Community response to public health and environmental shocks in Ethiopia
A review of what works

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Introduction

- Ethiopia is frequently affected by natural and manmade public health emergencies, including draughts, outbreaks, and conflict.
- Local communities and organizations' contributions to disaster risk management have been extensively documented, but there needs to be more evidence of the mechanisms and processes involved.
- A systematic synthesis of the evidence on what works, for whom, and in what circumstances to establish community response to public health emergencies in Ethiopia.

Methods

- We used a realist review approach that combines systematic and purposive search techniques for published and grey literature, respectively.

Databases

- PubMed, Embase and Global Health databases were searched for published literature, and websites of national and international organizations were searched for grey literature.
- Google Scholar and Google were also searched for both literature sources.

Selection criteria

- Both grey and published literature on community responses to epidemics and drought, detailing context, mechanisms, and outcomes of engagement, were reviewed.

Data extraction and synthesis

- Data were extracted manually and analyzed thematically.

Findings

Mechanisms by which community response to public health emergencies are enhanced in Ethiopia

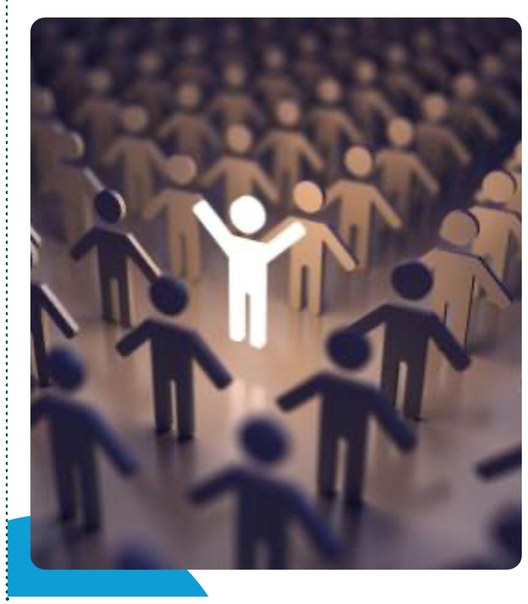
1. **Strengthening the structured health system with institutionalized community-based initiatives and a supportive work environment**
2. **Using collaborative arrangements or platforms as an entry point for risk communication and social mobilization**
3. **Enhancing the capacity of frontline health workers (i.e., HEWs and community volunteers (e.g., HDAs, CBOs, and religious leaders)**

Enabling Factors

- **Historical and political context**
- **Presence of a supportive working environment and oversight**
- **Availability of clear strategies for advocacy, risk communication, and social mobilization**
- **Implementation manual that clearly portrays the roles and responsibilities of all stakeholders**
- **Presence of viable social support networks, such as the *"Iddir"***

Constraining Factors

- **Increased vulnerability of communities** — Recurrent disease outbreaks and drought. High population growth, climate change, and poor access to basic health services.
- **Weak health system capacity, high operational costs, and low engagement of stakeholders.**
- **Limited financial and technical capacity for early detection, response, and recovery at the community level.**



Outcome

- **Activation of the mechanisms results in improved capacity of HEWs and HDAs who promote community mobilization and protective behaviors, leading to enhanced community capacity and empowerment to respond to public health emergencies.**

Conclusion

Successful mechanisms of community engagement

- **STRUCTURED HEALTH SYSTEM WITH INSTITUTIONALIZED COMMUNITY-BASED INITIATIVES**
- **USING SOCIAL SUPPORT NETWORKS (E.G., *IDDIR*) AS ENTRY POINT; AND**
- **ENHANCING THE CAPACITY OF HEWS, HDAS, AND "IDDIR."**

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