

Role of community engagement in situations of extensive community transmission of COVID-19

Interim guidance

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1. Introduction

1.1 Background

The coronavirus disease 2019 (COVID-19) pandemic has had vastly different effects across countries, with governments across the world taking diverse measures.

Community engagement for health is “a process of developing relationships that enable people of a community and organizations to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes” (1). Through community engagement for health, the community is not a passive actor but rather has an active role in addressing and helping to resolve health issues (2,3). Past viral public health emergencies of international concern, such as the 2014 Ebola outbreak, have highlighted the importance of engaging communities early and meaningfully to best prepare for and respond to community transmission, particularly in settings where the health systems are at risk of being saturated or overwhelmed (4,5). Trust building is central to the practice and success of community engagement.

In situations of extensive community transmission of COVID-19, countries will need to rely not just on the resilience of their health systems but also on the participation of communities to prevent and manage the pandemic through public health and social measures (6).

Community engagement serves to maximize the effectiveness of COVID-19 preparedness, response and recovery strategies to prevent and contain transmission at the community level. Community engagement can also support the health sector to prepare for and respond to the needs and challenges of different populations in contextually relevant ways, as well as addressing

health and gender inequalities during and beyond the pandemic.

This interim guidance on community engagement complements other World Health Organization (WHO) issued technical guidance on responding to COVID-19 (7).

1.2 Target audience

This document is directed at WHO country offices and national and subnational health authorities. The information may also be of use to partners, including community leaders and influencers, international agencies, civil society organizations, nongovernmental organizations (NGOs) and stakeholders from other sectors.

2. Community engagement actions

In the WHO Western Pacific Region, the four priorities for community engagement in situations of extensive community transmission of COVID-19 are:

1. **Further strengthen existing partnerships and establish new partnerships to reach and engage with wider community networks** with the aim of strengthening trust with community leaders, communities and key vulnerable populations.
2. **Further strengthen community governance structures to leverage existing mechanisms and build capacity among national and local stakeholders** in engaging, empowering and supporting communities in national and local COVID-19 response efforts.
3. **Optimize the role of community health-care workers engaging with communities**, including in surveillance and (quantitative and qualitative) data collection efforts and community-based participatory methodologies.

4. **Increase systematic engagement with vulnerable groups** to ensure response measures are better tailored to meet their needs.

Principles for institutionalizing community engagement for health (4)

1. Engage with and promote the empowerment of communities to build viable and resilient community health systems (systems based on health workers who provide direct or indirect care to people in their community and whom the community trust) with strong links to other relevant sectors.
2. Encourage communities and civil society to hold the health system accountable.
3. Implement community health programmes, guided by national policy and local context.
4. Ensure sufficient and sustainable financing for community health systems.
5. Programme efforts to reduce health and gender inequalities.
6. Ensure that communities facing humanitarian crises receive essential health care.
7. Invest in the development of inclusive partnerships to leverage and coordinate diverse civil society and private sector actors to support national acceleration plans and enable communities to shape and support the implementation of policies.
8. Integrate community-level data into formal health information and surveillance systems, promoting investment in innovative technologies.
9. Use practical and shared learning to identify, sustain and scale up effective community interventions and provide opportunities for country-to-country sharing of learnings and best practices.

Translating these priorities into action requires the health sector to institutionalize and operationalize community engagement for health in its way of working. To do so, the health sector needs to prepare for and respond to health issues and emergencies such as COVID-19 through: a systems approach to community health (where community health workers are empowered and supported by engaged communities); adequate financing for community health (by investing in community health workers and systems); and policy-making processes that actively engage communities (especially those living in vulnerable situations) to influence health policies (3).

In institutionalizing community engagement, the health sector is encouraged to follow principles that work towards community participation, collaboration and empowerment, using a gender and equity lens.

2.1 Strengthen existing partnerships and establish new partnerships to reach and engage with a wider range of community networks

This priority action is founded on strengthening trust with community leaders, partners and communities. Working with partners and leaders that communities are familiar with and trust allows the health sector to reach and engage with diverse, representative and vulnerable communities (4).

