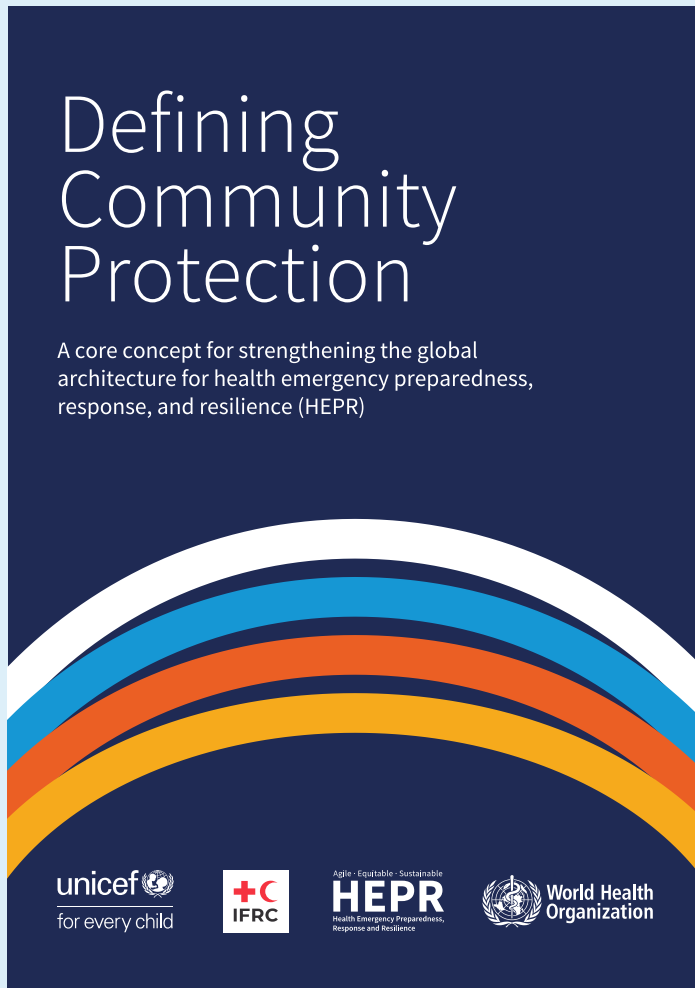# How we can engage communities for Readiness in Health Emergencies: The example of the Ghana Tabletop Exercise

WHO EPI-WIN WEBINAR
Thursday, 18 April 2024

Defining community protection under HEPR

Defining Community Protection

A core concept for strengthening the global architecture for health emergency preparedness, response, and resilience (HEPR)

unicef for every child   IFRC   HEPR Health Emergency Preparedness, Response and Resilience   World Health Organization

World Health Organization

In HEPR, Community Protection is defined as the outcome of **health emergency management** that involves and engages the people who are affected by an emergency event in decisions and actions aimed at protecting their **health and well-being**

2.1 Community engagement, risk communication and infodemic management

Communities are included and involved, their expertise is listened to, and activity engaged to co-create solutions. They are provided with the right information at the right time to take action in ways that protect health and wellbeing.

2.2 Population & environmental public health interventions
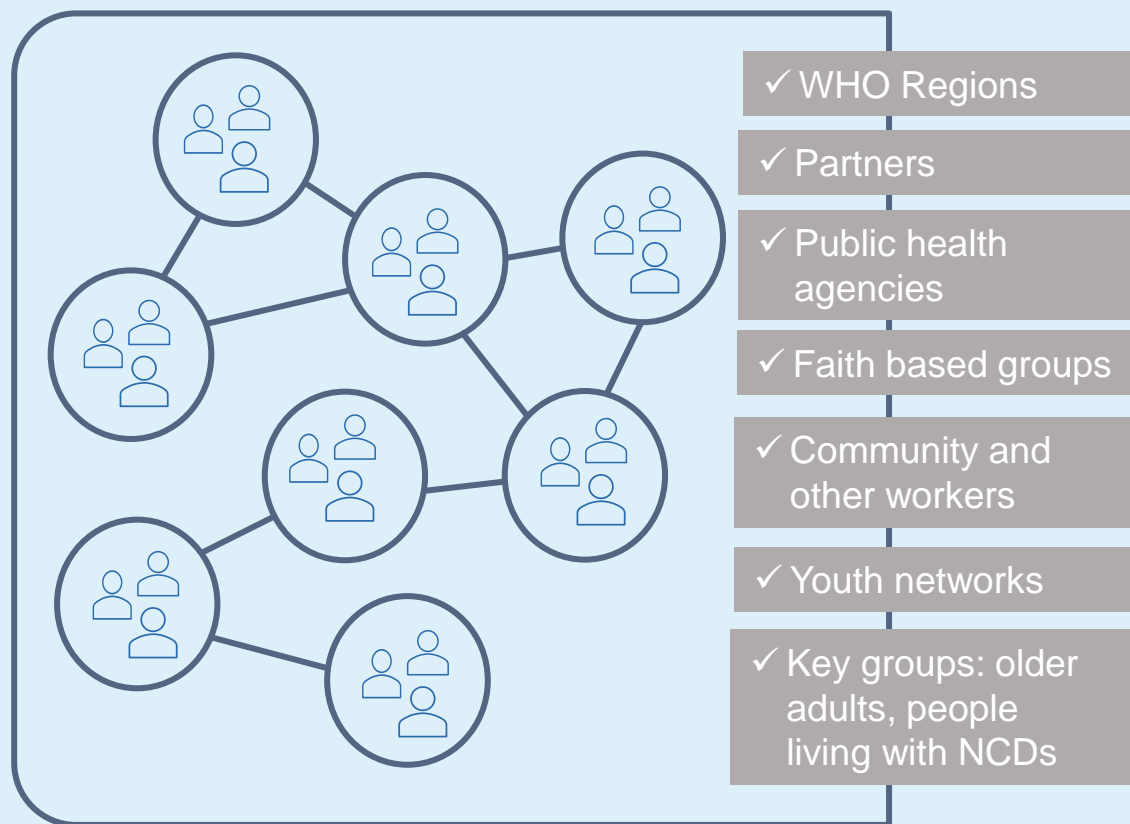
Interventions to manage or control an event are deployed in ways that are relevant, meaningful and acceptable to the communities whose health and wellbeing they are designed to protect: local level realities are account for in risk-benefit analyses and in approaches for deployment. Interventions include those to control zoonotic spillover, vector control. WASH, public health and social measures, and

