



# **Strengthening community and public engagement in global health**

**Report from Wellcome's 2018  
International Engagement Workshop**

**May 2019**

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# Executive summary

By understanding the community and public context in which it sits, global health research can be strengthened, and its impact maximized. This is the belief behind the practice of community and public engagement (CPE) and the reason that Wellcome seeks to support and enhance CPE through its work.

However, to secure a sustainable future for CPE in global health research, steps need to be taken to strengthen the field's future capacity and leadership needs, as well as capture long term impacts across the sector. In October 2018, for its seventh international public engagement meeting, Wellcome brought together its public engagement grantholders from major global research institutions, community organizations, NGOs, arts organizations and creative industries with academics in research ethics and engagement and partners from organizations such as UNICEF, the AIDs Vaccine Advocacy Coalition, United Nations University and the Global Health Network. Sixty participants convened in Vietnam to discuss barriers and issues in engagement, share learnings and recommend what these steps could be.

The top themes that emerged from the discussions were:

1. The need for a strategic outcomes-oriented framework
2. Recognising common ground and opportunities for cross-sectoral synergies
3. Developing and sustaining capacity for CPE in global health research
4. Leadership for CPE in global health research
5. Collaboration: at the heart of CPE at multiple levels

The following key actions were suggested, to explore the potential for greater inter-agency collaboration and to lay the ground for strengthening CPE in global health research:

## ***Cross-sector dialogue***

- Cross-sectoral dialogue between global agencies supporting community engagement or research could explore mutual interests and potential areas for cooperation and collaboration. Developing a shared vision could help to maximise impact.
- An initial 'landscape mapping' exercise could identify the full range of actors involved in community engagement globally, and map vocabularies to facilitate cross-sectoral communication.
- Ensuring the long-term viability of networks – local, regional or global – could strengthen capacity and knowledge sharing

## ***Research funder dialogue***

- For CPE to become embedded, global health researchers must appreciate its value, see it as a priority, and be given the opportunity to develop their CPE interests. Funders and host institutions have key roles to play in supporting and developing the CPE capacity of researchers and must see this as a priority moving forwards.
- Global research funding agencies could jointly develop a high-level position paper on community/public/stakeholder engagement for publication in a high-profile journal.

- Funding agencies could map out an initial conceptual framework for CPE, identifying shared general principles and core elements of a CPE strategy.
- To inform these activities, funding agencies could commission a systematic review of the evidence on the impact of CPE activities in global health research.
- Research community capacity will need to be matched by development of the engagement capacity of communities, recognising the commitments that community members make to engagement and the need to empower community members to ensure that engagement is meaningful.

### ***Capacity and leadership development***

- Competencies of current public engagement professional roles could be systematically mapped, alongside professional structures in different institutions, to develop a coherent framework for benchmarking of roles, identification of continuing professional development needs, and the creation of appropriate training resources.
- Opportunities to introduce mentoring for early-career public engagement professionals could be explored.
- Programme and institutional capacity for CPE could be mapped within countries of interest, to provide a baseline for capacity development initiatives.
- Community capacity for CPE could be mapped within countries of interest, in collaboration with other agencies, and potential mechanisms for development of community capacity explored.

# Introduction

Health research cannot be carried out without the agreement and approval of communities, but CPE in global health research uses innovation and creative activities to provide spaces for two-way dialogue. By building relationships and trust with local communities, CPE can increase the likelihood of success of research by enabling communities to influence the prioritisation, design and management of research projects.

However, CPE practices may be unfamiliar to many researchers. Effective CPE may require commitments that show few immediate benefits, in terms of the publications and funding critical to a research career. Given limited resources and competing priorities, a strong case needs to be made to convince researchers of its value, and to convince agencies of the need to fund it.

CPE in global health research therefore finds itself at a crucial point in its evolution. Despite many successes and much interest, CPE is yet to be fully embedded within global health research. There is no consensus on when it should be carried out or,

importantly, on how it should be carried out.

Furthermore, while a ‘community of practice’ has been established in CPE in global health research, many other organisations are also engaged in CPE. These may have other aims – such as health promotion, development assistance or social mobilisation – but they nevertheless share many features with CPE in health research. This raises potential opportunities for cross-sectoral collaboration and shared learning.

Wellcome’s 2018 international public engagement meeting, held in Vietnam in October 2018, brought together public engagement professionals and practitioners, as well as representatives from other stakeholder organisations. Together, they explored the future development of CPE in global health research: how it can become an integral part of the research process, what future capacity and leadership needs might be, and the implications for key stakeholders such as researchers, communities, institutions and funding agencies. This report brings together the key conversations and action points from the participants.

# The need for a strategic outcomes-oriented framework

CPE in global health research has evolved organically. It is increasingly recognised as an important activity, but it is carried out for a variety of reasons, and there is not shared understanding of when it should be conducted and how it should be conducted. In effect, the field lacks a shared overarching conceptual framework to shape the development of the field and to guide the design of individual CPE programmes.

