EHMA 2025

Taking action to improve health for all

Advancing people-centered care and social participation through Community Health Needs and Assets Assessment (CHNAA) in the Eastern Mediterranean Region:

Guide development and pilot study

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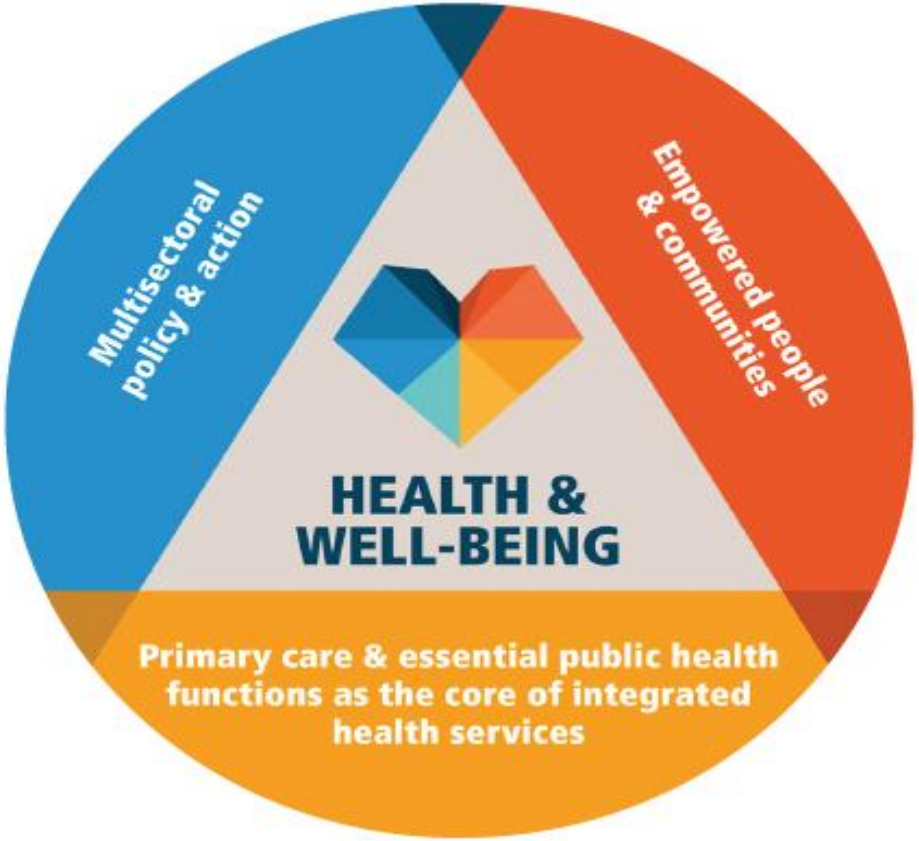
Context

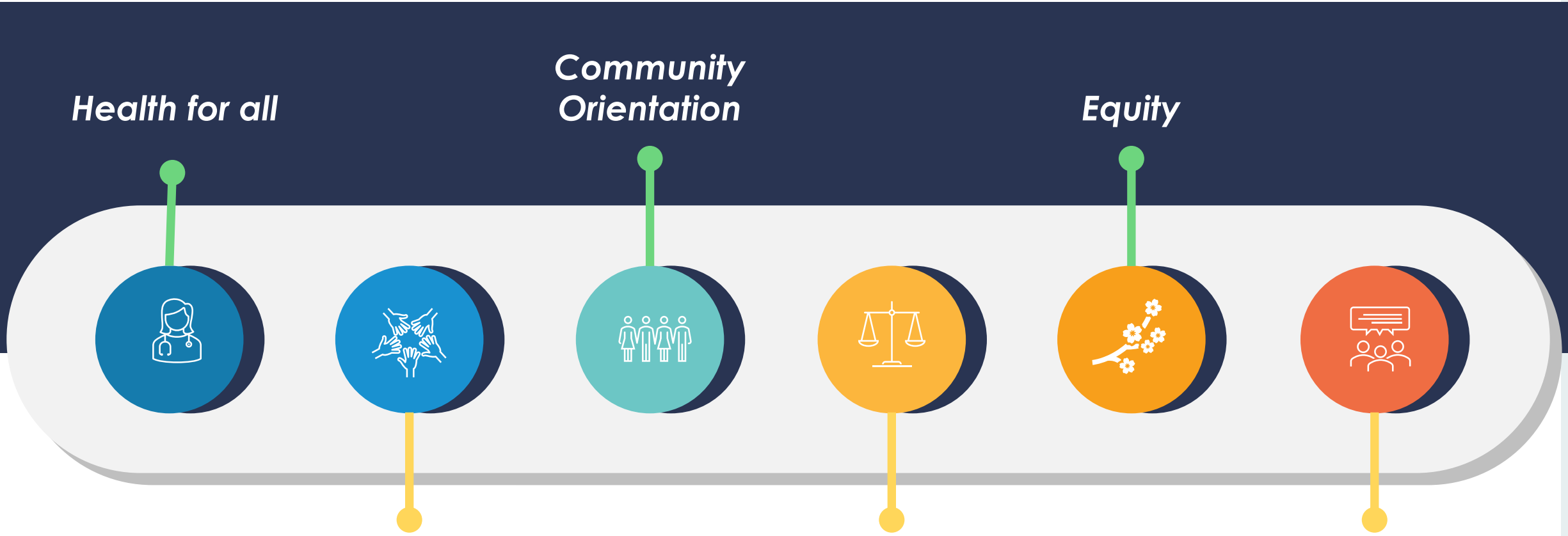
- **People-centered care** ensures services are accessible, equitable, and responsive.
- Transition from fragmented, disease-focused models to **integrated, need-based, participatory** approaches.
- **Social participation** enables communities to influence health system decision-making and foster trust.

