Be-cause health WG

Multidemic Preparedness

Meeting of October 15, 2026

@ Enabel

Meeting 2: Community engagement in multidemic preparedness

Present

- Joris Van Hamme (MdM)
- Stephanie Duhamel (Mdm)
- Olivier le Polain (WHO)
- Jean-François Busogoro (Enabel)
- Caspar Gjeenen (KULeuven)
- Emmanuel André (KULeuven / Lumos vzw)
- Charlotte Degryseel (ITG)
  Saori Fukui (ITG)
- Jean Clovis Kalobu (Memisa)
- Vincent Tihon (Enabel)
- Sophie Leonard (Enabel)
- Magalie Schotte (ITG/Be-cause health)
- Valérie Van Belle (MC)
- Cato Verhaegen (Lumos vzw)

1. Introduction and Working Group scope

The meeting opened with a brief introduction and discussion of the Working Group's scope and draft Terms of Reference. The group will continue exploring what **multidemic preparedness** means in practice, initially drawing strongly on experiences from the DRC while keeping the framing sufficiently broad for other settings and future topics.

Several points were raised for further consideration:

- Multidemic preparedness should take a **multisectoral perspective** and look beyond the health sector alone.
- The scope should remain sufficiently flexible to accommodate different contexts and future themes.
- Membership should remain open to relevant expertise while ensuring continuity within the group.
- The Working Group should **complement rather than duplicate operational coordination** in outbreak settings.
- The draft Terms of Reference would be adapted following the comments received.

Participants were informed that the meeting would be recorded and transcribed to facilitate documentation of the discussion. No objections were raised.

2. Current BVD outbreak and reflections on community engagement

Olivier le Polain (WHO) presented the current Bundibugyo virus disease outbreak and used examples from the response to illustrate how community engagement cuts across multiple components of outbreak management.

Surveillance and non-traditional information sources
The presentation highlighted the potential of non-traditional sources of surveillance, including mobile-phone data and information on population movements. Social media and social analytics can also provide relevant signals, rumours and information about what is happening within communities, complementing more conventional surveillance. Community health workers and relais communautaires can similarly contribute to detecting and reporting events. Participants stressed that these actors should not automatically be considered volunteers: their contribution constitutes work and should be appropriately supported and remunerated.

Health-seeking behaviour
Health-seeking pathways can be complex. People may initially seek care at home, from traditional healers, private providers or local health facilities before eventually reaching specialised care. Understanding these pathways is important for surveillance, referral and communication. It also requires considering the position of healthcare providers themselves, including possible concerns around stigma or loss of income when referring suspected cases elsewhere.

Safe and dignified burials and human-centered care
Safe and dignified burials were discussed as an example where infection-control requirements need to be combined with community practices and expectations. Local involvement can help make safe practices more acceptable while maintaining culturally important elements where possible. The presentation also highlighted the importance of human-centred clinical care. Treatment facilities should seek ways to maintain connections between patients, relatives and caregivers while ensuring infection prevention and safety.

RCCE, coordination and feedback
Communication through radio, social media, traditional leaders, faith-based organisations and other community actors was discussed alongside more formal communication channels. Participants questioned how key messages can remain coherent across government, WHO, NGOs, community organisations and other partners. At the same time, communication should not only flow towards communities. Feedback and complaint mechanisms can help communities raise questions and concerns and allow the response to adapt. Participants also highlighted misinformation and fake news. Engaging young bloggers and other people closely connected to social media was mentioned as one way to identify emerging misinformation and respond rapidly.

Discussion: building on existing structures
The discussion broadened from the immediate outbreak response towards what happens to community structures between emergencies. Epidemics may provide resources that reactivate community and primary-care mechanisms, including funding for community health workers. However, such mechanisms can weaken again once emergency resources disappear. Participants therefore stressed the importance of building on structures that already exist. Traditional leaders, community networks, communication platforms and feedback mechanisms may already be trusted and familiar to

communities. Some structures may also have been created or used for other types of crises, such as flooding. A central question emerging from the discussion was therefore how these structures can remain useful between crises rather than being recreated for every new epidemic.

