Community Systems Strengthening for Health

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Policy Brief: "Towards best practice: Guidelines for South African Health Committees"

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In 2003, the South African department of health adopted the National Health Act (NHA) (61 of 2003) (1). Among its reforms for a more contextualised and consolidated health system was the directive for clinic and health committees (HC) to be formed (2). Based on the vision of the White Paper on the Transformation of the Health Services (1997), HCs seek to establish a link between communities, health facilities and various governmental structures. This mandate, in addition to the scope, competencies and guidelines on formations and composition is not present in the NHA. Instead, provincial departments of health were tasked with setting the legislature for the HCs of their respective provinces. These varying legislatures have led to a misalignment with the *Draft Policy on the Health Governance structures* as well as in the powers, roles and responsibilities of HCs amongst provinces. Subsequently, inconsistencies in how HCs influence health is created.

This policy brief seeks to present an outline of best practices for HCs, both for HC members as well as policymakers. In doing so, an ideal number, essential roles, scope of practice, accountability measures and policy recommendations shall be included. This policy brief takes the position that should comprehensive national guidelines, in line with suggestions made in the Health Governance Structure draft policy be integrated as well as the perspectives of HC members, past and present, a well-defined scope that empowers communities through its elected representatives, can be achieved.

Methodology

In formulating the best practice model, a desk-based review was performed on literature pertaining to health committees (in and outside of South Africa), definitions of health, health in South Africa and the common health burdens in South Africa. In doing so, particular attention was paid to the works of established health researchers on the aforementioned subject matters. Key informant discussions were held with members from Klipfontein subdistrict HCs, in the Western Cape. Policies that have aimed to create national standards for HCs and the documents that critique them were also analysed- with the Draft Policy on the Health Governance structures-July 2013 serving as a pivotal framework.

What the NHA says about HCs

According to the NHA, provincial legislation should provide for the establishment of HCs at (a) a clinic or a group of clinics; (b) a community health centre; or (c) a clinic and a community health centre or a group of clinics and community health centres (2). Regarding its composition, each HC must at least

have (a) one or more local government councillors (b) one or more members of the community served by the health facility and (c) the head of the clinic or health centre of focus(3).

As the above is the only national guideline provided, provinces have had to set the parameters of power for their HCs. Furthermore, individuals are generally selected by the Member of the Executive Council (MEC) for Health. With such fluidity existing throughout various HCs, ideas on strengthening HCs at downstream and upstream levels need to be made so that they can function well and foster genuine community participation.

Recommendations for strengthening HCs

For policymakers:

Develop a comprehensive national policy document

As the NHA does not provide any substantial guidance on HCs, this needs to be rectified. Therefore, a detailed policy that highlights the formation, composition, roles, responsibilities and decision-making powers of HCs needs to be made and implemented. This detailed policy should be adopted nationwide after consultation with health structures and HCs past and present. Flexibility in particular roles needs to be allowed for to ensure that each HC is effectively contextualised to the population they serve.

In adopting the *Draft Policy on The Health Governance Structures-July 2013,* an ideal framework that would require minor revisions may help address the lack of national guidance. This document provides a framework on establishing, in addition to hospital boards and district health councils, HCs.

This policy would also need to stipulate particular positions that must be a part of every HC — for example, an executive consisting of a chair, vice-chair(s) and a secretary.

The composition should always include minority populations in addition to the people mentioned in the composition section.

Training all HCs

Training and training resources should be provided to all HCs. This training should be geared towards helping HCs understand and articulate their roles and responsibilities to their constituents. Beyond that, it should help them understand what health is beyond the biomedical approach that has long been upheld. Presently, the University of Cape Town's Learning Network aims to provide some of this training. However, this should be a government-led initiative in conjunction with individuals specialised in HCs and community participation.

As HCs thrive through effective communication, training on how to conduct meetings in a manner that ensures every member’s voices heard and appreciated needs to be performed. This should consist of contracting the rules within meeting spaces how voting is performed how issues are taken forward and the kind of accountability that needs to be put in place. Though a health committee may have a chairperson in place already, ideally the meeting chair should be a rotated position so as to allow people the opportunity to exercise agency in the everyday running of said meetings.

Beyond fully understanding what it means to be and work in an HC, training around understanding research and public speaking skills need to be taught so that HCs can engage their community members in an engaging and evidence-based manner. Furthermore, training on understanding

research, performing small scale studies, budgeting skills, basic monitoring and evaluation (M&E) and project management needs to be developed.

Providing financial support

HCs need to be given a budget so that they can both function as a team and perform projects for their communities. For example, money for transport. A set budget per HC provides a financial assurance that committee members will be able to do more for communities they serve.

Facilitate Intersectoral collaboration

HCs need to be able to interact with people in and outside the health sector. By collaborating with people in different sectors, issues that affect one's health can be noted and addressed in a more holistic manner. For example, HC members may highlight the number of reckless driving incidents near areas which children frequent. This information could be highly useful to the road and transport sector through the placement of speed bumps in high-risk areas; speed bumps leading to a decrease in motor vehicle accidents (4).

Educating health professionals

Key informant discussions highlighted that occasionally, HC members asked to perform tasks outside of their scope of practice such as weighing babies or assisting with facility cleaning. This role of HC's need to be made explicitly clear at all levels and no committee member should be expected to do anything that is outside their mandate. The role and purpose of HC members should be integrated into the curricula of health professionals to increase awareness of the importance and value of HC's from the onset of Health professional training.

HC involvement integrated into job descriptions

A review of job descriptions of various health-based professionals needs to be performed; according to various key informants. Specifically, updating the job description of facility managers to reflect working alongside health committees, attendance at HC meetings and monthly reports to Health officials/ managers should be formulated in conjunction with the HC cohort.

For HC members:

Defining a vision collaboratively

It is difficult to maintain alignment of activities and actions without a collective understanding of the principles, objectives and values that the HC is aiming to achieve. Therefore, as a starting point, an HC should develop a vision statement which can then be made available to community members for comment and critique. This will act as an HC mandate; in partnership with the represented community.

Developing a constitution

An HC constitution would clearly outline the roles and responsibilities within specific committees, related processes including communication/ feedback systems, frequency of meetings, terms of office. Generally, an HC is in office for three years.

Creating a code of conduct

A code of conduct refers to the ethical practices that govern the behaviour of committees and their decisions. This is necessary so as to contract the relationship and shape the perspectives by which the

HC make decisions. This would aid in ensuring that all HC members are shown respect by their colleagues and that no member behaves in a that is not beneficial to their community.

Debriefing

Due to the fact that HC members receive a lot of information that may be both physically, emotionally and spiritually draining, the need to ensure that they remain as holistically well as possible needs to be put in place. This can take the form of debriefing sessions either between HC members on their own or HC members with an independent facilitator. As each community is different, a flexible debriefing process should be developed, allowing for customisation at a community level.

Conclusion

In conclusion, this policy brief seeks to provide best practice guidelines both from a governmental and HC specific perspective. the efforts required by policymakers is first highlighted as the developments made nationally will govern how HCs are able to function long-term. Thereafter, guidance for HC members is provided. Should HCs be given resources, allowed to build their capacity and interact with different structures as respected equals, then the wellness of people throughout South Africa will be improved.

Author

Philip Mbulalina Dambisya, BSc (Audiology), PgDip (HPE)

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