

Health Emergency prevention, preparedness, response and resilience (HEPR):

Community protection

Introduction and update

Health emergencies begin & end in communities...

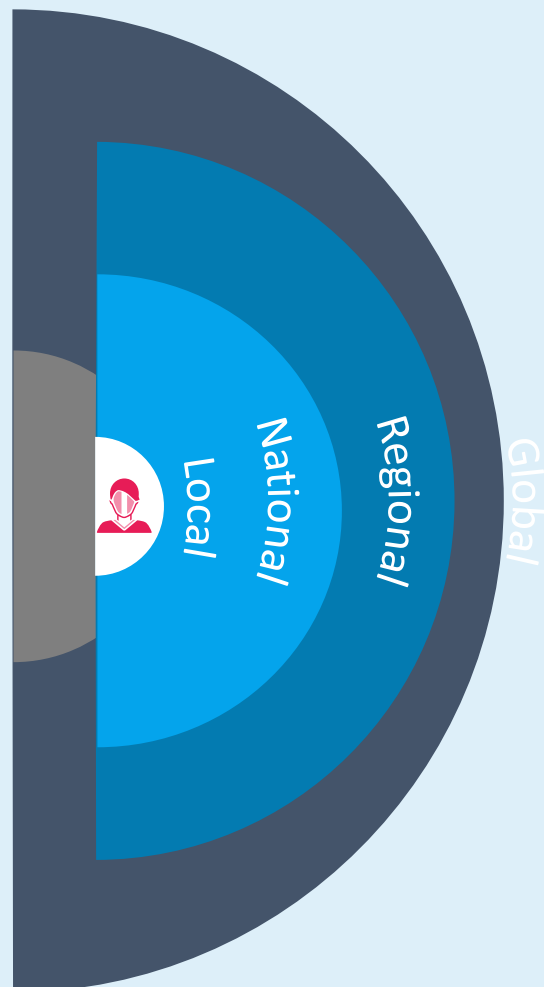


Pandemic

Epidemic

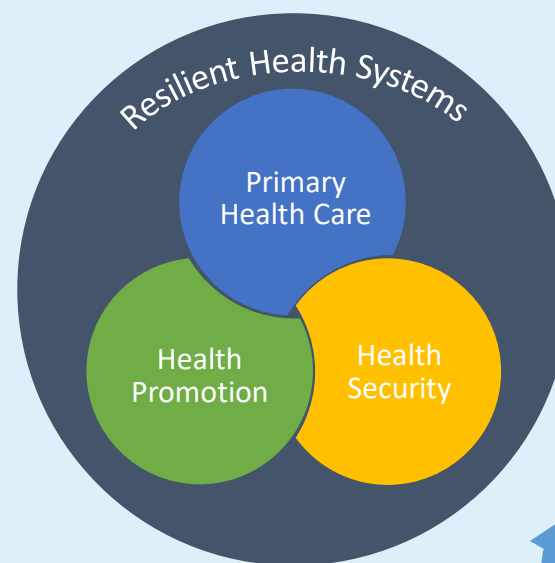
Outbreak

Patient 0



...and require a systemic approach to achieve health protection

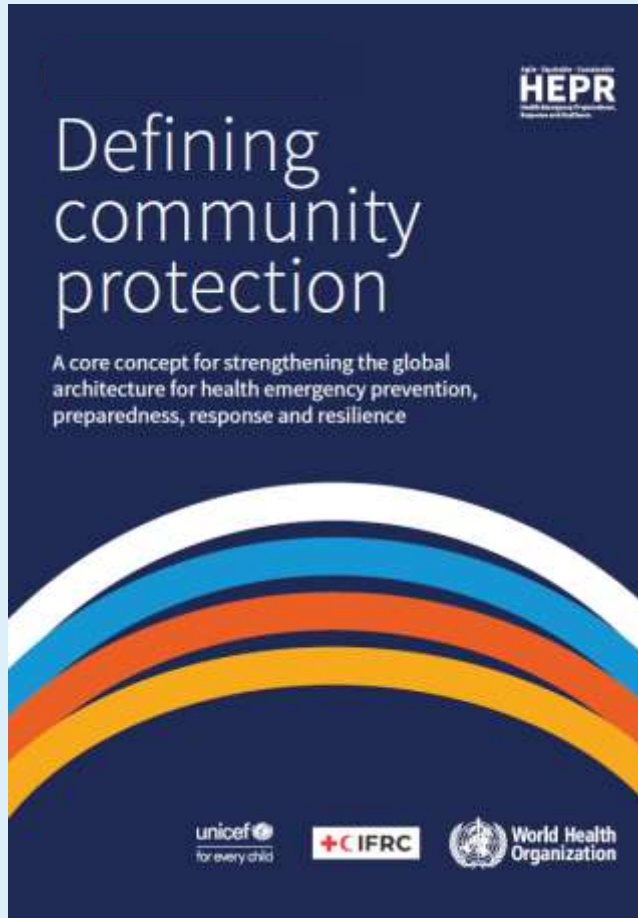
Resilient communities & health systems...



