As We Care, So Must We Lead: Why Participation Is Core to Strong Health Systems

Maya Fakhfakh writes on participation as the bridge between how we care for patients and how we lead communities.

A few years ago, I co-authored an article on person-centered care[1], an approach that recognises individuals not as cases but as people whose values and social realities should guide how their care is managed[2]. The paper focused on three African regions: North, Central, and Western Africa. Having trained in Tunisia, I had witnessed the gaps between these ideals and the everyday realities of clinical work. In many African countries, including my own, the idea that a patient could meaningfully participate in decisions about their health can feel unfamiliar, simply because systems are overstretched, health literacy varies widely, and physicians manage heavy workloads that leave limited time for deeper dialogue. Yet while working on that paper, I also saw encouraging signs: curricula that foster critical thinking about health behaviors and early steps toward greater participation. That duality stayed with me, the gaps but also the seeds of change.

That same feeling came rushing back when I joined the Elevate Africa Fellowship, a mid-career leadership program designed to support African leaders who have demonstrated a sustained commitment to driving positive change in the continent. Being part of this community reminded me of what it really takes to build change: belief in transformation rooted in local context and in leadership that creates space for participation and shared purpose. Just as patients deserve more than to be "cared for," communities deserve to take part in their own transformation.

This principle works the same way in healthcare and community work. Effective care adapts to context. Sometimes it opens the door to participation and empowerment. Other times, such as during emergencies, decisions must be swift. But even in crisis, lasting change requires understanding people's lived experiences. No one takes medication they cannot afford. No one accepts care that contradicts their values, no matter how sound the science. In community work, the same logic holds. Top-down decisions may create movement, but lasting change only happens when people see themselves in the process.

That truth became even clearer to me in my current work on cervical cancer, one of the leading causes of death among African women despite being highly preventable [3]. It is not just a medical problem but a deeply complex one, where limited access to care, stigma around sexual and reproductive health, and low awareness compound to delay diagnosis and treatment [4]. Through our work at MednTech, we approached this complexity with participation built in from the start. We co designed and piloted an AI powered screening app with nurses, doctors, and midwives across sub-Saharan Africa to fit the realities of their daily practice. Then, during our real-world implementation in Rwanda, we showed women images of their own cervix and explained their anatomy and results in real time. Understanding replaced myths, and many left determined to encourage others in their communities to get screened.

This example shows how participation moved beyond the screening room: women left with their results, and the confidence to spread awareness and increase uptake in their communities. That is where lasting change happens: in collective action and in communities that, once empowered, carry change forward themselves. As we care, so must we lead.

References

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