



## **Strengthening Communities for Action in Response to Disease Outbreaks: Leveraging on Experience from COVID-19 Emergency**

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### **Abstract**

Building upon the experience from the COVID-19 emergency response against future occurrence will reduce morbidity, mortality and the kind of disruption of socio-economic activities witnessed during the pandemic. In spite of the successes recorded during the control of the pandemic, the strength of the communities needs to be reinforced further so as to realize their full potentials in rapid response to outbreak of diseases which are becoming frequent in Nigeria. In this paper, it was shown that community preparedness to response is the panacea. Preparedness for response can be achieved by educating the people on the causes, determinants, preventive protocols and where to receive care timely during an outbreak of infection before it blows out of proportion. The paper advanced the need to strengthen Nigerian communities to respond to diseases outbreak, since they have invaluable qualities that can be harnessed in tackling such situations. There exist abundant human and material resources that can be tapped in order to prevent the escalation of an outbreak of any disease if it occurs. This can be done through drilling of significant others in the communities from time to time for transfer to their members through training of trainers (TOT) workshops. The training should equip the community members with the necessary skills to look inwards to find solution to that kind of emergency situation pending when external aid will arrive. Since health improvement is tied to overall socio-economic and even political development, the people should be imbued with the right attitude and equipped with the necessary skills to improve their earnings. The paper in addition dwelt on community organization as it is essential in ensuring unity of purpose in any effort to halt the spread of disease during an epidemic. Among other things, the present authors recommended that bottom-up and not top-down approach should be adopted in strengthening community action so that such community will be self-reliant in containing diseases outbreak.

**Keywords:** Community, Health action, Response, COVID-19, Outbreak

### **Introduction**

Strengthening community action is fundamental to the success of any primary health care or public health activities including response to diseases outbreaks. A community is a group of people living within a given geographical area that share certain things in common. MacQueen et al. (2001) defined a community as a group of people with diverse characteristics who are linked by social ties, share common perspectives and engage in joint action in a geographical location or setting. According to Federal Ministry of Women Affairs and social Development (2007), a community is a group of people, usually living in identifiable geographical area, who share a common culture, and are arranged in a social structure that allows them to exhibit some awareness of a common identity as a group. A community is a unit of people having common attributes, rights and interests (Gupta & Ghai, 2009). Abubakar (2018) defined a community as a social group determined by geographical boundaries and or common values and interests. The people in a community have identifiable



ways of life, formal and informal leaders, and defined geographical boundary. UNICEF (n.d.) indicated that a community could be a village, town, city, institution and even wider in scope. According to UNICEF, communities are dynamic and members interact in diverse ways. Community possesses great potentials, both human and material, that can be strengthened for health action and for its overall development. Community action refers to role the people play to solve their problem. In the context of this paper, it is any role, duty or responsibility undertaken by the community members in order to resolve a health problem.

Strengthening community action for health promotion means empowering community members to play an active role in addressing a health problem. The community is thus empowered to plan, implement and evaluate any health programme. Empowering the people is primarily achieved through campaigns by sensitizing them to respond to the needed action (Asaju et al., 2019). Community action results from arousing the interest of the people, encouraging and motivating them to get involved and participate in a health promotion programme (Achalu, 2019). Al Siyabi et al. (2020) defined community participation as the process by which individuals and families assume responsibility for their own health and welfare and those of the community, and build their capacity to contribute to the community development. The participation could be in the form of providing human and material resources or counterpart funding. In whatever form the participation may be, the ultimate goal of strengthening community action is to make the community have a sense of ownership of the project and be self-reliant at the long run (Enugu State Rural Water Supply and Sanitation Agency- ENRUWASSA, 2014). Strengthening community action in response to disease outbreak is imperative in Nigeria at the present due to dwindling public resources (Central Bank of Nigeria, 2023). It is vital to strengthen community action in order to enable the people to take proactive measure prior to government or external agency intervention. It will also reduce corruption that pervades such interventions in the country (Asaju et al., 2019).

