Health Sector Emergency Response Plan for COVID-19 Pandemic- Communication Strategy

Ministry of Health and Population

Government of Nepal

17.08.1969

Overarching contextual challenges in communicating COVID-19

Understanding contextual challenges are essential for this strategy as in these also reside unique opportunities and new entry points for bringing about disruption and positive change. This strategy is mindful of overarching challenges in the current global, situational and national settings. A few of the many significant problems in the context of COVID-19 that impact Nepal's COVID-19 response are outlined below.

Global context- Uncertainties, fear and loss of trust.

Irrespective of geography, socio-economic standards, health standards and ideology, pandemics affect all parts of the world at the same time. With the spread of the virus internationally, it can be expected that each government will focus on prioritising the safety and well-being of its population first[1]. In the rapidly evolving global context following are some of the notable aspects causing uncertainties and fear that this strategy takes cognisance of:

DISRUPTION OF SUPPLY CHAINS

Global supply chains have been disrupted by excess demand on one hand and by interrupted production and delivery on the other[2] National lockdowns have resulted in an unpredictability on the resumption of production and distribution of essential products such as medical equipment, PPEs and medicines. Similarly, the requirements of physical distancing in the workplace are now shifting the production 'bottlenecks' and not wholly resolving them as lockdowns are eased. Uncertainty about the availability and equitable access to essential goods and services is leading to public fear- a barrier to communication.

INFODEMIC, RUMOURS AND MISINFORMATION

Global media, both formal and informal, is saturated with COVID-19 related content resulting in an ongoing abundance termed as 'Infodemic'. In addition to the COVID-19 epidemic, there is a spread of misinformation, rumours and accompanying information fatigue[3].

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[1] Responding to the avian influenza pandemic threat: recommended strategic actions, WHO, 2005

[2] Adnan Seric, Holger Görg, Saskia Mösle and Michael Windisch, UNIDO, "Managing COVID-19: How the pandemic disrupts global value chains." UNIDO Department of Policy Research and Statistics. https://iap.unido.org/articles/managing-covid-19-how-pandemic-disrupts-global-value-chains

[3] Zarocostas, John. "How to Fight an Infodemic." *The Lancet*, vol. 395, no. 10225, 29 Feb. 2020, p. 676, www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30461-X/fulltext, 10.1016/S0140-6736(20)30461-X. Accessed 13 Apr. 2020.

VACCINE DEVELOPMENT, PRODUCTION, AVAILABILITY AND ACCESS

As the race continues for vaccine development, questions around its production, availability and access are featured regularly in global discussions. Questions around equitable access are prominently in the policy arena[4]. Uncertainty on this issue is contributing to fear, which in turn is hindering effective communication and public messaging.

THE INTERTWINING OF LAW AND ORDER AND HEALTH

The implementation of public health measures is presenting a wide variety of challenges to the existing law and order mechanisms in many countries[5]. The imposition of fines and punishment for violating public health and safety orders is adding another complex dimension to the COVID-19 response. An upsurge in domestic violence against women and girls has been widely registered and reported[6].

DISEASE-RELATED UNCERTAINTIES

COVID-19 is a new disease, and much remains unknown and evolving about the situation and the virus that causes it. These uncertainties and their impact on economic activities have led to a significant fear. Fear, in turn, is a barrier to communication[7].

Situational context

Globally there appear to be three main situational specifics in the COVID19 context that this strategy is mindful of:

1. Frequent cases of high-level political questioning of scientific evidence.
2. The challenge of balancing economic revival with the risk of COVID19 spread.
3. Rapid evolution and mainstreaming of fake news and fake audio-visuals.

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[4] Bollyky, Thomas J., et al. "The Equitable Distribution of COVID-19 Therapeutics and Vaccines." *JAMA*, vol. 1, no. 1, 7 May 2020, 10.1001/jama.2020.6641.

[5] Rashid, Norul Mohamed. "United Nations Rule of Law Support in the Context of COVID-19 Pandemic." United Nations and the Rule of Law, 12 May 2020, www.un.org/ruleoflaw/blog/2020/05/united-nations-rule-of-law-support-in-the-context-of-covid-19-pandemic/. Accessed 6 Aug. 2020.

[6] "Issue Brief: COVID-19 and Ending Violence against Women and Girls | Digital Library: Publications." *UN Women*, www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls.

