PACIFIC RISK COMMUNICATION AND COMMUNITY ENGAGEMENT WORKSHOP

7–10 November 2023
Nadi, Fiji
MEETING REPORT

PACIFIC RISK COMMUNICATION AND COMMUNITY ENGAGEMENT WORKSHOP

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

CO-ORGANIZED WITH
THE PACIFIC COMMUNITY (SPC)

Nadi, Fiji
7–10 November 2023

Not for sale

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February 2024
NOTE

The views expressed in this report are those of the participants of the Pacific Risk Communication and Community Engagement Workshop and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Pacific Risk Communication and Community Engagement Workshop in Nadi, Fiji from 7 to 10 November 2023.
The Pacific Risk Communication and Community Engagement (RCCE) Workshop provided refresher training for Member States of the World Health Organization (WHO) Western Pacific Region on RCCE theory, and strengthened participants’ skills in multi-hazard RCCE planning, providing a platform for exchange among countries, highlighting several best practices and key lessons identified from the response to COVID-19 and other emergencies. The workshop was attended by 26 participants from 15 Pacific island countries and areas (PICs), with some joining virtually. Observers included representatives from the Joint United Nations Programme on HIV/AIDS, the United Nations Children’s Fund, the United Nations Development Programme, the Pacific Islands Health Officers Association, the United States Centers for Disease Control and Prevention and the International Federation of Red Cross and Red Crescent Societies.

The Member State representatives highlighted the need to revitalize a Pacific RCCE Community of Practice, consisting of RCCE focal points from across the Pacific, in an effort to support peer-to-peer learning and access to common RCCE templates and resources tailored to the Pacific context. They also acknowledged the importance of establishing or enhancing national RCCE coordination mechanisms and multisectoral working groups, and agreed that there is a need to advocate for high-level commitment to RCCE, including institutionalization and resourcing for RCCE as an International Health Regulations (2005) (IHR) core capacity.

Member States were encouraged to integrate the principles of effective RCCE and Communication for Health (C4H) into new and existing structures and initiatives to inform and change attitudes and behaviours in ways that support the achievement of national health priorities and the Healthy Islands vision, and to advocate for, mobilize and allocate appropriate RCCE resources in line with the key health risks in their country. They were also encouraged to use opportunities such as the States Parties Self-Assessment Annual Reporting (SPAR) tool, after-action reviews (AARs), simulation exercises (SimEx) and Joint External Evaluations (JEEs) to review and strengthen national RCCE capacities to ensure that their health systems are prepared to withstand severe and extensive health emergencies.

WHO, the Pacific Community (SPC) and partners were requested to create opportunities for building capacity, networking and strengthening relationships among PICs to foster ongoing collaboration, including through the Pacific RCCE Community of Practice, and to assist with reviewing and strengthening multi-hazard capacities and a multi-stakeholder approach to RCCE. Furthermore, Pacific RCCE partners were requested to implement follow-up national capacity-building tailored to the needs of specific countries, and to facilitate and enable coordination among development partners in the provision of RCCE technical support to PICs, drawing on commonly agreed tools, frameworks, templates and training materials wherever possible.

1. INTRODUCTION

1.1 Meeting organization

The Pacific Risk Communication and Community Engagement (RCCE) Workshop was held in Nadi, Fiji from 7 to 10 November 2023. It was co-organized by the World Health Organization (WHO) and the Pacific Community (SPC). A total of 26 participants from 15 Pacific island countries and areas (PICs) attended in person and online. The list of participants is available in Annex 1.

The workshop featured a mix of presentations, group exercises and participatory breakout sessions based on emergency scenarios, allowing participants to practise real-world application of RCCE skills. Participants were encouraged to share their experiences and lessons learnt. SPC provided IT support to enable a hybrid meeting, and interpretation support to ensure active engagement from French-speaking
countries and areas. The Programme of Activities is available in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

1. to conduct refresher training on RCCE theory and build skills for multi-hazard RCCE planning using common tools, including the use of diverse data to inform RCCE planning, how to address mis/disinformation, undertake community listening and use new media effectively during public health emergencies;
2. to highlight and reflect on best practices and lessons learnt from global, regional and national experiences of COVID-19;
3. to build skills to manage national-level RCCE working groups and coordinate with diverse partners and stakeholders as part of strengthening the network of health promotion focal points across the Pacific over the longer term; and
4. to strengthen understanding of how effective RCCE and Communication for Health (C4H) principles can also be applied outside of outbreaks and emergencies.

