



SANAC CIVIL SOCIETY FORUM



## NOTES FROM THE REPORT OF THE SOUTH AFRICAN CIVIL SOCIETY CONSULTATION 4 – 5 JULY 2019 ON THE UHC TO DEVELOP THE POSITION PAPER

4.2	<b>UHC- moving together to build a healthier SA</b>	<p>Dr Rajesh Narwal articulated that there are similarities between the constitution of WHO and SA constitution. WHO constitution outlines that the enjoyment of the highest attainable standard of health is a fundamental right of every human being without distinction of race, religion, political belief, economic or social condition and SA constitution indicates that Everyone has the right to access to healthcare services under Section-27 and the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of these rights.</p> <p><b>3 Components of UHC- Population coverage, quality services as per need and financial protection</b></p> <p>UHC is the potential response to the SA's triple challenges SA faces: Inequality, poverty and unemployment, as outlined in The World Bank report released last year</p>	<b>Dr Rajesh Narwal</b>
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		<p><b>UHC can contribute to address these 3 challenges and more!</b></p> <ol style="list-style-type: none"> <li>1. UHC is the biggest social equalizer- where rich and poor, men and women all have equal access to health services</li> <li>2. Healthier households and communities are more productive and UHC prevents people from falling into poverty due to OOP health expenditures</li> <li>3. Health is one of the biggest employers (especially for women- 60% of health workforce). According to the HLC on Health Employment and Economic Growth- the Health sector will generate up to 40 million jobs globally by 2030</li> </ol>	
6.	<b>COMMISSIONS (GROUP WORK)</b>		
6.1	<p><b>Increase public health financing and financial protection</b></p>	<p style="text-align: center;"><b>BACKGROUND &amp; CHALLENGES</b></p> <ul style="list-style-type: none"> <li>✓ <b>Geographical mal-distribution</b> of resources in health across provinces, districts &amp; local spheres</li> <li>✓ <b>Unemployment</b> – posts not filled, health workers not in employment, not enough health workers</li> <li>✓ <b>Poverty</b> – South Africa is the most unequal country in the world</li> <li>✓ Corruption is so high and this has impacted in the delivery of health services</li> <li>✓ To solve the health crisis, at the apex is to address the social determinants of health looking at the lens of INEQUALITY</li> <li>✓ Improve the level of education within communities</li> </ul>	<p><b>Nombasa Gxuluwe &amp; Anthony Thobela</b></p>



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		<p style="text-align: center;"><b>INPUTS</b></p> <ul style="list-style-type: none"> <li>✓ Use resources to prioritize primary health care services</li> <li>✓ Standardize and absorption of traditional health practitioners and allied health professions with the health system (through a focus on education, training as part of task shifting)</li> <li>✓ Improve efficiency in collecting taxes irrespective of where do you come from</li> <li>✓ Prevention is the core of the health response – investment should go towards community system strengthening</li> <li>✓ Improve transparency, accountability in health using evidence-based planning and expenditure tracking</li> <li>✓ Private sector should not only focus on profits through a focus on hospi-centric approach delivery model – it must provide primary health care services</li> </ul>	
6.2	<b>Leave no one behind</b>	<p>Provide quality, affordable health care services, prioritizing those populations that have been “left behind” or are often excluded from universal health coverage in their countries as committed to in the SDGs</p> <ul style="list-style-type: none"> <li>❖ The art sectors, elderly, male female sex workers, those with dread diseases, children, an adolescence girls and young women, people living in rural areas, the homeless, people living with HIV, substance abusers, refugees, asylum Seekers and people who</li> </ul>	<p><b>Lerato Mofokeng &amp; Mukondeleli Mulaudzi</b></p>



