

Strengthening clinic committees for UHC: A reorientation of the health system

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NHI in South Africa: participation and health as a human right



- UHC as the ‘practical expression of Health as a Right’ (Ooms)
- PHC as “the heartbeat of NHI”
 - “**Healthcare is a human right** ... This right should not depend on how rich we are or where we happen to live...
(<http://www.doh.gov.za/list.php?type=National%20Health%20Insurance>)
- **Alma Ata:**
 - “People have the right and duty to participate individually and collectively **in the planning and implementation** of their health care”
 - “... in the planning, organization, operation and control of PHC...”
- ANC Health Plan 1990: elected bodies to identify + prioritise community needs, examine budgets, shape local policies
- White Paper on the Transformation of the Health Services (1997): “... permit **service users** to participate in planning and provision of services in health facilities
- NHI Green and White Papers silent on participation

1930

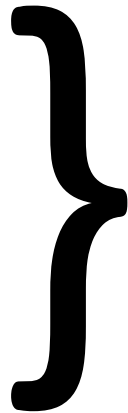
Commission on Old Age Pensions & National Insurance

1940

Committee of Enquiry into National Health Service

Gluckman National Health Services Commission Report

1950



NOTHING FOR 40+ years ...

1960

1970

Alma Ata Declaration PHC

1980

Health Care Finance Committee

1990



Committee of Inquiry Health Care financing

ANC Health Plan



Department Health Social Health Insurance WG

2000

Taylor Committee of Inquiry

Ministerial Task Team for implementing SHI

1997 White Paper –

Transf. Health Services

2010

ANC Policy Conference Polokwane

Green Paper NHI



Ministerial Advisory Committee

2015

First White Paper on NHI

2020

Second White Paper on NHI



NHI Bill

Responsiveness to whom?

- “... Universal Health Coverage, like any other health system, must be accountable for the quality of its outcome and the compassion of its care. The **emphasis should be on responsiveness to service users**, rather than on profit for share holders...”

Minister Motsoaledi, Budget Speech, May 2013

- Users ... or Community?

Disease ... or Health?

Benefits of participation in health

- Community participation shown to:
 - ↑ effectiveness; improve sustainability; ↑ responsiveness, more equitable client-provider relationships through improved feedback; ↑ ownership amongst community members from new skills (Glattstein-Young, 2010)
- Health Committees as vehicles for participation: Systematic review “... some evidence that HFCs can be effective in terms of improving the quality and coverage of health care, as well as impacting on health outcomes” esp if “located within a set of synergistic health system interventions” (McCoy et a, 2012)
- Examples: Zimbabwe HCCs influence AIDS levy allocation, medicines availability in farming areas, etc

What roles for HCs? (EQUINET, 2014)

| Orientation | HCC Role |
|---------------------|---|
| Community role | Ensuring facility accountability to community; Representing community needs to services; facilitating community-service dialogue; feedback to community on service; promoting health literacy; mobilisation and advocacy. |
| Health service role | Presenting community needs; budget and planning; overseeing service delivery; sharing information; Advocacy raised to higher levels; resolving complaints jointly to improve services. |
| Other actors | Interacting with local government to improve services; networking for resource mobilisation; partnerships across sectors; engaging officials and political leaders; influencing policy |

- Community role: primarily to re-orientate services
- Health service role: to surface community needs and be part of governance
- Other actors: To build supportive networks

National Health Act, 2003:

Clinics and community health centre committees

42. (1) Provincial legislation must at least provide for the establishment in the province in question of a committee for— 35
- (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.
- (2) Any committee contemplated in subsection (1) must at least include— 40
- (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.
- (3) The functions of a committee must be prescribed in the provincial legislation in question. 45

Policies on HC's in SA's provinces

| Province | Policy/ guidelines | Form | Year |
|---------------|-----------------------|---|------|
| Eastern Cape | Yes | Policy | 2009 |
| KwaZulu-Natal | Yes | In Provincial Health Act | 2009 |
| Free State | Yes | In Provincial Health Act | 2009 |
| Mpumalanga | Yes | Guidelines | 2009 |
| Gauteng | Yes | Draft guidelines | 2009 |
| Western Cape | Yes | Draft guidelines (2008) replaced by 2017 Health Facility Boards and Committees Act. | 2016 |
| Limpopo | Yes | Guideline | 2009 |
| NorthWest | ? | Unclear | |
| N Cape | Yes | Policy | 2013 |

