World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Regional Committee for the Eastern Mediterranean
Sixty-eighth session
Provisional agenda item 3(c)

EM/RC68/6
October 2021

Building resilient communities for better health and well-being in the Eastern Mediterranean Region

Executive summary

Community engagement involves working collaboratively with communities from the design to the implementation of interventions, through active participation and two-way communication and being responsive to their contexts and needs. Communities can play an active role in the identification of health issues and needs and the allocation of resources; and community engagement can increase participation in health interventions and their effectiveness by helping to improve their acceptability, accessibility and quality, and can enhance accountability and efficiency and ensure that essential health services are maintained. It can also help to address and prevent health and gender inequities and bring affected communities together during emergencies.

The COVID-19 pandemic has highlighted the importance of community engagement in support of the public health and social measures undertaken to manage it and the critical role played by civil society in supporting the community during the emergency and facilitating an effective and participatory response. Established networks of volunteers, community and health workers, and community-based organizations, trained in community engagement and social mobilization in relation to health issues such as polio and cholera, have played an important role in the response to the COVID-19 pandemic and will continue to be important in future health emergencies. These community actors are trusted, credible and accountable to the community, which can result in a higher uptake of disease and health emergency prevention and protection measures.

To build empowered and resilient communities for better health and well-being and better health emergency prevention, preparedness and response, there is a need for political commitment, a need to partner with civil society and a need to establish a clear governance structure to better guide and coordinate community engagement, using a multisectoral approach. This can be facilitated through an effective community engagement framework and strategy, adapted to the specific needs and context of each country in the Region, and through a community-centred approach, underpinned by a strong social fabric promoting volunteerism and local action. This will enhance the community's ability to be prepared for, respond to and recover from serious disruption.

A regional roadmap on building resilient communities for better health and well-being is presented in this paper structured around the following strategic directions: engaging community and civil society representatives in governance structures; mapping existing communities, networks, practices and resources; establishing links and building trust with communities and civic institutions; enhancing collaboration and coordination for effective interventions; streamlining listening and community feedback to ensure two-way communication; localizing community engagement approaches; building the capacity of communities and civil society and providing support to maximize community participation; advancing evidence-based and innovative interventions; and documenting and communicating linkages between improved public health outcomes and community engagement programmes. The Regional Committee is invited to review the paper and endorse the proposed roadmap on building resilient communities for better health and well-being in the Eastern Mediterranean Region.

Introduction

1.   The COVID-19 pandemic has presented an unprecedented crisis for the WHO Eastern Mediterranean Region and globally. Governments, societies, communities and individuals have had to adapt and respond to ever-changing situations and new information. The pandemic has exacerbated human suffering, turned the lives of millions upside down, and significantly affected the health, economic and social sectors.

2.   Efforts to combat the pandemic have been hampered by several issues, including national capacities to control the pandemic, misinformation and persistent non-compliance with COVID-19 protocols regarding physical distancing, handwashing, ventilation and the wearing of face masks.

3.   The COVID-19 pandemic has therefore heightened the importance of community engagement in support of the various public health and social measures undertaken to manage it. The pandemic has also highlighted the critical role played by civil society in supporting the community during the emergency and facilitating an effective and participatory response.

4.   The Eastern Mediterranean Region is home to almost 700 million people, living in 22 countries/territories of great diversity. The Region contains some of the world's wealthiest countries, but is also home to fragile states, characterized by crises, internally displaced people, refugees and nomadic groups *(1)*. This presents many challenges for the response to the pandemic and underlines the importance of early and meaningful community engagement.

5.   Community engagement has been defined as "a two way process by which the aspirations, concerns, needs and values of citizens and communities are incorporated at all levels and in all sectors in policy development, planning, decision-making, service delivery and assessment; and by which governments and other business and civil society organisations involve citizens, clients, communities and other stakeholders in these processes" *(2)*.

6.   The WHO community engagement framework for quality, people-centred and resilient health services defines community engagement for health as 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" *(3)*. This involves working collaboratively with communities from the design to the implementation of interventions through active participation and two-way communication, and being responsive to their contexts and needs.

7.   According to this perspective, communities should play an active role in the identification of health issues and needs and the allocation of resources, and community engagement can increase participation in health interventions and their effectiveness. Community-based and people-centred programmes can increase the utilization of health services by helping to improve their acceptability, accessibility and quality, and can enhance accountability and efficiency and ensure that essential health services are maintained. They can also help to address and prevent health and gender inequities and bring affected communities together during emergencies. This is contrary to the view that communities should be passive recipients of public health services, which may diminish the acceptance and effectiveness of health interventions.

8.   Established networks of volunteers, community and health workers, and community-based organizations, trained in community engagement and social mobilization in relation to health issues such as polio and cholera, have played an important role in the response to the COVID-19 pandemic and will continue to be important in future health emergencies. These community actors are trusted, credible and accountable to the community, which can result in a higher uptake of disease and health emergency prevention and protection measures *(4)*.

9.   This paper seeks to:

- present recent global and regional policy developments as they relate to the importance of community and civic engagement in meeting the health-related targets of the Sustainable Development Goals (SDGs);
- provide an analysis of community and civic engagement practices and modalities in public health within the Eastern Mediterranean Region;
- explore community engagement drivers and enablers as well as the challenges and barriers to community and civic engagement in public health;
- identify guiding principles that promote and support community and civic engagement; and
- propose a roadmap for WHO and the countries/territories of the Region on building resilient communities for better health and well-being, containing evidence-based strategic directions and actions on community and civil society engagement.

Global and regional commitments on community engagement

10.   Significant progress has been made, from a policy perspective, in highlighting the important role that communities play in assessing needs, setting priorities, and planning and implementing public health programmes. Several initiatives, including international conferences, have recognized community and civic participation and engagement as a way to achieve better health outcomes.

11.   In 2018, the Global Conference on Primary Health Care in Astana, Kazakhstan, endorsed a new declaration re-emphasizing the critical role of primary health care around the world. The Declaration of Astana renewed the call for multisectoral action, community engagement and political commitment to primary health care by governments, nongovernmental organizations, professional organizations, academia, and global health and development organizations *(5)*.

12.   The SDGs place special emphasis on engaging women and girls and on cooperation between governments, civil society and the private sector. The Global Action Plan for Healthy Lives and Well-being for All aims to accelerate implementation of the health-related SDGs and is rooted in the premise that stronger collaboration contributes to better health *(6)*. The Plan is based on four commitments by Member States: Engage, Accelerate, Align, Account. Underpinning the Plan are seven accelerator themes, including community and civil society engagement (accelerator theme 3), which recommends that communities and civil society receive the support they need to be meaningfully engaged to enable them to bring their lived experience, perspectives and expertise to knowledge-generation, policy-making and health responses that are rights-based, accountable and ensure that no one is left behind *(6)*.