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		<p>are using sign language</p> <p>Address the compounding effects of poverty, gender inequalities, discrimination based on ethnicity, disability, sexual orientation, gender identity on those left behind when developing and/or updating policies and budgets</p> <ul style="list-style-type: none"> <li>✓ Discrimination based on age (Adolescence and Elderly)</li> <li>✓ Culture</li> <li>✓ Disability to be unpacked (mental disability, psycho-social disability, dread diseases, <u>chronic illnesses</u>)</li> <li>✓ NCDs (Non- Communicable Diseases)</li> </ul> <p>Countries need to address legal and policy barriers as well as harmful social, traditional and cultural norms and prevent women and girls, as well as marginalized and criminalized groups, from receiving health services</p> <ul style="list-style-type: none"> <li>✓ Health Providers legal barrier of entry are also prevented to offer services</li> <li>✓ PEPFAR policy will not support termination of pregnancy (In South Africa termination of pregnancy is legal)</li> <li>✓ Operating hours of our health centres VS (more adolescence friendly)</li> </ul>	
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		<ul style="list-style-type: none"> <li>✓ Menstrual health management</li> </ul> <p><b>Create Health facilities with environments that are free of stigma and discrimination</b></p> <ul style="list-style-type: none"> <li>✓ Operating Hours vs School hours youth friendly working hours</li> <li>✓ Treat all patients equally</li> <li>✓ Flexible times to health facilities</li> <li>✓ Broaden up discrimination and stigma</li> <li>✓ Facilities must accommodate people with disabilities</li> <li>✓ Innovation and technology</li> </ul> <p><b>Ensure that tracking of UHC-related indicators includes disaggregated data collection and analyses include cross-cutting issues such as gender, age, income, race,</b></p> <ul style="list-style-type: none"> <li>✓ Creative on how data is collected (Technology Innovation)</li> <li>✓ Not to exclude those who are not reachable in rural areas who lack resources</li> <li>✓ Informal settlements (Homeless) should also be included</li> <li>✓ One stop shop (education on HIV prevention, HIV test, Initiation)</li> <li>✓ Consult with people on the ground engage with patients to check what is working and</li> </ul>	
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		<p>what is not</p> <p><b>ASK: What is the message that is peculiar to South Africa you want the political declaration to include</b></p> <p>Interlink to:</p> <ul style="list-style-type: none"> <li>✓ Skill, economic development, decent jobs</li> <li>✓ Sharing of expertise, knowledge</li> <li>✓ Do not copy and paste- contextualise on what works to our country</li> <li>✓ To empower patience to have a voice (take patients along) not only academia</li> </ul> <p>What should South Africa take into Account as it operationalises UHC in the country?</p> <ul style="list-style-type: none"> <li>✓ Nice policies in South Africa. Create policies that are implementable</li> <li>✓ Go to the communities and have consultations on the ground</li> <li>✓ A lay person on the ground should be able to tell what Universal Health Coverage is all about</li> <li>✓ More resources for NPO's and NGOs to be able to implement</li> </ul>	
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		<ul style="list-style-type: none"> <li>✓ Communication in all media platform</li> </ul> <p><b>Fulfilling commitments from HLM</b></p> <ul style="list-style-type: none"> <li>✓ Always include people on the ground (No one sits in parliament representing people on the ground)</li> <li>✓ Government engages the civil society forums when implementing laws</li> <li>✓ Put monitoring systems in place by empowering Civil Societies</li> <li>✓ Investment in our society, training, resources, money</li> </ul> <p><b>Suggestions</b></p> <p>Interpreters in vernacular</p>	
6.3	Focus on health workers	<p><b>Health Workers are the spine of the Health system</b></p> <p>Health employers must ensure that structures are created in which all healthcare workers support each other, in order to provide a cohesive quality patient care.</p> <ul style="list-style-type: none"> <li>✓ Health workers are a key strategy, therefore a critical goal for overcoming poverty</li> <li>✓ Healthy workers must be empowered to be productive</li> <li>✓ Health Workers are entitled to a happy life i.e. raise healthy families</li> </ul>	<p>Dr <b>Sizeka Maweya &amp; Mmapadi Kekana</b></p>



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		<p><b>Message to New York: What should South Africa take into account as it operationalizes UHC in the Country?</b></p> <p>No South African who wants to serve as a health worker should be impeded by any structure that artificially skews the equality of these workers in their chosen career.</p> <p style="text-align: center;"><b>Set Minimum Standards</b></p> <p>The following must be rectified:</p> <ul style="list-style-type: none"><li>✓ Gender Equity, Rights for workers with disabilities, Working Environment, Conditions of Equipment, Scope of Work, Team Work, Skills and Risk Burden.</li></ul> <p style="text-align: center;"><b>Gender and Other Equality Standards</b></p> <ul style="list-style-type: none"><li>✓ Men and women bring their unique qualities to the health System. Rights, benefits, obligations, and opportunities must be identical.</li><li>✓ Men get senior positions in Health Sectors, although majority of skilled workers are women. The ratio must be redressed.</li><li>✓ There must not be any discriminations when it comes to training.</li><li>✓ Training opportunities for people living with disabilities must be included.</li></ul>	
