International Journal of Preventive, Curative & Community Medicine
Volume 5, Issue 2 - 2019, Pg. No. 34-38
Peer Reviewed & Open Access Journal

Review Article

Role of Community Participation in Achieving Universal Health Coverage

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DOI: https://doi.org/10.24321/2454.325X.201913

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How to cite this article:
Kishore J, Tripathi N. Role of Community Participation in Achieving Universal Health Coverage. *Int J Preven Curat Comm Med* 2019; 5(2): 34-38.

Date of Submission: 2019-06-15
Date of Acceptance: 2019-07-10

A B S T R A C T

Successful community participation represents the deepening of democracy and the equitable empowerment of people and can play a transformative role in society. Participatory approaches in form of participation of communities, local elected bodies and Civil Society Organizations (CSOs) are some of the important prerequisites for successful implementation of Universal Health Coverage (UHC) and reported to have a positive impact on health outcomes. From the successful examples of community participation include CSOs and Panchayati Raj Institutions (PRIs), it is possible to achieve universal health coverage in the country, but fairness in resource allocation in different sections of society and use of innovation and technology are major concerns.

Keywords: Community Participation, UHC, Community Engagement, Civil Society Organizations

Introduction

The health goal under the United Nations Sustainable Development Goals is, contentiously, the most important target on the agenda of India and other member countries because of its inextricable connection with other indicators of socio-economic development like poverty, zero hunger (nutrition), quality education, gender equality, clean water and sanitation. The essence of this goal is to *"ensure healthy lives and promote well-being for all in all ages",* which implies *universal health coverage*. Therefore, Universal Health Coverage is defined as "ensuring equitable access for all Indian citizens, to affordable, accountable, appropriate health services of assured quality as well as public health services addressing the wider determinants of health with government being the guarantor and enabler, although not necessary the only provider of health and related services".[1]

Now to achieve the goal of Universal Health Coverage, there are certain core areas to stress upon. Community participation is one such area which could be considered as the backbone of Universal Health Coverage (UHC). The effective performance and optimized roles of grassroot organizations are essential to the integration of community participation for delivering UHC. In the declaration of Alma-Ata in 1978, Member States also agreed that community participation is a fundamental component of primary health care. It is involvement of people in a community to solve their own problem. People cannot be forced to participate but should be given an opportunity to bring change could which affect their lives. As per definition given at Alma Ata declaration *"Community Participation is the process by which individuals and families assume responsibility for their own health and welfare and those of the community and develop capacity to contribute to their and the community's development*".[2]

Community Participation Versus Community Engagement

There are well-documented experiences in community participation and engagements in the health sector, not all of them were successful. The term community engagement, as opposed to participation, emerged from the field of health research and focused on the deliberate integration of communities into the design and implementation of research activities. Community engagement and participation have the same goal- i.e**.** improving public health service deliveries and policy projects. However, both are not initiated by the same actors. Indeed, community engagement is a *top-down* initiative. Hence, it is implemented by a governmental body such as a city/ town/ village. The government officials are the ones encouraging citizens/ communities to discuss, assess policies and contribute to the projects. On the contrary, citizens implement community/ citizen participation which is a *bottom-up* initiative.

Apart from the community participation and community engagement, the term community mobilization is also an attempt to attain Sustainable Development Goal (SDG) by bringing both human and non-human resources together to undertake developmental activities. Community mobilization is a process through which action is stimulated by a community itself or by others, that is planned, carried out and evaluated by a community's individuals, groups, and organizations on a participatory and sustained basis to improve the health, hygiene and education levels so as to enhance the overall standard of living in the community.

We have seen examples in the past that participatory approaches always have a positive health impact. It is essential to have involvements of communities, local elected leaders, Civil Society Organizations to make communities aware about their rights thereby reducing asymmetries and inequalities. It's also necessary for equitable access to healthcare and to make health services accountable and responsive towards community needs.[3]

Relevance for Participatory Approaches

Participatory approaches contribute to:

- Increased uptake and quality of health services.[4]
- Financial protection for individuals and communities accessing health care.[5]
- Improving health behavior and health awareness in communities.[6]
- Strengthening social capital and deepening democratic processes.[7]

Indicators of Community Participation

- Increase people's participation with online sign-ups or registration in Out Patient Department (OPD).
- Increase people's participation with facility booking.
- Increase people's participation with social sharing (increase awareness about the facility through participants).
- Increase people's participation with data (actual attendance, compliance etc).
- Increase people's participation with memberships.

