Community-Oriented Primary Care (COPC) in Rural Malawi: Towards Defining its Identity

Modai Mnenulaet al describes what Community-Oriented Primary Care (COPC) is , its models and challenges in sub Saharan Africa with an example from rural Malawi.

Introduction and Definition

Community-Oriented Primary Care (COPC) integrates primary care services with community engagement to comprehensively address local health needs. It emphasizes prevention, community involvement, and accessibility. A key feature of COPC is the integration of health services with community participation, ensuring healthcare is both accessible and responsive to the unique challenges of local populations (1). This approach also underscores the significance of addressing social determinants of health, actively involving community members in decision-making, fostering trust, and improving health outcomes (2). However, definitions of COPC vary across countries, reflecting differing priorities and desired outcomes. In Malawi (and in many sub-Saharan African countries), while the explicit term "COPC" may not be widely used, several features illustrate its application within diverse organisations.

Models and Challenges of COPC in sub-Saharan Africa

In sub-Saharan Africa, COPC is characterized by principles that address local health challenges through community-centered strategies. COPC across the continent must overcome the following barriers: limited integration within the health system, resource constraints (including workforce shortages), and lack of standardized frameworks and guidelines, insufficient community engagement and ownership, fragmented identity, and challenges in monitoring and evaluation (3).

Community Health Worker (CHW) programs are integral to PHC, providing household-level care for conditions such as HIV, tuberculosis, and non-communicable diseases (NCDs). These programs have expanded to address broader health needs, including family planning and antenatal care, resulting in improved chronic care adherence and increased antenatal care attendance (2). Efforts to integrate chronic disease management, including NCDs, into PHC settings continue but are constrained by workforce shortages and inadequate facilities. Community engagement initiatives mobilize rural populations by promoting culturally appropriate health education and fostering self-help motivation (4). Task-shifting is a key strategy for managing chronic and infectious diseases. Programs such as HIV outreach have significantly improved health indicators in Malawi. COPC also prioritizes comprehensive and continuous care, integrating prevention, treatment, and health promotion, with growing attention to mental health services.

The educational model of COPC within the Family Medicine department at the Kamuzu University of Health Sciences in Malawi focuses on patients seen in clinics at hospitals with cases of interest to consultants. A resident attached to the patient takes a holistic



Figure 1: Teenage mother visited by registrar, Dr Chilambe to understand more on health related challenges faced by teenage mothers, COPC program in Jalasi Community, Mangochi District, Malawi.

Modai Mnenula, mmnenula@kuhes.ac.mw, Dalitso Chilambe, Prosper Lutala, Department of Family Medicine, School of Medicine and Oral Health, Kamuzu University of Health Sciences Blantyre, Malawi.



Figure 2 : Community participation: a group discussion on enablers of teenage pregnancies in Jalasi community of Mangochi District, Malawi.

approach to ensure proper management of the current disease episode and continuity of care. Briefly, the model encompasses clinical management, follow-up at home, family assessments, and the collection of relevant elements from the patient's environment. One of the Family Medicine resident, Dr. Chilambe adopted Jalasi community within Mangochi District. He does COPC visits within Jalasi since he started post graduate training in Family Medicine. One day, Dr Chilambe was running post-natal check-up clinic at Jalasi Health. This day he was looking after a 15 year-old that had come for check-up three weeks post-delivery. After the clinic he arranged for a home visit (see figure 1) for this client in order to deepen understanding of health related problems that teenage mothers go through in this community. Upon visiting client's household, he was welcomed by a number of teenage mothers who happen to be friends of the index client. This astonished Dr Chilambe and decided to organize a stakeholders meeting at Jalasi Community, invitees were: village health committee, primary school teachers, chiefs, religious leaders and non-governmental organisations in health sector. Three groups of about five to six people, each representing key stakeholders in health sector at Jalasi composed these groups. They brainstormed and accepted teenage pregnancy is really an issue at Jalasi later on looked triggers and potential solutions to reduce prevalence of teenage pregnancies in this community. (see figure 2). The findings from the meeting was later presented to Family Medicine COPC and district health leadership for possible integration into the district health system as an intervention to reduce teenage pregnancies in Jalasi Community in Mangochi district, Malawi.

However, the connection between primary care and public health remains limited to the family environment due to resources' constraints. In Mangochi District, this has been possible due to the presence of family medicine post-graduate training program run under the Department of Family Medicine of the Kamuzu University of Heath Sciences (KuHeS) with support from SEED Global Health Malawi.

