

People's Health Movement South Africa (PHM-SA)
ANNUAL REPORT 2017/2018



Health for All Now!
People's Health Movement
South Africa

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Presented by Michelle Mzamo (Chairperson) at the PHM-SA Annual General Meeting held on Wednesday, 21 March 2018, Mowbray Town Hall, Main Road, Mowbray, Cape Town

Introduction

I would like to thank each of you who made time to attend the 2017 Annual General Meeting (AGM), and for joining us today at the 2018 AGM.

The year 2018 is the year in which we commemorate the 40th anniversary of the [Alma Ata Declaration](#). For the proposed declaration, not much has been achieved, especially in poor countries. I am personally moved with some progress that South Africa is making towards universal health care, but I am also disturbed with how the process is being delayed and handled. For example, very little information reaches the communities and few people really understand what universal health care means. Since 1994, South Africa has also become MORE unequal, not LESS unequal. We are now world leaders in Inequality. We have now overtaken Brazil as the most unequal country in the world – evidence for this was presented last year during the visit of the French economist, Thomas Piketty.

As the People's Health Movement South Africa, we are calling for a People-Centred National Health System. What is a People's [National Health Insurance](#) (NHI)? It is an NHI that seeks to address the financial inequalities in access to health care. By creating a single-payer system and making sure that people can get care when they have a serious sudden illness. It is an NHI that prevents disease and promotes health rather than just treating illness. It is an NHI in which communities have a meaningful voice.

In the past few years, South Africa has seen nine cabinet reshuffles. Dr Aaron Motsoaledi remained at the Department of Health, providing a degree of continuity that had the potential to impact favourably on the NHI process. Unfortunately, however, the NHI process has come under the influence of groups who have a lot to lose by equitable health care.

PHM-SA Steering Committee

The PHM-SA Steering Committee held an Annual Strategic Planning meeting in 2017, where we met and planned strategically for the year. The meeting was held over a weekend and was attended by almost all the Steering Committee members. We also held 12 Steering Committee meetings (once a month) during the year.

PHM-SA Steering Committee members for 2017 were the following:

Western Cape:

- Michelle Mzamo (Chairperson)
- Elroy Paulus (Deputy Chairperson)
- Angie Peter (Secretary)
- Melanie Alperstein (Deputy Secretary)
- James Irlam (Treasurer)
- Cleo Sawuti

- David Sanders
- Kathryn Stinson
- Leslie London
- Louis Reynolds
- Nozibele Mdayi
- Ntombi Mfiki
- Sindiswa Zibaya
- Sinesipho Jojo
- Peter Benjamin

Gauteng:

- Catherine Mokotla
- Lebohang Nemutudi
- Shehnaz Munshi

Eastern Cape:

- Nontutuzelo Hlafa
- Sivuyile Timakwe

Membership, Partnerships and Affiliations

We started updating our database of members, supporters and partners, which currently include more than 300 individuals and organisations. We have also moved the database to a new platform that is hosted by Grassroot. This platform is easier to use and it also provides an integrated Bavuse! communications platform that enables us to sign up and communicate with our members.

PHM-SA has become a member of the [Healthy Living Alliance](#) (HEALA), and HEALA has become one of our partners. HEALA is an alliance of organisations with a mission to improve health through advocating for healthy nutrition and obesity prevention. HEALA has been instrumental in the campaigning for a sugary drinks tax in South Africa.

PHM-SA has also become [partners](#) with the [Southern African Alcohol Policy Alliance](#) (SAAPA), which is a network that aims to address the challenge of harmonising and accelerating alcohol policy development in the region.

I would like to acknowledge the outcomes of the [National Health Assembly](#) (NHA) that we successfully hosted in 2016. As a result, we have seen strong partnerships or work done together with the Treatment Action Campaign (TAC) and SECTION27.

PHM-SA is also part of a national network that supports community care workers (CCWs) in self-organising. We have also been working with students to get them involved in PHM-SA.

