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## **Samoa COVID-19 Risk Communication and Community Engagement Strategic Plan – Preparedness Phase**

### **Background**

The COVID-19 is a new strain of Coronavirus that has not been previously identified in humans. Coronaviruses are a large family of viruses that are known to cause illnesses ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

During previous outbreaks of other coronaviruses, MERS and SARS, human- to -human transmission occurred through droplets, contact and fomites suggesting that the transmission mode of the COVID-19 can be similar.

**Common signs of infection include respiratory symptoms such as:**

- Fever;
- Coughing;
- Shortness of breath; and
- Breathing difficulties.

In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

### **Who is at risk?**

What we do know at this stage is that older people, and people with pre-existing medical conditions, such as diabetes and heart disease, are more at risk of developing severe disease. We are still learning about COVID-19 daily and will continue to gather more knowledge about the virus as countries manage their responses.

*As a result of with a population with a high proportion of older people, Samoa is at a higher risk of severe cases in the community.*

The basic principles to reduce the general risk of transmission of acute respiratory infections, and which form the basis for prevention messaging, include:

- **Wash hands frequently** - Wash your hands frequently with soap and water or use an alcohol-based hand rub if your hands are not visibly dirty.
- **Practice respiratory hygiene** - When coughing and sneezing, cover mouth and nose with flexed elbow or tissue – discard tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.



- **Maintain social distance** - Maintain at least 1 metre (3 feet) distance between yourself and other people, particularly those who are coughing, sneezing and have a fever.
- **Avoid touching eyes, nose and mouth** - Hands touch many surfaces which can be contaminated with the virus. If you touch your eyes, nose or mouth with your contaminated hands, you can transfer the virus from the surface to yourself.
- **Seek early medical care if you have fever, cough and difficulty breathing** – Tell your health care provider if you have travelled in an area in China and other affected areas where COVID- 19 has been reported, or if you have been in close contact with someone with who has travelled from China or any other countries affected and has respiratory symptoms.
- If you have mild respiratory symptoms and no travel history to or within China, carefully practice basic respiratory and hand hygiene and stay home until you are recovered, if possible.
- **Avoid consumption of raw or undercooked animal product** - Handle raw meat, milk or animal organs with care, to avoid cross-contamination with uncooked foods, as per good food safety practices.

The Ministry of Health established a multidisciplinary Health Emergency Operations Committee (HEOC) to manage the response to the 2019 Measles outbreak. The HEOC comprises the leadership of the Health Promotion Unit which managed the communications response to the outbreak. The health promotion unit, as a member of the HEOC, will continue to manage the communications response in preparation COVID-19, including developing a Risk Communications and Community Engagement Strategic Plan.

All health communication conveys risk and considers the behavioural, cultural, demographic, and physical and psychographic realities particular to the event site. In Samoa health communication has been assertively used in the past years to get the message out to the public on many health issues especially during health crises.

Internally, communications aim to improve the knowledge and boost morale of the health staff, strengthen service delivery and enhance the professional corporate environment. Externally, communications help to keep the public well-informed on any health issue or solution, facilitates the collaboration, resource mobilization and sharing among stakeholders and promotes transparency between the Ministry of Health and the public, and all stakeholders<sup>1</sup>.

This approach, embedding risk communication, in an outbreak response, is pertinent at a time when many of the threats to global public health (through diseases and environmental calamities) are rooted in human behaviour.

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<sup>1</sup> Communication Strategy, 2007



## ***Risk Communication***

Risk Communication(s) refers to the real-time exchange of information, advice and opinions between experts or officials and people who face a threat (hazard) to their survival, health or economic or social well-being. Its ultimate purpose is that everyone at risk is able to take informed decisions to mitigate the effects of the threat (hazard) such as a disease outbreak and take protective and preventive action, in this case COVID-19.

Risk Communication uses a mix of communication and engagement strategies and tactics, including but not limited to, media communications, social media, mass awareness campaigns, health promotion, stakeholder engagement, social mobilisation and community engagement.

Community Engagement through interpersonal communication is significant towards achieving better communication. Community engagement has been one of the best practices in the small island countries to dialogue with the community members whereby issues are being consulted at the same time. As the community setting is uphold by cultural and traditional value and principles which governs by respect, interpersonal communication generates open-discussion on the issues that needs to be discussed in the community.