2.1.1 Identify and establish communication with strategic community networks and partners

- Conduct a mapping exercise of existing community partners and networks to identify and review strategic partnerships to support the COVID-19 response, especially to reach and engage diverse communities.
- Such partners include:
 - **Government agencies** at national, subnational and local levels, including existing intersectoral mechanisms and sectors beyond health.
 - **Existing risk communication and community engagement, health promotion and/or social mobilization networks**, including population-specific networks (women's rights, migrants, people living with disabilities, young

- people, older adults, students, etc.), networks for the response to humanitarian crises, and networks for other diseases (malaria, HIV/AIDS, poliomyelitis, tuberculosis, etc.).
- **International, national and regional agencies and NGOs.** Depending on the country setting, these organizations likely include United Nations agencies, especially the United Nations Children’s Fund (UNICEF), the Red Cross and Red Crescent network, and other major national and international NGOs.
- **WHO collaborating centres** and their networks, which may be connected with diverse local, national and international communities through their own partnerships.
- **Healthy settings networks** such as health promoting workplaces, universities and schools, healthy cities and other established networks.
- **Professional networks** such as medical and health worker organizations, especially those that extend to the community health workers’ level.
- **Institutions with membership and presence extending to the community level,** including schools, universities, principals, teachers, faith-based organizations and community centres.
- **Community and civil society organizations,** in particular faith-based organizations, community-based organizations, older persons’ associations, civic minority groups, women’s and children’s rights organizations, and service organizations such as Rotary Clubs.
- **Networks of informal sector businesses,** community-owned enterprises, and small and medium-sized enterprises.
- **Employee and employer organizations,** including labour unions, professional associations and confederations of industry.
- **Organizations in informal settlements,** such as community centres, slum development organizations, and shelters for people who are experiencing homelessness or gender-based violence.

- **Informal community networks,** such as for people who are undocumented and/or migrants, people experiencing homelessness, workers in the informal economy, and other population groups in situations of vulnerability.
- **Online communities,** such as social media groups for young people, people with disabilities, migrants, mental health support and neighbourhood watch.

2.1.2 Ensure two-way communication systems are in place for engagement

Two-way communication and engagement systems can enable community voices to be heard and responded to, thus empowering communities, particularly those living in vulnerable situations. These systems can provide an opportunity for communities to offer feedback and play an active role in the planning, implementation and evaluation of COVID-19 strategies and solutions, as well as to capture, understand and appropriately dispel myths, rumours and misinformation. These insights can be used to develop localized response interventions and solutions that are available, accessible and acceptable to diverse and vulnerable populations.

- Strengthen communication between relevant governmental stakeholders to allow for cross-sectoral collaboration and thus consistency of messaging delivered to communities by these different stakeholders.
- Work with risk communication teams to ensure there are reliable sources of information for communities that are in the appropriate languages, have clear messages and are accessible by using diverse channels, such as audio and visual materials.
- Develop and strengthen listening and feedback loops to address specific needs, concerns and challenges (e.g. physical distancing, schooling, alternatives to religious gatherings, or alternatives for handwashing if there is no access to water or soap). Feedback loops can be initiated through dialogue, surveys, polling, rapid focus group feedback, social media listening and platforms, informal information services and media monitoring, telephone hotlines and call centres, and

systematic and standard text messaging from telephone service providers or emergency communication networks.

- Be transparent in explaining to the community how community feedback and insights will be used and the various scenarios or changes that may arise as a result of their participation. In situations where no changes arise, explain to the community why this was the case in order to not deter them from engaging in future activities.
- Build the capacity of community representatives, leaders and caregivers to disseminate information and facilitate dialogue, as well as how to use listening mechanisms to capture the feedback, concerns, barriers, experiences, perceptions, needs and suggestions of communities. Capacity-building should include specialized engagement based on specific needs of groups (including people with visual, hearing, intellectual and physical impairments).
- With community members, co-design relevant, context-appropriate communication tools and approaches (megaphones, radio commercials or jingles, community theatre, posters, leaflets, etc.) in local languages to encourage communities to practise protective behaviours, taking gender and equity concerns into consideration.
- Periodically reach out to community workers for their insights on frequently asked questions or misperceptions within communities.
- Support and encourage targeted research to establish baseline information on community structures, values, beliefs, knowledge and attitudes. Continue monitoring developments of these baselines over time.

