Annals of Global Health
VOL. 81, NO. 5, 2015

ISSN 2214-9996
http://dx.doi.org/10.1016/j.aogh.2015.12.007

VIEWPOINT

Building Trust: A Critical Component of Global Health

Obidimma C. Ezezika, PhD, MEM

INTRODUCTION: TRUST AND GLOBAL HEALTH EFFECTIVENESS

Trust is a concept that we often take for granted. But as much as it serves as glue for human relationships, trust lies, albeit subtly or sometimes hidden, at the crux of all global health interventions and is critical to their success or failure.[1,2]

The recent Ebola pandemic in West Africa shows how distrust among the community, public health officials and government institutions can lead to a massive failure in the delivery of health care and response to a disease outbreak. Media articles and commentaries attributed the slow response to the Ebola crisis to a lack of trust on many levels—in the government, health care systems,[3] health care professionals,[4] foreign health care providers, and political leaders.[5] Generally, there have also been a recent decline of public trust in institutions of government, business, media and NGOs.[6-8] A number of factors lead to distrust in public health, including leadership influence, lack of understanding of cultures, existing myths about health, lack of transparency, lack of accountability, and ineffective communication.[2]

Distrust has been cited also as a major factor in the ongoing polio pandemic.[9] Northern Nigeria provides a solid case where the polio vaccination initiative struggled because community concerns and myths about immunization have been allowed to perpetuate. This is attributed to community distrust and ineffective engagement by government health officials, especially with religious leaders.

Trust is relevant not only in the context of the community but also among global health partners working on a project. The Children's Vaccine Initiative (CVI)—an effort by the World Health Organization (WHO), United Nations Development Program, United Nations Children's Fund (UNICEF), World Bank, and Rockefeller Foundation—serves as an example. The CVI was meant to improve child health around the globe; however, it ended before its intended duration as a result of disagreements and distrust among the partners.[10]

Conversely, the ripples of trust have also been seen in global health successes. Dribe and Nystedt hypothesize a linkage between trust and the distribution of smallpox vaccination in regions in Sweden.[11] The study found that the success of a smallpox vaccination program in Sweden was the result of trust and/or greater informational access.

UNDERSTANDING TRUST FROM PERSPECTIVES OF STAKEHOLDERS IS KEY

To build trust, it is important to know what it is. However, there is generally no universally accepted scholarly definition of trust.[12] Trust has been heterogeneously defined by scholars and practitioners in various fields. Trust is a complex and multifaceted concept.[12,13] It comprises elements that are understood and ranked differently by different people. The key elements of trust include willingness to risk vulnerability, confidence, benevolence, reliability, competence, honesty, and openness. For trust to have an impact in global health, it must be understood and built from the perspective of the relevant stakeholders and must recognize that many communities have various perceptions on how trust is built and sustained.

PARTNERSHIP TRUST SHOULD NOT BE UNDERESTIMATED

Organizations are needed to successfully implement global health interventions, which are often

The authors have no conflicts of interest to disclose.
From the African Centre for Innovation and Leadership Development, Abuja, Nigeria; Dalla Lana School of Public Health, University of Toronto, Canada; Faculty of Health Sciences, University of Ontario Institute of Technology, Oshawa, Canada. Address correspondence to O.C.E (obidimma.ezezika@utoronto.ca).

Annals of Global Health, VOL. 81, NO. 5, 2015
September–October 2015: 589-592

extremely complex. These interventions usually involve many players—scientists, social scientists, community leaders, religious leaders and medical professionals. Partnerships that have a foundational layer of trust are more likely to effectively address the desired goals of the project and have a longer duration.[14]

The best example of a global health project whose success was largely attributed to a high level of trust in its formation is the Global Alliance for Vaccines and Immunization (GAVI) project. The GAVI is a global health public-private partnership (PPP) committed to increasing access to immunization in poor countries. The partnership comprised of developing country and donor governments, WHO, UNICEF, the World Bank, the vaccine industry, the Bill & Melinda Gates Foundation, and other private philanthropists. Based on extensive research and interviews, McNeill and Sandberg argue that beyond the role of the Gates Foundation in providing massive financial support, the partnership succeeded because trust played a critical role in its formation particularly among individuals within the partnership who played a critical role in the early years. As a result, GAVI gained the confidence of donor countries, and these countries therefore agreed to commit large amounts of funding for the vaccine initiative.[1]

The issue of building trust in partnerships becomes quite complicated, especially in the context of PPPs. Most important is that PPPs are usually laden with ethical, social, and cultural challenges and clashes between differing motives of the public and private partners. Trust helps to facilitate shared solutions to uncertain contractual problems and helps build a strong partnership. According to Gulati and Sytch (2008), trust stems from the tendency of partners to act in accordance with the predicted actions of the reciprocating partner, which arises from an understanding of their respective motives.[15]

