Guest Editorial

G Njikho, Y Banda, C Mwale
Lusaka Provincial Health Office

Citation Style For This Article: Njikho G, Banda Y, Mwale C. Universal Health Coverage Through Engagement Of Traditional And Religious Leaders. Health Press Zambia Bull. 2019; 3(3); pp 3-6.

This paper provides a perspective of Universal Health Coverage through community engagement of traditional and religious leaders following the Provincial Health Indaba which was held on 14th March, 2019 under the theme “Raising the Bar for Community Awareness through Traditional and Religious Leaders Involvement”. This theme focused on the need to engage the community on the significance of Universal Health Coverage through health systems strengthening and its importance in achieving health for all in line with the 2030 sustainable development agenda. UHC is technically feasible and attainable and this is one strategy that Zambia has used to accelerate actions towards achievement of UHC using community platforms.

Introduction

Achieving universal health coverage (UHC) and the sustainable development goals (SDGs) requires health systems to shift from an almost exclusively vertical, top-down and curative paradigm to one that places people at the center of health services (Asiya., 2018). According to World Health Organization (WHO) (2019), Universal Health Coverage (UHC) means that all the people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the users to financial hardship.

According to the World Bank (2016) access to health services ensures healthier people; while financial risk protection prevents people from being pushed into poverty. Therefore, universal health coverage through primary health care interventions, is a critical component of sustainable development and poverty reduction, and a key element to reducing social inequities. UHC has three main objectives:

1. Equity in access to health services - everyone who needs services should get them, not only those who can pay for them;
2. The quality of health services should be good enough to improve the health of those receiving services; and
3. People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm.

UHC is firmly based on the WHO constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma Ata declaration in 1978. UHC cuts across all of the health-related Sustainable Development Goals (SDGs) and brings hope of better health and protection for the world’s poorest.

In the same declaration of Alma Ata in 1978, Member States agreed that community participation was a fundamental component of primary health care. Since then, health researchers, practitioners and policy-makers have worked to develop a meaningful set of practices that contribute to strengthening community participation. 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. According to Gregory et al (2008), community engagement also refers to the process of involvement of the community in the planning for health services. For example, community engagement was well applied in the 2013–2016 Ebola virus disease outbreak and recognized the important role of response staff and their ability to engage with communities (Asiya., 2018).

This implies that people and the communities in which they are born, raised, live, work and play, should be at the heart of delivering people-centered and integrated health services. Communities need to be at the center of drivers to improve the quality of health services, access and equity. Focusing on community engagement has become important for global public health, as countries face complex health challenges that stretch and test the capacity and resilience of health systems and the populations they serve. Public health challenges include urbanization, poverty, migration and poor environmental management, alongside man-made and natural crises such as disease outbreaks, floods and armed conflict.

Key strategies for community engagement

Primary health care – Primary health care can cover the majority of a person’s health needs throughout their life including promotive, prevention, treatment, rehabilitation and palliative care. Primary health care is a whole-of-society approach to health and well-being centered on the needs and preferences of individuals, families and communities. Primary health care is rooted in a commitment to social justice and equity and in the recognition of the fundamental right to the highest attainable standard of health, as echoed in Article 25 of the Universal Declaration on Human Rights: “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and
necessary social services” (WHO, 2019). The ministry of health through a transformative agenda, has prioritized the implementation of primary health care to all Zambians through its National Health Strategic Plan and the National Development Plan for 2017 - 2021. This has come in light of ensuring that health facilities are put up everywhere where there are people in order for all to have easy access to health care services. This resonates well with the ministry of health mission of providing equitable access to cost effective, quality healthcare services as close to the family as possible.

Communities have been engaged in the provision of primary health care as they have been in forefront in the identification of services that are of importance to them. These services include; health promotion, disease prevention, curatives services, palliative, rehabilitative, community sensitization/ awareness and demand creation services. These services have been made available in all the communities, though access remains a major barrier in many cases.

