COVID-19
Global Response

RISK COMMUNICATION & COMMUNITY
ENGAGEMENT (RCCE) STRATEGY

IFRC   unicef for every child   World Health Organization

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Introduction

A clear and integrated Risk Communication and Community Engagement (RCCE) strategy and response is vital for community uptake of essential public health and biomedical interventions to prevent and control the spread of disease. This strategy ensures dialogue and participation of all stakeholders and affected communities during preparedness, readiness and response.

The importance of dedicated attention to RCCE in a response has been illustrated in the past experience of many infectious disease outbreaks, the Ebola outbreaks in the last decade being the most recent.

Infectious diseases respect no borders, and viruses don't discriminate on host populations. At the same time, at risk and affected people need to be part of the solution to their own problems. Hence, communities are a full and fair shareholder in the preparedness and response, working closely with the medical community, health workers and others in the implementation of protective measures and the improvement of health seeking behaviors.

It is crucial for the response to understand the local factors that may act as barriers for the uptake of public health services. Often, responses look only at the negative aspects, failing to identify, learn, consider and map local capacities to work together to reduce barriers to the uptake of public health measures. Certain behaviour and practices changes might require logistic and material support. For instance, for people to adopt proper hand washing demands the availability of water and soap for it realization.

The COVID-19 outbreak and response has been accompanied by an "infodemic:"an overabundance of information from various sources— some accurate and some not — that makes it hard for people to decide which is a trustworthy source of information.

The onus on Risk Communication and Community Engagement (RCCE) pillar of the response for COVID-19 lies with each country[SS2] facing the threat of the disease. All countries are at risk and need to prepare for and respond to COVID-19. This strategy follows the categorization of countries described by WHO for COVID-19. Controlling this outbreak will require a multisectoral response with RCCE central to localizing and connecting the response actions at the regional and global levels with the realities of communities.

Goal for RCCE response to COVID-19

The overall goal of this strategic framework for preparedness and response is to provide an overview of how RCCE coordination mechanisms are set up at the global level with suggested technical resources and approaches to stop further transmission of COVID-19 at the global, regional, national and subnational levels, and to mitigate the impact of the outbreak in all countries.

The purpose of proactively carrying out RCCE activities along with other interventions essential for COVID-19 outbreak response is to work with other experts to reduce illness and deaths caused by this virus and minimize disruption to daily lives of communities. This is achieved through building upon existing networks and past preparedness efforts, systematic gathering of social science knowledge to inform the response and active engagement with key gatekeepers and stakeholders including governments, community influencers, health care workers, media and local communities (including women, adolescents and young people and persons with disabilities). This response strategy is aiming to address all relevant groups affected and vulnerable to the disease (both biological and social vulnerability) . These groups are as varied as the elders, health workers, emergency response officers, religious groups, business sector, women, the youth, children etc.

Achievement of this goal will require countries to plan and implement a rapid and comprehensive RCCE strategy that will be transversally working with :

- Health service preparation and planning
- Community engagement and psychosocial support
- Infection prevention and control
- Non-pharmaceutical measures
- Surveillance and laboratory strategies
- Negotiating political will and commitment

Strategic objectives

The global RCCE framework supports with the achievement of the Strategic and Preparedness Response Plan (SRP) goal 'to stop further transmission of COVID-19 within China and in other countries, and to mitigate the impact of the outbreak in all countries' by focusing on three RCCE objectives:

1. Provide a RCCE guiding framework and coordinated approach to enable an effective country preparedness and response across the main pillars of the public health approach.

2. Scale up risk communication and community engagement approaches to promote and sustain critical healthy behaviours in all four phases of the preparedness and response strategy.

3. Foster participatory community engagement to improve people's knowledge, motivate action, promote and create an enabling environment for change to contain the spread of virus.

**These objectives can be achieved by:**

1. Establishing a strong and cohesive RCCE partner coordination at global, regional and country levels for a more effective response.

2. Communicating science based information and recommendations in a timely manner that address critical risks and counter misinformation.

3. Accelerating priority research and innovation in social sciences to support the implementation of public health measures and to ensure participation of at-risk and affected communities to ensure effectiveness and efficiency of the response and accountability towards people.

