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Generating Strategies for Strengthening Health Systems through Community Participation

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Abstract

This paper examines the challenges facing health systems, and hypothesizes community participation as a panacea toward tackling them. Health systems are constrained by many internal and external problems such as human resources, financing, drugs, supply system, information use and generation, overall policy environment, political instability and the quality of governance, prompting health agencies to adopt various approaches toward tackling them. This includes adopting service-specific or disease-specific programs. Despite these approaches, a lot of health systems have remained too fragile to cope with the rising challenges of global health. Some measures that can be harnessed to deal with the internal problems have been proposed, but regrettably, the external factors cannot be easily controlled, but with a well laid down autonomous structure for the health systems, their effects can be significantly reduced. Altogether, community participation in driving the machinery of these health systems offers promising prospects toward strengthening them.

Keywords: Generating strategies; Strengthening; Health systems; Community participation

Introduction

National health systems have continued to attract increasing interest signalling a positive shift from low commitment to high commitment. As a sign of growing interest in health, governments of low income countries declared to make greater investment in health, pledging to scale up health spending to 15% of their budgets [1]. Overall there has been an increased funding to the health sector which has maintained a steady rise over the past ten years [2]. However, despite the increased flow of funds into the health sector, there have been greater yearnings for more funds even though the much injected funds have not translated to increased health system performance.

The need to run health systems driven by result-oriented performance is greatly demanded, and is pivotal to global health campaigns on response to public health emergencies and outbreaks [3,4]. Currently, the strength of health systems in the developing countries has been brought to test by the re-emergence of ebola virus disease outbreak in some countries of the West African sub-region namely Guinea, Liberia and Sierra Leon. Its importation to Nigeria by an index case from Liberia is an indication that such a disease or any other outbreak poses a risk to global health. It therefore implies that the weakness of health systems in the developing countries poses a major threat to public health in the developed countries. Although this paper has its primary focus on health systems, the remark on infectious disease was made to buttress the need to build strong health systems that will be responsive to both anticipated and unanticipated health problems.

Even though health systems have varying degrees of development, their problems appear similar. The sudden realization that strategies that rely on interventions in one part of the system will be insufficient to create the desired outcome on the entire system lead to the concept of whole system thinking which requires organizations and people to work together at all levels to achieve a common objective [5]. Analysing health determinants at the community level is therefore seen as an essential consequence of adopting a whole-system approach [6]. Based on this ideology, the Marmot Review identified the critical importance of empowering people as an indisputable way of securing community solution [5].

Fundamentally, community participation could be a driving factor in the resolution of most underlying core problems of health systems. However, most health systems appear reluctant to explore this concept, not necessarily because the concept is strange, but probably due to the fact that its applicability has not been widely tested. Interestingly, this concept is gradually gaining recognition, and an experimental framework developed for district level health planning in Pakistan which was later incorporated into the district implementation planning process in Malawi demonstrated the effectiveness of community involvement [7]. Explicitly, the processes in the Thunhurst and Barker framework was deigned to be participatory, encouraging active involvement of community representatives throughout the planning and decision-making horizons. Although, the calibre of people representing the community under this framework was not specified, it is always the norm for community representatives to be selected from the vocal, well educated group that might not understand the problems of people from lower socio-economic groups. It will be expected that for any framework involving community participation to achieve the desired goal, representation must cut across all levels of socioeconomic divide. Fortunately, with increasing awareness of patients and groups giving rise to international patients' organizations, the importance of patient/community advocacy is increasingly been realized, as such co-operations now acknowledge patient groups as important stakeholders in the health system [8]. This paper examines the challenges facing

health systems and hypothesizes community participation as a panacea toward tackling them.

Challenges of Health Systems

Arguably different health systems face similar problems, but the magnitude of the problems depend on the level of development. As theorized by Preston [9] there is an expected transition from infectious to chronic diseases as countries' GDP grows to a certain magnitude. If this theory is factual, it then follows that most developing countries with low GDP will be grappling with infectious diseases, while the developed countries will be burdened with chronic diseases. In reality, this postulate is not absolute, and does not in any way confer immunity against infectious diseases on the developed countries nor preclude the developing countries from the burden of chronic diseases. This scenario underpins the fact that every health system will always have challenges, except that the capacity to contain these challenges lies in the strength of the system in question, which is a direct product of planning and development. The built up capacity to tackle challenges at all times forms the major difference between a strong and a weak health system.

