

# Building Trust Within and Across Communities for Health Emergency Preparedness

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## Values

Lead with trust.

Demonstrate ethical, competent behavior.

Show long term commitment to all communities.

Strive for mutual, deep understanding between leaders and the public that reinforces communities' abilities to take care of themselves.



## Strategies

Accountability

Attending to secondary impacts and the complexity of crises

Building empowered communities

Communication

Engaging the media

Meeting the needs of the vulnerable

Continuous learning and improvement

## Recommendations

**Recommendation 1:** Promote the centrality of trust. Create the preconditions for trustful relationships and develop strategies for engagement with all stakeholders.

**Recommendation 2:** Foster Collaborative leadership.

**Recommendation 3:** Carry out frequent vulnerability assessments to strengthen community engagement

**Recommendation 4:** Appeal to the responsibility of citizens and promote society engagement.

**Recommendation 5:** Consult, Adapt, and Communicate – timely, transparently, and consistently.

**Recommendation 6:** Establish accountability mechanisms at all levels.

## Overview

Public trust in institutions in all parts of society is critical for health emergency preparedness. Leaders in government, science, public health, the private sector, international organizations, civil society, and the media are charged with identifying potential health risks and developing measures that will minimize their impact. But often, the threats are theoretical, something that may occur in the future, and difficult for many people to grasp as they address their very real day to day needs. It is only through empathy, accurate communications, community partnership, and effective actions that leaders generate the societal investments in resources and energy required to mitigate the effects of potential health hazards. Understanding the importance of public trust in institutions is especially critical during the COVID-19 outbreak, whose containment relies on the cooperative actions of business, NGOs, governments, communities and individuals.

Despite its importance, trust has been deteriorating in recent years in many of the institutions required for effective preparedness, driven by political polarization, income inequality, marginalization of some populations, institutional incompetence, and misinformation amplified by new and readily available forms of media.<sup>1</sup> Lack of confidence in institutions and organizations leads to questioning the validity and impact of predicted threats, contributing to poor preparation and adherence to recommended actions. In its most extreme form, it engenders open rebellion against authorities and even endangers the lives of responders. Mistrust impedes crisis planning and response, resulting in unnecessary loss of life and livelihoods, and lost opportunities to build resilience for the next threat.

To better understand the role of trust in health emergency preparedness and develop strategies for its enhancement, the United Nations Children's Fund (UNICEF) and the International Federation of Red Cross and Red Crescent Societies (IFRC) convened a consultation in April 2020 with experts from a wide range of fields.<sup>2</sup> Participants included experts in data, the media, public health, program implementation, human behavior, and research from the private sector, academia, and non-governmental organizations (see appendix 2 for full list). Over the course of three video sessions, participants discussed the nature of the trust gap, its causes and impacts, and strategies for improving trust in institutions and organizations tasked with helping societies prepare and respond to health emergencies. Turning to the current crisis, participants also reflected on the role of trust and mistrust in the response to COVID-19. Except where noted through specific references, this paper is based on the consultation process and author analysis.

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<sup>1</sup><https://www.edelman.com/trustbarometer>, <https://wellcome.ac.uk/sites/default/files/wellcome-global-monitor-2018.pdf>, and <https://groundtruthsolutions.org/our-work/humanitarian-voice-index-hvi/>

<sup>2</sup> While the consultation originally was scheduled as a two-day meeting in Geneva on April 7 and 8 involving all participants, COVID-19 forced a shift to video format among subsets of experts.

## Nature of the problem

Trust is a firm belief in the reliability and integrity of a person or institution. It is critical currency for health emergency preparedness and response, which relies on whole of society buy in and cooperation. Even as institutions and organizations urge actions that are in the individual's and collective interest, without mutual trust, a full understanding of the situation, and appropriate resources to protect themselves, people default to what they know and who they know – a potentially narrow perspective on the world that is antithetical to well informed, collective planning and response.

