

# **Strategic Plan** 2019 - 2022



# Mesh Community Engagement Network: Strategic Plan 2019-2022

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### **Executive Summary**

Mesh Community Engagement Network (<u>www.mesh-ce.org</u>) is a collaborative open-access webspace and networking project for people involved in community engagement with global health research (CE). During a successful pilot phase, a web platform has been created, a large and diverse global user base has been established, a selection of activities have been tested. Mesh now has an impressive reach and geographical spread; providing a neutral, free and specialist knowledge hub on CE which is truly unique within the online marketplace.

This document presents a new three-year strategic plan for the Mesh project with a critical focus on measuring impact, using a *Theory of Change* framework to provide clarity on how we will make a difference to global health by supporting better health research. We have three clear aims over the next three years: To ensure the value of CE is recognised by a diversity of global health research stakeholders and that it is considered an integral part of health research; to work to generate and strengthen leadership and capacity in CE across low- and middle-income settings; and to increase outcomes-focussed, innovative CE with global health research. Mesh's vision for the future is that all global health research incorporates high-quality CE built on evidence, good practice and strong networks.

To deliver on these new aims and objectives we will build-on current work curating evidence and sharing innovation, developing professional capacity and leadership, and advocating for CE that is embedded in health research. Importantly, the robust monitoring and evaluation strategy will allow for greater agility and adjustments to the strategy and project delivery, increasing efficiency and leading to the development of Mesh as a low-cost and high-impact project in the future.

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# **Background and Mission**

#### Improving Health

Mesh Community Engagement Network (<u>www.mesh-ce.org</u>) is a collaborative open-access web space for people involved in community engagement with health research (CE) in low- and middle-income countries (LMICs). It provides an online meeting place where community engagement practitioners, researchers, health workers and others can network, share resources and discuss good practice.

The project was launched in 2016 by a partnership between the Wellcome Trust and The Global Health Network. The core missions of the founding organisations provide a broader umbrella context for the Mesh strategy. <u>Wellcome</u> exists to improve health by helping great ideas to thrive. Their objectives are to maximise the potential of research to improve health, to deliver innovations that prevent or treat health problems, and to engage society to shape choices that lead to better health. <u>The Global Health Network</u> (TGHN) is also committed to improving health by improving research. For them, faster and better research is critical to solving the world's biggest health challenges. TGHN enables researchers to work together across networks and between diseases, regions and organisations.

Mesh plays a clear role in helping to deliver the missions of both Wellcome and TGHN. The overall vision for the future presented in this strategy positions the Mesh network as working towards the same goals. Mesh is built on the premise that engaging communities with research is vital to improving human health, especially in regions most effected by health inequality and disease. The theory is that high-quality engagement has the goal of generating mutual benefit between the public and researchers and ultimately enhancing the relevance and impact of health research. Mesh uses the recognised components of a web portal and a Community of Practice (CoP) to support the development of the field of Community Engagement.

# Mission: Mesh is committed to improving health by supporting better global health research

#### Engagement with Research

There are several terms that can be used when talking about engaging non-researchers with health research, these include; public engagement, community engagement, public outreach, public and patient involvement, and participation. Each is defined differently by different organisations and individuals, but the broad aims are to open science and research to the public and to bring new perspectives to enhance research. The Mesh network does not mean to exclude any definitions of engagement, but instead fosters a community that works across the spectrum of engagement to explore and share all possible approaches and outcomes<sup>1</sup>. Mesh's philosophy is that engagement should maximise the impact of health research to ensure research questions, methods and outcomes are relevant to communities and will help to build a healthier society.

<sup>&</sup>lt;sup>1</sup> Note that within this document we will refer to 'CE' as an abbreviation for Community/Public Engagement with health research broadly.

Funders worldwide have recognised the importance of embedding high-quality engagement within research and making it an integral part of research culture. National Institutes of Health (NIH) in the U.S. stresses the value of engaging communities from the earliest stages to strengthen clinical research. Notability UK Research and Innovation (UKRI), which directs over £7 billion of research and innovation funding, is committed to achieving a culture change so that public engagement is embedded alongside research and valued as an essential activity.

Wellcome believes that if the public are actively involved in their work, then they will be more likely to succeed in their mission of improving health. The public engagement that Wellcome supports aims to empower people, helping them access, use, respond to, and create health research and innovation. It creates people-centred health research which improves understanding of people's experiences and how they could use that knowledge to improve their own health. Public Engagement has the benefit of helping society value Wellcome's research work by bridging the gap between science and society so that research and innovation are trustworthy and valued by the public.

#### **Global Context**

Mesh aims to encourage sharing of quality engagement work that uses these approaches in low- and middle-income countries (LMICs). The populations within these countries are often those most effected by health inequality and disease<sup>2</sup>, and therefore they are a focus for global health research – especially within priority areas including epidemics, vaccine development and drug-resistant infections. The past has shown that biomedical research can often challenge cultural norms and personal beliefs and choices. Study communities can lose trust in the research process and perhaps in health services and authority more broadly as a result of corruption, colonialism and conflict. This can make the process of clinical research very challenging and good community engagement an essential part of a research strategy. Similarly, the outcomes from health research in these regions - whether interventions, new technologies or policies - directly impact on the often-vulnerable communities within them. This highlights the importance of fostering people-centred research, empowering publics to make full use of evidence and data, and improving the trustworthiness of research within LMIC settings.

"The majority of funding [for global health research] comes from funding agencies and foundations in high-income countries (HIC) to support research programs and projects run by researchers in HIC institutions who conduct their research activities in LMIC settings. The "background conditions", of global inequality and injustice frame this research and raise a host of ethical concerns. These conditions are further amplified by cultural and linguistic differences, a historical legacy of distrust and exploitation within the research enterprise, and concerns about scientific colonialism."<sup>3</sup>

<sup>&</sup>lt;sup>2</sup> Institute for Health Metrics and Evaluation (2018). *Findings from the Global Burden of Disease Study 2017*. Seattle, WA: IHME.

