

# Role of community engagement in situations of extensive community transmission of COVID-19

## Interim guidance

Republished without changes on 11 December 2020  
(Originally published on 5 May 2020)



## 1. Introduction

### 1.1 Background

The novel coronavirus disease (COVID-19) pandemic has had vastly different effects across countries, with governments across the world taking diverse measures. Some countries have experienced community transmission, while others aim to contain imported cases and a few prepare for potential emerging infections. Health systems worldwide are experiencing unprecedented pressure or are preparing to mitigate potential overflows of patients.

Community engagement for health is “a process of developing relationships that enable people of a community and organizations to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes” (1). Through community engagement for health, the community is not a passive actor but, rather, has an active role in addressing and helping to resolve the health issue (2,3). Past viral public health emergencies of international concern, such as the 2014 Ebola outbreak, have highlighted the importance of engaging communities early and meaningfully to best prepare for – and respond to – community transmission, particularly in settings where the health systems are (at risk of being) saturated or overwhelmed (4,5).

Until a vaccine is developed and equitably distributed, in situations of extensive community transmission of COVID-19, countries will need to rely not just on the resilience of their health systems but also on the role of communities to prevent and manage the pandemic through non-pharmaceutical public health measures (6). WHO and ministries of health can invest in strengthening the capacity of communities to

engage, reverse and mitigate the impact of COVID-19.

Community engagement serves to maximize the effectiveness of COVID-19 preparedness and response strategies and prevent transmission at the community level. By engaging communities in the preparedness and response of COVID-19, the health sector can avoid the emergence of cases that would worsen the pandemic. It can also give the health sector more time to prepare to respond in realistic, relevant and appropriate ways to the needs and challenges of every population group. Further, community engagement can serve to address and prevent health and gender inequities during the COVID-19 pandemic.

The World Health Organization (WHO) has issued technical guidance on the COVID-19 response covering the role of primary health care, case investigation, case management, infection prevention and control, national laboratories, early investigation protocols, risk communication, schools, workplaces and institutions, older adults, refugees and migrants, people living with HIV, and other population groups in situations of vulnerability, among others (7–12). This interim guidance on community engagement complements these guidance and information documents to promote their uptake and effectiveness.

### 1.2 Target audience

This document is directed at WHO country offices and national and subnational health authorities. The information may also be of use for partners, including community leaders and influencers, communities, international agencies, nongovernmental organizations (NGOs) and other sectors.

## 2. Community engagement actions

In the WHO Western Pacific Region, the three priorities for community engagement in situations of extensive community transmission of COVID-19 are:

1. **Further strengthen existing partnerships and establish new partnerships to reach and engage with wider community networks** with the aim of strengthening trust with community leaders, communities and key vulnerable populations.
2. **Further strengthen existing community governance structures to leverage existing mechanisms and build capacity among national and local stakeholders** in engaging, empowering and supporting communities in national and local COVID-19 response efforts.
3. **Optimize the role of community care workers engaging with communities**, including in surveillance and (quantitative and qualitative) data collection efforts and community-based participatory methodologies.

Moving these priorities into action requires the health sector to institutionalize and operationalize community engagement for health in its way of working. To do so necessitates a transformation in the way we respond to health issues such as COVID-19, using a systems approach to community health (where community health workers are empowered and supported by empowered communities), adequate financing for community health (through investing in community health workers and systems) and policy-making processes that actively engage communities to influence health policies (3).

In institutionalizing community engagement for health, the health sector is encouraged to follow principles that work towards community participation and empowerment, taking gender and equity into consideration.

### Principles for institutionalizing community engagement for health (4)

1. Engage with – and enable the empowerment of – communities to build viable and resilient community health systems (systems based on front-line health workers whom the community recognize) with strong links to other relevant sectors.
2. Encourage communities and civil society to hold the health system accountable.
3. Implement community health programmes, guided by national policy and local context.
4. Ensure sufficient and sustainable financing for community health systems.
5. Programme efforts to reduce health inequities and gender inequalities.
6. Ensure that communities facing humanitarian crises receive essential health care.
7. Invest in the development of inclusive partnerships to leverage and coordinate diverse civil society and private sector actors to support national acceleration plans and enable communities to shape and support the implementation of policies.
8. Integrate community data into formal health information systems, promoting investment into innovative technologies.
9. Employ practical and participatory learning to identify, sustain and scale up effective community interventions and provide opportunities for country-to-country sharing.

