Risk communication and community engagement readiness and response toolkit **mass gatherings**

World Health Organization

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Declaration of Interest

All external experts who reviewed the toolkit completed a WHO declaration of interest to disclose potential conflicts of interest that might affect, or might reasonably be perceived to affect, their objectivity and independence concerning the subject. WHO reviewed these and concluded that none could give rise to a potential or reasonably perceived conflict of interest related to the subjects reviewed

Abbreviations

CBRN	Chemical, biological, radiological and nuclear
CSO	Civil society organization
IFRC	International Federation of Red Cross and Red Crescent Societies
IMST	Incident management support team
NGO	Nongovernmental Organization
PESTEL	Political, economic, sociological, technological, environmental and legal
PRSEAH	Prevention and Response to Sexual Exploitation, Abuse and Harassment
RCCE	Risk communication and community engagement
SEAH	Sexual exploitation, abuse and harassment
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Glossary

Behavioural insights	Information about variables that influence behaviours at the individual, community, and population levels and that can improve the design of policies and programmes, communications, and products and services to achieve better health for all.
Behavioural science	A multidisciplinary scientific approach that deals with human action, its psychological, social and environmental drivers, determinants and influencing factors. It is applied in protecting and improving people's health by informing the development of public health policies, programmes and interventions.
Collective Service for RCCE	A partnership among the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Global Outbreak Alert and Response Network (GOARN), and key stakeholders from the public health and humanitarian sectors.
Community	Refers to a group of people connected by common characteristics, such as geographic location, age, gender, profession, ethnicity, faith, shared vulnerability or risk, or shared interests and values.
Community engagement	A collaborative process that involves helping people understand the risks they face and includes communities in developing health and response practices that are acceptable to and workable for them. The goal of community engagement is to empower communities and to develop shared leadership throughout the emergency response cycle.
Emergency	A situation affecting the lives and well-being of a large group of people or a significant percentage of a population requiring substantial multi-sectoral assistance. For a WHO response, there must be clear public health consequences.
Hazard	An action, event or phenomenon which may cause loss of life or injury, damage to property, social and economic disruption, and / or environmental degradation.
Health emergency management cycle	Spans the prevention, preparedness, readiness, response and recovery phases of health emergencies that all organizations and governments should follow to reduce the impact of disease outbreaks, health emergencies and disasters. Countries and communities may be engaged simultaneously in different phases for multiple outbreaks and emergencies.
Infodemic	An overabundance of information, accurate or not, in digital and physical environment, accompanying an acute health event such as an outbreak or epidemic.
Mass gathering	Mass gatherings are defined by a concentration of people at a specific location for a specific purpose over a set period of time which has the potential to strain the planning and response resources of the country or community.
Outbreak	Occurrence of cases of a disease that exceed what would normally be expected in a defined community, geographical area, or season.
Partners	International, non-governmental, or community organizations that work in a geographic area or health field.

Readiness	The ability of countries, communities and organizations to be able to respond quickly and effectively to health emergencies from any hazard. Operational readiness is a critical enabler of resilience in communities and health systems, helping them to withstand crises. Fast-tracking, activating, testing or prepositioning specific functional capabilities are all important functions for enhanced readiness.
Response	Phase of a health emergency or outbreak activated once the hazard, risk or threat becomes a reality, with the implementation of public health and health interventions to save lives and protect the most vulnerable.
Risk assessment	The process used to determine risk management priorities by evaluating and comparing given levels of risk to pre-determined standards, target risk levels, or other criteria.
Risk communication	Real-time exchange of information, advice, and opinions between experts and people who are facing a risk or threat to their health, social or economic wellbeing. The purpose of risk communication is to provide people with accurate and timely information and to support them in making informed decisions to mitigate the effects of a threat or hazard.
Stakeholders	Governments and community leaders that have a vested interest in protecting the health of their country, region, or community.

Overview of the risk communication and community engagement readiness and response toolkit: mass gatherings

About the toolkit

This toolkit contains a comprehensive set of practical tools and resources designed to support country-level risk communication and community engagement (RCCE) practitioners, decision-makers and partners to plan and implement readiness and response activities for health emergencies related to mass gathering events.

While this is a stand-alone RCCE resource, it is complementary to existing mass gatherings frameworks and operational packages available to mass gatherings organizers, event planners, and relevant stakeholders at global, regional, national, and local levels that help to support the safe organization of events and the overall response to any related emergency. These resources can be found in Sections 5 and 7 of this document.

The toolkit contains:

- background information about mass gatherings;
- public health considerations for mass gatherings;
- Risk assessment tools for assessing overall level of risk associated with mass gathering events and identifying precautionary measures;
- RCCE considerations on how to approach key issues during mass gatherings
- methods for collecting data to inform strategy development and bring evidence into the planning and implementation of activities;
- case studies; and
- links to other RCCE tools and trainings, including in the context of mass gatherings.

This is one of a suite of toolkits on RCCE readiness and response to a range of disease and response areas.

The toolkit has been developed through an iterative and consultative process that has followed several steps to identify, collate and refine the information, tools and best practices it contains. These steps include:

Literature review

An extensive review was conducted of the scientific literature, research papers, published documents and grey literature related to mass gatherings, risk communication, community engagement, and health emergencies.

A structured search of online databases (PubMed, Institutional Repository for Information Sharing (IRIS), ReliefWeb, and Google Scholar) was conducted to identify publications related to mass gatherings and small gatherings, specifically within the context of disease outbreaks and public health emergencies.

Keywords supplied by WHO technical teams were used as the foundation of the search to identify relevant documents, from which other specific terms and keywords were extracted. Documents were systematically reviewed for content on key thematic areas, methods and definitions relevant to the development of RCCE plans and strategies. This content included but was not limited to clinical information, WHO guidance on small and mass gatherings; behavioural science methodologies related to communication in outbreak response or public health emergencies; stakeholder engagement and situational analysis; monitoring, evaluation and learning frameworks and methodologies; preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH). Retrieved publications were assessed for relevance, uploaded to a database and logged into a tracking sheet, highlighting them for further consideration.

Iterative consultation

Following development of the toolkit and integration of relevant publications and sources in close consultation with WHO technical teams, the toolkit was then reviewed and revised by RCCE and mass gathering subject matter experts at country, regional and global levels through an iterative consultation process between March 2023 and January 2025.

Pilot testing

Tools within the toolkits were tested during disease outbreaks and feedback collected on clarity, relevance, and usability of the toolkit.

Peer review

The toolkit was peer-reviewed by independent experts from a range of disciplines including RCCE, epidemiology, behavioural science, and mass gatherings.

Readiness and response within the health emergency cycle

In recent years, WHO, Member States and partners have engaged in significant efforts to strengthen the architecture for health emergency prevention, preparedness, readiness, response and recovery. Readiness and response are closely connected. Readiness builds on the preparedness phase and is the interface between preparedness and immediate response to an emergency. For example, the approach of a high-risk season, an outbreak of a contagious disease in a neighbouring country, the hosting of a large international event or the declaration of a public health emergency of international concern can all trigger operational readiness activities. Experience has demonstrated that countries that systematically prepare their health and emergency systems can respond more quickly, cohesively, and equitably to a threat or emergency, shortening their duration, curbing their impact, and ultimately saving lives.

The role of RCCE in health emergencies and in the context of mass gatherings

Risk communication is the real-time exchange of information, advice, and opinions between experts and people who are facing a risk or threat to their health, social or economic wellbeing.

Community engagement is the collaborative process that involves helping people understand the risks they face and includes communities in developing health and response practices that are acceptable to and workable for them.

Informed, engaged, and empowered communities are the bedrock of successful readiness and response for outbreaks and emergencies. The principles of RCCE are outlined in the 10 steps to community readiness package *(1)*.

The desired outcome of RCCE is to mitigate the potential negative impact of health hazards before, during and after public health emergencies or other unusual events *(2)*. The goal of RCCE during health emergencies and disease outbreaks is to reduce morbidity and mortality by empowering communities to participate confidently in leadership, planning, and implementation of activities throughout the health emergency response cycle. This is the reason why risk communication is one of the core technical capacities under the International Health Regulations (IHR) (2005) *(3, 4)* and should be an integral part of all Incident Management Support Teams (IMST) in WHO headquarters and regional offices, as well as Incident Management Teams responding to a graded health emergency at the national or local level.

During disease outbreaks and other health emergencies, it is imperative to understand why people behave the way they do and what influences the behavioural drivers of disease transmission and risk. RCCE should result in affected communities knowing how to protect themselves and others against disease and, in the context of mass gatherings, other risks they may face. To achieve these goals, communities at risk need to be included and consulted in developing strategies and plans and in the implementation of readiness and response activities to public health emergencies *(5)*.

RCCE is an integral part of the risk assessment and public health response planning for mass gatherings. It provides the necessary information to fully assess risks at the community level, gauge community awareness and readiness, and identify at-risk populations. RCCE is also crucial in leveraging existing capacities, maximizing collaboration and coordination, ensuring public trust and readiness, and suggesting effective community-led solutions to strengthen health emergency management before,

during and after a mass gathering. Communities at risk need to be included and consulted in developing strategies and plans and in the implementation of readiness and response activities to emergencies.

WHO's role in mass gatherings

Mass gatherings and large public events have the potential for serious public health consequences if they are not planned and managed carefully. There is ample evidence that mass gatherings can amplify the spread of infectious diseases. In particular, transmission of respiratory infections or outbreaks of infectious diseases, such as mpox, have been associated with mass gatherings *(6)*. During the COVID-19 pandemic, the threshold for qualifying events as mass gatherings lowered significantly as even smaller events and gatherings posed the risk of increased spread of the disease. With widespread human-to-human transmission occurring in multiple countries and health systems overburdened, the cancellation or postponement of gatherings of different sizes was a means to help control disease spread in communities.

WHO provides risk- and evidence-based public health guidance and recommendations to host countries and event organizers for planning and preparing for mass gathering events of different types and sizes, from major or international events to sports specific and religious specific mass gatherings. WHO also supports host countries and event organizers in their risk assessment and identifying mitigation measures to be implemented before, during and after mass gatherings so that associated health risks can be adequately managed. The goal is to ensure gatherings are as safe as possible, and to limit health risks. and to encourage a positive, longstanding public health legacy from these events. This includes identification and implementation of good practices and lessons learned for future mass gathering events and strengthening the health system in the host country *(7)*.

The planning and delivery of mass gatherings is the responsibility of the host country. There is a broad spectrum of capacities of host countries in managing these events, from those who have limited experience to those who have acquired abundant expertise, for example, Saudi Arabia, which holds the largest annual recurring mass gathering event, attracting millions of pilgrims from more than 180 countries across the globe each year. Mass gatherings have significant implications for public health beyond the acute public health events which may occur. They require rapid detection and effective management and it may be necessary to build on existing WHO resources to support the planning and delivery of mass gathering events. Some of these resources include investment in timely and tailored communication and engagement with the public as well as:

- developing and disseminating multisectoral guidance on planning, management, evaluation and monitoring of all types of mass gathering events with specific emphasis on sustainable preventive measures, including health education and preparedness.
- working closely with Member States that are planning and holding mass gatherings, in order to support cooperation and communication between the concerned health authorities in each country and help Member States strengthen functional capacities to better utilize the International Health Regulations (2005).
- reaching out to non-profit, nongovernmental (NGO) and civil society organizations (CSOs), and when appropriate, the private sector, in health education related to mass gatherings.
- raising awareness on the health impact of mass gatherings and support countries in developing, disseminating and evaluating communication strategies around key public health messages, and more.