13.   WHO's Thirteenth General Programme of Work (GPW 13) (2019−2023) is based on the SDG agenda and sets out WHO's strategic direction, outlines how the Organization will proceed with its implementation and provides a framework to measure progress in this effort *(7)*. It is structured around three interconnected strategic priorities to ensure healthy lives and well-being for all at all ages: achieving universal health coverage, addressing health emergencies and promoting healthier populations. It takes an evidence-based approach to public health and recognizes that a combination of high-level political support and community engagement is needed to help achieve its vision. To achieve the ambitious goals of GPW 13, WHO recognizes the need for proactive engagement with civil society.

14.   The Framework of Engagement with Non-State Actors (FENSA), adopted in 2016 by the Sixty-ninth World Health Assembly in resolution WHA69.10, provides systematic and formal standard operating procedures and guidance for WHO's engagement with non-State actors (NSAs). The World Health Assembly recognized the valuable role that partnerships with NSAs, including nongovernmental organizations, can play and requested WHO to pursue partnerships through FENSA. Nongovernmental organizations are defined by WHO as non-profit entities that operate independently of governments,

and can include grassroots community organizations, civil society groups and networks, faith-based organizations, professional groups, disease-specific groups and patient groups *(8)*.

15. The WHO Regional Office for the Eastern Mediterranean, in its strategy for the Eastern Mediterranean Region (2020–2023) to achieve *Vision 2023*, calls for community engagement to promote healthier populations and the strengthening of community-based action to meet the SDGs and ensure a people-centred approach to public health actions, including during emergencies. This may include: establishing mechanisms and regulations to ensure community engagement for integrated, people-centred health services; engagement with community enablers to promote community involvement in health, including developing context-specific strategic actions to work with community health workers, religious leaders, youth and civil society organizations; community-based interventions for newborn and child health and development; and integrating community engagement into health planning, implementation and monitoring.

16. The regional Risk communication and community engagement (RCCE) framework for the COVID-19 response recognizes the important and active role that communities can play as active agents of change. Through community empowerment and enhancing community participation, communities can be well placed to assess risk and identify locally acceptable, applicable and sustainable solutions. RCCE entails informing, consulting and genuine engagement with communities and building local capacity and ownership for the long term *(9)*.

17. This builds on long experience in community approaches to health in the Region, including the regional healthy cities network, established in 2012, which currently has 99 member cities in 14 countries. The core concept of the programme is establishing a multisectoral platform for health and well-being through political commitment and community engagement *(10)*.

Landscape analysis of community engagement in the Eastern Mediterranean Region

18. A regional mapping exercise on community engagement was conducted between December 2020 and May 2021 to identify the modalities used for community engagement in the Region, as well as success stories, drivers, enablers, challenges and barriers. A socio-ecological model was used as the analytical framework for the collection of evidence (global, regional and country) through a desk review of articles, research papers and government guidance, a review of WHO programme documentation, and key informant interviews with WHO and other United Nations agency staff, civil society representatives and key country officials. While some of the drivers, enablers, challenges and barriers identified by the mapping exercise were relevant to many different contexts, some were highly context-dependent. There may also be additional ones that have not been documented and were not shared during the interviews.

Approaches and models for community engagement

19. Community and civic engagement can be undertaken through the adoption of different approaches and models as vehicles for achieving the desired changes to improve the health of the community and its members. It often involves establishing a governance system and building partnerships and coalitions to mobilize resources, influence systems and serve as a catalyst for changing policies, programmes and services. Experiences and practices from countries/territories in the Eastern Mediterranean Region can be built on and adapted, and some of these are described below.

20. Building resilient communities is a key element in building a resilient health system; therefore, the examples of community engagement presented below are structured around the six health system "building blocks" of governance, service delivery, information, financing, access to medicines and technologies, and human resources. The examples also illustrate the convergence of building resilient

communities with enhanced health security for the prevention of, preparedness for and response to health events and emergencies.

Governance

21. Governments can encourage community engagement and participation by providing space for communities and civil society within well-established governmental structures to allow them to provide their input during decision-making and planning processes. For example, Supreme Councils for Health have been established in Bahrain, Egypt, Lebanon, Oman and Qatar. Led by the Prime Minister, they include representatives from different sectors, including health, and from the community and civil society. The one in Oman is linked to district-level structures to enhance the collaboration between the state and community leaders.

22. In Tunisia in 2012, there was a large-scale consultative process, the Societal Dialogue for Health System Reform, to involve citizens in decision-making on health reform. The dialogue aimed to identify, in a participatory manner, the potential contribution of the health system to the realization of the right to health, as stated in the Tunisian Constitution. The process was carried out through focus groups with citizens, experts and health professionals, in which people had the opportunity to provide their thoughts on the Tunisian health system *(11)*.

23. Despite current sociopolitical challenges in Yemen, a multisectoral coordination platform was established in 2021 with the support of the International Organization for Migration (IOM) for all those involved in managing refugees and migrants to assess the needs of these populations and design interventions to respond to COVID-19 *(12)*. A similar multisectoral coordination platform led by WHO was established to design interventions to respond to cholera outbreaks.

24. The current *Hayat Karima* (Decent Life) presidential initiative in Egypt seeks to provide a package of integrated health and socioeconomic projects based on community needs and priorities. Established in 2019, the multidimensional initiative aims to combat poverty and provide better living conditions through sustainable development for the neediest groups in rural areas and to bridge the development gap between urban and rural areas. The initiative includes 20 ministries and agencies and 23 civil society organizations, in addition to community representatives and youth volunteers *(13)*.

25. In Pakistan, state partnerships with nongovernmental organizations have adopted a strategy to understand local contexts and utilize partner experience to plan and design appropriate development projects. Community partners guide the planning, design and implementation of interventions. The partners are identified on the basis that they are known to and understand the community, are trusted and transparent, able to articulate the views of the community, and are well-connected, influential and can "open doors" within the community *(14)*.

Service delivery

26. A basic package of health services (BPHS) was developed in 2003 by the Ministry of Public Health of Afghanistan that covered maternal and newborn health, immunization, control of communicable diseases, and nutrition *(15)*. The Ministry took on a supervisory role and engaged nongovernmental organizations to deliver the BPHS through a community-based approach. Through this initiative there was an increase in the number of functioning health centres across the country, with a corresponding improvement in the number of people able to access vaccination and other health services.

