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Multi-sectoral Risk Communication and Community Engagement Strategic Framework for Ethiopia: A Mixed-Method Policy Analysis

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Research Article

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Abstract

Background

Despite its crucial role in effective emergency management, persistent gaps in coordinated communication, rumor and misinformation management, and meaningful community engagement underscore the urgent need for a structured, institutionalized, and sustainable risk communication and community engagement framework to achieve national health security.

Objectives

This paper aims to guide the implementation of RCCE interventions through a one-health approach and ensure participatory and inclusive engagement of communities and stakeholders.

Methods

A mixed-methods policy analysis was employed to develop this RCCE strategic framework. Comprehensive situational and SWOT analyses were performed to assess the RCCE landscape and identify key internal and external factors influencing RCCE implementation. Findings were synthesized using a thematic framework approach to inform strategic priorities.

Results

The analysis identified key gaps in RCCE, including weak coordination, limited infodemic management, inadequate human resources, and insufficient community engagement. Opportunities such as expanding digital platforms, strong policy commitment, and existing community structures/networks were identified. Thus, a multi-sectoral RCCE strategic framework was developed, comprising three strategic objectives: (1) strengthening RCCE systems, (2) enhancing risk communication for informed decision-making, and (3) building resilient communities for health emergency management. The framework integrates a one-health approach and aligns with health security priorities.

Conclusions

This paper presents an RCCE strategic framework for Ethiopia, supports a shift from reactive emergency response to proactive community resilience, and provides a scalable model to strengthen RCCE and enhance global health security through community-centered approaches.

1. Introduction

Public health emergencies, including natural disasters, continue to pose significant threats to global and national health security and development. Ethiopia has faced a series of consecutive public health challenges that have imposed burdens on emergency preparedness, responses, and financing systems (1–3). Despite investments in preparedness, many countries continue to face persistent challenges in effectively engaging communities, managing misinformation, and fostering public trust during crises (4).

The recurrence of public health emergencies underscores the critical importance of effective Risk Communication and Community Engagement (RCCE) as an integral component of the Public Health Emergency Management (PHEM) system in the country (5). In the PHEM system, RCCE is increasingly recognized as a crucial component of effective emergency response. It has been marked by significant adaptations to the changing landscape of public health emergencies, technological advancements, and an increasing emphasis on community-centered approaches (6–8) .

In 2005, RCCE became an integral component of the International Health Regulations (IHR 2005) core capacities and the Global Health Security Agenda (GHSA) in 2014, highlighting its bridging role in building resilient public health systems. The establishment of the RCCE Collective Service by the International Federation of Red Cross and Crescent/IFRC/, the United Nations Children's Fund /UNICEF/, and the World Health Organization /WHO/ in 2020 further solidified the importance of coordinated RCCE efforts in health emergency management (9, 10).

Historically, risk communication was largely characterized by top-down, one-way dissemination of information from experts to the public. However, crises such as the SARS outbreak (2003), H1N1 pandemic (2009), and the Ebola outbreak (2014–2016) have prompted the integration of risk communication and community engagement. Moreover, the COVID-19 pandemic (2020–2023) demonstrates that RCCE fosters community trust and improves the uptake of health information and interventions. These events have indicated that RCCE is a dynamic and essential component of public health emergency management, combining traditional communication methods with modern technologies to address diverse sociocultural contexts (5, 7, 11). Despite these lessons, existing RCCE approaches remain predominantly reactive and response-oriented, with limited emphasis on multi-sectoral, strategic preparedness and long-term resilience (7, 9).

The Ethiopian Public Health Institute (EPHI) is playing a key role in institutionalizing RCCE within Ethiopia's PHEM system by integrating risk communication and community engagement into all phases of PHEM. However, recent experiences, most notably the COVID-19 pandemic, cholera outbreaks, and recurrent zoonotic and climate-induced emergencies, have revealed persistent gaps in coordinated communication, rumor management, and effective community engagement. In many instances, delayed information flow, dis(mis)information, and limited community participation have undermined public trust and weakened compliance with preventive and control measures (7, 12).

These challenges highlight the need for a well-structured, institutionalized, and sustainable RCCE system capable of ensuring that accurate, consistent, and culturally appropriate messages reach diverse audiences, including disability and gender integration. Moreover, effective community engagement

fosters trust, transparency, and social cohesion, core determinants of resilience during health emergencies. The absence of a unified RCCE framework has often led to fragmented interventions, duplication of efforts, and inconsistent messaging across sectors and the health administrative levels (3, 13).

