

## **Progress report on building resilient communities for better health and well-being in the Eastern Mediterranean Region – implementation of the roadmap**

### **Introduction**

1. In relation to implementation of the regional roadmap to building resilient communities for better health and well-being, endorsed by the 68th session of the WHO Regional Committee for the Eastern Mediterranean in resolution EM/RC68/R.4 in October 2021, the following progress has been achieved.

#### *Engaging community and civil society representatives in governance structures*

2. Technical and financial support has been provided to establish community health committees in Morocco, Oman, Pakistan, Palestine and Tunisia. Societal and community dialogue in Morocco and Tunisia has been strengthened and built upon through creating and enforcing appropriate modalities and channels and using outcomes in strategic planning and decision-making to create concrete examples.

3. A series of capacity-building workshops has been conducted to train key individuals and create linkages between civil society organizations (CSOs) and community committees. This includes the Urbanlead initiative's training workshops carried out by WHO country offices and ministries of health to develop governance capacity for promoting health and well-being at country and city level.

4. The Healthy Cities programme has been used at the national level as a multisectoral platform for social and health development, community engagement, needs assessment and planning efforts, in addition to being used at local level to enable communities to take an active role in health and well-being. Solid progress has been achieved in Bahrain, Islamic Republic of Iran, Kuwait, Oman, Qatar, Pakistan, Saudi Arabia, Tunisia and United Arab Emirates. The Regional Healthy Cities Network website has been used as a practical and user-friendly repository for the exchange of experiences with different community engagement approaches and interventions.

#### *Mapping existing communities, networks, practices and resources*

5. A mapping exercise has been performed at the regional level to map active CSOs and nongovernmental organizations, and their mandates and areas of work, and the results shared through a database to support the development of new initiatives. CSOs have also been mapped in three districts in Pakistan (Gilgit, Islamabad Capital Territory and Kotli), collecting information, including their main areas of work and potentialities. There are plans to carry out similar mapping in other districts. Community needs assessments for health services have been performed in some countries (such as in Islamabad, Pakistan). A tool is being developed and will be piloted in Egypt and the Islamic Republic of Iran.

#### *Establishing links and building trust with communities and civic institutions*

6. Technical and financial support has been provided to establish community health committees. This has been co-funded by the Swiss Agency for Development and Cooperation in Morocco, Palestine and Tunisia. The committees have diverse participants and include municipal authorities, community leaders and representatives. Societal and community dialogues and forums are being regularly held to

exchange knowledge about community engagement interventions and outcomes in some countries of the Region, including Bahrain, Kuwait, Morocco, Pakistan, the Syrian Arab Republic and Tunisia.

*Enhancing collaboration and coordination for effective interventions*

7. A community engagement assessment tool has been developed jointly with UNICEF to be piloted in Egypt, Jordan and the Syrian Arab Republic. The Gulf Cooperation Council is establishing a Healthy Cities committee as a platform for multisectoral action and community engagement.

8. Regarding community-based responses in emergencies, a report has been prepared on community-based engagement for a coordinated response and health outreach to flood-affected populations in Pakistan. Such responses leverage the collective capacity of community health responders, including what are known in Pakistan as lady health supervisors and lady health workers, as well as local nongovernmental organizations and CSOs. The response interventions entailed equipping community health responders to conduct targeted engagement with flood-affected communities to raise awareness; mapping vulnerable households and referring for additional health care, as required; and supporting community outreach and mobilization in response interventions across multiple health sectors such as water, sanitation and hygiene (WASH), vector control and mental health, including psychosocial support.

*Streamlining listening and community feedback to ensure two-way communication*

9. Updates to the regional framework for risk communication and community engagement have been made. The original framework was developed in 2019 but was updated to take into account experiences, lessons learned and good practices identified from the response to the COVID-19 pandemic.

*Localizing community engagement approaches*

10. Healthy villages, healthy universities and healthy cities are being taken as models for creating an enabling environment for health and well-being based on community engagement through involving community representatives as active members in multisectoral committees, whether at the city, village or educational facility level. In addition, community health committees have been established at district level in Morocco, Oman, Pakistan and Tunisia.

*Capacity-building of communities and civil society and maximizing community participation*

11. Training of community health committee/facility members has taken place in the Islamic Republic of Iran, Oman and Pakistan. Capacity-building of community engagement committees at the municipality level has been conducted through the Urbanlead initiative on the best ways to engage communities and create evidence for better planning, with the engagement of academic partners at the national level (this is a global initiative with regional participation from the Islamic Republic of Iran and Tunisia).

12. An update of a training package for community-based workers and volunteers on key public health issues was undertaken. It will be piloted in Egypt for refining.

*Advancing evidence-based and innovative interventions*

13. A community-based qualitative research project has been piloted with the support of WHO in Hay Helal, an informal settlement in Tunis, to assess community needs and design a strategic response plan. Currently, WHO is mobilizing resources to support the response plan.

14. A conference co-hosted by Qatar will be held on 31 October 2023 to exchange knowledge and experiences in community engagement interventions and outcomes. Participants will include focal persons from countries of the Region and other regions, international experts, academics and

representatives from other United Nations (UN) agencies such as the United Nations Children's Fund (UNICEF) and the United Nations Human Settlements Programme (UN-Habitat).

*Documenting and communicating linkages between improved public health outcomes and community-based programmes*

15. A template has been designed for the documentation of community-based programmes and interventions and was used to collect good practices during the COVID-19 pandemic. It is currently being used in Kuwait to document good community engagement interventions beyond COVID-19 and will be shared with other countries. The newly-appointed WHO Collaborating Centre for Healthy Cities at the Ministry of Health of Saudi Arabia will help in documenting the collaboration in partnership with the academic partner in Taibah University.