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Heaith secretariat needs to continuously reepond to emerging state policy so that communities are aware 0% what ie going to re gu Hie 1y ie-e.ue press
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state mer hte commenting
’hQ to heaith - e.g. meetin e
with WHO.
id meetinae with our members in the MRC to elicit their .ewe, and to ihtorm them 0% our diecueeione.
Head oifice to hold coneuitatione with other organizations (e.g. PAC) in line with the spirit of the Patriotic Front.
Recommendations on repatriation
Suggestion that as a matter 04 prioritv we should start with negotiating with the SAMDC re registration 04 these new e categoriee of heaith woriier-e.
Should aieo epeak to proxgreeeiue organieatiehe to see if we czn piece these workere in he:ith projects.
See ii we can upgrade theee czteg_iriee 0? workers - e.g. phveiotherapiet aeeietanre to heche phveiethehapie 5. Need to get eyiiabueee to eee whet upugr-ading nee lie to be done.
Aiee need to iiaiee with De-t. 0% Human Reeeurcee.
Suggestion that we need tn hcue en AHF repr resentetiue en the repatriation heaith -ek:ro FMIE
THE WAY FORwARD
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Guidelinee to establish health committees and facxiitete development.
- encourage FEE; Formaii:v (?Via fax? to aeeiet.
- Secretariat arid committee ee aireadr in piece ta help get dept. 0%? the ground.
- Form int ’im committees in regions where there :-e no committee
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5. Cheryl and Ralph to coneider uieitiig
especial F
E and N. Natal.
Identi;v tasks 9’ cept
Diecuee structure options 0% netionai and co-ordinating committee; as ueii ae election proceee.
Add 2 (unpaid / nah fuiitimei membere to the H C
Aitehnate view : nu! others
Majority view far 3 4uii time and 2 extra people on the Nationei Cuerinating ccmmittee (preUioueiy caiied the NwC).
Proceee .
3 4uiitime appointed by the 3-peheon eeiectien pahei who screen candidates. The eeiected indiuiduaie to be heti$ied by regiohe.
2 non 4uiit’we :e’eshe e?ezte: : 1et :-ai zz’ecitat ,9 meeting.
Regional represehtztiuee - 1 person for an entire year ae pert 04 the national secretariat. Region choose their own hepreeentatiuee.
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NATIONAL HEALTH CUNSULTATIU . N
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Minutes Health Mtg
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9 member :ecretariat eiected in Lusaka. 5 have remained in Lusaka. Cde Ralph ha: been the oniv he31thsecretaria.t working actiueiy in the countP/ . Since r epatriation 3 other member-z. have come back, but are not active within the dept.
Structure: Secretar,. Deputy Secret3r,-, Admin. Secretary, Publicity, Training.
Ecch ANC PEG rion In Airic: hcd AND ?Ie3ith teams compoaed of ANC he3ith work.er:, 33 weii 33 people vlho worked in inatitutiona e.g. Weep itais.
Also had committeea in the U.K. He3ith Secret3ri3t has retained their officee in Lusaka. The coordination until recently w33 done $rom the Lu33k3 033i: . It is now being dune from the diffEPenti Airica regione.
H33ith Secret3ri3t needs to 100K at more perm3nent represent3fian for the health EEPUICEE In Africa. Needs to be diecuazed under-structure.
F’Jt’Jr’E CH; hocpi t31
the 10:3. communi t
kw 31th morHers,
hezirr Committee - UK
Aiteh 1?S6 eiected re gionai hea 1th committee. Ther-ea3ter intere3t waned by noh-cammittee members. How h3ue 3 3u3ii irIterim cummittee. H3d dir-eIzt relatiu:n rehip with h33 1th Eecretahiat, but hzd Cordi3i reiatiohs with region. UP reg ion how hot tot3iiy function3i.
QctIUIiiee: Tre3ted peapie more on 3 specl3ii3t b33i3. Ncrm treatment done thrnugh HHS. Ciose working reiaticr hship with 3nti-3p3hthei d health ccmmittee. Poor communic3ti0n with health secretarlat. Inf er3-.i0h given to health 3::het3ri3i. but hm feedbzcv. He3ith committee organized 3 trust 43’ he31th Pei3t33 prsjects $0: 333133 (to be discusaed i3t3rI.

