

Editorial

Community Driven Development in context of Health Promotion

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Introduction

All citizens should have the right to be educated to enable them to flourish mentally, emotionally, and economically alongside artificial intelligence. (House of Lords report on Artificial Intelligence)

The use of information technology has revolutionized the health care systems and health promotion models. Information technology including use of artificial intelligence in preventive medicine has enabled the mankind living at various places to become active co-creators of their own health rather than passive recipients of health care. New prevention models are being developed on new technologies involving artificial intelligence to genomics.¹ Quality of health care services is greatly enhanced by the integration of preventive models, curative services and artificial intelligence. Artificial intelligence, accountability and social prescribing lies at the heart of all health reforms. Promoting health by social prescribing where medical professionals and doctors advise non medical solutions, such as life style modifications, quit smoking plans, sleep hygiene, mental health prevention tools, and referring patients to community services for better control on their physical, mental and social health.²

New prevention models incorporating artificial intelligence and other forms of technology driven innovations require community participation, acceptable and affordable latest technologies, financial support, human resource trainings, intersectoral and interdisciplinary collaborations for disease control, elimination and eradication. Health promotion is impossible without active surveillance. In future monitoring and surveillance will be best performed

through artificial intelligence. Artificial intelligence could help to understand and plan things beyond knowledge, including collaborative educational programs and measureable learning outcomes. Data privacy for use of artificial intelligence in prevention is again a huge challenge and solutions are not very feasible and cost effective.

Nevertheless, further research and evidence based medical education is required to formulate sound policies for promoting health especially child health. Most of the children in Pakistan are unable to achieve their full growth potential and currently this is a huge challenge for policy makers and all stakeholders in healthcare. King Edward Medical University is playing its role in producing highly skilled health care professionals who are involved in health promotion, creating awareness in community, early identification of disease process and its treatment, disability limitation and rehabilitation. King Edward Medical University has contributed a lot in developing growth charts for children by providing valid and reliable data. Growth Chart is currently being used by World Health Organization for monitoring growth and preventing stunting in children. The Growth Chart is a very important tool in maintaining tract record over specific period of time for young growing children, usually less than 2 years of age. Malnutrition is a serious problem in this age group and at this stage can pose a serious threat to child's survival. Identification and treatment at this stage is vital. By providing data King Edward Medical University has contributed towards monitoring of less than 2 years children which are the growing future of Pakistan. By maintaining and treating the cause of malnutrition in this age group has resulted in reduced number of serious

infectious diseases which has ultimately reduced infant mortality and under 5 mortality rates. Community-driven development (CDD) gives control of decisions and resources to community groups. CDD treats poor people as assets and partners in the development process, building on their institutions and resources.³ In Pakistan, gender discrimination is a challenge for Community Driven Development. Especially women are neglected in decision making and mostly community driven development is influenced by the preference of male members as they are acceptable to community in decision making and leadership roles.⁴ Some of the challenges worth mentioning are as follows:

- High birth rate due to lack of contraception use
- Lack of awareness of health issues
- Gender discrimination in health seeking behaviour
- Inadequate health resources

Finding solutions to above mentioned challenges is not an easy task. However, development of health promotion models based on community driven development is the only way forward. The benefits of Community Driven Development include:

- CDD helps in strengthening and financing inclusive community groups and facilitating community access to information technology. In future, artificial intelligence will replace many existing health promotion models.
- Community-driven development promote an enabling environment through policy and institutional health reforms
- CDD fills a critical gap in efforts for decreasing illiteracy, poverty reduction, achieving immediate and lasting results at the grassroots level and complementing government-private partnership programs.

- CDD is used to bring mass education programs, awareness campaigns and improving cost benefit ratio by promoting health.
- With these powerful attributes, CDD can play an important role in strategies to reduce disease burden, malnutrition, epidemics and infections.
- CDD can improve the effectiveness and efficiency of services in many sectors and contexts. Examples of these benefits for infrastructure, education, and natural disaster management.
- CDD can help to eliminate and eradicate diseases, for example poliomyelitis, measles etc.

Sri Lanka, Turkey and Bangladesh are among those countries where Community Driven Development was implemented for many years. This was focused on provision of better healthcare with latest available technology and community participation, driven by accountability through outcome measures, building capacity to lead in future and use of latest technologies and innovations to promote health. They showed huge investment of resources including time resource, human resource and financial costs in developing Health Promotion Models based on Community Driven Development so that continuum of primary care is provided to all segments of the society. Pakistan can learn a lot from these success stories.

References

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