<sup>&</sup>lt;sup>3</sup> King, K.F. et al. (2014). 'Community engagement and the human infrastructure of global health research', *BMC Medical Ethics*, Volume 15, Issue 84

This combination of factors emphasises the need, the challenge and the opportunity in engaging communities and the wider public in LMICs with global health research, and health more broadly. Mesh focuses on these regions for engagement capacity strengthening and innovation whilst recognising the unique challenges that need to be addressed.

#### Identifying the Barriers

In 2016, Wellcome published findings from a small-scale survey looking at factors affecting public engagement with research in LMICs<sup>4</sup>. A mixture of engagement specialists and researchers across Africa and India took part in the survey which aimed to help develop Wellcome's approach to supporting public engagement within international research by establishing the gaps and challenges. When asked what the main challenge in their region was of engaging with local communities, respondents selected a lack of access to specialist engagement staff at their institution and a negative perception or lack of recognition of public engagement as the key issues. The report concluded by suggesting several solutions and recommendations for Wellcome, these included; supporting public engagement for researchers, and providing cross-regional and cross-discipline training sessions and collaboration opportunities.

Although the Wellcome had invested in building a Community of Practice around public engagement in LMICs for many years, it recognised the need for further cohesion and for broadening of the network beyond its funded activities so that the emergent professional community could evolve. In particular, the Wellcome International Public Engagement Team had identified several factors inhibiting capacity development in CE practice across its funded research programmes, these included;

- Absence of commitment to, or recognition for, CE within research
- Limited access to training and learning opportunities in CE
- Lack of sharing of creative approaches between teams
- Where dedicated CE staff existed, they were often working in professional isolation

TGHN had already been very successful in creating thriving CoPs alongside providing a comprehensive set of tools and resources to guide and teach researchers and equip them with all they need to run excellent studies. TGHN identified CE within global health research as a gap in their provision and felt their model would be very beneficial to supporting and growing this research-related field. Therefore, an open-access online space dedicated to capacity building, knowledge management and global collaboration around community engagement was created and branded with the memorable single word 'Mesh'.

<sup>&</sup>lt;sup>4</sup> Luck, A. (2016). International Public Engagement: Gathering views on community and public engagement with research across Africa and Asia, The Wellcome Trust.

### Strategy

#### Introduction

When Mesh was launched in 2016<sup>5</sup> it had four broad aims:

- 1) Improve Community Engagement activities worldwide as a result of easier access to resources and best practice
- 2) A better use of funds and human resources as efforts are not duplicated due to a lack of awareness of what already exists
- 3) New partnerships and collaborations formed as a result of the networking opportunities offered by the site
- 4) Higher quality grant proposals submitted to the Wellcome Trust International Engagement Grants scheme due to increased scheme marketing and awareness of best practice amongst community engagement practitioners and researchers.

Since then, the Mesh team has been working with limited resources to pilot the project and build a global user base. Early in 2019 the team began to consolidate this work, refine the aims and objectives for the project and finalise this full strategic plan into a bid for longer-term funding, so the Mesh network can be developed to its full potential. This has included development of a *Theory of Change* involving partners at the Gates Foundation-funded <u>Human Engagement Learning Platform (HELP) for</u> <u>Global Health</u><sup>6</sup>, and with input from the <u>Mesh Steering Committee</u><sup>7</sup> the work has been distilled into this three-year strategy.

This new strategic plan sets out a refreshed vision for the project, three key aims and a number of strategic objectives for the work. To achieve these objectives, the Mesh Team will deliver work across six areas of activity which can be divided into three broad streams of work. The Theory of Change Framework for the project gives a specific and measurable description of the new strategic approach and illustrates how the expected outcomes and impacts will work towards the vision and mission of the project. The strategy has been compartmentalised in this way for clarity, but in reality, many of the activities within each steam simultaneously contribute to different objectives, outcomes and impacts as they mutually reinforce different aspects of the strategy. This is key element of the Mesh Network approach.

#### Audience

Mesh was created primarily for the global health research community and this includes; communications/engagement professionals within research programmes, clinical research staff, research management teams, training facilitators, students and researchers themselves. However, high-quality engagement can also be led from outside research including by charities, community groups, arts/cultural organisations and freelance creatives. These 'agents of change' share innovative practice within the network and are a secondary audience for Mesh. Mesh was created as a neutral

<sup>&</sup>lt;sup>5</sup> Mesh was created in February 2016 and was formally launched in October 2016

<sup>&</sup>lt;sup>6</sup> See Appendix 1 for a full list of the organisational partnerships developed in phase one

<sup>&</sup>lt;sup>7</sup> See Appendix 2 for details of current Steering Committee members with their biographies

and independent site for engagement practitioners, researchers, health workers and others to find resources, seek expertise and share their questions and experiences on engagement in LMICs. It provides an online meeting space where these professionals can network, share resources and discuss good practice. It uses the theory of *Communities of Practice*<sup>8</sup> where such networks are seen as promoting innovation, developing social capital, facilitating and spreading knowledge within a group, and sharing existing tacit knowledge. The ultimate audience, implicit within the approach, are of course the communities living in LMICs who will benefit from more outcomes-focussed and innovative engagement activity.

#### Mesh Achievements

During the first phase of the Mesh project (September 2016 – August 2019) the online platform has been created, a large and diverse group of users and a solid base of members<sup>9</sup> has been established, a selection of activities have been tested, and the strategic approach and key objectives have been developed. Figure 1 below provides some of the headline outputs and big successes of the network to date. Please note, the table in Appendix 4 (p.23) provides detailed information on what work has been done so far within each area of activity across the project.

