

## Introduction

With an estimated 40% of worldwide health expenditures considered wasted due to inefficiency, engagement and empowerment efforts have potential for cost-saving while also being aligned with more holistic, community-centered care.

- Internship with the World Health Organization (WHO) at their headquarters in Geneva, Switzerland
- Opportunity to gain real-world experience across the global health landscape
- Developed an evidence brief for policy, a WHO document used to assist policymakers in formulating efforts and resolutions.

## Objectives

### Learning Objectives

- Gain a working knowledge of how to involve patient and citizen voice, families, and communities in healthcare utilization, with respect to country and context
- Apply evidence-based knowledge of health determinants and efficacy of health interventions in specific contexts to a larger policy brief
- Effectively communicate findings and recommendations in a written brief using theory, constructs, models, and case studies

### Work Plan and Deliverables

Weeks	Deliverables
Weeks 1-3	conduct literature review on participation, engagement, and empowerment efforts in WHO member states from written (peer-reviewed) sources. Consolidate working glossary and formulate original framework. Attend World Health Assembly.
Weeks 4 and 5	Collect data from case studies and pilot storytelling qualitative method.
Week 6	Develop indicator index and illuminate gaps in standards and measurement tools. Mapping activity to study relationship between democratic index (WEF) and current engagement practices
Weeks 7 and 8	consolidate findings into Evidence Brief for Policy, subject document to internal peer review, and revise as necessary. Give presentation to WHO Department of Service Delivery and Safety.

## Methods

- Literature review on participation, engagement, and empowerment in global health
- Comparison of frameworks to be synthesized into a WHO-specific schema devising a culminating document, complete with figures, tables, and relevant maps
- Compilation of case studies and synthesis into framework
- Linkage of key indicators with larger concepts related to engagement and empowerment
- Piloting of the storytelling qualitative technique to interview stakeholders in case study
- Culmination presented in an evidence brief for policy, a WHO-developed thematic document that links concepts, research, and policy and corresponding oral presentation

Table 1: Facilitators of empowerment efforts are represented differently across sectors, with capacity building representing a ubiquitous goal of engagement across sectors.

Sector	Case	Facilitator of Engagement					
		Transparency and Accountability	Relationship and Trust-Centered	Inclusivity, Accessibility, and Equity	Co-Production and Commitment	Capacity Building	Responsiveness and Continuous Improvement
NGOs	CNRI (India)		X	X		X	X
	Lwala Community Alliance (Kenya)	X	X	X	X	X	X
Regulations, Legislation, and State-Level Efforts	Decentralization and Active Community Participation (India)	X	X	X	X	X	X
	Scaling Up Implementation of Community Action for Health (India)	X				X	
Multisectoral Efforts	Smart Villages Initiative (Global)	X	X	X	X	X	X
	Photovoice (Nepal)	X	X		X	X	