4. Enhancing country-level capacity to roll out effective and coordinated RCCE approaches through identification of capacity needs, provision of simplified tools and resources, distance-based training and guidance and rapid deployment of RCCE expertise.

Scope

This global strategy is aimed at global, regional and country level audiences such as Government (including Ministries of Health and local governments), the UN, local and international civil society organisations, National Red Cross and Red Crescent Societies and academia.

RCCE information flow and coordination (all partners)

How do we work together: the information flow mechanisms are explained through the visual below. All partners are a part of a large global response with specific technical expertise and field presence. WHO provides the key biomedical technical information, guidance and messaging to partners for further use. UNICEF, IFRC and partners contextualize and adapt this information to the different target audiences. Key biological and social vulnerable groups will be identified.
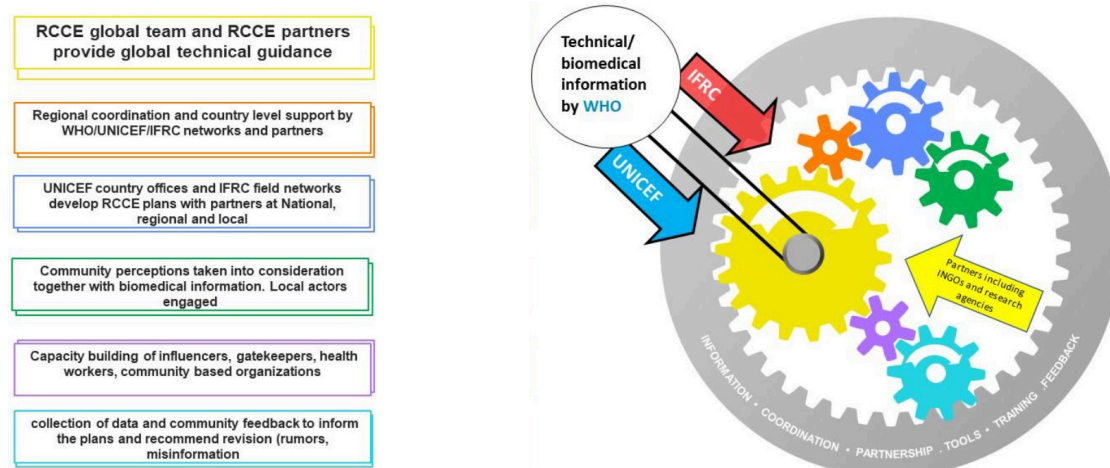
RCCE is a joint effort of all partners (UN, INGOs, Research and Academia)

Global coordination

This plan addresses response coordination from global, regional and to country level of RCCE technical expertise, capacities and resources and joint actions to ensure that the COVID-19 outbreak response is achieved in a timely manner. The coordination among key stakeholders ensures that the efforts are aligned and focused on a common set of goals and objectives that builds on the strengths of each organization and those of other partner organizations with roles in the COVID-19 response.

RCCE partners are active at the global, regional, and country levels to ensure an effective risk communication approach and a coordinated and considered community-centred preparedness and response that ensures affected populations have a voice and are part of the response.

At the global level, the RCCE coordination mechanism focuses on:

1. Providing RCCE technical support to COVID-19 preparedness, readiness and response.

2. Expand RCCE partnerships beyond a few organizations to a broader network of iNGOs, research and academic institutions with technical expertise and on ground presence.

3. Developing relevant technical guidances and tools for regional and country level adaptation.

4. Engaging and coordinating with global partners to nurture synergies and collaboration on key aspects of the RCCE strategy.

5. Assessing regional and country level needs and channeling support including from global partners.

6. Mapping RCCE response partner activities and capabilities to address country needs through strategic objectives.

7. Managing 'infodemics' to better ensure that individuals and communities can get the guidance they need to protect their health.

