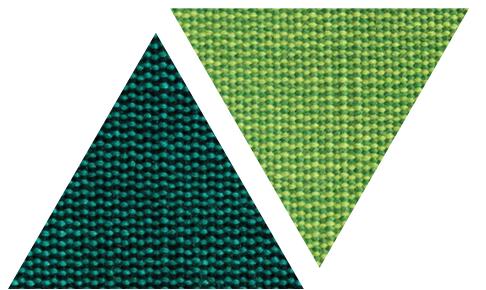
# Comprehensive training

28 June - 21 July 2022

**HOSTED BY GAVI, WHO, UNICEF & US CDC** 





**Engaging Networks** 

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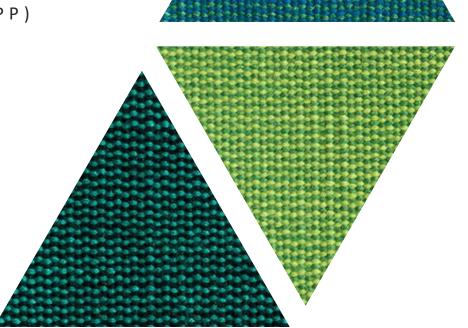
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- Why working with networks is critical
- Methodology
- Types of networks
- Building meaningful relationships
- Challenges
- Case studies
- Guiding principles & best practices
- Key actions & resources





### Participants will...

- Understand the importance of engaging with networks and be able to identify key mechanisms to do so
- Recognize the roles and contributions of different partners in health emergency response and preparedness
- Know how to develop relationships with a diverse group of stakeholders, upholding the principle of complementarity
- Formulate possible co-creation ideas for projects and collaborations between themselves and Networks
- Illustrate how unique strengths and skill sets can meaningfully contribute to the same goal





### Meaningful

Building and maintaining trust, partnerships, capacities and systems starts before a health emergency. Engagement must be sustained, and trust must be nurtured. Meaningful relationships are committed, complementary, equal and collaborative.

### **Engagement**

Working together, collaborating, communicating and co-creating solutions bilaterally as equal partners. WHO, agencies, nations, partners and people need to work together to promote health, keep the world safe and serve the vulnerable especially during health emergencies – Networks enable this.

### **Networks**

with

Communities convened around a common history, values, objectives or interests. Networks are connected at the global, regional, national and local levels. Each network brings a unique contribution to health systems and health emergency preparedness and response.

## Problem statement

What happens when many different stakeholders have the same objective to promote health or increase vaccine demand or respond to a health emergency, but we struggle to meaningfully engage everyone who is both affected and able to respond?

- We often have interventions that are exclusionary, siloed and inefficient.
- We may not realize that we cannot have a true whole-of-society response without a real
  whole-of-society approach.
- We may think we have all the expertise and know-how as health professionals and overlook the expertise and knowledge of local partners.
- We may waste time re-inventing the wheel and repeating past mistakes.



### The Keystone

Networks / communities are the keystone for all health interventions.

We may have all the other stones in place like vaccines, PHSM, surveillance, laboratories, etc. but without the trust and inclusion of the people affected the system cannot bear the weight of the shock / emergency / infodemic.



Trust takes years to build, seconds to break, and forever to repair



### Why working with networks is critical

- Communities are where trust is built
  - oParticularly in times of crisis and uncertainty people turn to those who have remained trustworthy over time, such as network and community leaders.
- Global networks represent and include large populations of the world
  - oFor example, 84% of the 2010 world population was religiously affiliated adults and children (Pew Research Center's Forum on Religion & Public Life)
- Network and community leaders are influential conduits of information and collaboration
  - oLeaders of networks and communities are influential 'glue'- holding communities together in health emergencies and critical voices to help guide and lead people through this crisis and prepare for the next
- Networks represent the needs, concerns and experiences of different communities
  - oFor example, within the World of Work employer associations, labor unions, HR networks etc.