Purpose of the toolkit

The purpose of this toolkit is to guide RCCE practitioners, decision-makers, event organizers and other partners on how to place people and communities at the centre of coordinated efforts when planning mass gatherings and to reduce the likelihood of emergency incidents at mass gatherings. This toolkit focuses on strengthening RCCE readiness and response actions prior to or during health emergencies to prevent or reduce the impact of a threat on mass gathering attendees and hosting communities who may be at risk.

It provides strategies, best practices, and practical resources to: collect and analyse social and behavioural data; use the social and behavioural insights to inform the RCCE strategy and implementation; coordinate activities with partners and stakeholders; support the development and dissemination of accurate information to those at risk; address public concerns; support the participation of communities as essential partners readiness and response efforts; and in some circumstances, communicate to build vaccine confidence and demand. These are vital for more tailored, equitable and inclusive health emergency programmes.

Intended audience

This RCCE readiness and response toolkit has been designed for use by:

- mass gathering event organizers;
- RCCE practitioners;
- national and local health and other relevant authorities;
- emergency management authorities;
- United Nations (UN) agencies and other international nongovernmental organizations (INGOs)
- NGOs and CSOs, and community leaders.

How to use the toolkit

The toolkit can be used to support coordinated, inclusive, and tailored RCCE practices, highlighting approaches that are essential for successful planning and management of health emergencies. All tools require contextualization based on local epidemiology, socio-behavioural data, involved partners, capacity and the status of health emergency and outbreak readiness and response activities in the context of a mass gathering event. The resources in this toolkit should be used at the planning and management phase, including during risk assessments prior to a mass gathering event.

All those interested in using these RCCE tools should coordinate to adapt them to their local and event context using the following three steps:

1. **Review all tools**
   This toolkit contains a range of tools with different aims and objectives. It can be used as a library of resources to meet existing global, regional, or country level needs; however not all tools will always be relevant or necessary for different types, sizes or scales of events. These tools should be reviewed and selected for use based on needs, priorities and risk assessments conducted prior to the mass gathering event.

2. **Adapt the relevant tools**
   This toolkit has been developed at a global level. All provided resources should be adapted to local contexts. This can be done by national or local decision-makers, health authorities, mass gathering event organizers, RCCE practitioners or partners and in line with communities engaged in the mass gathering event. Adaptations that may be needed include:

   - **Language and audience:** Translate the tools into local languages as needed by implementers and affected communities. Considerations should be made to address literacy and accessibility needs.
   - **User:** Adapt and refine the tools according to the needs of those who will be using them. Decision-makers, gatherings organizers, practitioners and partners all have different needs.

- **Risk assessment:** Adapt the tools based on the results of the risk assessment and what is known about the context and behaviours of those attending a mass gathering or in the host communities. Future adaptations may be needed as the situation evolves. In case of an emergency, the RCCE activities are cross-cutting and should be conducted in coordination with other outbreak response pillars as relevant to the local scenario, such as surveillance, vaccination, clinical management for treatment and case management, infection prevention and control and others.
- **Phase of the emergency or mass gathering event:** How the tools in the toolkit are adapted and implemented will depend on the current phase of the health emergency cycle, type of the event (planned or unplanned/ spontaneous) or the phase of the mass gathering event (before, during or after the event) in the local context. Tool 6 (the RCCE readiness and response checklist for mass gatherings) can be used to identify different priorities within the different phases of mass gatherings.
- **Existing national RCCE strategies and plans:** Selection and adaptation of tools should be guided by national action plans, strategies and ongoing activities to complement and enhance existing efforts.

3. **Use and monitor**
Once the tools are adapted to the local and event context, they can be used to inform strategy and planning and to guide RCCE activities. Some tools can be provided to community leaders, event organizers, local NGOs, CSOs and other local actors to support their activities. The use of tools should be monitored and evaluated continuously to inform improvements and lessons learned documented.

Background Information on mass gatherings

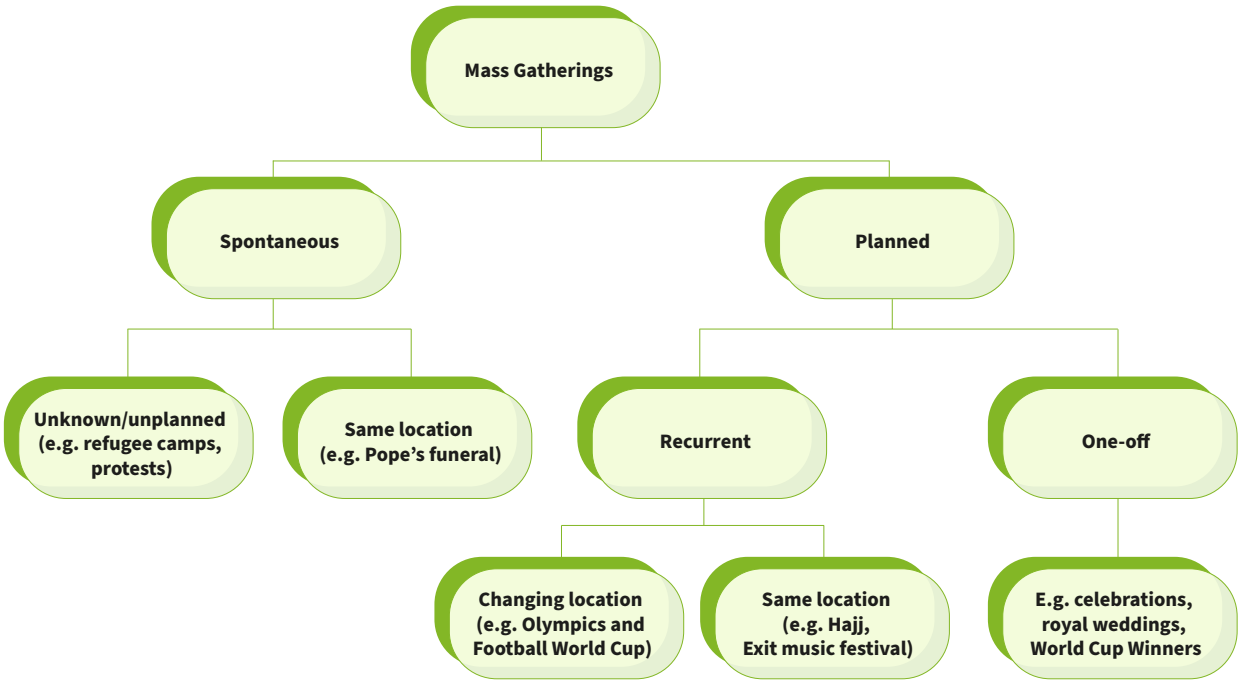
This background information is up to date as of January 2025 It is intended to provide mass gathering event decision-makers and RCCE decision-makers, practitioners and partners with the knowledge and understanding needed to effectively respond to emergencies involving mass gatherings. Up-to-date information about the emergency situation should be sought from local response leads to establish a full understanding of the local setting.

Overview

Mass gatherings are defined by a concentration of people at a specific location for a specific purpose over a set period of time which has the potential to strain the planning and response resources of the country or community *(5)*. The definition is purposefully not linked to the size of the gathering or the number of people (although this has an impact on the assessment of risks) because each community has a different capacity to manage crowds of people. Some systems, for example, airports or marketplaces, may manage more than 100,000 people each day with minimal difficulties *(5)*. Further information on different types of mass gatherings can be seen in Figure 1.

Some mass gathering events, such as sporting events, social/cultural events, or religious pilgrimages, are highly visible events attended by tens of thousands and sometimes millions of people. They may pose health risks and strain the health resources of the host community, city, or country. Major mass gatherings such as the Olympics or the annual Hajj pilgrimage, require considerable preparedness and response capabilities on the part of the host government and communities *(5)*.

Figure 1: Mass gathering events types



Adapted from WHO public health for mass gathering: Key considerations, 2015 (5)

Planning for mass gatherings is largely driven by the event context and the risk assessment results. There are many potential risks, big and small, foreseeable and unforeseeable that may develop immediately before, during, or after an event. It is challenging to tackle them all, especially since there are limited resources such as trained personnel, equipment, supplies, services, and funding; therefore, it is critical to determine the highest risks.

Reducing public health risks and ensuring people's safety at mass gatherings requires thorough all-hazards risk assessment, planning and coordination. The risk assessment results can inform the key risk mitigation strategies for an event. To do this, it is important to understand the different types of mass gatherings. They are:

1. **Planned mass gatherings.** This can largely be categorized into four types:
    - Sporting events e.g. Olympic and Paralympic Games, Super Bowls
    - Cultural events e.g. music festivals, fairs
    - Religious events e.g. pilgrimages
    - Political events e.g. rallies
2. **Spontaneous or unplanned mass gatherings.** These types of gatherings by their nature are more difficult to respond to, however, experience with planned mass gatherings can be transferable and enable better management of spontaneous events. Examples of spontaneous mass gatherings include refugee camps, protests, high profile funerals etc.

Phases of mass gathering events

Planning and organizing a successful mass gathering event is complex and includes several phases and a variety of tasks which require the participation of multi-sectoral agencies and services. Mass gatherings are classified into three phases: planning, operational, and evaluation phases. These phases correspond to the following:

- pre-event (also known as the planning);
- during-the-event (also known as implementation or event delivery); and
- post-event phases (also known as evaluation).

The pre-event phase typically involves event planning and dynamic risk assessment, planning the event legacy. The during-the-event phase is the operational stage where all event activities are delivered, including medical response to health emergencies. The final, post-event phase of mass gathering usually entails debriefing, evaluation of the event (including after-action review) therefore creating the legacy of the event.

It is important to note that legacy begins with planning and should be treated as an on-going process throughout three phrases. To better inform legacy planning, identifying gaps and opportunities and baseline capacities in relation to RCCE, as well as securing engagement and buy-in from stakeholders before the event is essential. Post-event evaluation should inform legacy through recommendations to the stakeholders involved , and those recommendations should be integrated into national RCCE strategies and the subsequent development of long-term community engagement capacities.

To inform all RCCE activities, it is essential to understand the context of the mass gathering event and dynamic risk assessment results, including the identification and assessment of the characteristics that make each mass gathering a unique event and the mitigation measures needed to be put in place to address identified challenges for both - public health risks and delivery of the event *(5, 8, 9)*.

Health risks associated with mass gathering and response measures

Mass gatherings are often highly visible events attended by tens of thousands of people which can pose public health risks and strain the public health resources of the hosting community, city or country. These events require considerable readiness and response capabilities on the part of the host. Resources must be in place to respond to infectious disease risks and public health preparedness must be undertaken for all-hazard threats *(7, 8)*.

Additional detail and further examples of common infectious and non-infectious risks and the health response measures to mitigate the risk can be found in the WHO guidance on Public health for mass gatherings: key considerations *(10)*. Public health risks during a mass gathering will depend on the context of the event and it is therefore important for RCCE professionals, public health and/or health promotion specialists to be included early in the risk assessment process so that the contribution of RCCE and health promotion can be fully exploited, and public health risks identified *(5)*.

Tools for collecting and analyzing data and conducting mass gathering risk assessments to strengthen readiness and response activities in the context of health emergencies

3.1 Gathering information and data

The tools in Section 3.1 Gathering information and data are designed to support the collection and analysis of social-behavioural data and use of social-behavioural insights to develop RCCE strategies and plans. The evidence generated using these tools promotes better decision making and can allow for stronger risk assessments by bringing a community lens to the understanding of risk during an emergency. By prioritizing the collection, analysis and use of socio-behavioural data and community insights within and beyond RCCE, it is possible to bring broader response strategies and plans in line with community expectations, needs and priorities.