To address these challenges, it is necessary to develop a multi-sectoral, multi-hazard RCCE strategic framework aligned with national and global commitments. Hence, this paper aims to present and analyze an RCCE strategic framework designed to transition from reactive emergency response toward a proactive, well-planned and coordinated approach. The framework emphasizes an inclusive approach, where communication, coordination, and community participation are institutionalized as part of emergency management cycles, which contributes to strengthening RCCE systems in similar settings.

2. Methods

2.1. Framework Development Approaches

A mixed-methods policy analysis design was employed to develop this strategic framework, which integrates qualitative methods with a systematic review of relevant documents.

2.2. Data Sources and Collection

Data were collected through a systematic review of documents, including the International Health Regulations (2005), the Health Sector Transformation Plan II (HSTP II), the National Action Plan for Health Security (NAPHS), national strategic documents, RCCE guidelines, operational reports, and lessons learned in RCCE implementation. The overall RCCE system, including institutional capacities, enabling environments, and implementation experiences, has been recognized. Moreover, inputs from key stakeholders' consultations, such as national and sub-national experts from the health sector and partners, were used to validate synthesized findings and ensure their relevance.

2.2.1. Situational Analysis

Situational analysis was conducted through different thematic areas to assess the existing RCCE system. The thematic areas include policy and legal framework, media context analysis, staffing and structures, digitalization, community engagement, coordination and collaboration, and cross-border RCCE.

2.2.2. Stakeholder Consultation

Key stakeholders, such as health, animal, environment, meteorology, media, and partners, were invited and engaged through workshops and consultations. The inputs focused on identifying current practices, key challenges, and priority areas for strengthening RCCE systems.

2.2.3. SWOT Analysis

A SWOT analysis was conducted to identify Strengths, Weaknesses, Opportunities and Threats related to RCCE implementation. Internal strengths and weaknesses, as well as external opportunities and threats that facilitate or pose barriers to RCCE, were systematically mapped out. This helped in understanding the enabling factors as well as threats.

2.3. Data Analysis

Thematic synthesis was used to analyze the data collected. The results from situational analysis, stakeholder consultations, and SWOT analysis were triangulated, then organized and categorized into thematic areas that guided objectives and directions, major intervention areas, modalities of implementation, monitoring and evaluation, among others.

2.4. Ethical Considerations

Secondary data was sourced from publicly available documents. Consultations were done voluntarily, and no identifiers were collected.

3. Results

3.1. Situational Analysis

Although foundational RCCE structures exist in Ethiopia, the situational analysis findings showed that significant gaps remain. Gaps such as the absence of standardized guidance for social media use, insufficient workforce capacity at subnational levels, limited digital integration and connectivity, inconsistent and fragmented community engagement, weak multisectoral coordination and data sharing, and inadequate cross-border information exchange and One Health collaboration for timely and effective emergency response have been identified (Table 1).

Table 1

Risk communication and community engagement situation analysis in Ethiopia, November 2025

