Overview

The world turns to WHO for authoritative information and advice on key public health issues. Success requires the regular transmission of accurate, timely, understandable, consistent, useable, and compelling information to all relevant audiences. WHO has been mandated by Member States through WHA Resolution 65.20 to provide global leadership on methodology for collection of information on attacks on health care and its dissemination. As the Cluster Lead Agency of the health cluster as designated by the IASC, WHO also has the role to ensure the collection and provision of information on attacks on health care and advocacy prevention and protection on behalf of the partner agencies.

Following the mandate, WHO has developed the methodology and initiated the collection of data on attacks on health care. This process is managed globally by a dedicated Attacks on Health Care focal point and team in HQ, under the leadership of the Executive Director, WHE. The information is then used as evidence for advocacy efforts to stop attacks on health care.

This document aims to clarify the procedures for WHO's Organization-wide communications and advocacy on attacks on health care, on the impact of attacks on health service delivery, and on the measures that can be taken by key health actors to stop attacks and minimize disruptions to health care.

Target audience

The target audience for this document are as follows:

- WRs
- REDs
- Senior management at regional and HQ levels
- Staff working on Attacks on Health Care (AHC) in WHO country offices/clusters
- Regional and HQ staff working on AHC
- WHO Communication officers

Advocacy tools

Advocacy tools comprise standard products and ad-hoc products.

Standard products include

- WHO situation report
- Health Cluster bulletin
- Global Reports on attacks on health care
- Standard Talking Points
- WHO and Global Health Cluster (GHC) standard Statements

- Automated alerts[1] of attacks issued by the Surveillance System for Attacks on Health Care (SSA)

Ad-hoc products include reports, stories on attacks on health care, public communication using social media, and other communication products and reports that are not part of the agreed standard products where attacks on health care are reported.

Key Principles

- Information shared with the general public will adhere to those information points shared on the SSA dashboard (http://ssa.who.int)
  - For information that goes beyond the data points shared via the SSA, this will be done only upon consent by partners providing this information, and in consultation with the AHC FP in HQ (who will be responsible for getting any approvals needed from HQ).
- At all points, respect for confidentiality of partner information forms the basis for the type of information to be shared.

Procedures

When communicating about attacks on health care, WHO adheres to the following Organization-wide procedures:

1. At country level, data on attacks on health care are regularly and consistently reported in WHO Situation Reports and Health Cluster Bulletins using the globally agreed standard templates.

   a. The WCO emergency focal point is responsible for including information on attacks in every WHO situation report where relevant (weekly in acute emergencies and monthly in protracted emergencies).

   b. The health cluster coordinator is responsible for including information on attacks in every health cluster bulletin where relevant (weekly in acute emergencies and monthly in protracted emergencies).

2. At the global level, the Attacks on Health Care Focal Point in HQ is responsible for disseminating and reporting data on attacks on health care through the SSA dashboard and annual reports developed and issued at Headquarters.

3. Ad hoc products produced on an exceptional basis, are developed jointly by the three levels of the Organization and are issued from the relevant Regional Office, Headquarters, or the Global Health Cluster.

4. An exchange of emails of WHO's Attacks on Health Care network (designated country, regional and headquarters attacks on health care, cluster, and communications focal points) is used to determine which office will take the lead in developing and issuing the statement or report, obtaining the necessary clearances, and also whether the product will be issued by WHO or the Global Health Cluster.

5. WHO does not issue multiple reports and/or statements on the same issue from different departments or Organizational-levels Exceptionally, in order to ensure timely release of information on attacks, country offices or country health clusters may issue ad hoc

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[1] When they become available.

communications products if agreed and cleared by the WR. This includes flash updates[2] of incidents.

6. All WHO products containing information on attacks on health care are subject to the following clearances:

   a. Statements or reports being issued through the regional office: WR (or delegate), then RD (or delegate);

   b. Statements/reports being issued through HQ: WR (or delegate), then RD (or delegate), then final clearance by Director-General (or delegate), with copy to the GHC Coordinator for cluster products and the HQ Attacks on Health Care focal point.

   c. All clearances for event-specific statements and/or reports take place within a 12-hour timeframe; otherwise the clearance process is within 3 days.

7. When issuing any product that includes information on attacks on health care, the issuing office always copies the WR, the Regional Emergency Director, regional communications focal points, ERM/HQ director, HQ communications focal point, the GHC Coordinator, and the Attacks on Health Care focal point in HQ.