8. Strengthening dialogue with media outlets and teams to amplify trustworthy information and address misinformation.

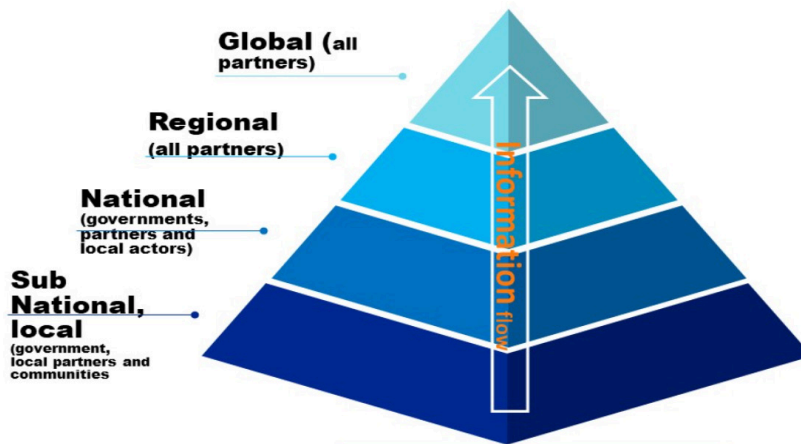9. Triangulating feedback and rumours data to inform RCCE global and regional approaches.

Diagram 1- coordination

Regional coordination

COVID-19 RCCE will be coordinated by the regional offices of the WHO, UNICEF and IFRC as the main agencies involved in delivering the response at an international level. Regional strategies will reflect the global strategy with adaptations for regional contexts as needed. Regional teams will be responsible for the following

1. Weekly review of alerts and requests from countries
2. Establishing a regional RCCE response strategy and plan to cater to the needs of the region
3. Connecting country partners to resources
4. Overseeing response plan implementation
5. Escalating concerns and needs to global teams for support
6. Working with and coordinating with the regional IMST and media teams to ensure that the RCCE actions and observations are incorporated into and inform the overall disease response plan

Each institution has a different regional footprint that can prove effective in the response, if managed strategically to maximize resources due to overlaps and ensure gaps are identified and addressed if countries fall in between.

Country coordination

Every country context presents a unique set of cultural, social, political and economic factors that make it essential to adapt the COVID-19 response planning specifically for that context. Additionally, each country will be challenged with different response needs according to the severity and impact of COVID-19 outbreak and how it manifests in each country. RCCE focuses on the needs of the communities in question and require strategies that are most effective if considered, co-created and co implemented by local authorities and local communities with the objective of establishing recognition of and trust in the credibility of the health response authorities.

Harnessing a local team comprising of local partners, to shape and implement risk communications is essential to the success of engaging individuals, households and communities in the response. Armed with their local knowledge of the community, the nuances of language essential at times of panic or mistrust and most importantly their professional networks, risk communication and community engagement activities are more easily tailored and delivered in a timely manner – all aspects essential to stopping transmission of a disease and protecting the health of people. Person centered approaches to response delivery and risk communication are critical to achieve effective control of an outbreak the closer we get to the ground for which local influencers and culturally specific strategies are essential.

A graphic or pic can be added *here*

Key steps to country level RCCE readiness and response

Below is a checklist for country teams to consider in setting up the risk communications and community engagement strategies. See highlight below for details.

COVID-19 STRATEGIC PREPAREDNESS RESPONSE PLAN
Operational Planning Guidelines to Support Country Preparedness and Response

It is critical to communicate to the public what is known about COVID-19, what is unknown, what is being done, and actions to be taken on a regular basis. Preparedness and response activities should be conducted in a participatory, community-based way that are informed and continually optimized according to community feedback to detect and respond to concerns, rumours and misinformation. Changes in preparedness and response interventions should be announced and explained ahead of time, and be developed based on community perspectives. Responsive, empathic, transparent and consistent messaging in local languages through trusted channels of communication, using community-based networks and key influencers and building capacity of local entities, is essential to establish authority and trust.

STEP 1.

Implement national risk-communication and community engagement plan for COVID-19, including details of anticipated public health measures (use the existing procedures for pandemic influenza if available)

- Conduct rapid behaviour assessment to understand key target audience, perceptions, concerns, influencers and preferred communication channels

- Prepare local messages and pre-test through a participatory process, specifically targeting key stakeholders and at-risk groups

- Identify trusted community groups (local influencers such as community leaders, religious leaders, health workers, community volunteers) and local networks (women's groups, youth groups, business groups, traditional healers, etc

STEP 2.

