

# Community Participation as a vehicle for realising the Right to Health: A dialogue on best practice

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**LEARNING NETWORK**



This project is funded by the European Union

## BACKGROUND TO THE COLLOQUIUM

The Learning Network for Health and Human Rights, a collaboration of five Civil Society Organisations in the Western Cape, and three Universities<sup>1</sup>, has been working on a long-term project to identify lessons for best practice in realising the right to health. Civil society members of the network include the Cape Metro Health Forum, Women on Farms Project, The Women's Circle, Epilepsy South Africa and Ikamva Labantu. The University of Cape Town, University of the Western Cape and Maastricht University make up the three University partners in the network. A focus of the work of the network has been on exploring how Health Committees can be vehicles for realising rights to health.

The motivation for this focus is driven by a number of policy considerations. Firstly it is well recognised that the Primary Health Care approach is dependent on active community engagement with the health services in the form of meaningful participation. Community participation has also been noted in research globally to be a potentially valuable tool for building health system responsiveness. Moreover, community participation features strongly in a number of policy documents in South Africa, including the recent list of provincial health priority areas for enhancing patient experience.

However, even though the National Health Act mandates the existence of Health Committees for every facility or groups of facilities, there is no clarity as to the roles that should be played by Health Committees for them to be effective vehicles for community participation and how best rights to health can be effected. Because of this gap, the Learning Network has undertaken work exploring how Health Committees can be more effective vehicles for community participation in health. This work has been funded by the IDRC and EU with a view to improving the patient experience and enhancing demand for quality primary health care services.

As part of this programme of work the LN held a colloquium on the 18<sup>th</sup> March to share ideas on how best to effect participation in a way that builds health system responsiveness, and advances the realisation of the right to health. The colloquium was very well attended with a total of 60 participants at the event (see attachment for a list of participants). Speakers at the symposium included researchers associated with the Learning Network, including Professor Fons Coomans, a Professor of Human Rights Law and head of the Centre for Human Rights at the University of Maastricht who gave the opening address. Other speakers shared experiences of community participation in the Western and Eastern Cape, introduced a planned systematic review of the literature on community mechanisms for accountability in Africa more broadly and South Africa specifically. In addition two respondents from the Department of Health gave more input on how community participation is viewed in terms of policy. A brief summary of some of the key points from the presentations follows below.

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<sup>1</sup> See [www.salearningnetwork.weebly.com](http://www.salearningnetwork.weebly.com)

## PRESENTATIONS

### **“Situating the dialogue” - Professor Leslie London – University of Cape Town, School of Public Health and Family Medicine (Health and Human rights Division)**

Professor London did a brief input on the context for the dialogue. He highlighted that the discussion on community participation is part of a programme of work for the European Union (EU) and the IDRC. Work for the IDRC focuses on democratic governance in health, while the work for the EU is part of a programme of support to strengthen Primary Health Care (PHC) Services in South Africa. Anticipated outputs of the EU project include:

- Increased access to PHC services;
- Improved quality of PHC services;
- Improved capacity for management of PHC facilities;
- Accelerated implementation of national plans for HIV/AIDS & TB;
- Improved Maternal and Child Health

The Learning Network project funded by the EU will focus on working with civil society organisations, health committees, health care providers and policy makers to improve community participation in health and therefore improve access to and quality of PHC services. In closing Professor London raised some guiding questions on health committees (as the primary vehicle for community participation in health) for people to reflect on during the colloquium:

- What should health committees be doing?
- How should health committees fit into governance and oversight structures?
- What is best practice?
- What training would make health committees effective?

### **“Participation from a human rights perspective” - Professor Fons Coomans – Maastricht University (Centre for Human Rights)**

Professor Coomans looked at participation from a conceptual point of view not only as a right itself, but also as a key general principle underlying human rights. He discussed the role participation plays in the realisation of rights (all rights not just the right to health) and pointed out the value of participation for:

- transparency of decision-making procedures;
- accessibility of information;
- accountability of duty-holders;
- capacity-building and human rights education;
- democratic governance at local, provincial and national level.

**“Participation ‘where appropriate’: Voices from the UK” - Dr Maria Stuttaford - Honorary Senior Lecturer, University of Cape Town, School of Public Health and Family Medicine**

Dr Stuttaford presented some examples from the health sector in the United Kingdom. She focused on a case study which illustrated the negative effects of poor participation, and raised the following common challenges to genuine community participation in health:

- Skills, or perceptions about community member’s skills to participate
- Reluctance to have public discussion of sensitive topics
- A lack of clarity on who genuinely represents the community
- Difficulties defining ‘the community’
- Dominance of a ‘participatory mainstream’
- Need to find appropriate media
- Resources, including skills, to support process of participation and addressing outcomes of participation
- Participation without accountability will lead to disillusionment and withdrawal from participation

An additional case study was presented to illustrate some of the positive effects of community participation in health. She highlighted the following potential positive outcomes of effective participation:

- Improved quality and coverage of health care
- Improved health outcomes
- Improved service planning and development
- Improved information development and dissemination
- Improved attitudes of service users and providers

**“Community accountability mechanisms: a systematic review” - Mira Dutschke - Independent Consultant, part time lecturer UCT School for Child and Adolescent Health**

Ms Dutschke presented the systematic literature review that she and her colleagues are doing looking for evidence in research that the establishment or use of community accountability mechanisms and processes improve inclusive service delivery by governments, donors and NGO’s to communities. In the research they define community accountability mechanisms as those mechanisms that:

- increase participation;
- promote good governance;
- increase transparency

Their review is still in progress, but they will focus on 252 research papers evaluating interventions in Africa and in particular 52 studies in South Africa. Their final report will have information on barriers and facilitating factors for effective community accountability mechanisms and can be accessed from either the AusAID ([www.ausaid.gov.au](http://www.ausaid.gov.au)) or the EppiCentre website ([www.eppi.ioe.ac.uk](http://www.eppi.ioe.ac.uk)).

**“Challenges facing health committees as vehicles for community participation” - Hanne Haricharan  
– Research Officer, School of Public Health, University of Cape Town**

Ms Haricharan presented her research on the challenges facing health committees as vehicles for community participation in health. Her research focused on health committees operating in the Cape Metropole.

As background to the research she presented the roles for health committees set out in the draft policy. In the draft policy the role of health committees are seen as:

- Providing governance as it relates to service provision within the facility
- Taking steps to ensure that the needs, concerns and complaints of patients and the community are properly addressed by the management of the facility
- Fostering community support for the initiatives and the programmes of the facility/facilities
- Monitoring the performance, effectiveness and efficiency of the facility/facilities.

The research identified a number of factors currently impacting on the functioning of health committees in the Cape Metropole:

- Lack of clarity on role and function/mandate of health committees
- Health committees operating in a policy vacuum
- No formal inclusion of health committees in wider health governance system (e.g. District Health Council)
- Lack of consensus on vision for community participation amongst stakeholders (majority: of health committees see their role as assisting the facility with day to day tasks)
- Limited knowledge and understanding by health committees of the draft policy
- Low participation by facility managers in health committees– 44 observed
- Very low participation by ward councillors in health committees (4% observed)
- Limited skills and capacity for participatory role
- Institutional support often lacking (incl. place to hold meetings, equipment and stationary)
- Funding not reaching all committees to cover ‘cost of participation’, administrative cost and activities.
- Limited commitment from health committee members
- Lack of community interest in health committees
- Perceived lack of recognition/political commitment
- Health committees ‘alignment’ with facility rather than patients/community

Some of the key recommendations from her research for improving community participation in health are:

- Developing a shared vision for community participation
- Developing a model for effective and meaningful participation with clear definition of role and mandate and the relationships between different structures for community participation
- Creating a legislative framework for community participation and developing guidelines for the establishment of committees

- Building the capacity of health committees for participation through training programmes, institutional support, funding and resources
- Improving facility managers and ward councillors co-operation with health committees
- Ensuring political support for community participation
- Providing support for struggling and new health committees
- Improving relationships of health committees with communities

**“Lessons from the field: a health committee speaks about participation” - Mr Kamar - Treasurer of the Cape Metro Health Forum and Chairperson of Klipfontein sub district**

In his presentation Mr Kamar highlighted:

- The value of past support from local government for health committees and for the Cape Metro Health Forum
- Health committees not being engaged in the Department of Health’s Annual Planning Process until 2010
- The positive impact that the participation of health committees has made in the Department Annual Planning process (where even officials acknowledged the value of their participation)
- The need for more focus in the department’s planning on the health needs of communities
- Their experience as health committees in the Klipfontein Sub-District and the good relationships their health committees have had with facility managers
- The most important challenge for health committees being the current withdrawal of funding from government and how this has affected health committees ability to function

**“Community participation through health committees: experiences from the Eastern Cape” - Siphiwokazi Msutu - Sub-District Manager, Nelson Mandela Metro**

Ms Msutu described the experience of health committees in the Nelson Mandela Bay health district (this would include Port Elizabeth, Uitenhage and Despatch). Health committees were established in the Eastern Cape in 1996. In 2006 they started a process of consultation to promulgate a formal policy for health committees in the province. The policy was adopted in 2009 setting out the roles and responsibilities of health committees as including the following four areas:

- Oversight
- Social Mobilisation
- Advocacy
- Fundraising

In the Eastern Cape training for health committees started in 2010 and all health committee members were trained over a period of three days. Both facility managers and ward councillors were included in the training process. In order to establish new health committees they embarked on a massive marketing campaign involving a media launch, press releases, printing 26 000 brochures and 600 posters for distribution and writing letters to 370 NGO’s. Mobilisation teams were established to solicit nominations for members of health committees and communities voted to elect committee members.

