

Risk communication and community engagement readiness and response to coronavirus disease (COVID-19)

Interim guidance
19 March 2020



Background

This document provides checklists for risk communication and community engagement (RCCE) readiness and initial responses to the COVID-19 outbreak. It provides guidance for countries, both those preparing for the outbreak and those with confirmed cases, on how to implement effective RCCE strategies that will help protect the public's health.

WHO will update these recommendations as new information becomes available. This interim guidance was adapted from WHO's RCCE guidance and training materials.

Why is it important to include RCCE as part of a national public health emergency response?

One of the major lessons learned during major public health events of the 21st century – including outbreaks of the severe acute respiratory syndrome (SARS), the Middle East respiratory syndrome (MERS), influenza A(H1N1), and Ebola virus disease – is that RCCE is integral to the success of responses to health emergencies. Every public health emergency faces new communication challenges and can benefit from lessons learned previously. The COVID-19 outbreak challenges public health systems and their ability to effectively communicate with their populations. Failure to communicate well lead to a loss of trust and reputation, economic impacts, and – in the worst case – loss of lives. Although there are always new lessons to be learned, there are actions we know will work. This is a call to leaders to ensure that RCCE is an essential component of health emergency readiness and response activities.

One of the most important and effective interventions in a public health response to any event is to proactively communicate what is known, what is unknown, and what is being done to get more information, with the objectives of saving lives and minimizing adverse consequences.

RCCE helps prevent “infodemics” (an excessive amount of information about a problem that makes it difficult to identify a solution), builds trust in the response, and increases the probability that health advice will be followed. It minimizes and manages rumours and misunderstandings that undermine responses and may lead to further disease spread.

Regular and proactive communication and engagement with the public and at-risk populations can help alleviate confusion and avoid misunderstandings.

People have the right to be informed about and understand the health risks that they and their loved ones face.

The perception of risk among affected populations often differs from that of experts and authorities. Effective RCCE can help bridge that gap by determining what people know, how they feel, and what they do in response to disease outbreaks, as well as what they ought to know and do to bring the outbreak under control. Effective RCCE helps transform and deliver complex scientific knowledge so that it is understood by, accessible to, and trusted by populations and communities.

Effective RCCE uses community engagement strategies to involve communities in the response and develops acceptable and beneficial interventions to stop further amplification of the outbreak and to ensure that individuals and groups take protective measures.

RCCE is essential for surveillance, case reporting, contact tracing, caring for the sick, delivering clinical care, and gathering local support for any logistic and operational needs for the response.

Effective RCCE can minimize social disruption. Therefore, in addition to protecting health, it can protect jobs, tourism, and the economy.

RCCE readiness checklist for countries preparing for COVID-19 case (no cases yet identified)

Goals

- Communicate about preparedness measures and the public health advice for your country.
- Prepare to communicate about a first case in your country: what is unknown and about the uncertainty of what is known.
- Assess national and subnational communication capacity (both persons and resources).
- Identify the main actors and form partnerships with them.
- Plan for the activation of an RCCE plan.
- Identify and train emergency RCCE staff and potential surge staff on plans and procedures.

Action steps

1. Risk communication systems

- Ensure that the highest levels of government include RCCE in preparedness and response activities and are ready to release information to protect the public's health in a rapid, transparent, and accessible manner.
- Review existing RCCE plans and consider whether adjustments are needed for an outbreak of COVID-19.
- Agree on procedures to ensure the timely release of information, such as clearance procedures for messages and information products: keep clearance chains short.
- Prepare a budget for communication (including scale up).
- Set up an RCCE team and define members' roles and responsibilities.

2. Internal and partner coordination

- Identify partners – such as other agencies, organizations, community planners, and health care workers – and their contact information (for example, ministries of agriculture and travel and tourism, as well as hospital systems); should an outbreak occur, these partners should be notified and work together as a multisectoral RCCE response team.
- Assess the communication capacity of partners: identify the typical target audiences and channels of communication used by partners.
- Plan and agree on communication roles and responsibilities using standard operating procedures (SOPs) (e.g. determine which agency will speak first on which issue, what specific topics and audiences will be best addressed through which agency or partner, how messaging will be aligned).

