Community engagement: a framework for health programmes and services to build trust

Rapid Access Expansion (RAcE) multi-country dissemination meeting, Abuja, October 2017

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Does the world really need another framework?!

How does community engagement link to quality?

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Engaging with communities consistently and at scale remains a challenge for health programmes and planners

1986

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Lessons from community participation in health programmes

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Although primary health care emphasizes community participation and many health care programmes attempt to develop participation, good analysis of these developments is still rare. This paper, based on a review of about 200 case studies, examines some of the lessons for planners which are emerging from experiences of the last decade. These lessons focus on the problems of defining the term 'community participation', of gaining and sustaining broad-based community participation, of failing to recognize the political implications of the concept and of attempting to develop a management model of community participation for health. Based on these lessons, a planning framework is suggested that seeks individual programme answers to three questions: 'Why participation?', 'Who participates?', 'How do they participate?'. The answers to these questions will help to define a programme's objectives and to monitor and evaluate its development.

2016
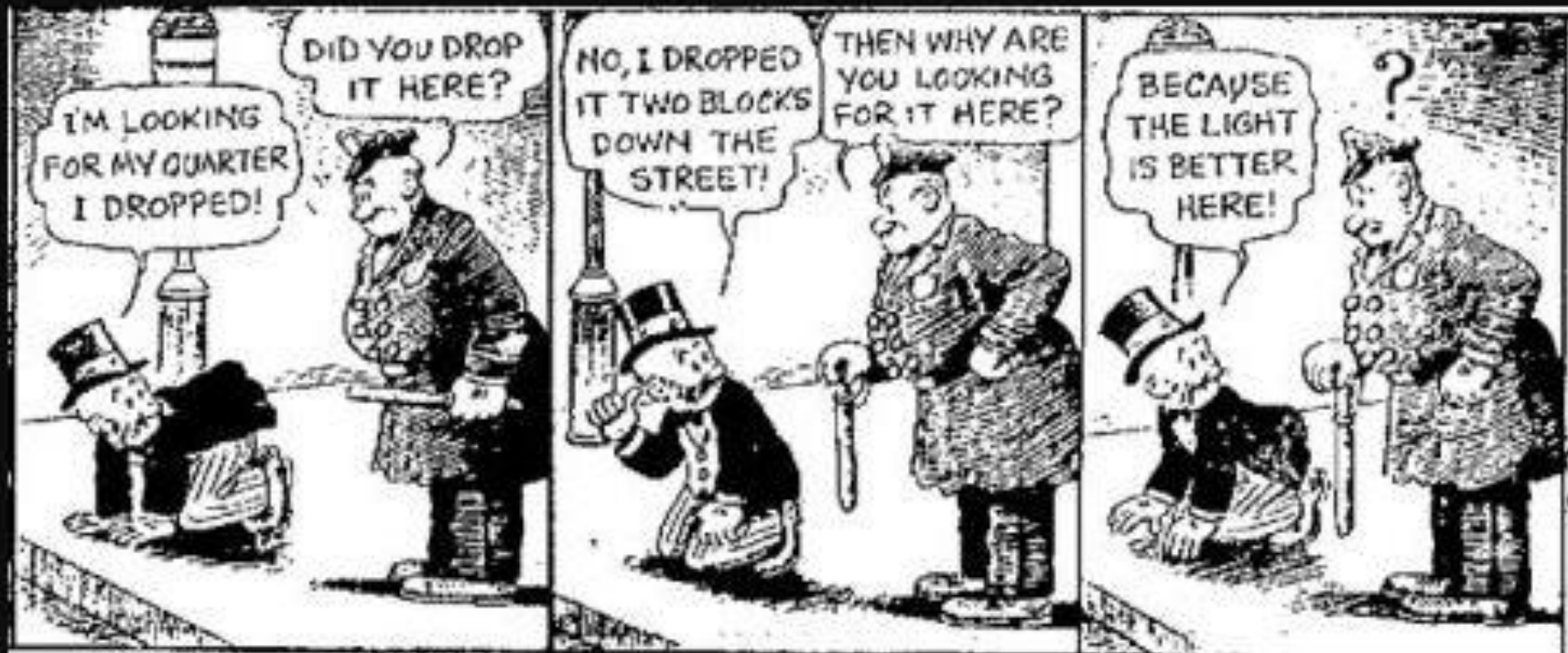
Report of the Ebola Interim Assessment Panel

The Panel is surprised and dismayed by serious gaps in the early months of the outbreak in terms of engaging with communities, some of these gaps still exist in the late phase of the outbreak......