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		<p>✓ Community Health Workers must get proper Remuneration.</p> <p style="text-align: center;"><b>Working Environment</b></p> <p style="text-align: center;"><b>Conditions of Equipment</b></p> <p>Equipment should at all times be capable of being used to its fully specified utilization. Timeous maintenance must be done in order to pass inspection at any time. No modifications should be tolerated.</p> <p style="text-align: center;"><b>Scope of Work</b></p> <p>The scope of work should not overlap. Health workers cannot be seen as doing work outside their specific field.</p> <p style="text-align: center;"><b>Team Work</b></p> <p>We acknowledge that all Health Workers are themselves patients. However, they are also users in the Health System. Respect must be afforded to all i.e. Patience must be afforded with other health care user who can't recall their details.</p> <p style="text-align: center;"><b>Other Issues of importance</b></p>	
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		<ul style="list-style-type: none"> <li>✓ <b>Skills</b> Due to lack of skills quality is compromised.</li> <li>✓ <b>Personnel</b> Integrated Approach, Improved Referral System and Patient centred Approach</li> <li>✓ <b>Risk Reduction</b> Disease Burden  - Chronic, HIV/TB, Violence and Maternal/ Child</li> </ul> <p style="text-align: center;"><b>What will RSA take into Account (To operationalize UHC)</b></p> <ul style="list-style-type: none"> <li>✓ Inequality, Poverty, Unemployment, Data Analysis, Human Resources (Posts and Audit skills) and Ratio-Infrastructure ( Health Technology and Remuneration)</li> </ul> <p><i>Health workers have the right to respect, fair remuneration, healthy environments, good infrastructure, efficient human resource plans and appropriate referral systems. Further, different medical acts must be aligned to allow overlaps in Private and State. We ask the world for respect and where necessary support while we embark on this momentous journey to provide Universal Health Care for all south Africans. As we are Health -</i></p>	
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		<b>workers, we are also patients. We must always remember that.</b>	
<b>6.4</b>	<b>Engage civil society and community in UHC implementation to ensure accountability</b>	<p style="text-align: center;"><b>Summary by Chris</b></p> <p>Chris made brief explanation on the four asks (leave no one behind, CHW, investing in health systems), civil society engagement to deliver UHC. Further, outlined key aspects namely advocacy, service delivery, community research and community financing. Civil society have not been engaged, although they have been providing service.</p> <p style="text-align: center;"><b>Brief inputs by participants</b></p> <ul style="list-style-type: none"> <li>❖ Mechanism to coordinate, monitor and account on UHC</li> <li>❖ Sensitisation and empowerment of communities on UHC</li> <li>❖ Local solutions and bridging the gap at local level, invest, finance and</li> <li>❖ Strengthen CSO and community structures</li> <li>❖ Diversity geographical coverage (low hanging group)</li> <li>❖ Increase workforce at health services</li> <li>❖ Accountability mechanism</li> </ul> <p><b>Message to New York: what is the message that is particular to SA you want the political</b></p>	<b>Steve Letsike &amp; Lwando Zandile</b>



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		<p><b>declaration to include?</b></p> <ul style="list-style-type: none"> <li>✓ Mechanism of reporting and accountability (time bound actions)</li> <li>✓ Declaration that recognises CSO role, finance and sustain the UHC contribution</li> <li>✓ Moving from talk to action on implementing UHC</li> <li>✓ Inclusive for CSO planning, implementation and consultation</li> <li>✓ Acknowledgement of community inputs on UHC</li> <li>✓ Cross boarder relations</li> </ul> <p><b>Message to South Africa: what should SA take into account as it operationalises UHC in the country?</b></p> <ul style="list-style-type: none"> <li>✓ Equal finance for local response and UHC implementation (funding should reach all the vulnerable areas)</li> <li>✓ Align and make UHC a national competing, accountability</li> <li>✓ Finance CSO, policy and educate</li> <li>✓ Interrelated strategies, polices and educate for health to implement UHC (burden of diseases)</li> </ul>	
