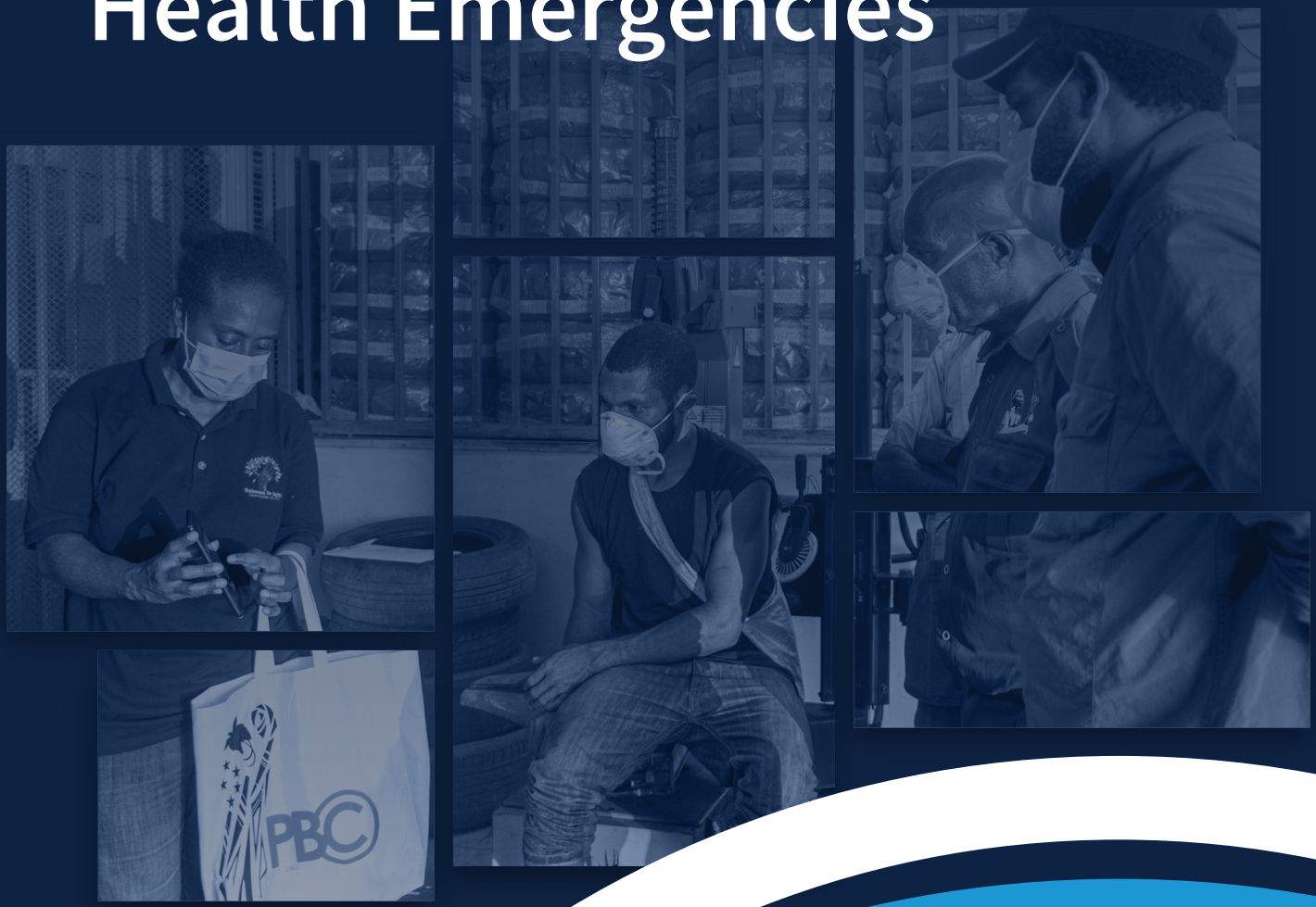
A Framework for Civil Society Organization Engagement in Health Emergencies



World Health Organization

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Contents

Preface

Dr Nedret Emiroglu
Director
Country Readiness Strengthening
World Health Organization
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Emergencies of all hazards, be they natural, man-made, environmental or biological, gravely affect the health and wellbeing of people across all ages and social strata.

The most vulnerable of us are hit the hardest during emergencies, exposing gaps in national health and development systems and hampering or preventing access of people to essential services, including health care.