Report of the Ebola Interim Assessment Panel page 20

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Community engagement: are we missing the point?
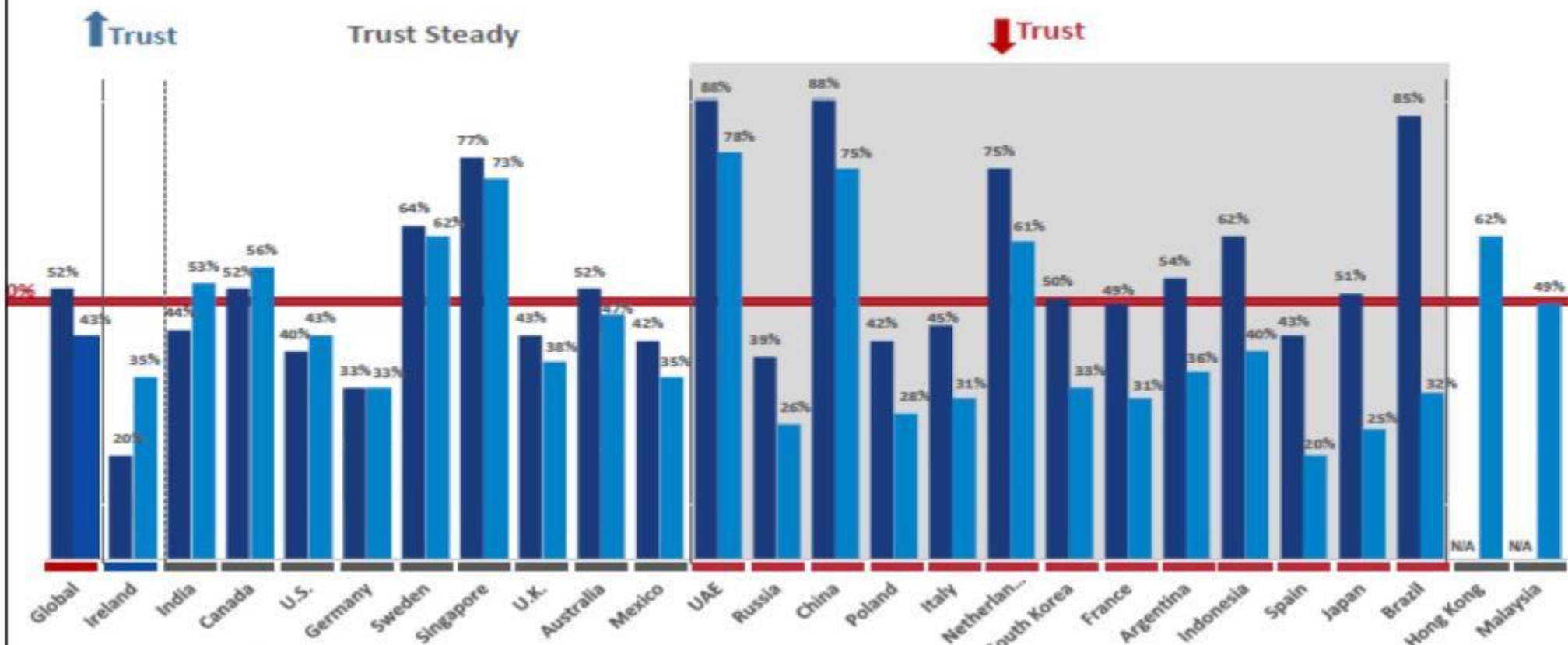
The world has changed

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Majority of countries now distrust government

TRUST IN GOVERNMENT

- 2011 Informed Public
- 2012 Informed Public

↑ Trust   Trust Steady   ↓ Trust

Country	2011	2012
Global	52%	43%
Ireland	20%	35%
India	44%	53%
Canada	52%	56%
U.S.	40%	43%
Germany	33%	33%
Sweden	64%	62%
Singapore	77%	73%
U.K.	43%	38%
Australia	52%	47%
Mexico	42%	35%
UAE	88%	78%
Russia	39%	26%
China	88%	75%
Poland	42%	28%
Italy	45%	31%
Netherlan...	75%	61%
South Korea	50%	33%
France	49%	31%
Argentina	54%	36%
Indonesia	62%	40%
Spain	43%	20%
Japan	51%	25%
Brazil	85%	32%
Hong Kong	N/A	62%
Malaysia	N/A	49%

