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DELIVERING RESULTS IN FIGHTING COVID-19 THROUGH STRENGTHENED RCCE IN BANGLADESH

Deepak Gupta,[1*] Jai P. Narain[2] and **Mohammad Badrul Hassan[3]**
[1]Sr. Consulting Adviser (Programmes & Strategic Communication),
UN System in Asia & the Pacific, New Delhi, India
[2]Formerly Director, World Health Organization, South East Asia (WHO/SEAR) & Global Health International Advisers, Kullu, H.P., India
[3]Development and Communication Expert, Several Countries in Asia & the Pacific Region, Dhaka, Bangladesh
Corresponding Author Email: drguptad11@gmail.com

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Abstract: *The first COVID-19 (Disease caused due to SARS-CoV-2) case was detected in Bangladesh on 8 March 2020. The country has already accounted for over 29,127 deaths and over 1.95 million laboratory tested positive cases across the country as of 27th April, 2022. The COVID-19 pandemic continues to pose a major public health challenge with equally serious health and economic consequences. Not only has the health impact, the ongoing pandemic also demarcated clear lines between human-lives and livelihoods. Scientific community, with its relentless efforts, developed multiple vaccines and 'repurposed' clinical treatments for the COVID19; yet, the vaccination against this pathogen continues to throw a huge challenge of low uptake in many regions across the world, though Bangladesh has been relatively successful in giving wide vaccine coverage through relentless Risk Communication and Community Engagement (RCCE) strategies. It is widely acknowledged that this pandemic is primarily a 'behavioural practices' issue, both at individual and at community levels. Although there will always be a few hard-core 'laggards' who defy acceptance of any positive change. The outrage of the 'infodemic' (spread of misinformation during pandemic) is gaining currency especially through social media and digital space.*

Key words: Risk Communication and Community Engagement (RCCE), Social & Behaviors Change (SBC), Dev. Partners COVID-19.

Bangladesh Response to the COVID-19 Pandemic

Public health practioners, political leaders, and communities alike, well acknowledge that the COVID-19 pandemic is primarily about bringing a positive change in the 'behavioural practices' - both at individual and community levels. Although there still exist, like in most other public health concerns, a few hard-core 'laggards' *(and skeptics)* who defy easy acceptance of any change in a set behaviour practice, even if it is pointing to a positive change. Needless to emphasize, such a group of people have their own reasoning based on misinformation, rumours or incorrect beliefs. In addition, conspiracy theories and a vast ocean of misinformation is thriving abound. Cyber space too is making things rather difficult in more than many ways as the sustained 'internet campaign' as an 'infodemic' *(spread of misinformation during pandemic)* is gaining currency.

An inherent and very critical dimension to such public health emergencies is also to invoke and manage a tailor-made, locally contextual and research-driven risk communication and community engagement strategy. However, it is noted that world across the highly technical area of public health communication and the risk-communication, is being largely managed by non-technical generalists or administrators in most cases, and in some contexts, has even assumed a high-level of tilted 'political communication' in many countries. Among these, Bangladesh can be considered as a notable exception.

As one of the most densely populated countries in the world *(the current population density of Bangladesh in 2022 is 1,134.54 people per square kilometer, a 0.95 percent increase from 2021)*, Bangladesh too was hit hard like many other countries, and is still facing the COVID-19 pandemic with its limited resources and over-stretched health facilities. Similar to other countries, within the region and beyond, COVID-19 pandemic has posed serious challenges to the system in Bangladesh, by adversely affecting economies, healthcare systems and socio-cultural lives. It is indeed a struggle between human-lives and livelihoods. Whereas the first COVID-19 case was detected in Bangladesh on 8 March 2020, the country has already accounted for over 29,127 deaths and over 1.95 million laboratory confirmed cases across the country as on 27th April, 2022.

In the early days of the pandemic, it was considered that Bangladesh had been relatively successful in containing the spread and restricting mortality due to multiple proactive actions that were initiated through the Bangladesh Preparedness and Response Plan (BPRP). Out of the given ten BPRP pillars, Risk Communication and Community Engagement (RCCE) was one such strategic pillar, which aimed to empower individuals and communities in helping to stop spread of SARS-CoV-2 and thus, expected to minimize the negative impacts of the COVID-19 pandemic.

As a co-lead of the RCCE pillar, UNICEF Bangladesh, together with other development partners, had been supporting Ministry of Health and Family Welfare in developing and organizing comprehensive campaign – advocating social-action, communicating pandemic prevention behaviours, and generating demand for COVID-19 vaccination. Furthermore, the campaign was so positioned in creating awareness on possible Adverse Events Following Immunization (AEFI) wherein it encouraged common people to report back through an appropriate mechanism. The RCCE strategy had also embedded specific initiative to encounter and debunk infodemic in social media and elsewhere.

