

COMMUNITY PARTICIPATION: KEY TO AN IMPROVED COVID-19 RESPONSEO.S Ilesanmi^{1,2} and O.F. Fagbule³

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The highly infectious nature and lack of a cure for Coronavirus Disease-19 (COVID-19) have caused many individuals to live in dread of this deadly infection¹. Numerous public health measures have been put in place by the government for the containment and control of the Severe Acute Corona Virus -2 (SARS CoV-2), the novel virus that causes COVID-19. However, an increase in the number of cases occur daily due to continuous community transmission of the virus². The prevention of COVID-19 is a task that requires a lot of cooperation from the community members, and the inadequacies of the government's efforts further calls for the involvement of joint action across multiple stakeholders in the response against COVID-19.

Globally, as of 24th August 2020, over 23 million persons have been confirmed COVID-19 cases, while 809,422 deaths have been recorded³. An estimated number of nearly 1,186,650 cases and 27,727 deaths have been recorded in Africa, with Nigeria making up almost 5% of documented incidents and deaths³. In line with the World Health Organization's recommendations, an increasing number of tests are being conducted alongside the decentralization of testing centers². This has helped in the prompt detection of COVID-19-positive cases. It has also shown that more individuals are increasingly at risk of COVID-19 infection. Though immunity has been estimated to wane over time, literature has proposed that waiting for herd immunity in developing innate resistance to COVID-19 will cause several deaths⁴. Therefore, prompt interventions from multiple stakeholders are highly required.

Containment and control efforts regarding COVID-19 are ongoing across countries. The Nigerian government declared a lockdown of educational institutions on 19th March 2020, along with other interventions⁵. During this period, most of the SARS CoV-2 infections were associated with international arrivals. However, community transmission of the SARS CoV-2 is ongoing, and this pinpoints the need for community-level engagement with stakeholders in the joint COVID-19 response. Community participation (CP) has been defined as a grassroots

approach to health service delivery⁶. It is an approach that develops the capacity of the community in handling complex aspects of health, which exceeds government capacity alone⁶.

CP is not a novel intervention in addressing infectious diseases and solving health problems⁶. Studies have identified the role of faith-based organizations, community-based organizations (CBOs), and community leaders as stakeholders in the prevention of diseases. These roles have complemented the efforts of healthcare workers and the national government. Research conducted among female sex workers in Bangkok, Thailand, revealed the association between community mobilization and reduced HIV risk⁷. CP, through community volunteers, promoted the knowledge of HIV status in Uganda⁶. Reviews of studies in India and Senegal have reported the impact of community-based organizations in improving knowledge regarding the transmission and symptoms of tuberculosis⁸. Community leaders have also been reported to enhance awareness of dengue fever-associated risk factors⁹. Improved treatment-seeking behavior has been identified as a notable effect of CBOs in the Roll Back Malaria program¹⁰. The role of community health workers and village leaders have been reported to enhance disease surveillance and improve polio outbreak response¹¹. In Water Sanitation and Hygiene (WASH) programs, religious leaders and CBOs in Tanzania have aided handwashing practices and adoption of hygienic behavior¹². These findings elucidate guaranteed effectiveness of stakeholders in tackling the COVID-19 pandemic in Nigeria, especially when epidemiological predictions have reported the likelihood that COVID-19 would persist for a long while, with no end in view¹³.

Benefits of community involvement in the COVID-19 response would include increased uptake of SARS CoV-2 testing and reduced stigmatization among COVID-19-positive persons¹⁴. Similarly, an increase in surveillance activities would be recorded due to the involvement of community stakeholders who would serve as COVID-19 focal persons for health professionals¹⁴. Stakeholders are resident in the communities, and so would assist in the linkage of

mildly symptomatic persons to relevant health authorities. These would enhance the accurate reporting of COVID-19 cases in each community¹⁴. Moreover, the increased practice of infection prevention and control measures outlined by the government would result from stakeholder involvement, leading to reduced risk for SARS CoV-2 infections. Overall, CP would be of long-lasting impact in dealing with the surge of the COVID-19 pandemic. Furthermore, CP will move the entire outbreak response from a vertical response approach to a horizontal approach which assures sustainability¹⁵.