LEVERAGE THE STRENGTH OF LOCAL GOVERNMENT

The local government officials and key community stakeholder leaders are key to building sustainability of global health programs. The first task of any public health intervention is to seek permission and get buy-in from local authorities—because these authorities can support, or alternatively halt or undermine, a project. For example, the African Malaria Network Trust (AMANET), a pan-African nongovernmental organization that implements malaria vaccine trials in Africa, seeks permission and gets buy-in from local authorities. The project consults with officials ranging from representatives of the ministry of public health to the local mayor. Then they meet with village chiefs, elders, and community members. AMANET says such practice helps to establish rapport with all community members.[16] In another case, looking at how community trust was gained by an NGO in Malawi to mitigate the impact of HIV/AIDs, the researchers acknowledged that the respect of social hierarchy protocol was essential to establishing trust.[17]

THRIVE ON COMMUNITY'S TRUST

A community's trust is critical for public health initiatives. In Cambodia, researchers abandoned trials of tenofovir, a preventative treatment for HIV, after the investigators failed to properly consider social and cultural needs when designing the trial. They did not provide adequate consultation or counseling for the target communities, leading to a breakdown of community and public trust.[18]

A breakdown in public trust has also been evident in the polio eradication program where the low level of public trust led to the 2003-2004 boycott of the polio vaccination program by predominantly Muslim states in Northern Nigeria.[19] Conversely, the smallpox eradication program in India was successful in the 1970s through active participation of workers drawn from local communities. This helped build trust and proved to be a good policy adaptation that contributed to certification of smallpox eradication in 1980.[20]

TRUST IN TECHNOLOGY IS ALSO IMPERATIVE

Global health programs often involve a new technology or product. Trust functions as an essential key

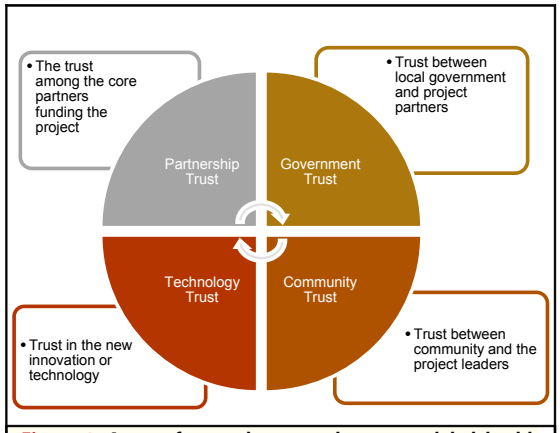

Figure 1. Areas of trust that are relevant to global health initiatives.

determinant in successful innovation and technology development programs of both the product and the producer, both of which must display competence in order to gain the end user's trust.

The technology, service, or product must be trustworthy to ensure adoption. Trust plays a critical role in how technology is used or implemented and its relative health outcomes. A study found that educated, landholding peasants were more ready to adopt the new technology of smallpox vaccination, which was attributed to trust and had little to do with better access to economic resources because vaccination in general was provided free of charge.[11]

A number of studies have demonstrated that trustworthiness of the organization implementing the technology plays a role in the trustworthiness of the technology, which highlights that trust in a product is somewhat linked to the producer or deliverer. For example, patient assessments of the trustworthiness of technologies are based on their observations of how providers use these skills.[21] Trust in institutions using gene technology or using modified products has a positive impact on perceived benefit and a negative influence on perceived risk.

CONCLUSIONS

Trust is an important element of social capital that is critical to success in public health. But trust is rarely ever explicitly discussed in public health program planning until it is lost or undermined. Discussing the issue of trust at the onset of public health programs, and bringing it to the consciousness of public health practitioners, can transform the impact of programs, increase their sustainability, and prevent some of the problems that levels of distrust cause.

Building trust with the community is especially important. Community trust is fundamental—its presence or absence will determine the effectiveness and sustainability of global health initiatives and maximize the impact of these actions. Global health practitioners need to increasingly consider the element of trust in planning and building public health programs. This requires a paradigm shift.