Disease outbreak refers to the occurrence of a particular disorder within a specified geographical area above normal expectancy. Disease outbreak also known as an epidemic frequently occurs in different parts of Nigeria. There was a monkey pox outbreak in Bayelsa state in 2017 as reported by Ogina et al. (2019). Yellow fever outbreaks are also frequent in different part of Nigeria (Nigerian Centre for Disease Control-NCDC, 2022; WHO, 2021b). Community action was significantly demonstrated in the response to COVID-19 outbreak in Nigeria at a whole which might have led to the containment of the disease (Amzat et al., 2020).

### **Response to the COVID-19 Pandemic**

Corona virus disease (COVID-19) which is caused by severe acute respiratory syndrome took Nigerians unawares. The index case was diagnosed in February 2020; however, the rise in its spread was so astronomical that, according to Ejeh et al. (2020), by June 2020 the number of cases reported in Nigeria was 15,181 with 399 deaths. As at 30 October, 2021 the number of infections that were recorded in the country stood at 211,887 with 2,895 related deaths (National Centre for Disease control-NCDC, 2021; WHO, 2021a). The report from the NCDC also revealed that COVID-19 morbidity and mortality varied according to the 36 States and the Federal Capital Territory.

The recent alarm of the emergence of new deadly variants of the virus should not be discountenanced as it is disconcerting. The new variants of the virus: Alpha, Beta, Gamma and Delta should not be overlooked because they are asymptomatic, spread faster and have higher mortality (Padidar et al., 2021). This alarm calls for greater vigilance on the part of the



front-line health care providers. It also calls for more involvement of the communities in preparedness for COVID-19 resurgence or any other outbreak of diseases.

As pointed out earlier, community participation in the response to the outbreak of the COVID-19 in Nigeria might have contributed to the relatively low incidence of the disease in the country compared to other countries of the world such USA, Germany, Italy and a host of others (WHO, 2021a). according to Afoke et al. (2021) one important strategy that needs to be adopted to strengthen community action in response to disease outbreak in Nigeria is building the capacity of the communities on knowledge of such disease and its preventive strategies.

### **Lessons from the COVID-19 Response**

#### ***Health knowledge and community health action during COVID-19 outbreak.***

Knowledge, according to Landy and Conte (2010), is a collection of discrete but related facts and information about a particular domain. Enemuo and Obayi (202) referred to knowledge as the ability to envisage information about a particular situation that may result in a healthy outcome. It is documented in literature that knowledge promotes health behaviour. Knowledge in the context of this paper refers to the possession of relevant information and skills that precipitates action. It influences an individual's life generally and induces health action (Abbah et al., 2018; Ugbelu, 2015; Umoke et al., 2018). Ekenedo and Iwuagwu (2015) posited that knowledge helps in the employment of strategies and interventions aimed at improving health. Therefore, knowledge gives an individual, and by extension community, power through information, skills, understanding, and it is acquired through education and experience. Community health education during the COVID-19 pandemic was mainly through the mass media using the radio, television, social media and newspaper. Interpersonal communication was scarcely utilized in disseminating COVID-19 messages due to physical and social distancing. Training of trainers (TOT) of the members of the communities on COVID-19 and its prevention which was aimed at being stepped down to the people was, therefore, greatly impeded.

#### **Community organization during COVID-19 outbreak.**

How a community is organized also determines the outcome of health activities therein. Community organization entails how decisions are made and implemented in an environment where people differ in terms of religion, social status, gender and many other ways. According to UNICEF (n.d.), communities change constantly in their power balances, wealth, size and so on. Since urgent decisions and actions are demanded during an outbreak of a disease such as the COVID-19 pandemic, selected group of persons were entrusted with the responsibility of making decisions on behalf of the community. The selection of the members of the group was based on certain criteria of which the interest to serve the community was paramount. The selection was in line with ENURUWASSA (2014). The performance of the committee, according to ENURUWASSA, would be enhanced by imbuing them with the necessary skills and knowledge. The training makes the committee to be innovative and initiate actions that promote positive health action. One clear example that demonstrated community initiative in Nigeria was in the area of face mask and liquid soap production and use during the COVID-19 emergency.