<sup>&</sup>lt;sup>8</sup> Wenger, E (1998). *Communities of Practice: Learning, Meaning, and Identity*. Cambridge: Cambridge University Press

<sup>&</sup>lt;sup>9</sup> 'Users' are those that use the site but have not joined the network whilst 'members' have actively signed up. You do not need to be a member to access all the content and resources

www.mesh-ce.org



# First 3 Years in Numbers...



\* 'Users' are those that use the site whilst 'members' have actively signed up. You do not need to be a member to access all of the content and resources

June 2019

Figure 1. Key Mesh Outputs and Achievements

#### New Vision, Aims and Objectives

Mesh is committed to improving health by supporting better global health research. To add to this mission or core purpose, the new Mesh strategy presented here has an overall vision for the future and three clear aims at its core. There is integration and complementarity across the various objectives, some of which will contribute to multiple aims. They are clustered below under the most relevant aim for clarity. The vision, as with most visions, is something towards which Mesh intends to contribute, not achieve single-handed. The idea is that it drives the project, invites innovation and pushes our work forward.

#### Vision: That all global health research incorporates high-quality community and public engagement (CE) built on evidence, good practice and strong networks

Aim 1: To ensure the value of CE is recognised by a diversity of global health research stakeholders and that it is considered an integral part of health research

**Objectives:** 

- 1.1. Provide clear information, definitions and theoretical background on the nature of engagement with research
- 1.2. Demonstrate the value of CE through accessible examples of impact
- 1.3. Facilitate access to examples of good practice in designing, managing and implementing CE
- 1.4. Advocate for CE through a strong network of partners and partnership working

# Aim 2: To generate and strengthen leadership and capacity in CE across LMIC settings

**Objectives:** 

- 2.1. Create and nurture a growing CE Community of Practice (CoP)
- 2.2. Provide mechanisms that enable new partnerships and collaborations to form
- 2.3. Encourage formal CE capacity building by signposting and contributing to training and learning opportunities
- 2.4. Identify champions in policy, funding and research and facilitate matchmaking and networks

#### Aim 3: To increase outcomes-focussed, innovative CE with global health research

Objectives:

- 3.1. Facilitate documentation and sharing of CE knowledge and learning from practice
- 3.2. Translate and manage knowledge on CE to make it accessible and useful to all CE stakeholders and facilitate knowledge exchange between these stakeholders
- 3.3. Increase access to information on ways of evaluating and measuring the impact of engagement
- 3.4. Shine a spotlight on innovation in the field

#### Action Plan

The second three-year phase of the project (September 2019<sup>10</sup> – August 2022) will build-on current work curating evidence and sharing innovation, developing professional capacity and leadership, and advocating for CE that is embedded in health research. Importantly, phase two has a critical focus on using a robust monitoring and evaluation (M&E) framework to measure success and determine strategies for ensuring Mesh grows as a low-cost high-impact project in the future.

The project will now focus on securing a dedicated Mesh team, creating a much-needed formal online eLearning training offer, and allow for much greater agility and adjustments to the strategy and project delivery. It is anticipated that it will operate as a proper 'development of concept' project which will determine the best ways of adding value, increasing impact and ensuring Mesh reaches its potential to improve health by supporting better global health research.

A summary of the proposed Mesh streams of activity are outlined in Table 1 (p.12) below. There are six main areas of activity, divided into three broad streams of work. Each stream has a core outcome and impact pathway as denoted by the colours within the table (see Figure 2 - the *Mesh Theory of Change Framework* on p.14 below). In addition, the *Mesh Community Engagement Network Operational Plan 2019-2020* gives detail on delivery of the project including all the additional 'business as usual' activities.

Please note, Appendix 4 (p.23) contains a detailed description of all the activities how they map to the Mesh strategic aims and objectives. This table also includes information on which activities have been piloted and run during phase one and which will be new areas of work in the future.

<sup>&</sup>lt;sup>10</sup> 2020 update: The refreshed project began in January 2020

Areas of Project Activity				
1) CURATING EVIDENCE & INNOVATION	2) DEVELOPING CAPACITY & LEADERSHIP	3) BUILDING DEMAND & ADVOCACY		
LIVE RESOURCE BASE	LEARNING AND TRAINING	PARTNERSHIPS		
Creation and management of a one-stop-shop	Build a unique e-Learning, training & education	Proactively seek out new partners and develop		
for knowledge on CE with high-quality, broad	base for CE within TGHN Global Health Training	existing partnerships (esp. with umbrella		
ranging evidence presented, translated and	Centre in conjunction with their Global	organisations and other networks) to build		
mapped to make it accessible and easy to	Professional Development Scheme. Facilitate pre-	demand and advocate for evidence-informed		
navigate	and post- event/workshop engagement	engagement		
Evolution of Online Platform	e-Learning	Broad Partnership Building		
Guides & Tools	Signposting to Development Ops	TGHN & Wellcome Trust		
Case Studies	Highlighting events & conferences	• Sister networks in Ethics and Social Sci		
• Translation of Published Literature	Event reporting & sharing	Scope future closer relationships		
NEW PRIORITIES AND SUPPORTING PRACTICE	DISCUSSION AND COLLABORATION	PROMOTION AND OUTREACH		
Mapping themes of knowledge in emerging	Host online discussions on current topics,	Compelling monthly mailout to highlight		
priority areas by surveying the landscape,	manage online infrastructure for finding	innovation and news from the field. Support		
curating resources, identifying and filling gaps.	collaborators and matchmaking. Support	sharing of examples of CE impact at influential		
Scope possible new small grant scheme to	facilitation of co-created workshops bringing	global health forums. Build membership and		
support new areas of practice	together communities of practice	develop the network		
Themes Areas	Online Discussions and Email Lists	Magazine/Newsletter		
Programme Hubs	Collaboration Map	Global Health Conferences		
Scope Mesh Seed Awards	Workshops & Events	Outreach		

