International Experiences in Social Mobilization and Communication for Dengue Prevention and Control

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Abstract
There is a growing body of evidence that social mobilization and communication are critical to sustainable dengue prevention and control. This paper summarizes key features of 12 national case studies of dengue-related social mobilization and communication initiatives (presented in this Special Supplement). The case studies were originally commissioned to illustrate key points in a WHO guide on planning social mobilization and communication for dengue prevention and control (Parks and Lloyd 2004). The paper contains the original case studies modified only to keep each reasonably brief and to facilitate cross-case comparisons. As a collection, the case studies provide unique insights into a new generation of dengue programmes.

Keywords: Social mobilization, behavioural impact, Aedes aegypti, dengue prevention and control.

Introduction
In the tropics and subtropics, population growth, unplanned urbanization and its commonly associated deficiencies of water supply and solid waste management, together with increasing international travel and diminishing health budgets are among the factors that have contributed to a re-emergence of epidemic dengue fever/dengue haemorrhagic fever (DF/DHF) as a major public health problem[1,2]. The
only strategies to prevent mortality and to control DF/DHF are ensuring prompt diagnosis of fever cases and providing appropriate clinical management, and reducing human-vector contact, using vector control and personal protection methods, with particular emphasis on the management or elimination of larval habitats in and around people’s homes, work settings, schools, and in other less obvious places such as informal dump sites and playgrounds, respectively[3].

Adequate prevention and control methods exist but many national DF/DHF programmes are unable to deliver them effectively[4]. Most programmes struggle to achieve and sustain behavioural impact at household, workplace, urban planning, and policy levels[5-12]. Carefully researched and meticulously planned advocacy, mobilization and communication initiatives with high levels of community engagement are fundamental to the promotion of healthy behaviour and social change. To date, however, few national DF/DHF programmes and international funding agencies have invested soundly in such initiatives[13].

Nevertheless, there is a growing body of evidence that social mobilization and communication are critical to sustainable dengue prevention and control[14-22]. Over the last two decades, a new approach to dengue prevention and control has evolved in which: resources and decision-making are decentralized; emphasis is placed on negotiating behaviour and social change as opposed to education for knowledge change; targeted government and private sector advocacy is deployed to increase political and financial commitment; extensive partnerships and support networks are developed through intensive mobilization; and greater focus is given to environmental improvements such as better urban planning and services including refuse disposal and water supply management with the active involvement of communities[7,13-33].

Case studies

The basic components of sustainable prevention and control were proposed in 1992[34]. A Global Strategy was established in 1995 to focus and coordinate efforts to prevent and control DF/DHF[35]. In 2002, the 55th World Health Assembly adopted Resolution WHA55.17 thereby creating a political environment to support international, regional and national DF/DHF activities[36]. A WHO and TDR guide on planning social mobilization and communication for dengue prevention and control was published in 2004 (in English and will soon be available in Spanish and Portuguese) [37]. Based on WHO’s Communication-for-Behavioural-Impact (COMBI) planning model, draft versions of the guide have been used as the key resource during a 3-year international training programme involving multidisciplinary teams from over 20 dengue-affected countries. The training has been sponsored by the US Centers for Disease Control and Prevention (CDC), with additional support from PAHO, USAID, and the Inter-American Development Bank. Further capacity building activities are planned and an evaluation of several national COMBI initiatives developed out of the training programme will be conducted in 2005.

In the process of developing the WHO guide, 12 country teams were invited to write short case studies describing innovations in DF/DHF prevention and control, with a focus on social mobilization and communication. Sections from these case studies were used to illustrate key points in the guide. Considered together,
however, the case studies provide unique insights into a new generation of dengue programmes. Publishing them as a collection was therefore considered an appropriate means by which these rich experiences could be shared. This Special Supplement contains the original 12 case studies, modified only to keep each reasonably brief and to facilitate cross-case comparisons.

A brief overview

The studies included in this Special Supplement provide an interesting and inspiring mix of experiences and lessons learned. Almost all discuss the value of social science research and theory in guiding initial designs and facilitating ongoing monitoring and subsequent evaluation of mobilization and communication activities. The utility of social science research in dengue prevention and control is already well documented in the international literature[7,10,12,25,31,38-49].

The case studies from Cambodia, the English-speaking Caribbean, the Dominican Republic, Honduras, Indonesia, Mexico, Vanuatu, and Viet Nam illustrate the worth of engaging communities from the very start of a programme’s planning phase. Experiences in Cambodia and Viet Nam in particular reveal the need for strong relationships between community groups and government services, especially if novel vector control interventions are to be adopted and maintained.

The Dominican Republic and Honduran studies highlight a relatively new and exciting social mobilization approach - behavioural trials or trials of improved practices (TIPS) - in which householders become programme consultants and provide feedback on newly introduced vector control measures modeled on existing practices[50]. Negotiation, co-learning, and empowerment are just some of the vital processes that occur as a result of these trials, which, in both the cases presented here, have now been taken to scale.

More imaginative communication is another characteristic of recent initiatives. The significance of local creativity is clearly shown by experiences in Colombia, Malaysia, and Puerto Rico. The power of incorporating culturally appropriate modes of communication to relay dengue messages is no more apparent than in the case study from Mexico.

The need to mobilize social networks beyond individual householders is amply demonstrated in Colombia, Indonesia, Malaysia, Puerto Rico, Vanuatu and Viet Nam to ensure that simple messages transmitted via the mass media are also delivered through intensive face-to-face dialogue, although the challenges to doing this in modern urban environments is touched upon in the Mexico study. Mass mobilization of school children is another exciting feature of several initiatives (e.g., Colombia, English-speaking Caribbean, Malaysia, and Puerto Rico).

Many of the case studies touch on the importance of political support and the need for organizational change within dengue programmes. In some cases (e.g., the English-speaking Caribbean and Honduras), institutional change was one of the key outcomes of innovative social mobilization and communication. Much greater attention needs to be paid to the restructuring of dengue programmes and to the building of new competencies among programme staff if social mobilization and communication initiatives are to prosper and contribute significantly to dengue prevention and control.
Each study stresses the need for robust monitoring and evaluation, not only to ensure that activities are kept on track but also to demonstrate impact. Expanding the current evidence-base is crucial if additional resources to intensify social mobilization and communication efforts are to be generated. Standard entomological indicators are not ideal measures when assessing the effectiveness and efficiency of social mobilization and communication[51]. A few projects are now investigating innovative ways to determine behavioural results associated with vector control, but further exploration of how best to gauge social mobilization and communication outcomes in relation to dengue prevention and control is needed[52,53]. In particular, more studies are required that examine the need for and influence of social mobilization and communication on patient treatment-seeking behaviours and clinical management by health workers[54].

Conclusion
Social mobilization and communication for behavioural impact as described in the following case studies, cannot work on its own. Improvements to public health infrastructure, epidemiological and entomological surveillance, effective clinical management, and emergency preparedness are all needed alongside intersectoral coordination, active community involvement, and reinforcement of health policy and legislation for more effective vector control[55].

The case studies in this Special Supplement capture the vision, creativity and dedication of a few rational teams. It may be discouraging for some to discover that we are only just beginning to comprehend the level of investment that effective social mobilization and communication requires in terms of research, planning, organization, time and social, political and financial support. Yet, given the global epidemiological trend of dengue, it is evident that maintaining the status quo is not an acceptable option. A new paradigm for sustainable dengue prevention and control is emerging and with it, we are learning more effective ways to engage the general public and other key stakeholders in the task of controlling this disease.

References