...supported by a local, national, regional & global technical/operational networks for health emergency preparedness, readiness and response

Defining community protection under HEPR

In HEPR, Community Protection is defined as the outcome of **health emergency management** that involves and engages the people who are affected by an emergency event in decisions and actions aimed at protecting their **health and well-being**



2.1

Community engagement, risk communication and infodemic management

Communities are included and involved, their expertise is listened to, and activity engaged to co-create solutions. They are provided with the right information at the right time to take action in ways that protect health and wellbeing. **RCCE/IM Team, Collective Service**

2.2

Population & environmental public health interventions

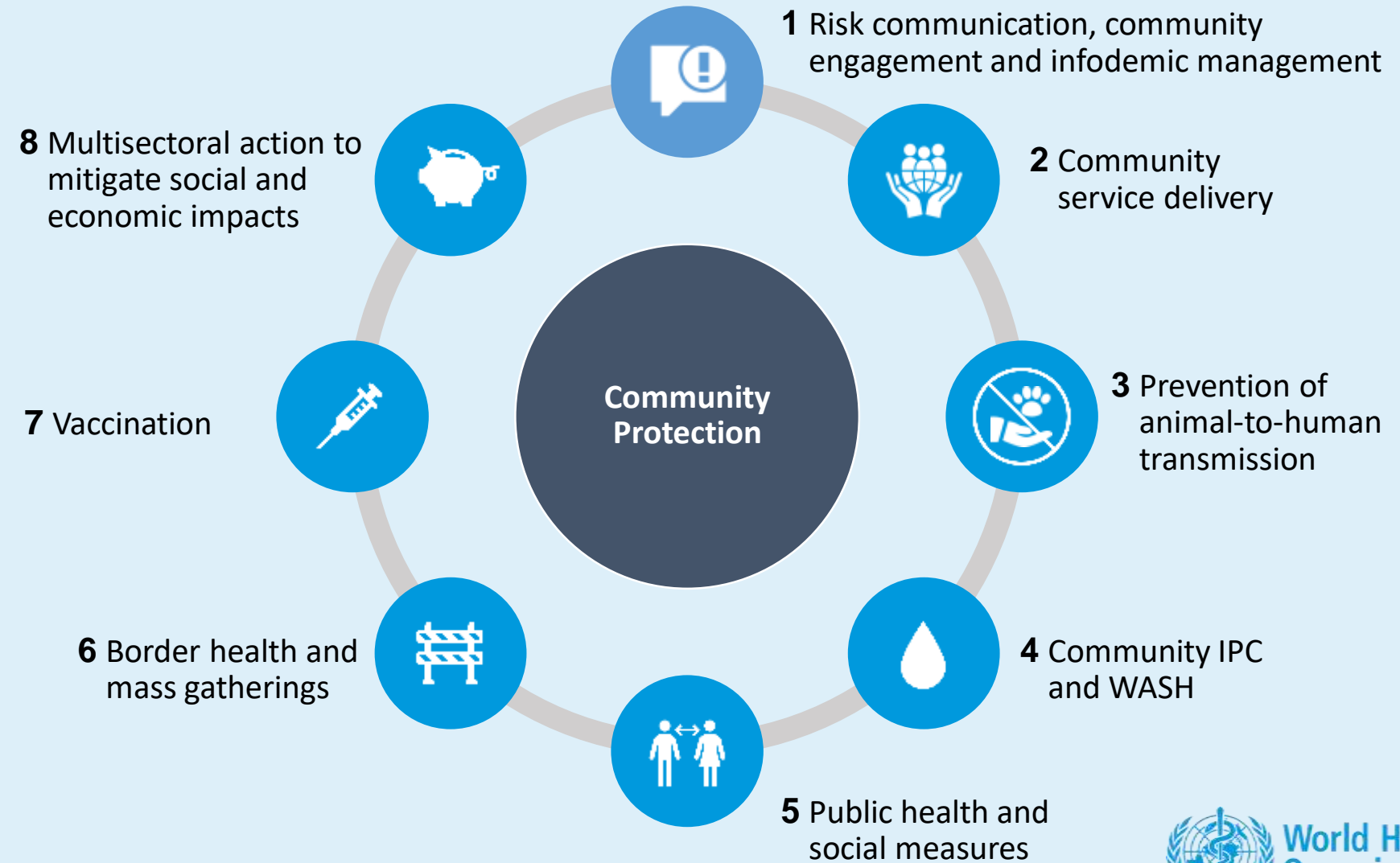
Strengthening community level capacities for early detection and response, including those to control zoonotic spillover, public health and social measures, WASH and vaccination. **Public Health and Service Delivery team, Collaboration with IPC/WASH, PHSM, HAI, UNICEF**