Gaps in Policy Making for Community Participation

Legal Frameworks: There is inadequate articulation in the law to support mechanisms of community participation in planning and administering health services.

Grievance Redressal Mechanisms: It is not supported by credible institutional mechanisms that are accessible for the poor, and there is little explication of corrective and punitive measures.

Urban Areas: No urban equivalent of a framework for participatory health governance governance existed. Recently Resident Welfare Associations have been involved in various health programs with partial success. Most of the urban areas lack community health workers.

Ways to Increase Community Participation and Community Engagement

- An active and representative participation can be promoted by enabling all community members to influence the decisions that affect their lives.
- Community members should be engaged in learning about and understanding community issues, and the economic, political, social, psychological and environmental impacts associated with alternative courses of action.
- A community engagement ranges from simple information sharing to consultation and at the end to active participation.
- An information sharing should be accurate, easy to understand, accessible, relevant and interesting, delivered through appropriate channels and should direct community to where they can consult whenever required.

When we reach to the stage of active participation, which can be defined as a collaboration here community members actively shape policy options, but the responsibility of final decision rests elsewhere, we can follow certain techniques including participatory action research, advisory committees, community conferences and seminars, focus groups, citizens panel, community forums etc.

Specific steps to Increase Community Participation

- Building skills and confidence of Community Health Worker (CHW).
- Building internal community support for CHWs.
- Building external support (government as well as non-governmental) with a strong public sector support for CHWs.

ISSN: 2454-325X
DOI: https://doi.org/10.24321/2454.325X.201913

- Providing training to public sectors employees for community participation.
- Identifying various external challenges and acting accordingly to increase participation of community.
- Long term programs to achieve target oriented as well as empowerment-oriented outcomes.

Successful Examples of Community Participation in UHC

There have been several examples which can tell us about the success of community participation in healthcare. We have examples of Community Health Workers including Accredited Social Health Activists (ASHAs) and Anganwadi Workers (AWWs) which have helped in improving outreach with community members and have acted as an efficient link between health system and community.[8] They have helped in improving health conditions in community especially in marginalized groups. Community Health Workers have successfully been providing various services, mobilize community and facilitate inter-sectoral coordination. Other successful examples of community participation include Civil society Organizations (CSOs) and Panchayati Raj Institutions (PRIs). CSOs which function through National Health Mission have found to make an impact over constructive community mobilization and have supported demands for better health rights and services. Their functioning has made a remarkable impact over service quality, utilization of services, coverage and health outcomes.[9-13] PRIs on the other hand work for inter-sectoral coordination through the (Village and Block) Health and Sanitation Committees to achieve better health conditions of community.[14,15]

We have successful examples from the state of Kerala in India where actions by local people and elected community leaders have made the health services more responsive towards local health and have made a positive impact to strengthen the overall performance of many health-related services. The community involvement can also be initiated by other sources like i) *Creating models and other management inputs*; through a number of civil society initiatives especially in coordination with NGOs. In these instances, the NGOs either put forth models providing a range of services, or the government contracts out various services that the NGOs provide on its behalf. ii) *Community Health Insurance;* which includes a number of community based financial initiatives that have tried to improve access to, and ownership of the health system by prepayment mechanisms.[16,17,18] iii) *Community Monitoring*; in which the communities actually getting involved in monitoring activities and holding the health system accountable. Such type of monitoring may focus on availability of services, accessibility of services, quality and equity. iv) *Community Planning Initiatives*; where communities are involved in the actual articulation and evolution of village level health plans.[4,19] v) *Inter-sectoral Convergence*; which is recognized as a crucial aspect of the comprehensive Primary Health Centre (PHC) approach and essential for the success of any universal health care system, the exact mechanisms and structures need to be evolved based on complex local realities. While departmental differences may remain a factor for service providers and bureaucrats, for the people at the village level convergence is beneficial. There is thus great potential both for non-health work benefitting the overall health of the community, and also for communities to recognize the importance of inter-sectoral activity and take the lead in making it happen.

