



Setting Up Community Health and Development Programmes in Low- and Middle-Income Settings, 4th Edition, by Ted Lankester and Nathan Grills. Oxford University Press, May 2019

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Introduction

Regrettably, universal health coverage is still out of reach for so many, and it is those in rural areas made up of largely poor communities who are the most deprived. *Setting Up Community Health and Development Programmes in Low and Middle-Income Settings* (SUCHDP) is a classic book that was first published in 1992 and has been utilised throughout the world for almost three decades. This fourth edition has significant updates and revisions with new content covering important issues such as mental health, disability, health information technology, disasters, domestic violence, and non-communicable diseases. It is a practical tool to guide the process of starting, developing, and maintaining a healthcare programme in these areas. Its purpose is to help stakeholders to empower communities to identify and solve their own problems so as to decrease inequality and inequity which remain serious issues in global health. This book also aims to assist academics, policy makers, and planners to understand the realities of field-based development and progress.

As an edited compilation, it has a wide range of contributors with expertise in different areas, and they address two main audiences. The first is those working in the field: programme managers and practitioners from government and civil society involved in setting up or developing community

health and development programmes, rural and urban. This book is also written for global health and other health care students, academics, policy makers, and planners who wish to anchor their work in field-based situations.

Contributors

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Section 1 - Community health principles

Community-based health care and the health system

Chapters 1-3 introduce the concept of Community-based Health Care (CBHC) and how it relates to, improves, and strengthens the health care system at a national level. Health problems and facts such as poverty and mortality ratios and their effect on populations in different parts of the world are discussed. Fifty percent of the world's population has no access to basic health care, and CBHC can contribute to positive change and meet the challenges. The importance of working with communities, developing trust and offering support,

training, coaching, and connection, when needed, are highlighted. To create genuine partnerships that build confidence and self-belief, it is imperative to listen and learn first and to appreciate the assets, gifts, and different abilities of community members. Partnership protects people against exploitation, creates interdependence, and enables communities to identify problems and devise solutions.

Communities must own their futures. There are a variety of linkages that CBHC needs to establish with different stakeholders such as government, donors, hospitals, doctors and private practitioners, traditional health practitioners, the private sector which includes NGOs, community-based organisations, faith-based organisations, and the voluntary or “third” sector.

Tools for community participation in setting up programmes

Chapters 4-7 describe different tools for community participation which include behavioural changes, collaboration among different stakeholders, and using an effective logical framework for better development of the community. The main aim is to create awareness among individuals and the community so they can develop a healthier lifestyle and learn disease preventive measures. For better implementation of measures, good collaboration between community, government, and civil society organisations is vital, since the implementation process involves a series of complex decisions and steps such as developing a team and obtaining funds. Moreover, a logical framework analysis is required to make a suitable development plan for the community assuming adequate information has been obtained and strong links with the community either by a participatory appraisal, community survey or both have been formed.

Community Health Worker

Chapter 8 explains that the community health worker (CHW) is a core element of community-

based health. The chapter portrays the effectiveness of the CHW both from the perspective of government programmes and civil society organisations (CSOs). With combined forces of government and CSOs, effective universal health coverage can be achieved.

Section 2 - Community health management

Chapters 9-12 highlight the different aspects of community health management. These chapters outline monitoring and evaluation techniques used to determine the effectiveness of the programmes and their objectives. Monitoring refers to an ongoing assessment of the progress, and evaluation refers to the systematic review of the program outcome and impact. This section not only explains how to manage finances and focus on leadership and management skills but also emphasizes the importance of using medicine correctly. This requires community awareness about the correct medicine, dosage, side effects, and risks of self-prescription. In addition, the section describes the sustainability of the programme by focusing on vulnerable groups in the community. The health programme should involve the local community wherever possible, and this will help people to feel that the programme belongs to them which will in turn translate into ownership, an important factor for long-term sustainability.