### **Types of Networks**

#### Faith

oA diverse group of faith leaders, FBOs, partners and faith communities of different traditions play important roles in society: spiritual support and delivering services; Increasing social cohesion and building resilience; and communication and advocacy activities in support of the most vulnerable

#### Youth

oYoung people now will be future leaders in this recovery and preparedness – as the current leaders in global health, we have a great obligation to include them in the decisions now that will impact their future.

#### Health in the World of Work

oDecisions made in the world of work – by employers, workers, businesses, supply chains, labour and public health authorities, and essential economic sectors have significant impact both on people's health and livelihoods

What other networks are there?

### Methodology for engaging networks

Engage and strengthen collaboration with global networks for emergency preparedness and response

- 1. Recognize and promote a whole-of-society approach that ensures a diverse representation emphasizing unity, equity and solidarity
- 2. Convene networks so that community leaders and decision-makers can access trustworthy information and share best practices for pandemic preparedness and response
- 3. Co-create tailored products, webinars and solutions with key communities that address the infodemic and are guided by evidence
- 4. Engage with communities to share accurate information and build resiliency to misinformation, thereby strengthening their role in health emergency preparedness and response

### Building meaningful relationships – possible steps

#### Stakeholder / Network mapping

Who is part of this Network - ensuring diversity and broad representation

#### Bilateral briefing and introduction

- Online/in-person meeting with the Network to understand each other's work, shared goals, expertise, etc.
- Listen and learn about Network members' experience, history and knowledge

#### Establishing a modus operandi

Informal/informal Network – agreed and shared TORs, meeting management (frequency & format), due diligence if necessary

### Work planning

- Shared goals, objectives, projects and timelines
- Complementarity
- Establish Communities of Practice (COPs) if useful
- Change the world together!



### Challenges

- Each network has a unique context, infrastructure, and different needs/expectations
  - The EPI-WIN methodology aims to be responsive to these differences
- WHO is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable. The EPI-WIN Networks, are an embodiment of this mandate but successful, intersectoral, cross-country collaboration is complex
  - We aim to always collaborate both with networks and corresponding regional and country offices
- The WHO has a long history of community engagement and collaboration with civil society and different sectors, however, this work is sometimes fragmented across time periods or health topics
  - oWe're building and formalizing inclusive partnerships within the organization to create sustainable, coordinated mechanisms of engagement, while also ensuring our work remains meaningful





# Case study: WHO Faith Network

Closed technical briefings to known faith partners



Established three different thematic Communities of Practice



Ongoing expansion using snowball methodology



Co-create guidance, webinars, comms



Key projects strengthen the partnership



Formalized WHO Faith Network



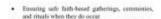
Ongoing work with **COPs** and new projects

Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19

Interim guidance 7 April 2020



Religious lenders, faith-based organizations, and faith communities can play a major role in saving lives and reducing illness related to COVID-19.1 They are a primary source of support, comfort, guidance, and direct health care and social service, for the communities they serve. Religious leaders of faith-based organizations and communities of faith can share health information to protect their own member



- · Strengthening mental and spiritual health, wellbeing and resilience, through individual contact (while observing appropriate physical distancing) and through social and other communications media
- · Ensuring that a human-rights-based approach to advocacy, messaging, and service delivery is systematically upheld

World Health Organization strategy for engaging religious leaders, faith-based organizations and faith communities in

World Health Organization





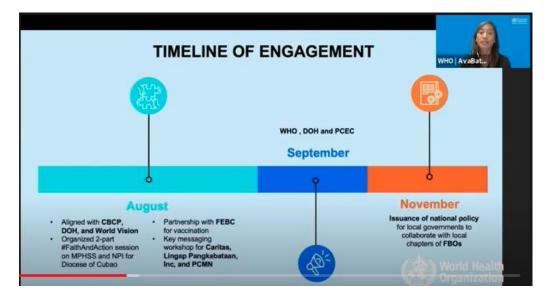






### Models of Collaboration: The Philippines

- Together the Department of Health, WHO and faith partners identified ways to help religious institutions protect their communities during COVID-19
- Working at national and local levels, faithbased organizations and the government created memoranda of agreement that laid out specific roles best suited to the assets of each partner
- Faith partners' actions: transportation services for front line workers, supplying food and isolation shelters, lending places of worship for vaccine clinics, adapting messages into plain and first-languages, and offering services for psychosocial health.