27. Yazd province in the Islamic Republic of Iran is among the top five provinces in the country in terms of the number of refugees formally accommodated, while a much larger number of refugees live informally in the province. In 2020, the Yazd Health Center, Yazd General Directorate of Foreigners and Relief International trained Afghan volunteers to identify refugee health needs during the COVID-

19 pandemic. COVID-19 educational, screening, diagnostic and treatment services were then provided accordingly *(16)*.

28. In 2020, local authorities in collaboration with communities in Iraq established control points to limit COVID-19 transmission between affected and non-affected areas. These points were equipped with community workers, including health workers and volunteers, to provide health screening and risk communication messages and promote adherence to protective measures, such as hand hygiene using hand-washing facilities *(17)*.

29. In Pakistan, the Marginalized Areas Reproductive Health and Family Planning Viable Initiatives (MARVI) project used an integrated community-based approach to improve access to quality family planning and reproductive health services in remote areas. MARVI was used as a platform to provide door-to-door services to the community for the distribution of contraception. Appraisal of MARVI indicates the intervention had a positive impact on contraceptive use, which increased from 9% in 2008 to 27% in 2013 *(18)*.

30. In Morocco, the Ministry of Health partnered with community-based organizations that distribute food as part of the national school feeding programme to share information and ask community members how policies or programmes could be improved *(19)*. The programme was also used as a platform to inform the COVID-19 response for communities.

31. The Lebanese Order of Midwives, with the support of the United Nations Population Fund (UNFPA), has supported pregnant women infected with COVID-19 through a network of midwives at primary health care centres and government hospitals *(20)*. Women receive information on COVID-19, reproductive health and family planning through counselling sessions, face-to-face patient education and a hotline, and referrals are made for medical, mental health, protection and financial support.

32. In Jordan, UNHCR, the UN Refugee Agency, in collaboration with the National Crisis Management Team, Health Workers Association and Royal Foundation, established refugee community working groups to improve the planning and utilization of interventions in primary health care *(21)*.

Information

33. Engaging religious leaders has been essential to combating misinformation on COVID-19 and the growing stigma against the overburdened health system in Afghanistan and Pakistan. Information, education and communication materials from an Islamic perspective, including a fatwa dealing with COVID-19 preventive measures, have been developed and distributed by the ministries of religious affairs of both countries. Materials have also been prepared for those who are illiterate and those without access to the internet *(22)*.

34. In Egypt, a social mobilization approach was used in villages to increase the perception of risk from avian influenza A(H5N1) virus and motivate people to address the threat at the household level. This included voluntary community mapping exercises, door-to-door messaging and peer education interventions. The use of mass media and community-based activities also helped to increase safer personal protective behaviours. Those villages that participated had a greater rate of behaviour change than those that relied on mass-media messages *(23)*.

35. Community dialogue and community-led sensitization sessions were organized by IOM in Iraq in 2020 to improve understanding of COVID-19, counter misinformation and contain the spread of the disease among high-risk vulnerable populations, including migrant workers, internally displaced persons and refugees. Community feedback was systematically collected to inform the pandemic response and address community concerns *(24)*.

36. Community-based surveillance has been undertaken in Iraq and Sudan to improve the early detection of public health threats, including for COVID-19, and empower communities to identify and communicate public health risks, taking into consideration populations with special needs such as older persons, persons with disabilities and those with differing levels of literacy.

37. In Lebanon, during the COVID-19 pandemic, UN Women has continued to deliver protection services and emergency livelihood support though community isolation centres for women and girls that were established following assessments undertaken with the support of communities to identify priority interventions *(25)*.

38. In 2020, UNHCR in Yemen undertook a community engagement survey with displaced Yemenis, refugees, asylum seekers and host community members across the country. This two-way communication facilitated an understanding of the needs of refugees and internally displaced persons and how they want UNHCR and its partners to address those needs. It also allowed UNHCR to provide information on how to access services *(26)*.

Financing

39. An initiative was conducted in Bahrain in 2020 to financially support poor families and expat labourers in the A'ali region during Ramadan who had been significantly impacted by the spread of COVID-19 due to the suspension of their livelihoods and, consequently, their inability to secure sources of food. Healthy meals were delivered to the homes of the families and labourers, and awareness was raised of the dangers of overcrowding in public markets, meal distribution sites and dining areas. The initiative also incentivized the formation of a group of volunteers ready to serve the A'ali community during emergencies. The initiative was a collaboration between the Ministry of Interior, Royal Humanitarian Foundation, A'ali Charitable Society and various commercial markets *(16)*.

40. In Qazvin Province in the Islamic Republic of Iran, the lack of financial resources for many families was a major obstacle to buying masks and disinfectants, enabling the spread of COVID-19. In collaboration with the House of People's Participation in Health, an initiative was undertaken in 2020 to buy masks and disinfectants and distribute them to families in need *(16)*.

Access to medicines and technologies

41. In Abha, Saudi Arabia, the Hayah for Dialysis initiative was launched in 2020 to promote health, sustainability and social responsibility through community participation. In particular, the initiative supported poor non-Saudi residents with renal failure who were on haemodialysis and those affected by the COVID-19 pandemic who had been unable to return to their countries. Services provided through the initiative included haemodialysis and laboratory investigations. The initiative also led to the establishment of a charity in the region dedicated to dialysis services *(16)*.

42. Where COVID-19 restrictions have prevented movement, in many countries mobile and online platforms have been used to address misinformation and rumours through the monitoring of online and social media sources and the provision of accurate information. While use of social media does not necessarily in itself amount to community engagement, it can trigger engagement in digital space through the exchange of ideas and information among peers, families and communities *(27)*.

43. In Jordan, the Ministry of Health, in collaboration with mobile companies, has used a phone tree system to engage elderly people without access to the internet and those without the computer literacy skills to navigate social media. A phone tree is a system for reaching out to members in the community that designates key callers who contact specific people under their branch of the tree to check on needs and concerns *(28)*.

44.   Also in Jordan, in a government initiative in collaboration with UNFPA and partners, hotline numbers for support on sexual and reproductive health and gender-based violence during the COVID-19 pandemic were disseminated at the community level through outreach volunteers and the *Elak o Feed* national COVID-19 prevention campaign, as well as on radio and social media *(29)*.

45.   In Pakistan, a healthy family application was created in 2020 for pregnant women and mothers by the government in collaboration with UNICEF to ensure the continuity of immunization services during the COVID-19 pandemic. A toll-free COVID-19 helpline was also established to address public concerns in Islamabad and Punjab *(30)*.

46.   In Yemen, social media applications are one of the main channels used to share messages related to security and health, such as advice on how to better protect oneself in case of air strikes or preventing cholera *(31)*. Through the WhatsApp platform, communities can engage with each other and share information on security incidents, which is collated by the International Committee of the Red Cross. This information is then shared with relevant government departments for follow-up with those concerned. WhatsApp is an important platform for people to access lifesaving information, especially during emergencies, through smartphones and a functioning network *(32)*.

