Table 3: Guidance document synthesis of learning and recommendations relevant to CE for COVID-19

Author	Topic	Focus	CE Approach	Specific Guidance for topic/focus or notes	General Guidance
WHO, 2016	Zika	Risk Communication	General	Risk Communication should use five strands of communication: 1) public communication, 2) translational communication, 3) stakeholder coordination, 4) community engagement, 5) dynamic listening.	1. "Establish and maintain a dialogue with key at risk communities and stakeholders. Listen to, acknowledge and address their concerns. Solicit their guidance in design, implementation, and evaluation of key interventions. Ask for their help to disseminate information." 2. "Be first, be fast and be frequent". Keep ongoing, open lines of communication with communities and key stakeholders. This is especially important when facts and findings are emerging. Communication needs to be regular, reliable and up to date, while engaging communities. People have a right to information. Communication in a straightforward and honest way is essential for building trust. 3. "Contain and maintain trust about what is known and not known". Do not dismiss fears, acknowledge and clarify rumours, myths and misconceptions. 4. "Communicate facts, figures and data with empathy and in language that is understandable by the intended audience". 5. "Recognize barriers to recommended behaviours. Provide resources, strategies, and support on how to address them. Use networks and partnerships to establish good listening mechanisms to identify and quickly address rumours, concerns and misinformation." 6. "Spend time observing and learning directly from local people to understand and respect their cultures, beliefs and traditions. Integrate these findings into communication and engagement strategies and tactics". 7. Contextualise communication so that people can relate, understand and trust it. Use words, visuals and other aids that are culturally appropriate. 8. "Focus on engaging and empowering people, rather than simply informing them. Prioritize target groups and stakeholders and leverage social networks. Whenever possible, all communications should be discussed, agreed with and delivered by local community leaders and other stakeholders who are trusted within at-risk communities."
Santibañez et al. 2015	Ebola	Health Communication and Community Mobilization	Partnerships with community and faith-based organizations	10 step approach for health communication with community and faith-based organizations (CFBOs) for Ebola response:	1. Incorporate health communications and community mobilization into overarching public health emergency response plan 2. Assemble the appropriate health communications and community mobilization team and determine specific roles and responsibilities 3. Determine which factors place people in a community at risk of disease 4. Locate communities where information about preventing Ebola and stigmatization is most needed 5. Identify, engage and collaborate with CFBOs that can help reach and address the needs of affected communities 6. Anticipate and identify information needs 7. Work together to develop messages as part of a community mobilization strategy for Ebola response. Messages should be: Be simple, clear and direct; Use fewest words needed to convey information; Communicate one to three points at most; Be free of jargon; Be translated in appropriate languages for communities; and be framed in positive terms. 8. Use a variety of methods to convert and amplify messages 9. Monitor and evaluate the impact of health communications and community mobilization to make improvements 10. Recognise, publicly affirm, and maintain relationships with CFBOs.
Laverack and Manoncourt, 2015	Ebola	Community engagement and social mobilization	General		Anthropological insights take into account local perspectives and help understand complexity of the problem. However, robust anthropological insights take time and maybe best done at start of outbreak, followed by more rapid social science research geared towards implementation recommendations as outbreak continues and evolves. Important to consider practicality of research into practice, and involving programme staff may be key. Interpersonal communication is complex, and following Communication for Development (C4D) approaches may be best. Evidence from Guinea on 'watch committees' did not have as strong of success as C4D using: SBCC approaches via social mobilizers in conjunction with mass media and print materials. Building of 'bottom-up' dialogue, that can bridge communication and promote self-management, including engaging people and addressing deep-seated practices, is required. As/if disease progress adaptations are required and new engagement needed; rapid adjustment was challenging. Community resistance/fear/distrust may be prevalent - need to build and maintain community confidence from start of outbreak through bottom-up approach that is centred on respect for local perspectives. Urban/Rural and cross-border contexts need consideration. CE often designed for rural areas, but approaches may need to be adapted for urban settings. Cross-border contexts need specific consideration, as often borders are porous and communities travel easily. Engaging local leaders to support cross-border control and organize patrols may be important.
