



World Health
Organization

REGIONAL OFFICE FOR Europe

Risk communication and community engagement for COVID-19 contact tracing

Interim guidance



ABSTRACT

Contact tracing is a key element of WHO's recommended approach to control the spread of COVID-19 by breaking the chains of human-to-human transmission. By effectively embedding risk communication and community engagement (RCCE) principles in contact-tracing efforts in the context of COVID-19, compliance with contact-tracing efforts is safeguarded and transmission of COVID-19 is slowed or halted, ultimately reducing death and disease due to COVID-19 and mitigating the negative impact on health-care systems and economies. This document provides guidance to health authorities at all levels to improve the success rate of contact tracing by informing efforts with RCCE principles, evidence and activities, and provides ready-to-use tools for professionals involved in contact-tracing efforts to inform their practices with RCCE principles and likewise improve their success rate.

Keywords

COMMUNICABLE DISEASE CONTACT TRACING
INFECTIOUS DISEASE CONTACT TRACING
CONTACT TRACING

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Introduction

“No country can get control of its epidemic if it doesn’t know where the virus is,” as Dr Tedros, WHO Director-General, said. While testing is the basic public health measure to find where the virus is, contact tracing is essential to contain its spread by quarantining contacts of positive cases and isolating those who develop symptoms and test positive. As such, contact tracing remains indispensable for every country in every epidemiological situation to break the chains of transmission. It can prevent individual cases from becoming clusters and clusters turning into community transmission.

While many countries have intensified testing during the course of the pandemic, many are also challenged to trace contacts of positive cases, particularly when cases are increasing rapidly. However, it is critically important that no country gives up on contact tracing; instead, all countries should break down their epidemics into manageable parts and prioritize contact-tracing efforts, as per WHO guidance (1), when the epidemiological situation or available resources do not permit tracing of all contacts.

Any contact-tracing programme, digital or otherwise, can only be effective if it becomes a dual effort of health authorities and the community. This entails engaging communities to increase their compliance with contact-tracing procedures. Now is a critical moment for all of society to take action to curb transmission.

The effective inclusion and consideration of risk communication and community engagement (RCCE) activities, perspectives and principles is fundamental to the success of contact-tracing efforts. In contact tracing, as in the pandemic response overall, effective RCCE ensures that:

- trust is maximized between responders and key target audiences;^{1,2}
- communities, especially those that are marginalized, are included and at the heart of planning, implementation and evaluation of response efforts;
- people have the information they need to make decisions about their health;
- feedback and listening data from the community are used in designing solutions (for contact tracing and the pandemic response overall); and
- health-protective behaviours are maximized.

¹ For a more specific list of principles and procedures focused on community engagement contact tracing, please see the forthcoming WHO document *Key principles and standard operating procedures (SOPs) – community engagement in contact tracing (2)*.

² For one example of a study correlating trust and contact-tracing efforts (including quarantine compliance and acceptance of a mobile application for contact tracing), see Guillon & Kergall (3).

Ultimately, effective RCCE (including as part of contact tracing), alongside other essential response measures, helps to ensure that transmission of COVID-19 is slowed or halted and thereby reduces death and disease due to COVID-19. It also mitigates the negative impact on health-care systems and economies.

In the context of contact tracing, this guidance document has the following objectives. It aims to:

- provide guidance to health authorities at all levels to improve the success rate of contact tracing by informing efforts with RCCE principles, evidence and activities; and
- provide guidance and ready-to-use tools to professionals involved in contact-tracing efforts to inform their practices with RCCE principles and likewise improve their success rate.

Aimed at national public health authorities, policy-makers, decision-makers and individual contact tracers, this document offers concrete and practical guidance on how to ensure RCCE is properly included in contact-tracing efforts. It also includes practical resources, such as RCCE templates, tools, materials and capacity-building resources, to operationalize and embed RCCE into country-level contact-tracing activities (see Annexes 1 and 2).

Background

Contact tracing is a key element of WHO's recommended approach to control the spread of COVID-19 by breaking the chains of human-to-human transmission. Contact tracing is defined as "the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission" (1).

As a public health intervention, contact tracing has been used for decades to address infectious diseases such as typhoid, tuberculosis, HIV and sexually transmitted infections. In the context of COVID-19, contact tracing involves identifying persons who may have been exposed to COVID-19 and following them up daily for 14 days from the last point of exposure.

In addition to adequate testing capacity, appropriate quarantine measures and available care for those who become ill, RCCE principles and skills are vital to the success of contact-tracing efforts.

Latest data sources on contact tracing in the WHO European Region

Anecdotal data from contact-tracing efforts show varying levels of compliance with, and resistance to, contact tracing, motivated by levels of risk perception of what it means to be labelled a contact and concerns related to subsequent quarantining and its consequences for factors such as social isolation, stigma and loss of economic opportunity due to inability to work.

