Introduction to the CapMap tool

Risk communication, community engagement and infodemic management (RCCE-IM) forms an integrated evidence-based discipline that acts as a bridge between the delivery of services and interventions by health authorities and communities' access to them during health emergencies.

Professionals working in RCCE-IM are dedicated to empowering individuals and communities to take informed decisions to protect their health by:

- targeting timely, accurate and actionable health information and advice based on evidence of people's insights;
- engaging community members and stakeholders to co-design and co-deliver effective interventions; and
- monitoring and managing information overloads, false or misleading information, and information voids.

What is the Capability Mapping tool?

The Capability Mapping (CapMap) tool offers RCCE-IM practitioners and teams in the WHO European Region a comprehensive overview of their professional strengths and areas for further development. It does this by asking them to self-assess against capability benchmarks that have been developed by the WHO Regional Office for Europe and reviewed by external experts and academics.

CapMap employs a capability approach to denote a macro-level and flexible method for assessing professional skills within their specific contexts. As such, it acknowledges the diverse realities and interplays experienced by practitioners across various countries within the WHO European Region. Its primary goal is to empower practitioners within health authorities and other stakeholders to pinpoint areas where they can enhance their RCCE-IM capabilities in dynamic scenarios such as those in health emergencies.

How is the tool structured?

CapMap encompasses six subject areas, consisting of 20 domains and 77 subdomains. The six subject areas are:

A. Evidence generation
B. Risk communication
C. Community engagement

D. Infodemic management

E. Capacity-building

F. Operational management

Only three of the six subject areas are capabilities exclusively related to RCCE-IM. The capabilities grouped under Subject areas A, E and F can be used in other evidence-led professional activities. Nonetheless, as they are mission-critical to effective RCCE-IM, it is important to cover them in this tool.

All the six subject areas of RCCE-IM interact and are interdependent to a greater or lesser extent. A document cataloguing the interlinkages between domains and subdomains can be found in the resource library in this application. It is noteworthy that all the capabilities for RCCE-IM are enabled by – and dependent on – the operational and resource management capabilities set out under Subject area F.

The arrangement of domains and subdomains under each subject area reflects the order in which an RCCE-IM practitioner would typically utilize the various capabilities they describe.

So, for example, the capabilities for risk communication are grouped in sequence – B1: Audience segmentation, followed by B2: Content development, and then B3: Content delivery.

Although this ordering is logical and sequential, it should not be seen as prescriptive or suggesting that capabilities must always be used in a particular order, as in certain cases they may need to be applied concurrently.

How to use the tool

The assessment can be conducted at both individual and team levels. Furthermore, multiple teams within an organization or country can also map RCCE-IM capabilities more broadly. This approach allows a comprehensive understanding of capabilities across different levels, facilitating targeted interventions and capacity-building efforts.

When undertaking an assessment, users evaluate their existing capabilities on a scale from 1 to 10, as follows:

1	**Limited capability**	Demonstrates little or no capability in this area; requires substantial learning and experience.
2–3	**Developing capability**	Shows some capability with basic application skills but often requires guidance; recognizes the need for development.
4–6	**Competent capability**	Demonstrates good capability and can act without guidance in most situations; there is scope for further improvement.

| 7–9 | **Advanced capability** | Shows proficient capability in various contexts; there are only minor areas for further refinement. |
| 10 | **Expert capability** | Exhibits exceptional mastery; serves as a role model and mentor. |

They are also asked to specify their target level of proficiency over a chosen period of time, such as in six months or in a year's time.

Users can choose to assess themselves against all, or just some, of the six subject areas. It is important to note that some subject areas leverage capabilities developed in other areas, which illustrates the extent to which they are interconnected and applicable across diverse fields. For instance, expertise in Subject area A: Evidence generation is foundational for interventions across Subject areas B, C and D.

Users who have questions about how to interpret the domains and subdomains or some other aspect of CapMap can email **capmap@who.int** Questions received will be collated by WHO personnel to compile a Frequently Asked Questions page based on them.

Alternatively, if users are part of an RCCE-IM team attached to a health authority or public stakeholder organization, they can conduct assessments at a workshop facilitated by the WHO Regional Office for Europe. If needed, the local WHO Country Office or National Focal Point can request this support on their behalf. A WHO facilitator from the Regional Office can:

- ensure CapMap is set up properly to do a team-wide assessment;
- ensure that users understand all the subject areas, domains and subdomains; and
- help users to interpret and follow up on the assessment.

What does the tool produce?

Upon completion of the assessment, CapMap will generate a visual representation illustrating how users' capabilities align with the capability benchmarks. This visualization will take the form of a radar chart offering an overview of strengths and areas for improvement.

Scores are plotted by CapMap onto the radar chart using the 1–10 scale as follows:

- areas where the practitioner, or team members, have a strong or expert capability are plotted towards the outside circumference of the radar chart
- areas where their competency is more limited are plotted nearer the centre of the chart.

If practitioners rate themselves as expert against every domain and subdomain, their radar chart will be a perfect circle. Areas that are lessstrong or underdeveloped, meanwhile, will show as areas where the radar chart dips inwards. Where several members of a team all do theself-assessment, they first produce individual radar charts; these can then be overlaid onto a single chart, with each individual's capability shown in a different colour. This enables the team leader to see instantly whether the team collectively has strong players in all the key capabilities it needs, or whether there are gaps or areas that may be understrength.

The findings will assist individuals, teams, organizations and countries in establishing priorities when determining their RCCE-IM capacity-building requirements. Results can be used to identify the specific types of intervention and experience needed for the professional development of RCCE-IM users or teams. RCCE-IM practitioners can access various tools for professional development in the resource librarysection of CapMap, including an overview of capacity-building activities offered by the WHO Regional Office for Europe. RCCE-IM teams at national and area level in the WHO European Region can also ask for support on how to follow up on their team self-assessment, through WHO Country Offices or National Focal Points, as required.