International Federation of Red Cross and Red Crescent Societies, 2020	COVID-19	RCCE - Risk communication and community engagement	General		14 key tips for community engagement: 1. Don't tell people what to do - recognise that communities are experts. Engage through two-way communication. 2. Get peers and leaders to talk - people more likely to respond to information from trusted sources, especially ones with shared social-cultural contexts. 3. Establish participation and feedback approaches - ask people what they know, what they need, and involve them in designing and delivering services and interventions 4. Ask for feedback - this provides an early warning systems that allows issues to be resolved quickly. 5. Disseminate accurate information immediately - this will help mitigate concerns and promote prevention activities, encouraging care-seeking behaviours. Always date stamp your messages 6. Communicate in the language individuals are most comfortable in - it is important to use the language people prefer to speak to ensure they understand and are confident to share 7. Promote awareness and action - action-oriented RCCE typically contains information including: a) an instruction to follow, b) a behaviour to adopt, or c) information you can share with friends and family 8. Test your approach - pilot testing with communities aims to ensure that messages are understandable, acceptable, relevant and persuasive 9. Accountable to those we seek to help - systematic and coordinated approach to communication that includes feedback and action loops 10. Changing behaviour takes time - we need to understand why people do certain things, and specific barriers to safer practice. 11. Be open, honest and timely - communicate clearly what we know and do not know about the disease, focus on actions people can take. This builds trust. 12. Stay informed on latest news and work with others 13. Use new and innovative ways of communicating with people - social media, mobile phones, speak directly.
Oxfam (Niederberger, Gerron and O'Reilly) 2016	WASH (Water, Sanitation and Hygiene) lessons from Ebola	Community Engagement	General		1. Understanding of diversity and varied vulnerabilities within communities is vital. Need to take approaches to understand community perspectives and advocate for community-focused interventions. Researchers (i.e. anthropologists, epidemiologists) may be required. Applied social research in first phases can contribute to understanding of cultural beliefs, roles and acceptance of traditional community leadership structures, and issues of power and culture. 2. One-size-fits-all model does not work for community engagement. Need to understand and recognise potential capabilities of communities in each setting to allow for context-specific support. These should be identified and co-developed with communities, considering key populations (i.e. leaders, women, youth, etc). 3. Advocacy need to promote inclusive and representative ideas, concerns, questions and solutions of communities. Communities need access to information that is accurate and appropriate, and supports them to make informed choices. 4. Multi-sectoral action to increase transparency, especially in contexts with lack of trust, should be done. Also requires active coordination and planning with other sectors at local, district and national levels. 5. Using fear to encourage changes in behaviour can be counter productive. 6. Understand networks of past and current relationships within communities. Leverage existing structures (when appropriate) if available
NUIP (Bjørneseth et al.) 2020, Bøås, Erstad,	Covid-19, with lessons from Ebola	Community engagement, crisis communication, countering rumours	General		1. Context sensitivity is key 2. Including communities in the design and management of response 3. Sensitivity to local narratives and knowledge systems 4. Counter myths and rumours - might be especially important in places with high levels of distrust (why understand context sensitivity is important), or when limited knowledge on topic 5. Transparent and legitimate crisis communication required
Toppenberg-Pejcic, D. et al. 2019	Ebola, Zika and Yellow-Fever	Emergency Risk Communication		One-size fits all approach does not work Local communities needs to be involved with and own emergency risk communication processes	1. Build trust and community engagement 2. Begin well - ideally before the beginning of a crisis. 3. Go local - community engagement should play central role in emergency response and risk communication. 4. Involve local leaders 5. Tailor interventions - communities are different, and their approaches need to be contextually specific 6. Continual two-way communication Barriers to community engagement identified were: top-down communication, stereotyping and paternalism which broke down trust, created fear and alienated communities; use of force was counterproductive; failure to distinguish between evidence-based messages from uncertain messages; if messages change over time, reasons should be clear explained; communication needs to be candid, open and honest; effectiveness should be monitored and adapted over-time. Practicalities of implementation (i.e resources) cannot be ignored, and may hinder success of community engagement interventions.
