

Community Health Workers acting on the social and environmental determinants of health.

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The South African Government has embarked on the establishment of National Health Insurance (NHI) to ensure access to quality, essential health care and financial protection for all. To strengthen the public health sector in preparation for NHI, the health department has started a program to re-engineer primary health care (PHC) which includes Ward-based Primary Health Care Outreach Teams (WBOTs). In the latest policy and framework for WBOTs (2018/19 – 2023/24), the teams include six to ten community health workers (CHWs), supervised by an Outreach Team Leader (OTL), in most cases an enrolled nurse, and a data capturer. The policy document on CHWs specifies that the role of CHWs in the re-engineering of PHC includes action on the social and environmental determinants of health (SEDH). However, it does not include training on how to implement this part of the policy.

The People's Health Movement South Africa (PHM-SA) aims to fill this gap through the South African People's Health University (SAPHU) program. The SAPHU's innovative approach includes strengthening the capacity of CHWs to act on the SEDH and not only on the biomedical aspects of disease and service delivery. Since the SAPHU aims to empower CHWs as agents of change, the curriculum includes a focus on advocacy to strengthen their role as community mobilisers who bring together stakeholders from their local communities, health services and local government sectors. Employers and trainers of CHWs are not familiar with this advocacy and intersectoral approach to act on SEDH and minimal government support is provided for developing these skills.

The SAPHU training program extends over an approximate 9-month period. CHWs are selected for SAPHU by their employing organization, which completes an assets-based needs analysis in the three months prior to SAPHU that identifies the main SEDH needing action. This is followed by a residential action-oriented 5-day course based on the different case-studies to further develop their competence as the most crucial frontline workers in a PHC-oriented health system. The aim is to strengthen the knowledge and skills of CHWs in advocacy and activism; analysing the SEDH challenges faced by individuals, families and communities in improving their health; and developing appropriate strategies to achieve health for all. During the 5-6 months before the follow-up program, CHWs are supported by local mentors and their organisation to implement the action plan that they developed from their needs analyses. This is followed by a final 3-day workshop to evaluate the SAPHU

program and to explore how to continue this intersectoral and advocacy approach in their work with their community.

This programme has been conducted in four out of five provinces since 2015. The main SEDH that have been acted on are those affecting children and youth at home and at school. Others include chronic diseases of lifestyle, the elderly and environmental issues.

This paper will elaborate on the SAPHU program and the follow-on community-based actions.

BACKGROUND

The People's Health Movement (PHM) is a global network of grassroots health activists, civil society and academic institutions and individuals committed to the Alma Ata vision of PHC, with a focus on addressing social and environmental determinants of health, and health as a human right. It has chapters in approximately 70 countries. One of PHM's global programmes is **an International People's Health University (IPHU) for health activists**. The IPHU (<http://www.iphu.org/>) has been running since 2005 with the aim of contributing to 'health for all' by strengthening people's health movements around the globe, by organising and resourcing learning, sharing and planning opportunities for people's health activists, particularly from Low Income (LIC) & Middle Income (MIC) countries. To date more than 23 IPHUs have been completed in at least 15 countries, with at least one additional online course.

The People's Health Movement South Africa (PHM-SA) is one of the approximately 70 country circles of the global PHM. PHM-SA was founded in 2003 following after the first People's Health Assembly in Savar, Bangladesh in 2000, but was officially launched in Khayelitsha, Cape Town with a Right to Health campaign in 2007. From 2007 a number of campaigns took place and public seminars on topical policy and issues obstructing the right to health for all were held.

PHM South Africa (PHM-SA) took the initiative to test out its own **South African Peoples' Health University (SAPHU), which it ran successfully in 2013 and 2014**. Each was attended by approximately 45 participants. This was followed by an extensive outside evaluation and radical changes made to the programme and a focus on CBHWs as the crucial foundation of a comprehensive PHC health system.