Despite its importance, public trust in institutions required for preparedness (government, NGOs, business, and the media) decreased markedly over the last decade based on public perceptions of competence (delivering on promises) and ethics (doing the right thing and working to improve society). According to the 2020 Edelman Trust Barometer, while NGOs are seen as the most ethical, they scored lower on perceptions of competence. Business was seen as the most competent, but less ethical. The media and government scored low on both dimensions.<sup>3</sup> Growing income inequality is a major factor in declining trust. While these views are colored by political leanings, the wealthier and more educated are “far more trusting” of every institution than the rest of the population, a trend driven by a growing sense of inequity and unfairness in the system.<sup>4</sup> Transparency in financing and interests is also important to trust building. While scientists and health providers generally are more trusted by the public than leaders from other institutions, suspicions that research and advice is being driven by motives other than the public good can lead to distrust and resistance.<sup>5</sup>

People also are more likely to trust those who are helping them to respond to their own needs. A majority of crisis-affected people, when asked by Ground Truth Solutions, say they feel treated with respect by aid providers. While this is a favorable development, it does not necessarily mean that there is a relationship of trust. The same respondents are less positive on a range of issues that matter deeply to them including whether their priority needs are met, if they are able to participate in making decisions that affect them, and whether they have access to information they need to make informed decisions – all of which influence their overall view of aid providers.<sup>6</sup>

In addition to fairness and inclusion, building trust depends on familiarity and commitment. People trust individuals and organizations that are from their communities and are in for the long haul.<sup>7</sup> As mistrust in “elites” has risen in some quarters, trust has become more horizontal and peer to peer, a trend that is being accelerated and amplified by the growth in social media.

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<sup>3</sup> <https://www.edelman.com/research/trust-2020-spring-update>

<sup>4</sup> Ibid.

<sup>5</sup> <https://wellcome.ac.uk/sites/default/files/wellcome-global-monitor-2018.pdf>

<sup>6</sup> <https://humanitarianvoiceindex.org/policy-briefs/2019/12/16/trust-in-humanitarian-action>

<sup>7</sup> <https://www.rcrcmagazine.org/2019/12/trust-in-action/>

## Trust during the COVID-19 pandemic

Recent surveys in the context of COVID-19 are finding that trust in many sectors is improving, with some governments now being the more trusted institution.<sup>3</sup> In a recent Edelman survey, a majority of respondents from 11 countries,<sup>8</sup> said they trust the government to lead in outbreak containment, information generation, helping people cope with the crisis, providing economic relief, and encouraging normal economic and social functioning.<sup>9</sup> Those who mistrust their national governments say they have trust in local leaders.<sup>10</sup> Results from a survey by the Pew Trusts shows similar trends in the U.S., including support for business closings and restrictions on movement.<sup>11</sup> However, attitudes about leadership and the news media are heavily influenced by political views.<sup>12</sup> The change in public perceptions created by COVID-19 seems to create opportunity for governments to solidify their reputation of trustworthiness.<sup>1</sup> It remains to be seen how this develops as pressures mount to increase economic activity and relax strict social distancing measures.

In a recent analysis of governments and the COVID response, Chatham house commented: “Democracies might be among the worst performers in the COVID-19 crisis, but they are also among the best, especially when they are led not by populist leaders, but by those who can draw on a high level of public trust. This has been the case with Germany, Taiwan, Finland, Norway, New Zealand and South Korea – the first five of which are led by women, whose leadership style tends to be inclusive rather than top-down.”<sup>13</sup>

Trust is influenced by histories--of a people, a country, a community, an individual. Marginalized populations have reasons for being mistrustful of government authorities. Often, the government has not met their needs and may even have actively worked against them.<sup>14</sup> Health emergencies exacerbate those inequalities, illustrated by the treatment of minorities in some countries, the plight of migrants and refugees fleeing lockdowns, or the situation of homeless people around the world during the current crisis.<sup>15</sup>

Communities that have been abandoned or ignored by governments are unlikely to feel they would benefit from following government recommendations, even in a time of crisis. This phenomenon is occurring in countries around the world during the COVID-19 crisis, including

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<sup>8</sup> Canada, China, France, Germany, India, Japan, Mexico, Saudi Arabia, South Korea, the United Kingdom, and the United States.

<sup>9</sup> <https://www.edelman.com/news/trust-2020-spring-update-press-release>

<sup>10</sup> Ibid.