[7] Sopory, P et al. (2019). Communicating Uncertainty During Public Health Emergency Events: A Systematic Review. Review of Communication Research, 7, 67-108, doi: 10.12840/ISSN.2255-4165.019

Organisations such as the Ministry of Health whose *raison d 'être* is to advance solutions to human health and well-being based on scientific evidence; face an unprecedented challenge because of these three situational contexts.

Effective communication and especially risk communication and community engagement would be among the most important countermeasures to the questioning of scientific evidence and the spreading of fake news.

COVID19 country-specific context

The context in which this strategy will be operationalised is unique in the multiple societal facets that are interwoven with public health and safety interventions that need to be based on science. These facets will be taken into account in the design of the implementation plan and its projects. Some of these critical context-specific aspects are mentioned below.

1. **THE EVOLVING EPIDEMIC IN NEPAL**

   At the time of drafting this strategy, the numbers of infected people had started rising once again. A more than a three-month nationwide lockdown announced upon detection of the second COVID-19 case in Nepal initially slowed down the transmission of the virus. The quarantining of returning Nepali migrant workers from India also helped contain the epidemic. However, with the opening of the lockdown and resumption in the movement of people, there is an upsurge in numbers. Widespread community transmission cannot be ruled out in the near future. Upon opening up of the lockdown, there is little evidence of the public following physical distancing and other public health safety guidance of the government. Return of Nepali migrant workers continues by land and air.

2. **COORDINATING A FEDERAL COMMUNICATION RESPONSE**

   To mount an effective response, the Government of Nepal had initially mobilised three bodies with a mandate on the COVID-19. The High-Level Coordination Committee for the Prevention and Control of COVID-19 (HLCC) headed by Deputy Prime Minister (DPM) and the Minister for Defense. The HLCC now been merged with the CCMC. The central COVID19 coordination is invested in the COVID-19 Crisis Management Centre (CCMC) and the Incident Command System (ICS) at the MoHP. Through these two bodies, other governmental actors are represented in the policymaking of the COVID19 pandemic in Nepal.

Communication alignment in real time between these bodies is essential for achieving coherence and consistency in the messaging on COVID19. This alignment is an overarching requirement for the successful implementation of this strategy.

3. EVOLVING FEDERALISM AND DEVELOPING HEALTH SYSTEMS

The process of Federalism is profound and is gradually taking roots in Nepal[8]. However, the COVID-19 pandemic coincides with this ongoing transition to a new form of governance in the country. In pre-COVID time, some of the bottlenecks attributed to coordination can mainly be seen as challenges of communication between the layers of governance[9] [10]. The roles and responsibilities between the three tiers of governance, namely federal, province and local are being tested in a significant way for the first time. While the health sector federalisation process has been primarily focused on enhancing the capacity of local government bodies to manage human resources and drug procurement there has been little, or no known emphasis on risk communication and community engagement[11].

Guiding principles of this strategy

This strategy strives to embody the spirit of urgency, efficiency and efficacy. Coherence in the implementation of any strategy relies on an agreement on the overarching principles that will guide its implementation. The following are the guiding principles of this strategy:

PRINCIPLE 1

'All-Nepal' and **'All-society'** communication reach is essential.

This strategy will guide content generation and dissemination in ways that address the diversity of audiences and communication channels in Nepal. Effective COVID-19 communication requires the use of diverse communication channels that are suited to a wide range of

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[8] "New Government Report Takes Stock of Federalism in Nepal." *World Bank*, www.worldbank.org/en/news/press-release/2019/12/17/new-government-report-takes-stock-of-federalism-in-nepal. Accessed 6 Aug. 2020.

[9] Government of Nepal , Ministry of Federal Affairs and General Administration, Division of Federal Affairs, 2nd August 2020, News-Notice, Chalan No:6. Retrieved from https://mofaga.gov.np/news-notice/1999

[10] Government of Nepal, Ministry of Federal Affairs and General Administration, Local level coordination division, 2nd August 2020, News-Notice, Chalan No:17. Retrieved from https://mofaga.gov.np/news-notice/1989.

