The Emergency Helix:

Linking health systems and community engagement

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World Health Organization

Objectives

- Discuss the health systems and community engagement strands in the Emergency Helix model
- Propose a logical, integrated systems approach to CE
- Outline WHO's approach to community engagement in health emergencies as part of its emergency reforms

Emergency risk communication

- **What?** The real-time **exchange** of information, advice and opinions between **experts or officials and people** who face the threat (from a hazard) to their survival, health or economic or social well-being;
- **Why?** – everyone at risk is able to take **informed decisions to mitigate** the effects of the threat (hazard) – such as a disease outbreak – and take protective and preventive measures
- **How?** – Communication and Social science interventions;
  - mass communication
  - Political communication and advocacy
  - Partner communication
  - social and behavioral change communication(SBCC),
  - Social mobilization
  - Health promotion
  - community engagement (CE)
  - interpersonal communication
  - etc

Risk Communication focus

Early 20th Century:

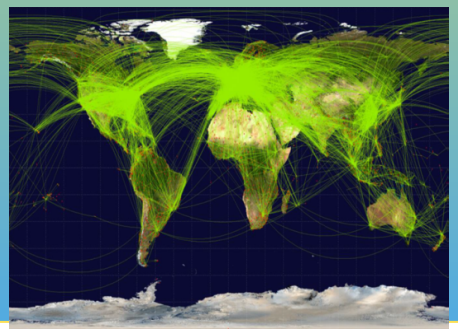
- Death and fear
- Bio-medical approach

Early 21st century:

- Personal protection,
- Disruption to life and livelihoods
- More than a health issue

The present:

- High speed spread, travel and trade,
- influence of information technology,
- Access to vaccines and growing vaccine hesitancy,
- Economic and political factors and impacts,
- Apathy and rumours
- Diminishing trust in authorities
- Urbanization, porous borders, and migration
- Climate change, vectors
- Human-animal interphase



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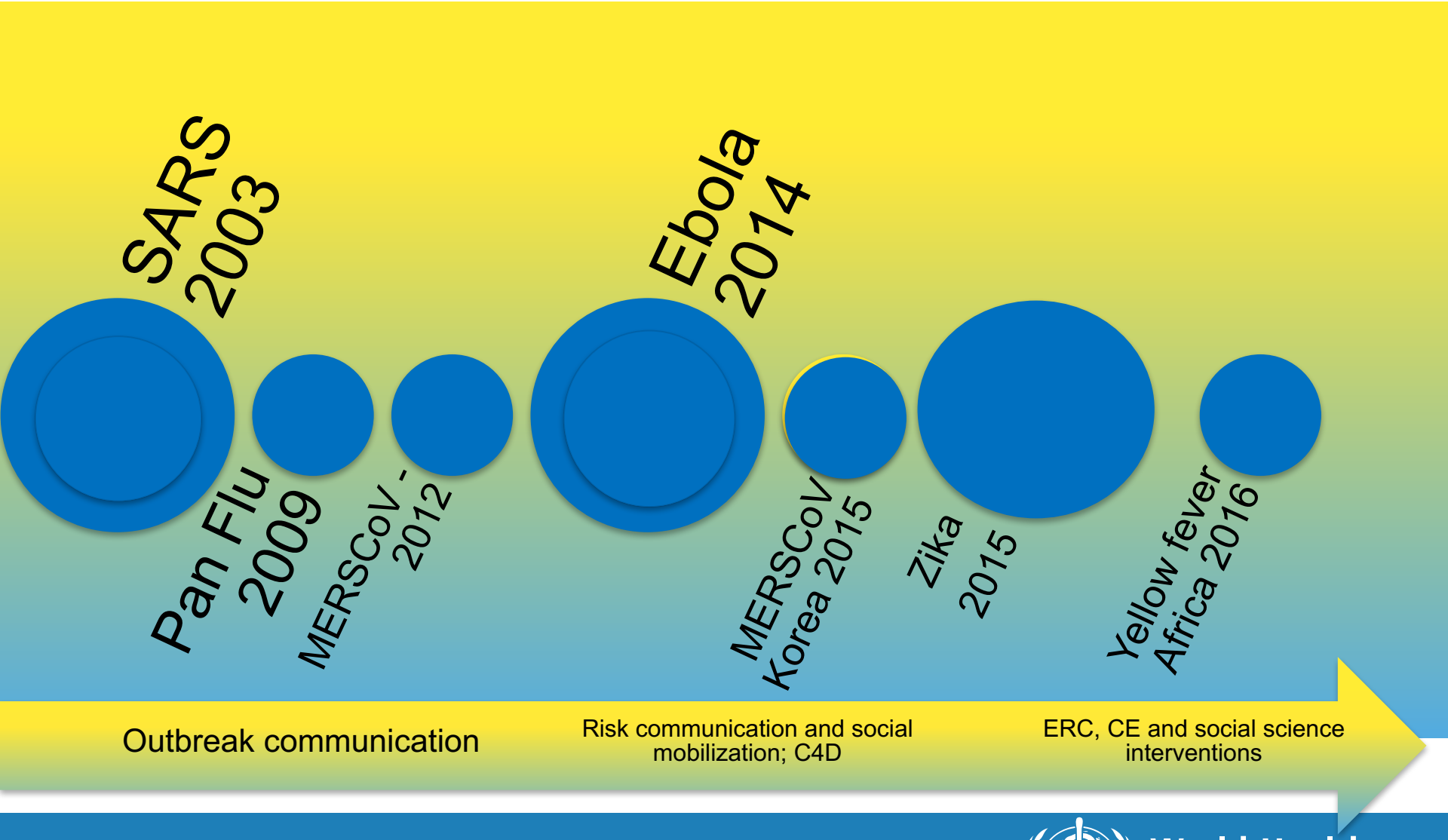
The big 21st Century outbreaks and epidemics