The World Health Organization is committed to supporting countries in strengthening national health systems and safeguarding global health security. But this is possible only if we invest in strengthening local systems and ensure that communities, especially in vulnerable situations, are ready and resilient to withstanding health shocks.

Community and civil society engagement is not new to health and development commitments across all partners. However, systematically involving communities and their representatives following a whole-of-government and whole-of-society approach to emergency management is key to ensuring global health security.

Systematic community engagement is particularly important in the context of climate change, which already contributes to an increase in scale, frequency and intensity of emergencies. Changes in habitats are altering human-animal-environmental interactions and a balance that has existed for centuries. This is heightening the risk of new emerging diseases in humans. The entire cycle of emergency management must be of primary concern to all governments, and a coordinated approach must be taken to harmonize the multistakeholder landscape of partners, including civil society and the private sector, for inclusive government-led, community-centered policies and actions. Community and civil society inclusion - beyond participation - is key to efficient emergency coordination.

Civil society organizations (CSO) can amplify governments' response to emergencies and greatly contribute to national readiness, response and recovery efforts. They should be equally involved in decision making and share accountability in policies and actions for emergency prevention and preparedness.

To support countries in meaningfully engaging with civil society for public health emergencies, the World Health Organization developed a stepwise approach on CSO engagement for public health emergencies. This approach builds on the '3Es' (enable, empower, engage) strategy that calls for providing an enabling environment for CSOs, along with other community stakeholders, that will empower them with evidence-informed knowledge to meaningfully and systematically engage for building and strengthening community resilience to public health emergencies.

Abbreviations

3Es	Enable, Empower, Engage
AAP	Accountability to Affected People
CSO	Civil Society Organization
HEPR	Health Emergency Preparedness, Resilience and Response
MoU	Memorandum of understanding
RCCE-IM	Risk communication, community engagement and infodemic management
WHO	World Health Organization

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Introduction

The COVID-19 pandemic has highlighted the significance of community health and wellbeing to global health security. It has underscored the importance of a systemic approach to community-based action for sustaining equitable access to efficient health care services during public health emergencies. The importance of communities has been highlighted in the Health Emergency Preparedness, Resilience and Response (HEPR) Framework, with Community Protection being identified as one of the five intersecting sub-systems (the others are collaborative surveillance; safe and scalable clinical care; access to medical countermeasures; and emergency coordination). Community Protection in HEPR refers to community-centred actions that protect those who are at risk or affected from the health and social impacts of the health emergency, so as to strengthen resilience.

As emphasized by WHO Director-General Dr Tedros Adhanom Ghebreyesus, engaged, educated, and empowered communities are among the best defenses against health threats. (*1*)

Reaching and engaging communities is challenging when emergency response operations rely mostly on technical and medical structures of health authorities or national/international partner organizations (*2*). Inadequate engagement of key stakeholders is a major challenge in emergency preparedness and response, resulting in a lack of trust in public health institutions and decision makers (*3*). Civil society organizations (CSOs) are defined as non-profit entities that operate independently of governments. They are usually membership-based, with non-profit entities or individuals as members exercising voting rights in relation to the policies of the nongovernmental organization, or are otherwise constituted with non-profit, public-interest goals. They are free from concerns that are primarily of a private, commercial or profit-making nature. They could include, for example, grassroots community organizations, civil society groups and networks, faith-based organizations, professional groups, disease-specific groups, and patient groups. However, the involvement of structured community and social groups in emergencies, has been historically limited(*2*). Yet, engaging grassroot structures has proven pivotal in responding to many major emergencies, most recently the COVID-19 pandemic. The COVID-19 response has highlighted that with a whole-of-government, whole-of-society involvement, civil society organizations (CSOs) play a powerful role in building trust and mitigating the emergency's impact, especially in communities in situations of vulnerability (*4*). The COVID-19 response has fundamentally redefined how CSOs involve and could/should involve in emergency management and health promotion. Mpox is another prime example of a response centered on communities, where CSOs led interventions with affected communities and significantly contributed to controlling the outbreak. Similarly, CSOs play a major role in humanitarian emergencies in building trust for relocating people and fostering social cohesion.