Barring other considerations, health systems in general face some similar major challenges which include human resources, financing, medicines, supply system, and information use and generation [10]. Other challenges which are external, but exact inestimable pressure on the health systems are overall policy environment, political instability, and the quality of governance [11]. Economic crisis and conflicts have alsobeen shown to have severe negative consequences on health systems through reduction in health budgets, limited access to health services due to reduced income, diversion of health funds to arm purchase, and increase in disease and casualty cases [12–15]. In addition, the developing countries are confronted with poor infrastructural development, poor maintenance culture, corruption, capital flight through overseas treatment, migration of health professionals to developed countries for gainful employment and overload of donor funds from numerous agencies [16–19]. These agencies fund different elements of health systems, with poor co-ordination, thereby creating more problems for national health systems, leading to fragmentation of resources and high transaction costs [19]. Notably, the extraneous factors affecting health systems are more pronounced in the developing countries than the developed countries, and incidentally health systems alone cannot eliminate them, but can only moderate their effects by setting up a strong mechanism that will make healthcare providers accountable to the communities [20-22,10].

These identified problems of health systems can be tackled in a systematic manner. In the area of human resources, part of donor funds can be deployed to provide massive scholarships for training of healthcare professionals in various areas of specialization. A written agreement could be entered into with individuals accessing the training as to the length and depth of the service to be provided after their training. Sustenance of such a program will build up capacity to meet up with personnel requirements at all time. With regard to health system financing, it is possible to bridge the funding gaps through setting up healthcare trust. Companies could be persuaded to set aside 1% of their profit for health system financing. This fund can then be managed by a Trust that will be accountable to the host communities. Similarly, essential medicines and supply system challenges are related, and can be addressed satisfactorily. Having a good supply chain management system which takes needs into consideration is paramount to solving the problems of medicines and supply system. In addition, information challenges can be skillfully handled by information experts who should be trained regularly to keep abreast with the latest information management system. In the same vein, poor infrastructural development, poor maintenance culture and corruption in the developing countries can be tackled through public private partnership management of the primary and secondary health institutions which offer more service to the populace than the tertiary health institutions meant for referrals. This structure could be made to be under rational regulation by the government to avoid exploitation, and direct watch of the community to ensure efficiency. With adequate motivation and incentives, and a competitive pay package for all categories of personnel, translating to efficient and effective service delivery, the problem of brain drain and capital flight through overseas treatment will be reduced to the barest minimum. Regrettably, the external factors bothering on policy and governance cannot be easily controlled, but with a well laid down autonomous structure for the health systems, their effects can be significantly reduced.

Health Systems Performance

Performance of different health systems varies widely, given the same level of funds and expenditure allowance. Unfortunately, health authorities are not accountable to the people, and so donor funds are wasted on questionable activities. It is possible that a better result will be achieved through making health authorities accountable to the host communities. There is speculation that creating strong health systems is a key to achieving improved health outcomes [10]. However, there is little agreement on how best to strengthen the systems. The Ministerial Summit on Health Research which took place in Mexico City in November 2004 sought to define a learning agenda for health systems so that substantial progress targeted at reducing the system constraints toward achieving the Millennium Development Goals (MDGs) by 2015 will be made [23]. The summit identified the vital role of research in strengthening health systems, and sought to gain support and funding for researches needed to improve the health of the world's most marginalized people and to tackle obstacles preventing countries from achieving the health-related MDGs. Nevertheless, recent evidence based on the current trends shows that many low-income countries are not likely to achieve the health related MDGs by 2015 [24]. Apparently, the primary obstacle to achieving the health-related MDGs' targets especially in the developing countries lies on health systems that are too fragile and fragmented to deliver the required volume and quantity of services for the communities served [25]. Even though a stronger health system seems to be a prerequisite to achieving health-related goals, there is presently little direct focus on systems strengthening [10]. The drive to achieve immediate results has led to many health systems focusing on disease priority with an assumption that implementation of specific interventions will lead to a general strengthening of the system [26]; but evidence has shown that this approach is not effective as weak health systems lack the capabilities to respond adequately to health challenges [27,28].

The need to have strong health systems was recognised over 30 years ago, and the Alma Ata declaration advanced a comprehensive approach to improving health, emphasizing strongly on building health systems from the bottom up [29]. Currently, health systems are constrained by many external factors such as the overall policy environment, political instability and the quality of governance [11]. Many health agencies have therefore adopted various approaches toward tackling health systems problems in order to strengthen them.

This includes adopting service-specific or disease-specific programmes [30]. Another strategy involves making numerous attempts to improve aid effectiveness throughraising of more funds, harmonizing efforts between donors, and aligning aid with national priorities [31]. However, conflicting interests and power play existing among different donor partners pose much difficulty and slows down the process of translating goals of harmonization and alignment into practice at country level [32]. Efforts have therefore been made to bring about donor alignment and coordination through global initiative [33]. Major donors (The Health 8) were brought together in an international partnership in September 2007 to resolve how to expand coverage of essential interventions and improve health outcomes, giving consideration to strengths of public, private and voluntary sectors. Through this initiative, a platform for the recent Taskforce on Innovative International Financing for Health Systems was created [34].

