CIVIL SOCIETY PARTICIPATION IN PROGRAMME IMPLEMENTATION FOR INTERSECTORAL ACTION ON HEALTH EQUITY AND INTERSECTORAL ACTION FOR HEALTH

A Case Study of the Health Civil Society Network in East and Southern Africa

Commissioned by the Health Systems Knowledge Network

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Background to the Health Systems Knowledge Network

The Health Systems Knowledge Network was appointed by the WHO Commission on the Social Determinants of Health from September 2005 to March 2007. It was made up of 14 policy-makers, academics and members of civil society from all around the world, each with his or her own area of expertise. The network engaged with other components of the Commission (see http://www.who.int/social_determinants/map/en) and also commissioned a number of systematic reviews and case studies (see www.wits.ac.za/chp/).

The Centre for Health Policy led the consortium appointed as the organisational hub of the network. The other consortium partners were EQUINET, a Southern and Eastern African network devoted to promoting health equity (www.equinetafrica.org), and the Health Policy Unit of the London School of Hygiene in the United Kingdom (www.lshtm.ac.uk/hpu). The Commission itself is a global strategic mechanism to improve equity in health and health care through action on the social determinants of health at global, regional and country level.
Acknowledgments
This paper was reviewed by at least one reviewer from within the Health Systems Knowledge Network and one external reviewer. Thanks are due to these reviewers for their advice on additional sources of information, different analytical perspectives and assistance in clarifying key messages.

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<th>Acronym</th>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>AU</td>
<td>African Union</td>
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<td>COMESA</td>
<td>Common Market for Eastern and Southern Africa</td>
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<td>CHESSORE</td>
<td>Centre for Health, Science and Social Research</td>
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<td>CIN</td>
<td>Consumer Information Network of Kenya</td>
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<td>Civil Society Organization</td>
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<td>Global campaign to end poverty</td>
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<td>Health Action International</td>
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1. Background

The Health Civil Society Network (HCSN) is a coalition of seventeen organizations operating in the southern and east African region that are united around the common objective of advancing an agenda and action for people’s health, equity and justice (HCSNa, 2006). It is a brain child of the Regional Network for Equity in Health in east and Southern Africa (EQUINET), People’s Health Movement (PHM), International People’s Health Council (IPHC) and the Community Working Group on Health (CWGH). Towards the end of 2002, they identified the need for a closer dialogue and networking between health and related civil society in east and southern Africa in order to achieve common health goals and to link issue based goals under a common and shared umbrella (HCSN, 2003).

These organizations noted that the Health civil society in this region has recorded numerous achievements in advancing peoples health in a number of areas such as campaigns on the right to health, dealing with the damaging health impacts of globalisation, securing universal access to HIV/AIDS treatments and related peoples’ rights, better working conditions for health workers and resisting privatisation of essential services for health.

However despite these and other achievements, it was realised that due to the lack of a shared vision, differing analysis on the political and economic causes of ill health, and lack of coordination and collective action, opportunities to make greater gains on health equity, advocating for the amelioration of the negative impact of the social determinants of health (SDH) and justice were being missed. Between 2003 and 2005 a number of processes were therefore put into place to develop a joint agenda for people’s health, equity and justice. This culminated in a regional meeting in February 2005 in Lusaka, Zambia (HCSNa, 2006). Out of this meeting five key strategic areas of collaboration were identified:

1. Revitalising and building National Peoples’ Health Systems
2. Organising Peoples Power for Health
3. Ensuring our health systems are adequately and fairly financed
4. Ensuring our health systems has adequate, available and motivated health workers
5. Challenging trade liberalisation and encroachment on health

Resolutions passed at the Southern African Social Forum on October 2005 state that the Health Civil Society Network is value driven. Its goals, principles and values are;

- health for all
- health as a right
- equity and social justice
- people led and people centered health systems
- public over commercial interests in health: Health before profits
- people led and grassroots driven regional integration
- anti-neoliberal policies.
1.1 Sources of information

Evidence for this case study on the HCSN was collected using general search engines (Google and Yahoo), personal communication with some network members and the EQUINET database to identify the documents for the review. Articles reviewed included archival research, published articles, document reviews, reports on the network and interview with a key representative of the Community Working Group Health (CWGH) the organization currently hosting the co-ordination of the HCSN2.

2. Mechanisms, Opportunities and threats for Health Civil Society Network in addressing equity and Social Determinants of Health (SDH) issues

Equity in health is the absence of unfair and avoidable or remediable differences in health among populations or groups defined socially (including by race or ethnicity), economically, demographically (i.e by gender or age) or geographically (EQUINET, 2000). Social determinants of health are the social conditions under which people live and work and that influence health (Solar O, Irwin A. 2005). Examples are Poverty, food security, education, women's empowerment, living conditions, Drug abuse, Access to health, Unemployment and Transport.