Q11-14. [Government in General TRACKING] Below is a list of institutions. For each one, please indicate how much you trust that institution to do what is right using a 9-point scale where one means that you "do not trust them at all" and nine means that you "trust them a great deal". (Top 4 Box, Trust) Informed Publics ages 25-64 in 20 country global total (excludes Argentina, Hong Kong, Malaysia, Singapore and UAE) and across 25 countries
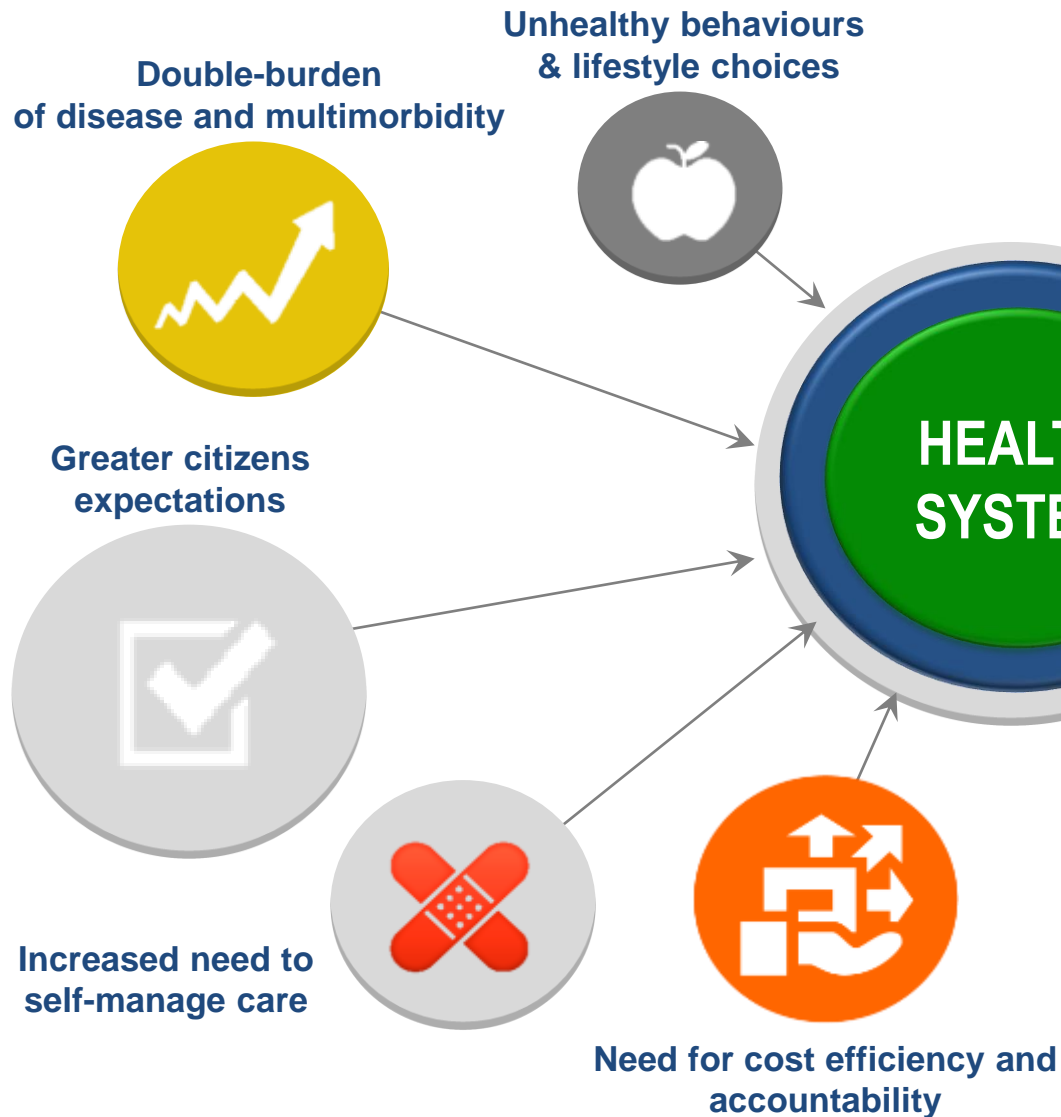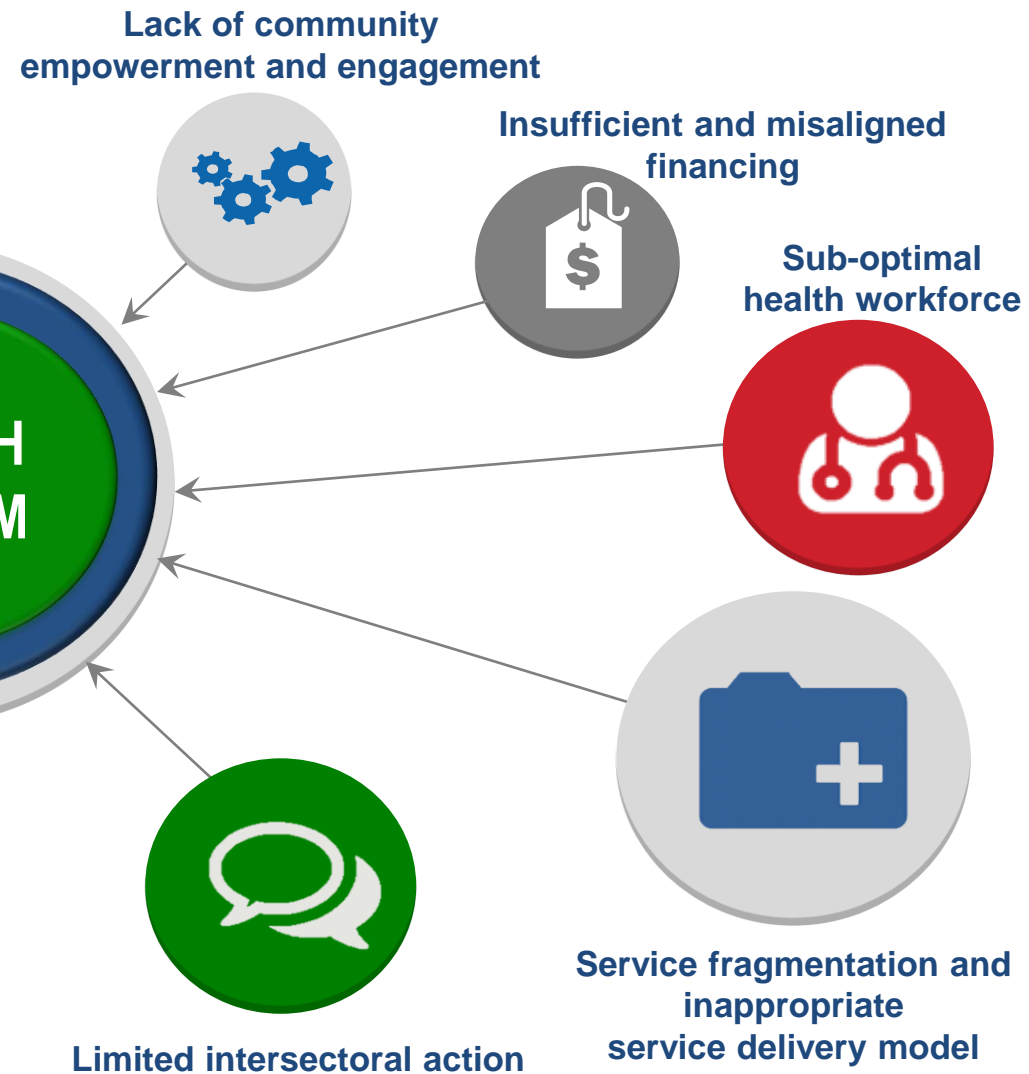
Edelman trustbarometer

