Risk communication and community engagement readiness and response toolkit

Zika virus

World Health Organization

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ISBN 978-92-4-009861-9 (electronic version)
ISBN 978-92-4-009862-6 (print version)

Suggested citation. Risk communication and community engagement readiness and response toolkit: zika virus. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at https://iris.who.int/.

Designed, illustrated and layout by Rewire Design.

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Acknowledgements

This toolkit was produced by the Risk Communication and Community Engagement Team within the Community Readiness and Resilience Unit of the Country Readiness Strengthening Department at the World Health Organization headquarters. It received technical inputs from the Epidemic and Pandemic Preparedness Department, technical officers from the various WHO Regional and Country Offices as well as members of the Technical Advisory Group on Arbovirus; and the Prevention of and Response to Sexual Misconduct Department. The core writing team comprised Vida Gabe, Vicky Houssiere, Thomas Moran, and Djordje Novakovic (WHO headquarters).

Thanks are due to Bhumi Bhandari, Leilia Dore, Harriet Dwyer, Deogratias Kakule, Suzanne Kerba, Angela Omondi, Olivia Tulloch, Cynthia Wamwayi, and Eric Yila from the Country Readiness Strengthening Department, Diana Rojas Alvarez and Ingrid Rabe, Epidemic and Pandemic Preparedness and Prevention, Elena Altieri, Behavioural Insights, Melinda Frost, Learning Solutions and Training, Gaya Manori Gamhewage and Mara Frigo, Department for the Prevention of and Response to Sexual Misconduct, WHO headquarters for their contributions as subject matter experts.

Additional thanks go to Emmanuel Chanda, Vector Borne Disease Control at the WHO Regional Office for Africa, Don Sudath Dharamapriya, WHO Regional Office for South-East Asia, Korelege Hasitha, WHO Regional Office for the Western Pacific, Shaffi Koya, WHO Regional Office for the Eastern Mediterranean, and Tammy Allen and Linda Lloyd from the Technical Advisory Group on Arbovirus who reviewed and provided technical inputs to the toolkit.

Finally, WHO would like to thank colleagues who have provided peer review for the toolkit, Jesús Arroyave, Professor at Universidad del Norte, Colombia, and Cory Couillard, communications specialist at the Minnesota Department of Health, United States of America.

All external experts who reviewed the toolkit completed a WHO declaration of interest to disclose potential conflicts of interest that might affect, or might reasonably be perceived to affect, their objectivity and independence concerning the subject. WHO reviewed these and concluded that none could give rise to a potential or reasonably perceived conflict of interest related to the subjects reviewed.

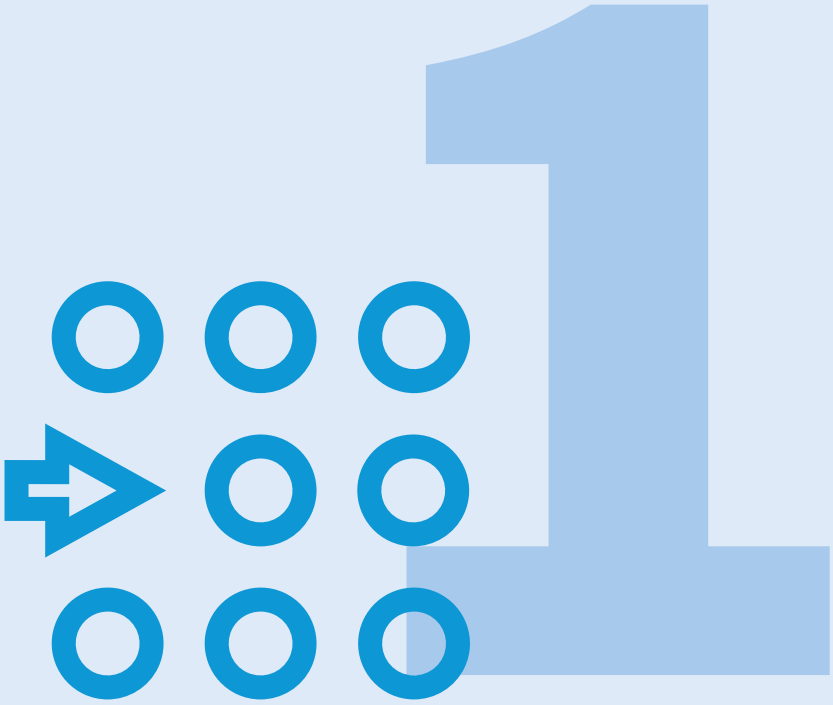
Abbreviations

CSO	Civil society organization
GOARN	Global outbreak alert and response network
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations
IMST	Incident management support team
INGO	International nongovernmental organization
M&E	Monitoring and evaluation
MEL	Measurement, evaluation and learning
NGO	Nongovernmental organization
PESTEL	Political, economic, sociological, technological, legal and environmental
PHEIC	Public health emergency of international concern
PRSEAH	Preventing and responding to sexual exploitation, abuse and harassment
RCCE	Risk communication and community engagement
SEAH	Sexual exploitation, abuse and harassment
UNICEF	United Nations Children's Fund
WHO	World Health Organization
ZIKV	Zika virus

Glossary

Behavioural insights	Information about variables that influence behaviours at the individual, community, and population level and can improve the design of policies and programmes, communications, and products and services to achieve better health for all.
Behavioural science	Behavioural science is a multidisciplinary scientific approach that deals with human action, its psychological, social and environmental drivers, determinants and influencing factors. It is applied in protecting and improving people's health by informing the development of public health policies, programmes and interventions.
Community	Refers to a group of people connected by common characteristics, such as geographic location, age, gender, profession, ethnicity, faith, shared vulnerability or risk, or shared interests and values.
Community engagement	The collaborative process that involves people in understanding the risks they face and includes communities in developing health and response practices that are acceptable and workable for them. The goal of community engagement is to empower communities and to develop shared leadership throughout the emergency response cycle.
Collective Service for RCCE	A partnership between the International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and the Global Outbreak Alert and Response Network (GOARN) as well as key stakeholders from the public health and humanitarian sectors.
Emergency	A situation impacting the lives and well-being of a large group of people or a significant percentage of a population requiring substantial multi-sectoral assistance. For a WHO response, there must be clear public health consequences.
Health emergency management cycle	Spans the prevention, preparedness, readiness, response and recovery phases of health emergencies that all organizations and governments should follow to reduce the impact of disease outbreaks, health emergencies and disasters. Countries and communities may be engaged in different phases for multiple outbreaks and emergencies simultaneously.
Infodemic	An infodemic is overabundance of information, accurate or not, in digital and physical environment, accompanying an acute health event such as an outbreak or epidemic.
Outbreak	Occurrence of cases of a disease in excess of what would normally be expected in a defined community, geographical area, or season.
Partners	International, non-governmental, or community organizations that work in a geographic area or health field.
Readiness	Refers to the ability of countries, communities and organizations to be able to respond quickly and effectively to health emergencies from any hazard. Operational readiness is a critical enabler of resilience in communities and health systems, helping them to withstand crisis. Fast-tracking, activating, testing or preposition specific functional capabilities are all important functions for enhanced readiness.
Response	Phase of a health emergency or outbreak activated once the hazard, risk or threat hits, with the implementation of life-saving public health and health interventions to save lives and protect the most vulnerable.
Risk communication	Real-time exchange of information, advice, and opinions between experts and people who are facing a risk or threat to their health, social or economic wellbeing. The purpose of risk communication is to provide people with accurate and timely information and to support them in making informed decisions to mitigate the effects of a threat or hazard.
Stakeholders	Governments and community leaders that have a vested interest in protecting the health of their own country, region, or community.

Overview of the risk communication and community engagement readiness and response toolkit: Zika virus



About the toolkit

This toolkit is a comprehensive set of practical tools and resources designed to support country-level risk communication and community engagement (RCCE) practitioners, decision-makers and partners to plan and implement readiness and response activities for Zika virus outbreaks.

The toolkit contains:

- information about Zika virus;
- RCCE considerations for how to approach key issues during Zika virus outbreaks;
- tools for understanding the context in which Zika virus outbreaks occur;
- methods for collecting data to inform strategy development and bring evidence into planning and implementation of activities;
- guidance to support vector control;
- case studies; and
- links to existing RCCE tools and trainings.

It is one of a suite of toolkits on RCCE readiness and response to a range of disease and response areas.

The toolkit has been developed through an iterative and consultative process that has followed several steps to identify, collate and refine the information, tools and best practices it contains. These steps include:

Literature review

- An extensive review was conducted of the scientific literature, research papers, published documents and grey literature related to Zika virus, risk communication, community engagement, health emergencies and disease outbreak response.
- A structured search of online databases (PubMed, Institutional Repository for Information Sharing (IRIS), ReliefWeb, and Google Scholar) was conducted to identify publications related to Zika virus, and risk communication and community engagement, specifically within the context of Zika virus outbreaks.
- Keywords supplied by the technical teams were used as the foundation of the search to identify relevant documents, from which other specific terms and keywords were extracted. Documents were systematically reviewed for content on key thematic areas, methods and definitions relevant to the development of RCCE plans and strategies. This included but was not limited to clinical information on Zika virus; behavioural science methods related to public health and outbreak response; understanding, preventing, and addressing stigma and discrimination; stakeholder engagement and situational analysis; measurement, evaluation and learning frameworks and methodologies; and preventing and responding to sexual exploitation, abuse and harassment (PRSEAH). Retrieved publications were assessed for relevance, uploaded to a database and logged into a tracking sheet, highlighting them for further consideration.

Iterative consultation

- Following development of the toolkit and integration of relevant publications and sources in close consultation with WHO technical teams, the toolkit was then reviewed and revised by RCCE subject matter experts at country, regional and global levels through an iterative consultation process between March 2023 and June 2024.

Pilot testing

- Tools within this toolkit underwent rigorous testing both in emergency response settings and during capacity building activities. In the Democratic Republic of the Congo, tools were tested as part of the mpox outbreak response to contribute to the situational analysis and develop a deeper understanding of the response context and scope of RCCE strategies. In May 2024, a workshop held by the Pan American Health Organization and attended by representatives from 24 Caribbean

countries reviewed and tested tools in this toolkit as part of efforts to strengthen the use of RCCE to manage and mitigate health emergencies and improve vaccine uptake. In both scenarios, feedback was collected on clarity, relevance, and usability of the tools and integrated into the final version of the document.

Peer review

- The toolkit was peer-reviewed by independent experts from a range of disciplines including RCCE, epidemiology, and behavioural science.

Readiness and response within the health emergency cycle

In recent years, WHO, Member States and partners have engaged in significant efforts to strengthen the architecture for health emergency prevention, preparedness, readiness, response and recovery. Readiness and response are closely connected. Readiness builds on the preparedness phase and is the interface between preparedness and immediate response to an emergency. For example, the approach of a high-risk season, an outbreak of a contagious disease in a neighbouring country, the hosting of a large international event or the declaration of a public health emergency of international concern (PHEIC) can all trigger operational readiness activities. Experience has shown us that countries that systematically ready their health and emergency systems can respond more quickly, cohesively and equitably to a threat or emergency, shortening their duration, curbing their impact and ultimately saving lives.

