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## DISEASE CONTROL: THE ROLE OF SOCIAL MOBILIZATION

### Round Table 2

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## **INTRODUCTION**

1. Although the participation of communities in health interventions in the African Region is increasing, it is still well below optimum levels. Social mobilization has proven effective in stimulating the involvement of diverse stakeholders in the planning and implementation of development activities. However, the potential role that social mobilization can play in disease control has not been fully investigated and exploited. That is why this issue has been proposed for the Round Table discussion of ministers of health at the fifty-first session of the Regional Committee for Africa.
2. Recent examples of the successful use of social mobilization to support health interventions relate mostly to the eradication of poliomyelitis. Though the potential benefits of social mobilization to other health programmes have been demonstrated, this potential has yet to be fully exploited. In most countries, social mobilization has been implemented mainly in programme-specific settings, but is not fully integrated into broader health systems.
3. The benefits of social mobilization are acknowledged but some challenges are expected in trying to ensure its full utilization and its integration in health development. In the context of health systems reform, an important challenge to social mobilization will be to make the African populations shift from the culture of always expecting free health services to a new culture based on participation, contribution and ownership of health programmes. Another difficulty envisaged relates to the fact that, in a number of countries, social mobilization is viewed with some suspicion because it is merely seen as a means by which the populations are organized to agitate for their rights.
4. The Round Table discussion will therefore emphasize the possibilities of promoting social mobilization for health, the various challenges to be met, the approaches to be used in finding solutions and how to create an enabling environment for successful implementation of the social mobilization process.

## **BACKGROUND**

5. Social mobilization is the process of bringing together all possible intersectoral partners and allies to participate in development programmes. It builds on the contribution of technical experts, and emphasizes the capabilities and roles of social allies and partners including community members.
6. Social mobilisation aims at empowering individuals and communities to identify their needs, their rights, and their responsibilities, change their ideas and beliefs and organize the human, material, financial and other resources required for socioeconomic development. Key actors in social mobilization may include heads of state, government ministries and parastatals, the donor community, civil society (including religious organizations, community-based organizations, nongovernmental organizations), political and traditional leaders, families and individuals at all levels, especially the global, national and district levels.
7. In the context of health development, social mobilisation is viewed as one of the tools of health promotion. It is an approach that provides individuals and groups with knowledge and skills, and mediates between different interest groups to create environments that support and promote health.
8. In the health sector, social mobilisation is closely linked to, and supports, other health development processes such as service delivery, infrastructure and human resource development, preventive interventions and advocacy for health. The critical contribution of social mobilisation to health development is to enhance the participation of various actors, leading to increased knowledge of, control over, and ownership of, health interventions.

9. In disease control interventions, social mobilization helps communities and other actors to participate in decision-making at all levels, create greater awareness, adopt positive practices, mobilize resources, participate in programme interventions and attract external support.

10. The effectiveness of social mobilization in disease control has been demonstrated, since 1996, under the poliomyelitis eradication initiative. The success of the “Kick Polio out of Africa” campaign stems largely from the fact that social mobilization has been drawn upon for the immunization of millions of children since 1997. Thus, over 100 million children are immunized each year during national immunization days. Twenty per cent of these children had never been immunized before. The personal commitment and involvement of heads of state, the substantial funds and strong support mobilized by partners, and the commitment and support shown at the local level are some of the key factors that have contributed to the success made, so far, in poliomyelitis eradication.

11. Effective social mobilization has resulted in community involvement in providing volunteers and transportation and in mobilizing and convincing parents to have their children immunized, thereby helping to attain high rates of coverage. Similarly, detailed microplanning involving all stakeholders, especially community leaders, has resulted in unprecedented levels of empowerment, coordination, collaboration and resource mobilization. This experience in social mobilization for disease prevention provides a window of opportunity that can be exploited for other disease control initiatives.

12. Social mobilization is also being utilized with some degree of success in other programmes and initiatives such as the Roll Back Malaria (RBM) initiative, tobacco control, the Integrated Management of Childhood Illness (IMCI), Stop Tuberculosis, HIV/AIDS and family planning.

13. Social mobilization can therefore contribute significantly to health for all by increasing the participation of the various actors in disease control.

## **FRAMEWORK AND CHALLENGES**

14. At the moment, there is no standard framework guiding social mobilization in the health sector of countries of the Region. However, experiences from various countries have helped identify the key elements of a possible framework for social mobilization in favour of disease control programmes and activities. The aim of such a framework will be to ensure greater participation by various actors such as planners, service providers, political authorities, traditional leaders and the target beneficiaries of programme activities. Indeed, it is acknowledged that such a framework has to be developed and adapted to each country situation.

15. The key elements of the framework are assessing the sociocultural and politico-economic contexts; assessing the needs and required responses of actors through participatory methods; identifying existing key institutes and persons; building functional partnerships and coalitions; developing the required technical capacity; systematically building a social mobilization component into all disease control programmes; linking social mobilization with other related health promotion activities; integrating social mobilization initiatives into the broader health system; ensuring that demand created is matched with appropriate services; planning, implementing and evaluating activities; and documenting and disseminating experiences and best practices.

16. The major challenges in social mobilization for disease control relate to:

- (a) ensuring full participation of the communities in needs assessment and in the planning, management and evaluation of activities;
- (b) ensuring a high level of commitment;
- (c) identifying key persons and securing their support;

- (d) establishing partnerships based on prescribed roles, responsibilities and procedures;
- (e) achieving active participation of the poor, women and children in disease control;
- (f) strengthening the application of social mobilisation in the control of noncommunicable diseases including diabetes, mental disorders, hypertension and cancers and in programmes such as the Tobacco-free Initiative;
- (g) increasing funding and other means of local support for social mobilization activities;
- (h) evaluating and documenting the results of social mobilization initiatives in order to record and share best practices; and
- (i) linking social mobilization with related health promotion interventions and with the health system in general.

## **DISCUSSION POINTS**

17. To address the above challenges, and in order to ensure that the proposed framework for social mobilization is implemented, the following issues are proposed for discussion:

- (a) What is the common perception, in the countries, of social mobilization and its role in health issues? How can social mobilization contribute to disease control?
- (b) What specific mechanisms have the countries put in place for undertaking social mobilization initiatives in support of disease control and particularly for ensuring adequate community participation?
- (c) What have been some of the constraints that the countries have faced in implementing social mobilisation initiatives?
- (d) Apart from disease control, in what other areas of health has social mobilization been used successfully?
- (e) What mechanisms should be put in place in countries in order to foster coordination between governments and other stakeholders such as the private sector, nongovernmental organizations and community-based organizations in the implementation of social mobilization?
- (f) What are the expectations of Member States as regards the role that the WHO Regional Office should play in promoting the use of social mobilization in disease control?

## **EXPECTED OUTCOMES**

18. It is expected that by the end of the Round Table discussion, the ministers of health and other country delegates will have:

- (a) acquired greater understanding of social mobilization as a strategy for disease control in the African Region;
- (b) identified factors that promote or hamper social mobilization in disease control in the African Region;
- (c) made specific recommendations for strengthening social mobilization in disease control in the Region;
- (d) identified the specific roles and responsibilities of the countries and the WHO Regional Office as regards the use of social mobilization in disease control.

