

The WHO community engagement framework and experiences from Rwanda

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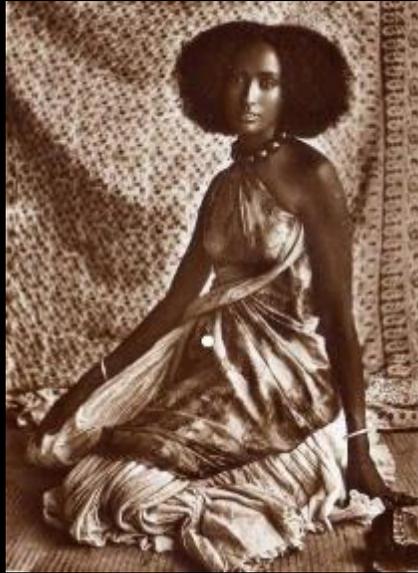
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Community engagement: A concept in search of a definition

WHA A69/39 WHO framework on integrated people-centred health services (IPCHS) - Adopted by WHO Member States in 2016

“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”



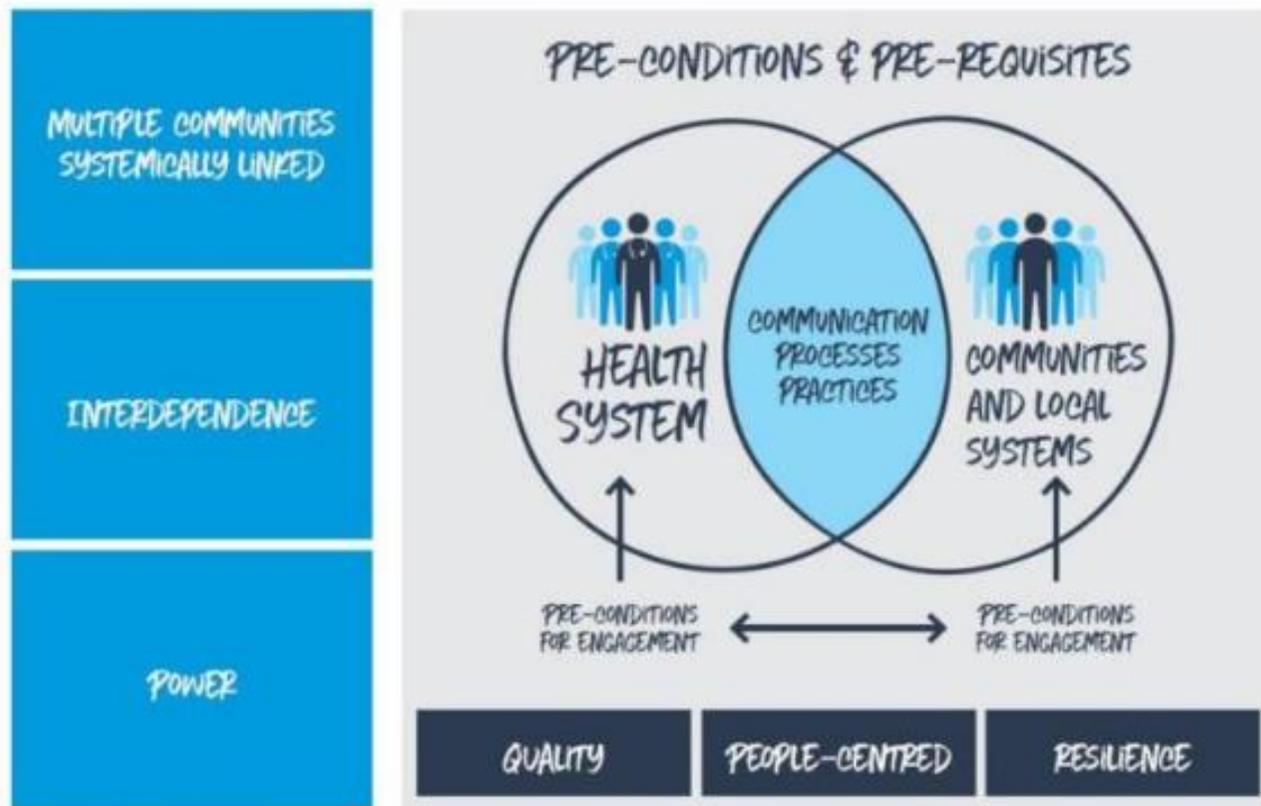
A community engagement model that is sufficiently robust does not exist that takes into account *multiple entry points* for engaging with communities. One that recognizes and connects the *relative levels of power, voice, impact and opportunity* for *knowledge-sharing* and *relationship-building* inside health systems, between health systems and communities, and within communities



