Empowering communities and fostering partnerships: a collective approach to regional outbreak readiness in eastern Africa – technical case study

15-19 April 2024

Mombasa, Kenya

Contents

Empowering communities and fostering partnerships: a collective approach to regional outbreak readiness in eastern Africa, April 2024

Key achievements

- Developed, in strong collaboration between UK Public Health Rapid Support Team (UK-PHRST), United Nations International Children's Emergency Fund (UNICEF), International Federation of Red Cross and Red Crescent Societies (IFRC), World Health Organization (WHO), International Organisation for Migration (IOM), Ready Initiative and Africa Centre for Disease Control (Africa CDC), a unique scenario-based training covering coordination, assessments, community feedback, rapid social science, community participation and monitoring, evaluation and learning.
- Delivered the first cross-border Risk Communication and Community Engagement (RCCE) training to the Ministry of Health, Red Cross/Crescent National Society, UNICEF, and WHO staff from seven East African countries - Kenya, Somalia, Ethiopia, South Sudan, Uganda, Rwanda, and Tanzania.
- Proposed and agreed a set of cross-border commitments to be implemented by all participating countries to enable stronger RCCE coordination for outbreak readiness and response.
- Secured consensus amongst all participants to jointly operationalise the cross-border commitments and country-level action plans over the next 12+ months.

Background

Lessons learned from outbreak response have shown the importance of communities at-risk or affected by outbreaks to lead on decision-making within the response. In the face of frequent public health emergencies, compounded by regional factors including forced migration and climate change, cross-border collaboration is essential to strengthening country's readiness for outbreaks.

The RCCE Technical Working Group (RCCE TWG) in East and Southern Africa, co-led by UNICEF and IFRC with the support of the Collective Service, has been supporting regional public health emergency response since 2020. Participating partners identified the need to strengthen cross-border collaboration around RCCE, focusing on collection, sharing and utilisation of community data for more effective responses through training and support to key RCCE stakeholders in the region.

To address these identified gaps and recommendations, the technical partners jointly convened public health focal points (including Surveillance, Case Management, IPC, RCCE and Points of Entry) from the seven member states in eastern Africa for a practical scenario-based training using a fictitious unknown viral haemorraghic fever outbreak.

Training methodology and deliverables

The overall aim of the training was to 'strengthen national and cross-border RCCE readiness for outbreak response in Kenya, Somalia, Ethiopia, South Sudan, Uganda, Rwanda and Tanzania through scenario-based learning exercises'. To achieve this, the technical partners worked together to leverage agencies' respective strengths and expertise. Specifically:

- UNICEF, as host of the Interagency Coordinator role within the Collective Service, conceptualised the training based on lessons learned and requests from country offices and co-developed the scenario with UK-PHRST based on analysis of outbreak risks in the region.

The Collective Service also contributed Information Management technical expertise for the development of maps and dashboards for specific injects. They also led on the facilitation of modules on coordination and use of social, cultural and political context analysis for effective responses.

- WHO, as one of the core partners for the Collective Service, ran sessions on the importance of integrating RCCE into other response pillars including Surveillance, Case Management and IPC. WHO's extensive public health expertise was utilised to advocate for RCCE to be a cross-cutting approach, and not just a standalone pillar.
- IFRC, as a core partner within the Collective Service, were able to contribute extensive experience in setting up and integrating community feedback mechanisms for effective decision-making during outbreaks. This was a particular area of need as identified by partners.
- The UK-PHRST provided overall technical oversight for the training and scenario content creation, logistics and administration, training delivery, evaluation and post-training next steps. The UK-PHRST also developed and delivered the module on applied social science, using an adapted version of a training package developed by the Collective Service, as well as the module on cross-border commitments.
- IOM, with their specific mandate on cross-border migration, led sessions on integration of RCCE into the Points of Entry pillar during outbreaks and delivered a module on cross-border considerations during rapid needs assessments.
- The READY Initiative, led by Save the Children, adapted and utilised a module from their existing training package on community participation and how to develop community action plans to address local transmission risks.
- Africa CDC, in their role as the continent's health agency under the African Union, led the work to convene technical leads from the seven member states. The regional director for eastern and southern Africa led the opening speeches at the start of the training, and the Communications department also developed press statement and news bulletin injects to make the training feel as real-life for participants as possible.