[11] Thapa, Rajshree, et al. "Implementing Federalism in the Health System of Nepal: Opportunities and Challenges." *International Journal of Health Policy and Management*, vol. 8, no. 4, 22 Dec. 2018, pp. 195–198, www.ncbi.nlm.nih.gov/pmc/articles/PMC6499910/, 10.15171/ijhpm.2018.121. Accessed 10 Jan. 2020.

audiences. The mainstreaming of social media and influencers on the one hand and the digital divide[12] on the other warrant that this strategy and its implementation plans take these trends into account. While existing mapping of audiences and communication channels will be utilised, wherever gaps exist, new data will be collected. The diversity of Nepal as a country and also as a society would be the prism through which messaging and content is developed. Similarly, the audiences on the margins of society and their communication specifics will be taken into account in developing COVID-19 messages. The magnitude of the COVID-19 pandemic and its societal impact cannot be countered by one ministry alone. Joint efforts by line ministries are of the essence in the COVID-19 response, especially in the area of communication. Pro-active efforts will be made to engage and unify messages on COVID-19 with line ministries, provincial and local authorities.

PRINCIPLE 2

An 'All hands-on deck' approach to communication is required across MoPH and DoHS and beyond.

While the COVID-19 epidemic started as a health emergency, then grew into a pandemic and by now is a societal crisis. Many of the challenges and solutions in this pandemic lie beyond the remit of a health organisation, yet, the MoHP, is perceived as the primary custodian of answers to this crisis by the public. This may also be attributed to the MoHP being the leading voice of the government on the COVID-19 response in Nepal. This presents the overwhelming challenge for the MoHP to respond to concerns of the citizens on issues beyond health. This, coupled with public expectations, entails that the MoHP would need to align and coordinate its communication objectives with line ministries and ensure that concerns and questions of citizens are responded to holistically.

To achieve this difficult outcome, this strategy proposes the setting up of a **Joint Communication Centre** that brings together the communication focal points of the different entities of the MoHP and also those of line ministries.

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[12] 2018 Digital Nepal Framework, Ministry of Communication and Information Technology, Government of Nepal www.*mocit.gov.np* mocit.gov.np/application/resources/admin/uploads/source/EConsultation/Final%20Book.pdf.

PRINCIPLE 3

Effective internal information flow and communication is the foundation for effective external communication[13].

The implementation of this strategy will ensure that internal communication and related information flow is seamless and on time. Existing internal communication channels will be reviewed, further leveraged and strengthened. This strategy recognises the complexity of internal communication between the MoHP and its many entities. Each entity has an elaborate portfolio of communication tools, channels and content. The implementation plan of this strategy foresees measures to improve the flow of information between these entities so that communication from the MoHP is on time and accurate. This strategy takes into account three interlinked streams of communication in the work of the MoHP in the context of the COVID-19 response represented below

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                          │  3 STREAMS OF COMMUNICATION  │
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            │  WHY  │              │  WHAT  │             │  HOW  │
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| WHY	WHAT	HOW
LEADERSHIP COMMUNICATIONS	**TECHNICAL COMMUNICATIONS**	**OPERATIONAL COMMUNICATIONS**
Federal Minister (Elected) Minister of State (Elected) Secretary Chief District Officer Mayor/Deputy Mayor (Elected)	Chief Scientist Spokesperson	ICS Commander DG DOHS
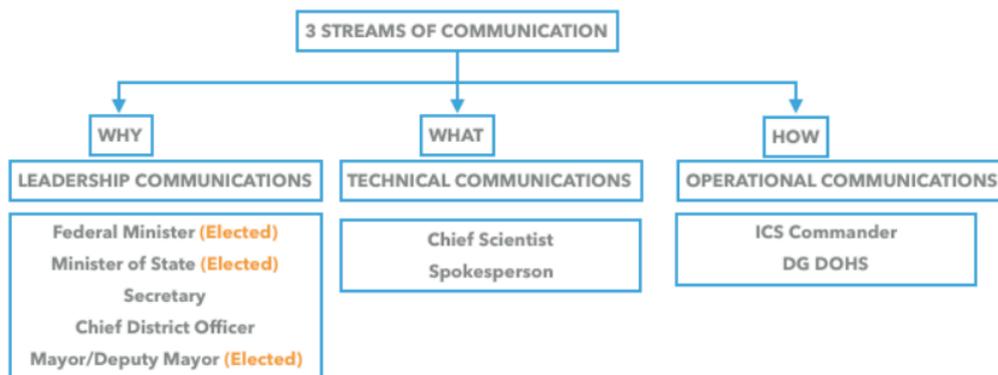
The Incident Command System of the MoHP for the COVID-19 provides convergence of response during this emergency. The Communications Pillar of the ICS is the convergence point for all COVID-19 communication of the MoHP.