As part of the behavioural insights research being conducted in the WHO European Region during the COVID-19 pandemic (4), several questions related to contact tracing and testing have been included in data collection for a number of countries, the first results of which became available in September 2020.

The questions are as follows.

- If you have been in contact with someone who tested positive for COVID-19 and have no symptoms yourself – would you get tested if you had the opportunity?
- If you test positive for COVID-19 and are asked to share with health authorities the names of people you had been in contact with – would you share all names?

These questions have been asked to a representative sample of populations in five different countries with approximately 1000 respondents in each. Overall results show high levels of agreement with the importance of contact tracing. Over 80% of people answered yes to being tested and over 90% answered yes to sharing all names.

The most common motivators for agreeing to get tested and sharing contact names include:

- I believe this helps stop the spread of COVID-19
- this way I can protect other people
- this is my responsibility as a citizen
- I want to receive the appropriate care in case of a positive test.

Reasons for not wanting to get tested or share contact names vary more widely, but commonly include:

- I do not think the tests are reliable
- there is nothing I can do, even if I get a positive test
- I do not believe COVID-19 exists
- getting tested would cost money (in relation to, for example, transportation, buying the test and taking time off work)
- I could contact them myself

- I believe this could result in loss of income due to quarantine
- I would cause inconvenience for the people whose names I share.

While the research data do not currently provide a sufficient basis for representative and comprehensive conclusions about enablers and barriers to effective contact tracing, they nevertheless offer an opportunity to guide RCCE-informed contact tracing and provide overall directions for specific engagement strategies and messaging – for example, the data indicate that individuals have a desire to take social responsibility, which can be used in messaging (see also Annex 1).

It is advisable to include other nationally available sources of data to inform the design and content of both contact tracing per se and related communications. Such data sources include, but are not limited to:

- national and local surveys
- results from focus-group discussions and other community engagement mechanisms
- data from national telephone hotlines³
- data from the Regional Office for Europe's HealthBuddy+ chatbot platform (6).

³ For WHO guidance on setting up and managing a COVID-19 hotline, see *Setup and management of COVID-19 hotlines* (5).

RCCE – trust at the heart

At the heart of RCCE is building and maintaining trust (Box 1). Without strong trust between affected communities and public health and other authorities responding to an emergency, the response will be severely hampered or will fail altogether. This guiding tenet applies in all areas of the COVID-19 response, including contact tracing.

Two key levels at which this trust is built are at national level (focused on structural drivers) and interpersonal level (focused on psychological drivers). These structural and psychological drivers apply in different ways across the four steps of contract tracing (Table 1).

For national level, the Regional Office’s model for RCCE capacity-building (8) identifies **four core RCCE capacities** that Member States should develop to improve trust and thereby the overall response:

- ensuring transparency and making an early announcement of a real or potential public health threat;
- coordinating public communication;
- listening through two-way communication; and
- selecting effective channels and key influencers.

At interpersonal level, RCCE literature identifies four additional drivers of trust that should inform individual contact tracers’ approach (7,9,10):

- empathy and caring
- honesty and openness
- dedication and commitment
- competence and expertise.

Box 1. How people form perceptions of trust

“The trustworthiness of a message is typically judged by its content and by its source: ‘who is telling me this, and can I trust them?’ If the answer to the latter is ‘no’, the communication is likely to fail regardless of its content.

“Trust can only be built up over time. It is based on a proven record of listening, caring, competence, honesty and accountability. In general, experts no longer automatically command the levels of trust observed in the past. Reliance on scientific credentials alone to establish trust is unlikely to prove effective. Building trust is a long-term, cumulative process that needs to be started well in advance of an emergency. Trust is easily lost and once lost is difficult to regain.”

Source: WHO (7).

RCCE and contact tracing

Contact tracing involves four steps (1):

1. defining criteria that identify individuals as contacts;
2. identifying persons who may have been exposed to SARS-CoV-2, the virus that causes COVID-19;
3. informing contacts of their status as a contact; and
4. following up with contacts, including:
 - ensuring contacts are quarantined or isolated at home or in a quarantine facility
 - monitoring contacts daily for 14 days and/or following up with them for 14 days from the last point of exposure.

During each of the four steps of contact tracing, the four core RCCE capacities apply to a greater or lesser extent. Table 1 provides an overview of these intersections.

Interpersonal RCCE skills and capacities for contact tracing

As part of the four core RCCE capacities, there are important interpersonal determinants for trust, or rather how people form perceptions of trust (10). In the case of contact-tracing work, this interpersonal trust must be earned/established, maintained and/or strengthened between contact tracers on the one hand and contacts on the other.

There are four main determinants, and four questions that help clarify how trustworthy contact tracers will be perceived by (possible) contacts.