With all these examples giving us the performance report of various community participation activities to achieve various health related goals and for betterment of health of community. Such examples give us an insight about the impact such activities can have to achieve a state of positive health of a community. When one think of achieving the goals of Universal Health Coverage, one needs to involve various stakeholders for that. Community is a major stakeholder and thus one needs to get the insight of what a community wants, what all services are being provided to a given community and how authorities can include more services and facilities related to health.

Failures

Many a times one cannot analyze the exact need of a community and hence the objective of community health development is not achieved. Many such examples are found to be associated with deficiencies in various community participation techniques. One such deficit is Village Health Sanitation Committees, Rogi Kalyan Samities and Nutrition Committees, which was a system of participatory government. They were insufficiently decentralized financial and management structures with opaque governance processes, leading to weakened organisational capacity. They also suffer from poor awareness of roles and nonprioritization of health agendas.[20] Overburdened Community Health Workers in many areas, is another example, where community participation does not achieve, what it is intended to. Certain other deficits include i) CHW performance and affiliation which have a single CHW for a geographical unit and it sometimes creates an excessive burden on the individual. Its performance is linked to sustained support from the formal health system with which she/ he is affiliated, as well as quality of training, but both of these are frequently inadequate. ii) Inadequate awareness of health entitlements in which efforts were done to enhance public awareness about available health services and associated health rights however have had limited success.

Achieving Community Participation

In order to achieve the goal of Universal Health coverage, a lot is needed to be done with community participation.

ISSN: 2454-325X
DOI: https://doi.org/10.24321/2454.325X.201913

Though we have witnessed a lot of successful examples of community participation, but still several deficits are there which are needed to be addressed.

The principles of equity, social justice and participation are fundamental to the spirit of universal health coverage and they pose a challenge to the standard nomenclature of 'coverage', because this alone does not ensure equitable access, participation and utilization. An alternative vision of UHC is premised on the integral role of citizen engagement in all elements of health policy and program formulation. What these roles are and how they can be integrated into the health sector needs to be re-examined. Important roles that different kind of CSOs have played for enhancing quality of health services and for ensuring equitable access need to be acknowledged. These include actual service provision, health education and entitlements awareness, monitoring of health services, research and advocacy for inclusion of the most marginalized groups and their health needs, facilitation of dialogue between communities and the health system, and engagement with the health system for health sector reforms.

We need to have a strengthened community participation mechanism with formation of various health councils at village, block, district state and national levels. Such councils can have people's representatives at different levels in health decision making. There is a definite need of increasing the number of community health workers as currently the number is inadequate to support basic preventive, promotive and curative care of the community. Existing village health and sanitation committees should be transformed into participating health councils. The role of elected representatives, Panchayat Raj Institutions in rural areas and local bodies in urban areas should be enhanced. Regular health assemblies at different levels to enable community review of health plans and their performance should be organized. Civil society organizations (CSOs) and non-governmental organizations should be strengthened and utilized to contribute effectively for community mobilization, information dissemination; community based monitoring of health services. A system of the formal grievance redressal mechanism should be instituted at the block level to deal with confidential complaints and grievances about the health services.

Conclusion

To facilitate local health planning, implementation and monitoring, the role of both the local elected bodies and civil society has been critical. The success of participatory planning platforms globally depends upon the central role of civil society organizations and upon adequate investment of time and resources in capacity building. NGOs play critical roles in handholding and training and as interlocutors between communities and governments. Community health workers appear to improve equitable access and enhance the impact of public interventions for maternal and child health, malaria and tuberculosis. Community financing approaches have selectively been successful in providing financial protection for individuals and communities, especially when built into pre-existing cooperative movements or self-help group initiative. Therefore, community participation is crucial for universal health coverage and should be promoted through various techniques to achieve Sustainable Development Goals.

Conflict of Interest: None

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ISSN: 2454-325X
DOI: https://doi.org/10.24321/2454.325X.201913

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ISSN: 2454-325X
DOI: https://doi.org/10.24321/2454.325X.201913