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[13] Calif. Dep. Health Serv. 2005. *Crisis and Emergency Risk Communications Toolkit*, Bioterrorism Educ. Workgr., Emerg. Prep. Off. (EPO), Sacramento

PRINCIPLE 4

Communication across the three tiers of governance in Nepal in real-time is essential for an efficient and effective response.
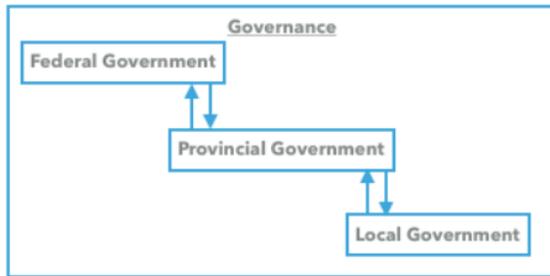
This strategy envisages the set-up of robust mechanisms that will boost the flow of information and bi-directional communication between the three-tiers of health governance in Nepal, namely, federal, province and local level. Optimisation and strengthening of existing coordination mechanisms under the HEOC of the MoHP for communication and risk communication are foreseen in this strategy.

PRINCIPLE 5

Timely, proactive, transparent, innovative and user-friendly communication sharpens the communication response and protects lives.

A sense of urgency drives the design of all actions emerging out of this strategy. The unpredictable nature of the COVID-19 emergency and the general expectations from MoHP to respond effectively in such a crisis are a stimulus for urgency.

The MoHP will articulate to its audiences its goals and actions in response to the evolving situation of the COVID-19 pandemic. It will transparently share what is known and what is unknown about the pandemic with its audiences. Similarly, this strategy recognises the importance of managing expectations and aims to reinforce to the audiences that information and guidance may frequently change with evolving scientific evidence on COVID-19. The implementation plan of this strategy foresees regular and frequent engagement with the media as a partner in Nepal's COVID-19 response.

PRINCIPLE 6

Partnerships with 'multipliers' and 'amplifiers' in every process of communications and messaging will help the MoHP swiftly reach wider audiences.

This strategy aims to embed communication and risk perception multipliers and amplifiers in the design and implementation of all its plans and standard operating procedures. In a setting of significant resource constraints, the collaboration with multipliers and amplifiers becomes a

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core component for the efficiency and effectiveness of MoHP's communications endeavours[14]. Strategic partnerships with all sectors in society at the federal, province and local level will be forged to ensure that the objectives of this strategy are multiplied and amplified in the fastest possible way without compromise on reliability and credibility. Similarly, the use of low-cost technology to reach wider and new audiences and partners would be an integral part of this strategy. Another thrust area would be to seek internal 'multipliers' and 'amplifiers' across the MoHP and its entities that would help advance this strategy.

PRINCIPLE 7

Maximisation of existing communication assets and capabilities of the MoHP-DoHS and partners will allow for swift scale-up of the communication response.

This strategy aims to maximise existing communications assets and capabilities across the MoHP before introducing new ones in the context of COVID-19 communications. This entails first, taking cognisance of existing communications structure, functions, content and roles at each tier that is involved in COVID-19 emergency preparedness and response. Second, taking into account the inter-dependencies between these and their accountability asymmetries. Third, addressing the critical gap areas that remain unaddressed by the existing structures and their relationships, and fourth- closing the gaps and establishing a seamless COVID-19 communications process. The implementation arrangements of this strategy, too, will reflect this approach.

PRINCIPLE 8

Fostering of dialogue channels with partners and stakeholders to ensure a two-day process of information exchange.

While the MoHP will continue to draw on its pool of knowledge and experiences in dealing with emergencies, it will continue to work with partners to conduct ongoing scientific research and evaluation of people's knowledge, attitudes and practices related to several topics to sharpen its communication response. Where necessary new dialogue channels will be established in service of this principle.