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Health systems and community engagement must meet at every stage of outbreak preparedness and response

Anticipation and preparedness

Early detection

Containment

Mitigation

Emergence (human-animal interphase)

Outbreak (localized transmission)

Epidemic amplification

Control

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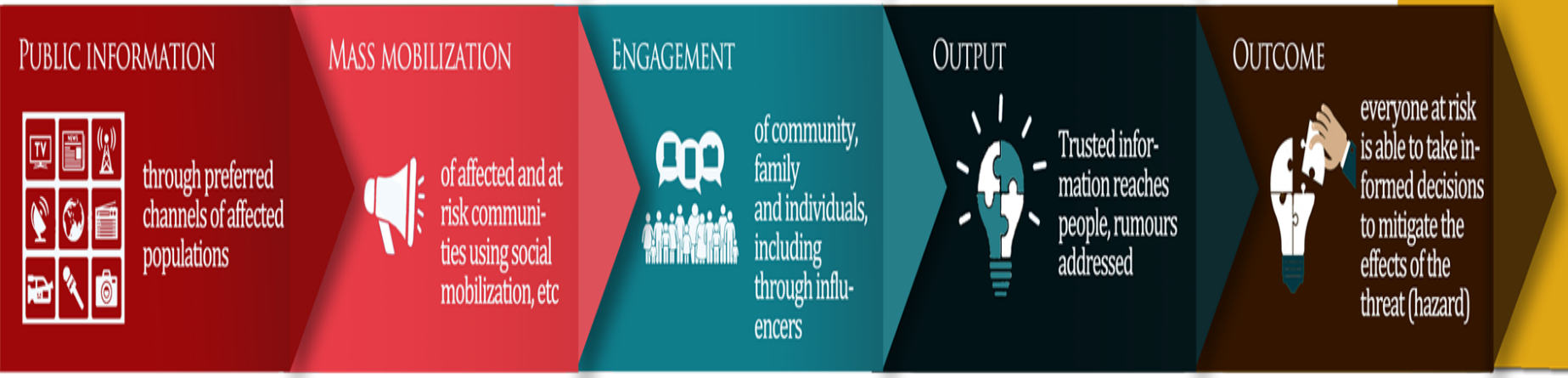
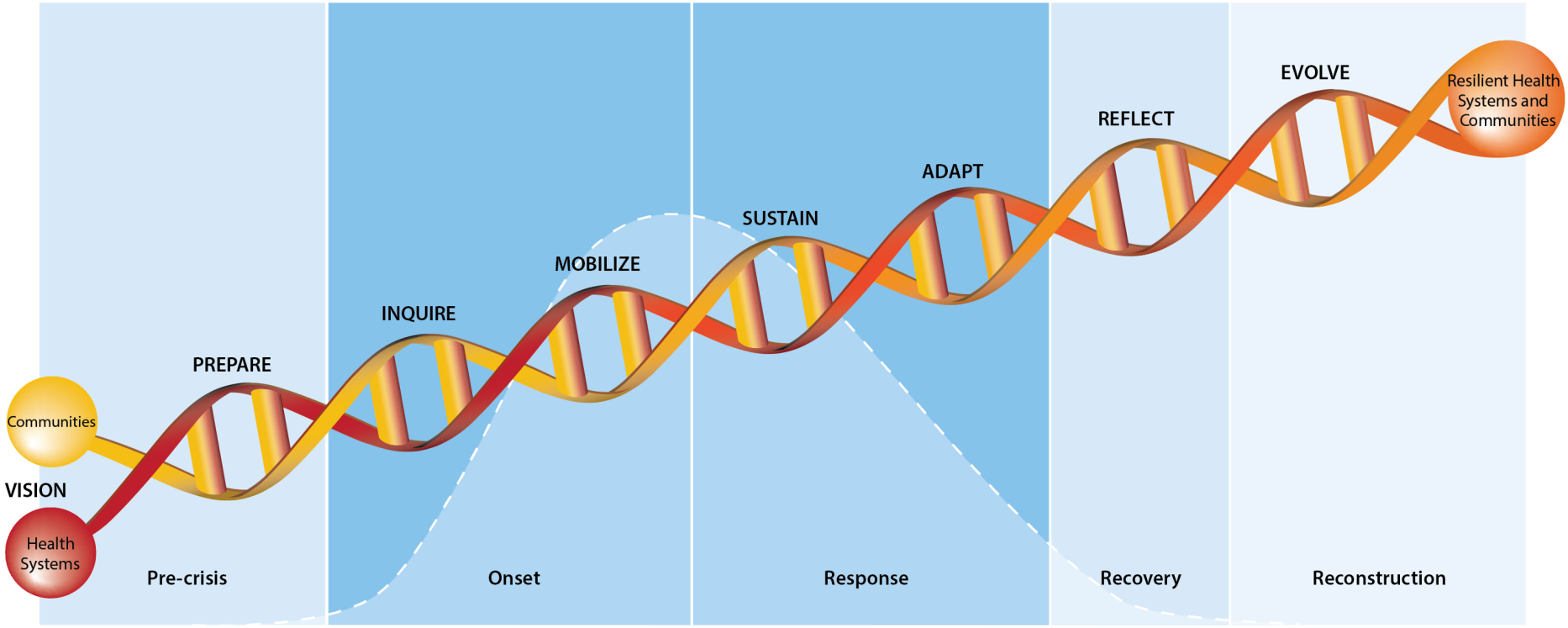
The logic model