Establish and utilize clearance processes for timely dissemination of messages and materials in local languages and adopt relevant communication channels

- Engage with existing public health and community-based networks, media, local NGOs, schools, local governments and other sectors such as healthcare service providers, education sector, business, travel and food/agriculture sectors using a consistent mechanism of communication

- Utilize two-way 'channels' for community and public information sharing such as hotlines (text and talk), responsive social media such as U-Report where available, and radio shows, with systems to detect and rapidly respond to and counter misinformation

- Establish large scale community engagement for social and behaviour change approaches to ensure preventive community and individual health and hygiene practices in line with the national public health containment recommendations

Systematically establish community information and feedback mechanisms including through: social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations

- Ensure changes to community engagement approaches are based on evidence and needs, and ensure all engagement is culturally appropriate and empathetic.

- Document lessons learned to inform future preparedness and response activities

Scaling up country readiness and response operations

All countries are at risk and need to prepare for COVID-19. The spread of COVID-19 is rapid and the evolution unpredictable, however, it can be influenced by effective control measures. Countries will be affected by COVID-19 at different times and with different magnitudes. There is still a lot to discover about the disease and its impact in different contexts hence the importance of implementing fast and agile public health response commensurate to the national risk.

Countries need to prepare for three scenarios. **1)** Countries without cases need to prepare now to stop transmission and prevent spread. **2)** Countries with few cases need to shift into early response to slow transmission and prevent spread of the disease. **3)** Countries with existing community spread need to activate control measures to slow transmission and reduce impact. Each of these actions requires coordinated communication with affected populations and early involvement of communities to contextualize response measures that will work.

Communities have a critical role in helping to contain the spread of COVID-19, However, countries must be agile in order to shift from preparedness, to readiness, to response activities as their situation changes. Each action upon communities and each shift in response must be, at a minimum, preceded with communication. Some countries have a chance to prepare through people-centered approaches which will best serve the community intended and ultimately save lives.

Partners will prioritize countries with weak health systems and significant gaps in preparedness capacity for technical and operational support (figure 3). A rapid risk and vulnerability mapping has been done based on country capacity as measured through Member States annual reporting of IHR (2005) core capacities, and the likelihood of importation of cases based in international travel volumes from high-risk cities China in January 2020.

Following these criteria, the SRP for COVID-19 classifies countries in the following table, as of 11 February 2020

Figure 3 Country risk and vulnerability mapping
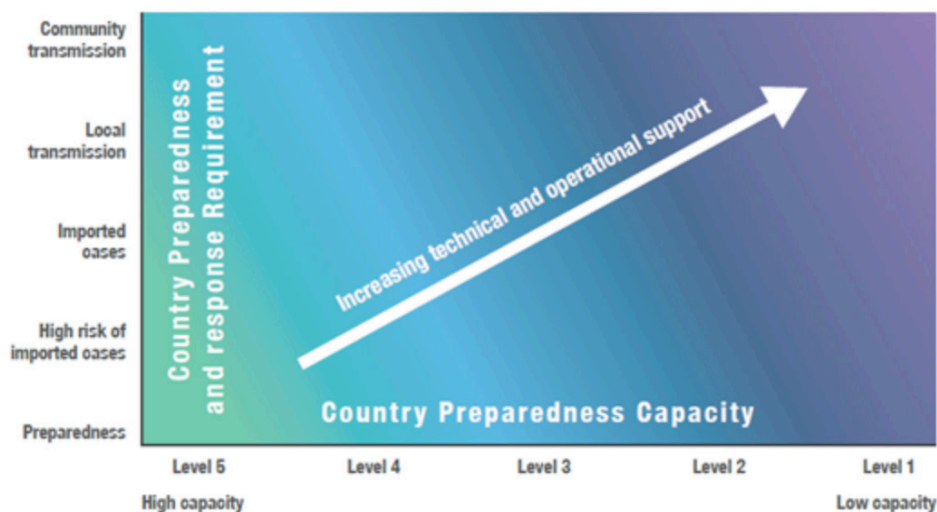
Preparedness - No cases

Definition Importation from affected areas or initial case(s), with known link to other cases.
Goal Stop transmission and prevent spread
Response priorities
- Activate your emergency response mechanisms;
- Conduct active case finding, contact tracing and monitoring;
- Quarantine contacts and isolation of COVID-19 cases;
- Treat cases and ready hospitals for potential surge; and
- Conduct case-based surveillance with laboratory diagnostics.

