WHO-EM/IHR/016/E

Summary report on the

Regional technical meeting on strengthening risk communication and community engagement in the Eastern Mediterranean Region/ Middle East and North Africa

Cairo, Egypt
23–27 October 2022

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

unicef
for every child

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1. Introduction

In response to the COVID-19 pandemic, countries in the World Health Organization (WHO) Eastern Mediterranean Region (EMR) and United Nations Children's Fund (UNICEF) Middle East and North Africa (MENA) region have implemented policies and public health measures whose effectiveness has relied on public trust and compliance with advice on specific behavioural measures. The effective implementation of risk communication and community engagement (RCCE)[1] interventions has revealed their importance as an integral component of any successful public health emergency response.

Despite examples and evidence of RCCE successes in addressing COVID-19, countries in the EMR/MENA region have also experienced many challenges such as: a) establishing RCCE as a cross-cutting area; b) developing solid RCCE plans that are integrated in overall national preparedness and response plans; c) aligning approaches across agencies; d) dealing with different and competing priorities and agendas among implementing agencies; and e) limited dedicated and sustainable resources (financial, human) for RCCE, accompanied by the high turnover and workload of health staff.

At the same time, new emerging diseases and overlapping emergencies have impeded proper knowledge management, planning and monitoring, evaluation and learning. Additionally, a review of national COVID-19 responses has revealed gaps and weaknesses within current national RCCE systems, as well as gaps in coordination and national capacities relevant to prevention, preparedness and response across multiple hazards and different types of health emergency. These challenges have led to the emergence of a new programming focus on

[1]The term "RCCE" also broadly refers to, and overlaps with, the social and behaviour change (SBC), behaviour change communication (BCC) and communication for development (C4D) approaches used by other organizations and agencies.

infodemic management and a renewed imperative to incorporate human-centred design in emergency/disease outbreak response.

Against this background, the first ever joint regional technical meeting on RCCE between the WHO Regional Office for the Eastern Mediterranean and UNICEF Middle East and North Africa Regional Office (MENARO) was held in Cairo, Egypt, from 23 to 27 October 2022. A total of 105 participants, representing all 23 countries/territories in the EMR/MENA region attended the meeting and engaged in lively discussions, either in-person or online.

Participants in the hybrid meeting included RCCE focal points or staff heavily involved in cross-sectoral RCCE planning and response operations from ministries of health, agriculture and/or animal resources and environment, along with United Nations regional and country office staff, UNICEF social and behaviour change (SBC) specialists, WHO communications officers, and representatives from key partners such as the King Salman Humanitarian Aid and Relief Center (KSRelief) in Saudi Arabia, Syria Immunisation Group, B4Development Foundation and Nudge Lebanon. Technical support and facilitation for the meeting were provided by team of facilitators, speakers and technical resource people from WHO and UNICEF regional and headquarters offices, as well as by country representatives who chaired the different sessions.

As the EMR/MENA region transitions to the sustained management of the COVID-19, there is an opportunity for countries to leverage their experience and learning to build stronger, more sustainable, integrated RCCE capacities and systems that will address not only recurrent and emerging disease outbreaks, but also emergencies from all hazards in the region.

Hence, the purpose of the meeting was to capitalize on the established collaboration between WHO and UNICEF to strengthen: a) existing RCCE capacities at the country level; and b) RCCE integrated planning and implementation. The specific objectives of the meeting were to:

- enhance awareness of the core components of a functioning national RCCE system to prevent, prepare and respond to multiple health hazards, including disease outbreaks; this includes attention to integration and coordination of RCCE within existing EMR/MENA national systems and structures linked particularly to health, agriculture, animal/husbandry and environment;
- strengthen knowledge of the role and application of social and behavioural data, insights and evidence, including social listening and community feedback, to inform RCCE and other prevention, preparedness and response efforts;
- build foundational skills for managing misinformation and infodemics tailored to health emergencies relevant to EMR/MENA; and
- facilitate the drafting of national RCCE multi-hazard strategies/plans and relevant standard operating procedures as guiding documents and procedures for systematic RCCE for the prevention, preparedness and response to health emergencies.