Section 3 - Community health focus areas

Setting up and improving a community health clinic; maternal, child, and reproductive health

Chapters 13-18 discuss community health topics such as setting up and improving a community health clinic and maternal, child, and reproductive health. The importance of involving the community in the development of a health clinic so as to ensure

that their needs are met is emphasised. These chapters also describe different causes and forms of malnutrition in child, mother, family, and community and explain how to measure and prevent them. This section highlights the importance of childhood immunisation. The leading cause of deaths among children are diarrhoea, pneumonia, and malaria, and this section explains how to recognise and prevent these conditions. The need for maternal and newborn health programmes, including antenatal care, postnatal care, and delivery care, is outlined. To improve reproductive health, family planning, and sexual health, these topics are included in community health programmes at an early stage. This section also explains how we can prepare the community through education by training traditional birth attendants and by incorporating proper care plans for both mother and child.

Communicable and Non-Communicable diseases: topics HIV and TB

Chapters 19-20 and 22 outline prevention programmes for communicable, non-communicable, and chronic diseases including tuberculosis (TB) and human immunodeficiency virus (HIV). The seriousness of TB and HIV as global diseases and their life-threatening effects at the community level are discussed. TB usually affects the lungs but can also affect almost any part of the body, and in that case, it is called extra-pulmonary TB. The important signs and symptoms of TB are discussed so that better diagnostic procedures and preventive measures can be implemented. A community approach to HIV care, prevention, and control is extremely important for this deadly disease, and awareness can be promoted by an effective methodology for community appraisal called SALT (local Story, Appreciating assets, Listening and learning, and Team-building). This section highlights not only the importance of counselling and adherence to antiretroviral (ARVs) drugs but also discusses developing resources such as links to a referral hospital and clinics, and partnership with

local government, NGOs, and local communities. Also, the background of non-communicable disease is described, and the main focus is given to early detection of the problem and promoting healthy behaviours such as physical activity, healthy diet, and reduction of alcohol and tobacco.

Disability, mental health, and End of Life care

Chapter 23-24 and 28 point out the prevalence of both disability and mental illness and emphasises the importance of community-based rehabilitation (CBR) as well as good mental health care. Community palliative and home-based care are also discussed. Each of these issues requires the involvement of a wide variety of stakeholders and the sharing of resources which will enhance quality of life but also strengthen and empower the community. CHWs and CBR workers should be trained to identify and assess the health issue, build trust, and relationship with the patient or person with disability and family and promote inclusion and the use of appropriate medication among other things. This will, in turn, promote community development. Interestingly, the WHO definition of palliative care considers the physical, psychological, and spiritual dimensions of the person and the importance of planning for end-of-life care and bereavement is emphasised.

Social, environmental health

Chapters 21 and 25-27 discuss the importance of social and environmental health improvements and how these will change the overall health of the community. The importance of the community working together to identify the causes or determinants of ill health, so as to be able to decrease or eliminate the cause altogether, is highlighted. This section concentrates on water, sanitation, and hygiene each of which involves complex programs. The community can be educated about environmental hazards, thus, assisting in developing ways to avoid disasters. Furthermore, the introduction of information and communication

technologies (ICT) in community health programmes will improve accessibility. The issues of violence and abuse are addressed and effective responses, which are both long term and short term, discussed. This requires not only community awareness but also the commitment from justice institutions and politicians.

Conclusion

Setting Up Community Health and Development Programmes in Low and Middle-Income Settings is invaluable for anyone involved in primary health care: doctors, nurses, and healthcare workers at all levels. The diagrams, graphs, and photos make it extremely accessible. It is ideal for academics, students, programme managers, and health care practitioners in low- and middle-income settings worldwide and is an evidence-based source full of examples from the field. This book can also be recommended to programme managers and practitioners from government and civil society who

wish to set up or develop community health and development programmes, rural and urban. It could be further strengthened by, 1. adding suggestions about the different ways stakeholders and responsible authorities could collaborate; 2. dealing with issues like corruption, cronyism, and injustices within governments and policy-makers that favour urban voters and ignore poorer and voiceless ones in decision-making and distributing of resources.

The contemporary relevance and value of *SUCHDP* cannot be overstated: it both promotes local ownership and has contributions from 16 authors who are current practitioners and researchers with a breadth of experience. Motivated by a strong faith, the editors have developed this book with a deep desire for equity and justice. They are committed to seeing poor communities and individuals transformed through access to good health care, and this book is an excellent tool towards achieving that end.

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