Public health event or emergency



The Emergency Helix – sustained interaction between systems and communities



Lessons learnt – We need systems to…

1. Create and maintain trust
2. Acknowledge and communicate even in uncertainty
3. Coordinate, operationalize and scale-up
4. Be proactive, transparent & fast with the first and all communications
5. Listen, monitor and manage rumours, misinformation
6. Keep communities are at the heart of any response. Involve and engage those affected – not tell them what to do!
7. Use integrated approaches, social science research and approaches to understand perceptions, barriers and enablers
8. Build national and local capacity, support ownership and a systems approach

Ebola: Fear, suspicion, lack of trust, power deficit

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Post-Ebola: 7 Lessons Learnt

(Nov 2015, WHO stakeholder meeting)

1. **Widespread acceptance** that ERC and CE are essential integral components of emergency work in health, **demand** for improvement

2. We were too **fragmented; too little too late** – fields, disciplines, specialities, agencies

3. **Disconnect between**
   - Biomedical and social science approaches
   - communications and community engagement;
   - sociologists and anthropologists and programme managers,
   - Responders and community

4. Very **poor listening and adaptability**, poor use of research and knowledge

5. A culture of pushing **messages**, materials and delivery, not focussed on outcomes, **not engaging people**

6. Risk vs benefit of **branding, institutional communications**

7. **Mandate clash,** blame game**.** Confusions about **coordination, leadership and followership**

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INTERNATIONAL HEALTH REGULATIONS (IHR)

– from policy to people's health security

What are the IHR?

