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Non-Governmental Organizations (NGOs) and Citizen-Authority Engagement: Applying Developing World Solutions to Europe

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ABSTRACT

Non-governmental Organisations (NGOs) provide an important role in the developing world, often taking the place of governments in managing and implementing health related programmes and policies. Limited financial resources within local authorities also enable NGOs to provide supplementary support, working from a "grassroots" level to ensure local communities receive the necessary support and services. NGOs may also act as an intermediary body between a local community and the local government, providing a neutral platform in which to create and facilitate 'citizen-authority' engagement. This model is particularly pertinent due to the recent U.K. Health and Social Care Act 2012. Rapid urbanisation and the present economic environment have provided additional challenges and obstacles in the way health policy is formed and implemented. Reduced budgets, especially in the most deprived areas, during this time of substantial re-organisation require the whole city economy to consider delivering "more for less". Citizen engagement could help to create relevant and sustainable health related programmes and policies, including "localising" top down/upstream policy decisions. This chapter discusses the current health challenges that health policy makers face in the U.K and the potential opportunities that exist for NGOs to support health care providers under the new U.K health sector reforms.

Key words: Non-governmental Organisations (NGOs); Europe; health policy; urban health; developing world.

1. INTRODUCTION

The last few decades have seen a large increase in the number of Non-governmental Organisations (NGOs) operating globally. NGOs can play an important and significant role in the developing world. Limited financial resources and poor (or basic) infrastructure allow NGOs to provide a supportive role in managing, implementing and delivering health and non-health related programmes and policies (Kates, Morrison, & Lief 2006). NGOs

are also better placed to act as an intermediary body between a local community and the local government. They can provide a neutral platform to encourage dialogue and facilitate community and 'citizen-authority' engagement between the different "actors".

The present global economic downturn has placed additional burdens and challenges in the way health policy is formed and implemented. The situation in Europe is complicated by other factors which will not be discussed here. Whilst European governments make cuts to reduce country level deficits, these in turn create a domino effect, impacting on regional and local authorities. With reduced budgets, local as well as national service providers and other organisations must deliver 'more for less'.

In terms of health, there are increased demands on health services due to the changing demographic landscape of an aging population and the lifestyle affects of modern living. Furthermore, reduced financial budgets and further spending cuts means that more communities are at a higher risk of losing access to health care providers and health centres. At the same time, screening programmes and other health intervention programmes may be scaled back, yet health care providers will still have to meet the same targets but with limited financial and personal resources.

In the U.K, the National Health Service (NHS) is undergoing a series of reforms as part of the new Health and Social Care Act 2012. Primary Care Trusts (PCTs) and strategic health authorities will be abolished as part of a major structural re-organisation taking place over the next year. Instead, new health and wellbeing boards will be established to improve integration between NHS and local authority services. Clinical commissioning groups will take over commissioning from PCTs and will work with the new NHS Commissioning Board. A new regulator, Monitor, will be established to regulate providers of NHS services in the interests of patients and prevent anticompetitive behaviour. The influence of patient feedback will be strengthened through the setting up of a new national body called Health Watch, which will also operate at the local level.

Public health is also experiencing immense changes. At a national level, Public Health England will be established in April 2013 to work across government on health

improvement and provide specialist functions for public health. These functions include: delivering services to national and local government, the NHS and the public; leading public health; and supporting the development of the specialist and wider public health workforce. Local authorities will take charge of public health responsibilities at a local level. Funding for public health will also be transferred from the NHS to local authorities in line with these changes. It is expected that local authorities will work closely with NHS organisations in their new public health duties.

There has been much debate about the 2012 Health and Social Care Act both within the healthcare profession and in the general press. There are concerns about fragmentation of the NHS and a loss of coordination and planning. In particular, medical and health professionals are concerned about the new reforms causing long-term harm to patient outcomes, especially in cases of children with disabilities, those with multiple co-morbidities and the frail and elderly. There are also further issues surrounding the accountability of the NHS. Even with national regulatory bodies such as the Department of Health, the National Institute for Health and Clinical Excellence, the Care Quality Commission, the NHS Commissioning Board, and the newly formed regulator Monitor, it is not clear how these national bodies will interact or how they will provide coordinated and consistent governance of the NHS.