Table 1 – Three Key Streams of Activity within the Mesh Community Engagement Network project

#### Outcomes and Impacts

As part of the planning for next phase of the Mesh project we have used a *Theory of Change* approach to give some clarity about what changes or outcomes we are expecting, lay out any assumptions around how we expect those changes to occur and particularly what contribution Mesh will make. This guiding framework will help us navigate unpredictable and complex processes, and track changes to which our work may have contributed. The framework below (Figure 2, p.14) shows the core outcomes to which we expect Mesh to contribute and ultimately how the longer-term impacts will work to deliver our mission and vision.

Please note, the *Mesh Monitoring & Evaluation Plan 2019-2022* gives much more detail on our approach to measuring impact including an explanation of how we have transformed the strategic aims and objectives into measurable changes. The detailed table within this document includes the preconditions necessary for each of the outcomes and the indicators of success. In addition to outlining the quantitative and qualitative indicators, it also explains the intended data collection strategies, techniques for data analysis and reporting timelines.

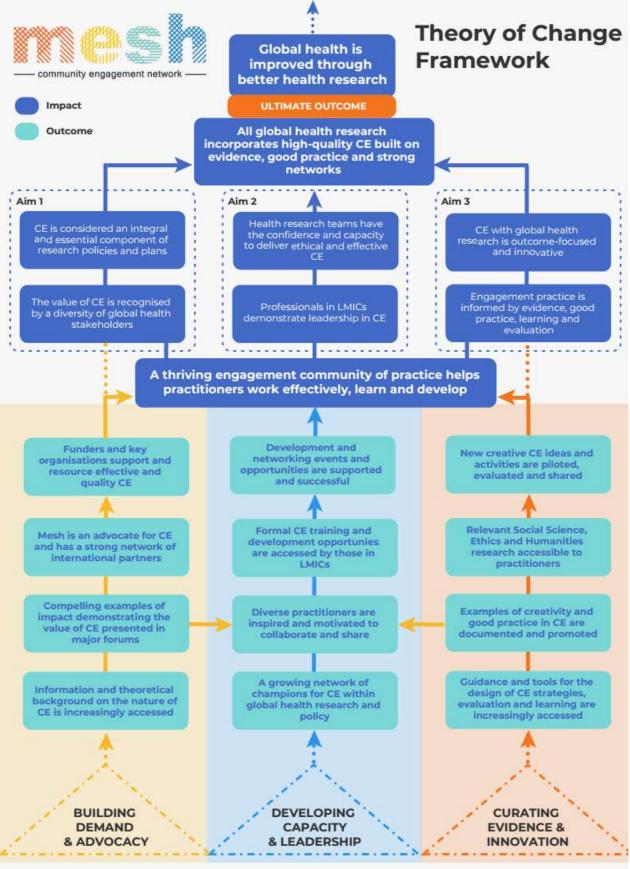


Figure 2. Mesh Theory of Change Framework

#### Next Steps

The Mesh Community Engagement Network project has been piloted, with limited resources, over the previous three years. The site now houses a wealth of resources and development opportunities and is used by a huge number of CE professionals, researchers and others around the globe.

This strategic plan outlines plans to continue the project for three additional years, embedding the project within TGHN at University of Oxford. Core funding for the project will secure a small dedicated project team and allow for an increased focus on training opportunities in CE, building partnerships and measuring the impact of the project. This strategic approach, with a ToC framework at its heart, is supplemented by a full Operational Plan, three-year project budget and M&E plan and will be used to launch and guide the refreshed project from 1st September 2019<sup>11</sup>.

<sup>&</sup>lt;sup>11</sup> 2020 update: The refreshed project began in January 2020

# Appendices

# Appendix 1 – Partnerships

Partner	Relationship	
AIDS Vaccine Advocacy Coalition (AVAC)	C) Working closely with the Stakeholder Engagement and Good Participatory Practice team to promote their training, feed development and link our network with their Stakeholder Engagement Community of Practice to ensure the networks a complimentary and the offer of each is clear to the community.	
Emory University/ HELP	Working with Jim Lavery and Emma Richardson who are leading on a Gates funded Learning Platform for Community Engagement to explore possibilities of combining efforts to create a collaborative network that fulfils our combined aims	
The Ethics and Social Sciences networks on TGHN and the eMOPs network	Monthly meetings with the managers of these sister networks ensure that our networks complement one another and that we are making maximum use of our combined knowledge and skills.	
The Global Health Bioethics Network	We presented and discussed Mesh at the 2016 TGHBN Summer School and work closely with them to ensure materials on Mesh are useful to their community and that their closed network (eMOPs) is well integrated with Mesh.	
Gates Foundation	Frequent interaction with Thy Pham, Program Officer - Global Health Strategy, Planning and Management, to link up with ongoing activity funded by Gates and ensure Mesh is promoted in their groups. Including organising presentations to their product development partnerships (the flagship global health projects)	
Key Gates Foundation PDPs: Medicines for Malaria Venture International AIDS Vaccine Initiative Aeras	Following on from two presentations to Gates PDPs we have established ongoing relationships with senior members of these organisations to ensure that our content is in line with their needs running large-scale clinical trials	
AAAS - American Association for the Advancement of Science	Communications with the team running public engagement Trelis to ensure a joined-up approach	
SciDevNet	Mutual marketing support and resource sharing	
ZikaPLAN	We wrote the community engagement section for a successful grant to build a Zika site within TGHN and Mesh will be playing an important role in their community engagement aspects as advisor on the project and in collating a Zika theme	
Social Sciences Epidemic Preparedness Hub	As a response to the European Commission Call for a Social Sciences Hub around epidemic preparedness (including engagement) Mesh will partner with Ethox and TGHN to submit an application and will provide the engagement infrastructure for this hub.	
H3 Africa	Collaborating to develop a map of their full spectrum of engagement activity including reports for each activity.	
Realist Review	The recently Wellcome-funded Realist Review will produce an evidence base that can be built upon and shared through mesh	
African Academy of Sciences	Ongoing collaboration to ensure Mesh fulfils the needs of AAS scientists and engagement practitioners	