It can be deduced from the foregoing that global initiatives lay more emphasis on funds as a major factor required to strengthening health systems. Balabanova et al. [34] identified fund as important, but not sufficient to strengthen health systems. They argued that necessary resources should go beyond people and things, and that health systems should be able to generate the knowledge resources required for optimal operation. The importance of building research infrastructure into health systems was widely acknowledged by governments in attendance at the 2008 Global Ministerial Forum on Research for Health held in Bamako, Mali [35-37]. It is therefore important to realize that health systems can only deliver effective care that is appropriate for the context in which it is being delivered through knowledge resources that encompass the production of research and the creation of systems to ensure its usage [35].

However, health systems have remained too fragile to cope with the rising challenges of global health problems. This could be attributed to the fact that the evidence base from which countries can draw practical models of successful approaches to improving health systems performance is extremely weak [35]. Unfortunately, multiple leaderships by donor agencies have done more harm to the health systems rather than providing enabling platform for positive results. It is therefore imperative for an agreement to be reached on which international agencies, or partnerships, should be involved in health systems strengthening and in what ways, taking into account their mandates, expertise, and comparative advantage [38]. As a matter of fact, greater investment is urgently needed in applied health systems research with primary focus on implementation of effective approaches to improving health systems performance, including training of researchers and strengthening of research institutions especially in low income countries [39]. Identifying ways of minimizing wastages, reducing bureaucracy in implementing healthcare projects, translating policies into practice and ensuring continuous supply and training of human resources could help strengthen health systems. Incidentally, community participation is a suitable model for research in this regard, and could form a reference framework for health system strengthening if properly harnessed.

Community Participation in Health System Strengthening

Injection of funds into the health sector by donor agencies has risen more than fourfold since the millennium declaration was signed in 2000, reaching all time high of US$ 20 billion in 2008 [40]. Although funds play a major role in running health systems, it is obvious that utilization of these funds is more significant in bringing about efficiency in the system as shown in the WHO ranking of world's health systems [41]. From the ranking, it is evident that the most funded health systems, although maintaining good positions on the table are not the most efficient. This could be attributed to waste and lack of accountability. It has been argued that a dynamic view of the health systems should not see the community as an external beneficiary of the system, but an essential part of it [42]. A mechanism requiring healthcare providers to be accountable to the communities has already been proposed (Sachs, 2004). It is noteworthy that community participation in health system strengthening is receiving some attention in health system research under the concept of community operational research. Application of this concept in the UK achieved an impressive catalogue of work [43]. Although this concept was developed in the UK in 1970s and 1980s, it owes its roots to the working philosophy of action research as articulated by the Society for Participatory Research in Asia [44]. The success of community participation in the realization of essential projects has also been demonstrated in Brazil [45]. Holanda [45] established that work in a community always depends on interpersonal relations, and ties between people play a decisive role in cooperative work. This finding has been confirmed by some other studies [46-49]. It is a fact that health system development is constrained by the history, culture, economic development, and institutional structures of the country in which it is situated [50], however, these variables can be adequately addressed through community involvement since they form an integral part of the community.

In view of this, it becomes necessary to develop a structure which will include the community in an approach toward strengthening health systems. This approach may be a missing link toward the development of strong health systems (especially in the developing countries) that will withstand the challenges of global health at all times. The expected outcomes when such structure is put in place include improvement in health systems performance, efficiency in fund utilization, improvement in service delivery and a strengthened system. The far-reaching effect of community participation toward building a strong health system is simply expressed in the assertion that the developed world may have the edge on developing nations in their deployment of more sophisticated analytic techniques; but it is the developing nations that can instruct the developed world on the achievement of community engagement and of the practice of inter-sectoral involvement [6].

Conclusion

Health systems are confronted with numerous problems ranging from human resources, financing, essential medicines, supply system, information use and generation, overall policy environment, political instability, and quality of governance. Global initiatives to tackle these problems resulted in increased flow of funds from various development partners. However, conflicting interests and power play existing among thesedonor partners pose much difficulty and slows down the process of translating goals of harmonization and alignment into practice at country level.This situation therefore necessitates a compromise on which international agencies, or partnerships, should provide leadershiprole in health systems strengthening in a definite manner, considering their mandates, expertise, and comparative advantage. As a matter of fact, greater investment is strongly required in applied health systems research with emphasis on implementation of effective approaches to improving health systems performance.

Community operations research which is gradually been explored in some quarters with impressive outcome could be applied to proficiently tackle the health systems problems in such a manner that their impacts become minimal and less spectacular on the health systems. Altogether, community participation in driving the machinery of these systems offers promising prospects toward strengthening them.

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