Community engagement and resilience building to public health threats in urban settings

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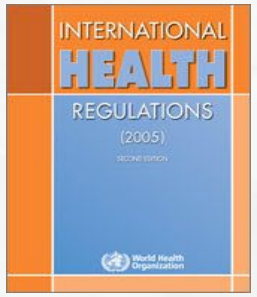
Over the past two decades, the importance of communicating and engaging with communities has become central to any public health emergency response

2003-04 – Severe Acute Respiratory Syndrome (SARS)

2005 – Revision of IHR to include risk comms



2009 – H1N1 Pandemic

2014 – Ebola outbreak in West Africa

2015 – Nepal Earthquake

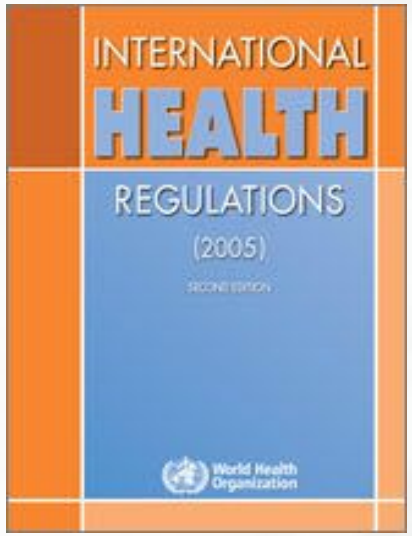
2016 – Zika announced as PHEIC, with outbreaks in BAN, IND, INO, MAL, THA

2020 – COVID-19 pandemic

What is a community-centered health emergency management?

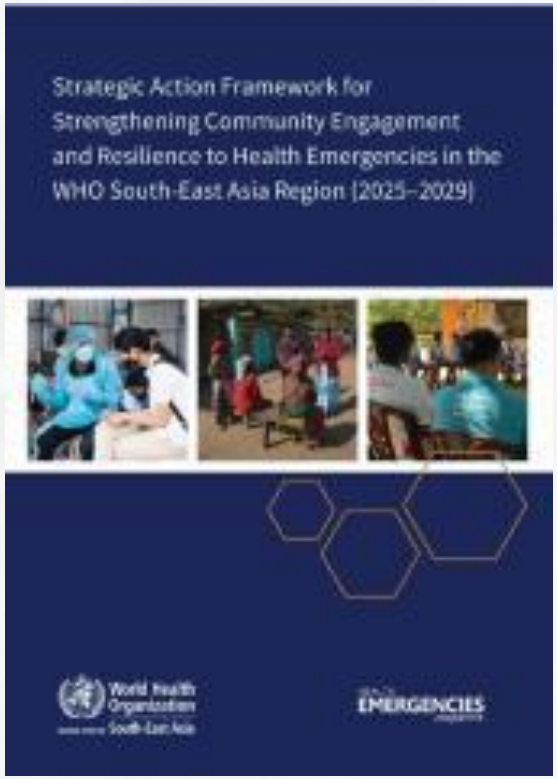
Community-centred health emergency management engages and involves the people who are at risk or affected in decisions that are taken to protect their health and wellbeing.

*Health emergency management is used here to refer to actions taken to **prevent, prepare for, respond and recover** from health emergencies.*