*“We need to forge consensus on the conceptual foundations of CPE and models of how CPE works. We need to build an evidence base that will allow us to measure performance and make comparisons across programs to gain clarity on the value and purpose of CPE. And we need to manage the development of CPE to ensure it can have a positive impact on the ethics and performance of research programs around the world.”*

Jim Lavery, Emory University

The case for CPE in research is often made in terms of moral imperatives, but a values-based approach may not provide a persuasive argument for those focused on health outcomes and ensuring a maximum return on investment. Conversely, CPE driven by very pragmatic goals related to informed consent and maximising participation in research studies may not deliver long-term benefits or realise

the full benefits of CPE. Some evidence exists on the benefits of CPE in securing community buy-in for potentially controversial research (Box 1)<sup>1</sup> – as well as on the consequences of failing to engage effectively (Box 2)<sup>2</sup> – but it has not been systematically assembled to guide future investment decisions and the design of CPE programmes.

*“Working with a values-based, rather than problem-based, strategy came with challenges. It was very hard to measure the impact of activities, and as such difficult to get buy-in from others, as it meant other people had to share your implicit values in order for you to work with them... Wellcome’s new strategy encourages the view that engagement should always be oriented around solving problems, giving it a clear rationale that is easily rallied around and shared.”*

Imran Khan, Head of Public Engagement, Wellcome (Box 3)

A more strategic, outcomes-oriented approach would provide greater clarity on the rationale for carrying out CPE, reflecting the current diversity of aims and approaches and, with an appropriate monitoring and evaluation framework, generate evidence to make a convincing business case for CPE’s value and achieve greater stakeholder buy-in. Evidence could take multiple forms – quantitative data, qualitative

<sup>1</sup> Kolopack PA, Parsons JA, Lavery JV. What makes community engagement effective?: Lessons from the Eliminate Dengue Program in Queensland Australia. *PLoS Negl Trop Dis.* 2015;9(4):e0003713.

<sup>2</sup> Singh JA, Mills EJ. The abandoned trials of pre-exposure prophylaxis for HIV: what went wrong? *PLoS Med.* 2005;2(9):e234.

‘stories’ – but must make a compelling case for return on investment to be persuasive.

A more strategic, outcomes-oriented approach can also be adopted at more granular levels, such as project, programme and unit/institution level. For example, Wellcome programmes of work on controlled human infection have incorporated systematic assessments of stakeholder interests to inform strategic CPE plans; and design agency Quicksand have used user-centred techniques to investigate how to adapt mental health research in India to be more responsive to young people’s needs.

*“Our core goal at the African Academy of Sciences is to improve the integration and prioritization of CPE in Health Research and Innovation in Africa. We have established a science citizenship policy to support scientists in engagement that ensures their research serves the interests of society. We do this to contribute to our vision of “transformed lives through science” and ensuring research across Africa will be influenced by people-centred design approaches.”*

Lillian Mutengu, Head of Engagement at the African Academy of Sciences

Conversations around this shift also emphasised the long-term legacy and sustainability of CPE activity: how ‘translatable’ is it to further use, could it

be scaled up, does it build capacity for follow-on work, does it strengthen relationships with communities or build enduring structures? [graphic 1]

This long-term perspective emphasises the key role of institutions in CPE in health research. To be fully embedded, CPE must become a core and prioritised activity within institutions, which need to establish a supportive environment that values and enables CPE activities. Wider social and healthcare systems must also provide an environment that facilitates CPE activities.

*“We need to build ecosystems and networks which will facilitate and nurture good engagement. The idea project would be supported by an ally map of knowledge institutions, business leaders, funders and community groups. The idea for the project could come from any ally on the map, but it would be supported by every single one.”*

Abraham Mamela, Wellcome Public Engagement Fellow

Wellcome and other organisations are working on conceptual models that would provide a firmer foundation for development of the field (Box 4).

Coordination of these activities could generate a shared vision for the field and a global framework for future development.

### **Box 3: Wellcome public engagement strategy**

Wellcome’s public engagement strategy, launched in 2018, has three strategic goals:

- To empower people by helping them to access, use, respond to, and/or participate in health research and innovation
- To improve health research by making it more people-centred, to better understand people’s experiences and draw on that knowledge
- To help people to value and think critically about science, health research, innovation and the role these play in society.