Risk communication is one of the eight core functions that the WHO Member States must fulfil as signatories to the International Health Regulations 2005 (IHR) and additionally, it is also a component of global and country preparedness for an influenza pandemic, as part of the Pandemic Influenza Preparedness (PIP) Framework. It is core to the WHO Constitution and international frameworks and programme strategies such as the Global Outbreak Alert Response Network (GORAN), the Humanitarian Action Framework and WHO reform for outbreaks and health emergencies.

The Ministry of Health recognizes the need to fulfil its obligation under the IHR to develop a Risk Communications Strategic Plan and the experiences and lessons learned from the measles outbreak and preparations for COVID-19 will contribute significantly to its development.

### **Samoa's COVID-19 Risk Communications and Community Engagement (RCCE) Strategic Plan - Preparedness phase**

Samoa's COVID-19 Risk Communications and Community Engagement Strategy will:

- be guided by several relevant WHO guidance documents;
- outline the basic requirements/infrastructure required to achieve its defined goals;
- describe key risk communication principles;
- set out communication roles and functions;
- define objectives (preparedness phase);
- outline protocols, procedures, templates and contacts;

| Outline the activities and products that will be produced;



## The Key Risk Communications Principles and Best Practices aim to:

Create and build trust; acknowledge and communicate the known and unknown even in uncertainty; coordinate all relevant actors to maximise resources and avoid waste and duplication of efforts, be transparent and fast and first will all communications; be proactive in public communication; involve and engage those affected; use integrated approaches; and build national capacity and national ownership.

Risk Communication seeks, therefore, to guarantee that communication is trustworthy between the experts or health authorities and the public. Communication in this regard, should be a 'two-way' to help engage the public and their decision making with evidence to protect themselves and their loved ones from any disease outbreak.

It is vital that the best practices of risk communication are considered including the involvement of the stakeholders and listening to the people by trying to understand and empathize with them to understand their fears, anger and anxiety during times of disasters or health emergencies.

Risk communication is an important part of every phase of an emergency response - preparedness, implementation and recovery. At this stage of preparedness it is especially important for Samoa as the public needs to be knowledgeable on prevention and the signs and symptoms of COVID-19. Given that the residents are still travelling and that the number of countries affected has increased, precautionary measures are being implemented including management of port health and the dissemination of information to the general public.

## | WHO Outbreak Communication Principles<sup>2</sup> Summary:

1. **Trust:** Communicate in ways that build, maintain and restore public trust in the managers of the outbreak response.
2. **Announcing early:** Proactive communication of, a real or potential health risk. Alerting at-risk and affected populations is important to minimise the threat of an infectious disease.
3. **Transparency:** This is key to gaining and maintaining the public's trust throughout the outbreak through the timely and complete sharing of information of a real or potential risk and its management.
4. **Listening/intelligence gathering:** Understanding the public's perception of their risk to disease, their beliefs, practices which inform decisions on interventions needed to promote behaviour change, protect their health and to minimize societal and economic disruption.
5. **Planning:** Public communication during an outbreak represents an enormous challenge for any public health authority and necessitates sound advance planning that adheres to the above principles, but more importantly, is translated into action.

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<sup>2</sup> Excerpts from WHO Outbreak Communication Planning Guide 2008



## Key Planning Steps:

1. **Assessment:** Conduct an assessment of existing communications capacity; understand the demographics, socio-economic and cultural context of the site of the outbreak.
2. **Coordination:** Identify possible communication partners, public health and non-public health, and develop a communication mechanism.
3. **Transparency:** Establish a national level policy or guideline on communications and emergency clearance process, public announcement and ongoing release of information. Transparency is built upon factual, timely, accurate and easily understood information, which builds public trust. A transparency strategy should be developed and approved that will address ethical considerations, outbreak incidence, spread, containment and overall management, and risk assessments used by decision-makers.
4. **Listening/intelligence gathering:** Develop a system for on-going intelligence gathering about the public's knowledge, attitudes, perceptions and behaviours regarding risk for infection and the disease, as well as the other organisations involved in the response and their interventions. Methods include the development of an Information gathering template, media monitoring system for media monitoring.
5. **Communication evaluation:** Establish an evaluation mechanism to identify communication strengths and weaknesses, as well as opportunities, during and post the outbreak event. It is important to understand the impact of our interventions on the target groups to guide revision of the interventions, messages etc.
6. **Emergency Communication Plan:** Develop a costed written outbreak/emergency risk communication plan building on the previous mentioned steps. In this case the plan can build upon the existing strengths and systems developed for the measles outbreak.
7. **Training:** Develop a risk communication training programme to ensure readiness for future events. This will include simulation exercises to test the emergency public communication plan and its components.