Despite this, the seismic changes within both public health and the NHS provide an exciting opportunity in which to explore the potential opportunities that exist within the U.K for NGOs to support health providers under the new reforms. In particular, the following two questions will be examined in this chapter:

1. What are the current health challenges that health policy makers face in the U.K?

2. What potential opportunities exist for civil society organisations, such as NGOs, to support health care providers under the new U.K health reforms?

The structure of this chapter is as follows. First, we begin with an overview of the current health challenges in the U.K, with particular reference to the increase in urbanisation and

the specific health problems of urban populations. Next, we present a summary of how civil society organisations, with emphasis on NGOs, operate in the developing world. In particular we explore NGO motivations, the multiple roles played by NGOs and some future challenges. Finally, we will outline and discuss some of the key opportunities that exist for NGOs under the new NHS reforms. Examples of pre-existing NGO roles from both the developed and developing world will be used to highlight these opportunities. This is followed by our conclusions.

2. CURRENT HEALTH CHALLENGES: URBANISATION AND THE URBAN PENALTY

Current trends in population growth have shown that on the whole, urban populations are increasing. Since 2008, more than half of the world's population now live in an urban area (World Health Organisation and United Nations Children's Fund 2008). Living in a city can bring about improved access to clean water, better sanitation services and access to health care facilities. However, the positive aspects of urban living are accompanied by what can be described as potential urban health penalties.[1] Increased risk of infectious disease, exposure to air pollution and injury from traffic accidents are just some of the health risks associated with urban living (Galea & Vlahov 2005c). Whilst the growth in urban populations has largely levelled off in the developed world, the consequences of this still exist (Galea & Vlahov 2005b). Strains on existing resources such as access to health care, housing and infrastructure are under pressure from multiple factors.

In particular, the urban physical environment which includes the built environment, air and water quality and noise pollution, has been linked to specific health outcomes (Galea & Vlahov 2005a). For example, specific features of the built environment such as access to green spaces (such as parks) and some features of urban planning may affect the

[1] In its broadest definition, urban health can be described as the study of the health of urban populations. Or more simply, urban health can be defined as "public health for urban areas" (EURO-URHIS 2008).

amount of physical activity of an urban population (Boone-Heinonen & Gordon-Larsen 2010;Handy et al. 2002). Without designated spaces in the external environment, a person may find it difficult to undertake exercise especially if a park cannot be reached easily on foot or by public transport. Furthermore, persons may be discouraged from undertaking exercise if a space is not deemed safe. This in turn can lead to increased risk of obesity and cardiovascular disease in both children and adults due to sedimentary behaviour (Reddigan et al. 2011;Sallis et al. 2012). Additionally, lifestyle factors such as long working hours, stress, unhealthy eating habits through consuming too much convenience foods and binge drinking can impact on both our physical and mental health. There is substantial literature on the relationship between these lifestyle factors and health (for example (Malyutina et al. 2002;McEwen 2008;Mirowsky & Ross 1998;Rueggeberg, Wrosch, & Miller 2012;Stacy, Bentler, & Flay 1994).

As a consequence of urban living, the treatment for poor physical and emotional health can be costly to both patients under treatment and healthcare providers. Similarly, the provision of health and social services within the urban setting is complicated and varies between cities and countries. Many cities are characterised by disparities in wealth between neighbourhoods. The aggregating effect of wealthy neighbourhoods can mask the difficulties and barriers faced by low-income residents in finding health care facilities. Issues such as lack of health insurance coverage, unemployment and homelessness can result in those from low socio-economic groups receiving poor quality health care or in some cases, unable to utilise health services due to lack of affordability. Furthermore, increased life expectancy and aging populations place additional burdens on existing healthcare resources (Crystal & Siegel, 2008; Garrett & Martini 2007; Lin et al., 2010; Saarni et al., 2007). Thus, the complex nature of the relationship between the urban environment, urban living and health makes it difficult for health policy makers to address these issues as one size policy does not necessarily fit all.