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[14] Tong, X., & Zhang, H. (2019). Perception, Amplification and Communication: A Case Study of Food Safety Risks. *China's Emergency Management: Theory, Practice and Policy*, 71–115. https://doi.org/10.1007/978-981-13-9140-8_3

Strengthening leadership communication is essential for trust and credibility building.

Effective leadership communication has the potential of generating a sense of shared purpose and to seek the commitment of the citizens for collective action such as the pandemic demands[15]. Dedicated engagement of leadership at the federal, provincial, local and community level to communicating on COVID-19 pandemic following risk communications principles is essential. This strategy foresees the establishment of mechanisms to support leaders in understanding the science behind COVID19 and in communicating the policy decisions on this to the broader public[16].

PRINCIPLE 10

Community engagement and risk communication are inseparable and reinforce each other. An effective response to the COVID19 pandemic requires the active participation of the community in all aspects of this public health emergency[17].

Strategic Communication Goals

The goal of this communication strategy is to help reduce transmission and illness severity, and provide information to help health care providers, public health officials and the public address the challenges posed by COVID 19 in Nepal. Drawing on emergency risk communications principles, the three closely intertwined strategic goals of this strategy are:

STRATEGIC GOAL 1

To deliver quick and proactive communication of accurate information to the public and partners about COVID-19.

STRATEGIC GOAL 2

To ensure transparency in all activities related to communicating the public health response of MoHP and its entities on COVID-19.

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[15] Wilson, S. (2020) 'Pandemic leadership: Lessons from New Zealand's approach to COVID-19', Leadership, 16(3), pp. 279–293. doi: 10.1177/1742715020929151.

[16] "Achieving Community Leadership in COVID-19 Response | GOARN." *Extranet.Who.Int*, extranet.who.int/goarn/content/achieving-community-leadership-covid-19-response. Accessed 6 Aug. 2020.

[17] Risk communication and community engagement (RCCE) action plan guidance: COVID-19 preparedness and response. International Federation of Red Cross and Red Crescent Societies, UNICEF and World Health Organization; 2020 (https://apps.who.int/iris/handle/10665/331913).

> To maintain and enhance credibility and continue to be a trusted source of information for the public and partners.

Objectives

This strategy is being developed in service of the Ministry of Health and Population, Government of Nepal's 'Health Sector Emergency Response Plan for COVID-19 Pandemic'[18]. In particular, this strategy is designed to advance the objectives of the Community Engagement swiftly, and Risk Communication component highlighted as section 3.1.2 of the Response plan as mentioned earlier Plan. Given the many uncertainties about the evolution of the pandemic and the rapidly unfolding of different scenarios, the objectives of this strategy involve a mix of measures that immediately address critical problems with longer-term measures that sustainably improve the MoHP's capacity in RCCE.

This strategy is complemented by an operational plan with designated projects that contain roles and responsibilities for the key government actors involved in Nepal's COVID19 response. As the COVID-19 pandemic evolves, so will this document; hence it must be treated as living and subject to updates as and when needed. Strategies outlined here and many of the accompanying actions contained in the implementation plans will run simultaneously. This strategy is being developed during an ongoing national emergency and does not afford the luxury of step by step action.

The objectives outlined below are in service of the strategic goals, and their implementation will be aligned with the guiding principles of this strategy. These objectives will be delivered through clusters of projects that are outlined in the accompanying Implementation Plan.

OBJECTIVE 1

To create COVID19 content that conveys the science behind COVID-19 public health decision making to pan-Nepal audiences, while taking into account their diversity, communication access and known consumption preferences.

This will be conducted by building three content banks- audio for reaching radio audiences, video for reaching the TV and digital audiences and text content for feeding across platforms.

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[18] Health Sector Emergency Response Plan for COVID-19 Pandemic, Ministry of Health and Population, Government of Nepal, May 2020

OBJECTIVE 2

To strengthen existing COVID-19 communication products and communication channels of the MoHP and to develop additional new ones so that audience expectations and the strategic goals of this strategy can be met.

This entails an upgrade among others of the following products and channels of the MoHP's COVID-19 response:

Products
1. Situation Reports
2. IEC Material
3. Daily appeals in the Press Briefing

Channels
1. COVID-19 Portal
2. Hotlines
3. Mobile App- Hamro Swasthya
4. Daily Media briefings delivered on TV and Facebook
5. Facebook
6. Twitter
7. Viber Group

OBJECTIVE 3

To build strategic partnerships that help multiply and amplify MoHP messaging to audiences that are difficult to reach and maybe marginalised.