It is important to mention that within the South African context, we have had three pivotal moments for health systems change that could have achieved not just a quality, equitable health service, but going beyond the health system to an intersectoral approach for Health for All in the country. The first was the Gluckman commission in the 1940's which proposed a system for health for the whole population, based on principles that later appeared in the Alma Ata Declaration. The second opportunity was post 1994 with new National Department of Health's policy document "Restructuring the National Health System for Universal Primary Health Care" (January, 1996). The third is now as the South African Government has embarked on the establishment of National Health Insurance (NHI) to

ensure access to quality, essential health care and financial protection for all. To strengthen the public health sector in preparation for NHI, the health department has started a program to re-engineer primary health care (PHC) which includes Ward-based Primary Health Care Outreach Teams (WBOTs). In the latest policy and framework for WBOTs (2018/19 – 2023/24), The policy document on CHWs specifies that the role of CHWs in the re-engineering of PHC includes action on the social and environmental determinants of health (SEDH). However, it does not include training on how to implement this part of the policy. (PHM-SA) aims to fill this gap through the South African People's Health University (SAPHU) program. Especially after our extensive evaluation, the SAPHU's innovative approach includes strengthening the capacity of CHWs to act on the SEDH and not only on the biomedical aspects of disease and service delivery. Since the SAPHU aims to empower CHWs as agents of change, the curriculum includes a focus on advocacy to strengthen their role as community mobilisers who bring together stakeholders from their local communities, health services and local government sectors. Employers and trainers of CHWs are not familiar with this advocacy and intersectoral approach to act on SEDH and minimal government support is provided for developing these skills.

SOUTH AFRICAN PEOPLE'S HEALTH UNIVERSITY

With this background in mind, the impetus and aim for developing the local SAPHU is to grow conscious, motivated health activists as agents of change at this crucial time of health systems transformation with the pending National Health Insurance and re-engineering of primary health. In 2013, PHMSA partnered with the National Education Health and Allied Workers Union (NEHAWU) to build activism within the organized health workforce. In 2014, as part of a strategic focus on community-based health workers (CBHWs), PHM partnered with organizations giving psychosocial support to CBHWs and the Community Health Workers Forum for its SAPHU participants.

Both SAPHUs were held at the University of the Western Cape (UWC), Cape Town. In designing the curriculum with the partner organizations, we took account, as far as possible, the diversity of the groups, the target audience and the aims of SAPHU. SAPHU 2013 included 50% NEHAWU shop stewards from the 9 provinces, and 50% health activists from civil society from all nine provinces. In 2014 there were participants from 7 of the nine provinces, with a focus on CBHWs. Although the overall aim of both SAPHUs was the same some of the content changed.

In SAPHU 1 there was more content and discussion on taxes and financing for health systems, which was appropriate for the particular participants and their level of engagement with health system transformation. At that stage we were also modelling our SAPHU on the aim and content of the IPHU. In SAPHU 2, because the focus of the target audience had changed to include CBHWs, those aspects were replaced by a focus on working conditions and the need to organize as well as psychosocial support for CBHWs and the role of CBHWs locally and internationally as providers of health care and activists & within the re-engineering of PHC.

The teaching and learning methodology in both SAPHU's drew on participants' experience. Open discussion in facilitated small workshop groups dominated the process. Inputs on relevant policies and social determinants of health and working and living environments were included, the latter drawing on community audits and photo stories brought by the participants as preparation for the SAPHU. Critical analysis of the above in small groups and interactive games and roleplays were used.

IMPACT OF SAPHU 1 & 2

SAPHU 1: NEHAWU, as planned, has managed to run a similar course within their organization. This is mainly facilitated through established strong organization and infrastructure for worker education within their trade union structures and a critical mass attending SAPHU 1.

SAPHU 2: Based on post SAPHU focus group interviews, although a lot was learnt, it has been difficult for participants to effect changes or run similar courses as there were largely individuals or 2 or 3 participants at the most from one organization. A few have tried but felt isolated in their organization and that they need ongoing support to be effective.

EXTERNAL EVALUATION OF SAPHU

Based on an extensive evaluation especially after SAPHU 2, the areas identified that need greatest attention for the curriculum to work more effectively are:

- To improve the recruitment and selection criteria. Especially in SAPHU 2 the range from leadership to frontline workers resulted in unevenness in discussion and understanding
- Focus more on being an activist & include more knowledge and skills for activism.

SAPHU 2 and the following four SAPHUs specifically targeted CBHWs, as PHM-SA feels strongly that CHWs should be given prominence in the transformation of the health system, and decent conditions of service as major agents of change to achieve Health for All through re-engineering of PHC. Re-engineering of PHC requires a strong base of activists as change agents in communities. Activists take advantage of opportunities to raise awareness of socio-political issues which they have critically analysed. Activists will identify social injustices, big or small, and strategize and take action, quietly or militantly, depending on the situation.