The IHR are legally binding and help countries work together to protect lives threatened by the spread of diseases and other health risks, including radiation and chemical hazards

5 reasons why the IHR matter

1 HEALTH THREATS HAVE NO BORDERS

The IHR strengthen countries' abilities to control diseases that cross borders at ports, airports and ground crossings

2 TRAVEL AND TRADE ARE MADE SAFER

The IHR promote trade and tourism in countries and prevent economic damage

3 GLOBAL HEALTH SECURITY IS ENHANCED

The IHR establish an early warning system not only for diseases but for anything that threatens human health and livelihoods

4 DAILY THREATS ARE KEPT UNDER CONTROL

The IHR guide countries to detect, assess and respond to threats and inform other countries quickly

5 ALL SECTORS BENEFIT

The IHR prepare all sectors for potential emergencies through coordination and information sharing

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REGIONAL OFFICE FOR Europe

Until all sectors are on board with the IHR, no country is ready

www.euro.who.int/ihr

IHR Core capacities

- National legislation, policy and financing
- Coordination and NFP Communications
- Surveillance
- Response
- Preparedness
- **Risk communication**
- Human resources
- Laboratory

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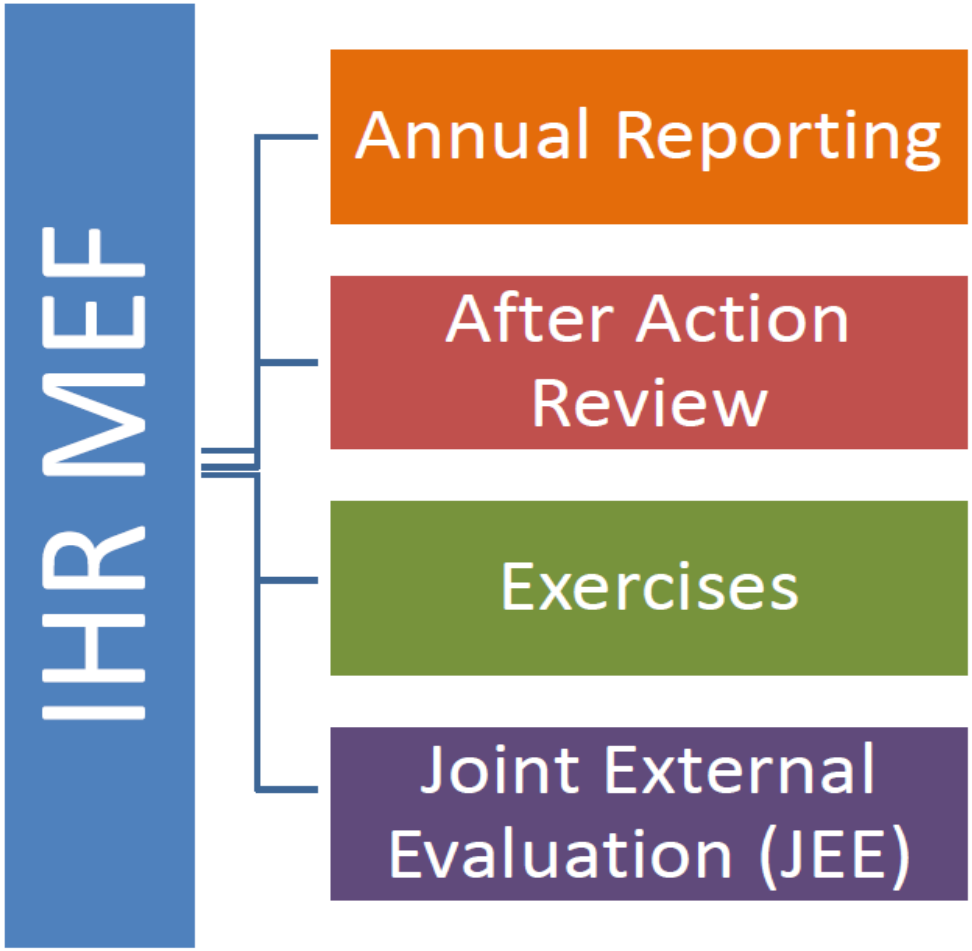
IHR Monitoring and Evaluation Framework Post 2016 *

Combined approach with 4 components



* IHR Monitoring and Evaluation Framework Post 2016 publication forthcoming ; Please check at http://www.who.int/ihr/procedures/monitoring/en/

