



EDITORIAL

Community systems for health are a public good: academic publishing on the topic should be too

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WHO ARE WE?

The Journal of Community Health Systems for Health (JCSH) stems from the Community Health Systems Connect (CHS-Connect) network, offering a non-commercial platform dedicated to research and policy dialogue focused on the governance and functioning of community systems for health. This journal is the culmination of years of collaboration between schools of public health in Zambia, Uganda, Tanzania, South Africa, and Sweden, with a core emphasis on co-creation, co-learning, and co-management of knowledge around community health systems [1]. Its foundations lie in the 2019 Chaminuka Manifesto from this network, which sought to establish a deeper understanding of the role community health systems play in achieving broader health equity [2].

In launching this journal, we have built on the concept of community health systems, which are defined as the “sets of local actors, relationships, and processes engaged in producing, advocating for, and supporting health in communities and households outside of, but in connection to, formal health systems” [3]. Here, “community” refers not only to geographical locations but also to shared identities, interests, and networks that transcend local boundaries. We have chosen to extend this concept to focus on community systems for health to emphasise, on the one hand, the social and structural factors that shape health and, on the other hand, the idea of ‘community health’ as woven into the fabric of daily life.

We recognise that health outcomes are influenced by a complex interplay of political, historical, economic, and environmental factors that go far beyond the health-care system itself. Working across sectors at community and other levels is thus crucial for achieving good health: collaborative efforts between sectors such as education, housing, agriculture, and local governance ensure that

the root causes of poor health are addressed holistically. More importantly, active community involvement in these efforts is key. By harnessing local knowledge, relationships, and resources, health initiatives are better aligned with the actual needs of the people they aim to serve, leading to greater relevance, trust, and resilience [4]. Community systems for health, rooted in the knowledge and realities of communities and their active engagement build the collective capacity to improve health outcomes, whether by tackling infrastructure needs, promoting healthy behaviours, challenging harmful norms and power relations, or ensuring access to essential services.

Community systems for health are public goods

We would argue that community systems for health can be viewed as a public good. Public goods are resources that are both “non-excludable”—meaning everyone can benefit from them—and “non-rivalrous”, in that one person’s use of the resource doesn’t diminish its availability for others. Clean air, public parks, and street lighting are classic examples of public goods. They are universally accessible and benefit everyone equally [5, 6].

Community systems for health, at their best, provide widespread, equitable benefits by addressing the social determinants of health and improving access to care for all. They strengthen social cohesion, enhance health equity, and promote collective well-being. Because these systems benefit entire communities without depleting resources for others, they fulfil the core criteria of public goods. They are not limited to those directly involved; rather, they contribute to healthier, more resilient communities as a whole.

...therefore, JCSH should be too

If community systems for health are recognised as a public good, then it follows that academic publishing

on the subject should also be treated as a public good. Journals covering research on community systems for health must reflect the values of equity and shared benefit. Just as these systems aim to be accessible to all, the knowledge about how they function, evolve, and succeed should be equally accessible.

This is where JCSH aligns its mission with the principles of Diamond Open Access [7]—eliminating financial barriers for both readers and authors. By doing so, we ensure that critical research on community systems for health reaches the widest possible audience, from researchers and policymakers to local communities and practitioners. The journal’s commitment to open access goes beyond simply removing paywalls; it is about democratising knowledge by taking control away from commercial interests and putting it back into the hands of those who generate it [8-10]. This ensures that the knowledge needed to improve these systems is available to everyone, regardless of their economic or geographical circumstances.

This openness fosters global collaboration, speeds up innovation, and makes the knowledge produced in one context accessible for adaptation in another. Just as community systems for health promote public health equity, open-access publishing is essential for ensuring that the tools to advance these systems are shared widely and freely, benefiting the entire global community.

What can we find here?

The inaugural issue of JCSH presents a diverse range of contributions that reflect the different ways community-driven health initiatives are being applied around the world. These articles illustrate how local contexts shape health challenges while highlighting the importance of collaboration, community engagement, and the blending of traditional and innovative health approaches.

Jonsson et al. [11] explore “pre-creation” in the development of care services for older adults in rural northern Sweden. The study examines how stakeholders navigate relationships and prepare for collaborative processes, offering insights into the groundwork needed to successfully co-create healthcare solutions.

In Ecuador’s Amazon region, Hallor et al. [12] investigate the integration of Indigenous traditional birth attendants (TBAs) into the Western healthcare system. This study highlights the benefits of combining traditional knowledge with modern healthcare, improving access for Indigenous women and fostering trust and mutual respect between healthcare providers and communities.

In rural Sweden, San Sebastian et al. [13] focus on the use of telemedicine to manage cardiovascular health. Their research illustrates how technology can enhance compliance with healthcare guidelines in remote communities, offering a model for improving healthcare access in underserved regions.

Getachew et al. [14] evaluate Ethiopia’s community-

based TB care program, revealing the successes and challenges of engaging health extension workers in TB prevention and treatment. The study points out barriers such as resource limitations, while emphasising the importance of continued community engagement.

Mental health concerns among young people in Sweden are addressed by San Sebastian et al. [15], who examine trends in stress, anxiety, and psychological distress. Their study suggests that while youth clinics play an important role, broader social factors like education and employment must also be considered to improve outcomes.

Vernon-Wilson et al. [16] present a case from Canada on developing a COVID-19 vaccine infographic based on community feedback. Their work emphasizes the value of public input in making health communication tools more effective, particularly in addressing concerns like vaccine hesitancy.

In Zambia, Zulu et al. [17] outline a study protocol for evaluating the integration of comprehensive sexuality education in schools. This study will explore how sexuality education influences adolescent decision-making and promotes gender equality aiming to offer valuable insights for health and education systems globally.

A conversation with Santiago Santi [18], an Indigenous community health worker from Ecuador, offers a personal perspective on his involvement in a community health worker program and its evolution over more than two decades.

In a co-editorial, Seye Abimbola [19] reflects on the need for transformation in academic publishing, particularly in public health. He argues that the JCSH represents a crucial step in reclaiming control over the production and dissemination of knowledge, particularly in the Global South. Abimbola calls for a shift away from Eurocentric and prestige-driven publishing models and advocates for more equitable, open-access platforms that serve both local and global communities.

A call for contributions and collaboration

As the Journal of Community Systems for Health embarks on this journey to advance equitable, open-access research, we invite researchers, policymakers, practitioners, and community leaders from around the world to join us. We encourage submissions that explore how community systems for health can address the pressing challenges of today and tomorrow, especially those that bridge sectors and incorporate the lived experiences of communities.

This journal is a collaborative space for sharing diverse perspectives and innovations, and your contributions are key to driving meaningful change. Together, we can ensure that the knowledge generated here not only reflects but also amplifies the voices and needs of communities everywhere.

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