Roles of health committees

| Role | Explanation | Which provinces? |
|-----------------------------------|--|---|
| GOVERNANCE | Policy, strategy, planning, identify health needs, advice | All, save WC |
| GOVERNANCE, OVERSIGHT | Monitoring, complaints management | All, save WC |
| NETWORKING/STAKEHOLDER MANAGEMENT | Strengthen ties with communities, liaise with stakeholders | All |
| ADVOCACY | 'Represent facility', advocate for using services | Eastern Cape, Mpumalanga, Limpopo |
| FUNDRAISING | Raise funds for facility, H Comm., PHC activities | Mpum, Gauteng, E Cape, W Cape (tied Hosp Board) |
| SOCIAL MOBILISATION | Get community involved in health | Eastern Cape |
| SUPPORT FOR FACILITY | | Gauteng, Limpopo |

Formation of health committees

| Formation process | Provinces |
|-------------------|--|
| Appointed by MEC | Free state, Mpumalanga, Kwazulu-Natal, Northern Cape, W Cape |
| Elected | Eastern Cape, Limpopo |
| Mixed | Gauteng (elected/appointment) |

As a result, the ability of community voice to influence health policy and service delivery is limited and inconsistent with the Constitution and National Development Plan

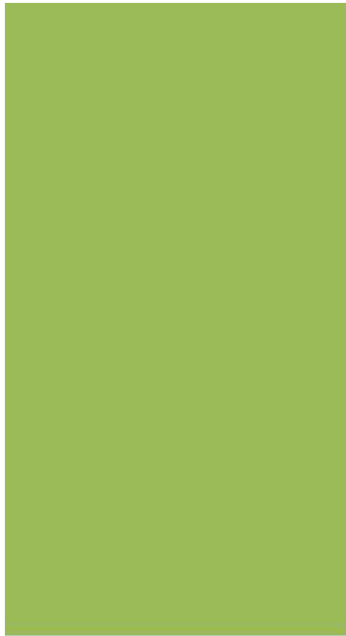
The experience of how HCs 'work'

Governance or service?

No recognition from services

Questioned legitimacy

Elected or appointed?



Inadequate support

Unclear mandate

No or inadequate training

No payment

Extending Participation:
Challenges of Health Committees as
Meaningful Structures
for Community Participation



Ikamvelihle Clinic Health Committee

But HCs can work ...