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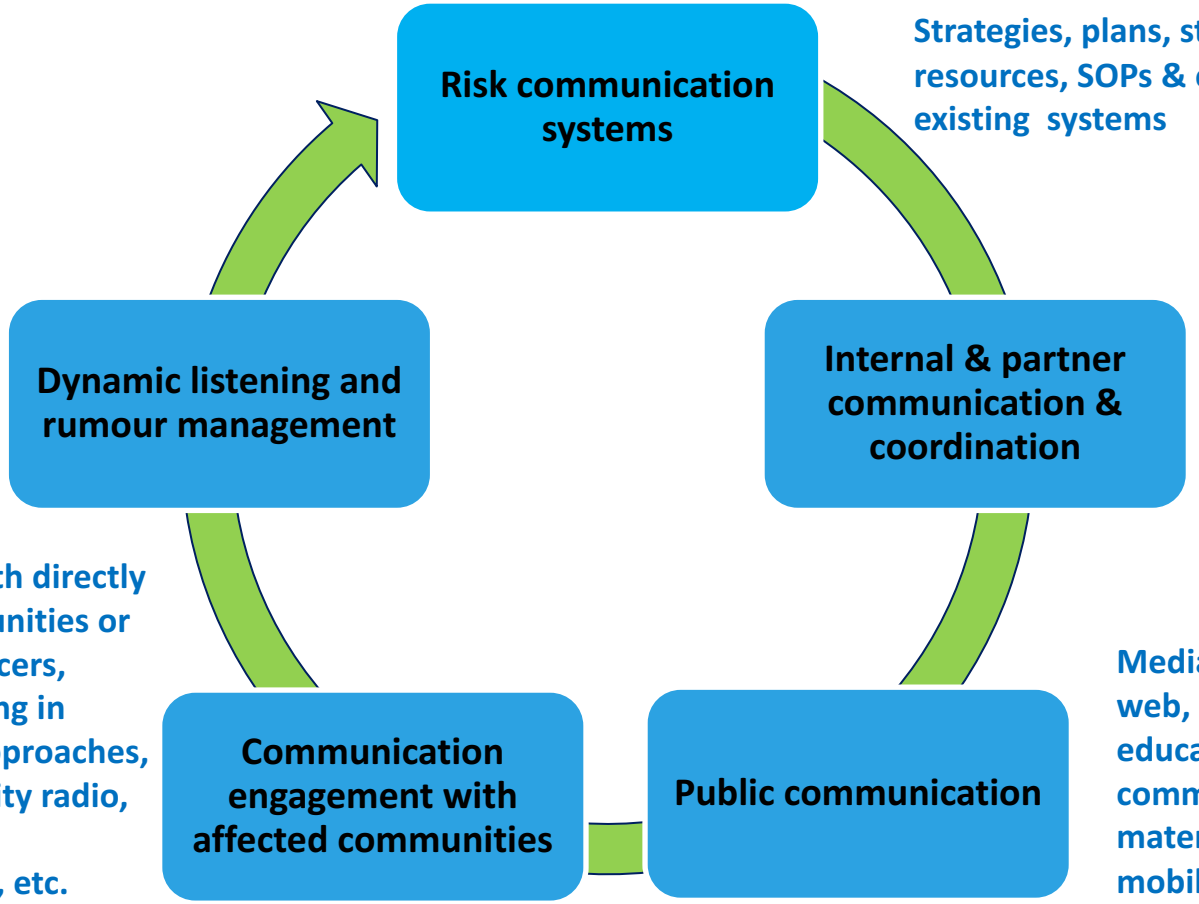
2016 JEE- An integrated model for emergency risk communication capacity assessment

