World Health
Organization

Building trust through risk communication and community engagement and infodemic management

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Key points

- Accessible, trustworthy and credible health information is essential for the acceptance and adoption of life-saving interventions in the current context of COVID-19.
- Engaging communities to understand their needs, address concerns and develop joint solutions remains critical for trust and cooperation.
- The COVID-19 infodemic–which has been characterized by an overabundance of information, some of it inaccurate or outdated–continues to spread worldwide and should be addressed through evidence-based and tailored risk communication, community engagement and infodemic management strategies.
- Countries are advised to maintain national and sub-national capacities for risk communication and community engagement and infodemic management as appropriate for preparedness, prevention and the COVID-19 response, as per the WHO Director-General's standing recommendations.
- For emergency response to be successful, it is vital that national policies incorporate community engagement and community feedback mechanisms into RCCE-infodemic management approaches and plans.
- Health workers, who are often the first port of call for people seeking information, should be supported through training in RCCE-infodemic management.

Introduction

Nearly five years since the first SARS-CoV-2 infections were reported, the global COVID-19 situation has changed substantially. With widespread immunity from both vaccination and prior infection, currently circulating variants are now associated with lower severe disease rates and fewer hospitalizations. As a result, most countries have lifted public health and social measures and have moved to end their national COVID-19 emergencies. In this context, many around the world wish to move on and forget their experiences with the COVID-19 pandemic.

COVID-19 continues to circulate widely, however, presenting significant challenges to health systems worldwide. Tens of thousands of people are infected or re-infected with SARS-CoV-2 each week. From mid-September to mid-October 2024, WHO received reports of more than 296 000 confirmed cases of COVID-19 (see the WHO COVID-19 Dashboard). This figure is certainly an underestimate, as there has been a persistent decline in COVID-19 surveillance and reporting, and wastewater surveillance indicates that circulation is 2–20 times higher than the case numbers that are reported.

It is vital that countries sustain the public health response to COVID-19 amid ongoing illness and death and the emergence of SARS-CoV-2 variants, adapting it to the requirements based on the current COVID-19 situation and risk. Countries are increasingly balancing COVID-19 prevention and response activities with other social and economic priorities.

On 9 August 2023, the WHO Director-General of published [standing recommendations to support ongoing efforts for the prevention and control of COVID-19](#) in accordance with provisions of Articles 16 to 18, and 50 to 53 of the International Health Regulations (2005) (IHR). These standing recommendations are in effect for all States Parties (WHO Member States plus Liechtenstein and the Holy See) until 30 April 2025 *(1)*.

The updated WHO [Strategic Preparedness and Response plan for 2023-2025](#) is designed to help countries end the emergency phase of the pandemic and shift to comprehensive, long-term management of COVID-19 within broader disease prevention and control programmes. As countries continue to strengthen COVID-19 programmes within their public health systems, two objectives remain critical: 1) reducing the risk of emergence of and controlling the circulation of SARS-CoV-2 variants with increased growth rates and immune escape, with a particular focus on reducing infection in high-risk and vulnerable populations; and 2) diagnosing and treating COVID-19 to reduce mortality, acute severe disease morbidity and long-term sequelae.

Purpose of this document

In 2022 and 2023, WHO released a package of policy briefs designed to help countries formulate policies to manage SARS-CoV-2 transmission, particularly in high-risk and vulnerable populations, and to reduce morbidity, mortality and long-term sequelae from COVID-19. The policy briefs have been updated to reflect the current COVID-19 situation and risk, the approaches outlined in the September 2023 WHO document [Ending the COVID-19 emergency and transitioning from emergency phase to longer-term disease management: Guidance on calibrating the response](#) *(2)* and the Director-General's Standing Recommendations for COVID-19 *(1)*.

This policy brief is intended for national and sub-national policy and decision makers in ministries of health, other government agencies and partners engaged in and responsible for the health of the populations they serve. It provides a concise overview of the key recommended actions for Member States to take based on WHO COVID-19 technical guidance and strategies.