Capacity Building since 2015

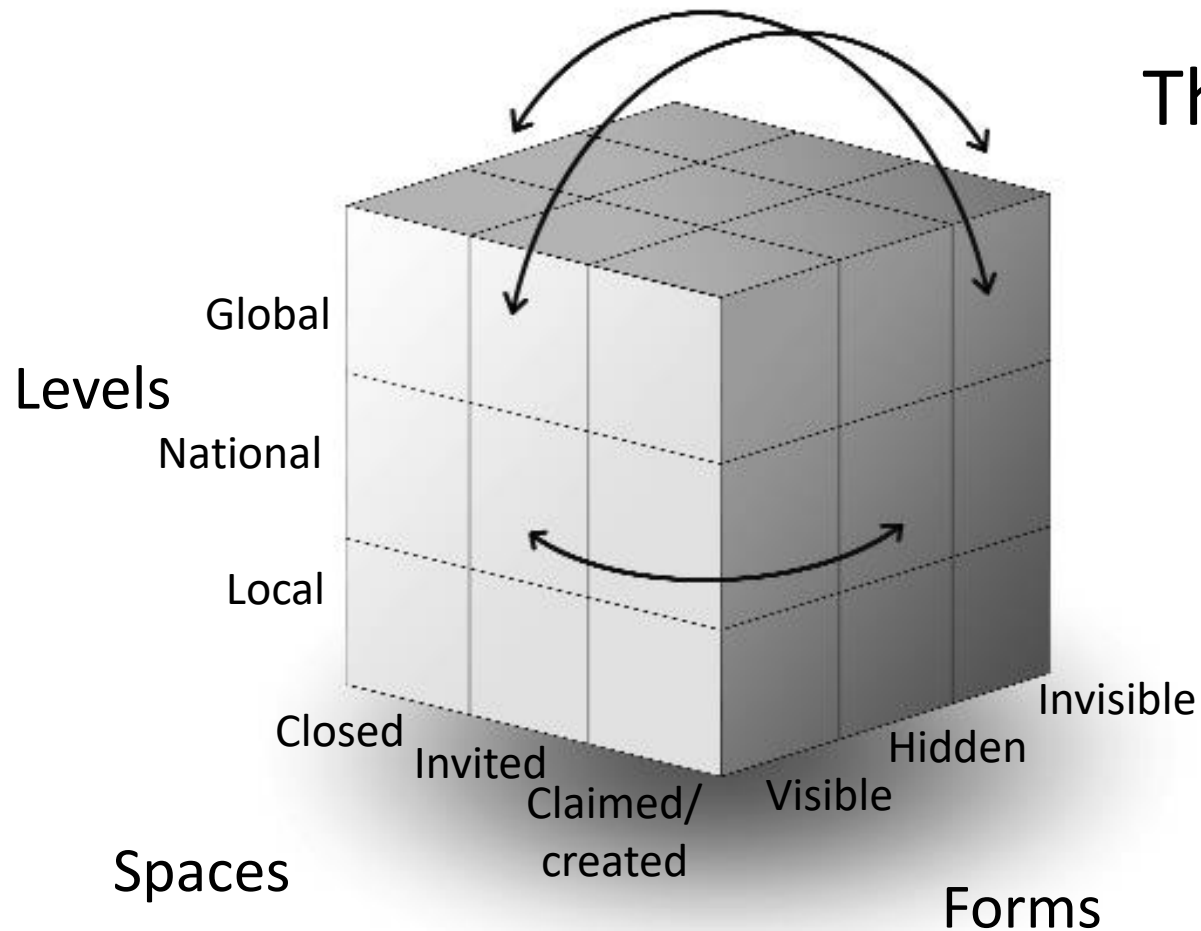
- “ ... this has made a huge impact on the committee, I’ve seen transformation on leadership. I’ve seen the committees engage at a completely different level...”
- “You know, I always thought that the Health Committees’ role was to run campaigns; and, you know, do education and awareness. But that was just one aspect of, of what a Health Committees’ role should be....we as Health committees must be involved in looking at the type of services that are delivered at the clinic...”
- “I know that I ‘m not their slave. If the clinic is dirty it’s not my role, it’s not my duty to go and clean the clinic...”



Health Committees in South Africa

- Mandated by the National Health Act
- Provide for facility-linked committees
- Specifies composition but not mandate
- Intended to be community/service interface
- Potential to address not only service issues but also social determinants of health
- Policy contestation; manager ambivalence
- **NDP: The fundamental importance of full community participation** and the role of civil society has been **underplayed** Improve governance by resourcing and strengthening health committees ...

The Power Cube



- Source: John Gaventa. Finding the Spaces for Change: A Power Analysis. *IDS Bulletin* Volume 37 Number 6 November 2006 © Institute of Development Studies

How should participation be structured?

Invited? Claimed?



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Examples:

- Citizen juries (Australia), Citizen councils (Korea), etc.
- Social mobilisation (e.g. Brazil, SA)
- “We do not just want a voice, we want to win our demands”. (Geffen, 2006)



The Ray Alexander Workers Clinic

(Soc Sci Med 1993; 37: 1521-1527)



- Joint Employer-employee run
- Managed health care for low-income rural workers in fruit sector
- High levels of worker participation
 - Quarterly meetings of worker reps
 - Workers **decided on their benefits** given limited resources
 - ‘High’ admin overheads
 - High success in cost containment – Viewed as “Workers’ money”
 - Started its own clinic: preventive, promotive, cost effective, equitable (stroke rehab)
- Scale up issues

Some NHI UHC questions?



- Given NHI context, how does participation become meaningful?
- Vehicles for democracy or arms of health service?
- How can facility-based participation translate to broader district, province, country?
- Address SDH?
- Input to deciding on the benefits package?
- Volunteerism versus stipend?