



Risk Communication and Community Engagement Plan Coronavirus Disease 2019 (COVID-19)

April 2021

Version 2

**Te Marae Ora
Ministry of Health Cook Islands**

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Introduction

Since 22 January 2020, Te Marae Ora Ministry of Health Cook Islands ([Te Marae Ora], TMO) has led the national health response against Coronavirus Disease 2019 (COVID-19). Communication of the national emergency response, public health risk and impact of COVID-19, and engagement with Cabinet and government agencies as well as the Cook Islands community has been critical in ensuring people are well informed and aware of the actions required of them.

The Risk Communications and Community Engagement (RCCE) strategies undertaken have evolved and adapted rapidly to keep the public informed of international developments, national health response activities including border restriction measures, as well as preparedness, readiness and response plans should COVID-19 enter the Cook Islands.

Importantly, COVID-19 RCCE has been underpinned by the values of trust, respect, openness, accountability, transparency, participation, kindness and compassion. With much uncertainty regarding timelines for the arrival of vaccines and other therapeutics to bring COVID-19 under control, navigating life with the COVID-19 threat will require continuous attention to potential intrusions and the urgent communication regarding preventative actions the public must take.

Purpose

This Plan outlines the framework from which Te Marae Ora will effectively communicate and engage with national and international stakeholders as well as the people of the Cook Islands, as an essential component of the Te Marae Ora Containment and Mitigation Plan to keep out, control, and eliminate COVID-19.

Legislative Framework

Several legislative tools guide the national response to COVID-19.

- Public Health Act 2004 - COVID-19 notifiable and dangerous condition (Feb 2020)
- International Health Regulations 2005 (IHR)
- Ministry of Health Act 2013
- Ministry of Health (IHR Regulations Compliance) Regulations 2014
- COVID-19 Act 2020
- Disaster Risk Management Act 2007.

Establishing a COVID-19 RCCE framework

Risk communication provides people and families with the information they need to protect themselves. Pairing risk communication with community engagement ensures people have the tools and resources they need to make informed decisions, positive behaviour change and maintain public trust. These actions help limit the spread of disease, enables public health authorities to manage the risk of COVID-19, and thereby enable economic and social activity to resume safely.

Adherence to public health measures such as hand hygiene, wearing a face mask and pragmatic physical distancing is essential for limiting and stopping the transmission of COVID-19 while awaiting the arrival of a vaccine or treatment. Through effective RCCE strategies one can gain buy-in from individuals and communities, and empower them to play their role in the response.

Monitoring and evaluation activities through surveys, consultations etc. will help inform the crafting of the appropriate message for various audiences and facilitate the right behavior change. The foundations for establishing a COVID-19 RCCE framework is to:

- Ensure people have access to the information they need to protect themselves
- Ensure feedback mechanisms are in place to maintain two-way communication
- Ensure health workers know how to engage with patients and caregivers, detect possible cases, communicate with patients about COVID-19, and report to relevant authorities
- Ensure health workers know how to protect themselves

- Position Te Marae Ora as the trusted source of information about COVID-19
- Ensure consistency in information and language and avoid misinformation
- Inform the public on how the public health response to COVID-19 is being conducted in monitoring, detecting and preventing the spread of COVID-19
- Ensure participation of and engagement with relevant communities to increase uptake of public health measures and address barriers to their implementation.

Audience

The general public does not exist as a unit, but rather as a combination of sub-groups. For effective RCCE, it is important to identify and target the sub-groups.

Communication channels

Communication messages and channels must be tailored to the target population, even when the message content is essentially the same. Communication channels must be trusted by the target population.

Table 1: Communication channels

Channels	Tools
Broadcast media (TV, radio)	Public service announcements, videos, audio messages
Social media (Facebook, Twitter)	Social media cards with messages, videos, infographics
Websites	Infographics, videos, plans, media releases, official documents
Community health boards	Posters, folders, flyers
Mobile phones	Text messages
Community leaders	Talks and presentations, video and audio messages.

Monitoring and evaluation

Monitoring RCCE allows us to assess whether messages are reaching the intended audience, messages are understood and the intended behavior change is taking place. This involves a combination of strategies such as monitoring epidemiological trends; care-seeking behaviours (example testing and medical consultations), media (TV, radio, newspaper), social media (Facebook, Twitter), and video conferencing (Zoom) with focus groups.

It is important to understand the community's current knowledge, attitudes, practices and barriers to adapt or adopt key protective behaviours. This will require a range of monitoring tools such as the knowledge, attitudes and practice surveys or consultation with community leaders, other stakeholders and vulnerable persons' groups.

