Community participation in the planning, implementation, monitoring and evaluation of health services and their outcomes: a systematic review in high and upper-middle income countries

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Citation

Review question(s)
a. What is the evidence on initiatives and processes that involve community engagement and participation in the planning, implementation, monitoring and evaluation of new and existing health services in high and upper-middle income countries?

b. What are the reported outcomes of these processes?

Searches
MEDLINE, EMBASE, Scopus, LILACS and Global Health will be searched for papers published between January 2000 and August 2016. All language articles will be included.

Each database will be searched using a combination of free text and subject-heading terms relating to the following conceptual areas:

1. Community/patient/consumer participation
2. Interventions in Planning, implementation, monitoring and evaluation
3. Outcome/ capacity building
4. High-income and Upper-middle income countries

Relevant search terms for the conceptual areas of “community”, “participation” and “planning and development” were identified from previously published systematic reviews on community participation. Studies published between January 2000 and the date the searches are run will be sought.

Types of study to be included
All study designs will be included. It is expected that the evidence base for this review will come from a diverse range of studies including descriptive and analytical studies that will have quantitative and qualitative study designs. We will also include studies with just program description and no reported outcomes. In addition, grey literature will also be included, which will be obtained from key personnel from existing programmes that involve communities in the planning and development of health services. We will also visit websites of existing programmes and snowball references from existing papers. Google Scholar will be utilized for forward and back-citation searches from key papers included in analyses.

The following studies will be excluded from the search:

1. Studies conducted in low and lower-middle income countries.
2. Editorial, theoretical papers and expert opinion articles.

3. Plain research studies without any actual community participation intervention for planning, implementation, monitoring or evaluation of health services. We will include studies with research embedded as part of implementation program.

4. Studies that are focused on public or service user involvement in self-help groups or other structures that have no contact with healthcare providers, i.e. activities that have no potential link with, or impact on the planning or provision of health services.

**Condition or domain being studied**
Community engagement, participation, leadership, capacity building, resources mobilization (internal and external), decision-making, planning, implementation, monitoring and evaluation of health services in all kinds of settings (rural/urban) and all level of health service institutions (primary, secondary, tertiary).

**Participants/ population**
We will include studies that have used community participatory methods. All participatory interventions involving community, service users, consumers, household, patient, public and their representatives will be included in this study. We define communities as constituted by those with a shared social identity; that is of members of same set of social representations, which are the meanings, symbols and aspirations through which people make sense of their world.

**Intervention(s), exposure(s)**
All interventions that involves our concerned community or population participation in the planning, implementation, monitoring and evaluation of health services at the macro, meso and micro level will be included. By participation, we mean public participation referred to active group participation or participation of a person as representative of the group in activities. The participation is ought to be voluntary and it will not be realized until the individual and collective benefits are obtained; therefore, clear explanation of directives and policies and mutual understanding of people and community of healthcare programs are considered rules of engagement and active participation of people, and this leads to long-term partnership of both sides. This is different from personal participation where the participation is of the person involved in his/her own healthcare decisions.

At the macro-level, interventions constitute the engagement of communities/patients to participate in efforts relating to policy-making, while at the meso-level, interventions include activities in the needs assessment, devising interventions, implementation, monitoring and evaluation of health services occurring within the health care organization and community. At the micro-level, interventions involve interactions between the patient and the healthcare provider in the planning or improvement of services. We will look at the health services provided across all health conditions (Non-communicable, communicable and miscellaneous).

**Comparator(s)/ control**
There is no comparator or control.

**Context**
Context of the research: A central element of a “people-centred health system” includes strong household and community involvement, and a chain of accountability throughout the system with community and patient’s engagement. The required new approach understands innovation as a catalyst for people-centeredness, as well as advocating for nationally bred solutions that are embedded in the realities of each country and each community. We will look at both rural and urban context of community participation in high and upper-middle income countries.

**Outcome(s)**

**Primary outcomes**
Changes in service delivery processes, changes in policy, changes in quality of services delivered, patient satisfaction, patient uptake of services, extent of accessibility, availability and acceptability of health services, evaluation of community participatory methods specific to context.

**Secondary outcomes**
Health outcomes, patient-related outcomes, patient self-esteem, patient help-seeking knowledge and behaviours, study the process of implementation of Community participation with its outcomes, insights in power-relations, trust building exercises, role of culture and political influence (based on context).

**Data extraction, (selection and coding)**

Study selection for this review will comprise four stages (identification, screening, eligibility, and final inclusion) and will be based on the PRISMA 2009 Flow Diagram, as per below:

Two reviewers will independently review the list of articles generated from the electronic database search results, and identify articles relevant for inclusion based on title, or title and abstract. If a study is considered potentially eligible by either of the reviewers, the full text of the article will be retrieved for further assessment. The retrieved full-text articles will be independently assessed by two reviewers to ascertain whether they meet the inclusion criteria. The degree of agreement between the two reviewers will be calculated using the kappa coefficient. Any disagreements will be resolved through discussion with a third reviewer.

Two reviewers will independently extract data from included studies using standardised forms that will be developed in Microsoft Excel. The following information will be extracted from the included studies: publication year, authors, title and journal, study design and setting, country(ies) of interest, data time span of community participation, description of the community intervention, level of engagement by community members, health and health care outcomes, population characteristics and facilitators and challenges to community participation in the selected studies.

**Risk of bias (quality) assessment**

Included studies will be independently assessed for risk of bias by two reviewers. The Risk assessment tools will be the same as the ones adopted in a previous systematic review conducted by the authors of this proposal. For observational study designs, risk of bias will be assessed using a simple proforma for three domains: selection bias, information bias (differential misclassification and non-differential misclassification), and confounding. Studies that had a low risk of bias in each domain, including a low risk of confounding, will be classified as having a low overall risk of bias. Risk of bias for each domain will be assessed as either low, unclear, or high. For randomized studies the Cochrane risk of bias tool will be used. Qualitative studies will be evaluated for quality using an adapted version of a checklist used in a previous series of mixed methods systematic reviews incorporating both quantitative and qualitative studies.

**Strategy for data synthesis**

A narrative synthesis will be performed, with studies categorized according to the health service domain they investigate, the setting in which the study is performed, and the type and depth of community participation. The effectiveness of community participation will be related to the improvement of health services and other outcomes.

**Analysis of subgroups or subsets**

No subgroup analysis is planned.

**Dissemination plans**

The synthesis product will be an evidence-based guide to effective and equitable strategies for involving service users in the planning, implementation, monitoring and improvement of health services, with the strengths and weaknesses of each highlighted. We plan to submit the review for publication in an international peer-reviewed journal.

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Stage of review at time of this submission

<table>
<thead>
<tr>
<th>Stage of review at time of this submission</th>
<th>Started</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary searches</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Piloting of the study selection process</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Formal screening of search results against eligibility criteria</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Data extraction</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Risk of bias (quality) assessment</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Data analysis</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
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