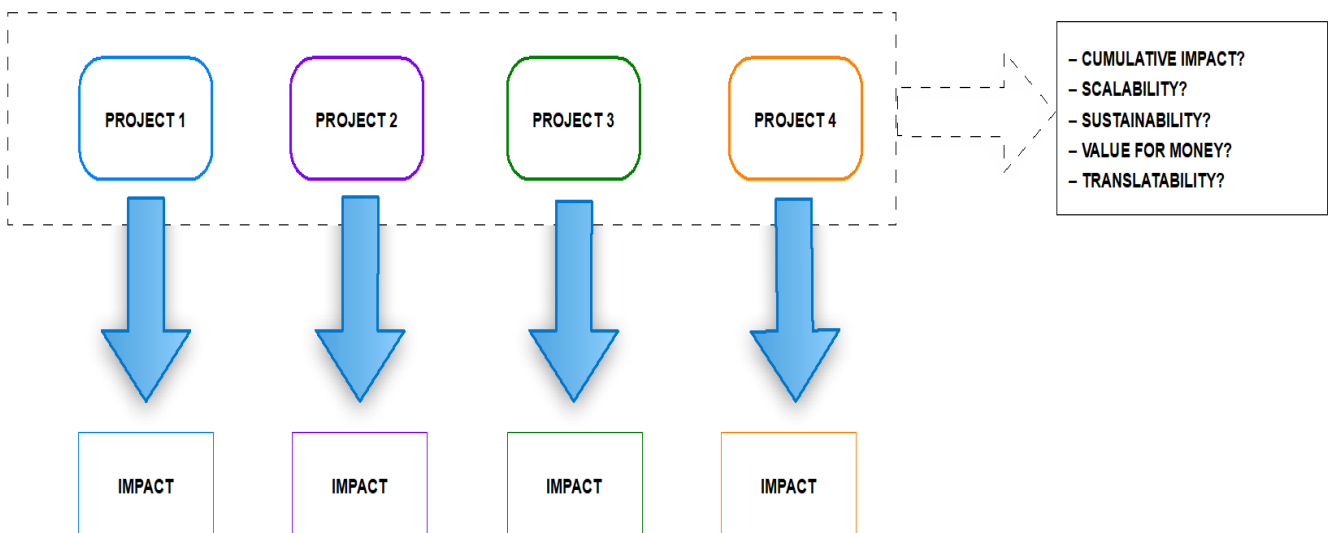
**Box 1: Getting it right: *Wolbachia*-infected mosquitoes**

The World Mosquito Program (formerly Eliminate Dengue) has run an innovative series of field tests releasing mosquitoes deliberately infected with *Wolbachia* bacteria – which reduce the likelihood that mosquitoes will transmit viruses such as Zika and dengue.

Before carrying out field tests in Australia, the Program carried out extensive CPE widely regarded as highly successful. Despite the potentially controversial release of ‘modified’ mosquitoes and significant opposition in other settings to release of genetically modified mosquitoes, the studies were conducted with strong community support.

An evaluation of the Program’s CPE strategy identified a range of factors associated with the success of engagement. These included a clear set of principles to guide CPE (including a strong commitment from the Program’s leadership team to embed engagement), as well as a coherent set of processes and sufficient resources to turn these principles into a comprehensive set of engagement activities.

As well as demonstrating the value of effective CPE, the evaluation provides a potential template for investigators considering how to develop a CPE strategy.



Graphic 1: A strategic framework can examine how individual community and public engagement projects contribute to longer-term as well as project-specific objectives.



**Box 2: When it goes wrong: Pre-exposure prophylaxis for HIV**

In the early 2000s, several international trials were launched to assess the efficacy of pre-exposure prophylaxis (PREP) using antiretroviral drugs. In 2004, a major PREP trial in Cambodian commercial sex workers funded by the US National Institutes of Health and the Bill and Melinda Gates Foundation was halted and later abandoned following high-profile demonstrations by sex workers and activists.

Although some opposition was based on misinformation and misconceptions about the trial, there were also genuine concerns about the design of the trial, including the standard of care offered to participants. Vocal opposition also disrupted other international trials of PREP.

The study fulfilled the CPE requirements necessary to secure ethical and regulatory approval, but its CPE activities were insufficient to secure full community support. As a result, no useful data were obtained from a multimillion-dollar research investment and development of a potentially life-saving intervention could have been significantly delayed.

A commentary on the project concluded that: “investigators, sponsors, participants, members of the study community, government authorities, and activist groups must actively engage at all stages of a trial to ensure that the study is conducted in a manner that is beneficial to, and respectful of, the participants, while remaining scientifically

**Box 4: The Engage project**

CPE is a complex, multi-stakeholder process the goals and impact of which vary significantly between settings. This can make it highly challenging to extract transferable learning and to identify ‘what works, for whom, and under what circumstances?’.

‘Realist review’ is a methodology that can address this complexity, systematically drawing out key themes from individual projects to provide insight into key questions such as the intended outcomes of projects, the mechanisms by which outcomes are achieved, factors influencing the achievement of outcomes, and the most significant contextual factors influencing the success of a project.

The Engage project, supported by Wellcome and Emory University, is applying the realist review approach to CPE with global health research. It will systematically evaluate the existing literature and engage with a wide range of stakeholders, including academics, funders, practitioners and community representatives.

The project will generate key insights into the routes by which CPE achieves impact. In practical terms, it will generate valuable guidance for those planning CPE programmes, but it will also begin to outline a conceptual framework for CPE with global health research.

# Recognising common ground and opportunities for cross-sectoral synergies

CPE in global health research is one of a family of fields practising community engagement. Other fields include health promotion/public health, development assistance and social mobilisation. [graphic 2].

Furthermore, global initiatives such as the Sustainable Development Goals [graphic 3] and the drive towards more patient-centred care are focusing attention on community engagement.

Although goals may vary, different groups practising CPE follow many shared principles, such as relationships based on mutual respect and community empowerment. They often use similar techniques and practices to engage effectively.