Risk communication is about building trust while using an interactive and ongoing communication process in which audience members are active participants. It shapes how society will function until an effective vaccine and/or therapeutic becomes available, or the pandemic comes to an end, including:

- Long-lasting changes to individual personal protective behaviors and environments (example physical distancing, adaptations to different environments and settings)
- The lifting and reinstating of various restrictions (non-pharmaceutical interventions)

The World Health Organization (WHO) defines risk communication as 'two-way and multi-directional communication and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones'. This interactive participation will help reduce unwarranted fear, anxiety and distrust. Consequently, if a government agency fails to understand how to effectively communicate about health risks, their trustworthiness and credibility may suffer, and a crisis event may go from bad to worse.

The ultimate goal of RCCE is behavior change

Table 2: Risk Communications

Building Trust	Measures to improve communication	Behavioural insights to communicate more effectively	Communications for the COVID-19 vaccine	Challenges in communication
For people to listen you first have to care – have empathy and respect	Strengthen use of social media – primary driver of information	Effective communication is more about the listener than the message	Build relationships with the public. Listen to their concerns	Misinformation – fake news Infodemic and conspiracy theories
Be accurate and update quickly	Use multimedia messaging to address public communications – short videos, website, daily briefings, infographics, professional physicians advice	Share values, focus, declutter, don't moralise, have strong consistent narrative	There was higher vaccine acceptance when the threat was new and fatality rates higher	Misconception due to low education
Be credible and have the right people speaking	Find mechanisms to counter misinformation and rumours	Behaviour: clear call to action, substitute undesired behaviour, be transparent, acknowledge uncertainty, jargon free		Low perception of risk of COVID-19 – denial
Be clear about actions to be taken	Tailor messages for children, elderly, and disabled persons example hearing impaired	Understand barriers: fear, tokenism, social norms, masculinity, fatalism		Complacency and maintaining momentum – people wishing to return to 'old life'
Be proactive and volunteer information	Use entertainment to promote the new normal	Leverage data check if messaging is working		Difficult in sustaining new habits and behaviours
	Use trusted sources of information to address fear, division, hope, trust, misunderstanding	Demonstrating results quickly does matter		High expectations with vaccine
	Engage community and collaborate with partners from faith based organisations and private sector	Context matters		
		Time, patient and persistence – there are no shortcuts		
		Go where your audience is		
		Behaviour entails both rational and irrational behaviour		

Key messages

Public health measures

While awaiting the arrival of a vaccine and/or effective treatment, it is important for our communities to understand that basic preventative measures are one of the most effective tools to control COVID-19.

These preventative measures include:

- Washing your hands with soap and water (or using an alcohol-based hand sanitiser)
- Practice pragmatic physical distancing (at least two metres) where possible
- Cover your coughs and sneezes
- Avoid touching your face (eyes, nose and mouth) with unwashed hands
- Stay home when unwell
- Wear a face mask if unwell, in public, crowded or enclosed spaces
- Clean and disinfect frequently touched surfaces and objects
- Limit time spent in crowded or enclosed spaces
- Protect vulnerable members of our communities
- Avoid hugs, kisses or shaking hands
- Avoid shouting and singing in crowded and enclosed spaces
- Avoid spreading misinformation.

The new normal

Living with the COVID-19 threat requires embracing the new normal in order to adapt and mitigate the risk of virus transmission; enable communities and the economy to operate; and protect the welfare of our most vulnerable groups. This requires empowering individuals and communities to respond to COVID-19 and adapt to the 'new normal', through the following:

- **Encouraging all individuals to adopt protective behaviours such as practising basic public health measures**, including regular hand washing, covering coughs and sneezes, wearing face masks/coverings and physical distancing.
- **Advising organisations, public settings and environments**, like schools, businesses, workplaces, churches and other venues to **adapt and adopt measures to prevent disease spread** such as changing seating arrangements, limiting live singing and setting up registers to record visitors. This will reduce the risk for vulnerable groups across high risk settings.
- **Educating communities on restrictions or non-pharmaceutical interventions** such as border restrictions including quarantine or no quarantine on arrival, that are lifted or reinstated by the Cook Islands Government based upon the epidemiological situation and evidence. This means that people can **anticipate living in a state of change**, until a vaccine and/or treatment becomes available.

Rumours and information disorder

Rumours are unverified information that is shared from one person to another. Rumours can rapidly escalate and threaten the health and lives of individuals and communities and cause harm and/or unnecessary anxiety if not immediately debunked and addressed with factual information. Rumours are driven by information disorders:

- **Misinformation** – false or incorrect information spread by people who believe the information they are sharing is true.
- **Disinformation** – false, incorrect, or misleading information that is spread deliberately by people to deceive or manipulate others, often for political or economic gain.
- **Mal-information** – true or factual information that is spread deliberately by people to inflict harm on a person, organisation or country.

