Review article

Community participation in prevention and control of infectious diseases

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Introduction

Historically, the health status of the people of Bangladesh has been greatly influenced by communicable diseases. Infant mortality, maternal mortality, life expectancy and many other health indicators are determined by diseases like cholera, malaria, kala-azar, tetanus and diphtheria. Contamination of water, prevalence of vectors, poor nutritional status and poor hygienic behaviour increase people's vulnerability to sickness and death when exposed to various communicable diseases. In recent years, however, measures including provision of safe water, better nutritional interventions, vector management, and strengthened immunization efforts brought improvement in health scenario of the country.[1]

Health service is a basic requirement for every human being and it is liability of government to ensure adequate medical facilities to the people. People involvement is central to all aspects of human development of which health is one. During the last two decades it becomes obvious that people's participation is not only beneficial but essential in the pursuit of better health objectives. According to the Alma-Ata conference in 1978, community participation was described as an essential component of primary health care.[2]

Need for community participation

Community participation is one of the key factors in building an empowered society. It entails active citizen involvement in all aspects of strategic planning, local development planning and implementation of project and programmes. The term community participation is also known as public participation.[3]

Numerous scholars, practitioners and organizations including The Global Fund, NIH, WHO, the CDC, the Pan American Health Organization and the Institute of Medicine have offered guidance on authentically engaging and partnering with communities in local level planning, implementing and evaluating relevant public health responses, including culturally effective methods of tracking and treating the disease and monitoring the results.[4]

Community participation is a way of involvement of people in the process of decision making. Here, decisions are to be in relation to development planning, and political and administrative or other types of decisions that are related to the people directly or indirectly. The government's approach to participation in development efforts includes building awareness of the people in order to increasing their understanding of the process and functionality, defining awareness in terms of 'making the learners capable to shape their own future'.[5]

Generally, public participation should facilitate the involvement of those who are potentially affected by or interested in a decision. The principle of public participation holds that those who are affected by a decision have a right to be involved in the decision-making process. Public participation implies that the public's contribution will influence the decision and enrich it. The role of public participation in human and economic development was formally enshrined in the African Charter for Popular Participation in Development and Transformation, 1990.[6]

Integrated community-based control strategy requires every community to be involved in the effort to control disease outbreaks, under the leadership of the government. A multi-sectoral collaboration mechanism need to be established during the crisis period that should very much involve the community leaders and different occupational groups. The health authority should be responsible for extending the technical support. Here, a community is defined as a collection of residential units, situated in a given geographical area with an administrative structure; understandably, the geographic size may vary greatly.[7]

Implications of community participation

There have already been arguments that community participation, as defined in the Alma Ata Declaration, has limited application in vector-borne diseases. Although providers of primary health care duly recognizes the importance of good quality curative services to enable communities to participate in interventions and to adhere to treatment, it is not clear how to involve communities most effectively in developing strategies that address their needs. The reality is that most communities where vector-borne diseases are endemic lack institutional systems and structures to encourage people to participate in control strategies, and if they are present, they do not function adequately.[8]

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The attention paid to community participation as an essential component of primary health care and as a precondition to Health for All is a historically agreed fact. Many of the difficulties faced since 1978, when community participation was first introduced as a formal strategy, were already experienced in public health arena some decades earlier. Previous experience and difficulties encountered while attempting to involve communities in disease control, and of sustaining such programmes over time, appears to have passed largely unnoticed, with few lessons drawn from that experience. In the first half of the 20th century, a variety of public health programmes were operating with some measure of what would later be called "community participation". These programmes were not unique to a particular region. In tropical countries, the majority of which were colonies, public health programmes complemented curative services. Community involvement in some of these were successful, generally because the interventions with which they were linked were efficiently organized. However, broad-based interventions, including those that depended upon improved or changed living conditions, were somewhat less successful.[9]

Many a times scientists concluded that the spread of infectious diseases in epidemic forms were aided by the ignorance, laziness of the community people and also government agencies. However, the people, religious scholars, leaders and government agencies were not organized to participate in prevention and eradication, hence, the chances of transmission of infection increased in the communities.[10]

In a democratic system, public participation plays a vital role and helps in peoples' empowerment, where public participation is seen as working under "people centred" or "human centric" principles, was advanced by the humanist movements and in the context of postmodernism, may be advanced as part of a "people first" paradigm shift. In this case, it is argued that it can sustain productive and durable change.[11]

Types of Community Participation

Participation can be viewed from different perspectives and there are several types of participation. They include passive participation, participation in information giving, participation by consultation, participation for material incentives, functional participation, interactive participation and self-mobilisation.[12]

Community participation for the community

Community engagement and participation has played a critical role in successful disease control and elimination campaigns in many countries. Despite this, its benefits for control and elimination of many diseases are yet to be fully realized. This may be due to a limited understanding of the influences on participation in developing countries as well as inadequate investment in infrastructure and resources to support sustainable community participation.[13]

The public sector health services in Bangladesh have been less than successful in providing health and family planning care according to the expectations of the people. The government adopted the strategy to build a partnership of public-sector facilities and providers with the community to address the health needs of the local population efficiently and effectively and to ensure long-term sustainability of the essential healthcare provision. It was expected that where the community is involved, the programme would succeed. Community involvement was a central theme in the development of the HPSS, with a plan to build a partnership between government and the community to support service development. The HPSP envisaged that community involvement in implementation and monitoring for the ESP would be used as an entry point for such partnership. Involvement of community in management and operation of Community Clinics (CCs) was planned to be implemented through formation of Community Groups (CGs) representing people from all walks of life in the catchment area of each CC.[14]

Community partnerships can prevent rumors, fear and distrust that have sometimes resulted in the hiding of ill or dying family members. The WHO guidelines on safe burial of Ebola victims (WHO, 2014b) exemplify the utility of this approach. Prepared in consultation with medical agencies, community members and faith-based organizations, the guidelines stress that while burials must be safe, they can still be dignified, taking cultural and religious beliefs into account and, in the process, building trust with the communities.[15]

Conclusion:

Several countries have demonstrated the ability to reduce, or stop transmission of the COVID-19 virus. The Strategic Preparedness and Response Plan for COVID-19 aims to slow down and stop transmission, prevent outbreaks and delay spread; provide optimized care for all patients, especially the seriously ill; minimize the impact of the epidemic on health systems, social services and economic activity when they involve people to share responsibility. Involving the community in public health emergency operations centres and other emergency response systems early and sensitizing the public to their active role in the response should be the key to prevent and control the severity of the outbreak. Building effective community preparedness plans to control the pandemic, enhancing institutional activities, and ensuring adequate physical space, staffing and supplies are essential to address the patient care needs.[16]

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