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Health systems are challenged

EMERGING DEMANDS

- Double-burden of disease and multimorbidity
- Unhealthy behaviours & lifestyle choices
- Greater citizens expectations
- Increased need to self-manage care
- Need for cost efficiency and accountability

SYSTEM CONSTRAINTS

- Lack of community empowerment and engagement
- Insufficient and misaligned financing
- Sub-optimal health workforce
- Limited intersectoral action
- Service fragmentation and inappropriate service delivery model

HEALTH SYSTEM

Community engagement: why has it become important again?

Engaging with patients, service users, and communities consistently and at scale remains a challenge for national and sub-national health programmes and planners despite ambitious goals and global strategies

- Global Strategy for Women's, Children's and Adolescent's Health, 2016-2030
- Global Vaccine Action Plan (GVAP), 2011-2020
- Global Action Plan for the Prevention and Control of NCDs, 2013-2020
- International Health Regulations (2005)
- Pandemic Influenza Preparedness Framework (PIP)
- Polio Eradication Endgame Strategic Plan 2013-2018
- WHO Framework Convention on Tobacco Control
- WHO Framework on integrated people-centred health Services (IPCHS)

The vision for IPCHS

"All people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient and acceptable; and all carers are motivated, skilled and operate in a supportive environment"

Health professionals are working in complex and difficult conditions

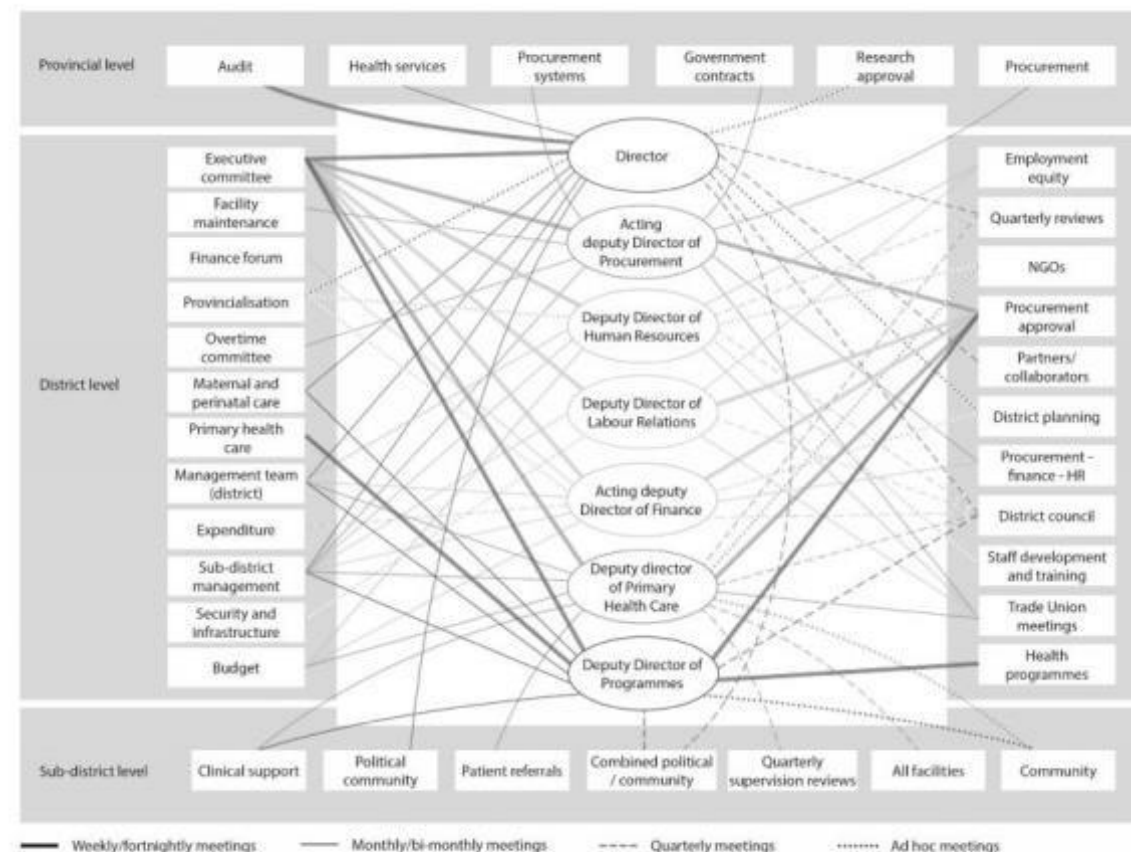Figure 1 PHC facility managers' routine challenges, Mitchell's Plain[31].