The complexity of studying health within the urban environment has led to a shift in the way researchers consider population health. Historically, the health of urban populations was considered within the context of prevalence and mortality rates (Canadian Institute for Health Information 2010). More recently, population health is being considered as

more than just the sum of individuals' health in a population. Instead, the health of an individual can be characterised and influenced by other factors, often described as 'determinants'. These determinants can be described and emphasised through interactions between individual lifestyles and how these relate to social norms and networks; living and working conditions; and how these in turn are related to the wider socioeconomic and cultural environment in which we live (Dahlgren & Whitehead 2007). Thus, when we consider the health of urban populations, the impact of the surrounding environment (including physical, cultural and political factors) can create a more complex setting in which to investigate population health. As highlighted by Galea and Vlahov (2005c), cities are not just geographic places. Instead, each city has its own defining features which may or may not have an impact on the health of its population.

3. CIVIL SOCIETY AND THE EMERGENCE OF NGOS

The last few decades have seen an increase in numbers of non-governmental organisations (NGOs) involved in the development process. This can be attributed to what some believe as the frustration and impatience of governments in the developing world failing to assist or generate growth to assist the poor (Barr, Fafchamps, & Owens 2005). A renewed increase in civil society by donors and general public, as well as the expansion and significance of larger international NGOS has also been attributed to the rise and popularity of the NGO sector (McCoy & Hilson 2009).

Traditionally, NGOs have been discussed within the discourse of civil society. This is because NGOs are seen as a product of civil society. Civil society is a broad and difficult concept to define. There has been much debate over its definition and use, especially as the term depends on other theoretical influences. Many of these theoretical influences can be found in the social sciences where it is understood in different ways (Hulma & Turner 1990;Kidd 2002;Oxhorn 1995). This makes it difficult to generalise the concept of civil society, even though this has happened to some extent within the literature.

Defining NGOs

In essence, civil society can be defined as a space between the state, the market and family where people can debate and tackle action. By this definition, the civil society sector comprises the residual domain outside the realms of the state and market. This is sometimes referred to as an 'independent sector', 'third sector', or 'voluntary sector' (Anheier & Seibel 1990). Civil society organisations can include charities; international bodies (such as the United Nations and World Health Organisation); human rights campaigns; neighbourhood self-help groups; and non-governmental organisations (NGOs). Thus, civil society involves a wide range of self-governing and self-generating private organizations in which citizens can exercise their initiatives in their own right for what is often described as 'the greater good'.

Despite the rapid expansion of NGOs, there has been no specific definition for defining them. Instead, the term NGO has been used in different ways. NGOs are often defined as organisations that are institutionally separate from the government (Garonne 2012). There are, however, several difficulties with this definition. First, some NGOs are contractors of foreign government agencies, acting as tax shelters or providing a cover for a political organisation (Green & Matthias 1996). Second, organisations such as charities, whilst being outside the government structure, are not strictly classified as NGOs (Akukwe 1998). Finally, local NGOs (especially those in the developing world) often have former government officials as members. This makes it difficult to distinguish between government and non-government operations (Akukwe 1998). For the purposes of this paper, we define NGOs as non- governmental organisations that provide assistance or services to local communities.

There is substantial literature devoted to NGOs and their role in development. The literature has outlined the many different roles that NGOs can play in society.
In the developing world NGOs have become an undeniably powerful "third sector". In particular, NGOs have a long tradition of local level community engagement, providing services, social capital and advocating for vulnerable groups (Barr, Fafchamps, & Owens 2005). They are widely known as serving an intermediary role between governments and communities, and have begun to establish themselves at different levels within and

across the decision-making process, from local to global. They are very well placed with networks across different sectors to advocate sustainable and cost-effective development activities and projects. The involvement of NGOs in humanitarian interventions is also well documented. They are known as providers of humanitarian assistance, particularly during times of natural disasters, human conflict and epidemic disasters (Yoshida et al. 2009).

The types of work that NGOs undertake can be grouped into six broad categories (Carrard et al. 2009;Clark 1995;Gellert 1996):

1. NGOs that facilitate service delivery (directly and indirectly) or play an intermediary role between communities and service providers. They may try and change official policies and programmes towards public needs by reporting on public opinion and local community experiences.