- Current CE research generally ignores the community of health professionals
- CE research generally focuses on education and information - not on emotions and feeling
- insufficient attention has been given to the development of engagement processes that support effective sustainability of practices
- the CE literature has not sufficiently investigated the impact of trauma histories on the quality of engagement

The scope and context of community engagement for quality, people-centred and (resilient health services (CEQ

A diagram to illustrate the scope of the CEQ framework



- Health systems are not
 - gender-neutral
 - without culture(s)
- Health systems are living human systems with multiple interrelated professional communities and groups that co-exist and need to work together
- Health systems are shaped by the wider socio-cultural, economic, political and historical context in which they are situated

Informed by science and research across disciplines

A working definition of community engagement for quality, people-centred, resilient health services

“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.

Different theoretical foundations
Different set of interventions
Different metrics

Considered the definition of community engagement as stated in the NIH publication “Clinical and Translational Science Awards Consortium (Community Engagement Key Function Committee Task Force on the Principles of Community Engagement)” (second edition) *

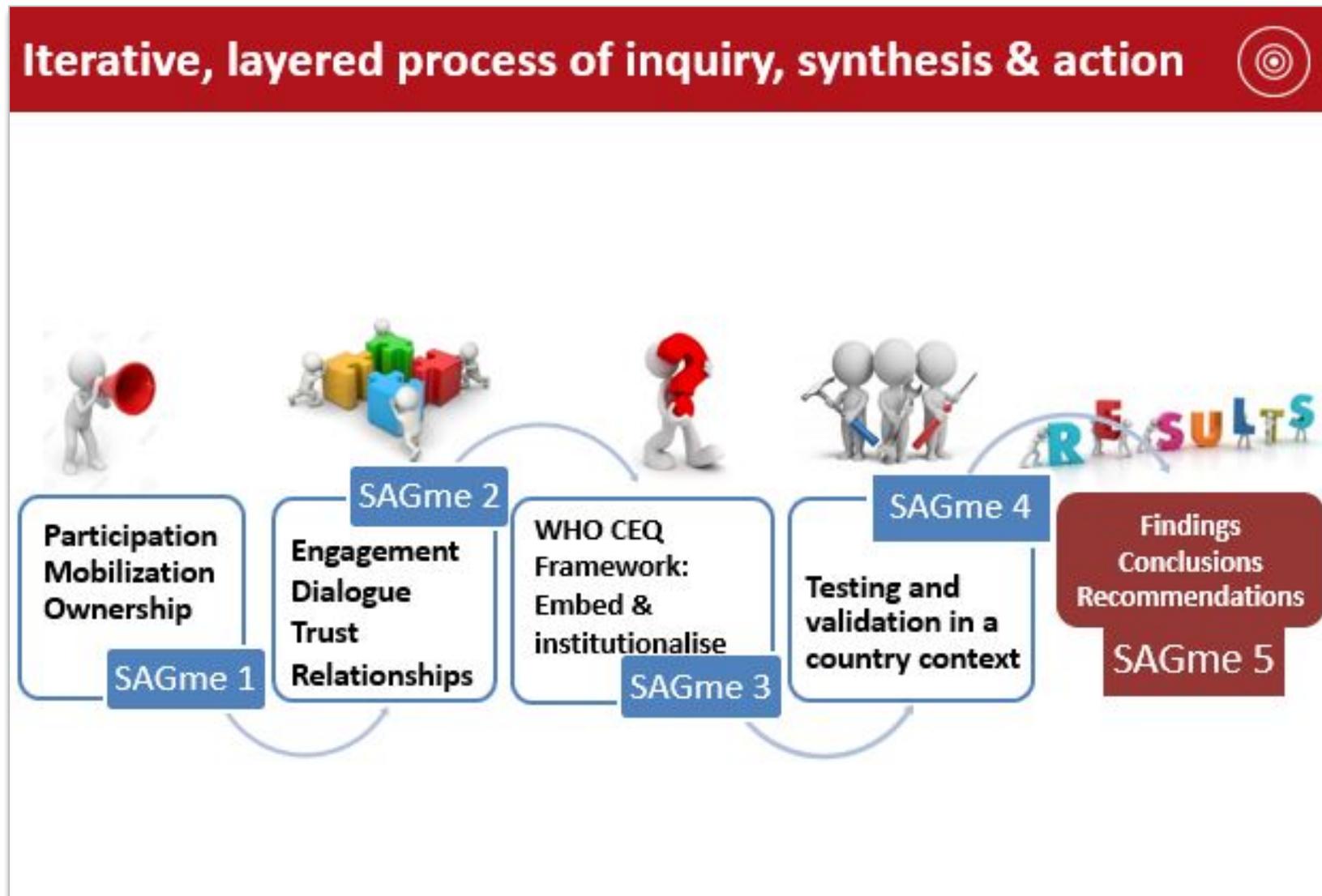
Strengthening relational feedback loops at different levels of the health system