2. PROCEEDINGS

2.1 Opening remarks

Dr James Fong, Permanent Secretary, Fiji Ministry of Health and Medical Services, provided opening remarks. Dr Nuha Mahmoud, Coordinator, Pacific Health Security and Communicable Diseases Team, also provided opening remarks on behalf of Dr Mark Jacobs, WHO Representative to the South Pacific. The speakers highlighted the importance of listening to communities, understanding how they feel and what they think, and comprehending their actions before designing public health responses. They emphasized that RCCE needs to be thoroughly planned, evidence based, well-coordinated and measured, and that communication that is easily comprehensible and timely can save lives during emergencies.

2.2 Session I: Risk communication and community engagements (RCCE) principles

Discussion during this session centred around the importance of multisectoral, whole-of-government and data-driven approaches to RCCE, as well as the importance of drawing on existing structures, programmes and relationships including with champions, faith-based organizations, schools, workplaces, development partners and others. Panellists highlighted the importance of monitoring and responding quickly to rumours, concerns and queries, particularly online – for example, by using social media monitoring tools – and empowering and strengthening the capacity of community leaders and chiefs to increase community empowerment in rural areas.

2.3 Session II: RCCE cross-cutting systems

Participants discussed how the States Parties Self-Assessment Annual Reporting (SPAR) tool and Joint External Evaluation (JEE) exercises can support improved emergency preparedness and response, together with adequate financing and capacity-building to ensure an effective RCCE function is integrated into public health services. Considering how best to nurture political ownership to enhance support for RCCE functions and establish or enhance a multi-stakeholder taskforce or working group to support coordination with diverse organizations were also considered to be valuable to strengthen RCCE systems over the longer term.

Participants reflected on their RCCE experience during the COVID-19 pandemic and other recent emergencies. Key identified strengths included multisectoral collaboration, leveraging existing community structures and networks, and having a competent and unified workforce. Key challenges included how to manage rumours, disinformation and misinformation, and a perceived lack of public trust in health ministries. Participants suggested some key opportunities, such as establishing a digital platform for resource-sharing and strengthening networking across the Pacific, while identified threats
included multi-hazard risks due to climate change and a lack of proper infrastructure to reach the most vulnerable.

2.4 Session III: Targeted RCCE planning

Discussion focused on C4H as a valuable approach for informing and influencing attitudes and behaviours to achieve specific public health outcomes at individual, community and societal levels. To ensure success, this approach involves understanding, planning, testing, evaluating and learning. Participants also focused on the significance of defining, understanding and listening to target audiences ahead of emergencies, and engaging various stakeholders to understand their level of acceptance. The identification of a Single Overarching Communications Outcome (SOCO) or the change desired in target audiences was also introduced as part of the RCCE planning process.

2.5 Session IV: Evidence-based risk communication

Participants highlighted the critical importance of RCCE and surveillance teams working closely together during every phase of a public health event or emergency. Early Warning and Response Systems (EWARS), risk assessments, and social and behavioural data should inform RCCE work. Social and behavioural insights from RCCE activities can also inform risk assessments. Risk assessment should be a team effort and used as evidence to inform recommended actions as well as to evaluate the impact of a response when initiated. Discussion also centred on the importance of community-based surveillance to complement indicator-based and event-based surveillance. Reporting by media of noteworthy or unusual events should also be taken into consideration as part of the risk assessment process. Existing coordination mechanisms, such as the Pacific Public Health Surveillance Network (PPHSN), can support collaboration between RCCE and surveillance teams, including via national EpiNet teams – the preparedness and response arm of the PPHSN.

2.6 Session V: Community listening and feedback

Discussions during this session emphasized the importance of listening to the community and collecting feedback using both quantitative and qualitative methods. An ongoing feedback cycle or mechanism was introduced whereby feedback is collected, referred and analysed for trends and issues, shared with others and acted upon. Participants recognized challenges, such as the lack of human resources to conduct surveys, the need to secure buy-in from communities to participate, and how to overcome community fatigue due to the numerous surveys that are conducted. They concluded that opportunities for overcoming such obstacles include: incorporating various surveys into one national survey to reduce fatigue; utilizing partner networks to reach vulnerable groups and considering incentives for participation; and removing any barriers to participation. The value of providing feedback back to the community was also emphasized; it was felt that providing feedback is often an afterthought or not done at all. Discussions also noted the importance of sensitizing the community as to why this data collection is important and how the data will be used.