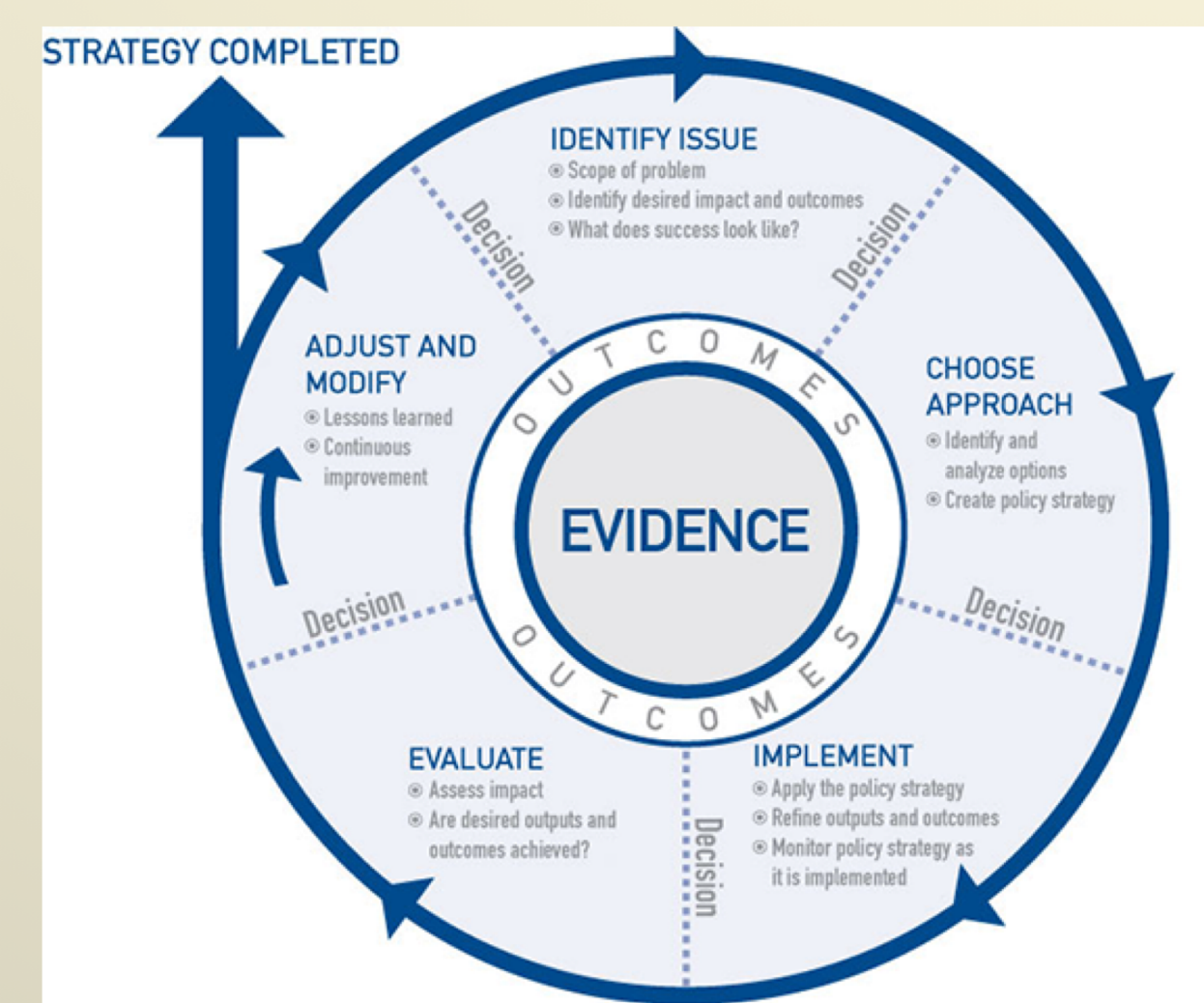


Figure 1: Developing an evidence brief for policy at WHO is an evidenced-base, cyclical process that culminates in actionable strategies.

## Results

Lessons learned from existing engagement activities yielded a better understanding of when, where, how, and why such practices are (and are not) successful.

- The objectives of engagement efforts are varied and are largely cyclical in nature
- Objectives produce outputs such as policies and integration for scale
- Outputs are facilitated by larger socio-ecological factors such as dedicated funds and democratic culture

