



Community Systems Strengthening for Health

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Policy Brief: “Toward Community-driven health: Understanding Health Committees in South Africa”

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With the advent of the Alma Ata declaration in 1978 came a global emphasis on ensuring that people are at the heart of health and health care. By adopting the primary healthcare (PHC) approach, the world agreed to focus on prevention, health promotion and care driven by the needs of communities. This requires a need to incorporate the perspectives of community members at the forefront of all decisions and processes, i.e. community participation.

In South Africa, a significant step towards this objective was the adoption of the [National Health Act \(NHA\) \(61 of 2003\)](#) (1), which mandated the formation of clinic and Health committees (HC). These committees, as per the vision of the White Paper on the Transformation of the Health Services (1997), aim to facilitate collaborative practices between communities and the clinics that serve them. Recognizing that the NHA does not effectively illustrate what the scope and practice of HCs are as well as how this structure and the communities they serve are meant to be part of decision-making processes, this policy brief seeks to provide guidance on what measure can be taken to better empower HCs and integrate them into the health system. This is done by highlighting why HCs are important, explaining their formation, composition, roles and responsibilities and providing recommendations that can be implemented by policymakers and the like.

Methodology

This policy brief was developed through performing an analysis of the NHA's section on health committees, a desk-based review on literature linked to health committees, the *Draft Policy on the Health Governance structures* as well as well texts from The Network on Equity in Health in Southern Africa (Equinet) and the University of Cape Town (UCT). Key informant discussions were held with members from Klipfontein subdistrict HCs. Further insight was provided by UCT staff members well-versed in HCs and health systems strengthening as well as the project manager of Community Systems Strengthening for Health (CSS) (also at UCT).

The importance of HCs

Good health requires that people live in a state of physical, mental, emotional and social well-being. The World Health Organization (WHO) building blocks speak to the goal of responsiveness- how effectively a health system adapts to the needs of a population (2). Through emphasising community participation, there is an increased likelihood that a health system will remain sustainable because a

greater sense of trust will be developed between Healthcare providers and the general public who can then contribute to strengthening the health system (3). At the same time, the health system can be more responsive to community needs. HCs are the vehicle that can drive this vision of better health.

The realisation that HCs can be drivers of community participation has been recognized by multiple countries across East and Southern Africa. Uganda, for example, has Health Unit Management Committees (HUMCs) while Zambia has Neighbourhood Health committees (NCHs) (4). Both of these aid in bridging the gap between health facilities and the general public through tasks such as information dissemination and mobilisation of people in using health services .

This mobilisation has helped highlight that HCs also serve a broader purpose beyond the traditional stewardship role, encompassing a service facilitation role through promoting access to health services and ensuring that service delivery is maintained and/ or improved. In doing so, they assist in creating health facilities that are accessible, acceptable, available and are of a high technical and client-perceived quality; the 4 pillars by which the progressive realisation of the right to health is measured by.

Formation of HCs

In South Africa, the NHA mandates that provincial legislation provides 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. It, however, does not offer guidance on how committees are formed. Because of the absence of national guidance in law, each province decides on its own policies and procedures. Generally, individuals will be nominated by stakeholders from various sectors that make up an HC with the province's Member of Council (MEC) of Health. The other approaches taken to elect representatives are that people be elected by the local community or nominated by organisations and delegates as in the case of the Eastern Cape.

For an HC to function effectively, its members need to be able to commit time to the efforts of the committee as well as engaging with the communities they represent. This functional committee should have a Chairperson, Vice-chairperson, Secretary, Deputy-secretary and Treasurer in addition to any of the other roles seen as vital relative to the health committee.

Composition

In accordance with the NHA, any HC formed must have at least (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 in question. All provinces, with the exception of the Eastern Cape and Free State, have their committees composed of the mentioned groups, i.e. local government councillors, Head of the clinic/facility manager and community members. The Eastern Cape and Free state have a different composition to their fellow provinces through the integration of more parties and representative bodies- for example, representatives for the differently-abled (5).