## Key Planning Step 6: Communications Plan-

### Key Functions and Roles:

1. **Communication Leadership:** Responsible for the development and implementation and achievement of the outbreak communication objectives, strategies and tactics and monitoring and evaluation of same.
2. **Political leadership:** Political representatives and their staff must have the communications support and information they need for communicating with the public.
3. **Management and approvals:** The chain of approval and clearance for the release of information and materials is clearly identified and observed.
4. **Listening/Intelligence gathering:** Responsible for the gathering and analysing risk perceptions, knowledge gaps and potential non-medical barriers to recommend public health measures and to feed findings into the outbreak decision-making.



5. **Media Relations:** Responsible for providing information to the local, national and international media as required, arranging press conferences and preparing the spokesperson.
6. **Website management:** Ensures that the latest information is updated frequently about the outbreak or public health emergency, that the website is monitored and traffic trends and questions are noted, responded to and reports produced.
7. **Partner coordination:** Identifies specific partners relevant to the response, establishes communication and coordination mechanisms to ensure effective collaboration.
8. **Communication plan evaluation:** Ensures that the communication processes, inputs, activities, outputs, outcomes are assessed and measured and that the results inform the revision and improvement of the response during the outbreak and future responses.

**A checklist appropriate for this preparedness phase is provided at Annex 1**

### **Objectives of the RCCE Strategy**

**Overall Objective:** To create an enabling environment and operational mechanisms for Risk Communication preparedness through:

1. Proactive and timely communication about COVID-19, its signs and symptoms, and its prevention and control to counter misinformation through the media, social media, social mobilization, and interpersonal communication.
2. Ensuring access of the population and frontline health workers to key lifesaving information and dialogue to enable them to make informed decisions to protect themselves, their families, and their communities.
3. Engage in active dialogue with community influencers, networks, and stakeholders in the prevention of spread of COVID-19 through active listening to community concerns and promotion of awareness on COVID-19 and reinforce safe prevention practices of viral infections.
4. Building capacities at the national and sub-national levels to support effective readiness and preparedness.
5. Incorporating other pillars of the response as support for the overall preparedness strategy.
6. Strengthening awareness at all port of entries targeting the general public and all port officers.
7. Engaging communities and addressing their concerns and mitigating public panic especially those who travel (pertaining the travel restrictions).
8. Increase public confidence in health authorities and port health



## Challenges

The following challenges have been identified and need to be considered as part of the overall design and implementation of the communication strategy especially for the travellers;

- COVID-19 has not reached our shores. There are, however, confirmed cases in the Western Pacific Region including Australia and at the time of writing six Samoans, suspected cases quarantined in Fiji, are due to return on 20 February 2020.
- Lack of resources to equip our health system to address and manage COVID-19 outbreak once confirmed in Samoa.
- Increased travelling of Samoan residents outside of the country.
- Samoa is still in the early stage of its Measles Recovery Plan and having another major disaster will definitely drain all its resources.

## Target Audience

- General public
- Travelers
- Health Care Workers
- Port Health Officers
- Media
- External stakeholders