Figure 2 Routine meetings, Sedibeng District. HR, human resource; NGOs, non-governmental organisations.

AFRO and HQ: a systematic and structured approach

March 2016

March 2017

Context setting paper for internal and external consultation

AFRO/HQ Framework Development Workshop South Africa

1 Scoping and mapping of community engagement interventions and practices

Literature review → Review of WHO Guidelines (GRADE) → Interviews with 12 WHO programme focal points

2 Commissioning a synthesis of lessons learnt from Ebola

Community, health sector, disciplinary, donor/aid agency, and WHO perspectives

3 Assessing organizational capacities

Survey of health promotion officers in all WHO Country Offices in the African Region

4 Establishing a multidisciplinary and multi-professional network

Assessment and selection of WHO Collaborating Centres and academic institutions

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1. Scoping and mapping of community engagement interventions and practices

Literature review → **Review of WHO Guidelines (GRADE)** → **Interviews with 12 WHO programme focal points**

Key words:
community
community engagement
community participation
community-based care

GRADE
- Grading of Recommendations Assessment, Development and Evaluation.
- Assess quality of a body of evidence, and to develop and report recommendations.
- Clinical trials.

AMSTAR
- A measurement tool for Assessing the Methodological Quality of Systematic Reviews RCTs.
- Checklist of 11 questions.
- Rating score out of 11.
- A well done systematic review assessed with AMSTAR is done when all the items on the checklist have been addressed.

Framework of Questions

1. What does community engagement mean for you and your technical area of work?
2. Describe how you currently apply community engagement in your technical area.
3. What key lessons have you learned from this experience?
4. What have been some of your main successes and challenges/obstacles?
5. What type of CE interventions would you recommend?
6. Would you be interested in joining a CoP on CE who are interested in addressing CE issues through a structured and systematic process?

- **Broad research desk review**
  - Scientific Journals
    - American Journal of Community Psychology
    - Community Mental Health Journal
    - Journal of Community Health
- **Systematic reviews**
- **Single studies**
- **Grey literature**

- **WHO Guidelines**
  - 2009-2016
  - 70 documents
  - 12% relevant interventions
  - TB/HIV/MNCH/Malaria/IVB
  - Challenges and limitations of GRADE

- Emergency response
- Health Promotion
- Humanitarian emergencies
- Immunizations IVB
- Maternal, Child and Adolescent Health
- Mental Health
- Nutrition
- Palliative Care
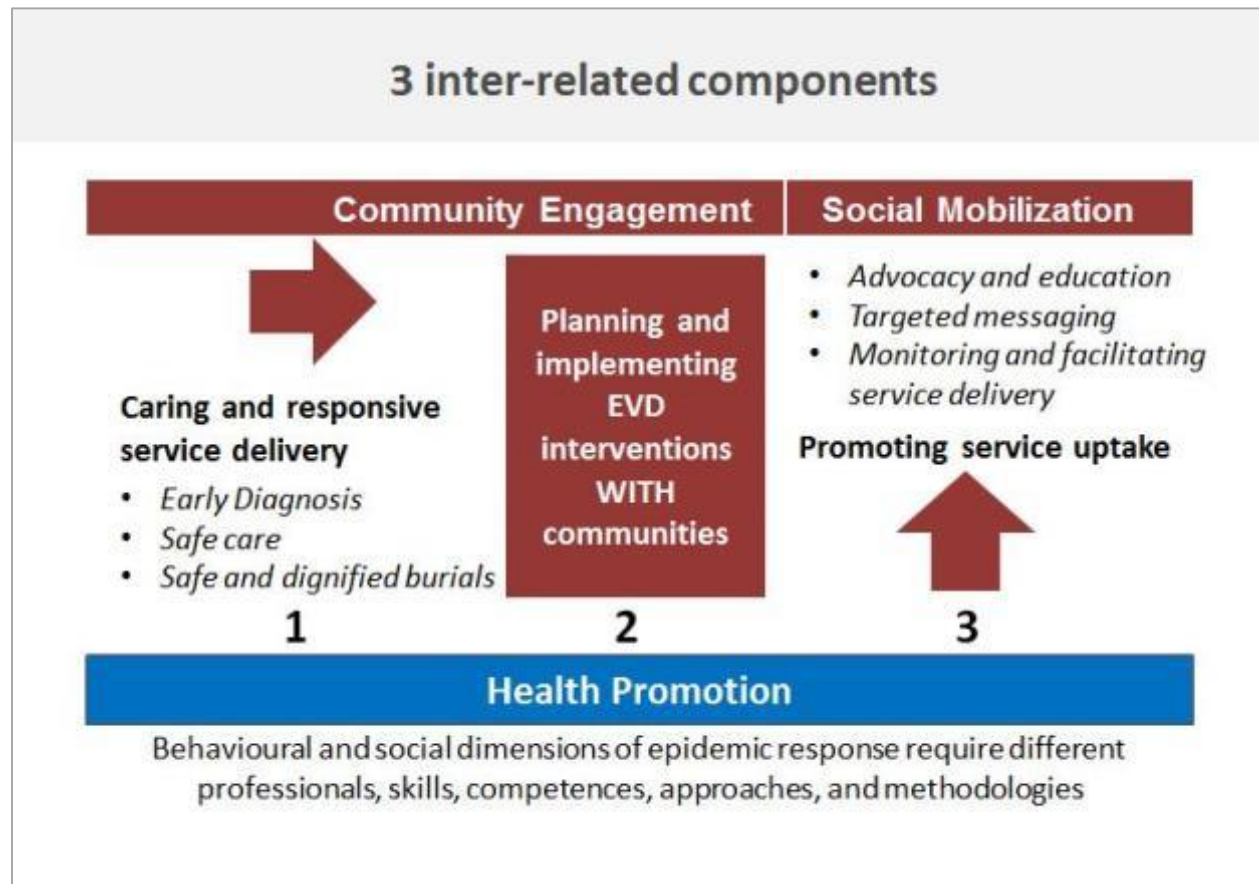- Patient Safety
- Polio
- Social Determinants of Health