Readiness- Cluster Outbreaks

Definition Increasing cases or clusters identified with or without an epidemiological
link through diagnosis or surveillance.
Goal Slow transmission and prevent spread
Response priorities
- Intensify case finding, contact tracing, monitoring, quarantine, and isolation of cases;
- Prepare for surge health facilities' needs (triage/clinical referral, case management, and hospital services, including critical care and discharge planning);
- Provide guidance on home care for mild cases and identify referral systems for high risk groups;
- Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health system;
- Develop whole-of-society* resilience, business continuity, and community services plans; and
- Expand case-based surveillance.

Readiness- Cluster Outbreaks

Definition Community transmission; cases without an epidemiologic link are common.
Goal Slow transmission and reduce impact
Response priorities
- Apply self-initiated isolation for symptomatic individuals;
- Continue, where possible, contact tracing, monitoring, and treatment of sick individuals quarantine, and isolation;
- Implement health facilities surge plans;
- Implement whole-of-society* resilience, business continuity, and community services plans; and
- Adapt existing surveillance systems to monitor disease activity (e.g. through sentinel sites).

Key principles and approaches for COVID-19
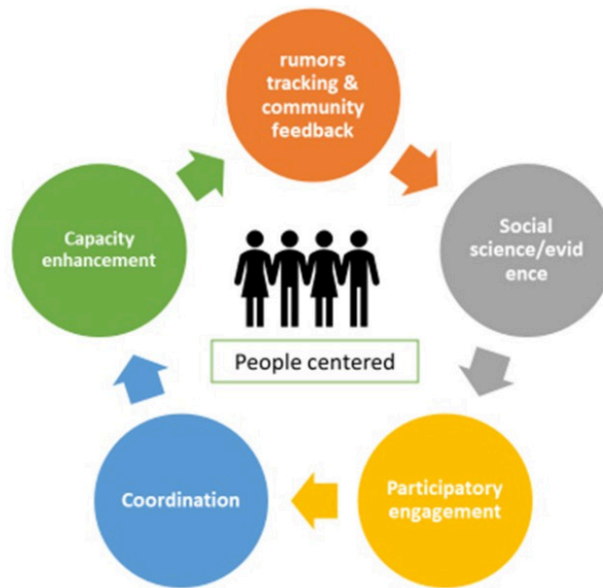
Global Coordination and Technical Support

RCCE approaches for COVID-19 take into consideration the media space for critical life saving messaging informing the communities about related risks and preventive measures. It also monitors the misinformation and rumors and engage with populations with accurate information on all aspects of the response. Each intervention is designed according to different stakeholder groups, considering their unique needs and levels of vulnerability.

The COVID-19 response involves strategic implementation of appropriate interventions carried out with support from different actors such as national and local organizations, whether governmental or nongovernmental, countries and international partners. This framework describes the actions necessary to build effective international and national coordination, capacity and systems for preparedness, prevention and response to current and future outbreaks.

Coordination is taking place for collaboration of technical support and activities to ensure that all resources are used most efficiently and effectively to prevent COVID-19 outbreak. This is also enabling key stakeholders and partners to operate as a unified team by mapping capacities of all partners, consolidation of resources (human and others) with minimum duplication and disruption. This includes joint decision making, planning of activities and frequent information sharing at all levels. Partners that implemented other outbreak RCCE strategies and interventions are mobilized while at the same time expanding the partnership to other programs that relate to COVID-19 response.

Rapid social science qualitative assessments to know the perceptions, knowledge and understanding about the risk of the disease, concerns, behaviours and practices of communities. Incorporating social scientists as part of response teams can engage with different response teams to learn about community concerns, priorities, and needs at all stages of the response. Real-time data collection can offer insights on many cultural and contextual factors that could help or hinder an effective response.

Situation and Communication analysis for Crisis Communication with stakeholders and **Risk Communication Strategy** to inform responders of the misinformation and rumors taking into consideration biomedical response within local cultures, customs, concerns and risk behaviors and practices of populations. Real-time information gathering through social media and other digital sources will offer insights on contextual factors that could help or hinder an effective response.

