MECHANISMS FOR PUBLIC PARTICIPATION IN HEALTH COMMUNICATION CAMPAIGNS: CASE OF THE UNIVERSAL HEALTH COVERAGE IN KENYA

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Abstract

Public participation, partnerships, consultation and effective communication are paramount to sustainable public health management. Such interventions are presumed to have a positive impact on health outcomes. Kenya adopted Universal Health Coverage (UHC) as one of the big four priority agendas and piloted the program was implemented in 2018 in four Counties namely; Isiolo, Kisumu, Machakos, and Nyeri. The Pilot faced numerous problems including lack of adequate information that led to slow uptake and near failure of the program. There was slow response by the public, no guidelines as to what constitutes public participation and problems related to vastness of the country and ethnic diversity. The objective of this study was to analyze the mechanisms of public participation in health communication campaigns. A systematic review of secondary data was done. Results showed that public participation plan for implementation of UHC in Kenya was not clearly outlined.

Keywords: *Public Participation; Health Communication Campaigns; Universal Health Coverage.*

Introduction

Public participation is important for effective implementation of any key developmental programs. This has been clearly outlined in article 10 of the Constitution of Kenya 2010, where democracy and people's participation, human rights, among others, are identified as essential national values and principles of governance. In Africa, public participation is viewed as a key cornerstone to attainment and advancement of both democracy and good governance (Nthiga and Moi, 2021).

Public participation has been defined as the involvement of those who may be affected by or interested in a decision through formal or informal channels (Lee and Sun, 2018) and invariably involves engagement of individuals with the various structures and institutions.

According to Rural Health Information Hub (2023) health communication includes verbal and written strategies to influence and empower individuals, populations, and communities to make healthier choices. It was argued that this often integrates components of multiple theories and models to promote positive changes in attitudes and behaviours. Health communication campaigns thus need to include public participation for them to reach out to the desired population

The Universal Health Care concept started in the 1970s and 2000s when Southern and Western European countries introduced universal health coverage. They built on previous health insurance programmes to provide health coverage for their entire populations (Kahenda, 2021). Universal Health Coverage refers to a global health system that ensures all individuals have access to quality healthcare services without having to endure financial destitution. UHC has two fundamental goal namely: optimizing the impact of healthcare services, and eradicating financial crises, impoverishment or bankruptcy that may arise from high healthcare costs (Mwaniki and Ogoti, 2023).

In Kenya, the Universal Health Coverage pilot programme was launched in 2018 in Nyeri, Kisumu, Machakos and Isiolo Counties. These counties were selected as pilot sites based on the prevalence of unique health needs among their populations (Mwaniki and Ogoti, 2023). The goal was to eventually scale up the program to all the 43 Counties. However, according to Mwaniki and Ogoti (2023), of the four Counties, only Isiolo and Machakos carried the pilot to conclusion but with difficulties. Isiolo encountered difficulties with finances and budgeting (Thinkwell Global, 2020). Kisumu was a non-start from the beginning and Nyeri eventually terminated the pilot due to financial constraints.

According to the Ministry of Health report (2020), progress towards UHC is a means to realizing the right to health as enshrined in the Kenyan Constitution, and ambitions set out in Vision 2030, the Kenya Health Policy 2014 – 2030, Sessional paper No 2 of 2017, Health Act 2017 and the Big 4 Agenda. This is also in line with Kenya's commitment to Sustainable Development Goals (SDGs). The United Nations SDG Goal 3 aims to promote healthy lives and well-being. This goal addresses all major health priorities including: reproductive, maternal, newborn, child and adolescent health, communicable and non-communicable diseases as well as the universal health coverage.

Public participation globally

Public participation and communication campaigns have been researched widely and globally. In the declaration of Alma-Ata in 1978, Member States agreed that community participation was a fundamental component of primary health care and that the people have a right and duty to participate individually and collectively in the planning and implementation of their health care (WHO report 2020). Since then, health researchers, practitioners and policy-makers have worked to develop a meaningful set of practices that contribute to strengthening community participation. However, carefully designed, meaningful and sustained public engagement or participation requires considerable support (Abelson, 2010).

