The WHO community engagement framework and experiences from Rwanda

Asiya Odugleh-Kolev
Technical Officer, Community & Social Interventions
Research Fellow, United Nations University – International Institute for (Global Health (UNU-IIGH

Department of Integrated Health Services
Universal Health Coverage and Life Course Division,
Geneva, Switzerland
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)

- 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.

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

Different theoretical foundations
Different set of interventions
Different metrics
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
October 2018   CEQ assessment tool adaptation and testing

5 interlinked tools


2. **Trend analysis** to determine what is the direction of these key attributes is it staying the same, growing or decaying?

3. **Relationship maps** to establish who is connected to whom and how strong these connections are.

4. **Process maps** to assess how actions are accomplished and where in the process that changes need to be made

5. **Potential for progress** to identify actions not being taken that could improve performance and what can be done with current resources or only with new resources.

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**March 2018, Technical Meeting, Kigali**

- 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

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**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

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**Activities**

- Adaptation and contextualization of inquiry guides
- Training of data collectors
- Data collection in 4 districts (4 focus groups and 39 key informant interviews)
### Key findings: Summary

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<th>There are a spectrum of CE practices in the 4 districts</th>
<th>Where a top-down model dominates – incidence of malaria is highest</th>
<th>Where communities are active malaria incidence is lower. The lowest levels of malaria is where collaboration is the greatest</th>
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<td>There is a disconnect between those who plan strategy for malaria control and elimination and those who implement the practices and procedures</td>
<td>There appears to be no mechanism to share learning and best practices at each level and across districts</td>
<td>CHWs are uniquely situated to serve as liaison between community members, other stakeholders and malaria programme staff</td>
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Key findings: Relationship map of the four districts
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.

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

Purposeful intentional engagement

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

World Health Organization
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.
Thank you

:Contacts

asiya@unu.edu
oduglekhkoleva@who.int