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2. Commissioning a synthesis of lessons learnt from Ebola

Community, health sector, disciplinary, donor/aid agency, and WHO perspectives

Community engagement versus social mobilization

3 inter-related components

Community Engagement	Social Mobilization
Caring and responsive service delivery • Early Diagnosis • Safe care • Safe and dignified burials	Planning and implementing EVD interventions WITH communities	• Advocacy and education • Targeted messaging • Monitoring and facilitating service delivery **Promoting service uptake**
1	**2**	**3**

Health Promotion

Behavioural and social dimensions of epidemic response require different professionals, skills, competences, approaches, and methodologies

A synthesis of five important experiences and perspectives to understand the full story:

- Community perspectives
- Health sector perspectives
- Disciplinary perspectives
- Donor/aid agency perspectives
- WHO Organizational perspectives

WHO Collaborating Centre
Work Group for Community Health
and Development, University of
Kansas, U.S.A.
http://communityhealth.ku.edu/

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3. Assessing WHO Organizational capacity to provide technical support to Member States and Partners

Survey of health promotion officers in all WHO Country Offices in the African Region

- On-line survey (42 responses / 47 total)
- Health Promotion Staff
- Assessed :
    - experience & qualifications
    - current work & priorities
    - expectations from WHO, Member States and Partners
    - support needs

4. Establishing a multidisciplinary and multi-professional network

Assessment and selection of WHO Collaborating Centres and academic institutions

- Reviewed database of existing WHO Collaborating Centres
- Shortlisted 16 WHO CCs working on:
  - Community Health
  - Health Promotion
  - Nursing and medical education
  - Community-based research, training, problem-solving
  - Inter-professional Education and Collaborative Practice
  - Mental Health
- Contacted WHO Responsible Officers and Technical Focal Points to determine suitability and capacity to contribute
- Held tele/videoconferences
- Administered survey

The overall conclusion from the WHO scoping review was that a community engagement model that is sufficiently robust does not exist, one that takes into account existing multiple entry points for engaging with communities and which recognizes the relative levels of power, voice, impact and opportunity for knowledge-sharing and relationship-building inside health systems.

- the current design of CE interventions do not take into account that engagement and resiliency are dynamic processes - not states of existence;

- CE research generally ignores the community of health professionals;

- CE research generally focuses on education and information, not on emotions and feelings;

- insufficient attention has been given to the development of engagement processes that support effective sustainability of practices; and

- the CE literature has not sufficiently investigated the impact of trauma histories on the quality of engagement.

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From science (and commonsense) to evidence and policy

1. The lag between scientific research and health research to generate evidence for policy making and intervention design

2. Disciplinary and professional siloes

3. The culture of health systems

AFRO/HQ CE Framework Development Workshop, South Africa, 22-24th March 2017

- Leadership priorities: social determinants of health & transformation agenda
- Wealth of experience: case studies, best practices and lessons learnt in countries
- Requests for technical support from Member States for policy and technical guidance
- Regional expertise through multidisciplinary technical networks of social scientists

Model development group

Framework generation group

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Purpose of the CEQ framework

- Generate evidence to identify a package of engagement interventions specifically tailored for health services and programmes

- Incorporate scientific research from multiple disciplines into intervention selection and design

- Pathway for developing policy options

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A mechanical transmission model of communication forces us to think linear and....

...if we were to compare building health communication capacity to building laboratory capacity...

...we have focused only on giving the **results to the patient**

How we understand communication determines how effectively it is applied in public health

- Communication as a **science** and **discipline**

- Communication as a **profession** *(journalists, PR, marketing, health promotion, advocacy)*

- Communication and the **industries** that profit from it (media, marketing)