Human resources

47.   There are successful examples in Jordan and Lebanon of responding to emergencies through the involvement of community networks, local volunteers and communities. One example is the spontaneous involvement and mobilization of community volunteers (especially young people) following the 4 August 2020 blast in Beirut, Lebanon *(33)*.

48.   In the Kurdistan region of Iraq, the Ministry of Health successfully managed to engage the community as volunteers to participate in a COVID-19 prevention and awareness campaign in IDP camps, public places, markets, parks and heavily populated areas to educate people on public health measures *(34)*.

49.   Volunteer networks run by faith-based organizations in countries of the Region, such as Lebanon, provide education, health care, and humanitarian and other important services and forms of social support *(35)*.

Drivers and enablers for community engagement

50.   The spectrum of community engagement covers: **informing** the public with balanced and objective information to assist them in understanding problems, alternatives, opportunities and/or solutions; **consulting** communities to obtain feedback on analysis, alternatives and/or decisions; **involving** communities to work directly with the public throughout the process to ensure public concerns and aspirations are consistently understood and considered; **collaborating** with partners and the public on each aspect of a decision, including the development of alternatives and identification of the preferred solution; and **empowering** communities by placing final decision-making in their hands *(36)*. The following drivers and enablers can help facilitate successful community engagement.

51.   **Ownership.** A sense of ownership is a key component in ensuring effective community engagement in identifying priorities and the planning, designing and implementation of interventions. It will provide an incentive to communities to ensure that actions and interventions are sustained. A case study in Morocco found that civil society actors were the main agents of change and need to be included in working with communities to ensure broadly inclusive national ownership and to leave no one behind *(37)*.

52.   **Communication with communities.** Communication should be tailored to the demographic and cultural characteristics of groups within the community. Social media channels have been extensively

used by community groups, governments, organizations and civil society groups to reach out to communities, disseminate information and messages, and listen to concerns and needs. Several online and offline social listening platforms exist for this in countries in the Region. These are effective tools to gather community insights, which can then be analysed and used to tailor interventions accordingly. However, the "infodemic" during the COVID-19 pandemic has presented a challenge that needs to be addressed through country RCCE strategies *(38)*.

53. **Maximizing reach and access.** Working with certain trusted groups to maximize community reach and access has been found to be effective. For example, religious leaders are well regarded and respected in many countries and their role in promoting the polio vaccine in Afghanistan and Pakistan has been of paramount importance. The Islamic Advisory Group for Polio Eradication was established in 2014 to generate support from Muslim religious scholars to end polio. The Group comprises leading Islamic institutions, religious scholars, technical experts and academia from the Muslim world. It has now expanded its mandate to provide support for other priority public health areas, such as the promotion of routine immunization, breastfeeding, birth spacing, hygiene and sanitation (particularly cleanliness), and care-seeking behaviour, especially by pregnant mothers *(39)*. in Lebanon, ACT Alliance, a church-related organization, has been engaged in humanitarian, development and advocacy work to create positive and sustainable change in the lives of poor and marginalized people. The ACT Alliance is deeply rooted in the communities it serves and has earned the trust and respect of local people *(40)*. Religious leaders have also played a key role in promoting COVID-19 vaccines in several countries of the Region and in prompting adherence to protective measures during Ramadan and religious festivals. Formal youth networks and medical student associations in several countries have also been effective in identifying priority interventions for young people.

54. **Multisectoral coordination.** Public health challenges are complex and cannot be addressed effectively by the health sector alone. A holistic, multisectoral and multidisciplinary approach is needed to address many public health issues, especially for health emergency preparedness and response, and is essential for implementation of the International Health Regulations (2005). Since 1991, WHO has coordinated the Healthy Cities Programme in the Region as a dynamic multisectoral platform for promoting health and well-being in cities. During the COVID-19 pandemic, cities that were part of the programme demonstrated greater adherence to public health measures, less transmission and a better response to the challenging situation. Many good practices have been documented from the Healthy Cities Programme that show high levels of community organization and participation *(16)*. There are other good examples in the Region of multisectoral approaches to addressing noncommunicable disease risk factors, including for tobacco control, promoting physical exercise, healthy lifestyle and healthy diets, and prevention of road traffic injuries. A mapping of key civil society organizations in the Region revealed the existence of hundreds of organizations, with diverse roles and mandates in the humanitarian and development sectors. These organizations have been critical in providing essential services and reaching vulnerable and hard-to-reach populations in Afghanistan, Iraq, Libya, Somalia, Sudan, Syrian Arab Republic and Yemen. Their engagement in health cluster coordination mechanisms is recommended to ensure that activities and approaches are coordinated *(9)*.

55. **Participation in the decision-making process.** The existence of a governmental entity to coordinate the efforts of civil society organizations in most countries has been an important way to align their activities with national strategic directions. This should be accompanied by empowering communities and providing a public space for engaging communities and civil society. Community leaders who have political affiliation and connections with governments and the capacity to participate in decision-making processes to the benefit of communities have proved to be an enabler. Several examples exist among countries of the Region.

56. **Adapting interventions.** The flexibility to adapt and localize interventions according to local needs, demands and contexts is an enabler for success in engaging communities, and community organizations have adapted their mandates and managed to provide services during the COVID-19

pandemic to meet community needs. Examples include ensuring access to services for people living with HIV/AIDS in Lebanon, Morocco, Pakistan and Yemen, psychosocial and mental health services for children in the Syrian Arab Republic, and awareness campaigns in local languages in Afghanistan, Iraq, Palestine, Pakistan, Syrian Arab Republic, Tunisia and Yemen *(41, 42)*.

57. **Innovation and digital approaches.** The wide use of digital platforms has been observed in countries of the Region during the COVID-19 pandemic. In addition to their use as a means of communication and information-sharing, activities such as contact tracing, immunization, management of noncommunicable diseases and keeping medical records have all benefited from digital approaches in their design and implementation at community level. Privacy and the confidentiality of information is a concern and while such platforms are encouraged for use, this should be within a legal framework that protects the confidentiality of personal information.

58. **Culture and social fabric.** Collectivism (rather than individualism) and commitment to family and community are strong values across the Region, reinforced by religious commitment. The collectivist nature of societies in the Region and family bonds, such as family alliances (*rabeta* or *diwan*), are strong enablers for community engagement as they promote stability and solidarity within communities, who will then work together to achieve common objectives. This also facilitates the design and implementation of interventions as they become everybody's concern *(9)*.