Misinformation through misinterpretation, poor knowledge and understanding is the major driver for COVID-19 rumours. It is also not uncommon for disinformation to be circulated by some people seeking attention, wishing to sensationalise events or create confusion and mischief.

Mal-information could occur if a COVID-19 case is reported in the Cook Islands and could result in stigma and discrimination. The COVID-19 Act (2020) provides powers to prosecute those who deliberately seek to undermine public health action that is designed to protect the population from COVID-19.

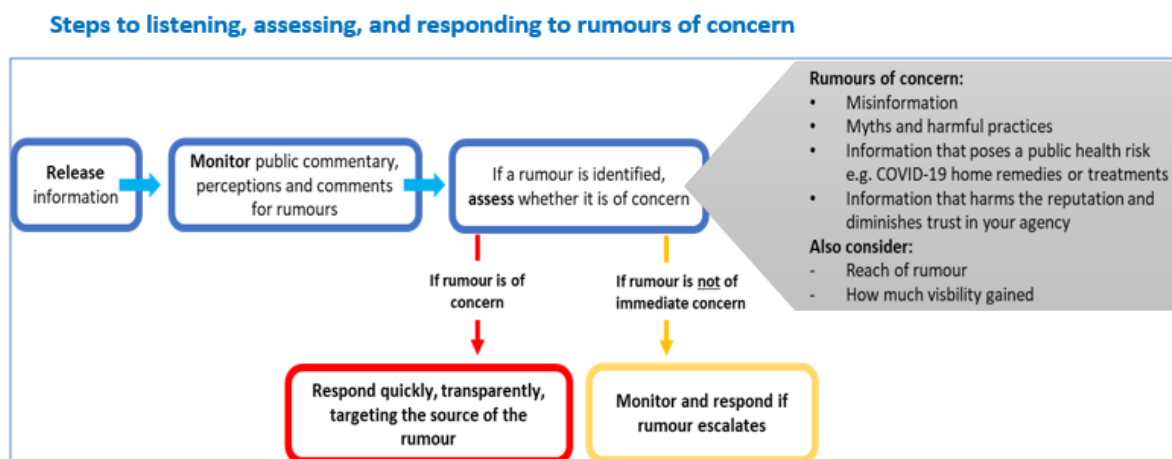
Rumours can be prevented or mitigated through the timely release of accurate, transparent, and clear information to the public that is appropriately pitched to the right audience. It is important to monitor information that is released and the public discussions surrounding this i.e. public concerns, thoughts, perceptions etc. Monitoring media and social media forums, public opinion or feedback is useful to stay in touch with any public concerns.

Rumours that have potential to cause harm include misinformation, myths and harmful practices, information that poses a public health risk example COVID-19 home remedies or treatments, information that harms the reputation and diminishes trust in Te Marae Ora or the Cook Islands Government. The reach of the rumour and visibility gained may determine if a response is required.

If a rumour is of concern, it is important to respond quickly, transparently and target the source:

- Communicate and engage the public early, silence increases ambiguity, confusion and spread of the rumour;
- Provide information on actions to address COVID-19, to help build trust;
- Being transparent: simply denying a rumour will not stop it;
- Stay consistent with messaging and communication strategies;
- Engage with the sources of the rumour;
- Listen and address people’s concerns - do not just dismiss them;
- Show empathy, kindness and compassion; and
- Let communities know they are part of the solution (Figure 1).

Figure 1: responding to rumours of concern



Determining the mode of communication to respond to rumours of concern that is TV, radio, social media, print news, depends on the risk and seriousness of harm to the population. The response should be presented by a well-known/respected public figure (Prime Minister, Minister of Health, Health expert) and seek to reassure the public that the issue is being addressed.

Community engagement

It is important to involve communities in the design and implementation of COVID-19 preparedness and response actions to ensure required changes to behaviours. Government and community leaders e.g. churches, workplaces, schools and families can support the needs of their communities; ensure messages are consistent to reduce confusion and mixed messaging; and effectively lead efforts to embed the 'new normal'.

The purpose of community engagement in RCCE is understanding risk perception and behaviours, local understanding of information provided, responding to specific needs and knowledge gaps, and tailoring information to the circumstances of specific groups.

Te Marae Ora has established relationships with a variety of stakeholders including Government agencies, traditional and religious leaders who sit on the Community Health Advisory Committee, other influential people in the local community and representatives of local Puna (community groups) on Rarotonga and the Pa Enuā. These relationships are maintained through regular meetings via Zoom.

