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# Rapid Review of Community Engagement and Social Mobilization Strategies for COVID-19 Response <sup>1</sup>

Study Description

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**Description:** This document describes the background and methodology for a rapid review of evidence on interventions intended to mobilize community-level action to control infectious disease outbreaks in low resource and humanitarian contexts. The primary aims of this project are to provide a critical analysis of current evidence on community engagement in preparing for or responding to infectious disease outbreaks and other emergencies; and to identify approaches and practices that can inform efforts to address COVID-19-related risks in low resource settings. In addition to documenting lessons and potential good practices from past crises, we will identify critical gaps in current evidence.

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<sup>1</sup> This document is evolving due to the nature of the COVID-19 response and will be updated.

## **Background:**

*The Central Role of Social Interventions in COVID-19 Response:* The COVID-19 pandemic presents an unprecedented global event, requiring both rapid local action and long-term international coordination to slow transmission, and to mitigate the broader health, economic and social impacts of the crisis as a whole. Because there is no vaccine or treatment, “non-pharmaceutical,” measures, such as handwashing and physical distancing offer the only viable strategies for slowing transmission (Cowling et al., 2020; Pan et al., 2020; Prem et al., 2020). Many governments have acted rapidly to introduce new public education campaigns, and to promote or impose a range of measures intended to reduce contact, including closing schools and businesses, imposing travel restrictions and curfews, and limiting the size of social gatherings (Favas et al., 2020).

While specific policies or behavioral measures may vary in effectiveness, they must account for the lack of essential physical infrastructure and social dynamics in settings such as urban slums and informal peri-urban settlements, refugee or internally displaced persons (IDP) camps, or in poor rural communities (Favas et al., 2020; OCHA, 2020; van Zandvoort et al., 2020; World Health Organization, 2020b). At the same time, the crisis threatens to have a disproportionate effect on poor communities, and to exacerbate existing inequities in access to education, health care and social services (OCHA, 2020; Vegas, 2020). This makes responsive, community-engaged action an urgent priority, and creates a need for need to be sustainable, as both structural and social conditions may worsen as successive waves of outbreaks place new strain on health, economic, and social infrastructure, and fatigue with onerous restrictions grows.

### *Existing Principles and Commitments for Engaging Communities:*

Many leading humanitarian response agencies, global health officials, and health researchers have invoked “community engagement” as a critical source of lessons from recent health crises, such as Ebola outbreaks in West Africa and the Democratic Republic of Congo to apply to the current crisis (Africa Renewal, 2020; IRC, 2020; Lau et al., 2020). Perhaps drawing on these lessons, global guidance on the COVID-19 response reflects a commitment to prioritize community level action. Technical guidance documents highlight commitments to “community engagement,” and underscore the importance of linking community and health systems-based approaches to ensure equitable access to services and resources. For example, World Health Organization (WHO) guidance for national response planning includes a stand-alone guidance document on risk communication and community engagement (RCCE), stressing their value in countering harmful misinformation, among other functions (World Health Organization, 2020a).

Groups that set standards and provide guidance for humanitarian response, such as partners convened around the Sphere Standards, and the United Nations and humanitarian partners that make up the Inter-Agency Standing Group (IASC), have underscored the central role of communities in their COVID-19 guidance. For example, the COVID-19 guidance on using the Sphere Standards in COVID-19 response emphasizes the value of identifying and working with key “interest groups,” such as women’s networks, to build trust and facilitate participation in COVID-19 control measures (Sphere Group, 2020). Additional guidance highlights the value of these approaches for preserving social cohesion and mitigating the risks such as discrimination and violence in household and public space that may arise as secondary effects of

the crisis and control measures. For example, the IASC underscores the importance of community mobilization “to counter stigmatization and xenophobia,” and gender-based violence. (IASC, 2020).

### ***Why is this Review Necessary?***

Both community-engagement and social mobilization efforts that specifically support the delivery of COVID-specific control and mitigation measures and those that build broader social solidarity under constrained circumstances will only become more important as the pandemic evolves. Indeed, early data from the United States suggest that along with structural constraints, “social distancing inertia” or fatigue, contradictory messaging from authorities and organized opposition all may jeopardize control measures (COVID-19 Project Team, 2020; Shaver, 2020). However, despite the official recognition of the value of community engagement, there is still limited evidence-based guidance or standards for what effective community engagement or social mobilization efforts should entail, nor how this may differ by setting, or adapted to include specific groups with a community.

There are likely to be many approaches, suited to different groups, contexts, and aspects of the COVID crisis, but no one-size fits all solution. In order to determine what approaches may be suited to addressing both direct risks of COVID-19 transmission and secondary effects, it is imperative to gather evidence from past outbreaks and emergency contexts that carry similar epidemiological and social features to the present crisis.

