

Community & Public Engagement

Putting people at the centre of research and innovation



Community & Public Engagement – The AAS Working Definition:

Community and Public Engagement (CPE) has no single or simple definition. In science and health research, CPE refers to two-way interactions between scientists and non-scientist/non-specialist publics about science, research and innovation; intended to provide opportunities for mutual learning and benefit.

Community Vs Public Engagement:

Community engagement differentiates itself from public engagement in that, community engagement specifically targets people directly involved in and/or affected by research. Public engagement targets a broader audience and encapsulates people not directly involved in research.

What CPE is Not – The AAS' Scope:

CPE at The AAS focuses on non-specialist publics other than media and policy makers. Although engagement approaches across these three categories may be similar, the outcomes sought differ.

- CPE goals focus on building trust and perspective seeking
- Media engagement focuses on building capacity for accurate and authoritative reporting on science and health research, with the goal of enhancing knowledge transfer and defending science
- Policy engagement in science and health research aims to ensure that academic research contributes to policy decisions.

Putting people at the centre of health research & innovation:

Health research and innovation has long relied on traditional, linear models – basic and applied research, followed by development and access or commercialisation. The results of this “lab-bench to bedside” approach can be technically sound but sub-optimal from end-users’ standpoint if there is limited or no input from them in the development in implementation process. An alternative emerging is people-centred approaches.

Why it matters:

- It secures ethical compliance
- Facilitates participant recruitment and retention
- Improves design of research questions and procedures,
- Builds trust in science and scientists
- Improves research outcomes
- Increases uptake of research findings and policies
- Inspires future generations of scientists
- Creates an overall environment in which science can flourish.

Risks associated with failing to put people at the centre of health research and innovation:

Research and Innovation would be seen as an endeavour of “outsiders” leading to:

- Misinformation/misconceptions
- Refusal of study initiation by regulatory bodies (Planned PrEP trials in Nigeria and Cameroon)
- Pre-mature study closure or termination (PrEP trials in Cambodia)
- Futile study results due to non-use of study product or poor retention (MTN-003 VOICE trial in South Africa)
- Poor uptake of health products (FC2 female condom in Sub – Saharan Africa)
- Loss of millions of research funds

What The AAS is doing to strengthen CPE

The AAS has developed a 3-year CPE strategy prioritising DELTAS Africa and H3Africa programmes. The strategy focuses on building and/or strengthening CPE capacity among AAS grant holders through:

- Training of, and cross-learning among engagement staff at lead institutions of each research consortium
- Advocacy with Institutional leadership – making a case for integration and prioritisation of CPE within institutions
- Implementing a £600,000 CPE seed fund through a call for proposals targeting DELTAS Africa doctoral and postdoctoral trainees.



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