CONCLUSION

There is a need for the engagement of multiple stakeholders at the community level. When these stakeholders are involved in the COVID-19 response, the efforts of the government will be significantly supported and would yield better results. Thus, we recommend the mobilization and active involvement of stakeholders, especially at the community level, in the joint COVID-19 response.

REFERENCES

1. **Rabby II**. Current rugs with Potential for Treatment of COVID-19: A Literature Review: Drugs for the Treatment process of COVID-19. *J Pharm Pharm Sci*. 2020;23(1):58-64. Available from: <https://doi.org/10.18433/jpps31002>.
2. **Onyedika-Ugoeze N**. PTF calls for decentralization of COVID-19 response to LGA level, identifying high burden LGAs. *Guardian*. [cited 2020 24th July]. <https://guardian.ng/news/ptf-calls-for-decentralization-of-covid-19-resonse-to-lga-level-identifying-high-burden-lgas/>.
3. ECDC. 2020. COVID-19 situation update worldwide, as of 24th August 2020. European Centre for Disease Control. [cited 2020 25th August]. Available from: <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>.
4. **Ilesanmi OS**, Akande A, Afolabi AA. Overcoming COVID-19 pandemic in West African countries: is herd immunity an option? *PAMJ*. 2020;35 (2):103. doi: 10.11604/pamj.supp.2020.35.2.24217.
5. **Adedigba A**. Coronavirus: Nigerian government orders closure of schools nationwide. *Premium Times*. [cited 2020 24th July]. Available from: <https://www.premiumtimesng.com/news/top-news/382806-coronavirus-nigerian-govt-orders-closure-of-schools-nationwide.html>.
6. **Mbuagbaw L**, Shurik E. Community Participation in HIV/AIDS Programs. In: Barros E, ed. *HIV-infection - Impact, Awareness and Social Implications of living with HIV/AIDS*. InTech. 2011:213–21
7. **Conn C**, Modderman K, Nayar S. Strengthening participation by young women sex workers in HIV programs: Reflections on a study from Bangkok, Thailand. *Int J Womens Health*. 2017; 9:619-623. Available from: <https://doi.org/10.2147/IJWH.S141996>.
8. **Muhe L**. Community involvement in rolling back malaria. *World Health Organization WHO/CDS/RBM/2002-42*.
9. **Tapia-conyer R**, Me J. CP in the prevention and control of dengue/: the patio limpio strategy in Mexico. *Paediatr Int Child Health*. 2012;32 (suppl 1):9–13. Available from: <https://doi.org/10.1179/2046904712Z.00000000047>.
10. **Opiyo P**, Mukabana WR, Kiche I, *et al*. An exploratory study of community factors relevant for participatory malaria control on Rusinga Island, western Kenya. *Malar J*. 2007;6:48. Available from: <https://doi.org/10.1186/1475-2875-6-48>.
11. **Duru JI**, Usman S, Adeosun O, *et al*. Contributions of volunteer community mobilizers to polio eradication in Nigeria: The Experiences of Non-governmental and Civil Society Organizations. *Am J Trop Med Hyg*. 2019;101(4): 74–84. Available from: <https://doi.org/10.4269/ajtmh.19-0068>.
12. **Madon S**, Malecela MN, Mashoto K, *et al*. The role of CP for sustainable integrated neglected tropical diseases and water, sanitation and hygiene intervention programs: A pilot project in Tanzania. *Soc Sci Med*. 2018;202:28–37. Available from: <https://doi.org/10.1016/j.socscimed.2018.02.016>.
13. **Bowman**. New epidemic model indicates COVID-19 here to stay, likely to cause 235,000 US deaths by October. *MedicalXpress*. [cited 2020 24th July June]. Available from: <https://www.medicalxpress.com/news/2020-06-epidemic-covid-deaths-october.html>.
14. CDC. Coronavirus Disease: Reducing Stigma. Centers for Disease Control and Prevention. [cited July 2020 20th July]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html>.
15. **Ilesanmi O**, Afolabi A. Time to Move from Vertical to Horizontal Approach in our COVID-19 Response in Nigeria. *SciMed*. 2020;2: 28-29. DOI: 10.28991/SciMedJ-2020-02-SI-3.