



The role and contribution of civil society and community actors in COVID-19 prevention and control: the case of the COMVID COVID-19 movement in Burkina Faso

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ABSTRACT

Communities should play a crucial role in the fight against public health emergencies but ensuring their effective and sustained engagement remains a challenge in many countries. In this article, we describe the process of mobilising community actors to contribute to the fight against COVID-19 in Burkina Faso. During the early days of the pandemic, the national COVID-19 response plan called for the involvement of community actors, but no strategy had been defined for this purpose. The initiative to involve community actors in the fight against COVID-19 was taken, independently of the government, by 23 civil society organisations gathered through a platform called 'Health Democracy and Citizen Involvement (DES-ICI)'. In April 2020, this platform launched the movement 'Communities are committed to Eradicate COVID-19 (COMVID COVID-19)' which mobilised community-based associations organised into 54 citizen health watch units (CCVS) in Ouagadougou city. These CCVS worked as volunteers, performing door-to-door awareness campaigns. The psychosis created by the pandemic, the proximity of civil society organisations to the communities and the involvement of religious, customary and civil authorities facilitated the expansion of the movement. Given the innovative and promising nature of these initiatives, the movement gained recognition that earned them a seat on the national COVID-19 response plan. This gave them credibility in the eyes of the national and international donors, thus facilitating the mobilisation of resources for the continuity of their activities. However, the decrease in financial resources to offset the community mobilisers gradually reduced the enthusiasm for the movement. In a nutshell, the COMVID COVID-19 movement fostered dialogues and collaboration among civil society, community actors and the Ministry of Health, which plans to engage the CCVS beyond the COVID-19 response, for the implementation of other actions within the national community health policy.

INTRODUCTION

In low-income countries where health systems often have reduced abilities to address health

SUMMARY

- ⇒ The mobilisation of community and civil society actors during health emergencies may arise from endogenous dynamics.
- ⇒ But this needs to be supported by the public authorities to be effective and sustainable.
- ⇒ This support can take several forms, such as formally involving them in decision-making bodies or providing them with resources to implement outreach activities.
- ⇒ The expertise and innovative local solutions provided by community and civil society actors contribute to enhance the effectiveness of the response to health emergencies.
- ⇒ However, this requires good coordination with activities planned at the central level and early involvement of these actors.
- ⇒ Intrinsic motivation alone is not enough to stimulate sustained commitment of community actors.
- ⇒ It initially worked due to the unprecedented nature of the COVID-19 pandemic, but then declined.
- ⇒ This form of motivation must be complemented with financial compensation or other forms of extrinsic motivation.

challenges, the collective capacity of communities is a key resource for achieving effective health outcomes,^{1,2} especially for curbing the spread of epidemics.³⁻⁷ However, community actors are often poorly or not involved in the design of health emergency response mechanisms,^{4,8} which can hinder their adherence to and their appropriation of the adopted control measures. In the specific case of COVID-19, the involvement of community actors in the management of the pandemic was delayed in most countries—until April 2020, more than 4 months after the first cases were reported in Wuhan, China, only 36% of



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WHO member states had a community engagement plan for COVID-19.⁹

In Burkina Faso, the first national COVID-19 response plan, developed in February 2020, envisaged community-based interventions but no concrete actions were defined for their implementation. However, experience from several countries demonstrated that COVID-19 transmission hot spots are essentially community based.^{10 11} Burkina Faso lacked a national communication plan¹² and was facing considerable communication challenges.¹³ The protective measures prescribed by the government were advertised through social networks, television (TV), written press and public billboards,¹² but were not adhered to by the population.^{13 14}

This situation, combined with the rapid increase in the number of cases and the blockage of socioeconomic and professional activities resulting from the containment measures taken by the government (closure of land and air borders, schools, universities and trade centres, introduction of curfews), led to contestation of the first response plan by many political and community actors, which was quickly exceeded, and revised in April 2020. Twenty-three civil society organisations in Burkina Faso, through a platform called 'Health Democracy and Citizen Involvement (DES-ICI)' created in February 2020 to ensure strategic citizen monitoring of health policies,¹⁵ then undertook the initiative to mobilise community actors to fight COVID-19. This mobilisation was achieved through the creation, in April 2020, of a social movement called 'Communities are committed to Eradicate COVID-19' or COMVID COVID-19. This movement focused first on the capital city, Ouagadougou, which was the most affected, with plans to be extended to the other regions of the country.