TASKS AND ROLE OF DEPARTMENT
ROLE OF DEPT
1. Heaith Poiicv Del.) Mi pment Ior the QNIZ
2. Preparing to govern re heaI th services in the future
3. Organising of health worker; into QHC
4. Providing sernIicee
5. Contributing to deueiopmentai poiicy
6. Rai: ing nati onai and internationai proIiie oI QNC with regard to heai th
7. Human Resourcee de ue eiopmeht
3. Chaiienging state he-ith poiiciee
?. Increasing awareness of QNC members on health and placing hwiith on the poiiticai m; hda ,
13. Promoting an intereectorai approa ch to hes .ith ;
11. Liaison with other progreeeite health organisations .
TQSFS
1. Service aspect - Relating to eerHIcea being provided in exiie. a-e weii a-e iooking at other eeruicee
2. DEM'EimeEht oI hea ith poiicy
3. Ewenpaigne - e.g. QIDz.
4. Hee.ittI deueiopnIent poiic: e.g. in Fietermaritzburg should we have a clinic. Thi: is beIhg by the QNC in generai (involves other eectors3
5. Preparing Ior negotictions re hecith
e. Repctriatioh with epeciei reIerence to heeithluorvere, e.g. regietration, rehabilitation oI mentally h.andiI:3ppej.
7. Preparation Ior both the heaith poiicy cohIerence ae weii :e the haticInai policy conIerehce
3. IdentiI/ deIICIeHCIee in present EVetem with a UIHM to traln categoriea oI health workers.
V. Be able to traneIorm exieting 5,5tem. ThereIore need to create databaeee. Howeper, ehouid not get bogged down iI he do not have the inIormetioh.
POLICY DEVELOPMENT
Border eugge- ted the Ioiiowing etructure Ior discussions on heaith pIoiicz':
1. Nature DI primary care unit
2. Structure oI a health service
3. How ehouid it be Iinanced (e.g. should patients pay)
4. How do you invoiI.;e commUhI itiee
5. Roie oI private sector
a. Health worker training
7. Loce.i authorities
8. Tredit ionai heaiers
M. Cape pr esehted its approach. It h:e Iormed seventeen :ub-commissions cn diIIerent aspects DI the health poiicy. Branches have been IhI:r1ed :3: brenzh members are encouraged to :eIn these eub-tcmh-ss:ohs to deweio: ooiIcv. Tieee oIIIeren? policy areas will be drawn torether In a regionai poiIcy conIerence. In addition heaith commit ee members wiii aIdreee

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branch meetings. The idea is to develop more detailed policy, while at the same time to encourage iocai partic Lipation and organise new membere.
Different approaches used by different reciene. ApprtaCJee are not mutuaiiy exclusive.
g4; 1) Separate human rights iseuee - haue declaration of intent
2) Put together a working policy document
3) Did not like rheteric
4) Distinguish between medicai eerui- es and health
5) arter and the
Need to have health ciause in the ch
constitution. ’
SUMRRRY/RECDMMEHDQTIDNS _ o
1. Recommendation that :e a basic minimum we have : drait T poiicy do cument that aii regiuhe..eheuid adopt. Second drait 04 the fir-et one. -
2. Inuoiue Lummunitiee in the proczae oi poiicy deueiopment.
3. Encour-wa; regions to deveiop more detailed policy in epecieic ahe:e.
4. Trans ate Document into Vernacular.
#im to have ?eedback them all branchee 0n the original document bEtDPE the next conterence. Branches need to diecuee whether we need to huiid in a heaith ee-zti Ion inta the constitution. If they feei that ite neceeea y, then they should come up with drafts.
SPECIFIC AREAS
Other areas that need to be included in the M. Cape eub-cemmieeIone are trcdition ai heaiere. Border feeie that the previoue areas that they have mentioned need epeciai emphasis and need t0 be ieeked at separateiV.
Regions can look at both the propoeaie. They are at mutU1ii exciueive. These areas are epen. ReQEOIE can add on and nor neceeeahii: have to work: In ail the epeciiic areae. Regions to intorm head e?eice which aheze they wiii be deueiopIno. To iIaIee with one another by ethange of papers etc.
Head Ufti:e shouid distribute to regions the iiet 0t eub-commieeiane and namee 0t conuenohe of eub-cemmieeien in the ditfehent regions. Cenuenore 04 eimiiar commi-eione should then iiaie e with each other. Drait diecueeione doIzumente eheuid be circulated to regions (via head e$4iceh, be4ere the na tionai health contere nce.
Proposed da.te for National Health Canterence: 24, 25, Both
I
January, 19?2 ’n Johannesburg FNU to heat and preoare for the
The other area : - I.e. taeke oi dept ccn be Iiecueeed bv regIone t I-E- OFG:nIain:, cameaiane. Pesatriatien wiii ta diecgsaa: tz-ze-za. Ee-Iice aa;e:ta - Nizi :e aiecueee: uncer etruCture.
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Minutes Health Mtg
Structure
Structure
Nee
decretariat
2 Head to recommend to REC ta co-th a person to deal with health and welfare, i$ there ii no person dealing with thii . Amendment propoaed by w. Cape - re any QNC members who is intereated in working in the dept can be part of the health dept, accepted.
4. ShOUId a region want to organise a di%ferent health . committee, then structure Should be $lexible. 3
Reports to go to regionai"executiuee, naticna EKECHtivEE.