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		<ul style="list-style-type: none"> <li>✓ Political will in all spheres primarily local levels</li> <li>✓ UHC road map and implementation taking health as social dev</li> <li>✓ Proper health budgeting framework</li> <li>✓ Domestic financing</li> <li>✓ Fast track domestic finance framework to deal with all burden of diseases</li> </ul> <p style="text-align: center;"><b>What is missing?</b></p> <ul style="list-style-type: none"> <li>✓ Reporting by political leaders</li> <li>✓ Meaningful participation of other groups</li> <li>✓ Implementation of primary health care PHC, UHC</li> <li>✓ Transformation finance, policy reform and implementation</li> <li>✓ Fairly compensate HRP, CSO and community activist</li> <li>✓ Strengthen (ODA) official development assistance</li> <li>✓ Community assessment / needs assessment (integrate traditional)</li> <li>✓ Roll out national unique identifier (Patient tracking)</li> </ul>	
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		<p style="text-align: center;"><b>What would you change?</b></p> <ul style="list-style-type: none"> <li>✓ Identify CSO champions of UHC, campaign and SBCC</li> <li>✓ Capacitate communities on health and human rights, health budgeting, monitoring and advocacy</li> <li>✓ Organise, coordinate and advocate for CSO</li> <li>✓ Create space for community engagements</li> <li>✓ Participate in governance, ensure accountability and transparency at the local level</li> <li>✓ Document CSO contribution for UHC</li> <li>✓ Watch dog and monitoring at service point</li> <li>✓ Bridge the gap of service delivery</li> </ul> <p style="text-align: center;"><b>What other asks would you add for SA?</b></p> <ul style="list-style-type: none"> <li>• PREVENTION IS PRIORITY (at the political level – President must talk more about prevention)</li> <li>• Standard Reporting Tool</li> <li>• Constituency engagement</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Community research and financing</li> <li>• Increased flawless service delivery</li> </ul> <p style="text-align: center;"><b>WAY FORWARD</b></p> <ul style="list-style-type: none"> <li>• Audit of the health facilities (audit capacity at facility and education at a local level)</li> <li>• Launch roadmap of UHC and existing structure that are inclusive</li> <li>• Accountability and transparency</li> <li>• Sustain workforce skills and compensate employable</li> <li>• Development of Standard reporting tool</li> <li>• Document CSO service delivery contributions</li> <li>• Constituency engagement, feedback and finance consultation</li> <li>• Leaving no one behind, people with disability, LGBT etc</li> </ul>	
6.5	<b>Presidential health compact-fixing the health</b>	<p style="text-align: center;"><b>NHI AND UHC</b></p> <ul style="list-style-type: none"> <li>• Compact is a IMPORTANT TOOL to help fix the health system in order to successfully implement the NHI.</li> </ul>	<b>Lauren Pretorius and Dr Mbulelo</b>



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	<p><b>system to successfully implement the NHI</b></p>	<ul style="list-style-type: none"> <li>• We FULLY SUPPORT the NHI to address inequalities in health in South Africa.</li> <li>• The NHI is the “HOW PART” for South Africa in terms of achieving Universal Health Coverage.</li> <li>• Fora like this Civil Society Forum Consultation on UHC are the voice of the voiceless. This forum must engage with the Minister to ensure commitment of all parties to make NHI work with fears, challenges and innovations taken into account.</li> <li>• To ensure the Compact is owned, once it is signed, there should be more consultation, information dissemination to stakeholders</li> <li>• NHI provide access to health for all, with both public and private health care providers involved working with communities to make the health service responsive and patient-centric.</li> </ul>	<p><b>Daysi</b></p>
<p><b>6.6</b></p>	<p><b>National Health Commission- A case for combining SA National Aids Council (SANAC) and</b></p>	<p style="text-align: center;"><b>Transformation of SANAC</b></p> <ul style="list-style-type: none"> <li>✓ Rebranding (South African National AID Council)</li> <li>✓ Review Current Mandate</li> <li>✓ All Inclusive Constituency</li> <li>✓ Current SANAC Structure as a Template</li> <li>✓ Legislation</li> </ul>	<p><b>Dr Victoria Pinkney- Atkinson &amp; Dr Matome Kganakga</b></p>