The role of RCCE for health emergencies and disease outbreaks

Risk communication is the real-time exchange of information between decision-makers, experts and populations exposed to a hazard or imminent threat to their survival, health, or economic or social well-being.

Community engagement is the process of developing trusted relationships and structures that engage communities as important partners in the creation of emergency response solutions that are acceptable and applicable for those they impact.

Informed, engaged and empowered communities are the bedrock of successful readiness and response for outbreaks and emergencies. The principles of RCCE are outlined in the 10 steps to community readiness package *(1)*.

The desired outcome of effective RCCE is to mitigate the potential negative impact of health hazards before, during and after public health emergencies or unusual events *(2)*. The ultimate goal of RCCE during health emergencies and outbreaks is to reduce morbidity and mortality by empowering communities to confidently participate in leadership, planning, and implementation of activities throughout the health emergency response cycle. This is the reason why risk communication is one of the core technical capacities under the International Health Regulations (IHR) (2005) *(3, 4)* and should be an integral part of Incident Management Support Teams (IMST) in WHO headquarters and regional offices, as well as Incident Management Teams responding to a graded health emergency at the national or local level.

During infectious disease outbreaks, it is imperative to understand why people behave the way they do and what influences the behavioural drivers of disease transmission and risk. Effective RCCE should result in affected communities knowing how to protect themselves and others against the disease, how to seek care, testing, and treatment; and to prevent, manage, and avoid stigma and discrimination. To achieve this, communities at risk need to be included and consulted in developing strategies and plans and in the implementation of readiness and response activities to outbreaks *(5, 6)*.

WHO response to Zika virus outbreaks

Zika virus disease is a mosquito-borne viral infection common in warm, tropical climates. Zika virus was first identified in Uganda in 1947 in a Rhesus macaque monkey, with evidence of infection and disease in humans detected in other African countries in the 1950s.

Outbreaks of Zika virus disease have been recorded in multiple WHO regions, including the Western Pacific, South-East Asian, African and Region of the Americas. Zika virus transmission continues at low levels in the Americas and other endemic regions, and a cluster of local mosquito-transmitted cases was identified in Europe in 2019.

Zika virus outbreaks of the past decade have been associated with increased cases of Guillain-Barré syndrome and microcephaly, prompting a declaration of a PHEIC by WHO from February to November of 2016 *(7)*.

WHO plays a pivotal role in responding to outbreaks of mosquito-borne diseases, such as Zika. The Organization supports countries to conduct surveillance and control of arboviruses through the implementation of the Global Arbovirus Initiative *(8)*, which is aligned with and expands upon recommendations laid out in the Zika Strategic Response Plan *(9)*. This coordinated effort enhances the early detection of diseases, allowing for more rapid and effective responses. WHO also leverages a network of collaborating laboratories to support countries in swiftly confirming outbreaks and offers technical support and guidance to countries, empowering them to manage these outbreaks more efficiently. By providing expertise and resources, WHO assists in containing the spread of diseases like Zika, ultimately safeguarding public health.

Furthermore, WHO remains committed to staying at the forefront of disease control and prevention and develops evidence-based strategies, policies, and outbreak management plans, ensuring that its efforts are rooted in the best available knowledge. The Organization consistently reviews and assesses the development of innovative tools like insecticide products and application technologies, which are crucial in the fight against Zika and similar diseases. This proactive approach ensures that the global response to mosquito-borne diseases remains adaptive and up-to-date. Through these comprehensive measures, WHO demonstrates its dedication to protecting populations from the threat of mosquito-borne diseases while continually striving to improve its response strategies.

Purpose of the toolkit

The purpose of this toolkit is to guide RCCE practitioners, decision-makers, and partners on how to place affected communities at the centre of coordinated efforts to reduce the impact of and end outbreaks of Zika. It provides strategies, best practices, and practical resources to: collect and analyse social and behavioural data; use collected insights to inform strategy and implementation; coordinate activities with partners and stakeholders; support the development and dissemination of accurate information to those at risk; address public concerns; and support the participation of communities as essential partners in Zika virus outbreak readiness and response efforts. These principles are vital for more tailored, equitable and inclusive health emergency programmes.

This toolkit is also designed to support the implementation of the WHO Global Arbovirus Initiative.

Intended audience

This RCCE readiness toolkit has been designed for use by:

- RCCE practitioners;
- decision and policy makers;
- national and local health authorities;
- emergency management authorities;
- UN agencies and other international nongovernmental organizations (INGOs);

- nongovernmental organizations (NGOs) and civil society organizations (CSOs); and
- community leaders.

How to use the toolkit

The toolkit supports coordinated, inclusive and tailored RCCE, highlighting approaches that are essential for the successful management of Zika virus outbreaks. All tools require contextualization based on local epidemiology, social-behavioural data, available partners, capacity, community-specific needs, and the status of outbreak readiness and response activities. The resources in this toolkit should be used at the appropriate emergency management phase, reflecting current conditions.

All those interested in using these tools should coordinate to adapt them for their context using the following three steps.

1. Review all tools

This toolkit contains a range of tools with different aims and objectives. It can be used like a library of resources to meet existing country-level needs – not all tools will always be relevant or necessary for all settings. All provided tools should be reviewed and selected for use based on needs and the priorities outlined in the national Zika elimination and control plans.

2. Adapt the relevant tools

This toolkit has been developed at a global level. All provided resources should be adapted to local contexts. This can be done by national decision-makers, RCCE practitioners or partners and in line with communities engaged in the response. Adaptations that may be needed include the following.

- **Language and audience:** Translate the tools into local languages and dialects. Considerations should be made to address literacy and accessibility needs.
- **User:** Adapt and refine the tools according to the needs of those who will be using them. Different stakeholders have different needs and capacities.
- **Zika virus outbreak context:** Adapt the tools based on the current epidemiological situation and what is known about the context and behaviours of affected populations. Future adaptations may be needed as the situation evolves. RCCE activities should be conducted in coordination with other outbreak response pillars such as surveillance, clinical management for treatment and case management, infection prevention and control, and others.
- **Phase of the emergency:** How the tools in the toolkit are adapted and implemented will depend on the current phase of the health emergency cycle in the local context. Tool 5 (the RCCE readiness and response checklist for Zika virus outbreaks) can be used to identify different priorities within the different phases.
- **Existing national activities:** Selection and adaptation of tools should be guided by national action plans, strategies and ongoing activities to complement and enhance existing efforts.

3. Use and monitor

Once the tools are tailored to your local context, they can be used to inform strategy, planning and guide the implementation of RCCE activities. The resources within the toolkit provided should guide the work of WHO but are also valuable to other engaged partners and stakeholders, including national health authorities, community leaders, local NGOs, CSOs and other local actors to support their activities. The use of tools should be monitored and evaluated continuously to inform improvements.

Background information on the Zika virus

The background information included in this tool is up to date as of June 2024. It is intended to provide RCCE decision makers, practitioners and partners with the knowledge and understanding needed to respond to Zika virus outbreaks effectively. Up-to-date information about the local Zika virus situation should be sought from local Zika virus outbreak response leads to establish a full understanding of the local setting.

Overview

Zika virus (ZIKV) is a mosquito-borne virus belonging to the family of Flaviviridae, related to dengue and yellow fever viruses. ZIKV and other arthropod-borne viruses (arboviruses) pose public health threats in tropical and sub-tropical areas where approximately 3.9 billion people live. From the 1960s to 1980s, sporadic human infections were detected across Africa and Asia *(10).* Since 2007, Zika virus outbreaks have occurred in the Western Pacific region, followed by a large outbreak in the Region of the Americas in 2015 prompting the declaration of a PHEIC due to microcephaly and neurological disease manifestations. To date, a total of 92 countries and territories have reported evidence of mosquito transmitted ZIKV infection.

The frequency and magnitude of arbovirus disease outbreaks is increasing globally, fuelled by the convergence of ecological, economic, and social factors *(8).* Changes in climate and human behaviour are important determinants of the emergence and expansion of arboviruses, including ZIKV *(11).*

Transmission

ZIKV is primarily transmitted by infected mosquitoes of the *Aedes* (*Stegomyia*) genus, mainly *Aedes aegypti*, in tropical and subtropical regions. *Aedes* spp. mosquitoes usually bite during the day. These mosquitoes also transmit dengue, chikungunya and yellow fever.

ZIKV can also be transmitted from mother to fetus during pregnancy, as well as through sexual contact, laboratory exposure, transfusion of blood and blood products, and possibly through organ transplantation *(10, 12)*.

Symptoms

Most people infected with ZIKV do not develop symptoms. Among those who do, symptoms typically start between 3–14 days after infection and are generally mild including rash, fever, conjunctivitis, muscle and joint pain, malaise, and headache. Less frequently, ZIKV infections can also lead to neurologic diseases including Guillain-Barré syndrome and meningoencephalitis, with symptoms usually lasting for 2–7 days *(10, 12)*.

Complications

ZIKV infection during pregnancy can lead to severe complications in the developing fetus, collectively known as congenital Zika syndrome. These complications include microcephaly, limb contractures, high muscle tone, eye abnormalities, and hearing loss. The exact risk of these congenital malformations is not fully understood, but it is estimated that 5–15% of infants born to infected mothers may exhibit Zika-related complications *(13)*. These complications can occur whether the mother experiences symptoms or not and ZIKV infection during pregnancy can result in fetal loss, stillbirth, and preterm birth. In adults and older children, ZIKV infection can cause Guillain-Barré syndrome, neuropathy, and myelitis. Ongoing research aims to better understand the impact of ZIKV infection on pregnancy outcomes, develop prevention and control strategies, and investigate the effects of infection on neurological disorders in both children and adults *(10, 12, 13)*.

Who is at risk

People living in or traveling to areas where Zika virus is circulating are at risk of becoming infected. Urbanization (especially when unplanned), is associated with ZIKV infection and transmission through multiple social and environmental factors, including population density, human mobility, access to reliable water sources, and water storage practices. Community risks of acquiring or spreading ZIKV also depend on population's knowledge, attitude and practice towards the disease, as well as the implementation of routine sustainable vector control activities in the community. Consequently, disease risks may change and shift with climate change in tropical and subtropical areas, and vectors might adapt to new environments and climate *(10, 11, 12)*.

ZIKV can be transmitted from an infected mother to her fetus during pregnancy, potentially causing congenital microcephaly and other developmental disorders of the brain in the offspring. It can also spread through infected person associated sexual contact, blood transfusion, and organ transplantation *(12)*.

Protective behaviours

The key messages to the population at risk should reinforce individual and community action and behaviour change to eliminate and control mosquitoes inside the household. This may include wearing protective clothing such as long sleeves and pants, using insecticide-treated bed nets, using mosquito repellents especially during peak mosquito activity times, covering large containers, or cleaning water-holding containers at least once a week.