Area	Summary of the findings
Policy and Legal Framework	The International Health Regulations (IHR 2005), the Sustainable Development Goals (SDGs), and Ethiopia's Health Sector Transformation Plan II recognize RCCE as essential components of public health emergency preparedness and response. In line with these frameworks, the EPHI, established under Council of Ministers Regulation No. 301/2013, is mandated to coordinate PHEM, including surveillance, early warning systems, preparedness planning, and multisectoral outbreak response coordination.
Media context analysis	Media plays a critical role in informing health information, engaging communities during public health emergencies, and influencing behavioral change. In Ethiopia, both mass media and social media are widely used communication channels for disseminating timely and accurate public health information. However, challenges remain, including limited guidance on the effective use of social media for risk communication, prompting EPHI to develop communication guides and information disclosure protocols.
Staffing and Structures	EPHI plays a coordination role at the national level, while sub-national structures lead and implement RCCE activities through their health systems and public relations units. The presence of functional national and regional hotlines also supports RCCE implementation. However, limited staffing, particularly at local levels, remains a major challenge affecting the effectiveness and sustainability of RCCE interventions.
Digitalization	Digital transformation is increasingly strengthening RCCE in Ethiopia by improving timely access to accurate health information and supporting emergency response through tools such as Epidemic Intelligence from Open Sources (EIOS), Integrated Call Management System (ICMS), and U-report. These systems improve efficiency, reach, and responsiveness during outbreaks and public health emergencies. However, challenges remain, including limited digitalization of RCCE activities, weak internet and mobile coverage in remote areas, and gaps in infodemic management and community feedback systems.
Community engagement	The Ministry of Health and EPHI, with stakeholders, implement community engagement activities across all administrative levels, supported at the kebele level by health extension workers and community-based actors such as village health leaders, religious leaders, schools, and volunteers. Community members used the hotlines to provide feedback and access health information. However, community engagement at the ground level during emergency management remains suboptimal and uneven across different regions.
Coordination and Collaboration	Ethiopia has established several multisectoral coordination platforms, including the National Health Security Council, National One Health Steering Committee, PHEM forums, Incident Management Systems, Regional One Health Task Forces, and RCCE Technical Working Groups to strengthen public health response. However, challenges remain, including weak communication systems, limited vertical and horizontal data sharing, and insufficient local resource mobilization.
Cross-border RCCE	Addressing public health emergencies requires strong cross-border RCCE activities and coordination due to frequent population movement and shared public health risks, as disease has no boundary. The EPHI is working with neighboring countries to enhance communication and collaboration on outbreaks. However, there is a gap in ensuring timely information sharing, disseminating tailored messages, and limited One Health collaboration, highlighting the need to strengthen cross-border RCCE systems.

3.2. Stakeholder consultations

Key stakeholders from relevant sectors and administrative levels were consulted through meetings to gather insights on current practices, achievements, challenges, and priority needs. Stakeholders highlighted the need for localized communication strategies that reflect community contexts and cultural diversity. They emphasized strengthening rumour management systems, enhancing trust through transparency, and promoting community participation as essential components of effective RCCE. In addition, workforce gaps at the subnational levels were indicated as a priority issue in RCCE. Furthermore, the participants highlighted gaps in proactive RCCE systems, including inclusive, participatory RCCE approaches and mapped, ready-to-use community platforms, networks, and structures.

3.3. SWOT Analysis

SWOT analysis revealed the presence of community networks, various communication channels, and digital platforms as strengths to RCCE implementation. However, weaknesses, such as human resource constraints, insufficient monitoring systems and mechanisms, and limited coordination, were identified. Opportunities, such as growing digital infrastructure and supporting policy, and threats like misinformation, low health literacy, and new and emerging health risks, were highlighted in the SWOT analysis (Table 2).

Table 2
Risk communication and community engagement SWOT analysis in Ethiopia, November 2025

STRENGTH	WEAKNESS
• Integrated RCCE as a strategic pillar within the National One Health platform **• Use of multiple communication channels** **• Presence of digital systems such as ICMS and EIOS** **• Existence of community structures, HEWs, volunteers, and social networks** **• Continuous RCCE capacity building for health workers, media personnel, and community actors**	**• No comprehensive digitized RCCE system** **• Limited human, institutional, and financial capacity** **• Weak monitoring and evaluation systems** **• Limited social and behavioral outcomes tracking** **• Insufficient subnational RCCE structures** **• Poor coordination and collaboration among stakeholders** **• Limited inclusivity of gender, disability, vulnerable and hard-to-reach groups**
OPPORTUNITY	**THREAT**
• Diverse media outlets and multilingual platforms • Expanding ICT infrastructure and increasing mobile and digital media use • Supportive policies and health system reforms • Growing public demand for health information and participation in RCCE • Government commitment to digital transformation and RCCE recognition	• Climate change and its effect on health • Emerging and re-emerging diseases • Inadequate budget • Epidemiologic shift in disease etiology • The occurrence of multiple outbreaks • Low levels of health literacy • Limited internet and mobile network connectivity in remote areas • Misinformation and disinformation • Informal border crossing with different countries

3.4. Development of RCCE Strategic Framework

Following the SWOT, Stakeholders, and situational analysis, a multi-sectoral RCCE strategic framework was developed. First, a unified vision, mission, and overarching goal were clearly articulated to guide the strategic objectives and directions of RCCE interventions. The vision emphasizes the creation of an informed, engaged, empowered, inclusive, and resilient community capable of responding to public health emergencies. The mission focuses on strengthening risk communication and community engagement through inclusive and evidence-based approaches that foster trust, collaboration, and proactive participation, while ensuring the timely dissemination of accurate and tailored information to all populations. The overarching goal of the framework is to guide the implementation of RCCE

interventions that empower individuals, families, and communities to implement preventive behaviors and appropriate health-seeking practices, thereby contributing to preparedness, prevention, response, and recovery of public health emergencies in Ethiopia.