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	<p><b>HC+ into single organization</b></p>	<p style="text-align: center;"><b>SANAC STRUCTURE</b></p> <ul style="list-style-type: none"> <li>✓ <b>Innovation and Program optimization:</b> PEPFAR, Global Fund, High Transmission Area programs</li> <li>✓ <b>Technical Task Teams and Technical Working groups:</b> Monitor implementation, lessons learnt, review research findings and develop national strategies, policies and guidelines</li> <li>✓ <b>SANAC Secretariat: Leadership &amp; Coordination:</b> Serve as technical support for each area and drive improvement and change Incorporate into NSP. Work with all sectors to develop implementation plans aligned to the NSP and then monitor and evaluate progress</li> <li>✓ <b>Provincial AIDS Councils: Move</b> towards implementation for sustainability, multi-sectoral Implementation Plans for HIV, TB and STIs</li> <li>✓ <b>Government Departments:</b> Align policies, develop guidelines for implementation, make funding available</li> <li>✓ <b>SANAC Multi-sectoral Structures:</b> National Strategies reviewed by Civil Society Forum, Programme Review Committee and Plenary for optimal content and buy in for implementation.</li> </ul> <p style="text-align: center;"><b>MANDATE</b></p> <p>Expansion of SANAC Mandate</p>	
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		<ul style="list-style-type: none"> <li>✓ Quadruple Burden of Disease</li> <li>✓ Social Determinants of Health</li> </ul> <p style="text-align: center;"><b>INTEGRATION</b></p> <p>Integrated Holistic People Centered</p> <ul style="list-style-type: none"> <li>✓ Systems for Health</li> </ul>	
6.7	Disability sector feedback and additional input on UHC meeting	<p><b>Increase public health financing and financial protection</b></p> <p><b>Public Financial Management</b></p> <ul style="list-style-type: none"> <li>✓ Urgently address accruals: develop a strategy and mechanisms to address these</li> <li>✓ Revisit the equitable share formula for health, taking into account the BOD and other relevant issues (eg cross border flows)</li> <li>✓ Revisit the provincial budget % allocation share for health upwards (currently 27% should be close to 38%)</li> <li>✓ Stop unfunded mandates from national to provincial and within provincial administrations to health, no new mandates without a clear resource allocation plan)</li> <li>✓ Conditional grants; limit the role of CGs as a core resource allocation mechanism, should not be a mechanism to hollow out provincial budgets, and should address inefficiency and fragmentation</li> </ul> <p><b>: Human Resources:</b></p> <ul style="list-style-type: none"> <li>✓ Ensure service plans are based on good data and evidence based tools</li> </ul>	



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		<ul style="list-style-type: none"> <li>✓ Staffing and funding policies to meet needs of the health system</li> <li>✓ State must meet statutory requirements (internship/ community service)</li> <li>✓ Address corruption</li> <li>✓ RWOPS needs to be reviewed</li> <li>✓ Fast track implementation of policy on foreign trained medical practitioners</li> <li>✓ Review roles and responsibilities of each sphere of government</li> <li>✓ Separation of political vs administrative leadership</li> <li>✓ Leadership and management training support needed</li> <li>✓ Review working hours to meet demands and requirements</li> <li>✓ Ensure optimal infrastructure to allow HR to deliver quality health care</li> <li>✓ Validate and optimize the use of 'Integrated Human Resource, Personnel and Salary System'- better known as PERSAL</li> <li>✓ HR management information systems needs urgent attention in all relevant constituencies</li> </ul> <p><b>Supply Chain management:</b></p> <ul style="list-style-type: none"> <li>✓ Centralization of procurement with clear governance structure</li> <li>✓ Catalogue/standards for non-medicine/ consumables</li> <li>✓ Need for Health Technology Assessment (HTA) Committees</li> <li>✓ Socially Based Business Models will help with State Owned pharmaceutical company as a manufacturer and supplier</li> </ul>	