8. WHO and health cluster communications products that include information on attacks on health care include the following content:

   o sympathy and condolences to partner agencies or other entities as required;

   o condemnation of any attack on health care;

   o WHO's standard Key Messages and Talking Points on Attacks on Health Care and a description of the attack(s) using data points shared on the SSA dashboard[3];

   o an assessment of the health consequences (based on catchment population size, consultation rate, or any other available information); and

   o an explanation of the actions taken by the health sector to cope (e.g. how risks were reduced and/or how resilience was strengthened).

9. WHO and health cluster communications products that include information on attacks on health care should not include the following due to a lack of mandate and expertise in these areas, and to protect those who report this information:

   o Information on perpetrators

   o Types and provenance of weapons used (e.g. airstrikes)

   o Intentionality of attacks including targeting of certain health assets

   o Source of information

10. In the exceptional occasions where the WHO is requested to support special mechanisms addressing accountability aspects of attacks on health care, such as Boards of Inquiries, and

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[2] This function will be replaced by automated alerts issued by the SSA system, once the function becomes available.
[3] See SSA Methodology paper: https://www.who.int/emergencies/attacks-on-health-care/SSA-methodology-6February2018.pdf?ua=1

specific investigation mechanisms, a special agreement will be reached with these mechanisms on the level and type of engagement. This process will be led by the Executive Director of WHE, supported by the Attacks on Health Care team in HQ, under the overall leadership of the Director-General.

11. When loss of life of staff of a humanitarian health agency is involved, the statement is usually issued by the office of the Director-General, together with a letter of condolence to the relevant head of agency within 24 hours of the event.

Responsibility Assignment Matrix[4]

Product	Responsible*	Accountable**	Consulted	Informed***
WHO situation report	WHE Focal Point	WR	Country office staff and partners involved in the response	RED, RO country Focal Point, HQ WHE Focal Point, HQ Attacks on health care focal point
Health Cluster bulletin	Health cluster coordinator	WR	Country health cluster partners (including WHO)	RED, RO country Focal Point, HQ WHE country Focal Point, GHC, HQ Attacks on health care focal point
Flash updates	Country Attacks on Health Care focal point (HCC or WHE Lead, or other appointed by the WR)	WR	Partners contributing to the SSA HQ Attacks on Health Care Focal Point	RED, RO country Focal Point, HQ WHE country Focal Point, GHC, HQ Attacks on health care focal point
Global report	HQ Attacks on Health Care focal point	ExD	Country office colleagues contributing to the SSA, Legal (where needed)	RED, RO country Focal Point, HQ WHE country Focal Point, GHC
Talking Points	HQ WHE communications Team / RO communications team in consultation with HQ communications team	RED for RO talking points. ExD for HQ talking points	HQ Attacks on Health Care focal point (to liaise with relevant country AHC focal points if needed)	RED, HQ WHE Director Others if needed for specific incidents
WHO statements	HQ Attacks on Health Care Focal Point for HQ level statements in conjunction with communications team focal point where applicable RO Attacks on Health	ExD for HQ statements (DG for higher level political issues) RD for RO level statements	HQ Attacks on Health Care focal point WCO attacks on health care focal points, if needed	RED, RO country Focal Point, HQ WHE country Focal Point, HQ Attacks on health care focal point

[4] The responsible and accountable people may change depending on country context, based on discussion and agreement among those concerned. A country specific Responsibility Assignment Matrix will be put together for these cases.

	Care Focal Point (as designated by REDs) for RO level statements in conjunction with communications team focal point where applicable			
Global Health Cluster (GHC) statements and reports	HCC for country level statements

GHC Coordinator for HQ level statements | WR for country level statements

ExD for HQ level statements | Health cluster partners for country level statements

Attacks on Health care focal point, country level health cluster coordinator for HQ level statements | RED, RO country Focal Point, HQ WHE Focal Point |
| Any other products on Attacks on Health Care | HQ Attacks on Health Care focal point | ExD or DG depending on political level and sensitivities | Relevant country, regional or HQ level staff and partners, including health cluster | REDs, HQ WHE Director, and others depending on product. |

* Responsible for compiling information from different sources as needed and putting together the final product

** Final responsible for clearing the product for release

*** Copied for his/her information only, in addition to those listed as responsible and accountable.

This list only contains WHO internal staff, not the wider distribution list with partners.