Challenges and barriers to community engagement

59. Community engagement can be challenging. Significant resources are required for the two-way engagement of communities in decision-making, particularly in relation to strategic planning. Equally important is empowering communities and reaching a diverse range of community stakeholders, such as youth, people with disabilities and those from different social and cultural groups. The following are the key challenges and barriers for community engagement identified in the countries of the Eastern Mediterranean Region.

60. **Relationships and trust between the community and institutions.** Trust is a prerequisite for community engagement. A lack of community trust in government bodies, rooted in perceived past experiences or continuing inequalities, may lead to disengaged communities *(43)*. It takes time to develop the trust and confidence that are essential components for effective engagement. However, programmes and projects are generally short in duration and lack sustainability. In the context of the COVID-19 pandemic, surveys of knowledge, attitudes and practice in some countries have revealed a general belief that governments, and in some instances, community representatives, have failed to support the most vulnerable families through the lack of provision of basic necessities. These surveys also revealed a general perception that some civil organization entities are "chasing funds" for community engagement and not conducting interventions appropriately *(41, 43)*.

61. **Mechanisms to streamline community feedback.** A significant challenge is the lack of a system for collecting and analysing community insights, as well as an inability to triangulate these insights with other relevant information to identify trends, issues and concerns, and to provide feedback to communities through tailored interventions. Such a system will help improve access for minorities and reduce the effect of turnover in leadership and loss of interest and will facilitate proper follow up on community needs *(41)*.

62. **Reaching the vulnerable.** Reaching the most vulnerable communities is a challenge in several countries due to access barriers. These communities are often not connected to networks, social media and other forms of communication, live in hard-to-reach areas with security barriers to access, or face financial or social and cultural barriers. The role of civil society groups is critical in engaging these communities or their representatives. The inclusion of these civil society groups and accountable community representatives in existing multisectoral coordination mechanisms at national level is

essential to ensure a proper understanding of needs, develop tailored interventions for communities and avoid the duplication of interventions.

63. **Mandates of community organizations.** In some instances, where communities and specialized community organizations work together, certain population groups that are not targeted by these organizations may be left out. Furthermore, existing community organizations may focus on specific areas or approaches that may not be the highest priorities for the community. This may be due to the priorities of funding bodies, for example, and greater flexibility may be needed. For instance, during the COVID-19 pandemic, community organizations adapted to provide support for survivors of gender-based violence, to address a rise in gender-based violence, particularly domestic violence *(44)*.

64. **Community expectations.** Initiatives for community engagement need to understand that some people within a community may have expectations of institutions that cannot be met for various reasons. Empowering communities to become more self-sufficient and take ownership of initiatives and interventions is a way to meet those needs of communities that cannot be met by the government or its partners.

65. **Community leadership.** The lack of interest from community leaders in encouraging community engagement is a challenge in some countries, particularly in countries experiencing political and civil unrest. Community leaders play a critical role in representing and linking communities with governments and other key service providers. The careful selection of community leaders, with defined roles and expectations, is important to create trust and ensure that linkages exist between community leaders and communities.

66. **Staff and funding.** Resources and funding are needed to empower and enable community engagement. Fund mapping and allocation of resources for community engagement will help in implementing needed innovative partnerships and programmes *(45)*. Recruiting a diverse range of staff is also important for community engagement programmes. These barriers are associated with challenges related to the health system in general, where more funding and staff are often required to enhance coordination, health infrastructure and the quality of interventions.

67. **Community capacity.** The capacities of some communities may be limited, resulting in community members being reluctant to engage in projects and initiatives. While communities in some countries have worked to develop resilience and coping strategies, they do not yet have the capacity or structures to be responsible for their own solutions. They are not sufficiently empowered and do not have sufficient capacity and training *(46)*.

68. **Social context.** This includes a variety of barriers, such as poverty, poor educational attainment, security issues, language and beliefs that may hinder the engagement of communities in the planning and implementation of interventions.

69. **Stigma.** There is stigma in countries in the Region attached to certain diseases, such as tuberculosis, HIV and COVID-19 *(47)*, as well as to disabilities and mental health. This stigma can have many negative impacts, such as fear of disclosure or losing a job. If not managed properly, it can be a major barrier to engaging communities in the design and implementation of interventions.

70. **Accountability.** A lack of accountability and transparency in some community-based or civil society organizations has been reported in countries. Several factors have been identified that may have contributed to this situation. These include lack of coordination between civil society organizations and government, political affiliation, and the poor quality of the services provided by organizations. Consequently, it is important for governments to have governance structures in place for the monitoring and evaluation of the roles and practices of community-based or civil society organizations, and the capacity to take corrective measures and ensure accountability of these organizations in the long run.

Guiding principles for community engagement

71. Community engagement is a core strategy for promoting health and well-being. It can be enhanced by empowering individuals and communities. This is based on the premise that good health starts with, and is created by, individuals, families and communities, and supported, where necessary, by the skills, knowledge and technology of professionals. The following are some guiding principles that promote and support community and civic engagement.

72. **National-led and/or supervised.** Community engagement efforts led by governments can ensure alignment with national strategies. However, the support of civil society is necessary, particularly in areas where the government is overstretched or in communities it is unable to reach. Policies and strategies should be in place to guide meaningful engagement. There have been several successful initiatives not led by government, but mechanisms were in place for the licensing and supervision of these initiatives.

73. **Community-owned.** Effective community engagement should empower community members, mobilize community assets and capabilities, and strengthen the ownership of interventions among the local community *(48)*. It starts by understanding the needs, knowledge, capacities, concerns, structures and vulnerabilities of different groups within the community, and then involves community participation in implementing community-based interventions. Community leadership and ownership improves the quality of community engagement approaches and practices.

74. **Participatory.** Communities (with priority given to at-risk or vulnerable groups) should be provided with space and opportunities to lead in the analysis, planning, design, implementation, and monitoring and evaluation of community engagement activities. Where there is no capacity to lead, response partners (including local civil society) can facilitate the process using participatory approaches *(49)*.

75. **Nurturing trust in institutions.** Community trust in governments, institutions and organizations is vital for the design and implementation of health interventions. Trust in scientific advice and recommended behaviours is also important. Reasons for mistrust are varied and related to structural, historical and cultural factors. Understanding them is key to developing trust-building strategies with communities.

76. **Open and transparent.** Timely, audience-tailored, science-based communications that are adapted to the local context, language and culture are critical to engaging communities. Acknowledging and communicating transparently about what is known and not known can help allay the stress and fear related to the uncertainty that a health emergency creates. Community engagement approaches should ensure that communities can access information and participate in decision-making for emergency response. They should also document and respond to community feedback on the response. The sources used in the development of policies, programmes and information through community engagement must be unambiguous, unbiased, inclusive and precise to achieve positive perception, acceptance, adoption and replication.

