Problems in the transformation of the health sector

Current health services are characterised by racial divisions which ensure excellent care for whites but inadequate care for most blacks. Urban curative care, and secondary and tertiary care are accordingly developed at the expense of rural, preventive and primary care respectively for the majority of South Africans.

Current health services ensure inadequate care for most blacks

There is growing consensus amongst progressive health workers in South Africa that a national health service is the most appropriate vehicle to meet the health care needs of all. This is compatible with the World Health Organisation's primary health care approach. [1,2]

Political commitment to a national health service is a necessary precondition for a good health service and therefore probably depends on a change of regime in South Africa. The political transformation of the country's health services is however, not a sufficient condition for ensuring successful transformation of the health sector, i.e. ensuring accessible, appropriate and acceptable care to all South Africans, in a cost efficient way and at a cost that the country can afford.

This paper will focus on some of the obstacles to the successful transformation of the health sector in South Africa, both to modify overly optimistic views that the current health service is easy to transform, and to encourage progressive health workers to explore viable ways of achieving this transformation.

To appreciate the extent of these obstacles, one need only look at recent reports from in Cuba, [3] Tanzania, [4] and Zimbabwe, [5] which identify how difficult it is to maintain an appropriate national health service and to turn the ideals of equal health care into reality.

To these obstacles, one must add those additional obstacles that arise from the system of apartheid in South Africa and which will remain evident in structures and services for some time after political transformation.

Obstacles in the transformation of the health sector in South Africa

We have identified eight major obstacles and these are discussed in turn. Our assumption in this discussion is that there will be roughly the same total expenditure within the health sector in the future, as there is at present.

1. The implications of expanding the service and of increasing demand

As most South Africans do not get good basic health care, a vast and costly expansion of primary health care facilities and staff is required.

Some of the funding for this expansion will need to come from the savings made by dismantling the existing fragmented health service and its expensive bureaucracy, in removing duplication of services and in offering preventive and curative care under one roof or from the same vehicle. Savings will also be made by implementing cost-effective drug and special investigation policies.

However, these savings will be unlikely to mobilise enough funds for the initial expansion of services that will be needed in South Africa. The situation will worsen as the health service improves and expands, because expectations and attendance are likely to grow, adding further to funding needs.

2. The demand for teriary care and care by doctors

Advancing technology has made available tertiary level care which, although extremely expensive, does have many benefits. A national health service in South Africa would certainly not be able to offer this care to all, particularly if it simultaneously tries to meet the need for essential primary health care. At the same time, there is likely be a greater demand for such high technology care. This raises important ethical questions, for instance: how does an egalitarian society make decisions about who gets renal dialysis and who dies? If such care is offered, we will be faced with the problem of cost spirals and cost control.

3. The demand for curative care

Preventive health services are grossly underdeveloped and require expansion. However, the budget for the health sector is limited. Therefore, it is often suggested that the expansion of preventive services should occur at the expense of curative services. This overlooks the fact that the curative services available to many in South Africa are also inadequate, and this will have to be rectified. In addition, peoples' demand for curative care is stronger than their demand for preventive services, because of the acute need for care when someone is ill. We can expect the demand for curative services to be more strongly expressed in the future, particuarly by those who have been deprived for so long. Thus the temptation is great to provide only the bare essentials of a preventive service, because its absence is less noticeable and less sensitive politically, and its superior cost- effectiveness is often only evident in the long term.

4. Care for the affluent

Care for the affluent will pose a problem in a transformed health service because they are used to a certain standard of care. The quality of much of their primary curative care is likely to be maintained or improved, but not that of their tertiary care. We can argue that the privileged will have to accept this loss as the state looks to the needs of all. However, the state may be tempted to compromise in the face of threats of emigration by the privileged and the consequent loss of their skills. Such compromise will inevitably be at the expense of less affluent members of society.

5. The power of the professionals

A future national health service will need to harness the support of professionals to ensure that they serve the needs of society despite the fact that they will probably earn less and will have to work in poor and rural areas, in primary health care, and in preventive health.

The dominant view amongst doctors today is that their professionalism requires them to do the absolute best for each patient, leading them to staunchly defend a barrage of costly practices and esoteric research. Doctors have perpetuated their powerful position by ensuring selection of a particular class and character of medical student and by ensuring that current values are transmitted through the curricula and through a particular approach to teaching.