Primary Purpose of the RCCE in Bangladesh

The BPRP - Bangladesh Preparedness and Response Plan - stipulated the need for risk assessment and community engagement in order to ensure that individuals and communities internalized the life-saving information and thus, adapted to the set of 'new behaviors' in the given emergency circumstances. The Plan also underlined the significance of the obligation in ensuring enhanced participation of and engagement with relevant communities, especially the vulnerable groups and populations, to mitigate barriers to implementation and better uptake of public health measures such as social distancing and use of masks for protecting self and others from infection. The approaches included establishing effective feedback mechanisms to foster two-way communication between health authorities and communities, the public and the stakeholders.

The overall objective of the community engagement strategy had been to meaningfully engage with communities so as to enable them take responsibility of their own wellbeing by participating and promoting the key recommended practices within the community, consequently, reduce the risk of transmission and help controlling the COVID-19 pandemic, including its emerging variants.

The specific purpose of the risk-communication and community engagement strategy, aligned with the BPRP, were –

a) ensuring community engagement in a systematic, equitable and safe manner for COVID-19 prevention, including promotion of the recommended behaviours
b) fostering a two-way communication between the communities and other key field actors, including regularly promoting feedback, to address stigma and discrimination; myths and misconceptions; and rumors and misinformation with regard to the COVID-19 pandemic;
c) creating a common communication framework suggesting the modes, channels and tools to engage with communities in promoting the use of face-masks and other appropriate behaviours (prevention campaign); and
d) engaging with communities in creating demand for essential services uptake, including appropriate COVID-19 vaccination, in the backdrop of the pandemic situation.

Precursor to RCCE: Ensuring Extensive Outreach & 'Two-Way Dialogue'

The effective communication of risk forms a key component of public health measures designed to improve the health of populations in countries. Public health professionals, especially those working in the health communication space, frequently get to design messages regarding the possibility of serious public health harm as the risk communication. The management of public health emergencies, along with natural disasters, invariably always includes a significant component of communication, which is in the form of warnings, risk messages, evacuation notifications, messages regarding self-efficacy, information on symptoms and medical treatment, and many other key messages. However, different kinds of crises manifest different forms of threat and thus, varied communication plans.

The primary objective of risk communication is to share correct, relevant, and accurate information, in clear and easily understandable terms targeting a specific audience, especially those 'at-risk'. Such messages need not address and resolve all the differences between information receiver and sender, but may surely lead to a better understanding of

those missing gaps and differences. Therefore, it is construed as the exchange of real-time information, prescriptions/advice and informed opinions between scientific experts and general populations, especially those facing threats to their health, including economic or social well-being. The ultimate purpose of effective risk communication is to empower people with knowledge resources enabling them to take informed decisions to protect themselves and their loved ones.

Within the model of risk communication, the emphasis is always laid on the flow of information/knowledge from the knowledgeable doctors/health providers to the less-informed individuals/community/patients. However, communication is a two-way process, and increasingly there is awareness of the active role of patients and the public, thus establishing a constructive dialogue in resolving all possible myths, misconceptions and informing about doable preventive measures. In fact, there are various ways in which different individuals and groups access and make use of risk information.

It is well noted that individuals, and collectively the communities whom they represent, are not a mere passive recipient of information and do not always respond to risk information 'rationally'. Individuals actively engage in looking for and using information, but also tend to make conscious decisions to avoid certain forms of information. Their response to information is shaped by social context, their own needs for personal security and the extent to which they trust the source of specific items of information.

Treading the Technical Path

The RCCE has strived to design strategic interventions, through its Bangladesh network partners, operating within the technical protocols of the time-tested frameworks. It is well acknowledged that in order to address the inherent needs of addressing a public health outbreak or an emergency through apt and rapid health communication, 'preparedness' is the key. Therefore, at the onset, key questions were flagged in seeking technical and operational clarity on risk-communication. These included: Is this a 'care communication', a 'consensus communication', or a 'crisis communication'? Is the risk relatively new? What is its visibility? What are the characteristics of this risk? What are the potential outrage factors? Who are the audience?; What are the needs of these audiences?; Where are we on the ladder of public involvement?; Where is the audience on the ladder of public involvement?; What are the characteristics of the audience(s)? (Risk-factor analysis); Have we used audience analysis information to tailor the risk messages? How much do we presently know about the virus and it's transmissibility and virulence and who are the most credible sources of information? Have we presented technical information in a way that the public can understand?; Have we considered conveying the message by means other than written words (eg. audio-visuals on social-media, pictorial and animated messages, public broadcast media).

