COVID-19
Global Risk Communication and Community Engagement Strategy

December 2020 — May 2021

Interim Guidance
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GOARN Global Outbreak Alert and Response Network
IFRC
unicef
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The previous version of this interim guidance was released on 19 March 2020 as *Risk communication and community engagement readiness and response to coronavirus disease (COVID-19)*.

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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Executive Summary

COVID-19 is more than a health crisis; it is also an information and socio-economic crisis. The pandemic and the associated response are prompting the deepest global recession in nearly a century and pushing an estimated 70-100 million more people into extreme poverty.

Until biomedical tools such as vaccines or treatments are developed and widely available people's behaviours and their willingness to follow public health and social measures remain the most powerful weapons to stop the spread of the virus. Consequently, there is an unprecedented need to elevate the role risk communication and community engagement (RCCE) plays in breaking the chains of transmission and mitigating the impact of the pandemic.

A revised RCCE strategy was needed to reflect this and the learning from the response to-date. The new strategy will cover six months from December 2020 to May 2021.

Analysis of socio-behavioural data shows us some broad trends. In general, people know about COVID-19 and the preventive measures necessary. However, people are becoming complacent and risk perceptions are lowering. In general, people are feeling less confident in what they can do to control the virus. As the pandemic becomes more protracted, pandemic fatigue is increasing. The growing fatigue, the stress caused by uncertainty, lowering risk perceptions and reducing trust in government responses, is taking its toll on the fabric of our communities.

What does the revised strategy focus on?

The shift presented in this strategy is to move from the directive, one-way communication, which characterized the early stages of the COVID-19 response, towards the community engagement and participatory approaches that have been proven to help control and eliminate outbreaks in the past.

OVERARCHING GOAL | That people-centred and community-led approaches are championed widely – resulting in increased trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.
To achieve this there are four priority areas of work, outlined in the objectives below.

Objectives	Indicative activities
OBJECTIVE 1 | BE COMMUNITY-LED Facilitate community-led responses through the improvement of the quality and consistency of RCCE approaches	**Support** the adoption of RCCE minimum standards **Develop** strategies on priority issues e.g. stigma **Coordinate** efforts to manage the infodemic
OBJECTIVE 2 | BE DATA-DRIVEN Generate, analyse and use evidence about each community's context, capacities, perceptions, and behaviours	**Identify** gaps in existing evidence and how to fill them **Enhance** media monitoring, social listening, community feedback systems **Use** data to advocate on behalf of community priorities
OBJECTIVE 3 | REINFORCE CAPACITY AND LOCAL SOLUTIONS Reinforce capacity and local solutions to control the pandemic and mitigate its impacts	**Identify** the core RCCE skills and competencies **Facilitate** participatory capacity needs assessments **Develop** and implement capacity building strategies
OBJECTIVE 4 | BE COLLABORATIVE Strengthen coordination of RCCE to increase quality, harmonization, optimisation and integration	**Identify** the right membership and structures **Facilitate** joint assessments, planning, monitoring and advocacy **Integrate** RCCE into all COVID-19 response efforts

What guiding principles should inform our RCCE work?

There is no one-size-fits-all approach for effective community engagement. Understanding communities and adapting to reflect those insights will look different for every community. However, there are some guiding principles that apply to RCCE in all contexts.

Explore our RCCE **Guiding Principles** in the green box to the right

What can we expect from the next six months?

Lessons from other infectious disease outbreaks, as well as what we have learned responding to COVID-19 so far, can help us anticipate some of the challenges and opportunities that we are likely to face in the coming six months.

These are listed below:

- **Uncertainty** will continue to be one of the defining characteristics of the context.
- **Vaccines** will become available worldwide, with associated RCCE challenges ranging from hesitancy to deliberate anti-vax misinformation.
- **Pandemic fatigue** will likely increase as the crisis becomes increasingly protracted.
- **Trust** will need to be proactively built and maintained.
- **Engaging communities**, both physically and virtually, will help mitigate the increasing politicization of the pandemic response.
- **Investments** in coordinated and proactive community engagement approaches will be crucial to increase demand for testing, treatments and vaccines.
- **Concerted** and coordinated efforts to tackle misinformation and effectively manage the infodemic will be essential to control the virus.
- **Increased** efforts to reduce COVID-19 stigma and discrimination will be crucial to protecting the most vulnerable, including health workers.
- **Increasing** economic pressure will force people to take greater risks.