*“For UNICEF, CPE is key in enabling communities to participate in humanitarian action, as well as for promoting healthy and protective behaviours and engaging and having a voice in broader development processes. We have convened partners including Oxfam, the World Health Organisation, UNICEF and the Bill and Melinda Gates Foundation to develop a set of standard operating procedures and indicators for these activities to create some synergy around engagement and help integrate CPE in policy and programmes.”*

Rafael Obregon, Chief of UNICEF Communication for Development

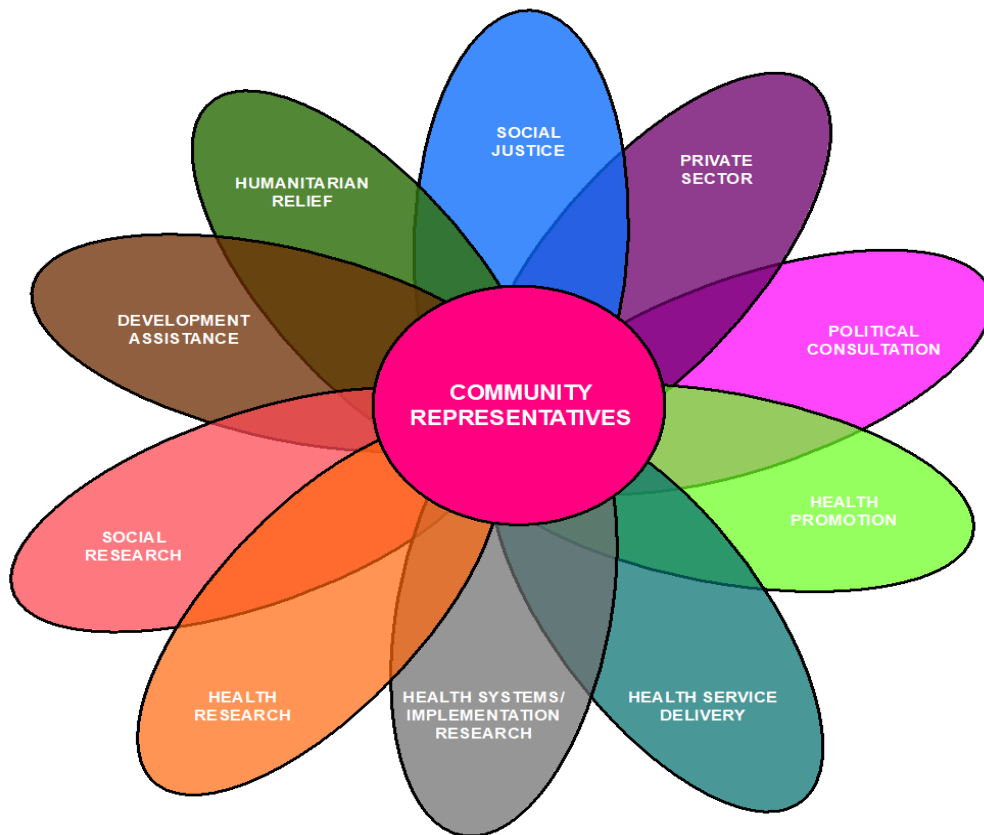
Recognition of this common ground has important implications for CPE. It opens opportunities for sharing of experience, learning across professional communities, and establishing of shared standards and good practice (Box 5). Common standards help to enhance accountability and raise standards. More porous boundaries would also provide more opportunities for professionals to move between fields to develop their skills and disseminate knowledge.

In practical terms, greater inter-sectoral collaboration could facilitate coordinated CPE, minimising the risk of ‘community engagement fatigue’, and support joint efforts to empower communities to contribute to CPE activities.

CPE is also part of a wider spectrum of stakeholder engagement, stakeholders differing in the nature of their interests and information needs. Policy engagement, for example, has some overlap with community engagement but may require a distinct set of skills and approaches [graphic 4]. More strategic approaches to CPE may need to consider how community engagement sits within a wider stakeholder engagement context.

Nevertheless, barriers exist to a fuller integration of activities. Communities of practice have developed that have distinct conceptual frameworks and ways of working. Terminology can be a significant barrier, with different terms

being used to describe very similar concepts.



Graphic 2: Multiple groups, with varying aims, are involved in community and public engagement.

## SUSTAINABLE DEVELOPMENT GOALS



Graphic 2: Multiple groups, with varying aims, are involved in community and public engagement. [goals/](#) for summaries of the individual goals).