This entails engaging with the following groups and networks through their professional associations to create advisory and/or thematic working groups:
1. Line Ministries
2. Media
3. Academia
4. National and International Civil Society Organisations
5. Private sector

OBJECTIVE 4

To strengthen and build audience feedback and conversation mechanisms that help the MoHP track and respond to rumours and misinformation in real-time.

The hotline of the MoHP is the primary mechanism of capturing rumours and concerns from the public. However, it is necessary to create channels through which this information can be gathered pro-actively and then fed into MoHP messaging on COVID-19. Media and rumour monitoring mechanisms will be put in place for efficient and effective messaging.

OBJECTIVE 5

To strengthen the human resources capacity of the MoHP that is dedicated to communication and risk communication in the context of COVID-19.

This entails establishing a network of spokespersons at the MoHP and its entities and across the three tiers of governance in Nepal and building their capacity on crisis and risk communication.

OBJECTIVE 6

Scale-up significantly and systematically community engagement activities across the country through campaigns and targeted customised interventions.

In the absence of a vaccine against COVID 19, especially in resource-constrained settings, there is an urgent need to tap into the communities to prevent the spread of COVID-19 and manage its impact through non-pharmaceutical interventions[19]. Effective mobilisation of communities to reverse and mitigate the impact of COVID-19 in the context of Federalism in Nepal requires efficient and close coordination with other line ministries such as the Ministry of Federal Administration and Government Affairs (MoFAGA), Ministry of Youth and Sport and Ministry of Home. All interventions aimed at active community engagement should be aligned with the principles for institutionalising community engagement for health[20].
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[19] Preparing for large-scale community transmission of COVID-19. Manila: WHO Regional Office for the Western Pacific; 2020 (https://iris.wpro.who.int/handle/10665.1/14493).

[20] Zambruni JP, Rasanathan K, Hipgrave D, Miller NP, Momanyi M, Pearson L, Rio D, Romedenne M, Singh S, Young M, Peterson S. Community health systems: allowing community health workers to emerge from the shadows. The Lancet Global Health. 2017 Sep 1;5(9):e866-7.

Alignment with MoHP assets and guidance

The development of this strategy is aligned with MoHP assets and guidance related to:
1. COVID19 Response
2. Risk Communication and Community Engagement (in an advanced stage of drafting)
3. Health Education Information and Communication
4. Health Emergency Operations
5. Incident Command System
6. Province and local level health communication systems and mechanisms

MoHP's 'Health Sector Emergency Response Plan COVID-19 Pandemic' and this strategy will additionally be aligned through the RCCE Guidelines for Nepal that is in its final stages of development by the EDCD of the MoHP. The RCCE Guideline carries details on all operational aspects; hence these are not being mentioned in this strategy document.

The communications aspirations and experience of the MoHP are reflected in its National Health Communication Policy, 2012. This strategy takes into account the stated objectives of these policy documents.

Alignment with global guidance

This strategy attempts alignment also with global guidance primarily through key WHO guidance and guidelines. Notable among these are:
- Implementation of the International Health Regulations (2005) WHO (2010)[21] .
- Pandemic Influenza Risk Management: A WHO guide to inform and harmonise national and international pandemic preparedness and response. World Health Organisation (2017)[22]
- Role of community engagement in situations of extensive community transmission of COVID-19. WHO (2020)[23]

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[21] WHO. (2010). Implementation of the International Health Regulations (2005). Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_10-en.pdf?ua=1

[22] World Health Organisation. (2017). *Pandemic Influenza Risk Management: A WHO guide to inform and harmonize national and international pandemic preparedness and response*. Retrieved from WHO website: https://apps.who.int/iris/bitstream/handle/10665/259893/WHO-WHE-IHM-GIP-2017.1-eng.pdf;jsessionid=0D500C39892E7EA6B36350FAA229405D?sequence

[23] World Health Organization. Regional Office for the Western Pacific. (2020). Role of community engagement in situations of extensive community transmission of COVID-19. Manila : WHO Regional Office for the Western Pacific. https://apps.who.int/iris/handle/10665/332172. License: CC BY-NC-SA 3.0 IGO

- o Communicating risk in public health emergencies A WHO guideline for emergency risk communication (ERC) policy and practice. WHO (2018)[24]

What would this strategy lead to?