<sup>11</sup> <https://www.pewresearch.org/science/2020/04/07/polling-shows-signs-of-public-trust-in-institutions-amid-pandemic/>

<sup>12</sup> Ibid.

<sup>13</sup> <https://www.chathamhouse.org/expert/comment/why-democracies-do-better-surviving-pandemics>

<sup>14</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4354806/>

<sup>15</sup> <https://www.npr.org/2020/04/23/839980029/blamed-for-coronavirus-outbreak-muslims-in-india-come-under-attack>, <https://news.un.org/en/story/2020/05/1063482>

in Kenya, where mistrust of government by slum dwellers fostered by years of shoddy treatment is undermining pandemic preparations.<sup>16</sup> This was also the case in the Democratic Republic of Congo where low institutional trust and belief in misinformation hampered the adoption of Ebola prevention behaviors, including vaccines.<sup>17</sup>

Trust depends on dialog, give and take, relationships, and partnerships. Despite efforts to work in partnership with communities, governments and civil society groups generally still default to directive communications rather than developing collaborative approaches and contributing to enabling communities to take their own actions. This is especially true during the COVID-19 crisis, which largely has featured one-way communications from governments and public health authorities without a full understanding of community realities. In some places, in fact, there is a dangerous disconnect between national messages and local contexts. Urging people to wash their hands to help stem a pandemic is futile in areas where they do not have access to water or soap.<sup>18</sup> Similarly, social distancing is not possible and maybe not even helpful everywhere.<sup>19</sup> Without understanding the constraints and dynamics within a community, communications may backfire. Sending directive messages without also providing the tools to comply with them will create distrust and anger that will sabotage any trust between the messenger and the community. Understanding societies, especially power dynamics and motivations, is important to understanding communities and requires a multidisciplinary approach involving community development, anthropology, and sociology. This is especially important during a major infectious disease outbreak since engendering alternative behaviors from all parts of society will make or break the response, at least in the short to medium term.

Successful health emergency preparedness requires establishing long term trusted relationships throughout a society that encourage collective actions that benefit the largest number of people possible. Leaders must choose to consistently act in people's best interests and in partnership with every community. The public plays a role too and must work to both give and receive trust.

## Impact of mistrust

The impact of institutional mistrust on health emergency preparedness is immediate and acute. Without trust, interventions may not go as planned, public health communications may be ignored, and front-line workers and messengers may be endangered. Where trust is nonexistent, governments and organizations will find it difficult to drive relevant behaviors. This issue will be especially apparent in communities that have long histories of marginalization and neglect. Inequalities including poverty, lack of health services, and poor health make some communities more vulnerable during an emergency. In the U.S., for example, the COVID-19 death rate for blacks, a historically disadvantaged community, is more than two times higher than for whites.<sup>20</sup> Mistrust and disenfranchisement can exacerbate the impact as those wary of government institutions question public health messages and fear going to health care facilities. Further, institutional mistrust will be amplified in contexts with poor health care,

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<sup>16</sup> [https://www.washingtonpost.com/world/africa/kenyas-preexisting-condition-mistrust-in-the-government/2020/05/08/ed41e624-9062-11ea-9322-a29e75effc93\\_story.html](https://www.washingtonpost.com/world/africa/kenyas-preexisting-condition-mistrust-in-the-government/2020/05/08/ed41e624-9062-11ea-9322-a29e75effc93_story.html)

<sup>17</sup> [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(19\)30063-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(19)30063-5/fulltext)

<sup>18</sup> <https://ccp.jhu.edu/2020/04/13/handwashing-covid-19-no-soap-water/>

<sup>19</sup> <https://foreignpolicy.com/2020/04/10/poor-countries-social-distancing-coronavirus/>

<sup>20</sup> <https://www.apmresearchlab.org/covid/deaths-by-race>



water and sanitation, and social services, in remote areas and fast-growing urban settlements, and migrant and refugee communities. Moreover, mistrust can easily become politicized. Some actors will use public health campaigns and even health emergencies to foment antigovernment sentiment and actions. A standard communications campaign will not make headway under those circumstances.