Free 24/7 Healthline have also been established for residents to call for health advice and patient consultations.

Risk perception

Effective control of COVID-19 relies on individuals, families and communities adopting and practicing preventative health measures. Risk perception can influence the adoption of protective behaviours such as pragmatic physical distancing.

Research suggests individuals who perceive higher level of risk are more likely to adopt protective behaviours and comply with infection control processes. It is important for people to have an appropriate level of risk perception so they are alert and empowered to act and adopt protective behaviours, rather than being uninterested, panicking, and immobilised by fear.

Risk communication and vaccines

There are three main scenarios that require careful planning of risk communication strategies:¹

1. Pre-licensure
 - Influential doctor shares concerns about alleged 'shortcuts' on vaccine safety
 - Highly shared video of phase 3 Adverse Event following immunisations (AEFIs) on vaccine
2. Post-licensure
 - Clustering of immunisation stress-related responses
 - Community with questions: influential community leader claiming vaccine is a plot
3. Roll-out
 - Safety signal
 - False rumour about spike in autoimmune disorder in vaccine priority group – affecting health care worker confidence.

The following actions should be taken:

- Prepare, set up lines of communications'
- Identify threats to confidence in vaccinations
- Listen proactively
- Communicate in ways that build understanding and trust
- Use communication science to develop messages

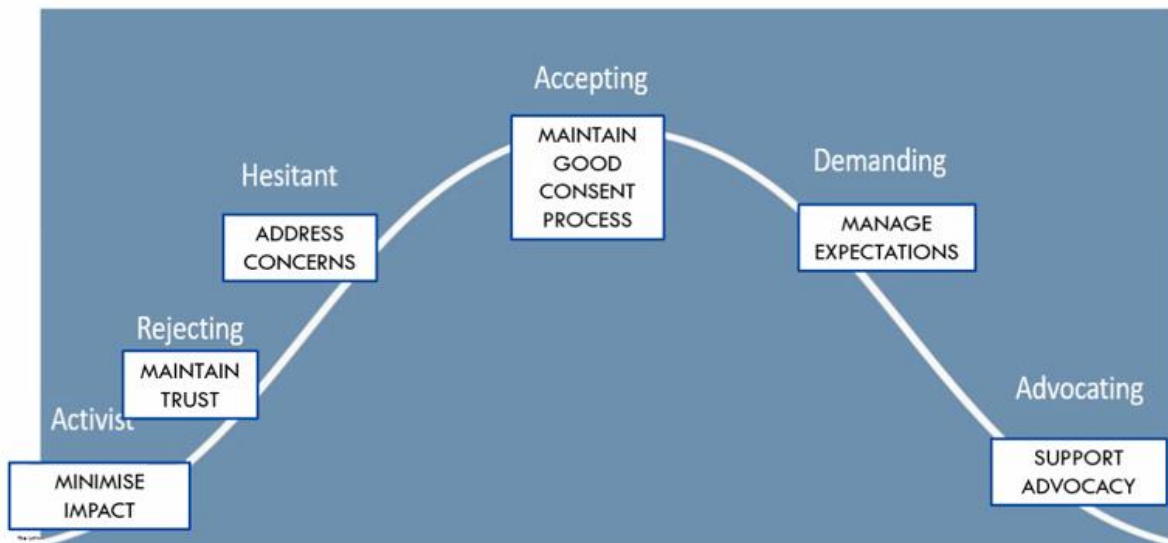
¹ WHO Global Advisory Committee on Vaccine Safety – Safety Surveillance Manual: COVID-19 vaccine communication draft

- Pre-test with target audience
- Work closely with media
- Build a social media presence
- Carefully manage negative messages.

Range of vaccination positions

There are various positions along the curve (Figure 2) which reflect public concerns i.e. activist, rejecting, hesitant, accepting, demanding and advocating. The white boxes identify the actions to take to address these concerns.