2.1.3 Further strengthen or establish collaborations with key partners and community networks (3,8)

- Define and plan how stakeholders will form and sustain a partnership:
 - Identify and clarify stakeholders participating in a partnership and delineate roles and responsibilities based on capabilities to form and support the partnership. Jointly revise, as necessary, the partnership's vision and mission.

- State the objectives and required resources to accomplish the objectives.
- Identify potential barriers or risks to the success of the partnership and consider mitigation strategies.
- Identify the financial resources, funding sources and infrastructure needed to support the partnership activities.
- Communicate regularly to stay abreast of any significant changes, such as the structure of the partner organization.
- Meaningfully engage community leaders, influencers and members in decision-making dialogues, particularly those representing vulnerable population groups.
 - Invite a diverse set of community leaders (e.g. people from different genders, ethnic and religious groups, immigration status etc.) and influencers to partake in dialogues on matters that affect their communities.
 - Hold regular meetings (virtually, if possible, or in line with COVID-19 guidelines) to establish two-way communication pathways and enable participants to voice concerns about COVID-19.
 - Share relevant COVID-19 information as it becomes available (via a host of different platforms including posters in local languages, radio commercials or jingles, radio and TV shows, mass text messages, community theatre, social media, public forums, etc.).
 - Develop a system for recording and integrating community concerns and suggestions for the COVID-19 response in planning and communication strategies. Community feedback that is not immediately integrated into plans should be regularly reviewed and considered in future strategies.
- Continue to clarify roles, responsibilities and objectives of the partnership, and make relevant revisions as the context changes and the pandemic unfolds.
- Practise humility, respect and curiosity. For example, reflect on lessons learnt from partners and community networks.
- Develop a coordination mechanism for enhanced collaboration and accountability to

periodically assess the effectiveness and implementation of strategies and the partnership.

- Support and celebrate each other's achievements throughout the process.
- Be mindful of both engagement and pandemic fatigue within the community.
 - Cross-coordinate planning activities across organizations to ensure that activities are not duplicative and identify synergies. For example, plan joint engagement activities between organizations so that community members need only be engaged for a single event rather than multiple ones.
 - Consider activities that are most convenient for members to take part in.
 - If a planned activity lasts a whole day or multiple days, ensure there are sufficient opportunities for community members to recharge and prioritize agenda items to attend to.

2.2 Further strengthen community governance structures to leverage existing mechanisms and build capacity among national and local stakeholders

This priority action can enable the health sector to leverage existing mechanisms and build capacity among national and local stakeholders in engaging, empowering and supporting communities in national and local COVID-19 response efforts. This will increase community ownership of COVID-19 prevention and response and will consequently strengthen trust (3) and promote uptake of recommended protective behaviours. Strong relationships between local health centres and community leaders are an important channel to engage communities in local health responses. It involves harnessing the support of community leaders to mobilize resources needed to implement comprehensive public health interventions, such as quarantine and contact tracing.

2.2.1 Engage communities through existing mechanisms

- Leverage existing cross-sectoral coordination mechanisms to engage COVID-19 responders and stakeholders to allow for representation

from delegates across the national, subnational and local levels and sectors beyond health.