3. Public communication

- Review the roster of spokespeople at all levels; list their areas of expertise in the context of a COVID-19 outbreak; and, if necessary, train them.
- Produce and pre-test message templates to announce the first case, action taken, public health advice, and follow-up communications.
- Identify key media; create and update a list of journalists and foster good relations with the media by providing regular information on the evolution of the outbreak and your country's preparedness.
- Identify media and other communication channels and influencers and assess their potential to reach the target audiences: use the channels and influencers that are trusted, preferred and regularly used by the target audiences. In the context of COVID-19, it is critical that health professionals are aware of public concerns and trained to provide public health advice to people.

4. Community engagement

- Establish methods for understanding the concerns, attitudes and beliefs of key audiences.
- Identify the target audiences and gather information about their knowledge and behaviours (e.g. whom they trust, how they are likely to receive information, their daily habits, their concerns).
- Engage through social media: proactively inform audiences and collect and answer all questions.
- Engage through radio programs so that people can call in and ask questions.
- Identify community influencers (e.g. community leaders, religious leaders, health workers, traditional healers, alternative medicine providers) and networks (e.g. women's groups, community health volunteers, youth associations, religious groups, unions, and social mobilizers for polio, malaria, HIV) that can help with community engagement.
- Anticipate special information and engagement needs for people who are disabled or illiterate.

5. Addressing uncertainty and perceptions and managing misinformation

- Be prepared to communicate about the first COVID-19 case before the full picture is known by ensuring leaders agree to communicate with affected populations by addressing their concerns and questions while offering actions that can be taken to protect their health.
- Establish a system for listening to public perceptions as well as for finding out about rumours and misinformation, for example, by monitoring media and social media and by gathering feedback from health care workers and hotlines; if necessary, establish systems for responding to rumours, misinformation and frequently asked questions.
- Keep in mind to always establish dialogue in any activity you implement to systematically collect and provide answer to all questions coming from the public.

6. Capacity building

- Consider what training will be needed for RCCE responders about what is known and unknown about COVID-19, and current plans and procedures, as well as what subnational preparation is needed for an RCCE response.

RCCE readiness checklist for countries where one or more COVID-19 cases have been identified

Goals

- Adapt and apply action steps from the readiness checklist above if this has not already been completed.
- Establish, build, and maintain trust with the population through ongoing two-way communication and engagement that regularly addresses misunderstandings, misinformation, rumours, and frequently asked questions.
- Encourage people to adopt protective behaviours.
- Manage expectations and communicate uncertainties.
- Coordinate and encourage collaboration among response partners.
- Assess the initial perception of risk among affected and at-risk populations.
- Provide information and guidance.

Action steps

1. Risk communication systems

- Adapt the existing RCCE plan to the response and activate the RCCE response team and plan.
- Activate the spokespersons identified for the emergency
- Create timelines for communication activities and products.
- Monitor the RCCE response by identifying processes that delay the release of information and create confusion among affected populations.

2. Internal and partner coordination

- Activate SOPs for coordinating RCCE activities with other response agencies and partners.
- Link national, regional, and local RCCE operations.
- Assign responsibilities for internal communication (within and between each response agency) and external communication (to the public).
- Coordinate message preparation, consistency, and dissemination.

3. Public communication

- Announce the first COVID-19 case early, and update information after a risk assessment and an analysis of risk perception have been undertaken.
- Provide information as soon as it is received, even if it is not complete, and openly explain the degree to which information is uncertain (i.e. manage uncertainty); provide the public with regular channels of updated information (e.g. hotlines, a website).
- Produce and test messages, including messages about public health advice.
- Make sure messages are consistent across sectors and levels.
- Use trusted and effective communication channels that the target audiences regularly use.
- Engage, train, and activate trusted influencers for the audiences, particularly including health care workers.

4. Community engagement

- Conduct a rapid risk perception analysis based on existing formal and informal information.
- Monitor possible barriers to the uptake of protective behaviours.
- Segment the audiences for the communication response (e.g. affected people, health care workers, political leaders, donors).
- Translate materials into relevant languages and adapt them to appropriate literacy levels.
- Develop short multimedia pieces that present key information (e.g. explain the disease etiology, symptoms, transmission, how to protect oneself, and what to do if someone gets sick) and that can be shared online and transmitted on multimedia.