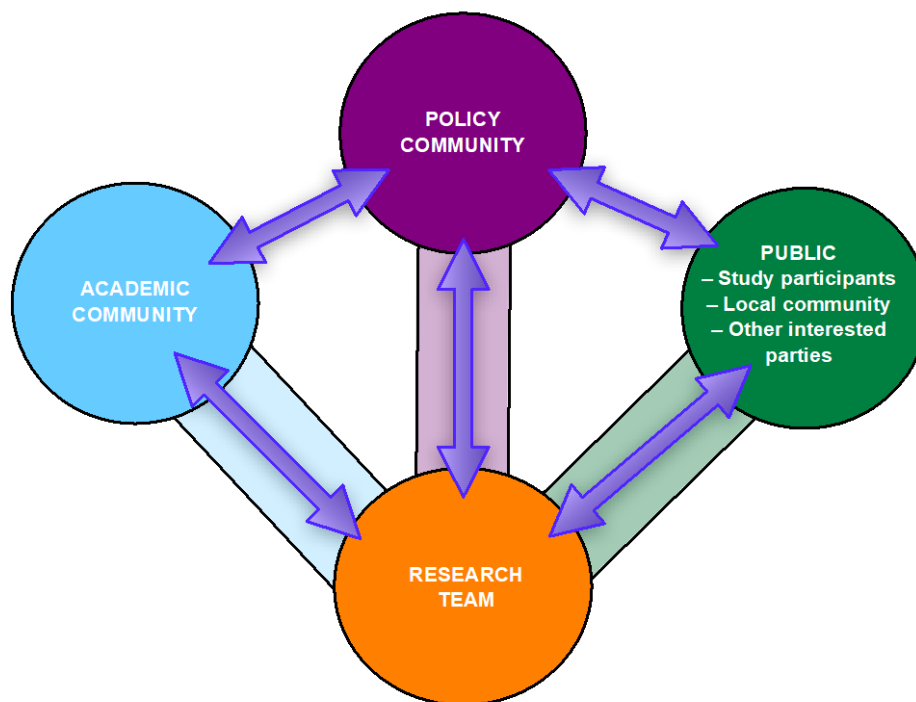
### Box 5: Interagency minimum quality standards and indicators for community engagement

UNICEF's Communications for Development (C4D) is undertaking a global consultation to develop international minimum quality standards and indicators for designing, implementing, supporting and measuring community engagement in development and humanitarian contexts.

The importance of community engagement in these contexts is widely recognised, both on moral grounds but also to ensure that assistance activities meet community needs and are delivered effectively. However, although there are multiple examples of best practices, implementation guidelines and evaluation frameworks, there are no globally agreed standards to guide engagement activities. The objective of the standards is to support the planning, implementation, coordination, integration, operations and monitoring/evaluation of high-quality, evidence-based community engagement, helping to raise standards and enhance accountability.

As well as using the outputs to inform its own activities, the CPE in global health research community has an opportunity to feed into this consultation. In particular, it could be possible to integrate issues that are central to research, such as data collection and management, and to inform discussion on issues that might impact on the conduct of research in development and humanitarian contexts.

The initial outputs will be a set of minimum standards. It is likely that long-term engagement exercises will be able to build on this foundation to develop a more sophisticated set of good practices, sufficiently flexible to accommodate a range of different contexts.



Graphic 4: Community and public engagement is one a range of engagement and communication priorities for research teams, with potentially close connections with engagement with the policymaking community.

# Developing and sustaining capacity for CPE in global health research

Capacity is the sum of the human and other resources required to plan and carry out programmes of CPE activities. CPE capacity is distributed across multiple groups working within a single community of practice [graphic 5].

Capacity can be mapped at different levels (individuals, network, unit/institution, system), and lack of capacity at any of these levels can prevent CPE objectives from being realised [graphic 6].

## Public engagement professionals

Public engagement professionals have a key role as the hub of a CPE network, or the glue that binds it together. A growing cohort of individuals are establishing careers in CPE with a variety of backgrounds; some are trained in research, others have experience in related fields of community engagement or communications.

*“PE practitioners operate at the intersection between formal and informal environments – the worlds of academics, healthcare professionals, and community and patient groups. There is no formal career path or definition of leadership in this space, so it has to tread its own path”.*

Bella Starling, Wellcome Public Engagement Fellow and Co-Director of Public Programmes at Manchester University NHS Foundation Trust

There is no overarching framework to define roles or systematic mapping of

competencies. Variation in academic/non-academic career routes adds complexity – public engagement may be seen as an academic or support function; public engagement professionals may also work entirely outside the academic sector, for example in NGOs, as freelancers or in creative industries. The role of PE practitioners is very different in each context and therefore a single, defined career structure would not be useful. However, there was agreement that, even if roles and responsibilities may vary, there are key competencies that are common across the field, such as resilience, strategic thinking, project evidence, monitoring and evaluation.

While expansion of the field has created career development opportunities, these are limited for more senior public engagement professionals. A PhD in public engagement may be one career development route but may take individuals away from their day-to-day work. A further potentially significant issue is that institutional leads for public engagement are generally academic researchers. As CPE becomes more embedded, it will be important to consider the most appropriate institutional models to develop and support effective long-term CPE programmes.

Resources such as Wellcome’s Mesh platform ([www.mesh-ce.org](http://www.mesh-ce.org)) and Emory University’s Human Engagement Learning Platform HELP ([helpforglobalhealth.com](http://helpforglobalhealth.com)) provide important infrastructure supporting communication across communities of practice and are collating resources and

other tools to facilitate the work of public engagement practitioners. However, there are currently few CPE e-learning resources or other training materials specific for global health research, and no mechanism for professional accreditation. Some public engagement professionals have benefited from mentoring by senior colleagues but there is no formal mentoring programme within the field.

## Researchers

Researchers' involvement in CPE is heavily dependent on their own personal interests, as well as on the attitudes of senior academic staff and policies of host institutions. In the absence of strategic institutional commitments and a compelling case for CPE, researchers may have few incentives to undertake CPE or may not be rewarded for devoting time and energy to CPE activities. Researchers may also lack the expertise and training to undertake CPE activities, and in many locations may not have access to CPE professional support.

