

10 STEPS TO COMMUNITY READINESS



What countries should do to prepare communities for a COVID-19 vaccine, treatment or new test

READY, SET, GO...

Informed, engaged and empowered communities are the bedrock for the arrival of new vaccines, treatments and tests that will be introduced to reduce the spread of COVID-19 and save lives

With communities fully engaged and actively participating through the full cycle of planning, delivery and assessment for new biomedical tools, demand for these tools can be increased, leading to wide spread and effective uptake and use.

The empowerment of people and communities is not an abstract idea and there are concrete and measurable steps that can be taken to ensure citizens are engaged and ready to support new biomedical tools. Though communication needs may be slightly different for each tool, the principles which promote their safe and successful introduction remain the same.

The following 10 steps are well established Risk Communication and Community Engagement (RCCE) principles that have proven their power. Together they put communities at the heart of the roll out of new vaccines, treatments and tests and promote trust – the critical ingredient for all community action.

STEP

1

MAKE DECISIONS ABOUT THE PEOPLE, WITH THE PEOPLE

People are more likely to take action if they are involved in decision making. Engage communities early and work to involve, collaborate and empower them. Leave no community behind.

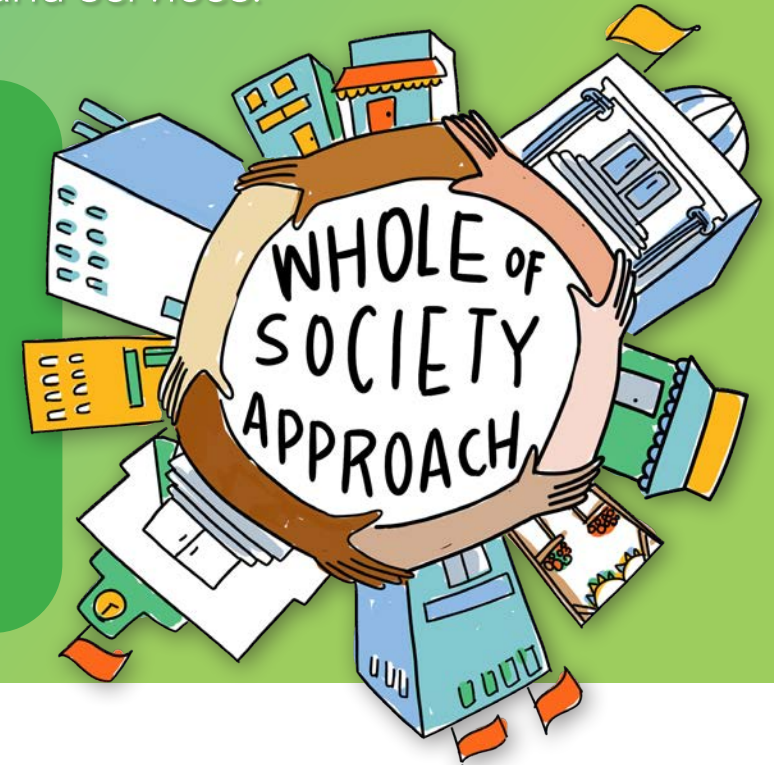
- Initiate discussions with communities to understand sociocultural contexts and power dynamics. Map networks and influencers in the community.
- Identify what type of engagement interventions are safe, feasible and acceptable.

DECISION-MAKING...
TOGETHER



MAINTAIN & STRENGTHEN TRUST THROUGH FORMAL AND INFORMAL CONNECTIONS

- Activate or strengthen RCCE coordination mechanisms and use existing health and response structures in order to support community to national-level health systems readiness. Ensure representation of civil society and vulnerable groups. Work closely with other committees and advisory groups such as the National Immunization Advisory Group.
- Launch or strengthen an independent national 'Alliance' of influencers and stakeholders who can listen, advocate, educate, address rumours and misinformation and build vaccine and health literacy.



STEP

3

LISTEN MORE, TALK LESS

Regularly seek out and respond to feedback from communities. This improves the relationship and trust between communities and public health authorities.

- Establish community feedback mechanisms to promote accountability and ensure that community beliefs, questions, concerns and suggestions are heard.
- Guide the continuous adaptation of the COVID-19 response in an effective, agile, safe and confidential manner.



STEP

4

USE DATA FOR DECISION MAKING & COURSE CORRECTION

Social data gives an important perspective on community knowledge gaps, perceptions and behaviours. Understanding the drivers of behaviour is also critical to understand why people may or may not be practicing public health and social measures. For something as complex as human behaviour, a mix of data sources is best.

- Include community feedback, social listening, polling and survey data to best understand community knowledge gaps, perceptions and behaviours.
- Use this knowledge to inform decision making at all levels.