Although health professional curricula are transforming to include exposing students to the wider social forces that ultimately shape public health and health care, social accountability or responsibility and engaged scholarship, the focus at universities remains on teaching students scientific and clinical skills. Most health professional curricula exclude focussing on the concept of and knowledge and skills needed for activism. Revamping the curricula of health professionals may take many years, and for most health professionals their sites of education and practice remain facility-based, rather than community-based. On the other hand, CBHW's main role is within the community, both as service providers such as Home Based Carers (HBCs) and potential community mobilisers. They are usually part of that community and are better placed to implement the principles of community participation

and intersectoral collaboration needed to address the social determinants of illness and health, injustice and inequity. But they do need support in these activities from health professionals that form community outreach teams in particular.

FUTURE DIRECTION

The evaluation has caused us to consider some radical changes to the curriculum. We extend the whole process by engaging organizations that will be committed to supporting activism for transformation within their organizations, communities and the health system; seek mentors to help selected participants prepare a case study, analyzing the SEDH in their area as preparation for a 5-day SAPHU. A template was developed to help guide and standardize the process. These case studies are used for critical analysis of the social determinants of health and for planning strategies for community mobilisation and intersectoral campaigns. Mentors support participants for at least 6 months after the 5-day course. Thereafter participants are brought back to share what they have achieved in a 2-day follow-up workshop. Mentorship is required pre and post the short course and ongoing as needed. To date we have run the SAPHUs in 4 out of the 9 provinces in South Africa.

Below are examples of projects resulting from the SAPHUs that CBHWs have implemented in their communities that address at least one of the social determinants of health in their communities.

Northern Cape Province

- **The Kimberley group (capital city of the province)** identified TB as one of their biggest problems and will be targeting primary schools as they believe that young children are open to learning through games and songs and will take the messages home with them for the rest of the family.
- **The Pampierstad group (small rural town)** will also tackle TB, but will target the general population at taverns, taxi and bus ranks, restaurants, schools and creches and will have monthly campaigns for all in the town at the local stadium.
- **The Jan Kempdorp (small rural town)** group is tackling a littering dumping site in the community as they have observed that this health hazard is increasing and is particularly dangerous for children.
- **The Hartswater group (small rural town)** has identified that a lot of children in an area called Nkandla have not been fully immunised. They would like to reach 100% immunisation coverage. They will do home visits in their area and have campaigns encouraging immunisation.

Western Cape

- **Kheti Impilo, based in Khayelitsha (one of the biggest townships in cape Town) :** Rehabilitation and social programmes for the elderly. The plan was to involve retired nurses who would voluntarily assist the CBCWs with the elderly. Achievements by SAPHU follow-up in December 2017 was the employment of one retired nurse in the organisation. They are working further on more volunteers.
- **Women on Farms (farming area):** Bring back the mobile clinic for farmworkers.
- **Philippi township (mostly informal settlement):** Youth health and social activities and work skills.

Gauteng

- **Chiawelo and Orlando clinics in Soweto:** Initiating dialogues in schools regarding substance abuse, teenage pregnancy and encouraging constructive after school activities
- **Jeppe inner city clinic:** Taking screening for NCDs to the community
- **Kaya Sands (huge informal settlement) :** the main focus is on the problem of teenage pregnancy including preventing adolescent pregnancies as well as safe care for pregnant students

Eastern Cape

- **Port St Johns:** Schools project on positive self esteem and assertiveness to reduce teenage pregnancy and substance abuse

CONCLUSION

All projects have included campaigns to raise awareness in their communities and to encourage communities to take action. Some of brought in a range of stakeholders to assist in the campaigns, advocacy and actions. All include identifying and acting on different social determinants of health such as housing, water and sanitation, food security, living and work environments, health services.

The quotes from the CBHWs evaluations highlight how the SAPHU has influenced change in their knowledge and practice.

"I will now look at the causes of the causes when I come upon a problem and not only for the cure."

"Opening my eyes to the fact that I should tackle challenges head on by going to the relevant people. I am empowered by this course because it made me realise that I too matter, no one must make me feel inferior or make me feel like I don't make a difference in the world, or in other people's lives."

*"Before SAPHU we worked in the community and now they work with the community".
"It helped us to know more about our challenges from our fellow CHW"*