Building trust in preparedness and response is especially critical in countries that are already in crisis and where further strain on poor health systems could be catastrophic. In many cases, vulnerable populations are affected by multiple, protracted, and complex crises, including conflict, natural disasters, and climate emergencies. It is important to maintain existing trusted humanitarian operations while also addressing acute emergencies like COVID-19.

## Values for building an atmosphere of trust

Based on this description of the nature of the problem and the dialogue with the participants involved in the process of developing this report, the following values for building an atmosphere of trust arise:

### **Lead with trust.**

To earn trust, leaders should intentionally, consistently, and transparently act in the public's best interest without regard for politics, culture, gender, and religion. Ascertaining the best course to support the common good requires continuous investment of time and resources into understanding community needs.

### **Demonstrate ethical, competent behavior.**

Leaders must follow through on promises, following accepted moral principles including fairness and equal treatment. Government and organization interactions should be transparent, biases and interests should be declared, and resources should be equitably distributed. Trust is not static. It must be consistently earned and maintained. Competence should be established throughout organizational structures.

### **Show long term commitment to all communities.**

Leaders should develop preparedness systems before a crisis hits and maintain and improve them at all times. This not only includes necessary infrastructure and materials, but also trusted relationships from the community level to heads of countries.

### **Strive for mutual, deep understanding between leaders and the public that reinforces communities' abilities to take care of themselves.**

Building trust requires two-way communications and constant reassessment of local opinions and needs before, during, and after an emergency. Governments and organizations should focus on enhancing communities' agency to protect themselves.

## Strategies to build trust

There is consensus on the centrality of trust amongst those who were involved in the preparation of this report. Leaders are advised to develop a strategic framework to create a context of trust to guide policies, plans, and decisions. This framework should be based on the above values for building an atmosphere of trust and adhere to the following:

## ***Accountability***

To become trustworthy, institutions, organizations, and individuals need to be reliable, competent, transparent, honest, and ethical. Actions speak louder than words. While communications are important, decisive actions, including resource distribution that shows government support for front-line workers and the public's health, are essential to build trusting relationships. Government transparency in its plans and actions is central to gaining the trust of its population – the basis for any decisions made need to be made easily accessible and clear. Accountability is needed at every level – from the individual to the institutional— within families, communities, local, regional, national governments and international organizations.

Being accountable requires:

- Transparency about goals and activities;
- updates even when goals haven't been met;
- being candid about biases, agendas, and sources of funding. No one thinks anyone is agenda free anymore;
- openly dealing with ethical lapses of both individuals and organizations;
- providing relevant resources to meet community needs, and;
- being honest about shortfalls.

Governments need to explain what they are doing, why, and how it will make a difference. Services and communications have to be nonpolitical, nonpartisan, and impartial without contamination from other agendas.

## ***Attending to secondary impacts and the complexity of crises.***

Crises often cause multiple system failures including to healthcare, economic, and social supports. Building trust requires leaders and organizations to form partnerships at the local, regional, and international level to help communities meet all of their needs. Strategies must be informed by the complexity of health crises and preconditions which can contribute to and exacerbate health crises. Addressing health emergencies is not only the responsibility of health workers and experts but require cross-functional collaboration at the community, civil society and government.

## ***Building empowered communities through trust***

Every epidemic and natural disaster starts in individual neighborhoods, making community members the ultimate first responders. As a result, health emergency preparedness is most effective and sustainable when communities have the ability to plan, organize, and execute their own emergency responses, rather than serving as “mere ‘victims’ or receivers of aid.”<sup>21</sup> Empowering communities is the process by which people “increase their assets and attributes and build capacities to gain access, partners, networks and/or a voice, in order to gain control” of events and relationships that shape their lives.<sup>22</sup> Governments and organizations can help foster community empowerment for health emergency preparedness and will be critical allies in events that overwhelm local capacities. Mutual trust between government and institutional

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<sup>21</sup> <http://www.hrpub.org/download/20141201/IJRH1-19290149.pdf>