Risk communication and community engagement should be:

NATIONALLY-LED
by governments supported by civil society and communities

COMMUNITY-CENTRED
working with their knowledge, capacities, and vulnerabilities

PARTICIPATORY
enabling community-led responses

NURTURING TRUST
as the critical component of the COVID-19 response

OPEN AND TRANSPARENT
about knowns/unknowns, uncertainty, and mistakes

INFORMED BY DATA
about the community needs, issues and perceptions

INTEGRATED
as a foundational approach for the entire response

COORDINATED
to avoid duplication and gaps, and increase impact

INCLUSIVE
of all vulnerable and marginalized groups

ACCOUNTABLE
to the affected communities

Exactly how and when this broad and diverse range of opportunities and challenges play out will vary from country to country, and in many cases even within countries. What is certain, however, is that coordinated, adaptive, innovative, localized and participatory approaches to how we engage communities around COVID-19 will be crucial in controlling the virus and mitigating its impacts in the coming six months.

01 Introduction

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The first COVID-19 global risk communication and community engagement (RCCE) strategy was published in March 2020. Since then, our knowledge about the disease has greatly increased, as has our understanding of how people are affected by and are responding to it. This new RCCE strategy reflects these changes in context and knowledge.

The strategy reflects the experiences and views of a range of partners working on RCCE.[2] It builds on and revises the first RCCE global strategy, and is supported by existing RCCE guidance materials.[3]

The revised strategy focuses on the global strategic direction for RCCE, as well as the relationship between global, regional and national RCCE coordination mechanisms. The document presents some key considerations and recommendations, intended to guide regional and national planning and response efforts.

There is no one-size-fits-all approach for effective RCCE. Understanding communities and adapting to reflect those insights will look different for every community. The global strategy reflects this diversity. It is not meant to be prescriptive; rather, it focuses on supporting regional and national responses to identify the most appropriate and effective community engagement approaches for their contexts.

The strategy is aimed at global, regional and national level audiences such as: governments (including ministries of health, local governments, disaster management authorities and others); the United Nations; local, regional and international health and humanitarian NGOs; National Red Cross and Red Crescent Societies; civil society; and academia.

Given the rapidly changing nature of the pandemic, this RCCE strategy covers a six-month period from December 2020. The next revision is scheduled for May 2021.

Flexibility in evolving this strategy will also be required to deliver the RCCE services necessary to support the now-anticipated global rollout of vaccines in 2021.

Risk communication[4] and community engagement[5] are integral to the success of responses to health emergencies[6] In the case of COVID-19 effective and coordinated RCCE can help break the chains of transmission and mitigate the impacts of the pandemic. Uptake of protective behaviours and adherence to social measures will continue to be critical even with safe and effective vaccines and treatments. Strengthened RCCE support will be critical to maximize understanding, acceptance and uptake. Consistent participation and empowerment of affected communities is essential to understand local contexts and ensure an informed, people-centred response. Without community engagement, there is a danger that misinformation, confusion, and mistrust can undermine efforts to ensure the uptake of lifesaving tools, services, and information.

For more information, see **Annex 3: Risk Communication and Community Engagement in practice**.

1.1 Context

Since the first strategy was developed in March, the pace of the pandemic has accelerated significantly.[7] Infection rates fluctuate at regional, national and subnational levels, so both the epidemiological situation and the accompanying public health and social measures[8] change frequently.

The impact of COVID-19 has overwhelmed some of the most robust healthcare systems[9] and put unsustainable pressure on healthcare workers. These effects impact the delivery of essential health services: 90% of countries have experienced disruption to health services, with low- and middle-income countries reporting the greatest difficulties.[10]

The pandemic is more than a health crisis; the response to the pandemic is also causing a socio-economic crisis. The pandemic and the associated response are prompting the deepest global recession in nearly a century, pushing an estimated 70-100 million more people into extreme poverty.[11] The United Nations Emergency Relief Coordinator has warned that without action, 270 million people will face starvation by the end of the year.[12]