Embedding CPE may require a shift in researcher mindset, and hence early-career researchers may be important targets of initiatives to promote CPE – so that it becomes the norm at early stages of a research career. Funding agencies could consider both carrots and sticks: marshalling the evidence on the benefits of effective CPE could convince researchers of the importance of CPE; requiring that applicants detail CPE in grant proposals and report on progress in future applications could also be highly motivating.

## Communities

The capacity of communities to engage with research also needs to be

developed. Contributing to engagement activities imposes time and other commitments on community members, and appropriate models of compensation may need to be developed to recognise these commitments).

Communities also need to be empowered to participate fully if engagement is to be meaningful rather than tokenistic. It may also be necessary to consider the diversity of communities, and ways in which those not usually given a voice can participate.

*“CPE should, by definition, seek to include as many groups with diverse experiences and realities as possible. But there’s a lack of representation from certain groups in CPE communities and activities. In a recent project I produced in Chennai, involvement of disabled cast members moved the conversation away from a charity model that often disempowers disabled people by treating them as victims or unable to lead – and sparked debate and questions about the barriers disabled people face in getting involved not just with projects like this, but with other aspects of modern Indian society too”*

Patrick Collier, Independent Arts Producer

A more strategic approach to CPE would require greater thought to be given to the long-term capacity development needs of communities, and of disadvantaged groups within them. Targeted investments might be required to support community capacity development, building on existing social infrastructure and potentially in collaboration with other agencies supporting local CPE.

## Practitioners

Public engagement activities draw upon the expertise of mediators, including artists, other creatives, and those with expertise in participatory practices. These practitioners bring a unique set of skills but need to be sensitive to health research culture and practices.

Practitioners may understandably have a strong interest in the immediate outputs of a CPE project, particularly when it leads to an artistic output. As programmes become more outcome-oriented, practitioners may need to become more attuned to sponsors' longer-term goals and to consider how one-off activities can contribute to strategic aims – for example in terms of long-term legacy, sustainability, scale up or adaptation for alternative settings.

For example, Nabeel Peterson, Wellcome Public Engagement Fellow, discussed a project he led at Lentegeur Psychiatric Hospital, South Africa, where the project outputs and outcomes were complimented by a long-term change in attitudes towards engagement within the hospital and its clinical executive committee. They now allow staff a finite number of days per month specifically for engagement practice, and allow young people onto the government facility.

## Capacity development

Developing and delivering CPE programmes will require contributions from other constituencies. Public engagement professionals will need to draw on wider institutional support in order to function effectively. Depending on context, groups such as healthcare workers or local political, religious or other social infrastructures may have

important roles to play in creating an enabling environment for CPE.

Embedding CPE in global health research will depend on the development of sustainable capacity across all groups contributing to CPE. However, future global capacity needs are hard to predict in the absence of a clear sense of how the field will develop and its relationship with other CPE fields. Furthermore, the ecosystems of organisations and relationships in which capacity is being developed may vary significantly between different settings. Even so, areas such as strategy development and monitoring and evaluation could already be seen as priorities as more outcomes-oriented approaches are adopted.

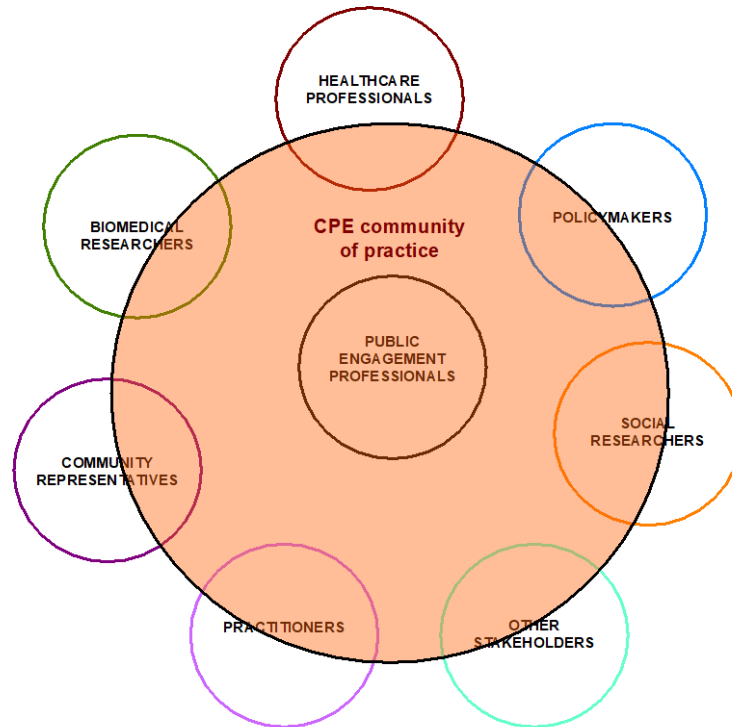
*“Our developing strategy aims to make community and stakeholder engagement more fully integrated into our organisation’s planning and management processes for its research programmes. Having engagement embedded across the work of the whole organisation will help the unit coordinate its research, which will provide critical new insights about how CPE works in research programmes and what value it can deliver for these programmes and for stakeholders, alike.”*