Following the acute scarcity of surgical masks and liquid soap during the period coupled with the restriction of movement across boundaries, the members of the communities individually and in groups were mobilized to make these materials locally for their protection (National Primary Health care Development Agency-NPHCDA, 2020). The communities took the bold steps because of the critical importance of these commodities in the prevention of the infection. It is worthy of note that by that time there was no drug for the treatment nor



was there any vaccine against COVID-19 for mass administration (Eudes, 2021). Although, communities produced the masks locally, adherence to their use was another challenge.

Compliance with the use of face mask and the other preventive protocols was a serious issue across Nigeria and other parts of the world (Padidar et al., 2021). This is because prior to the outbreak of COVID-19 the production and use of face mask in Nigeria was a rarity outside the hospital setting. Similarly, adherence to physical and social distancing was not easy (Nejc & Bojan, 2020). This is because Ugwuoke and Ani (2015) showed that Nigerians are well known for their social interactions. The Ward Development Committees (WDCs) and different law enforcement agents were mobilized to ensure compliance with these preventive protocols.

#### New Approach to Strengthen Communities for Response to Disease Outbreaks

Outbreak of communicable diseases is likely to occur from time to time in Nigeria. This is because of lack of herd immunity against some diseases like Cerebrospinal meningitis, Measles, Lassa fever, Yellow fever, COVID-19 and a host of others. The emergence of novel communicable diseases and the reemergence of some others that have hitherto been under control are even more disturbing. A case in point is the reemergence of Diphtheria in recent years (NCDC, 2023b). It is in view of these that this position paper was conceived. Although, prevention is cheaper and safer than cure, at times preventive activities fail leading to an epidemic of a disease hence the need for strengthening the community for urgent action.

One important step is to help communities develop confidence and trust in themselves and their abilities. This can be done through sensitization of the people to participate in health activities right from the planning stage through output to purpose review. Effective health education will help to draw out the immense potentials in the people (Afoke et al., 2021). According to Ralph-Obun (2018), granted that mass health education through the print and electronic media have their advantages in disseminating health information, the local interpersonal channels create the desired result more effectively. The frontline health workers and village health workers who are accustomed to the norms of the people should be empowered to discharge this responsibility effectively. It was adopted across the country in response to the COVID-19 emergency (NPHCDA, 2020). Nonetheless, the practice has to be strengthened. These people who reside within the communities will utilize traditional channels to dispel any misconception that may follow the outbreak of any disease. The use of local channel is extremely important at the present due to multitude of unverified information that circulates in the social media. Additionally, Nigerian population is becoming very skeptical of any information that comes from the public media. Consequently, capacity building of the community members on information dissemination about a disease should be to counter any misconception that may arise. Therefore, communities' involvement in the control of disease outbreak is as important as every other aspect of the response. Barker (2020) reported that involving community members in community sensitization has immense benefits. For instance, they can reach the people in their homes, churches and so on using their local languages (Onuoha & Odo, 2018; Walker, 2018; Walker & Olaitari, 2021). The risk communication messages they carry include what the people should know about the disease and rumours management. Rumour management is absolutely necessary because, according to Ugwuoke and Ani (2015), rumour and gossip are important pastime in this part of the world. This accorded with Al Siyabi et al. (2020), who in a study on preparedness and response to COVID-19 in Oman found that community volunteers, who were key information providers in the communities, responded to worries, concerns and rumours that followed the outbreak. Ogina et al. (2019) in their report also showed that the successful containment of monkey pox outbreak in Bayelsa state, Nigeria was attributable to effective



communication aimed at avoiding misinformation. Some studies on knowledge on the preventive strategies against COVID-19 in Nigeria indicate high level of knowledge among the people (Reuben et al., 2020).