The framework is structured around three interconnected objectives. The first objective focuses on building robust RCCE systems at national and subnational levels. This strategic objective focuses on establishing strong RCCE structures and multisectoral coordination among government, civil society, media, health, and community actors. The strategy also emphasizes building RCCE capacity through training, resources, and standardized tools, while enhancing digital systems to improve timely, data-driven, and effective risk communication during public health emergencies. Under this strategic objective, five strategic directions have been identified.

The second objective emphasizes enhancing risk communication for informed decision-making. This strategic objective aims to strengthen risk communication during public health emergencies by ensuring messages are evidence-based, theory-driven, tailored, and disseminated through multiple communication channels and approaches. The goal is to empower communities to make informed decisions that mitigate risks and enhance resilience. There are three strategic directions to achieve the expected result of this strategic objective.

The third objective aims to build a resilient community for health emergency management. This Strategic objective focuses on fostering community resilience and enhancing active engagement in all phases of public health emergency management, including preparedness, prevention, response, and recovery. It encompasses strengthening community capacity, leadership, and ownership in addressing public health emergencies through inclusive, innovative, and sustainable approaches. It focuses on enhancing the multisectoral approach to strengthen community engagement and ensure interventions are tailored to the community's unique needs. Under this strategic objective, three strategic directions (SDs) were developed to achieve the expected outcome.

Those strategic objectives mentioned above represent high-level statements designed to achieve the overall goal of the RCCE framework across national and subnational levels. Each strategic objective is further operationalized through strategic directions that guide priority actions and interventions. Hence, the strategic objectives and their respective strategic directions provide a consolidated and comprehensive framework to strengthen RCCE systems across the country and transition towards proactive, well-planned, coordinated, and resilient RCCE interventions and systems (Fig. 1).

3.5. Implementation arrangements and Modalities

The implementation of this multisectoral and multi-hazard RCCE Strategic framework will be carried out across all levels of the healthcare system, from national to subnational levels. Implementation of the framework will be guided by a One Health approach and coordinated through a multisectoral platform that brings together government sectors, partners, and communities. This collaborative approach will

ensure that RCCE interventions are harmonized, inclusive, gender-sensitive, participatory, sustainable, and responsive to the complex challenges of public health emergencies.

3.6. Anticipated Risks and Mitigation Measures

The operational and environmental risks that could hinder the achievement of its intended objectives were identified. Potential risks, including emerging and re-emerging diseases, inadequate funding, climate change, low community participation, dis(mis)information, and insecurity, were considered limiting factors in implementing the strategic framework. Similarly, appropriate mitigation measures have been incorporated into the framework to minimize their impact and support effective implementation.

4. Discussion

Risk Communication and Community Engagement (RCCE) has evolved significantly in response to changing public health emergencies, technological advancements, and the growing emphasis on community-centered approaches (14). The RCCE strategic framework aligns with key global frameworks, including the Alma-Ata Declaration (1978), IHR (2005), the Global Health Security Agenda (2014), the Shanghai Declaration (2016), and the Sustainable Development Goals (SDGs), all of which emphasize community participation and resilient health systems (10, 14, 15). The establishment of the RCCE Collective Service by IFRC, UNICEF, and WHO in 2020 further strengthened coordinated RCCE efforts globally. (9).

In the national context, the strategic framework is aligned with key national frameworks, including the Health Sector Transformation Plan II (HSTP-II), the National Action Plan for Health Security (NAPHS), and the Health National Adaptation Plan (H-NAP) (1, 16, 17). This alignment strengthens the operationalization and integration of RCCE interventions within the broader health system at both national and subnational levels. In addition, the strategic framework incorporates One Health and multi-hazard approaches to address the interconnected risks posed by human, animal, and environmental health threats, as well as various public health emergencies and disasters, making it a comprehensive framework for use across sectors (18).

The findings of this study highlighted that developing clearly defined strategic objectives provides a structured pathway for strengthening RCCE systems. The three strategic objectives identified are strengthening RCCE systems, enhancing risk communication for informed decision-making, and building resilient communities. These objectives are consistent with RCCE indicators under the International Health Regulations (2005), reinforcing their relevance within global health security priorities (10). Collectively, these strategic objectives contribute to the overall goal of strengthening resilient communities and health systems effectively managing public health emergencies.