#### 2.1 Strengthen and establish new partnerships to reach and engage with wider community networks

Strengthening existing partnerships and establishing new partnerships to reach and engage with community networks can serve to strengthen trust with community leaders and communities themselves and with key vulnerable populations. Working with partners that communities are familiar with and trust will allow the health sector to reach diverse communities and build more trust (4).

### 2.1.1 Identify and establish communication with existing community networks and partners that may be of value

- Rapidly identify and establish communication with existing community networks that may be important to engage for the COVID-19 response.
- Identify and review the terms of reference for previously established partnerships that could be of value in reaching and engaging diverse communities. Such partners include the following:
  - **Government** at all levels, including existing intersectoral mechanisms.
  - **Existing risk communication and community engagement health promotion or social mobilization networks**, including population-specific networks (women’s rights, migrants, people living with disabilities, youth, older adults, students, etc.), networks for the response to humanitarian crises and networks for other diseases (malaria, HIV, poliomyelitis, tuberculosis, etc.).
  - **International and national agencies and NGOs**. Depending on the country setting, these likely include United Nations agencies, especially the United Nations Children’s Fund (UNICEF), the Red Cross network, and major national and international NGOs.
  - **WHO collaborating centres** and their networks, which may be connected with diverse local, national and international communities through their own partnerships and networks.
  - **Healthy settings networks** such as health promoting workplaces, universities and schools, as well as healthy cities where these have already been established.
  - **Professional networks** such as medical and health worker organizations and networks, in particular extending to the community health worker level.
  - **Institutions with membership extending to the community level**, including schools, universities, principals, teachers and community centres.
  - **Community and civic organizations**, in particular faith-based organizations, older persons’ associations, civic minority group

organizations, women’s and children’s rights organizations, and service organizations such as Rotary Club, where applicable.

- **Networks of informal sector businesses**, community-owned enterprises and small businesses.
- **Employee and employer organizations**, including labour unions and confederations of industry.
- **Informal settlements** such as slums and community centres or shelters for people who are homeless.
- **Informal community networks** such as for undocumented and/or foreign migrants, people experiencing homelessness, and other population groups in situations of vulnerability.
- **Online communities**, such as social media groups for people with disabilities, migrants/foreigners, mental health support and neighbourhood watch.

#### Case Study: Tonga

**Leveraging existing networks and community forums:** Strong existing networks in Tonga have established a platform to facilitate discussions among the community about how they can support one another and come up with their own solutions, including adhering to the no-touch policy and not going to mass or church services.

### 2.1.2 Ensure enablers and two-way communications systems are in place for engagement

- Enable better communication between relevant governmental stakeholders, allowing cross-sectoral collaboration and ensuring consistency of information delivered to communities.
- Work with risk communication teams to ensure that there are effective and reliable sources of information for communities, in the appropriate languages and with clear messages. Also, make sure they are accessible by using diverse channels such as audio and visual materials on:

- what individuals, families and communities can do to limit their risks of being infected and infecting others (13);
- how and when advice and care can or should be obtained if someone falls ill, specific to local situations as much as possible (this will require a clear link with defined triage and treatment pathways so that communities can understand where to go and whom to approach);
- how to take care of sick family members at home if they present with mild COVID-19 symptoms (11); and
- how and where individuals and communities can report situations of concern or ask questions related to COVID-19.
- Establish or improve clear mechanisms for communication to and from communities, not only through existing networks within communities, but also through easily accessible sources. Depending on the context, these include telephone hotlines and call centres, social media platforms, and systematic and standard text messaging from telephone service providers or emergency communication networks.
- Develop or strengthen listening and feedback loops: to address specific needs or challenges (e.g. physical distancing and alternatives to religious gatherings, schooling or alternatives for handwashing if they do not have access to either water or soap); to engage with community groups through surveys, polling, rapid focus group feedback, social media listening, informal information services and media monitoring; and to capture, understand and appropriately dispel myths.
- Support and encourage targeted research to establish baseline information on community values, beliefs, knowledge and attitudes. Continue monitoring developments of these baselines over time.
- Jointly revise (as necessary) the partnership’s vision and mission.
- State the objectives, needed resources and relationships to accomplish the objectives. Consider also key agents of change in the partnership.
- Clarify roles and responsibilities of each partner or network, with relevant revisions as the context changes and the epidemic unfolds.
- Describe potential barriers and risks to the success of the partnership and how to overcome them.
- Identify the financial resources needed to support the partnership activities and infrastructure as well as the funding sources.
- Communicate with one another regularly to stay abreast of any significant changes in the structure of the partner organization or network.
- Meaningfully engage community leaders, influencers and members in decision-making dialogues on COVID-19 matters to include community perspectives into decisions.
  - Invite community leaders and influencers to partake in dialogues on matters that affect their communities, particularly within vulnerable population groups. Advise them to take into consideration gender and equity such that women and men are equitably represented. Listen carefully to their comments.
  - Hold regular meetings (virtually, if possible, or with appropriate physical distancing measures) with community members, leaders and influencers to establish two-way communication pathways that empower them to voice concerns about COVID-19 from their communities, particularly the concerns of vulnerable population groups.
  - Share relevant COVID-19 information with community members, leaders and influencers as it becomes available (via posters in their local language, radio commercials or jingles, radio and TV shows, mass text messages, community theatre, social media, forums, etc.).
  - Note and integrate community concerns and suggestions raised by leaders, influencers and members – particularly

**2.1.3 Further strengthen or establish collaborations with key partners and community networks (3,14)**

- Identify (or clarify) stakeholders participating in a partnership and describe their capabilities to form and support the partnership.

among those from vulnerable population groups – for the COVID-19 response in further planning and communication strategies.

- In collaboration with partners, regularly revise the objectives of the partnership and its membership. For example, consider whether the context has changed significantly to change the objectives and whether new partners should join the partnership.
- Practise humility and curiosity. For example, reflect on lessons learnt from partners and community networks.
- Establish mechanisms to monitor and evaluate everyone’s contribution in the implementation of joint work, as well the effectiveness and appropriateness of the partnership.
- Support and celebrate each other’s achievements throughout the process.

### Case Study: Viet Nam

**Collaborating with other agencies to protect vulnerable population groups:** WHO Viet Nam is collaborating with UNICEF, UNDP and civil society to reach ethnic minorities and people with disabilities by disseminating messages translated into different languages, including sign language.

## 2.2 Further strengthen existing community governance structures to leverage existing mechanisms and build capacity among national and local stakeholders

By further strengthening existing community governance, the health sector can leverage existing mechanisms and build capacity among national and local stakeholders in engaging, empowering and supporting communities in national and local COVID-19 response efforts. This will increase community ownership of COVID-19 actions and will consequently strengthen trust (3) and promote uptake of recommended protective behaviours.

### 2.2.1 Engage communities through existing mechanisms

- Work with community leaders to identify or establish community engagement mechanisms that are culturally acceptable for different communities and that pay attention to the needs of vulnerable population groups. Such mechanisms include online forums, social media groups, forums and/or door-to-door visits while observing appropriate physical distancing measures.
- Strengthen relationships with networks of mayors and other local government leaders to enable community engagement for COVID-19.
  - Collect questions and concerns from mayors and integrate the issues they raise in the planning of subsequent preparedness and response.
  - Communicate with networks of mayors or local leaders (age-friendly cities, healthy cities, healthy islands, smart cities, sustainable cities, etc.) through phone or videoconferences.
  - Provide mayors and local leaders with relevant information to support their compliance with national and international guidance regarding COVID-19.
  - Facilitate decision-making dialogues with constituents regarding potential repurposing of public or common spaces (e.g. school buildings, community centres) to support isolation of people with mild symptoms.
  - Involve constituents in discussions regarding redistribution of local financial resources for community emergency funds.
  - Create virtual platforms or install suggestion boxes in common spaces such as markets to enable local governments to receive inputs from local communities and provide feedback.
  - Support mayors and local leaders in addressing community suggestions and feedback, including by providing technical guidance on COVID-19 to determine technical appropriateness of suggestions.
  - Provide technical guidance for mayors and local leaders to work with community health workers in managing processes that enable isolation, such as making non-