Essential RCCE-IM Actions for Member States to consider in updating COVID-19 policies

It remains crucial for countries to keep providing accessible, trustworthy, credible and actionable heath information to the public about life-saving actions such as vaccination, testing when COVID-19 is suspected (if possible) and protecting high-risk individuals from infection *(3, 4)*. This is particularly important because conflicting, inaccurate or confusing information about COVID-19 is still circulating in communities, on social media and through other channels. Such misinformation has led to people questioning the value of science and scientists and the usefulness or safety of countermeasures. Countries are advised to maintain national and sub-national capacities for risk communication and community engagement and infodemic management as appropriate for preparedness, prevention and the COVID-19 response, as per the WHO Director-General's standing recommendations *(1)*.

As we enter the fifth year of the pandemic, we have a better understanding of who is most at risk, which communication channels people prefer and trust and how to encourage behaviour changes effectively. Managing the COVID-19 infodemic–which has been characterized by an overabundance of information,

some of it inaccurate or outdated, shared digitally, person to person or through media and other channels– must remain a priority for countries *(3, 18)*.

Communication should be transparent about ongoing uncertainties with COVID-19 and the potential evolution of the virus. This includes readying the public for possible adjustments to public health and social measures, testing strategies, treatments and vaccines if a surge occurs *(5, 6)*. Priority actions should involve informing people living or working in places most at risk of COVID-19 transmission, aligning COVID-19 response efforts with community needs and promoting protective behaviours while addressing barriers that affect access to life-saving tools (such as testing, vaccines and therapeutics). Last, countries should continuously monitor their information environments and track COVID-19 related question, concerns, information voids, misinformation and disinformation through social listening.

1. Maintain RCCE-infodemic management staff at emergency levels

During the COVID-19 pandemic, Member States established strong risk communication and community engagement (RCCE) programmes to manage health information and engage with the public effectively. Some countries also developed specific programmes to address the COVID-19 infodemic.

However, as the crisis of COVID-19 has passed and cases of COVID-19 infection have declined, these teams and programmes have been reduced or have even disappeared. This trend has been seen in previous emergencies as well, leaving governments to start from scratch when new crises arise. They must then rebuild their teams, train new staff, create tools and re-establish connections and often, trust, with the public.

To address the ongoing challenges of COVID-19 and prepare for future emergencies, Member States should consider maintaining a dedicated team, which should include expertise in emergency risk communication, community engagement, social and behavioural research and infodemic management *(16, 17)*. It is advisable to budget for this team as a fixed entity and incorporate RCCE-infodemic management core components and deliverables into national health emergency operational response plans. The WHO Director-General's standing recommendations for COVID-19 stresses the importance of incorporating lessons learnt from national and sub-national evaluations of the COVID-19 response into COVID-19 related plans and policies *(1)*.

Additionally, countries should enhance the skills and capabilities of public health professionals involved in RCCE-infodemic management *(17)*. They should also consider building and reinforcing local capacity by ensuring mentoring, technical support and resource sharing with community health workers, local responders and other stakeholders.

2. Strive to increase trust through strategic communication

Building and maintaining trust is an essential goal of RCCE-infodemic management approaches for equitable and effective preparedness and emergency response. When people do not trust health recommendations, advice or the people delivering services to them, several negative consequences can occur. For example, people may disregard or ignore public health guidelines. Distrust can fuel the spread of misinformation and conspiracy theories and can undermine efforts to control outbreaks, leading to increased spread and disease.

To help maintain trust with populations, communication should be timely, accessible and transparent, When national and local health recommendations are updated or changed it is important to communicate clearly about what has changed and why. Member States are advised to include details on the decision-making process, including evidence that supported the changes and the benefits for the affected populations *(4, 5)*.

