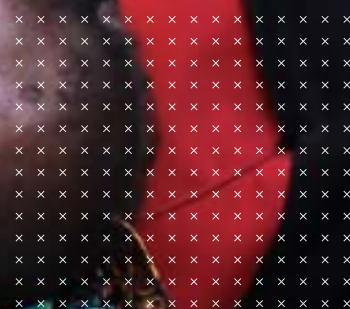




World Health
Organization



WHO COMMUNITY ENGAGEMENT FRAMEWORK FOR QUALITY, PEOPLE-CENTRED AND RESILIENT HEALTH SERVICES

WHO/HIS/SDS/2017.15

© World Health Organization 2017

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules>).

Suggested citation. WHO community engagement framework for quality, people-centred and resilient health services. Geneva: World Health Organization; 2017 (WHO/HIS/SDS/2017.15). Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in Switzerland

FRAMEWORK DEVELOPMENT WORKSHOP

Cape Town, South Africa, 22–24 March 2017

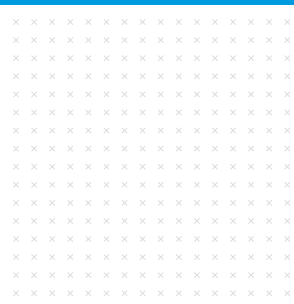
This report is the output of a 3-day technical workshop to examine the links between community engagement, quality, people-centred and resilient health services and communities. The workshop was convened by WHO through a collaboration between the Health Promotion and Social Determinants Unit (HPD) in the WHO Regional Office for Africa and the Service Delivery and Safety Department (SDS) at WHO headquarters.

Acronyms and Abbreviations

AFRO	WHO Regional Office for Africa
CEQ	WHO community engagement framework for quality, integrated, people-centred and resilient health services
CHW	community health workers
CHP	community health programme
CSDH	WHO Commission Report on Social Determinants of Health
EVD	Ebola virus disease
HPD	Health Promotion and Social Determinants Unit
HIS	Health Systems and Innovation Cluster
IHI	Institute for Healthcare Improvement
IPCHS	WHO Framework for integrated people-centred health services
MOH	Ministry of Health
NCD	noncommunicable diseases
QA	quality assurance
QI	quality improvement
QHC	Universal Health Coverage and Quality Unit
SDG	Sustainable Development Goals
SDS	Department of Service Delivery and Safety
UHC	universal health coverage
WHO	World Health Organization

Contents

Foreword	7
Preamble	8
Executive summary	10
Workshop rationale	16
The community engagement framework for quality, integrated, people-centred and resilient health services (CEQ)	20
Generating the CEQ framework and model	28
Considerations for country ownership, adaption and implementation	44
Next steps	46
Annexes	48



Foreword

7

The response to the Ebola virus disease (EVD) outbreak of 2014 provided an opportunity to learn what did and did not work in terms of community engagement. These important lessons have implications for strengthening health systems and communities. The message from Ebola was clear: transmission rapidly slowed and stopped when the health sector, response agencies and developmental partners learnt to work with (and not only for) local families and communities affected by Ebola.

As the Ebola outbreak evolved and communities in the three Ebola affected countries (Guinea, Liberia and Sierra Leone) resisted measures to prevent further transmission of infection, the World Health Organization (WHO) and partners took unprecedented actions, such as recruiting community engagement staff and positioning them at the district level, mobilizing WHO health promotion officers from neighbouring countries and deploying international experts from the social sciences. This was done to try and bridge the structural, technical and institutional barriers that were preventing the integration of local knowledge and culture into technical and operational decision-making and responses.

In the WHO African Region, Dr Matshidiso Moeti, the Regional Director, elevated and placed the Health Promotion and Social Determinants of Health (HPD) unit within the Office of the Director, Programme Management (DPMO) to coordinate the mainstreaming of health promotion and social determinants of health across all technical programmes, in order to effectively address universal health coverage (UHC). At the WHO Headquarters level, the Service Delivery and Safety (SDS) department, in the Health Systems and Innovation (HSI) cluster prioritized the integration of community engagement as a key action for resilient, people-centred health systems. Both these initiatives make an important, and often missing, connection between community, people-centred approaches and quality in UHC. Relationships built and maintained during the delivery of routine services and programmes are drawn upon during emergencies. There is an urgent need to institutionalize a better and more sustainable way of engaging with service users, their families and local communities so that significant and marginalized voices are solicited, heard and acted upon throughout the entire service and programme planning cycle.

This will require fundamental shifts in the way WHO and Member States understand and engage collaboratively with service users, their families and local communities. It will take a change in the mind-set, attitudes and practices of health professionals at all levels of the health system. The legacy of Ebola left little doubt for the global health community: it can no longer be "business as usual". Ebola laid down the gauntlet for the emergence of a self-learning, self-adaptive and self-leading workforce able to support and collaborate with communities as co-creators of health and well-being.



Dr Joseph Cabore
*Director, Programme Management
WHO Regional Office for Africa
Brazzaville, Congo*



Dr Edward Kelly
*Director, Service Delivery and Safety
WHO headquarters
Geneva, Switzerland*

Preamble

Community engagement: a cornerstone of quality, safe and people-centered services

The 2014 Ebola outbreak in West Africa was the largest the world had ever known and it triggered the most protracted Ebola response in history. The experience brought home and reinforced that context and culture matter and clearly demonstrated the interdependent and reciprocal relationship between health service providers, responders and health service users, their families and communities.

The actions or lack of action of service providers and response teams had a deep impact on community understanding and reactions. In the midst of wide community distrust and sometimes outright rejection of outbreak control and prevention measures in Ebola-affected countries, WHO and partners, in an unprecedented move, began to substantially invest in ways that addressed the social and cultural dimensions of epidemic response in an attempt to close the “distrust gap” between EVD response teams and the surrounding communities.

These investments included: i) the recruitment and deployment of social scientists and WHO social mobilization staff, ensuring that they were embedded and/or worked closely with technical and operational response staff as well as supporting social mobilization partners at national, sub-national and district level; ii) applying transdisciplinary and interagency interventions to rebuild trust between service providers and communities; and iii) the integration of community engagement into relevant WHO technical guidelines and recommendations such as: safe and dignified burials¹, implementation of community care centres²; and recruitment of people recovered from Ebola as potential donors for convalescent whole blood and plasma therapy³.

AFRO regional priorities and actions to elevate health promotion and social determinants

The WHO regional office for Africa has been supporting its Member States to address social determinants of health and health equity since the launch of the WHO Commission Report on Social Determinants of Health (CSDH) in 2008. The strategic priorities for this area of work have been further strengthened through decisions taken at global and high-level meetings namely, the World Conference on Social Determinants of Health (2011); the UN-High Level Meeting on NCDs (2011); and the 8th and 9th WHO Global Conference on Health Promotion (2013 and 2016).

Furthermore, in Dr Moeti's WHO Africa Health Transformation Programme (2015) the Regional Director for

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26193

