

BRIEFING NOTE

A Collective Service for Communication and Community Engagement during COVID-19 response and beyond

Background

COVID-19 is a global health crisis, an information crisis and increasingly a wider socio-economic crisis. Over the past decade, the West Africa Ebola outbreak and many emergencies from natural disasters to complex humanitarian crises, have shown the critical need to engage communities from the very beginning.

Community trust in a response is especially key to ending an epidemic. Without trust, people may not listen and act on life-saving advice or cooperate in activities designed to halt the spread of infection, such as rapid detection and isolation of cases and early distancing. Communities who do not understand or accept health interventions, or perceive them as a threat, have also been known to turn to violence, as [demonstrated](#) during the current Ebola outbreak in the Democratic Republic of Congo (DRC).

Recent crises have also shown the importance of coordinated community engagement approaches that are integrated into all pillars of a response to facilitate access to life-saving information, essential services, uptake of protective and health seeking behaviours, and to ensure the participation of affected communities in relief efforts. However, a recent report from the Global Preparedness Monitoring Board from the recent Ebola crisis in the DRC, found that there was still an *'ongoing failure to fully act on local knowledge and community feedback'* and that there was *'weak coordination'* and thus a need *'to effectively manage information flow, enable collaboration and avoid duplication.'*

As part of the COVID-19 response, a Risk Communication and Community Engagement (RCCE) group coordinated with GOARN support, and co-led by WHO, UNICEF and IFRC at the global level has provided since February 2020 technical guidance and support globally for stronger community engagement approaches. However, as the COVID-19 pandemic shifts into a humanitarian crisis with a continually evolving public health response, the unprecedented impacts on humanity require a plethora of humanitarian and public health actors working in concert. Recognizing this challenge the Bill and Melinda Gates Foundation is providing support to the WHO, UNICEF and IFRC to formalize the group and create a common service to the health and humanitarian architecture in order to ensure that region and countries have the required support to integrate community engagement and accountability approaches into their responses.

A Collective Service

The Global Collective Service, will provide a neutral coordination structure and improve greater collaboration among key stakeholders at the global and regional levels supporting a wide-range of actors and different priority country contexts. In order to meet the growing demand from partners at country, regional and global levels to provide robust coordination and technical support, the Global Collective Service will:

- ***Strengthen common and coordinated approaches*** in order to, maximise sharing of resources, information and expertise at global, regional and country levels, supporting more timely and effective response measures, and cutting through the noise to ensure clear, useful information is available to both responders and populations.
- ***Enhanced adaptation of overall response*** ensuring participation of affected and vulnerable communities throughout the different phases of the response, and through the effective and timely elevation of community voices and social insights into overall health/bio-medical and humanitarian response decision-making at all levels.
- ***Improved quality and focus shift*** towards an emphasis on community engagement approaches in connection with public health measures, inter-agency standards and monitoring framework. In addition, recognizing the way information is shared, spread and consumed, a focus shift includes monitoring and responding to the threat and spread of misinformation on social media.
- ***Strengthened local responses and capacities***, by rapidly providing enhanced information, continuous remote mentoring support and resource sharing with local governments, responders, community media and other local actors working across the spectrum of health, development and humanitarian.

The Collective Service will be staffed with a neutral Global Coordinator as well as Community Engagement, Social Science and Information Management capacities, including stand-by surge where possible. The Global cell will support regional hubs, which will in turn provide dedicated technical support to priority countries. Based on earlier experiences, this Collective Service will inform strategic decisions across all pillars of the response, and contribute to improving its quality and accountability through the effective and timely elevation of community voices and social insights into overall response decision-making at country, regional and global levels. The Collective Service will connect to GOARN, and to the Inter-agency Standing Committee (IASC) following a detailed consultative process with IASC Results Group 2 (Accountability and Inclusion) and the Emergency Directors Group (EDG).

Concurrently, UNICEF, OCHA, IFRC and CDAC Network with other partners have been leading collective efforts since 2016 to promote more systematic and predictable approaches to communication, community engagement and accountability. Much of this work is now connected to the IASC Results Group 2. This should ultimately lead to the establishment of a more permanent collective service available for preparedness measures and at the onset of any public health and humanitarian crisis. Lessons from the proposed Common Service for the COVID-19 response will feed into these longer-term plans and will require broad consultations with the IASC.