-9499</td>
<td>Email: <a href="mailto:rdas@unicef.org">rdas@unicef.org</a></td>
<td></td>
</tr>
<tr>
<td>UNITED NATIONS INNOVATION NETWORK (UNIN)</td>
<td>Ms Johanna JOCHIM</td>
<td>Manager The United States of America</td>
<td>Email: <a href="mailto:mary@uninnovation.network">mary@uninnovation.network</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ms Mary MACLENNAN</td>
<td>Lead, UN Behavioural Science Group The United States of America</td>
<td>Email: <a href="mailto:mary@uninnovation.network">mary@uninnovation.network</a></td>
<td></td>
</tr>
</tbody>
</table>
5. SECRETARIAT

WHO WPRO

Dr Angela PRATT
Director
Communications and External Relations
Regional Director’s Office
WHO Regional Office for the Western Pacific
United Nations Avenue
1000 Manila
Philippines
Tel. No.: (632) 8528 9930
Email: pratta@who.int

Ms Olivia LAWE-DAVIES
Regional Communications Manager
Communications
Regional Directors Office
WHO Regional Office for the Western Pacific
United Nations Avenue
1000 Manila
Philippines
Tel. No.: (632) 8528 9992
Email: lawedavieso@who.int

Ms Anna BIERNAT
Communications Officer
Communications
Regional Directors Office
WHO Regional Office for the Western Pacific
United Nations Avenue
1000 Manila
Philippines
Tel. No.: (632) 8528 9902
Email: biernata@who.int
Ms Lauren O’CONNOR
Technical Officer, Risk Communications
Country Emergency Preparedness and IHR
WHO Health Emergencies
WHO Regional Office for the Western Pacific
United Nations Avenue
1000 Manila
Philippines
Tel. No.: (632) 8528 9986
Email: oconnorl@who.int

Ms Eloise ADSETT
Consultant
Communications
Regional Director’s Office
WHO Regional Office for the Western Pacific
United Nations Avenue
1000 Manila
Philippines
Tel. No.: (632) 8521 2345
Email: adsette@who.int

Dr Cory COUILLARD
Consultant, Risk Communications
WHO Health Emergencies
WHO Regional Office for the Western Pacific
United Nations Avenue
1000 Manila
Philippines
Email: couillardc@who.int

Dr Ljubica LATINOVIC
Consultant, Risk Communications
WHO Health Emergencies
WHO Regional Office for the Western Pacific
United Nations Avenue
1000 Manila
Philippines
Email: latinovicl@who.int

WHO CHINA
Ms Paige SNIDER
Senior Adviser
Communications and External Relations
WHO Representative Office
401 Dongwai Diplomatic Building 23
Dongzhimenwai Dajie
Chaoyang District
Beijing 100600, PR China
Tel. No.: (8610) 6532 7189 / 90 / 91 / 92
Email: sniderp@who.int
WHO SAMOA  
Dr Rasul BAGHIROV  
WHO Representative to Samoa, American Samoa, Cook Islands, Niue and Tokelau  
WHO Representative Office  
2nd Floor  
Nursing Credentialing Centre, Motootua  
Apia  
Samoa  
Tel. No.: (68) 5777 0157  
Email: baghirovr@who.int

WHO SOUTH PACIFIC  
Ms Benedicte Pascale GALICHET  
Technical Officer  
Communications and External Relations  
WHO Representative Office  
Level 4, Provident Plaza One  
Downtown Boulevard  
33 Ellery Street  
Suva  
Fiji  
Tel. No.: (67) 9323 4100  
Email: galichetb@who.int

WHO EURO  
Mr Robb BUTLER  
Executive Director  
Office of the Regional Director  
WHO Europe  
WHO Regional Office for Europe  
UN City  
Marmorvej 51  
DK-2100 Copenhagen  
Denmark  
Tel. No.: (45)4533 6691  
Email: butlerr@who.int

WHO HEADQUARTERS  
Melinda FROST  
Technical Officer  
Risk Communication and Community Engagement  
World Health Organization  
Avenue Appia 20  
1211 Geneva  
Tel. No.: (41) 22 791 5421  
Email: mfrost@who.int
ANNEX 2. MEETING PROGRAMME

DAY 1. TUESDAY, 8 December
Manila Time

08:30 – 08:45  Opening remarks

Dr Angela Pratt
Director, Office of the Regional Director and Communications & External Relations
WHO Regional Office for the Western Pacific

Dr Takeshi Kasai
WHO Regional Director for the Western Pacific

08:45 – 10:00  Opening plenary:
Communications and COVID-19: What did we get right? What did we get wrong and how can we do better?

Dr Jody Lanard
Risk communication advisor
The Peter Sandman Risk Communication Website

Ms Karen Tan
Deputy Chief of Government Communications
Ministry of Communications and Information, Singapore

Mr James Chau
International Broadcaster
WHO Goodwill Ambassador

Dr Caroline McElnay
Director of Public Health
Ministry of Health, New Zealand

Mr Jason Gale
Senior editor
Bloomberg News

Moderator: Dr Angela Pratt
10:00 – 11:10

**Country perspectives #1:**

(Almost) 12 months into the pandemic, what have been countries’ greatest communication challenges, and opportunities?