Universal Health Coverage - One of the targets under the sustainable development goal no. 3: (“ensuring healthy lives and promote well-being for all at all ages”) is to “achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.” Since UHC is the overarching target that should facilitate achievement of all the other health targets in SDG 3, it is in line with the key message of the SDGs of “Leaving No One Behind”. Community engagement is a vehicle that can assist in the provision of comprehensive essential health services through UHC. UHC also lays emphasis on addressing the needs of the most vulnerable groups in society particularly women and children, the older persons, refugees and other minority populations (Bakuyaia, 2018).

Opportunities available for integration of community engagement with the traditional and religious leader’s platforms

In order to practically achieve Health for all and UHC, there is need to use integrated platforms in a multisectoral approach that effectively contribute to quicker ways of implementing sound health interventions. Therefore, the use of traditional, religious and health systems using the bottom up and up down approaches would enhance achievement of UHC.

Religious system platform

In Zambia the religious set up is firstly made up of individuals who make up families. The families meet in small groupings called sections who later congregate at a church. The churches make up a larger national wide association. It is at each setting that they are opportunities to engage the members and provide sensitization and awareness messages involving health and wellbeing. Therefore, having had the indaba with religious leaders provided opportunities for religious leaders to act as the message carriers and health champions promoters.

Traditional system platform

Another opportunity that the indaba targeted to achieve was the use of the traditional systems. The traditional arrangement is such that they are individuals who live in a given household and belong to a village. A group of villages make up chiefdoms who later make up districts. Similar to the religious system, at each stage they are meetings which are held to discuss various issues. It is at these meetings were we seek to get opportunities to share health matters and create demand for primary health care services. Therefore, equipping the traditional leadership with factual information on health would help in reaching out to a number of people.

Health system platform

In order to achieve Health for All and UHC the Ministry of Health has set up a well lined structure from the household through to national level. There are firstly households which group up to make neighborhood health committee (NHC) and later health center committee. These health center committees group up into zonal health committee which cover an entire district. In each of the committees the health issues are discussed and these help in spreading the health messages to the entire community. Within the NHCs are community health workers of different expertise like clinical, maternal and public health. These structures are important in the realization of the UHC coverage agenda.

Advantages of Community Engagement with The traditional and religious leaders

Community engagement with the traditional and religious leaders has a mammoth of advantages and benefits which can be used to build up and heighten health systems as we try to attain health for all in the universal health coverage agenda. According to World Health Organization on community engagement (2019) some of the advantages includes the following;

1. Facilitates better health outcomes; sustainability of the health sector is reliant on the full engagement of the community leaders. Traditional and religious leaders are the custodians of the communities and respected community gate keepers. For better outcome of all the health plans the community needs to be engaged from the beginning. Informing them from the beginning provides them with an opportunity to comprehend, own and participate in community health programs including effective use of community assets.

2. Provides information for planning; community engagement produces clear and more valuable input for decision making. The ministry of health gets information from the citizens and the surveillance systems on what is required in the communities. This allows community views to be integrated into the ministry plans and budgets. The traditional and religious leaders have been influential in the implementation of the health services in the community as they have been providing guidance on what specific services are required in a particular community.

3. Identifies health challenges; with the engagement of the traditional and religious leader’s community health challenges are easily resolved. This is because challenges are identified, picked up and reported to the health authorities. The coordination between the ministry of health and the community members is vital in resolving health challenges. For example, traditional leaders have been in the forefront in providing land for construction of health facilities, while religious leaders have embraced implementation of primary health care activities in their settings.
4. Enhances communication between community and health systems;
effective communication involves building relationships through face to face interactions, sharing information to build trust, and creating opportunities where people can interact in order to resolve their health challenges. Ministry of health technical staff highlighted priority public health challenges at the just ended indaba and managed to engage the traditional and religious leaders on specific community health challenges in their respective areas. This provided them with satisfaction on the understanding that they are being engaged and consulted on how to address community health challenges.

Conclusion
Community engagement through existing traditional and religious leaders systems would help in the achievement of UHC. The majority of community members belong to both systems and as such would be used as vehicles for disseminating health messages.