STEP 5

PLAN, PLAN, PLAN WITH THE PEOPLE

Community participation in planning can improve services, ensure services are equitable and help to remove barriers. This is especially important when introducing new tools and services like vaccines, treatments or new types of tests.

- Ensure communities are involved in co-designing solutions.
- Use social data analysis to develop and regularly review and update Risk Communication and Community Engagement action plans.
- Crisis communication preparedness plans should be developed as part of this process.



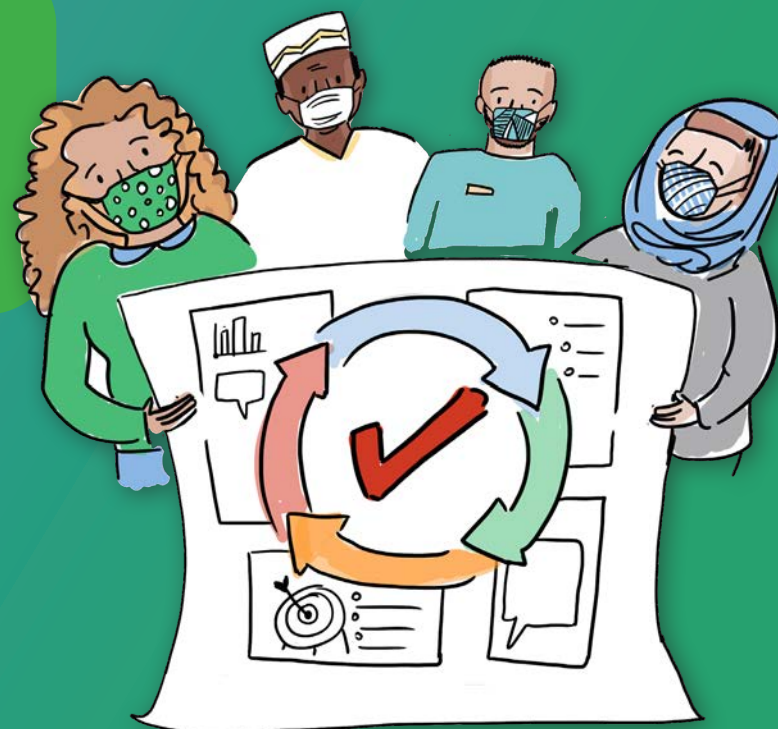
STEP 6

LET THE PEOPLE MEASURE SUCCESS

We have learned over time that wide spread community participation in monitoring and evaluation supports programme sustainability and promotes joint accountability and best use of resources.

- Promote community participation in developing the monitoring and evaluation process. Include civil society and community groups in monitoring, reporting and joint accountability efforts to increase the likelihood of broad community uptake and responsibility for new interventions.

JOINT ACCOUNTABILITY
WORKS BEST



STEP

7

HIRE & EMPOWER MORE RCCE EXPERTISE

Risk Communication and Community Engagement support provides the critical links between communities and health services. This expertise supports national authorities to prepare and protect individuals and the public's health.

- Carefully map where Risk Communication and Community Engagement (RCCE) expertise is needed and recruit immediately.
- Establish RCCE leadership at all levels with the necessary authority to coordinate partners.
- If not already established, introduce and enforce Standard Operating Procedures (SOPs) for RCCE as a central coordination and quality assurance tool.



STEP

8

BUILD CAPACITY AND DEVELOP SKILLS TO GO BEYOND COVID-19

Training of the community health workforce allows local issues to be solved locally. Include frontline workers, volunteers, community leaders and community/social mobilisers from civil society organizations, faith-based organizations, local women and youth groups in capacity building events for long-term sustainability.

→ For best results, initiate a continuous peer-to-peer support system for community mobilizers and networks.