Programmes and Activities

Overview

The year 2017 did not start well as our funder suddenly pulled out without much notice. This was due to the change of government in Belgium. We were forced to work with two part-time staff

members. They did incredible work and we managed to successfully host the following events over the past year:

- International Development Research Centre (IDRC) Workshop
- Gugulethu March Against Crime in our Health Facilities and on how to protect our health workers
- Gauteng SAPHU follow-up workshop
- Eastern Cape SAPHU follow-up workshop
- Western Cape SAPHU six-month programme
- Northern Cape SAPHU six-month programme
- PHM-SA workshop at the Public Health Association of South Africa (PHASA) Conference
- Community workshops on the Amendments to the Liquor Act
- Meeting with the Director-General and Minister of Health on the National Health Insurance (NHI), together with People's NHI coalition partners (Treatment Action Campaign, SECTION27 and Rural Health Advocacy Project)
- University of Cape Town student public meeting on the National Health Insurance (NHI)

South African People's Health University (SAPHU)

I would like to report in some detail on the success of South African People's Health University (SAPHU). We had SAPHU follow-up meetings in Gauteng and the Eastern Cape, and SAPHU training in the Western Cape and Northern Cape (a more detailed Northern Cape report is available).



Northern Cape SAPHU participants and PHM-SA facilitators

11-12 June 2017 – Leadership and conflict management training course for SAPHU alumni in Johannesburg, Gauteng: During the evaluation of the Gauteng SAPHU in 2016, participants indicated the need for further training on leadership skills and how to manage conflict situations in their community. Twenty-one community care workers (CCWs) attended a two-day residential training that focused on the development of such skills. The workshop also provided further support to their local projects that arose from the SAPHU programme.

8-9 July 2017 – Leadership and conflict management skills training for SAPHU alumni in Eastern Cape:

A similar request came from the SAPHU alumni of SAPHU Eastern Cape. In their evaluation, they requested training similar to the Gauteng SAPHU alumni. Hence a two-day residential workshop was organised for 21 CCWs in the Eastern Cape, providing training in such skills and creating a space for further follow-up on the community projects that arose from the SAPHU course.

August to September 2017 – Non-residential SAPHU was piloted in the Western Cape, running over several weeks: On 12 August, 24 August, 31 August, 7 September (at their individual sites with facilitator support) and 14 September, 24 CCWs participated in a full day workshop that addressed all aspects of the SAPHU. On the last day, there was an open meeting for other CHWs and project management, as well as some community councillors, to come and hear the CCWs present their projects. Although this SAPHU was shorter in total, particularly the period for doing the community needs assessment, more time and effort were dedicated between workshops to mentoring the CCWs on the topics covered at their sites.

We received very positive feedback from CCWs at the end of SAPHU, including the following:

Social determinants of health (SDH):

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

"I have learnt a lot of things I didn't know before, like when you have a problem you need to find the cause of the problem and dig deep and find the causes of the causes. Now we know how to deal with the problems".

Doing things differently in your job or activism:

"Will come up with a plan to get rid of the dumping site. To promote good health at my community."

Most appreciated about the course:

"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".

"I have learnt to talk for my community and to use advocacy".

"I learn how to tackle problems in our communities, analyse and how to involve other stakeholders and solve challenges we encounter".

"I learnt that as a caregiver I have the right to know what is happening at the clinic and to know the people who are in charge".

Drawing up the case study:

"Because I realised that there are things we have been neglecting and now I have learned a lot".

"It helped us to know more about our challenges from our fellow CHWs".

"We gained strengths from other CCWs and learnt a lot from each other".

“I have learnt the importance of the planning cycle, not to work alone and involving the community and other stakeholders”.

“Communication and teamwork is best”.

“Networking”.

“Before we worked in the community, now we work with the community”.

In general, participants’ most important learnings from SAPHU covered the following topics:

1. NHI
2. Primary Health Care - promotive, preventative, rehabilitative and curative
3. Re-engineering
4. Immunisation of babies
5. Diseases – TB, HIV, malnutrition, diabetes
6. Challenges of CHWs
7. Social determinants
8. Advocacy and activism
9. PHM
10. Learning about hygiene
11. Colonialism

National Health Insurance (NHI)

The National Health Insurance (NHI) is the [key health policy](#) of the South African government. It is aimed at realising everyone’s right to health care as set out in Chapter 2 of the [Constitution](#) (Bill of Rights). However, powerful private sector corporate groupings oppose the principle of health as a fundamental human right. They believe that health care is a profitable commodity to be delivered by markets and they are strongly opposed to the single-payer system. Unfortunately, the Department of Health (DoH) seems to have bowed to these corporate interests. It has set up seven implementation structures with strong representation from corporate interests.

In this context, PHM-SA has been campaigning for a [“People’s NHI”](#) – an NHI that puts people before profits. Our main partners in the People’s NHI campaign are the [Treatment Action Campaign](#) (TAC), [SECTION27](#), [Rural Health Advocacy Project](#) (RHAP) and [Lawyers for Human Rights](#) (LHR). Through this campaign, we hope to bring together other civil society groupings and movements to establish a broad social movement for people’s health.