Engaging CSOs and the people they represent in decision-making, along with planning, implementation, monitoring and sharing accountability, is essential for ensuring comprehensive and inclusive emergency prevention, preparedness, readiness, response and recovery. CSOs' valuable insights, community perspectives and expertise can enhance effectiveness of emergency management. CSOs with direct links to communities are often the most trusted sources in communities. They might be the only link to communities in situations of complex emergencies and vulnerabilities caused by political, socio-economic, health or environmental factors. CSOs that represent medical workers, professional medical associations, frontline health care providers are key health partners at the community level. They must be comprehensively included in emergency coordination mechanisms along with those CSOs that represent underserved communities. Although often mostly considered as implementing actors, CSOs play a variety of roles not only in their communities but also in relations with governments and partners. As such, they should be systematically engaged throughout all cycles of emergency management. However, it is important to ensure CSOs do indeed transmit the voices of the people they represent.

Ensuring systematic CSO engagement for strengthening community resilience to public health emergencies requires understanding community needs, their ways of living, their coping mechanisms that are present at any given point and in a specific vulnerability situation. This includes recognizing the roles of CSOs and ensuring an enabling environment that allows them to contribute valuable insights and enhance local and national health and development strategies beyond the scope of emergencies.

Social participation and inclusion, emphasizing community-centred policies and actions, have become important enablers for systematic community and CSO engagement in the COVID-19 response and, broadly, for community-based health service delivery and access as well as health promotion. Community-centred approaches in responding to the pandemic have provided a wealth of evidence for further strengthening global commitments to universal health coverage and equitable primary health care (*5*). Existing and newly established participatory community structures and inclusive governance mechanisms, utilized during the COVID-19 response, have significantly contributed to humanitarian emergencies and early detection, alert, and timely response to other recent emergencies, including cholera, Ebola, Marburg, mpox and other outbreaks (*6*). Most importantly, platforms enabling participation, peer-to-peer learning and exchange of experiences have culminated in innovative solutions to community challenges. They continue opening participatory spaces for comprehensive dialogue on decisions and policies that prioritize the enhancement of community health and wellbeing (*7*).

With concerns rising over global climate change, including the recent public health situation analysis of the 2023 El Niño climate pattern and its primary health effects, sustaining and strengthening meaningful CSO engagement for strengthening community resilience is particularly important for efficient emergency prevention, preparedness, readiness, response, and recovery (*8*).

Calling for multisectoral action on responding to community concerns and ensuring community welfare along with strengthening global health emergency prevention, preparedness, response, and resilience (HEPR), WHO is committed to top down and bottom up approaches. It is working with Member States towards inclusive governance and supporting engagement of community members and stakeholders, including CSOs, across all emergency phases (*9*).

The ultimate goal of engaging CSOs in public health emergencies is to strengthen community resilience, enhance the effectiveness of public health responses, and ensure needs and voices of affected populations are heard and addressed.

The Framework 3E approach on CSO engagement for public health emergencies responds to the WHO's commitment to HEPR and to fostering collaboration with civil society (*10*).

The Framework based on the 3E (enable, empower, engage) approach is developed in consideration of experiences and lessons learned from the CSO Engagement Initiative supported by the COVID-19 Solidarity Response Fund and implemented by WHO in 2020-2022 in 40 countries (*4*). The Framework is also aligned with WHO's evolving Localization Strategy, which is part of a joint effort by the WHO regional and country offices in fragile, vulnerable, and protracted emergency settings undertaken to plan, implement and strengthen WHO's implementation of localization in its emergency health interventions.

Meaningful or systematic engagement with community stakeholders requires an enabling environment - in the form of inclusive legislation and capacity enhancement - to empower stakeholders to support inclusive decision making and accountability. The 3E strategy is a dynamic cycle that drives meaningful engagement of community stakeholders through co-creation and co-development of community-centred emergency management. It sets the foundation for inclusive community-centred governance for public health emergencies.

This Framework approach is an evolving concept. It highlights practical steps to support countries in engaging CSOs as significant partners for strengthening community resilience to public health emergencies.

Aim, Objective, And Target Audience

The Framework for Civil Society Engagement in Health Emergencies aims at enhancing inclusive community-centred decision-making, planning and implementation along with shared, all-partner accountability for efficient emergency prevention, preparedness, readiness, response, recovery, and resilience at the community level.

The objective of this approach is to provide a practical tool to WHO staff at the three levels of the Organization to support national governments in meaningfully engaging CSOs, along with other key community stakeholders, for strengthening community resilience to public health emergencies.

The 3E approach framework provides an outlook for WHO staff, WHO partners and national governments on practical steps to support a harmonized, multi-stakeholder approach to strengthening community resilience to emergencies.