77. **Informed by data.** Generating data and using evidence about a community's context, capacities, perceptions and behaviours is important for tailoring interventions. Ensure that the evidence generated is disaggregated by sex, age and other potential drivers of vulnerability or exclusion (such as ethnicity, language and disability) to improve decisions made regarding policy and programming.

Conclusion

78. Community engagement is the process by which governments invite the active participation of community members. It is also a means of working with communities to build on their assets, abilities and interests, while providing skills and knowledge. Community engagement is not a new strategy in public health. It has played an important role in the field in the past, originating in traditional public health practice and evolving in response to changing population health issues and the need to develop

additional strategies to address them. However, it has been observed that community engagement has not followed a systematic approach and has been mostly ad hoc.

79.   In order to build empowered and resilient communities for better health and well-being and the better prevention of, preparedness for and response to health emergencies, there is a need for political commitment, a need to partner with civil society and a need to establish a clear governance structure to better guide and coordinate community engagement, using a multisectoral approach. This can be supported through an effective community engagement framework and strategy, adapted to the specific needs and context of each country in the Region, and through a community-centred approach, underpinned by a strong social fabric promoting volunteerism and local action. This would enhance the community's ability to be prepared for, respond to and recover from serious disruption.

80.   A regional roadmap on building resilient communities for better health and well-being is presented in Annex 1. The roadmap is structured around the following strategic directions:

- Engage community and civil society representatives in governance structures.
- Map existing communities, networks, practices and resources.
- Establish links and build trust with communities and civic institutions.
- Enhance collaboration and coordination for effective interventions.
- Streamline listening and community feedback to ensure two-way communication.
- Localize community engagement approaches.
- Build the capacity of communities and civil society and provide support to maximize community participation.
- Advance evidence-based and innovative interventions.
- Document and communicate linkages between improved public health outcomes and community engagement programmes.

81.   Communities are dynamic, complex entities; no uniform approach will fit every context. It is therefore important to apply flexible approaches to engaging communities that can be adapted to a diverse range of communities and environments at country level. The success of these approaches will largely depend on the combination of actions taken under each strategic direction.

82.   There is an opportunity to harness the momentum of the response to the COVID-19 pandemic to increase the meaningful participation of community actors/groups in the planning, design and implementation of interventions through formal structures that link them to national/international organizations and local authorities. This should be based on the information and assistance they need, how they can and want to participate, and the utilization of their skills, experience and community assets.

83.   The Regional Committee is invited to review this paper and endorse the proposed roadmap on building resilient communities for better health and well-being in the Eastern Mediterranean Region.

References

1.   WHO. Health and well-being profile of the Eastern Mediterranean Region: an overview of the health situation in the Region and its countries in 2019. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020 (https://applications.emro.who.int/docs/9789290223399-eng.pdf?ua=1).

2.   Brisbane Declaration on Community Engagement. International Conference on Engaging Communities, Brisbane, Australia. An initiative of the United Nations and Queensland Government, 14–17 August 2005 (http://www.ncdd.org/exchange/files/docs/brisbane_declaration.pdf).

3.   WHO community engagement framework for quality, people-centred and resilient health services. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/bitstream/handle/10665/259280/WHO-HIS-SDS-2017.15-eng.pdf?sequence=1&isAllowed=y).

4.   A strategic framework for emergency preparedness. Geneva: World Health Organization; 2017 (https://www.who.int/publications/i/item/a-strategic-framework-for-emergency-preparedness).

5.   Declaration of Astana. Geneva: World Health Organization; 2019 (https://apps.who.int/iris/bitstream/handle/10665/328123/WHO-HIS-SDS-2018.61-eng.pdf?sequence=1&isAllowed=y).

6.   Stronger collaboration, better health: the global action plan for healthy lives and well-being for all. Geneva: World Health Organization; 2020 (https://www.who.int/initiatives/sdg3-global-action-plan).

7.   Thirteenth General Programme of Work (GPW 13), 2019–2024. Geneva: World Health Organization; 2019 (https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019–2023).

8.   WHO Office of the Legal Counsel. International regulatory co-operation and international organisations: the case of the World Health Organization (WHO). Paris/Geneva: Organisation for Economic Co-operation and Development/World Health Organization; 2016 (https://www.oecd.org/gov/regulatory-policy/WHO_Full-Report.pdf).

9.   WHO, IFRC, UNICEF. Regional guiding framework for risk communication and community engagement for the COVID-19 response in the Eastern Mediterranean Region/Middle East and North Africa: December 2020. Cairo: WHO Regional Office for the Eastern Mediterranean; 2021 (https://apps.who.int/iris/bitstream/handle/10665/342030/WHOEMIHR015E-eng.pdf?sequence=1&isAllowed=y).

10. Elfeky S, El-Adawy M, Rashidian A, Mandil A, Al-Mandhari A. Healthy Cities Programme in the Eastern Mediterranean Region: concurrent progress and future prospects. East Mediterr Health J. 2019;25(7):445–446. doi:10.26719/2019.25.7.445.

11. Tunisia: Citizens and civil society engage in health policy. Joint Working Team for UHC: Stories from the field [website]. Geneva: World Health Organization; 2011 (https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/tunisia/stories_from_the_field_issue1_tunisia.pdf).

12. IOM's COVID-19 preparedness and response achievements report 2020. Geneva: International Organization for Migration; 2020 (https://crisisresponse.iom.int/sites/default/files/uploaded-files/IOM-COVID-19-preparedness-and-Response-Achievements-Report-2020.pdf).

13. About Hayat Karima [website]. Cairo: Haya Karima; 2019 (https://www.hayakarima.com/about.html).

14. Bano M. Partnerships and the good-governance agenda: improving service delivery through State–NGO collaborations. VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations. 2019;30(6):1270–83.

15. Newbrander W, Ickx P, Feroz F, Stanekzai H. Afghanistan's basic package of health services: its development and effects on rebuilding the health system. Glob Public Health. 2014;9(Suppl 1):S6–S28. doi:10.1080/17441692.2014.916735.

16. COVID-19 response analysis: analysis of case studies and success stories. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020 (https://applications.emro.who.int/HCN/Resources).

17. COVID-19 strategic response plan. Baghdad: IOM Iraq; 2020 (https://www.iom.int/sites/default/files/country_appeal/file/iom_iraq_covid-19_response_plan.pdf).

18. Najmi H, Ahmed H, Halepota GM, Fatima R, Ul Haq M, Yaqoob A, et al. Community-based integrated approach to changing women's family planning behaviour in Pakistan, 2014–-2016. Public Health Action. 2018;8(2):85–-90. doi:10.5588/pha.17.0097.