Countries such as Brazil, France, Japan, Thailand, and Turkey have shown how UHC can serve as a vital mechanism for improving the health and welfare of their citizens. Such mechanisms can also lay the foundation for economic growth grounded in the principles of equity and sustainability (The World Bank development report, 2021). Japan achieved Universal Health Coverage (UHC) in 1961. It has been leading in efforts to promote Universal Health Coverage (UHC) worldwide. The goal behind these efforts is to improve health outcomes by making access to high-quality health services more affordable and equitably distributed. Raman and Sheikh (2016) expound that community participation can be considered as the backbone of universal health coverage (UHC). This has been extensively demonstrated through the successful experiences of Thailand and Brazil, among others. They argue that optimized roles and effective performance of local or grassroots organizations are essential to the integration of community participation for delivering UHC.

Africa has made initiatives to overcome the barriers that have hindered accessibility to good health services. One such initiative is a conference by the WHO Regional Office for Africa, in collaboration with the Government of Cabo Verde. This forum was convened in Praia, Cabo Verde in March 2019, under the theme Achieving Universal Health Coverage and Health Security: The Africa We Want to See (WHO, 2021). Some of the recommendations at the conference were that the role of the community in attainment of Universal Health Coverage, health security and ultimately the Sustainable Development Goals are key. It was also observed that the public sector of Africa alone cannot achieve these interrelated goals and that other partners, such as the private sector, must be engaged.

In Rwanda, UHC means that all people have access to the health services at all times, without financial constraints. This includes a full range of essential health services, from health promotion to prevention, treatment to minimize out of pocket payment (Wilson, 2019; Mason, 2020). Thus, participatory planning is a hallmark of district development plans, which build from bottom-up consultations at the cell and sector levels (Brinkerhoff et al., 2009).

Challenges faced in the piloting the UHC programme in Kenya

Kisumu County was selected for piloting because of the prevalence of communicable diseases such as HIV and malaria, but there was no evidence from

communication presented to highlight the voices of marginalized groups including women, sex workers, adolescent girls and young women, and the gay in society. This notable exclusion raised concerns that the needs of these groups were not prioritized and the objective of addressing health equity may have fallen short as a result (Hammonds et al., 2019).

Otambo et al., (2020), further carried out research in Kisumu County and revealed that there were misconceptions and misunderstanding of what UHC entailed both to the community and to health care workers. Planning and sensitization was inadequately done and barriers to effective implementation of UHC were noted. Thus, the communities were confused about the program and its importance. This failure to engage in the county-level consultations risked the legality of the entire UHC campaign. This approach is not in line with UHC 2030 commitments which can play a role in bringing diverse stakeholders together to try to direct the Kenyan UHC 2030 on a legitimate path that reflects the right to health commitments in the constitution.

Nyeri, another pilot County, also experienced problems. Thus, efforts to establish the program came to abrupt halt therefore inconveniencing citizens who had been registered for these services. Information was not given to the residents on how long the pilot program was on; neither were they advised not to discontinue their subscription to other service providers such as The National Health Insurance Fund (NHIF).

A research conducted by Infotrak People's Health Movement-Kenya, (2020) which is an independent civil society network of health professionals in Kenya, including researchers, human rights defenders, health activists, legal advisors, nurses, doctors, and public health professional observed that the pilot project faced several challenges, some of them being; exclusion of communities, human rights violations, inadequate information and resource allocation, corruption, and lack of strategic direction on its implementation Results of the survey pointed to key governance weaknesses including lack of effective citizen participation. This is not in line with the recommendations given by the Kenya Yearbook Editorial Board (2020) that prioritization of Health System Strengthening actions for UHC must be underpinned by a commitment to a human rights-based approach. This is premised on the principle that access to health services is universal, putting a particular emphasis on the poorest, vulnerable and marginalized groups and on the principle of non-discrimination. The Ministry of Health (2020) policy, draws from Article 35 of Constitution 2010 on 'Access to Information'; Thus, all citizens have a right to information held by the State. Additionally, the policy elucidates that, as per County Government Act 2012 part IX 93-95 on communication; county governments shall establish mechanisms to facilitate public communication and access to information in the form of media with the widest public outreach in the country. Therefore, information ought to have been disseminated to all citizens about the program before the pilot; its purpose, goal and duration so that there would be no misconceptions and apprehension of the program. In some places, citizens assumed that the registration process was a means of soliciting votes for the 2022 general election (Otambo et al., 2020).

