



Vision document second edition of the Global Community Health Annual Workshop

UNESCO Chair Global Health & Education/EHESP School of Public Health

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1. Vision

Every day and on each continent community health professionals, researchers and volunteers are devoting time and energy to improve children's health and wellbeing. The interventions are driven by a thirst for social justice and the field of community health continues to grow. This justifies the need to develop a dynamic collaborative space where community health and health promotion practitioners and policymakers can improve their skills while researchers can improve their capacity to conduct community-based participatory research.

Community health research is a collaborative process that can make important contributions to understanding local realities and creating an impact within the community.

Better training programs are needed to enhance community-based interventions. In addition, it is important to review how to conduct community-based health research and its application to public health.

Based on our vision, our objectives for organising a Global Community Health Annual Workshop are to contribute to:

- Enhancing the profile, and the recognition of the critical importance, of community-based interventions and programmes to answer the needs of children and young people;
- Building capacity of a new generation of influential community health practitioners and researchers applying state-of-the-art approaches and methods to improving the health and well-being of children and young people;
- Developing capacities in community-based research by raising the profile of this field and by contributing to new conceptual approaches and methods;
- Identifying and defining emerging problems and ways that lead to solving these problems;
- Further developing the global network of practitioners, policy makers and researchers contributing to the UNESCO Chair.

2. Guiding principles for the programme

There is a need to align the development and implementation of the Global Community Health Annual Workshop (CH workshop) with our shared perspectives on training, research, and values we endorse that can be defined as humanistic, and have us striving for the following characteristics:

- In sync with the overall workplan and guiding principles of the UNESCO Chair;



- Accessible to participants¹ from all over the world whatever their level of resources;
- Inclusive by respecting and appreciating all contributions from the participants. Solutions to our current challenge will come from all not just from some of us;
- Driven by a quest for social justice. Whatever the importance of the outcomes of a programme, if any group of people is left behind then it cannot be said to be successful;
- Gender-balanced and balanced in global south-global north input in all facets of the development and delivery of the CH workshop;
- Sustainable both environmentally (keeping carbon foot-print as low as possible) and socially (using expertise/ skills available locally).

3. The format

Initially planned as a 7-day programme for an in-person summer school, we decided due to the COVID pandemic to create a 3-day online format of the 1st edition of the CH workshop. We plan to offer a hybrid format programme in the coming years as soon as the situation allows.

The core topic of the CH workshop will always be the same, namely contributing to the further development of community health practice, policy and research, and it should get known as the 'UNESCO Chair Global Community Health Annual Workshop'. This brand will be critical for its identity and prestige. Achieving some kind of "brand" recognition will be key in facilitating recruitment of participants and impact of the workshop.

We made the choice to run the core programme in English; a language that is shared by many. However, this choice seriously impacts on our capacity to reach out to practitioners from many countries. As a way to make up for this barrier to engagement of our participants in the discussions, for the first edition, we experimented with holding our satellite sessions in 4 different languages (English, French, Arabic, Spanish), facilitated by a native speaking expert. This approach was met with much enthusiasm and seen as a first opportunity to connect with colleagues from all over the world for many participants.

4. Target audience

We identify 4 groups of beneficiaries for our programme: 1) participants, 2) colleagues involved in the preparation and delivery of the workshop, 3) the institutions of the participants and, 4) the global community of community health workers, policy makers and researchers.

Originally the plan was to award credits points (ECTS²) to the participants who complete the programme; be they master, doctoral students or professionals looking for continuing education training credits for this master level course. This project was delayed but could eventually be developed into a module registered by two Master's programmes one from the Université Clermont Auvergne and the other from the EHESP School of Public Health. Participants to the workshop will also

¹ When using the term "participants" this includes both practitioners and researchers.

² European Credit Transfer and Accumulation System (ECTS) https://ec.europa.eu/education/resources-and-tools/european-credit-transfer-and-accumulation-system-ects_en



develop an extended network of peers sustained, among other things, by regular virtual events organised by the UNESCO Chair.

Health institutions will benefit from the CH workshop to highlight the importance of building capacities in community health. The host institution of the CH workshop will use the international aura of a training programme attracting attendees from all over the world as a way to stimulate interest in community health approaches and strategies. There will be also side events to foster knowledge transfer to decision makers.

Scholars involved in the development and delivery of the CH workshop will also be rewarded by an improved institutional recognition of the contribution of community health to population health and health promotion, by the further development of their expertise in this field and by the expansion of their academic networks. Opportunities, such as publications and research projects, will also be available and actively promoted by the organisers. They can be invited as co-author of a written statement on a community health related issue (to be submitted to a peer-reviewed journal). Collaborative projects such as books, research projects, videos will also emerge from the various work sessions that will be held over the duration of the CH workshop.

Finally, the global community health field will benefit, even if only modestly, from the work done to raise the standing and legitimacy of community health practice.

5. The governance

The CH workshop is led by a **coordinating group** under the general management of the UNESCO Chair, including the promotion of its programme, provision of technical support to its advisory board, quality control, writing of grant applications, etc.

The **advisory board** is led by the UNESCO Chair and EHESP for a period of 3 years (2021 -2023). Besides UNESCO Chair and EHESP, the advisory board also consists of partner organisations and facilitators playing an active role in the delivery of the programme. They can be either academics and practitioners. Their role is to contribute to the overall programme and to supervise its quality and delivery.

6. The way forward

There are a number of issues that will require our attention. One is the accreditation of the programme (IUHPE, ASPHER, ...) to facilitate recruitment and participation. Another issue is the economic model of the CH workshop, which we can now offer for free. The organizers will look into possibilities for additional funding, for example to 'buy' the CH workshop for the professional development of organisation's staff.

7. About the 1st edition

The 1st edition of the Annual CH workshop that was held on 6-8 July 2021 has fulfilled its promises beyond expectation. 217 persons from 57 countries registered for the workshop and of those around



100 attended it. For the 3 days program, we maintained the attendance level between 90-100 participants.

In total 54 assignments were submitted for which their authors were awarded a certificate of completion of the programme. We are now in the process of analysing the assignments and considering the kind of feedback we can give to the participants.

Finally, participants have expressed a very high level of appreciation for the workshop with over 98% being satisfied with it.

From the UNESCO Chair perspective, a big surprise with the workshop was how much “community health” appeals to a large audience.

8. Some of the main challenges of community health practice in 2022

The current COVID pandemic ranks as one of the most serious challenges facing community health practice. Clearly community life has been severely impacted. In the face of the crisis, there are clear signs that the needs of local population cannot be subsumed to improved access to health care. Physical distancing has forced practitioners to adapt their methods turning to virtual means with a heightened risk of increasing health inequalities. There is also the fact that due to shortage of staff, community health workers were pulled out of their regular interventions to work on contact tracing, vaccination drives, etc. Other important resources were also lacking such as decent housing conditions.

Another important problem facing practitioners is the absence of investments from their governments. Many can only do with very little level of resources and governments that do not express much interest in their actions.

A topical issue is how to improve the resilience of the population in the face of greater threats as those brought by global warming.

9. Some options for the 2nd edition

Some initial ideas from the advisory board members are:

- The Annual Workshop should reach a larger number of participants with most of them attending the full 3 days from start to the end.
- The workshop should not stand as a one-off attempt at connecting people. Participants should stay in touch well beyond the 3 days of the event. It was suggested that a group project could help bridging the event to the daily life of the participants.
- It should inspire people.
- It should contribute in developing a shared language on community health.