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Risk Communication and Community Engagement Implementation Plan					
Activity	Target audience	Timeframe (Duration)	Materials	Responsible Officer/Key contacts	Budget
Community information package	Matais, churches, women's groups, schools, workplaces	Immediate, once off development and distribution	Booklet including information sheet on: <ul style="list-style-type: none"> <li>- Prevention messaging</li> <li>- Most at risks groups on flu-like illnesses and other infectious diseases-immunodeficiency</li> </ul>	Faga, Aso	Printing
Social media plan	General public Travelers	Immediate, and ongoing	Social media schedule with posts (using MOH content and WHO/UNICEF content)	Tina, Faga, Tine, Meewah	Boosted posts – Y
MOH website	General public	Regular as information updates.	FAQs Situational reports Travel restrictions	Lenara, Faga, Tina	Not required
Mass media campaign, <ul style="list-style-type: none"> <li>- Radio</li> <li>- Television</li> </ul>	General public Travelers	Immediate, and ongoing	Radio scripts Television ads Public notice – LALI	Faga, Tina, Aso, Esau	TV ad slots Radio Slots
Public Announcements	General public Travelers	Immediate, and ongoing (daily)		Mae'e, Faga, Tina	Not required.
Port Health Teams / Health Workers communication packages	Port Health workers  Nurses  Clinicians	Immediate, once off development and distribution	Information binder package that includes information and key messages on: <ul style="list-style-type: none"> <li>- Target groups for screening</li> <li>- Travel Restrictions</li> <li>- Prevention messaging</li> <li>- Fever Measurement</li> <li>- FAQs</li> <li>- Disease information sheet</li> </ul>	Faga, <u>Tai (WHO)</u>	Printing  Binding
Public information hotline	General public and media requesting information	Immediate establishment and ongoing monitoring	FAQ document	TBC	Not required.



## Roles and Responsibilities

Area	Focal Point	Clearance point	Dissemination Point
Mass media campaign	Health promotion Unit and ICT Unit	Director General, MOH, Public Health Unit	Coordinated by Health Promotion Unit, to: - Radio - Television - Website updates - Press statements
Social media campaign	Health Promotion Unit	Director General, MOH; Public Health Unit –	Direct via the MOH page, Nutrition and Health Promotion page and share with other government pages
Health care workers / Port Health, Nurses Teams	Health promotion Unit, Surveillance Team, Nursing	Director General, MOH; Public Health Unit	Via the Port Health, health workers, coordinated by Dr Robert
Matai, Churches, Women's Committees	Health promotion Unit and MOH leadership	Director General, MOH; Public Health Unit	Coordinated by Public Health team
Political leaders	MOH leadership – Minister of Health (female Parliamentarians)	Director General, MOH; Public Health Unit	Coordinated by Public Health team
Media relations/coordination	Health promotion Unit and MOH leadership	Director General, MOH	Press Secretariat
Communication Leadership	Public Health	Director General	
Political Leadership	DG, Minister of health	Director General	
Management and approvals	DG, DDGs	Director General	
Listening/intelligence gathering	DDG Public Health, HPED, Surveillance Team, SPPRD	Director General	
Partner coordination	HSCRM, HPED, DDG Public Health, DG	Director General	
RCCE Communication plan evaluation	Risk Communication Team, Public Health	Director General –	

### Details of Activities:

Particular	Content
TV ads/Radio Ads	<p>What is coronavirus/ (Signs, Symptoms, Preventive Measures)</p> <p>Preventive Measures specifically for the travellers</p> <p>Common Preventive Measures of all Flu-like illnesses &amp; symptoms (Hand Washing &amp; Cough Etiquette)</p> <p>Safety Tips for Travellers</p> <p>Tips for Food Safety</p> <p>Infection Control – Demonstration of Hand Washing and the Importance of PPEs for Frontliners</p> <p>Complications of COVID-19</p> <p>Basic Hygiene at Home</p> <p>At risk population on respiratory infectious diseases– pregnant mothers, young children, immunodeficiency, persons with diabetes and heart conditions</p>