Reducing mosquito populations, eliminating breeding sites, and avoiding bites are the most important ways of preventing and controlling ZIKV infection. Elimination strategies should also include inter-sectoral activities to eliminate containers with standing water and to provide and conserve water safely (*10, 12).*

Prevention

Protection against mosquito bites during the day and early evening is a key measure to prevent mosquito-borne ZIKV infection. No vaccine is yet available for the prevention or treatment of ZIKV infection. For regions with active transmission of ZIKV, all people with ZIKV infection or at risk of infection and their sexual partners (particularly pregnant women) should receive information about how to reduce the risks of sexual transmission of ZIKV.

Treatment

- There is no specific medicine against ZIKV infection; however, the symptoms of disease can be treated.
- Get plenty of rest.
- Drink fluids to prevent dehydration.
- If pregnant, speak with a healthcare service provider about risks to the fetus
- If considering pregnancy, speak with a healthcare service provider about how mitigate risks due to prolonged virus presence in semen.
- Consult with a healthcare service provider before taking medicines to reduce fever and pain. If symptoms worsen, seek further medical care and advice.
- Do not take aspirin or other non-steroidal anti-inflammatory drugs to reduce the risk of bleeding until diagnosis confirmed in case the disease is actually dengue, which can have the same symptoms.
- If you are taking medicine for another medical condition, talk to your healthcare provider before taking additional medication.
- To help prevent others from getting sick, strictly follow steps to prevent mosquito bites during the first week of illness.

Tools for Zika virus outbreaks

3.1 Gathering information and data

The tools in Section 3.1 Gathering information and data are designed to support the collection, analysis and use of social-behavioural data and community insights to inform the development of evidence-based RCCE strategies and plans. The data and insights collected using these tools promotes better decision making and can allow for stronger risk assessments by bringing a community lens to the understanding of risk during an outbreak. By prioritising the collection, analysis and use of social-behavioural data and community insights within and beyond RCCE, it is possible to bring broader response strategies and plans in line with community expectations, needs and priorities.

Tool 1: Conducting a situational analysis: the PESTEL tool

A situational analysis can be conducted in either the readiness or response phase to inform activities during an outbreak. In any of these scenarios, the situational analysis should be regularly updated.

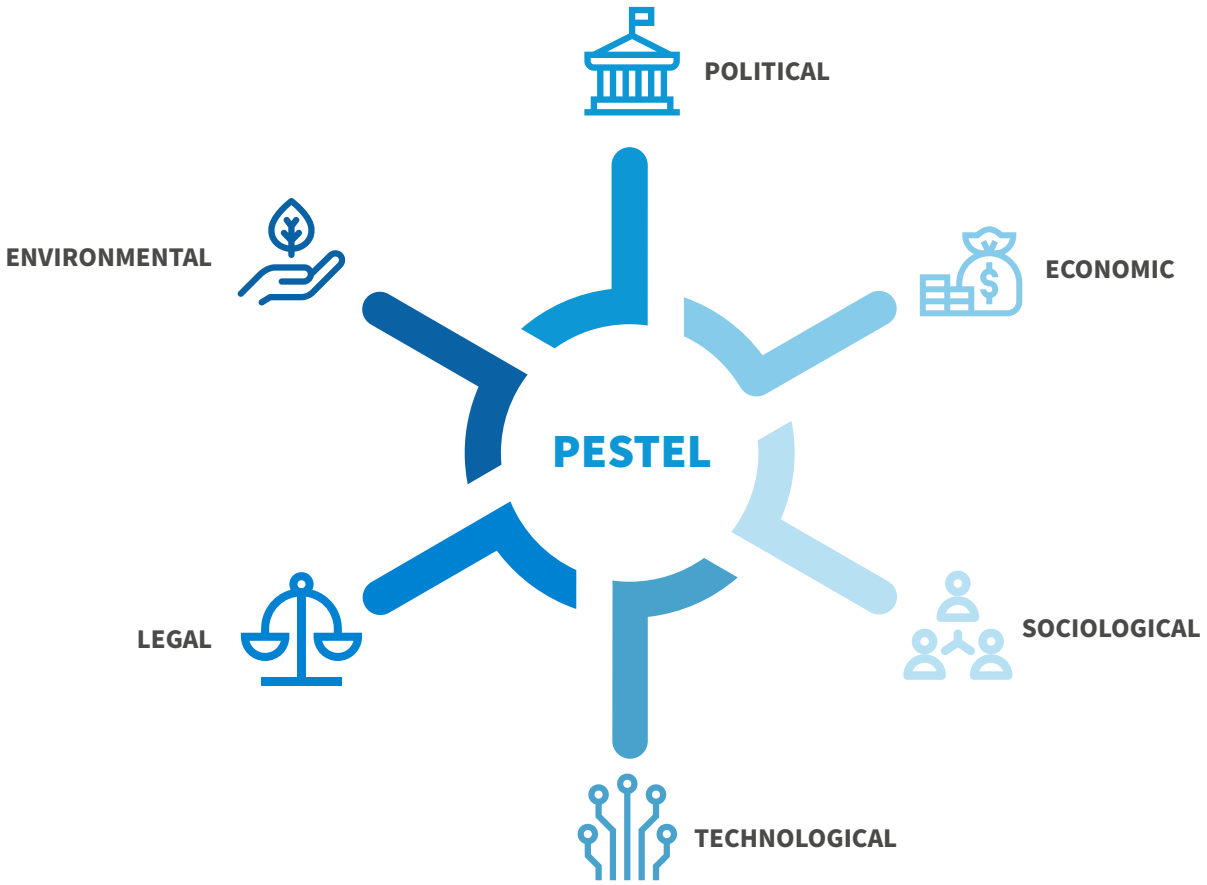
The PESTEL tool is a framework for conducting a situation analysis that helps understand political, economic, sociological, technological, environmental, and legal factors that can influence public health efforts during an emergency, as well as other preventative activities for ZIKV.

Data collected either directly or from existing sources can be used to gather insights into the six categories of the PESTEL analysis, as seen in Figure 1. Information can be collected through these and other sources:

- community surveys, qualitative interviews and focus group discussions, including behavioural science research;
- tools used under the International Health Regulations *(3)* to evaluate country capacity, including intra-action reviews, after-action reviews, the Health Resources and Services Availability Monitoring System (HeRAMS), Joint External Evaluation (JEE) reports *(2)*, etc;
- lessons learned from previous outbreak responses;
- WHO IMST updates, situation reports, Disease Outbreak News *(14)*, and daily reports;
- peer reviewed journals;
- WHO country profiles;
- news reports from trustworthy sources; and
- government websites and official publications.

The information obtained from a PESTEL analysis should be used with detailed behavioural data from Tool 2 and local epidemiological data on the drivers of transmission.

Figure 1. PESTEL analysis framework



Political considerations:

- government and local policies;
- budgets for Zika readiness and response;
- previous governmental experiences with Zika virus outbreaks;
- levels of trust in government, partners and other influential voices;
- government and partner public communication activities and style; and
- upcoming elections or potential changes in leadership.

Economic considerations:

- capacity of citizens and communities to participate in economic life;
- access to and supply of health services, including testing and treatment; and
- income of citizens.

Sociological considerations:

- cultural dynamics and demographics;
- behaviours, beliefs and habits;
- religions and tradition; and
- literacy, languages and dialects.

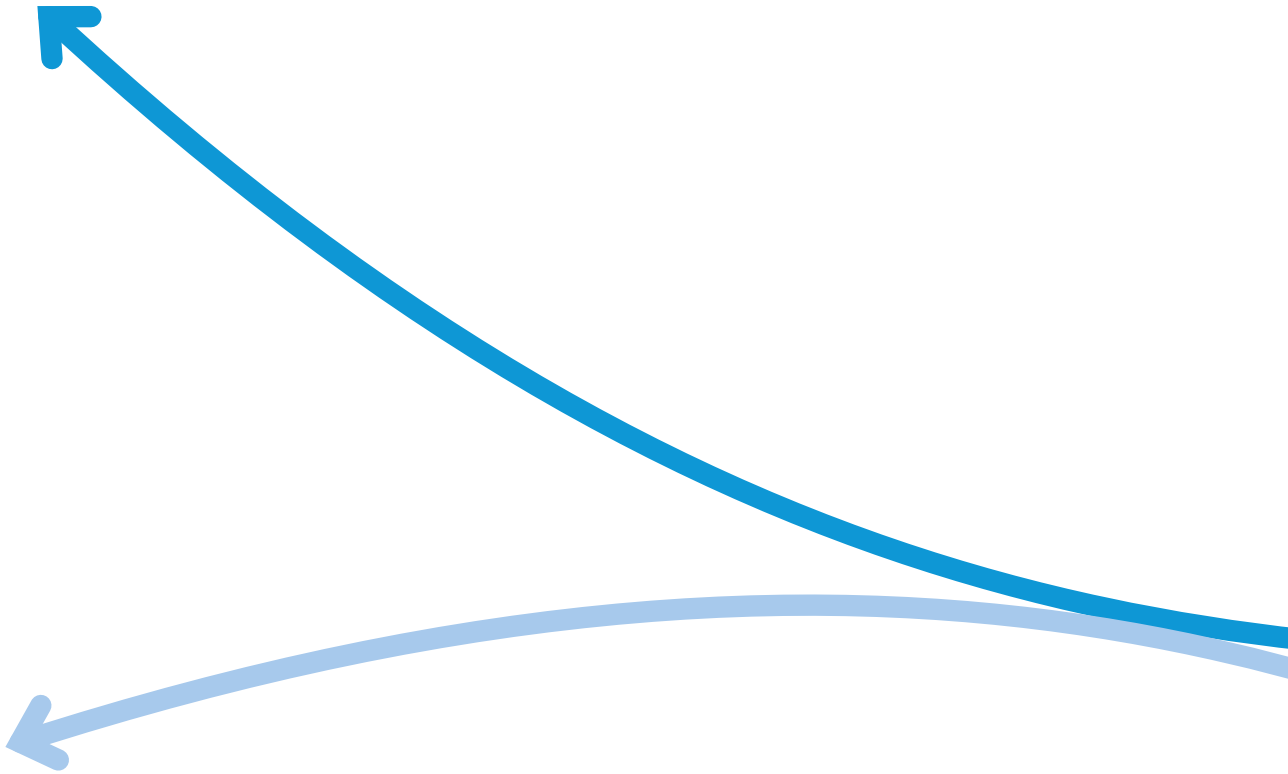
Technological considerations:

- level of access to information (print, broadcast or online media);
- mobile phone usage and level of penetration;
- social media usage;
- availability of internet access;
- digital literacy; and
- key online communication channels.

- **Environmental considerations:**
- potential dangers and impacts of climate crisis, such as deforestation and human encroachment into animal habitats;
- natural disasters (floods, earthquakes, droughts, etc.); and
- environmental risk level.