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		<ul style="list-style-type: none"> <li>✓ Need indigenous pharmaceutical company/skills/capacity in SA</li> <li>✓ Consider amendment of regulations (PFMA and Preferential Procurement Policy Framework Act)</li> <li>✓ Private sector can help with inventory management systems</li> <li>✓ Performance management regarding equipment maintenance</li> </ul> <p><b>Infrastructure Plan</b></p> <ul style="list-style-type: none"> <li>✓ Infrastructure plan must respond to changing population and clinical dynamics, cannot be static</li> <li>✓ National master infrastructure plan to facilitate equity: well managed coordinating mechanism (various departments; Health, IDT, CSIR, DBSA, treasury, DPW) and not each province just doing its own thing</li> <li>✓ Alternative funding mechanisms for infrastructure eg special health infrastructure fund or social impact bonds</li> </ul> <p><b>Leave no one behind</b></p> <p><b>Implement policies that are in place</b></p> <ul style="list-style-type: none"> <li>✓ Start with an analysis of the NDP 2030 and existing policies</li> <li>✓ Ability of Minister to exercise authority in implementing policy at provincial level</li> <li>✓ Streamlining of policies within the provinces</li> <li>✓ Policies to be more evidence based and involve all affected parties</li> </ul>	
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		<ul style="list-style-type: none"> <li>✓ Politicians must have oversight but not get involved in the execution of policies</li> <li>✓ Strengthen governance, leadership and management capacity</li> <li>✓ Utilize existing capability through leadership training e.g. Albertina Sisulu LEADERSHIP Academy, and ensuring that management KPIs are patient centred and part of induction on appointment</li> <li>✓ Professionalize the public service- employment based on ability and care, not political affiliation and include youth at all levels as part of succession planning</li> </ul> <p><b>Restore Values</b></p> <ul style="list-style-type: none"> <li>✓ Restoring the priority on patient care</li> <li>✓ Focus on ethics training and capacitation</li> <li>✓ Include leadership and ethics in the curriculum of health care professionals</li> <li>✓ Change the culture of institutions to one that is inclusive and patient centred</li> </ul> <p><b>Separation of powers within the healthcare system</b></p> <ul style="list-style-type: none"> <li>✓ Put patient care first</li> <li>✓ Resolve accountability at national, provincial and institutional level within the</li> </ul> <p><b>Constitutional Framework</b></p> <ul style="list-style-type: none"> <li>✓ Apply clear separation of powers and ensure clear delegations of authority is in place</li> <li>✓ Appoint administrators, from the DG down and people in provinces based on capability</li> </ul> <p><b>Focus on health workers</b></p> <ul style="list-style-type: none"> <li>✓ Increase HR and filling of critical posts at PHC (CHWs, dieticians, nurses, GPs,</li> </ul>	
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		<p>specialists, physio, OT, speech therapy, audiology)</p> <ul style="list-style-type: none"> <li>✓ Focus shift: curative health services to promotive and preventative healthcare- a multi-disciplinary team approach</li> <li>✓ Implement a health and wellness/ happiness revolution to address BOD</li> <li>✓ Integrated and streamlined referral systems</li> <li>✓ Budgeting for promotive and preventative healthcare</li> </ul> <p><b>Engage civil society and community in UHC implementation to ensure accountability</b></p> <ul style="list-style-type: none"> <li>✓ Health Facility Committees/ Boards could adopt a social accountability approach through which they hold health officials answerable for meeting mutually agreed upon objectives</li> <li>✓ Build the understanding and strengthen the capacity of the health sector personnel on how to work with community participation structures and CHWs</li> <li>✓ Civil society groups in oversight structures such as parliamentary committees, hospital boards and clinic committees must represent citizen voices and need to function optimally</li> </ul> <p><b>Consider:</b></p> <ul style="list-style-type: none"> <li>✓ Revisit the identity of the actors involved in community health programs</li> <li>✓ Revisit the definition of the community/ communities involved in community health</li> <li>✓ Review health within the context of social determinants</li> <li>✓ Review the concept of community participation in health</li> </ul>	
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		<ul style="list-style-type: none"> <li>✓ Review the need for government and academia involvement</li> <li>✓ The need for funding community structures</li> </ul> <p><b>Presidential Health Compact</b></p> <ul style="list-style-type: none"> <li>✓ fixing the Health system to successfully implement the NHI</li> </ul> <p>National Health Commission</p> <ul style="list-style-type: none"> <li>✓ A case for combining SA National AIDS Council (SANAC) and NHC+ into a single organization</li> </ul>	
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