

## **Memorandum on the Draft Western Cape Health Facilities Boards and Committees Bill, 2015:**

Submitted by the Cape Metro Healthcare Forum, People's Health Movement South Africa, Women on Farms Project, the Learning Network on Health and Human Rights

### **Background**

Community Participation is a central part of the Primary Health Care approach which underpins our Health System. Worldwide, participation of communities in health care and in policies and programmes for health is widely recognised and a priority for the organisation of the health system. In South Africa, numerous policies, guidelines and laws highlight the importance of community participation in health.

### **Process**

In the Western Cape, communities have been in dialogue with the health departments of the Western Cape government and the City of Cape Town for many years, seeking to formalise the system of Health Committees set up under the time when Dr Ivan Toms was head of health for the City of Cape Town. The Draft Western Cape Health Facilities Boards and Committees Bill issued in May 2015 was therefore a long delayed event, having been promised a legal basis for community participation over many years.

While we therefore welcome the fact that there is a bill on the table, we also note our unhappiness over the way in which this bill was presented to communities and the lack of efforts made to solicit community input to the bill. Despite repeated discussions at District Health Councils, which included discussion about how Community Structures would be asked to help disseminate and discuss the bill in communities, this Bill was released via a gazette without any communication to communities, nor any efforts made to set up a consultative process, as agreed at previous District Health Councils. Putting out a bill in a gazette for comment is not participation and does not augur well for future collaboration on matters of community participation.

We therefore undertook a process of local consultations in the Cape Metro, in collaboration with our partners, since we were not afforded the opportunities to do so before the date for submissions on the bill.

### **Concerns about the Bill**

There are a number of concerns that have been raised about the Bill.

1. We believe that Health Committees must be elected not nominated by the MEC. To have community members identified by the MEC is not appropriate forms of community participation.

2. Health Committees that currently operate must be given recognition. In the current bill, all the health committees are invisible, and only come into being when the head of health declare them in existence. This is a mockery of the work that health committee members have been doing voluntarily over many years and an insult to the contributions communities make out of their own pocket. It is also contrary to discussions that were held in the District Health Council over many meetings.
3. The Bill does not guarantee the resources needed for Health Committees to function effectively: training, office space, reimbursement for direct costs. How can we do the work of representing the community voice when we are not given the tools to do so?
4. The bill must speak to the roles of facility managers who need to learn to trust Health Committees. We are not their enemies and we are not the enemy of the health system. If communities are going to be genuine partners, the Bill must recognise that communities have a job to hold services accountable and the services need to welcome that role.
5. We want a structure that gives the community a proper voice. Health committees should have tiered representation upward all the way to the District Health Council.
  - a. Within the Sub-structure, each facility (clinic or hospital) should elect two persons to a substructure;
  - b. The sub-structure meets every three months
  - c. From that sub-structure, each sub-structure should elect ?? two persons to a Metro-wide structure for community participation, made up of all 8 sug-districts. From this plenary, 3 representatives are elected to the District Health Council,
  - d. The District Health Council will also have two persons elected from each sub-district (8x2=16 persons).
  - e. This will be consistent with the way health governance is organized through local government (mayoral committee on health), provincial (portfolio committee on health), national parliament (portfolio committee on health) and international commitments.
6. Most important are the roles of Health Committees. Whereas national guidelines and the polices of all other provinces emphasise that Health Committees are structures of governance, this bill reduces health committees to playing only a supportive role to services. We are not opposed to the idea that health committee can help improve services, undertake health promotion activies, or support the staff – but we are also absolutely adamant that we must be the bodies that monitor and that hold services accountable. Without that, there is no meaningful community participation. This Bill falls completely short on these roles.

7. There are other issues missing from the Bill

- a. There is no mention of any requirement for diversity of Committee membership (such as gender, disability or age) or for representing different sectors;
- b. Health committee roles should include the role of providing input to shaping mission, vision, value, policies and programmes of the services, and involvement in monitoring and planning services;
- c. The role of the HC in complaints management is not stated – but this is an important role that Health Committees can play so as to improve services.

If the Health Department is truly committed to Community Participation, it must realise that giving communities a voice requires proper systems, ongoing training, adequate resources and an openness to constructive criticism. Health Committees have been active in representing communities for many years. We want to continue to contribute to strengthening our health system. Do not adopt a Bill that undermines community participation! Hear our Voices – Governance and Accountability should not be left to a narrow idea of how communities can participate.

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