In this article, we present the experience of the COMVID COVID-19 movement, whose activities were closely monitored from its inception through process documentation.¹⁶ Data were collected through document review and participant observation.

IMPLEMENTATION OF THE 'COMMUNITIES ARE COMMITTED TO ERADICATE COVID-19' MOVEMENT

The establishment of the organisational structure of the COMVID COVID-19 movement followed three main steps. First, the member organisations of the DES-ICI platform established a 12-member secretariat. This secretariat coordinated the activities of the movement, advocated for the inclusion of the movement in the national COVID-19 response plan and for resource mobilisation, ensured transparent management of the mobilised resources and established strategic partnerships with other actors involved in the COVID-19 response. Second, the mobilisation of community organisations was carried out online via Facebook and Google Forms, with more than 300 community organisations enrolling within 24 hours. Among these community organisations, 54 were chosen as focal points, one for each sector of the city of Ouagadougou, which has 55—a focal point could

not be set up. The focal points were selected based on their intervention domain and had to meet the following criteria: (1) be focused on health, (2) have their site or headquarters in the sector they cover, (3) have solid experience in community mobilisation and (4) have a good reputation. Finally, a citizen health watch unit (CCVS) was created in each sector of the city of Ouagadougou under the leadership of the respective focal points. These CCVS were responsible for implementing the activities of the COMVID COVID-19 movement at the community level. Each CCVS was composed of at least 14 members, including 10 community organisations based in the intervention zone, a representative of the locally elected officials, two opinion leaders and a representative of vulnerable people such as people with disabilities. Prior to the launch of the CCVS, the focal points received training to strengthen their knowledge on COVID-19 (its clinical signs, transmission routes and prevention), a communication plan on the disease and its manifestations and a guide on how to set up the CCVS. The CCVS were expected to work as volunteers—they were not specifically remunerated for joining the COMVID COVID-19 movement.

ACHIEVEMENTS AND CHALLENGES OF THE 'COMMUNITIES ARE COMMITTED TO ERADICATE COVID-19' MOVEMENT

The activities of the CCVS at the community level were diverse and consisted particularly of: (1) raising awareness about disease prevention and control measures; (2) mobilising resources, including endogenous resources, and providing vulnerable households with protective equipment; (3) tracing contact; (4) monitoring the movement's activities and (5) monitoring the management of donations received at the local level for the COVID-19 response.

The COMVID COVID-19 movement was able to start its activities with seed money provided by the non-governmental organisation called Results for Development through the African Collaborative for Health Financing Solutions project (ACS). This money was used to purchase sensitisation and protection equipment, including posters, tape recorders and alcohol-based hand sanitiser for use by the CCVS to conduct their field activities, including door-to-door outreach. The CCVS worked as volunteers and their members were trained in sensitisation techniques, hand washing and various protective measures by Red Cross staff and health workers. The innovative and promising nature of the COMVID COVID-19 movement in its approach and operations assisted it to be included in the national COVID-19 response plan. This gave credibility to the movement in the eyes of the national and international donors, allowing them to mobilise some financial and material resources.

While these resources were insufficient to meet the needs on the ground, they did help to strengthen awareness activities. As a result, the CCVS conducted multiple sensitisation activities reaching approximately 30 000 households, and 1000 awareness-raising activities in public places (markets, places of worship, entry points to the city of Ouagadougou, bus stations, water fountains, informal

living settlements, hair salons, stores, tea bars, kiosks and restaurants). The COMVID COVID-19 movement also produced a music video and short sensitisation videos that were broadcast on TV, radio and social networks, and hosted conferences and radio programmes in both French and the main local languages. Also, the resources enabled the CCVS to produce liquid soap, alcohol-based hand sanitiser, face masks and hand washing devices that were distributed to 21 000 vulnerable households and placed in markets, schools and places of worship. Lastly, the CCVS participated in the identification and follow-up of COVID-19 contact cases, with the collaboration and technical support of the Health Emergency Response Operations Centre (CORUS) of the Ministry of Health. Any individual presenting with COVID-19 symptoms was sensitised and taken to a health facility for further investigation, or the case was notified to CORUS. If a case was confirmed, the CCVS would trace the contacts and follow-up with them at home. At least three home visits were conducted to ensure that these contacts would not subsequently develop any signs of the disease and would respect the quarantine instructions. This activity lasted for 3 months, from August to October 2020, and resulted in the visit and sensitisation of nearly 1000 households and the identification of 40 suspected cases.