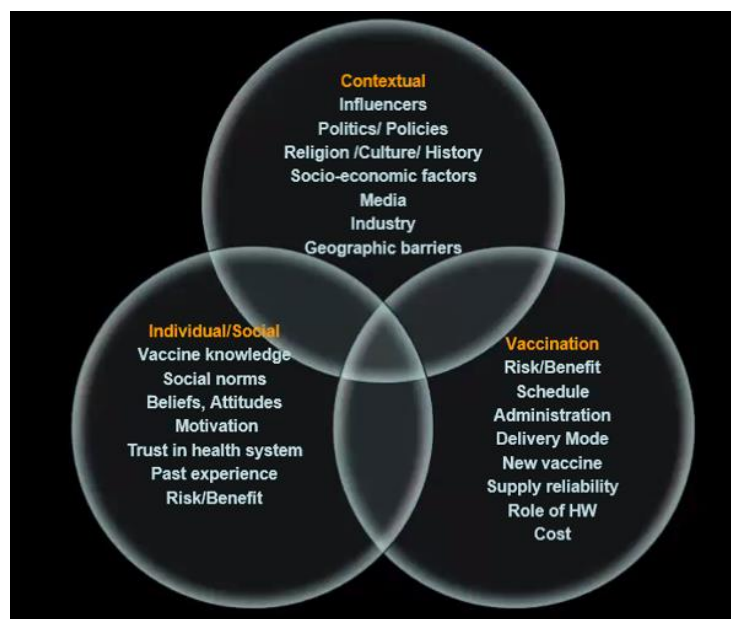
Figure 2: Vaccination positions



Vaccine hesitancy and drivers

Vaccine hesitancy refers to the delay in acceptance or refusal of vaccines despite availability. The following diagram provides some of the drivers for vaccine hesitancy. (Figure 3)

Figure 3: Determinants of vaccine hesitancy, SAGE working group – model of determinants of vaccine hesitancy



Transmission scenarios and RCCE strategies

RCCE strategies are guided by the national emergency response framework alert levels, disease transmission patterns and related non-pharmaceutical interventions (NPIs). Four transmission scenarios highlight the focus and aim of the surveillance system in aiding the respective response measures. (Table 2).

Table 2: Transmission scenarios and response measures

Transmission scenarios	Response measures
<p>Level 1: Prepare COVID-19 is not present in Cook Islands and controlled in NZ with no cases of community transmission</p>	<ul style="list-style-type: none"> • Support community pandemic preparedness, readiness and response planning • Release the continuum of RCCE measures and support various sectors to make adaptations to their settings • Monitor and manage risk perceptions • Educate the population on baseline essential preventative measures and applying knowledge with confidence • Promote outbreak control measures, testing, contact tracing, treatment, quarantine, isolation, face masks, physical distancing.
<p>Level 2: Reduce COVID-19 is not present in the Cook Islands but there is a community case in New Zealand</p>	<ul style="list-style-type: none"> • Provide regular, timely and accurate updates to the public on the situation • Promote outbreak control measures, testing, contact tracing, treatment, quarantine, isolation, face masks, physical distancing • Conduct monitoring activities, including monitoring risk perceptions and respond to rumours • Encourage compliance with recommended public health measures and provide clear directions to public on recommended actions • Maintain physical distancing of 2 metres from people you don't know.
<p>Level 3: Restrict COVID-19 has been detected in the Cook Islands and community transmission may be occurring</p>	<ul style="list-style-type: none"> • Provide regular, timely and accurate updates to the public on the situation • Share information on services (health and other) and how to access help and support • Focus on reducing individual and community risks, especially for vulnerable groups, including persons with chronic health conditions, the elderly, persons with disabilities • People instructed to stay home other than for essential personal movement • Physical distancing of 2 metres outside home • People must stay within their immediate household (but can expand to reconnect with close family) • Work from home and remote learning arrangements should be made • Limited physical interactions with others unless necessary • Travel (especially domestic travel) is restricted • Encourage compliance with recommended public health measures and provide clear directions to public on recommended actions • Conduct monitoring activities and address issues as they emerge example use of unverified treatments or reports of people avoiding health facilities • Encourage communities to activate their community response plans.
<p>Level 4: Lockdown There is more than one case of</p>	<ul style="list-style-type: none"> • Share information on services (health and other) and how to access help and support • Provide regular, timely and accurate updates to the public on the situation

Transmission scenarios	Response measures
<p>COVID-19 in the Cook Islands and community transmission may be occurring</p>	<ul style="list-style-type: none"> • Focus on reducing individual and community risks, especially for vulnerable groups, including persons with chronic health conditions, the elderly, persons with disabilities • People instructed to stay home other than for essential personal movement • Travel is severely limited • Reprioritisation of healthcare services • Encourage compliance with recommended public health measures and provide clear directions to public on recommended actions • Conduct monitoring activities and address issues as they emerge example use of unverified treatments or reports of people avoiding health facilities • Encourage communities to activate their community response plans.

Approaches to empowering different audience groups and monitoring impact

WHO recommends a range of approaches to implementing RCCE plans based on the various audience groups, these include:

- Individuals
- Pa Enea communities with strong community structures
- Vulnerable groups (including the elderly and people with disability)
- Church leaders
- Traditional leaders
- Local government leaders (Rarotonga and Pa Enea)
- Business sector
- Tourism
- Agriculture and fisheries
- Schools
- Health workers
- Media.

