

The IFP's views on health care policy: Redressing the imbalances of apartheid

Health care and preventative medicine must be within the reach of all

*Mothers and babies
await their turn at a
rural health clinic.
Primary health care
will be a priority.*



The escalating cost of health care and medicine in South Africa threatens the well-being of our entire population. Apartheid legislation has made South Africa the only country in the world with 14 different Departments of Health. As a result of this costly duplication of services, health care in the rural areas particularly has lagged far behind. Now the IFP is faced with the pressing challenge of reducing the backlog...

Through the devotion and skills of staff serving KwaZulu's Department of Health for instance, our medical and nursing standards are still among the best in the world. Yet we are a developing country in Africa in which up to 80 percent of the population do not even belong to medical aid schemes.

The cost of health care and medicine is something the majority of our population simply cannot afford. They are thrust on the already overburdened resources of the State.

Underpaid and overworked doctors put in

100-hour shifts at hopelessly overcrowded teaching hospitals such as Durban's King Edward VIII hospital, which serves much of the KwaZulu population.

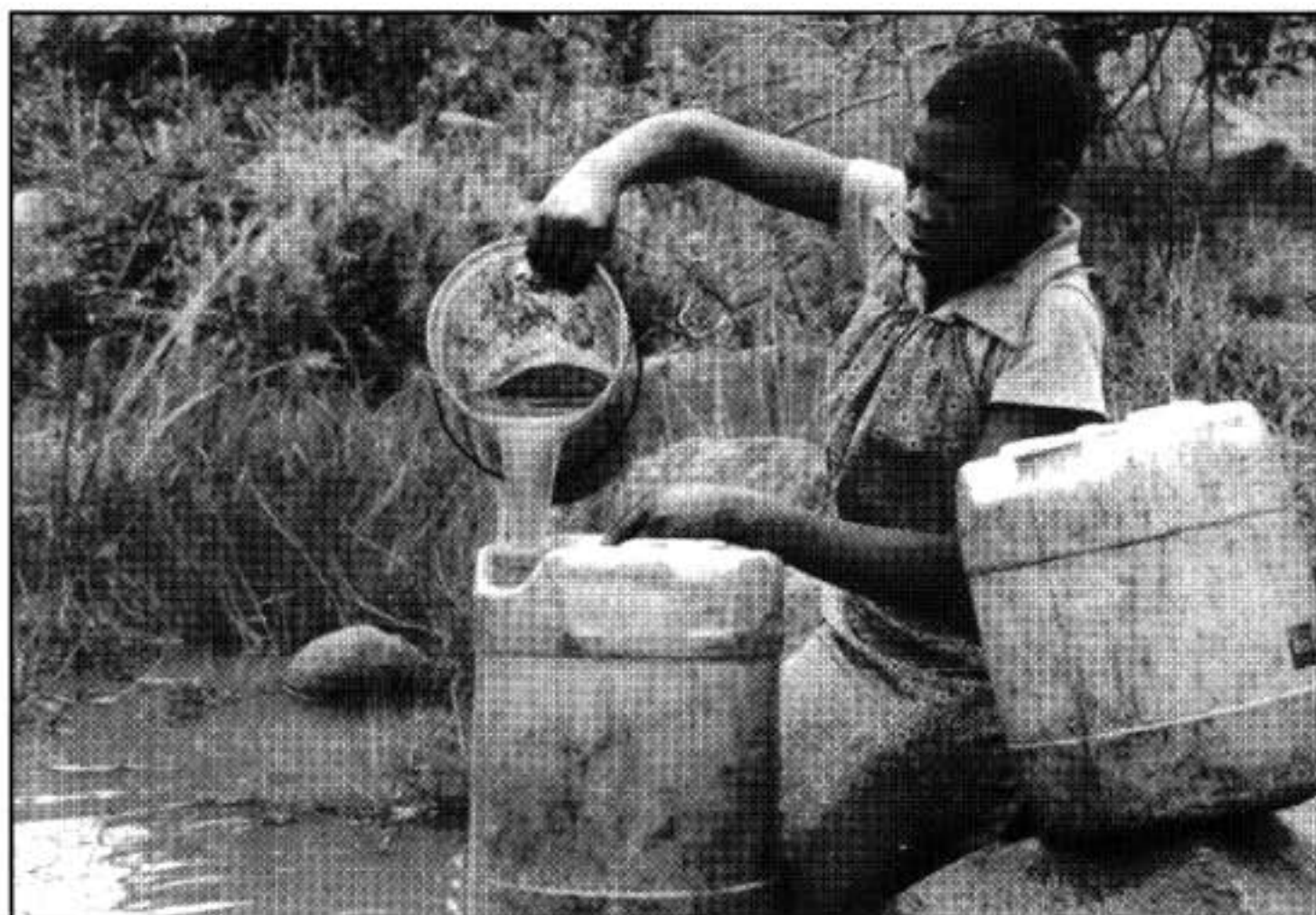
Health services in the Durban Functional Region alone are fragmented into seven different health authorities, all acting under different legal and administrative structures. Faced with cramped, overcrowded and grossly understaffed facilities - in buildings condemned unsafe for more than five years - the establishment of a unitary authority at regional level will go a long way to head off an imminent health care crisis. This will call for money, manpower and materials. Without these resources, the current health service has no hope of addressing the problems of infant mortality, reduced life expectancy and uncontrolled population growth.