- Strengthen relationships with networks of mayors and other local government leaders to enable capacity for community engagement.
 - Collect questions and concerns from mayors and local leaders and integrate the issues they raise in planning COVID-19 preparedness and response.
 - Communicate with networks of mayors and local leaders (via age-friendly cities, healthy cities, healthy islands, smart cities, sustainable cities, etc.) through telephone, videoconference and other accessible formats.
 - Provide mayors and local leaders with relevant information to support their compliance with national and international guidance regarding COVID-19.
 - Facilitate decision-making dialogues with constituents regarding potential repurposing of public or common spaces (e.g. school buildings, community centres) to support isolation of people with mild or no symptoms.
 - Create virtual platforms, facilitate dialogues or install suggestion boxes in common spaces, such as markets, to enable local authorities to receive inputs from local communities and provide feedback.
 - Encourage the establishment of accountability mechanisms to track the responses of mayors and local leaders to community suggestions and feedback.
 - Support mayors and local leaders in addressing community suggestions and feedback, including by providing technical guidance on COVID-19-related topics.
 - Provide technical guidance for mayors and local leaders to work with community health workers in managing isolation and quarantine procedures that enable the use of non-clinical spaces for individuals with mild or no symptoms, taking into consideration social norms that may impact whether the space is appropriate (e.g. co-ed or single gender facilities).

- Work with faith-based communities.
 - Convene (virtually or with appropriate COVID-19-related guidelines) faith-based community leaders to establish two-way communication with them.
 - Collect questions and concerns from faith-based leaders and integrate the issues they raise in planning for COVID-19 preparedness and response.
 - Provide faith-based leaders with relevant information to support their compliance with relevant guidance regarding COVID-19.
 - Create virtual platforms, facilitate dialogues or install suggestion boxes in places of worship to receive inputs from faith-based communities and provide feedback.
 - Facilitate decision-making dialogues with faith-based community members regarding potential repurposing of public or common spaces (e.g. places of worship) to support isolation of people with mild or no symptoms.
- Work with neighbourhood and village communities.
 - Gather (virtually or with appropriate COVID-19-related guidelines) neighbours to discuss local measures and recommendations for the prevention of and response to COVID-19.
 - Support the establishment of “neighbourhood health watch systems” to enable people to support one another to improve the health and well-being of their communities and to prevent transmission of COVID-19 in susceptible groups (e.g. encourage younger adults to shop for groceries for older adults).
 - Facilitate decision-making dialogues with neighbours and villagers regarding potential repurposing of public or common spaces (e.g. school buildings, community centres) to support isolation of people with mild or no symptoms.
 - Involve neighbours and villagers in discussions regarding redistribution of local financial resources for community emergency funds to support individuals and families who are in isolation, quarantine or the hospital for COVID-19.

2.2.2 Provide training for local authorities and community members (especially when movement restrictions are in place) to ensure they have up-to-date information that they can share with the community

- Local authorities may include city councillors, the police, local health committees, volunteer groups and representatives of essential businesses.
- Organize capacity-building workshops for local authorities so that they are trained to provide accurate and relevant information regarding COVID-19 to communities, such as how to recognize symptoms, prevent infection and respond using rights-based, gender-responsive and equity-oriented approaches.
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- Send regular updates and information to local authorities to keep them updated on new policy developments (e.g. through a mailing list or a group on a messaging platform).
- Establish systems for communities to provide feedback about their experiences of engaging with local authorities to promote positive and constructive interactions, with a focus on groups that are typically marginalized.
 - Install suggestion boxes in areas of community interaction.
 - Develop a survey which people can respond to online or in person (e.g. through suggestion boxes).
 - Analyse the findings and develop recommendations.
- Build capacity on how to facilitate open dialogue with community members regarding current local, regional and national responses to COVID-19. These sessions can also be used to engage communities to strengthen trust between communities and local authorities and to identify and address concerns around adhering to local COVID-19 guidelines. Remember to include gender and equity considerations in the sessions.
- Prepare offline and online ready-to-use products to guide local authorities in how to engage communities to make decisions regarding measures and recommendations relevant to people’s behaviour (e.g. guidance on establishing hotlines or telehealth services, conducting safe and respectful burials (12)

and providing care for people with disabilities).

- Check in with local authorities regularly to identify what resources and supplies would need to be distributed to enable uptake of public health and social measures.
 - Provide support to listen to community needs and challenges, and distribute (or advocate the distribution of) items and resources relevant to the recommended protective behaviours (e.g. water and soap). For recommendations on addressing the needs and challenges of groups in situation of vulnerability, refer to relevant WHO guidance documents (9).