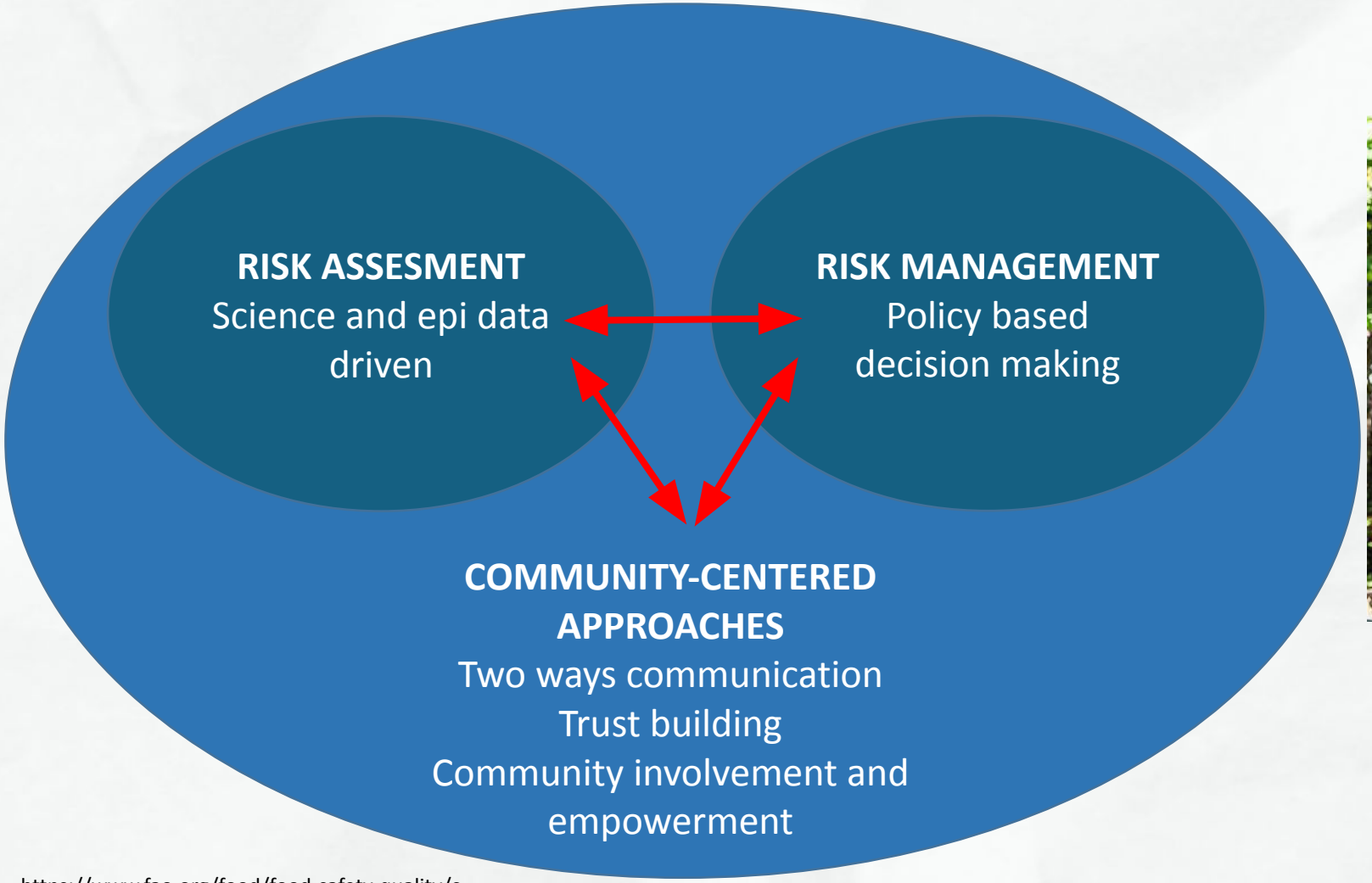
Core capacity under the International Health Regulations

One of the 5 core subsystems for health security architecture



SEA Regional Implementation Guide

Community-centered approaches help guide our understanding of risk, how to manage it, and bridge the gap between health systems and affected populations



https://www.fao.org/food/food-safety-quality/capacity-development/risk-analysis/en/

Health responses are even more complex in urban settings

- Diverse populations
- Varied risk perceptions
- Mistrust in authorities
- Tensions during crisis
- Accessing marginalised groups
- Population Movement
- Applying health measures (lock downs/isolation etc)

Priority Areas for Investment:

Priority 1 : Establish sustainable inclusive governance mechanisms

Priority 2 : Expand and empower community workforces

Priority 3 : Establish mechanisms for the collection and use of social, cultural and behavioural data

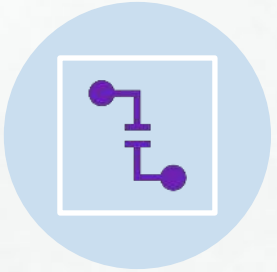
Priority 4 : Strengthen community resilience to infodemics

Priority 5 : Ensure equity and inclusion of vulnerable and marginalized groups

Priority 6 : M&E and document lessons learned and best practices for community-centered health emergency management.