The COMVID COVID-19 secretariat faced challenges in monitoring and evaluating the activities of the CCVS. Even though a WhatsApp group and an online form had been created to help the CCVS report their daily achievements and challenges, complaints about the time and internet connection availability were recurrent. Many of the challenges encountered related to the lack of a performance framework accepted by the stakeholders to objectively measure the achievement of the different objectives of the movement.

To fund the implementation of activities, the COMVID COVID-19 movement secretariat and the CCVS mobilised material and financial resources at the national, international and local levels, but this was mostly done in a fragmented and uncoordinated manner. Moreover, the lack of formal and systematic accountability tools made it difficult for the CCVS to capitalise on the resources collected and constituted a shortcoming in transparency and accountability, which sometimes led to mistrust among the actors. A consultation workshop that brought together the different stakeholders of the movement was organised to find solutions to these issues, and it was decided that henceforth, each actor would communicate to the other stakeholders the cash and in-kind donations they received.

ENABLING FACTORS AND CONSTRAINTS FACED BY THE 'COMMUNITIES ARE COMMITTED TO ERADICATE COVID-19' MOVEMENT

One of the assets that facilitated the implementation of the COMVID COVID-19 movement's activities was the profile of the actors who ensured its coordination and

constituted the CCVS. Most of the stakeholders involved in the movement had a solid community base, were members of several networks at national and/or international level and had good reputation and legitimacy at the local level. Therefore, the proximity of the members of the CCVS to the local populations strengthened mutual trust and facilitated the implementation of the activities, especially at the beginning of the pandemic when there was great panic since the disease was unknown and the predictions for Africa were very bleak.¹⁷ The COMVID COVID-19 movement, thanks to its community-based approach, filled a gap that the government had not yet been able to address, as most of its efforts had long been focused on addressing the clinical and biomedical aspects of the disease. Another factor that facilitated the implementation of COMVID COVID-19 activities was the eventual inclusion of the DES-ICI platform in the national COVID-19 response plan, which gave them legitimacy with their partners.

However, the voluntary nature of participation in the COMVID COVID-19 movement ended up demotivating some CCVS, making it difficult to mobilise their members in the long run. In fact, most community-based organisations did not have a solid funding base, so the continuation of the activities of the CCVS under these conditions constituted an enormous opportunity cost for them. As a result, these actors, in their constant search for new opportunities, were more and more inclined to devote their time to other more lucrative activities or projects. Keeping these actors motivated and engaged in the COMVID COVID-19 movement required the creation of other incentive mechanisms, particularly extrinsic ones, such as being financially compensated for efforts to carry out activities, receiving training in resource mobilisation or being on the Ministry of Health's short list for funding to implement community activities. Furthermore, as COVID-19 evolved, its relatively low lethality, the numerous conspiracy theories as well as the polemics around vaccination spread through social networks and the media led to a certain distrust of the disease among the population, some of whom no longer even believed in its existence.¹⁴ This situation caused awareness-raising activities to become less and less effective and curbed the adherence of most of the population to the protective measures, as illustrated during the presidential election campaign in November 2020, when thousands of people attended large meetings every day, without any precautions. All these factors made it difficult for the movement to scale up to other cities, despite the increasing number of COVID-19 cases that were still being reported regularly by CORUS.

The main lessons we can learn from the above are that effective and early involvement of community and civil society actors in activity planning and joint decision-making is important to tackle health emergencies. This is especially true if they are firmly anchored in local settings as this proximity to communities is a major asset for carrying out outreach activities to ensure response

effectiveness and public acceptance of protective and prevention measures. Besides, to secure an effective and sustainable contribution of community actors to activities, capacity building and provision of financial and material resources are essential, as is the ability to maintain constant public attention and trust, especially when the situation becomes volatile.

CONCLUSION

The COMVID COVID-19 movement was a unique experience of community mobilisation by civil society organisations following endogenous dynamics. This movement was a key factor in the fight against COVID-19 in Burkina Faso through its community-based approach, which remains an essential tool in the response to epidemics and other health emergencies. The involvement of the movement in the national COVID-19 control mechanisms enhanced its effectiveness and legitimacy, and more globally, the collaboration and dialogue between civil society, community actors and the Ministry of Health in the pandemic response. As a result, the Ministry of Health plans to go beyond the response to COVID-19 and engage the CCVS to implement other actions related to its community health policy, in the perspective of advancing universal health coverage.

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