### ***Who is this Review for?***

Practitioners involved in setting up and implementing COVID-19 control strategies for government and non-governmental organizations, and the communities they aim to serve will benefit from an outline of existing interventions and their lessons. In addition, researchers involved in formative research for intervention designs, needs assessments, and evaluation measures for control strategies will benefit from the consolidated evidence and recommendations that come from this review.

### **Key Aim and Research Questions:**

The primary aim of this project is to provide a critical analysis of current evidence on community engagement in preparing for or responding to infectious disease outbreaks; and identify approaches and practices that can inform efforts to address COVID-19-related risks in low resource settings. We will review literature to answer three related research questions:

- What engagement strategies have been effective, for whom, and in what contexts in past crises, in facilitating shared and individual behavior change for prevention outbreak control measures?
- What does evidence show about the feasibility and effectiveness of approaches that engage specific community groups, such as gatekeepers and religious leaders, grassroots or community service organizations, or women’s groups in outbreak response and control measures?
- What strategies have been effective—or ineffective—in promoting social cohesion and build solidarity in the context of constraints on travel and in-person gathering?

## Methodology

This rapid review will draw on an integrative review methodology (Whittemore & Knafelz, 2005). This approach allows for the inclusion of both qualitative and quantitative research. Consistent with this approach, the review will combine a comprehensive literature search, supported by an additional purposive sampling approach. A set of inclusion and exclusion criteria will be applied to identify articles. We will also draw on established procedures (Moher et al., 2009) for assessing quality of evidence, such as methodological rigor and potential sources of bias, although these will be adapted to allow for inclusion of the diverse evaluation and assessment methods that may be appropriate to studying interventions delivered in the context of health crises. We will then critically analyze the evidence in the included studies and synthesize the evidence to answer to our research questions.

### 1. Search Strategy:

A. General search: Recognizing that “community engagement” and “social mobilization” are just two of many terms used, often interchangeably, to refer to a set of relevant approaches, we will use a set of common terms used to identify the community as either the location or object of interventions. In addition, as a result of both advances in communication technology, the nature of both crises and response has changed. The rapid adoption of mobile phones has enabled rapid communication and engagement, on one hand; while also allowing for rapid spread of misinformation, and exacerbating social and economic disparities in access and participation on the other (IASG, 2020; World Health Organization, 2020a). We will limit this search to research on interventions used to respond to infectious disease outbreaks since 2010 (*see Table 1 for search terms*).

<b><i>Social Intervention Strategies and Aims</i></b>	<b><i>AND</i></b>	<b><i>Disease or Outbreak Context</i></b>
Community action		Infectious disease outbreak; emerging infectious disease; epidemic; pandemic
Community-based		Chikungunya
Community-building		Cholera
Community-centered		Ebola
Community-driven		HIV; HIV/AIDS

Community education	Influenza, flu
Community engagement; community engagement and accountability	Lassa fever
Community-led	Measles
Community-managed	Meningitis
Community mobilization	MERS
Community sensitization	Neglected tropical disease
Community service organization; CSO	Polio
Sensitization	Respiratory infection
Social and behavior-change communication (SBCC)	Tuberculosis or TB
Social capital	Vaccination, vaccine-preventable
Social cohesion	Zika virus
Social inclusion	
Social mobilization	
Social network	
Social solidarity	

We will conduct this search on the following databases:

- Embase
- Google Scholar
- JSTOR
- PubMed

B. Purposive in-depth search: We will conduct a hand search of resources housed in key databases and journals to identify key resources from both past epidemics and emerging findings from the COVID-19 response by searching the following databases for resources using any of the above community engagement/social mobilization terms:

- *The Lancet* COVID-19 Resource Center and Ebola Resource Center
- Elsevier Novel Coronavirus Resource Directory and Ebola Resource center
- London School of Hygiene and Tropical Medicine - COVID-19 resources
- Johns Hopkins University COVID-19 Resources
- OCHA, UNHCR, World Bank and WHO databases on infectious disease outbreaks and response
- Journals: *Conflict and Health, Disasters, Epidemics*
- Ebola Response Anthropology Platform
- Harvard Humanitarian Initiative
- 3ie Evidence Hub

In this stage, we will use citations and study descriptions noted in research and commentary articles to identify additional published, peer-reviewed journal articles and grey literature that may meet the inclusion criteria outlined below.

**2. Identification of studies for inclusion.** We will review titles and abstracts of articles to select relevant studies for inclusion in the analysis according to the following criteria:

- **Inclusion:**
  - Data collection conducted in a low or middle income countries (LMICs) experiencing or preparing for a potential infectious disease outbreak
  - Peer-reviewed articles using primary or secondary data analysis
  - Research reports from grey literature cited in peer-reviewed publications and otherwise fulfilling standards of rigorous research: clear research questions, methods, sampling approach, and description of data collection and analysis
  - Explicitly identifies the community level as the setting for interventions
  - Assesses community engagement approaches intended to:
    - Increase participation in practices common to COVID-19 control (listed below);
    - OR promote public education about risks, protective measures, and/or policy aims
    - OR build social cohesion under conditions of limited mobility.
- **Exclusion:**
  - Grey literature lacking research questions, theory or hypothesis to apply to evaluation, description and justification of sampling approach, and methods used in data collection and analysis
  - Studies from high resource settings
  - Solely theoretical documents with no analysis of empirical data
  - Evaluations of facility-based interventions (e.g. hospital-based); mass media interventions; policy advocacy; effects of change; distribution of supplies; or structural interventions that lack a community engagement component; or trials of pharmaceutical interventions
  - Studies documenting social practices, norms or behaviors alone, with no intervention attached
  - Studies documenting interventions not relevant to the COVID-19 response

