WHO COVID-19 policy brief: Building trust through risk communication and community engagement

14 September 2022

Key points

- Credible, trusted, relevant, timely, accessible and actionable heath information is crucial for the acceptance and adoption of life-saving interventions.
- Risk communication and community engagement (RCCE) approaches and interventions that effectively engage with affected populations have proven crucial to COVID-19 emergency preparedness and response plans.
- Improving trust through strategic communication and co-developing solutions that best fit community needs are critical to ending the emergency of COVID-19 in all countries.
- Member States are encouraged to maintain RCCE teams at current emergency levels to sustain operational readiness for unpredictable events in the context of the COVID-19 emergency and future emergencies.
- It remains critical that communities, under the guidance of public health authorities, use public health and social measures (PHSM), such as staying home when feeling unwell, testing for SARS-CoV-2 and isolating if testing positive. As the virus continues to circulate intensely around the world, people should continue to avoid crowds, distance where possible, wear a well-fitted mask when they cannot maintain distancing and when indoors, improve ventilation and clean hands as measures to reduce risk of infection and transmission of SARS-CoV-2.

Introduction

More than 2.5 years since the first COVID-19 cases were reported, the pandemic remains an acute global emergency. At the present time, there continue to be millions of people infected each week with SARS-CoV-2, and in the first eight months of 2022, more than one million people were reported to have died from COVID-19 (WHO COVID-19 Dashboard). With access to and appropriate use of existing life-saving tools, COVID-19 can become a manageable disease with significantly reduced morbidity and mortality. Lives and livelihoods can be saved, but there is still work to be done.

The World Health Organization (WHO) recognizes the challenges countries face for maintaining their COVID-19 response while addressing competing public health challenges, conflicts, climate change and economic crises. WHO continues to support countries in adjusting COVID-19 strategies to reflect successes to date and leverage what has been learned through national responses.

To assist national and global efforts to end the COVID-19 emergency worldwide, WHO updated the COVID-19 Global Preparedness, Readiness and Response plan in 2022 and outlined two strategic objectives. First, reduce the circulation of SARS-CoV-2 by protecting individuals, especially vulnerable individuals at risk of severe disease or occupational exposure to the virus. This action will reduce pressure on the virus to evolve and the probability that future variants will emerge and will reduce the burden on health systems. Second, prevent, diagnose and treat COVID-19 to reduce mortality, morbidity and long-term sequelae. WHO's plan

further looks ahead to research, development and equitable access to effective countermeasures and essential supplies.

Recognizing that countries are in different situations with regard to COVID-19 due to a number of factors including differences in population level immunity; public trust; access to and use of COVID-19 diagnostics, therapeutics, vaccines, and personal protective equipment; and challenges from other health/non-health emergencies, WHO has produced a package of six short policy briefs. These briefs aim to help countries update policies to focus on critical aspects of managing the acute and long-term threats of COVID-19 while consolidating the foundation for a stronger public health infrastructure (Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience).

The policy briefs outline essential actions that national and sub-national policy makers can implement for the following: COVID-19 testing, clinical management of COVID-19, reaching COVID-19 vaccination targets, maintaining infection prevention and control measures for COVID-19 in health care facilities, building trust through risk communication and community engagement and managing the COVID-19 infodemic. This policy brief focuses on risk communication and community engagement (RCCE) in the context of COVID-19 (link to the six policy briefs), including support for the successful implementation of public health and social measures (PHSM).

Purpose of this document

This document provides a brief overview of the key actions advised to Member States based on recommendations published in WHO COVID-19 technical guidance. It also articulates the need for sustained financing and a trained, protected and respected workforce to maintain these life-saving actions in the context of competing health and non-health emergencies. It additionally recognizes the need to strengthen the acute and longer-term response for COVID-19 in relation to other pressing public health issues.

Essential actions for Member States to consider in updating COVID-19 policies

Credible, trusted, relevant, timely, accessible and actionable heath information is crucial for the acceptance and adoption of life-saving interventions (1). In the early phases of the COVID-19 response, sometimes contradictory advice within and between countries, updated scientific knowledge resulting in changing advice and misinformation that was disseminated through communities, social media and other channels created confusion and mistrust. This led to questioning of the value of science, scientists and the usefulness of PHSM and vaccines.

In the third year of the pandemic, it has become clear who is most vulnerable, what communication channels people prefer and trust, how better to prompt behaviour change and where health systems can be strengthened. It remains critical that communities and public health authorities utilize PHSM, such as staying home when feeling unwell, testing for COVID-19 and isolating if positive. As the virus continues to circulate intensely around the world, people should continue to avoid crowds, distance where possible, wear a well-fitted mask when they cannot maintain distancing and when indoors, improve ventilation and clean hands as measures to reduce risk of infection and transmission of SARS-CoV-2. Communications must continue to ensure transparency about remaining unknowns about COVID-19 and the uncertainty of the evolution of SARS-CoV-2 and the adjustments needed in interventions, including the use of PHSM, diagnostics, therapeutics and vaccines.

1. Increase trust through strategic communication

Updates and changes in national and sub-national recommendations should include clear communication about what is different and why there is an adjustment. Changes in policies for re-instating or lifting PHSM should include details on decision-making, including information about the evidence that drove the decision, and benefits to affected populations (2, 3).