The Primary Health Care Approach

- PHC as **a whole-of-society approach** to maximize health, equity, and well-being
- Central pillar for achieving **UHC** and **SDG3**
- Reaffirm **people-centered**, **integrated**, and **comprehensive** care (Astana Declaration)

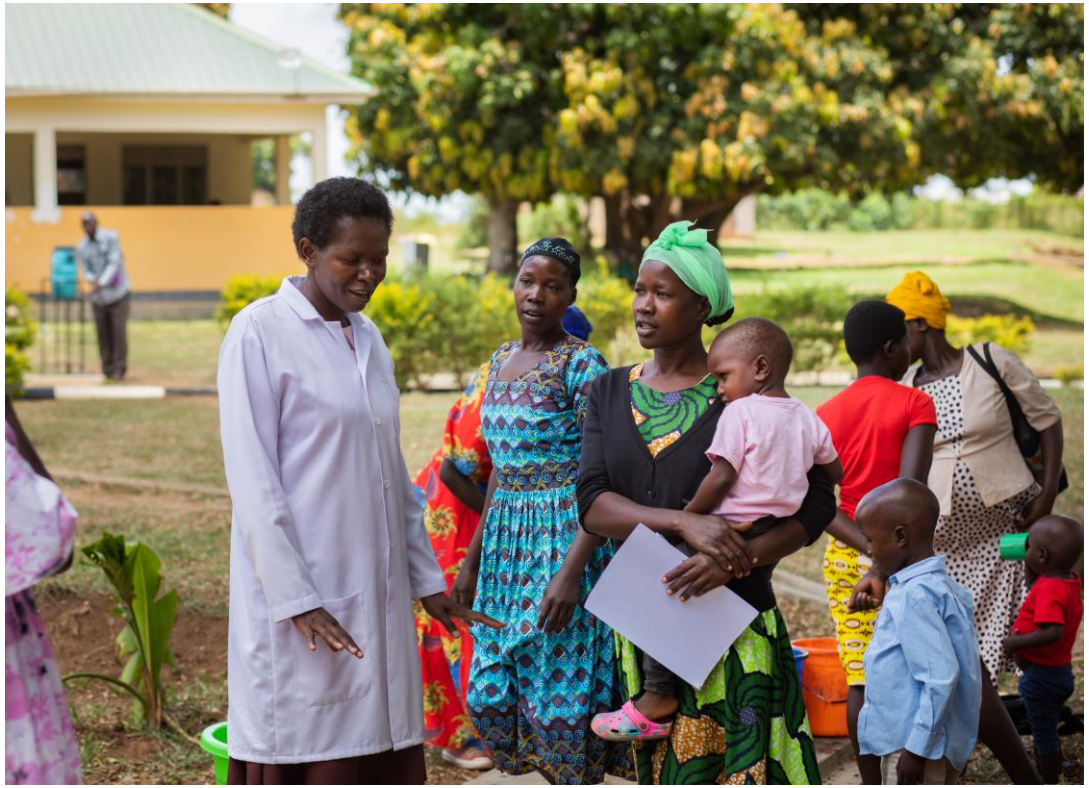


The Primary Health Care Values



Why Community Engagement Matters

- Health challenges are shaped by social, economic, and cultural contexts
- Community participation is essential for resilience, sustainability, and equity
- Strengthens trust, inclusiveness, and relevance of health interventions
- **Community Health Needs and Assets Assessment (CHNAA)** offers structured ways to engage communities meaningfully