<sup>22</sup> <https://www.who.int/healthpromotion/conferences/7gchp/track1/en/>

leaders and the public is a critical component in both of these activities. The COVID-19 crisis provides rich examples. While leaders are scrambling to institute effective interventions to protect the public's health and mitigate the pandemic's effects on health care resources, at the same time they are struggling to control a series of secondary effects including economic collapse and food insecurity. While early actions of the public showed strong compliance with government recommendations, as time goes on and the economic and mental health ramifications of prolonged self-isolation intensify, the public is beginning to push back.<sup>23</sup>

Successful health emergency preparedness requires mutual trust and cooperation between leaders and the public. It requires leaders to constantly assess the needs of the community through continuous dialogue and to provide evidence-based preparedness and response approaches that allow communities to protect themselves. In addition to attending to the crisis at hand, leaders and organizations should build trust by ensuring resources to mitigate indirect consequences. These include impacts on essential health services, protecting jobs, promoting social cohesion and investing in community-led resilience and response systems.<sup>24</sup>

Previous epidemics illustrate the value of engaging with women when communicating about risks. Women make up the majority of the health workforce. As primary caregivers to children, the elderly, and the ill, women must be engaged through risk communication and community engagement. When gender dynamics are not recognized during an outbreak, the effectiveness of risk communication efforts are limited. Women's access to information on outbreaks and available services are severely constrained when community engagement teams are dominated by men. Tailoring community engagement interventions to gender, language, and local culture improves communities' uptake of interventions.<sup>25</sup>

COVID-19 has led to the creation of a range of interventions from a variety of sources. Governments and organizations should find ways to complement and support each other. For example, looking for a role it could fill, the Canadian Red Cross is focusing on mental health, food security, and using its knowledge of the community to help it adhere to public health recommendations.

### ***Communication***

Consistent public health communications build public trust in preparedness and response. Messages must be honest, transparent, and compassionate, and based on science. All sectors need to be on the same page: NGOs, the health sector, public health, government, and the private sector. Instead of issuing directives, communications should be built on two-way conversations that allow authorities to fully understand a community's needs. Communications using the words "we" and "us" are more effective than those focused on "you."

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<sup>23</sup> <https://www.nytimes.com/2020/04/29/podcasts/the-daily/gretchen-whitmer-michigan-protests.html?action=click&module=audio-series-bar&region=header&pgtype=Article>

<sup>24</sup> <https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19>

<sup>25</sup> [https://media.ifrc.org/ifrc/cea\\_covid19\\_response/](https://media.ifrc.org/ifrc/cea_covid19_response/)

Communications should be issued through trusted sources and built on existing systems and past preparedness efforts.<sup>26</sup> During the COVID-19 pandemic, the public trusts scientists and health care workers the most, but that may not be true in all places and under all circumstances.<sup>27</sup> Trusted spokespeople should be identified for every community and armed with valid, up to date communications during an emergency. In marginalized communities that have long standing mistrust issues with the government, specific, trusted interlocutors should be engaged in every community to ensure effective, well received communications. As an example, the Global Polio Eradication Initiative has made a concerted effort to identify trusted community members, ranging from community health workers, to religious leaders, to pharmacists – all working to promote an understanding of polio and vaccination.<sup>28</sup>

There is information overload in the COVID-19 response, with many people getting conflicting messages from different sources. Communities may need help sifting through the messages to find reliable sources. For example, each government has different guidelines and responses, but people see different approaches over the media in different countries and want to know why. It is important to convey that government response is driven by science and to explain why some responses are different. Mechanisms also need to be developed to ensure information is coming from a valid source and that rumors are squelched. Messages are circulating that claim to be from WHO and governments, but they are fake. People are following and sharing them because they lack understanding and are desperate for ways to protect themselves.

While changes in communications are inevitable in a rapidly evolving emergency situation, they should be supported by clear explanation. The public needs to understand why the message has changed and the rationale needs to be evidence based. It is important to create an atmosphere where it is safe for people to ask questions of health workers and medical professionals, so they have a better understanding of the situation and how to protect themselves.