Some relevant risk communication theories, over a period, have been potentially employed in deciphering the challenges of wide spread disease control and pandemics. When people are really concerned, stressed, or outrageously upset, they want to know that you care before they care what you know (***Trust Determination Theory***); When people have difficulty in hearing, understanding, and remembering bulk of information and thus they focus most on what they hear first (***Mental Noise Theory***); And again when people are highly stressed, or upset, they often focus more on the negative than on the positive

(***Negative Dominance Theory***); Similarly, the gaps between risk perceptions and reality often become wider during such difficult times (***Risk Perception Theory***). At different stages of a pandemic or an outbreak, these core communication frameworks serve as a common denominator in planning and designing activities *(Gupta, Narain & Yadav, JHM/SAGE 2021)*. The structure of the RCCE pillar in Bangladesh was well positioned in adhering to the recommended technical premises of the time-tested frameworks under the risk-communication.

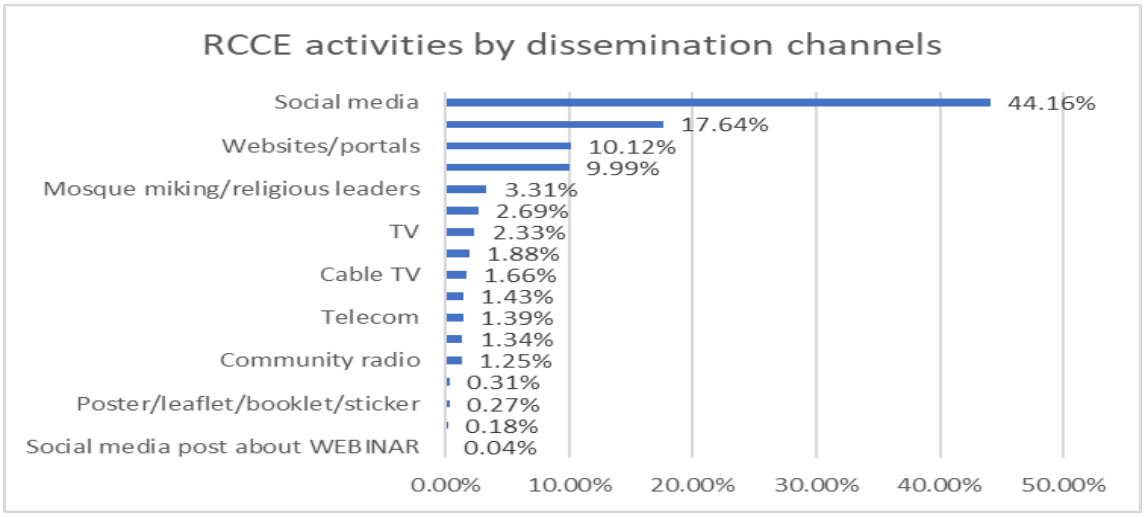
What has been achieved so far?

In the last nearly two years, the RCCE has achieved notable campaign successes in using mix-media approaches, including social media and by involving wide ranges of partners. Specific campaign material and tools included specially designed newspaper advertisements, social media posts and public discourse, posters/banners, public service announcements (PSAs) and TV scrolls and engaging volunteers at community level through different field interventions.

The RCCE pillar also conducted an online rapid assessment from October 15 to 29, 2020 focusing on risk perception, which was administered through Facebook Messenger, WhatsApp and SMS, and facilitated by the UNICEF supported U-Report mobile-based messaging platform. The survey was conducted in the country's eight divisions with the participation of 6,865 respondents, where 32 percent participants thought they had no risk of getting infected by COVID-19 and 26 percent thought they were at a medium risk. Similarly, 38 percent respondents informed they always wore mask when they went outside their homes whereas 19 percent said rarely and 8 percent said they never wore a face-mask.