Individuals

Audience: Individuals		
Objective of RCCE	Example activities	Example indicators
Individuals are empowered and see that their actions are both part of their individual and collective responsibility to society, especially the most vulnerable. As part of this, they:		
Are engaged to take an active role in their health and decisions impacting their health, which includes personal health behaviours, health interventions and policies	Conduct targeted community outreach to high vulnerability households, to best understand their needs and vulnerabilities and provide appropriate resources.	Number of TV spots broadcasted/ Radio spots used/Newspaper reports/Advertisement spots
Understand that the risk remains and therefore continue to carry out key protective measures and help those they are responsible for to do the same	Disseminate information via various communication channels, with specific information about individual roles and requirements during the 'new normal' period.	Gauge the overall attitude via social media monitoring
Understand that restrictions may be lifted and reinstated periodically over time and adapt accordingly, and feel resilient in the face of further possible restrictions ahead	Implement monitoring and evaluation tools to actively listen to individual voices and adjust RCCE strategies and activities based upon feedback	How many people take part in a specific training
Increasingly recognise the need to identify, engage and empower marginalised communities	Provide targeted information via existing services and partner networks, for example information for persons with comorbidities via NCD clinics	Levels of awareness of people who you are targeting

Audience: Individuals		
Objective of RCCE	Example activities	Example indicators
Are better able to identify misinformation and turn to trusted communication channels such as Te Marae Ora, WHO or other credible sources	Radio programs utilised for talk-back style discussions on the importance of NPIs, etc.	<ul style="list-style-type: none"> • Qualitative and quantitative data from monitoring and evaluation activities • Rumour tracker • Number of rumours addressed • Reduction of inquiries on misinformation
Appreciate health and other essential workers have a greater understanding and appreciation for mental health and wellbeing and incorporate positive coping mechanisms, especially in dealing with uncertainty and unexpected developments in their lives.	Provide targeted information via existing services and partner networks, for essential workers and mental health and wellbeing mechanisms	Qualitative and quantitative data from monitoring and evaluation activities

Pa Enea communities

Audiences: Pa Enea communities		
Objective of RCCE	Example activities	Example indicators
Communities in the Pa Enea, with limited access to health services and more vulnerable if cases are detected, are empowered to:		
Identify local solutions on how to manage cases in the community example community centres	Conduct community outreach activities and support local planning activities with community leaders, based upon scenarios of no cases, few cases and widespread community transmission.	Number of communities who have established community COVID prevention and response plans
Identify local solutions for ensuring the continuation of critical resources and services, should the community undergo travel bans	Provide technical and resource support to NGOS to engage directly with communities, linking them with essential services.	Feedback from communities on barriers and needs identified
Establish local plans if cases are detected within their community and surroundings	Provide technical and resource support for case management	Number of communities with resource support for case management
Ensure clear care pathways for those who need continued medical care and other essential services, like routine medical treatment, mental health services, gender-based violence and other.	Provide technical and resource support to communities linking them with essential services and medical treatment.	Number of communities accessing essential health services and medical treatment

Vulnerable groups (including the elderly and people with disability)

Audiences: Vulnerable groups (including the elderly and people with disability)		
Objective of RCCE	Example activities	Example indicators
Members of vulnerable groups are empowered and involved in the process to see their needs met	Public campaigns and information made available in sign language and accessible means, including	Number of communications products

Audiences: Vulnerable groups (including the elderly and people with disability)		
Objective of RCCE	Example activities	Example indicators
in the response. They have been equipped to identify solutions and carry out locally-appropriate adaptations of the key protective measures with the support of local, regional or national governments or partners as needed.	accessible digital technology, captioning, relay services, text messages, and easy-to-read and plain language.	
Leaders of closed-settings (such as hostels and prisons) understand the increased risk of this kind of communal living situation and act appropriately to protect the people under their care.	<ul style="list-style-type: none"> ● Provide targeted practical health guidance to vulnerable groups, via appropriate means, that enables them to understand COVID risks and ways to mitigate these risks. ● During community outreach and other RCCE activities, link vulnerable groups with existing social services to support their various needs - health needs and other. ● Provide specific hotlines (where feasible) to answer questions and provide information tailored to people's vulnerabilities. ● Consider alternative ways to gather feedback, such as partnering with organisations that already work with vulnerable people to understand their challenges and needs. ● Governments and authorities responsible for people in prisons trained on the importance of promoting health literacy and health information accompanied by access to health care services in line with human rights norms, for the safety of all detainees, staff working at the facilities and the wider population. 	<ul style="list-style-type: none"> ● Number of closed settings with communications material highlighting risks and mitigation measures ● Feedback from hotline numbers