SMAC (Pedi et al.) 2014	Ebola	Community engagement	General	Community-led Ebola Action (CLEA) aims to empower communities to do their own analysis and planning. There are three steps with associated actions: 1 Preparation 1a. Map and select communities, 1b. meet local leaders to gain permission to enter, 1c. Plan triggering schedule, including logistics and timing for each visit. 2) Triggering, 2a. Community mobilisers enter communities and conduct triggering activities, 2b. If ready, community develops an action plan. 3) Follow-up, 3a) communities carry out their action plans, 3b) community mobilisers make weekly calls and regular visits, including Ebola Survivor welcome-homes, 3c) community mobilisers available for support/referral	Key Principles of CLEA (many more examples and specific lessons, recommendations and tools within document): 1. Be based on collective community decision-making and action for all 2. Driven by sense of collective achievement and motivations, not my coercive pressure or external payments 3. Engage diverse community members in time-bound specific activities 4. Lead to emerge Community Champions, or new commitment of existing leaders 5. Generate diverse local actions and innovations 6. Build on traditional social practices of community cooperation 7. Focus and celebrate community-wide outcomes 8. Gian momentum and scale-up 9. Recognise the rights of communities 10. Rely on clear, accurate, two way information flow that builds trust and positive feedback loops
WHO, 2018a	Ebola	Risk Communication and Community Engagement	General	Several resources and tools included in document to develop and implement RCCE strategies across multiple implementation levels.	1. Establish mechanisms to listen to and address community concerns, rumours and misinformation. Keep the community updated on the response. Involve trusted community influencers as much as possible and disseminate information. 2. Make sure to involve traditional healers, community leaders and influencers in the response as much as possible. 3. Ensure that the changing needs of the community are communicated back to key social mobilization, risk communication and community engagement focal points and are addressed through the overall response. 4. Inform and advise outbreak response pillars about cultural or social specifications to consider for implementing the response. 5. Ensure standardized and coordinated messaging, community engagement and risk communication interventions across response pillars and partner agencies. 6. Continually adapt the risk communication and social mobilization strategy to address community concerns and rumours.
WHO, 2018b	Ebola	Risk Communication and Community Engagement	General	Similar to document above, with some additions. Also highlights same general guidance for CE as above, in addition to the information provided here.	1. Use existing and trusted community engagement networks and interlocutors - brief them, train them, bring them on board and work through them. 2. Have the capacity to work in the local language and dialect of the community. 3. Observe good practice for entry and exit from the community. 4. Ask about and be cognizant of hierarchies and dynamics within the community 5. Know the spectrum of engagement activities. Do not stop at inform. Move towards consult and co-design 6. Provide feedback to the community and be honest about uncertainty. 7. Don't over-reassure or overpromise.
PAHO, 2017	Zika	Risk Communication and Community Engagement	General		1. Rapidly determine the community's attitude towards [vector control] and the behavioural objectives we want to meet 2. Establish lines of action, prepare materials and test them with target audience 3. Reorient activities in line with the research conducted about the community, such as KAP studies, opinion polls etc. 4. Engage the community and its leaders in an ongoing dialogue about their concerns and response activities, and support them to carry out interventions using social mobilisation and engagement. 5. Identify and communicate often with community leaders, at risk populations and other target groups to learn about their information needs and concerns.

Note: Of the 11 guidance documents, the 7 dealt specifically with with Risk communication, and of those 4 detailed "RCCE".