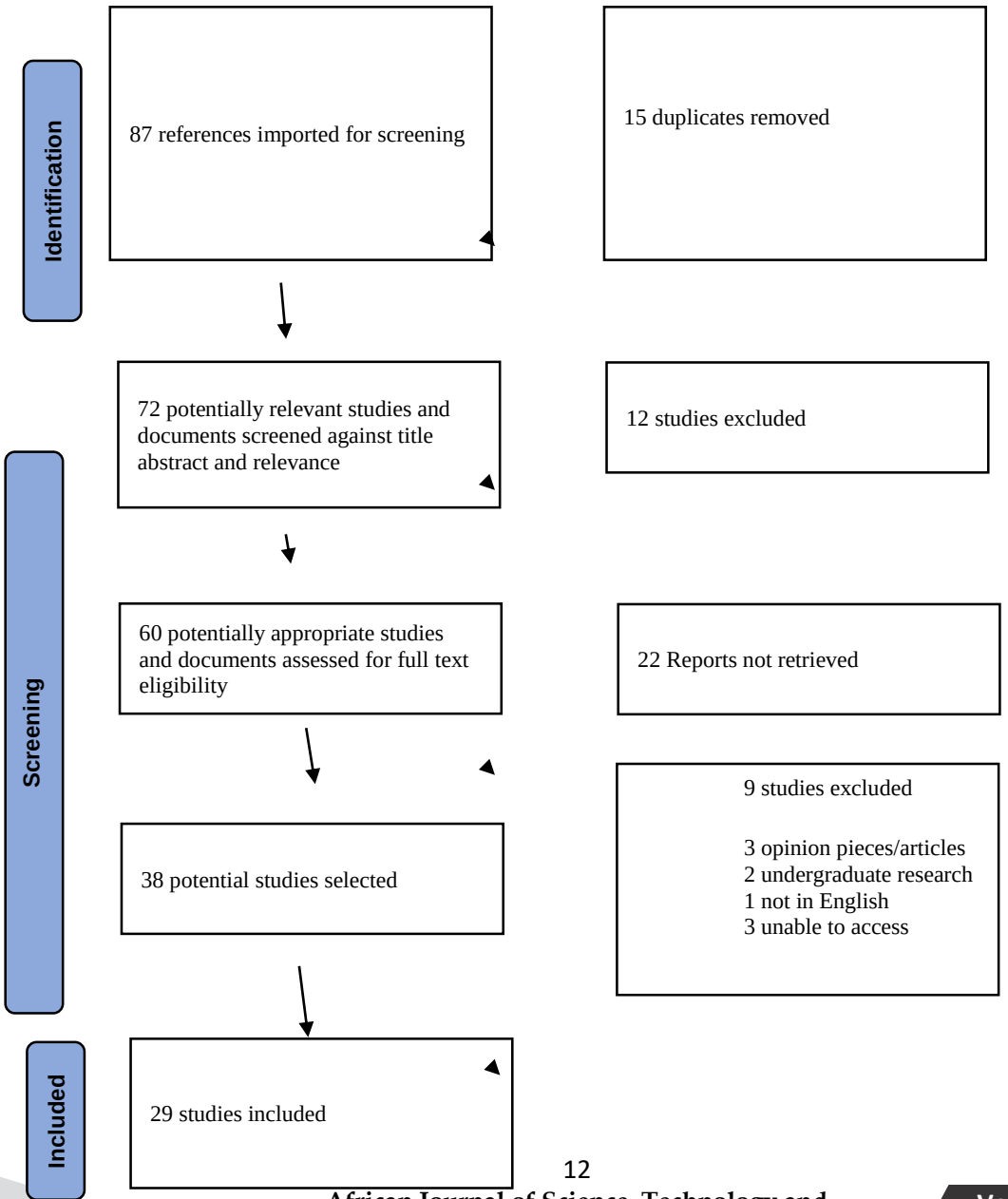
Methodology

The research used a systematic review of existing literature using the PRISMA statement for systematic reviews. This involved: Searching for relevant databases, identifying key words, reviewing abstracts and articles and documenting the results. Eligible studies included those that involve public participation and health communication campaigns and Universal Health Coverage both in Kenya and globally. The criteria also included reviews that examined documents and policies designed by professionals that mobilized communities to take up the benefits of healthcare. The review explored theory and practice on: Public participation including models, conceptual frameworks, lessons learnt, implementation, and sustainability.