The Framework for Civil Society Engagement in Health Emergencies builds on and enhances the WHO convening role in defining the global health emergency agenda in support of national health and development plans, along with national emergency prevention, preparedness, readiness, response, recovery, and resilience strategies.

Method

This document is informed by lessons learned and challenges faced during the COVID-19 pandemic as well as other outbreaks. During the pandemic, WHO launched an initiative on engaging CSOs. Fifty-four grassroots CSOs, with an estimated total outreach to over 80 million people living in vulnerable communities in 40 countries, supported WHO's COVID-19 response. The communities represented by these CSOs ranged from migrants, internally displaced persons, refugees, indigenous groups, ethnic and social minorities, older persons, persons with disabilities, children and women in distress, and youth groups to frontline care providers, including nurses, medical students and informal workers.

These experiences, best practices and challenges were documented in the 2022 WHO publication "Community assets and civil society outreach in critical times: an initiative to engage civil society organizations in the COVID-19 response"(*4*).

Barriers and enablers to CSO engagement were documented from WHO regions.

Based on these findings, this note was developed to provide practical, easy-to-follow steps for WHO staff, partners and Member States to engage with CSOs for public health emergencies.

Steps

The Framework for Civil Society Engagement in Health Emergencies is informed by the lessons learned and challenges faced during COVID-19, including the WHO initiative on engaging CSOs in COVID-19 response at the national and local levels in 40 countries

Although very complex in terms of geographies, political and social contexts in humanitarian and non-humanitarian settings, as well as the COVID-19 response being layered with responding to other ongoing emergencies, the Initiative has proven life changing for many communities. It has paved the way to opening social participation in emergency management in countries, advancing the ongoing policy dialogue on inclusion.

This approach summarizes the many different actions needed to negotiate, map, plan and implement CSO Engagement by WHO and partners. Simplified into 10 interconnected steps that progressively reinforce one another, this note sets to enhance collaborative endeavors among all partners, not just with CSOs.

It aims to facilitate engagement for a harmonizing community-level action by emphasizing importance of ensuring an enabling environment for CSOs and communities that should empower them with an evidence-informed and influential voice at the governance table.

Although there is a logical rationale behind progressing through the proposed 10 steps, it is important not to interpret them as strictly sequential. For example, mapping CSOs (Step 1) is key to initiating engagement and disseminating best practices (Step 10) through enactment of community-centred policies. However, other steps are/might be interlinked, including with Step 1 and Step 10. They can be either undertaken concurrently or reordered for greater effectiveness.

Maintaining a dynamic and adaptive approach is key. The proposed steps should be seen as tools at your disposal, not as rigid milestones to be checked off in a specific order.

At every step, CSO engagement must be considered in the context of typologies of the target communities in specific geographies and cultures along with socio-economic, environmental, and political dimensions.

STEP 1

Mapping CSOs

This section is about mapping CSOs that have played or can play a significant role in health emergencies, particularly at the national and sub-national levels.

Mapping CSOs is a fundamental step in understanding the landscape of stakeholders, but we should consider if there are already partnerships that exist and could be leveraged. Early engagement with existing partnerships can provide valuable insights that might further inform the mapping process, which can be carried out in collaboration with the existing CSO-partners. Moreover, the broader action included in the WHO localization strategy (*11*) emphasizes the importance of mapping all local and national health actors to ensure a comprehensive understanding of the ecosystem. The process of mapping inherently encompasses elements that hold significance for other subsequent steps, such as identifying potential collaborators, assessing capacity gaps, and fostering effective coordination among stakeholders.

Mapping entails identifying, categorizing, and developing strategies to involve CSOs that can actively contribute to prevention, preparedness, readiness, response, and recovery efforts. Not all CSOs focus on health. Therefore, mapping also helps identify the entry points for health promotion, community engagement, risk communication, and infodemic management for engaging those CSOs whose primary focus is supporting livelihoods, environment protection, agricultural growth and many other community actions outside the traditional health sector. Mapping enhances coordination, resource allocation, and collaboration during emergencies. It can help identify barriers and enablers to community engagement, including in national emergency legislation and

resource allocation. CSOs play a very important role in prevention of and response to sexual exploitation, abuse and harassment. Mapping CSOs can support this. Mapping can guide governments and partners in co-developing targeted learning opportunities based on the knowledge strengths and gaps, along with capacities and needs identified through the process. Systematically recognizing and harnessing the expertise and resources of CSOs enables a comprehensive, holistic approach to emergency prevention, preparedness, readiness, response, and recovery.