MEETING HELD ON 15/9/91, SUNDAY IN JDHANNESBURG
INTERNATIONAL
Input given by Cde Ralph. Guer the years the QNC, :nd the health dept has been supported bv international donors especially the :bciaiizt: countriee, Scand Lneuian countr-iee and Australia.. This has been mainiy material support. Other :uppbrt twee been giuen by UN agencies e.g. NHU, UNICEF, UNDP. Thi:. has been support in terms 04 training, technical euppb br-t a5 weii as mzteriaiiy.
- Sbciaiiet
- Gout - Scan dinauian - Finaida
Spectrum’ - 310%
- Noraid 1
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- wHD
- UN - UHDP ,
- UNICEF
- NED
- QQM
Most of these bdeee nave Increeeingir beIng expressing a need to concentrate on developmental projects. They are especially Keen tb get involved in h941t projects.
We need to diecuee whct are the prwceseee Wt restructuring. what do we eee ae : future health epetem In S. Aihica) and Iuhat are the neede. How can donuP agencies aEEISt In Iunding thee: needs. Hi-b what are our prioritles.
Basically, donor agenciea do not Iike to fund 0%?icee, e.dmini:tr-ation and etaft. However, ii these are iiniced to deveiopment: prb.jecte, then dbhor agencie es Maui be me he wiiiing to fund theee pr-bjecte. ’ ’
e about GOHOF agencies wanting to fund more broad
Gueetibn-z. wrbs
Lte rather than ANC projecte per ee.
based proJeL
Meeting decided to discuee the deIIeic cpmentai ieeuee now.
1. Shouid pFO.J Me ts inub iue other- br-ganiee.tibne es weii a5 Cbmmunitiee, r’eiigicu: organization (i.e. be as broad baeed as possible). How should developmental eid be channelled.
2. Should the AMI: co- ordinate or should the ere be a brbzder be.eed coordinating structure, e.g. should QHC build their own clinics.
wcrkehb: I;-: Let: P! the: 25-5 at the HM: ::n:e’e’:e. 2’ :2 suggested that the approach ethid be on 3 Ieueie.
(a) HNC Internal (Depte, bh;ncheei. FHL must have regIbnaI deueiopmentai Iorume
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ENGAGING THE STATE
Government Food Aid Programme
Had 3 members of the ANC who attended the meeting.
CPltlLiemE: .
- Money too littie
- Money should also be used tor fIbod victims, uictime of violence
- Funds should not be available only to beganieatibne thzt are iargeiy attended by government peopie
- Charities were more interested in how much money couid be obtained
Director: General in Natai eet up a meeting of mainly the etzte; (including Kwez ulu), the Uniuereity 0t Natal, and the QNC t e ditcue: the toad aid programme.
0
MR8 and Ka izer FcIundat ibn have made overturee to tund deueibpment 0% ANC He alth Pbli Izw.
Need to set criteria. cIn how we will engage the etate. Johnnr raised the Issue thet eamebne in the U: has been aeyed tb eueiuete the chu werrmente AIDE programmes.
STATE STRATEGY
1. Cb-opt pragreesiue #orcee.
2. Gain credibiiity.
3. Regime wants to tzke its own initiative and make itself to be aeen as agent 0% chzhge.
4. nwn members bolstering tIe state poeitioh.
S. Propping up diecredited etructuree f"in contravention of peace accor-df.
Solution;
1. In$iuencing the ideas :4 the state, in rrder tc. prevent inheriting a eyetem thct is In total erIan Ibies.
2. Should we or should we not get invoiJed In state initiatiuee.
3. Have a h.gtibnai etrategv to guide bur involvement.
4. Health secretariat need: to continuously respond to emerging state poiic, 50 that communities are aware 0% what ie going , on.
5. Dept. needs.to regu Hiari issue preee statem ente commenting on iEEIJES relating to health - e.g. meetlnge with WHO.
&. Formaiiee meetings with etzte - agenda, objectives. No Informal chats etc.
7. Chaiienge etete and expose defIClenClEE and JoiIt planning.
9. Ih$iuehce state ettetegv aSJeC’ ’; --’astt;:1_fe
(a) peace accord pPOUiSIGHE
(b) government decision making powehe in the community
(:3 repreeentation
9. Mbbiiiee sectore b: oureeiues, e.g. Hemoa, 3%HNCU - and not ieeue it to NASA aha other state PElatEG structures.