### The WHY of Engaging Faith Networks

- 1. In the Philippines, disasters are getting more devastating, and detrimental to peripheral communities.
- 2. Responding to disasters, including health emergencies **needs** a more organized response by ALL.
- 3. It's everybody's business! We need to mobilize all sectors of the community to become effective and resilient.
- 4. Faith organizations (FBOs) have done a lot in humanitarian response





Especially the Catholic Church, through Caritas Philippines, has well-instituted structures: from the dioceses to the parishes and up to the grassroots through Basic Ecclesial Communities (BECs) Caritas Philippines serves as a social initiator and facilitator of principled cooperation with and between the government and other partners (DOH and WHO in this case)







# 3 Guiding Principles - Engaging Networks in the Field

### 1. Partnership

Preparing and responding to health emergencies requires a whole-of-society approach both during the response and in "peace-time'. This requires building on historical relationships and forming new.

### 2. Listening and two-way dialogue

Listening to the experiences of networks and the public informs what information is needed and the best way to share it.

Clear and continuous conversation with networks provides feedback to enable agile and responsive work.

### 3. Mutual respect

Recognizing and respecting the value of complementary strengths and different experiences within each partnership.



### 3 Best Practices - Engaging Networks in the Field

#### Be open and transparent

Communicating frankly and clearly, acknowledging uncertainty, and sharing knowledge as it emerges.

### 2. Be adaptive

Tailoring engagement according to the needs and concerns of each network and being willing to change as circumstances evolve.

#### Be humble

Meaningful collaboration requires a willingness to see and do things differently as new perspectives and possibilities arise.





### Metrics and evaluation

**Case studies** that capture the strengths and acknowledge the weakness of the relationship

- Are you routinely and systematically engaging with community leaders and networks?
- Do you include a diverse group of stakeholders in your consultations, planning, strategy-design and response?
- Have your strategies and implementation been informed by the Networks you work with?
- Are the products, guidance, and solutions co-created and co-owned?
- Have baseline, mid-term, and ongoing surveys/reviews show an increase in trust, collaboration and effective outcomes?

### Actions You Can Take to Engage Networks in Different Operating Environments

#### **Mountain Bike**

- Include local Network members in health system and health emergency planning
- Invite Networks to have a seat at the table with other partners to ensure complementarity in everyone's aims and work
- Collaborate on shared initiatives and projects

#### Sturdy 4x4

- Do all of the above, and:
  - o Convene Networks regularly, even in 'peace' time
  - Develop joint TORs / strategies that strengthen the partnership
  - Establish relevant Communities of Practice
  - Document your joint work

#### Luxury Vehicle

- Do all of the above, and:
  - Integrate Network interventions with the organization's
  - Host Dialogue Days and/or a conference with your Networks to document lessons learned and best practices
  - Engage and/or expand multiple local and national Networks



Bigger vehicle = larger toolbox of interventions, more ways of promoting vaccine demand and mitigating the infodemic



### Key messages

- WHO, agencies, nations, partners and people need to work together to promote health, keep the world safe and serve the vulnerable especially during health emergencies –
  - Networks enable this
- 2. Networks are communities convened around a common history, values, objectives or interests
  - Each network brings a unique contribution to emergency preparedness and response
- Building and maintaining trust, partnerships, capacities and systems starts before a health emergency
  - Engagement must be sustained, trust must be nurtured





### Resources

- Strengthening partnerships with the faith community
  - <u>Webpage with guidance and publications</u>
- WHO and Religions for Peace global conference on strengthening national responses to health emergencies
  - Archives of sessions, panelists, objectives
- World Health Organization strategy for engaging religious leaders, faith-based organizations and faith communities in health emergencies
  - Strategy document
- Report of the world of work dialogue
  - o<u>Publication</u>