**Presentation of the Western Cape Department of health on community participation in health - Krish Vallabhjee - Chief Director: Strategy and Health Support, Health Department, Western Cape Government**

Dr Vallabhjee indicated that the colloquium is very timeous in informing the policy development around community participation in this province. He also raised that it is important to understand what is meant when we talk about community participation, what is the definition being used of community participation as there may be differences in understanding of the nuances and terminology of participation. He felt it would be important to look at:

- How fertile the ground is for growing community participation?
- What forms of community participation are most appropriate and feasible?

In the context of the Western Cape Department of Health he raised the point that the Primary Health Care (PHC) philosophy is strongly supported and that community involvement is a key element of PHC. He stressed the Department's current goal to improve health outcomes, the patient care experience and the overall quality of care and indicated that the principle of community participation is supported with these goals in mind.

He also indicated that it would be important to make use of the existing policy space and legislative frameworks to ensure community participation. In South Africa the National Health Act makes provision for community participation via the district council, hospital boards and clinic committees. In terms of looking specifically at possible avenues for community participation he pointed out that the District Health Council is a structure:

- that may consult with or receive representations from any person, organisation, institution or authority on any matter regarding health or health services
- that must ensure that appropriate and comprehensive information is disseminated to local communities on the health services in the health district

In addition he commented on specific powers of Hospital Boards for effecting community participation that include:

- Being consulted in the appointment and evaluation of the Head of the facility
- Conducting inspections of the health facilities
- Ensure needs, concerns and complaints of patients and community are dealt with
- Ensure measures to improve quality and performance
- Advising and making recommendations on any health related matter
- Conducting surveys, workshops with community
- Disseminating information to communities

At the level of Primary Health Care clinic committees are the formal structures for community participation in health. The department indicated its strategic intent regarding clinic committees in the 2008 draft policy on the role and function of health committees, however the policy could not be formally adopted in the absence of a legislated framework. The Western Cape Health Facilities Boards Act (WCFBA) is intended to provide this framework. At the same time he acknowledged the need for the adoption of a policy framework to describe the powers and functions of health committees and to protect community participation.

In the Western Cape the Health Facilities Boards Act is intended to provide a legislative framework for community participation in health. Dr Vallabhjee highlighted that the purpose of the Western Cape Health Facilities Boards Act is to:

- Establish representative, accountable Health Facility Boards as statutory bodies;
- Promote the accountability of health facility management to the community and responsiveness to the needs of patients and their families;
- Provide community support for, and involvement in, health facilities and their programmes;
- Ensure responsible financial management of health facilities;
- Ensure effective and efficient use of resources at health facility level, and
- Ensure that Health Facility Boards are provided with a basic set of clearly defined functions and powers, which may be incrementally expanded in the public interest as the capacity of a Board increases.

The Department is currently in the process of developing amendments to the WCFBA and the Act will be put out for public comments and sent out to stakeholders. However Dr Vallabhjee cautioned that the amended legislation is not necessarily sufficient for the continued effective functioning of clinic committees and called for an examination of other factors that would influence the functioning and sustainability of clinic committees including looking at factors such as:

- Resources for clinic committees
- Training for clinic committees
- Support for clinic committees
- The support of communities for clinic committees

In addition he recommended looking at the experiences and lessons on community participation from other sectors, making use research such as systematic reviews of what promotes effectiveness of community participation and looking for explicit and intangible connections between other developments such as “Voice of the Patient” initiatives or the renewed focus on Home based care as factors that could contribute to the strengthening community participation in health.

## DISCUSSION

Points made in the general discussions after each presentation are summarised below:

- There is research evidence for the effectiveness of transparency and accountability interventions
- Health care providers and facility managers play an important role in supporting and promoting community participation in health
- Currently health committees in the Western Cape operate in a policy vacuum that results in a lack of clarity on their roles and function
- The role of health committees could be made broader so that they are structures not looking only at health care, but at social determinants of health (environment, housing, education, access to food).
- Questions were asked about what the role of the of the District Health Council is in community participation and how ward committees link with the District Health Council

- Community voice about health needs and problems needs to be able to reach various levels of government, through their representation in health committees
- Community participation needs to be defined clearly (a participant made the point that service delivery protests could be a more violent way in which communities are trying to communicate their concerns to government)
- A Participant reflected on the need for community participation in the allocation of aid so that aid delivery is accountable to those its meant to benefit

## **WAY FORWARD**

Some of the points made in the presentations and the points made in the discussion point to a need in the future:

- Find ways to make use of existing policy, legislation and processes for community participation for example making use of budgetary processes as opportunities for participation
- To clarify what we mean when we talk of community participation (for example there is a difference between community participation and community involvement)
- At the meeting there was a call for a conference or a larger summit where all the stakeholders (from the department of health, civil society and other interested organisations) get together to discuss the issue of community participation in health