19. Capacity development and support for the national school feeding programme [website]. Rome: World Food Programme; 2016 (https://www.wfp.org/operations/200494-capacity-development-and-support-national-school-feeding-programme).

20. COVID-19: UNFPA best practices and lessons learned in humanitarian operations in the Arab Region. New York, NY: United Nations Population Fund. 2020.

21. Doedens W, Giga N, Krause S, Onyango MA, Sami S, Stone E, et al. Reproductive health services for Syrian refugees in Zaatri refugee camp and Irbid City, Jordan. An evaluation of the Minimum Initial Service Package. March 17–22, 2013. New York, NY: Interagency Working Group on Reproductive Health in Humanitarian Crises (IAWG); 2013 (https://data2.unhcr.org/en/documents/details/39302).

22. Basij-Rasikh S, Khalil M, Safi N. Early responses to COVID-19 in Afghanistan. East Mediterr Health J. 2020;26(12):1442–1445. doi:10.26719/emhj.20.137.

23. Geerlings ECL, Heffernan C. Predicting risk of avian influenza a(H5N1) in Egypt: the creation of a community level metric. BMC Public Health. 2018;18(1):388. doi:10.1186/s12889-018-5288-x.

24. IOM Iraq. COVID-19 strategic response plan, February–December 2020. Geneva: International Organization for Migration; 2020 (https://www.iom.int/sites/g/files/tmzbdl486/files/country_appeal/file/iom_iraq_covid-19_response_plan.pdf).

25. Covid-19 situation report. Cairo: UN Women Arab States Regional Office; 2020.

26. Understanding how UNHCR engages with communities in Yemen: Community engagement survey report. Geneva: UNHCR; 2020 (https://reporting.unhcr.org/sites/default/files/CWC%20survey%20report%20Final.pdf).

27. Fedorowicz M, Arena O, Burrowes K. Community engagement during the COVID-19 pandemic and beyond: a guide for community-based organizations. Washington, DC: Urban Institute; 2020 (https://www.urban.org/sites/default/files/publication/102820/community-engagement-during-the-covid-19-pandemic-and-beyond.pdf).

28. The National Campaign (Elak w feed): National Campaign for the prevention of COVID-19 [website]. Amman: Ministry of Health, The Hashemite Kingdom of Jordan; 2020 (https://corona.moh.gov.jo/en/page/1038/ElakFeed).

29. Arab States Region COVID-19 situation report no. 5. New York, NY: United Nations Population Fund; 2020 (https://www.unfpa.org/sites/default/files/resource-pdf/ASRO_COVID-19_Regional_Sitrep_5_June_2020.pdf).

30. Pakistan COVID-19 situation report no. 19. Islamabad: UNICEF Pakistan; 2020 (https://www.unicef.org/media/87806/file/Pakistan-COVID19-SitRep-October-2020.pdf).

31. Integrated response plan: Yemen cholera outbreak, 23 May 2017. Health Cluster Yemen and Water, Sanitation and Hygiene Cluster Yemen (https://reliefweb.int/sites/reliefweb.int/files/resources/cholera_integrated_response_plan_23may2017.pdf).

32. ICRC, The Engine Room, Block Party. Humanitarian futures for messaging apps: Understanding the opportunities and risks for humanitarian action. Geneva: International Committee of the Red Cross; 2017 (https://reliefweb.int/sites/reliefweb.int/files/resources/4299_002_Humanitarian-Futures-for-Messaging-Apps_WEB_.pdf).

33. UN experts engage with youth on recovery after Beirut blast, 2021-04-29 [website]. New York, NY: United Nations; 2021 (https://www.un.org/en/delegate/un-experts-engage-youth-recovery-after-beirut-blast).

34. COVID-19 prevention and awareness campaign concludes in the Kurdistan region of Iraq [website]. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020 (http://www.emro.who.int/iraq/news/covid-19-prevention-and-awareness-campaign-concludes-in-the-kurdistan-region-of-iraq.html).

35. Ferris E. Faith-based and secular humanitarian organizations. International Review of the Red Cross. 2005;87(858):311–325. doi:10.1017/S1816383100181366.

36. IAP2 Spectrum of Public Participation spectrum. Denver, CO: International Association for Public Participation; 2018 (https://www.iap2.org/page/pillars).

37. Mouna K. The role of civil society in Morocco: towards democracy or autocracy? Medreset Working Papers no. 13, June 2018. Rome: Istituto Affari Internazionali; 2018 (https://www.iai.it/sites/default/files/medreset_wp_13.pdf).

38. COVID-19 risk communications and community engagement (RCCE) and the humanitarian system. Briefing pack. New York, NY: Inter-Agency Standing Committee; 2020 (https://interagencystandingcommittee.org/system/files/2020-11/COVID-19%20Risk%20Communications%20and%20Community%20Engagement%20%28RCCE%29.pdf).

39. About IAG. The Islamic Advisory Group for Polio Eradication (IAG) [website]. Jeddah: The Islamic Advisory Group for Polio Eradication (IAG); 2018 (http://www.iag-group.org/about_iag/).

40. Act Alliance: Lebanon [website]. Geneva: Act Alliance; 2020 (https://actalliance.org/where-we-work/lebanon/).

41. Narasimhan M, Lucido B, Say L, Gholbzouri K, El-Adawy M, Al Mandhari A. Changing national health policies for introduction, uptake and scale-up of self-care interventions for sexual and reproductive health and rights in the Eastern Mediterranean Region. Health Res Policy Sys. 2021;19(Suppl 1):60. doi:10.1186/s12961-021-00705-1.

42. UNAIDS Middle east and North Africa: Regional report on AIDS 2011. Cairo: UNAIDS; 2011 (https://www.unaids.org/sites/default/files/media_asset/JC2257_UNAIDS-MENA-report-2011_en_1.pdf).

43. Butler N, Tulloch O, Karam S. Norms, beliefs, and practices relevant to the prevention of COVID-19 in the Middle East and North Africa: a literature analysis. Amman: UNICEF Middle East and North Africa Region Office; 2021 (https://www.unicef.org/mena/reports/norms-beliefs-practices-relevant-prevention-covid-19-middle-east-north-africa).

44. UNDP brief: Gender-based violence and COVID-19. New York, NY: United Nations Development Programme; 2020 (https://www.undp.org/publications/gender-based-violence-and-covid-19#modal-publication-download).

45. Minimum quality standards and indicators for community engagement. New York, NY: UNICEF; 2020 (https://www.unicef.org/mena/media/8401/file/19218_MinimumQuality-Report_v07_RC_002.pdf.pdf).