Until 20 December 2020, 53,950,000 citizens reached with COVID-19 messages, wherein 51,378,203 participated in COVID-19 engagement actions. Furthermore, 1,401,058 persons shared their concerns and asked questions through given help-lines *(UNICEF, Dashboard on RCCE, COVID19. 2021)*

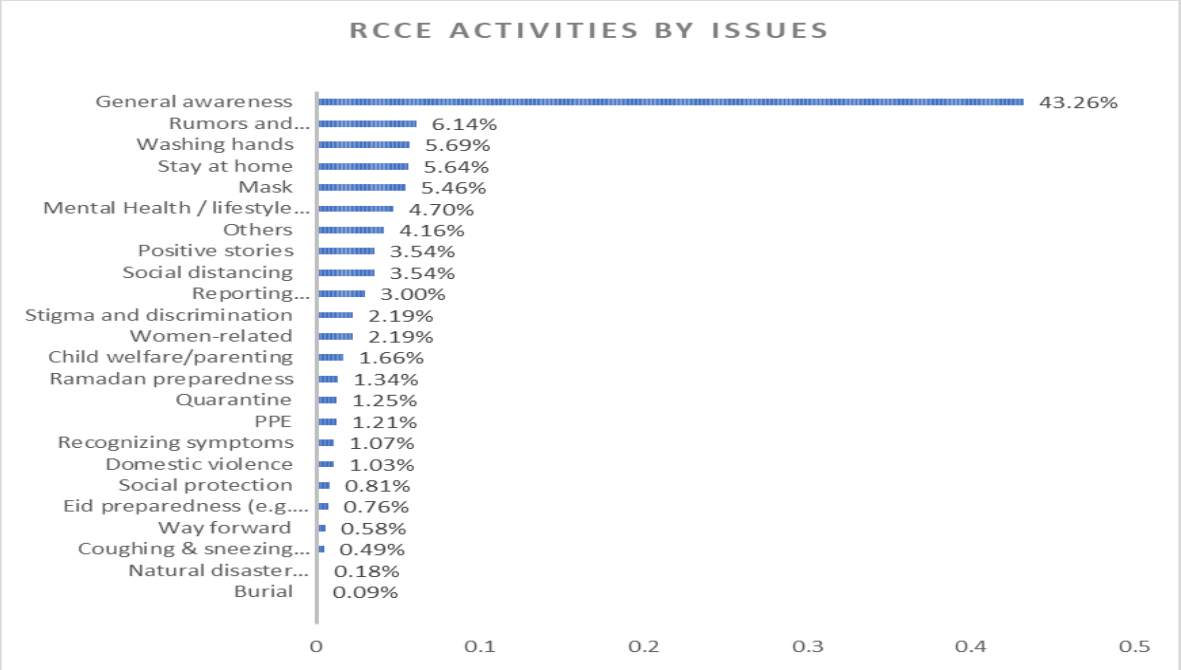
Figure 01: RCC Activities by Dissemination



Source: UNICEF & GoB COVID-19 Dashboard

The UNICEF dashboard data shows that social media disseminated nearly 44.16 percent of primary messages and activities, while web pages, mosque announcements, mass media were also widely used for different RCCE activities.

Figure 02: RCCE Activities by Issues



Source: UNICEF & GoB COVID-19 Dashboard

In terms of primary content of messages, 43.26 percent were on general COVID-19 awareness messages, while RCCE considered other types of messages too, which included COVID-19 related stigma and discrimination, Ramadan preparedness during pandemic, domestic violence, use of PPE, burial procedures etc.

Design elements of the RCCE kept into account the risk-factors that the communities in Bangladesh were confronted with, including the community perceptions. With the enforcement of pandemic guidelines, the outreach strategies were accordingly shaped, which largely included innovative mechanisms through digital space, social media, health workers' extension activities and field-level mic announcements.

The RCCE had been implementing various activities and used different communication tools and techniques. It generated evidences through observational studies on mask wearing practices in Bangladesh, especially urban slums, and rural areas for two rounds in July and October 2020. With the support of the RCCE, NGO network partners observed mask wearing practices among 252,897 individuals in 7,308 hotspots for the study. The study found a big drop in mask wearing practice from 71 percent in July to 31 percent in October 2020. Surgical masks (54 percent) followed by cloth masks (29 percent) were found most popular across gender and area. There was a marked drop in the proper use of mask from 38 percent in July to 19 percent in October 2020. These findings were highly critical for the SBC and RCCE experts in walking the path further ahead.

Challenges Confronting the RCCE Pillar

With the onset of the SARS-CoV-2 pandemic, most people gradually acquired familiarity with the concept of risk compensation. It denotes that in most circumstances which are perceived as risky, individuals strive to modify their behaviours, thereby compensating to minimize a specific risk. People who perceived the SARS-CoV-2 as a major threat to health, in most cases, would wear appropriate masks, wash their hands regularly, and maintain physical distancing by avoiding large crowds. These pandemic appropriate practices become a more sustained ritual when cases began to surge. It is evidenced that the effects of risk compensation tend to dilute over a period as the 'fear and risk' perceptions wear off.

