

Workshop Report: Decentralisation in Health Care

Workshop leader: Johan van Rixtel

Speakers: Victor Pop, Regina Mankhamba, Derrick Mweemba, Shorai Chitango, and Jan Peterson

The workshop “Decentralisation in health care” explored different examples of home based care programmes. Various programmes were developed as a response to the lack of professional health care provision during the HIV & AIDS epidemic in Africa. Home based care programmes offer many insights regarding new approaches to effectively organize health care provision. The workshop mainly focused on the role of grassroots caregivers and the design of “good” decentralization.

The first speaker, Victor Pop, presented the PoZob model that was introduced in the Netherlands in 1997. The mission of PoZob is “the integration of all services related to care for the elderly into one multidisciplinary health care chain” and to involve informal caregivers as well. PoZob aspires to place the patient into the centre of health care and make her the director of care. Pop emphasized the importance of ICT and pointed out that most ICT systems cannot adequately deal with multi-morbidity. Furthermore, he introduced the project “Smart with Care 2013-2018”, in which a care group is mainly responsible for the programme. It also incorporates a shared savings system that promises to stimulate the patient to take the cost-effectiveness of the care more into account.

The next speaker was Regina Mankhamba. She talked about decentralisation of home based care in Malawi. First, she gave an overview of the coordination of health care between the public, the profit and non-profit private sector in Malawi. The public sector offers the basic treatment for a.o. HIV/Aids and Malaria in the Essential Health Package (EHP). Since the Decentralization Act of 1997 health care is also officially organized at the district or local level. Moreover, Mankhamba examined the challenges that decentralization faces and called for more support of community action and participation.

Derrick Mweemba gave a presentation about home based care in Zambia. He showed that most volunteers and most community activists are female. He stressed the importance of strengthening the health care structures on the community level because the community desires to have influence on the health care programmes and can through its participation ensure the success of such programmes. Moreover, it is important that informal caregivers and patients can reach out to professional caregivers.

The last model, which was presented by Shorai Chitango and Jan Peterson, was the Zimbabwe Home Base Care Alliance. It is a membership-based movement and a platform for caregivers on the grassroots level. Chitango praised the programme’s bottom-up approach to health care. Furthermore, she asserted that long lasting change could only come out of the community itself. Different projects to empower local caregiver groups

are carried out to ensure experience sharing and to raise awareness. However, a challenge for many caregivers is the long distances that they often have to travel to reach their patients. Chitango concluded that the empowerment of one caregiver empowers many community members. Jan Peterson mentioned the importance of promoting and coordinating interaction between the different community-based movements. She highlighted the significance of support for grassroots movement by female activists and the importance of not losing the community or home based care aspect by professionalizing the entire health care sector.

The workshop's presentations and the brief discussion, which followed, showed the pivotal role of informal caregivers and decentralized health care provision. Grassroots movements make a significant contribution to health care provision in many countries. As shown by the presented decentralization models, the incorporation of well-designed decentralized care programmes can achieve a more effective and efficient health care provision. Furthermore, it became clear that better interaction, understanding, and appreciation between professional and informal caregivers are needed for better coordination between the two.