Combine non-traditional engagement interventions to build trusted, respectful and compassionate relationships within and between service providers and service users



Shifting from curative-focused, vertical programming to inclusive, collaborative, coordinated approaches requires a skill-set, competence and an enabling environment that must be deliberately created and managed until it becomes the normative culture.

Testing the CEQ framework: The Strategic Technical Advisory Group on malaria eradication (SAGme), 2017-2019



- A collaborative process created the WHO CEQ framework
- A collaborative process was used for the data collection
- A collaborative process was used for data analysis
- A collaborative process will need to be used for engagement intervention development and implementation

March 2018, Technical Meeting, Kigali



Purpose

Introduce the CEQ framework
 Assess its utility
 Create an action plan for next steps

Decisions

Phase 1 – Test the CEQ assessment tools
 Phase 2 – CE intervention design

October 2018 CEQ assessment tool adaptation and testing

Activities	5 interlinked tools
<ul style="list-style-type: none"> • Adaptation and contextualization of inquiry guides • Training of data collectors • Data collection in 4 districts (4 focus groups and 39 key informant interviews) 	<ol style="list-style-type: none"> 1. <u>Inquiry guides</u> to assess key attributes of the linkages in the system: a) Trust, b. Respect, c. Knowledge, d. Skill, e. Collaboration, f. Empowerment, etc. 2. <u>Trend analysis</u> to determine what is the direction of these key attributes is it staying the same, growing or decaying? 3. <u>Relationship maps</u> to establish who is connected to whom and how strong these connections are. 4. <u>Process maps</u> to assess how actions are accomplished and where in the process that changes need to be made 5. <u>Potential for progress</u> to identify actions not being taken that could improve performance and what can be de with current resources or only with new resources.