2.3 Multisectoral action for social & economic protection

The inadvertent harms that can arise through implementing interventions to manage or control an event are accounted for and addressed so that 'daily life' continues, including through ensuring social protection, business continuity, education, food security, psychosocial support.

Community protection Network

- ✓ WHO Regions
- ✓ Partners
- ✓ Public health agencies
- ✓ Faith based groups
- ✓ Community and other workers
- ✓ Youth networks
- ✓ Key groups: older adults, people living with NCDs

Save the date

Community Protection Partners Meeting
Communities at the centre of managing health emergencies—progress, gaps, and priorities for action

Tuesday, 7 May 2024
12:00-16:00 CEST (Geneva)
Online meeting

Register by 4 May 2024
ENQUIRIES TO:
communityprotectionpartners@who.int

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HEALTH EMERGENCIES programme

3

Country planning for community protection

World Health Organization

Scenario-based Gap Analysis and Action Planning for Multisectoral Action to enable Community Protection
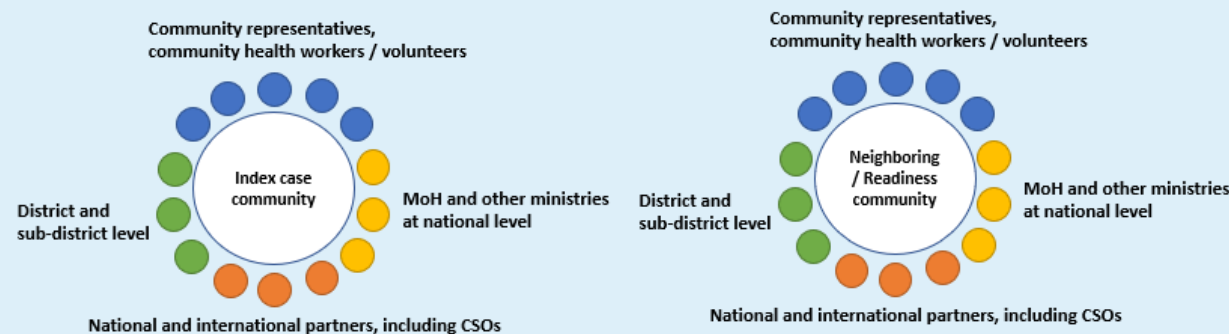
THE CONTEXT

Health emergencies begin and end at communities. The actions taken early at sources where the emergency begins by those initially and directly affected make an important and huge difference to the trajectories of emergency events. Therefore, National action to enable **capacity development at local and community levels** is critical to strengthen country capacities to prevent, detect and respond to health emergencies. In developing such capacities, systematic community engagement and empowerment is key by leveraging **community structures and assets**, strengthening capacities of **community workforce**, integrating the roles and functions of community workforce with those of **community facing local health system and PHCs**, applying a whole of society approach with appropriate **local multisectoral coordination** mechanisms and inclusive **partnership** platforms.

At the 75th World Health Assembly, the WHO Director-General presented to Member States a renewed vision to strengthen the global architecture for health emergency preparedness, response, and resilience (HEPR)[1]. Built on more than 300 recommendations from independent reviews of the global response to COVID-19 and prior outbreaks, HEPR presents a renewed vision for strengthening the way in which countries and the world prepares for and responds to health emergencies. HEPR systems refer to standardized approaches and key components for health emergency preparedness & response across intersecting five subsystems of Emergency Coordination, Collaborative Surveillance, Community Protection, Safe and Scalable Clinical care, and Access to Medical Countermeasures.

Positioning community-centered policy and practice and community and local capacity strengthening as a core part of HEPR is an important advance for this global health emergency architecture strengthening efforts, which will ensure national and local government to work together with communities, civil societies and community based organizations through enhanced multisectoral coordination and inclusive partnership to build comprehensive national capacities to prevent, detect and respond to health emergencies starting from the communities and local health system and then all the way up to national and international levels.