- clinical spaces for isolation available to communities and directing individuals with mild symptoms to these spaces, taking into consideration social norms that may impact whether the space is appropriate (e.g. co-ed or single gender).
- Encourage the establishment of accountability mechanisms to track the responses of mayors and local leaders to community suggestions and feedback.
- Work with faith-based communities.
  - Convene (virtually, where possible, or with appropriate physical distancing measures) faith-based community leaders to establish a two-way means of communication with them.
  - Collect questions and concerns from faith-based leaders and integrate the issues they raise in the planning of subsequent preparedness and response.
  - Provide faith-based leaders with relevant information to support their compliance with national and international guidance regarding COVID-19.
  - Create virtual platforms or install suggestion boxes in places of worship to receive inputs from faith-based communities and provide feedback.
  - Facilitate decision-making dialogues with faith-based community members regarding potential repurposing of public or common spaces (e.g. places of worship) to support isolation of people with mild symptoms.
- Work with neighbourhoods in urban areas and with individuals and families in villages.
  - Gather (virtually, where possible, or with appropriate physical distancing measures) neighbours in urban and rural areas to discuss national and subnational measures and recommendations for the prevention and response to COVID-19.
  - Support the establishment of “neighbourhood health watch systems” to enable people to support one another to improve the health and well-being of their communities and prevent transmission of COVID-19 to susceptible groups (e.g. younger adults grocery shopping on behalf of older adults).
  - Facilitate decision-making dialogues with neighbours and villagers regarding potential repurposing of public or common spaces (e.g. school buildings, community centres) to support isolation of people with mild symptoms.
  - Involve neighbours and villagers in discussions regarding redistribution of local financial resources for community emergency funds.

### Case Study: Cambodia

#### **Building trust with the community by strengthening local governance mechanisms:**

WHO Cambodia has formed partnerships with UNICEF, the Red Cross and faith-based leaders in building and improving trust within the community. With these partners, the WHO Country Office has further leveraged existing local governance mechanisms including the Community Committee for Women and Children.

#### **2.2.2 Provide training for local authorities and community members (especially when movement restrictions are in place) to ensure they have the right information at hand that they can share with the community**

- Organize capacity-building workshops for local authorities so that they are trained to provide accurate and relevant information regarding COVID-19 to communities with which they interact and also to relay questions and feedback to health authorities. Such local sectors include city councillors, the police, local health committees, volunteer groups and representatives of essential businesses.
  - Hold regular (e.g. weekly) virtual capacity-building meetings for different audiences, taking into consideration gender and equity.
  - Hold in-person (with appropriate physical distancing measures) capacity-building meetings for different audiences for whom virtual meetings are not feasible.
  - Send regular relevant updates and information to personnel of local governance bodies to keep them updated of new policy developments (e.g. through

- a mailing list or a messaging app group, such as Viber or WhatsApp).
- Establish systems for communities to provide feedback about their relationship with authorities to promote positive and constructive interactions, with a focus on groups that are typically marginalized.
  - Install suggestion boxes at grocery stores.
  - Open a survey to which people can submit responses online or in person at the suggestion boxes.
  - Analyse the findings and develop recommendations.
- Develop and implement capacity-building workshops (virtually, where possible, or with appropriate physical distancing measures) for community members to learn about the reasoning for local, regional and national COVID-19 preparedness and response measures such as so-called lockdowns. These venues can also be used to engage in dialogue regarding any questions or concerns community members might have and strengthen trust between communities and authorities. Remember to include gender and equity considerations in the workshops.
- Prepare ready-to-use products to guide local authorities to engage communities in decision-making regarding measures and recommendations relevant to people's behaviour (such as guidance on establishing hotlines or telehealth services, guidance on conducting safe and respectful burials (12) and guidance for carers of people with disabilities).
- Analyse what resources and supplies would need to be distributed to enable the adoption of these measures.
  - With community members, co-design relevant, context-appropriate communication tools and approaches (megaphones, radio commercials or jingles, community theatre, posters, leaflets, etc.) in local languages to encourage communities to practise protective behaviours, taking gender and equity into consideration.
  - Listen to community needs and challenges and distribute (or advocate the distribution of) items and resources relevant to the recommended behaviours

(e.g. water and soap). For recommendations on addressing the needs and challenges of groups in situation of vulnerability, refer to relevant WHO guidance documents (15).

