

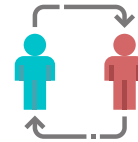
WHAT IS RISK COMMUNICATION?

As a person's first entry point into the health system, Primary Health Care (PHC) not only provides a platform for ensuring access to essential and routine healthcare but is also a critical foundation for the direct surveillance, response and management of outbreaks. PHC, with its strong community ties and coordinating function, allows for the multi-sectoral action needed to reduce vulnerability and build resilience of communities. Leveraging PHC for outbreak response is particularly important in low- and middle-income countries where there is often limited access to healthcare overall. Drawing from [PHCPI's Improvement Strategies](#) we identified three core strategies for how PHC systems can be leveraged for COVID-19 surveillance, response and management as shown in the graphic to the right. This document focuses specifically on the role of PHC in COVID-19 risk communication.

WHAT IS RISK COMMUNICATION?

Risk communication is central to the success of health emergency preparedness, response, and recovery efforts. The WHO defines [risk communication](#) as, "the real-time exchange of information, advice and opinions between experts or officials and people who face a threat (hazard) to their survival, health or economic or social well-being." (1-2) For public health emergencies such as COVID-19, risk communication that is evidence-based, rooted in the local context, and trusted and valued by the public is essential to informed decision making and preventing avoidable morbidity and mortality. (2-4) Risk communication uses a range of communications platforms, from media and social communications to stakeholder and community engagement.

CORE STRATEGIES



RISK COMMUNICATION



TESTING AND CONTACT TRACING



CASE MANAGEMENT

RISK COMMUNICATION COVID-19 PROMISING PRACTICE: **SENEGAL**



Senegal is a lower-middle income, Francophone country in the process of strengthening their health system through social protection and risk management measures and reforms to improve domestic governance and decrease reliance on foreign aid.

Risk communication has been a core strategy of Senegal's response to COVID-19. Leveraging on its existing community networks and committees for multisectoral action, Senegal has rapidly implemented communication strategies adapted to the local context, including through the use of national broadcasts, traditional storytellers, and community-based education.

Learn more about Senegal's experience [here](#).

CHALLENGES & OPPORTUNITIES

Leveraging PHC for COVID-19 risk communication will be challenging no matter the context, however adopting this approach may offer several opportunities for health systems strengthening beyond the COVID-19 time period. These challenges and opportunities may include:



KEY CHALLENGES AND OPPORTUNITIES:

EMERGENCY PREPAREDNESS, RESPONSE, AND RECOVERY

In the short term, risk communication can support effective **surveillance and response** efforts for COVID-19, for example by providing communication channels to track and report new or suspected cases. In addition, it can aid countries in developing plans and strategies for the safe reactivation of **essential services**, such as immunizations and family planning services. For example, risk communication could be involved in informing the public of "decreasing risk" as the pandemic progresses, with guidance that will help to inform them when it is safe to resume seeking essential services that were temporarily halted during the pandemic. (5) To support recovery efforts, it is important for countries to collect regular data and information on non-COVID priority diseases and conditions. This will enable countries to better **determine health needs and priorities** on the road to recovery. (30)

In the longer term, **lessons learned** from COVID-19 risk communication efforts can be integrated into the **ongoing review of national plans and surveillance efforts**, helping to strengthen a country's capacity to effectively prepare and respond to future epidemics. (3,8) This process is enabled by a strong in-country capacity to stimulate and make use of new and existing evidence and incorporate these learnings into changes at scale.

PUBLIC TRUST

Ineffective communication during the COVID-19 pandemic could lead to worsened economic impacts and preventable morbidity and mortality that can carry over into long-term public distrust in the PHC system. (3) Communications that are inaccessible or delivered in a way that people distrust, and therefore disregard, can reduce overall trust and confidence in the system. To **meet community needs** and strengthen public trust in PHC as the **first point of contact**, risk communication must be tailored to the sociocultural context of communities, address misinformation and misconceptions, and provide **timely, accurate, and easy-to-understand advice and information** from trusted sources. (1,2,4,11)

On the other hand, regular, proactive communication that accounts for community needs, concerns, and preferences can help to strengthen public trust and reduce stigma in the immediate and long terms. It can also provide policymakers, planners, and health workers with the information they need to better tailor services to the communities they are designed to serve, reinforcing PHC as the first point of contact and laying the foundation for long term resilience. (2,21)

EQUITABLE ACCESS

Ensuring **equitable access** to disease education and risk communications for all communities may be a challenge, particularly for remote or marginalized groups. If communications are not designed with at-risk or other marginalized communities in mind, they can exclude the voices and experiences of communities and run the risk of communications not being received at all, exacerbating risk of spread among those who are already at elevated risk. Planners and implementers should tailor communication channels to users' needs and use established **community engagement** and **local priority** setting mechanisms to **involve local stakeholders** to ensure that **diverse voices are represented in planning, implementing, and monitoring risk communication activities** and guarantee the flow of information across levels and sectors. (4,11) Iterative feedback from affected communities and **data from the service delivery level** will help to determine which communication platforms are available and accessible to a diverse audience, and which are exclusionary, helping to inform which channels to use for future outbreaks.