Building capacities of regional, national and local planners, community workers and change agents, media, frontline workers (including Health Promotion Persons and health workers) will improve trust and build relationships with communities during prevention and response. In addition, it will reduce the spread of rumors and misinformation.

Integrating mental health and psychosocial support (MHPSS) is critical across all pillars of the response to reduce stigma and discrimination among affected populations. Community psychosocial support can be engaged to enhance RCCE through links with social science assessments and biomedical information, provision of technical inputs to the training needs of health workers, community workers, leaders and media groups. RCCE actors must be equipped to collect, design, and deliver information in a way that is sensitive to the needs of people in acute crisis. This may require additional training for all responders.

Community engagement is being done by conducting rapid qualitative assessments and key target audience and layers of influencers and participatory interventions that will target individuals, families, communities, organizations andpolicy makers. In the context of COVID-19, the following are suggested target audiences:

- Individuals, families and caregivers
- Health workers and service providers
- Children (outside schools), Women (including pregnant women) and Youth including people with disabilities
- Families and contacts of affected people
- Media (both local and international)

- Children, teachers and schools
- Local community members and religious leaders
- At risk communities and persons who are potentially exposed

Communication interventions are aimed to provide
- Life saving public information that target gaps in information, awareness and understanding about desired actions, including:
  - Health protection measures
  - Stigma
  - Personal and community preparedness

Mobilising networks and partners at the global, regional and national levels for collaboration, coordination and joint action planning for disease prevention and early health seeking behaviour a) creating awareness on signs, symptoms and avoiding spreading the disease b) rapid information sharing c) technical advice and support.

Regular collection of community feedback at all levels and types of communities (including response partners, donors, academia, researchers, national governments, media and general public.)

Key Priority actions for readiness and preparedness
A. Establish coordination at the national level.
B. Identify key partners.
C. Activate a coordination mechanism for RCCE.
D. Conduct an assessment of preparedness and jointly develop RCCE readiness and preparedness plan.
E. Prepare a Risk communication strategy with all media channels.
F. Map key stakeholders and partners. Identify key focal points for RCCE from other government organizations, international and national NGOs at all levels.
G. Identify/map out key activities, priority population groups and target audience, geographical areas for which the COVID-19 RCCE related work needs to be immediately implemented.
H. Prepare plan with clear activities, responsible partners and budget.

Monitoring and evaluation is going to measure success of all interventions. There will be a M&E framework with clear output and outcome indicators in order to analyze situations periodically and make changes as necessary.

People in special situations and needs - the populations who are routinely moving across borders or within countries (refugees, migrants, displaced persons) are at risk of being affected or transmitting the virus.

Key actions for moving populations:
    a. Improve basic knowledge and understanding of the disease so they understand their risk.
    b. Encourage them to watch for signs and symptoms.

Role of Social Science

It is necessary to have a comprehensive knowledge of the communities affected by the disease and ensure their participation in all stages: preparation, readiness and response. This approach and actions show respect and accountability towards the community, and at the same time it favours trust building and acceptance of public health measures.

- People centred participatory approach. The participation of the different communities must be continuously pursued in all stages and in all in all phases.

- There is aneed to quickly understand the knowledge (explanatory models) of the disease local communities have, and the following aspects:
  - The health seeking behaviour pathway
  - The factors that condition it:
    - socio-cultural: includes explanatory models, gender roles, power dynamics
    - economic,
    - empirical and
    - practical
  - The key actors in the HSB pathway:
    - gate keepers,
    - decision makers
    - influencers and
    - practitioners

- In order to be able to implement public health measures in a more comprehensive and holistic manner, the systematic inclusion of all these elements is vital.

- Key actors, e.g.: gate keepers, decision makers, influencers, practitioners, religious leaders, local media, social media platforms, etc. will be the first target of RCCE.

- The collection of this information in a systematic manner will contribute to developing and implementing a locally sound strategy aiming at changing transmission enhancing practices.

- Respect of cultural practices is at the base of our work. Always be respectful and refrain from judgements or from trying to address practice change without having conducted a thorough qualitative assessment.

- No one way messages but engagement narratives. They are developed through participatory approach, established through dialogue and always based in negotiation and respect of local practices. The engagement narrative aims to promote positive actions and negotiate a change in the harmful ones in an inclusive and localized manner.