2.3

Multisectoral action for social & economic protection

Minimizing secondary impacts from health emergencies through social protection, business continuity, education, food security, psychosocial support. **Collaboration with UNICEF, WB, UNDP, UNHCR, MHS**

Community Protection for mpox technical expertise and support



Integrated package of interventions at the community level

1. Risk Communication and Community Engagement (RCCE)

The RCCE strategy will engage communities through tailored messaging on mpox symptoms, transmission risks, preventive behaviors, and vaccination benefits. Messaging will be adapted to local contexts and disseminated through trusted channels, including community health workers, to enable community members to make risk informed decisions, address rumors and reduce stigma. Through regular community feedback mechanisms and social listening, WHO and partners will continuously refine RCCE strategies to align with community concerns, improving trust and cooperation.

2. Contact Tracing

Rapid and effective contact tracing is crucial for containing the spread of mpox. WHO and the Ministry of Health (MoH) will work with trained contact tracers to identify, monitor, and support individuals exposed to mpox. Contact tracers will collaborate with local authorities and community members to ensure the systematic identification of contacts and reinforce isolation and monitoring guidance, thus limiting further spread.

3. Community self-care/ home-Based Care and Community IPC

For symptomatic individuals isolating at home, home care guidelines will be implemented, including safe handling of household items and effective isolation practices. Community IPC initiatives will include distributing guidance materials to families of confirmed cases and promoting hand hygiene and waste management in community spaces. WHO will work with community health workers (CHWs) to advise households on these protocols to prevent secondary transmission within homes.

4. Vaccination Uptake Support

Community outreach efforts will promote vaccination among high-risk groups in hotspot areas, addressing vaccine hesitancy and increasing uptake. This will include deploying integrated vaccination teams and coordinating with local influencers and health workers to foster community trust in vaccination efforts.



Establishing predictable and institutionalized capacity at community level



Community First Responders ToT Workshop

Approaches:

Adapt global guidance to context; Co-develop with country experts/ trainers; Integrate with existing training

Outputs:

National Team for Capacity Building;
Network of trainers



CFRs/ CHWs

*Collaboration with
Local Health Staff,
RRTs, Local
officials, CSOs, etc.*



Advancing the use of social and behavioral evidence to inform the mpox response: 27, 28 Nov, Kinshasa

2-day stakeholder meeting co-convened with Africa CDC and EDCTP3 Global Health.

Aims:

- Take stock of what we know so far, identify what research is being conducted and planned and identify evidence gaps
- Strengthen networks and partnerships among researchers, and engagement among researchers, policy makers, response leaders, and wider response partners.
- Set future research priorities and create a platform for ongoing exchange

Meeting outcomes: report, a published Call to Action for funders and researchers, and a sustainability plan to maintain collaboration through regular networking.

Key outcome of overall initiative: Development of research protocol for implementation by local universities – includes capacity strengthening for rapid operational research + engagement with response for uptake of findings.



Communities at the center of mpox emergency response: driving local level impact through social and behavioural science

Mercredi et jeudi 27 et 28 novembre|2024

Hôtel Royal Kinshasa, 3, Avenue Kitona, Commune Gombe, Kinshasa, RDC

Aligned with response goals in the [Strategic Preparedness and Response Plan \(SPRP\) for mpox](#) and the [Mpox Continental Preparedness and Response Plan for Africa](#), this meeting aims to put communities at the center of our collective efforts to stop mpox outbreaks. It has a specific focus on driving local level impact by advancing ways that social and behavioural evidence can be used rapidly and systematically to inform response.