The Pandemic Fund established to support countries for strengthening critical pandemic prevention, preparedness, and response capacities and capabilities in low- and middle-income countries has announced a second round of Call for Proposal in Dec 2023 prioritizing early warning and disease surveillance systems, laboratory systems, strengthening public health and community workforce capacity with particular attention to community engagement, civil society involvement, gender and

[1] https://www.who.int/publications/m/item/strengthening-the-global-architecture-for-health-emergency-prevention--preparedness--response-and-resilience
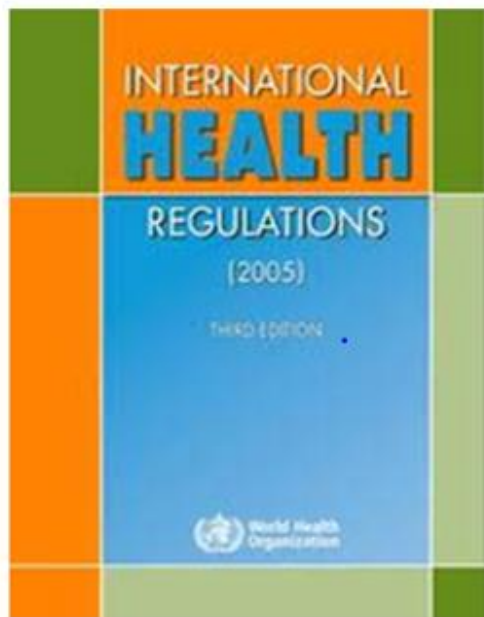

	Prevention & Preparedness	Early detection & Notification	Readiness/Anticipatory action & containment	Response/control & mitigation	Recovery & sustaining community capacities
Community engagement, risk communication & infodemic management	• RCCE-IM embedded into national policy and practice • RCCE-IM preparedness plan, trainings and tools • Establishing listening channels • Health literacy and resilience to mis/disinformation • Community Risk and Vulnerability Assessment • Community pandemic preparedness planning and simulation exercises	• Community EWARS • Community Engagement to enhance early detection and immediate notification • Mechanisms and tools for timely notification • Community first responders trained for early detection and notification • Community engagement for RRT investigation	• Mapping stakeholders and their capacities • Readiness assessment for imminent threat • Gap analysis and readiness action planning • Training of communities, CBOs, CSOs, and private sectors for readiness • Activation of community readiness actions including RCCE-IM	• RCCE-IM response • Real time feedback and data collection • Listening to communities and feedback mechanism functional • Co-developing messages and advice • Building community trust for response operations • Community involvement in emergency response planning and operations	• Post disaster assessment on RCCE-IM • Community AAR and recovery planning • Community structures, capacities and workforce strengthened to strengthen community resilience • National policies, programs and resources to build community resilience
Population & environmental public health interventions	• Prevent zoonotic spill over at human, animal and environmental interface • Community vector control • Community WASH • Immunization campaigns and services with community engagement	• Detection of zoonotic spillover at community • Early communication between animal, environmental and human sectors • Early, appropriate and relevant PHSM measures if suspected outbreak • Community vector control and WASH	• Enhancing community based surveillance • Training of community first responders • Community based epidemic containment • Community vector control • Community WASH • PHSM and community engagement	• Case finding, contact tracing and referrals • Community centered PHSM, Psychosocial support • Community case management • Community based IPC • Essential health services	• Community participation in local, regional and national recovery planning • Community based rehabilitation services • Community health system and capacity strengthening with building back better principle
Multisectoral action for social & economic protection	• Development of social, livelihood and economic protection policies, standards and practices • Delivery mechanism and resources for social, livelihood and economic protection measures	• Engaging various community informants from schools, restaurants, factories, etc. for early detection and notification functions • Infrastructures and mechanism in place to ensure notification of events impacting social and economic status of communities	• Assessing the need and resource availability for social, livelihood and economic protection services for imminent threats • Gap analysis and action planning and implementation with multisectoral	• Listening actively to communities and assessing the need • Incorporating community insights, concerns and needs into response operations • Provision of social, livelihood and economic protection measures while responding to health emergencies	• Multisectoral post pandemic assessment on social, livelihood and economic measures and impact • Mainstreaming health in Community resilience building and community development protects and programs • Active participation at community disaster risk management programs

WHO Director-General's Opening Remarks at the UN General Assembly meeting on IPPPR, July 2021

Pandemics start and end in communities. All our work to **prevent future pandemics must start locally**, by strengthening public health surveillance and systems that can detect and contain diseases at source, stronger primary health care systems that can save lives, and bolstering community engagement and participation through stronger social safety nets. **That must be our first priority …**

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IHR 2005: Early Detection and Containment at Source

✓ **Health Emergencies Starts and Ends in Communities**

The Covid-19 pandemic starts in a community

Wuhan Tianhe International Airport

Individuals → **A community** → **Districts, countries, regions, The Globe**

IHR capacities required at local and community level to detect unusual public health events… to notify them immediately to the appropriate level of health-care response and take preliminary response actions

Community Readiness Enables:
✓ Early detection and **containment of outbreaks at source**
✓ Effective and **timely response to emergencies**

