

EVENT

The Community Leaders Training Workshop, Cape Town, 10-11 March 2020

Robert Doya Nanima

This workshop formed part of a series that since 2015 has been looking at issues of housing, health, social security and other constitutional matters. With its emphasis on the social determinants of the right to health, the workshop was attended by community representatives from Fisantekraal, Ocean View, Bloekombos and Manenburg, along with experts on socio-economic rights in the areas such as health and housing. Nine presentations were made over a period of two days.

Prof Ebenezer Durojaye discussed the social determinants of the rights to health, which he described as the conditions in which people born, live, work and age and which affect their health. These relate to factors such as sanitation, electricity, water, food, housing, employment, poverty and culture.

Prof Durojaye said South Africa had ratified international instruments that provide for the right to health. These include the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the African Charter on Human and Peoples' Rights. He also referred participants to the national laws, which include the Constitution. He discussed various sections, such as section, 27 in a wider context that related to the right to health, maternal mortality, child care, sufficient food and water, and social security.

Prof Durojaye explained that the state had a duty to take reasonable steps to ensure progressive realisation of the right within available resources. He referred to cases such as *Treatment Action Campaign* and *Grootboom* where the government had to show that it had taken reasonable steps to ensure that

the right to health is progressively realised. He also referred to *Soobramoney v Minister of Health*, where the principle was that a health service provider is expected to balance the provision of the right to emergency treatment without impugning the same rights of others.

He reiterated the need for the community to ensure that it holds the government accountable. Prof Durojaye reminded members that questioning how the government uses resources is crucial to ensuring that the government meets its obligations on the right to health. He said health care services have to adhere to the principles of availability, accessibility, acceptability and quality.

Dr Soraya Beukes from the Cape Peninsula University of Technology discussed the nexus where the right to housing and right to health overlap. Her emphasis was on the sexual and reproductive health of women in the communities. She was of the view that failure to release resources to the maximum was contrary to the ICESCR, and said that the Auditor-General had to account for the various forms of malfeasance that are



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being committed. This included taking action on non-adherence to laws and policies, poor bookkeeping, unlawful payments, non-deserving contractors, and incompetence.

Going forward, she recommended that community-based organisations engage with policy-makers and revisit the housing bouquet on offer. In addition, Parliament has to control the executive's spending of public funds. She advised that the local housing authority should provide information under the Promotion of Access to Information Act.

Dr Olufunke Alaba of the University of Cape Town discussed the implications of social inequalities for the enjoyment of the right to health. These affect all aspects of a girl's life, such as relationships with peers and family members, and yield outcomes that entrench inequality if not dealt with properly. The presenter was of the view that we need to eliminate all forms of discrimination starting now, and called for the girl child to be empowered to lead to the empowerment of the future woman. She advised that collectively everyone in the community should act appropriately and actively.

Prof Dianne Cooper of the University of the Western Cape led the conversation on the link between socio-economic inequality and issues related to girls' menstruation in informal areas. She underscored the effect of menstruation on girls' ability to attend school. Challenges included lack of proper sanitary

pads, which led to girls missing school and losing out on classes for about five days every month. She highlighted other challenges in the communities, such as lack of facilities, lack of privacy, and issues of bullying, shaming or humiliation.

The second day began with an overview by Ms Valma Hendricks of the previous days' session. Ms Paula Knipe led the presentation on gender inequality as a social determinant of HIV/AIDS in South Africa. The discussion examined, among other things, the use of legal protection, sexual and health practices, and the role of information services in the prevention of HIV/AIDS.

Ms Damaris discussed the effects of violence and gangsterism on the right to health, including sexual and reproductive health, in the context of on SDG 3 and 5. She stated that Goal 3 is to ensure healthy lives and wellbeing for people of all ages. Goal 5 covers a range of issues of discrimination, violence, early and forced marriages, unpaid domestic work, participation in politics, economic and public life, access to sexual and reproductive health and rights, and access economic resources.

She reiterated the challenges that women face in reproductive health. These include inadequate levels of knowledge about human sexuality, inappropriate or poor-quality reproductive health information and services, and the prevalence of high-risk sexual behaviour and discriminatory social practices.

Dr Anan Nyembezi led a discussion on sexual and reproductive health and the links between education and access to health. He explained the life-cycle approach to reproductive health and how it affects children from 0 to 9 years, adolescents, youths and persons in the post-reproductive years. He said that at the centre of these cycles are challenges such as unplanned pregnancies, gender violence, certain occupational hazards, and depression. He said educational attainment, working conditions and social support can improve an individual's standard of health.

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