It will be a formidable task to persuade professionals to serve the needs of society more appropriately, particularly because they can be expected to use all their power to maintain their privileged position in society.

6. The effects of residential apartheid and population shifts

The effects of residential apartheid will remain with us long after the installation of a democratic government. The majority of existing health facilities are situated in white areas, some distance away from the black townships. Yet most of the people now living in the townships will continue to live there. Thus, although a future health service will remove official racial barriers, township residents will still be faced with additional transport and time costs, and inconvenience. This will result in less than optimal utilisation of the health service and a consequent perpetuation of inequality. One way of dealing with this problem would be to close down facilities in white residential areas and construct new ones close to the most densely populated areas. This will in all likelihood be too costly to implement.

Large population shifts can be expected when influx control is removed. Where will the resources come from for the hospitals needed to serve cities of over a million people that could sprout up in major mining areas? Similarly, how will the immediate health care needs of people on the urban fringes be met?

In spite of these population shifts, many people will probably remain in rural areas and on white-owned farms. In South Africa, these groups will probably be less organised than those in the urban areas and therefore not in a position to express their demands.

A new government may respond to the demands of the organised urban dwellers at the expense of those who are less organised and who are already the worst off in South Africa. Concentrating health services in the urban areas would set the stage for perpetuating class (instead of racial) differences; it would mean that those who need most care get the least.

In spite of these population shifts, many people will probably remain in rural areas

7. Sector conflict in undoing fragmentation

A national health service should be an integrated comprehensive service. As such, the current divisions between preventive and curative services, between vertical and horizontal services and between racial groups should be removed. Preventive services and curative care should be offered together. Services, such as family planning and tuberculosis care, which operate in isolation from he rest of the health care system, will need to be integrated into a comprehensive service. Racialism should be removed by having one health ministry consisting of logical geographical regions, and by integrating all hospitals and clinics.

One problem that may arise in the implementation of such a unitary health service is the potential conflict between health workers merging from different sectors of the existing service. Some workers will have developed a sense of superiority because of the specialised nature of the care they were providing and others will bring along racist or ethnic views. The increasing fragmentation and continual promotion of ethnic divisions within the present health service has increased conflict potential.

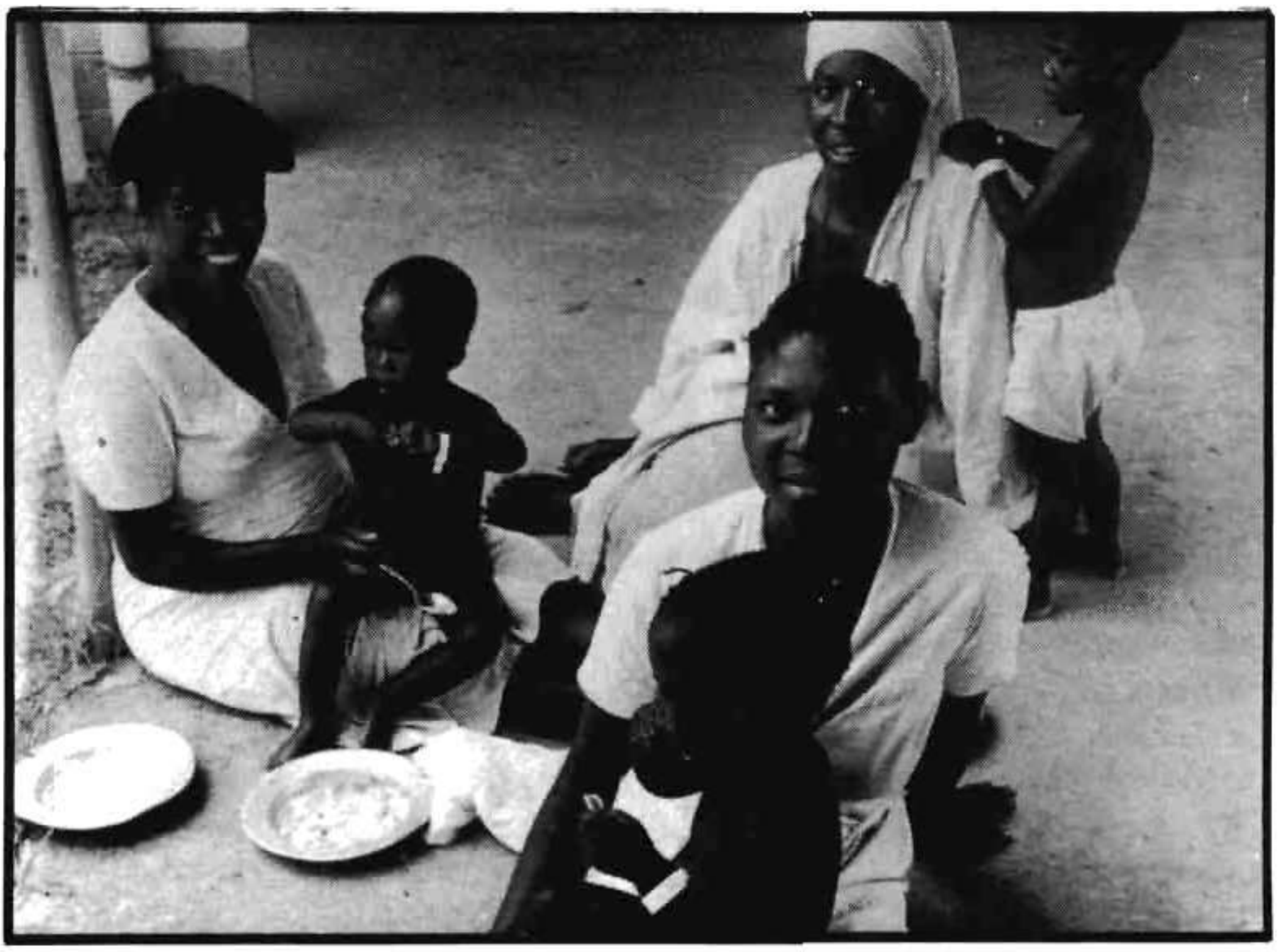
The emergence of homeland nursing associations, following legally enforced membership of the nursing association, is of particular concern in this regard.