On 13th April 2024, following a High-Level Emergency Regional meeting in Kinshasa the Ministry of Health in DRC considered mpox as a Public Health Emergency (PHE). Following this meeting, key stakeholders, including [Global Health EDCTP3](#) activated their emergency response to the crisis. In August 2024, the upsurge of mpox was declared as a Public Health Emergency of Continental Security (PHECS) by Africa CDC and a Public Health Emergency of International Concern (PHEIC) by WHO. WHO, Africa CDC, CEPI, and US NIH/NIAD brought together a [coordinated research roadmap](#) for mpox prevention and control. Social and behavioural sciences for community-centred research and response is one of 10 priorities for research to strengthen public health response to mpox.

Evidence from social and behavioural science strengthens the technical work, including of RCCE, to deliver



Operationalizing community protection at the country level



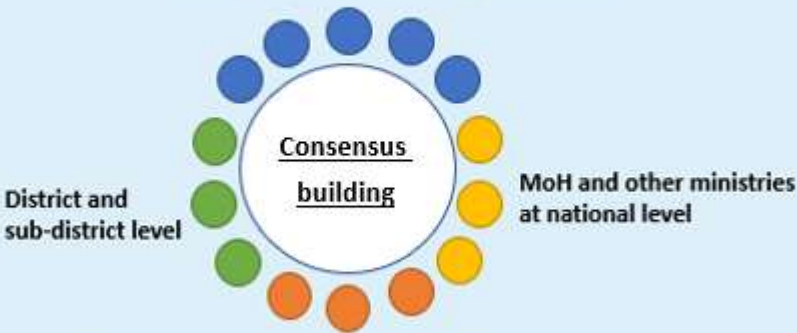
Scenario-based Gap Analysis and Action Planning for Multisectoral Action to enable Community Protection

THE CONTEXT

Health emergencies begin and end at communities. The actions taken early at sources where the emergency begins by those initially and directly affected make an important and huge difference to the trajectories of emergency events. Therefore, National action to enable **capacity development at local and community levels** is critical to strengthen country capacities to prevent, detect and respond to health emergencies. In developing such capacities, systematic community engagement and empowerment is key by leveraging **community structures and assets**, strengthening capacities of **community workforce**, integrating the roles and functions of community workforce with those of **community facing local health system and PHCs**, applying a whole of society approach with appropriate **local multisectoral coordination** mechanisms and inclusive **partnership** platforms.

At the 75th World Health Assembly, the WHO Director-General presented to Member States a renewed vision to strengthen the global architecture for health emergency preparedness, response, and resilience (HEPR)¹. Built on more than 300 recommendations from independent reviews of the global response to COVID-19 and prior outbreaks, HEPR presents a renewed vision for strengthening the way in which countries and the world prepares for and responds to health emergencies. HEPR systems refer to standardized approaches and key components for health emergency preparedness & response across intersecting five subsystems of Emergency Coordination, Collaborative Surveillance, Community Protection, Safe and Scalable Clinical care, and Access to Medical Countermeasures.