- **Empathy and caring:** does the contact tracer understand me and my situation?
- **Honesty and openness:** is the contact tracer telling me the truth and not hiding information?
- **Dedication and commitment:** is the contact tracer acting primarily to safeguard my health?
- **Competence and expertise:** does the contact tracer have the required skills to complete the job?

These four aspects apply in a crosscutting manner during all steps of contact tracing and should inform the style and approach of contact tracers when communicating with (potential) contacts.

Contact tracers should internalize these four determinants and use them as a compass to steer their behaviour and decisions before, during and after conducting contact-tracing efforts.

Table 1. Four core capacities of RCCE applied to four steps of CT

CT step	Transparency	Coordination	Listening	Channels and influencers
Step 1. Defining	<ul style="list-style-type: none"> • Clear, easy to understand definition and criteria of what constitutes a contact • Communications to population groups on importance of contact tracing as well as consequences of being a contact, with messages that consider appropriate language, levels of health and overall literacy, perception and other cultural factors 	<ul style="list-style-type: none"> • Key stakeholders (including national health authorities, United Nations agencies, nongovernmental and civil society organizations, contact tracers and other emergency responders) are aware of and able to use the definition • Definition of contact tracing is consistent across levels of government and geography 	<ul style="list-style-type: none"> • Listening mechanisms in place to document relevant concerns regarding definition and consequences of CT • Listening data are fed into the design of contact-tracing efforts, awareness-raising campaign materials and materials for contact tracers 	<ul style="list-style-type: none"> • Definition is understood by trusted influencers • Trusted influencers are engaged as part of contact-tracing RCCE • Key messages on contact-tracing compliance are shared by trusted influencers across channels (ensure that launch of public awareness-raising is followed within 2–3 weeks by contact-tracing operations)
Steps 2 and 3.^a Identifying and informing	<p>Contact tracers are equipped with clear messages on the following topics:</p> <ul style="list-style-type: none"> • process and rationale for contact tracing and information on quarantine • where contacts will be quarantined and how they will be cared for • if available, key messages on availability and access to economic and other support programmes for quarantined contacts 	<ul style="list-style-type: none"> • Messages and materials for contact tracers are coordinated and consistent across levels of government and geography 	<ul style="list-style-type: none"> • Contact tracers and other data-collection and social-listening mechanisms document both enablers and barriers to contact-tracing compliance • Listening data are used to improve the design of the contact-tracing efforts, RCCE materials for the public and materials contact tracers can use 	<ul style="list-style-type: none"> • Key influencers are activated to engage communities, especially on addressing barriers and misperceptions regarding contact-tracing efforts

CT step	Transparency	Coordination	Listening	Channels and influencers
	<ul style="list-style-type: none"> • which symptoms contacts should monitor during the monitoring period • what contacts should do if they become unwell • how contacts' information will be used and how their privacy and data are protected • how contact tracers are able to use feedback from contacts to adjust and improve contact-tracing efforts (<i>see also the Listening column</i>) • any other specific query or concern that may be relevant in the local or national context 			
Step 4. Following up	<p>Contact tracers repeat key messages and provide any additional information related to quarantining and its consequences, including:</p> <ul style="list-style-type: none"> • guidance and messages on mental health and psychosocial support • guidance and messages on staying socially connected during quarantine 	<ul style="list-style-type: none"> • Messages and materials for contact tracers are coordinated and consistent across levels of government and geography 	<ul style="list-style-type: none"> • Continue data collection and social listening on enablers and barriers to contact-tracing compliance 	<ul style="list-style-type: none"> • Continue engaging key influencers for their trusted relationship with communities, especially on addressing barriers and misperceptions regarding contact-tracing efforts

^a Since RCCE actions for steps 2 and 3 of contact tracing are very similar, they are merged in this table.

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Annex 1. Sample message map for contact-tracing awareness-raising campaign

Please note: the templates and draft messages below should be adapted to local contexts and situations. It is especially important to double-check the information for accuracy – for example, if testing is not free, then the message about free testing should be adapted or removed. Making untenable or false promises will lead to damaged trust, which will lower compliance and adoption of healthy behaviours.

The WHO Regional Office for Europe's behavioural insights research (1) has identified the following perceptions as drivers of, or barriers to, compliance with contact tracing.

Driver	Barrier
Contact tracing can stop the spread of COVID-19	Testing costs money
Supporting contact tracing is my responsibility as a citizen	Testing is unreliable
I trust the medical sector	There is nothing I can do if I test positive
I believe the virus is nearby and not media-hyped	I will lose my income if I test positive
	People would blame/socially exclude me for giving their names
	I would cause people inconvenience if I gave names

Based on these factors, the following message maps may provide a useful approach to amplifying drivers and debunking (or prebunking (2)) common barriers. Some messages are drafted in the first person ("I"); for these, it is advisable to find an appropriate champion or influencer, or they can be adapted to a "you" target.