Legal considerations:

- laws, rules and plans — including those related to ethics, such as the prevention of sexual exploitation, abuse and harassment (PSEAH);
- existence of treaties or binding legal instruments;
- multiple levels of governance;
- regulations that impact RCCE in emergency situations; and
- coordination and engagement of CSOs, NGOs and non-State actors.



Tool 2: Behavioural analyses

This tool can be used to identify and understand behaviours relevant to Zika virus outbreaks and demand that inform and shape RCCE strategies, tools and tactics. Behaviours do not stay static through an outbreak or health emergency. High-risk behaviours are influenced by barriers and enablers that can be identified through social and behavioural data collection. These should be identified as early as the prevention phase and throughout the readiness and response phases, and regularly monitored to understand norms, trends and changes (15).

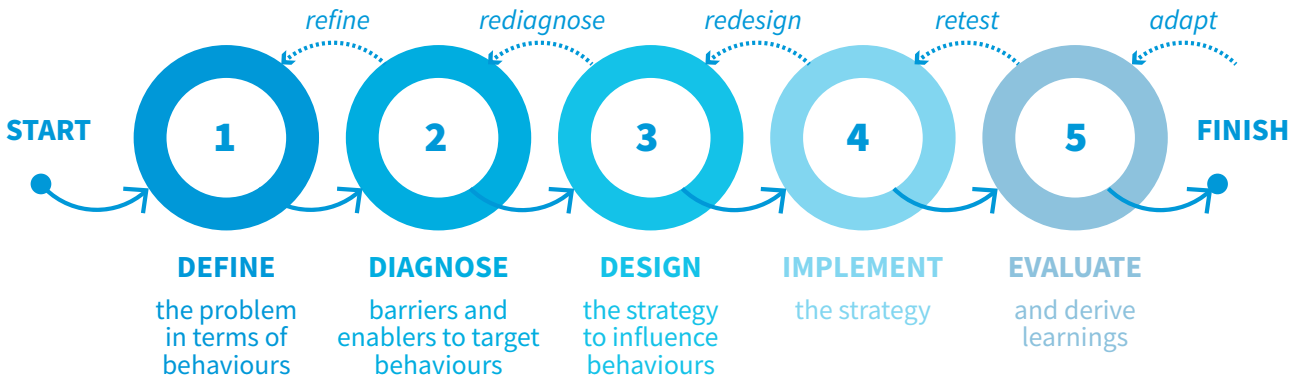
Used together, the findings from the situational and behavioural analyses can help assess how to engage with communities effectively and co-develop plans and strategies that support people to make well-informed decisions to protect themselves. The importance of including behavioural and social sciences in public health interventions was globally recognized by Member States at the seventy sixth World Health Assembly in 2023 *(16),* where WHO acknowledged the contribution of these disciplines in achieving improved health outcomes and called on the increased use of behavioural science to empower communities in understanding public health problems and designing and evaluating interventions to address them.

Behaviours are one factor that can influence transmission, uptake of protective actions and care-seeking practices in outbreaks and health emergencies. It is important to identify and understand risky and protective behaviours in the current context and to use these to shape RCCE strategy, plans and activities. It is crucial to note that changing behaviour is not the only answer to ending transmission; people need information and opportunities for engagement as well as access to prevention and care to help them make informed decisions that are applicable within the context of their daily lives, and which are practical and accessible.

The behaviours that are relevant to the risk and prevention of ZIKV transmission will vary depending on the local context (e.g. presence of disease vector, treatment for symptoms). This information should be obtained from a multidisciplinary team including behaviour change experts and epidemiologists working on the response and from your PESTEL analysis.

The Behavioural insights checklist included below is designed to guide what data to review to inform RCCE strategy and which include inputs from the communities at risk. It is adapted from the Technical note from the WHO Technical Advisory Group on behavioural insights and science for health *(17)*. This technical note includes additional guidance on behavioural insights including advice on the principles and application of behavioural science. Please refer to the note for additional guidance. The Behavioural insights (BI) checklist is based on the define, diagnose, design, implement and evaluate (DDDIE) steps (Figure 2).

Figure 2. DDDIE steps guide



Step 1: Defining the problem in terms of behaviour: Are there any specific behaviours that are contributing to the Zika virus outbreak?

Use the data sources available to answer the following questions and complete Table 1 below (e.g. epidemiological data, knowledge from previous outbreaks or other countries, existing social-behavioural data).

1. Does the problem have a behavioural component? Consider factors such as:

- What is driving transmission?
- Are people practicing protective behaviours?
- Are people practicing risky behaviours?

2. Which behaviour(s) must be changed to contribute to improving or attaining the desired health outcome(s)?

3. What is the target behaviour you are aiming for? Specify who needs to do what, when, where and how. Try to be as specific as possible about behaviours, whilst recognising that behaviours are interconnected and are likely to be part of a combination or sequence of behaviours from multiple key players, happening in different times and places and all contributing to transmission.

Table 1. Problem and behaviour diagnosis

Step 1: Defining the problem in terms of behaviour	
Does the problem have a behavioural component? If yes, what?	e.g. Yes; the link between Zika and sexual transmission is still not always accepted by the community.
Which behaviour(s) must be changed to improve the desired health outcome?	e.g. Pregnant women do not view their offspring as being at risk for foetal microcephaly if they do get sick.
What is the target behaviour(s) you are aiming for?	e.g. Create and support a sense of shared community responsibility to prevent negative birth outcomes during the Zika health emergency.
Who needs to change their behaviour?	e.g. People living in or traveling to Zika endemic areas.
What do they need to do differently?	e.g. Eliminate mosquito breeding sites from their surroundings, wear protective clothing, use mosquito nets, use mosquito repellents especially during peak mosquito activity times.
When does this behaviour occur?	e.g. Until affected population is ready to take proactive measures to reduce transmission, seek prompt medical care, and contribute to vector control efforts.
Where does this behaviour occur?	e.g. Indoor, outdoor, communities, events

Step 2: Diagnose the barriers to and enablers of target behaviours

A barrier is an obstacle or challenge that impedes the uptake or adherence to Zika virus outbreak response interventions. Enablers are factors that facilitate or support the successful implementation of Zika preventive measures and RCCE interventions. Barriers and enablers of behaviours can be cognitive or psychological, social, cultural, environmental, religious, and linked to perceptions of self-efficacy, risk, and efficacy of interventions, as well as other factors.

Identifying and understanding the barriers and enablers of your desired target behaviour is essential to design interventions that are effective, practical, and culturally acceptable (see Table 2). Use social-behavioural science evidence to prioritize and determine what barriers and enablers will be explored further to inform the design of interventions.

It can also be useful to consider whether barriers and enablers are: 1) cognitive/psychological; 2) social/cultural; and 3) environmental/structural.

Examples of barriers

- Lack of awareness or knowledge about Zika symptoms, transmission and/or preventive measures (cognitive/psychological).
- Cultural beliefs and practices that contradict guidance or discourage people from adopting the desired behaviours (social/cultural).
- Limited access to health care resources or services required to follow the desired behaviours (environmental/structural).

Examples of enablers

- Strong community inclusion, support and engagement in promoting interventions (social/cultural).
- Accurate RCCE interventions that provide information about ZIKV (environmental/structural).
- Positive social norms that encourage and support people in adopting desired and avoid risky behaviours (social/cultural).
- Engaging positive role models, such as community leaders and influencers, to advocate for and model the desired behaviours (social/cultural).
- Accessible and reliable health services to support the adoption of the desired behaviours (environmental/structural).

Table 2. Behaviour barriers and enablers

Step 2: Diagnosing barriers and enablers		
Risky behaviour	**Enablers**	**Barriers**
e.g. Planning to conceive after traveling to a place where there is a Zika virus outbreak	e.g. Easily accessible information on proactive measures to reduce transmission, seek prompt medical care, and contribute to vector control efforts.	e.g. Lack of information, limited resources including health care services

Steps 3, 4 and 5: Design, implement and evaluate interventions to address barriers and encourage enablers of behaviours

Steps 1 (define) and 2 (diagnose) provide insights and data that can then be used in steps 3 (design of evidence-based RCCE approaches and interventions aimed at addressing the barriers identified), 4 (implementation of interventions aimed at addressing the barriers identified) and 5 (evaluation) to support Zika readiness and response efforts.

Design and implementation of interventions should be done in collaboration with behavioural scientists, health experts, communication specialists and, crucially, with affected communities and stakeholders, ensuring the design of effective and culturally sensitive interventions. Tools to support implementation are included in this toolkit.

Evaluation of interventions and of behaviour change is important to drive future learnings about the effectiveness of RCCE strategies. It is possible to measure the impact of interventions on behavioural outcomes using epidemiological data or direct observations of behaviours. If this data is not available, use self-reported information, such as adherence to preventive measures (when available). It can also be useful to include process evaluation indicators to understand how context, implementation and mechanisms of impact may have influenced outcomes.

Tool 3: Mapping and understanding communities

This tool can be used to identify and record key information about communities affected by ZIKV and who should be included in outbreak response activities. This information should be used to inform RCCE strategy and action plans for the priority communities at risk of ZIKV infection.

In order to have inclusive RCCE plans and strategies, it is imperative to involve communities in co-designing solutions and interventions aimed at protecting their health and wellbeing from an imminent threat. Individuals and communities experience outbreaks of ZIKV differently. Anything from where they live and work, to their varying levels of knowledge, awareness, perceptions of risk, or specific local contexts in which Zika virus outbreaks occur, can significantly impact their likelihood of falling sick. Understanding these differences helps identify who is most at risk of the disease and who in the community is best placed to support engagement efforts.

The tool below in Table 3 helps to collect and organize information about key communities at risk and in combination with tools 1 and 2, provides a broader context to help tailor RCCE activities to the needs of the specific population. Priorities for RCCE strategy, plans and activities should be based on levels of risk and ability to inform and drive behaviour change particularly for those at high-risk.

Table 3. Community assessment matrix

	Priority community 1: e.g. people at risk of ZIKV infection	**Priority community 2:** e.g. pregnant women	**Priority community 3:** e.g. students and teachers
Demographic information – age range, gender, languages spoken, literacy levels, education, occupations.			
Risk level – based on epidemiology and findings from situational and behavioural research.			
Perceived risk level –based on level of knowledge about ZIKV, perception of personal and community risk, self and intervention efficacy.			
Trusted information channels – note that this may differ from frequently accessed channels.			
Community leaders – advocacy groups, religious leaders, etc.			
Influential voices – celebrities, thought leaders, health workers, social media accounts, etc.			
Access to key interventions – vaccination, testing, treatment, etc.			
Rumours and misinformation			
Other			

Tool 4: Stakeholder analyses

This tool looks at the various people and groups identified as important in Zika readiness and response activities or impacted by the outbreak. It helps to bracket and group their potential roles, capacities, and anticipated engagement to support collective efforts to prevent or respond to Zika virus outbreaks.

