

Navigating the environmental health issues in informal settlements: experience from implementing the Community-Oriented Primary Care services in Tshwane, South Africa

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Community Oriented Primary Care

COPC:

Primary care where professionals from *different disciplines* and *approaches* work together with *organisations* and *people* in defined communities, to identify and respond systematically to health and *health-related needs (e.g social and environmental determinants of health)* in order to improve health.



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Primary Care vs Primary Health Care

WHO:

Primary care is a key process in a health system that provides promotive, protective, preventive, curative, rehabilitative, and palliative services throughout the life course.

Primary health care (PHC) is a broader whole-of-society approach with three components: (a) primary care and essential public health functions as a core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities.



Key Facts

- Ageing, population growth, and a rising burden of noncommunicable diseases are driving the transformation of primary care.
- Primary care has been shown to meet most of a person's health needs throughout their life.

<https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/primary-care>



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COPC APPROACH

COPC is an Approach Guided by 5 Principles



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5 PRINCIPLES OF COPC

1. **Local health and institutional analysis** - derive information from and work with *local people and organisations* in defined geographical areas;
2. **Comprehensive care** – from promotion, prevention, early detection, curative, rehabilitation and palliation;
3. **Equity** – services and care that are accessible, affordable, appropriate and relevant; prioritises those with the *greatest need* (vertical equity) while simultaneously ensuring that those with the *same need get the same services* and attention (horizontal equity);
4. **Practice with science** – highest quality of care is provided by *informing practice through science* and by making sure that practice with science is interdisciplinary and multi-professional; and
5. **Service integration around users** – *person-centred*, people and practitioners in partnership, and continuity of care.



Comprehensive care



COPC Research Unit

Vision: To be the leading transdisciplinary research, learning and service innovation hub grounded on COPC principles, serving the underserved communities

We contribute to the re-engineering of primary health care using an *ICT-enabled COPC model*, while promoting translational trans-disciplinary research and service learning.

Mission: Building a *trans-disciplinary* research platform that serves

- to educate and train undergraduate and graduate students across faculties, skilling them to deliver quality health and well-being services to especially vulnerable populations living in SA,
- to support the delivery of quality health care in underserved communities across South Africa, and
- to engage in basic and applied research.



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Current activities

1. COPC implementation and research: Vulnerable communities:

- 1.1 Informal settlements
- 1.2 Mining communities
- 1.3 Substance users
- 1.4 Homeless shelters

2. Research projects

- 2.1 SAPRIN GRT-INSPIRE (HDSS),
- 2.2 Community Oriented Substance Use Programme (COSUP),
- 2.3 Point of Care Ultrasound projects,
- 2.4 Early screening for TB using face mask.

3. Workplace learning for students

- 3.1 BCMP
- 3.2 MBChB
- 3.3 MMed
- 3.4 Inter-disciplinary Post-grad degrees (Masters and Doctoral)



COPC Implementation and research

- Household visits to do health assessments: CHWs, students
- Satellite clinics: basic PHC and linkage to further care, care coordination (integration of care around user needs – social and environmental determinants of health)
- Nutrition and gardening programme
- Support to ECD centres
- Health promotion activities and campaigns in the community – with local NPOs.



Environmental issues to be navigated

- Lack of clean water/ poor water quality
- Land pollution (littering, lack of landfill sites and waste collection services)
- Air pollution (from dust and fire smoke)
- Deforestation (with resultant soil erosion and air pollution from dust)
- Lack of sanitation (adds to air pollution, poor hygiene and disease prevalence)
- Unplanned building sites (some dwellings are on wetlands and bulk electricity cables supplying neighboring industrial areas)
- Overcrowding
- Infrastructure challenges



Mitigating environmental issues

- Community discussions about water resource management; water quality testing
- Community meetings about environmental issues in the area; co-creating wellness research project: development of Community Action Plans to address immediate challenges of health, dignity, safety and education faced by communities
- living in the informal settlements, report to be presented to the municipality.
- Health education at the clinic and community events; educational videos on various health and hygiene practices.
- Community engagement including exploring reasons for resisting to relocate from harmful sites.
- Preventative programmes introduced as per need, e.g vaccination, early disease detection research.



Thank You!

Merci!

Obrigada!

Asante!

