Enhancing Community Health Systems: the Significance of Gatekeepers.

The article underscores the vital role of Community Gatekeepers in promoting health, preventing diseases, and enhancing overall well-being within communities

Introduction

During the recent COVID-19 outbreak in Uganda, the country adopted the Community Engagement Strategy (CES) as an effective approach to enhance the community's response to the pandemic. The

primary objective of this strategy was to raise awareness, empower individuals, and encourage active participation of all Ugandans in preventing and managing the COVID-19 outbreak. This involvement was not just seen as a responsibility but also as a fundamental right and duty, making use of existing structures, systems, and available resources to the fullest extent possible.

In a collaborative effort to support the Ugandan government's response to the COVID-19 outbreak, the Japan International Cooperation Agency (JICA) contracted the African Centre for Global Health and Social Transformation (ACHEST) in May 2022 to pilot the implementation of the strategy in four districts: Amuru, Busia, Mukono, and Ngora. The JICA-supported CES Project implementation concluded in March 2023. Additionally, ACHEST aimed to share the lessons learned from implementing the strategy to support the nationwide scaling-up of this approach. In carrying out this task, ACHEST teams reached out to communities through 'Community Gatekeepers.'

Understanding Community Gatekeepers

Gatekeepers play a vital role in various industries, serving as intermediaries that regulate access between different points. They may grant, control, or delay access to services and also oversee the quality of work according to agreed standards . In China, gatekeeping mechanisms within primary care institutions (PCIs) have been instrumental in promoting a tiered healthcare delivery system . Similarly, in South Africa, gatekeepers at the local level, including councilors, policemen, traditional leaders, state officials, and health personnel, helped disseminate state regulations for managing COVID-19 among rural communities . These gatekeepers facilitated a shift from a top-down biomedical approach to a more people-centered and community-engaged approach in handling the pandemic.

This article describes our experience working with community gatekeepers in response to COVID-19 outbreaks in Uganda. ACHEST teams encountered various types of community gatekeepers who acted as intermediaries, influencers, and connectors between the community and healthcare systems. These individuals, organizations, or institutions held a significant degree of trust, respect, and authority within their communities,

David Okello, Robert Odedo, Enos Emulu and Francis Omaswa, African Centre for Global Health and Social Transformation (ACHEST), Plot 13B Acacia Avenue, Kampala, Uganda Email contact: dokello@achest.org

enabling effective communication, collaboration, and engagement between healthcare providers, policymakers, and community members.

Gatekeepers for COVID-19 Response

As part of the National CES for COVID-19 response implementation, the Government of Uganda established COVID-19 taskforces at the national, district, parish, and community levels. ACHEST teams collaborated with and through these structures to operationalize community-focused efforts for pandemic management. Here are key community gatekeepers we encountered and their roles:

1. **Village Health Teams (VHTs)**: These are community volunteers selected and trained by the Ministry of Health to provide accurate health information, mobilize communities, and connect them to health services. The VHT program, established in 2001, aimed to bring health services closer to the population . In Uganda, each village is mandated to have 4-5 VHT members. VHTs played a pivotal role in COVID-19 control through awareness raising, home-based care, case finding, contact tracing, and promoting adherence to standard operating procedures (SOPs). They maintained household health registers, monitored health conditions, hygiene, and referrals to health facilities, and encouraged communities to improve their own health by protecting their environment.

2. **Cultural and Religious Leaders**: These leaders played a significant role as gatekeepers to the community due to their influence, respect, and authority. They contributed to building trust and confidence in national measures to control the pandemic, acted as messengers, agents of change, and influencers, and provided access to community networks. Their roles included:

   - Trust and Influence: Cultural and religious leaders were highly respected and trusted figures within their communities, influencing health-related behaviors and attitudes.
   - Cultural Sensitivity: They bridged the gap between modern healthcare practices and traditional beliefs, ensuring culturally sensitive health interventions.
   - Communications and Messaging: They effectively conveyed health information using culturally appropriate language and metaphors.
   - Behavioral Change: By incorporating health messages into religious sermons or cultural events, they inspired positive behavioral change.
   - Preventive Measures: They actively promoted preventive measures such as vaccinations, hygiene practices, and regular health check-ups.
   - Support to Vulnerable Groups: They identified and supported vulnerable individuals, reducing stigma associated with COVID-19 and other conditions.

Community engagement for COVID-19 response

3. **Local Elected Leaders***: Elected local leaders in Uganda, including Local Council chairpersons (LCI), II, and III, played a crucial role in disseminating health-related information and promoting healthy behaviors. They collaborated with various entities to form the Village COVID-19 Taskforce (VCTF), ensuring the minimization and prevention of infections, as well as efficient identification, testing, treatment, and rehabilitation within the community.

The VCTFs emerged as pivotal agents, galvanizing communities to foster social cohesion, peace and development efforts aimed at enhancing livelihoods. Through regular monthly community dialogues, the VCTFs provided an avenue for comprehensive discussions. This whole-of-society approach was the foundation of trust, a prerequisite for the effective execution of the community's response to COVID-19 outbreaks.

4. **Educators**: Teachers and school administrators cultivated health awareness and promoted healthy practices among students and their families, making a significant impact.

5. **Community Organizations**: Non-profits, grassroots organizations, and local clubs leveraged their established community connections to champion health initiatives and facilitate resource accessibility.

6. **District and Sub-national Health Authorities***: ACHEST teams obtained clearance from national authorities to pilot CES for COVID-19 response in four districts. District Health Officers (DHOs) played a critical role in granting permission for engagement with specific communities, and District COVID Taskforces provided oversight.

Addressing COVID-19 Misinformation and Disinformation

It is essential to acknowledge the growing influence of social media platforms, which have amplified the dissemination of false and misleading information with dire consequences. Many individuals have struggled to comprehend and implement scientifically grounded preventive measures, thereby jeopardizing their safety and that of their communities . In line with Boberg et al , we recognize that the pandemic provided an opportunity for the spread of fear and conspiracy theories online, aimed at destabilizing social and political order. In the Acholi sub-region specifically, unknown groups disseminated misinformation and disinformation via social media platforms, influencing community perceptions about COVID-19 vaccinations in particular. Engaging formal community gatekeepers was crucial in countering their influence.

Conclusion

This article underscores the vital role of Community Gatekeepers in promoting health, preventing diseases, and enhancing overall well-being within communities. These gatekeepers bridge gaps, foster trust, and facilitate communication between healthcare providers and community residents. The success of Community Engagement for COVID-19 response depended on the effective engagement and active participation of these community gatekeepers. It also highlights the growing influence of social media platforms and the necessity for a national strategy to combat health-related misinformation and disinformation in the digital age

References

i. https://www.redcrossug.org/images/forms/NATIONAL-COVID-19-COMMUNITY-ENGAGEMENT-STRATEGY-300920-V3.pdf

ii. What are Gatekeepers? Definition in Healthcare and Example, by Aron Barone. https://www.investopedia.com/ask/answers/08/gatekeeper.asp

iii. State Council guidance on the promotion and development of medical consortium. Bull State Council People's Repub China. (2017) 13:14–8.

iv. https://academic.oup.com/book/45348/chapter-abstract/389258347?redirectedFrom=fulltext

v. Uganda's Village Health Teams Program. https://chwcentral.org/ugandas-village-health-teams-program/#:~:text=Roles%2Fresponsibilities&text=Other%20specific%20roles%20of%20VHTs,conducting%20referrals%

vi. Posetti, Julie, and Kalina Bontcheva. 2020. Disinfodemic: Deciphering COVID-19 Disinformation. Policy Brief 1. Paris: UNESCO