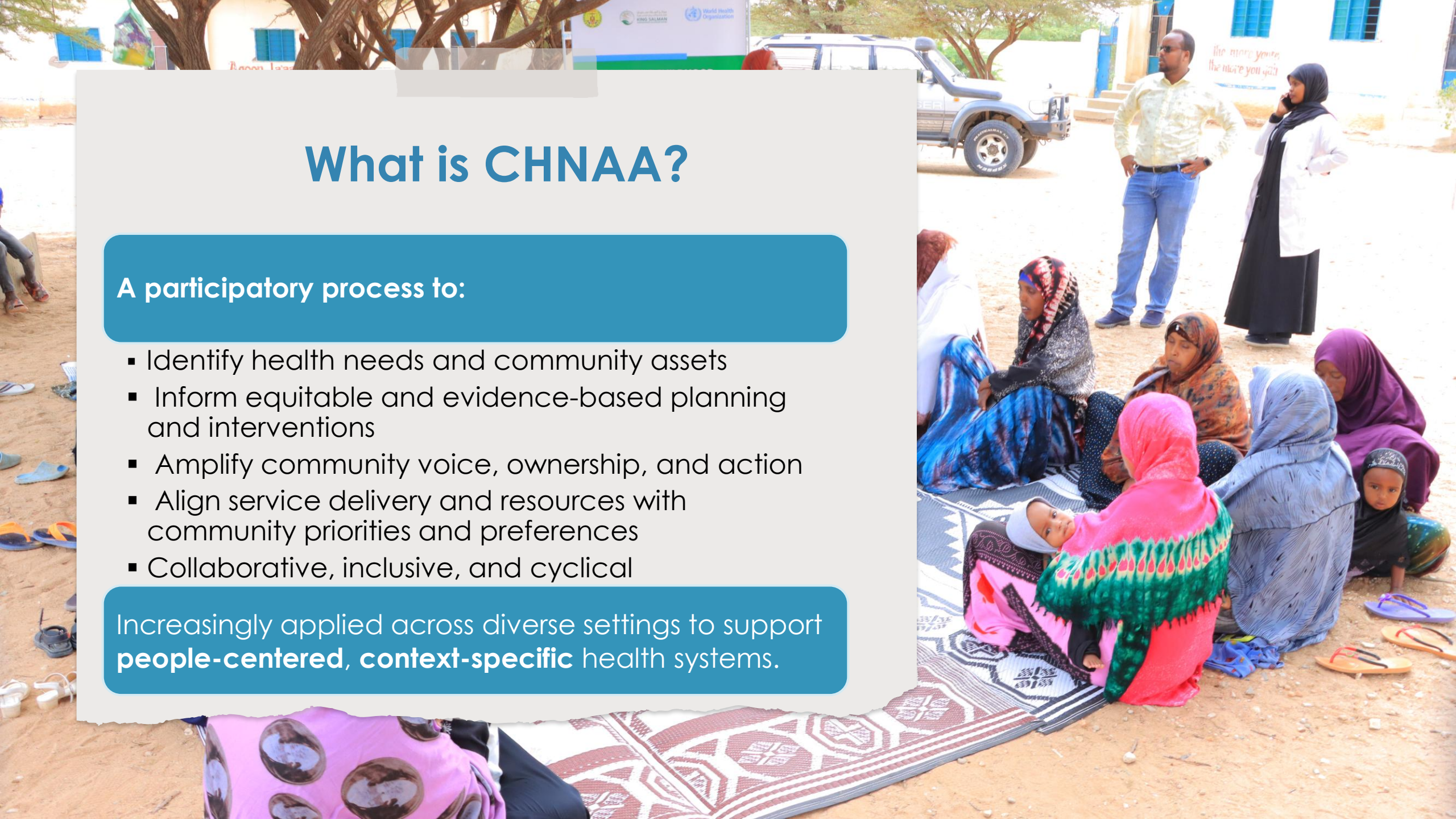


What is CHNAA?

A participatory process to:

- Identify health needs and community assets
- Inform equitable and evidence-based planning and interventions
- Amplify community voice, ownership, and action
- Align service delivery and resources with community priorities and preferences
- Collaborative, inclusive, and cyclical

Increasingly applied across diverse settings to support **people-centered**, **context-specific** health systems.

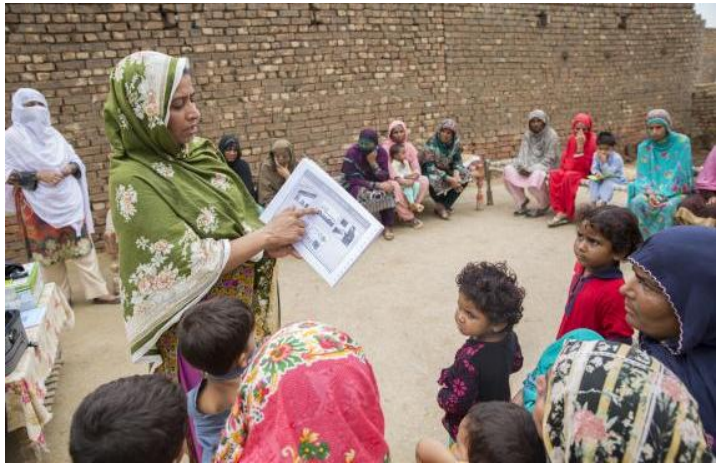


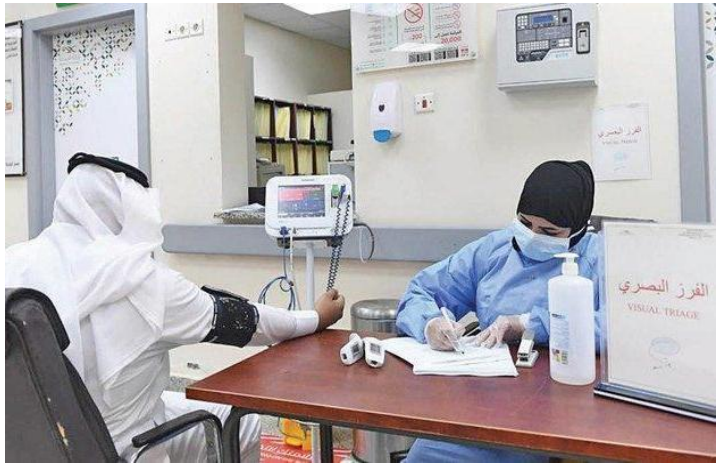
Definitions

Community: People with shared geography, interests, vulnerabilities, or identity

Health Needs: A Multi-faceted and dynamic concept, beyond diseases (social, cultural, economic, and environmental determinants) vs. healthcare Needs