Key findings: Summary

There are a spectrum of CE practices in the 4 districts

Where a top-down model dominates – incidence of malaria is highest

Where communities are active malaria incidence is lower. The lowest levels of malaria is where collaboration is the greatest

There is a disconnect between those who plan strategy for malaria control and elimination and those who implement the practices and procedures

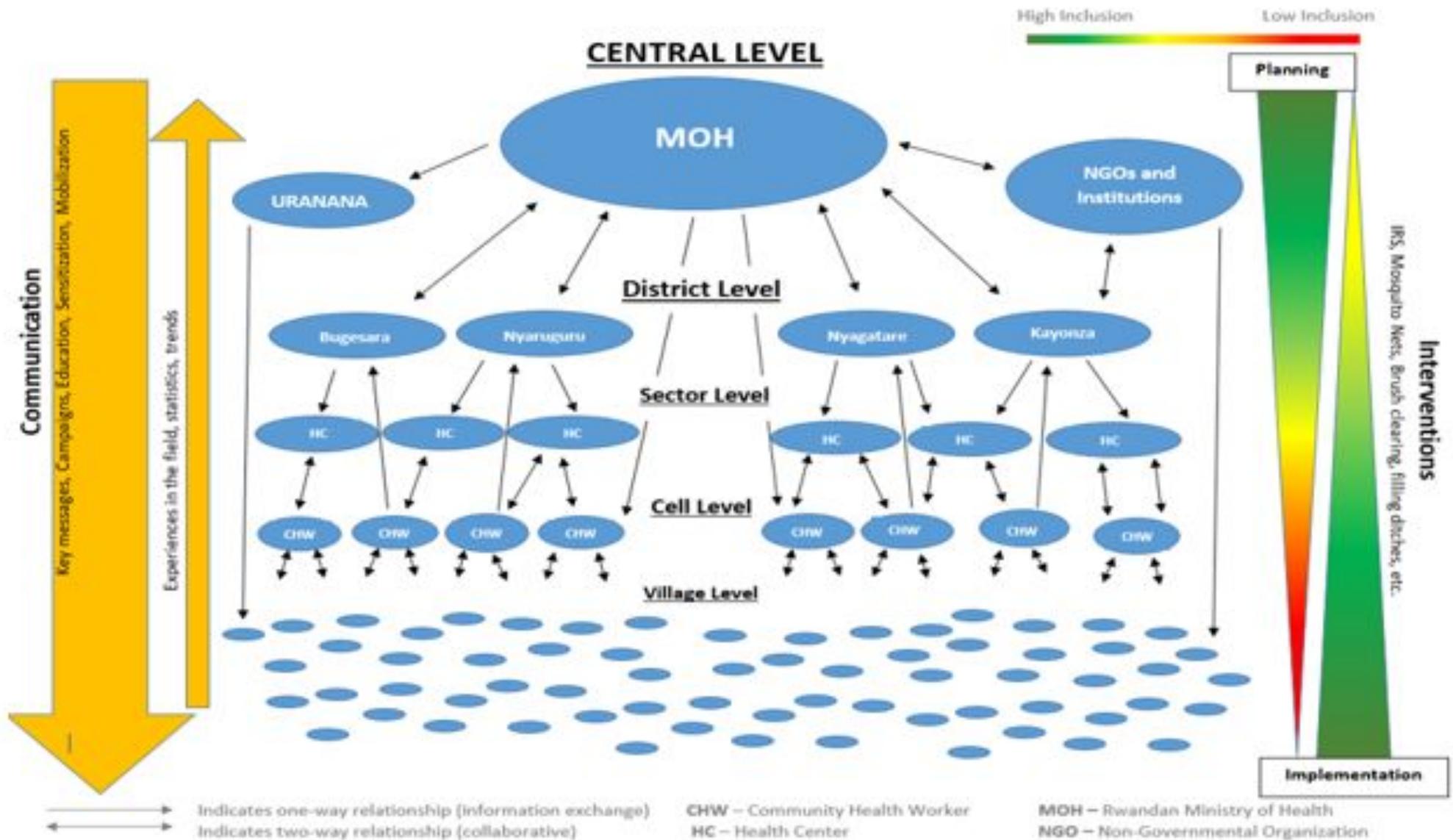
There appears to be no mechanism to share learning and best practices at each level and across districts

CHWs are uniquely situated to serve as liaison between community members, other stakeholders and malaria programme staff

