

Community engagement for Universal Health Coverage

Francis Omaswa, Ama Fenny, and Shabir Moosa expound on the role of people and communities in achieving UHC

The relevance and need to engage people and communities in health development is undisputed and well documented. However, there are few countries in Africa where clearly, visible actions have been taken to build community health systems (CHS) in which people own and drive the agenda. CHS is a subset of the national health system, defined by the World Health Organization (WHO) in simplified form as “all the activities whose primary purpose is to promote, restore and/or maintain health”. In other words, health systems are “the arrangements that society makes to take care of the health of its people”. Community is defined for the purposes of this discussion as “a group of people living together in a catchment area and geographic location within a larger region or country”.

Despite the time pressure to achieve the Sustainable Development Goals (SDGs), the repeated calls from WHO Director-General Dr Tedros Adhanom Ghebreyesus and the adoption of the African Union’s Health Strategy 2016-2030, there is no palpable movement in Africa towards translating this vision of people participation into reality. This lack of commitment and action to engage communities and people in health development at national, regional and global level is illustrated by the fact that there is not a single indicator, goal or target among the Universal Health Coverage (UHC) Indicators that measures the level of people engagement and participation in achieving UHC.

Today, what is visible is advocacy on COVID-19 for people to follow Standard Operating Procedures (SOPs), such as hand washing, social distancing, and for governments to provide oxygen and pulmonary ventilators. There are, regrettably, no public education messages reflecting the challenges people face in accessing water and soap for washing hands. “If health development does not happen in African communities, it will not happen in African nations,”

Foundations of participation

The starting point is that 94% of human beings are born completely normal and healthy and can live in good health until old age without losing their health. This is because the human body is capable, on its own, of making highly informed choices on how to maintain well-being and defend itself from health risks. In physiology, we learn about homeostasis, by which the body’s internal environment is maintained in a steady

state through tightly regulated feedback mechanisms. For example, when it is hot, we sweat, which evaporates so that it cools us; when we are short on water, we feel thirsty; and the kidneys produce urine to get rid of excess water. Throughout the life cycle, the body’s state of health and well-being is maintained through these in-built mechanisms.

It is evident that the primary responsibility, ownership and accountability for maintaining uninterrupted healthy life throughout the life course rests on the shoulders of individuals, households, families and communities. Each individual should be encouraged and supported to collaborate with their body’s internal homeostatic mechanisms and ensure that their healthy status is maintained. The primary role of the health system is to ensure that individuals continue to remain healthy, do not lose their health and will not need avoidable health care. This is achieved by promoting health seeking behaviour in the population, highlighting health risks, removing them and creating environments that favour health. It is for this reason that the definition of health by WHO and the UN Declaration on Human Rights is broader than absence of disease. It is about well-being, mental, physical and social; including access to basics of life such as food, shelter, security and medical care.

Health promotion and disease prevention

The pressures to pay more attention to the needs of repairing lost health are stronger than those to promote and protect existing health. For example, an injured person or a convulsing child have to be immediately attended to and rushed to a health facility. As a result, the drama of providing health care is the more visible face of the health system receiving more attention and more resources than promoting and maintaining individual and population health.

Community Health Systems

In order to get the balance right in health system development, there is need for the people together with their government and other partners to build CHS with clearly defined roles for each player. There are entry points for governments and other actors in support of the protection and maintenance of individual and community health. Even when individuals know what to do, they still need access to healthy food, clean water, housing, education and other determinants of health which only governments can provide. Governments are legitimately called upon to shoulder the ultimate responsibility for assuring the conditions in which people can be

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as healthy as possible. This is achieved by building - in partnership with the people - responsive, integrated people-centred national and sub-national CHS.

The need for responsive health systems has two foundations. First, the health of people is a precondition for their well-being and for living productive lives. The right to life is also a right to health and to a responsive health system. The second foundation is our innate humanity of feeling for each other so that the pain and suffering of one is shared and addressed collectively so that “no one is left behind” to suffer alone. On top of these moral arguments comes new evidence that health is no longer perceived just as a cost but is an investment with high economic returns. The health economy on its own contributes to economic growth, employment and Gross Domestic Product (GDP). This is evidence that investing in population health is the best investment. The purpose of all Sustainable Development Goals (SDGs) is to contribute to the health and well-being of people and the protection of our planet. Last but not least, voters value their health and investing in the health and well-being of the population has political implications.

Guiding principles for building CHS

UHC is a political choice made by governments to provide citizens with the health services that they need without financial embarrassment. Strong government leadership is essential to create the conditions that enable people to maintain inborn health. This includes marshalling actors from across all sectors of government and the whole of society to deliver integrated people-centred PHC by enacting enabling laws and regulations, providing access to information, healthy food, clean water, decent housing, quality education and resources, among others.

The key elements needed for building sustainable integrated people-centred PHC are:

1. Local health committees that meet regularly for open community dialogue and governance. These should be led by recognized administrative cadres to ensure government leadership, and have elected representatives from the community, cultural and religious leaders, representatives of relevant government sectors and Community Health Workers (CHW) as their members.
2. A defined package of health services to be provided derived from a community diagnosis together with financing arrangements.
3. Skilled, motivated and supported CHWs who can deliver the defined package of services by visiting

households and keeping health records, distributing health commodities and information with digital tools, and linking households with the nearest health facilities and the community health committee. CHWs achieve their best results when the CHS is led through an integrated whole-of-government and whole-of-society approach which empowers and legitimises their technical work.

Conclusion

The global movement on UHC is gaining momentum. COVID-19 has shown how CHS are critical to outbreak control. The Elders Forum has issued a report calling for accelerated action, and the message that “Health is made at home and repaired in hospitals” is being popularised. Africa needs a dedicated movement on CHS, inspired and accelerated by initiatives such as the AHAIC Commission Report. This will ensure that every person in every village in Africa has the support to maintain the inborn health as well as to access the quality health services that they need. The African Union and its organs, regional economic communities, financing institutions, professional associations, CSOs, the private sector, the WHO, UNICEF and the UN should work urgently and cohesively with national governments to make this happen by 2030.

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