

# Presidential Health Summit: 2018

Commission 8  
Community Engagement /  
Participation

# Presentation Outline

- Defining Primary Health Care
- Defining Community Participation
- Framework for Community Participation in Health in South Africa
- Various roles for Community Participation in health
- Completed Materials for PHC Facility Governance Structures
- Changing landscape for Community Participation in health
- Community Participation in health?
- Opportunities
- CHWs, Communities and the health sector: contextual factors and challenges
- A possible way forward
- Maybe
- Thank You

# Primary Health Care: Alma Ata (WHO 1978)

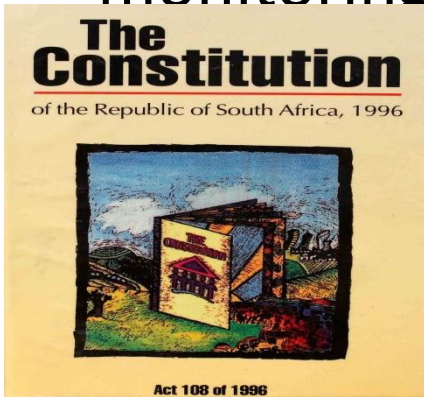
Essential Health Care based on practical, scientifically sound and socially accepted methods and technology made universally accessible to individuals and families in their community through **their full participation** and at a cost that the community and country can afford to maintain at every stage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

# Community Participation: Alma Ata Declaration (WHO: 1978)

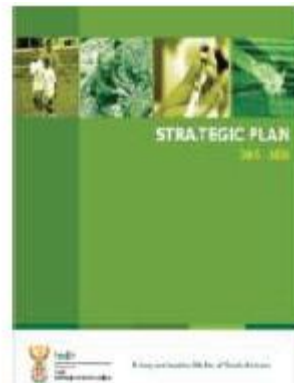
The process by which individuals and families assume **responsibility** for their own health and welfare and for those of the community, and **develop the capacity** to contribute to their and the community's development. They come to know their own situation better and are motivated to solve their common problems. These enable them to become **agents of their own development** instead of passive beneficiaries of development aid.

# Framework for Community Participation in Health in South Africa

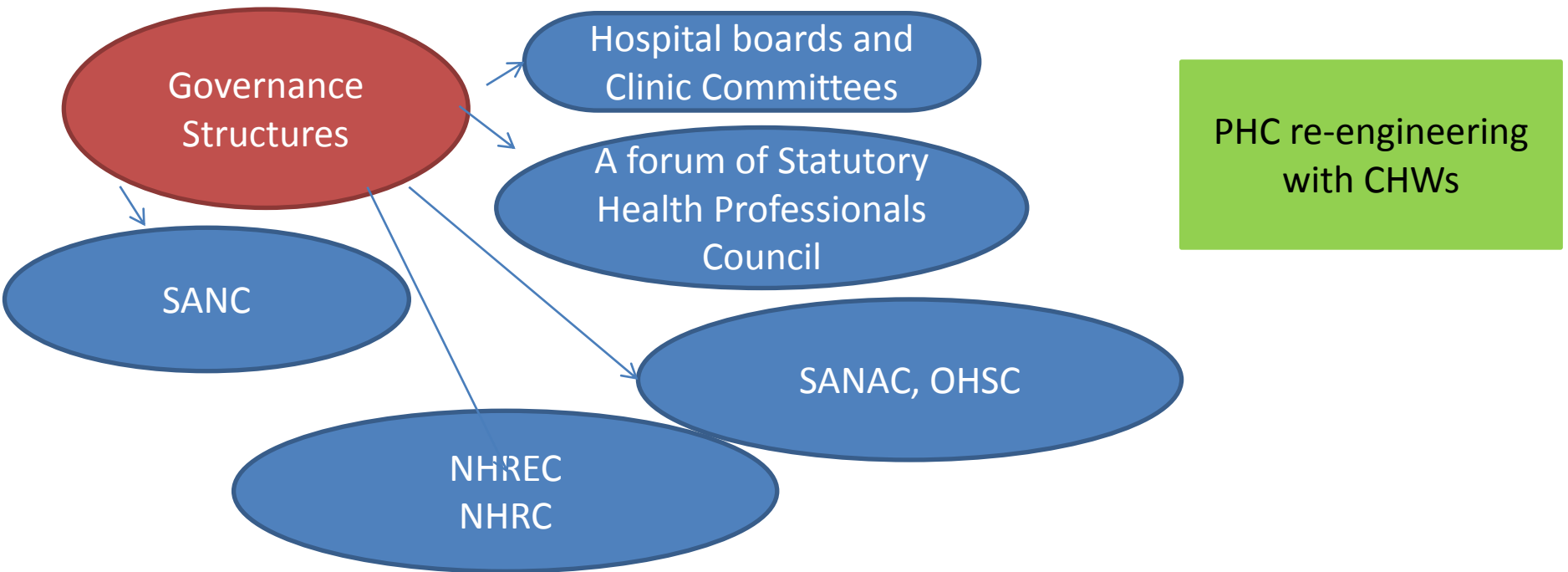
**RDP 1994:** Communities must be encouraged to participate actively in the planning, managing, delivery, monitoring and evaluation of the health services in



**NATIONAL HEALTH ACT 61, 2003**



# Various roles for Community Participation in Health



Policy and legislative process, NGOs, CBOs, Civil Society Organisations, various interest groups and stakeholders, Ministerial Task teams, Commissions, NEDLAC, Consultative Health Forums

# COMPLETED MATERIAL FOR PHC FACILITY COMMITTEES



# A changing landscape for Community Participation in health

- Advocacy, lobbying, networking, campaigns, community education
- 1980s to 2003: The Mass Democratic Movement and the Political Struggle and involvement of the progressive health sector.
- The Patients Rights Charter
- Late 90s-2000s: Struggle for the provision and roll out of AntiRetroViral treatments.
- Universal Health Care



# Community Participation in Health?

- Steady decrease in organised input from communities through mandated community structures
- NGOs and other structures speak for communities
- NHI Bill: Stakeholder Advisory Committee: 2 reps from health related NGOs and 2 reps from civil society or consumers in an official capacity

# Opportunities?

- WBOTS: 6 CHWs, a professional nurse, environment health and health promotion practitioners
- The role of NGOs, FBOs and CBOs to provide health and health related services to provide universal health coverage through the NHI.

# Community Health Workers

## Community – **CHW**- the health sector

CHWs form an important point of interconnection and intermediaries between communities and the Health sector.

The nature of the relationship of the CHW with both sides influences their motivation and performance (Impact).

Motivation and performance are linked to self-fulfillment, achievement and recognition.

Trusting relationships: respectful, fair and cooperative interactions between individuals (Outcome)

# Communities , CHWs and the health sector: contextual factors, challenges and mechanisms in the development of trusting relationships

- **CHWS and Communities:** recruitment and selection processes, gender, trust, maintaining confidentiality, salaried vs volunteers, community accountability structures, CHW tasks eg, curative, Resources and community support.
- **CHWs and Health sector:** professional support and clarity regarding CHW roles, supportive supervision, incentives and training, CHWs connection with Health Facility: referral systems without effective reporting procedures

# A possible way forward

- Health Facility Committees/ Boards could adopt a social accountability approach through which they hold health officials answerable for meeting mutually agreed upon objectives.
- Build the understanding and strengthen the capacity of health sector personnel on how to work with community participation structures, and CHWs
- Civil society groups in oversight structures such as parliamentary committees, hospital boards and clinic committees must represent citizen voices and need to function optimally.

# Maybe?

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 funding.

# THANK YOU