2.7 Session VI: Effective health communication approaches and techniques

Discussion in this session focused on ensuring communication is accessible, actionable, credible and trusted, transparent, relevant and comprehensible. Effective approaches that were discussed involved developing up to three main key messages; identifying the messenger, or the person best placed to deliver the messages based on who your audience listens to or trusts; and considering the most appropriate medium or format for delivering the messages. Communication channels should be selected and prioritized based on an understanding of audience communication preferences and a consideration of available resources, while also considering the cultural context, including community structures, such as recognizing chiefs or religious leaders as highly influential voices. Discussions also emphasized how effective storytelling can build trust and connection.
2.8 Session VII: Engagement with affected community

Discussion during this session highlighted the important role of community engagement in supporting uptake of health interventions during emergencies. Various challenges to community engagement were highlighted, such as lack of trust, lack of inclusivity, communication barriers, cultural sensitivity and resource constraints. The process of effectively engaging communities was discussed, including preparing to mobilize communities; organizing community entry; exploring and enabling communities to define the issue, explore the outbreak and social issues, and set priorities; as well as planning together so that communities are supported to develop local solutions. Finally, discussion drew attention to the fact that different perceptions of the same risk and the trustworthiness of the information and advice can determine the success or failure of community engagement efforts.

2.9 Session VIII: Rumours, misinformation and disinformation

Discussions centred on how rumours — that is, pieces of information circulating within a community that are unverified or unconfirmed — can provide information on community sentiment, information needs, concerns and questions. The infodemic includes questions, concerns, information voids, misinformation and disinformation; it also refers to the overabundance of information both online and offline. Discussions highlighted that infodemic management is best addressed using a whole-of-government and whole-of-community approach, and that triangulating information from multiple sources can help to build up a picture of the information ecosystem. Risk assessments can also support prioritizing responses to misinformation.

2.10 Session IX: Measurement, evaluation and learning (MEL)

Discussions explored how measurement, evaluation and learning (MEL) enable understanding of how well people recognize and respond to risks and uncertainties, including the extent to which they accept and take up the recommended measures to prevent or minimize health risks. MEL can also demonstrate the impact and value of RCCE to support advocacy with decision-makers. Discussions highlighted that MEL should be done throughout the life cycle of an emergency; it is not static but remains scalable, dynamic and responsive to the changing context. A “theory of change” outlines the desired outcome and how to achieve it. Participants engaged in practical activities that demonstrated how change can be achieved through the programme logic model: inputs, activities, outputs, short-term outcomes, long-term outcomes and impact. Finally, RCCE objectives to enable MEL should be SMART – that is, Specific, Measurable, Attainable, Relevant and Timely.

2.11 Session X: Working with various stakeholders towards stronger RCCE

Discussion during this final session highlighted that collaboration with diverse stakeholders is key in ensuring consistency of messaging and avoiding duplication of activities. It also enables better decision-making, as a wide range of views and experiences can be taken into account. Discussions emphasized that working with partners can also help in building trust in the information and messages provided, and support evidence-based decision-making. Participants also agreed that working with partners can help better ensure that decisions reflect public values and risk perceptions. Discussions and practical activities focused on the establishment of structures to foster coordination both within and outside government, and prompted participants to reflect on their experiences during the COVID-19 pandemic and other emergencies.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

- Participants acknowledged that the workshop helped them grasp a better understanding of RCCE theory, principles and techniques that can be applied to multi-hazard RCCE planning.
While their existing RCCE action plans and strategies are a helpful starting point, they require additional support with multi-hazard RCCE preparedness and response plans.

- Member States emphasized the need to have access to common RCCE templates and resources tailored to the Pacific context for health security events and emergencies at both country and regional levels.

- The workshop provided a platform for exchange among countries, highlighting several best practices and key lessons identified from COVID-19 and other emergencies.

- Countries highlighted the need to revitalize an RCCE Community of Practice for resource-sharing and networking among the participants.

- Participants recognized the value of the C4H approach as a valuable tool for informing and influencing attitudes and behaviours to achieve specific public health outcomes.

- Member States acknowledged the necessity to establish or enhance existing national RCCE coordination mechanisms and multisectoral working groups.