Tool 1: Conducting a situational analysis: The PESTEL tool

A situational analysis can be conducted in either the readiness or response phase to inform activities during an emergency. In any of these scenarios, the situational analysis should be regularly updated.

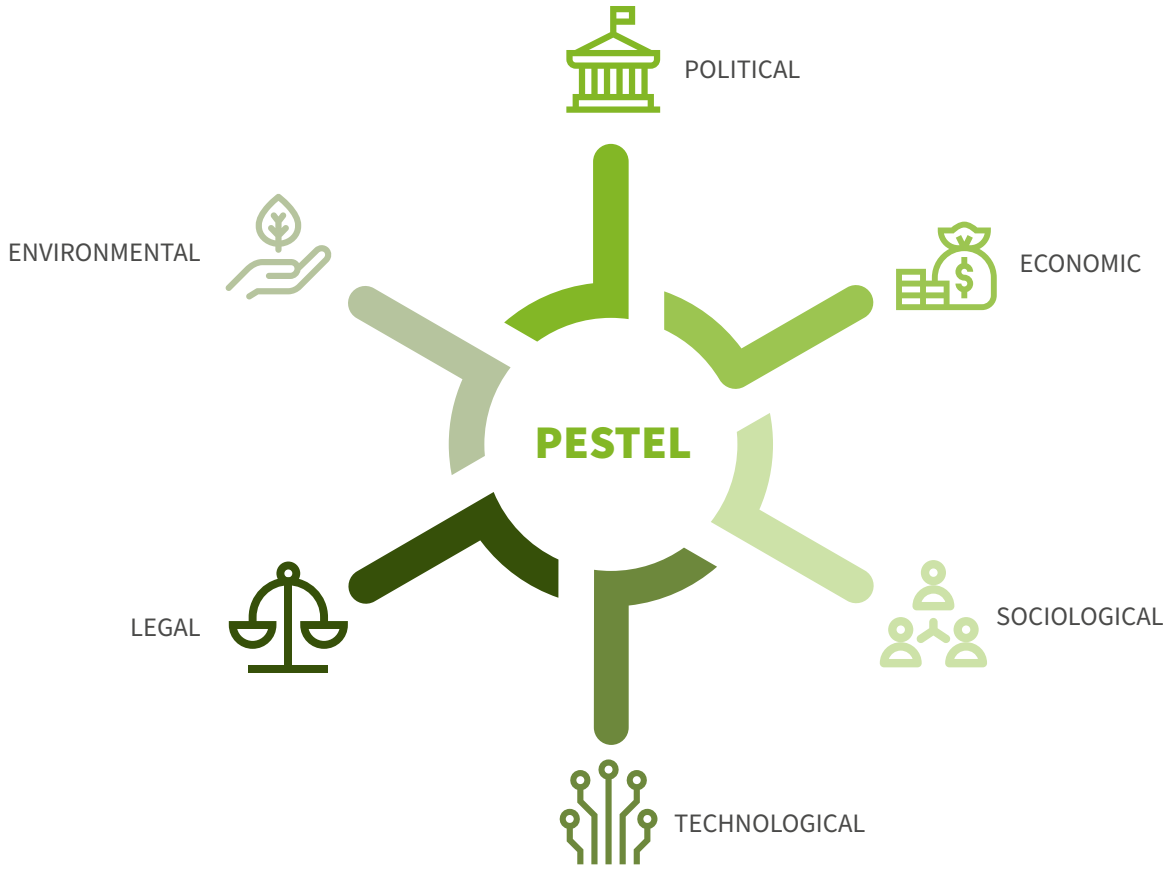
The PESTEL tool is a framework for conducting a situation analysis that helps planners understand political, economic, sociological, technological, environmental, and legal factors that can influence public health efforts during an emergency, as seen in Figure 2 below.

Data collected either directly or from existing sources can be used to generate evidence for the six categories of the PESTEL analysis. For example,

- community surveys, social listening, qualitative interviews and focus group discussions, including behavioural science research;
- tools used under the International Health Regulations *(3)* to evaluate country capacity, including Intra-action reviews, After action reviews, the Health Resources and Services Availability Monitoring System (HeRAMS), joint external evaluation (JEE) reports *(2)*, etc.;
- lessons learned from previous outbreak responses;
- WHO IMST updates, situation reports, Disease Outbreak News *(11)*, and daily reports;
- studies published in peer reviewed journals;
- WHO country profiles;
- news reports from trustworthy sources; and
- government websites and official publications.

The information obtained from a PESTEL analysis should be used and aligned with the behavioural data collected via Tools 3 and 4.

Figure 2. PESTEL analysis framework



Political considerations:

- federal, national, local and event policies regarding mass gatherings;
- public health systems and budgets, including readiness and response;
- host countries' experiences with previous outbreaks or health emergency responses during mass gatherings;
- levels of trust in government, partners, event organizers and other influential voices;
- government and partner public communication activities and style; and
- upcoming elections or potential leadership changes.

Economic considerations:

- capacity of event attendees, local population, and communities to participate in economic life;
- access to and supply of health services, including during mass gathering events;
- income of host communities, mass gathering attendees and participants, and
- capacity of those at risk of an outbreak or other threat to comply with required regulations based on access to economic and social support.

Sociological considerations:

- cultural dynamics and demographics;
- behaviours, beliefs, and habits;
- religions and traditions;
- literacy, languages, and dialects, and
- stigmatizing attitudes and/or discriminatory behaviours towards people with certain conditions or diseases.

Technological considerations:

- level of access to information (print, broadcast or online media);
- mobile phone usage and level of penetration;
- social media usage;
- availability of internet access;
- digital literacy; and
- key online communication channels.

Environmental considerations:

- characteristics of mass gathering venues, potential dangers and impacts of the climate, including weather conditions effects on event attendees;
- risk of natural disasters (floods, earthquakes, droughts, etc.), and
- level of environmental risk.

Legal considerations:

- laws, regulations, rules, and plans — including those related to ethics, such as the prevention of sexual exploitation, abuse, and harassment for mass gatherings;
- existence of treaties or binding legal instruments;
- multiple levels of governance;
- regulations that impact RCCE in emergencies, and
- coordination and engagement of CSOs, NGOs and non-State actors.

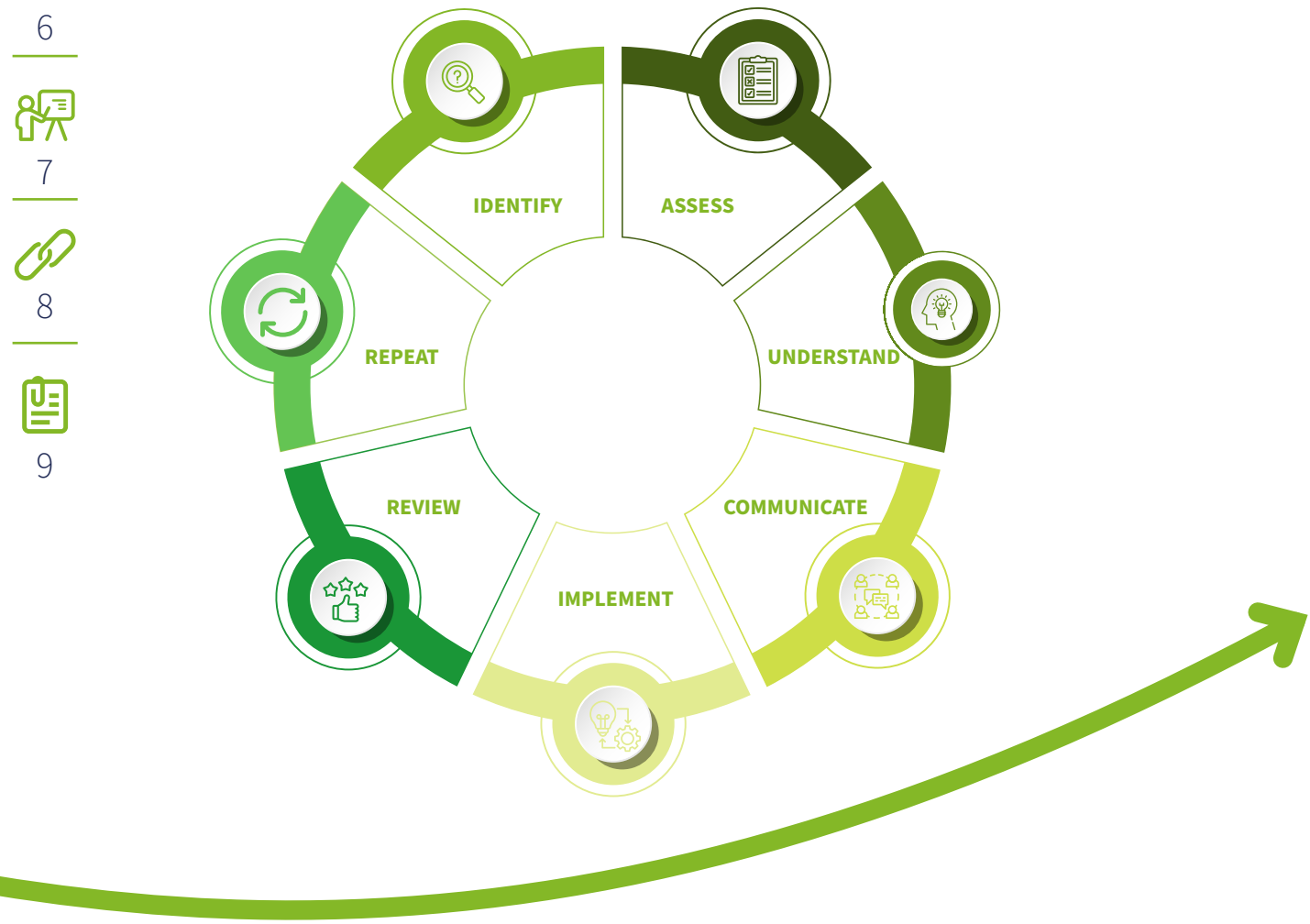
Tool 2: WHO Mass Gatherings All Hazards Risk Assessment tool

A risk assessment can be conducted in either the readiness or response phase to inform activities during an emergency and to support Member States and mass gathering event organizers in identifying hazards related to the event, assessing, and quantifying the overall level of risk, and accounting for precautionary measures that may reduce risk, making the event safer. Using the WHO risk assessment tools below alongside other tools such as tool 1 (PESTEL) and tool 3 (Behavioural analyses), are essential to inform development of RCCE strategies and interventions.

The purpose of the WHO All-Hazards mass gathering risk assessment tool *(12)* is to support early identification of health hazards and to evaluate, assess and quantify risk so mitigation and precautionary measures can be taken to reduce the risk, making the event safer. It includes a step on communicating risk. The tool is based on the principles of the World Health Organization's Strategic Toolkit for Assessing Risk (STAR) *(13)* as well as lessons learned from the COVID-19 Risk Assessment Tool for Mass Gatherings *(14)*.

The flow chart includes the following steps, seen in Figure 3.