Community representatives,
community health workers / volunteers



National and international partners, including CSOs

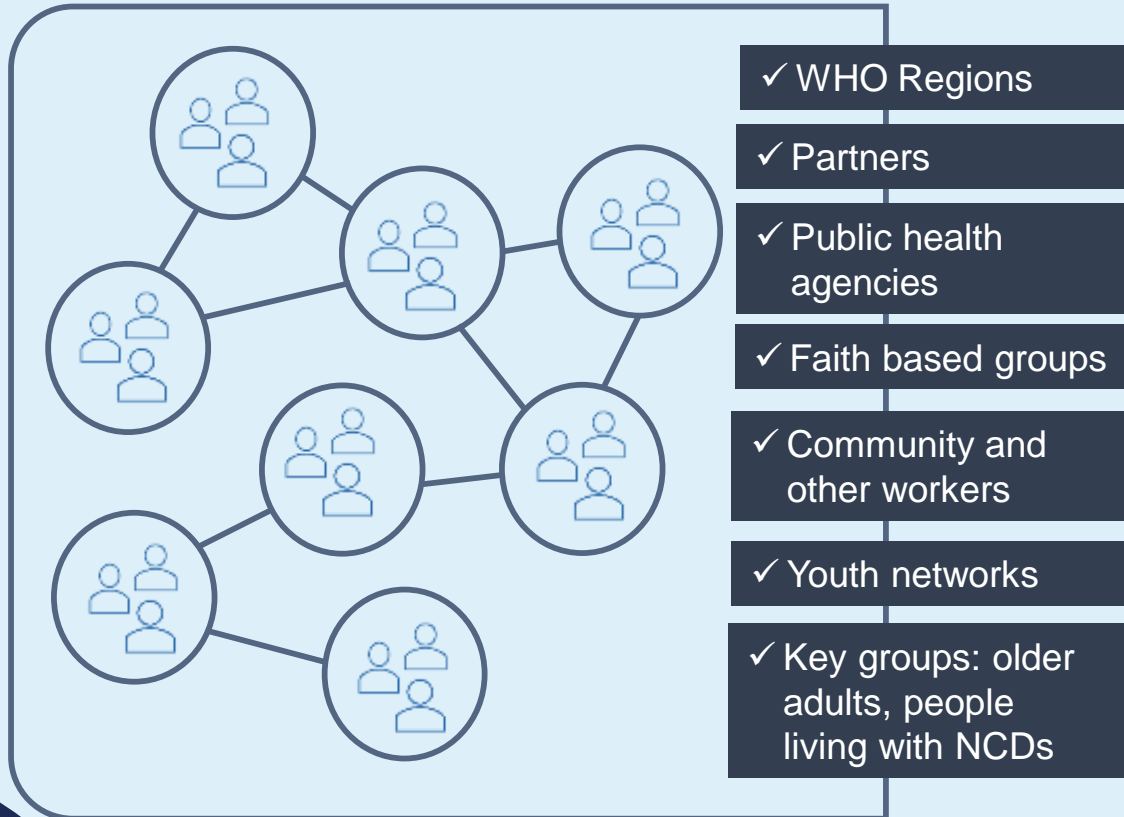
	Prevention & Preparedness	Early detection & Notification	Readiness/Anticipatory action & containment	Response/control & mitigation	Recovery & sustaining community capacities
Community engagement, risk communication & infodemic management					
Population & environmental public health interventions					
Multisectoral action for social & economic protection					



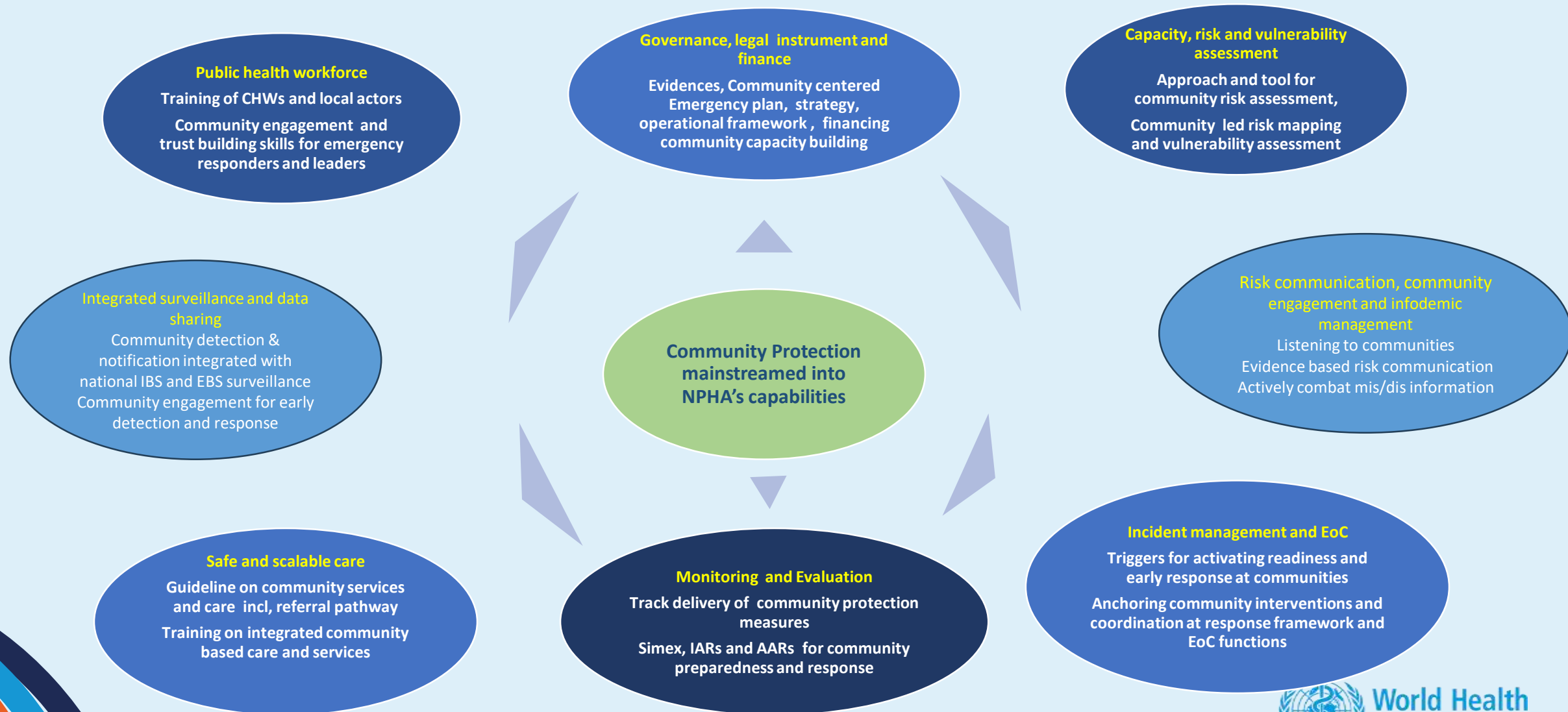
Community Protection Functions throughout Emergency Cycle