- Communication **methodologies**, **strategies**, **tactics**, **tools and channels**
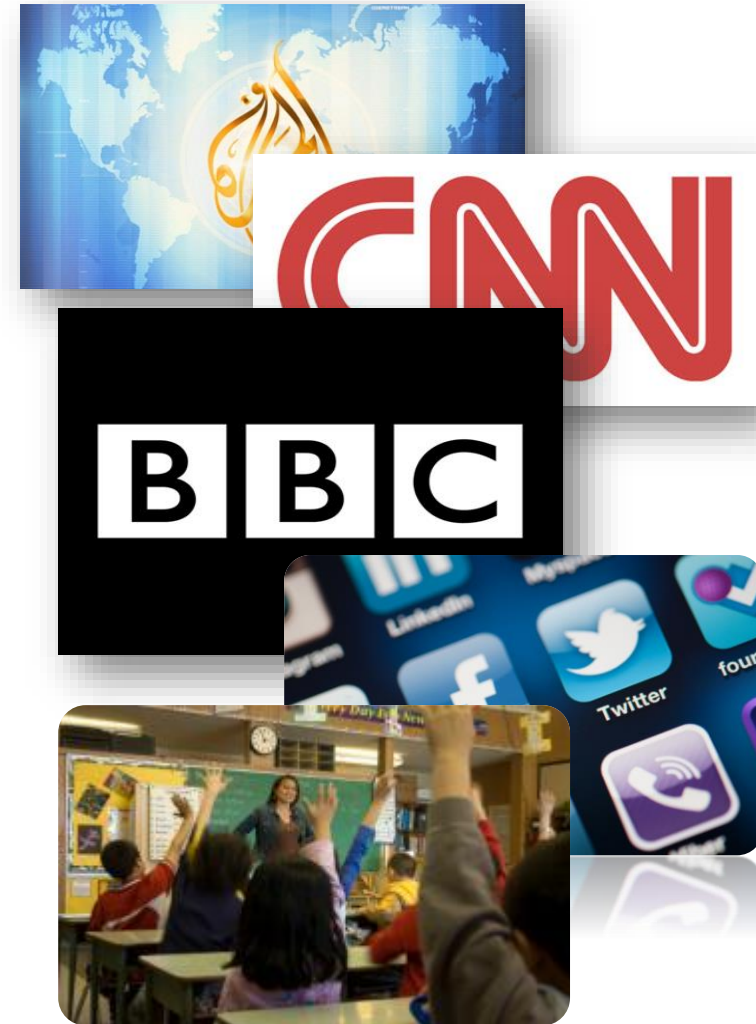
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How we understand human interaction and engagement determines how effectively it is applied in public health

Neuroscience of Human Relationships

2nd edition

Attachment and the Developing Social Brain

Louis Cozolino
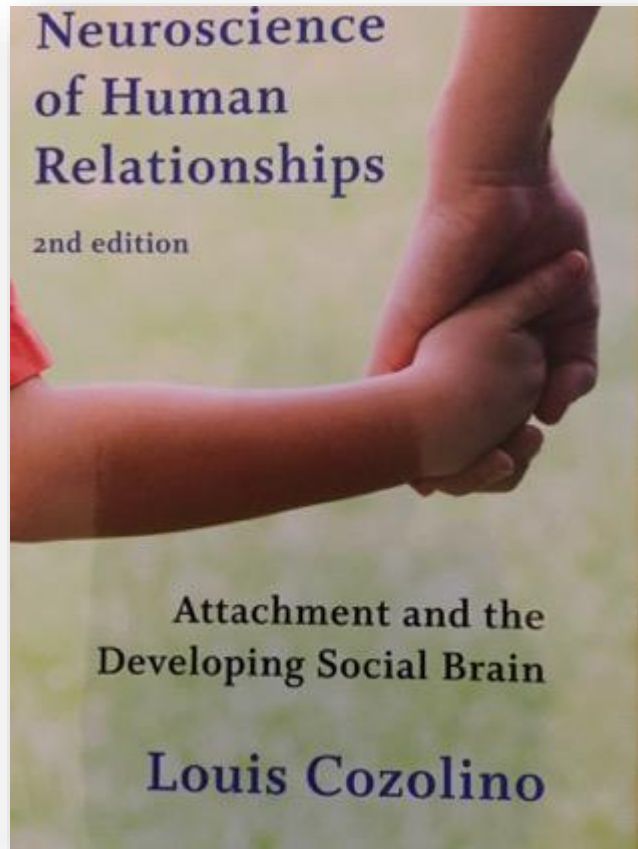
As human beings, we cherish our individuality yet we know that we live in constant relationship to others, and that other people play a significant part in regulating our emotional and social behavior. Although this interdependence is a reality of our existence, we are just beginning to understand that we have evolved as social creatures with interwoven brains and biologies. The human brain itself is a social organ and to truly understand being human, we must understand not only how we as whole people exist with others, but how our brains, themselves, exist in relationship to other brains.

Cozolino, L. (2014). *The neuroscience of human relationships: Attachment and the developing social brain*. (book jacket)

Human communication

- Affects brain structure

- Impacts at the epigenetic level

- New studies suggest it can play a role under some conditions in DNA repair

- Can impact immune function

- Is not an exclusively conscious activity

- Makes connections that defy temporal sequencing

- Is systemic both within and outside of the body

Source: Professor John Parrish-Sprowl

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Neuron to Neighborhood
Synapse to Society

- Engagement is a systemic process
- Resilience arises from flexible, adaptable linkages in the system
- Communication provides the connection in human systems

Community engagement

Human communication and engagement

Human development

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A working definition of community engagement

"Community engagement is a ***process of developing relationships*** that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes"

Caveats :
- Stakeholders comprise of ***multiple communities*** that could include, community members, patients, health professionals, policy makers, and other sectors.
- Desired relationships are characterized by ***respect, trust and purpose***.
- Health-related issues include public health events such as ***emergencies***.