Figure 3. The steps of the WHO Mass Gatherings All Hazards Risk Assessment Tool web app risk assessment process



The tool includes the following steps which can be applied through an online tool:

1. **Identify Hazard:** event organizers are provided with seven hazards that may be of concern with hosting a mass gathering. Event organizers must select all hazards of relevance to their mass gathering. The selected hazards will filter out questions in future steps to reduce the number of questions event organizers have to answer throughout the tool. If all hazards are of relevance, event organizers may select the "All Hazard Categories Apply" button at the top of the list.

2. **Evaluate Risk:** event organizers will respond to questions designed to determine the baseline level of risk for the hazards they have selected. Answers to these questions hold a weighted score – the higher the score, the riskier the event. Risk questions are broken down into the following categories: general factors; venue factors; behavioural factors; epidemiological factors; chemical, biological, radiological and nuclear (CBRN) and other security hazards, and environmental factors. However, not all questions or categories may be shown if the corresponding hazard was not initially selected.

3. **Mitigate Risk:** event organizers are able to reduce this baseline risk from the previous 'Evaluate Risk' step if they answer 'yes' to the mitigation measure statements. Mitigation measures are broken into the following categories: general factors; venue factors; behavioural factors; epidemiological factors; CBRN and other security hazards, and environmental factors. However, not all questions or categories may be shown if the corresponding hazard was not initially selected.

4. **Calculate Risk:** based on the inputs from the previous steps, event organizers are now presented with an overall risk score which is plotted on a risk matrix. The risk score ranges from very low to very high.

5. **Understand Impact:** event organizers are asked to provide their SPAR score to help assess the host country's health care system capabilities if a threat occurred. If their SPAR score is older than two years or unavailable, event organizers will be asked to provide an estimation of capacities.

6. **Communicate Risk:** event organizers are guided through building a comprehensive mass gathering communications plan, including considerations on messaging to inherent risk of the mass gathering and various policy decisions or changes ahead of or during the mass gathering.

7. **Review & Sign Off:** organizers are presented with all the information collected within the tool in one place, which they can print out and share with other members of the event organization team. Event organizers are also asked to agree on this information as part of the 'sign off' process.

8. **Implement Precautionary Measures:** event organizers are presented with automatically populated WHO precautionary measures based on the information they provided during the risk mitigation step, which indicated the type of public health measures they intend to incorporate into the mass gathering safety plan.

Tool 3: Behavioural analysis

This tool can be used to identify and understand behaviours that put people at risk for an outbreak and other threats and are relevant for shaping RCCE strategies, tools, and interventions. Behaviours do not stay static throughout an outbreak or health emergency, including in the context of mass gathering event. High-risk behaviours are influenced by barriers and enablers that can be identified through social and behavioural data collection. These should be identified in the readiness phase or early in the response and regularly monitored to understand norms, trends, and changes (15).

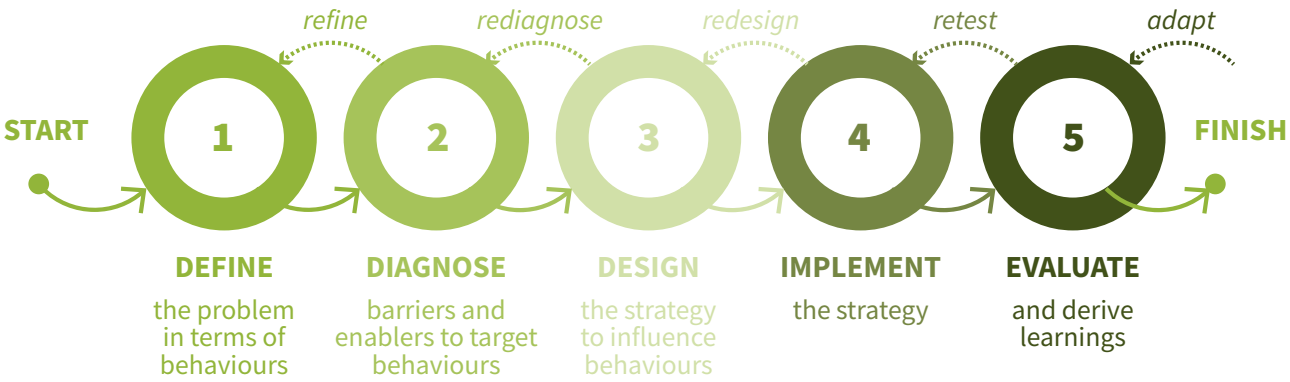
Used together, the findings from the situational and behavioural analyses can help event organizers assess how to engage with communities effectively and co-develop plans and strategies that support people to make well-informed decisions to protect themselves. The importance of including behavioural and social sciences in public health interventions was globally recognized in 2023 by Member States at the Seventy sixth World Health Assembly *(16)*. There, WHO acknowledged the contribution of these disciplines to the improvement of health outcomes and called on the increased use of behavioural science to empower communities to better understand public health problems and to designing and evaluate interventions to address them.

Behaviours are one factor that can influence the risk of infectious or non-infectious hazards, uptake of protective actions and care-seeking practices in outbreaks and health emergencies. It is important to identify and understand risky and protective behaviours in the context of mass gathering and to use this understanding to shape RCCE strategy, plans and activities. It is also important to note that changing behaviour is not the only way to prevent or respond to an outbreak and other health emergencies; people need access to services and care as well as information and opportunities for engagement to help them make informed decisions within the context of their daily lives, and which are practicable and accessible.

The behaviours that relate to the risk of an outbreak of a disease or other health emergency will vary depending on the type of event (e.g. planned or spontaneous events). This information should be obtained from a multidisciplinary team including behaviour change experts and epidemiologists working on the response and from your PESTEL analysis.

The behavioural insights guide below is designed to guide what data to review to inform RCCE strategy and activities including inputs from the communities at risk. It is adapted from the technical note from the WHO Technical Advisory Group on behavioural insights and science for health *(17)*. This technical note includes guidance on the principles and application of behavioural science. The checklist is based on the Define, Diagnose, Design, Implement and Evaluate (DDDIE) steps, as seen in Figure 4.

Figure 4. DDDIE steps guide



Step 1: Defining the problem in terms of behaviour.

Use the data sources available to answer the following questions and complete the table below, Table 1.

(e.g., epidemiological data, knowledge from previous outbreaks and events or other countries, existing socio-behavioural data).

1. Does the problem have a behavioural component?
    - What behaviours are contributing to the emergency?
    - Are people practicing the recommended protective health behaviours?
    - Are people following instructions provided by event organizers?
2. Which behaviour(s) must be changed to contribute to improving or attaining the desired health outcome(s)?
3. What is the target behaviour you are aiming for? Who needs to do what, when, where and how. Be as specific as possible about behaviours, while recognizing that risky behaviours tend to be interconnected and are likely to be part of a combination or sequence of behaviours from multiple key players, happening in different times and places and all contributing to transmission.

Table 1. Problem and behaviour diagnosis

Step 1: Defining the problem in terms of behaviour	
Does the problem have a behavioural component? If yes, what?	e.g., yes; mass gathering attendees and participants are not adhering to protective measures against infectious diseases, including vaccination
Which behaviour(s) must be changed to improve the desired health outcome?	e.g. vaccine hesitancy among mass gathering attendees and participants
What is the target behaviour(s) you are aiming for?	e.g. more mass gathering event attendees and participants practice protective behaviours, including vaccination against infectious diseases of which there is a known outbreak, especially respiratory viruses with increased risk of transmission during mass gathering events
Who needs to change their behaviour?	e.g. attendees and participants of a mass gathering event
What do they need to do differently?	e.g. practice protective behaviours against infectious diseases with increased risk of transmission such as respiratory viruses, including wearing masks when in crowded settings, being vaccinated ahead of the event etc.
When does this behaviour occur?	e.g. when people congregate during events, especially if the control measures are not implemented or limited at mass gathering event venues
Where does this behaviour occur?	e.g. at mass gathering event venues

Step 2: Diagnose the barriers to and enablers of target behaviours

A barrier is an obstacle or challenge that impedes the uptake of or adherence to mitigation measures. Enablers are factors that facilitate or support the successful implementation of mitigation measures against health risks and RCCE interventions. Barriers to and enablers of behaviours can be cognitive, psychological, social, cultural, environmental and religious; they can be linked to perceptions of self-efficacy, risk, and efficacy of interventions, as well as other factors.

Identifying and understanding the barriers and enablers of your desired target behaviour is essential to designing interventions that are effective, practical, and culturally acceptable. Use social-behavioural science evidence to prioritize and determine what barriers and enablers will be explored further to inform the design of interventions, as seen in Table 2.

It can also be useful to consider whether barriers and enablers are: 1) cognitive/psychological; 2) social/ cultural; 3) environmental/ structural.

Table 2. Behaviour barriers and enablers

Step 2: Diagnosing barriers and enablers		
Risky behaviour	**Enablers**	**Barriers**
E.g. • Unplanned crowded or poorly managed side gatherings with congregations of individuals who are prone to excessive alcohol or substances use, or aggressive behaviours (e.g. side events like gatherings of football hooligans outside the official event venues).	E.g. • Consider risks of side gatherings during mass gatherings in the risk assessment and plan mitigation measures accordingly; • plan and implement crowd control and security measures in the defined areas during the gathering with event organizers, law enforcement and security authorities; • inform individuals about all consequences of non-compliance with law and event policies; • use influential voices (e.g. football celebrities) for communications with a target audience.	E.g. • Individual's resistance to follow laws and established event policies; • absence of event security contingency plans & staff training for managing conflicting behaviour and situations; • lack of coordination between mass gathering event security authorities and local law enforcement and security sector to communicate with target audiences on consequences of incompliance with laws, regulations or event policies; • lack of laws, regulations. And event policies for legal actions against incompliant behaviours.

Food and water, hygiene and sanitation poor practices leading to the food-water related outbreaks		
E.g. • Attendees use food and water from unsafe sources • lack of hygienic and sanitary practices at the mass gatherings, for example the culture of food-sharing. at gastronomic festivals or religious pilgrimages	E.g. • Public health promotion on the risks of food-water related outbreaks; on WHO five Keys to Safer Food using all available communication channels, e.g. social media platforms, travel health leaflets, audio and video reminders at the event venues; • ensure the availability of safe drinking water and sanitation utilities at mass gathering event venues; • ensure supervision of food, water safety in line with national food, water safety plans; • develop food and water-borne outbreak response plans for the events.	E.g. • Low level of knowledge and practices in hygiene and sanitation of individuals; • low knowledge and access to digital platforms for acquiring risk communication information; • low community perception of risks due to local/ethnic socio-cultural practices in food consumption (e.g. eating food with hands, consuming raw food products or the meat of wild animals), or lack of resources; • lack of management plans for safe food and water, sanitation utilities availability, temperature control throughout the food safety chain (e.g. production, transportation, service).

Steps 3, 4 and 5 of problem and behaviour diagnosis: Design, implement and evaluate interventions to address barriers to and encourage enablers of behaviours

Steps 1 (define) and 2 (diagnose) provide insights, data and evidence that can then be used in steps 3 (design evidence based RCCE approaches and interventions aimed at addressing the barriers identified), 4 (implement interventions aimed at addressing the barriers identified) and 5 (evaluation) to support the effectiveness of the readiness and response efforts.

Design and implementation of interventions should be done in collaboration with behavioural scientists, health experts, communication specialists and, crucially, with at risk communities and stakeholders, to ensure the interventions are effective and culturally sensitive. Tools to support implementation are included in this toolkit.