Key findings from the workshop

RCCE must be integrated as a cross-cutting approach

The focus on integrating RCCE approaches across a response, as opposed to treating it as a standalone pillar within the response coordination architecture, was a new way of thinking for many participants. It is important that this learning is reflected in readiness plans, standard operating procedures (SOPs) and strategies so that the approach is operationalised in response to future outbreaks. Country teams should make this part of their action plans, and regional partners should provide necessary technical support for sustained advocacy across response pillars.

> *"This training empowered me about RCCE as a cross-cutting pillar, especially during a public health emergency. I learned how Risk communication is broad rather than developing and disseminating messages only"* - Training participant, Rwanda

Use of social data for evidence-based decision making should be normalised

RCCE is often misperceived to be simply about disseminating key messages to communities. The introduction of modules on community-led action planning and using social data (e.g., applied social science including community feedback data) to inform decision making on outbreak preparedness and

response was positively received by participants. Additionally, examples of how social and behavioural data can be used to inform case-management, contract tracing and surveillance protocols for example was helpful to illustrate the many uses of social data in emergency response planning.

> *"My understanding concerning RCCE has improved specifically on how the RCCE pillar is interlinked with other pillars in diseases specifically outbreaks prevention and control but also the importance of cross border collaboration on RCCE activities"* -PoE lead

> *"Providing this training to other participants from different pillars including RCCE will definitely help a lot. Because RCCE is a new concept, and many people will consider it as silly job like printing posters and distribution"* - Training participant, Ethiopia

The modules on community participation, rapid social science and community feedback were the second, third and fourth highest ranking modules respectively, according to the participant training evaluation. Perceptions about what RCCE is are clearly starting to change. Bringing in senior leadership from Surveillance, IPC, Case Management and Points of Entry pillars from the seven countries was a key opportunity to demonstrate the importance of using social data to drive more evidence-based and localised response interventions, and this approach to integrated working should become more normalised.

Key learning for the partnership

Contextualised learning content is key for success

This combination of technical partner expertise ensured that the training package was fit-for-purpose and contextualised to the realities faced by the participating countries. This is evidently reflected in the training evaluation, where 85% of participants stated that the training 'fully' met their expectations. The success of this training package was largely due to the collaboration within the facilitation team, who were each able to leverage their respective agency's expertise to contribute to the development and implementation of different modules. This required significant time investment from each partner in the months leading up to the training as the package is highly contextualised to the eastern Africa context. Due to this, the training package was not designed as a Trainer of Trainers (ToT), and would require further adaptation for the package to be rolled out in other sub-regions on the continent or other regions.

More opportunities for experience sharing are needed

The training was designed as a residential training, where participant-led evening sessions were scheduled to share learning from recent outbreaks and strengthen cross border networking. However, due to logistical constraints, it was not possible to do this and therefore these evening sessions were canceled. This was a missed opportunity to enable cross-pollination of new approaches and innovative ways of working and was reflected in the participant feedback, where only 39% of respondents said that the time allocated for the training was appropriate. An option to host a series of webinars to follow on from the training which would allow for discussion and reflection on the applicability of the content from the training into participants' real-life contexts is being explored to address this feedback.

The full 'Risk Communication and Community Engagement (RCCE) Readiness Training – Report' can be found on the Collective Service website.

Next steps - maintaining momentum for cross-border collaboration

Commitment to strengthen cross-border collaboration is high amongst the participants across the seven countries. Module 9 on cross-border commitments was the highest ranked session, achieving a 9.2 out of 10 in the participant training evaluation. This demonstrates willingness amongst member states and country partners to find new and innovative ways of working together to prepare for and respond to outbreaks in a way which puts affected communities in the driving seat. The commitments which were drafted by the participants highlight a demand for more opportunities to learn from neighbouring countries and work together to develop and deliver cross-border response plans, whilst other subregions have been requesting similar support. The technical partners within the training working group have a key role to play in maintaining this momentum and delivering on the commitments now the training has finished, and participants are returning to their busy day jobs.