### Case study: risk communication during the Red Cross Red Crescent Zika response

A key activity within the Red Cross Red Crescent Zika response was monitoring rumors and misinformation in communities about the virus and how it spreads. For example, Panama Red Cross teams found that many pregnant women were too frightened to attend important antenatal appointments because of fears that the Zika virus could be fatal, like HIV or AIDS. These fears came from the fact that Zika, like HIV, could be transmitted through sex. Once the Red Cross knew about this myth, they were able to tackle it by providing communities with the right information

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<sup>26</sup> <https://www.alnap.org/help-library/global-communication-and-community-engagement-response-rcce-strategy-to-covid-19-who>

<sup>27</sup> <https://www.edelman.com/research/trust-2020-spring-update>

<sup>28</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2733260/>

through door-to-door visits, TV, radio and posters; this meant that pregnant women would feel safe to attend their vital pre-birth check-ups.<sup>29</sup>

Access to information and leadership capabilities are different the world over and within communities. Those differences should be taken into account. Someone living in a wealthy country would have access to a variety of information sources while those in low-income countries may only gain information through local sources. Women tend to be the primary caregivers to children, the elderly, and the ill, but their access to information during outbreaks can be severely constrained.<sup>30</sup> Men may, for example, control the family radio and prohibit women from listening to it.

Valid messages can be tailored to meet the needs of local communities. Indigenous groups in Canada, for example, are helping communities find alternative methods to host Spring ceremonies such as through the use of web platforms or holding meetings outdoors, where they can adhere to proper distancing measures.

COVID-19 requires different ways of working to ensure social distancing is maintained. Locales that depended on face to face conversations have shifted to more use of technology, including mobile phones, radio, and television. Community health workers in India have changed from face to face interactions to using phones, radios, and simple screen shots. They also are using digital puppet shows and comic books to reach children and radio to reach remote villages. Even with that shift, it is important to create avenues for dialogue—mechanisms should be developed that allow questions and answer sessions with health workers and other authorities.

### ***Engaging the media***

While technological advances have given people unparalleled access to knowledge and opinions, “that same technology is overwhelming individuals’ ability to find new they consider trustworthy.”<sup>31</sup> The media, both traditional and social, play an important role in either building or destroying trust in emergency preparedness. Mistrust in government grows if it is seen as hindering legitimate media efforts to assess emergency response, a phenomenon that is occurring in many places during the COVID-19 crisis.<sup>32</sup>

As the primary medium through which the public learns about health emergencies and how to protect themselves, mechanisms should be developed to ensure all outlets are transmitting accurate, timely information. The Edelman COVID-19 survey shows that although the media has scored poorly in recent years, trust in traditional media rose 7 percentage points to 69% as people seek reliable information on the pandemic.<sup>33</sup> Trust in social media also rose, but stayed in the low 40’s.<sup>34</sup> Social media also is frequently cited as a source of misinformation,

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<sup>29</sup> <https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2017/12/IFRC-CEA-GUIDE-0612-LR.pdf>

<sup>30</sup> <https://reliefweb.int/report/world/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and>

<sup>31</sup> <https://csreports.aspeninstitute.org/Knight-Commission-TMD/2019/what-is>

<sup>32</sup> <https://www.cjr.org/analysis/coronavirus-press-freedom-crackdown.php>

<sup>33</sup> <https://www.edelman.com/research/trust-2020-spring-update>

<sup>34</sup> Ibid.

especially as it relates to vaccination.<sup>35</sup> While experts call for increased media literacy to combat the problem, others call for social media platforms such as Facebook and Twitter to do more to end misinformation on their sites.<sup>36</sup>

Governments and organizations can enlist the traditional media to help with preparedness, but their constraints need to be understood. Their business model is built on competition with each other based on getting a story first and grabbing a reader's attention. If governments and organizations ask media outlets to work with each other, they still need to be able to survive in the marketplace. Further, the media plays an important watchdog role. That needs to be preserved while they also serve as partners in the name of community service. Training with media partners can help them understand the best ways to communicate during a crisis.

### ***Meeting the needs of the vulnerable***

Creating trust for effective health emergency preparedness and response requires understanding and meeting the needs of all communities. Vulnerable populations are at particular risk. While there are groups of historically vulnerable people, such as the elderly and disabled, there may be others that become vulnerable depending on the nature of the emergency. During the COVID-19 crisis, single parents in the service sector and many health care providers have become vulnerable to disease and economic dislocation.