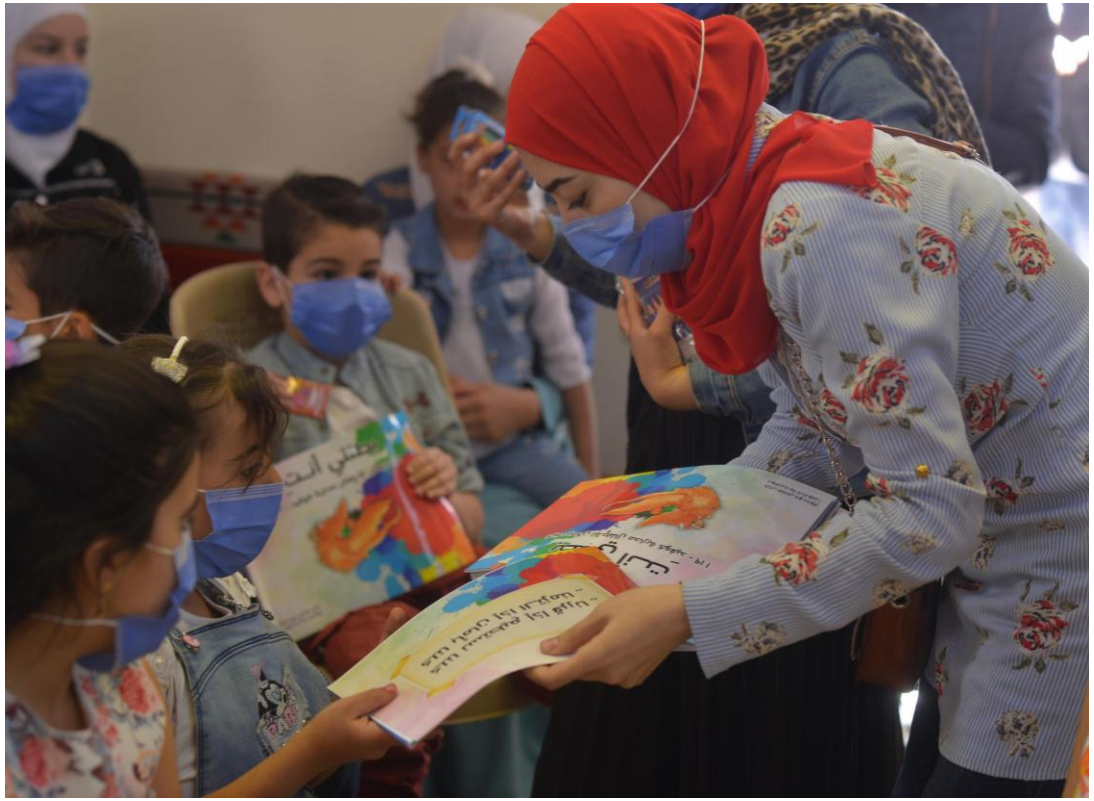
Assets: Physical, human, social, and institutional resources including skills, networks, and local infrastructure





CHNAA: Beyond Assessment to Transformation

- CHNAA is **not a one-time activity**, it must be **institutionalized**
- Engage communities and stakeholders through participatory methods with an SDH perspective.
- Integrated into planning, monitoring, and service redesign cycles (PHC-oriented)
- Supports equity by incorporating the voices of vulnerable and marginalized populations
- Mobilizes local assets and partnerships
- Builds trust and ensures cultural relevance of health interventions



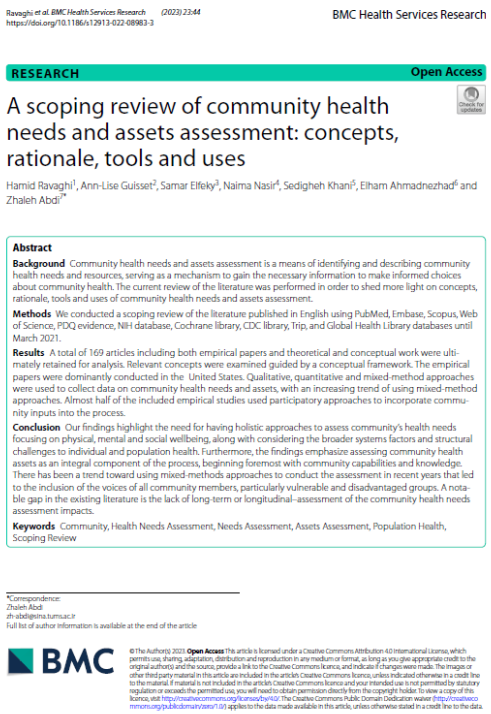
Why a practical CHNAA Guide was developed

- Strong demand for a structured, adaptable, and action-oriented methodology
- Existing CHNAA tools offer limited practical guidance, mainly used in high-income countries.
- Existing approaches are often fragmented, needs-only, or not community-led
- Few tools are tailored to low-resource, fragile, or emergency settings
- WHO EMRO developed a step-by-step guide to fill this gap and support countries

Development of the CHNAA Guide

- Scoping review of global CHNAA practices (published)
- Comparative review of existing tools
- Expert consultations
- Pilot study in an EMR country (2023–2024)

→ **Iterative refinement based on findings to ensure practicality and inclusivity**



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RESEARCH Open Access

A scoping review of community health needs and assets assessment: concepts, rationale, tools and uses

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Abstract

Background Community health needs and assets assessment is a means of identifying and describing community health needs and resources, serving as a mechanism to gain the necessary information to make informed choices about community health. The current review of the literature was performed in order to shed more light on concepts, rationale, tools and uses of community health needs and assets assessment.

Methods We conducted a scoping review of the literature published in English using PubMed, Embase, Scopus, Web of Science, PDQ evidence, NIH database, Cochrane library, CDC library, Trip, and Global Health Library databases until March 2021.

Results A total of 169 articles including both empirical papers and theoretical and conceptual work were ultimately retained for analysis. Relevant concepts were examined guided by a conceptual framework. The empirical papers were dominantly conducted in the United States. Qualitative, quantitative and mixed-method approaches were used to collect data on community health needs and assets, with an increasing trend of using mixed-method approaches. Almost half of the included empirical studies used participatory approaches to incorporate community inputs into the process.

