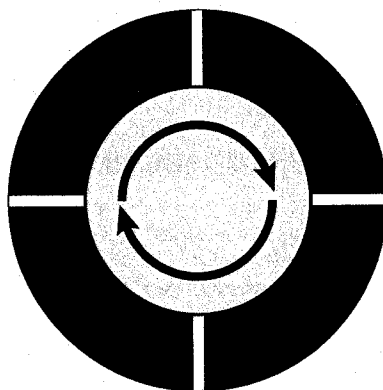


TAPPING INTO CIVIL SOCIETY:

guidelines for linking health systems with civil society



south australian
COMMUNITY HEALTH
RESEARCH
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Background

These *Guidelines* are designed to help staff in district health systems work in partnership with civil society organizations and groups in their areas in order to promote health. They form a practical tool that can be used while these partnerships are being developed.

Around the world, communities in both urban and rural settings are developing ways of working together to solve health and environment problems. Some of the creative solutions that have been developed involve:

- ⊙ encouraging collaboration between government sectors
- ⊙ ensuring that communities participate and provide information for the planning and implementation of initiatives.

There are many projects and programmes that attempt to put these partnership processes into action, including:

- ⊙ *Healthy cities*
- ⊙ *Healthy settings* (e.g. schools, market places, work places)
- ⊙ *Local agenda 21*
- ⊙ *Model communities*
- ⊙ *Sustainable cities*
- ⊙ *Healthy islands.*

Since the early 1970s, both the concept and the practice of community involvement in health development (CIH) have been substantially revised, giving new priorities to:

- ⊙ the notion that people have both the right and a responsibility to be involved, as individuals and in groups, in planning and organizing their own health care
- ⊙ building on the strengths of established traditions and health service delivery practices by involving a wide range of people
- ⊙ developing new collaborative partnerships that will help to promote health
- ⊙ enhancing health and well-being by encouraging action before disease and disability occur
- ⊙ taking into account the impact of socio-economic, political, physical and environmental factors on health and well-being.

Development of the *Guidelines*

These *Guidelines* have been developed from two WHO research projects that studied how district health systems work together with their local communities. The first study, involving eight countries led to the development of a draft set of *Guidelines*.¹ These were revised in December 1997 as a result of a meeting of WHO Health Development Structure Projects that had been held in Adelaide, Australia the previous August.

The first study found that a great deal of health development activity was being undertaken at the community level by local groups and organizations (e.g. women's, youth, religious and traditional groups). Although these structures contributed to health development, much of their activity was neither recognized nor supported by the formal health sector.

The second study, conducted between 1998 and 2000, tested the revised set of *Guidelines* in districts in four different countries. After extensive analysis, the findings that emerged from this field testing led to further revision of the *Guidelines*. This present set of *Guidelines* is the result of those efforts. The overall findings from the multi-country study and the subsequent testing of the revised *Guidelines* is reported in Kahssay, Baum and Sanders, 2003.²

In the original *Guidelines* the term 'health development structure' was used to refer to the groups and organizations that were the focus of the study. However, the field testing showed that it would be preferable to refer to them as 'local civil society organizations'.

The term 'civil society' in this document refers to groups of people who contribute to positive change in the community through activities that are not part of the formal political system, commerce or government. Civil society can influence the values and opinions that underpin policy and can therefore impact on public and private decision making.

It is important that district health systems (DHSs) contribute to the process of health development by engaging and collaborating with civil society. These *Guidelines* will help DHS staff to work constructively with their local civil society organizations (LCSOs). The *Guidelines* complement the Civil Society initiative from the World Health Organization that is designed to increase the engagement of WHO with civil society.³

Local civil society organizations enable ordinary people to become involved in development generally, contributing indirectly to both socio-economic and health improvement at the local level. However, some LCSOs involve people in activities that are directly relevant to health. Others involve collaboration between health and other sectors, such as agriculture, housing, education and urban planning. Still others provide links that enable health workers to work outside their hierarchies and organizations in order to promote collaboration and build networks. What they all do is offer opportunities for people to become involved in health development through existing community structures.

For consistency the term 'district health system' (or its acronym DHS) is used throughout these *Guidelines*, but it should be understood that this covers any local, regional or similar health system and the organizations that go to make up such a system.