

Health Centre Committees as a vehicle for social participation in health systems in east and southern Africa

The adoption of primary health care (PHC) in all east and Southern African (ESA) countries means that public participation is central to the design and implementation of health systems. One mechanism for this is through Health Centre Committees (HCCs) that involve representatives of communities and primary-care level health workers in planning, implementing and monitoring health services and activities. Known by different names in different countries, they are a common mechanism for communities to ensure that health systems access and use resources to address their needs and are responsive and accountable to them. They have been found to have a positive impact on health outcomes. This brief presents information and experiences from document review and from the exchanges of people working with HCCs in ESA countries at a 2014 EQUINET regional meeting on how HCCs are functioning in the region. It presents proposals for improving their functioning and impact.

HCCs are recognised in policy, but not in law

All ESA countries have policies that support participation, as a part of their PHC approach. Many refer specifically to establishing or strengthening HCCs in their strategic plans. However, despite this, most ESA countries do not have laws or regulations that explicitly provide for these aspects of HCC functioning and there are few specific policies or guidelines that elaborate their role, functioning, authorities and funding. Without an enabling law, HCCs may not be recognised by health managers or by the communities they serve. Without a legal status they may have limited capacity to manage public funds.


Composition and representation of communities

HCCs involve both communities and health service personnel. In practice, their composition, roles and functions vary across ESA countries. They also vary in how far they represent community interests, depending in part on whether their members are elected by communities or appointed by health authorities and on whether HCC members communicate with, consult and raise the views of all groups in

the community. There is a tension between how far HCCs involve influential people and how far they include people from more disadvantaged groups. The former bring capacities and influence that can help to address the power imbalances between communities and health personnel. The latter brings more direct voice from people whose health needs demand attention.

Functions in health systems

HCC roles are often listed in guidance documents. However this is often a disconnected list of roles and responsibilities, HCC roles should rather be clearly located within health system processes.

1. Their work starts with building an informed community –ensuring the health literacy of the community, reviewing experiences and views on improving health with different social groups in communities, sharing information on the key health risks and violations of health rights and on actions to address these, including by health services; 
2. This informs and builds strength of the HCCs in their key role in representing community voice on needs, actions

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- and priorities to improve health in the interaction with health services (and with other actors). ➔
3. HCCs bring community experience, and the problems and solutions, to 'the table' in the health system, to jointly design and implement the health plans and budgets. ➔
 4. This role in governance gives the HCC the information, legitimacy and motivation to go back to communities to dialogue and consult on plans; to mobilise social action and input, to engage with local authorities and to facilitate dialogue with different actors to ensure that problems identified are addressed, and that services and health actions are implemented. ➔
 5. This raises the oversight role of the HCC, in making sure that the agreed plans have been implemented, and in monitoring and advocating that the duty bearers are capacitated to deliver on plans. ➔
 6. With feedback to the community on the implementation of plans, HCCs report to health authorities and communities and to the health system at higher levels. ➔
 7. HCCs support strategic review and reflection with communities and health workers on the actions taken, to make improvements in services, and to engage on these improvements, with other sectors, or at higher levels of the health system ➔
 8. For the cycle to begin again....



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HCCs can contribute to improved health and health services...

Effective implementation of these roles has been documented to have a positive impact on the performance of PHC systems, to support the satisfaction and retention of health workers at primary care level and to raise the satisfaction of communities with their services. HCCs support communication and the resolution of conflict between communities and health

services. They play a role in mobilising local resources for health activities and services, such as for land to cater for accommodation of nurses working at health facilities.

... but often do not get the support to do so

In many countries, however, their roles are less well defined, undermining their legitimacy and functioning. They often have limited resources to implement their functions. Many countries have HCC



training materials, but their content and the frequency of training varies. Many communities lack health literacy programmes. Weak skills and less meaningful levels of participation lead HCC members to feel demoralised.