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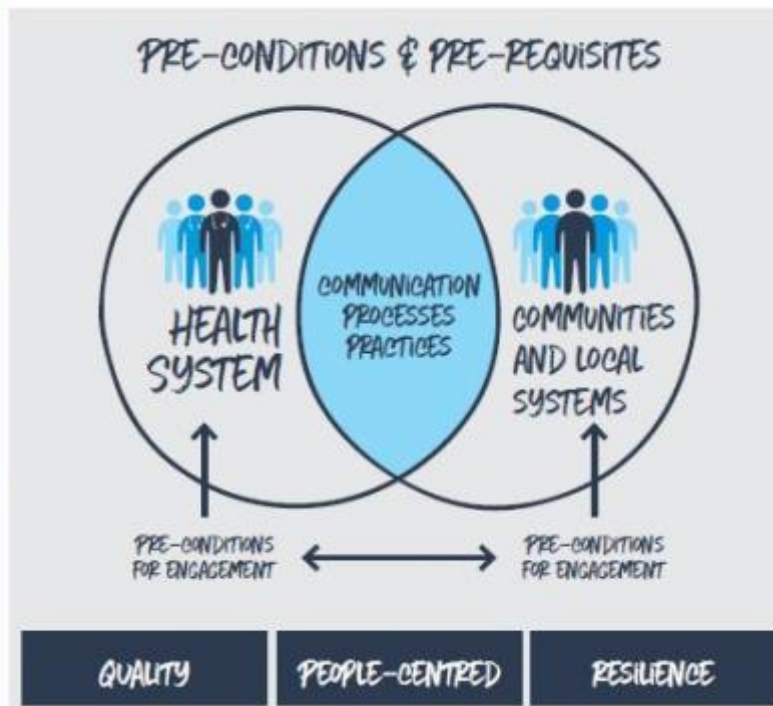
The scope of the community engagement framework

MULTIPLE COMMUNITIES SYSTEMICALLY LINKED

INTERDEPENDENCE

POWER

Shifting attention from demand generation to building relationships with health service users, their families and local communities

Opportunities to build or destroy trust through daily interactions and routine service planning and delivery

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A community engagement framework for health systems to connect with communities for quality, integrated, people-centred and resilient services

	Enabling conditions		Capacity development for implementation		Outcomes
Governance	Leadership				
	Values (trust, respect, caring and teamwork)				
	Shared vision/mission/purpose				
Peace	**Resources**	**A prepared workforce**	**Capacity development**		**Implementation**
	Time	Technical, management and leadership competencies and skills	Shared assessment and analysis of the situation	Context-specific approaches	Policies, clinical and technical guidelines and practice, health care and services across prevention, promotion, curative, rehabilitation and palliation
Democracy	Spaces/platforms/ technology that support participatory processes	Accountability, self-awareness, personal and team responsibility, value-based decision-making, integrity and ethical behavior			
Dialogue	Tools	Interdependence & agency Empathy, compassion, receptive states	Shared agenda-setting and planning	Defined roles and responsibilities	Participatory monitoring and evaluation (feedback loop)
Participation	Skills and practices in communicating and connecting	Coordination (collaborative and systemic thinking and action)			Continuous quality improvement (co-adaptation and implementation)

Outcomes column: **Changed conditions and systems**; **Improved outcomes**

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What is the core essence of the community engagement framework for quality, people-centred and resilient health services?

## ENGAGEMENT KNOWLEDGE, SKILLS AND COMPETENCIES

Reflective, reflexive practitioners able to engage with compassion and empathy and respond to the needs and preferences of patients, service users and their families

Managers able to embed and sustain core engagement skills, methods and tools into: a) job functions; b) team work/project management; and c) service/programmatic decision-making

Value-based, relationship-driven leadership able to create and maintain an organizational culture that readies and equips the health work force for internal and external engagement, coordination and collaboration

You	I
Me	WE
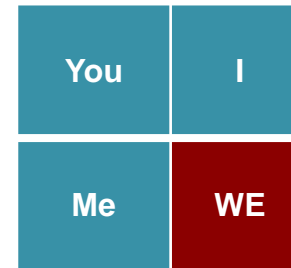
Health services prepared and ready to engage with communities

- Know and manage self
- Understand and manage group processes
- Design context-specific and tailored interventions and strategies
- Co-production of health and well-being

Health professionals able to build and sustain trustful and respectful relationships

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How can the CEQ framework be used?

- As a diagnostic tool to assess "community-competence" of services and programmes

- To collate existing best practices and case studies in a way that is holistic, coherent and integrated

- To build up a menu of evidence-based interventions that countries and programmes can use to improve service quality and performance

A community engagement framework for health systems to connect with communities for quality, integrated, people-centred and resilient services

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Adapting and testing the CE framework through programmatic entry points and technical interventions beginning with AFRO

WHO COMMUNITY ENGAGEMENT FRAMEWORK FOR QUALITY, PEOPLE-CENTRED AND RESILIENT HEALTH SERVICES

Emergencies

Immunization

Malaria

Maternal, neonatal, child and adolescent health

Programmatic needs, concerns and issues

Structural and systems issues

Empowering health professionals to shift mind-sets, attitudes and Practices

&

Creating the enabling environment in health systems to facilitate and sustain transformative changes

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http://www.who.int/servicedeliverysafety/areas/qhc/community-engagement/en/

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