Conclusion Our findings highlight the need for having holistic approaches to assess community's health needs focusing on physical, mental and social wellbeing, along with considering the broader systems factors and structural challenges to individual and population health. Furthermore, the findings emphasize assessing community health assets as an integral component of the process, beginning foremost with community capabilities and knowledge. There has been a trend toward using mixed-methods approaches to conduct the assessment in recent years that led to the inclusion of the voices of all community members, particularly vulnerable and disadvantaged groups. A notable gap in the existing literature is the lack of long-term or longitudinal–assessment of the community health needs assessment impacts.

Keywords Community, Health Needs Assessment, Needs Assessment, Assets Assessment, Population Health, Scoping Review

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Six Key Steps of CHNAA (Participatory approach)

1. Form a diverse leadership team (steering committee)

2. Map communities and identify community needs and assets using multiple data sources

3. Analyze data qualitatively and quantitatively

4. Prioritize issues using clear criteria

5. Plan and design context-relevant interventions

6. Implement, monitor, and disseminate findings

CHNAA – Data Collection & Analysis

Primary Data Collection:

- **Quantitative:** Community surveys (health status, service access, preferences)
- **Qualitative:** FGDs, key informant interviews, asset mapping, community forums

Secondary Data Sources:

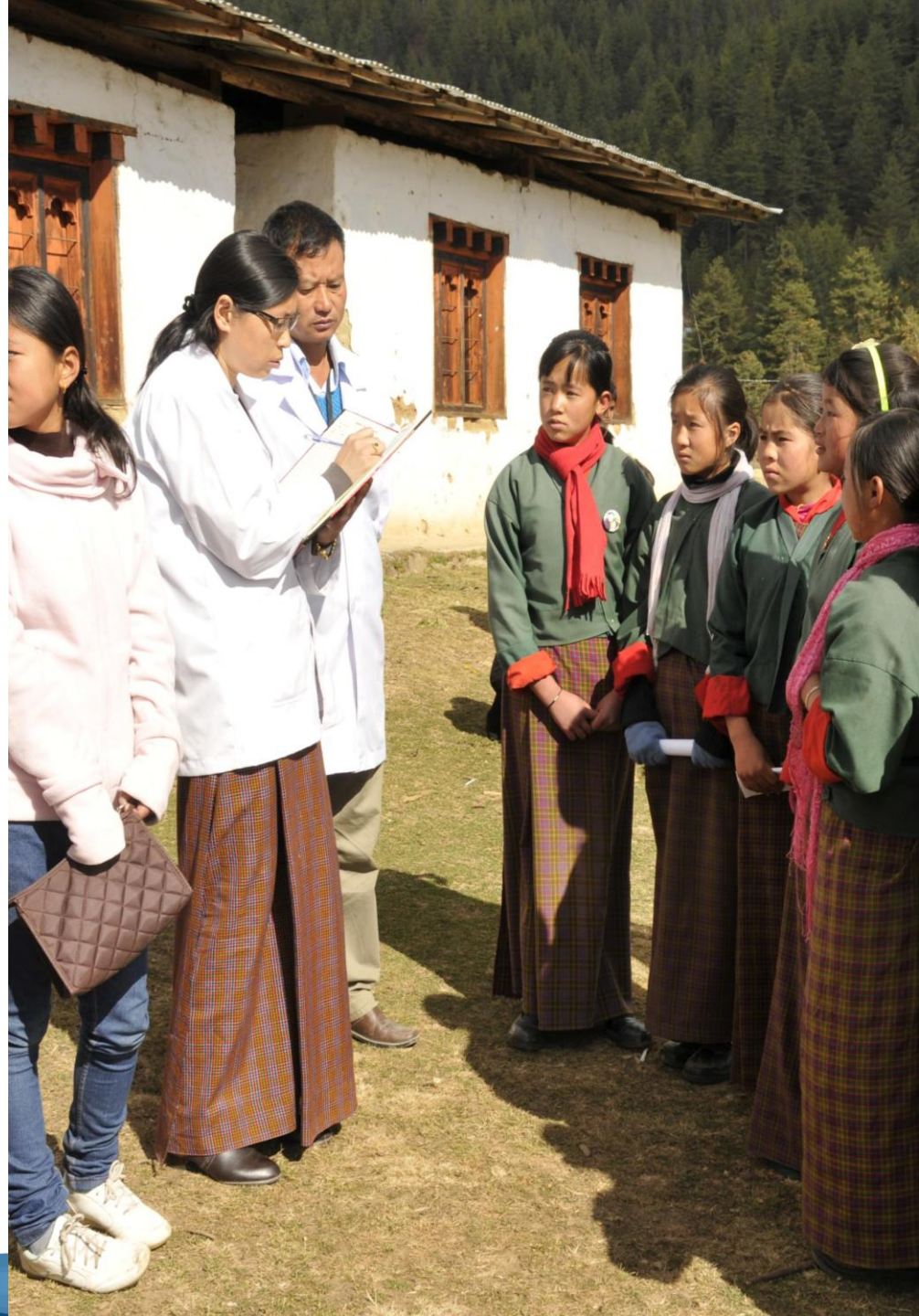
- Censuses, facility records, surveillance systems, national/local health reports

Data Triangulation:

- Combine inputs from community, stakeholders, providers & secondary sources

Prioritization Techniques:

