The Role of Community Structures in Health Emergency Preparedness and Response

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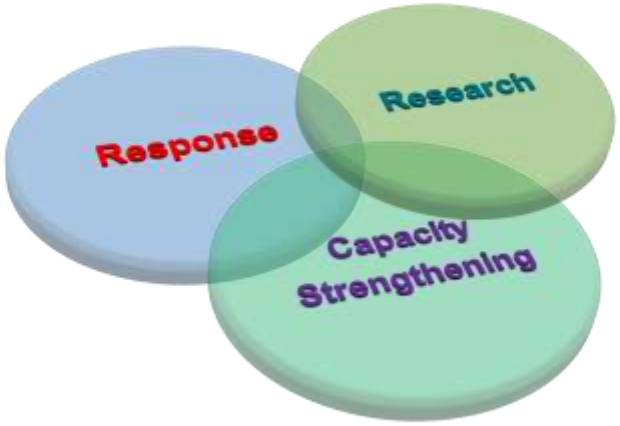
Partnership between UKHSA and London School of Hygiene & Tropical Medicine (LSHTM), UK-aid funded by DHSC since 2016.

We partner with ODA eligible countries and multinational partners to support effective response to outbreaks before they develop into global health emergencies and can deploy public health specialists, over a range of technical disciplines, in response to requests for assistance.

The programme has an integrated triple remit:



Response: rapidly support outbreak investigation and response with the aim of preventing a public health threat from becoming a broader health emergency

Research: collaborate on research to develop the evidence base for best practice in epidemic preparedness and response and develop local research capacity.

Capacity strengthening: support partners to develop local capacity for outbreak preparedness and response.

Deployable PH Disciplines:

Epidemiology (inc. data management, modelling, molecular Epi)

Microbiology (inc. an RRML type 2 mobile diagnostic lab)

Infection Prevention & Control

Risk Communications & Community Engagement (RCCE) and Social Science

Mental Health and Psychosocial Support (MHPSS)

Additional areas of expertise:

Implementation Science

Capacity Strengthening (inc. PH Leadership, learning design, and training)

Dedicated Monitoring, Evaluation and Learning expertise

Specialist research & project management, operational management, comms

Logistics and operational support/-coordination.

Ongoing & Recent (last year) community centred activities across the triple remit.

Response

Numerous deployments in support to outbreak response including many with Community focused, and or advocating for community focused/led response interventions.

- **Marburg virus:** Three people deployed, via GOARN, to **Rwanda** to support UNICEF with MVD response, include RCCE and Social Anthropologist to advise on community engagement.

- **Mpox Clade 2b:** Bilateral Deployment of a team of three to **South Africa.** Included RCCE experts to advice on community engagement, particularly with MSM community.

- **Cholera:** Deployment of **15** members of staff to **5** different countries **in 2023/24.** This included RCCE/Anthropology expertise (Zimbabwe RCCE pillar lead for UNICEF; Zambia (bilateral) and Malawi)

Research

Research Portfolio currently has 10 live/active research projects including:

- **Mental Health & Psychosocial Support** package for infectious disease outbreaks, pivoted to MHPSS Readiness to response to Mpox in Uganda in rural communities in the Bundibugyo region .

- **Epidemiological & clinical review** of **Mpox (clade 2)** in **Nigeria** (Nigeria CDC and Oxford) includes studying of transmission and reporting within local community.

- **'Guardians of health'** research project looking at feasibility (proof of concept) and engagement / training of remote community leaders in Brazil and Cape Verde in events-based surveillance for early identification of outbreaks – include new reporting App, to allow digital EBS.

- **Rumours study** – impact of misinformation (online and offline) during COVID-19 Pandemic on rural communities in Sierra Leone and Tanzania.

- Research into **Marburg** virus prevalence in at-risk (e.g. bushmeat hunter) communities & fruit bat populations in **Guinea** with Univ of Oxford

Capacity Strengthening

Over 50 training, workshop, technical expertise, SimEx etc activities, per year including:

- **Ghana Community Protection,** One Health **SimEx** with WHO colleagues. With another planned in January for **Uganda**.

- **RCCE** Workshop in southern Africa and roll-out of **RQA assessment tool** developed during Cholera response.

- **Community engagement Rapid Qualitative assessment (RQA) learning event in Zambia** to train RCCE personnel from Zimbabwe, Zambia and Malawi on the use of newly developed RQA toolkit for use during Cholera outbreaks to assess community needs and priorities. (developed during Cholera RCCE deployments).

- Pivoting of RQA material/toolkit and other community focused guidance to Mpox (from Cholera etc).

Role of Community Structures in HEPR.

Communities are involved in all '5 Cs' of HEPR, not just Community Protection:

- Community events based (Collaborative) surveillance
- Community health workers providing Care at the local level and TRUST in that care.
- Access to Countermeasures only possible at a community level with local supply chain and community buy-in to the use of those interventions and TRUST in them.
- Emergency Coordination in response must include community groups – readiness plans at community level and TRUST in decisions.

Role of Community Structures in HEPR.

Community- Centered approach:

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

*From Community protection EPI-WIN presentation (April 2024)

Importance of Community Structures in HEPR.

Rapid response is key to preventing a localised outbreak becoming a bigger public health emergency. Since outbreak begin and end in the community having community members/structures able to quickly detect, report and respond, locally, achieves a more rapid initial response.

Involving community from the start and during preparedness planning will result in more effective response with better buy-in and trust from community members – where it matters most.

Community led surveillance and community led interventions will often be more effective and contextually appropriate. Communities will not only be able to 'comply' with PH interventions if they are contextually appropriate but also fell more empowered to do so if they feel they've been consulted and involved in the decisions.

Engaging community structures in preparedness and response will give a voice to often overlooked communities, especially when we involve wider community structures that 'just' local government and community healthcare workers – e.g. other stakeholders such as local NGO and charity groups, religious leaders, key opinion leaders and representatives of more marginalised/overlooked populations.