HOW CAN PHC BE LEVERAGED?



Globally, countries have adopted various strategies for responding to the COVID-19 pandemic. Leveraging PHC for risk communication during both the emergency and recovery phase can help to ensure that community needs, attitudes, concerns, and beliefs are identified and managed early on, such as by making use of its community-based networks to address the determinants of health. (1,5) Various elements of PHC systems are well positioned to help in the implementation of risk communication for COVID-19 (6,7); potential pathways for leveraging PHC **will depend on local context** (8), but may include:



POTENTIAL PATHWAYS:

WORKFORCE PREPAREDNESS

The **PHC workforce** can be an important delivery mechanism for risk communication, whether through in-person visits, **telemedicine**, or **community-based service delivery**. To be effective in this role, frontline providers must themselves be fully aware of the COVID-19 threat in their area and **sufficiently resourced, trained, and motivated** to deliver these essential messages while preventing further spread of COVID-19. To build **patient trust**, the **workforce needs to be skilled** in educating patients about the signs, symptoms, and risks of COVID-19 infection and addressing any misconceptions, stigmas, or other barriers to the uptake of this information. Health systems can help to prepare health workers by providing them with a risk communication package that includes training materials and protocols for managing COVID-19 and associated risks. (2,14) Additionally, any workforce communicating risk and promoting behavior change needs to be skilled in interpersonal communication and trained to safely identify and report cases with COVID-19 symptoms for further testing via the appropriate communication channels. To assess country preparedness, the International Health Regulations (2005) recommends countries to test their risk communication and pandemic communication capacity at least every two years, such as by running **simulation exercises**. (3,15)

LEADERSHIP AND MULTISECTORAL ACTION

Countries can support a coordinated system-wide response to COVID-19 by **integrating risk communication plans and strategies** into existing national and local emergency preparedness and response structures, using existing multi-sectoral engagement mechanisms or creating new ones. (1,3) Coordinating communications for COVID-19 involves working with multiple segments of society to prepare, coordinate, deliver, and monitor risk communication strategies at all levels of the response--including health authorities, ministries and agencies of other government sectors, international organizations, NGOs, local community leaders, and others. (3) Having existing **processes in place to support multi sectoral engagement**, such as Health in All Policies-related intersectoral committees within the Ministry or Public-Private Partnership contracts, can help to mobilize multi-sectoral action more quickly and ensure coordinated responses. For example, countries might work with community leaders to integrate risk communication for COVID-19 into existing local public health campaigns for chronic disease prevention or provide corporate partners with guidance on developing a **COVID-19 workplace health and safety plan**. (9) Countries might also consider creating multi-sectoral task forces that, should an outbreak occur, mobilize partners from other sectors (such as government or private sector partners in the travel, tourism, or social welfare industries) to report new or suspected COVID-19 cases to public health officials. (10,11)

Risk communication plans should be revised as the situation evolves and be informed by evidence from **current and past outbreaks** as well as **national and local priorities**. (2,3) This may include conducting rapid surveys and other assessments to understand the health needs, attitudes, beliefs, and priorities of at-risk populations and other stakeholders and monitor the effectiveness of communications. (1,8,12,13)

HOW CAN PHC BE LEVERAGED?



PROACTIVE, TARGETED OUTREACH

Empanelment and **proactive population outreach** provide an effective means for understanding and enumerating the needs of communities so that providers and planners can more easily track and manage the health and behavior of at-risk populations. Panel data provides a population denominator that helps to support more targeted outreach to these communities. (27) When this data is shared from the local level to higher levels of the health system, it can equip planners and providers with actionable information to track performance and adapt communications to more effectively meet the needs of communities. For example, planners might set up and implement a rumor tracking system to identify and report misinformation between communities, providers, and planners via existing proactive population outreach activities in geographically empaneled areas. (3)

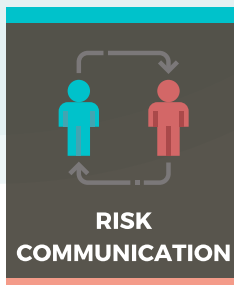
Because empanelment identifies the individuals for whom providers and/or care teams are responsible, it can be used to ensure that no one is left out of communication efforts. (27) While complete empanelment is the ideal, very few countries have achieved 100% empanelment in practice. However, even in settings of incomplete empanelment, countries can use whatever panel data and registries exist to proactively contact, educate, and track at-risk groups. (28,29) For instance, a few community health workers may be responsible for all women of reproductive age within a given geographic catchment area and provide these women with targeted health messages about the risks of COVID-19 to pregnant women. Or, care teams responsible for targeted outreach to patients with chronic disease may educate these populations via **telemedicine** about how to safely access care or self-manage their condition if health services were partially or completely disrupted in their area. Proactive outreach and risk communication during COVID-19 may also be used to help build patient lists that could be utilized in the future to move beyond disease specific registries to more complete empanelment. Learn more about implementing systems for **empanelment** in your context here.