By the end of the meeting, the participants and RCCE country teams were expected to:

- be aware of and commit to establishing and/or strengthening a functioning national RCCE system, both within and outside the context of their own institutions, to prevent, prepare and rapidly respond to health threats including disease outbreaks;
- be able to use and apply social and behavioural evidence, tools and resources, that include social listening and behavioural insights, to inform RCCE strategies and measure progress, accordingly;

- understand the guiding principles of managing responses to infodemics of misinformation and disinformation; and
- determine preliminary inputs for a national RCCE multi-hazard strategy/plan and identify a country-specific roadmap (next steps) for its development and endorsement.

The meeting was jointly opened by Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, and Mr Kambou Fofana, UNICEF Deputy Regional Director for the Middle East and North Africa, representing Ms Adele Khodr, the UNICEF Regional Director for the Middle East and North Africa.

Dr Dalia Samhouri, WHO Regional Manager for Country Emergency Preparedness and International Health Regulations, and Ms Neha Kapil, UNICEF Regional Advisor for Social and Behaviour Change, reinforced the need for the meeting to: collectively engage with key government RCCE stakeholders; reflect upon the lessons learned in RCCE over the past 3 years and collectively identify a way forward in building more sustained RCCE systems that are resilient and responsive to future health emergencies; and provide a forum to agree upon priority RCCE areas for investment and a way forward to ensure coordinated, systemic and evidence-based RCCE responses to multiple hazards.

2. Summary of discussions

A combination of plenary technical sessions, small group exercises and discussions, high-level panel discussions, keynote speakers and PowerPoint presentations were used to introduce critical concepts and theories of practice. Country-level technical/programmatic presentations and interventions reflected on lessons learned and good practices, contributing to peer learning and a deepened understanding of the experiences within the region. Additionally, to reinforce information and knowledge exchange, an online “marketplace” allowed

posters and national materials to be displayed, with staff available for informal discussions about the products being shared. By focusing on lessons learned (positive and negative) and good practices, the marketplace contributed to the meeting's outcomes.

Technical sessions were held in the following thematic areas:

- the background and current advances in the field of RCCE;
- building RCCE country capacities to strengthen national RCCE systems;
- generating and applying social and behavioural evidence;
- infodemic management, social listening and community feedback;
- public communication and audience segmentation;
- community involvement and RCCE localization; and
- monitoring, evaluation and learning.

The meeting concluded with an address on scaling-up behavioural science by Dr Fadi Makki, Director of the B4Development Foundation and founder of Nudge Lebanon, and reflections and remarks on RCCE by Dr Vincent Petit, UNICEF's SBC Global Lead. Joining the closing session, Ms Adele Khodr reiterated the importance of RCCE and reminded participants that the overall goal of the work was to foster trust between communities, while simultaneously building community and health system resilience, especially during emergencies and disease outbreaks. She said that she saw the meeting as a milestone, particularly in strengthening the collaboration between WHO and UNICEF on RCCE. Dr Rick Brennan, Director of the regional WHO Health Emergencies programme, who also joined online, re-emphasized WHO's commitment to advancing its work on social norms, behaviour change and community engagement in the region.

During the final session, Dr Samhouri and Ms Kapil identified key country actions and commitments to take forward from the meeting and

relevant country-specific needs and requests for support. Finally, as a formal meeting outcome, they facilitated collective participant decision-making and consensus on key recommendations and priority next steps, with a suggested timeline for action.

3. Actions and commitments

Country actions and commitments

1. Conduct advocacy for institutionalizing RCCE, improving RCCE integration, planning and coordination, and having national and subnational RCCE focal points within the ministry of health and other ministries (Jordan, Pakistan, Syrian Arab Republic).
2. Establish, strengthen, sustain, and leverage former/current RCCE coordination on polio/cholera/COVID-19 for all public health emergencies, including the mapping and engagement of partners (Afghanistan, Algeria, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, occupied Palestinian territory, Pakistan, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic).
3. Develop a national RCCE strategy/action plan and an internal crisis communication plan through a participatory process including all relevant sectors (Algeria, Djibouti, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, occupied Palestinian territory, Oman, Pakistan).
4. Ensure RCCE response/plans are more inclusive, especially of women/girls and persons with disabilities (Afghanistan, Somalia, Syrian Arab Republic).
5. Strengthen the generation and use of scientific and research evidence and data through:
    - integration of behavioural insights in programme development (Iraq);
    - carrying out scientific research, monitoring assessments of health risk, social listening, and monitoring and evaluation and learning

(Bahrain, Islamic Republic of Iran, occupied Palestinian territory, Oman, Sudan);
- collaboration for data-driven RCCE interventions, needs assessments and integration of community feedback (Algeria, Kuwait, Saudi Arabia); and
- institutionalizing monitoring and evaluation, and establishing mechanisms for rumours, misinformation and disinformation management and response (Bahrain, Jordan, Libya, occupied Palestinian territory).