2. Community education, marketing, gender sensitive approaches and implementing behaviour change programmes, as well as educating the public as to their rights and entitlement under state-run programmes.

3. NGOs that build partnership and promote different networks between different sectors, such as the government and service providers. They may also assist in translating and implementing policies and regulations at the local level.

4. Assisting Capacity building for different groups. In particular, they may assist governments and donors in developing more effective development strategies through strengthening institutions, staff training and improved management capability.

5. Assisting or undertaking research of new technologies that have been adapted at the local level.

6. NGOS that engage in policy dialogue through promotion of successful programmes, communicating lessons learnt and monitoring programmes and

government initiatives. They may also promote decentralisation and local government reforms.

In recent years there has been a shift from 'supply-side' to 'demand-side' activities, characterised by the way NGOs have developed new skills and partnerships. In some cases changes in the way of working have allowed NGOs to manoeuvre into more senior negotiating positions with government officials. They are also better placed to utilise their technical and operational know-how of information technology to communicate advocacy and promote their networking skills (Clark 1995). As a result, NGOs are becoming increasingly powerful agents within the international development process. This is particularly visible within the areas of health and environmental conservation. However, in the present economic climate it is difficult to ascertain how much more power NGOs will garner in global issues.

In some developing countries, there has been the development of a stronger NGO sector. For example, in India a large number of hospitals outside of the government health sector are run by NGOs. This was because facilities were not properly utilised through the lack of community participation and poor quality of services. As a result, NGOs have carved out a niche in the areas of training and research (Tekhre, Tiwari, & Khan 2004). A further shift towards the 'demand-side' approach is the way in which NGOs assist citizens in finding out about government activities (or lack of activity) and other policies which may affect them. Here, NGOs are often better placed to use advocacy and political influence to hold local officials accountable to activities or policies which create further damage towards the poor. They can construct fora in which both local authorities and communities can consult on government decisions and negotiate policies (Clark 1995).

NGO controversies: more harm than good?

Despite the good intentions of NGOs, it is also true that harmful conduct through their programmes can at times potentially have a detrimental effect. There is a growing body

of literature that have highlighted these weaknesses and harmful effects (Barber & Bowie 2008;Garonne 2012). The breaking of local economies and aid dependency are two of the biggest issues. However, the extent of the negative effects of some NGO activities remains unknown.

In her controversial book *Dead Aid*, Dambiso Moyo (2009) uses a hypothetical scenario to provide a critical overview of a reality that occurs with many INGOs in Africa. Moyo describes a mosquito net maker who manufactures around 500 nets per week, employing ten people, all of who have large families to support. Despite their best efforts, they struggle to beat the malaria-carrying mosquito. An INGO delivers 100,000 mosquito nets to 'help' the affected region. However, the local market is now flooded with INGO mosquito nets and the local net maker is out of business. In turn, the net maker's employees are made unemployed and they are unable to provide for their families. Within the next five years, the majority of these nets will be torn and damaged and no longer effective in preventing malaria. Here, the act of giving is described as a potentially detrimental act of providing assistance. An another example is the food, medical equipment, toys and school supplies which are often imported by INGOs when resources are often available locally (Gray 2012). The key issues raised here illustrate the harm caused to local businesses by the flooding of markets with foreign goods and supplies. When foreign aid and the INGOs disappear, there are no local resources available to fill the gap.

Concerns have also been raised with regards to the use, maintenance and operation of initiatives (such as financial co-operatives) once an INGO leaves the area at the end of the project. This has led to numerous projects, organisations and websites being created to score NGOs on the sustainability of their projects. Strengthening Health Outcomes through the Private Sector (SHOPS) is one such project working in partnership with USAID, Marie Stopes International and other groups and consultancies which score NGOs working in the health sector (SHOPS 2012). Although they provide reports of how to make projects more sustainable, this comes at a cost, which most NGOs, particularly small community projects could not afford.