- Participants agreed that there is a need to advocate for high-level commitment including institutionalization and resourcing for RCCE as an IHR core capacity.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

(1) Integrate the principles of effective RCCE and C4H into new and existing structures and initiatives to inform and change attitudes and behaviours in ways that support the achievement of national health priorities and the Healthy Islands vision.

(2) Actively participate in the Pacific RCCE Community of Practice, which is to consist of RCCE focal points from across the Pacific, in an effort to support peer-to-peer learning.

(3) Revitalize and maintain national-level RCCE working groups during all phases of an emergency, namely prevention, preparedness, response and recovery.

(4) Actively engage with diverse stakeholders, such as non-profit organizations, the media, the private sector, the education sector and community organizations, in coordinating multi-hazard RCCE efforts.

(5) Use opportunities such as SPAR, after-action reviews (AARs), simulation exercises (SimEx) and JEEs to review and strengthen national RCCE capacities and address existing gaps in order to ensure that their health systems are prepared to withstand severe and extensive health emergencies, in line with the IHR.

(6) Advocate for, mobilize and allocate appropriate RCCE resources to prioritize RCCE activities in line with the key health risks in the country.

3.2.2 Recommendations for WHO
WHO is requested to consider the following (by December 2025):

(1) Create opportunities for building capacity, networking and building relationships among PICs to foster ongoing collaboration, including through the Pacific RCCE Community of Practice.

(2) Co-organize RCCE workshops and training with partners, enabling PICs to share experiences and refresh their RCCE skills on a regular basis.

(3) Support a resource library, shared drive or website where PICs can access materials, resources and templates related to RCCE and crisis communication, in partnership with Pacific RCCE partners.

(4) Assist with reviewing and strengthening multi-hazard capacities and a multi-stakeholder approach to RCCE.

(5) Implement follow-up national capacity-building tailored to the needs of specific countries.

(6) Facilitate and enable coordination among development partners in the provision of RCCE technical support to PICs, drawing on commonly agreed tools, frameworks, templates and training materials wherever possible.

### 3.2.3 Recommendations for SPC and partners

Partners are requested to consider the following:

(1) Create opportunities for capacity-building, networking and building relationships among participants to foster ongoing collaboration, including through the PPHSN.

(2) Co-organize RCCE workshops and training with WHO, enabling PICs to share experiences and refresh their RCCE skills on a regular basis.

(3) Support a resource library, shared drive or website where PICs can access materials, resources and templates related to RCCE and crisis communication, in partnership with WHO.

(4) Assist with reviewing and strengthening multi-hazard capacities and a multi-stakeholder approach to RCCE.

(5) Implement follow-up national capacity-building tailored to the needs of specific countries.

(6) Facilitate and enable coordination among development partners in the provision of RCCE technical support to PICs, drawing on commonly agreed tools, frameworks, templates and training materials wherever possible.
ANNEXES

Annex 2 – List of participants, temporary advisors, observers and secretariat

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### Annex 2 – Programme of Activities

<table>
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<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker</th>
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<tbody>
<tr>
<td><strong>Day 1: Tuesday, 7 November 2023</strong></td>
<td></td>
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<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
<td>All participants</td>
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<tr>
<td>09:00 – 09:05</td>
<td>Opening prayer</td>
<td>Mr Saula Ratu Golea Volavola, WHO</td>
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<tr>
<td>09:05 – 09:15</td>
<td>Opening remarks</td>
<td>Dr James Fong, MHMS, Fiji Dr Nuha Mahmoud, WHO</td>
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<tr>
<td>09:15 – 09:45</td>
<td>1. Introduction, objectives and outcomes</td>
<td>Ms Lenka Dojcanova, WHO Ms Christelle Lepers, SPC Ms Lauren O’Connor, WHO</td>
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<td></td>
<td>Session I: Risk communication and community engagement (RCCE) principles</td>
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<td>09:45 – 10:30</td>
<td>2. Risk communication and community engagement (RCCE) principles</td>
<td>Ms Lenka Dojcanova, WHO Ms Christelle Lepers, SPC Ms Lauren O’Connor, WHO</td>
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<tr>
<td>10:30 – 10:45</td>
<td>Group photo</td>
<td>All participants</td>
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<td>10:45 – 11:00</td>
<td>Coffee break</td>
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<td>11:00 – 12:00</td>
<td>3. Panel discussion: RCCE in practice - Country experiences and reflections from COVID-19 and other health emergencies</td>
<td>Ms Peggy Hanna, WHO Dr James Fong, Fiji Dr Ofakiokalani Tukia, Tonga Ms Mokoroa Rianna Pepe, Cook Islands Ms Daisy Grace Namaduk, Nauru</td>
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<td>12:00 – 13:00</td>
<td>Lunch break</td>
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<td>Session II: RCCE cross-cutting systems</td>
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<td>13:00 – 15:00</td>
<td>4. National RCCE systems and building blocks in the framework of Health Security Action Framework/ International Health Regulations</td>
<td>Ms Lieke Visser, WHO Ms Mokoroa Rianna Pepe, Cook Islands Ms Daisy Grace Namaduk, Nauru</td>
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<tr>
<td>15:00 – 15:30</td>
<td>Coffee break</td>
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<td>Session III: Targeted RCCE planning</td>
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<td>15:30 – 17:00</td>
<td>6. Introduction to RCCE planning incl. breakout sessions</td>
<td>Ms Lenka Dojcanova, WHO</td>
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<tr>
<td>18:00 – 20:00</td>
<td>Welcome reception</td>
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**Day 2: Wednesday, 8 November 2023**
Chair: Grace Namaduk, Nauru