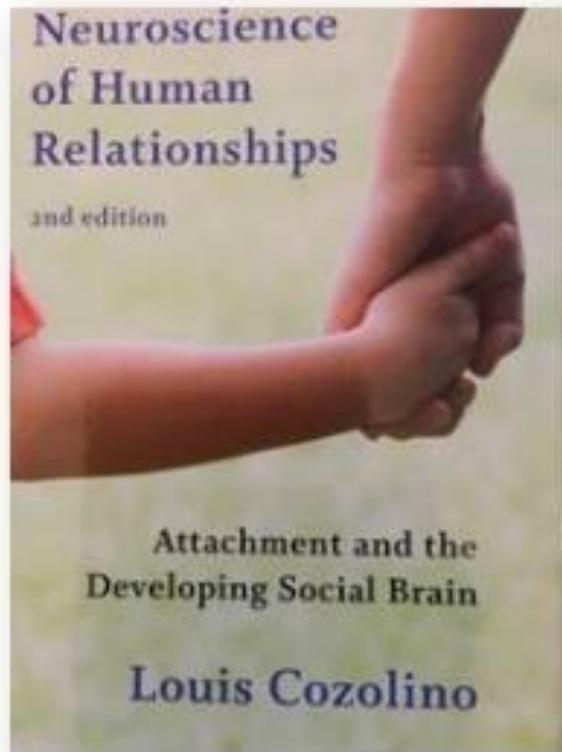


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Key findings: Relationship map of the four districts



Shifting from a transactional approach to a relational approach



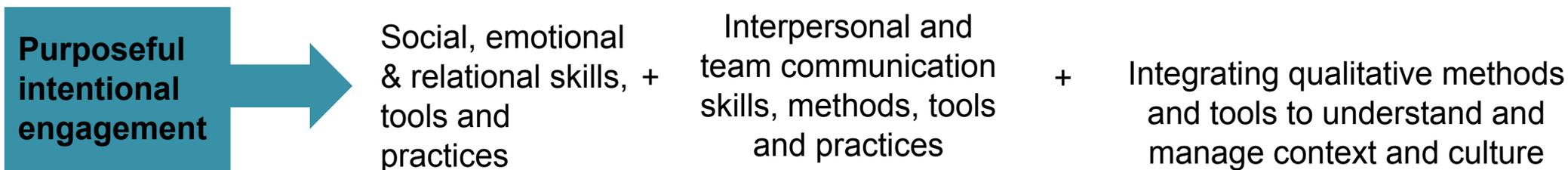
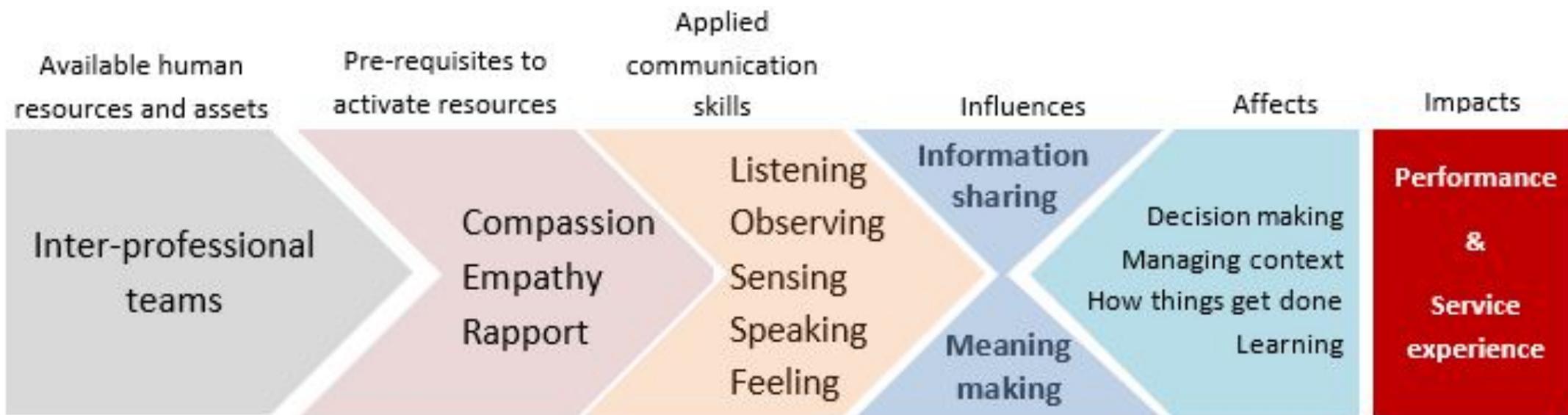
As human beings, we cherish our individuality yet we know that we live in constant relationship to others, and that other people play a significant part in regulating our emotional and social behavior. Although this interdependence is a reality of our existence, we are just beginning to understand that 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)



