

TECHNICAL BRIEF

The role of community engagement in restoring trust and resilience in the aftermath of the COVID-19 pandemic and beyond

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The COVID-19 pandemic severely tested the relationship between government and its people, and revealed significant inequities and health service delivery gaps in national and global systems (1). Community engagement has a critical role to play in recovery.

Relationships are central to the collaborative partnerships needed to reorientate health care systems towards primary health care and achieve universal health coverage. Adopting a relational definition and approach to community engagement increases the opportunities and investment pathways to build back stronger, with more resilient families, neighbourhoods, workplaces, schools and government institutions. Doing so recognizes that human beings are born, raised, live, play, work and die in multiple, interconnected communities that continuously shape identity, choices and behaviours.

Key messages

- Well-functioning, responsive, trusted and resilient government systems – particularly health systems – are essential for addressing the biggest crises facing humanity and the planet.
- Trust in government services is being continuously reinforced or broken in the everyday interactions between service providers and service users across all sectors, impacting uptake and health outcomes.
- Health systems already engage with diverse communities at multiple levels and settings, such as in clinics, hospitals and health posts; through professional and lay roles and in essential public health functions; and through accountability mechanisms, such as social participation efforts in policy-making and governance.
- There is a compelling need to return to the therapeutic relationship at the heart of healing and well-being. Attention and support need to be given to the quality and dynamics of interaction between health workers and patients, including the relational networks that impact and influence this primary relationship of concern.
- Creating the enabling conditions and spaces for people to feel safe is a prerequisite for connecting, listening, belonging, sharing, participating, engaging and learning. Trauma-informed approaches should be integrated into human resources for health.
- The role of health leadership is critical to align values, model compassion and promote cross-boundary collaboration within and between sectors, towards a culture of quality health services.
- Agency and empowerment of staff at all levels of the health care system can be a powerful driver for transformational change.
- Replicating and scaling effective community engagement is best done through influencing and shaping processes and patterns of human interaction. This requires congruence between theories across multiple disciplines and therefore different metrics to those used currently in health care systems.

Background and challenges

Health systems are complex social systems with interdependent networks that span diverse professions and levels of care, including promotive, preventive, curative, rehabilitative and palliative health care. Health systems also face a range of internal and external challenges. The internal challenges have been well-documented and include burn out, stress and chronic work overload of health and care staff (2), and acute staff shortages, high turnover and poor retention rates (3). These contribute to an overall poor quality of health care, avoidable deaths and harm to patients.

External challenges to health systems include ageing populations and changing disease patterns. People are living longer, but often with multiple diseases and conditions. These may result in complex care needs over many years, often coordinated across fragmented parts of the health care system (4). An over-emphasis on hospital-based curative care models is proving to be a barrier to investment in the prevention of these challenges.

Providing the right kind of care in the right way and at the right time requires the careful orchestration of a range of public health responses and interventions that cut across sectors and jurisdictions. The myriad of decisions and actions are negotiated, navigated and delivered through relationships. Consequently, ensuring that health systems are relationally healthy and can operate in ways that promote relational health is key to restoring trust, strengthening resilience and stimulating the emergence of innovations at all levels of national health care systems (5).

In this contextual landscape, policy-makers and funders must explicitly address the critical linkages between health service redesign, service delivery, service experience and established mechanisms for policy-making and governance. Community engagement will play a central role in this shift, by identifying, building and sustaining trust throughout the core networks of relationships needed for shared decision-making and collaborative action.

The WHO definition of community engagement explicitly emphasizes the social, emotional and relational processes that remain largely invisible in health service planning and implementation. These processes are systemic and emergent, and are concerned with the quality of relationships and the dynamics and patterns of interaction within and between individuals, groups and organizations.

Community engagement for quality health services can contribute to the readiness of health systems to meaningfully engage with a broad range of internal and external stakeholders (6). However, this requires the synthesis and application of relevant research across multiple scientific disciplines. WHO has been working with a number of Member States on proof-of-concept community engagement research since the COVID-19 pandemic, with promising results. The goal is to create an evidence base for community engagement that can inform policy development in Member States.

WHO definition (7)

“Community engagement is a process of developing and maintaining relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive and sustainable health impact and outcomes.” These relationships work together through a process that is founded in empowerment, health promotion, health equity, gender equality, human rights and planetary health.

- The process of working together is navigated through dimensions of:
 - compatible values, vision and purpose;
 - interactions that are based on compassion, respect, and dignity;
 - widespread, active, and inclusive participation;
 - equitable, conjoint decision-making;
 - the equitable dynamic flow of power, control and resources.

These span the micro (individual), meso (group) and macro (institutional) levels of human systems.



Key actions and policy recommendations

Endorse the transformative potential of relational community engagement – for the health and well-being of individuals, families, communities and organizations.

Invest in models of leadership that use relational community engagement to promote self-organization and innovation in addressing problems in health systems. Staff and service users have lived experiences of how problems manifest in systems. They have the knowledge to work with each other to develop solutions to local health system problems (8, 9).

Clearly define who the “community” is and what is meant by “community engagement”. Use these definitions to guide contextualized and tailored engagement strategies integrated into service/ programme planning and implementation. There could be several engagement frameworks and strategies in each service or programme.

Think in terms of “scaling across” and “scaling deep” rather than scaling up. When scaling across, seek to make horizontal connections across a system. When scaling deep, seek to address issues of intersectionality, power, gender and equity in relationships.

Monitor and capture data on the lived experience of service users and health and care staff.

Incorporating the findings into decision-making provides critical feedback loops that can inform service planning and delivery, and address bottlenecks.

Invest in transdisciplinary research that can identify high-value relational and social interventions. Community engagement is a process and requires new research methods. Develop monitoring and evaluation requirements that are responsive to the inseparability of process and outcomes.

Health system researchers should consider the networks of teams, health care providers and diverse communities as networks of trust and shared responsibility for creating health and addressing health inequalities. The composition of research teams in community engagement should be diverse and include a range of relevant disciplines.

Invest in national public health institutes and community engagement practitioners. Make funds available to strengthen institutional capacities to conduct empirical, transdisciplinary research capable of bridging the natural sciences, social sciences and the humanities, and a skilled network of community engagement practitioners.

References and resources

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