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DISEASE CONTROL: THE ROLE OF SOCIAL MOBILIZATION

Report on Round Table 2

Introduction

1. The round table discussion on Disease Control: The Role of Social Mobilization was held as part of the 51st session of the Regional Committee in Brazzaville on 30 August 2001. The round table was chaired by Mr Ashok Jugnauth, Minister of Health, Mauritius. The Facilitator was Dr Narcisse de Medeiros, UNICEF. Dr Themba Moeti of Botswana and Dr Kebela Ilunga of the Democratic Republic of Congo served as Rapporteurs. Fifty-one participants attended the round table discussion.

Discussion

2. The discussion focused on three main areas:
 - (a) Introduction of the topic, clarification of definitions and statement of contextual issues;
 - (b) Situational analysis of country experiences of social mobilization focusing on successes, constraints and facilitating factors;
 - (c) Suggestions on the way forward relating to the strengthening of the implementation of social mobilization in the African Region and the role of Member countries, WHO and partners.
3. Major achievements related to the implementation of social mobilization in countries, especially in the areas of immunization, malaria, Safe Motherhood, Integrated Management of Childhood Illness (IMCI), HIV/AIDS, onchocerciasis and tuberculosis. In general, countries had successfully used social mobilization to increase the participation of communities and non-health sectors such as agriculture and education in disease prevention and control activities.
4. Some of the key constraints outlined included: lack of collaboration among different actors; insufficient political commitment; conflicts; poverty; and inadequate understanding of the social-cultural context of disease prevention and control.

Lessons learnt

5. Participants were in agreement that social mobilization was an effective tool in increasing the impact of health programme.

6. Major factors underlying successful implementation of social mobilization included: community involvement; availability of resources; decentralization of programme activities; involvement of diverse players; and the ability to listen to and take account of community concerns and views.

Recommendations

For Member countries:

- (a) To ensure political commitment and leadership in support of social mobilization at the highest political and government levels;
- (b) To build on existing experiences and successes;
- (c) To integrate social mobilization in the overall planning for disease control;
- (d) To establish mechanisms for systematizing and sustaining social mobilization;
- (e) To ensure full community involvement within a framework of effective decentralization;
- (f) To ensure the acceptability and credibility of agents of social mobilization within the community;
- (g) To regularly evaluate social mobilization activities and document and disseminate best practices;
- (h) To implement social mobilization initiatives within the context of social development and poverty alleviation;
- (i) To involve other sectors, including the private sector;
- (j) To coordinate partners' contribution and support for social mobilization.

For WHO:

- (a) To support capacity-building at country level, including training of health and non-health professionals in social mobilization;
- (b) To disseminate social mobilization strategies and guidelines and provide technical support for their implementation;
- (c) To expand the concept of social mobilization addressing behavioural change within the broader context of health development;
- (d) To promote intercountry and regional collaboration and dissemination of best practices;
- (e) To support countries in the evaluation of social mobilization interventions;
- (f) To disseminate and promote the use of tools which address the problem of misinformation.

For partners:

- (a) To support capacity-building at country level, including training of health and non-health professionals in social mobilization;
- (b) To collaborate in a coordinated fashion within the national framework for social mobilization.