# Transforming the State
## Health and Health Related Sectors

*Critical Health & Glenda Wildschut*

South Africa's public health services are plagued by fragmentation and poor administration, with serious consequences for coverage, comprehensive care, efficiency and costs. The administration is centralised and bureaucratic. There are serious disparities in health status and service provision, especially along racial and geographic lines.

This undemocratic system ignores community opinion and there is no consultation with consumers. Also, within South Africa's health care system, there is no consensus on a definition of primary health care (PHC). This leads to unco-ordinated service delivery, inappropriate training, poorly equipped facilities and a lack of the necessary managerial skills amongst staff. The health sector does not collaborate with health related sectors and this has a negative impact on diseases which are influenced by health related factors.

Previously, progressive health organisations have criticised the poor administration and fragmentation of services. They have called for a unitary health structure. They have also demanded political change. However, these organisations did not really go much beyond criticising the apartheid state or making health and political demands of a general nature.

## New Challenges

Because of recent significant political changes, we can reasonably expect a new government with greater political commitment to health care in the near future. Progressive health organisations thus face a range of new challenges.

It is against this background that the commissions on organisational structures for the public sector health services, improving the quality of service in the public health sector, transforming the civil service and intersectoral collaboration were held.

It became clear from the discussions in the commissions that merely recognising the problems caused by apartheid will not help us to improve South Africa's health care system. As health workers committed to change, we have to rise to the new challenges. These include using the primary health care approach to achieve a decent level of health for all (HFA). This approach entails

a comprehensive national strategy, based on the principles of equity, affordability, efficiency, effectiveness, acceptability and participation.

The discussions went beyond general criticism. Concrete policy proposals which respond to South Africa's health needs were produced. The policy proposals identified areas of priority within the context of socio-political and economic reality.

## Transforming the Public Health Sector

The commissions on organisational structures and improving the quality of service focussed on changes that need to be made to the public health sector. The first of these commissions used an input to the conference by Nicky Padayachee, titled 'Restructuring of Public Health Services: National, Regional and Local Health Authorities', as a basis for discussion.

The commission identified the various lines of fragmentation in the existing health service. It is divided along racial, tri-cameral, curative/preventive, academic/non-academic, rural/urban and homeland/South Africa lines. Participants restated the call for a unitary health system. This system should provide essential services to all and this entails a redistribution of resources. The

structures should be under democratic control and allow for grassroots participation in decision making and policy formulation.

Discussion then focussed on generating detailed proposals as to how such a system should be structured. The group identified four levels in a new health service, namely district, sub-regional, regional and national. Participants agreed that the district should be the basic unit of the health service and should plan, manage and provide essential health services. These services include health education, curative care, women and child health services and nutritional services. Sub-regions and regions should be responsible for specialised services and provide support and resources to the districts. The national level should allocate finance and personnel, co-ordinate policy making (in which all the levels participate), co-ordinate health information and monitor equity and redistribution of resources.

## Improving Quality

The commission on the quality of the public health sector started by identifying various problems in the public sector. Patients have to wait in long queues and facilities are closed after normal working hours. Patients, especially those in

rural areas, have to travel long distances from home to clinic. Health centres provide a narrow range of services and poor quality care. Staff often display an uncaring attitude towards patients.

The participants recognised these problems as having deep rooted origins and characterised the public sector as being in crisis. It has inadequate resources and facilities are understaffed. The fee for service system makes services inaccessible to many. There is poor planning and administration and there is no PHC vision. Staff do not recognise that the public health sector belongs to the community. Community involvement in the shaping of public health services is non-existent.

There was group consensus that the solution lies in a restructured, reorganised and transformed public health system, not in the private sector. There must be an immediate stop to cuts in public sector services and retrenchments. Facilities must be adequately staffed. The public sector must develop a PHC philosophy and share this with all health workers and the community. It must be accountable to the community, which must be involved in shaping health services. However, the public health sector must also be well managed.

## The Public Sector as a Whole

Progressive organisations have long understood that the health status of communities is largely determined by factors outside the health care system. In order to improve health status, a wide range of health related problems have to be addressed by other sectors of the state.

The government has pretended to agree with this understanding of health, but this has been no more than a smokescreen for continuing to ignore the factors responsible for ill health in South Africa.

This conference made large strides in moving beyond the uncomfortable status quo. The commissions on transforming the civil service relevant to the health sector and intersectoral collaboration looked beyond the public health service to the public sector more generally. They discussed ways of ensuring that the health sector becomes an integral part of a service oriented public sector.

