

The background features a series of concentric circles in light gray, some solid and some dashed, creating a ripple effect. A large red speech bubble shape is centered on the page, containing the main text.

# Commission 8 Community Engagement

Presidential Health Summit

# Who are we talking about when we say community?

- Community is not sick and dying people- All of us are community
- Ward-local, District –Geographic consideration
- Communities are not homogenous and the intersections exist
- Community Engagement does not mean community participation (several barriers to participation are experienced)
- Community must consider the ecological approach (Individual, relations, community and society)

Primary Health  
Care: Alma Ata  
(WHO 1978)  
including the  
Ottawa  
Declaration

Essential Health Care based on practical, scientifically sound and socially accepted methods and technology made universally accessible to individuals and families in their community through **their full participation** and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination.

# Framework for Community Participation as a Right

**RDP 1994:** Communities must be encouraged to participate actively in the planning, managing, delivery, monitoring and evaluation of the health services in their areas.



## Facility Governance Structures: Committees and Boards

- Seen as extension of political power
- Political interference in Governance Structures
- Facility Governance Structures are seen as not functional
- Clarify accountability for these structures in relation to both health and community system
- Provincial Consultative Forums not functional

# CHWs

## CHW issue needs further discussion:

- Role clarification
- Absorption by Employer
- Personal vs access to other benefits e.g SASSA grants
- Clarity on Accountability of CHWs
- Accurate report on functionality of WBOTS
- The issue of career-pathing for CHWs
- Recognition of training of CHWs by Universities and Colleges

# Consideration S

- Re-visit the identity of the actors involved in community health programs.
- Re-visit the definition of the community / communities involved in community health.
- Review health within the context of the social determinants.
- Review the concept of community participation in health?
- Review the need for government and academia involvement.
- Consider the need for domestic funding

# KEY MESSAGES

- **Taking Health in our own hands - Health starts at home, schools and community: Educate, Empowerment and ownership of health is key**
- **Leaving No One Behind – Equality, Equity and Justice is key (LGBTI, Sex Workers, People with Disability amongst others are key)**
- **Special attention on Traditional medicine act – engagement with Traditional Health Practitioners**
- **Inclusion of community structures in the budget planning cycle including monitoring of spending reports**
- **Strengthen and Investment on community health system (train and capacity building and remuneration)**
- **Urgently address the dysfunctional structures and system in the health system**



# KEY MESSAGES

- **Shorten Circuit of Accountability (Political, Professional and Societal level)**
- **Policy to Practice and Action**
- **CHW to be specially deliberated including scope of work, remuneration and roles and responsibility**
- **Care for the cares and defender the defenders (frontline protection framework to be developed)**
- **Health beyond Health Sector: Implement the multisector approach including (health users, civil society including Religious and Traditional Leaders)**
- **Consider socioeconomic and structural drivers integration framework in the health preventative and curative response**
- **Fastracking the education, engagement and implementation in communities of NHI – NOW!**