In the recent months, the gradual rise in COVID-19 cases across the country, despite a fair number of people vaccinated, is attributed to the possible "pandemic fatigue". It is also observed that many communities have drastically reduced adherence to the highly recommended risk reduction strategies. It is, therefore further heightening the complications in the ongoing public health efforts, thus newer challenger for the RCCE.

The innovative step taken in Bangladesh through creation of a dedicated RCCE pillar network, that has highly dynamic web of member partners, is a giant leap forward in managing public health emergencies and any other natural disaster situations. It has proven, time and again, how cross-fertilization of comparative advantages of varied agencies that are focused on human-centered development and health could help pulling out communities from the scourge of health emergencies and such humanitarian situations.

Inferences

Bangladesh successfully reaped the positive outcomes of the RCCE activities, as is also demonstrated through the COVID-19 vaccination coverage. To date, Bangladesh remains the top recipient of COVID-19 vaccines under COVAX, the global initiative co-led by the Coalition for Epidemic Preparedness Innovation, GAVI - the Vaccine Alliance, and the World Health Organization, with UNICEF as a key delivery partner. In fact, COVAX accounts for more than 62 percent of Covid vaccine doses received by Bangladesh.

According to WHO Global Targets, Bangladesh was supposed to vaccinate 70 percent of its population accounting 119,221,953. The achievements so far are highly encouraging as the 1st doses administered to 128,799,572 population which is 108.03 (percent) against the target. The 2nd and 3rd doses administered to 117,831,591 (98.83 percent) and 16,770,810 (14.23 percent) respectively *(Source: Government of Bangladesh, COVID-19 Dashboard for Bangladesh, 2022).*

Bangladesh is well recognized as a country that is gaining sustained momentum, both in social and economic sectors. Herein, development actors, with UNICEF as the central force in the SBC and RCCE sectors, have been able to foster progressive policy support and substantive programming in order to obtain positive results for children and adolescents and their mothers through new-generation social & behavior change and community engagement strategies.

The current analysis suggests that the health behaviours related information, disseminated through the RCCE Pillar for COVID-19 and through the WHO, was largely well trusted and acted upon by the public in Bangladesh. As is qualitatively captured through the

multiple social media sites, overall familiarity and compliance were reasonably high in most areas of the country, though a few peri-urban and sub-urban areas did not particularly adhere to the pandemic appropriate behaviors on a sustained basis *(Hosen. Pakpour, Sakib, Hussain, and Mamun. 2021)*; similarly, as was observed, by and large adherence was higher for social distancing recommendations compared to hygiene measures. In addition, as observed through regular print and electronic media stories, familiarity and adherence were higher among adults, female, and highly educated persons. However, some observational articles reflect that a fair number of heterogeneities were observed in the level of trust in information disseminated by the health authorities, including the pandemic related information directly beamed through the WHO.

The current analysis calls for further efforts from the health authorities, namely the RCCE Pillar in Bangladesh, to get regular feedback from the public on their familiarity and adherence with the recommendations for preventive measures at all stages of the pandemic, to further develop and adapt risk communication as the pandemic continues to evolve.

The continued threat to global health emanating from the COVID-19 poses a set of critical challenges to the respective governments, medical communities, health organizations, business corporations and the public at-large in responding to the ever-evolving pandemic. With forever growing misinformation on the pandemic and the associated diseases, governments and health organizations surely need to be highly meticulous in disseminating up-to-date and evidence-based information to the public, while making sure that the most vulnerable and hard-to-reach populace too receives *(understands, processes, and believes in)* the information/knowledge. The guidelines and recommended preventive behaviors as put forward by WHO and the Ministry of Health in Bangladesh is of immense significance given the increasing prevalence of cases and emergence of new variants. The WHO mainly recommends hygiene and physical contact precautions to the public given that coronavirus is mainly transmitted through droplets and aerosols. As the COVID-19 vaccination process in Bangladesh started January 2021, communities still have a long way to go before achieving the utopian goal of herd immunity. Needless to mention, the importance of non-pharmaceutical interventions such as social distancing, use of protective equipment such as face masks and other hygiene behaviors in containing the coronavirus needs to be highlighted all through the process of RCCE *(WHO/Modes of transmission/IPC).*

It is also recommended that more systematic studies may be required, using both quantitative and qualitative techniques, to substantially demonstrate the tangible impact of RCCE in various developing countries, including Bangladesh. In nutshell in the long-run, countries need to strengthen systems and focus on three approaches, i.e., Mediated, Inter-personal, and social media. Within the given risk-factors, yet most importantly, the inter-personal approach with full engagement of the community and civil society/CBOs shall yield gainful outcomes.

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