Roles of HCs

Presently, no nationally mandated roles exist for HCs. However, of the seven provinces that have legislature for HCs in place (the North West and Northern Cape being the exceptions) the following roles are highlighted:

Governance and oversight

An HC is crucial in the supervision of primary care administration this relates to ensuring that the health care provided meets the standards of the health facility in a manner that is socio-culturally appropriate for those that utilize it. HCs further hold a monitoring duty. This includes holding facilities accountable to set targets and performance indicators as well as investigate administrative practices and report on any issues to the respective MEC (5).

The HCs within the Eastern Cape, Kwazulu-Natal, Free State, Gauteng are intended to gauge the effectiveness of their respective health facilities- whether they are meeting health indicators and report back - to the MEC in the case of the Free State, Eastern Cape and Kwazulu-Natal.

Committees in Mpumalanga, The Eastern Cape, Kwazulu-Natal and Free State also have the duty of ensuring That patient complaints and reports are followed up on and dealt with .

Fundraising

HCs in the Eastern Cape, Gauteng and Mpumalanga assist in the development of fundraising policies as well as in the implementation of fundraising initiatives .

Recommendations for strengthening HCs

Development of a national policy document

Currently, the national guideline does not provide guidance on the decision-making powers of HCs. Furthermore, as provinces are meant to decide their respective scopes, there is a lack of cohesion between HCs. A national policy needs to be developed and adopted. In doing so, a governmental vision towards genuine community participation needs to be made apparent and operationalised.

It should be highlighted within the policy that HCs should consist of 10 or more people that can commit to regular meetings and have continuous involvement in the health facility .

Training all HCs

Training and training resources should be provided to all HCs. This training should involve, amongst other themes, understanding their roles, responsibilities, health, community participation and power. Currently, the University of Cape Town's Learning Network aims to provide some of this training. However, it should be a government-led process facilitated by individuals well-versed in HCs and their required skill set. Beyond fully understanding what it means to be and work in an HC, training around understanding research, performing small scale studies, presenting and general public speaking skills, budgeting skills, basic monitoring and evaluation (M&E), need to be developed so that HCs can be both effective knowledge producers as well as knowledge communicators.

Further training on taking minutes, conducting constructive meetings and communication principles need to be integrated. Succession planning is also a key aspect to sustainable delivery of services which can include interim support measures/ procedures when an HC member can no longer continue their duties due to events such as ill-health or death as well as ensuring current HCs can train new HC members towards the end of their tenure, ensuring an effective transition while allowing for more guided mentorship.

Providing financial support and remuneration

HCs would require money in order to carry out projects throughout their respective communities. By ensuring that a set budget is provided per HC, financial assurance is created that committee members will be able to do more.

Also, to better incentivise HCs to continue to do essential work in their communities, some form of remuneration should also be provided.

Facilitate Intersectoral collaboration

Recognizing that health extends beyond the confines of a Health facility, it is important to begin working on the many social determinants such as financial status and the level of safety experienced within a community. Thus, highlighting the need to engage with structures outside the facilities. These include, for example, police services to ensure security in communities, engaging with social services so that individuals affected by intimate partner violence are aided better. HCs would, therefore, need to be recognized by a variety of governmental structures and Non-governmental organizations (NGOs). A process which the Department of Health should champion.

Conclusion

Though community participation has many different definitions, a commonly used description is "a social process whereby specific groups with shared needs living in a defined geographic area actively pursue identification of their needs, take decisions and establish mechanisms to meet those needs". In recognizing this as a social and collaborative process, policymakers need to aid and empower HC's, which are an important vehicle for community participation as well as representing the beliefs, values and norms of the communities which they serve. In strengthening the processes for people to engage in what happens in their respective health facilities, service delivery and the actualization of the right to health are improved.

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