Improving Community Preparedness and Operational Readiness

CHECKLIST

- Use the Readiness Generic Checklist to review community operational readiness

Review Tool

- Check if the 'WHAT' & 'WHO' of the readiness core component are in place by utilizing the "Operational Readiness Review Tool" (Annex 9)

Planning Guide

- .Update existing preparedness and emergency plans or develop a community operational readiness action plan. (Section C)

Simulation exercises

- Test the functionalities and interoperability of the readiness plan through simulation exercises (Section D of the Guide)

Eight Readiness Core components: Coordination, Community Based Surveillance, Public Health and Social Measures, Community-Based Health Services, Community-Based Response team, Risk Communication, Community Engagement, Access to countermeasure

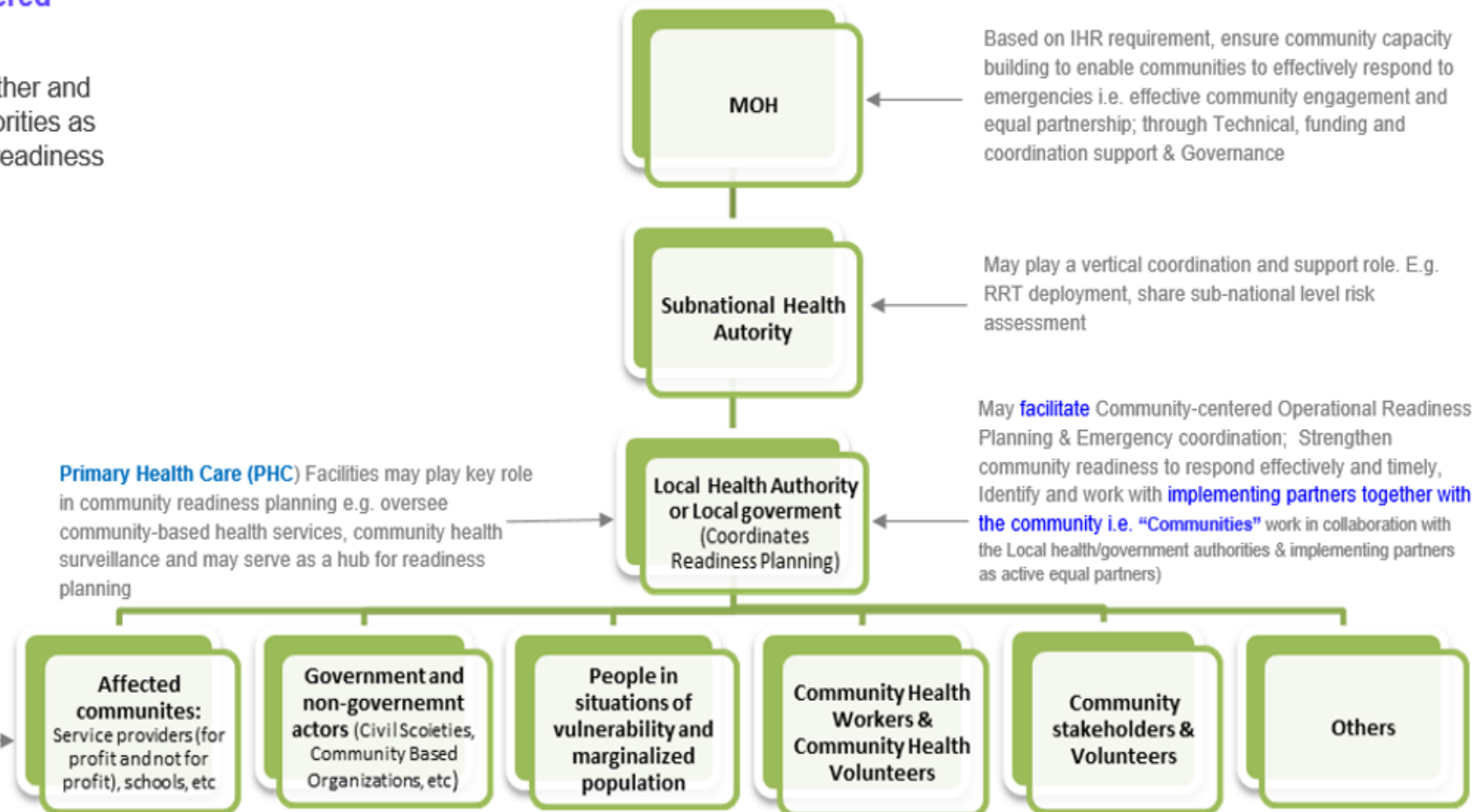readiness.

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Focus: How do local health authorities & the community work together to ensure community readiness for response?