Phaik Yeong Cheah, Head of Bioethics and Engagement, Mahidol Oxford Tropical Medicine Unit

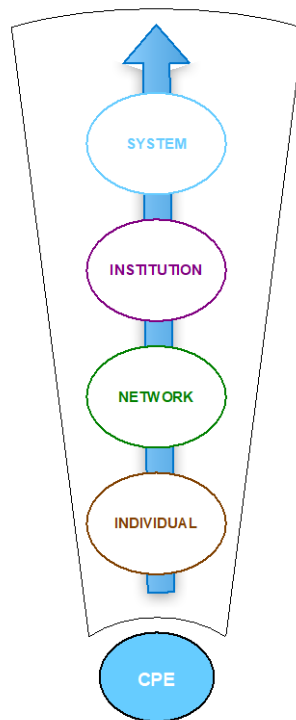
Current levels of capacity are not well understood. A systematic mapping or audit of CPE assets and current competencies at unit/institution and/or national level could provide baseline data. Such information could be used to establish development needs linked to the implementation of CPE strategies. Such a benchmarking exercise

conducted across sites – and potentially with other stakeholders – could reveal common needs and gaps in skills, knowledge or competencies,

and suggest priorities for the creation of training resources or other tools for CPE-related professional development.



Graphic 5: Multiple stakeholders contribute to community and public engagement in research, forming a diverse community of practice; public engagement professionals are integral to this community as the group whose role is generally specific to engagement.



Graphic 6: Capacity building at multiple levels will be required to embed sustainable community and public engagement.



# Leadership for CPE

Leadership can be broadly defined as the ability to establish a vision, and to mobilise, motivate and empower others and secure the necessary resources to achieve that vision. Implicit in this definition is the ability to think strategically, to be aware of emerging opportunities and threats, and to be sufficiently flexible to change course to navigate obstacles or to respond to changing paradigms and circumstances.

Leadership in CPE in global health research takes multiple forms and can operate at multiple levels and across different groups. Crucially, leaders are required who can act as 'CPE champions' and promote greater commitment to CPE among the research community, institutions, funders and other key stakeholders.

Within communities, leadership is required to promote and coordinate community engagement in research, and also to ensure that communities play an equal role in setting the agenda for engagement – helping to determine the terms of engagement rather than simply acting as recipients of engagement activities established elsewhere.

In research, principal investigators and institutional leaders must show a commitment to CPE that embraces community input into decision-making and embed principles of CPE into day-to-day research activities.

In senior public engagement professionals, leadership is required to develop and deliver CPE programmes, and manage and coordinate CPE teams and networks. Leadership is also

required to deliver individual CPE projects effectively. Although not all individuals may have leadership potential, leadership skills can be developed across these groups.

Organisations can also play a leadership role in promoting CPE in global health research, within their own walls and by seeking to influence peer organisations. In particular, funders committed to global health research can play a crucial role by developing coordinated strategies and by leveraging their resourcing to drive change. Community organisations can similarly show collective leadership, joining forces to ensure a stronger voice for communities in setting engagement agendas.

Although multiple leadership styles exist, the complex social and political context of CPE and its highly multidisciplinary nature favours more inclusive and consensual forms of leadership, with a strong emphasis on people skills and empowerment. Leaders may need to be brave to pioneer new strategies and to experiment with new approaches and may need to persuade others of the importance of CPE, including individuals sceptical of its value. They may need to accept the possibility of failure and support and empower others to tread new ground. They will be adept at building coalitions and prepared to give up power in the interests of developing trust and stronger relationships.

A priority for the field is therefore to refine the preferred characteristics of leadership across different constituencies and different levels of

authority, and to consider how these competencies could be developed at

global and local levels to advance the field.

## Collaboration: at the heart of CPE at multiple levels

Collaboration and partnership building are recurrent themes across CPE. Building relationships and establishing trust with individuals and communities lies at the heart of CPE, while multidisciplinary collaborations are fundamental to CPE projects. Communities of practice provide scope for sharing of knowledge and experience, supported by enabling tools such as Mesh and HELP resources [Box 6].

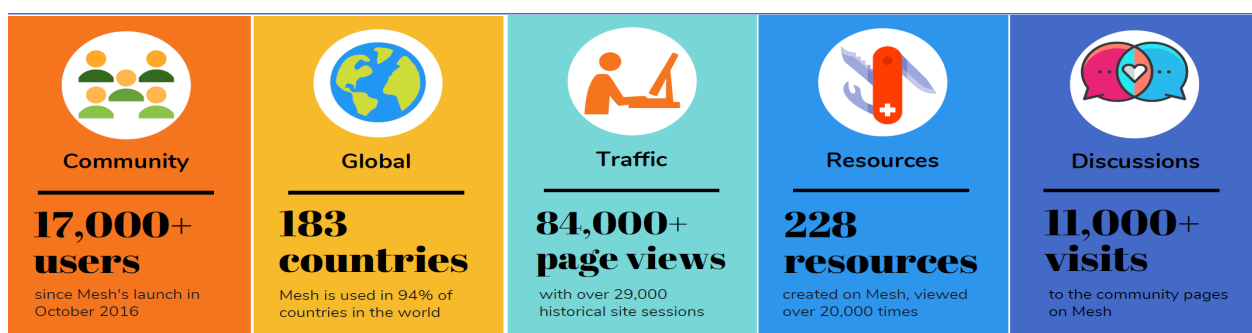
Furthermore, capacities can lie in networks of individuals and organisations acting together. Networks can provide a platform for sustainability, acting as a framework that can sustain capacity even as individuals or organisations join or leave the collaborative. Ensuring the long-term viability of networks – local, regional or global – can therefore be an important step towards sustainability.

