Public Health Action-Research

Ethics Analysis of a Public Health Action-Research Project in Burkina Faso

Hunt M1, Gogognon P2, Ridde V2,3

1 McGill University, Canada, 2 University of Montreal, Canada, 3Centre de Recherche du Centre Hospitalier de l’Université de Montréal

Background
1980s
• Introduction of healthcare user fees in many countries in sub-Saharan Africa, including Burkina Faso
1990s
• Health policy of Burkina Faso identifies exemption from user fees for poorest or the poor (les indigents) however, no description of how this is to be enacted.
• In practice, there is no exemption and significant financial barriers to accessing health services remain in place

Research-action in Ouargaye
• Test mechanisms to identify les indigents to receive free access to healthcare (Ridde et al. 2010; 2011)
• Participatory action-research approach
• Multi-tiered community-based model used to select les indigents:
  a. 1st selection by Village Selection Committees
  b. Review by traditional chiefs
  c. Ratified by Management Committees of local dispensaries
• Endogenous funding for user fee exemption: marginal proceeds from local health dispensaries used
• Project is a collaboration between Canadian and BurkinaFaso researchers, with involvement of policy-makers at the national and regional levels

Components of Research
• Action-research project analyzed across five domains: effectiveness, implementation, process, sustainability and ethics.
• We focus here on the findings related to the ethics analysis

Research Questions for Ethics Analysis
• Purposive sampling
• Semi-structured, in-depth interviews

Data collection
1. What ethical considerations are raise by the research-action in Ouargaye?
2. How are these ethical considerations perceived by different actors?
3. How were ethical issues addressed in the project and with what effects?

Participants
39 in total
• 4 policy-makers
• 6 health professionals
• 5 research team members
• 7 members of village selection committees
• 5 members of management committees of local dispensaries

Analysis
• Inductive analysis by 3 team members
• Milivo software used to organize analysis
• Constant comparative techniques

Findings
Impacts of the action-research on experiences of vulnerability and social solidarity
• Participants did not feel that social isolation was enhanced, or stigma created, due to the project.
• Focus on healthcare in this project was seen as creating expectations for other assistance, and only addressing one, albeit major, concern related to health and wellbeing: “they get well [with free medicine] but they remain hungry which is as if they are still sick” (health worker)
• The project influenced relationships in the community, including a new focus on the needs of the indigents in the community and a sense of being able to contribute to the needs of others. The project “reinforced the interest of the villagers for the indigents.”

Opportunities and obstacles for community participation in the action-research process
• Participation of many community members was essential due to the study design and was seen as leading to a sense of local “ownership” of the project.
• Effective communication viewed as essential for successful participation, but also a source of challenge to communicate mechanisms of project to community and ensure understanding of the project.
• Questions raised regarding burden of time, effort placed on some community members despite not receiving reimbursement
• Model of endogenous funding further added to community role in guiding project: “We took this number [of indigents] because if the number is bigger the dispensary won’t function.”

Considerations of fairness and power in the selection of indigents
Few attempts to circumvent the system occurred, and mostly at the beginning of the project:
“…when we look… [who was selected] we see all, Christians, Muslims, Apollinics, even people who used to be influential but now are not.” (regional policy-maker)

Considerations of gender were incorporated into study design by insisting that Village Selection Committees included 3 women (out of 7). There were different views on whether women equally vocal on the committees. Overall, while there was potential for village chiefs or committee members to use their influence to distort the selection, there were very few examples of this being attempted.

Discussion
• Action-research model presents challenges related to interaction of intervention and evaluation that are not clearly addressed by standard accounts of research ethics
• Exclusive focus on one dimension of need (healthcare) revealed plurality of needs for the indigents, and raised expectations for other assistance.
• Participatory model of selection did not appear to increase marginalization of indigents, but did increase ownership by community of project.
• Engagement with and by political actors and processes presents distinct challenges for stakeholders in action-research

References

Acknowledgements
Research Assistant: Meaghan Shevell

Efforts to develop partnerships between stakeholders
• In discussing partnerships, shared goals, appreciation for the contribution of each partner, and complementarity of knowledge/expertise were seen as valuable. Partnerships are:
  “... an opportunity to compensate for what each lacks, a situation of give and take.” (policy-maker)
• A range of challenges for partnership development were encountered: turnover of health workers and policy-makers; division of responsibility between multiple federal ministries; unequal involvement and responsibility of different partners (e.g. policy-makers), asymmetry of power or control over resources (e.g. local researcher: “when we say leader is the one with the money”).
• Limitation of partnership development between researchers and national policy-makers seen as key constraint on scale-up and sustainability and a difficult obstacle to overcome.