In a study on knowledge, attitude and practice of Hausa Muslim society in Kano, Habib et al. (2021) found that the respondents had high knowledge of COVID-19. Adebowale et al. (2021) reported that veterinary medical undergraduates in Nigeria had, in over all, a good knowledge of COVID-19 and their preventive practice was satisfactory. Ejeh et al. (2020) reported that a majority of the participants in a study carried out among health care workers in Nigeria had high mean knowledge of COVID-19. Idowu et al. (2020) on the other hand indicated that Nigerian population demonstrated good knowledge on COVID-19. However, it is regrettable that the high-level knowledge on COVID-19 possessed by the different categories of persons studied did not correlate positively with their practice of the disease preventive protocols. Aside adequate knowledge another critical area that contributed to positive community action was community organization.

The communities should also be imbued with the capacity to be on the lookout for signs of an impending outbreak of a particular disease ahead of its occurrence. That is to say, there should be a sentinel team charged with this responsibility. Armed with data reporting forms, they should periodically carry out a transect walk to find out and report to the health facility in the community the incidences of diseases observed. In addition, there is need for disease surveillance officer in the local health facility to visit the homes, schools and other places where outbreaks of disease are most likely to occur and are most fulminating if they occur.

Another vital way of strengthening the community is by expanding the wealth base of the people. Many a time community's response to an outbreak is hampered by lack of basic funds to take action. The earning capacity of the communities can be enhanced through intersectoral linkages with other departments like the agriculture, finance and skill acquisition centres. Acquiring skills in different business areas will make the community self-reliant in the face of any disease outbreak. Financial buoyancy of the Ward Development Committee (WDC) and Village Development Committee (VDC) will enable them to act swiftly during an outbreak of disease. General education, especially the female folk, would increase their ability to participate in community affairs especially health projects. This is because Ugwunwoti and Ugwu (2019) viewed education as a means of acquiring competences in order to contribute to the process of the society.

Community organization has a vital position in community action. This pertains to who does what and who is accountable for what in the community. In selecting such people gender balancing in power equation should be taken into account if rapid response following an outbreak of any disease is to be achieved. This is because while males are more dominant economically in Nigeria females have been shown to be more active in terms of response to health problems (Ene & Ugwuoke, 2016). Therefore, selecting community leaders and members of health committees should be in such a way that women are represented adequately since Al Siyabi et al. (2020) showed that community leaders facilitated networking and acted as the platform for community engagement. The leaders made decision for the community, developed action plan, developed health information, supplied masks, sanitizers and groceries to people. Ogina et al. (2019) showed that the formation of a committee and the display of ownership and cooperation of the stakeholders were instrumental in the successful containment of monkey pox outbreak in Bayelsa State, Nigeria. According to the experts there was adequate resources provision for the exercise. Barker et al. (2020) reported that community leaders' involvement in Liberia's Ebola outbreak led to increased trust.



## Conclusion

The sudden emergence of the COVID-9 pandemic took Nigerians by surprise. However, the way the communities rallied round to fight the spread was commendable. This led to the low morbidities and mortalities recorded in the population compared to many other countries of the world. Based on the experience gained during the control the present paper tried to highlight the vital roles the communities played that led to the successes. Consequently, the paper elucidated how the gains can be sustained and even improved upon so as to prevent such epidemics and even if they occur how to minimize the impact on the people.

## Recommendations

1. Community participation is very crucial to achieve the desired objective of any health project in general and halting disease outbreak in particular. This is because communities have high level of potentials in terms of human and material resources necessary for health promotion and disease prevention.
2. Bottom-up and not top-down approach should be adopted in the involvement of communities in order to achieve positive health action.
3. Communities' potentials could be drawn out fully through series of capacity buildings to strengthen their knowledge and organizational bases.

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