## 2.3 Optimize the role of community health workers engaging with communities

By optimizing the role of community health workers (formal or informal, such as nurses, midwives, nursing assistants, village health volunteers and health promoters) engaging with communities, the health sector can strengthen and build capacity of community health workers. They can help, for example, in surveillance and (quantitative and qualitative) data collection efforts and community-based participatory methodologies. This will reduce the burden posed by COVID-19 on the health system, while also mitigating potential cultural barriers and strengthening trust between communities and the health sector.

### 2.3.1 Build the capacity of community health workers to optimize their role in engaging communities for COVID-19 management

- Conduct capacity-building workshops and modules (virtually, where possible, or with appropriate physical distancing measures) for community health workers to engage with communities on COVID-19 matters.
- Provide community health workers with tools that enable them to share accurate information about COVID-19 with their communities (taking into consideration people's gender or age, among other social determinants). Further, they can also inform health authorities of frequently asked questions or misperceptions by communities.
- Build the capacity of community health workers to manage outpatients with mild symptoms, using careful clinical judgement and assessing the safety of patients' home environment until the symptoms have resolved (16).
- Provide technical guidance for community health workers to work with local authorities to support with processes that enable isolation, such as making non-clinical spaces

for isolation available to communities and directing individuals with mild symptoms to these spaces, taking into consideration social norms that may impact whether the space is appropriate (e.g. co-ed or single gender spaces).

- Encourage community health workers to build and maintain trust with community members (friendly demeanour, appropriate attire, etc.).

### **2.3.2 Involve community health workers in surveillance and (quantitative and qualitative) data collection efforts and community-based participatory methodologies**

- Build capacity among community health workers to include them in surveillance and (quantitative and qualitative) data collection efforts.
- Provide training to community health workers in community-based participatory methodologies, including intersectional approaches that consider gender, equity and other social determinants of health.
- Appoint purposefully trained local community health workers and/or volunteers to conduct home visits, support contact tracing and provide front-line advice to the public (16).

### **2.3.3 Draw on community health workers to monitor and evaluate the effectiveness and appropriateness of community engagement for COVID-19**

- Collaborate with community health workers and other agencies (NGOs, international NGOs and United Nations partners) working with communities, as well as with communities themselves, to monitor the progress of the process and outcome indicators related to community engagement and health-related outcomes.
- In collaboration with community health workers, document processes and results from community engagement within the context of COVID-19 and share these with other communities and health authorities.
- Celebrate milestones with community health workers, as well as community members, influencers and leaders, to recognize and

value their active role in addressing COVID-19, for example through some form of public recognition or certificate.

## **3. Next steps**

Health ministries are encouraged to engage communities by ensuring community engagement and risk communication are institutionalized as a strategic and instrumental part of their national and subnational COVID-19 preparedness and response plans. They should also make sure that appropriate financial and human resources are allocated for the operationalization of community engagement and risk communication. In preparing for and responding to COVID-19, WHO country offices and health ministries have already taken significant steps to establish and strengthen partnerships with community networks, strengthen existing community governance structures, and optimize the role of community health workers for surveillance and participatory-based data collection.

This interim guidance is not intended to be prescriptive but rather to provide suggestions to WHO country offices and health ministries so that they can quickly and effectively engage communities for COVID-19 responses in situations of widespread community transmission.

## **4. Guidance development**

### **4.1 Acknowledgements**

This document was developed by a guideline development group composed of staff from the WHO Regional Office for the Western Pacific (Social Determinants of Health, Division of Healthy Environments and Populations).

### **4.2 Guidance development methods**

This document was developed based on a review of relevant literature, consultative processes with WHO country offices, as well as guideline development group discussion and consensus.

### **4.3 Declaration of interests**

Interests have been declared in line with WHO policy, and no conflicts of interest were identified from any of the contributors.

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WPR/DSE/2020/016

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