Constructing an action agenda for community empowerment at the 7th Global Conference on Health Promotion in Nairobi

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Abstract: This report describes an action agenda for community empowerment developed by participants at the 7th Global Conference on Health Promotion in Nairobi. It outlines gaps and barriers in enabling community empowerment; including those related to institutional capacity, institutional relationships to the community, and institutional responses to the social structure of the community. The report features nine recommended actions to enhance community control of health promotion initiatives, develop sustainable resources for community health efforts, and support implementation and build evidence for health promotion effectiveness. Implementing these recommended actions can enhance community empowerment and help close the implementation gap in health promotion. (Global Health Promotion, 2010; 17(4): 52–56)

Keywords: action agenda, community empowerment, evidence base, health equity, health promotion, Nairobi Conference on Health Promotion, social determinants

Introduction

Health promotion refers to the process by which people work together to create conditions that assure health and well-being for all (1). It goes beyond encouraging healthy behaviors in individuals to changing the social and physical environment and broader economic conditions that affect population health. Empowering communities to take action is a fundamental approach to assuring conditions for health for all (2).

Community empowerment refers to the process by which individuals act collectively to gain greater influence and control over the determinants of health and the quality of life in their community (3). Empowerment can be seen when individuals and groups express their needs, present their concerns, engage in decision-making, and bring about changes in communities and systems to address identified concerns. Despite the importance of community action for health, there are many barriers that limit community empowerment efforts. This report summarizes a collaborative effort to construct an action agenda for community empowerment for health and health equity.

Context of the Nairobi Conference on Health Promotion

The 7th Global Conference on Health Promotion in Nairobi (October 26–30, 2009) provided an opportunity for colleagues from around the world to reflect on community empowerment: its meaning,

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gaps in implementation, and recommendations for moving forward. The overall Conference attracted approximately 600 participants from around the world who are working to create conditions that promote health and development. Participants included those from ministries of health, non-governmental organizations and civil society, universities and research/training organizations, the World Health Organization (WHO), and other development partners.

The overall Conference was organized around five thematic tracks: community empowerment; health literacy and health behavior; strengthening health systems; policy, partnership, and intersectoral action; and building capacity for health promotion. Approximately 120 participants joined the community empowerment track, which was coordinated by the WHO Regional Office for South-East Asia (SEARO). A background paper on the concept of empowerment, several case studies, and plenary presentations provided common ground. Participants engaged in extensive dialogue, working together to produce specific recommendations for the Conference consensus document (4).

This dialogue on community empowerment was enabled by the co-authors of this report who collaborated in their roles as track convener (Munodawafa), facilitators (Abeykoon, Fawcett, Liburd), and rapporteurs (Arora, Dobe, Galloway-Gilliam). Participants in the community empowerment track engaged as part of two working groups, and as a whole group, for three sessions over two days. The authors compiled the product of these dialogues after each working session, presenting emerging recommendations to the overall drafting committee for the Conference consensus document. The Nairobi meeting produced recommendations for how community empowerment can be more fully realized at this time and in diverse contexts throughout the world.

Gaps/barriers in implementing community empowerment efforts

Participants were asked to identify gaps and barriers in enabling community empowerment. Using recorders' notes, this section reports on barriers identified by Conference participants under three broad categories: institutional capacity; institutional relationships to the community; and institutional responses to the social structure of the community.

Institutional capacity

Participants identified the limited capacity of institutions as a key impediment to successful community empowerment in health promotion initiatives. Lack of knowledge and skill in effective engagement within complex systems, as well as competing priorities of participating organizations, inhibits full implementation of community empowerment. The inability to translate policy into action, and to take effective interventions *to scale*, has limited the degree to which significant community outcomes can be achieved. Since community empowerment requires a commitment over time, inadequate and short-term funding – and limited sharing of power and resources – often defeats the realization of full community empowerment in creating conditions for health and health equity.

Institutional relationships and partnerships in the community

To work successfully with communities, trust must exist between the institutional partner, such as the ministry of health or local schools, and the community. Trust and relationships require time. These ties can be compromised when the level of need and expectations from the community exceed the capacity and resources of the institution. In addition, communication and coordination between groups at all levels is essential to success. Limited integration and coordination of resources, and the absence of multi-sectoral partnerships, impedes the process of community empowerment for health.

Institutional responses within complex systems and marginalized communities

The health of communities is affected by broader social determinants, such as income inequality and social exclusion, and these require responses beyond the typical bureaucratic silos. The complexity of the social structure and diversity of cultures requires a wide range of approaches and adaptive responses from institutions. The lack of cultural competency and an acute understanding of the historical, social, economic, and political context are roadblocks to effective engagement. Differential access to information and diverse communication systems present further challenges to community empowerment.

When best practices are not adapted to incorporate traditional methods of the indigenous cultures, it limits their health impact and effectiveness. Conventional approaches typically fail to engage marginalized and socially-excluded groups. Assuring conditions for empowerment of the 'poorest of the poor' is a critical unmet challenge.

Recommended actions for advancing community empowerment

Participants in the community empowerment track recommended specific actions to create the conditions (programs, policies and mechanisms) for optimizing community empowerment. These nine recommended actions, organized under three broad goal areas, aim to close the implementation gap by enhancing conditions for empowerment.

Enhancing community control of health promotion initiatives

1. Listen to and start with the voices and aspirations of the community in planning and action.
   a. Integrate these core community empowerment principles in all health promotion efforts.
   b. Engage local people in determining how to address social, cultural, political, and economic determinants of health.

