

WHO Initiative on Trust and Pandemic Preparedness

INTRODUCTION

Trust¹ has been identified as an important determinant of successful epidemic, pandemic and health emergency preparedness and response. The absence of trust and ‘trust deficits’ can be considered risk factors to effective health emergency response, including trust within and between communities and trust in pandemic preparedness processes.

Accordingly, the [2023 Global Preparedness Monitoring Board Annual report](#) notes:

“... Restoring trust will be a long-term exercise and must begin now with the implementation of trust-building measures, including making governance more inclusive, engaging civil society, taking preparedness closer to the populations most in need, and investing in monitoring as the foundation of mutual accountability.”

Rebuilding trust in public institutions and one another is essential. However, in preparing for pandemics, countries must also plan for the possibility that efforts to restore trust may not succeed in time for their next health emergency. Consequently, governments should also develop localized strategies for pandemic preparedness and response to succeed even in communities where trust is still low.

The WHO Initiative on Trust and Pandemic Preparedness is being established to address both of these scenarios. The Initiative will convene the many diverse stakeholders involved in building and maintaining trust in epidemic, pandemic and health emergency preparedness and response, including: researchers, community and religious leaders, faith-based organizations (FBOs), stakeholders from the world of work, and representatives from WHO Member States. With these stakeholders, the Initiative will focus on furthering a collective understanding of trust in the context of epidemics and pandemics and co-developing actionable tools and strategies.

The outputs of the Initiative will support WHO Member States to develop practical strategies to incorporate trust research and monitoring into national pandemic preparedness and response efforts, working together with communities and other organizations. The work of the Initiative will be aligned with existing global pandemic preparedness frameworks, networks, and approaches, including: the [Health Emergency Preparedness, Response and Resilience \(HEPR\)](#) global architecture, [WHO Preparedness and Resilience for Emerging Threats \(PRET\)](#) initiative and [WHO Faith Network for Pandemic Preparedness](#) and [WHO Health in the World of Work Network](#).

¹ **Definition of Trust** There are many definitions of trust, across a range of academic disciplines and societal sectors. This initiative takes a relational perspective on trust—it exists when one party believes the other party has incentive to act in her, his or their interest or to take her, his or their interests to heart for the issue at hand. Studies have concluded that higher levels of trust between people and different actors (e.g., governments, others in the community, health professionals, scientists) have been associated with better health outcomes in health emergencies and greater adoption of some public health measures, such as vaccination, handwashing, and mask-wearing. A review of these studies will be completed as part of this initiative.

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INITIATIVE OBJECTIVES 2024-2025

- Advancing **global research** by convening a diverse and representative community of researchers to collate, synthesize and generate the evidence necessary to define the role of trust in pandemic preparedness and response.
- Developing **measurements** of trust to be added to the Global Preparedness Monitoring Report's annual monitoring activity to measure the levels of trust prior to, and during epidemics, pandemics or health emergencies in concert with other key preparedness measures.
- Defining a package of **interventions** with a focus on equity that can be adapted/localized by WHO Member States, tailored to the demands of epidemics, pandemics or health emergencies to: build trust prior to these emergencies; sustain the trust that already exists at the onset of such emergencies; and to support the adoption of health protective measures in communities where trust may be low.
- Building a **global community** of research and practice for the exchange of good practice and practical examples from past emergencies, to support implementation of research findings generated by the Initiative.

To deliver on these objectives, three multidisciplinary working groups will be convened:

1. Understanding, measuring and monitoring trust
2. Protecting trust during pandemics
3. Building trust for pandemic preparedness and response in low trust settings.

OUTPUTS

Each working group will produce a publication for a dedicated series in a peer-reviewed journal and develop tools and other materials to support policy- and decision-making. These outputs will inform a final report at the end of the first year, which will define a package of practical interventions and policy considerations that WHO Member States can adapt for their contexts. It is envisaged this package will cover incorporating trust into national and local pandemic preparedness planning and response; ways trust can be built over time and working to build trust in low-trust settings.

In all aspects of this Initiative, the following themes will be embedded as core considerations: Gender; Communication; Equity and concerns regarding distributions of power and marginalized populations (current or historic); and Knowledge Translation for policy.

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