Adapted from new IHR external assessment tool – WHO



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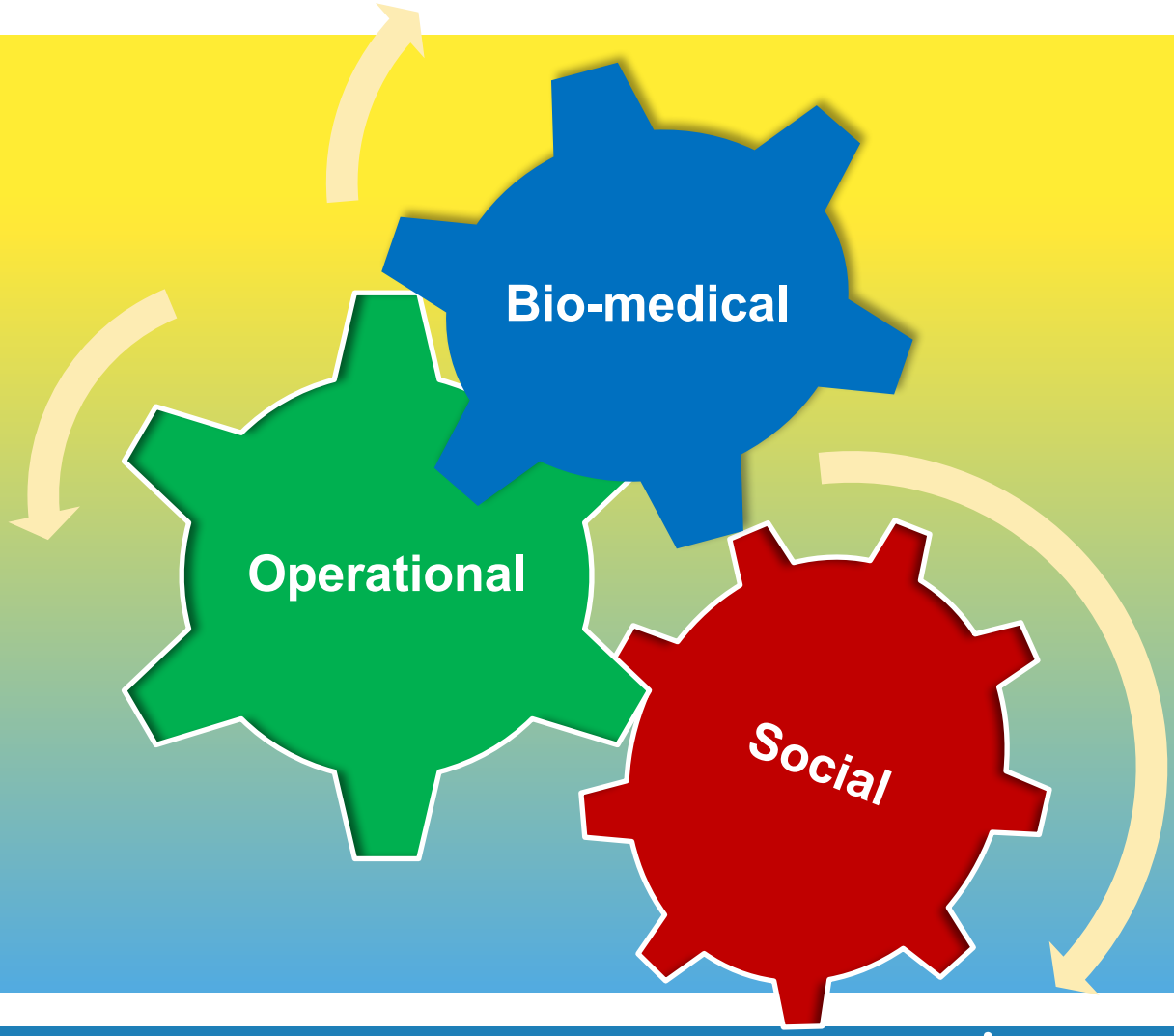
Reforming Emergency response



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Integrating ERC and SSI into national preparedness

1. Take an evidence-based and systems approach

2. Start before an emergency, assess and regularly test capacity and ability

3. Health system key, but involve all-of-government and key stakeholders across sectors, across levels

4. Keep communities at the heart of the response, and have systems to listen

5. Match with adequate human, financial and operational resources

Fighting dangerous infectious pathogens

Pandemic and Epidemic Diseases Department, OHE/WHO

Knowledge transfer

Science to action

packaging science

disseminating

delivering trainings

Meet the real needs

Translate into local language; integrating social science and emergency risk communications

Traditional & new platforms

Web, Massive Open Online Course (MOOCs), iBook, Tablet, etc.

Frontline responders

national, local and ttinternational teams, NGOs, CSOs and volunteers

OUR GOAL

Enable frontline responders and non-expert to work safely, more efficiently

WORK TOGETHER

CDC, institute Pasteur, anthropologists, sociologists, local NGOs, volunteers, IFRC, UNICEF, etc.

ENGAGE EVERYONE

In collaboration with affected communities and populations, and with humanity

WHO investments for 2017

- The WHO epi app
- The Open WHO platform
- Knowledge packs
- Global consultation on SSIs / April 2017
- Social Net/Sept 2017
- First-ever evidence-based WHO guideline for ERC/ Sept 2017

OpenWHO

A new platform for massive open online courses (MOOCs)

The first WHO platform

hosting unlimited users during health emergencies

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Introduction to Pandemic Influenza

Arabic, Chinese, English, French, Russian, Spanish, Portuguese

23 December - 15 May 2016

The **Outbreak** Channel

Essentials on Risk Communication

Arabic, Chinese, English, French, Russian

23 December - 15 May 2016

The **Get Social!** Channel

Partner Coordination

English, French, Spanish, Portuguese

23 December - 15 May 2016

The **Ready for response** Channel

Many types of communities, many challenges!

Community engagement cannot start like this in the future!

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