2.1 Mechanisms

The HCSN makes use of the lead organization approach in taking forward the agreed areas of collaboration around its five main areas of strategic collaboration. All other HCSN members then provide logistical and technical support to the lead organization in shaping the issues3. The following HCSN members, CWGH, Regional Network for Equity in Health in Southern Africa (EQUINET), Mwelekeo wa NGO (MWENGO), Malawi Health Equity Network (MHEN) and Peoples Health Movement (PHM), for example, are the lead organizations in the area of strengthening people’s power in health. Whilst Southern African Trade Union Co-ordinating Council (SATUCC) and PHM are the lead organizations in taking forward issues to do with improving the conditions of health workers. EQUINET, Consumer Information Network of Kenya (CIN), Health Action International (HAI) and PHM are the lead organizations responsible for taking forward issues to do with ensuring fair financing of the health systems. Southern and Eastern African Trade Information and Negotiations’ Initiative (SEATINI) is responsible for taking forward health and trade issues (HCSN, 2005). Generally the lead organization has existing capacity and is best placed to take up a particular issue. One organization can be a lead organization on two issues depending on its capacity.

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2 Itai Rusike, Personal communication, 7th September, 2006
3 Itai Rusike, Personal Communication, 7th September, 2006
2.2 Opportunities

Several widows of opportunities exist for the HCSN to address health equity and the negative impact of the Social Determinants of Health (SDH). As noted at the February 2005 Lusaka meeting, these include;

- The WTO Cancun created the possibility for alliance between the Non-Governmental Organizations and governments.
- The strategic alliances that have developed across issues and across the region such as the National and African Social Forums.
- Communities are increasingly dissatisfied with the current health and municipal service delivery and therefore there is a window of opportunity through engaging around treatment access.
- There is an opportunity for the HCSN to advocate for the usage of the increasing funding from international agencies such as the Global Fund for AIDS, Tuberculosis (TB) and Malaria to fund the building and sustaining of the national people’s health system.
- All African union countries signed the Abuja declarations that African governments should spend at least 15% to be sent on health. WHO has developed recommendations on per capita spending on health. World Bank has upcoming meetings with civil society, PRSP processes in countries are engaging Civil Society Organisations (CSOs), as is the Global Fund replenishment conference, African Union, Africa Commission and the G8 is now chaired by Britain, which has been leading the push for debt. There is potential to increase awareness among CSOs on the issue.

2.3 External threats

Several threats can inhibit or affect the ability of the HCSN in addressing health equity and Social Determinants of Health (SDH) issues. These include;

- Existence in some governments of policies such as the Zimbabwe NGO Bill, which is currently being crafted, and the unsupportive governments to the civil society.
- Global disasters which shift policy attention and funds away from Africa, for example the Tsunami disaster and the Iraq war.
- Existence of a weak public understanding of the functioning of the health systems.
- Impact of HIV and AIDS on the Human Resources for Health (HRH).
- Low levels of public sector funding and misuse which weakens national advocacy.
- Reliance on external funding by the public sector, which has a lot of conditionalities and external influence from financiers.
- Global fund is not being used to strengthen health systems.

3. Evidence of impact

The HCSN is a relatively young network just older than a year having been founded only in February 2005. Despite being a relatively young organization,
network’s achievements provide sufficient evidence of impact around its five main strategic areas of collaboration.

3.1 Revitalising and building National People’s Health Systems
The HCSN participated at the 2nd People’s Health Assembly in Cuenca, Ecuador. At this meeting, the HCSN managed to organise a successful plenary on health equity matters in the Africa continent, this indirectly influenced the decision to host the next People’s Health Assembly in Africa (HCSNa, 2006).

3.2 Organising People’s Power for Health
The HCSN organised a successful workshop on organising people’s power for health alongside the 2nd Southern Africa Social Forum (SASF) in Harare. This meeting produced action based resolutions that were incorporated into resolutions of the SASF. This workshop was a major success in raising awareness on health equity matters, providing a forum for knowledge exchange and recruiting and mobilizing new actors towards a unified agenda for people’s health, equity and justice (HCSNa, 2006).

The HCSN also took advantage of the review of the Millennium Development Goals (MDGs) by member states in September 2005, to raise awareness on successes and failures in advancing health equity objectives in East and Southern Africa. Tanzania Association of Non-Governmental Organizations (TANGO), a network member, lined up and carried out the following activities (HCSNa, 2006);

- Conducted advocacy and popular mobilization activities throughout Tanzania in July 2005.
- Carried out field research on progress in achieving the MDGs in fourteen districts of the country in June and July 2005. They subsequently produced a report in English and Kiswahili that was used as part of a global civil society report for the poor.
- Launched the Global Campaign to End Poverty (GCAP) in Tanzania on the 10th of September 2005. They mobilized 2000 ordinary people as well as high-level dignitaries from all over that country and outside Tanzania.

3.3 Ensuring adequate and fair financing of national health systems
In the past year, EQUINET, one of the HCSN members, has published papers on perverse aid flows between Africa and the global North and on fair financing in the African context: Current challenges and future prospects, was also produced by EQUINET (McIntyre, et al., 2005; Bond, 2006).