5. Addressing uncertainty and perceptions and managing misinformation

- Communicate what is known and what is not known: explain the degree to which uncertainty exists.
- Activate rumour monitoring and response mechanisms and try to determine the issues that might be causing rumours.
- Monitor mass and social media, hotlines, health care worker feedback from patients, and community concerns, and continually apply feedback into the adapted RCCE strategy.

6. Capacity building

- Plan to provide regular, updated guidance to all RCCE responders.
- Train surge staff.
- Consider training leaders, responders, and spokespeople on RCCE guidance as needed.

RCCE crisis and control checklist for countries with ongoing COVID-19 transmission

Goals

- Adapt and apply action steps from the readiness and initial response checklists above if this has not already been completed.
- Maintain trust by listening to the population and modifying your plan for risk communications depending on people's perceptions and questions.
- Empower and foster resilience in individuals, groups, and communities.
- Ensure that ongoing and nimble support is provided for the response so that it can be adapted to the needs of the affected populations.
- Monitor the process so that it can be evaluated.

Action steps

1. Risk communication systems

- Strengthen the surge capacity of communicators and community engagement experts.
- Develop, continually update, and share RCCE strategies according to response needs. Systems and staff, such as risk communication, health education/promotion and social science experts, should be activated at provincial and state health departments, in health care settings and hospitals, at transit points, and at other community gathering points.
- Monitor RCCE campaigns.

2. Internal and partner coordination

- Strengthen engagement with partners to:
 - share information in a timely manner to avoid inconsistent and potentially conflicting guidance;
 - diversify relevant channels to disseminate important health messages;
 - gain new audiences by cross-linking communication materials;
 - benefit from others' financial and human resources;
 - publish materials jointly as appropriate (e.g. press releases, situation reports, health protection guidance); and
 - broaden the reach of community engagement activities by using partners' strengths and outreach capacities.

3. Public communication

- Identify spokespersons based on the trust they have with the population, the type of message that needs to be conveyed (e.g. about political commitment, technical expertise, health protection) and the severity of the situation.
- Make sure messages are consistent across sectors and levels.
- Share information regularly (ideally each day at the same time of day).
- Share leadership and response decision-making in messages to the public so that the reasoning behind difficult decisions is clear.
- Share stories, photos, and videos that illustrate key messages.
- Ensure that the public knows where to obtain up-to-date information regularly (e.g. on websites, during daily press briefings, through hotlines).
- Provide regular, transparent communication through the channels that the targeted audiences use.
- Use traditional media, the Internet and social media, hotlines, and text messages as appropriate.

4. Community engagement

- Maintain two-way communication with affected audiences to understand and respond to their concerns, attitudes, beliefs, and barriers to following health guidance through mechanisms such as:
 - hotlines operated by medical students, who can answer calls and engage on social media, and
 - call-in radio programmes where information is provided and the public can ask questions.

- ❑ Monitor those who are affected to ensure that they follow health guidance, and identify barriers to engaging in protective behaviours.
- ❑ Engage with trusted influencers, particularly health care workers, to communicate with affected populations, especially those who are hard to reach.
- ❑ Establish consistent feedback between communities and the emergency response team, and provide actionable guidance for emergency responders to better meet the health protection needs of communities.

5. Addressing uncertainty and perceptions and managing misinformation

- ❑ Establish regular feedback and capture common questions, misunderstandings, and misinformation through health hotlines, health care workers and communities.
- ❑ Ensure that the results of monitoring traditional and social media are assessed rapidly through the team set up for this purpose.
- ❑ Engage with influencers to capture people's perceptions through their feedback.
- ❑ Prepare guidance according to people's perceptions and concerns, and repeat guidance through a number of information channels.

6. Capacity building

- ❑ Ensure that a lexicon of terminology and cleared guidance messages are shared with responders.
- ❑ Update skills training among RCCE responders as new methodologies and campaigns are rolled out.
- ❑ Consider training leaders, responders, and spokespeople on RCCE guidance as needed.

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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