### **3. Data Extraction**

Articles that meet inclusion criteria will be reviewed and key components, including authorship, publication year, social/geographic setting, intervention methods.

***Categorization:*** We will group articles according to two central dimensions of community engagement or social mobilization programming:

***Definition of Community:*** We will take note of how the term “community,” is used by the researchers and in the intervention; and how issues of inclusion, representation or equitable participation of marginalized groups are described in the study. And, we will note whether this is clear for both the research and intervention, and, if so, whether these terms are consistent between the descriptions of research (e.g. through sampling and recruitment) and interventions.

*Common Social and Behavioral Change Measures for COVID-19 Control:* We will group articles detailing community engagement or social mobilization initiatives according to the specific social/behavioral measures they seek to promote. These include, but are not limited to:

- **Testing, contact tracing, and isolation:** This constitutes the first, most direct, strategy for isolating cases. Specific models may vary, but this approach centers on coordinated efforts to identify, test and/or monitor the symptoms of anyone who may have been exposed, then conduct follow-up to monitor isolation of those who are confirmed or suspected of having the virus.
- **Physical or “social” distancing:** These measures seek to manage the risk of a likely or ongoing outbreak, and are intended to change behaviors and social practices among the general public to reduce opportunities for transmission. They include government efforts to reduce contacts by focusing on institutional regulations: closing schools and “non-essential” businesses, or bans on sporting, religious, or cultural events; they also include measures aimed at individual or collective practices, such as restrictions on the number of people who can gather at once; curfews; limits on travel within and between cities or regions; mandates on maintaining distance in public spaces.
- **Shielding: home or community isolation of vulnerable groups:** These measures may be introduced in settings where contact tracing and/or widespread physical distancing are untenable. Government or camp authorities may direct isolation of individuals likely at risk of more severe effects, such as the elderly, either within their homes, or in a designated area of a camp or community, such as a “green zone.”
- **Hygiene:** This encompasses behavioral changes, such as increased, proper handwashing, use of hand sanitizer, and cleaning/sanitizing of surfaces in shared spaces and homes all serve as direct control measures.
- **Other social and behavioral changes:** In addition to the above, governments may introduce other measures, such as recommendations on wearing masks, wearing gloves, using temperature checks to monitor potential exposure, changing burial practices.

*Overarching intervention aims:* Articles reporting on interventions that target two additional, overarching aims that promote multiple behavioral or social changes will also be included:

- **Risk communication and education:** These interventions that aim to promote participation in multiple social or behavioral changes, provide general education about disease risks, and policy content, or counter misinformation, or establish trustworthy channels/communication mechanisms.
- **Community-building for social cohesion and mitigating risk of violence:** Rather than directly promoting participation in control measures, these efforts aim primarily to strengthen social ties within a community, with the aims of either promoting the social cohesion necessary to create an enabling environment for other disease control measures, or mitigating the risk of destructive secondary effects, such as intra-household or community violence.



### **Assessment of Study Quality:**

We will evaluate studies' quality and risk of bias based on clarity and rigor of research methods, by identifying and assessing:

- Clarity of research question(s)
- Inclusion of a guiding theory, hypothesis or framework for project and analysis
- Research methods, consistent with standard practices in quantitative or qualitative research
- Sample size justification and sampling strategy
- Reporting of missing data
- Reporting of outcomes
- Discussion of limitations
- Clarity, rigor and appropriateness of analytic methods
- Clarity of progression from analysis to findings to recommendations

### **4. Synthesis:**

Once we have gathered a final set of studies, we will synthesize their findings in order to answer the three research questions. First, we will examine and compare sources to identify emerging findings on effective (or ineffective), based on the rigor of evaluation methods, along with the content, context, and specific populations reached by given control strategies. Second, we will identify emerging themes in design and implementation of measures to compare approaches and their effectiveness in engaging specific community groups, such as gatekeepers and religious leaders, grassroots or community service organizations, or women's groups in outbreak response and control measures. Third, we will explore the evidence documenting interventions intended to promote social cohesion and build solidarity to address risks of disease transmission and/or offset risks, such as household or community-level violence that may arise in contexts where disease control measures restrict mobility. Finally, throughout our analysis, we will identify gaps in the current evidence, highlighting priorities for future research.

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### **Ethical considerations:**

This is a review of the existing literature, so it does not need to undergo ethical review.

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