Research Findings

This search identified 87 articles, of which 72 underwent full-text screening; 24 articles met the inclusion criteria for review. The PRISMA diagram is presented in Fig. 1.

Fig. 1. PRISMA Flow Diagram



The core set of (29) studies included: Those on public participation (6); Health communication (6); documents and policies (6); Universal health coverage (10).

Synthesis of findings

Key findings have been summarized from each of the sources of evidence, data synthesized and critically interpreted to answer the overarching review question as well as reflecting on public participation, health communication and the UHC program.

The Kenya Universal Health policy (2020-2030) has outlined various components that are envisaged to convey the health sector policy directions, strategies and implementation framework for the period between 2020 and 2030. The policy objectives include; to strengthen access to health services; to ensure quality of health services; to protect Kenyans from the financial risks of ill-health, and to strengthen the responsiveness of the health system in Kenya (Ministry of Health, 2020). These objectives have been clearly outlined but they have not adequately captured the mechanisms for public participation. However, it touches on principles such as; people-centeredness, that the programme should be responsive and appreciate transparency and accountability (Ministry of Health, 2020).

The UHC programme has succeeded in countries such as France, Brazil, Turkey among others. The elements of success include the emphasis on community mobilization which identifies community priorities, engages and empowers community members, and supports their ability to solve local problems. Ethiopia has been cited as one of the African countries that have made progress towards the achievement of the UHC programme. An institutionalized community approach is seen to be effective in making these strides (Wang et al., 2016). Ethiopia's government has used two strategies to enhance community participation and ownership namely: the creation of model families; and the health development army. These strategies aim to engage communities, identify locally prominent challenges that hinder uptake of services, and scale-up best practices (Assefa et al., 2020).

Strategies for public participation

According to Shams, (2018), health behavior is a behavior directed at promoting, protecting, and maintaining health. This also includes reducing disease risks and early death.

Shams suggests that in public health, three key approaches are important inorder to achieve behavior change. These include; education, marketing, and law enforcement for people who consider the behavior change but do not have the required knowledge or skills, education is effective. Equally enforcement of laws and regulation is appropriate for individuals who have no desire to change. This is where public participation brings people together for education and meaningful engagements.

The Ottawa Charter

In 1986, the first International Conference on Health Promotion meeting in Ottawa, Canada came up with a charter for action to achieve Health for All by the year 2000 and

beyond. The conference was primarily a response to growing expectations for a new public health movement around the world (Government of Canada, 2017). According to WHO (2020), community engagement is the key to health promotion actions. The five health promotion actions described in the Ottawa Charter include developing personal skills; strengthening community action; creating supportive environments; building healthy public policy, and reorienting health systems. A platform for community engagement can be constructed in any setting. All or any of these health promotion actions can be used in a setting to create structures that tie communities to the UHC agenda and the SDGs.

Arbter et al., (2007) observed that in-depth preparation is essential for participation process to succeed. This way you achieve favourable conditions for the process to go well. Equally, while the process is being carried out, it is well worth checking repeatedly whether the necessary quality criteria are being observed, so that your project stays on course.

Recommendations

The principles outlined by The Kenya Universal Health policy (2020-2030) can be applied to public participation and health communication which as discussed earlier is about people being informed about key developments and here the focus is on healthcare. The programme can be made effective by letting the citizens have a say on the challenges they may have faced in the area of healthcare, what is working and the pain points. They should be allowed to give suggestions on how best the programme can work. Transparency and accountability require that citizens and all stakeholders are made aware of projects being undertaken that could possibly impact them in one way or another. Indeed, the need for ordinary citizens, entrepreneurs and lobbyists to be informed in detail before decisions that affect them are taken cannot be overstated.

Effective public participation through decentralized consultations, calls for needs assessment and planning at all levels, thus, regardless of the level of formality and rigor of the effort, all situation assessments should consider stakeholder voices for a credible process. Stakeholder concerns, issues, and interests must be listened to; the specific opportunities where public input can help to shape the decision identified and any issues or constraints that may affect public participation identified and addressed.

Conclusion

Public participation in health communication campaigns is key to success of the UHC program. This starts with needs assessment which will clearly outline the beliefs, expectations, values, perceptions and the kind of action to be taken.

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