2.3 Optimize the role of community health workers engaging with communities

Community workers are often role models in the community and people look to them for guidance and public health advice. Health care workers, because of their medical knowledge and status in the community, are trusted voices with advanced health literacy – and therefore powerful messengers during public health emergencies. They also have a comprehensive understanding of context-specific behaviours and barriers. Community health workers, because they work directly with individuals, families and caretakers in the community and indirectly, such as in laboratories and pharmacies, play an influential role in the pandemic response. For true resilience and effective engagement, trust must cover both the indirect and direct aspects of care delivery. By optimizing the role of community health workers (formal or informal, such as nurses, midwives, doctors, nursing assistants, village health volunteers and health promoters) in how they engage with communities, this will reduce the burden posed by COVID-19 on the health system, while also improving compliance with local COVID-19 restrictions and strengthening trust between communities and the health sector. For example, they can help strengthen coordination between communities and local health authorities to improve health surveillance systems, (quantitative and qualitative) data collection efforts, and community-based participatory methodologies.

2.3.1 Build the capacity of community health workers to optimize their role in engaging communities for COVID-19 management

- Build the capacity of community health workers to manage outpatients with mild symptoms, using careful clinical judgement and assessing the safety of patients' home environment until the symptoms have resolved (10).
- Provide technical guidance for community health workers to work with local authorities to support processes that enable isolation and quarantine, centring on gender and equity concerns.
- Provide technical guidance on the delivery of services that use gender-responsive, equity-oriented, human rights-based and inclusive approaches. Build community workers' capacity to conduct barriers assessments, perform risk assessments and map vulnerable groups to ensure response measures are equitable, accessible and acceptable, taking into account local norms, knowledge and practices.

2.3.2 Encourage community health workers to build and maintain trust with community members (respectful and friendly demeanour, appropriate attire, etc.) and involve community health workers in surveillance and data collection efforts and community-based participatory methodologies

- Provide community health workers with tools that enable them to share accurate information about COVID-19 with their communities (taking into consideration people's gender and age, among other social determinants).
- Build capacity among community health workers to include them in surveillance and (quantitative and qualitative) data collection efforts. They can collect and report data disaggregated by at least sex and age. If possible, data should be reported on important dimensions of inequality, including socioeconomic status, geographical location, ethnicity, migration status, education level and gender.
- Provide training to community health workers in community-based participatory methodologies, including intersectional

approaches that consider gender, equity and other social determinants of health.

- Appoint trained community health workers and/or volunteers to support contact tracing and provide direct or indirect care to people in their communities, as well as advice to the public (10).
- Use community health workers and partners to gather data from multiple sources of information, including traditional surveillance systems and informal information, to identify cases, contacts, clusters and high-risk settings.
- Monitor the intensity and pattern of COVID-19 spread in vulnerable populations in a manner that respects rights, is culturally sensitive and addresses the concerns (e.g. emphasize collecting de-identified data to assuage fear of detention) of marginalized populations.
- Enhance reporting and expand contact tracing in vulnerable populations by engaging and training staff and volunteers working in shelters, long-term care institutions, prisons, and other closed facilities. Ensure that reporting is not carried out in a targeted, discriminatory or coercive manner. Efforts should be made to engage, train and use contact tracers from the same or similar vulnerable population to build and maintain trust with communities.

2.3.3 Draw on community health workers to monitor and evaluate the effectiveness and appropriateness of community engagement for COVID-19

- Conduct capacity-building workshops for community health workers to facilitate online and offline community dialogues and forums on COVID-19.
- Develop and strengthen a monitoring, evaluation and learning system that draws upon the expertise of community health workers to monitor the progress of the process and outcome indicators related to community engagement and to understand the effectiveness and appropriateness of community engagement strategies for COVID-19.
- Document processes and results from community engagement within the context of COVID-19 and share these with other

communities and health authorities. These practices can inform and further develop context-sensitive ways to implement COVID-19 interventions that resonate with and empower communities.