Messages from policy makers and communicators should be evidence-based, clear, easy to understand, gender-sensitive and culturally acceptable. Helpful approaches include the following:

- Ensure that information is being updated and explained on communication channels that communities regularly use and trust.
- Perform digital and non-digital social listening to collect and analyse data around perceptions, attitudes and behaviours to inform RCCE interventions.
- Develop key messages that:
  - promote the importance of being up to date with vaccination (primary series and boosters as required by national policies) to protect against severe illness, hospitalization and death
  - promote adherence to locally adapted PHSM policies including continuing to use masks when distancing cannot be maintained and when indoors, improving ventilation, cleaning hands and distancing; with an explanation about what ‘triggers’ will change the use of measures and why, while including benefits to affected populations
  - encourage individuals to stay home if unwell, isolate and continue to utilize SARS-CoV-2 testing
  - share information about factors and behaviours affecting individual risk and the risks to others
  - target and tailor communication directly to the most vulnerable and at-risk populations, such as older people, health workers and marginalized groups
  - share information about how different settings and circumstances, such as mass gatherings or closed settings (e.g., long term living facilities), increase the risk of exposure and transmission of SARS-CoV-2.

2. Co-develop solutions with communities

Communities bear the initial, direct impact of an emergency and are the first real-time responders. It is highly advisable to establish regular feedback mechanisms and participatory systems with affected populations at national, sub-national and local levels (4, 5). This will foster community ownership, acceptance and adherence to locally adapted life-saving interventions that reduce SARS-CoV-2 transmission and COVID-19 morbidity and mortality, while strengthening health systems for concurrent and future public health emergencies.

For RCCE efforts to be successful, it is vital that national policies for RCCE incorporate community engagement and feedback mechanisms that acknowledge and address contextual challenges faced by different population groups, particularly those made most vulnerable (4, 5). For example building and strengthening relationships based on trust, humility, equity and ongoing collaboration can help strengthen local knowledge and identify localized solutions while empowering communities. Communications should reflect an empathy about the hardships and frustrations brought about by the pandemic, including by PHSM implementation and adjustments. Policy makers should support communities experiencing hardships as a result of PHSM and ensure social protection and mitigation measures such as cash transfers, provision of housing and food and support to access essential health services.

Considering the unpredictable dynamics of the COVID-19 pandemic, Member States should continue to strengthen and invest in existing emergency preparedness, readiness and response efforts to better deal with present and future unknown threats (6, 7, 8). Adaptive national and sub-national RCCE strategies informed by lessons learned and co-designed with communities as equal partners, building upon local capacities and addressing local challenges, are most effective.

To maintain open and two-way communication on the continued COVID-19 response, Member States should maintain community feedback mechanisms in non-digital social listening (e.g. hotlines, health care worker feedback, community networks and dialogues) and digital social listening (e.g. infodemic management, social media engagement) (4, 9, 10). Member States can also strengthen collaboration with community-based and civil society organizations and other partners beyond the health sector (11, 12).

It is further suggested that Member State public health emergency operations have diverse and representative community stakeholders as part of their response teams (12).

It is important to balance digital engagement with appropriately resourced in-person engagement to ensure that vulnerable groups and those without access to digital channels are not left behind. Community-led approaches at sub-national and national levels should receive technical and appropriate financial support to ensure a sustainable RCCE response.

3. Maintain RCCE capacity at emergency levels, even in the absence of an emergency

WHO advises that Member States leverage, coordinate and expand RCCE during and beyond the COVID-19 pandemic to support health system strengthening. Following past emergencies, RCCE functions shrank or even disappeared when the emergency concluded (or was perceived to have concluded). This meant that when the next emergency arose, it was necessary to re-build teams, re-learn lessons, re-devise tools, re-connect with affected populations and re-instruct staff.

Member States should consider maintaining an RCCE team that includes emergency risk communication, community engagement, social and behavioural research and infodemic management capacities (7, 13, 14) (Link to the infodemic management policy brief). It is advisable to institutionalize, budget for and sustain this capacity as a fixed entity or team and incorporate RCCE core components into national health emergency operational response plans.

National and sub-national RCCE teams should work closely with steady-state (non-emergency) immunization, external media, social and behavioural science, community health networks, health systems and other programmatic areas with close touchpoints to communities. RCCE efforts should focus on community-led and data-driven approaches based on research from past responses, reinforcing local capacities and solutions, collaborating efficiently with RCCE partners and other response agencies, including CSOs, improving trust in public health and improving response capacities. Member States can consider broadening the scope of work to include community-level response such as community-based surveillance and contact tracing (6).

Looking ahead, it is advisable to conduct intra-action and after-action country reviews of RCCE strategies to inform current and future responses and readiness and preparedness efforts so that future challenges are rapidly identified and managed (7). Similarly, countries should consider building and reinforcing local RCCE capacity through mentoring, technical support and resource-sharing with local responders and stakeholders at national and subnational levels.

Conclusions

To end the emergency phase of the COVID-19 pandemic and move into recovery, countries need to prioritize and invest in effective and localized RCCE approaches that build and maintain trust and support

预览已结束，完整报告链接和二维码如下：
https://www.yunbaogao.cn/report/index/report?reportId=5_31713