3.4 Ensuring health systems have adequate, available and motivated health workers
EQUINET has recently published a paper on the occupational health conditions of health workers in South Africa (EQUINET, 2005). This paper received much media coverage and successfully highlighted the non-compliance of employers in South Africa with the Occupational Health and Safety legislation. It also outlined the shortages of staff and poor working
conditions of health workers in municipal clinics in South Africa (EQUINET, 2005).

To advocate for the rights of the health worker, members of the HCSN also engaged policy-makers on different platforms like the Southern African Trade Union Co-ordinating Council (SATUCC) and the African Union (AU) as well as the Southern Africa Development Community (SADC) meetings.

3.5 Challenging trade liberalization and encroachment on health

SEATINI, a member of the HCSN, reported a number of activities in lobbying towards the WTO Hong Kong Ministerial including meetings with policy-makers, publication of position papers, and capacity building workshops among others. SEATINI also attended the Hong Kong Ministerial and communicated the demands on behalf of the HCSN (HCSNa, 2006).

SEATINI together with the Institute of Global Dialogue (IDG) also held a roundtable on Development Benchmarks for Hong Kong and Beyond. The roundtable discussed development aspects of the Doha Work Programme, assessing the development perspectives as defined by developing countries and also outlining developmental criteria and priorities for success in Hong Kong and Beyond. African Ambassadors attended the meeting and officials based in Geneva, trade officials from capitals, inter-governmental organizations, parliamentarians as well as civil society organizations.

SEATINI also organized a “Media Symposium on Trade and Development: WTO Ministerial Conference in Hong Kong” in Johannesburg, South Africa, in October 2005. The symposium, organised for civil society practitioners, was convened to explore the links between trade and development as well as focusing attention on whether increasing trade leads to positive developments. Discussions were also held on the substantive issues of trade and development to provide journalists with intricacies of the negotiations. An open discussion was also held on the state of media coverage on trade and development in South Africa.

3.6 Other Evidence of Impact

Since its inception in February 2005, the network has also recorded some success such as improved information sharing amongst members on health and social justice matters through the mailing list that was set up and has been actively used. Members undoubtedly appreciate and recognise the added value that is obtained by association in the network. Prior to its formation, though members were in contact with each other, this was on ad hoc basis and therefore opportunities for effective collaboration were lost. Formalisation has begun to rectify this deficit and other benefits including but not limited to reductions in resource wasting duplication due to more information sharing are now accruing (HCSNa, 2006).

EQUINET and CWGH have also mobilized resources for the Health literacy programme. The CSDH work is in progress. EQUINET has produced a
review on fair financing in Africa. South African Municipal Workers Union (SAMWU), Municipal Services Project (MSP) held a small meeting on HRH in Cape Town in 2005 (HCSNa, 2006).

Again, in 2005 representatives from the HCSN participated in several planning and preparatory meetings to establish roles and responsibilities, expectations, civil society strategy involvement in the SDH and other related matters.

4. Internal Challenges/Weaknesses

Although evidence exist that the HCSN has made some significant contributions impact around its five main strategic areas of collaboration in a very short space of time, with limited resources, in order to make further gains, some network development work needs to be carried out to address four critical challenges which are commonly associated with networks at developmental stages;

- poor follow-up mechanisms on agreed collaboration agenda;
- uncertainty on decision making processes and accountability;
- diminishing network cohesion and sense of belonging; and
- low profile amongst communities, policy makers and other key stakeholders.

4.1 Remedies to challenges/Weaknesses

To address these challenges the HCSN plans to bring together its members, dispersed throughout the region, to a workshop as way of developing collective solutions to the aforementioned challenges. The workshop will be aimed at;

- evaluating operations in the previous year against strategic objectives;
- carrying forward the unified agenda and action for people’s health, equity and justice;
- developing solutions to the aforementioned challenges;
- reassessing the environment against overall network strategic objectives and develop an actionable roadmap for advocacy over several years; and
- developing solutions for operationalizing strategy, and monitoring and evaluation.

5. Recommendation

There is need for the HCSN to have appropriate mechanisms for information exchange and communication, accountability and reporting back between members of the steering committee and those assigned particular roles on specific areas of work (HCSNb, 2006). The same meeting also noted that this took resources and time that needs to be built into the networks processes.

The HCSN needs to have a full-time coordinator to ensure that such communication was taking place. The role of the co-ordinator is critical to
keep network members informed of what was being done, and carry out core tasks like raising funds (HCSNb, 2006).

The same meeting also noted the need to update and ensure commitment from members to be active participants, and to get feedback on what has been done, through for example the leaders of specific areas of work as agreed (HCSNb, 2006).

4. References


EQUINET (2004). Reclaiming the State: Advancing people’s health, challenging injustice, EQUINET Policy Series number 15, EQUINET, Harare


