

# A(H1N1) : WHO's Global Communications Response



World Health  
Organization

# The call to action

- 24 April, 03h00: Team leads called into the Strategic Operations Centre
- Briefing, liaising with the DG who was in Washington at the time
- Early working day: all HSE, DGO and HAC Comms officers were brought in, and we brought in an outside consultant to be News Team Leader
  - Originally envisaged that Comms Lead would sit in SHOC Room and run Comms and do interviews, but it soon became evident that one person could not be both conductor and concert violinist
- We set up processes the first day
  - H1N1 Comms Team Lead made a member of Senior Policy Group, which was key both in understanding the nuances of policy decisions and in helping the Org frame effective comms responses
- A daily routine was established
  - First set of TPs early in the morning
  - DON
  - Team debriefing - with Regions teleconferenced in
  - material production and media calls answered
  - VPC
  - Second set of TPs
  - Second DON
- At this point we were still relying on HSE, DGO and HAC staff

# Media interest mushrooms

- Saturday, 25 April: the PHEIC announcement
- Magnitude of the response was changing hour-by-hour
- Our response: we divided the Comms Response into 7 teams (news, web, messaging, AV, phone answering and call logging, social mobilisation, etc)
- Most of the response, in the acute phase, was media-oriented, but we also had people working on social mobilisation and on messaging to the public (via the web)
- Remember, this was over a weekend
- Significant ramping-up:
  - A call went out to all Comms officers at HQ and to all GS support staff to help with the phones and other administrative support
  - The support from across HQ was swift, effective and selfless

# Phase 4: Another quantum leap

- By Monday, we had gone through several quantum leaps of media interest
  - Answering 700 calls per day
  - 1.3 million web visitors (site crashed)
  - 250,000 stories written on WHO in the first week
- The Media Function adapted in response
  - dedicated premises for the media officers, and another room for a team of 5 to answer phone calls and log all calls
  - 60 personnel in 3 shifts
  - Specialised functions within the Media Team:
    - Assignment Editor
    - Media Officers (both to do and arrange interviews)
    - TPs writer
    - Media Monitoring
    - Liaison with Technical Teams (1 person at all times in SHOC) and web
  - 24-hour clock set up

# 27 April – 9 May: the peak

- Setting up special premises
- Daily VPC
  - 600 callers
- TV crews on site

# Some the issues

- The name
- Phase change
- The role of pigs
- Vaccines
  - When?
  - Who?
- Antivirals
  - Availability
  - resistance
- Mass gatherings
- Quarantines
- Severity
- This not H5N1
- Etc etc



# Phase 6

- By this time, we had learned
- Wanted to avoid the frenzy that accompanied 5
- Prepping journalists from a week beforehand: we were getting closer and closer
- Explaining the difference between severity and spread
- Pre-briefings
- Encouraging ministers to speak
- Successful: much less attention here than at 5

# What worked well

- The media team
- The web team
- The TPs
- The daily telecons
- Keeping the Regions informed and transferring phone lines between the Regions and HQ
- Very few communications hiccups: due to presence of Comms Team Lead in SPGs and the process of drafting TPs and bringing everyone on board
- Regularity of info: VPCs and web updates (facts and figures)



# Improvements

- We were overwhelmed by initial demand
- When you prepare, what you estimate will be surpassed by orders of magnitude, so over-estimate and be ready to be deluged (6000 messages)
- Better information for the general public: need to find an effective way to get this out.
  - People want to talk to you, they want reassurance, especially those travelling: how do you and should you try to satisfy this need?
- Some teams didn't function all that well, for different reasons
- Need an inter-agency and inter-Regional liaison as a full-time person on the Team
- Clearance processes, web updates (didn't provide enough "colour")
- Don't give out names of individuals on the website

# So what have we learned from this?

- WHO pulled together incredibly well in the acute phase
- But team members drifted away as we got closer to the WHA and ADGs/Directors called on their time
- Need more dedicated staff
- Need better spaces thought out beforehand
- Planning is necessary to think through certain aspects but expect plans to be binned within minutes as (in this case) the crisis is much bigger than you expected or the virus doesn't behave as you expected it to
- Uncertainty of future and no technical projection of what its going to be like in next season is a comms challenge
- Each of the core issue seems to constantly produce new angles to throw questions at you and it is difficult to anticipate all of these beforehand
- Unwavering political support at the highest level is key

# Next steps

- Getting organized internally
  - Need dedicated staff in key functions
  - Clear strategy and sign-off on strategic direction
  - Support to Regions and Countries
  - Working out what we can and cannot share with other orgs
- Preparing, as much as this virus will allow for it, the key issues
  - Vaccines an priority groups
  - Changes in virulence
- And this at a time when the calls just keep coming

# Thank you

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