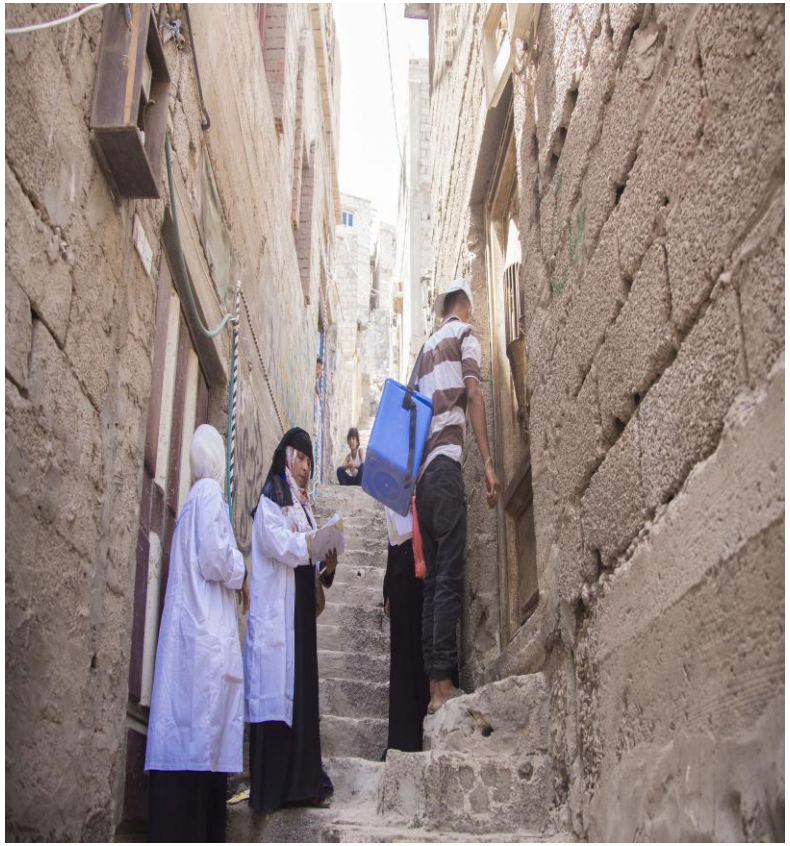
- Multi-voting, Nominal Group Technique, Prioritization Matrix



Community Participation Spectrum

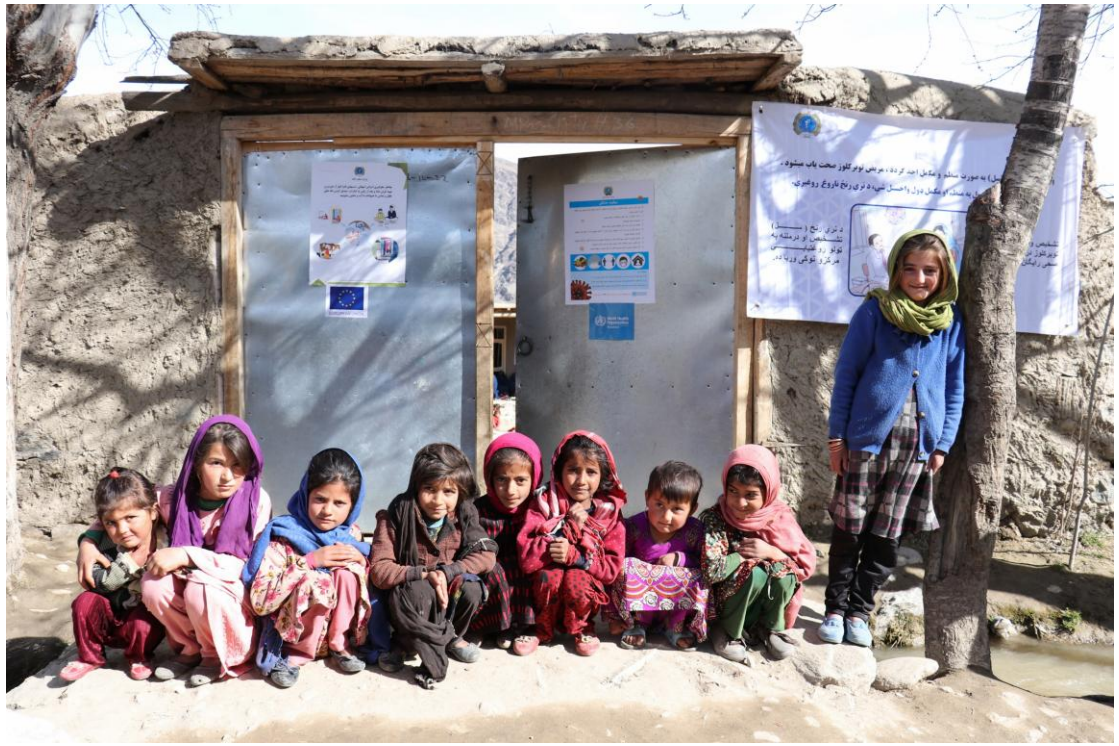
- **No participation:** Data gathered without community involvement
- **Consultation-only:** Surveys and interviews conducted
- **Moderate participation:** Community help in identifying and prioritizing needs
- **Full participation:** Community co-designs and co-implements strategies
- **Participatory models:** CBPR, PAR, photovoice, concept mapping