Evaluation of interventions and behaviour change is important to drive future learning about the effectiveness of RCCE strategies. It is possible to measure the impact of interventions on behavioural outcomes using epidemiological data or direct observations of behaviours. If these data are not available, use self-reported information, for example, adherence to preventive measures or uptake of vaccination (when available). It can also be useful to include process evaluation indicators to understand how context, implementation and mechanisms of impact may have influenced outcomes.

Tool 4: Mapping and understanding communities

This tool can be used to identify and record relevant information about communities or at-risk populations and who should be included in the event of an outbreak or health emergency response activities, related to a mass gathering. This information should be used to inform RCCE strategy and action plans for communities at risk of an outbreak or threat.

In order to create inclusive RCCE plans and strategies, it is imperative to involve communities in co-designing solutions and interventions aimed at protecting their health and wellbeing from a potential threat. Individuals and communities experience outbreaks and emergencies differently. Anything from where they live and work, to their varying levels of knowledge, awareness, perceptions of risk and specific local contexts in which outbreaks and emergencies occur, can significantly affect their likelihood of falling sick or getting exposed to any other threats. Understanding these differences helps event organizers and health officials identify who is most at risk of the disease or exposure and who in the community is best placed to support engagement efforts.

The tool in table 3 below can guide the collection and organization of information about key communities at risk and, in combination with tools 1 and 3 provides a broader context to help tailor RCCE activities to the needs of the specific population. Priorities for RCCE strategy, plans and activities should be based on levels of risk and ability to inform and drive behaviour change particularly for those at high-risk.

Table 3. Community assessment matrix

	Priority community 1: e.g. event attendees	**Priority community 2:** e.g. host community	**Priority community 3:** the general public
Demographic information – age range, gender, income, languages spoken, literacy levels, education, occupations.			
Risk level – based on epidemiology and findings from PESTEL and behavioural insights.			
Perceived risk level – based on individuals' perceptions of personal and community risk, perception of risk severity, self and intervention efficacy, level of knowledge about the risk or threat.			
Trusted information channels – note that these may differ from frequently accessed channels.			
Community leaders – advocacy groups, religious leaders, health workers, etc.			

Influential voices – celebrities, thought leaders, social media accounts, etc.
Access to key interventions – vaccination, testing, treatment, etc.
Trust, attitudes, beliefs, rumours and misinformation.
Other.

Tool 5: Stakeholder analysis

This tool can be used to identify and record relevant information about communities or at-risk populations and who should be included in the event of an outbreak or health emergency response activities, related to a mass gathering. This information should be used to inform RCCE strategy and action plans for communities at risk of an outbreak or threat.

A stakeholder analysis goes into more detail and builds on the findings of the PESTEL, behavioural analysis and community mapping. It should be adapted to the local context to provide a precise overview of different stakeholder roles, motivations, anticipated involvement, and key milestones to maximize the impact of RCCE activities, as seen in Table 5. There are four main categories into which stakeholders fall and an associated strategy for interacting with them, seen below in Table 4.

Table 4. Stakeholder categories

	Stakeholder category	Strategy
Champion	Champions support your activities and do so actively and visibly. These groups/people (e.g. other UN agencies, federations associated with the event) agree with the proposed actions and goals and are already taking action on their own to support them.	With Champions, continue engaging them in planning and implementation of activities; provide them with updates and information to ensure they are up to date, appreciate and acknowledge their contributions and support, and let them champion the cause.
Silent booster	Silent boosters support the planned or proposed activities and goals but do so privately, seeking little to no public support. These stakeholders need additional motivation to become more active and supportive of the proposed actions.	With this group, the strategy is to educate, enable, inform and motivate. Energize these stakeholders by involving partners and Champions they respect and normally engage with to help advocate for the planned activities and goals.
Avoider	Avoiders don't necessarily support your cause but are neither vocal nor visible about their lack of support. They silently oppose aspects of planned activities and passively disagree.	Inform or ignore. With Avoiders, it is helpful to engage groups from the Champions category to help influence them to support activities.
Blocker	Blockers are groups who are visibly, publicly opposed to the planned activities and take action to encourage others to disagree as well. They can pose an obstacle to the implementation of activities, depending on their influence.	the best approach is to try to counteract their action by continuing to enlist Champions to advocate for your cause and provide facts. If they are not influential, the best strategy is to ignore this group. Regardless, keep track of who they are and who they are influencing.

Table 5. Stakeholder matrix

Responsible officer: **Date:** **Version:**											
Name of organization or individual	**Area of work**	**Stakeholder type**	**Anticipated involvement or support**	**Anticipated challenges**	**Motivation, drivers**	**Expectations of exchange**	**Milestones**	**Activities**	**Responsible party**	**Date due**	**Status**
		(Champion, blocker, silent booster, avoider)	*What level of involvement is expected and what type of support can this stakeholder contribute?*	*Known or potential issues, lack of capacities, etc.*	*Why is the stakeholder invested in the proposed activities?*	*What is the stakeholder's predicted input?*	*At what point of the response or planned activities is this stakeholder's involvement required?*	*What activities directly involve or impact the stakeholder?*	*Team member(s) responsible for engagement with the stakeholder*	*Task/ involvement needs to be met by:*	*Have all the agreed activities been implemented in the foreseen time frame?*

3.2: Strategy and planning

The tools in Section 3.2 Strategy and planning are designed to support the development of evidence-based RCCE strategies and plans drawing on social-behavioural data, community insights, epidemiological data and priorities identified by other areas of the outbreak and health emergency response. Strong strategies and plans promote more effective implementation of activities in the long run and provide an opportunity to consider how to work with communities as core partners in all RCCE activities.

Tool 6: RCCE Readiness and response checklist for outbreaks and health emergencies

The readiness and response checklist, in Table 6, is designed to assist RCCE professionals and responders to update or develop readiness and response plans. Drawing on the tools provided here, it provides a comprehensive list of activities that should be considered during the readiness and response phases of an outbreak or health emergency during a mass gathering event. Links to additional tools are found in section 3. If action planning and implementation begins during the response phase, items listed under readiness should also be referred to.

This checklist is adapted from the following documents: International Health Regulations (2005) – Third edition (who.int)*(3)*, COVID-19 Global Risk Communication and Community Engagement Strategy Interim guidance 2020 version 2 *(18)*, Risk communication and community engagement readiness and initial response for novel coronaviruses (nCoV): interim guidance, 10 January 2020 *(19)*, 10 steps to community readiness *(1)*, HEPR (Health Emergency Preparedness Response) framework *(20)* and Joint External Evaluation tool: International Health regulations (2005)- third edition *(2)*.

Table 6. RCCE readiness and response checklist[1]

Area of work	Steps	Activities
Systems and coordination	**Readiness**	❒ Establish or strengthen RCCE coordination mechanisms, including by establishing an inter-agency task force or crisis communication centre, technical working groups for key areas of work, and by ensuring content clearance and information sharing protocols are approved. ❒ Review and update existing RCCE strategies and plans using intelligence from local surveillance, epidemiological and social-behavioural data (see Tools 1, 3, and 4. Ensure these are linked to broader emergency preparedness and response plans (EPRP) and national disease elimination and control plans. ❒ Set up or strengthen an RCCE team, define members' roles and responsibilities and how the team will link to other response pillars. ❒ Map RCCE expertise at all levels, with specific focal points within the Ministries of Health, local health authorities, event organizers. ❒ Conduct or update the event risk assessment results using the WHO Mass Gatherings All Hazards Risk Assessment tool, PESTEL situational analysis, and stakeholder analysis. ❒ Develop a budget, with funding options and a human resource plan; include plans for surge support if needed.
	Response	❒ Convene and coordinate the RCCE response with government, stakeholders, partners and across technical areas/pillars, including event organizers. ❒ Activate the inter-agency task force or crisis communication centre and ensure content clearance and information sharing protocols are followed. ❒ Revise and update RCCE strategies and plan according to need and current surveillance, epidemiological and social-behavioural data (see Tools 1, 2, and 3), new evidence or learnings and community insights. ❒ Implement approved operational budget and human resource plan, including deployment of surge staff.
Community data for action	**Readiness**	❒ Conduct a review of social-behavioural data (see Tools 1 and 3) and identify vulnerable populations (see Tool 4), risk factors, priority behaviours and potential barriers and enablers for an effective response and/or immunization campaign (see Tool 3). Use this knowledge to inform decision-making at all levels. ❒ Ensure mechanisms for community listening are established (both online and offline) and respond to rumours and misinformation proactively (see Tool 8 to support tracking of rumours and misinformation). ❒ Analyse gaps in available social data. A mix of quantitative and qualitative data is best - including community feedback, social listening, polling, situational and behavioural analyses, PRSEAH and survey data to understand community knowledge gaps, perceptions, and behaviours. Commission appropriate research to fill in the identified gaps. ❒ Set up a framework for measurement, evaluation and learning to track the efficacy of RCCE activities and impact made. Use findings to tailor and adjust the RCCE strategy and plans accordingly
	Response	❒ Continuously conduct data collection among at-risk and affected populations to track changes in knowledge, attitudes, perceptions, behaviours, and other social-behavioural variables. ❒ Regularly conduct community listening (see Tool 8). Use the findings to develop, adjust and implement RCCE interventions that address concerns, misconceptions, rumours, and barrier to uptake of protective behaviours or vaccines. Address any unacceptable behaviours, including sexual misconduct. Include affected communities throughout this process. ❒ Continue to monitor the impact of response activities on communities (see Tool 8). Ensure plans are in place to manage potential or unexpected impacts (changes to health seeking behaviours, impact on job and food security, other economic or social impacts) and update accordingly. ❒ Share data back to communities and update local response activities as new social, behavioural, and anthropological data becomes available

[1] RCCE: risk communication and community engagement; PESTEL: political, economic, sociological, technological, environmental, and legal factors; PRSEAH: preventing sexual abuse and harassment; CSO: civil society organization; MEL: measurement, evaluation, and learning.

Area of work	Steps	Activities
Risk communication	**Readiness**	❒ Ensure that the highest levels of government are ready to release information to protect the public's health in a rapid, transparent, and accessible manner, in the event of a mass gathering emergency. ❒ Create or review a repository of existing RCCE materials such as message banks, tools, products, and templates. ❒ Map and prioritize trusted and commonly used communication channels and platforms. Assess these for accessibility to people in remote areas; to people without digital skills or limited access to digital resources; and to people with low literacy skills or who may not speak the dominant language, etc. ❒ To reach all segments of society, identify alternative communication channels, such as radio, mobile announcements, voice messages for health centres etc.; and partners who can potentially support dissemination of key messages through these methods. ❒ Identify focal points and media spokespeople for all key partners at all levels; list their areas of expertise in relation to the disease or health emergency threat; and, if necessary, train them. ❒ Coordinate communication activities and use standard operating procedures for clearance and sharing.
	Response	❒ In collaboration with affected communities, continuously develop, adapt, and test messages based on the perception of risk and as the situation evolves. ❒ Update interventions and messaging, based on measuring, evaluation and learning (MEL) framework, feedback from communities, and/or the effectiveness of the immunization campaign. ❒ Continue to build and deliver high-quality information to raise knowledge and manage risk perceptions related to the specific topic of interest, using trusted and commonly used channels. ❒ Engage regularly with government, media, event organizers and venue managers and other partners to provide risk communication content and to ensure public information is adapted and consistent with the latest science and current context. ❒ Activate spokesperson and influential individuals, including those from other agencies and stakeholders, to align messaging and to broaden the reach of RCCE activities. ❒ Provide guidance to media outlets on how to access reliable information and manage misconceptions.
Community engagement	**Readiness**	❒ Hold discussions with communities to understand sociocultural contexts and power dynamics of key audiences. ❒ Identify what type of engagement is safe, feasible and acceptable for different communities. ❒ Identify existing platforms (community leaders, CSOs, and key influencers, particularly those accessed by people at risk) and engage communities in decision-making processes. ❒ Establish or strengthen community feedback systems to ensure community beliefs, questions, concerns and suggestions are heard. ❒ Co-develop priority actions (risk-and-needs assessments, strategies, plans, guidance, messaging, etc.) with affected groups to strengthen readiness and build trust and encourage uptake of protective behaviours and vaccines. ❒ Design and co-implement interventions and strategies with communities. ❒ Train community engagement teams including volunteers and establish surge capacity mechanisms. ❒ Ensure capacities are available to translate all RCCE materials into local languages and dialects. ❒ Anticipate special information and engagement needs for people who are disabled, illiterate or marginalised.
	Response	❒ Update and co-implement RCCE interventions and strategies with communities. ❒ Ensure continuity of community feedback systems and close any information gaps. ❒ Launch or strengthen an "alliance" of influencers and stakeholders who can listen, advocate, inform, address rumours and misinformation and promote health literacy using evidence and data. ❒ Ensure representation of civil society and vulnerable groups. Work closely with other committees and advisory groups. ❒ Engage relevant sectors (government, social and private sectors) to manage service and supply needs, assess barriers and strengthen referral systems such as for mental health, GBV, and PRSEAH. Ensure affected communities are linked to referral systems.