Critical in the mapping process is the preliminary due diligence to understand potential conflicts of interest and other risks. For WHO, the Framework of Engagement with Non-State Actors (FENSA) applies to all engagements with non-State actors.(*12*)

The general outline of the sub-steps for CSO mapping can be summarized as follows:

Identify key stakeholders to support mapping: Identify and engage relevant government agencies, humanitarian organizations, and local community representatives in the mapping process. Their insights can help identify and validate CSOs operating in the area and in the target communities.

Define objectives and target populations/ communities: Clearly outline the goals and objectives of the CSO mapping process in relation to the needs assessment in target populations/communities in a given emergency context. Determine what information needs to be gathered and how this information will be used in a given emergency's prevention, preparedness, readiness, response and recovery efforts.

Review laws and regulations defining the scope of CSO participation in emergencies along with their action in non-emergency periods: Work with relevant government structures to obtain, and if possible promote, a clear outline of what CSOs are allowed to do, where, when, and how. Look into the responsibilities of other stakeholders within the existing legal frameworks and define if and how coordination with CSOs takes/can take place. This will help avoid potential political challenges and ensure that any potential engagement adheres to legal and ethical standards pursued by the government. In addition, for WHO, engagement with non-State actors is subject to FENSA (see Step 4). Partners are also subject to rules of engagement of their organizations, which need to be adhered.

Compile a list of CSOs: Collect information about existing CSOs in the affected region or community, based on the situational needs and objectives identified. Sources of information include already existing records in other technical programmes, records of previous or ongoing emergency response, online resources, government databases, and local directories. In humanitarian settings, it is important to consult with the health cluster and the national working group on accountability for affected populations. A call for CSOs to be put out through local networks may also help CSOs self-identify.

Categorize CSOs and obtain more information: In order to categorize CSOs, first establish criteria for classification. Group CSOs based on established criteria, including sectors of focus, geographical location, thematic areas, size, and specific target populations. Online surveys can provide a wealth of information and are also helpful when contacting each CSO for detailed information might not be possible or practicable. Decide what questions to include in the survey based on the defined objectives. However, online surveys may exclude some CSOs with limited internet access, therefore another effective method is focus group discussions. Local governments or the equivalent may also play a role in helping reach community CSOs

Create a database or roster: Organize the collected information in a well-structured database or spreadsheet in line with the identified mapping objectives. Ensure data collection and sharing comply with national legal and ethical standards as well as WHO ethical standards, and obtain CSO consent if data privacy is required. While establishing the database or roster, it is also important to identify who will be responsible for maintaining this at the country level.

Validate data: Select and employ various methods (e.g., double entry, field checks, cross verification with secondary sources, consistency checks) to validate data, depending on the nature of the information and the context of data collection. Data analysis and visualization should support not only the efficiency of the needed action/intervention, but can be also used for efficient reporting, evaluation, further planning. Further, it can aid in advocating for resource mobilization and, ultimately, policy change.

Assess CSO capacities and resources: Evaluate each CSO's capacity, resources, and readiness for emergency response, including ongoing, received and planned learning opportunities. Consider factors such as human resources, equipment, funding, volunteers, logistical capabilities, partnerships with the UN, development agencies, and the private sector. One may consider using available assessment tools or develop your own (*13–15*). Different techniques

can be used here, from surveys to semi-structured interviews. It may be more efficient and less costly to carry out such an assessment with other agencies/ International nongovernmental organizations, and in cooperation with the CSO being assessed. It is important to ensure that the process does not engage or detract CSOs' existing limited capacity beyond what is necessary.

Define priorities and match needs: Identify the specific needs and gaps in emergency prevention, preparedness, readiness, response, and recovery in a specific community context. These may also be informed by the needs identified in the humanitarian response plans during an emergency. Match CSO capabilities to address these needs immediately and consider co-developing learning opportunities to strengthen and enhance capacities. Remain mindful that perceptions of needs can vary among the community, CSOs, and local authorities. As a result, fostering dialogue becomes indispensable for accurately identifying priorities and effectively aligning needs with tangible solutions.

Select CSOs for specific actions: Prepare criteria to select the CSOs that could be the best fit for the identified priority actions and geographies. Prioritize those that reach the most vulnerable.