Church leaders

Audience: Church leaders		
Objective of RCCE	Example activities	Example indicators
Church leaders step up and deepen their engagement in the response	Work directly or indirectly with religious groups to offer guidance on simple steps to prevent COVID-19	Number of church gatherings moved to virtual format

Audience: Church leaders		
Objective of RCCE	Example activities	Example indicators
Not only do they take steps to help their congregations practise their faiths and live their day to day lives safely, they also act to help vulnerable and marginalised members of the community.	Ask leaders to promote helpful information, reduce fear and stigma, and provide reassurance to people in their communities.	<ul style="list-style-type: none"> • Number of church gatherings practising spatial distancing, and other IPC measures example no live singing • Number of church leader meetings/engagement occurred

House of Ariki - Traditional leaders

Audience: Traditional leaders		
Objective of RCCE	Example activities	Example indicators
Traditional leaders step up and deepen their engagement in the response.	Work directly or indirectly with traditional leaders to offer guidance on simple steps to prevent COVID-19	Number of traditional leader gatherings moved to virtual format
Not only do they take steps to help their people practise their faiths and live their day to day lives safely, they also act to help vulnerable and marginalised members of the community.	Ask leaders to promote helpful information, reduce fear and stigma, and provide reassurance to people in their communities.	<ul style="list-style-type: none"> • Number of traditional leader gatherings practising spatial distancing, and other IPC measures e.g. no live singing • Number of traditional leader meetings/engagement occurred

Local government leaders (Rarotonga and Pa Enua)

Audience: Local government leaders (Rarotonga and Pa Enua)		
Objective of RCCE	Example activities	Example indicators
Local government leaders communicate clearly and empathetically, highlighting the need for continued action across the whole of society.	Engage local government leaders in planning and response workshops and involve them in localised decision-making for roll out and sharing of message	Number of local leaders trained/participated in workshops
Advocate for the continuation of the key protective measures	Engage with NGOs and community advisory groups to involve them in planning and sharing of messages	Number of local leaders who actively engaged in meetings /discussions
Are ready to alert the population if there are signs that their local government area is moving towards large-scale community transmission	Engage with NGOs and community advisory groups to involve them in planning and sharing of messages	Number of leaders who can communicate on COVID-19 basic facts (through survey or tests)
Are prepared to communicate about the rollout of any vaccine or treatment, including any adverse events	Engage with community advisory groups to involve them in planning and sharing of messages on vaccines/treatment and adverse events	Number of leaders who can communicate on COVID-19 vaccines/treatment (through survey or tests)

Audience: Local government leaders (Rarotonga and Pa Enea)		
Objective of RCCE	Example activities	Example indicators
Inspire residents to work together to build a safe and sustainable way of life.	Engage with residents to plan and share messages on safe and sustainable living	Number of leaders who can communicate on sustainable living for residents (through survey or tests)

Business sector

Audience: Business sector		
Objective of RCCE	Example activities	Example indicators
Business leaders understand that it is not a choice between health and the economy and that they will be more successful if their workers and customers are safe and healthy.	Consult, develop and publish sector-specific guidance, in coordination with various sector representatives	Number of business leaders engaged with
They are therefore actively engaged in identifying new ways of working and proposing innovations.	Organise innovation workshops to generate new ideas and solutions to barriers or challenges	<ul style="list-style-type: none"> • Sample quantitative survey of number of businesses/other sectors who have adopted measures • Number of innovative approaches taken by various sectors or industries to adapt to the new normal

Tourism

Audience: Tourism		
Objective of RCCE	Example activities	Example indicators
Tourism offices collaborate with tourism industry leaders (e.g. hotels, vacation and car rental companies, excursion companies, etc.) to provide accurate and consistent messaging to incoming travellers and tourists.	Consult, develop and publish sector-specific guidance, in coordination with tourism operators (small and large scale).	Number of guidance for tourism
Ensure incoming travellers/tourists are aware of the rules around COVID-19 preventive measures and any legal consequences that may apply	Organise communication messages on preventive measures for COVID-19 to apply.	Sample quantitative survey of number of tourism operations who have adopted measures.
Establish and enforce preventive measures so there are fewer cases from travellers and borders can remain open	Train, distribute and socialise IEC to all tourism and port operators.	Number of hotels/tourist destinations with up-to-date COVID-19 information.
Ease fear among residents of travel-related cases by demonstrating a strong sense of responsibility and concern for their well-being	Organise communication messages on border restrictions and risks – keep public informed.	Number of hotels/tourist destinations with suitable capacity.