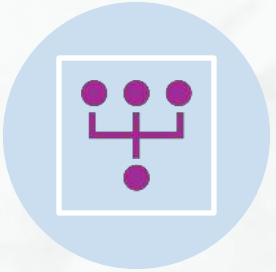
Priority Actions for Preparedness:

Prepare and Plan – integrate RCCE into event-specific responses. Connect with the health sector RCCE.



Multiple strategies and channels – Integrate into early warning systems.

Don't wait till it is too late! Consider needs for prevention, preparedness, readiness, response and recovery.



Coordinate! Engage with different stakeholders early as part of prevention and preparedness and across sectors.

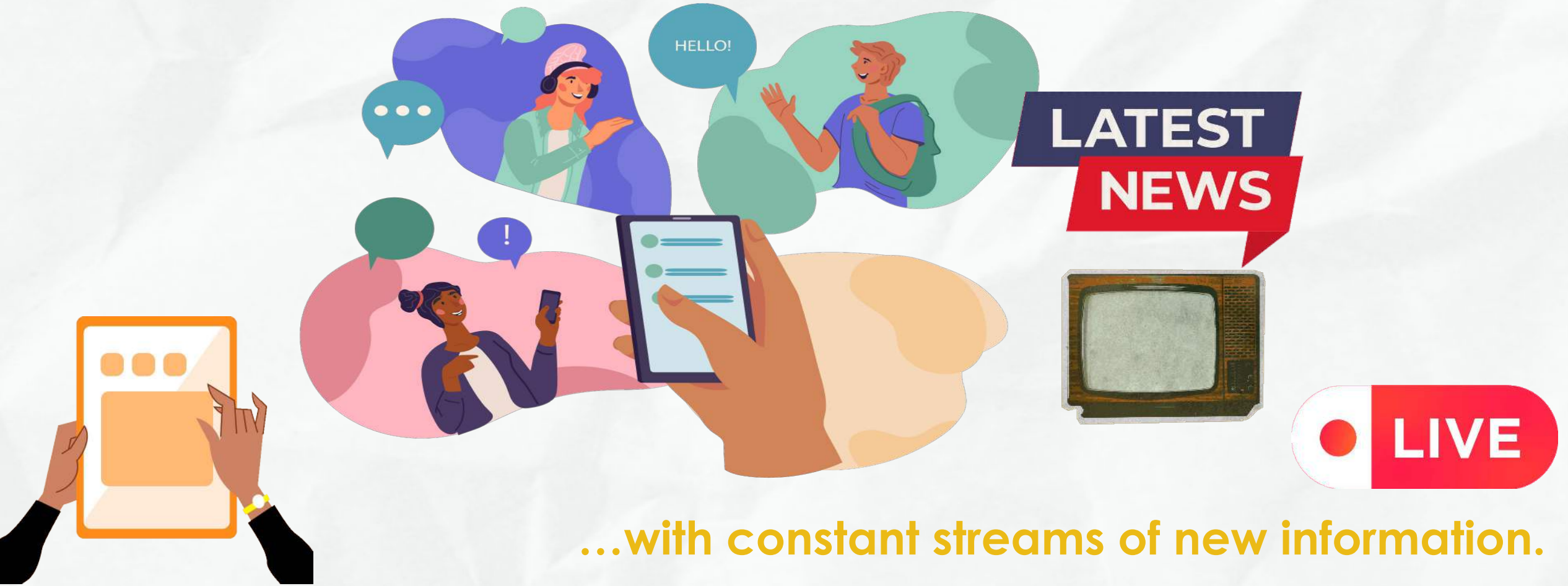
INVESTMENT:

- Human resources
- Technology
- Training & exercises
- Supplies
- Funding
- Planning

Infodemics & Impacts for Urban Disaster Management

Briand S, Hess S, Nguyen T, Purnat TD. Infodemic Management in the Twenty-First Century (pp. 1-16). Springer, Cham.