Collaborate and coordinate: Provide an enabling environment to enhance communication and collaboration among CSOs: share the mapped information. Explore what coordination mechanisms are already in place at the national level, and if not already in place, establish platforms, that encourage CSOs to network and form partnerships for more efficient emergency prevention, preparedness, readiness, response and recovery. Knowledge sharing and co-creation is key to efficient collaboration and coordination. Therefore, it is important to provide informal spaces and/or platforms for community stakeholders that foster peer-to-peer learning and collaborative construction of knowledge (*16*). WHO Country Offices are best placed to be aware of the context specificities that may need a more nuanced approach to convening CSOs.

Collect and disseminate best practice experiences: Ask the mapped CSOs to share stories from their communities and case studies highlighting the impact of their work in communities. This can be done through direct communication with CSOs, online surveys, interviews, or through knowledge-sharing platforms. It is important to establish a system/ channel for disseminating these experiences to enhance CSO engagement in mapping. This exercise would also enable for CSOs an opportunity to draw attention to their constituents' needs.

Mapping CSOs is a dynamic process. It involves a lot of relationship building, leading to CSOs being directly engaged in mapping partners and collaboratively assessing vulnerabilities, needs, capacities and resources.

STEP 2

Defining roles and responsibilities to ensure shared accountability

It is important to understand the roles that CSOs play in their communities and in their relations with the government and other partners, including the private sector. Roles could be identified in the process of mapping, which includes reviewing the CSOs' best practice experiences, challenges and lessons learned in previous and ongoing emergencies, and case studies.

CSO roles may vary based on CSOs' actions in a given community and include, among others, advocacy for human rights and gender equality, law enforcement, research, data and evidence generation for animal-human-environment health, community outreach, service provision. CSOs play a crucial role in responding to health emergencies by complementing and enhancing efforts of government agencies and international organizations. Their proximity to affected communities and their established networks enable them to rapidly mobilize resources, disseminate information, and provide essential services on the ground. CSOs often have a deep understanding of the local context, cultural nuances, and community dynamics. This allows them to tailor their interventions to meet the specific needs of the affected populations.

They serve as trusted intermediaries between communities and response agencies, facilitating dialogue, building trust, and ensuring voices of the most vulnerable are heard and considered in decision-making processes. Additionally, CSOs contribute to building resilience and strengthening health systems by advocating for equitable access to healthcare, promoting community participation, and supporting capacity-building initiatives. Their involvement fosters a more inclusive, responsive, and sustainable approach to emergency response, ultimately contributing to better health outcomes for all.

Understanding the roles of CSOs is instrumental in identifying key areas where their support can be pivotal, particularly in early detection, alert, and rapid response during health emergencies. This further facilitates the effective alignment of CSO strengths to address community-level capacity needs. Collaboratively designing and developing tools aimed at enhancing community resilience to public health crises becomes more targeted and impactful through this knowledge of CSO roles.

WHO engagements with a CSO or a group of CSOs are typically formalized in a memorandum of understanding (MoU) or by a letter of agreement, both of which are directed by FENSA , as well as the WHO policies on Prevention and Response to Sexual Exploitation, Abuse and Harassment (*17, 18*).

It is also important to conduct due diligence and background checks for each potential influencer. These include individuals who may have a conflict of interest with the values and messages you want to promote, such as engaging in unhealthy lifestyles like smoking or excessive drinking.

Evaluate each potential influencer's online presence, reputation, and past campaigns to ensure alignment on achievement of RCCE-IM activities.

It is also important that the CSO is aware of its duty to report any conflict with the ethics and values stated in WHO policies, and to train staff on these issues.

STEP 3

Establishing communication, feedback, and information sharing channels

CSOs are a strong source of knowledge about the communities they represent and work with, including perceptions, concerns and realistic understanding of resources. It is important to have a formal or informal mechanism by which their perspective is captured and integrated into national/local plans. It is also important to have regular feedback and dialogue with them during the evolving situation of an emergency. Equally, to help them help communities, they must be regularly updated on the evolving situation, resource availability, and changes in the national/local emergency plans in order to better tailor actions for emergency prevention, preparedness, readiness, response, and recovery in their communities.