- Celebrate milestones, to recognize and value the key roles of community health workers in addressing COVID-19. Recognition should be context specific and culturally appropriate.
- Support in developing and leading innovative practices to encourage the adoption of protective behaviours and creation of safe and protective environments using the findings from the monitoring, evaluation and learning system.

2.3.4 Protect and maintain the health and safety of community health workers when providing home care

- Supply community health workers and caregivers providing support in the home with the appropriate personal protective equipment (PPE) for the tasks that they are expected to perform and train them in PPE use and removal (11). Refer to the interim guidance on the rational use of PPE for COVID-19 and considerations during severe shortages (12) for reminders to keep community health workers safe.
- Appoint only trained community health workers to deliver health services at the community level and conduct home visits. Implement mandatory training for community health workers in basic infection prevention and control, what PPE to wear when conducting home visits, and guidance on how to care for patients as well as how to minimize the risk of infection, including training on important hygiene procedures and on recognizing signs that a COVID-19 patient's condition is worsening and that he or she needs to be sent to a health facility (11).
- Monitor all community health workers for signs and symptoms of infection after providing home care for suspected and/or confirmed cases (13).

2.4 Increase systematic engagement with vulnerable groups to ensure response measures are better tailored to meet their needs

Vulnerable populations may not have adequate access to government and social services, particularly during health emergencies, and are often excluded from national, subnational and local response and relief programmes. These vulnerable groups may also have had negative experiences with health and other authorities, which may have created a lack of trust in institutions. Many vulnerable populations are also not captured by existing institutional systems. Therefore, leveraging the expertise of trusted community organizations is imperative to reach vulnerable populations, to maintain the delivery of essential services, to provide key resources, and to reach, engage and empower vulnerable populations.

2.4.1 Representation of vulnerable groups in service delivery strategies

- Use organizations that are trusted and already work closely with vulnerable populations at the community level, such as community-based organizations, civil society organizations and NGOs, to represent the needs of vulnerable populations.
- Coordinate leaders, representatives, organizations and champions of vulnerable groups to ensure cohesive advocacy and outreach efforts. These efforts can be used to influence key decision-makers and encourage them to become policy champions to elevate the voices of vulnerable groups and embed their needs into governance structures, frameworks and systems.
- Adapt criteria for participation in decision-making forums to ensure adequate and fair representation of diverse population groups. National, subnational and local-level decision-making systems should all include community representation.
- Ensure that important feedback, concerns and suggestions raised by representatives of local vulnerable groups are incorporated into national and formal feedback and listening systems to tailor and inform decision-making

on COVID-19 response strategies at the highest level of government.

- Include representatives of vulnerable and at-risk groups in the consultation process for the development of action plans and strategies to recognize that disparities may exist between and within vulnerable populations and to facilitate the potential for community-driven solutions.
- Partner with community-level organizations to identify gaps and barriers in the delivery of essential services to vulnerable populations during the pandemic. Build capacity and fairly allocate resources, such as the redistribution of local financial resources for community emergency funds, to establish equitable and non-discriminatory alternatives to deliver medical care (e.g. mobile outreach clinics, eHealth) to reach people experiencing barriers to seeking health care.
- Identify and address stigmatization and discrimination associated with vulnerable groups by ensuring service providers are trained appropriately.

2.4.2 Tailor response strategies to address the specific needs of vulnerable groups

- Map out vulnerable groups according to their geographical location, available resources, health and gender inequities, potential comorbidities, preferred communication modes and health literacy in order to best understand their needs and priorities.
- Collaborate with representatives of vulnerable groups and community organizations to review and adapt WHO-recommended basic protective measures against COVID-19 for the public to the specific needs and concerns of vulnerable populations.
- In collaboration with relevant partners, where appropriate, create inclusive communications on COVID-19 tailored for key vulnerable populations (e.g. based on their preferred languages, most-used channels, literacy levels and types, and engaging trusted influencers). When possible, pilot and test messaging and materials with representatives of these groups before wide-scale roll-out.
- Communicate with the general public (and vulnerable populations) in a way that

promotes respect and solidarity, reduces stigma and builds support at all levels for cohesive and strategic response measures.

