

Health Centre Committees: Vital for people centered health systems in Zimbabwe

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Health systems in sub-Saharan Africa have been in a state of decline since the debt crisis of the 1980s and the subsequent effects of structural adjustment programme, chronic public under-investment and health sector reform. Zimbabweans experience a heavy burden of disease dominated by preventable diseases such as HIV infection and AIDS, malaria, tuberculosis, diarrheal diseases, nutritional deficiencies, vaccine preventable diseases and health issues affecting pregnant women and neonates. According to the latest Zimbabwe Demographic and Health Survey, the number of women dying due to maternal causes for the past 7 year period has increased in Zimbabwe from 725 deaths for every 100 000 live births in 2009 (2002-2009) to 960 deaths for every 100 000 live births in 2010/11 (2003-2010).

With this high burden of ill health, efforts to make sustained and equitable improvements in health are being made by various state and non state actors. One of the clearest objectives is to revive the Primary Health Care (PHC) concept. Primary health care, as contained in the Declaration of Alma-Ata 1978, is: " Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part, both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process."

Zimbabwe's national health policy commits the Government "to ensure that communities are empowered to take responsibility for their own health and well being, and to participate actively in the management of their local health services."

Health Centre Committees (HCCs) are a mechanism through which community participation can be effectively integrated to achieve a sustainable people centered health system at the primary care level of the health system. They complement vital community level initiatives like community health workers, and mechanisms for public participation at all levels of the health system. In Zimbabwe, Health Centre Committees (HCCs) were originally proposed by the Ministry of Health and Child Welfare in the early 1980s to assist communities to identify their priority health problems, plan how to raise their own resources, organize and manage community contributions, and tap available resources for community development. In 2010 Health Centre Committees in two districts in Mashonaland East province collaborated with Village Health Workers to mobilize expectant mothers to deliver at health facilities nearest to them, contributing to improving maternal and neonatal survival. In Chikwaka community in Goromonzi district, the HCC has in 2011-2013 taken the lead in mobilizing financial and material resources-bricks, quarry, river, pit sand and labour – to construct a Maternity Waiting Home at a primary care facility in their ward. These are examples of how HCCs are able to organize, identified local health problems, tap into their own available resources and take action for community development.

Despite setting their roles and functions as early as the 1980's, HCCs still do not yet have a statutory instrument that specifically governs their roles and functions. This is a gap in the formal provisions for how communities should organize on health and PHC at primary care (health centre) level. While PHC is not *only* an issue for the health sector, and is thus taken

up by more general local government structures, it is necessary that mechanisms exist within the health sector to align the health system to PHC and community issues, as well as to link and give leadership input to these more general structures.

The absence of formal recognition may mean that other sectors do not act on health as it is not adequately profiled in their wider deliberations. The 2009-2013 National Health Strategy recognized this gap and made specific note of the importance of establishing health centre committees within the health system. The strategy identifies that "...during the next three years, communities, through health centre committees or community health councils will be actively involved in the identification of health needs, setting priorities and managing and mobilizing local resources for health".

A 2009 Training and Research Support Centre (TARSC) and Community Working Group on Health (CWGH) assessment on PHC (<http://tinyurl.com/5rdnh7v>) found Health Centre Committees (HCCs) functioning (i.e. having met) in only 40% of the 20 districts surveyed. The HCCs present in these districts were found to lack coherent integration with planning systems, and to be functional in only a third of sites. Nevertheless HCCs were found in this survey to be associated with higher levels of satisfaction with services, attributed to the communication, improved understanding and support for morale that they build between communities and health workers.

HCCs offer an opportunity to take forward the shared local priorities across health workers and communities and to discuss how to accommodate differing priorities between them. In a 2004 study by Loewenson et al (<http://tinyurl.com/c8bd86k>), HCCs were associated with improved Primary Health Care outcomes compared to areas where they did not exist.

HCCs ensure the proper planning and implementation of primary health care in coordinated efforts with other relevant sectors. In doing this, they promote health as an indispensable contribution to the improvement of the quality of life of every individual, family and community as part of overall socio-economic development. Primary Health Care (PHC) approaches seek to build and depend on a high level of ownership and participation from involved and affected communities. The HCC is the mechanism by which people get involved in health service planning at local level. In Zimbabwe, Health Centre Committees (HCCs) identify priority health problems with communities, plan how to raise their own resources, organize and manage community contributions, and advocate for available resources for community health activities. They discuss their issues with health workers at the HCC, report on community grievances about quality of health services, and discuss community health issues with health workers.

CWGH and TARSC in partnership with the Primary Health Care taskforce have developed HCC guidelines that have been proposed as the basis for a Statutory Instrument to formally recognize the role of these structures. An HCC Training Manual developed by TARSC and CWGH has been peer reviewed by the Ministry of Health and Child Welfare to strengthen the capacities to deliver on their roles, backed by health literacy activities that strengthen the wider community literacy on health to encourage wider input to and hold these mechanisms accountable. While community participation demands much more than HCCs, institutionalizing and giving a formal mandate to HCCs is critical and key to achieving a sustainable people centered health system in Zimbabwe.