At a global level, partnerships provide an opportunity for agencies to engage in dialogue and identify areas of

common interest. Collaboration and joint investments have the potential to deliver multiple benefits, including enhanced efficiencies, less duplication of efforts, greater complementarity in funding, and ultimately greater impact.

### Box 6: Mesh

Mesh is an online platform which aims to build capacity by collating and presenting guidance, tools, best practice examples, eLearning opportunities and other key information on engagement in a way that is accessible to a range of stakeholders including health researchers, triallists and engagement practitioners. It also provides a forum for networking between these stakeholder with over 8000 users across 130 countries. It is funded and co-managed by Wellcome and sits within Oxford's Gates-funded Global Health Network. [www.mesh-ce.org](http://www.mesh-ce.org)



Graphic 7: User base of the Mesh platform as of March 2019

# Conclusion

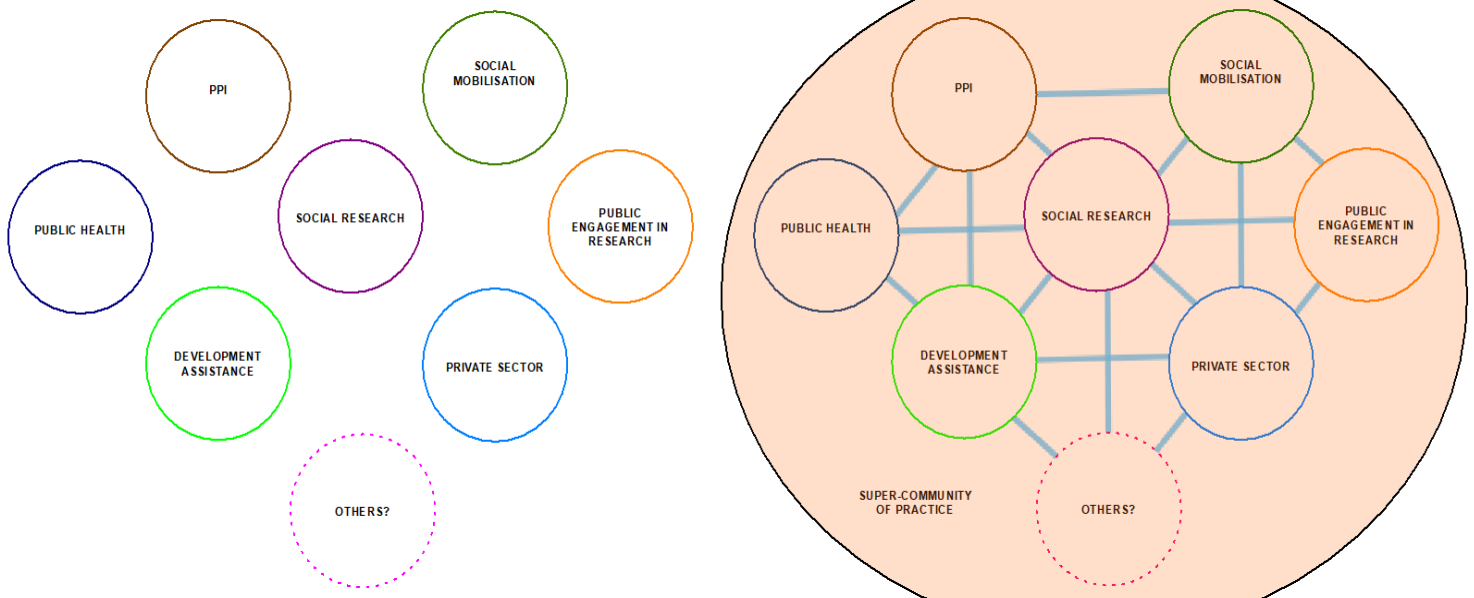
CPE in global health research is a young, vibrant field, characterised by considerable experimentation and innovative practices. It now needs to move to the next level and become fully valued and integrated into research.

To make this transition, CPE in global health research needs to establish a clearer sense of purpose and a more strategic outcomes-oriented approach – articulating more systematically and authoritatively the value associated with investment in CPE to support a persuasive business case.

This clarity of purpose, backed up by clear evidence of impact, could provide a foundation for discussions among sponsors on alignment around common goals, supporting joint development of

the field and promoting high standards of practice.

Furthermore, by recognising common ground shared with other organisations supporting community engagement, wider dialogue could help to establish a ‘super-community of practice’ operating within a common conceptual framework – offering opportunities for mutual learning, raising of standards, and increased inter-sectoral collaboration. [graphic 8].



Graphic 8: Strengthening of connections between fields could create a 'super-community of practice' with potential for wider sharing of learning and experience

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