Poster	<p>Safety Tips for Travellers</p> <p>Common Signs and Symptoms</p> <p>Steps for Handwashing</p> <p>Hand Washing – Reminder</p> <p>Clean Hands – Save Lives</p> <p>Complications – Pneumonia, Breathing Difficulties, Diarrhoea</p>
Pamphlet (Fact Sheet)	Nature of 2019 COVID-19 (Signs, Symptoms, Preventive Measures)
Pull- up Banners	<p>Health Alert Booth,</p> <p>Complete Travel Card advice</p> <p>Signs/Symptoms refer to a doctor</p> <p>Basic Hygiene etiquette</p> <p>Safety Tips for travellers</p> <p>Food Safety Tips</p>
Other Health Information	<p>Information for Nurses at Port of Entries</p> <p>Information for Port Officers</p> <p>Information for Isolations Units</p> <p>Information for Occupiers (Securities and all other health workers)</p>
Booklet	<p>Booklet for Schools (health tips) – Hand washing tips, Cough Etiquette, Sanitation, Food Safety, Routine Immunization</p> <p>Booklet for MWCSD (health tips) communication through the roles of SNs, STNs, STTNs – Tumamā Lautēle</p>
Infographic	<p>Safety Tips for Travellers</p> <p>Common Signs and Symptoms</p> <p>Steps for Handwashing</p> <p>Hand Washing – Reminder</p> <p>Clean Hands – Save Lives</p> <p>Basic Hygiene at Home</p> <p>Routine Immunization – Help the immune esp the Respiratory Infectious Diseases</p> <p>At risk population on respiratory infectious diseases – pregnant mothers, infants, immunodeficiency patients</p> <p>Social Distancing</p> <p>Definitions of Health concepts</p>
Digital Screen	<p>Advice to travellers – if recently visited the infected countries especially Mainland China, Macau &amp; Hong Kong</p> <p>Safety Tips for Travellers</p> <p>Common Signs and Symptoms</p> <p>Steps for Handwashing</p> <p>Hand Washing – Reminder</p> <p>Clean Hands – Save Lives</p>



	<p>Basic Hygiene at Home</p> <p>Routine Immunization – Help the immune especially the Respiratory Infectious Diseases</p> <p>At risk population on respiratory infectious diseases --</p> <p>Social Distancing</p>
	'Call to action' Campaign – deliver through existing health programs
FAQs	-ongoing - update according to travel advisory and current status of the virus

(Content of communication materials will be updated subject to advice; ongoing)



**BUDGET:**

Activity	Item	Particular	Unit Cost	Total Cost
Mass media Campaign	TV ads airing	TV1		\$126,500
		TV2		\$23,000 (resume the existing package)
		TV3		\$46,000
		TV4		\$23,000 (resume the existing package)
	Adverting Package on Paper	Samoa Observer		\$23,000
		Savali News Paper		\$23,000
	Radio spots airing	My FM 89.1		\$46,000
		2AP		\$23,000
		GO FM		\$23,000
		Power FM		\$23,000
		Eyespy Radio		\$23,000
		Talofa FM		\$23,000
		Can3	\$3,105 x 12 months	\$37,260
	Public Notices/Announcements airing	TV1		\$46,000
		TV3		\$46,000
	TV/Radio Production	Jason x 2	\$2500	\$5000
		CAN3 x 2 ads	\$3500	\$7000
Social Media Campaign	FB page	Boosting	\$2000	\$2000
	Media monitoring	Subs	\$2000	\$2000
Print Media	Printing of Pull-Banners	Airport x 8 Wharf x 5	\$800	\$10,400
	Regular Banners	Airport x 2 Wharf x 2	\$650	\$2,600
	Booklets - Printing - Comms with MWCSO/MESC/Port Officers/Health Workers/ Politicians	A4 Papers	\$3000	\$3000
	Flyers (leaflets)	Printing - For General Public x 4000	\$4	\$16,000
	Pamphlets	Printing - For General Public x 40,000	.90	\$36,000
	Health Declaration Cards	Printing - For Travelers x 50,000	.50	\$25,000
	Photocopy Toners	Printing of A3 Posters (General Messages)	2 sets	\$6,740



	Lamination Papers , A3 Paper Supplies & Spirals (Stationeries)	Lamination and Printing Of A3 Posters & Spirals for Booklets		\$15,000
	Hand Sanitizers for communities	300 x	\$20	\$6000
	Bumper stickers	2000 x	\$2	\$4000
	Pencils	5000 x	\$1	\$5000
	Bottled Waters	2000 x	\$12	\$24,000
Community Engagement	Interpersonal Communication	Lunch Upolu x SN x 169 STN x 118	\$15	\$2535 \$1770
		Savaii SN x 84 STN x 77	\$15	\$1260 \$1155
		Travel Cost x 3	\$24	\$72
		Workplaces x 150	\$15	\$2250
		Churches x 20	\$15	\$300
		Schools x 280	\$15	\$4,200
	Communication Assessment	Audience	\$15	\$3750
		Clinicians x 20 Nurses x 20 Other Health Workers x 30 External Stakeholders x30 Private Stakeholders SNs x 100 STNs x 50		
			\$1000	\$2000
		Venue x 2		
TOTAL COST				\$725,292



