

Community participation in health

By Dr Alexandra Muller, Health and Human Rights Programme, UCT

The current developments around National Health Insurance (NHI) may not yet be finalised, but one thing is certain: under NHI, the primary healthcare system will be significantly strengthened. While we mostly think about this in terms of health facilities, numbers of staff and available resources, I am writing about one important, yet often forgotten factor: community participation – one of the fundamental principles of the primary healthcare approach. In my opinion, it is one of the key considerations

if we want to build a sustainable, stable primary healthcare system that provides quality care for all.

Community participation means that the people who are served by health facilities are also involved in decisions about how these facilities are governed. Participation can take many different forms, for example, there might be a committee of community members that consults the management of a health facility. This consultation ensures that the opinions and needs of the people who use the health facility are heard and taken into account. For example, if a clinic provides women's health services, the healthcare workers might not know what challenges women face to attend the clinic. They may be unaware that a large proportion of the women who are sexually active are under the age of 18, attending school and are not able to attend the clinic during the day. If this is the case, not all these young women will be able to access the sexual and reproductive services offered to them. This is just one example of why community members need to liaise with healthcare workers and facility managers – to make sure that the services offered by the health facility correspond to their needs.

The National Health Act (NHA) from 2003 recognises the importance for communities to participate in decisions regarding their health care. It lays out three particular structures through which communities can get involved: health committees, hospital boards and district health councils. Health committees comprise community members, who volunteer to represent their community in meetings with health officials and healthcare workers. Every clinic, or



a cluster of clinics in the same area, should have a health committee. The committee's role is to be a link between the health services (the facilities, healthcare workers, facility managers, etc) and the communities that they serve. According to the NHA, a health committee is made up of community representatives, the head of the health facility, and a local government councillor. So health committee members are not community health workers, or home-based care workers – in fact, they are not supposed to bring care to the community. Their role is to represent the community to the health officials, and to involve the community in decisions to be made by the health officials. In doing so, they also increase the communities' knowledge about the local health concerns.

Community participation is one of the fundamental pillars of the primary healthcare approach. Primary healthcare aims to deliver "Health for All" – in other words, to



This is just one example of why community members need to liaise with healthcare workers and facility managers – to make sure that the services offered by the health facility correspond to their needs.



ensure that every person in South Africa is in the best possible health and has access to the basic health services needed. In Zimbabwe, a country with a similar primary healthcare system as ours, a recent study showed that community participation through health centre committees (the Zimbabwean version of health committees) improved health outcomes. The authors wanted to find out if there were differences in the health and in the knowledge of communities with and without health committees. They interviewed over 1 000 people in four different regions of the country. Their findings were incredibly telling, and show the importance of community participation for women's health. Women were asked about whether or not they attended antenatal services for their last pregnancy. As we all know, antenatal services are an essential component of primary healthcare, and crucial to reduce maternal mortality. The study found that pregnant women in areas with

health committees were more than twice as likely to attend antenatal care as those in areas without health committees. In fact, in the areas with health committees, more than 80% of women made use of the antenatal services. The authors of the study found a number of reasons for this. First, community members in areas with health committees were better informed and knew more about the most common health conditions. It is likely that pregnant women would be more likely to know about the necessity of antenatal care and its availability at the local clinic, if they receive information through a health committee or other community members. Second, the health facilities' health committees had on average more staff (especially nurses), and were allocated higher budgets from the Ministry of Health. This means that they can provide better care, and most likely, this increases patients' trust in the facility. The Zimbabwean study is an excellent example of how

Their findings were incredibly telling, and show the importance of community participation for women's health.

community participation through health committees is associated with improved health resources at clinic level and an improved performance of the primary healthcare services.

Having a link between the health facility and the community has many more advantages. For one, it creates better accountability. This means that people who use the health facility have the possibility to feedback how they were treated. Health committee members can forward complaints of patients to the health facility. This is an important part of patients' rights: the South African National

Patients' Rights Chapter specifies that every patient has the right to freedom to complain about poor quality of healthcare. While we as healthcare providers may see this as potentially threatening, (patients can report us when we treat them badly, for example) I believe this is a crucial accountability mechanism to make our health system more patient-centred and patient-friendly. I also believe that we need to hear our patients' voices – or, in the language of health systems, the voice of 'service users' – to build a better health system. Too often, the conflicts that arise in the health system are between healthcare workers and patients – over the availability of care or certain procedures, over adherence to treatment regimens, over the accessibility of services. We need to see that these individual conflicts are the symptoms of a broader illness: that of an ailing health system. Think about it – how many of these conflicts are due to a limitation of existing services (because we cannot provide more than what is available, even though we know our patient would need more)? How many are due to us healthcare workers feeling overwhelmed? After caring for 40 patients in one morning, how can we have patience for somebody with a special request? How often do we reprimand patients for not keeping appointments (often because they