- Engage community-level organizations that work beyond the health sector and in informal settings to address intersecting vulnerabilities to develop a comprehensive pandemic response for all.

3. Next steps

Health ministries are encouraged to engage communities by ensuring risk communication and community engagement are institutionalized as a strategic and instrumental part of their national and subnational COVID-19 preparedness and response plans. They should also make sure that appropriate financial and human resources are allocated for the operationalization of risk communication and community engagement. In preparing for and responding to COVID-19, WHO country offices and health ministries have already taken significant steps to establish and strengthen partnerships with community networks, strengthen existing community governance structures and optimize the role of community health workers for surveillance and participatory-based data collection.

This interim guidance is not intended to be prescriptive but rather to provide suggestions to WHO country offices and health ministries, so they can quickly and effectively engage communities for COVID-19 responses in situations of widespread community transmission.

4. Guidance development

4.1 Acknowledgements

This document was developed by a guideline development group composed of staff from the WHO Regional Office for the Western Pacific (Social Determinants of Health/Violence Injury Prevention, Division of Healthy Environments and Populations).

4.2 Guidance development methods

This document was developed based on a review of relevant literature, consultative processes with WHO country offices, as well as guideline development group discussion and consensus.

4.3 Declaration of interests

Interests have been declared in line with WHO policy, and no conflicts of interest were identified from any of the contributors.

References

1. WHO community engagement framework for quality, people-centred and resilient health services. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/259280>).
2. Ellis G, Walton S. Building partnerships between local health departments and communities: Case studies in capacity building and cultural humility. In: Mikler M, editor. Community organizing and community building for health and welfare. New Brunswick (NJ): Rutgers University Press; 2012:130–47.
3. Labonte R. Community, community development and the forming of authentic partnerships. In: Mikler M, editor. Community organizing and community building for health and welfare. New Brunswick (NJ): Rutgers University Press; 2012:95–109.
4. Zambruni JP, Rasanathan K, Hipgrave D, Miller NP, Momanyi M, Pearson L, Rio D, Romedenne M, Singh S, Young M, Peterson S. Community health systems: allowing community health workers to emerge from the shadows. *The Lancet Global Health*. 2017 Sep 1;5(9):e866–7.
5. Munodawafa D, Moeti MR, Phori PM, Fawcett SB, Hassaballa I, Sepers C, Reed FD, Schultz JA, Chiriseri ET. Monitoring and evaluating the Ebola response effort in two Liberian communities. *Journal of Community Health*. 2018 Apr 1;43(2):321–7.
6. Preparing for large-scale community transmission of COVID-19. Manila: WHO Regional Office for the Western Pacific; 2020 (<https://iris.wpro.who.int/handle/10665.1/14493>).
7. Coronavirus disease (COVID-19) advice for the public [webpage] Geneva: World Health Organization; 2020 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>).
8. Creating and maintaining coalitions and partnerships [webpage]. Kansas: WHO Collaborating Centre for Community Health and Development at the University of Kansas; 2020 (<https://ctb.ku.edu/en/creating-and-maintaining-coalitions-and-partnerships>).
9. Priority actions to care for and protect vulnerable people during community transmission of COVID-19. Manila: WHO Regional Office for the Western Pacific; forthcoming.
10. Role of primary care in the COVID-19 response. Manila: WHO Regional Office for the Western Pacific; 2020 (<http://iris.wpro.who.int/handle/10665.1/14510>).
11. Home care for patients with suspected or confirmed COVID-19 and management of their contacts: interim guidance. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/333782>).
12. Rational use of personal protective equipment for COVID-19 and considerations during severe shortages interim guidance. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/338033>).
13. Prevention, identification and management of health worker infection in the context of COVID-19: interim guidance. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/336265>).

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