Furthermore, there has been a rise in demand for greater transparency within the NGO sector. This is because in some countries, donors play a role in financing, designing and delivering services (Carrard, Pedi, Willetts, & Powell 2009). This can have a negative impact in the way NGOs carry out their activities as donors will prefer to see successful activities rather than unsuccessful ones. As a result, some NGOs have begun providing donors with false reports to ensure future financing (Garonne 2012). Thus, there is much to be done to encourage transparency within the NGO sector so that mistakes can be learnt from unsuccessful projects as well as giving donors are true report of how their finances were used. Despite this, NGOs, whether at the local or international level, still play an essential role in addressing issues of global poverty and development.

Potential opportunities and roles for NGOs post-reform

NGO, private and governmental partnerships are a common feature in developing countries. Within the area of health, it is a paradigm that has been widely promoted as a solution to the perceived failings of government responsibilities. It can harness NGO and civil society power to support effective health policy making and delivery of health programmes and services (McCoy & Hilson 2009). Examples within the global health landscape include the GAVI Alliance and the Global Fund to Fight AIDS, TB and Malaria. However, the success of these health programmes relies on wider changes in government structures and institutions, and not just NGO involvement.

The recent and on-going NHS reforms in the U.K provide potential opportunities for NGO involvement and support. This is because there has been a shift in the traditional hierarchies of the health care system. These have now been replaced by a more complex and multi-level balance in power where local authorities, GPs, hospitals, regional and national health authorities will play an active role in the decision and policy making process. Furthermore, the "good governance" debate has highlighted the need for a citizen's voice in the continuing development of the U.K healthcare system and the quality of healthcare on offer to patients. The establishment of a new national body called Health Watch will allow patients to feedback their concerns and ideas for improvement at the local level.

The NHS reforms are also meant to encourage greater involvement from the private sector and civil society organisations. However, financial issues make it difficult for civil society organisations to compete with wealthier private health organisations, such as BUPA, who may already offer high quality health care services. However, since the U.K government will be seeking to provide quality health services through the new health care infrastructure, there is the potential to explore opportunities for NGOs to support health care providers under the new U.K health reforms.

Advisory role

NGOs might participate within or alongside the new decision-making structures in an advisory capacity. By providing a supportive advisory role, NGOs can be utilised and incorporated into the decision making process of new policies or health programmes. By operating outside the formal management structures, NGOs have a greater freedom to express their opinions without the burden of responsibility to others within the debate. This leaves them open to criticise existing health policies and programmes as well as suggest potential solutions from their own experience of community-based work. Being independent and relatively free from political entanglements, NGOs can promote greater acceptance from both the government and local communities.

Furthermore, General Practitioners (GPs), hospitals and government health institutions and organisations may also informally consult with NGOs who specialise in a specific health area, such as working with ethnic minority groups or elderly people. Thus, creating a 'bottom up' approach to both the decision and problem solving processes. To some extent, this is already taking place between healthcare providers, health institutions and charities. For example, U.K charities such as Help the Aged and Age Concern already work across several sectors and local authorities to ensure elderly members of the population are able to utilise existing services, as well as providing guidance and information about individual benefit entitlements (such as reduced council tax and fuel allowance) and access to carer facilities.

Monitoring and evaluator role

NGOs could also provide support in the form of monitoring and evaluating the new NHS reforms. The information generated can then be used to inform the different levels of actors involved in the decision making process, as well as providing an opportunity for patients to feedback their opinions. This could include suggestions for improvements to existing health services, opportunities to develop and test new health policies and interventions, and highlight failing areas or services. It could also include monitoring government spending on intervention and prevention programmes within communities, as well as general spending within the healthcare system so that all actors remain accountable to their spending budgets. Using NGOs in a monitoring and evaluator role also improves accountability and transparency within the NHS through the publication of reports to the general public as well as government.

This is a role that has been used widely within global health governance. Social Watch, for example, is an international network informed by national citizen's groups which monitors and reports on the fulfilment of national, regional and international commitments to eradicating poverty and ensuring equality (Social Watch 2012). In the U.K, the Bretton Woods Project monitors and critiques the IMF and World Bank through a social justice viewpoint (McCoy & Hilson 2009), whilst Citizens UK provides guidance for people who wish to form a community organisation to create change in their neighbourhoods, as well as nationally.

Mediation role

The freedom of independence that NGOs have also lends itself to them providing an intermediary role for facilitating disputes or debates. This role can encourage dialogue between patients, local communities, local healthcare providers, other health institutions and organisations as well as politicians and national government. This is a role that is widely undertaken by NGOs in the developing world and there is a substantial body of literature that illustrates this.