Amplifying drivers	Key message 1 → Contact tracing can stop the spread of COVID-19	Key message 2 → Supporting contact tracing is my responsibility as a citizen	Key message 3 I trust the medical sector
Supporting message 1 ↓	Contact tracing is among the key public health measures that can break the COVID-19 chain.	Although I cannot fix the pandemic by myself, I have an important role to play in protecting myself, my loved ones and my country.	The doctors and nurses fighting COVID-19 every day deserve our deepest respect and support.
Supporting message 2 ↓	To stop the spread, we must all help the contact tracers by getting tested, by sharing our contacts, and by monitoring our symptoms.	I wash my hands, wear my mask, keep my distance – and I support contact tracing. I know that I can play my part in stopping COVID-19.	I will do what I can to make life easier for our health worker heroes.
Supporting message 3	Talk to your friends and family about the importance of contact tracing. We are all in this together.	Contact tracing saves lives – and I am proud to support it.	If my doctor says contact tracing is important to stop the pandemic, I will support them and help out.

De-/prebunking barriers	Key message 1 → Testing for COVID-19 is crucial to stop the pandemic.	Key message 2 → Sharing contacts of friends and family is equally important.	Key message 3 Quarantine and isolation are two more key pieces of the puzzle to fight COVID-19.
Supporting message 1 ↓	Testing is one of the most reliable tools in the fight against COVID-19. Testing tells us where the virus is and contact tracing lets us stop its spread.	If I do not share all my contacts, the virus can continue to infect more people.	If you are listed as a contact or test positive, you must quarantine or isolate at home or in a special facility.
Supporting message 2 ↓	If you have [add conditions/symptoms applicable nationally], you can get tested [for free] at your nearest test location. Find out where by [visiting website/calling phone/emailing].	By sharing my contacts, I am not just protecting my friends and family, but also their loved ones in turn.	There are supportive services available for everyone who has to miss work because of quarantine or isolation. Find out more by [visiting website/calling phone/emailing].
Supporting message 3	If you test positive, you have an important role to play by isolating yourself, supporting contact tracing to stop the spread, and seeking the care you need.	If my friends or family list me as a contact, I will be grateful rather than angry at them.	You can help stop the pandemic by supporting friends, family and neighbours who are quarantining or isolating, including by asking them about their mental health and well-being, and offering practical support with deliveries and contacting support services.

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Annex 2. Template information leaflet

The two files included in this package (PDF and PowerPoint) provide a template for an information leaflet that may be printed and given to contact tracers to help answer questions from possible contacts (Fig. A2.1). The leaflet may also be used as part of an overall behavioural change campaign.

The messages in the template should always be translated, localized and checked against national or subnational guidance to ensure accuracy and that issues such as using the right level of literacy, type of language and visuals are addressed. To the extent possible, it is advisable to test the adapted and translated leaflet with a small group of users to validate the appropriateness of the information and visuals and signal any room for improvement.

Fig. A2.1. Template contact-tracing information leaflet (front and back matter)

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CONTACT TRACING

Help stop the virus and keep your loved ones safe

What is contact tracing?
Contact tracing means finding all the people who have been exposed to a disease, like COVID-19, to prevent further transmission.

When a case of COVID-19 is confirmed, contact tracing means identifying anyone who may have been exposed, asking them to quarantine to stop any further spread of the disease, and following up with them for 14 days to monitor symptoms.

Why is contact tracing important?
When it is systematically applied and combined with quarantine and isolation, contact tracing breaks the chains of transmission of a disease and stops it from spreading. By participating in contact tracing, every person helps to stop COVID-19 transmission, protect vulnerable people, and avoid more restrictive measures.

What can I expect if I am a contact of a COVID-19 case?
You will be asked to quarantine for 14 days, at home or in a special facility. Quarantine means restricting your activities and contact with other people, including by keeping a distance of at least 1 metre. You will also be asked to monitor your symptoms and share them regularly.

Your Contact Tracing professional can tell you about available government support programmes.

How will you use my information and protect my privacy?
Contact tracing will only record anonymized data. Any data collected as part of contact tracing will be deleted within the shortest amount of time possible. Additionally, you may anonymously share feedback about the contact tracing process to help decision makers improve it.

Which symptoms should I look out for?
During the regular follow-up calls, you will likely be asked about COVID-19 symptoms like fever, dry cough, tiredness and loss of taste or smell.

What should I do if I become unwell?
If your symptoms worsen, especially if you have trouble breathing, you should contact your healthcare provider for advice.

Where can I find more information?
Scan the QR code or speak to your Contact Tracing professional or health care professional to get more information about contact tracing.

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CONTACT TRACING Help stop the virus and keep your loved ones safe

The WHO Regional Office for Europe
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Risk communication and community engagement (RCCE) for COVID-19 contact tracing Interim guidance

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