RECOMMENDATIONS

1. *Funders, health agencies and research institutes should encourage more research into public trust in the context of health care systems and public health. More studies should be done to learn how to earn and sustain trust in health care systems and public health initiatives.*
2. *Health funders should ensure that the 4 planes of trust (Figure 1) are kept in mind for health programs to ensure that trust is considered from project conception to completion.*
3. *Coordinators and professionals working on large immunization programs initiatives should approach their work constantly asking the following questions: "How is this project building trust with the communities?" and "Is there anything in our work that would undermine trust? If yes, what should be done?"*
4. *Researchers and health care workers must regard community trust as important and strive to understand trust from the perspectives of the communities they are serving. Researchers should endeavor to build trust with communities and the local government authorities at the onset of their project, understanding and taking into account culture, traditions, and social values.*
5. *Partnership trust is important: Partners must come together with a key objective to build trust. Transparency about motives and being able to discuss motives at the onset of the project and being able to be clear about this before a project starts goes a long way in resolving issues and creates a stronger understanding and trust.*
6. *Health practitioners should be better equipped to communicate with the media to help provide information that can build trust with the communities they aim to serve. This helps to eliminate information gaps that engender myths. This helps prevent situations of low levels of public trust due to paucity of information and lack of effective communication between scientists and the media.*

Annals of Global Health, VOL. 81, NO. 5, 2015
September–October 2015: 589-592

REFERENCES

1. McNeill D, Sandberg KI. Trust in global health governance: the GAVI experience. Global Governance 2014;20:325–43.
2. Gille F, Smith S, Mays N. Why public trust in health care systems matters and deserves greater research attention. J Health Serv Res Pol 2015;20:62–4.
3. Clark M. Ebola epidemic heightened by poor facilities and distrust of healthcare. The Guardian. Available at: http://www.theguardian.com/global-development/poverty-matters/2014/aug/13/ebola-epidemic-poor-facilities-distrust-healthcare; August 13, 2014. Accessed January 20, 2016.
4. American Public Health Association (APHA). Returning West Africa researcher says distrust of health workers made ebola worse. ScienceDaily. Available at: www.sciencedaily.com/releases/2014/11/141117111016.htm; November 17, 2014. Accessed January 20, 2016.
5. Leaf A. Ebola spotlights Liberians' distrust of their political leaders. Al Jazeera America. Available at: http://america.aljazeera.com/opinions/2014/10/liberia-ebola-ellenjohnsonsirleafunconstitutionalpowergrab.html; October 14, 2014. Accessed January 20, 2016.
6. Edelman. 2015 Edelman Trust Barometer: trust and innovation. Available at: http://www.edelman.com/insights/intellectual-property/2015-edelman-trust-barometer/. Accessed August 8, 2015.
7. Gallup. Confidence in institutions. Available at: http://www.gallup.com/poll/1597/confidence-institutions.aspx. Accessed April 12, 2015.
8. Traynor I. Crisis for Europe as trust hits record low. The Guardian. Available at, http://www.theguardian.com/world/2013/apr/24/trust-eu-falls-record-low; April 24, 2013. Accessed January 20, 2016.
9. The Lancet. Ebola in West Africa: gaining community trust and confidence. Lancet 2014;383:1946.
10. Muraskin W. The last years of the CVI and the birth of GAVI. In: Reich MR, ed. Public-Private Partnerships for Public Health. Cambridge, MA: Harvard University Press; 2002.
11. Dribe M, Nystedt P. Information, trust and the diffusion of smallpox vaccination: the case of Scania in Sweden, 1802–1835. Scand Econ Hist Rev 2003;51:9–28.
12. Rousseau DM, Sitkin SB, Burt RS, Camerer C. Not so different after all: a cross-discipline view of trust. Acad Manage Rev 1998;23:393.
13. Tschannen-Moran M, Hoy WK. A multidisciplinary analysis of the nature, meaning, and measurement of trust. Rev Educ Res 2000;70:547–93.
14. Jost G, Dawson M, Shaw D. Private sector consortia working for a public sector client—factors that build successful relationships. Eur Manage J 2005;23:336–50.
15. Gulati R, Sytch M. Does familiarity breed trust? Revisiting the antecedents of trust. Manage Decis Econ 2008;29:165–90.
16. Nyika A, Chilengi R, Ishengoma D, et al. Engaging diverse communities participating in clinical trials: case examples from across Africa. Malar J 2010;9(86):2875–986.
17. MacIntyre L, Waters C, Rankin S, Schell E, Laviwa J, Luhanga M. How community trust was gained by an NGO in Malawi, Central Africa, to mitigate the impact of HIV/AIDS. J Transcult Nurs 2013;24:263–70.
18. Singh JA, Mills EJ. The abandoned trials of pre-exposure prophylaxis for HIV: what went wrong? PLoS Med 2005;2:e234.
19. Jegede AS. What led to the Nigerian boycott of the polio vaccination campaign? PLoS Med 2007;4:e73.
20. Bhattacharya S, Dasgupta R. A tale of two global health programs: smallpox eradication's lessons for the antipolio campaign in India. Am J Public Health 2009;99:1176–84.
21. Montague E, Asan O. Trust in technology-mediated collaborative health encounters: constructing trust in passive user interactions with technologies. Ergonomics 2012;55:752–61.