Community Readiness Operational Model

Community- Centered approach:

Communities work together and co-create with local authorities as equal partners to ensure readiness

MOH

Based on IHR requirement, ensure community capacity building to enable communities to effectively respond to emergencies i.e. effective community engagement and equal partnership; through Technical, funding and coordination support & Governance

Subnational Health Autority

May play a vertical coordination and support role. E.g. RRT deployment, share sub-national level risk assessment

Primary Health Care (PHC) Facilities may play key role in community readiness planning e.g. oversee community-based health services, community health surveillance and may serve as a hub for readiness planning

Local Health Authority or Local goverment (Coordinates Readiness Planning)

May facilitate Community-centered Operational Readiness Planning & Emergency coordination; Strengthen community readiness to respond effectively and timely, Identify and work with implementing partners together with the community i.e. "Communities" work in collaboration with the Local health/government authorities & implementing partners as active equal partners)

The "Community" is Located under the smallest administrative unit or under the local health authority, whichever is feasible

Affected communites: Service providers (for profit and not for profit), schools, etc

Government and non-governemnt actors (Civil Scoieties, Community Based Organizations, etc)

People in situations of vulnerability and marginalized population

Community Health Workers & Community Health Volunteers

Community stakeholders & Volunteers

Others

Note: Local Health authority or Local Government Refers to the smallest administrative unit near a community

Preparedness ≠ **Effective Response**

Preparedness Plans → **Test via Simulation Exercise** → **Effective Response**

Why the need for Tabletop Exercise?

- Test functionality and interoperability of systems
- Clarifies roles and responsibilities of stakeholders
- Checks the capacity of the community to respond timely and effectively

This middle process is "Readiness" resulting in an <u>effective response</u>

World Health Organization · PIP FRAMEWORK · MINISTRY OF HEALTH REPUBLIC OF GHANA · GHANA HEALTH SERVICE Your Health-Our Concern · UK Health Security Agency · LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE · Department of Health & Social Care · UKaid from the British people

Ghana Community Readiness Tabletop Exercise

23- 25 Jan 2024

Aim

To **strengthen operational readiness of communities** for imminent threats

Objectives

1. To **assess operational readiness** of communities
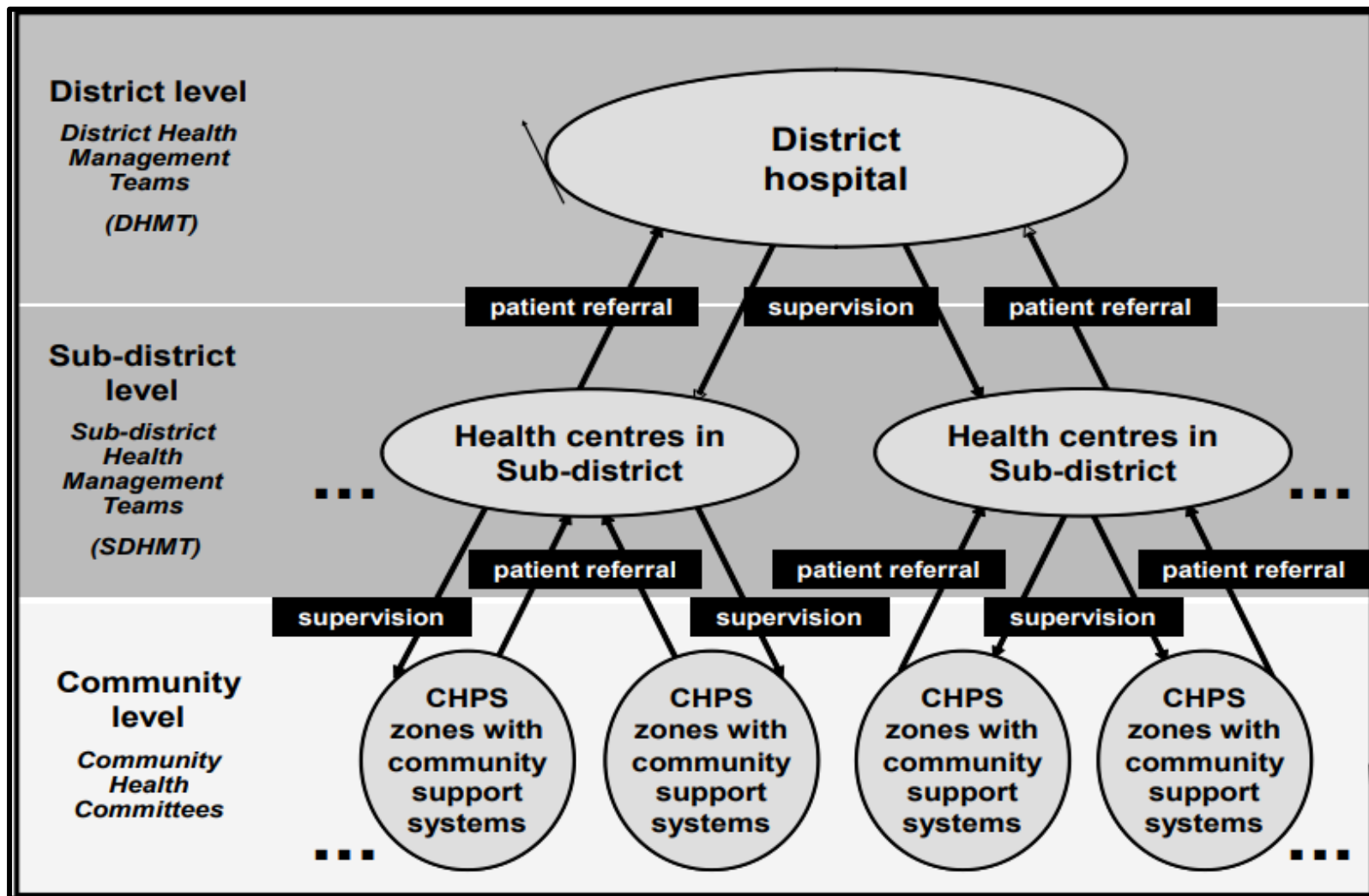2. To **identify readiness gaps and priority actions**