Tekhre's study of NGOs in Indonesia (2004) found that NGO collaboration with policy makers, local communities and Indonesian government officials promoted the use of primary health services in the state of Arumchal Pradesh. In Carrard's (2009) study of

NGOs working within the sanitation sector in Vietnam, they found that building partnerships and engaging in policy dialogue helped to promote networking and discussions between the different levels of actors involved in providing clean water and sanitation facilities (Carrard, Pedi, Willetts, & Powell 2009).

Within the health policy environment, it is important that consultation is encouraged. To some extent, this is a strategy that the U.K government is already following; however improvements can still be made to the current process. A more constructive dialogue between local communities, healthcare providers and all government actors needs to take place. NGOs have the potential to create a collaborative relationship between all actors involved in the policy making process. Inviting NGOs and community-based organisations to public consultations could result in better informed government planning and policies.

Support for services role

The final opportunity for NGO involvement suggested in this paper is that of a supportive role for existing services, both in healthcare service provision and training needs. This is one of the key roles that NGOs fulfil in the developing world from a health viewpoint. This can occur in many ways, such as in the provision of basic shelter after a natural disaster to administering vaccinations for childhood diseases on behalf of the World Health Organisation, such as the Roll Back Malaria (RBM) partnership.

NGOs are generally low-cost operations with motivated and committed staff. Low staff costs combined with streamlined services allows NGOs to work effectively on low budgets. Thus they are well-placed to add value or work in partnership with existing healthcare services which may be under pressure to either reduce costs or be on the receiving end of budget cuts. Through innovative programme operation and improving existing services and infrastructure, NGOs can potentially reduce resources and costs whilst trying new approaches for service delivery.

Training itself is not just limited to providing further training to health professionals. Local communities can be involved in training programmes to promote health education

programmes. These could be run in schools or in local hospitals or GP practices by volunteers in partnership with more localised organisations. Opportunities also exist for qualified health professionals working within NGOs to offer staff support to health clinics as well as assisting in promoting public health initiatives and education programmes.

An example of this in the international setting is Project HOPE, an NGO whose primary mission is health education. Its training programmes range from tertiary care training to hospital-based skills, to health policy and management training (Project HOPE 2012). In addition, Project HOPE tackles issues and problems that are not always perceived to be directly to health. An example of this is their income generating programs which provide short-term loans, job training and assistance to mothers to become employed, thus generating revenues so that changes in health behaviour and reduction of risk for their families can be effectively implemented and sustained.

4. CONCLUSIONS

Despite the uncertainty surrounding the U.K NHS reforms, the potential exists to encourage and promote the participation and partnership of NGOs within the healthcare sector. Civil society and non-governmental organisations already exist and operate within the U.K. The most abundant of these are charities; however, the ongoing NHS reforms provide an opportunity for NGOs to take an active role within the health sector. Furthermore, the "good governance" debate has highlighted the need for a citizen's voice in the continuing development of the U.K healthcare system and the quality of healthcare on offer to patients. The influence of patient feedback will be strengthened through the setting up of a forthcoming new national body called Health Watch, which will also operate at the local level.

The literature had highlighted the different roles played by NGO in the developing world. These range from assessing and monitoring interventions to providing training opportunities local communities. The literature also suggested that despite the good intentions of NGOs, harmful conduct can arise through their projects. However, lessons

in harmful conduct can be used to ensure that future failures, whether in the U.K or in the developing world, can be minimised.

Despite this, these roles played by NGOs in the developing world have the possibility to be utilised and implemented in the newly reformed U.K health sector. Encouraging NGO partnerships and public accountability of the healthcare system, as well as promoting community engagement can foster better relationships and create a more 'grassroots' strategy of public consultation. This in turn would enable the government to create better informed decisions for health policy and health programmes. Of course, the degree to which NGO potential can be both utilised and realised is dependent on many factors. The most principal factor is the nature of the relationship between the NGO sector and the government. If both parties can look to complementary rather than competing contributions, the potential for collaboration becomes possible.

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