There are many ways to establish mechanisms for two-way dialogue and feedback with CSOs before, during and after emergencies. These include regular consultative and stakeholder meetings. It could also be a digital platform (email lists, WhatsApp/Signal/Telegram groups, and other collaboration tools, including informal knowledge sharing platforms such as WHO's HIVE). In countries that have health committees and health councils, CSOs representation should be emphasized. They should also be included in steering groups is set up to facilitate real-time information sharing from and with the government and among stakeholders.[1]

WHO Country Offices are the best placed for facilitating efficient communication channels with Ministries of Health and other stakeholders along with pursuing approaches that ensure actionable two-way feedback.

STEP 4

Organizing joint needs assessment for preparedness and response – the importance of inclusivity

Once roles and responsibilities are clearly understood and distinctly established, CSOs should be systematically involved in coordinated joint needs assessments and consensus-building on tasks for field operations. This collaborative approach, leading to or supported by operational partnerships, should be coordinated by the local authorities responsible for emergency management, and must align with the national response strategies.

Partner coordination becomes particularly crucial in situations where government presence or access is weak or lacking. By engaging CSOs in joint needs assessments and collectively assigning responsibilities, such as integrating CSO field operations within specific geographic regions or communities, the risk of duplication is mitigated. In this respect, WHO plays an important role in convening partners for a harmonized 'one-health-one-plan' support to countries, preferably in coordination with the Health Cluster where they are active.

STEP 5

CSO Planning in alignment with the national and local strategies, monitoring and evaluation

Efficient planning, monitoring, and evaluation are essential for ensuring CSOs are aligned with national and local emergency strategies. Regular assessment and adaptation based on lessons learned contribute to continuous improvement of CSO engagement, ultimately enhancing overall community resilience.

CSO expertise is invaluable in all sectors, including health, education, livelihoods, and social services. However, health is not always central, if at all, for many, and especially during humanitarian emergencies. Building health awareness is key for CSOs' involvement in resource allocation decisions, especially when it comes to building emergency plans for their communities. Inclusive planning, with the CSOs' informed and empowered voice at the decision-making table, ensures resources are distributed equitably and aligned with community needs and national plans. Inclusive planning helps open spaces for social participation. At the same time, establishing inclusive, community-centred governance structures and mechanisms facilitates efficient planning, and ensures robust monitoring and evaluation mechanisms alongside shared accountability.

STEP 6

Engaging CSOs in coordination and reporting mechanisms for health emergencies

It is essential that CSOs with pertinent roles and community outreach are included in formal emergency coordination mechanisms that bring together government agencies, humanitarian organizations, and other stakeholders. WHO's role in convening partners and leading the health agenda in coordination mechanisms is important for sustaining systematic inclusion of community stakeholders, such as CSOs, in efficient community-centred public health emergency management. As part of WHO's mandate, CSO engagement is part of a sustained, broader multistakeholder dialogue.

Sustained formal CSO participation in decision-making, planning, implementation, monitoring, and shared accountability is crucial for promoting health and ensuring equitable access to services in their respective communities. However, this requires an environment that enables CSO participation, including national legislation and resource allocation along with mechanisms for sharing resources, expertise, and knowledge.

WHO has a role to play in supporting countries to enhance inclusivity in national emergency legislation and promote platforms and mechanisms for data and information sharing that encourage CSOs to participate and submit regular reports, highlighting achievements, challenges and lessons learned.

Feedback mechanisms, those already in place and the ones that get established during an emergency, should be formally sustained for CSOs to provide feedback on the effectiveness of decision-making processes as well as a regular evaluation of the emergency management cycle. This will help to continuously refine strategy and enhance the overall effectiveness of CSO involvement along with building trust in communities. This is also included in the Inter-agency Standing Committee Collective Accountability to Affected People Framework (*19*).

STEP 7

Collecting data – the importance of data analysis and visualization

CSOs contribute by collecting, analyzing and sharing actionable data in various critical areas for emergency preparedness and response. These include community based surveillance, mortality surveillance, population movements, health service utilization, barriers to access of specific services, and others. CSOs vary in their roles. Different types of CSOs collect different types of information – either on their own or as part of the national/local strategy. Online surveys, case studies, good practice experiences, activity reports, research findings shared by CSOs formally and informally offer a wealth of data that should inform efficient decision making for emergency prevention, preparedness, readiness, response, and recovery.

CSOs that focus on community insights and sharing community experiences could immensely contribute to formulating innovative policies and co-developing tools for strengthening resilience to emergencies. Fostering networking between these CSOs and CSOs with other roles helps collect more nuanced and context information on the impact of emergencies, including social, economic and environmental dimensions.