We live in a noisy information environment...



...with constant streams of new information.

Infodemics adds a new layer of complexity to a response....

Too much INFORMATION

Variable quality of information (outdated, conflicting, etc)

Constant change of narrative

Unsettled science during emergencies and information voids

Rapid spread of mis- and dis-information

Information flows from online to offline and vice-versa

An infodemic can cause real harm

Direct impact on health

increased morbidity & mortality

Misunderstanding

of health information & behaviours to adopt

Mistrust

In government

In science & In experts

In public health authorities

In response & interventions (vaccine therapeutics)

Stigma

Undermines social cohesion

Process to preparing for & responding to infodemics

PREPARE & MONITOR

1

Develop the taxonomies and tools to conduct social listening (online and offline)

Consider different sources (hotlines, digital analytics, feedback loops)

2

Conducting Social Listening to detect emerging issues, impacts, needs, questions, concerns etc

DETECT & INTERVENE

3

Detect issues and assess their impact (perceived and real)

4

Respond based upon insights – this may be a range of interventions to address information voids, answer questions, address service gaps

STRENGTHEN

5

Strengthening preparedness & prevention, planning, policy and systems, with a focus on building trust

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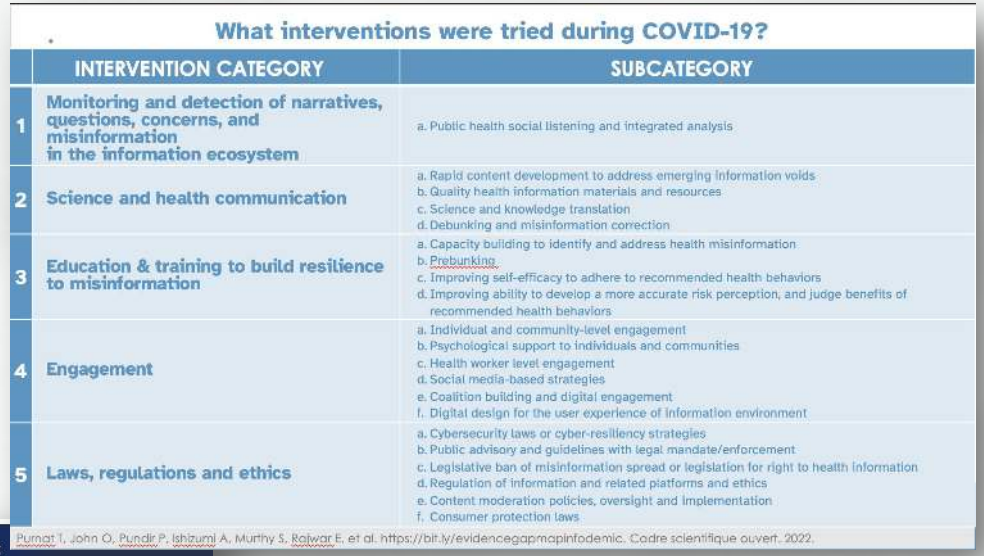
Ongoing monitoring, real-time insights and refining your response

IM tools and guidance for infodemic management



What interventions were tried during COVID-19?

	INTERVENTION CATEGORY	SUBCATEGORY
1	Monitoring and detection of narratives, questions, concerns, and misinformation in the information ecosystem	a. Public health social listening and integrated analysis
2	Science and health communication	a. Rapid content development to address emerging information voids b. Quality health information materials and resources c. Science and knowledge translation d. Debunking and misinformation correction
3	Education & training to build resilience to misinformation	a. Capacity building to identify and address health misinformation b. Prebunking c. Improving self-efficacy to adhere to recommended health behaviors d. Improving ability to develop a more accurate risk perception, and judge benefits of recommended health behaviors
4	Engagement	a. Individual and community-level engagement b. Psychological support to individuals and communities c. Health worker level engagement d. Social media-based strategies e. Coalition building and digital engagement f. Digital design for the user experience of information environment
5	Laws, regulations and ethics	a. Cybersecurity laws or cyber-resiliency strategies b. Public advisory and guidelines with legal mandate/enforcement c. Legislative ban of misinformation spread or legislation for right to health information d. Regulation of information and related platforms and ethics e. Content moderation policies, oversight and implementation f. Consumer protection laws

Purnat T, John O, Pundir P, Ishizumi A, Murthy S, Rajwar E. et al. https://bit.ly/evidencegapmapinfodemic. Cadre scientifique ouvert. 2022.

https://www.who.int/teams/health-ethics-governance/emergencies-and-outbreaks/expert-group

Purnat T, John O, Pundir P, Ishizumi A, Murthy S, Rajwar E. et al. https://bit.ly/evidencegapmapinfodemic. Open Frameworkt. 2022.