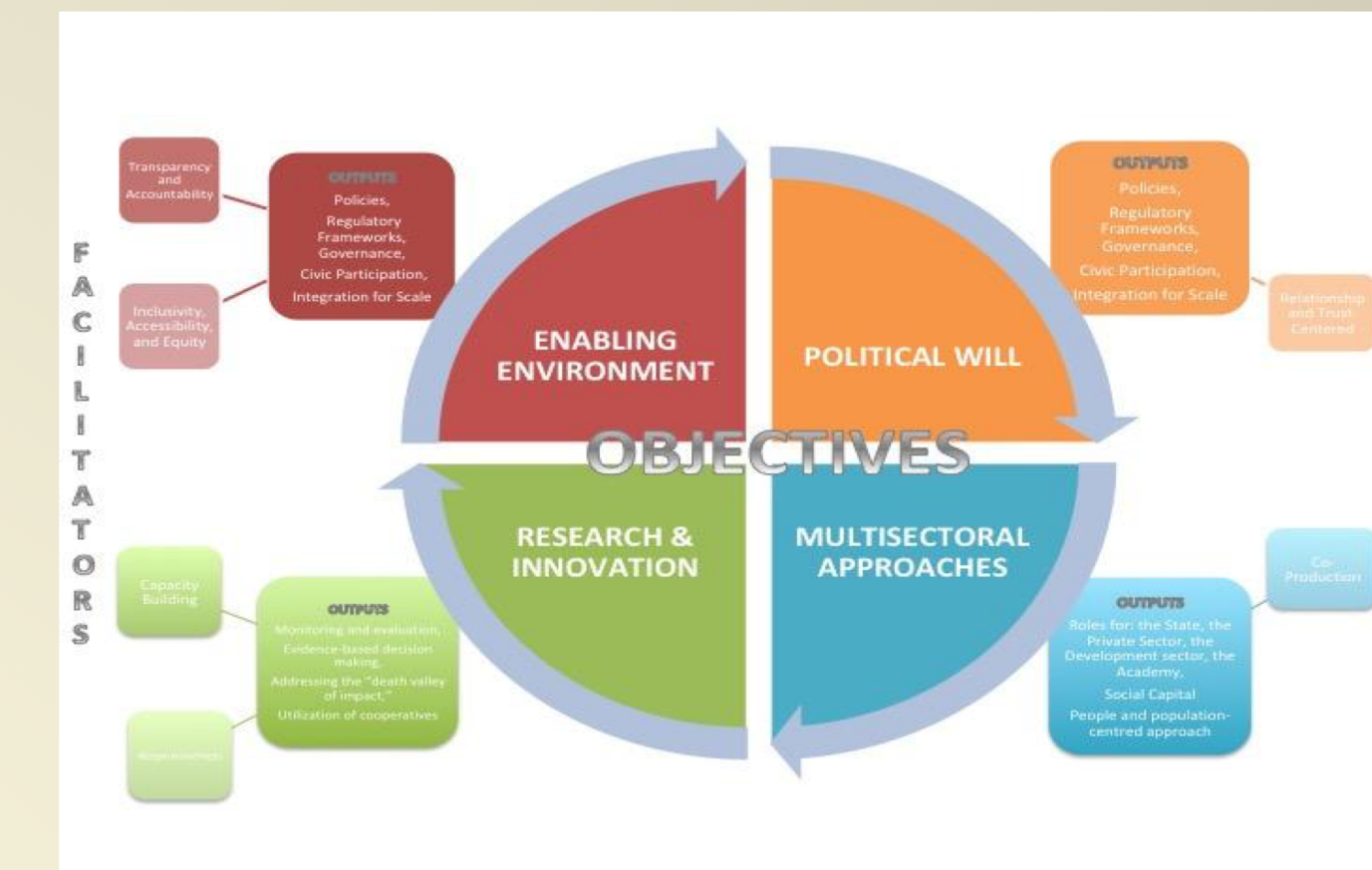


Figure 2: Engagement Lifecycle describes the objectives, outputs, facilitators, and barriers to successful engagement activities

The culminating Evidence Brief for Policy has been presented is now undergoing internal peer review at WHO and its network of experts.

## Discussion

- Illumination of a lack of standardized key indicators and data linkages between engagement concepts and said indicators
- Like gender, engagement efforts may be most effective when “mainstreamed” into current activities and approaches
- Priorities include:
  - A better understanding of the benefits of engagement and the patient, community, and systems level and
  - Repositories of knowledge, strategies, measurement tools, and other resources for initiating engagement activities within or alongside current service delivery

Impacts of engagement practices cannot be realized without bottom-up transformation that includes both recipients and providers of health services from the planning phase on.

## Conclusions

- WHO is a large multilateral entity currently undergoing an immense period of internal transformation.
- Their internship processes are quickly changing and leave many young short-term employees without the support and resources to be maximally beneficial during their tenure at the organization.
- Early and sustained communication with supervisors is vital for successful practicum projects.
- Dedication to community-centered policies and practices are peaking the interests of large entities such as WHO, but without stronger efforts to build in-country partnerships, this interest will spark little systems change.

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