	Prevention & Preparedness	Early detection & Notification	Readiness/Anticipatory action & containment	Response/control & mitigation	Recovery & sustaining community capacities
Community engagement, risk communication & infodemic management	<ul style="list-style-type: none"> RCCE-IM embedded into national policy and practice RCCE-IM preparedness plan, trainings and tools Establishing listening channels Health literacy and resilience to mis/disinformation Community Risk and Vulnerability Assessment Community pandemic preparedness planning and simulation exercises 	<ul style="list-style-type: none"> Community EWARS Community Engagement to enhance early detection and immediate notification Mechanisms and tools for timely notification Community first responders trained for early detection and notification Community engagement for RRT investigation 	<ul style="list-style-type: none"> Mapping stakeholders and their capacities Readiness assessment for imminent threat Gap analysis and readiness action planning Training of communities, CBOs, CSOs, and private sectors for readiness Activation of community readiness actions including RCCE-IM 	<ul style="list-style-type: none"> RCCE-IM response Real time feedback and data collection Listening to communities and feedback mechanism functional Co-developing messages and advice Building community trust for response operations Community involvement in emergency response planning and operations 	<ul style="list-style-type: none"> Post disaster assessment on RCCE-IM Community AAR and recovery planning Community structures, capacities and workforce strengthened to strengthen community resilience National policies, programs and resources to build community resilience
Population & environmental public health interventions	<ul style="list-style-type: none"> Prevent zoonotic spill over at human, animal and environmental interface Community vector control Community WASH Immunization campaigns and services with community engagement 	<ul style="list-style-type: none"> Detection of zoonotic spillover at community Early communication between animal, environmental and human sectors Early, appropriate and relevant PHSM measures if suspected outbreak Community vector control and WASH 	<ul style="list-style-type: none"> Enhancing community based surveillance Training of community first responders Community based epidemic containment Community vector control Community WASH PHSM and community engagement 	<ul style="list-style-type: none"> Case finding, contact tracing and referrals Community centered PHSM, Psychosocial support Community case management Community based IPC Essential health services 	<ul style="list-style-type: none"> Community participation in local, regional and national recovery planning Community based rehabilitation services Community health system and capacity strengthening with building back better principle
Multisectoral action for social & economic protection	<ul style="list-style-type: none"> Development of social, livelihood and economic protection policies, standards and practices Delivery mechanism and resources for social, livelihood and economic protection measures 	<ul style="list-style-type: none"> Engaging various community informants from schools, restaurants, factories, etc. for early detection and notification functions Infrastructures and mechanism in place to ensure notification of events impacting social and economic status of communities 	<ul style="list-style-type: none"> Assessing the need and resource availability for social, livelihood and economic protection services for imminent threats Gap analysis and action planning and implementation with multisectoral engagement 	<ul style="list-style-type: none"> Listening actively to communities and assessing the need Incorporating community insights, concerns and needs into response operations Provision of social, livelihood and economic protection measures while responding to health emergencies 	<ul style="list-style-type: none"> Multisectoral post pandemic assessment on social, livelihood and economic measures and impact Mainstreaming health in Community resilience building and community development protects and programs Active participation at community disaster risk management programs

Advancing Community protection in partnership: Network of networks



NPHA's potential roles for implementing community protection



Thank you

Community Readiness and Resilience Unit (CRR)
Department of Country Readiness Strengthening (CRS)
Division of Emergency Preparedness,

#CommunityProtection

