

Towards a new health policy for South Africa

In this article Professor H.M. Coovadia suggests immediate steps that could be taken to formulate a policy for the restructuring of the health care system in South Africa. The establishment of various commissions to achieve this is suggested. These would operate under the guidance of the principles included in this article.



I. Building unity

Apartheid health policies have been an appalling disaster with consequences which will extend well into the next century. These effects have been extensively documented and are referred to in this presentation only in the most general terms in order to substantiate the changes proposed.

The process of constructing a National Health Policy is an ideal opportunity for building unity in the sphere of social services. The issues to be discussed are less open to wide ideological differences and can therefore serve as a focus of bringing people together rather than dividing them further.

The range of organisations to be involved in the construction of a national health policy can be wide and may even broaden out to the margins of state institutions. For example one can consider including: ANC, PAC, AZAPO, COSATU, NAMDA, PPHC, SAHWCO, OASSA, SABSWA, SANA, IMA, MASA, universities/nursing colleges/health sciences, upper reaches of existing health bureaucracies, a national reg-

istrars' body, an Academy of Family Practice, etc.

II. Principles of reconstruction

The broad principles governing reconstruction of health services should address the major contradictions within this sector:

1. **Equity** - there must be fairness in availability and accessibility of health services. Ability to pay must play no part whatsoever in access to these services.
2. **Fragmentation** - the health service must be integrated and comprehensive.
3. **Prevention** - the emphasis must be on prevention rather than cure.
4. **Rural services** - rural areas must rapidly attain levels of care appropriate for the population they serve and at least comparable to services available in urban centres.
5. **Affirmative action** - historical inequities must be reversed in education and training of health personnel and in the delivery of health care.
6. All investments and services must be subjected to **cost-benefit and cost-effi-**

cient analyses.

7. **Priorities** must be set for every level of health care on an objective basis.
8. A **subcontinental perspective** should be developed after appropriate consultation, with regard to needs for high-tech, expensive and tertiary care facilities.
9. **The process of change** should be non-punitive, should retain infrastructure as far as possible, without sacrificing the above principles. In addition, the process should be gradual, should adopt subtle or indirect means of attaining objectives instead of confrontation and rigid adherence to pre-determined views.

III. Reconstruction policy

1. Adopt a policy: This policy should be adopted publically as a broad statement of principle placing a high value on health, accepting that health is a basic human right and that all citizens are assured equal opportunities and equal access to resources which enable them to avoid preventable diseases, reduce sickness and disability, promote well-being and to achieve good health.

The policy should be incorporated

into a:

- i. Bill of Rights
- ii. Constitutional Rights to Health and Welfare.

2. Establish single Ministry of Health and Welfare in a National Health System.

Functions of the Ministry would be to:

- a) Establish guidelines in Health
- b) Establish a global allocation of resources
 - abolish 14 ministries;
 - appoint one Director-General of Health;
 - establish Regional Administrative Units according to logical geographical divisions of the country.

A Regional Allocation Work Party should be established to decide on resource allocation according to population size, morbidity and mortality criteria.

Set up appropriate local authorities.

3. Community participation

Methods to encourage, nurture, or establish grassroots structures among communities should be sought in order to increase involvement of the masses. Both providers and recipients of health care should be organised so that their perspective can be heard and accommodated.

4. Comprehensive planning

Create a national commission to formulate a single comprehensive Health and Welfare Plan for South Africa into the

21st century.

5. Establish a Committee for Inter-disciplinary Co-operation and Planning to include the following areas:

- Primary Health Care
- Health and Welfare (especially social welfare)
- Education
- Finance
- Land distribution; agriculture
- Food security
- Income and Trade
- Mass Organisations
- Political Organisations
- Voluntary Organisations

6. Training personnel

Regional Commissions on Health Personnel Needs (according to central guidelines) and related Regional Commissions on Education and Training of Health Professionals could be formed. Their tasks would be, amongst others, to:

- determine appropriate personnel needs and thereafter appropriate training for personnel;
- introduce integrated health sciences facilities (instead of separate training schools for different health workers);
- explore alternative training models for all levels of health professionals.

7. Primary Health Care

a) Regional assessments of Preventive Health Care needs could be undertaken. To ensure that this is a priority function, a separate budget could be allocated for these needs.

b) A Primary Health Care Development Commission to establish priorities for children and adults could be established. Their tasks would involve support to education, consultancy, research, PHC projects. A budget should be established as a matter of urgency for PHC needs, infrastructure and planning. Consultation should take place with grassroots/advocacy groups such as PHC committees in rural areas and city health committees in urban centres.

8. Secondary and Tertiary Care

Regional assessments of secondary level and tertiary health care needs are required. A National Commission on Assessment of Priorities for Tertiary Care should undertake cost benefit, cost effective analyses, should have a subcontinental perspective and should formulate a budget for tertiary health care. Again, a participatory method of need determination should be the guiding principle when determining community needs.