46. Kanzel S. Dealing with COVID-19 in Yemen [website]. New York, NY: Action Against Hunger; 2020 (https://www.actionagainsthunger.org/story/dealing-covid-19-yemen).

47. Restoring hope, saving lives: COVID-19 response project in Yemen [website]. Washington, DC: The World Bank; 2021 (https://www.worldbank.org/en/results/2021/04/14/restoring-hope-saving-lives-covid-19-response-project-in-yemen).

48. Al Siyabi H, Al Mukhaini S, Kanaan M, Al Hatmi S, Al Anqoudi Z, Al Kalbani A, et al. Community participation approaches for effective national COVID-19 pandemic preparedness and response: an experience from Oman. Front Public Health. 2021;8(1044):616763. doi:10.3389/fpubh.2020.6167630.

49. COVID-19: Global Risk Communication and Community Engagement Strategy. December 2020–May 2021. Geneva: IFRC, UNICEF, WHO; 2020 (https://www.who.int/publications/i/item/covid-19-global-risk-communication-and-community-engagement-strategy).

Annex 1.

Roadmap on building resilient communities for better health and well-being in the Eastern Mediterranean Region

1. The following regional roadmap, with its proposed actions for countries, will help guide the building of resilient communities for better health and well-being, including in emergency situations. WHO will provide tools, technical support and capacity-building materials, and establish regional platforms for experience exchange and advisory groups at the regional level, as needed.

2. The roadmap can be implemented by establishing platforms or bodies at the national level, such as supreme councils encompassing representatives from the community and civil society organizations, through which public consultation and discussion can take place. These national bodies need to be linked to the local level (provincial, district and city levels) though multisectoral platforms that also include community and civil society representatives and are led by the local authorities, such as the governor, mayor or *wally*. Accordingly, the role of local government will shift from "governing" to that of "governance", whereby governments work with communities to plan, design and deliver decisions and polices.

3. The roadmap includes proposed actions by strategic direction for countries to consider and the desired outcomes that can be used as a basis to track progress in implementation of the actions.

Strategic direction	Proposed actions for countries	Outcomes
Engage community and civil society representatives in governance structures	• Establish working groups/entities, platforms or coalitions, including at peripheral levels, dedicated to community engagement • Engage community and civil society representatives in existing governance structures, including at peripheral levels • Review and enact legislation or develop decrees or administrative procedures to provide legal support and guarantee a space for communities and civil society in the decision-making process and the planning and implementation of strategic interventions, and identify those responsible and reporting lines	• Working groups/entities, platforms or coalitions established • Communities and civil society represented in the different government bodies, with clear mandates and reporting lines
Map existing communities, networks, practices and resources	• Map and identify communities of priority concern to the country, such as those at high risk, refugees, youth, religious leaders, internally displaced people, and urban and rural communities • Map leading civil society networks and identify their mandate and priorities • Create a repository or database of community engagement interventions • Map existing modalities, practices, platforms and approaches for engaging different communities • Map budgetary allocations for community engagement	• Priority communities identified • Active civil society/nongovernmental organization networks identified • Existing modalities, practices, platforms and approaches for engaging communities mapped • Investments for community engagement mapped
Establish links and build trust with communities and civic institutions	• Identify trusted community leaders or representatives • Discuss and agree on representatives of communities and civil society in governmental structures • Ensure community and civil society representatives are well represented in governance structures • Promote the participation of communities and civil society in the national planning and implementation of health programmes and interventions • Hold forums to exchange knowledge about community engagement interventions and outcomes	• Selected and mutually accepted community and civil society representatives linked with governing bodies within a legal framework • Community- and civil society-led initiatives active and aligned with national strategies • Lessons learned documented and disseminated
Enhance collaboration and coordination for effective interventions	• Develop standard operating procedures for operationalizing community and civic engagement and align them with national strategic directions • Ensure the role of communities and civil society is defined in national development and emergency strategies and plans • Ensure the participation of community and civil society in coordination structures such as health cluster coordination mechanisms and public health emergency operation centres • Facilitate accountability and provide opportunities for communities and civil society to access regional and global platforms, such as the League of Arab States and Gulf Cooperation Council	• Community and civic engagement operational with concrete actions • Role of community and civil society integrated in national strategies and plans • Community- and civil society-led programmes and initiatives are monitored and evaluated • Opportunities and successful examples of effective interventions are advocated for and promoted regionally and globally

Strategic direction	Proposed actions for countries	Outcomes
Streamline listening and community feedback to ensure two-way communication	• Establish a mechanism for social listening, including online tools to capture insights from social media platforms and offline platforms such as community meetings, hotlines and surveys, to facilitate the collection of community feedback • Establish mechanisms to analyse community insights and collect feedback to be used for the design of community-based programmes and interventions • Share community insights in the different coordination mechanisms to ensure integration of community feedback and inputs in interventions	• Social listening and community feedback mechanisms in place • Community programmes and interventions are planned according to local needs and context
Localize community engagement approaches	• Promote and support community-based participatory approaches for community and civil society engagement • Regularly assess the acceptability and feasibility of community-based programmes and interventions, and adapt to local contexts accordingly	• Community-based programmes and interventions are implemented and operational
Build the capacity of communities and civil society and provide support to maximize community participation	• Design and develop capacity-building programmes for communities and civil society and develop materials as needed • Provide human and financial resources to implement capacity-building programmes • Establish a network of community volunteers to support community engagement initiatives and scale up good practices • Participate in regional and global initiatives to build the capacity of civil society	• Communities and civil society are enabled and engaged in planning, design and implementation of programmes and interventions to achieve national targets
Advance evidence-based and innovative interventions	• Promote and allocate resources to support research to inform evidence-based community and civil society engagement programmes and interventions • Disseminate, promote and support evidence-based interventions among stakeholders in developing and implementing community engagement programmes • Support the integration of evidence-based interventions into national health and development plans and in emergency prevention, preparedness and response plans	• Evidence-based programmes and interventions designed and implemented • Innovative approaches developed to facilitate implementation of programmes and interventions
Document and communicate linkages between improved public health outcomes and community-based programmes	• Establish a mechanism for the assessment, monitoring and evaluation of community-targeted projects • Monitor the progress of community-based programmes and interventions and include them in national progress reports • Promote documentation of public health outcomes of community-based programmes and interventions • Organize forums and facilitate the dissemination of community-based programme outcomes related to diseases and risk factors at the national, regional and global levels • Develop guidance and tools for adopting and integrating standards for community-based programmes and interventions	• Transparent and responsive reporting system established • Learning centres, such as centres of excellence, established and used as hubs to promote information exchange among countries