A stakeholder analysis goes into more detail and builds on the findings of the community mapping, PESTEL and behavioural insights analysis. This tool should be adapted to the local context to provide a precise overview of different stakeholder roles, motivations, anticipated involvement, and key milestones to maximize the impact of RCCE activities. There are four main categories into which stakeholders fall and an associated strategy for interacting with them as seen in Table 4, and the matrix for conducting a stakeholder analysis in Table 5.

Table 4. Stakeholder categories

	Stakeholder category	Strategy
Champion	Champions support your activities and do so actively and visibly. These groups/ people agree with the proposed actions and goals and are already taking action on their own to support them i.e. other UN agencies.	With champions, continue engaging them in planning and implementation of activities, provide them with updates and information to ensure they are up to date, appreciate and acknowledge their contributions and support, and let them champion the cause.
Silent booster	Silent boosters support the planned or proposed activities and goals but do so privately, with little to no public support. These stakeholders need additional motivation to become more active and supportive of the proposed actions.	With this group, the strategy is to educate, enable, inform and motivate. Energize these stakeholders by involving partners and champions they respect and normally engage with to help advocate for the planned activities and goals.
Avoider	Avoiders don't necessarily support your cause but aren't vocal or visible about their lack of support. They silently oppose aspects of planned activities and passively disagree.	Inform or ignore. With avoiders, it is helpful to engage groups from the Champions category to help influence them to support activities.
Blocker	Blockers are groups who are visibly, publicly opposed to the planned activities and take action to encourage others to disagree as well. They pose an obstacle to the implementation of activities, depending on their influence.	Blockers pose a greater challenge if they are influential. If they are, the best approach is to counteract their action by continuing to enlist champions to advocate for your cause and provide facts. If they are not influential, the best strategy is to ignore this group. Regardless, keep track of they are and who they are influencing.

Table 5. Stakeholder matrix

Responsible officer: **Date:** **Version:**											
Name of organization or individual	**Area of work**	**Stakeholder type**	**Anticipated involvement or support**	**Anticipated challenges**	**Motivation, drivers**	**Expectations of exchange**	**Milestones**	**Activities**	**Responsible party**	**Date due**	**Status**
		(Champion, blocker, silent booster, avoider)	*What level of involvement is expected and what type of support can this stakeholder contribute?*	*Known or potential issues, lack of capacities, etc.*	*Why is the stakeholder invested in the proposed activities?*	*What is the stakeholder's predicted input?*	*At what point of the response or planned activities is this stakeholder's involvement required?*	*What activities directly involve or impact the stakeholder?*	*Team member(s) responsible for engagement with the stakeholder*	*Task/ involvement needs to be met by:*	*Have all the agreed activities been implemented in the foreseen time frame?*

3.2 Strategy and planning

The tools in Section 3.2 Strategy and planning, are designed to support the development of evidence- based RCCE strategies and plans drawing on social-behavioural data, community insights, epidemiological data and priorities identified by other areas of the outbreak response. Strong strategies and plans promote more effective implementation of activities in the long run and provide an opportunity to consider how to work with communities as core partners in all RCCE activities.

Tool 5: RCCE readiness and response checklist for outbreaks

This tool is designed to assist RCCE professionals and responders to update or develop ZIKV outbreak readiness and response plans. It provides a comprehensive list of activities that should be considered during both the readiness and response phases of an outbreak (See Table 6). Links to additional tools are found in section 3. If action planning and implementation begins during the response phase, items listed under readiness should also be referred to.

This checklist is adapted from the following documents: International Health Regulations (2005) – Third edition (who.int) *(3)*, COVID-19 Global Risk Communication and Community Engagement Strategy – interim guidance (who.int) *(17)*, Readiness and initial response for nCoV. Interim guidance *(18)*, RCCE 10 steps to community readiness, *(1)*, HEPR (Health Emergency Preparedness Response) framework *(19)* and Joint External Evaluation tool, Third Edition *(2)*.

Table 6. RCCE readiness and response checklist

Area of work	Steps	Activities
Systems and coordination	**Readiness**	❒ Establish or strengthen RCCE coordination mechanisms, including establishing an inter-agency task force or crisis communication centre, technical working groups for key areas of work, and ensure content clearance and information sharing protocols are approved. ❒ Review and update existing RCCE strategies and plans using intelligence from local surveillance, epidemiological and social-behavioural data (see tools 1 and 2). Ensure these are linked to broader emergency preparedness and response plans (EPRP) and Zika elimination and control plans. ❒ Set up or strengthen an RCCE team, define members' roles and responsibilities and how the team will link to other response pillars. ❒ Map RCCE expertise at all levels, with specific focal points within the Ministries of Health and local health authorities. ❒ Conduct or update PESTEL situational analysis and stakeholder analysis ❒ Develop a budget, with funding options and a human resource plan, including plans for surge support if needed.
	Response	❒ Convene and coordinate the RCCE response with government, stakeholders, partners and across technical areas/pillars. ❒ Activate the inter-agency task force or crisis communication centre and ensure content clearance and information sharing protocols are followed. ❒ Revise and update RCCE strategies and plan according to need and current surveillance, epidemiological and social-behavioural data (see tools 2), new evidence or learnings and community insights. ❒ Implement approved operational budget and human resource plan, including deployment of surge staff.
Community data for action	**Readiness**	❒ Conduct a review of social-behavioural data (see tools 1 and 2) and identify vulnerable populations (see tool 3), risk factors, priority behaviours and potential barriers and enablers for an effective response (see tool 2). Use this knowledge to inform decision-making at all levels. ❒ Ensure mechanisms for community listening are established (both online and offline) and respond to rumours and misinformation proactively (see tool 6 to support tracking of rumours and misinformation). ❒ Analyse gaps in available social data. A mix of quantitative and qualitative data is best - including community feedback, social listening, polling, situational and behavioural analyses, PRSEAH and survey data to understand community knowledge gaps, perceptions, and behaviours. Commission appropriate research to fill in the identified gaps. ❒ Set up a framework for measurement, evaluation and learning to track the efficacy of RCCE activities and impact made. Use findings to tailor and adjust the RCCE strategy and plans accordingly.
	Response	❒ Continuously conduct data collection among at-risk and affected populations to track changes in knowledge, attitudes, perceptions, behaviours, and other social-behavioural variables. ❒ Regularly conduct community listening (see tool 7). Use the findings to develop, adjust and implement RCCE interventions that address concerns, misconceptions, rumours, and barrier to uptake of protective behaviours. Address any unacceptable behaviours, including sexual misconduct. Include affected communities throughout this process. ❒ Continue to monitor the impact of response activities on communities (see tool 7). Ensure plans are in place to manage potential or unexpected impacts (changes to health seeking behaviours, impact on job and food security, other economic or social impacts) and update accordingly. ❒ Share data back to communities and update local response activities as new social, behavioural, and anthropological data becomes available

Area of work	Steps	Activities
Risk communication	**Readiness**	❒ Ensure that the highest levels of government are ready to release information to protect the public's health in a rapid, transparent, and accessible manner. ❒ Create or review a repository of existing RCCE materials such as message banks, tools, products, and templates. ❒ Map and prioritise trusted and commonly used communication channels and platforms. Assess these for accessibility to people in remote areas, without digital skills or access, those with low literacy skills or who may not speak the dominant language, etc. ❒ Identify alternative communication channels to reach all pockets of society, such as street radio, mobile announcers, voice messages for health centres, etc., and partners who can potentially support dissemination of key messages through these methods. ❒ Identify focal points and media spokespeople for all key partners at all levels; list their areas of expertise in relation to the disease or health emergency threat; if necessary, train them. ❒ Coordinate communication activities and use standard operating procedures (SOPs) for clearance and sharing. ❒ Ensure that a crisis communication template is developed and there are clear protocols regarding a disruptive event or public outrage regarding Zika vector control measures or the response itself.
	Response	❒ In collaboration with affected communities, continuously develop, adapt, and test messages based on the perception of risk and as the situation evolves. ❒ Update interventions and messaging, based on MEL framework and feedback from communities. ❒ Continue to build and deliver high-quality information to raise knowledge and manage risk perceptions related to the specific topic of interest, using trusted and commonly used channels. ❒ Engage regularly with and provide risk communication content to government, media and other partners to ensure public information is adapted and consistent with the latest science and current context. ❒ Activate spokesperson and influential individuals, including those from other agencies and stakeholders, to align messaging and to broaden the reach of RCCE activities. ❒ Provide guidance to media outlets on how to access reliable information and manage misconceptions.

Area of work	Steps	Activities
Community engagement	**Readiness**	❒ Hold discussions with communities to understand sociocultural contexts and power dynamics of key audiences. ❒ Identify what type of engagement is safe, feasible and acceptable for different communities. ❒ Identify existing platforms (community leaders, CSOs, and key influencers, particularly those accessed by people at risk) and engage communities in decision-making processes. ❒ Establish or strengthen community feedback systems to ensure community beliefs, questions, concerns and suggestions are heard. ❒ Co-develop priority actions with affected groups to strengthen readiness and build trust and encourage uptake of protective behaviours (risk and needs assessments, strategies, plans, guidance, messaging, etc.). ❒ Design and co-implement interventions and strategies with communities. ❒ Train community engagement teams including volunteers and establish surge capacity mechanisms. ❒ Ensure translation capacities are available to tailor all RCCE materials into local languages and dialects. ❒ Anticipate special information and engagement needs for people who are disabled, illiterate or marginalised.
	Response	❒ Update and co-implement RCCE interventions and strategies with communities. ❒ Ensure continuity of community feedback systems and close information gaps. ❒ Launch or strengthen an “alliance” of influencers and stakeholders who can listen, advocate, inform, address rumours and misinformation and promote health literacy using evidence and data. ❒ Ensure representation of civil society and vulnerable groups. Work closely with other committees and advisory groups. ❒ Engage relevant sectors (government, social and private sector) to manage service and supply needs, assess barriers and strengthen referral systems such as PRSEAH. Ensure affected communities are linked to referral systems.
Capacity building	**Readiness**	❒ Conduct a rapid needs assessment, which includes mapping of existing RCCE human resource capacities and capabilities. ❒ Develop a capacity plan with stakeholders based on the result of the needs assessment. ❒ Build the capacity of RCCE teams and other key stakeholders based on the plan developed. ❒ Create SOPs to drive consistency and quality across RCCE interventions and collaboration with partners. ❒ Initiate a continuous peer-to-peer support system for community mobilizers, responders, and networks.
	Response	❒ Adapt capacity building tools as needed. ❒ Identify and train emergency RCCE staff and potential surge staff on plans and procedures. ❒ Provide refresher or on-the-job training for RCCE responders and spokespersons as interventions and strategies change. ❒ Continue to provide orientation to media professionals and communication networks as the response evolves.