Inform → Consult → Involve → Collaborate → Empower



Pilot Study Insights

- Pilot tested in a district of Tehran to assess feasibility and relevance
- Identified challenges in engaging stakeholders, marginalized populations, and linking data to planning
- Resulted in refined instructions and improved strategies for implementation
- Reinforced the importance of institutionalizing CHNAA in local planning cycles



Challenges

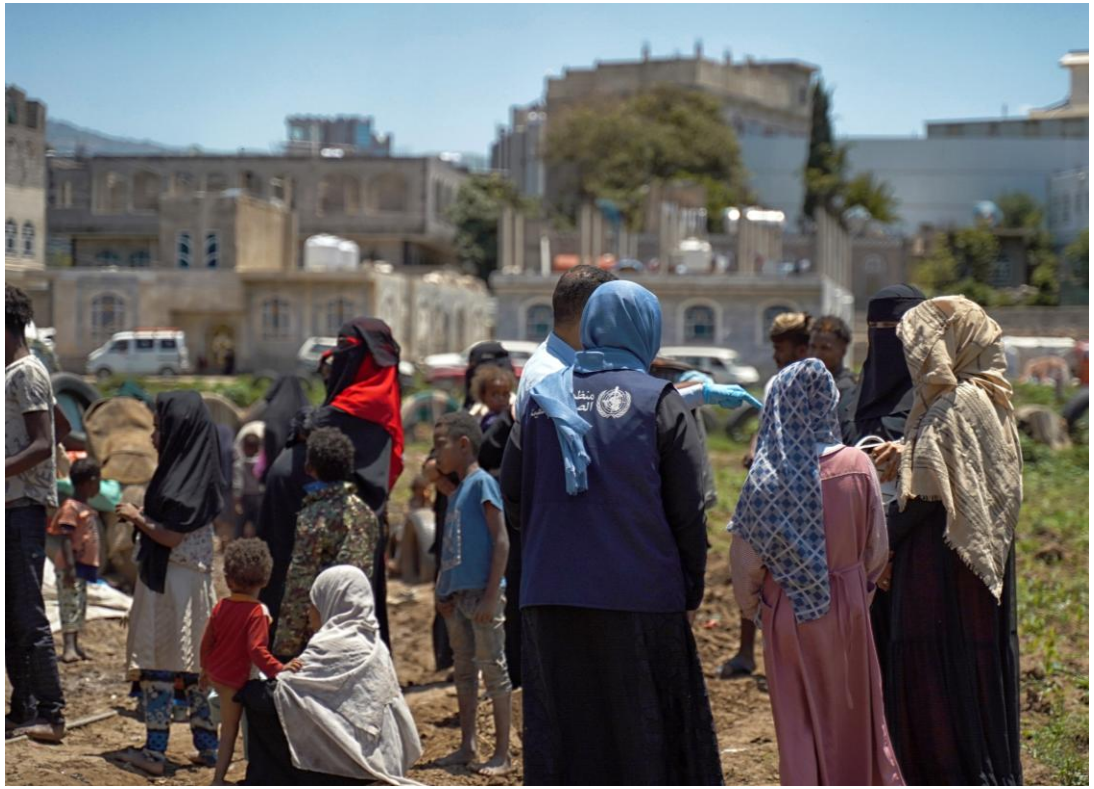
- **Methodological:** Limited data and data quality issues, bias, non-representative samples
- **Logistical:** Resource intensity, lack of local capacity
- **Ethical:** Raised expectations, exclusion of marginalized voices

Enablers and Facilitators

- Clear objectives and strong leadership
- Skilled and diverse CHNAA teams
- Inclusive methods
- Adequate time and funding
- Community trust and ownership
- Culturally appropriate methods and inclusive engagement

