

Engaging communities to defeat COVID-19

African countries should use COVID-19 as an opportunity to make health development happen in communities



'So let's do it. If health development does not happen in African communities, it will not happen in Africa nations.' These are the words of Miriam Were, a famed Kenyan Community Health Advocate, in the book *African health leaders: Making change and claiming the future*.

Dr Tedros, Director-General of WHO, regularly tells us that the path to Universal Health Coverage (UHC) is integrated people-centred Primary Health Care. The African Union Health Strategy 2016-2030 calls for 'vibrant ways of leveraging community involvement and integration' and 'a paradigm shift to assist Member States in addressing the effects of public health emergencies in a more systematic and comprehensive manner'. At face value, these quotations sound uncontroversial; however, there is no palpable movement in Africa to translate this vision into reality in African communities.

What is palpable now is the effort on COVID-19 where advocacy is about Standard Operating Procedures (SOPs); namely handwashing, social distancing, contact tracing, testing and care including provision of pulmonary ventilators. There are many education messages sponsored by partners in the media telling people what to do but none asking for the people's views. What is NOT palpable is the message that all these SOPs take place within homes, communities and workplaces except for the use of pulmonary ventilators. What is NOT palpable are messages that ask people about the challenges that they face accessing water and soap, or about stigma related to contact tracing, isolation, quarantine, travel, teenage pregnancies, gender-based violence, etc.

In the first week of October, a team from ACHEST and the Ministry of Health visited a Community Health initiative in the Ngora district of Eastern Uganda where ACHEST is implementing a pilot on inter-sectoral collaboration for health in five villages. Village Health Teams (VHTs) working under the oversight of the village administrator have mapped and numbered all households. They visit five to ten households each day, maintain a Village Health Register containing a record of the health status of members of households, share information with the families and advocate health-seeking behaviour, home cleanliness and hygiene. VHTs are facilitated with bicycles and cell phones and receive the equivalent of \$50 each month as compensation. They work in close collaboration with the health facilities and other sectors and actors such as cultural and religious leaders, community development and agriculture exten-

sion staff and parish chiefs. Once a month they conduct community dialogue and we watched the deliberations of such a meeting. It is impressive how these dialogues identify problems and solutions. Health-seeking behaviour has been transformed in these villages and in a short period of time. This is an example of sustainable community ownership in practice. There have been many such pilots in many countries but very few countries have scaled it up to national level.

The Prime Minister of Uganda recently launched the National Community Engagement Strategy (CES) for COVID-19 developed by a multi-sectoral committee that I am honoured to Chair. The overall goal is that all people in Uganda are aware, empowered and are participating actively in the prevention and control of COVID-19 as both a duty and a right, using existing structures, systems and resources as much as possible. This is underpinned by the principle that individuals have the primary responsibility for maintaining their own health and that of their families and communities. They are supported, where necessary, by skills, knowledge and technology of the professionals.

This CES will strengthen the existing Community Health Systems for Integrated People Centered Primary Health Care as the National COVID-19 response transitions to Phase 4 with widespread community transmission. The CES will ensure that infections do not occur in the community and if they do, will enable prompt identification, testing, treatment and rehabilitation.

Inter-sectoral collaboration and the Whole-of-Society approach are recognised as the most effective interventions for achieving the Sustainable Development Goals, UHC and pandemic control. COVID-19 is an opportunity to implement to scale the existing multi-sectoral Community Health Strategy. Uganda will have a strong Integrated People-Centered Primary Health Care system for the current COVID-19 response and beyond as the first line of defense against infectious diseases.

Expected outcomes from the Uganda CES are that: (1) Communities are mobilised, aware, trusting and taking ownership of personal and community responsibility for health and wellbeing, (2) Communities are actively implementing COVID-19 SOPs and the pandemic is suppressed and mitigated, (3) Uganda's health system is strengthened and better prepared to achieve SDGs and UHC long after COVID-19, and that (4) Inter-sectoral collaboration and the Whole-of-Society approach for health is institutionalised in Uganda.

I urge all African countries and partners to use COVID-19 as an opportunity to make health development happen in communities. This will generate high returns in social and human capital and economic growth.

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