6. Ensure national RCCE materials use segmented approaches, tailored messaging and customized channels, and build on existing RCCE e-archives (Bahrain, Morocco, occupied Palestinian territory, Somalia).
7. Conduct fund raising and ensure effective allocations for RCCE plans (Iraq, Pakistan).
8. Conduct RCCE capacity-building training (Libya, Morocco, occupied Palestinian territory).
9. Document RCCE success stories and lessons learned (Sudan).

Requests to WHO and UNICEF

1. Strengthen RCCE interagency collaboration for capacity-building, including through joint country reflections, joint activities and division of responsibility in engagement with government colleagues. There is a need to engage and involve additional active organizations such as the International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations High Commissioner for Refugees (UNHCR), etc.
2. Advocate for and lobby to secure high-level support and commitment to position RCCE as a cross-cutting function across the core capacities required for health emergency preparedness and

response (e.g. through Director-General/Executive Director-level advocacy, resolutions at the WHO Regional Committee for the Eastern Mediterranean or World Health Assembly).

3. Support the institutionalization of RCCE across broader emergency and humanitarian response pillars through predictable resourcing for RCCE (across the organizations).
4. Support the strengthening of the community engagement component of RCCE, social listening and misinformation management.
5. Provide technical support for: developing/updating all-hazard national RCCE plans through an interactive process; strengthening social and behavioural data collection, analysis and use to inform RCCE planning and intervention; mapping, enhancing and institutionalizing coordination mechanisms; strengthening digital engagement; providing support using international/global expertise; and strengthening partnerships with academic institutions.
6. Provide capacity-building through orientations, training, coaching and mentoring on: RCCE integration across all preparedness and response pillars; strategic planning; social listening; evidence generation; behavioural research, including implementation science and operations research to scale up projects; monitoring and evaluation; human-centred design; behavioural insights; digital engagement; exposure visits to other countries; and updating and expanding RCCE consultant rosters to include a wide range of skills and competencies.
7. Share RCCE/SBC-related research, monitoring and evaluation tools, including self-assessment tools for RCCE capacities and regional simulations.
8. Support the establishment of mechanisms on community feedback and analysis, social listening and infodemic management.
9. Support documentation and cross-pollination of experiences, innovations and lessons learned (aligned to international standards),

including the identification and dissemination of good practices within the region and sharing a repository of technical resources.

10. Support access to financial resources by providing guidance on their optimized use and allocation.

4. Recommendations

1. Strengthen and position RCCE as a cross-cutting function across the core capacities required for health emergency preparedness and response. Integrate RCCE across all response pillars.
2. Support the development, coordination and strengthening of a multi-hazard and multisectoral RCCE approach. Foster coordination at national and subnational levels. National leadership is essential.
3. Invest in social research and behavioural data generation, analysis and use to inform, revise and guide RCCE responses. Leverage digital technologies, social listening and community feedback to address rumours, misinformation and disinformation in a coordinated way. Document and share good practices and lessons learned. Strengthen collection, triangulation and use of behavioural data and multi-source listening to inform and guide risk communication.
4. Ensure cross-pollination of expertise, resources and material across countries and not only between regional offices and countries.
5. Build capacities for community engagement for localized health emergency preparedness and response. Utilize community empowerment-based approaches.
6. Ensure trust is a guiding principle and outcome of RCCE/SBC approaches.
7. Strengthen support and mentorship for RCCE/SBC focal points using a platform for discussion. Consolidate a common understanding of RCCE principles and approaches across all communications, especially for risk communication/SBC.

5. Next steps

1. Collate all presentations for sharing (1 week).
2. Prepare a meeting report with actions and recommendations (1 month).
3. Obtain formal acknowledgement of participation (2 months).
4. Conduct joint action planning through an EMR/MENA RCCE inter-agency working group, including IFRC and other partners (6 months).
5. Conduct joint technical support and missions to countries for national RCCE plans (1–2 years).
6. Launch and share joint and institution-specific technical support resources (ongoing).

World Health Organization
Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street,
Extension of Abdel Razak El Sanhouri Street
P.O. Box 7608, Nasr City
Cairo 11371, Egypt
www.emro.who.int