

PRIORITY HEALTH PROGRAMMES GROUP

Overview by Dr Yogan Pillay

Issues for discussion

- What are the key enabling factors that will strengthen each of the priority programmes as far as policy development and implementation?
- What will the role of the working group be and what will be the Terms of Reference (TOR)?
- Who will constitute the working group and what will the frequency of the meetings between now and the next NCHF?

The priority health programmes are:

- Health Lifestyles
- TB Crisis Management Plan
- Accelerated HIV Prevention Plan

The group was reminded that Maternal and Child Health as well as Malaria in the relevant provinces still remain areas of focus.

Dr Pillay also reminded the group that there is a general move back to the Primary Health Care Approach as well as prevention worldwide. He challenged the group to review the Primary Health Care Strategy. Is it based on the Primary Health Care Approach? Are we adhering to the principles underpinning the District Health System (DHS)

He then expanded on what each priority health programme entailed.

Healthy Lifestyles

Zanele Mthembu from the department of health gave background information in this regard:

- Informal multisectoral task force established
- Move for health campaign
- Workshop with Brazil – sharing experiences on the " Move for health campaign"
 - More still needs to be done
- proposals for 2006 and beyond
 - mass media campaign
 - galvanising society for healthy lifestyles
 - make non-smoking a social norm

For the discussion we were encouraged to focus on four strategies:

- Improving nutrition;
- Increasing physical activity;
- Decreasing irresponsible alcohol use and
- Reducing tobacco use
- Discussions
 - Longitudinal approach to matters of healthy lifestyle – start from infancy – on a continuum, including therapeutic education, including research, development, and training on traditional medicines

- Provide safe environments to enact these behaviours
- Local government involvement
- Psychosocial support services – the mental health aspects, also "the inner spirit" for those who are bed-ridden
- Adequate financial resources to be provided for both health promotion and communication
- All should be evidence-based with a [M@E](#) framework

TB Crisis Management Plan

TB is a crisis in almost every African Country as a result last year the African Ministers of Health passed a resolution in Maputo to declare TB an emergency.

South Africa then developed a TB Crisis Management Plan. The Plan is premised on the need for urgent focused attention in the four health districts prioritised due to the large numbers of cases as well as poor cure rates.

The four districts are:

- Amatole and Nelson Mandela Metro in the Eastern Cape
- eThekweni Metro in KwaZulu-Natal and
- The City of Johannesburg in Gauteng

The components of the plan include:

- Intense Social Mobilisation
- Early Diagnosis and treatment
- Follow up TB patients to ensure treatment completion
- Involvement of patients, families and communities in the treatment of patients

Accelerated HIV Prevention Plan

As with TB, African Health Ministers agreed that each country should develop plans to accelerate HIV prevention.

The draft Accelerated Prevention Strategy wishes to augment the current prevention strategy through:

- Strengthening Social Mobilisation – especially with communities
 - Particularly ensuring a good balance of the ABC strategy
 - Intensifying the community mobilisation component through local structures and door-to-door activities
- Targeting our messaging and developing more appropriate and specific messages
- Increasing uptake of VCT to increase coverage for the targeted populations
- Strengthening the PMTCT Programme

From the inputs of the group there are **four areas of focus** that emerged which emphasize the Primary Health Care Approach:

- It is important to ensure **integration** with other services and departments e.g. water, sanitation, housing etc. This is the Intersectoral Collaboration reflected in the Primary Health Care Approach.
- **Social Mobilization** will also be key in strengthening the health priority programmes but again this will require an integration approach.
- Social Mobilisation will create a demand for services, which means a Supportive Environment will be critical to meet the response from the mobilization. **Health Service for instance will have to be strengthened to cater for the demand created.**
- **Community Based Interventions** will have to be directed at individuals, families and communities. These interventions will have to take into consideration the context in which of the respective communities and be values based.
- There was major emphasis on the need for **psycho-social support** that will have to underpin the implementation of most of these health priority programmes.

TERMS OF REFERENCE FOR THE WORKING GROUP:

Key Issues:

Guided by the four areas that were common theses of the discussions

- Integration
- Social mobilisation
- Health service preparedness
- Meaningful community involvement

Terms of Reference (TORs):

- Provide space for networking and building of relationships
- Distil out the four quadrants – modify and change accordingly
- Find ways to be part of the 2007-2008 priority setting and budget processes define relationships with other structures – e.g. SANAC, NHC
- Assess stakeholder representation – to create a balance

Membership:

- Term of office – 3 years (to be reviewed annually)
- 10 member representation – 3 government, 3 civil society, 1 traditional healer, 1 labour, 1 private sector, 1 academia
 - option to co-opt
- meeting not more than four times a year
 - DOH to convene first meeting