Health care would be given a major shake-up by an IFP Government. The present policy, tainted by years of apartheid neglect, simply is not working.

The IFP has gained much from the invaluable experience offered by the Department of Health in KwaZulu and will build on this experience to formulate its

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One of the most difficult problems facing KwaZulu is the supply of safe potable water to rural families.



ideas on a suitable health care strategy. The KwaZulu Government remains to play a pivotal role in any decision-making process about the restructuring of South Africa's health services.

Apart from the wasted funds as a result of the costly duplication of services - and partly as a result of it - the poor salaries paid to doctors and other health care personnel means there are not enough skilled medical staff to allow all South

African hospitals to be fully utilised.

But in Natal/KwaZulu, initiatives undertaken with the Joint Executive Authority (JEA) and its standing Committee on Health Matters have benefitted substantially from the co-ordination of services provided by the two main health authorities in the region - the Department of Health and Hospital Services of the Natal Provincial Administration (NPA) and the KwaZulu department of Health. Serious

Curbing the growing Aids menace

Deaths due to Aids will be almost one million by 1996 and 2,9 million by the year 2 000 - of which half a million could be infants.

The growing threat of a full-blown Aids epidemic could upset even the most carefully-planned of health care strategies. That is why the IFP believes the problem of Aids should be tackled head on and a strong emphasis placed on Aids-awareness campaigns.

Statistics provided by the Economic Research Unit at the University of Natal, which specifically focuses on the Natal/KwaZulu region, suggest that if the doubling time for the spread of the HIV virus is taken as nine months, the cumulative total of HIV-infected individuals within the Black population, aged between 15 and 64, will be 2,55

million by 1996 and eight million by the end of the century.

In turn, deaths due to Aids will be almost one million by 1996 and 2,9 million by the year 2 000 - of which half a million could be infants.

The most effective means of curbing the spread of this disease - for which there is still no known cure - is through education, with schools targeted as the main objective of the Aids information drive. An Aids unit must be established with sufficient manpower and resources to ensure that no individual has the excuse for professing ignorance of the causes and prevention of Aids.

Communicable Diseases: Protecting Children

The IFP recognises that certain urgent issues have to be dealt with in the provision of health care.

Stronger preventative measures must be taken with communicable diseases. All infants and children should be immunised at the correct age to guarantee lifelong protection against these diseases, of which Measles and Tuberculosis are prime examples.

Particular attention should be given to

Black communities, which at present have a lower immunisation coverage than White, Asian or Coloured communities.

This would require the extensive use of residential clinics - and especially mobile clinics - which are more accessible in outlying areas. This should be accompanied by widespread awareness programmes which advise parents of the critical need to make use of these facilities, not only in times of illness, but also for the immunisation of their children.

consideration has also been given to a regional health service.

PRIMARY HEALTH CARE (PHC)

As one of the planks of its health care policy, the IFP will put a greater emphasis on PRIMARY HEALTH CARE, which would form the nucleus of our health service. We will set up of clinics in rural areas, accessible to everyone and backed by a very good system of hospitals.

These essential health care services must be accessible to individuals and their families within their communities at a cost they can afford. The commitment and participation of local government structures is integral to the success of PHC programmes.

COMMUNITY-BASED HEALTH PROGRAMMES (CBHP)

These are another crucial feature of Primary Health care. They seek to place responsibility for local preventative and promotive health care within communities, while providing these communities with the resources to do so. They form the bridge between communities and formal government structures.

For these Community-Based Health Programmes to be effective, they will have to be funded by local authorities who will need to acquire a team of competently-trained health care officials for the task. In KwaZulu at present, this supportive role is

filled by more than 500 trained community health workers.

Efficient and viable local health authorities must be incorporated within tribal authorities and township councils. They will be trained to take full responsibility for regional health care, including the employment and supervision of community health workers in their areas.

TACKLING BACKLOGS

The IFP recognises the crucial need for a future government to provide adequate health care facilities for all South Africans. Not only must present backlogs be addressed, in terms of the chronic shortages in staff and the lack of even the most basic resources in many areas of the country, but the health service in general needs upgrading and expanding.

Any attempts to improve health care will need rigorous education and training programmes, within communities as well as the medical profession. The IFP will place much emphasis on the role to be played by communities in the upgrading of services in their own areas.

Training of members of various communities in the essentials of health care will enable them to improve the health status of their communities and create job opportunities for the unemployed in the community. These programmes must be monitored regularly by health inspectors - of which there is also a shortage.

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