09:00 – 09:15

7. Summary of day one Tuvalu

Session IV: Evidence-based risk communication

09:15 – 11:00

8. Using diverse sources of data for multi-hazard RCCE planning and response Ms Sara Demas, WHO Ms Christelle Lepers, SPC Ms Nancy Wong, WHO

9. Breakout session: Rapid assessments Ms Jacinta Issaacs, WHO

11:00 – 11:30 Coffee break

Session V: Community listening and feedback

11:30 – 12:30

10. Introduction to community listening and feedback Ms Jacinta Issaacs, WHO

11. Breakout session

12:30 – 13:30 Lunch break

Chair: Jean Jacques Rory, Vanuatu

Session VI: Effective health communication approaches and techniques

13:30 – 15:15

12. Effective health communication Mr Saula Ratu Golea Volavola, WHO

13. Breakout session: communication channels Ms Jacinta Issaacs, WHO

15:15 – 15:45 Coffee break

Session VII: Engagement with affected community

15:45 - 17:00

14. Strengthening community engagement in RCCE plans Ms Peggy Hanna, WHO

Day 3: Thursday, 9 November 2023

Chair: Adrian Leamana, Solomon Islands

09:00 – 09:15

15. Summary of day two Commonwealth of the Northern Mariana Islands

Session VIII: Rumours, misinformation and disinformation

09:15 – 11:00

16. Managing rumours, misinformation and disinformation incl. breakout sessions Ms Lieke Visser, WHO Ms Nancy Wong, WHO

11:00 – 11:30 Coffee break

Session IX: Measurement, evaluation, and learning (MEL)
11:30 – 12:30  17. MEL: Tips for measuring success incl. breakout sessions  Ms Lieke Visser, WHO  Ms Nancy Wong, WHO

12:30 – 13:30  Lunch break
Chair: Mokoroa Rianna Pepe, Cook Islands

13:30 – 14:30  MEL: Tips for measuring success incl. breakout sessions (cont.)  Ms Lieke Visser, WHO  Ms Nancy Wong, WHO

Session X: Working with various stakeholders towards stronger RCCE

14:30 – 15:30  18. Working and coordinating with various stakeholders  Ms Christelle Lepers, SPC

15:30 – 16:00  Coffee break

16:00 – 17:00  19. Group exercise: working with diverse stakeholders  Ms Christelle Lepers, SPC

Day 4: Friday, 10 November 2023
Chair: Fatimah Talagi, Niue

09:00 – 09:15  20. Summary of day three  Vanuatu

09:15 – 09:45  21. IHR State Party Self-Assessment Annual Report (SPAR)  Dr Nuha Mahmoud, WHO

Session XI: Closing

09:45 – 10:45  22. Recommendations and the way forward  Samoa

10:45 – 11:15  Coffee break

11:15 – 12:30  23. Closing remarks  Dr Ofakiokalani Tukia, Tonga  Dr Nuha Mahmoud, WHO  Ms Christelle Lepers, SPC

12:30 – 13:30  Lunch break

13:30 – 15:30  24. Individual consultation: review of RCCE capacity and needs with facilitators  All participants