Area of work	Steps	Activities
Measurement, evaluation and learning (MEL)	**Readiness**	❒ Develop/review the MEL framework including M&E indicators based on the developed RCCE strategy, planned activities, and expected outcomes (see tool 8). ❒ Develop/strengthen a real-time monitoring system using existing/adapted tools such as mobile and manual data collection methods, interactive dashboards, and automated data analysis. ❒ Train the RCCE team on the use of relevant tools. ❒ Promote community participation in developing the measurement, evaluation, and learning process. ❒ Develop a system to effectively store, manage and share information and key data sets.
	Response	❒ Continuously revise the MEL framework to ensure it is capturing the data needed to measure results and impact (see tool 9). ❒ Use established real-time and participatory monitoring and evaluations systems where possible such as mobile or application-based reporting. ❒ Generate evidence and data that allows regular assessment of strategy implementation and impact. ❒ Include CSOs in monitoring, reporting and joint accountability efforts to increase the likelihood of broad community uptake and responsibility for new interventions. ❒ Maintain and strengthen systems to effectively manage and share information, document lessons learned and gather best practices. Disseminate lessons and best practices widely.

Tool 6: Activities tracker

The activity tracker tool, in Table 7 below, is designed to assist RCCE decision makers, practitioners and partners to track activities once identified using the RCCE readiness and response checklist (tool 5).

Table 7. Activities tracker

Area of work	Task/ activity	Organiza-tion and individual responsi-ble	Budget / resources	Links	Deadline	Status
E.g. Community engagement	Review suitability of existing community feedback system for ZIKV	E.g. Ministry of Health; Name, email, phone number		E.g. to any working documents or webpage		E.g. Complete, in progress, incomplete

3.3 Implementation

The tools in Section 3.3 Implementation, are designed to support activities conducted as part of evidence-based RCCE strategies and plans. While the projects and activities that need to be implemented will vary in each context based on needs and strategy, these tools offer ways to approach some key components of most RCCE plans. Communities should be considered key implementing partners for RCCE activities during Zika virus outbreaks.

Tool 7: Community listening and feedback systems for Zika virus outbreaks

This tool is designed to provide support for collecting and using community listening data including social listening and community feedback for Zika virus outbreaks.

Community listening encompasses various approaches to collecting data to identify current narratives, questions, rumours, misinformation, levels of trust and other relevant factors from at-risk populations. It can help to track and monitor trends, changing attitudes towards health authorities and interventions, and identify newly emerging concerns.

On- and offline sources should be used for community listening. Offline sources of data can include community feedback systems, qualitative interviews, focus group discussions, findings from social-behavioural research, television and radio. Online sources can include social media, websites, chatrooms, etc. All community listening sources have advantages, biases and limitations which should be documented when reporting data.

To collect community feedback about Zika, identify community representatives that are closely involved with readiness and response activities or who are from or represent affected communities. CSOs that are already involved in related health advocacy or service provision (for example, those developing and distributing information, education, and communication materials) are good sources of community feedback as these groups can provide targeted input and help reach specific demographics more effectively. In support of collecting relevant feedback and conducting structured and effective conversations with communities, WHO has developed a Community conversation kit *(20)* to help people who have a leadership role speak with people in their community about how to protect themselves from a health threat.

To effectively use community listening in managing a Zika virus outbreak, health authorities and all involved partners should use the full range of on and offline tools to collect, monitor and analyse public narrative and conversations related to Zika. These tools may vary significantly from context to context and based on specific community needs, access and norms. Particular attention should be given to key populations and themes of misinformation, while also identifying information voids such as the sudden increase in searches for “Zika symptoms” or “how do you catch Zika?”.

Setting up a dedicated social listening system involves defining objectives, selecting relevant social media platforms, identifying Zika-related keywords and hashtags, setting up a taxonomy, monitoring these keywords using tools like Google Trends, conducting data analysis, and reporting the findings to stakeholders. The system should be regularly reviewed and adjusted based on the findings, such as adding new keywords, hashtags or identifying new platforms of concern.

The data sourced through both social listening and community feedback systems can be triangulated with epidemiological data, research and programme data to gain additional insights to inform strategy and planning.

The development of community listening and community feedback systems for ZIKV readiness and response will depend on existing platforms and resources but should be considered an essential part of any RCCE planning. The following resources can be used to inform activities, as can the matrix below in Table 8.

- Community Engagement in Humanitarian Action Toolkit (CHAT) *(21)*
- IFRC Community Feedback Kit *(22)*
- WHO/UNICEF How to build an infodemic insights report in 6 steps *(23)*
- WHO Infodemic management training 101 (OpenWHO) (24)
- Infodemic Management: Defining a taxonomy for social listening (OpenWHO) *(25)*

Table 8. Rumours, misinformation, and event tracker

Issue / event / Date	**Country of origin**	**Platform** (print, web, social media, official statement, etc.)	**Level of risk** (low or high)	**Facts** (what really happened, scientific explanations, etc.)	**Respond YES/NO**	**Initial response (IF YES) of WHO** (key messages)	**Cleared by:**
							Date:
							Date:
							Date:

Negative messages may emerge and can include distorted, false, or misleading opinions, mis- and disinformation. Remain mindful and vigilant about the appearance of rumours and misinformation. This will be an important topic to include in your community listening and feedback systems, including customized taxonomy for social media listening, in-depth interviews with key community leaders to raise awareness of the key questions and concerns.

Not all messages warrant a response, but it is important to set clear protocols to determine the relevance and impact as well as appropriate response of the Ministry of Health, WHO, or other partners if needed. You may wish to refer to the matrix above to standardize protocol of reporting rumours and misinformation and respond accordingly.

Tool 8: Developing key messages and content

This tool is designed to guide the development of key messages based on data collected, social-behavioural insights, epidemiological surveillance, and best practices. Key messages are the main points of information you want to convey to the audience so that they will understand and remember the risk of contracting ZIKV infection and reduce the risk of transmission.

These should be clear and concise statements that explain key concepts and factual information in lay language. Key messages should also support your desired communication outcomes – the change we want to see in the behaviour of the affected population.

Key messages for Zika virus outbreaks should focus on key areas related to mitigating risk of transmission, including:

- signs and symptoms;
- how it is spreading in the area/community;
- who is at risk (both of catching it and of more serious symptoms);
- how to protect yourself and others (including pregnant women);
- prevention and treatment of symptoms; and
- what to do it you get ill.

Key messages need to be adapted based on the local context (see **Tool 1: situational analysis: PESTEL),** epidemiological information, what is known about key audiences (see **Tool 3: Mapping and understanding communities)**, enablers and barriers of key behaviour (see **Tool 2: Behavioural analyses);** and what is being learnt through community listening (see **Tool 7: Community listening and feedback systems).**

For existing key messages on Zika, please see Section 5, 'Other tools and products for Zika virus outbreaks.' It can help to structure key messages using the format below, with an overall message, three supporting messages, and evidence to back up the point you are making. Key messages should be kept short and focused on the key behaviours that are needed to protect health. In Table 9 below, you will find you will find a checklist with key considerations when developing messages for your audience. Additional information on how to test your messages can be found here *(26).*

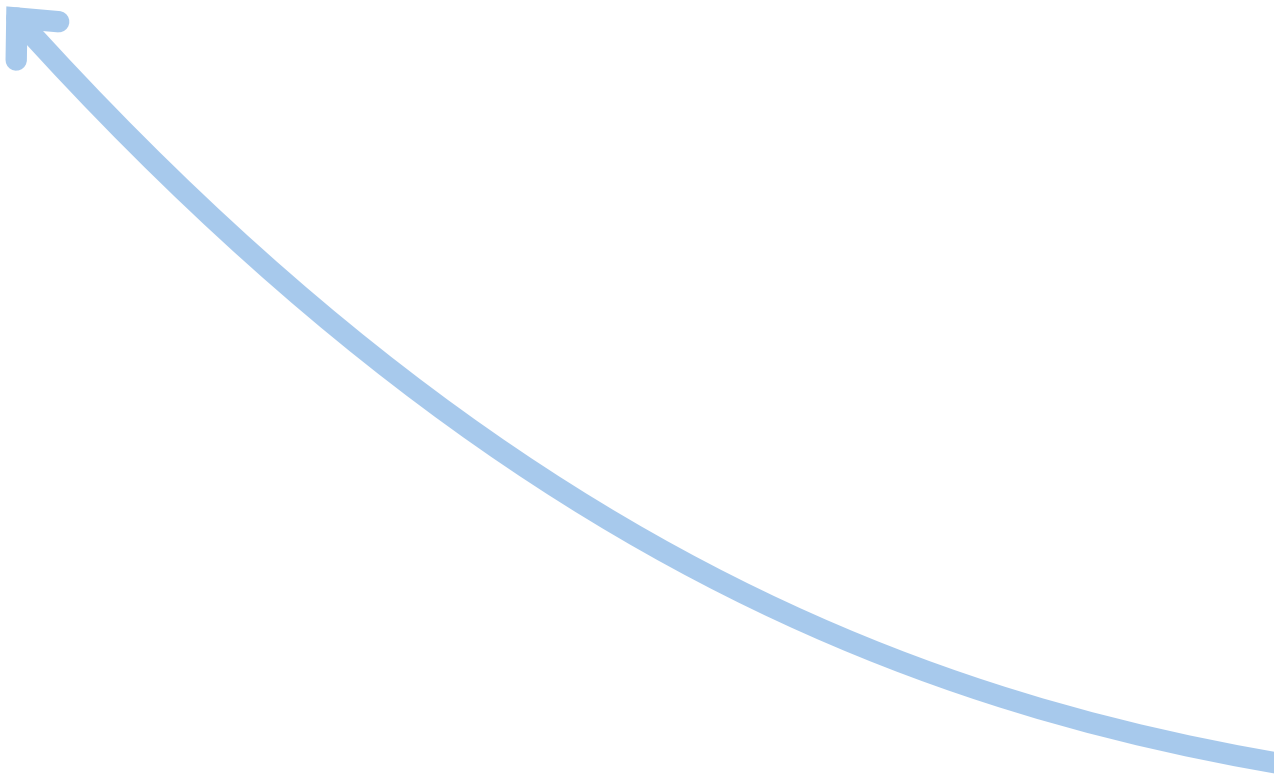
Table 9. Zika key messages template

Process for developing key messages
❒ Identify and target key behaviours and influences. ✓ Identify specific behaviours to target so there is a clear call-to-action for the public. ✓ Draw on situational analysis (PESTEL), social-behavioural insights and other research to determine the key influences (cognitive, social, and environmental) on those target behaviours. ✓ The messages should aim to utilize or address these key influences. ❒ Test messages (key and supporting) with the public before releasing. ✓ If possible, conduct quantitative testing of messages to identify best performers before mass roll-out. ✓ If time is limited, undertake rapid qualitative testing to optimize content and presentation and minimize risk of backfire.
Language and content of key messages
❒ Include a clear action that directly conveys what people should or should not do. ✓ This action should be prominent, so the reader knows what to do after a quick glance. ✓ Use a “rule of thumb” or do’s and don’ts. ❒ Make content easy for the public to understand. ✓ Use clear and simple words. ✓ It is best to use as few words as possible, while still conveying the importance of the matter. ❒ Draw on positive social framing, where appropriate. ✓ Use framing that encourages people to undertake a behaviour for the benefit of others. For example, framing the benefit of protective measures as a way to ‘protect our livelihoods’. ❒ Include a reason why people should do the desired behaviour. ✓ Provide a brief explanation or reason why a behaviour should be performed. ❒ Translate materials into multiple languages, where appropriate. ✓ Provide multiple versions of messages in different languages that are spoken in the target population.