Area of work	Steps	Activities
Capacity building	**Readiness**	❒ Conduct a rapid needs assessment, which includes mapping of existing RCCE human resource capacities and capabilities. ❒ Develop a capacity plan with stakeholders based on the result of the needs assessment. ❒ Build the capacity of RCCE teams and other key stakeholders based on the plan developed. ❒ Create standard operating procedures to drive consistency and quality across RCCE interventions and collaboration with partners. ❒ Initiate a continuous peer-to-peer support system for community mobilizers, responders, and networks.
	Response	❒ Adapt capacity building tools, as needed. ❒ Identify and train emergency RCCE staff and potential surge staff on plans and procedures. ❒ Provide refresher or on-the-job training for RCCE responders and spokespersons as interventions and strategies change. ❒ Continue to provide orientation to media professionals and communication networks as the response evolves.
Measurement, evaluation and learning (MEL)	**Readiness**	❒ Develop/review the MEL framework, including monitoring and evaluation indicators based on the RCCE strategy, planned activities, and expected outcomes (see Tool 10). ❒ Develop/strengthen a real-time monitoring system using existing/adapted tools such as mobile and manual data collection methods, interactive dashboards, and automated data analysis. ❒ Train the RCCE team on the use of relevant tools. ❒ Promote community participation in developing the measurement, evaluation, and learning process, ❒ Develop a system to store, manage and share information and key data sets.
	Response	❒ Continuously revise the MEL framework to ensure it is capturing the data needed to measure results and impact (see Tool 10). ❒ Use established, real-time and participatory monitoring and evaluations systems, such as mobile or application-based reporting where possible. ❒ Generate evidence and data that allows regular assessment of strategy implementation and impact. ❒ Include CSOs in monitoring, reporting and joint accountability efforts to increase the likelihood of broad community uptake and responsibility for new interventions. ❒ Collect and analyze feedback from event attendees, hosting communities, event staff, volunteers, and other mass gathering stakeholders ❒ Maintain and strengthen systems to effectively manage and share information, document lessons learned and gather best practices. Disseminate lessons and best practices widely.

Tool 7: Activities tracker

This tool in Table 7 is designed to assist RCCE decision-makers, practitioners, and partners to track activities once identified using the readiness and response checklist (Tool 6).

Table 7. Activities tracker

Area of work	Task/ activity	Responsible individual	Budget	Links	Deadline	Status
e.g. Community engagement	Review suitability of existing community feedback system for mass gatherings	e.g. Ministry of Health; name, email, phone number	-	e.g. to any working documents	-	e.g. complete, in progress, incomplete

3.3: Implementation

The tools in Section 3.3 Implementation are designed to support activities conducted as part of evidence- based RCCE strategies and plans. While the projects and activities that need to be implemented will vary in each context based on risks, needs and strategy, these tools offer ways to approach some key components of most RCCE plans. Local communities in host areas should be considered key implementing partners for RCCE activities during mass gathering events.

Tool 8: Community listening and feedback systems

This tool is designed to support the collection and use of community listening data including social listening and community feedback for any risk or potential outbreak and other health emergencies associated with a mass gathering event.

Community listening encompasses various approaches to collecting data to identify current narratives, questions, rumours, misinformation, levels of trust and other relevant factors from at-risk communities. It can help to identify newly emerging concerns and to track and monitor trends and changing attitudes towards health authorities and interventions.

Online and offline sources should be used for community/ social listening. Offline sources of data can include community feedback systems, qualitative interviews, focus group discussions, findings from socio-behavioural research, television, and radio. Online sources can include social media, websites, chatrooms, blogs, etc. All community listening sources have advantages, biases and limitations which should be documented when reporting data.

Community feedback can include any type of information, such as questions, suggestions, observations, beliefs, perceptions, concerns, complaints, and statements of thanks from communities.

To collect community feedback for any risk of a disease or hazard associated with a mass gathering event, identify host community representatives and attendees of the event who may closely be involved with readiness and response activities to a threat that may arise. CSOs that are already involved in related health advocacy or service provision can be good sources of community feedback as these groups can provide targeted input and help reach specific demographics more effectively.
In support of collecting relevant feedback and conducting structured and effective conversations with communities, WHO has developed a generic community conversation kit *(21)* to help people who have a leadership role speak with people in their community about how to protect themselves from a given health threat.

Check if resources are already available, for example, public health advice on the potential threats or hazards identified during the risk assessment, if one was conducted. Community outreach at community and popular local venues (such as community centres, hotels, bars, event centres, sport arenas, etc) can serve as influential platforms for disseminating health information and gathering feedback.

To effectively use community listening to manage any potential outbreak and health emergency linked with mass gathering events, health authorities and all involved partners should monitor and analyse social media conversations related to the event or hazard. The process involves setting up a taxonomy, monitoring keywords using tools like Google Trends, conducting data analyses, and reporting the findings to stakeholders. The system should be regularly reviewed and adjusted based on the findings, such as adding new keywords, hashtags or identifying new platforms of concern, while also identifying information voids such as the sudden increase in searches for threats or risk of a disease that may be linked to a mass gathering event.

The data gathered through social listening and community feedback systems can be triangulated with epidemiological data, risk assessments, research, and programme data to gain additional insights to inform strategy and planning.

The development of community listening and community feedback systems for emergency readiness and response pertaining to mass gathering events will depend on existing platforms and resources but should be considered an essential part of any RCCE planning. The following resources can be used to inform these activities, as can the matrix below in Table 8.

- UNICEF Community Engagement in Humanitarian Action Toolkit (CHAT) *(22)*
- IFRC Feedback Kit *(23)*
- WHO/UNICEF How to build an infodemic insights report in 6 steps *(24)*
- WHO Infodemic management training 101 (OpenWHO) *(25)*
- Infodemic Management: Defining a taxonomy for social listening (OpenWHO) *(26)*
- Infodemic Management: Defining a taxonomy for social listening (OpenWHO) *(23)*

Table 8. Rumours, misinformation, and event tracker

Issue / event / Date	**Country of origin**	**Platform** (print, web, social media, official statement, etc)	**Level of risk** (low or high)	**Facts** (what really happened, scientific explanations, etc)	**Respond YES/NO**	**Initial response (IF YES) of WHO** (key messages)	**Cleared by:**
							Date:
							Date:
							Date:

Tool 9: Developing key messages and content

This tool is designed to guide the development of key messages based on data collected, including social-behavioural insights, epidemiological surveillance, and best practices. Key messages are the main points of information you want to convey so that the audience will understand potential hazards or outbreaks during mass gathering.

Messages should be clear and concise statements that explain key concepts and factual information in lay language. Key messages should also support your desired communication outcomes: the changes you want to see in the behaviour of the affected population.

For mass gatherings, messages may also depend on the context, type, profile, size, and duration of the event, as well on the participant's profile. In circumstances where mass gatherings are directly connected to an outbreak of an infectious disease or other hazards, messages should focus on reducing risk of transmission, immunization benefits and reducing the risk of hazards exposure, including:

- disease signs and symptoms;
- how it is spreading in the area/community;
- who is at risk (both of catching it and of developing more serious symptoms);
- prevention and treatment; and
- what to do if you get ill;
- in case of other hazards, how to protect yourself and others, including crowd control measures;

Key messages need to be adapted based on the local context (see Tool 1: Situational analyses: PESTEL, and Tool 2: Mass Gatherings All Hazards Risk Assessment tool), what is known about target audiences (see Tool 4: Mapping and understanding communities), enablers and barriers of key behaviours (see Tool 3: Behavioural analyses) and what is being learnt through community / social listening (see Tool 8: Community listening and feedback systems). Table 9 is a checklist with key considerations to use when developing messages for your audience and Table 10 provides a template and examples for key and supporting messages. Additional information on how to test your messages can be found here *(27)*.

Table 9. Dengue fever key messages template

Process for developing key messages
❒ Identify and target key behaviours and influences.
✓ Identify specific behaviours to target so there is a clear call-to-action for the public.
✓ Draw on situational analysis (PESTEL), risk assessment, social-behavioural insights and other research to determine the key influences (cognitive, social, and environmental) on those target behaviours.
✓ Aim for the messages to utilize or address these key influences.
❒ Test messages (key and supporting) with the public before releasing.
✓ If possible, conduct quantitative testing of messages to identify best performers before mass roll-out.
✓ If time is limited, undertake rapid qualitative testing to optimize content and presentation and minimize risk of backfire.

Language and content of key messages
❒ Include a clear action that directly conveys what people should or should not do.
✓ This action should be prominent, so the reader knows what to do after a quick glance.
✓ Use a "rule of thumb" or do's and don'ts.
❒ Make content easy for the public to understand.
✓ Use clear and simple words.
✓ Use as few words as possible, while still conveying the importance of the matter.
❒ Draw on positive social framing, where appropriate.
✓ Use framing that encourages people to undertake a behaviour for the benefit of others.
❒ Include a reason why people should adopt the desired behaviour.
✓ Provide a brief explanation or reason why a behaviour should be performed.
❒ Translate materials into multiple languages, where appropriate.
✓ Provide multiple versions of messages in different languages that are spoken in the target population.

Table 10. Key messages and supporting messages template

Target behaviour	**Example: protective behaviours**
Key message	When attending an event, stay vigilant and practice these behaviours: • Wash your hands frequently or use hand sanitizer • Maintain physical distance where possible • Wear a face mask in closed or poorly ventilated venues
Supporting message 1	Minimize the time you spend in close contact with others during the event. Risk of any disease transmission is higher when you gather indoors for a prolonged period.
Supporting message 2	Diseases can spread more quickly in a crowd, so if you are unwell, please do not attend the event.
Target behaviour	**Example: crowd control**
Key message	Follow all crowd control measures by complying with official venue instructions.
Supporting message 1	When you enter the venue, look for plans and signs that show emergency exits.
Supporting message 2	If there is an emergency do not panic or push others. Respect queues and signature
Supporting message 3	Check your mobile phone for emergency announcements and follow instructions

Tool 10: Measurement, Evaluation, and Learning (MEL)

This tool will help enhance the accountability and effectiveness of RCCE through measuring, evaluating activities and constantly learning from your audiences how to improve or adapt interventions to achieve expected health outcomes.