Three PHM-SA Steering Committee members were nominated in 2017 to the Department of Health’s NHI [Implementation Structures](#):



People’s NHI Strategy Workshop with PHM-SA, TAC, SECTION27 and RHAP, 5 March 2018

Leslie London was nominated to the National Governing Body on Human Resources for Health. David Sanders was nominated to the South African National Health Commission. Elroy Paulus was nominated to the National Advisory Committee on Consolidation of Financing Arrangements.

Health Committees

PHM-SA co-hosted the National Colloquium on Health Committees in September 2017 and continues to work closely with Health Committees in the Western Cape.

ICESCR Civil Society Campaign

South Africa ratified the [International Covenant on Economic, Social and Cultural Rights](#) (ICESCR) in 2015 and the South African government submitted its first [progress report](#) on implementing the Covenant in April 2017. This provided the opportunity for a Civil Society Shadow Report in which civil society can provide the [United Nations Committee](#) overseeing the Convention a civil society view on the extent to which socio-economic rights are being realised in South Africa, and an additional perspective when the Committee considers the government's report at its October meeting in 2018.



PHM-SA Working Group mapping out Health section of ICESCR Shadow Report

The People's Health Movement South Africa (PHM-SA) is a member of the ICESCR Campaign, which comprises a number of civil society organisations (CSOs) that are coordinating civil society input to the ICESCR process. PHM-SA has set up a working group from its members to help coordinate PHM-SA and Health inputs to the joint report. This is an important and critical intervention that PHM-SA is driving – an opportunity to hold government accountable for the delivery of the Right to Health.

WHO Watch

Sinesipho Jojo and Lauren Paremoer represented PHM-SA in the [WHO Watch](#) team monitoring the 142nd session of the World Health Organisation (WHO) Executive Board in Geneva, 22-27 Jan 2018.



WHO Watchers preparing for and attending the 142nd WHO EB Session, Geneva

Media and Publications

PHM-SA staff and Steering Committee members were active on various media platforms. For example, David Sanders was interviewed by SAFM on the minimum wage for Community Health Workers, and Louis Reynolds wrote an article on the [corporate capture of the National Health Insurance](#) (NHI), which was published in the *Daily Maverick*.

Social Media and Website

We have seen a constant increase in our social media activity over the past few months, which is mainly due to the work being done by the PHM SA Secretariat and a new Communications and Technology Coordinator, who was appointed last year.

Our Facebook Page has been gradually growing in the last two years. We now have just over 900 followers. We are also active on Twitter, where we have close to six hundred followers. We are in the process of reorganising and updating our website, making it more user friendly and adding new content.

Bavuse! Communications and Mobilisation Platform

Together with [Grassroot](#), we are developing a new communications and mobilisation platform called Bavuse! It provides the capacity to call meetings, have votes, run polls, and integrate with petitions hosted through Amandla.mobi. Bavuse! could reach potentially thousands of people through SMS, USSD, email and social media, and could serve as a strategic tool for mobilising around health advocacy and social justice campaigns, including assisting with self-organising and information-sharing at grassroots level – at little or no cost to community members.



Peter Benjamin inspiring us with the grassroots mobilisation possibilities of Bavuse!

Awards and Achievements

Several PHM-SA Steering Committee members received recognition of the contributions they are making to health and human rights in South Africa.

Lebohang Nemetudi was selected in 2017 as one of the *Mail & Guardian's* 200 Young South Africans who are making a contribution to liberation as [Health Promoter](#). He also received the Health, Wellness and Environment Award at the Gauteng City Region Premier Youth Excellence and Service Awards in March 2018.



Lebohang Nemetudi receives Health, Wellness & Environment Award from Gauteng Premier David Makhura

Leslie London received the PHILA Lifetime Award at the Public Health Association of South Africa (PHASA) Annual Conference.

Shehnaz Munshi was elected Chairperson of the Junior Public Health Association of South Africa (JuPHASA) in 2017.

Three PHM-SA staff and Steering Committee members were selected to participate in the Atlantic Fellows for Health Equity in South Africa programme (2017) offered by [TEKANO](#): Tinashe Njanji (PHM-SA Coordinator), Shehnaz Munshi and Lebohang Nemetudi.

Word of Thanks

Once again, please receive my sincere gratitude for all your support individually as well as to the organisations you represent.