2. Recognize and appreciate indigenous culture and traditional ways that are consistent with human rights.
   a. Seek the diverse perspectives of the community in planning and designing the intervention, including traditional practices and innovative approaches that promote well-being and equity for women and other socially excluded groups.
   b. Adapt development processes (e.g. collaborative planning, situation analysis, leadership development) to fit the local context.

3. Assure meaningful and equitable participation and control in decision making and agenda setting among all groups; including those experiencing social, economic and/or political exclusion.
   a. Assure access to opportunities for meaningful participation, dialogue and role in decision making for traditionally marginalized groups (e.g. the poor, those with differing abilities).

4. Involve people with passion, power and influence in a harmonious relationship for the work of community/system change and population-health improvement.
   a. Community empowerment needs to be introduced through authentic community leaders including opinion leaders, religious leaders, political leaders, traditional leaders, and youth leaders.
   b. Identify and include people with power and influence who are willing to contribute to community-determined goals and can enhance the chances for success and sustainability.

Developing sustainable resources for community health efforts

5. Assure sustainable structures for people to work together across sectors, settings and at multiple levels.
   a. Develop sustainable community-based structures (e.g. village committees, coordinating councils, youth groups, self-help groups, women's associations) that will enable people to work together across multiple sectors (e.g. health, education, business, media, transport) and at multiple levels (e.g. individuals, relationships, community, society).
   b. Engage stakeholders from various levels and develop partnerships across multiple sectors (e.g. public-private partnerships) to strengthen social networks and build collective community will.
   c. Increase community responsiveness to appropriate health interventions through capacity building, awareness of their rights, and meaningful involvement of community members in planning, implementation and evaluation.
   d. Enhance political will necessary to address the identified needs of empowered communities and to ensure continued resources, implementation with fidelity, and sustainability of efforts.

6. Establish sustainable financing mechanisms that assure a coordinated, integrated and holistic response to community-determined goals
   a. Strengthen public financing for collaborative action on the determinants of health (e.g. education, employment, housing, transport).

b. Assure a holistic approach to planning that fully engages community members in identifying needs and optimizing use of resources.
c. Sustain investment mechanisms through partnerships and community structures that are in place long enough to attain community-determined goals.

7. Use appropriate communications technologies and methods to make it easier and more rewarding for community people to be engaged in the work of creating conditions for health and health equity
   a. Use culturally-appropriate and cost-effective forms of mass media to mobilize the community, policy makers, and public to work together for improved health outcomes.
   b. Use participatory approaches to encourage dialogue, understanding, and critical thinking about the causes and consequences of ill health and alternatives for promoting health.
   c. Assure the free and equitable flow of information essential to the process of community empowerment and self-determination.

Supporting implementation and building evidence for health promotion effectiveness

8. Gather narrative stories and empirical evidence about how communities create conditions for improved health and health equity
   a. Document narrative stories and evidence of success (failure) and lessons learned about how communities create conditions for improved health and health equity.
   b. Prepare and disseminate empirical studies about the development processes (e.g. action planning, community mobilization, monitoring and feedback on progress) that bring about changes in communities and systems related to health improvement.
   c. Expand the evidence base regarding the dose (amount and kind) of community/system change necessary to improve population-level outcomes.
   d. Establish communication systems for gathering evidence from traditionally underrepresented communities and for disseminating it in understandable ways to all stakeholders (e.g. community members, practitioners, policy makers, researchers).

9. Enhance capacity among community members for implementing effective and appropriate health promotion interventions in diverse contexts
   a. Build capacity among community members to implement 'what works' (i.e. evidence-based strategies adapted for context) in addressing community-determined health goals and social determinants of health.
   b. Incorporate indigenous knowledge systems into planned interventions and mainstream its application across key sectors (e.g. education, health).
   c. Enhance capacity for participatory research that engages community members and researchers as equal partners in expanding the evidence base for health promotion effectiveness, and use it to inform policies.

A way forward

This report is a social construction; it communicates a way forward for community empowerment from the perspective of members of a global network of health promoters gathered in Nairobi. Community empowerment goes beyond mere involvement, participation or engagement of communities; it implies community ownership and action that explicitly aims to change the conditions that affect health and health equity. It seeks to build partnerships with other sectors in addressing the social, cultural, political and economic determinants that underpin health. The instrumental work of community empowerment faces a variety of challenges; including gaps in institutional capacity, relationships with communities most affected, and engagement in complex systems with diverse communities.

Three entry points offer promise for assuring conditions for community empowerment in global health promotion efforts. First, as part of the WHO's Community-Oriented Primary Health Care strategy, the primary health care (PHC) team interacts extensively with the community and different networks (e.g. education, workplaces, economic, housing) essential to assuring health (5). Implementation of WHO's PHC strategy offers an opportunity to enhance social cohesion and empowerment in the community and to decrease the vulnerability that contributes to health inequities. Second, the Final Report of the WHO's Commission

on Social Determinants of Health presents a challenge for addressing the differential exposures, vulnerabilities, and consequences that produce disparities in health outcomes (6). Efforts to address these determinants should reflect the recommended actions for empowerment outlined in this report. Finally, the United Nation's Millennium Development Goals (MDGs) outline targets for improving outcomes for health and well-being (e.g. infant mortality, primary education for women) in the poorest communities of the world (7). Attempts to attain the MDGs in marginalized communities should heed the recommended actions to enhance community control, develop sustainable resources, support implementation and build the evidence base for effectiveness.

Community empowerment, like social justice, is a core value for those working to promote health and health equity. It offers an instrumental approach to advancing primary health care, addressing social determinants of health, and attaining the MDGs. Attention to these recommended actions for enhancing community empowerment can help close the implementation gap in health promotion and advance health equity.

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