Scope

1. Early Detection and Early Action (Community Based Surveillance)
2. Coordination
3. Risk Communication
4. Community Engagement

❖ *One Health Approach*

Ghana Community Health System Structure & Exercise Participant Profile

District Epidemic Management Committee

District level participants
- **District Director of Health Service**
- **Rapid Response Team Medical Officer**
- **District Veterinary Officer**
- **District Environmental Officer**
- **Disease Surveillance officer**

Sub-district level participants
- **Community Health Management Team chairman and members**
- **Community Health Officer**
- **'Nurse in- charge'**

CHPS Zones: Community Health and Planning Services

Community participants
- **Community Health Volunteers**
- **Midwifery Officer**
- **Assembly Woman and Assembly Man**
- **Community Health Nurse**

Source: https://www.moh.gov.gh/wp-content/uploads/2016/02/CHPS-Review-Report-FINAL-180509.pdf

Overview of Tabletop Exercise Design

Selected Region

Map source: https://ghstudents.com/map-of-ghana-regions/

Tabletop Exercise Districts: Eastern Region Ghana

Kwahu West
~ 8 TTX participants

Kwahu West is relatively urban and the capital town, Nkawkaw, is a major transit point from Kwahu Afram Plains North for most parts of the country
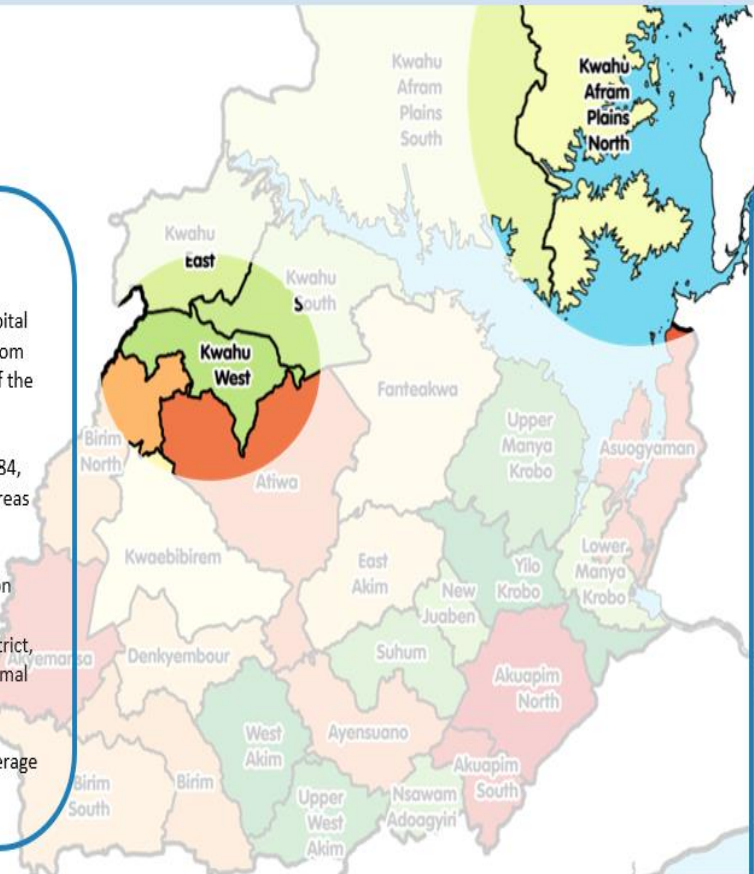
The total population of the district is 93,584, with 49% of the population living in rural areas

30.6% of working population hold an agricultural, forestry or fishery occupation

Of all households rearing animals in the district, chickens are the most common type of animal reared