A dynamic approach should be adopted for comprehensive analysis of data and evidence generated directly from communities, including visual interpretation to enhance the effectiveness of programme design, reporting, advocacy, and

resource mobilization. This approach should be rooted in best practices in relation to research ethics, including in citizen science (the collection and analysis of data by members of the public).

Research that is developed with CSOs, including data collection approaches, analytical methods, and visualization of community data for generating evidence-driven insights, will greatly enhance the usability of research and data. The same research can also contribute to the empowerment of communities and CSOs in their engagement in decision-making and shared accountability processes (*20*). It is important to enhance capacities for analysis, and to strengthen partnerships with scientific research organizations.

STEP 8

Enhancing and strengthening capacities – collaborative construction of knowledge

Systematic engagement of CSOs in emergencies requires ongoing commitment, flexibility, and a genuine partnership approach that values their unique contributions and expertise.

Providing new platforms or existing ones for CSOs to share their voice, knowledge and experiences is crucial for co-developing capacity strengthening opportunities for communities, CSOs and other community stakeholders to enhance their skills in emergency management and risk mitigation. Knowledge sharing platforms foster networking and building communities of practice through peer-to-peer learning. They help align and harmonize CSO actions with national strategies (*13*). Collaborative and sensitive construction of knowledge, involving governments, CSOs and other community stakeholders, enables meaningful CSO engagement in emergency management, decision-making processes, and coordination mechanisms.

For example, co-developing joint scenario planning and simulation exercises for testing emergency prevention, preparedness, readiness, response and recovery plans does not only offer new learning opportunities for CSOs and partners but also allows CSOs to provide feedback in refining national strategies for strengthening community and health system resilience to public health emergencies. However, there should be clear responsibilities allocated, to be led by WHO or the national government.

Co-creating, co-developing capacities with CSOs is not only an enabler for empowering communities and their stakeholders. Co-developing capacities for emergency management can also equip authorities with skills to address the needs of particular communities relevant to their cultures and languages and adapt service delivery mechanisms to new challenges with community feedback.

Collaborative construction of knowledge is an enabler of community empowerment. It enhances inclusion beyond participation and is an integral part of inclusive community-centred governance of public health emergencies.

STEP 9

Advocacy and resource mobilization

Data and information about CSOs' activities and, especially, impact at the community level, are important for building an advocacy and resource mobilization portfolio for supporting community-centred policies, decision making and shared accountability.

CSOs should be empowered through supporting their inclusion, resourcing and participation in processes that allow them to advocate for the needs and rights of their communities in the decision-making processes. CSOs can amplify the voices of those who might otherwise be overlooked or ignored.

Facilitating platforms that support sharing best practice experiences, voices from communities, and case studies is as important as acknowledging contributions of CSOs through public recognition at local, national, regional, global levels.

Success stories, case studies and initiatives drive the change, and they should be shared and disseminated through various formats. These could include but not be limited to short movies, photo essays, social media campaigns, film and photo festivals, notable references in country, regional and global reports of the WHO and other partners.

Supporting CSO advocacy strategies should be closely linked to co-defining potential sources of funding and shaping/harmonizing the donors' giving toward the most strategic community needs, in alignment with national and local health emergency strategies.

Engagements established with CSOs during emergencies might lead to long-term collaboration between government agencies and CSOs. This collaboration can extend beyond emergencies to address broader health and community development goals.

STEP 10

Piloting new approaches for good practice dissemination / influencing policies

CSOs and especially small grassroots organizations can easily adapt to new challenges and social needs as they emerge. With their deep understanding of the groups they represent, CSOs can adopt new modalities to meet their changing needs in emergency situations. This agility allows for CSOs to implement new approaches that can become good practices.

Disseminating good practices is of paramount importance for CSO engagement and involves sharing proven methodologies, successful strategies and approaches that demonstrate impact at the community level.

Good practice dissemination could help improve performance and efficiency across a wide array of partners and impact diverse audiences. In turn this could enhance risk reduction, problem solving, developing efficient capacity-strengthening, and learning opportunities. Good practice dissemination supports developing robust standard operating procedures, boosts innovation, leverages networking, opens participatory spaces and strengthens trust. Most importantly, disseminating best practices builds credibility and confidence for influencing policy makers to ensure community-centered decisions are taken into account in developing, reviewing, revising, and implementing policies that affect communities.

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For more information, contact:

World Health Organization
20 avenue Appia
1211 Geneva 27
Switzerland