In summary, COPC in sub-Saharan Africa incorporates characteristics such as community engagement, task-shifting, and comprehensive care to overcome health system challenges.

Challenges and the State of COPC in Malawi

Community-Oriented Primary Care (COPC) in Malawi encompasses several key components critical to effective health service delivery. At its core, COPC integrates primary care with community health initiatives to holistically address population health needs. Health Surveillance Assistants (HSAs) (community health workers in Malawi) are central to this integration, serving as primary links between health facilities and communities. They provide essential services such as health education,



A team interracting with a teenager on issues of reproductive health

disease prevention, and basic healthcare. HSAs are particularly vital in rural areas where access to healthcare facilities is limited; ensuring that primary care reaches underserved populations (5).

Another significant component of COPC in Malawi is the emphasis on community engagement and participation. Effective COPC models prioritize community involvement in health decision-making processes, fostering ownership and accountability (6), another attribute of COPC in Malawi. This participatory approach tailors health interventions to specific community needs, improving health outcomes and reducing disparities (6). The incorporation of mental health services into primary care is another critical aspect of COPC in Malawi. Mental health is often neglected in primary care settings despite its significance. Programs integrating mental health care into primary health services have been developed, focusing on training HSAs and other healthcare workers to recognize and manage mental health conditions (7). This integration addresses the high prevalence of mental health disorders in Malawi, particularly in rural areas where stigma and lack of awareness hinder access to care (7). However, Malawi primary care (PHC), while foundational, faces challenges such as resource maldistribution, service fragmentation, and staff shortages that limit its effectiveness.

Continuous evaluation and adaptation of COPC programs are essential for their effectiveness and sustainability. Using assessment tools such as the Primary Care Assessment Tool (PCAT) allows measurement of primary care performance dimensions, including community orientation, comprehensiveness, and continuity of care (8). A key limitation remains the limited reach of this approach, as several districts lack a well-defined community approach that aligns primary care and public health under a unified team with shared objectives and standardized methodologies.

Way Forward

Strengthening COPC in Malawi requires concerted efforts to integrate it into the national health strategy, develop standardized guidelines, increase resource allocation, and promote community ownership. Addressing these gaps and defining a clear identity for COPC can enhance its potential to improve health outcomes and equity in Malawi.

.

References:

1. Maher D, Sekajugo J, Harries AD, Grosskurth H. Research needs for an improved primary care response to chronic non-communicable diseases in Africa. Trop Med Int Health. 2010 Feb;15(2):176-81. doi: 10.1111/j.1365-3156.2009.02438.x.
2. Callaghan M, Ford N, Schneider H. A systematic review of task- shifting for HIV treatment and care in Africa. Hum Resour Health. 2010 Mar 31; 8:8. doi: 10.1186/1478-4491-8-8.
3. Kok, M.C., Namakhoma, I., Nyirenda, L. et al. Health surveillance assistants as intermediates between the community and health sector in Malawi: exploring how relationships influence performance. BMC Health Serv Res 16, 164 (2016). https://doi.org/10.1186/s12913-016-1402-x
4. Ibiloye, O., Masquillier, C., Jwanle, P., Belle, S., Olmen, J., Lynen, L., … & Decroo, T. Community-based art service delivery for key populations in sub-saharan africa: scoping review of outcomes along the continuum of hiv care. Aids and Behavior. 2022; 26(7): 2314-2337. https://doi.org/10.1007/s10461-021-03568-3
5. McBride K, Moucheraud C. Rural-Urban Differences: Using Finer Geographic Classifications to Reevaluate Distance and Choice of Health Services in Malawi. Health Syst Reform. 2022 Jan 1;8(1):e2051229. doi: 10.1080/23288604.2022.2051229.
6. Savage Hoggard CL, Kaufman A, Michener JL, Phillips RL Jr. Academic Medicine's Fourth Mission: Building on Community-Oriented Primary Care to Achieve Community-Engaged Health Care. Acad Med. 2023 Feb 1; 98(2):175-179. doi: 10.1097/ACM.0000000000004991.
7. Wright J, Common S, Kauye F, Chiwandira C. Integrating community mental health within primary care in southern Malawi: a pilot educational intervention to enhance the role of health surveillance assistants. Int J Soc Psychiatry. 2014 Mar; 60(2):155-61. doi: 10.1177/0020764012471924.
8. Dullie L, Meland E, Hetlevik Ø, Mildestvedt T, Gjesdal S. Development and validation of a Malawian version of the primary care assessment tool. BMC Fam Pract. 2018 May 16; 19(1):63. doi: 10.1186/s12875-018-0763-0.