1668 households keep chickens, with an average of 28 chickens per keeper

Kwahu Afram Plains North
~ 16 TTX participants

Largest district in the Eastern Region

Capital is Donkorkrom

The whole land area of the Kwahu Afram Plains North District is almost surrounded by the Volta Lake, the Afram and Obosom River
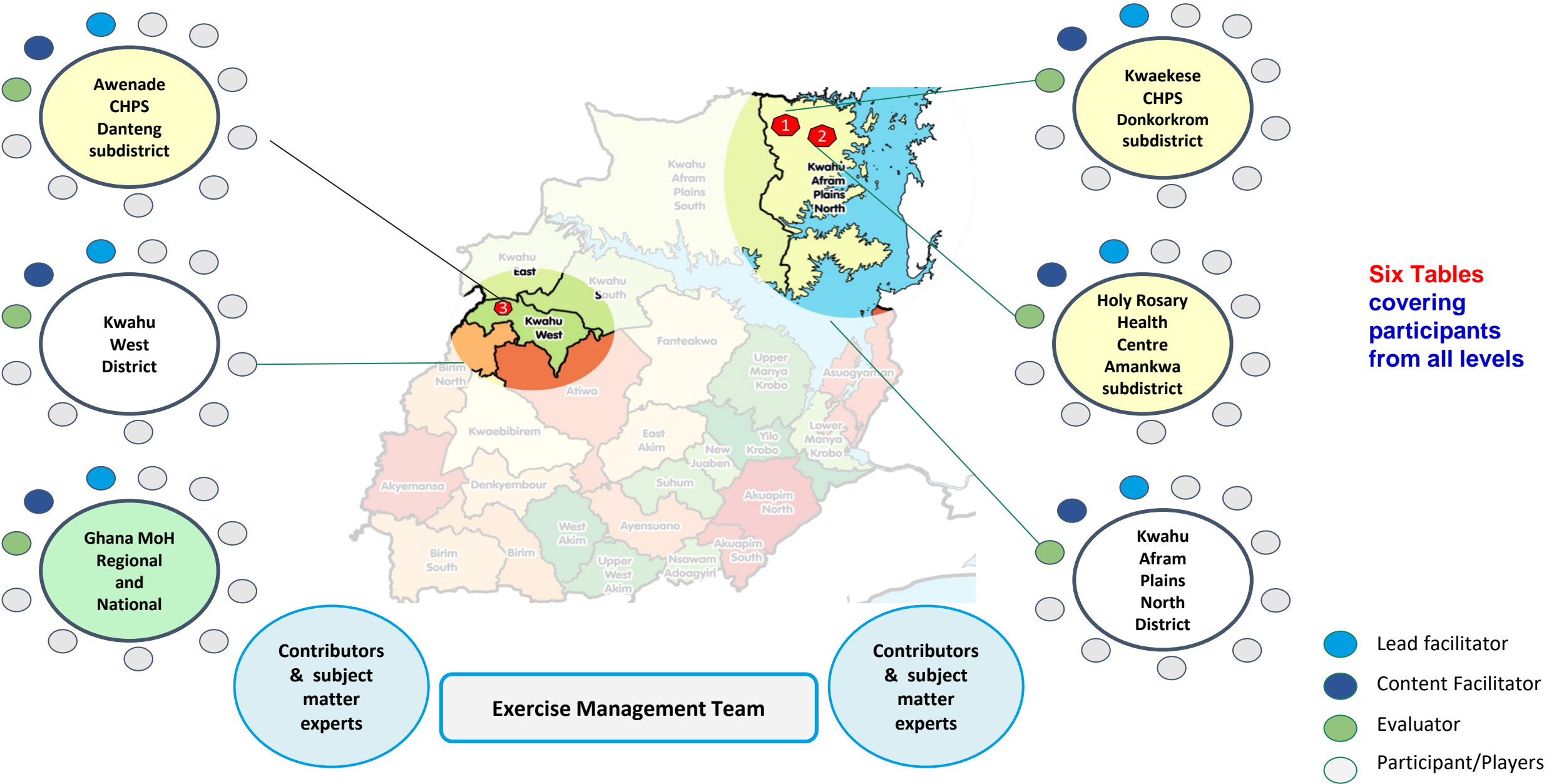
The total population of the district is 102,423, with 86.1 % of the district's population living in the rural areas

70.6% of working population hold an agricultural, forestry or fishery occupation

Of all households rearing animals in the district, chickens are the most common type of animal reared

5090 households keep chickens, with an average of 24 chickens per keeper

Map source: https://www.meteo.gov.gh/gmet/wpcontent/uploads/2019/12/Eastern_Ghana_districts.png
Data source: Ghana Statistical Service, 2010 Population and Housing Census

Overview of Table Design and Layout

Awenade CHPS Danteng subdistrict

Kwaekese CHPS Donkorkrom subdistrict

Kwahu West District

Holy Rosary Health Centre Amankwa subdistrict

Ghana MoH Regional and National

Kwahu Afram Plains North District

Contributors & subject matter experts

Exercise Management Team

Contributors & subject matter experts

Six Tables covering participants from all levels

Lead facilitator

Content Facilitator

Evaluator

Participant/Players

Scenarios

❑ **Three sessions**

1. Wild Bird to Animal Transmission
2. Animal to Human Transmission (Poultry Outbreak)
3. Human to Human Transmission

❖ **Highly Pathogenic Avian Influenza**

Scope

1. Early Detection and Early Action (CBS)
2. Coordination
3. Risk Communication
4. Community Engagement

❖ *One Health Approach*

❑ The TTX illustrates Ghana's district health **emergency preparedness and response plans** in the situation of an infectious disease outbreak across three CHPS zones in Kwahu Afram Plains North and Kwahu West districts in Ghana.
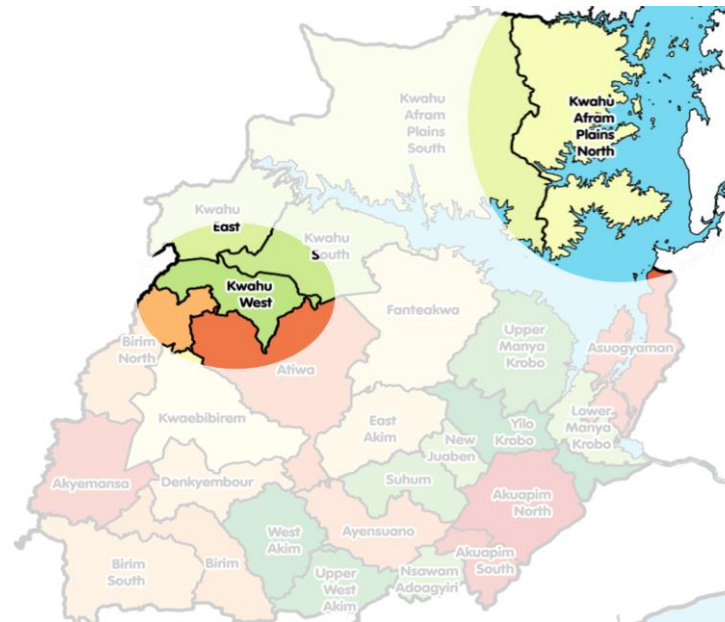
Readiness Action Planning Process

