Submission on Health Committees to the Task Team on Governance, Leadership and Management – Human Resources for Health for South Africa

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Submission is made by the following individuals and organisations:

Background. The Learning Network for Health and Human Rights is a partnership of Civil Society organisations working on health and University researchers based at the School of Public Health and Family Medicine at the University of Cape Town, and the School of Public Health at UWC. The Learning Network uses research and reflection to advance best practice in realizing the right to health. The Network been working with Health Committees, primarily in the Cape Town Metro district but elsewhere in the country, for the past 11 years, conducting research, training, capacity building and mentorship with health committee members.

Based on this experience[1], we believe that Health Committees are undervalued as vehicles for democratic governance in the health system. We therefore argue that the HRH plan for South Africa should make provision for strengthening the mandate of and support for Health Committees, if the South African health system is to fulfill the objective of having Primary Health Care as its 'heartbeat'. To realise the SDGs and 'leave no-one behind', community participation is essential. Yet the human resources needed to make this system work is more often than not hugely neglected in the current health system. Community are thus effectively deprived of a voice to express their needs and to engage with the health services in ways that enable more responsive health systems.

We outline below 7 points we think the HRH plan for South Africa should address:

1. The Department of Health at District and Provincial level must earmark human resources for ensuring meaning community participation. There should be a person with relevant community engagement skills within the relevant health department structure who has designated responsibilities for ensuring Health Committees are established, supported and function well in terms of agreed policies. This should ideally be at District level but could be introduced gradually in the provinces and then later to districts.
2. The Department must ensure a consistent national policy on Health Committees is implemented.
    a. At present, the roles and functions of health committees are left to provincial legislation, as a result of which, there is huge variability in what health committees do and what powers and responsibilities they have. Although the National Department has brought out a Guidelines, this guideline can effectively be and is ignored by provinces. For example, the Western Cape legislation provides health committees with power far weaker than that envisaged in the national guideline. If need be, the Health Act should be amended so that a single national guideline can ensure a benchmark to which provinces can be held to account.
    b. The national guideline on Health Committees afford the committees strong governance roles. This is not reflected in some of the provincial policies and legislation. We believe this is essential if the Primary Health Care approach is to be meaningfully realized. Therefore the

[1] See bibliography at end of the submission – source 1 to …

content of any policy or legislative amendment should recognize the governance roles for health committees.

3. The Department of Health must invest in training to support community participation:
    a. Staff must be trained to understand the role and important of community participation in health. This includes training specific to staff roles – managers have specific responsibilities in respect of health committee functioning; while health care providers need to understand what health committees are expected to do, so as to be responsive to community needs. Training on Community Participation and the Roles of Health Committees should be core to their professional training (e.g. undergraduate or postgraduate or nursing college training), and to ongoing in-service training. Moreover, effective training in patient rights and ethics should go some way to preventing complaints about bad attitudes of staff, which are often the drivers for HC involvement. Many health committees are often treated in ways that are disempowering by the providers and managers. Some health committee members are selected not by the community but recruited by the facility manager and therefore have little credibility in the community and little power in relation to the manager, since their place is dependent on the manager. Training needs to undo these practices and ensure that providers and facility managers understand the importance of the independence of these committees as voices for the community.
    b. Health Committees must be properly trained to fulfil their function. Such training should include:
        i. Leadership and democracy – what it means to be a community representative engaging with the health service. This is vital to ensuring that HCs can and should represent their communities as democratic voices.
        ii. Information on all services offered in their facility or through the sub-district or district;
        iii. How the health system operates;
        iv. The budget and staff complement of their facility
        v. How capital budgets and repairs are operationalized

    Training of HCs must also recognize the importance of and include ongoing mentorship and support. Without an identified party, whether an outside organization or a designated staff member, to monitor and support the health committee process, it seems that processes often stall.

4. Linked to training, for which resources must be allocated, is the question of providing Health Committees with the resources they need to fulfill their function. That includes covering the cost of airtime, travel, venues, etc. If the Department is serious about wanting HCs to be the voice of communities or to share key information from the Department with communities, it cannot expect HCs to disseminate to or consult communities without resources to hold community meetings. In other words, community participation must have a comprehensive budget.

5. Community Participation responsibilities must be expressed in the competencies and job descriptions (as a Key Result Area) for performance assessment of Facility managers, and of any other staff who should be expected to engage with HCs (for example, programme managers in the bigger primary care facilities). Unless staff who run services are appraised for how well or

how poorly they work with HCs, there will be no real incentive to improve the current sorry situation. Some facility managers may be particularly busy and unable to devote sufficient time to the HC. If this is the case, then the facility manager should be able to delegate their health committee responsibilities to another suitable staff member who ensures that Facility Manager obligations are carried out.

6. Labour relations aspects:
    a. While recognizing that HC cannot assume roles in relation to hiring or firing staff, it should be the case that HCs have some say in the appointment process, particularly in the appointment of non-professional staff where local community members may be able to compete for these jobs. The HR systems in the health department should be amended to accommodate this kind of input to staff selection – particularly to enable members from the local community to be given the opportunity to apply and to be fairly considered for appointment.
    b. A variation on this argument relates to the provision of security at facilities. If external parties are appointed to provide security and these parties have no familiarity or understanding of the local community, their effectiveness is severely compromised and the security of the facility limited. Involvement of local communities in supporting security arrangements (e.g. involving Health Committees, Neighbourhood Watch, etc) will improve security at facilities.
    c. Similarly, where a staff member is subject to a disciplinary inquiry as a result of a community member's complaint, it should be possible to include the health committee's input to the process; and to ensure that the HC is timeously informed of the result.