## RCCE readiness checklist for countries preparing for a possible COVID-19 imported case (no cases yet identified)

### Goals

- ☐ Communicate about preparedness measures and communicate the public health advice for your country.
- ☐ Prepare to communicate about a first case in your country: what is unknown and about the uncertainty of what is known.
- ☐ Assess national and sub national communication capacity (both persons and resources).
- ☐ Emergency RCCE staff and potential surge staff on plans and procedures.
- ☐ Action steps

### Risk communication systems ☐

Ensure that the highest levels of government agree to include RCCE in preparedness and response activities and are ready to release information to protect the public's health in a rapid, transparent and accessible manner.

- ☐ Review existing RCCE plans and consider whether adjustments are needed for an outbreak of COVID-19 infection.
- ☐ Agree on procedures to ensure the timely release of information, such as clearance procedures for messages and information products: keep clearance chains short.
- ☐ Prepare a budget for communication (including scale up). ☐ Set up an RCCE team and define members' roles and responsibilities.

### Internal and sector coordination

- ☐ Identify partners – such as other agencies, organizations, community planners and healthcare workers – and their contact information (in the case of an COVID-19 outbreak consider, for example, the Ministry of Agriculture, Travel and Tourism, as well as hospital systems); should an outbreak occur, these partners should be notified and work together as a multisectoral RCCE response team. ☐ Assess the communication capacity of all relevant partners: identify the typical target audiences and channels of communication used by partners.
- ☐ Plan and agree on communication roles and responsibilities using standard operating procedures (SOPs) (e.g., determine which agency will speak first on which issue, what specific topics and audiences will be best addressed through which agency or partner, how messaging will be aligned).

- Public communication** ☐ Review the roster of spokespeople at all levels; list their areas of expertise in the context of an COVID-19 outbreak; and, if necessary, train them. ☐ Produce and pre-test message templates to announce the first case, action taken, public health advice and follow-up communications.
- ☐ Identify key media; create and/or update a list of journalists and foster good relations with the media by providing regular information on the evolution of the outbreak and your country's preparedness.
  - ☐ Identify media and other communication channels and influencers, and assess their potential to reach the target audiences: use the channels and influencers



that are trusted, preferred and regularly used by the target audiences. In the context of COVID-19, it is critical that health professionals are aware of public concerns and trained to provide public health advice to people.

#### Community engagement

- Establish methods for understanding the concerns, attitudes and beliefs of key audiences.
- Identify the target audiences, and gather information about their knowledge and behaviours (e.g., who they trust, how they are likely to receive information, their daily habits, their concerns).
- Engage through social media: proactively inform audiences and collect and answer all questions.
- Engage through radio programs so that people can call in and ask questions.
- Identify community influencers (e.g., community leaders, religious leaders, health workers, traditional healers, alternative medicine providers) and networks (e.g., women's groups, community health volunteers, youth associations, religious groups, unions, and social mobilizers for polio, malaria, HIV) that can help with community engagement.
- Anticipate special information and engagement needs for people who are disabled or illiterate.

#### Addressing uncertainty and perceptions and managing misinformation

- Be prepared to communicate about the first COVID-19 case before the full picture is known by ensuring leaders agree to communicate with affected populations by addressing populations' concerns and questions while offering actions that can be taken to protect their health.
- Establish a system for listening to public perceptions as well as for finding out about rumours and misinformation, for example, by monitoring media and social media and by gathering feedback from healthcare workers and hotlines; if necessary, establish systems for responding to rumours, misinformation and frequently asked questions.
- Keep in mind to always establish dialogue in any activity you implement in order to systematically collect and provide answer to all questions coming from the public.

#### Capacity building

- Consider what training will be needed for RCCE responders about what is known and unknown about COVID-19, and current plans and procedures, as well as what subnational preparation is needed for an RCCE response.