The section below provides an additional template to support development of messages that stick with your audience by preparing the main message and three supporting messages/evidence to back up the point you are making (see Table 10).

Table 10. Zika virus key messages and supporting messages template

Key message	WHO has issued travel advisories on travel to areas with ZIKV transmission, including pregnant women.
Target behaviour	Traveling during pregnancy
Supporting message 1	WHO advises pregnant women not to travel to areas with ongoing Zika virus outbreaks.
Supporting message 2	There is an increased risk of microcephaly and other congenital malformations in babies born to pregnant women infected with ZIKV
Supporting message 3	ZIKV is primarily transmitted to people through the bite of an infected Aedes mosquito. ZIKV can also be transmitted through sex.



Tool 9: Measurement, evaluation and learning (MEL)

This tool will help enhance the accountability and effectiveness of RCCE through measuring, evaluating activities and constantly learning from your audiences how to improve or adapt interventions to achieve expected health outcomes.

A measurement, evaluation and learning (MEL) framework recognizes the importance of (1) measurement to collect evidence, (2) evaluation and systematic analysis of results and (3) learning to gain insights and new knowledge that can be applied in future planning and strategy. MEL should be used throughout all phases of the emergency management cycle and should include community participation to support sustainability, joint-accountability and ultimately increase the effectiveness of RCCE strategies, plans and interventions *(27)*.

Once you have determined if the problem you are tacking is of a behavioural nature or if it is another type of barrier, such as environmental or structural, it is possible to design interventions. There are many different models that can help design and structure MEL framework, based on priorities or targeted behaviours. Within the MEL manual, WHO proposes the "Theory of Change" and "Program Logic Models." For more detailed information on these tools, and others, access "The MEL Manual" here *(27)*.

The Theory of Change and Program Logic Models help logically explain how the intervention is expected to lead to the desired behaviour change and how to measure it along the way. The theory of change involves two key steps:

1. identification of all the possible interventions and/or stimuli that can lead to a change in a particular context, and
2. examination of the evidence and assumptions that support such beliefs.

The program logic model helps demonstrate the theory of change by linking activities with outputs, short- term and longer-term outcomes (See Table 11). The next step is to develop specific, measurable, achievable, realistic, and time-bound (SMART) objectives and indicators to measure the progress and impact of the intervention. Indicators should be identified and collected at each stage of RCCE activities and aligned with national Zika elimination and control plans to reflect priority actions and desired outcomes. The tools provided below can be used to inform the identification of such indicators that are fit for the local context.

To learn more about MEL, including information on theory of change and program logic models, access "The MEL Manual". Below is a helpful template for structuring and planning your MEL framework.

Table 11. MEL framework template

Theory of change (example)						
People are unaware of the vector control measures to limit the spread of ZIKV.	People are informed about key vector control measures to avoid being infected with ZIKV.	People form an opinion about necessary vector control measures and feel empowered to adopt them.	People are consistently engaged in online and offline conversation about the measures to prevent and limit the spread of ZIKV.	People acknowledge the value of vector control measures	People are in support of vector control measures to limit the spread of the ZIKV.	People are observing vector control measures to limit the spread of the ZIKV.

What do you need to complete MEL (ex.)	When and how should you report on findings
1. Situational analysis (PESTEL) 2. Behavioural analysis 3. Community listening 4. Stakeholder analysis 5. Community feedback mechanisms 6. Social listening reports 7. Access to Google analytics or other analytic tools related to social media	Here you should briefly outline your reporting plan, including reporting intervals, format, general content and more.

What will you track		
Inputs	**Metrics and indicators**	**Methods**
Data and insights collected through various proposed research can qualify as inputs		
Activities	**Metrics and indicators**	**Methods**
Producing and distributing RCCE products based on the collected data and insights		
Outputs	**Metrics and indicators**	**Methods**
Reaching and engaging audiences		
Mass information campaign launched	# of IEC materials developed	Log of materials in circulation (quantitative)
	# of posts on social media	Content analysis and social media reports (qualitative)
	# of announcements released	Log of radio and tv announcements (quantitative)
Short-term outcomes	**Metrics and indicators**	**Methods**
Assessing audiences' initial reactions, response to RCCE activities		
People form an opinion about necessary vector control measures feel empowered to adopt them.		
Long-term outcomes	**Metrics and indicators**	**Methods**
Evaluating what sustainable effects RCCE activities had on audiences		
People acknowledge the value of vector control measures to limit the spread of the ZIKV		
People are in support of vector control measures		
Impact	**Metrics and indicators**	**Methods**
Evaluating the results achieved, in full or in part, by RCCE activities		
People are observing vector control measures to limit the spread of the ZIKV.		

The Collective Service has developed Risk Communication and Community Engagement Indicator Guidance for COVID-19 *(28)*, which provides useful support that can be applied to other disease areas, including ZIKV.

Tool 10: Checklist for preventing and responding to sexual exploitation, abuse and harassment

This tool is designed to assist RCCE decision-makers, practitioners and partners identify and include key activities for preventing and responding to sexual exploitation, abuse and harassment (PRSEAH) into planning and implementation. This tool, in Table 12, should be used together with the principles for managing PRSEAH in Annex 1.

Sexual misconduct such as sexual exploitation, abuse and harassment (SEAH) and sexual violence violate the rights and well-being of the people we serve and the people with whom we serve. Such behaviours are directly in opposition to WHO's values and our abiding responsibility to do no harm. To the WHO workforce and collaborators, these acts are prohibited, and therefore lead to disciplinary action.

WHO has zero tolerance for any form of sexual misconduct, for inaction and for retaliation against those who raise complaints or bear witness. Our work prioritizes the rights and needs of victims and survivors.

Sexual misconduct can occur in all communities. In the context of a Zika virus outbreak, victims of sexual misconduct can face the additional threat of exposure to HIV or any other infectious disease or condition.

Please note that it is your obligation to report any wrongdoing you become aware of or witness directly through established complaints mechanisms. Do not conduct the investigation yourself; only investigators are mandated and trained to do so.

If you work for WHO, please write directly to investigation@who.int or access the integrity hotline.

Table 12. PRSEAH checklist

For best results, RCCE practitioners should identify and coordinate with the PRSEAH focal point on the following activities:
1. Contribute proactively to the SEAH risk assessment and implementation of the risk mitigation plan.
2. Identify trusted networks within communities to engage them in becoming more aware of and addressing sexual misconduct concerns.
3. Contribute to the development and dissemination of clear and consistent PRSEAH messages adapted to local contexts and preferences. These must include: i) aid, including medical interventions and services is free and must not be exchanged for anything; ii) what to expect from development and aid workers, including health providers; iii) how to safely report any wrongdoing; and iv) how victims can access services.
4. Support the dissemination of PRSEAH materials during RCCE interventions with and through CBOs, CSOs and public information stakeholders.
5. Ensure sure prevention and response to sexual misconduct components are included in training curricula and other key materials.

Principles and considerations for Zika virus outbreaks

This section contains additional considerations for RCCE strategy, planning and implementation during Zika virus outbreaks. More on RCCE principles can be found in the 10 steps to community readiness package (1) from the Collective Service.

Addressing uncertainty and maintaining trust

Managing uncertainty is an important function of RCCE during outbreaks and health emergencies. The readiness phase of a Zika virus outbreak is an opportunity to gather data to understand how people who may be at risk of Zika understand the various modes of transmission, protective behaviours and care-seeking behaviours. Settings or communities who have not previously experienced Zika virus outbreaks may have higher levels of uncertainty.

During Zika virus outbreaks, there may be uncertainty about the route of transmission, risky behaviours, which communities are at risk and access to testing and care. Approaches for managing and addressing uncertainty should be included in RCCE strategies and plans to maintain trust throughout the outbreak. Key steps for managing uncertainty include:

- assessing the situation to understand what is known and unknown;
- identifying key uncertainties that may impact community understanding and response;
- being transparent and honest;
- setting realistic expectations;
- providing timely updates when new evidence emerges;
- explaining what is being done to find out more;
- acknowledging that what is known may change;
- listening and responding to community concerns; and
- being prepared to adapt *(29).*

Annex 2 contains a template early announcement for a Zika virus outbreak that can be adapted to support early, transparent communication and to tackle early uncertainties.

Other tools and products for Zika virus outbreaks

Guidance	
Pregnancy management in the context of Zika virus infection – Interim guidance *(30)*	The aim of this document is to provide interim guidance for interventions to reduce the risk of maternal ZIKV infection and to manage potential complications during pregnancy. Also available in Arabic, Chinese, Russian and Portuguese.
Framework and toolkit for infection prevention and control in outbreak preparedness, readiness and response at the national level *(31)*	
WHO Zika virus outbreak toolbox *(32)*	
WHO guidelines for the prevention of sexual transmission of Zika virus *(33)*	These guidelines contain updated recommendations on the prevention of sexual transmission of Zika virus, based on the best available evidence as of June 2018.
Surveillance for Zika virus infection, microcephaly and Guillain-Barré syndrome: interim guidance *(34)*	This document provides interim recommendations for the surveillance of Zika virus infection, microcephaly and Guillain-Barré syndrome, in four different contexts and describes reporting requirements to WHO.
Q&As, key messages and factsheets	
Zika Q&A *(12)*	Answers to the most frequently asked questions from the general public on Zika.
Zika virus factsheet *(10)*	
Public health advice	
Laboratory testing for Zika virus and dengue virus infections: interim guidance *(35)*	This interim guidance is for use by staff of laboratories testing for Zika and dengue virus infections and for clinical practitioners and public health professionals providing clinical management or surveillance.
Zika virus disease - Interim case definition *(36)*	These interim case definitions have been developed for the purpose of providing global standardization for classification and reporting of Zika virus cases. WHO guidance for the surveillance of Zika virus disease is currently being developed.
Maintaining a safe and adequate blood supply during Zika virus outbreaks: interim guidance *(37)*	These guidelines have been developed in recognition that infection with Zika virus may present a risk to blood safety, and in consideration of the declaration on 1 February 2016 by the WHO Director-General of a Public Health Emergency of International Concern.