## Towards an Accountable, Well Managed Civil Service

The civil service commission was informed by a paper written by Patrick Fitzgerald, titled 'South African Public Administration in Transition', as well as an input given by Fitzgerald at the conference. He argues that the civil service functions as a bureaucracy in which decision and policy making are dominated

The civil service maintains the pretence of neutrality by working within the framework of existing laws. *Photo: unknown*

by white, male, Afrikaans speaking Calvinists who support the National Party. They see public administration as a range of neutral administrative processes. The relationship between public administration and the socio-political, ideological and ethical environment is suppressed. The lower civil service does the 'dirty work' and the senior civil service maintains the pretence of neutrality by working within the framework of existing laws.

Until recently, progressive forces rejected the civil service as part of the apartheid system. They did not engage in debates concerning the role that should be played by the civil service. In the past year, however, debate on the transformation of the civil service has been growing. Issues being debated include the ethos and values of the civil service, the need for a development oriented public service and the need for a managerial and delivery oriented service.

For Fitzgerald, we need to create a civil service that is, on the one hand, non-racial and accountable and, on the other, well managed, cost efficient and client oriented. The civil service will obviously not automatically adapt itself to a new government. A lot of work will be needed to change ingrained attitudes and habits within the civil service. An affirmative action policy will be needed

to ensure that people with more appropriate values take up important positions in the civil service.

## Affirmative Action and Filling Key Posts

The commission agreed with Fitzgerald's characterisation of the civil service. Participants identified a number of problems in the structure, functioning and management practices of the civil service. They include fragmentation and duplication of structures. The civil service is unrepresentative with regard to gender and race, and it is not accountable. Training of personnel is inappropriate and the civil service is managed in an uncaring, undemocratic and top-down manner. Corruption is rife and the civil service is not open to public scrutiny.

These problems clearly impact negatively on health. They impede the eradication of poverty and illiteracy, the promotion of PHC, the construction of social stability and, as such, the achievement of health for all.

The group paid particular attention to affirmative action and to those occupational positions which are important in transforming existing structures. Participants proposed an immediate freeze on all promotions. There was agreement on an affirmative action programme, to ensure that people from within the democratic movement who share the vision of a national health service and progressive PHC fill the key posts in the public health service.

Participants also agreed on the need for the civil service to be open to public scrutiny. The group suggested that this requires legislation to ensure that it becomes routine practice to make information accessible to the public.

## Collaboration Between Different Sectors

The commission on intersectoral collaboration started from the premise that the successful development of the PHC approach requires effective collaboration between the health sector and other sectors. Participants recognised that effective collaboration can only take place if, firstly, the fragmentation of state structures and the liberation movement's suspicion of state structures is overcome and, second, a culture of consultation and collaboration is developed between the state and civil society.

The participants had not tackled this issue before and there was no clear base from which to project discussion. Participants eventually decided to focus on local areas because most participants are involved at this level. It was hoped that the collective experience of everyone present would help formulate proposals that could have a national impact.

The lack of collaboration between sectors responsible for drought relief resulted in a hit or miss approach to the effects of the drought.
*Photo: Tsheko Kabasia*

Two case studies were looked at. Firstly, the lack of collaboration between sectors responsible for drought relief resulted in a hit or miss approach to the effects of the drought. Secondly, interaction between the Benoni City Council and the well organised Wattville Resident's Association highlights the fact that local authorities have access to necessary resources, but that they tend to provide technocratic solutions to problems. As such, black communities and their civics have an important role in shaping public services.

## Development Forums

Participants suggested the need for local/district development forums, consisting of a range of NGOs (including civics) and relevant government departments, such as health, welfare, education and finance. These forums should have the power to make and implement decisions and be represented on regional bodies. The regional structures should ensure an equitable distribution of resources as

well as adequate representation of local needs at national level.

The commission identified a number of issues which require intersectoral collaboration, including nutrition, social welfare, AIDS/HIV, environmental health (particularly water and sanitation), family planning, housing and literacy.

The participants recognised that they had only managed to scratch the surface, but they did not see this as a shortcoming of the commission. In contrast, the commission covered important ground and recognised the necessity of continuing debate and discussion on intersectoral collaboration beyond this conference.

Discussion on the need for intersectoral collaboration also took place in a number of other commissions. In the commission on proposed organisational structures for the public sector health services, it was stressed that there was a strong need for intersectoral collaboration at the district level, with regard to the provision of water, sanitation, housing, job creation, waste removal and nutritional support.

The commission on nutrition agreed that there should be a nutrition department within the national health service. This department should function intersectorally and be linked to district nutritional development committees, which should include people from the community and health workers.

## Only the Beginning

It is clear that the commissions at this conference made a significant advance in that they opened up debate on the detailed actions that need to be taken to transform the public health sector and health related sectors. In many instances, this resulted in relatively comprehensive proposals, but, as indicated in the discussion in the intersectoral collaboration commission, we are entering relatively unfamiliar terrain. We are only at the beginning of the process of making meaningful change to the public sector.

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