# Appendix 2 – Steering Committee Membership

Mesh is governed by a Steering Committee composed of experts in community engagement with a focus on Global Health Research. The role of the group is to provide advice, advocacy and strategic oversight of the Mesh Community Engagement Network project, as well as bringing new users and new content to the site. The Committee provides advice and support to the Mesh Project Team on Strategic Planning and the future of Mesh. Current members:



**Dorcas Kamuya** is a Wellcome Trust Society & Ethics Fellow, conducting empirical ethics research examining if and how communities could be engaged on complex ethical topics, with bio-banking as a case study. As a social science researcher in an LMIC, her research interests span several interrelated areas including developing ethical frameworks for Controlled Human Infection Studies in LMICs; the value of community and public engagement in health research, and ethical dilemmas for frontline research workers. She is primarily based at the KEMRI-Wellcome Trust Research Programme (KWTRP) in Kilifi, Kenya. Dorcas is the current chair of the Health Systems and Research Ethics Department and co-leads the Health Systems Research theme in the Programme



**Bella Starling** is a Wellcome Trust Engagement Fellow and Director of Public Programmes at Manchester University NHS Foundation Trust. Her career has spanned basic research, science writing, biomedical ethics, public engagement, patient involvement and science policy, as a practitioner, action researcher, strategic adviser and funder. She is passionate about inclusion in, and democratisation of, research; her Fellowship explores how public engagement with research acts as a catalyst for social change. During her time at the Wellcome Trust, she set up a programme funding community engagement in low to middle income countries. Sometimes, she is called a change-maker



**Sarah Iqbal** is the Lead, Communication and Public Engagement, at the Indian science funding agency, the Wellcome Trust/DBT India Alliance, a public charity funded by the Department of Biotechnology (DBT), Government of India and the Wellcome Trust. She manages India Alliance's science communication and research leadership training as well as public engagement programmes. Sarah also assists in developing organisational strategy and national and international partnerships that empower India Alliance to strengthen the Indian biomedical research ecosystem. She holds a PhD in Biochemistry from the University of Oxford, UK, and was a Postdoctoral Research Fellow at the Scripps Research Institute, USA



**Mary Chambers** is the Head of Public Engagement (PE) at the Oxford University Clinical Research Unit Vietnam. Mary has been in Vietnam for almost 20 years – initially as a medical entomologist, working on malaria and dengue transmission. Over the past decade, she has developed the PE programme in Chi Minh City, and daughter units in Hanoi, Nepal and Indonesia. The PE team has over 20 members who work on a diverse range of engagement projects with a range of communities including schoolchildren, farmers or patients in clinical research trials. They also have a strong emphasis on strengthening capacity of researchers and health-care workers to engage with their communities. Mary's personal interests lie in using participatory art and film to amplify community voices and bring them into conversations about research



**Michael Parker** is Professor of Bioethics and Director of the Wellcome Centre for Ethics and Humanities, and the Ethox Centre at the University of Oxford. Together with partners in Kenya, Malawi, South Africa, Thailand, and Vietnam he co-ordinates the Global Health Bioethics Network which aims to build ethics capacity and conduct empirical bioethics research of the practical ethical issues arising in collaborative global health research. In 2018-19 Michael chaired a Nuffield Council on Bioethics Working Group on ethical issues in research conducted during global health emergencies



Noni Mumba heads the Community Engagement Platform at the KEMRI Wellcome Trust Research Programme (KWTRP) in Kenya. Their activities aim to strengthen relations and build mutual understanding between researchers and communities in all KWTRP research sites. She works with an experienced team of 8 community liaison staff and has over 10 years' experience in Health and Strategic Behaviour Change Communication, Social Marketing and more recently Science Communication. Noni's role involves developing best practice strategies for the involvement of communities and publics in research, through innovative engagement initiatives. She is also responsible for mentoring and building capacity of community liaison and research staff, as well as monitoring and evaluation, and sharing lessons learnt within different global networks



**Georgia Bladon** focuses on identifying and implementing strategies for ensuring that the interests of non-scientists shape and improve science; that health research is developed with cultural and ethical sensitivity; and that science more broadly is recognised as a core and valued part of society and culture. In the past, this has involved managing the European communications and engagement campaign of the Hubble Space Telescope; running the public engagement programme for the Elizabeth Blackwell Institute for Health Research at the University of Bristol; and creating community engagement network Mesh. Now, Georgia works at the Wellcome Trust managing the portfolio of work engaging research communities and the public with research across Africa and Asia



**Phaik Yeong Cheah** is a bioethicist and Associate Professor at University of Oxford. She heads the Department of Bioethics & Engagement at the Bangkok based Mahidol Oxford Tropical Medicine Research Unit (MORU). She teaches bioethics at University of Oxford and conducts research on ethical issues related to conducting research in low-income settings. Her current projects include research on issues around malaria elimination, data sharing, and community engagement. Phaik Yeong leads many community engagement activities in Thailand and Southeast Asia as a way to incorporate community voices and experience in research. She has been involved in managing and conducting clinical trials for more than 20 years. She has a degree in pharmacy, MSc in bioethics and a PhD in Pharmaceutics