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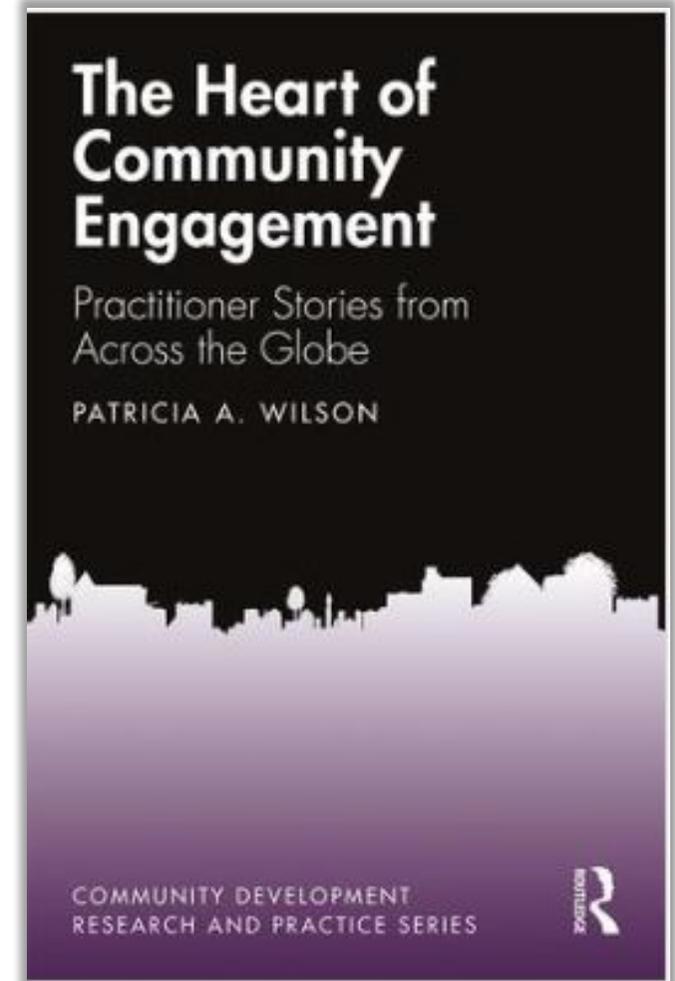
Affecting the relationship map: uncovering a greater range of opportunities for embedding and mainstreaming engagement interventions



An enabling environment and supportive leadership able to model collaboration and relationship building

Key takeaways

- Community engagement (CE) is often seen as a means to an end yet engagement is an intervention in its own right.
- CE has to be defined to clarify its intent, purpose and to determine how and what engagement processes need to be effectively planned and managed. There will often be multiple communities with different concerns, needs and expectations and a shared vision can only emerge from dialogue.
- Linkages in systems formed by strong connections build effective engagement between health systems and communities (as well as with others).
- Coordination, collaboration and empowerment are shaped and re-shaped in our relationships.
- The role, skill sets and competencies of engagement practitioners in health systems and in communities are going to be critical in the SDG era.



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!Thank you

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