The proposed framework also emphasizes the importance of multisectoral collaboration, which is essential to address the complex and interconnected nature of public health emergencies. Effective

RCCE implementation requires coordinated engagement across sectors, including health, agriculture, environment, education, wildlife, and disaster risk management. The integration of stakeholder engagement, community participation, and digital communication systems further strengthens the potential for inclusive and responsive interventions (18, 19). Moreover, the inclusion of monitoring and feedback mechanisms, such as routine data systems and community feedback platforms, is critical for ensuring adaptive and evidence-based implementation (3, 20). Generally, the development of a strategic framework for RCCE is crucial for enhancing community engagement, promoting evidence-based practices, supporting professional development, fostering collaboration, and building trust (8).

Several challenges that may affect the implementation of RCCE programs were identified through comprehensive SWOT analyses and multi-stakeholder consultations. This includes emerging and re-emerging diseases, inadequate funding, climate change and its health impacts, low community participation, the rapid spread of misinformation and disinformation, bureaucratic delays, weak inclusion of gender and hard-to-reach populations, and community resistance. These findings are consistent with broader evidence from similar settings, where systemic and contextual barriers often limit the effectiveness of RCCE interventions (5, 9, 21).

5. Conclusion

The RCCE Strategic Framework serves as a comprehensive approach to strengthen risk communication and community engagement systems to effectively prevent, detect, and respond to public health emergencies. By emphasizing coordinated multisectoral collaboration, community participation, and evidence-based communication, the strategic framework explores important gaps in RCCE systems and supports the development of resilient and empowered communities.

It is recommended to strengthen multisectoral collaboration through a One Health approach and ensure participatory and inclusive engagement of communities and stakeholders. RCCE interventions should also be mainstreamed into other programs and supported by digitalization ecosystems for effective implementation. Overall, this framework contributes to advancing RCCE practice by supporting the transition from reactive communication approaches to proactive, resilience-oriented systems. Its application has important implications for strengthening health security in Ethiopia and other similar settings.

6. Limitations

Although this framework provides valuable insights and presents an RCCE strategic framework that may be useful for similar settings, it has several limitations. First, the analysis relied mainly on secondary data sources. Additionally, stakeholder consultations may have been subject to response bias.

Acronyms and Abbreviations

EIOS	Epidemic Intelligence from Open Source
EPHI	Ethiopian Public Health Institute
HEWs	Health Extension Workers
ICMS	Integrated Call Management System
PHEM	Public Health Emergency Management
RCCE	Risk Communication and Community Engagement
SWOT	Strengths, Weaknesses, Opportunities and Threats
UNICEF	United Nation Children's Fund
WHO	World Health Organization

Declarations

Ethics approval and consent to participate

Not applicable

Consent of publication

Not applicable

Availability of data and materials

The dataset generated and analyzed during the current study is available from the corresponding author upon official request

Competing interests

The authors declared that they have no competing interests

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Authorship contributions

YM and MHB contributed to the study design and methodological approach, data extraction, results synthesis, and manuscript writing. AY, SB, KM, EF, YA, YN, GH, and MA contributed for the development and revision of the manuscript. HS, MW, and MA contributed to study design and provided valuable comments on the draft manuscript.