STEP1:
Refer to the provided **Community Readiness Checklist** on the 4 readiness components**: CBS, Coordination, Community Engagement ,Risk Communication** and,

STEP 2:
Answer 'Yes', 'No', 'Not Applicable' by Checking the box with "x"

"No" is considered "a Readiness gap"

STEP 3:
Identify mitigation actions (**readiness activities**) to address the "Gap"

STEP 4:
Record in the **action Planning** Template

Community Readiness Checklist for Health Emergencies

NO	1. Coordination	Yes	No	Not Applicable
C.1	Are there **community coordination platforms**?	X		
C.2	Has **flow chart** outlining community coordination developed and disseminated to key emergency actors?		X	
C.3	Has **resource and capacity mapping** of Community Based Organizations, Civil Society Organizations and community stakeholders been conducted?			X
C.4	Are **working mechanisms, mandates and expected contributions** (roles and responsibilities) of all **mapped** community stakeholders and partners clearly outlined? *Ensure that these are systems are tested in simulation exercises.*			

Readiness gap:

Activity:

Deadline:

Focal point:

Required resources:

Key findings

- **Early Detection and Early Action:**
  - **Strength**: "immediate" reporting of unusual events via WhatsApp, Text messages, in person etc. is in place
  - **Gap**: Community-based risk assessments was not conducted i.e. community risk is not ascertained
    - Gaps in availability of Standard Operating Procedures on early detection/early action
    - Gaps in understanding of outbreak response measures
    - Addressing livelihood loss

- **Emergency Coordination Mechanism:**
  - **Strength**: District level multisectoral emergency coordiantin structure is in place
  - **Gap**: Missing community structures on animal health coordination.
    - Community-based formal, multisectoral emergency community coordination body is missing

- **Risk Communication**:
  - **Strength**: Existing platforms for communication were noted,
  - **Gap**: Management of misinformation
    - Lack of feedback/two way listening mechanisms, addressing stigma.
- **Community Engagement**:
  - **Strength:** There was trust between communities and community health workers,
  - **Gap:** Particularly meaningful community engagement in preparedness, readiness and response activities are missing.
    - A need to formalize ad-hoc community meetings.

Key recommendations

- **Early detection and early action**
  - Provide further training in **early action** at a community level (community as 'first responds');
  - Assess animal health capacity gaps
  - Strengthen community-based surveillance.

- **Emergency coordination**
  - Strengthen the "Community Health Management Committee" to include One Health and stakeholders (CHMC to serve as 'community EOC')
  - District level emergency committees to update governance structures to include community stakeholders

- **RCCE**
  - Develop communication plans with communities to provide uniform messages across all levels; translated to all local languages
  - Feedback mechanisms established for addressing misinformation (SOPs and Training on management of misinformation).

- **Community engagement and One Health –**
  - Strengthening existing community structures to establish One Health multisectoral coordination
  - Enhanced and meaningful engagement of communities in emergency response from district / regional levels

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Empower Communities to Respond to Health Emergencies

Community member's orientation

Empower communities to respond to health emergencies — WHO

Opening Remarks:
Centre: Dr. Franklin Aseidu-Bekoe, Director of Public Health/GHS and Prof Francis Kasolo, WHO Rep, Ghana
Left: Dr Claire Bayntun- UK PHRST **Right:** Dr. Kai Von Harbou (WHO-HQ-CRR).

WHO Ghana
@WHOGhana

The #first ever tabletop exercise on #communityreadiness for health emergencies, convened by @WHO & @UKHSA in Ghana is underway

Lessons learnt will help to inform public health strategies & actions to improve early detection & containment of health emergencies in Ghana & beyond.

Dr Charles Njuguna - Regional Advisor CRS WHO/AFRO

Dr. Rim Kwang - WHO HQ/CRR

Dr. Julienne Ndoungoung (RCCE- AFRO)

ACKNOWLEDGEMENT

All partners that support the TTX:

Exercise Management Team
All Exercise Participants
Evaluators
Facilitators
Subject matter experts: Animal and Plant Health Agency – UK (APHA)
Invested Guests: USAID, CDC-US, FAO, UNICEF

Special Thanks to Ghana WHO Office Staff for their Technical and Logistical Support

WHO EPI-WIN WEBINAR

A systematic, **community-centred approach** to operational readiness for public health emergencies

13:00–14:15 CEST (Geneva)
Thursday, 18 April 2024

REGISTER HERE

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UK-PHRST

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For more information for organizing similar activities, email: crrstaff@who.int or rimk@who.int