3. Student-led contact tracing and the Virio app

The second main presentation, by Caspar Geenen of KU Leuven, focused on fostering community engagement among students during COVID-19 in Leuven through a student-led contact-tracing approach and the development of the Virio app.

Peer-to-peer engagement
Students themselves were involved in contact-tracing activities. Their knowledge of student residences, faculties, social spaces and patterns of interaction helped them understand exposure contexts and communicate with peers. The example illustrated the potential value of peer-to-peer approaches. Communication can be less authoritative and more closely adapted to the realities of a particular community. The approach also sought to reduce stigma and facilitate more open discussion around infection, contacts and disclosure. Where possible, recommendations could be communicated as advice rather than relying solely on control or enforcement.

Digital tools
The Virio app was discussed as an example of enabling people to take a more active role in contact tracing and communication with their own contacts. The discussion emphasised that digital tools should remain tools rather than objectives in themselves. Their usefulness depends on whether they respond to an actual need, provide sufficient control and privacy to users, and can be adapted and appropriate within the relevant community.

Discussion: from participation to ownership
The presentation led to a broader discussion about what is actually meant by community engagement. Participants questioned the use of the word "we" when organisations speak about engaging communities. Are communities being asked to participate in an intervention that has already been designed, or do they have a meaningful role in defining the problem and shaping the solution? This highlighted an important difference between creating a community workforce and achieving genuine community engagement.

The discussion suggested a progression: Participation → Engagement → Ownership
Examples such as Ebola survivors becoming involved in response activities illustrated how people initially seen primarily as affected populations can themselves become positive actors in the response. Young people were also discussed in this context. Participants reflected on whether meaningful win-win situations could be created in which young people contribute their knowledge, networks or skills while also gaining something meaningful from their involvement. Finally, participants highlighted the recurrent challenge of sustainability. Programmes, community mechanisms and digital tools can function while external funding is available but disappear when a project ends. Building on existing structures and allowing approaches to be locally appropriated were therefore seen as important.

4. Approche « Multidemics » et expérience du centre de santé de Kassiapleu (Côte d'Ivoire)

As time was running short, Sophie Leonard from Enabel, briefly presented an example from Côte d'Ivoire showing how capacities developed for epidemic response can remain useful between emergencies. The example concerned both physical infrastructure and communication structures. Infrastructure established for an Ebola response can support routine activities between outbreaks while retaining the ability to rapidly return to an epidemic-response function. Similarly, communication and community structures created or strengthened during a crisis can remain active and be reinforced or adapted when a new alert or emergency occurs.
The example therefore raised the practical question of how investments made during one emergency can continue to be used, maintained and rapidly reactivated rather than remaining dormant until the next crisis.

5. Key messages

Several themes emerged across the two presentations and the discussion:

1. **Community engagement should be embedded across the response.**
   Communities and local actors can contribute to surveillance, care-seeking and referral, safe and dignified burials, communication, feedback and the organisation of care.
2. **Build on existing structures and relationships**.
   Trusted community actors, communication channels and feedback mechanisms should be strengthened rather than recreated for every emergency.
3. **Community actors need meaningful roles and adequate support.**
   This includes recognising community health workers and relais communautaires as contributors whose work should be appropriately supported and remunerated.
4. **Move from participation towards engagement and ownership.**
   Communities should increasingly contribute to identifying problems and shaping solutions, rather than only implementing externally designed interventions.
5. **Sustain capacities between crises.**
   Physical infrastructure, communication structures, community networks and skills developed during an emergency should, where possible, remain useful during routine periods and be rapidly adaptable when a new crisis emerges.

6. Next steps

- Revise the Terms of Reference and prepare a policy note to revise following the comments raised during the meeting.
- Continue collecting experiences, examples and tools from Working Group members on the teams environment
- Next thematic meeting (19/11) : **Surveillance and One Health**.
  A question that could guide the discussion: How can existing surveillance structures and signals be used and adapted across different threats, and what does a One Health perspective add to this.
- Follow up on the external conference/opportunity introduced by Jean-François.