Agriculture and fisheries

Audience: Agriculture and fisheries		
Objective of RCCE	Example activities	Example indicators
As people who are essential workers, agriculture and fishery operators need targeted advice on appropriate behaviours for their respective operations.	Meet with fisheries and commercial operators, professionals, extension officers and community-based fisheries management officers.	Number of consultation meetings with fisheries and commercial operators
Consultation and listening mechanisms are in place to collect feedback from the workers, gain their cooperation, respond to their information needs and barriers and support their wellbeing.	<ul style="list-style-type: none"> Coordinate COVID-19 RCCE activities with agriculture and fisheries partners to ensure consistency of messages Involve and empower extension officers and community-based fisheries management officers in COVID-19 communication. 	Number of feedback reports received, and misinformation or concerns addressed
Consultation and listening mechanisms are in place to collect feedback from the workers, gain their cooperation, respond to their information needs and barriers and support their wellbeing.	Listening/consultation and reporting mechanism: fisheries extension or community-based officers report to Te Marae Ora any feedback, needs, barriers, rumours or misinformation collected from fisheries communities on a regular basis. The response is determined collaboratively.	Observations from fisheries officers on the practice of key preventive behaviours in the community

Schools

Audience: Schools		
Objective of RCCE	Example activities	Example indicators
School administration, teachers, parents and students are empowered to ensure: <ul style="list-style-type: none"> Schools are trusted as safe spaces for children to continue education Continuation of key individual and collective protective behaviours against COVID-19 during school hours. 	<ul style="list-style-type: none"> Guidelines on 'life with COVID' for schools. Fortnightly discussion in each class on preventive behaviours by teachers. Art/Poster competition for students and exhibition for parents. 	<ul style="list-style-type: none"> Availability of IEC materials in each school Awareness levels of parents on the protective /preventive measures put in place in their children's school Increase in student awareness and adoption of preventative behaviours
Greater understanding and appreciation for mental health and wellbeing and incorporate positive coping mechanisms, especially in dealing with uncertainty, fear, and unexpected developments in their lives.	<ul style="list-style-type: none"> Song and Music competition for older/adolescent students. IEC materials (posters / banners) that can be displayed at school entrance, hand washing places, etc. 	<ul style="list-style-type: none"> Sample quantitative survey of number of schools/educational institutes who have adopted measures Monthly assessment of students' wellbeing in each class using a simple 'smiley' checklist. Quarterly dialogue/meeting of school administration with local elected

Audience: Schools		
Objective of RCCE	Example activities	Example indicators
	<ul style="list-style-type: none"> • Simple 'tick-mark' leaflet from school to parents highlighting provisions in the school to protect their children against COVID-19. • School health programs to share correct information on COVID-19 and address misconceptions and rumours. 	representatives, religious leaders, youth and women leaders.

Health workers

Audience: Health workers		
Objective of RCCE	Example activities	Example indicators
Health workers feel supported and proud of the role they play in the response to COVID-19.	Workshops/trainings	Number of health care providers trained
They carry out the correct procedures for infection prevention and control. They also develop new coping mechanisms and know how to call on additional mental health support, if needed.	<ul style="list-style-type: none"> • Development of communication products specifically targeting health workers • Clear communication with health workers on existing services, including services available to staff. 	<ul style="list-style-type: none"> • Number of health workers that seek mental health services support

Media

Audience: Media		
Objective of RCCE	Example activities	Example indicators
Media houses and professionals support RCCE interventions to ensure continuation of key individual and collective protective behaviours against COVID-19, and mitigate misinformation and rumours.	Advocacy meetings with owners and editors of prominent media companies	Number of media houses commit to promotion of 'life with COVID'
Support an environment of social cohesion, solidarity and responsibility by all members of society.	<ul style="list-style-type: none"> • Capacity strengthening workshops with leading journalists and media professionals. • Integration of COVID preventive behaviour related messaging in regular programming. • Promote best practices and recognise COVID Champions in media coverage. • Organise dedicated call-in programs to gather community voices and address key concerns. 	<ul style="list-style-type: none"> • Number of best practices and COVID champions covered by media channels voluntarily • Number of rumours / misinformation addressed by media channels within 12 hours

Audience: Media		
Objective of RCCE	Example activities	Example indicators
	<ul style="list-style-type: none"> • Address social stigma associated with COVID in regular programmes, including news. 	

References

World Health Organization. (2018). *Communicating Risk in Public Health Emergencies - A WHO Guideline for Emergency Risk Communication (ERC) policy and practice*

World Health Organization. (2020). *Communicating the 'new normal'. Introducing the Pacific regional RCCE package.*

World Health Organization. (2020). *Guidance on monitoring, assessing and responding to rumours during COVID-19*