The wider impacts of the pandemic are being felt by all parts of society. For example, children and young people are having their educations severely disrupted: as of August 2020, 1.6 billion children and young people in 188 countries have suffered because of countrywide school closures.[13]

The pandemic has impacted the mental health of millions of people through increased levels of fear, stress, anxiety, depression, frustration, and uncertainty.[14] And anxiety, uncertainty and fear have often led to increased stigma and discrimination. There have been many reports of healthcare workers around the world being assaulted, because of fears that they would transmit COVID-19 to the people around them.[15]

2021 is likely to see a continuation of all these challenges, and in addition the introduction of globally available vaccines will transform the dynamics of these challenges. While a significant biomedical development, the success of the unprecedented effort to roll out COVID-19 vaccines worldwide will ultimately depend to a large extent on the willingness of individuals to have the injection. To succeed, this vaccine rollout requires an equally huge RCCE campaign in support. Nor is this challenge just about COVID-19: the outcome of this extremely high profile vaccine distribution - positive or negative - carries huge ramifications for adoption levels of all other vaccines for preventable diseases. "Without the appropriate trust and the correct information, diagnostic tests go unused, vaccination rates will be too low, and the virus will continue to thrive."[16]

As the situation continues, 'pandemic fatigue' is occurring. This is likely to lead to a decrease in people's motivation to follow recommended preventive behaviours, and create a number of detrimental emotions, experiences and perceptions.[17] Pandemic fatigue can be influenced by a variety of factors depending on the context.

These factors include:

- **a decrease in risk** perceptions related to the disease;
- **an increase in the socio-economic and psychological** impact of the crisis and restrictions;
- **the urge for self-control and self-determination** in a constantly changing and restricting environment;
- **and the feeling of getting used to the situation**.

A lack of trust and increasing frustration and uncertainty, coupled with the economic impacts of the response to COVID-19, have led to protests against measures to control the virus in some countries. Approximately 20 significant anti-government protests directly linked to COVID-19 recorded between the start of the pandemic and October 2020.[18] The new public health and social measures, such as those put in place to control rapid increases in infection rates, could lead to more protests.

1.2 Socio-behavioural trends: critical perceptions and behaviours

Behaviours drive epidemics and they can also stop them. However, human behaviour is complex. Effective RCCE uses socio-behavioural data to identify ways to reduce risks. This means understanding people's changing perceptions and attitudes, and the barriers and enablers influencing their ability and motivation to adopt and/or sustain positive health behaviors.

In response to the pandemic, multiple efforts are made to collect, analyse and use socio-behavioural evidence.

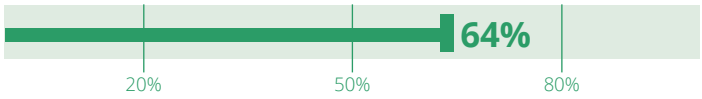
A meta-analysis was commissioned to draw on different studies and sources of evidence and develop an initial picture of people's perceptions, understanding and practices in relation to the COVID-19 pandemic.[19] A narrative summary of some of the key findings follows.

Note that the trends described here are broad observations from international data and do not aim to represent geographic diversity or contextual nuance.[20]

For more information, see **Annex 4 Summary of global evidence of socio-behavioural trends for COVID-19 prevention and risk reduction)**.

What does the evidence tell us?

KNOWLEDGE OF COVID IS COMMON
64% of people can identify COVID-19 symptoms



Worldwide, basic knowledge of COVID-19 across populations is now common – including knowledge about COVID-19 symptoms. Available global data suggests that 64% of survey participants could correctly describe COVID-19 signs and symptoms.[21]

RISK PERCEPTION IS DECLINING

Knowledge about COVID-19 is a critical step for the uptake of preventive behaviours. However, other socio-behavioural factors affect the adoption and maintenance of preventive behaviours. Risk perception is a crucial driver of behaviours, and **there is growing evidence that people's risk perception of COVID-19 infection is declining.** People do recognize COVID-19 is a serious disease, however they often feel COVID-19 is more of a threat to others: their friends and family, their community and country, than to themselves.[22,23] Also, in many African countries, people reported believing that COVID-19 does not affect young people or Africans, that the disease does not exist, or that the pandemic has already ended.[24]