A MEL framework recognizes the importance of: (1) measurement to collect evidence; (2) evaluation and systematic analysis of results; and (3) learning to gain insights and new knowledge that can be applied in future planning and strategy. MEL should be used throughout all phases of the emergency management cycle and should include community participation to support sustainability and joint-accountability and ultimately, to increase the effectiveness of RCCE strategies, plans and interventions *(18)*.

Once you have determined if the problem you are tackling is of a behavioural nature or if it is another type of barrier, such as environmental or structural, you will be able to design effective interventions. There are many different models that can help design and structure a MEL framework that are based on priorities or targeted behaviours. Within the MEL manual, WHO proposes the Theory of Change and Program Logic Models. For detailed information on these tools, and others, access The MEL Manual here *(28)*.

The Theory of Change and Program Logic Models explain logically how a given intervention might be expected to lead to a desired behaviour change and how to measure progress toward that change along the way. The theory of change involves two key steps:

- (1) identification of all the possible interventions and/or stimuli that can lead to a change in a particular context; and
- (2) examination of the evidence and assumptions that support such beliefs.

The program logic model helps demonstrate the theory of change by linking activities with outputs, short-term and longer-term outcomes. The next step is to develop specific, measurable, achievable, realistic, and time-bound (known as "SMART") objectives and indicators to measure the progress and impact of the intervention. Indicators should be identified and collected at each stage of RCCE activities and aligned with national mass gatherings plans to reflect priority actions and desired outcomes. The tools and examples provided below can be used to inform the identification of such indicators that are fit for the local context.

Table 11 provides a helpful template for structuring and planning your MEL framework.

Table 11. MEL framework template

The theory of change (programme logic model)						
E.g. people are not aware of crowd control measures during an emergency at a mass gathering event	E.g. people are informed about key crowd control measures to follow during an emergency at mass gathering event	E.g. people form an opinion about crowd control measures and feel empowered to follow them	E.g. people are consistently engaged with event managers and security personnel about crowd control measures	E.g. people acknowledge the value of crowd control measures in an emergency and accept them as necessary	E.g. people are in support of applying of crowd control measures in an emergency at mass gathering	E.g. people are applying and following crowd control measures during an emergency

What do you need to complete MEL	When and how should you report on findings?
1. Situational analysis (e.g.,PESTEL) 2. Behavioural analysis 3. Community listening 4. Stakeholder analysis 5. Community feedback mechanisms 6. Social listening reports 7. Access to Google analytics or other analytic tools related to social media	Here you should briefly outline your reporting plan, including reporting intervals, format, general content and more.

What will you track?		
Inputs	**Metrics and indicators**	**Methods**
e.g. data and insights collected through different research can qualify as inputs		
Activities	**Metrics and indicators**	**Methods**
e.g. producing and distributing RCCE products based on the collected data and insights		
RCCE products developed, agreed and shared with relevant stakeholders for distribution.	# of different type of products developed # of information sharing platforms involved # of key event stakeholders involved in the development and distribution of RCCE material	Establishment of RCCE working group/ platform consisting of relevant multisectoral stakeholders involved in the event Development of RCCE material based on the insights and evidence collected through the event risk assessment, situational analysis, and collected data from previous events (using events lessons learned and available After Action Reviews)
Outputs	**Metrics and indicators**	**Methods**
Reaching and engaging audiences		
e.g. Crowd control measures distributed throughout multiple platforms	# of information, education and communication (IEC) materials developed	Log of materials in circulation (quantitative)
	# of announcements released	Log of radio and TV announcements (quantitative)
	# of posts on social media	Content analysis and social media reports (qualitative)
	# of official event facilities in which materials are circulated	Log of materials in circulation at the event venues (e.g. screens, loudspeakers, digital and hard copy materials), event web site and associated social media platforms
	# of multisectoral stakeholders reached to ensure distribution of information, including points of entry for cross-border events.	Log of information related to the event in circulation at the other official entities web sites (e.g. Ministry of Interior, Ministry of International Affairs, Ministry of Tourism)
	# of influencers, celebrities reached to disseminate the information	Log of information in circulation and repost in social media
Short-term outcomes	**Metrics and indicators**	**Methods**
Assessing audiences' initial reactions, response to RCCE activities		

People form an opinion about spraying and other community protective measures	Public sentiment index Volume and tone of online conversations	Social media listening Public health hot lines Q&A section on the event official website (chat bot function)
Long-term outcomes	**Metrics and indicators**	**Methods**
Evaluating what sustainable effects RCCE activities had on audiences		
e.g. People are applying and following crowd control measures during an emergency	Number of reported injuries following the event Number of reported cases of illegal substance use, alcohol-related issues associated with the crowd following the event Number of reported cases of side gatherings characterized by at-risk behaviour following the event Number of reported cases of event policy rules incompliance following the event	Conduct surveillance and reporting to monitor the number of cases Establish coordination and information sharing between event security authorities, law enforcement and security sectors in the host area Survey the effectiveness of the crowd control measures following the event Conduct social media listening to monitor general public sentiment on the implemented crowd control measures at the event
People support the wide-spread use of insecticides		
Impact	**Metrics and indicators**	**Methods**
Evaluating the results achieved, in full or in part, by RCCE activities		
e.g. decreased number of injuries reported as a result of an emergency during mass gathering.	Estimated medical cost of the anticipated number of cases linked to the emergency during mass gatherings Estimated medical cost for transportation of anticipated number of cases linked to the emergency during mass gatherings Estimated cost for medical repatriation of anticipated number of cases linked to the emergency during mass gatherings	Public health statistics evaluation Evaluation of costs for medical care for cases associated with anticipated injuries following the mass gathering event Evaluation of costs for anticipated cases of repatriation following the mass gathering event

The RCCE Collective Service has developed the Risk Communication and Community Engagement Indicator Guidance for COVID-19 *(29)*, which provides useful support that can be applied to other disease and emergency areas, including those surrounding mass gathering events.

Tool 11: Checklist for preventing and responding to sexual exploitation, abuse and harassment.

The checklist in Table 12 is designed to help RCCE decision-makers, RCCE practitioners, mass gathering event organizers and partners identify and include key activities for preventing and responding to sexual exploitation, abuse, and harassment (PRSEAH) into planning and implementation. This tool should be used together with the principles for managing PRSEAH that are described in Annex 1.

Sexual misconduct such as sexual exploitation, abuse, and harassment (SEAH) and sexual violence violate the rights and well-being of the people we serve and the people with whom we serve. Such behaviours are directly in opposition to WHO's values and our abiding responsibility to do no harm. To the WHO workforce and collaborators, these acts are prohibited and therefore lead to disciplinary action. WHO has zero tolerance for any form of sexual misconduct, for inaction and for retaliation against those who raise complaints or bear witness. Our work prioritizes the rights and needs of victims and survivors (30).

Sexual misconduct can occur in all communities, including during an mass gathering event. In the context of an outbreak of a sexually transmissible infection, victims of sexual misconduct face the additional threat of exposure to HIV, mpox or any other infectious disease or condition.

WHO Staff: Please note that it is your obligation to report any wrongdoing you become aware of or witness directly through established complaints mechanisms. Do not conduct the investigation yourself; only investigators are mandated and trained to do so. If you work for WHO, please write directly to investigation@who.int or access the integrity hotline.

Table 12. PRSEAH checklist

For best results, RCCE practitioners should identify and coordinate with the PRSEAH focal point on the following activities:
1. Contribute proactively to the SEAH risk assessment and implementation of the risk mitigation plan.
2. Identify trusted networks within communities to engage them in becoming more aware of and addressing sexual misconduct concerns
3. Contribute to the development and dissemination of clear and consistent PRSEAH messages adapted to local contexts and preferences. These should include: i) aid, including medical interventions and services is free and must not be exchanged for anything; ii) what to expect from development and aid workers, including health providers; iii) how to safely report any wrongdoing; and iv) how victims can access services.
4. Support the dissemination of PRSEAH materials during RCCE interventions with and through community-based organizations, CSOs and public information stakeholders.
5. Ensure sure prevention and response to sexual misconduct components are included in training curricula and other key materials.

RCCE principles and considerations for mass gatherings

This section contains additional considerations for RCCE strategy, planning and implementation for mass gathering events and associated emergencies. More on RCCE principles can be found in the 10 steps to community readiness package (1) from the RCCE Collective Service.

The adoption of broader risk communication approaches is of particular relevance for the planning and organization of mass gatherings. However, it requires pro-active, systematic, long-term efforts and changes in both individual and organizational practice before it can become part of routine / mainstream public health practice and governance *(5)*.

Guiding principles and best practices

Four key principles should be considered during the design of risk communication strategies for a mass gathering *(5)*:

1. **Building relationships and trust:** RCCE focuses on building relationships between authorities and the public through listening and understanding peoples' perceptions and behaviours. The readiness phase of an mass gathering event is an opportunity to gather data to understand how people perceive various risks. Relationship building allows authorities and relevant communities to benefit from each other's knowledge, insights, and behaviours early in planning and then through on-going measurement, evaluation, and learning. For mass gatherings this means starting, long before the event begins, to communicate with relevant communities and stakeholders.

2. **Managing uncertainty:** This is an important function of RCCE during outbreaks and health emergencies. Settings or communities who have not previously experienced emergencies associated with an mass gathering event may have higher levels of uncertainty about potential risks, how to respond, where to get information, etc. Approaches for managing and addressing uncertainty should be included in RCCE strategies to support building relationships and maintaining trust throughout the event.

3. **Early and transparent communications:** In the course of an acute public health event, this will help to avoid the spread panic or rumours, dis- and misinformation. At mass gatherings, rumours may travel further and faster by the presence of international movements and social media. It is key to set up systems for community listening early on and fill in information voids.

4. **Planning:** Various stakeholder interests in mass gatherings can effectively bring together multiple sectors to work alongside national and community groups to learn from one another in preparing for the event. Ultimately, effective planning, listening and engaging with various groups and stakeholders can make RCCE during the mass gathering more effective. Including and engaging opposing groups and creating opportunities for joint solutions can achieve success at the local level, for example, by preventing fan violence.

Other RCCE tools and products for mass gathering readiness and response

Guidance	
Key planning recommendations for mass gatherings in the context of COVID-19 *(31)*	The purpose of this document is to provide guidance to host governments, health authorities and national or international event organizers on taking decisions related to holding mass gatherings in the context of the COVID-19 pandemic, and on decreasing the risks of SARS-CoV-2 transmission and strain on health systems associated with such events, through dedicated precautionary measures. Available in English.
Communicating risk in public health emergency guideline for emergency risk communication (ERC)policy and practice *(32)*	The recommendations in these guidelines provide overarching, evidence-based guidance on how risk communication should be practiced in an emergency. The recommendations also guide countries on building capacity for communicating risk during health emergencies.
WHO Policy brief: Gatherings in the context of COVID-19 *(33)*	The aim of this policy brief is to present WHO's position on, and guidance in relation to, holding gatherings during the COVID-19 pandemic. The information is derived from WHO publications and on a review of evidence extracted from the scientific literature. Available in English and Arabic.
Q&As, key messages and factsheets	
Emergencies: WHO's role in mass gatherings Q&A *(34)*	Answers to the most frequently asked questions from the general public on the role of WHO in mass gatherings. Available in Arabic, Chinese, English, French, Russian, and Spanish.
Coronavirus disease (COVID-19): Mass gatherings *(35)*	Answers to the most frequently asked questions from the general public on COVID-19 in mass gatherings. Available in Arabic, Chinese, English, French, Russian, and Spanish.
Coronavirus disease (COVID-19): small gatherings *(36)*	Answers to the most frequently asked questions from the general public on COVID-19 in gatherings. Available in Arabic, Chinese, English, French, Russian, and Spanish.
Key messages for mass gathering events *(37)*	Key information to attendees of a mass gathering, including what they need to do before travel, most common health hazards, etc. Available in English.
Emergencies: Risk Communication Q&A *(38)*	The FAQs are aimed at providing simple information to the general public on risk associated with diseases and threats and addressing questions and concerns being raised by the public.