<b>Robin Vincent</b> is a social anthropologist and independent learning, evaluation and research advisor with over 20 years' experience working in social development and public health, in the UK and international settings. Robin has designed and facilitated peer learning forums on social development, and community and public engagement with health research, encouraging learning among local communities, development practitioners, policy-makers and academics. He has conducted evaluation and provided advisory inputs on evaluation for a range of international agencies and organisations including DFID Uganda, UNAIDS, UNAIDS Kenya, Australian and Cambodian Red Cross, Soul City Institute (South Africa), H3Africa, Nurture Development, and Wellcome. Robin is currently leading REAL - a Realist Review of community engagement with health research, supported by Wellcome and hosted by Oxford University Centre of Medicine and Global Health Nuffield Department of Medicine, in collaboration with an international team
<b>Rodrick Sambakunsi</b> is an experienced and committed Public/Community Engagement Practitioner. He has worked with diverse audiences including research communities, the general public, students and research stakeholders. Rodrick currently leads a vibrant Science Communication and Public Engagement team at Malawi Liverpool Wellcome Trust Clinical Research Programme in Blantyre, Malawi. As a Science Communication Manager, his role involves spearheading all science communication and public engagement initiatives with the aim of supporting ethical research practice and promoting a two-way dialogue between researchers and research communities. The programme's main activities include, a radio program, journalist in residence program, <i>Samala Moyo</i> exhibition project, community film shows, science cafes, the <i>Kafukufuku</i> Research Festival and 'Science 4 All' programme
Jim Lavery is the inaugural Conrad N. Hilton Chair in Global Health Ethics, Professor in the Hubert Department of Global Health in the Rollins School of Public Health, and Faculty of the Center for Ethics, Emory University, Atlanta, Georgia. Prior to joining the Emory faculty, he was a Research Scientist and Managing Director of the Centre for Ethical, Social & Cultural Risk at the Li Ka Shing Knowledge Institute of St. Michael's Hospital, and an Associate Professor in the Dalla Lana School of Public Health, Institute of Medical Science, and Joint Centre for Bioethics at the University of Toronto. Jim was the co-principal investigator of the Ethical, Social and Cultural (ESC) Program for the Bill & Melinda Gates Foundation's Global Health and Global Development programs from 2005-2015. He is currently leading the development of the Human Engagement Learning Platform for Global Health, to support funders and implementation partners to improve community and stakeholder engagement in global health and global development programs. Jim is the 2017 recipient of the Global Forum for Bioethics in Research Award for Contributions to Progress in International Research

#### Appendix 3 – Testimonials



# Appendix 4 – Mesh Streams of Activity Mapped to Strategic Objectives

A summary of key Mesh activities and how they contribute to the Mesh strategic objectives is broken down in the table below. There are six areas of activity divided into three streams of work denoted by the colours within the table (for an overview of the streams of work see Table 1, p.12). This table also includes information on which activities have been piloted and run during phase one (September 2016 – August 2019) and which will be new areas of work in the future (phase two: September  $2019^{12}$  – August 2022).

#### Mapping Mesh activities, existing and planned, to the Strategic Objectives

All figures are accurate as of June 2019.

Area of activity	Strategic Objective	Progress	Future (2019 – 2022) <sup>13</sup>		
1. LIVE RESOURCE BASE	1. LIVE RESOURCE BASE				
Mesh Online Platform: Create a one-	1.1 Provide clear	Mesh has <b>1414</b> members and <b>19,400</b>	Address user feedback. Work with TGHN to improve		
stop-shop for knowledge on CE in LMICs with high-quality, broad ranging	information, definitions and theoretical	individual users who represent a diverse group of global health research	<ul> <li>functionality of the site, including</li> <li>Discussion groups, interactive content,</li> </ul>		
evidence presented, translated and mapped to make it accessible and easy	background on the nature of CE in LMICs	stakeholders	membership incentives and matchmaking/networking interface		
to navigate		Mesh has over <b>228</b> resources set out in an easy to-navigate structure that have been			
Guides & tools: Make the evidence	1.3 Facilitate access to	viewed over <b>22,000</b> times <b>39</b> detailed guides and tools are available	Continue to map and collate practical and		
base accessible through resources on	examples of good	on Mesh on a range of key topics including	theoretical guides and tools		
key academic insights and engagement approaches	practice in designing, managing and	facilitating hands-on demos, evaluating social media presence, and doing	<ul> <li>Respond to user feedback and explore gaps and possibilities</li> </ul>		
	implementing CE	Participatory Action Research	<ul> <li>Look for opportunities to collaborate on new guides with partner organisations</li> </ul>		

<sup>&</sup>lt;sup>12</sup> 2020 update: The refreshed project began in January 2020

<sup>&</sup>lt;sup>13</sup> The Mesh Community Engagement Network Operational Plan 2019-2022 gives additional detail on delivery of the future plans including all the additional 'business as usual' activities

