

The Campaign for People's Health and Social Services

SAHSSO

This campaign was conceived at a SAHSSO National Council in February 1993. It was motivated by the understanding that in the run-up to the transfer of power to a democratically elected authority, the present government is deliberately shifting the political economy of health towards private control, and therefore beyond the reach of a future government.

It was felt, given our long standing position of placing health and social services under the control of communities and democratic health workers, we needed to counter this manoeuvre on the part of the government and to place health firmly on the agenda of other structures in the liberation movement. It was also envisaged that the campaign would mobilise health activists, who have been inactive since the launch of SAHSSO.

Unilateral Restructuring

The theme of the campaign also derives from the government's parading as a major change, the farcical cancellation of 'own affairs' departments, resulting in the reduction of departments from fourteen to eleven. This was to occur on 1 April 1993, a date not inconsistent with falsehood and foolishness.

The areas of unilateral restructuring that raised the most concerns were:

- Rationalisation - the elimination of 'own affairs' departments has come with the simultaneous threat, from the cash strapped provincial administrations, of closure of public hospitals or sale of public hospitals to the private sector and massive retrenchments
- The Medical Schemes Amendment Act - This Act was passed in parliament recently, giving medical schemes autonomy to set their own membership rates, thereby allowing them, for profit motives, to exclude certain indigent groups, such as pensioners, from membership of medical schemes. The Act also removes guaranteed payments to doctors, which means patients will have to pay cash up front for medical attention. This would also have the effect of reducing poorer patients access to medical services.
- Autonomy of Academic Health Complexes - the government intends setting major state teaching hospitals on the route of privatisation, by allowing these

to secure and compete for their income from the private sector as autonomous academic complexes.

● **The Department of National Health's flawed PHC model**

The internationally accepted concept of PHC seeks to empower communities and individuals to achieve improved health status. The government subverts this concept by insisting that communities pay for the cost of health services. Government expenditure on PHC is scanty, and restricted clinics and day hospitals which have a top down approach to PHC.

● **Drought relief and nutrition programmes**

The government has created an infrastructure for the purpose of poverty relief, but funds available for this work are grossly inadequate. Moreover, eighty percent of funds of the limited funds available go, not towards poverty relief, but towards servicing the unilaterally established infrastructure. In some outlying areas, these funds have disappeared through bureaucratic corruption - a consequence of the government's lack of wider consultation in the allocation of funds.

● **Increase in VAT on health services**

The government has failed to zero-rate VAT on health services, showing its lack of concern about millions of people's inability to pay for health services at present costs

Organisations Involved

The campaign was successfully placed on the agenda of SAHSSO, SANCO, NEHAWU, SASCO, NPPHCN, ANC, SACP, PAC, AZAPO, SAMDP, COSATU, Diakonia, Black Sash, DHAC, NPSA, NACTU and OMHLE. This resulted in an unprecedented unity of purpose among the major components of the liberation movement and was a milestone in itself, apart from giving the campaign widespread legitimacy. The prosecution of the campaign initiated by SAHSSO has been the task of all these organisations through a joint forum.

In terms of mobilising health workers, the campaign has succeeded in focussing health workers' energies into political demands for health and has ensured an increasing participation of health workers in a progressive and democratic way.

The assassination of comrade Chris Hani, who personally endorsed the campaign, and the subsequent programme of mass action by the tripartite alliance has strengthened both the need and the desire for the successful continuance of the campaign. Numerous actions at the regional and national level have already occurred and the alliance of forces in the campaign will be



Batshabelo, March 1993. *Photo: courtesy Medecins du Monde*

meeting shortly to determine how the campaign can be pursued within the framework of its objective and the mass action campaign.

Regions are being encouraged to continue the campaign at the local level. For example, a proposal is to be made to embark on a programme to rename the Baragwanath Hospital, the Chris Hani Memorial Hospital. A number of initiatives in other regions are being considered presently and there is confidence that the campaign will make it uncomfortable for the government to pursue a unilateral agenda in health.

In Natal, the decision to restructure King Edward Hospital and the establishment of a new academic hospital has been unanimously rejected by health workers in the Health Crisis Forum (a joint formation of progressive organisations in Natal including SAHSSO). It was felt that this would have detrimental consequences for patient care in Natal, as the new academic hospital is to be an academic complex in which only patients who suffer ailments of value to research would be catered for.

In many ways, the campaign needs to be regarded as a sustainable programme which must culminate in democratising the restructuring of health services from an apartheid anomaly to a democratic entity.

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