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

- Regular updates: Ensure that information is consistently updated and communicated through channels that communities trust and regularly use.
- Social listening: Conduct digital and non-digital social listening to gather and analyse data on public perceptions, attitudes and behaviours to inform RCCE-infodemic management interventions *(19, 20)*.
- Key messages: Develop key messages that:
    - emphasize the importance of staying up-to-date with vaccinations, especially for at-risk groups
    - share information about factors and behaviours that affect individual risk and the risk to others
    - target and tailor communication specifically to at-risk populations, such as older people, healthcare workers and marginalized groups.
- Share information about how different settings and circumstancescan increase the risk of exposure to and infection with SARS-CoV2, particularly for at-risk individuals.

3. Co-develop solutions with communities

It is highly advisable to establish regular feedback mechanisms and participatory systems that engage affected populations at national, sub-national and local levels *(6, 7)*. This approach promotes community ownership, acceptance and adherence to tailored life-saving interventions aimed at reducing SARS-CoV-2 transmission and COVID-19 morbidity and mortality while also strengthening health systems for concurrent and future public health emergencies.

Member States should maintain community feedback mechanisms through non-digital social listening methods, such as, hotlines feedback from healthcare workers, and community networks and dialogues. They should also utilize social listening tools, including infodemic management and social media engagement *(19, 20, 29)*.

Additionally, Member States are encouraged to enhance collaboration with community-based and civil society organizations and other partners outside the health sector *(13, 14)*. Public health emergency response teams should have diverse and representative community stakeholders to ensure effective and inclusive responses *(14)*.

4. Tailor health information and digital literacy initiatives

Misinformation often thrives when people cannot easily find or access reliable health information from sources they trust. These information voids can be prevented, and if detected early, they can be filled quickly with credible health information tailored to specific populations. This proactive approach is one of the most effective strategies for minimizing the impact of health misinformation *(19, 20, 24, 29)*.

Community narratives, perceptions and motivations change rapidly. Delayed responses to misinformation can be ineffective and can even backfire by eroding trust in public health authorities. To avoid this, it is essential to rapidly identify sources of confusion, find out how people are searching for health information and effectively meet their information needs. As community narratives evolve, evidence can be used to make necessary adjustments to communication strategies *(5, 6, 29)*.

Health information spreads more effectivelywhen people adapt and share it themselves, rather than relying solely on public health messaging, which may not be trusted in certain communities. This can be encouraged by providing health information in formats that are easy to reuse, remix and share, especially through social networks. Without accessible, high quality-content for repurposing, inaccurate, stigmatizing or harmful information may take its place *(3, 4, 12, 13, 14, 15)*.

It is also important to balance digital engagement with appropriately resourced in-person engagement to ensure that groups without access to digital channels are not left behind. This is why it is so vital to focus

on community-led approaches at sub-national and national levels. Interventions should be tailored to the needs, preferences, experiences, and contextual realities of the people who are at risk or affected *(19, 20, 30).*

5. Train health workers on RCCE-infodemic management approaches

Health workers are trusted sources of information and often the first point of contact for people seeking information and guidance. To enhance their effectiveness, it is important to expand training programmes to include evidence-based techniques for listening to community questions and concerns as well as strategies for working with communities and for addressing misinformation.

Implementing effective social listening practices can help health workers identify questions and concerns that, if left unaddressed, could lead individuals toward misleading information. It is important to provide updated job aids, tools and resources that specifically tackle misinformation narratives and address frequently asked questions *(3, 5, 13, 14, 15, 16, 17, 18, 19, 20, 24, 29)*.

Training should be extended to all staff members involved in community interactions, including community health workers, health promotion workers, social workers and others in related roles. The training should focus on how to clarify and address confusion and counter health misinformation both online and offline *(3, 5, 13, 14, 15, 16, 17, 19, 29).*

Conclusions

Although most countries have ended their national COVID-19 emergencies, WHO strongly advises that they continue to invest in robust participatory and localized RCCE approaches. These strategies should focus on building and maintaining trust within communities while promoting the adoption of life-saving interventions, practices and behaviours. Reviewing lessons learned from RCCE-infodemic management interventions during the COVID-19 pandemic and incorporating them into future preparedness and response plans could prove to be crucial.

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