The significance of community engagement in strengthening health systems

The Ebola epidemic has highlighted the importance of bridging trust and building common goals between the health profession and the communities they serve. Douglas Orr reports

The worst outbreak of Ebola ever seen is currently occupying headlines across the globe. As of 9 August, 1848 cases and 1013 deaths had been reported by the World Health Organization (WHO)[1] with health systems in Guinea, Sierra Leone and Liberia struggling to cope. In an editorial in June, The Lancet noted the key reasons why the new strain of the Zaire Ebola subtype was proving difficult to control: tracing infections across three countries with constant movements of people across porous borders is difficult; the countries already have weak health systems – compounded by the fact that health workers had never before dealt with Ebola; and finally, but perhaps most importantly, a lack of community trust in government has greatly hampered the response effort. The extent of this distrust was evidenced in Sierra Leone's Kailahun district, where Ebola was initially seen by communities as a government conspiracy to depopulate the area. The stoning of health workers was the result.[2]

Prior to the current outbreak of Ebola, the largest outbreak had been in Uganda in 2000. Francis Omaswa was then Director General of Health Services in Uganda and oversaw the efforts to control that outbreak. Writing in August in the Lancet Global Health Blog, he emphasised the importance of community engagement in tackling the epidemic: 'The single most important lesson we learned was that building and holding public trust by the government and health personnel is the foundation for all control efforts'.[3] Intensive communication with communities, supported by engagement with the media and local leaders working alongside community health workers (village health teams), and the introduction of field technology for quick field diagnosis were seen as key to the response. Mr Omaswa highlighted the importance of strong primary healthcare principles: leadership, good governance, and 'active participation of the people themselves'. He cautioned that these principles should be institutionalised, because they are needed anyway, and because there will be future Ebola outbreaks. The primary healthcare principles that Omaswa refers to were laid out in the Alma Ata Declaration of 1978, described by WHO as the 'major milestone of the twentieth century in the field of public health'.[4] Article 4 of the Declaration enshrines the importance

of community engagement in healthcare: 'The people have the right and duty to participate individually and collectively in the planning and implementation of their healthcare.' A systematic review conducted in 2011 noted that 'community engagement and participation has played a critical role in successful communicable disease control and elimination campaigns in many countries.'[5] Examples cited in the review included the elimination of malaria in Taiwan, of schistosomiasis in Guanxi Province in China, of malaria in Aneityum, Vanuatu, and of onchocerciasis in 2002 in 11 West African Countries.

Community engagement means different things in different contexts. It covers a range of terms such as 'community participation', 'community involvement', 'community empowerment', 'community based'.[6] Only by adding the question 'for what?' to the end of each of these terms do we get closer to understanding what motivations inform a specific intervention and what the term might look like in practice: 'community participation for what?' The 'spectrum of community engagement' proposed by the International Association for Public Participation provides useful clarification. It consists of five stages along a continuum of increasing community impact: inform, consult, involve, collaborate, empower. At the inform end of the spectrum, information is provided to the public, while at the empower end, final decision-making is taken at the community level. In between, communities might be consulted to obtain feedback, involved in developing options and collaborate in implementing solutions.

In the lessons learnt from the management of Ebola in the Uganda case, we can see that elements of the first four stages were seen to be necessary. As we progress from one stage to the next, the distance between the community and the official diminishes. Decisions

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become less remote and are increasingly within the purview of the community. As the distance reduces, clarity emerges about the necessity of interventions. Misinformation can be better managed. Community concerns can then be more quickly recognised and addressed. To what extent this actually happens and how responsive officials are, is fundamental to creating and sustaining community trust. It is a gradual and ongoing process to enable the success of interventions. If community trust in the system does not already exist to some extent, then interventions flounder, as can be seen in some areas of the current Ebola response.

So, how can we foster community engagement in health systems beyond the informing and consulting stages of the engagement spectrum? Healthcare committees are one mechanism for bringing together health workers and community representatives to plan, implement and monitor health services, and activities in many countries in Africa. But if they are to be effective, a number of factors need to be in place. Research conducted by Equinet in several African countries has resulted in a number of recommendations. To increase the effectiveness of healthcare committees, the following are essential:

a. Healthcare committees need to be backed up by enabling national public health laws and policies. Without them, the committees may not be recognised by health managers nor able to receive funds.
b. Such enabling laws and policies should themselves be supported by constitutional rights to health, to healthcare, and to public participation and information.
c. Governments should establish by regulation the roles, composition, powers, duties, capacities of and resources for healthcare committees, including to:
    - Facilitate health literacy and public health information;
    - Facilitate community identification of health needs and priorities and bring this evidence to health services;
    - Ensure community voice in health systems, with attention to disadvantaged groups;
    - Prioritise, plan and budget services with health personnel;
    - Engage stakeholders and communities on resourcing and implementing health plans;
    - Monitor health expenditures, services and actions and their impact;
    - Ensure accountability of services to the community;
    - Provide feedback to and review progress with communities;
    - Report and engage on the progress, challenges and needs of community and primary care levels at higher levels.
d. Healthcare committees should be democratically elected.
e. Healthcare committees' capacity to fulfil their roles should be built in an ongoing way, with resources provided within health budgets for both the capacity building and functioning of the committees.
f. Tools and guidance to enable the monitoring and accountability of the performance and impact of healthcare committees and health services ('social accountability tools') should be established.

At Crown Agents, we have had to work extensively on building community empowerment into the South Sudan Health Pooled Fund, as was stipulated as one of the primary objectives of the whole project. We are fund manager of the three-year, multi-donor programme, which is aimed at delivering and strengthening health services in six out of South Sudan's ten states. We had learned from previous funding mechanisms that community engagement and participation, when done in an ad hoc fashion, had achieved inconsistent degrees of success, and that interventions and innovations from Non-Governmental Organisations had not been fully documented. As a result, we established a Community Strategy Advisor role, who specifically led work to engage with the community and Ministry of Health perspectives, as well as with cross-cutting stakeholders. The Community Strategy Advisor has worked with community-based organisations, community healthcare committees, the fund's staff, and with individuals told draft, implement and maintain a comprehensive Community Strategic Plan. The plan to support and build the vital links would allow the people of South Sudan to assist with the building of their own healthcare provisions.

It is vital not to underestimate the importance of law and policy in helping to create an enabling environment for community engagement and, by extension, the effective delivery of and access to services and therefore, health outcomes. The recent AIDS2014 conference held in July in Melbourne, Australia highlighted the importance of this, particularly in relation to Key Affected Populations – those most vulnerable and likely to be exposed to HIV, including men who have sex with men, people who inject drugs, sex workers and transgender people. Speaking at the conference, Lord Fowler, former UK Health Secretary under Margaret Thatcher noted: 'Thirty-five million have HIV - half have not been diagnosed. One of the reasons for that is obviously the prejudice and ostracism that comes with either being gay, or having HIV, or being a sex worker. It's such a hostile environment to come forward. If you're going to be prosecuted, it's most unlikely you'd want to come forward to say: 'please test me I think I may have HIV'."[7] It is therefore imperative to establish robust political and regulatory environments in which community interventions can flourish, built on foundations of trust, collaboration, and cooperation between the community and health services.

References

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