Trainings on openwho.org

Engaging & Empowering Community Workforces as frontline responders

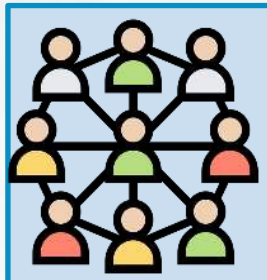
SEA Countries have a long and successful history of engaging community workers, volunteers, groups, and networks for public health action

Female Community Health Volunteers Nepal: First responders, delivering crucial assistance like first aid, support, and mental health care to affected communities during Nepal 2015 earthquake.

De-suung & Village Health Workers, Bhutan. Provide critical health services in villages, in particular rural and remote areas.

ASHA workers, India. Female community health workers in India who play a vital role in connecting communities with the public health system

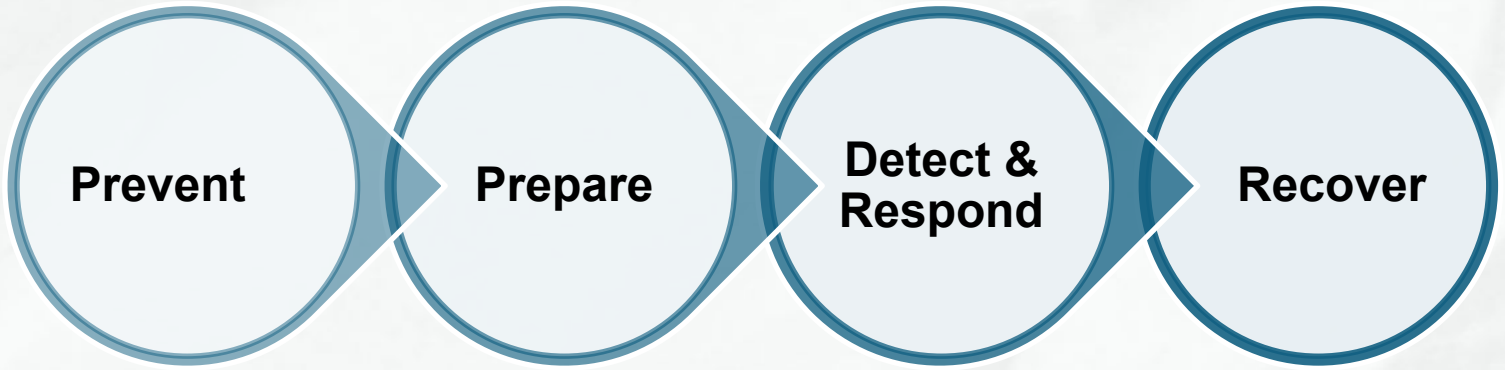
Critical public health functions during health emergencies and outbreaks



Vision: standardised capacity and functions, integrated into health emergency operations

Core community-level public health functions

Aligned to



- Mobilising preventative actions e.g. Local WASH, vaccine confidence building.
- Participatory risk mapping and preparedness planning with communities, CSOs, partners; trained community workforces.
- Supporting care pathways, facilitating service access, supporting community-based surveillance, designing PHSM fit for local context.
- Supporting early recovery efforts and after-action reviews.