Public health advice	
Public health advice for gatherings during the current monkeypox outbreak *(39)*	The purpose of this document is to provide public health advice to host governments, public health authorities, national or international organizers, and professional staff involved in the planning and delivery of gatherings, including people organizing smaller gatherings or attending gatherings of any type and size. Available in Arabic, Chinese, English, French, Russian, Spanish.
Public health advice on preventing health effects of heat: EURO *(40)*	The most important actions to take during a heat wave are: to avoid or reduce exposure, to communicate risks effectively, to take particular care of vulnerable population groups and to manage mild and severe heat illness.
Infographics and social media content	
Social media tiles for event organizers and attendees *(41)*	WHO is providing advice to countries on recommendations for large event organizers and the measures they should take to protect the health and well-being of attendees and the wider population.
Healthy FIFA World Cup Qatar 2022 *(42)*	The objectives of the project are to ensure both the delivery and legacy of a healthy and safe FIFA World Cup Qatar 2022 by setting the event as an impactful, sustainable and lasting model that promotes integration of health, security and wellbeing for future mega sport events.
Five keys to safer food poster *(43)*	A guide on safe food for travellers. How to avoid illnesses caused by unsafe food and drink and what to do if you get diarrhoea. Available 88 languages.
Other reference tools	
Strengthening public health: making the case for mass gatherings *(7)*	Answers to the most frequently asked questions from the general public on the role of WHO in mass gatherings. Available in Arabic, Chinese, English, French, Russian, and Spanish.
Public health for mass gatherings: key considerations *(44)*	Answers to the most frequently asked questions from the general public on COVID-19 in mass gatherings. Available in Arabic, Chinese, English, French, Russian, and Spanish.
WHO Mass Gatherings All Hazards Risk Assessment Tool *(14)*	Answers to the most frequently asked questions from the general public on COVID-19 in gatherings. Available in Arabic, Chinese, English, French, Russian, and Spanish.
WHO Mass Gatherings Risk Assessment Web App on COVID-19 (12)	Key information to attendees of a mass gathering, including what they need to do before travel, most common health hazards, etc. Available in English.

Case Studies on RCCE readiness and response for mass gatherings

The Hajj

Every year, about 1.8 million pilgrims participate in the Hajj which takes place in Saudi Arabi over five days in the penultimate month of the Islamic calendar. Such events can impose a strain on the local healthcare system;. Even the best-planned events can devolve into a disaster, which can overwhelm local healthcare systems and their ability to provide an adequate emergency response.

In recent years, the government of Saudi Arabia has developed smartphone apps *(45)* to support pilgrims. It is aimed at pilgrims themselves, as well as guides assisting pilgrims to find and to pray at specific holy locations while adhering to approved movement timetables and route schedules. Electronic cards, which register the pilgrim's contact details and medical details, are also used to provide access to religious sites, accommodation, and transport, as well as facilitating health authorities to monitor crowded areas at sites. New technologies have contributed to the pilgrimage's success, for example the promotion of risk communication messages, the application of Artificial Intelligence (AI) to enhance the Hajj experience, and the use of health awareness campaigns on safety throughout the Hajj.

Saudi Arabia has decades of expertise in guaranteeing a safe pilgrimage, including lessons learned from the COVID-19 epidemic. Extensive health requirements *(46)* and guidelines for travellers for the purposes of Hajj have been developed in accordance with the International Health Regulations (2005).

Risk communication plays a crucial role in mass gathering preparedness and response. Developing mass gathering risk communication strategies clarifies organizational assets and needs while enhancing the capacity and competence of the hosting community, volunteers, and prospective pilgrims. This approach improves health awareness and access to healthcare when needed, benefiting event participants and leaving a positive impact on the local community. WHO collaborates closely with the Global Centre for Mass Gathering Medicine of the Ministry of Health of Saudi Arabia, the WHO Collaborating Center, to ensure effective risk communication and community engagement for mass gatherings.

The FIFA World Cup Qatar 2022™

On October 18, 2021, WHO and the State of Qatar inaugurated a new multi-year agreement *(47)* aimed at making the 2022 World Cup, the first to be held in the Middle East, and other mega sporting events healthy and safe. WHO headquarters in close collaboration with the WHO Regional Office for the Eastern Mediterranean and the WHO Country Office in Qatar, supported the government to analyze the country's overall readiness to host the FIFA World Cup Qatar 2022™.

WHO headquarters and WHO Regional Office for the Eastern Mediterranean teams contributed to the development and implementation of a national RCCE strategy and corresponding tools to communicate and analyze mass gathering-related risks for communities and attendees in relation to the FIFA World Cup2022™, including an extensive social media listening plan for infodemic management. RCCE and infodemic management were instrumental in closely monitoring rumours, disinformation and misinformation during World Cup reporting, generating five weekly social listening insight reports and an end-of-event social listening insight report shared with the Qatar Ministry of Health (MoPH). These reports were discussed with the Qatari authorities on a weekly basis, particularly with the Event Review Group (ERG), established to discuss all public health-related matters during the World Cup.

In advance of the tournament, a comprehensive RCCE plan, including the social media monitoring, was developed to support the mass gathering event. Additionally, the WHO EMRO team developed a bank of health messages and also arranged core stakeholder meetings with the Ministry of Public Health, for RCCE orientation. WHO created messages on each of the health promotion and health security themes supported by digital products to convey the messages. The products included social media tiles, and 30 videos, covering each of the 6 official WHO languages, and Arabic and English branding/signage in multiple Doha locations (airport, malls, MoPH buildings, Qatar Airways in-flight entertainment/ branded videos, press releases, feature stories, and interview talking points). The goal of RCCE activities was to build a resilient and health-conscious environment, where individuals could actively contribute to their safety and well-being during the event.

Figure 5: Example of a social media tile developed for the Qatar FIFA World Cup 2022

RCCE and mass gathering training resources

Training	Overview
Open WHO Risk Communication Essential Training *(48)*	This course consists of an introductory video lecture, presentation slides that can be downloaded and reviewed at your own pace, and instructions for simulation exercises. Course duration may vary. It will take most participants approximately 8 hours to thoroughly complete all components.
Public health preparedness for mass gathering events training *(49)*	The online course provides an overview of the key considerations that a host country will need to take when planning to host a mass gathering.
SocialNet: Empowering communities before, during, and after an infectious disease outbreak *(50)*	The aim of this course is to provide an overview of operational concepts in relation to community engagement, risk communication, and the application of social science interventions. This course is designed for health emergency preparedness and response professionals, policy makers and partners.
Chemical, Biological, Radiological and Nuclear (CBRN) considerations in Mass Gatherings *(51)*	This course aims to support host nations and event organizers in planning and delivering a safe and successful event, as part of WHO's ongoing support to countries in strengthening the International Health Regulations capacities for prevention, detection and response to the Chemical, Biological, Radiological and Nuclear (CBRN) public health emergencies, in the context of hosting Mass Gathering (mass gathering) events. The online course provides an overview of the basic principles of CBRN preparedness and response in the context of mass gatherings, as well as the opportunities presented for a positive health legacy in this.

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Annexes

Annex 1. Guidance for RCCE practitioners on the prevention and response to sexual exploitation, abuse and harassment

This guidance is a rapid reference point for RCCE practitioners working before and during health emergencies. For more in-depth resources, please refer to the WHO PRSEAH webpage. Please work closely with the country focal point for PRSEAH for context-specific guidance.

- Refresh your knowledge and understanding of PRSEAH prior to your engagement with communities.
- Engage with communities based on need and without any discrimination based on gender, sexual orientation, nationality, ethnicity, religion, age, or political affiliations.
- Ensure clear communication with community members on the reporting mechanisms at their disposal. Make it clear that reporting will not prevent them from receiving the support they are entitled to and that victims/survivors of sexual misconduct have a right to services regardless of their willingness to cooperate with an investigation.
- Be aware that victims and survivors of SEAH are afraid and often ashamed of reporting and may be at risk of further harm or stigmatization. Therefore, whenever possible make sure RCCE work includes the identification of trusted community networks, organizations or leaders, especially women's networks that can provide safety and support to those at risk or those who have already experienced SEAH.
- In your RCCE work gather intelligence on trusted channels of communication, the languages and literacy levels and preferences of those most at risk and integrate such intelligence in designing awareness campaigns and other PRSEAH actions.
- Your actions as an RCCE practitioner must be guided by the principles of do no harm, confidentiality, transparency, accountability and duty to report, prevention, non-discrimination and equality. Treat the populations you serve with respect and protect them from sexual exploitation, abuse and harassment by development and aid workers both during and outside working hours.
- Responders cannot demand or accept any sexual favours from community members or as a condition for employment, or in exchange for assistance due to communities. If you are working for or on behalf of WHO, comply with WHO's policy on preventing and addressing sexual misconduct at all times.

Country focal points for PRSEAH will, in many cases, also have information about local contexts including dedicated hotline numbers for reporting sexual misconduct established by the United Nations Country Team.

Annex 2: Draft public health emergencies announcement

Background: a health emergency announcement is released to inform the public of a public health concern or threat. It aims to engage, reassure, and provide early guidance to health and care workers, and the public, particularly to most affected communities. In the case of MG events, the affected population may be the event attendees, host communities, and event organizers, staff, volunteers and other participants. It is important to communicate early, transparently in an event to maintain public trust, acknowledge unknowns and communicate with empathy.

This sample can be adapted to your local context:

On ***[date]***, a ***[country]*** resident tested positive for mpox during a mass gathering event [name of event] and developed ***[describe symptoms: e.g. a rash that looks like blisters or sores which may last for two to four weeks, fever, headache, muscle aches, etc.] [number of days]*** after the event. The case was immediately isolated and as of ***[date]***, extensive contract tracing has been undertaken to identify exposed contacts.

The risk of onward transmission related to this case is currently ***[low as the case was immediately isolated and contact tracing undertaken/high because we have not been able to trace all of the individual's contacts]***. We do not yet know the source of infection. There remains a risk of ongoing transmission in this country.

[Country-specific response – describe what you are doing]

Example: We have initiated public health investigations to better understand the situation, including launching studies into the disease epidemiology. We are also implementing control measures, such as case finding and contact tracing, as well as providing supportive care for patients.

[Country-specific response – define where the public can find information]

Example: Over the coming days and weeks and as we find out more, we will regularly share information regarding risks associated with mpox and advice on how to avoid infection and protect your health and the health of others. Please check ***[a variety of places where members of your community access news and health information, e.g., the health authority website, social media accounts, national public service broadcaster, etc]***. Members of the public can also call ***[specific health service number if one exists]*** if they have any questions regarding the disease.

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