7. Integration of participation throughout the system: Currently, Health Committees are constructed in terms of the NHA as being linked to a particular facility, with no statutory obligation to ensure these Committees can be represented upwards in the system – to sub-district, district and provincial health services. As a result, community voice is restricted to the most peripheral options, often with no room for changing budgetary or policy decisions. Without a participation system in which participation structures at facilities articulate with higher level decision making bodies (e.g. district and provincial health councils), communities will remain excluded from meaningful decision making.

Conclusion

The most challenging aspect of realizing the promise of Primary Health Care and Universal Health Access is the lack of commitment to health committees and related mechanisms intended to improve quality, accountability and health system responsiveness. When other activities take priority over community participation (as often happens, when community or district forums are cancelled at short notice), there is immense frustration from the health committee members about this. The health services must show through conscious human resource interventions that health committees are valued and recognized as an avenue for realising community participation in primary health care. This is an opportunity which should be grasped with both hands in a future HRH policy.

Bibliography

Abrahams T. Community participation and the right to health for people with disability: a qualitative study into Health Committees' understanding and practise of their governance role in relation to disability. MPH Thesis University of Cape Town. At https://open.uct.ac.za/handle/11427/16435

Chikonde N. Training clinic health committees: a vehicle for improving community participation in health. MPH Thesis University of Cape Town. At https://open.uct.ac.za/handle/11427/27060

Douwes R, Stuttaford M, London L. Social solidarity, human rights and collective action: Considerations in the implementation of the National Health Insurance in South Africa. Health and Human Rights 2018; 20(2): 185-196. URL: https://cdn2.sph.harvard.edu/wp-content/uploads/sites/125/2018/12/Douwes.pdf

Haricharan H. Extending participation: Challenges of health committees as meaningful structures for community participation. A study of health committees in the Cape Town Metropole. Learning Network for Health and Human Rights. At http://www.salearningnetwork.uct.ac.za/sites/default/files/image_tool/images/386/publications/other_reports/hanne_report_on_health_committees.pdf.

Haricharan H. Rapid appraisal of health committee policies in South Africa. At http://www.salearningnetwork.uct.ac.za/sites/default/files/image_tool/images/386/publications/other_reports/output_1_rapid_appraisal_dec_2013-2.pdf

Haricharan H, Boulle T, London L. (2014). Health Committees as Vehicles for Community Participation: A National Colloquium on Health Committees in South Africa. Learning Network for Health and Human Rights and Centre for Health, Human Rights and Development: University of Cape Town, Cape Town. At http://www.salearningnetwork.uct.ac.za/sites/default/files/image_tool/images/386/publications/book_chapters/regional_meeting_report_final.pdf

Levendal E, English R, Schneider H, London L, Haricharan H. Health governance. In: Eds Fryatt RJ, Andrews G, Matsoso MP. South Africa health reforms 2009 – 2014: Moving towards universal coverage. Juta, Cape Town, 2015: 244-280.

London L, Fick N, Tram KH, Stuttaford M. Filling the gap: a learning network for health and human rights in the Western Cape, South Africa. Health and Human Rights 2012; 14/1: E88-E105.Available at http://www.hhrjournal.org/wp-content/uploads/sites/13/2013/06/London-FINAL2.pdf

Strecker M, Stutafford M, London L. Health rights pamphlets: critical literacy and inclusive citizenship, South Africa. Health Promotion International 2014; 29(2): 339-348

Mdaka K, Haricharan H, London L. (2014). Regional Consultation on Health Committees: Vehicles for Realising the Right to Health and Strengthening Health Systems. Learning Network for Health and Human Rights and Centre for Health, Human Rights and Development: University of Cape Town, Cape Town. At http://www.salearningnetwork.uct.ac.za/sites/default/files/image_tool/images/386/publications/book_chapters/national_colloquium_report_17_nov_2014_1.pdf

Meier MB, Pardue C, London L. Implementing community participation through legislative reform: a study of the policy framework for community participation in the Western Cape province of South Africa. BMC International Health and Human Rights 2012; 12(1):15.http://www.biomedcentral.com/1472-698X/12/15

Mulumba M, London L, Nantaba J, Ngwena C. Promoting community participation as a social and underlying determinant on the right to health through Health Committees: Lessons from Uganda and South Africa. Health and Human Rights 2018; 20(2): 11-17. URL: https://cdn2.sph.harvard.edu/wp-content/uploads/sites/125/2018/12/Mulumba.pdf

Padarath A, Sanders D, London L, Boulle T, Haricharan H, King J. Community participation in the post-apartheid era: progress and challenges. In: Eds Fryatt RJ, Andrews G, Matsoso MP. South Africa health reforms 2009 – 2014: Moving towards universal coverage. Juta, Cape Town, 2015: 224-243.

Stuttaford, M., Kiewiets, D., Nefdt, W., Reynolds, V., Rhodes, G., Sigasana, L. and London, L. (2014) Conceptualising Implementation of the Right to Health: the Learning Network for Health and Human Rights, Western Cape, South Africa. In M. Freeman, S. Hawkes and B. Bennett (Eds) Law and Global Health, Current Legal Issues, Volume 16, Oxford: Oxford University Press 2014, pp76-93. DOI:10.1093/acprof:oso/9780199688999.001.0001

Zwame G, Stuattaford MC, Haricharan HJ, London L. Rights-based Training Enhancing Engagement of Health Providers with Communities, Cape Metropole, South Africa. Frontiers in Sociology 2019; 4:35. doi: 10.3389/fsoc.2019.00035

See also DVDs on Health committees at http://www.salearningnetwork.uct.ac.za/sln/resources/training-materials/dvds
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