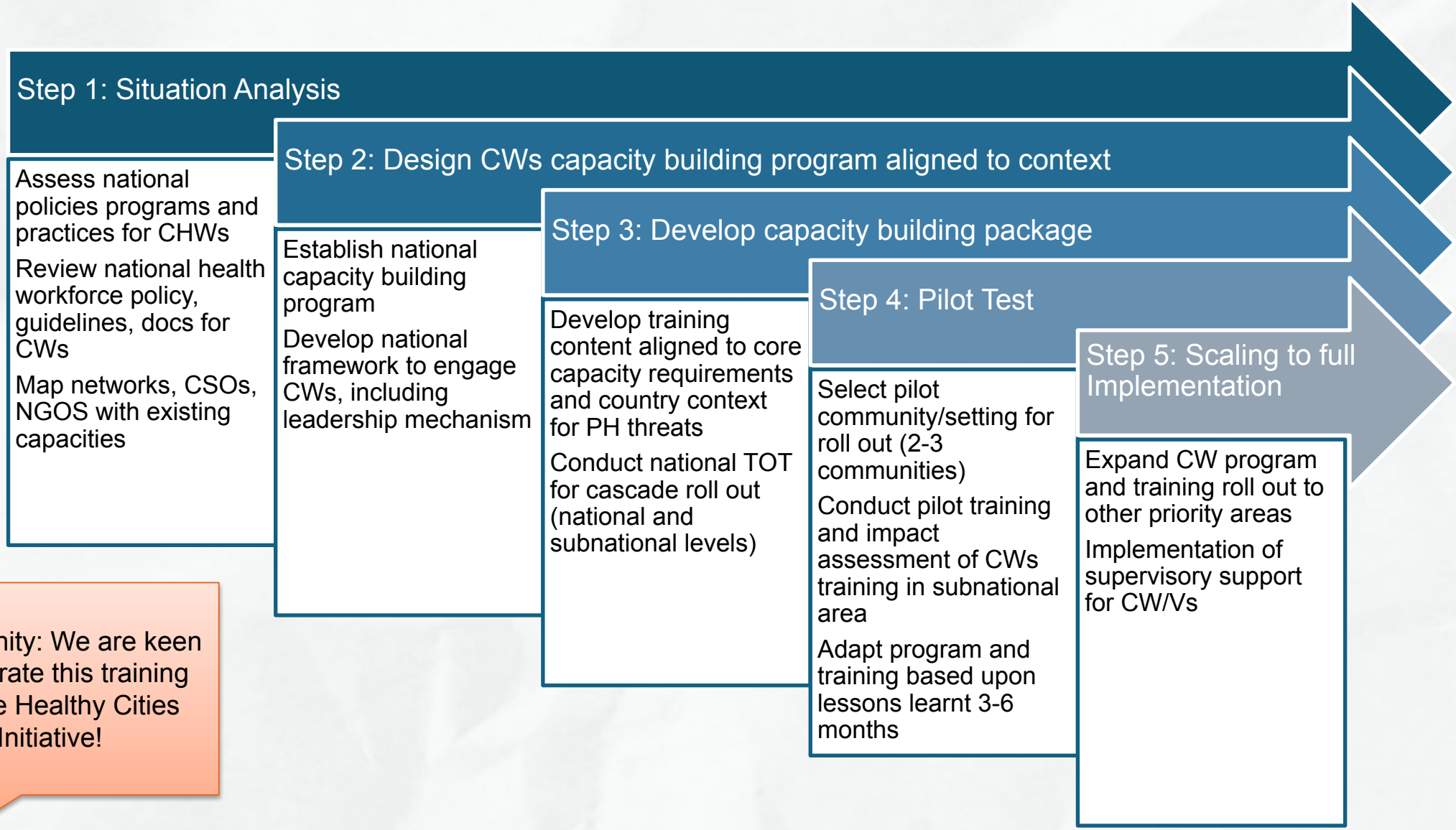
National and subnational risk assessments of proximate and predictable public health threats

Figure 6. Sample country emergency risk matrix table

Impact	Very unlikely	Unlikely	Likely	Very Likely	Almost certain
Critical					COVID-19
Severe		Zika	Flooding, Landslides, Cholera	Cyclone, Measles	Meningitis
Moderate					
Minor					
Negligible					

Likelihood

Staged Approach to strengthening capacity of community workforces in SEA Member States



Opportunity: We are keen to integrate this training into the Healthy Cities Initiative!

Thank you!