PROACTIVE INFORMATION AND COMMUNICATION CHANNELS

Robust **ICT infrastructure**, including local communication capacity, helps to strengthen countries' capacity for delivering rapid, transparent, and accessible information. (3,16) PHC systems with existing ICT infrastructure in place, including civil registration and vital statistics systems, **mHealth**, and **telehealth services**, can leverage these systems to more effectively target and communicate risk to communities. (17) The information generated by these efforts can also enable health systems to collect critical information on local population health that feeds into evidence-informed decision making and planning for future risk communication efforts. (18,19)

While risk communications can use many techniques, common platforms include hotlines, websites, and social media. In addition, ICT can **enable facilities and providers to more effectively disseminate and monitor risk communication**. In the absence of such systems, non-technological channels can also help to promote the spread of needed communications, including posting signs outside of PHC facilities and public spaces to inform the population of COVID-19 risks and how to protect themselves. Regardless of the information channel used to spread risk communications, all information and advice should be tailored to meet users' needs and involve local stakeholders to guarantee the flow of information across sectors. (3,14)

Risk communication plans will only be successful if people can readily access and use information. Reaching a diverse audience may require investment in new or existing channels to share information and designing and spreading these strategies in partnership with communities. Specifically, planners and implementers should produce and share information through channels that people already have access to, use, and trust, with particular attention toward reaching at-risk or other marginalized communities who may not routinely access the healthcare sector. (4,11,20) Risk communication strategies should also have embedded mechanisms to address uncertainty and misinformation. These strategies could include monitoring media and social media for rumors and misinformation, or disseminating key factual information and **gathering feedback** from PHC workers and members of the community. To ensure credibility and continued public trust in communication channels, it is important to ensure information is fact-based, empathetic, and **person-centered**. (1-2)



TRUST AND ACCOUNTABILITY

Accountable leadership is necessary to ensure the development of clear, consistent delivery of fact-based information that builds public trust and confidence. (2,21) To enable this, governments should actively involve at-risk and affected communities, PHC providers, and others in [social accountability mechanisms](#) designed to hold governments accountable for the delivery of rapid, transparent, and accessible communications about emergent health priorities. This requires that decision makers proactively [engage in a two-way dialogue with communities and other stakeholders](#) to understand risk perceptions, behaviors, barriers, knowledge gaps, and other contextual factors and develop tailored and targeted messages for dissemination. (2,3,22,23) Strong leadership and social accountability form the backbone of effective PHC systems, and countries with good practices and robust mechanisms in place can leverage these during COVID to support risk communication.

Similarly, because [community engagement](#) is the foundation of PHC, governments can leverage existing mechanisms and relationships to implement, monitor, and scale risk communication efforts at the primary care level. Communities should play a major role in leading and implementing tailored communications and promoting behavior change to prevent and respond to COVID-19. At all levels, engagements should focus on maintaining or [building trust](#), strengthening collaboration, reducing fear and stigma, addressing misinformation, and promoting the uptake of public health measures and essential PHC services. (2,3,6,22,24,25) Tailoring risk communication could also be supported by participatory [research initiatives](#) that promote community representation and social accountability. (26)

RELEVANT RESOURCES



PHCPI IMPROVEMENT STRATEGIES

- [Priority setting, surveillance, and innovation and learning](#)
- [Community engagement and social accountability](#)
- [Empanelment and proactive population outreach](#)
- [Information systems and information systems use](#)
- [Coordination and person-centered care](#)
- [Workforce, provider motivation, provider availability, and provider competence](#)
- [Patient-provider respect and trust and safety](#)

GLOBAL LEARNING PLATFORMS

- [OpenWHO](#)
- [JLN COVID-19 Response Platform](#)
- [PHCPI Community of Practice - online forum for resilient PHC](#)
- [Exemplars in Global Health](#)

GLOBAL TOOLS & RESOURCES

1. [Coronavirus disease \(COVID-19\) technical guidance: Risk communication and community engagement](#) (WHO, 2020)
2. [Risk communication and community engagement readiness and response to coronavirus disease](#) (WHO, 2020)
3. [WHO community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic](#) (WHO, 2020)
4. [The COVID-19 Risk Communication Package For Healthcare Facilities](#) (WHO, 2020)
5. [Risk Communication and Community Engagement \(RCCE\) Action Plan Guidance COVID-19 Preparedness and Response](#) (WHO, 2020)
6. [Risk communications webpage](#) (WHO, 2020)
7. [Community participation is crucial in a pandemic](#) (Marston et al. 2020)
8. [Risk Communication | Gateway to Health Communication](#) (CDC, 2019)
9. [Communicating Risk in Public Health Emergencies](#) (WHO, 2015)

PHCPI is a partnership dedicated to transforming the global state of primary health care, beginning with better measurement. While the content on this website represents the position of the partnership as a whole, it does not necessarily reflect the official policy or position of any partner organization.

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