Conflict between workers is likely to lower commitment, morale and work performance, and could therefore constitute an obstacle to the establishment of a good national health service in South Africa.

8. The nature of health service management

The style and structure of health service management in South Africa reflects the character of the whole state apparatus: closed, hierarchical and unaccountable to the community. In addition, health service management is an undeveloped discipline, and many managers have not been appropriately trained for their jobs. The majority of health service managers, especially those in senior positions, are politically conservative.

The style of management within a national health service needs to be completely different: it should be characterised by openness, flexibility, a team approach and a sense of being accountable to the community served.



A national health service needs to be characterised by accountability to the community served

While it may be possible to replace senior management, the middle and lower echelons of a national health service will be staffed by people who are currently in place. Inherent in this situation is a potentially powerful bureaucratic stumbling block to the process of transforming the health service. Certainly the new health service will not come into being with a new supply of progressive managers. The process of retraining existing staff and training new staff will be a slow process beset with many pitfalls.

The tactics of transformation

The goal of an equitable and efficient national health service is clear. The tactics of transformation involve how to overcome the obstacles we have discussed and others such as the power of the private sector. The choice of tactics will largely be determined by the balance of political forces in the country at the time the first post-apartheid government takes office.

In the health sector, this balance will be reflected in how rapidly a national health service is established, how quickly attempts are made to remove inequalities in access to care, and the extent to which the power and privilege of the professionals and managers are subjected to the health care priorities of the majority of South Africans.

Conclusion: what can be done now?

The successful transformation of the health sector will be difficult. Little attention has been given to it by progressive health workers. We feel strongly that this field needs to be explored as a matter of urgency.

The experience of other countries will be helpful to us. [3-9] There are also important projects and fledgling organisations in South Africa that are beginning to show the way. These include alternative organisations such as the National Medical and Dental Association (NAMDA) and the Health Workers Association (HWA) for professionals; and the recently launched National Education, Health and Allied Workers Union (NEHAWU) for non-professionals. There are an increasing number of demonstration projects emerging, which are run by people with a commitment to health care for all. These projects provide useful experience in the provision of adequate care and should serve as models which can demonstrate the possibility of providing health care of an acceptable quality.

Finally, more health workers and communities need to be drawn into the debate about what constitutes adequate care, how equity in health care can be achieved, and how to encourage appropriate changes in the health sector today. Through

processes of this sort we can begin to overcome the obstacles described in this paper, and so pave the way for the transformation of the health sector.

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A more extensive reading list is available, on request, from the authors.