9. Pharmaceuticals

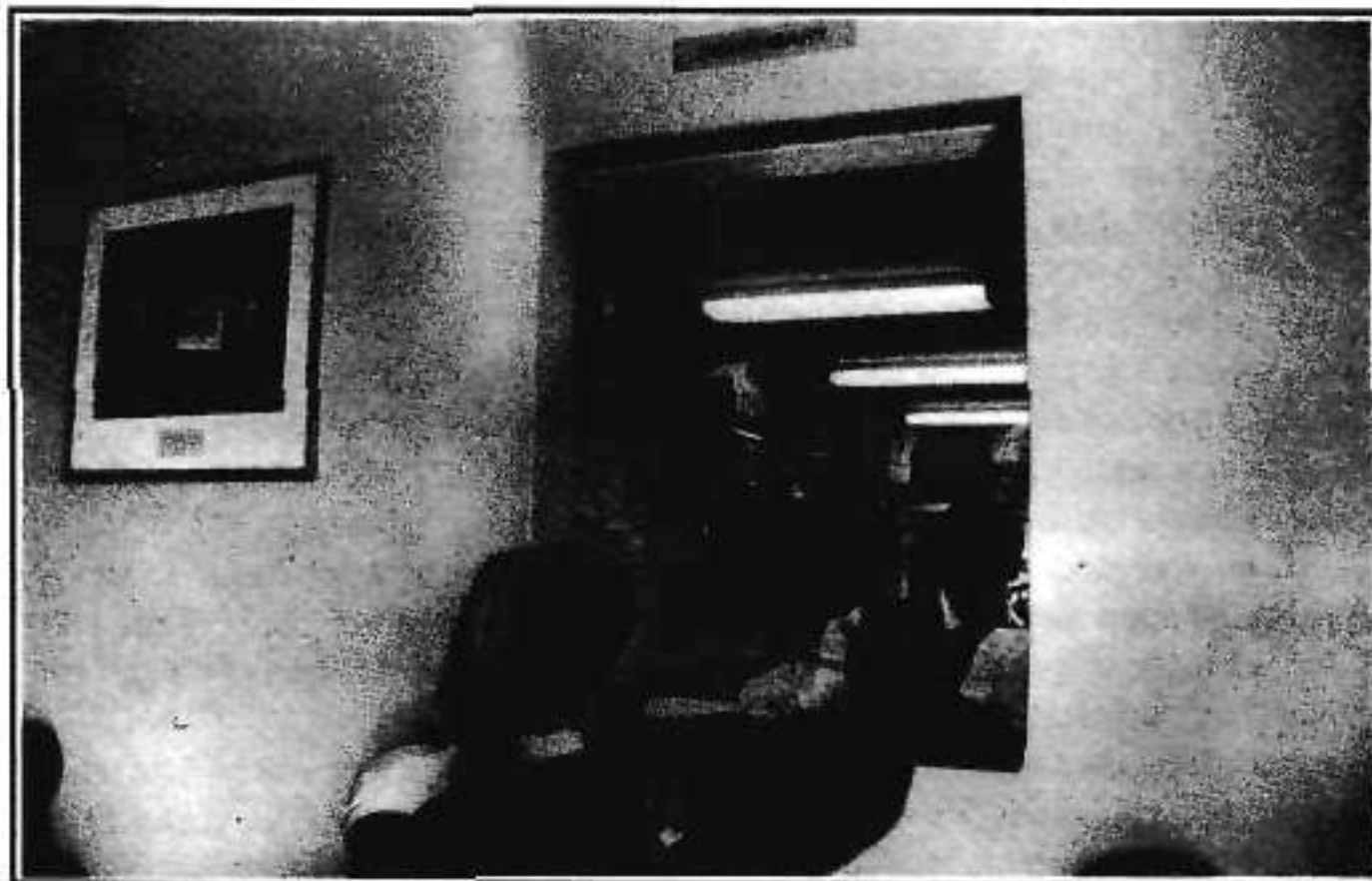
A National Commission on Pharmaceuticals and Medical Supplies should establish:

- an essential drugs list for all levels of care;
- a national purchasing facility;
- a distribution network;
- ensure security of supply and storage;
- monitor quality.

IV. Context of new policy formulation

These policies must be implemented within a framework of national progress and development, elements of which impinge directly and indirectly on health and well-being. Such elements include:

- Improvements to the physical and social environments such as housing, education, welfare, sanitation, water, electricity, transport, communication, recreation, protection of the environment and the workplace and so on.
- Economic growth and redistribution such as the restructuring of the economy, land reallocations, improved income, workers' rights.
- Democratisation of the political process and empowerment of the people.
- Security and peace. □



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