**Ms Jennifer Taylor**
Director, Market Research Unit, Communication and Change Branch, People Communication and Parliamentary Division
Department of Health, Australia

**Dr Chhordaphea Chhea**
Director
National Center for Health Promotion, Cambodia

**Ms Janela Carrera**
Public Information officer
Department of Public Health and Social Services, Guam

**Dr Petronia Kaima**
Acting Head, Health Promotion National Department of Health
COVID-19 Cluster Lead for Risk Communication and Community Engagement
National Control Center, Papua New Guinea

**Mr Seung-ho Choi**
Deputy Director, Risk Communication Team
Korea Disease Control and Prevention Agency, Republic of Korea

**Dr Nguyen Dinh Anh**
Director General, Department of Health Communication and Reward
Ministry of Health, Viet Nam

**Moderator: Ms Benedicte Galichet**
Technical Officer, Communications and External Relations
WHO Division of Pacific Technical Support

11:10 – 11:30

Break
11:30 – 11:55  **WPRO Briefing:**
Communication for Health (C4H): WHO’s approach to strategic communications in the Western Pacific Region

Introducing C4H
**Dr Angela Pratt**

Harnessing C4H principles in the context of COVID-19
**Ms Olivia Lawe-Davies**
*Regional Communications Manager*
*WHO Regional Office for the Western Pacific*

**Ms Lauren O’Connor**
*Technical Officer, Risk Communications*
*WHO Regional Office for the Western Pacific*

11:55 – 12:00  Closing of Day 1

DAY 2. WEDNESDAY, 9 December
Manila Time

08:30 – 09:30  **Panel #1:**
In the post-truth era, how do we combat the onslaught of misinformation to deliver health advice that people trust?

**Ms Melinda Frost**
*Technical Officer, Risk Communication and Community Engagement*
*WHO/HQ*

**Ms Irene Scott**
*Global Project Director, COVID-19*
*Rooted in Trust, Internews Network*

**Professor Masato Kajimoto**
When human behaviour is both our most effective tool and greatest challenge, how can behavioural insights be used to communicate more effectively?

Mr Robb Butler
Executive Director, Office of the Regional Director
WHO Regional Office for Europe

Dr Chiara Varazzani
Lead Behavioural Scientist
Organisation for Economic Cooperation and Development
Member of WHO Technical Advisory Group on Behavioural Insights and Sciences for Health

Dr Sandro Demaio
Chief Executive Officer
VicHealth

Ms Archna Vyas
Country Deputy Director, Communications, India Country Office
Bill and Melinda Gates Foundation
Member of WHO Technical Advisory Group on Behavioural Insights and Sciences for Health
Mr. Saiful Adli bin Suhaimi
Principal Assistant Director, Centre for Competency and Promotion of Continuing Education, Health Behavior Research Institute
Ministry of Health, Malaysia

Moderator: Ms Paige Snider
Senior Advisor, Communications and External Relations
WHO Representative Office for China

10:30 – 10:45  Break

10:45 – 11:55  C4H skills-based session #1:
Behavioural insights for health

Mr Alexander Clark
Senior Advisor
The Behavioural Insights Team

Ms Paige Snider

11:55 – 12:00  Closing of Day 2
Panel #3:
What have we learnt from past challenges in overcoming vaccine hesitancy, and how can these inform communications around a potential COVID-19 vaccine?

Professor Heidi Larson
Director, Vaccine Confidence Project
London School of Hygiene and Tropical Medicine

Professor Julie Leask
Professor, Sydney Nursing School, Faculty of Medicine and Health
Adjunct Professor, School of Public Health
University of Sydney

Mr Rudrajit Das
Chief of C4D
UNICEF Regional Office for East Asia and the Pacific

Dr Rasul Baghirov
WHO Representative to Samoa, American Samoa, Cook Islands, Niue and Tokelau

Dr Beverly Ho
Director IV, Health Promotion and Communication Service
Department of Health, Philippines

Moderator: Dr Cory Couillard
Consultant, Risk Communications
WHO Regional Office for the Western Pacific

Country perspectives #2:
Thinking about COVID-19 vaccinations and C4H more broadly, what are countries’ highest priorities, and how can WHO best support these?
Ms Athirah Fakhriah Hj Awg Yussof  
Senior Public Relations Officer  
Head of Corporate Communications Division  
Ministry of Health, Brunei Darussalam

Mr Visith Khamlusa  
Director, Center for Communication and Education for Health  
Ministry of Health, Lao People’s Democratic Republic

Professor Cui Ying  
Director, Centre for Health Communication  
Chinese Centre for Disease Control and Prevention, People’s Republic of China

Mr Adrian Leamana  
Acting Director, Health Promotion Division  
Ministry of Health and Medical Services, Solomon Islands

Mr Jean-Jacques Rory  
Manager, Health Promotion, Health Promotion Unit  
Department of Public Health, Ministry of Health, Vanuatu

Moderator: Ms Lauren O’Connor

10:30 – 10:45  
Break

10:45 – 12:00  
C4H skills-based session #2:  
Communications measurement, evaluation and learning

Distinguished Professor Jim Macnamara  
Deputy Dean, Faculty of Sciences  
University of Technology Sydney

Professor Maureen Taylor  
Head of Discipline, Public Communication  
University of Technology Sydney
12:00 – 12:30  Closing

Summary and recommendations

*Dr Angela Pratt / Ms Olivia Lawe Davies*

Closing remarks

*Dr Takeshi Kasai*