Area of activity	Strategic Objective	Progress	Future (2019 – 2022) <sup>13</sup>
Case Studies: Support written and	1.2 Demonstrate the	45 case studies created, viewed over 3000	Continue to demonstrate the diversity of global
multimedia (podcasts, videos)	value of CE through	times. Piloted using podcasts, interviews	engagement, showcasing best-practice and
documentation of learning and provide	accessible examples of	and videos	innovation
opportunities for practitioners to	impact		• Address the backlog of over <b>60</b> case studies
present work to others online.			and work on categorisation and indexing
			Seek and encourage new and different
			submissions inc. multimedia
Translation: Research around the gap	3.2 Translate and manage	A clear need for this has been identified	Research and plan a stream of work that
in knowledge-sharing between	knowledge on CE to make	during phase one	compliments other initiatives. Possible activities
academics working in engagement,	it accessible and useful to		include:
policy makers, funders and	all CE stakeholders and		Establishing partnerships with key journals
practitioners delivering engagement	facilitate knowledge		with writing service to translate published
activities	exchange between these		literature into practitioner/policy guides
	stakeholders		
2. NEW PRIORITIES AND SUPPORTING P	RACTICE		
Themes: Map themes of knowledge in	3.3 Increase access to	The theme on 'Evaluation' has been	Create mechanisms for soliciting and pulling
emerging priority areas by surveying	information on ways of	viewed over <b>1,170</b> times with 95% of those	together themes
the landscape, collating resources and	evaluating and measuring	surveyed saying they found it Quite, Very	• Aim to produce at least two comprehensive
presenting them so they can be easily	impact of engagement	or Extremely useful – with 40% in the	themes per year (in tandem with
navigated. Identifying gaps in the		Extremely category. TGHN have used the	workshops)
knowledge base and collaborating with		'Evaluation Map' as an exemplar to the	• Seek and link into opportunities to be part of
partners to fill them		Gates foundation.	emerging priorities, funding bids and
			initiatives (as with Zika and Epidemic
		The theme on 'Funding' has been viewed	Preparedness) in Global Health
		over <b>9,100</b> times	
Programme Hubs: Curated areas that	3.4 Shine a spotlight on	Mesh is collaborating with REAL:	Create new 'Hubs' on Mesh including
bring together reflections on	innovation in the field	Community Engagement Realist Review to	Navigation maps that are populated with a
engagement from across key		share their reflections and learning in a	suite of reports, articles and case studies

Area of activity	Strategic Objective	Progress	Future (2019 – 2022) <sup>13</sup>
collaborative research programmes, consortia or large networks		dedicated hub. The Human Heredity and Health in Africa (H3Africa) Consortium are mapping their engagement activity across the programme and within its constituent projects with a future hub planned	<ul> <li>Work with teams to highlight learning in their work and translate it for a wide audience</li> </ul>
Scope Mesh Seed Awards: Scope and seek funding for new small grant scheme to support events, workshops, mini projects, content creation and research	2.4 Identify champions in policy, funding and research and facilitate matchmaking and networks	Some ad hoc workshops and projects have been supported with operational funding	Scope the design and set-up of a scheme with the aim of generating new content for Mesh, encouraging collaboration and networking and advancing the field of practice. Seek additional funding for award scheme budget
3. LEARNING & TRAINING			
<b>E-Learning:</b> Map, signpost to and develop or commission, where appropriate, e-learning, training and education opportunities	2.3 Encourage formal CE capacity building by signposting and contributing to training and learning opportunities	Mesh has a dedicated section on Learning and Training opportunities. Signposting to these has been ad hoc basis due to Mesh staff resource constraints. The e-learning page has been viewed over <b>1500</b> times.	<ul> <li>Build a unique e-Learning, training &amp; education base</li> <li>for CE linked to TGHN Global Health Training Centre</li> <li>in conjunction with their <i>Global Professional</i></li> <li><i>Development Scheme</i> <ul> <li>Pilot first Mesh course on 'Participatory Visual Methods'</li> <li>Map the e-learning already available</li> <li>Identify gaps and structure ideas</li> <li>Create, adapt or commission content for new courses</li> </ul> </li> </ul>
<b>Development opportunities, events</b> <b>and conferences signposting:</b> Map and signpost to events and workshops worldwide	2.2 Provide mechanisms that enable new partnerships and collaborations to form	Mesh has a dedicated page for signposting to future Workshops & Conferences. These pages have been viewed over <b>2100</b> times.	<ul> <li>Continue to signpost to future events</li> <li>Monitor and signpost to events/conferences/workshops within the field of engagement with global health research</li> </ul>

Area of activity	Strategic Objective	Progress	Future (2019 – 2022) <sup>13</sup>
<b>Event reporting &amp; sharing:</b> Facilitate pre- and post- event/workshop engagement to enhance impact of events and take them outside of invited groups	3.1 Facilitate documentation and sharing of CE knowledge and Learning from Practice	To date Mesh has captured in-depth learning from <b>six</b> workshops/symposia to share with the wider Community of Practice.	<ul> <li>Provide reporting service from key workshops</li> <li>Provide pre-workshop info and post-event reporting for key events (inc. Wellcome PE workshops)</li> <li>Extend offer to more groups/organisations</li> </ul>
4. DISCUSSION & COLLABORATION			
Online Discussions and JISCMail Lists: Host online discussions on key themes and emerging priority topics	2.1 Create and nurture a growing CE Community of Practice	Beta-tested only in phase one with the majority being closed group discussions.	<ul> <li>Working with TGHN so site infrastructure can be enhanced allowing for more sophisticated group discussions</li> <li>Encourage discussion groups around key events, workshops or forums</li> <li>Support discussion groups related to themes</li> </ul>
<b>Collaboration Map:</b> Develop an online infrastructure for finding collaborators and matchmaking	2.2 Provide mechanisms that enable new partnerships and collaborations to form	Mesh has a dynamic matchmaking collaborators world map which currently includes <b>150</b> users. It has been viewed over <b>1300</b> times	<ul> <li>Develop a more sophisticated matchmaking support service.</li> <li>Improve functionality and searching on map</li> <li>Pilot new ideas for matchmaking and finding collaborators</li> </ul>
<b>Workshops &amp; events:</b> Support facilitation of co-created workshops bringing together communities of practice on key aspects of CE	2.3 Encourage formal CE capacity building by signposting and contributing to training and learning opportunities	Mesh Evaluating Community Engagement Workshop was piloted in 2017 in collaboration with The KEMRI Wellcome Trust Research Programme in Kenya	<ul> <li>Support the facilitation of themed workshops linked to a suite of new content</li> <li>Bringing together experts from around the word to share learning and create new collaborations</li> <li>Promote Mesh Seed Awards for satellite events</li> </ul>
5. PARTNERSHIPS			
Partnership Building: Proactively seek out new partners and developing	1.4 Advocate for CE through a strong network	Mesh has built partnerships with organisations funding, implementing and	Consider how to strengthen partnerships and build the collaborations