Relationship with Other Bodies

(a) MRC
Our health workers working in these structuhee. MRC - a etate created institution. Make use 04 the skills and faciiitiee $oh our purposes. 9150 need to convene our own members and ask their views on the i 5
Members in NRC should make a report to the health dept."
Regions to call meeting with membere working in the MRC, raise concerns and get commente. Such members to submit suggestions to Head quarters.
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p
Suggestion that similar organizations e.g. NQMDA and NASA, ehouio open up communications. Need to engage to see how tar we 1 transtorm theee organisatione policy.
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Should not on
but also phog
with pFDQFEEE
y try to win over only conservative orgahie
eiue o ganieatiohe. There$ore need to cona
Eat l UH : .
.._.’J
Mandate the head ott’
organizatione r
Front.
I e to hoid coneuitetione with other
Je.g. PHED in line with the spirit of the Patriotic
HIV and AIDS
Recommend that we do not get a person from UK to come here to do ’an evaluation. Suggest that thie comrade empower our local etructuree (like PPHC), rather than coming out as an individual.
AND initiatives on AIDS ehouid link up with PPHC initiative.
REPATRIATION
1. Keep eePUice aspects oe dept in the short term
(3) Confidence building
(b) 5::ilitet::h of acceee
- MCCR health comm
- health institution-
2. For rehabilitation of persons from the camps neede to look at occupational therapy in order to develop skills. Need to follow this up.
Registration of health workere.
This has been done with regard to doctors, but now need to iook at other categories of health workers. Thie amounts to between 5a, and 38 (other categories). Problem ie the SAMDC doee not recognise such posts.
1.
Suggestion that as a matter o? priority we should start with e negoti:tihg with the SAMDE P9 hegietration 0% these new categories of hezith workers.
2 Should :lso speax to progreseiue organisation; to see it we can piece these worhere in health projects.
3. See 5% we can usgrede theee cetegzries :4 ncffe’e - e.;. phrsiotherapist assistants to become phreiotherapiete. Need to get eyiiabueee to see what upgrading nee e to be done.

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Minutes Health Mtg
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Support / ? Structuring of health secretariat.
Administrative staff - the need is urgent. So far PwU has been assisting. Cheryl takes the request to NNC (Fax: 333?B?B)
Deadlines:
- regional conferencea.to be held at the latest by end 0% November.
- Consuitative conterence 2S and 26 January 1??2.
- Minutes to sent out very soon (within the week).
KSC/RM (17/?f?1)

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RELATIGNSUP UITH REC
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IweIfare caueiitee. Launch
Ire-scheduIed for 19/9/91.
IConsists of 5 sociaI
Iuorkers.
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I2 convenors - I member of
IREC and 1 member of ex-
Iiended REC
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INo idea of H&H committee
lat branches. Had sub
Iregional workshops in
lpreparation for 19/9/91.
lHuIm mduHiMe-
Ijoint.
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I
IHaue formal structure,
licrmed in June.
I? members - 3 have posi-
Itions (Chairperson,
Isecretary and treasurer)
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ISeparate sociaI welfare
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IDeIegate had been asked
Ito look at heaIth issues,
Iby the coordinator.
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IPrcbIen cf acney.
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lIntend to form structures
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Convener member of REC
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I2 sub-regionai workshops
IheId - discussed heaith
IpoIicy. Involved with
Icanpaigns with NAHDA,
ISAHJCU, NEWU e.g UM.
IGrganised health services
Iior national conference.
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IguiIds, NASA.
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I2 meetings with the state_
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in aImost aII branches.
Have divided branches
into zones and heaIth
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contact.
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ICcncentrating on policy,
Erather than services.
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IEre drawing up guideIines
Ire treating NEE members.
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Iinequalities. AI regienai
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I I health liaison persons Ilntend establishing a dept. I	
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IJune ’ 9 person COGQIIIEEI ationship. IDecided we need nope than	
I3 pGIIIOIIes: treasurer,	
Isecretary and assistant	
Isecretary.	
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IREC health liaison person
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I IuiII report by 17th October. I
I I
I IList of sub-commissions sent I
Imeeting branch liaison I Ito branches, members can I
Imenbers asked to come. I Iparticipate and join. Process I
IEIected health CUHIIIIGE: I IenabIed lots of recruitment. I
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l IRELATIUNSHIP UITH REC l l
REGION STRUCTURE AND BRANCHES IACTIUITIES l
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IHealth and Uelfare
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land work with other progres-
lsive health organisations.
lLink up with ANC campaign
lstructures.
I
lStrong Health unity forum.
IFNC Health not directIy in-
lvolued. Health cuuiission
Inembers mostly wear 2 hats,
Isonetimes confusing.
lcuulittee formed in June. I body. Involved in repatria- land branches asked toi%end
l8 member cnmnitee. Branches! tion and NCCR.
lencouraged to get liaison
lpersons.
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ldelegates to meeting. Also
Isent to other organisations.
IAlso involved with Hid3ands l
I emergency c11nic -
l treatment re violence
lDiscussion - not very good.
1N0 serious activities.
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IREC - has had some health
lactivities e.g. protest march
Ito hospital.
lParticipated in forming AlDSlPolicy document was circugatedl
l