In some communities that are under significant chronic duress, COVID-19 will not be their top priority. Governments/organizations need to understand the indirect impacts of how COVID-19 is affecting them including their access to food and their mental health. Further, the impact of different emergencies hits communities differently at different times. The COVID-19 pandemic is causing economic and food systems to crumble in some places even before the disease hits. These differences need to be accounted for in building trust for preparedness and response. To provide assurance and meet concrete needs, governments and organizations should address secondary impacts like the socio-economic crisis through social protections for those not getting paid or have lost their livelihoods during the crisis period. They should ensure access to food and water and cash as well as health insurance, disability support, and other crucial social protection instruments. Risk for sexual and gender-based violence and violence against children should be addressed as should mental health issues, including promoting appropriate self-care, psychological first aid, and access to psychosocial and specialized mental health support.

### ***Continuous learning and improvement***

Each emergency provides opportunities for learning for the next one and should be used to build resilience —not only for emergency preparedness, but for stronger primary care systems. Continuous engagement with communities that shows commitment to their long-term health builds trust that will contribute to better preparedness in the future.

Lessons learned from every crisis should be recorded and assimilated into future responses. Infrastructure, both the tangible—facilities, materials, equipment--and the intangible—relationships, communications networks—should be preserved and enhanced to support

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<sup>35</sup> <https://www.nature.com/articles/d41586-018-07034-4>

<sup>36</sup> <https://www.csis.org/countering-misinformation-lessons-public-health> and <https://www.fastcompany.com/90410159/i-study-vaccine-misinformation-big-tech-must-do-more-to-fight-it>

better health care before, during, and after emergencies. Further, attitudes in communities are constantly evolving and should be frequently assessed.

### Measuring trust at the community level

Metrics should be developed to measure trust at the community level to help ensure that local needs are being met and responded to. The current lack of such a metric to measure trust at the community level was raised as a critical and cross-cutting issue during the consultations that took place for this report. Ground Truth Solutions identified this as an important opportunity for immediate collaboration. A small working group of interested participants will take on this challenge and work together to define an indicator to measure trust at the community level. The proposed indicator would be a composite index based on competence (the extent to which people consider that their priority health needs are met), access to relevant and timely information, the fairness of health care provision, and long-term prospects for good health and well-being (Sustainable Development Goal 3). This approach can be informed by the data from the Edelman Trust Barometer, which bases its analysis on the way people see organizations' or institutions' competence, on the one hand, and ethics or values, on the other. Such an index then could be presented to donors, policymakers, and implementing agencies as 'responsive' approach that directly responds to the felt needs of affected people – from preparedness to action.

## Recommendations

The below recommendations should be studied and applied in combination with the values and strategies that were outlined previously. They should be understood as part of a package to guide leaders at all levels, from those at the government and community levels to those leading businesses, civil society, and international organizations.

*Recommendation 1:* Promote the centrality of trust. Create the preconditions for trustful relationships and develop strategies for engagement with all stakeholders.

Trust is essential to all relationships and to well-functioning institutions. Trust enables access to communities and builds effective partnerships. Focus on ethical, effective, humble, and transparent leadership. Support and invest in building cultures and organizations that enhance the safety and well-being of citizens and the trust of the wider community. Embrace a culture of ethical practice that places personal and institutional accountability at the heart all work.

*Recommendation 2:* Foster Collaborative leadership.

Leaders need to pay particular attention to working effectively with partners and communities. They should appreciate and encourage more community engagement<sup>37</sup> in health emergency preparedness through concerted coordination and investments. Community should be defined broadly to include civil society, business, and social networks. These formal commitments would ensure long-term and sustainable progress that would foster trust through balancing and understanding needs and expectations and enabling informed decision-making at all levels from the policy level to the individual.

*Recommendation 3:* Carry out frequent vulnerability assessments to strengthen community engagement

Governments and civil society organizations need to assess vulnerability before, during and after a crisis. Those on the edge of potential hardship can be identified and cared for if they are identified in advance of destabilizing events. Leaders should instigate continuous needs assessment through dialogue with communities and provide them with the tools to protect themselves.<sup>38</sup> Understand how a crisis is affecting individual communities; for some under chronic duress, the current crisis may not be their top priority. The economic and social impacts of an emergency may be more immediate than the health concerns.