All authors read and approved the final manuscript

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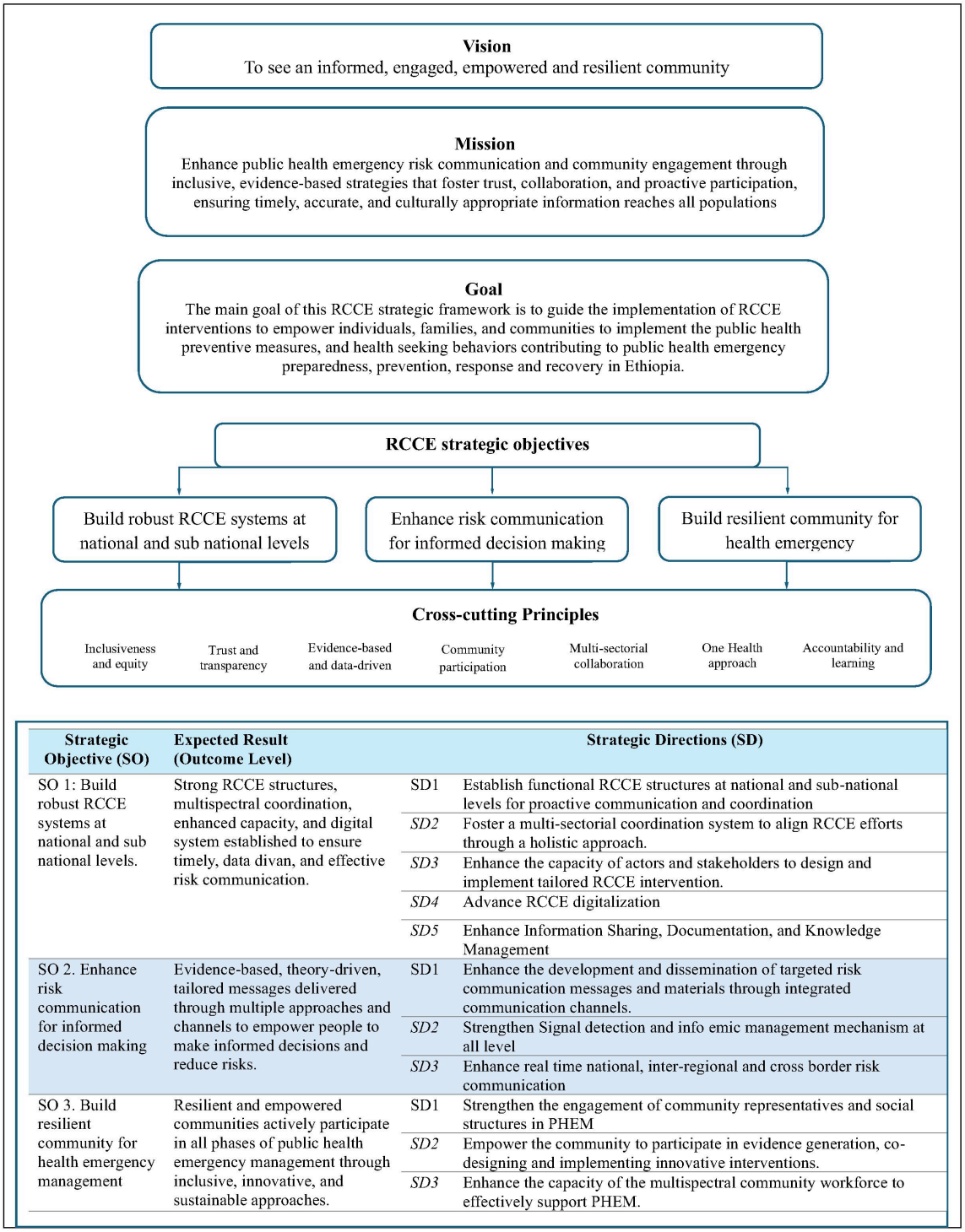
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Figures



Strategic Objective (SO)	Expected Result (Outcome Level)	Strategic Directions (SD)	
SO 1: Build robust RCCE systems at national and sub national levels.	Strong RCCE structures, multispectral coordination, enhanced capacity, and digital system established to ensure timely, data divan, and effective risk communication.	SD1	Establish functional RCCE structures at national and sub-national levels for proactive communication and coordination
		SD2	Foster a multi-sectorial coordination system to align RCCE efforts through a holistic approach.
		SD3	Enhance the capacity of actors and stakeholders to design and implement tailored RCCE intervention.
		SD4	Advance RCCE digitalization
		SD5	Enhance Information Sharing, Documentation, and Knowledge Management
SO 2. Enhance risk communication for informed decision making	Evidence-based, theory-driven, tailored messages delivered through multiple approaches and channels to empower people to make informed decisions and reduce risks.	SD1	Enhance the development and dissemination of targeted risk communication messages and materials through integrated communication channels.
		SD2	Strengthen Signal detection and info emic management mechanism at all level
		SD3	Enhance real time national, inter-regional and cross border risk communication
SO 3. Build resilient community for health emergency management	Resilient and empowered communities actively participate in all phases of public health emergency management through inclusive, innovative, and sustainable approaches.	SD1	Strengthen the engagement of community representatives and social structures in PHEM
		SD2	Empower the community to participate in evidence generation, co-designing and implementing innovative interventions.
		SD3	Enhance the capacity of the multispectral community workforce to effectively support PHEM.

Figure 1

Risk communication and community engagement strategic conceptual framework, November 2025