TRAIN FOR LONG
LASTING SKILLS

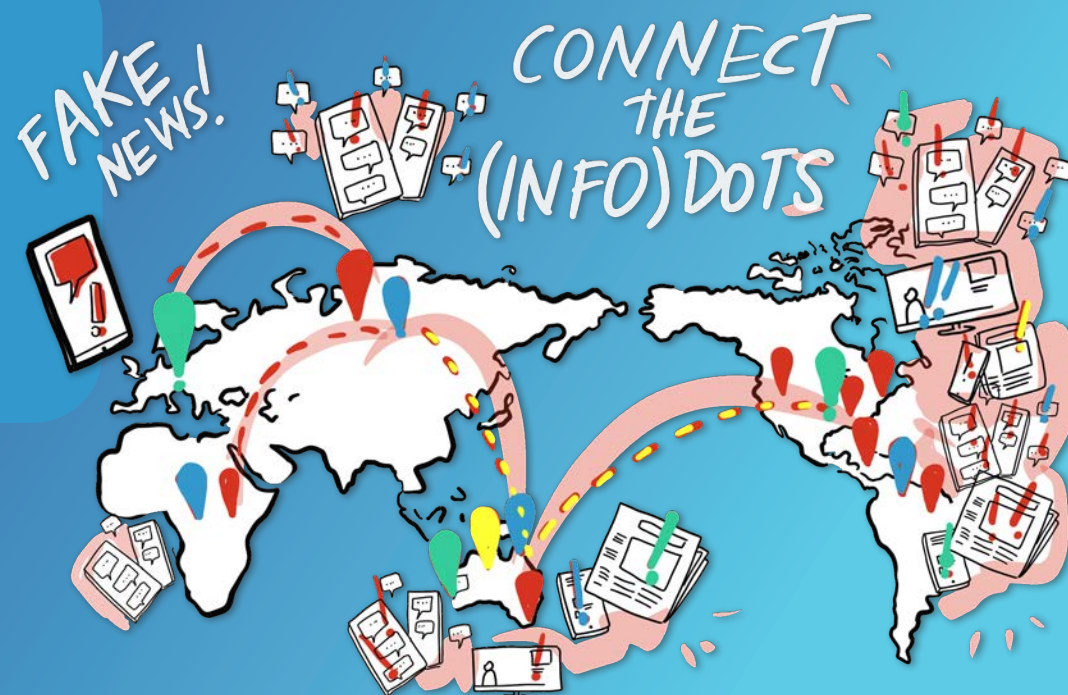


STEP 9

MANAGE THE INFODEMIC

An Infodemic is an overabundance of information – good or bad – that makes it difficult for people to make decisions for their health. The COVID-19 infodemic can harm health.

- Ensure access to trusted information and effectively manage misinformation and rumours.
- Activate or strengthen national fact checking and rumour monitoring capacities recognizing that rumours and misinformation can be as dangerous as COVID-19.



STEP
10

START THE DRUMBEAT TOGETHER

Consistent two-way engagement supported by information from locally trusted channels reinforces positive perceptions and drives action.

- Establish and agree to priority communication channels with communities as soon as possible.
- Where possible adapt science and health messaging to new contexts with communities.



REFERENCES

- 1 Alexandre de Figueiredo, Clarissa Simas, Emilie Karafillakis, Pauline Paterson, Heidi J Larson. [Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: a large-scale retrospective temporal modelling study](#). *Lancet* 2020;396: 898-908. September 10, 2020. doi.org/10.1016/ S0140-6736(20)31558-0
- 2 Bedson J, Jalloh MF, Pedi D, et al. [Community engagement in outbreak response: lessons from the 2014–2016 Ebola outbreak in Sierra Leone](#). *BMJ Global Health* 2020;5:e002145. doi:10.1136/ bmjgh-2019-002145
- 3 Gillespie AM, Obregon R, El Asawi R, et al. [Social mobilization and community engagement central to the Ebola response in West Africa: lessons for future public health emergencies](#). *Glob Health Sci Pract* 2016;4:626–46
- 4 Gilmore B, Ndejjo R, Tchetchia A, et al. [Community engagement for COVID-19 prevention and control: a rapid evidence synthesis](#). *BMJ Global Health* 2020;5:e003188. doi:10.1136/ bmjgh-2020-003188
- 5 GOARN, IFRC, UNICEF, WHO. [COVID-19 Global Risk Communication and Community Engagement Strategy](#). Dec 2020 - May 2021. Geneva, 2020
- 6 IFRC. [Community engagement and accountability toolkit](#). Geneva: IFRC, 2017
- 7 IFRC, UNICEF, WHO. [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness & Response](#). Geneva, 2020
- 8 Maher R, Murphet B. [Community engagement in Australia's COVID-19 communications response: learning lessons from the humanitarian sector](#). *Media International Australia* 2020. doi.org/10.1177/1329878X20948289
- 9 Mohseni M and Lindstrom M. [Social capital, trust in the health-care system and self-rated health: the role of access to health care in a population-based study](#). *Soc Sci Med* 2007; 64: 1373–1383
- 10 UNICEF. [Minimum Quality Standards and Indicators for Community Engagement](#). New York: UNICEF, 2020
- 11 UNICEF, WHO. [The Vaccine Readiness Assessment Tool \(VIRAT\)](#). Geneva: World Health Organization; 2020
- 12 UNICEF, WHO. [Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#). Geneva: World Health Organization; 2020
- 13 UN WOMEN. [COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement](#). 2020
- 14 WHO. [Risk Communication and Community Engagement \(RCCE\) Considerations: Ebola Response in the Democratic Republic of the Congo](#). WHO World Health Emergencies Programme. 2018
- 15 WHO. [1st WHO infodemiology conference - How infodemics affect the world & how they can be managed](#). June-July 2020