HCCs often interact with primary care services and health workers that are themselves overworked and under-resourced, without significant authority or control over resources. These shortfalls weaken their role and impact of HCCs.

Proposals for improved functioning of HCCs in ESA countries

From the evidence and experience to date stakeholders working with HCCs in the ESA region have raised proposals to improve their functioning and impact. .

Guided by a common vision of building people-centred health systems, the delegate practitioners from seven ESA countries adopted resolutions to raise the profile of and to support work to build vibrant and effective HCCs throughout the region.

Noting

- The policy commitment to community participation in health and to ensuring mechanisms for this at all levels of the health system, including within primary health care (PHC);
- The positive role that social participation plays in health and in health system coverage, performance and accountability;
- Increasing inclusion of the right to health and to health care within constitutions of the countries in the region; and
- The variable levels of implementation of these policies and rights in relation to the mechanisms for social participation within and across countries in the ESA region;

Understanding that

- Community participation involves a range of levels, from sharing information to joint decision making and action in health systems;
- Participation demands health literacy within society;
- Mechanisms for joint decision making and exchange between communities and services exist in policy at primary care level in ESA countries;
- Such health centre committees (HCCs) primarily draw their legitimacy and mandate from communities; and that
- Social participation demands investment at the primary care and community levels in health.

We urge national authorities and all organisations working in health to

1. Include rights to health, to health care and to public participation and information in all constitutions of the region.
2. Reform national public health law to include provisions for participation and public information and to provide for the recognition, roles and duties of mechanisms for this, including for HCCs at the primary care level of the health system.
3. Establish by regulation and guidelines and disseminate clear information on the roles, composition, powers, duties, capacities of and resources for HCCs, including to:
 - Facilitate health literacy and public health information;
 - Facilitate community identification of health needs and priorities and bring this evidence to health services;
 - Ensure community voice in health systems, with attention to disadvantaged groups;
 - Prioritise, plan and budget services with health personnel;
 - Engage stakeholders and communities on resourcing and implementing health plans;
 - Monitor health expenditures, services and actions and their impact;



- Ensure accountability of services to the community;
 - Provide feedback to and review progress with communities, and
 - Report and engage on the progress, challenges and needs of community and primary care levels at higher levels.
4. Clarify and protect the non-partisan role of HCCs, including in relation to other mechanisms and within local government.
 5. Provide flexible guidance for HCC composition to reflect diverse settings within countries.
 6. Ensure that HCC members representing communities are democratically elected by those communities and represent the diversity of community groups.
 7. Ensure nationwide comprehensive health literacy programmes in communities.
 8. Ensure that HCCs have knowledge and capacities to implement their roles through induction and ongoing capacity building, mentoring and information.
 9. Establish standards and guidance on the core content of and processes for comprehensive HCC training.
 10. Provide resources within health budgets for capacity building and functioning of HCCs;
 11. Set up tools and guidance on monitoring and accountability of the functioning, performance and impact of HCCs and health services.
 12. Set up a national working group to co-ordinate the strengthening and support of HCCs in relation to all areas above and to co-ordinate the activities of national state and non-state actors and international partners on HCCs.

We commit as organisations working with HCCs to

1. Promote comprehensive PHC approaches in working with HCCs;
2. Strengthen the effectiveness of HCCs in informing communities, supporting health literacy, gathering information on community views and needs and giving feedback to communities;
3. Share information on the constitutional provisions, laws, statutes and guidelines, particularly in the ESA region, to strengthen legal provisions on public rights and participation in health and the role of HCCs;
4. Develop, share and disseminate tools, training resources and our own skills to support the functioning of HCCs;
5. Develop, use and disseminate tools for monitoring health and services and for monitoring the functioning, performance and impact of HCCs;
6. Network HCCs within countries to document and exchange experiences and capacities and to raise community evidence, knowledge and voice and social accountability at national level; and
7. Network regionally to exchange and document experience, promising practice and resources for HCC roles and capacities.



References and resources

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