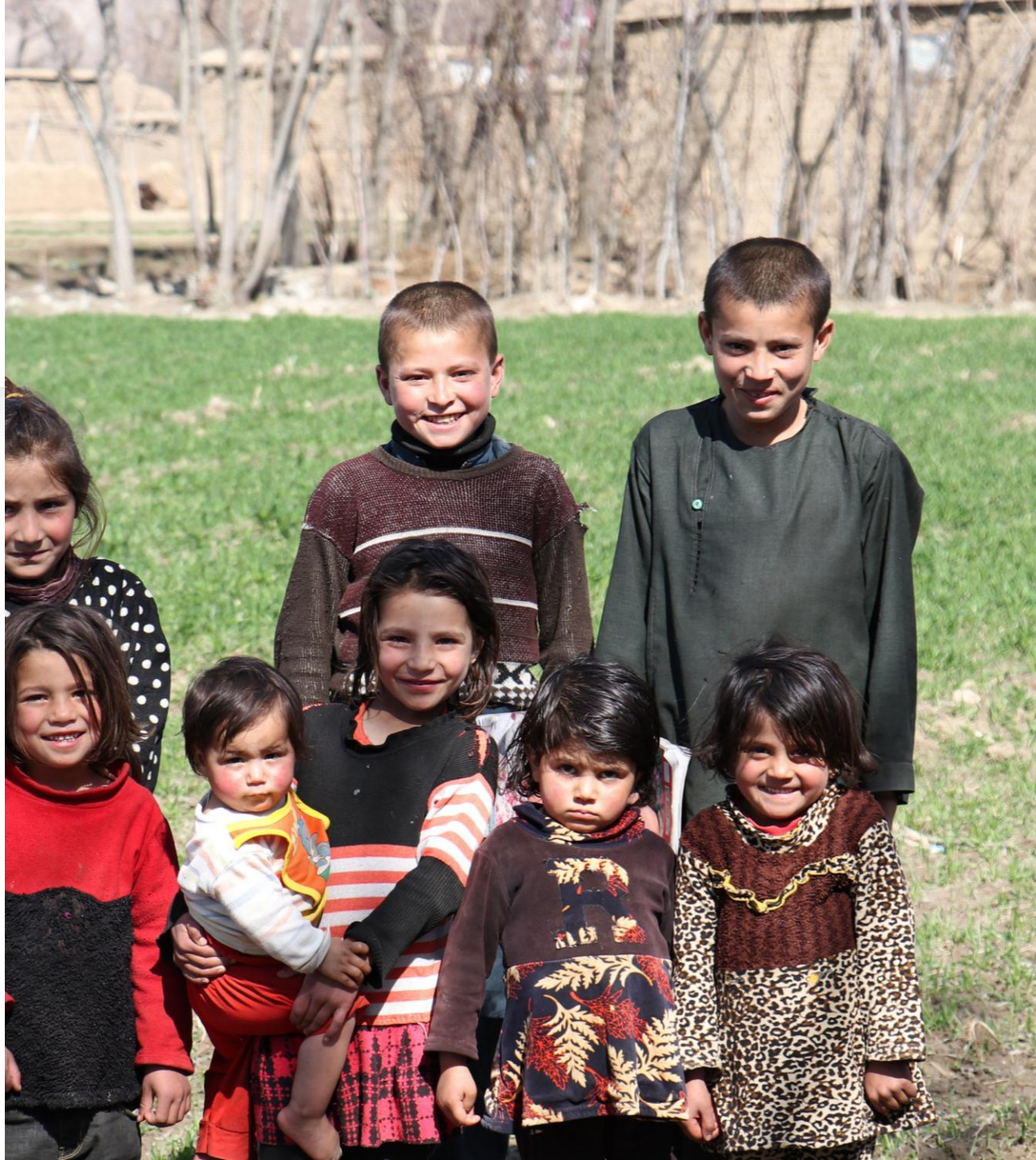
Recommendations

- **Promote a standardized yet adaptable** CHNAA framework that fits diverse country contexts.
- **Institutionalize CHNAA** into routine health system processes to promote people-centered governance.
- **Build local capacities** for mixed-methods, participatory research, and community engagement
- Ensure CHNAA findings are **translated into actionable policies** and interventions at local and national levels.
- **Leverage technology and social innovation** to enhance data collection, participation, and responsiveness.
- **Establish systems to evaluate**, learn, and adapt CHNAA practices for continuous improvement.



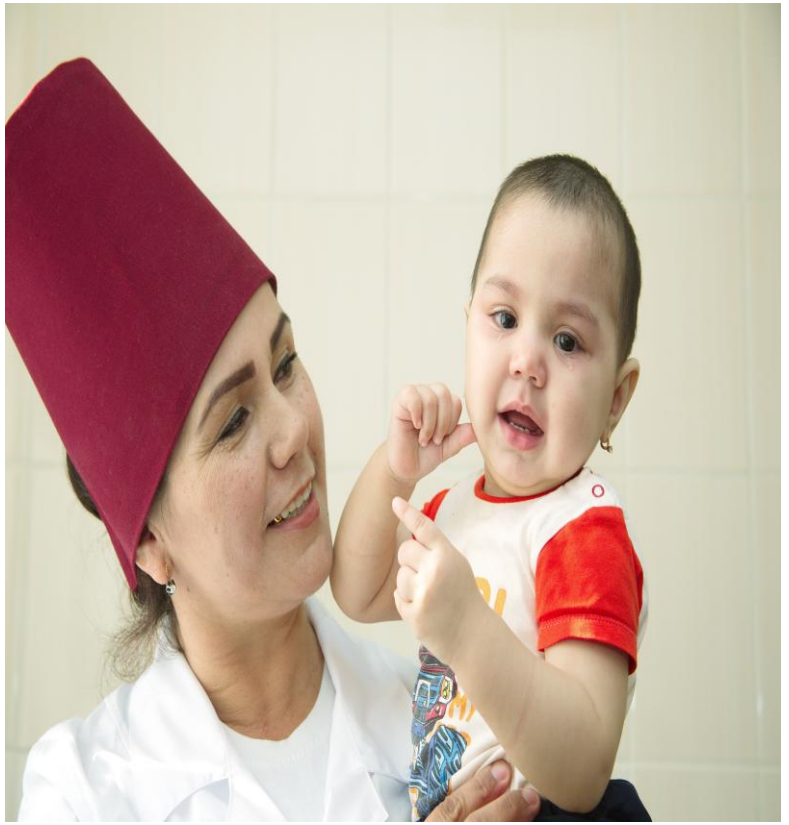
Strategic orientation & Priorities

- **Advance UHC and PHC transformation** through community engagement and CHNAA-driven local health planning.
- **Apply CHNAA in fragile, urban, and underserved settings** to address context-specific needs.
- Build **resilient, equitable health systems** through insight-driven planning and community voice.
- Promote **policy coherence and integration** of CHNAA into national health strategies and data systems.
- **Support countries** in implementing CHNAA at scale through technical assistance and regional collaboration.



Key takeaways

- CHNAA as a strategic shift toward inclusive, people-centered, and resilient health systems.
- It enables health systems to listen, adapt, and respond to real community needs.
- Participatory approaches build trust, equity, and sustainability, strengthening UHC and health security.
- Institutionalizing CHNAA enhances transparency, policy relevance, and local ownership.
- WHO stands ready to support Member States in integrating CHNAA into health system transformation.



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