Area of activity	Strategic Objective	Progress	Future (2019 – 2022) <sup>13</sup>
existing partnerships through Mesh Steering Group and other mechanisms, to build demand and advocate for evidence-informed engagement	of partners and partnership working	creating tools for community engagement (See Appendix 1: Partnerships). This ensures that we reach a much wider group of practitioners, researchers and others involved in CE	<ul> <li>Partnership research work to access new organisations, groups and individuals</li> <li>Deepen existing partnerships and build on the reach of Gates Project Development Partnerships and other projects shaping the CE landscape with Global Health</li> </ul>
Working with TGHN & Wellcome	2.4 Identify champions in	Mesh was created using TGHN theoretical	Continue to develop relationship with TGHN and
<b>Trust:</b> Ensure close working with the umbrella organisations for mutual benefit	policy, funding and research and facilitate matchmaking and networks	and technical approach to capacity building, resource sharing and building a Community of Practice. We work closely with the team at Oxford and Wellcome Trust to ensure all partners benefit from activities	<ul> <li>Wellcome to ensure Mesh is serving each organisation's mission</li> <li>Ensure Mesh is part of developments at TGHN both organisational, technical and strategic</li> <li>Meet Wellcome priorities and objectives through Mesh activities</li> </ul>
Working with partner networks in	3.2 Translate and manage	Mesh has a page and navigation map	Look at possibilities for future working with partner
Ethics and Social Science: Close	knowledge on CE to make	dedicated to the partner networks that	networks
working with co-ordinators of related networks and ensure crossovers are identified and maximised	it accessible and useful to all CE stakeholders and facilitate knowledge exchange between these stakeholders	overlap in scope, these include; Global Health Social Science, TREAD (The Research Ethics Application Database), Global Health Bioethics, Research Ethics and Review, and eMOPs.	<ul> <li>Manage Coordinators meetings and open communication</li> <li>Ensure overlaps and gaps are identified</li> <li>Work with TGHN and others to look at the future planning for partner networks.</li> </ul>
6. PROMOTION & OUTREACH			
Magazine/Newsletter: Curate a compelling monthly resource to highlight innovation, learning and news from the field and stimulate discussion across the mesh community	3.4 Shine a spotlight on innovation in the field	A low-fi monthly newsletter is published and sent out to all Mesh members. It highlights and promotes recent content It reaches over <b>1400</b> people with an average open rate of <b>25%.</b>	<ul> <li>Create a more sophisticated format for the member monthly mailout</li> <li>Test at magazine-style approach that brings together resources, news stories, opportunities, innovation</li> </ul>

Area of activity	Strategic Objective	Progress	Future (2019 – 2022) <sup>13</sup>
			<ul> <li>Distil content around a theme to create a unique resource in the space</li> <li>Evaluate the monthly mailout as a way of driving more traffic and highlighting innovation</li> </ul>
<b>Global Health Conferences:</b> Support presentation of examples of CE impact in influential global health forums and spaces	2.1 Create and nurture a growing CE Community of Practice	Mesh has had sessions at the last three annual Wellcome International Engagement Conferences. The team has also presented at multiple professional events and the Mesh intro film and bookmark flyers have been used widely	<ul> <li>Increased staff capacity for partnership strengthening will keep the team informed of relevant upcoming global health forums <ul> <li>Keep in regular contact with organisers of annual events</li> <li>Present and promote Mesh and engagement with research more broadly</li> <li>Mesh Regional Editors to travel to events</li> </ul> </li> </ul>
Outreach: build membership and develop the network through extensive networking and comms	1.4 Advocate for CE through a strong network of partners and partnership working	<ul> <li>1414 members and 19,400 users from 186 countries.</li> <li>We are proud of the user base that has been built up in phase one of the project.</li> <li>Building partnerships has played an essential role in this.</li> </ul>	<ul> <li>Keep momentum up on the site by keeping it live, up-to-date and by always seeking new users <ul> <li>Increase communication and promotion through wide networks to reach diverse groups working in the engagement landscape</li> <li>Encourage joining the network by promoting benefits</li> <li>Work through Regional Editors in Africa and Asia to reach new audiences</li> <li>Work with new partnership organisations to reach large communities of potential users/members</li> </ul></li></ul>

# References

Institute for Health Metrics and Evaluation (IHME). *Findings from the Global Burden of Disease Study 2017*. Seattle, WA: IHME, October 2018. Found at: <a href="http://www.healthdata.org/sites/default/files/files/policy">http://www.healthdata.org/sites/default/files/files/policy</a> report/2019/GBD 2017 Booklet.pdf

King, K.F. et al. 'Community engagement and the human infrastructure of global health research', *BMC Medical Ethics*, Volume 15, Issue 84, 2014. Found at: <u>https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-15-84</u>

Luck, A. International Public Engagement: Gathering views on community and public engagement with research across Africa and Asia, The Wellcome Trust, September 2016. Found at: https://wellcome.ac.uk/sites/default/files/international-public-engagement-wellcome-sep16.pdf

Wenger, E. *Communities of Practice: Learning, Meaning, and Identity*. Cambridge: Cambridge University Press, 1998. Introduction available here <u>https://wenger-trayner.com/introduction-to-communities-of-practice/</u>



Mesh Community Engagement Network www.mesh-ce.org

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