could not figure out how to organise transport to come to the clinic)? In the past, there was no mechanism for patients to lodge complaints against receiving poor healthcare – which means that, in effect, nobody could be held accountable, and there were no incentives for change. Under the plans for NHI, an office for standard complaints is to be installed. This will serve as a central point for ensuring quality control in our health system, with a dedicated part to deal with patient complaints. It is in all our interests for patients to receive the best healthcare possible – and often improvements can only be achieved after constructive criticism. If we are to improve our current health system, we need to hear from our patients what the shortcomings are, and we need to work with them to address these shortcomings. Health committees provide an important voice for the community who utilise our health services – our patients – and we need to support these voices in order to provide better services. Community participation helps healthcare workers to progressively realise the rights of patients by working with them. This in turn helps healthcare workers to do their job better, and meet their obligations towards patients. Once we reach these circumstances, the state can be held responsible if peoples' right to health is not met – unlike now, where the responsibility is

too often only put on individual healthcare workers.

The National Patient Rights Charter specifies that every patient has the right to participate in healthcare decision-making. This right is well enshrined in international law, and laid out by the World Health Organisation. Participation can take on a number of different forms including:

- informing people with balanced, objective information
- consulting, whereby the affected community provides feedback
- involving, or working directly with communities
- collaborating by partnering with affected communities in each aspect of the decision, developing alternatives and identifying solutions
- empowering, by ensuring that communities retain ultimate control over the key decisions that affect their wellbeing.

As I have outlined above, participation is crucial to advocate for the changes that will improve our health system. What is equally important, however, is that participation gives people a sense

Having a link between the health facility and the community has many more advantages.



of ownership. Ownership leads to a bigger sense of responsibility. Patients not only have rights, but also responsibilities, which they need to observe so that everyone can enjoy the same rights to access to healthcare services. Encouraging our patients to participate in health governance will give them more control over the decisions that influence their health and their access and use of their healthcare services.

What then can we, as healthcare workers, do to encourage community participation? I believe there are a number of important responsibilities for us. First, as healthcare workers, we play an important role in shaping our patients views and knowledge of the healthcare system. A study by Ngwenya and Friedman found that one of the most important factors contributing to the success of community involvement was the motivation and encouragement of the community by nursing staff. Similarly, research by the Health and Human Rights Programme at UCT showed that where facility managers were motivated and supportive, health committees worked well. We need to educate our patients about community participation, about the existing possibilities and the benefits that we all can derive from it.

Second, we need to be open to hear the demands from our patients and their communities. We need to respect and engage with constructive criticism, and recognise that it is necessary to improve the service we can provide to our patients. If there is a health committee in your facility, get involved and attend its meetings. Engage other staff to think about the issues raised, and become part of, or organise, a group of staff who are committed to supporting community participation. We need to see communities as partners in working together to improve our health services.

Third, the National Health Act requires every province of South Africa to pass provincial legislation that defines the role and functioning of health committees. However, until today, such legislation only exists in the Eastern Cape. In some provinces, like the Western



Cape and Gauteng, the provincial Departments of Health are currently developing new drafts, but others, like the Free State, have not yet implemented the demands by the National Health Act. Our research in the Western Cape shows that this is a big problem for existing health committees. Often, the role of the committee members is not clear to the health officials – sometimes health committee members are asked to follow up patients who default treatment, or to work as home-based care workers. This is not in their mandate, and often beyond their qualification. Another problem is that health committees often do not have any resources – so there is no money for organising meetings and reimbursing transport costs for the attending members. As a union, DENOSA needs to advocate for provincial legislation that defines the role of health committees, and that provides the necessary resources for health committees to be functional and efficient.

If we are serious about improving our primary healthcare system, nurses must join patients in demanding better healthcare conditions. Participatory structures, such as health committees can demand better health infrastructure. This leads to better resources facilities, well-educated communities and increased accountability. Both patients and healthcare workers will benefit from these developments, and they are crucial to make the vision of a re-engineered primary healthcare system a reality. ■

A study by Ngwenya and Friedman found that one of the most important factors contributing to the success of community involvement was the motivation and encouragement of the community by nursing staff.

Read further:

Glattstein-Young & London (2010): Community health committees as a vehicle for participation in advancing the right to health. *Critical Health Perspectives*, 2(1): 1-2

Loewenson, Rusike and Zulu (2005): The impact of Health Centre Committees on health outcomes in Zimbabwe. Presented at Forum 9, Global Forum for Health Research, Mumbai, September 12-16th, 2005

Ngwenya & Friedman (1995). Public Participation. In P. Barron (ed) *South African Health Review 1995*. Durban: Health Systems Trust: 200-205

Become more involved:

People's Health Movement:
www.phmsouthafrica.org