Infographics and social media content	
Zika virus infographics *(38)*	Resources from the WHO Regional Office for the Eastern Mediterranean (EMRO).
Resources from the Pan American Health Organization *(39)*	Social media content
Posters, videos, podcasts on Zika *(40)*	Resources from WHO EMRO
Other reference tools	
Zika Strategic Response Plan, 2016 *(9)*	The Response Plan outlines 4 main objectives to support national governments and communities in preventing and managing the complications of Zika virus and mitigating the socioeconomic consequences: detection, prevention, care and support, as well as research.
Paul and the mosquitoes *(41)*	Paul and the Mosquitoes is an illustrated book for children about mosquito-borne diseases written by Susana López, Selene Zárate, and Martha Yocupicio.
Manual for monitoring insecticide resistance in mosquito vectors and selecting appropriate interventions *(42)*	This document provides guidance on how to assess insecticide resistance in mosquito vectors. It is aimed at field entomologists and biologists within ministries of health or partner institutions; programme managers and others in charge of designing and implementing vector control strategies; and researchers and the pesticide industry.
Communicating risk in public health emergencies *(43)*	• Building trust and engaging with affected populations • Integrating Emergency risk communication into health and emergency response systems • Emergency risk communication practice
Managing epidemics: key facts about major deadly diseases (including Zika, & other Arboviral diseases) *(44)*	• Key insights into infectious disease epidemics • Response tips and checklists • Community engagement during epidemics • Risk communication – a life-saving action in public health emergencies • Treating patients and protecting the health workforce

Integrated Management Strategy for Arboviral Disease Prevention and Control in the Americas *(45)*	• Operations research and communication for behavioural impact. • Monitoring and Evaluation of Arboviral disease interventions.
Framework and toolkit for infection prevention and control in outbreak preparedness, readiness *(46)*	Frameworks & toolkits for disease outbreak preparedness, readiness and response.

Case studies

Case study 1

Zika: the unknown epidemic and PAHO's swift response

*In 2015 and 2016, the word Zika evoked fear in pregnant women living or traveling to tropical areas of the Americas. In countries where the mosquito-borne disease spread, babies of some infected mothers were being born with microcephaly, marked by abnormally small heads, brain damage and a future of developmental problems. Read the full story **here** (47).*

Case study 2

*In Fiji, the Ministry of Health and Medical Services implemented the Fiji Zika Virus Action Plan, with a communications component aimed to keep the public, in particular pregnant women, aware of the virus. In 2016, activities included distributing leaflets and posters on Zika virus to health centres and holding informative sessions on Zika virus to explain the importance of prevention to key groups. Read the full story **here** (48).*

Zika virus training resources

WHO has the following trainings for learning more about zika virus:

Training	Overview
SocialNet: Empowering communities before, during, and after an infectious disease outbreak *(49)*	This comprehensive online training includes modules on community engagement, data collection and analysis, considerations for interventions, risk communication and interpersonal skills. This course aims to equip all frontline responders with the knowledge they need to better contain disease outbreaks and manage health emergencies.
Zika, Dengue and Chikungunya Prevention toolkit *(50)*	The Zika, Dengue and Chikungunya prevention community module is intended for volunteers teaching and coaching adults (ages 17 +) about the transmission, symptoms, treatment and prevention methods to address Zika, dengue and chikungunya. The community module is comprised of 5 topics which we advise teaching in sequential order for maximum effect.
Communication for behavioural impact (COMBI) *(51)*	This toolkit will be helpful for people designing more effective outbreak response measures. It can be scaled up or down, depending on the situation. It can be applied at sub-national and national levels. It was designed to develop mental communication and health promotion personnel working in multidisciplinary teams to investigate and respond to disease outbreaks.
Zika: Introduction *(52)*	This introductory level online course aims to equip frontline responders with introductory level knowledge to manage the Zika virus in case of an outbreak. By the end of this course participants should be able to describe the disease and transmission, identify key preventive actions, and list the main challenges in prevention and control.*
Risk Communication for Zika virus disease *(53)*	Zika virus disease is a mosquito-borne illness that can cause severe birth defects in babies and neurological complications in adults. This introductory course provides the basics of communicating risks of Zika virus transmission. It has been designed for health workers in communities that are currently facing outbreaks of Zika virus disease or which may be affected in the future.

*This course was developed in 2018. For the latest updates, please refer to the relevant health topics on the WHO website.

Training curriculum on invasive mosquitoes and (re) emerging vector-borne diseases in the WHO European Region *(54)*	This curriculum aims to provide non-specialists with an understanding of the key issues related to invasive mosquitoes and (re-)emerging vector-borne diseases, and with the analytical skills to improve strategic planning and implementation of activities in their country context. Its target audience includes policy-makers and decision-makers as well as programme managers who are, or will be, involved in the planning, implementation and evaluation of strategies to prevent the introduction of and/or control invasive mosquito vectors and vector-borne diseases.
Zika virus infection: step by step for risk communications and community engagement *(55)*	This document offers suggested risk communication actions to Zika virus (ZIKV) infection and other health issues linked to this disease. It is directed toward ministers of health and other health sector actors who, with their national (multi-disciplinary) teams for communication and social mobilization, will be able to adapt the provided information to the needs of their countries and audiences.
Key Messages and Actions for Zika Prevention and Control: Guide for Schools (WHO/UNICEF/CDC) *(56)*	This guide for schools, developed by UNICEF with the support of WHO and the United States Centers for Disease Control and Prevention (CDC), aims to provide guidance on Zika prevention and control in the school setting to complement the Strategic Response Framework. The target audiences for this document includes Ministries of Education (national, provincial, and district level), school administrators, teachers and students, as well as program managers and policy makers from other organizations supporting education programs and systems. In addition, the guide contains information that can be adapted for students and their parents in the wider school community. This document looks primarily at mobilizing school staff and students to control Aedes aegypti mosquito population in and around schools in an effort to prevent transmission of mosquito-borne viruses and outbreaks.

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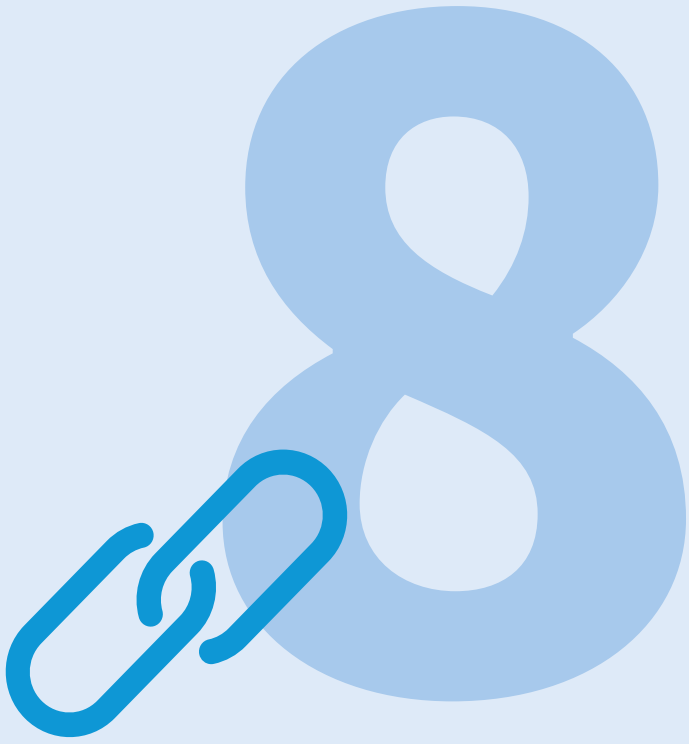

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Annexes

Annex 1: Guidance for practitioners on the prevention and response to sexual exploitation, abuse and harassment

This guidance is a rapid reference point for RCCE practitioners working before and during health emergencies. For more in-depth resources, please refer to the WHO PRSEAH webpage. Please work closely with the country focal point for PRSEAH for context-specific guidance.

- Refresh your knowledge and understanding of PRSEAH prior to your engagement with communities.
- Engage with communities based on need and without any discrimination based on gender, sexual orientation, nationality, ethnicity, religion, age, or political affiliations.
- Ensure clear communication with community members on the reporting mechanisms at their disposal. Make it clear that reporting will not prevent them from receiving the support they are entitled to and that victims/survivors of sexual misconduct have a right to services regardless of their willingness to cooperate with an investigation.
- Be aware that victims and survivors of SEAH are afraid and often ashamed of reporting and may be at risk of further harm or stigmatization. Therefore, whenever possible make sure RCCE work includes the identification of trusted community networks, organizations or leaders, especially women's networks that can provide safety and support to those at risk or those who have already experienced SEAH.
- In your RCCE work gather intelligence on trusted channels of communication, the languages and literacy levels and preferences of those most at risk and integrate such intelligence in designing awareness campaigns and other PRSEAH actions.
- Your actions as an RCCE practitioner must be guided by the principles of do no harm, confidentiality, transparency, accountability and duty to report, prevention, non-discrimination and equality. Treat the populations you serve with respect and protect them from sexual exploitation, abuse and harassment by development and aid workers both during and outside working hours.
- Responders cannot demand or accept any sexual favours from community members or as a condition for employment, or in exchange for assistance due to communities. If you are working for or on behalf of WHO, comply with WHO's policy on preventing and addressing sexual misconduct at all times.

Country focal points for PRSEAH will, in many cases, also have information about local contexts including dedicated hotline numbers for reporting sexual misconduct established by the United Nations Country Team.

Annex 2: Draft outbreak announcement

Outbreak announcements are released to inform the public of a public health concern or threat. It aims to engage, reassure and provide early guidance to health care workers, and the public, particularly to most affected communities. It is important to communicate early, transparently and with empathy in the event of a possible or confirmed zika virus outbreak to maintain public trust, acknowledging unknowns and communicating with empathy.

This is a template that will need to be adapted to your local context:

On ***[date]***, a ***[country]*** resident/s tested positive for Zika virus after developing ***[describe symptoms: e.g., a rash, fever, severe muscle pain.] [number of days]*** prior. Efforts have been undertaken to identify the impacts of outbreak and to control the spread of Zika virus with priority.

The risk of onward transmission related to this Zika virus outbreak is currently ***[low as the mosquito control effort was immediately undertaken]***. ***[Provide context - what you know about the source of the infection – consider importance of avoiding stigmatizing language***].

[Country-specific response – describe what you are doing]

Example: We have initiated public health investigations to better understand the situation. We are also implementing control measures, such as case finding and providing supportive care for patients. We have intensified our mosquito control efforts and encourage all residents to check for and eliminate the water in all containers in and around the home, schools, and workplaces, when possible. If eliminating the water in the container is not possible, make sure the containers are tightly covered or turned over so mosquitoes cannot lay their eggs inside.

[Country-specific response – define where the public can find information]

Example: Over the coming days and weeks and as we find out more, we will regularly share information regarding risks associated with Zika virus and, advice on how to avoid infection and protect your health. Please check [a variety of places where members of your community access news and health information, e.g., the health authority website, social media accounts, national public service broadcaster, etc.]. Members of the public can also call [specific health service number if one exists] if they have any questions regarding the disease.

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