*Recommendation 4:* Appeal to the responsibility of citizens and promote society engagement.

Create circumstances for an open dialogue with community members for the planning and implementation of preparedness and response strategies. Disseminate honest,

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<sup>37</sup> Community Engagement Minimum Quality Standards and Indicators – recently finalized interagency guidance that are meant to serve as a guide for stakeholders (governments, implementing agencies, civil society partners) to establish an enabling CE environment, in which community engagement is intentional, structured and at the core of sustainable development progress, as well as humanitarian action and outbreak response. [https://www.unicef.org/mena/media/8401/file/19218\\_MinimumQuality-Report\\_v07\\_RC\\_002.pdf.pdf](https://www.unicef.org/mena/media/8401/file/19218_MinimumQuality-Report_v07_RC_002.pdf.pdf)

<sup>38</sup> Based on an article from A. David Napier in Anthropology today, June 2020-vol36-n.3



compassionate, transparent and actionable information, based on science. Show integrity and transparency in community dialogue mechanisms. Improve channels for communities to share concerns or comments in ways that prioritize feedback loops and are safe and confidential. Encourage and welcome citizens who contribute to the preparedness and well-being of their own neighborhoods and communities in close cooperation with government and civil society

*Recommendation 5:* Consult, Adapt, and Communicate – timely, transparently, and consistently.

Identify trusted spokespeople to speak to, and on behalf of, their community. Communities are diverse and different people may be trusted by different community members. Presumptions cannot be made about who is most trusted and the identification of spokespeople should be done carefully, in partnership with the community. Spokespeople should be provided with up to date communications to share in ways that are culturally appropriate for the context and supported to raise concerns and echo the community's voice to key stakeholders, making sure that their needs and concerns are understood and addressed. Communication platforms should allow for two-way communication, fostering community participation and ownership of actions that communities can take for themselves. Ensure that information is coming from a trusted source; that rumors, myths and misinformation are halted; and that stigma<sup>39</sup> is addressed/combated. Actively enlist both traditional and social media to help with preparedness.

*Recommendation 6:* Establish accountability mechanisms at all levels.

Robust systems to monitor and ensure accountability must be built into all levels of health emergency preparedness. Such mechanisms safeguard against mismanagement, inaction, and corruption, allowing progress to be tracked, weaknesses to be addressed, and best practices leveraged. Through this, populations are empowered to speak up and guide preparedness efforts - a prerequisite for community trust in the institutional response to health emergencies. This requires the development of mechanisms from the local to national level to track program design, implementation, monitoring and evaluation, social accountability, community engagement and community feedback mechanisms. These require intentional and systemic stakeholder investments, including institutional strengthening, workforce and volunteer expansion and capacity development; data collection, analysis and use for decision-making at all levels (from decision-makers to community level); and financing and budgeting, including stakeholder investments and tracking of allocations and expenditures.

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<sup>39</sup> "Social stigma associated with COVID-19" [https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?sfvrsn=226180f4\\_2](https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf?sfvrsn=226180f4_2)

## Conclusion

### **Building trust within and across communities**

Mutual trust among the public, governments, civil society, business, and the media is the cornerstone of health emergency preparedness. Rather than being an afterthought, building trust requires overt and intentional community engagement and accountability grounded in real actions along with evidence-based, open communications from trusted sources in every context. Trust is a process that must be deliberately attended to and included at the core of all systems. This takes time. When considering how to increase trust, contextual factors, including existing inequities, culture and levels of inequality in a community, are critical considerations. Building trust requires bold, inclusive leadership, starting with government officials and extending to partnerships that can create a full societal response to any potential crisis.

## Appendices

### Appendix 1: Participants in IFRC and UNICEF the Consultation on Building Trust Within and Across Communities for Health Emergency Preparedness

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### Appendix 3: Additional Resources

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- UNICEF, July 2019. [Interagency Community Engagement Minimum Standards and Indicators](#)