Learning Brief

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Community participation in ENHR: The experience of Guinea

Introduction

In 1999, the COHRED Working Group on Community Participation conducted a multi-country study to examine how community participation has been defined, understood and practiced in relation to ENHR. The countries involved in the study were: Bangladesh, Guinea, Philippines, Trinidad & Tobago, and Uganda. In this learning brief, we summarise the main results of the Guinean study with a particular focus on community participation in implementing the ENHR strategy, and a practical example of community participation in a specific research project.

What does "community participation" mean to people?

The Working Group on Community Participation appointed country-based researchers to conduct the individual studies. The Working Group researchers in Guinea undertook interviews with health researchers, decision makers, and 160 residents (from three areas - two rural and one urban). The interviews focused on respondents' experiences and views on community participation in research. At times, the concept required explanation since research was not familiar to many people in rural areas of Guinea. Almost two thirds of the residents who participated in the study initially said that no research had been done in their area. However, once they understood what research was, the majority of these respondents expressed expectations about their role and that of researchers. They indicated that they would assist researchers by answering questions, and providing food and lodging where required. However, there was also an expectation that the researchers would solve the problems they were there to study.

Community participation in implementing the ENHR strategy

When Guinea introduced ENHR in 1992, there was great enthusiasm for the strategy - from everyone involved. Communities were asked to identify their major health problems, and in so doing, had a direct influence on the national health research agenda which was eventually adopted by the government.

The ENHR strategy also introduced a new way of working in Guinea. It was the first time that researchers, policy makers and community members had directly communicated with each other to solve a problem, or make a decision that affected all three groups. In short, the strategy created a new platform for working which, initially at least, stimulated health research to new heights of activity. Unfortunately, very little follow-up took place after this initial commitment.

Community participation in action research

In one of the localities studied, Kissidougou, action research had been carried out in connection with the establishment of a health insurance programme. PRIMA (Partage de risques maladie) was a collaborative effort between local residents, the Guinean government and GTZ, the German development agency. GTZ had been working in the area, and had financed a health center. A German volunteer started a maternity centre. Although these were not strictly part of PRIMA, many people associated the action research and the health insurance scheme with the new facilities. The tangible results were important. In contrast, respondents in areas where research had not brought any advantages, expressed disappointment.

The new health services were not the only result. The establishment of PRIMA was a process in which participatory research methods were used to explore health problems and resources together. People who had been involved were more articulate about their health problems than respondents in the other localities. A climate of dialogue was created, in which they learned to discuss, clarify their ideas, and reflect on their problems. Their view of community participation was correspondingly different. They expected researchers to define strategies together with them and to collaborate with them in putting research into action.

One final point is important about community expectations in Guinea. Even though people wanted concrete benefits, they also wanted information and feedback on what the researchers had discovered. And they thought the authorities should insist on researchers sharing their knowledge. For the time being, the role of the authorities is limited to introducing the researchers to a community.

Lessons learned / Recommendations

Recommendations made by the case study researchers include:

- There is a need to further promote and advocate for health research (and ENHR), as a tool to improve the health situation of the Guinean people. This should be done through local radio and traditional 'leaders/ entertainers'.
- Efficient mechanisms should be established to strengthen the links between research activities and policy and action. At the local level this can be done by establishing local units composed of health personnel, personnel from other sectors (education and agriculture), and community representatives, to improve mutual understanding and cooperation and ultimately, to improve the demand and utilisation of research.
- Community involvement in research should be strengthened and the joint identification of health problems should be encouraged. This will increase researcher's understanding of the people's priorities. For the community, it will increase their comprehension of health problems and help formulate solutions to these problems.

Further reading

Etude sur la Participation Communautaire dans la Recherche Nationale Essentielle en Santé en République de Guinée. Dr N'nah Djénab Sylla and Alpha Amadou Diallo, Ministère de la Santé Publique, May 1999, Guinée.

Community Participation in Essential National Health Research; A COHRED issues paper prepared by Susan Reynolds Whyte for the Working Group on Community Participation; COHRED Document 2000.5. Geneva, Switzerland.

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