This strategy will help the MoHP respond to COVID19 emergency to the best of its abilities by:

1. Operationalising implementation plans and standard operating procedures that would supplement MoHP's overall COVID-19 communication response while identifying processes and procedures that would render COVID-19 communication efficient and effective during and after the COVID-19 emergency.
2. Communicating efficiently, effectively and timely in one voice based on scientific evidence.
3. Establishing transparent processes and procedures for two-way communications between all three tiers of government and between the COVID-19 coordinating bodies set up by the Government of Nepal.
4. Identifying functional roles and departmental units that would be instrumental in the implementation of this Strategic Plan and the setting up of processes and teams that are cross-functional and can timely respond to the swiftly evolving emergency needs. These will facilitate structured and efficient communication during and after an emergency.
5. Building a robust and alive, cross-tier network of risk communicators that can take the lead on communications.
6. Creating user-friendly risk and crisis communications tools that avail of modern technologies to reach wider and new audiences while substantially reducing costs.
7. Creating a bank of COVID19 communication content that is current, relevant, usable and structured around the pandemic phases and is categorised by target audiences.
8. Identifying, testing and maintaining channels of communication that are audience and expertise specific.
9. Leading and facilitating inter-agency risk communication practice.
10. Launching new strategic partnerships with the public, media, private and civil society sector that would allow for multiplication and amplification of the pandemic influenza communication in real-time.
11. Development of a systematic capacity building plan for within the MoHP on Risk and Crisis Communication.

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[24] WHO. (2018). Communicating risk in public health emergencies A WHO guideline for emergency risk communication (ERC) policy and practice. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/259807/9789241550208-eng.pdf?sequence=2

Who is this strategy addressed to?

The **primary audience of this strategy** is internal to the MoHP and its entities- policymakers and functional roles across the tiers of the organisation responsible for emergency preparedness, response, risk communication and community engagement and communications. This document also describes issues that can guide communication policy choices in a situation characterised by both urgency and uncertainty.

The **stakeholders of the implementation plans** to emerge out of this strategy would also include but not be limited to:
1. People residing in Nepal
2. Health workers
3. COVID-19 positive individuals
4. Patients
5. COVID-19 specific vulnerable groups
6. Line Ministries
7. Traditional and non-traditional media
8. Civil- society partners
9. Private sector
10. Development partners

Implementation mechanisms

Implementation lead

The implementation of this strategy is foreseen to be conducted under the auspices of the Communications pillar of the Incident Command System (ICS) of the MoHP.

To achieve the communication coverage and impact foreseen in the HSERP, it will be essential to significantly boost and strengthen the capacity of the Communications Pillar of the ICS or expand it to a full-fledged Joint Information Centre under the ICS. Initial recommendations for this scale-up involve the following:

1. **Set up of a high-powered Joint Communication Centre (JCC)** under the Communication Pillar of the ICS or the CDC. The composition of the JCC will be made up of communication focal points of all MoHP and DoHS entities. The JCC will implement this strategy through clusters of focused projects. The JCC will also guide collaboration with the bodies charged with coordinating the COVID-19 response in Nepal:

1. COVID-19 Crisis Management Centre (CCMC)
   2. Incident Command System (ICS)
   3. Parliamentary Committee on Health
   4. Province level COVID-19 coordination mechanisms

2. **Set up a full-fledged Risk Communication and Community Engagement unit** at the MoHP. This would allow for mainstreaming of RCCE thinking into decision making and the messaging coming out of the MoHP and its entities. In the course of this COVID19 emergency, this unit would be well-positioned within the JCC and later migrated out as a stand-alone unit at the MoHP or the CDC.

3. **Set up of an RCCE Working Group** that brings together line ministries, key government agencies and partners. This mechanism will allow active engagement with actors that influence the implementation of risk communication and community engagement activities.

Implementation methodology

To ensure prompt and accountable delivery, the implementation plan will be broken down into individual projects. Each project will be assigned to project teams and their implementation will be closely tracked.

Projects are listed separately and will be updated as implementation advances. In light of the emergency, most projects will run in parallel. New projects will be added on a need basis.