Post-apartheid health policies

*The right to decent health care is enshrined in the Freedom Charter — but, surprisingly, the question of health services is absent from the ANC's constitutional guidelines. The SA Health Workers' Congress is fighting to put that right, according to a **WIP Correspondent***

There is an urgent need for wide debate on the formulation of a clause in the ANC's constitutional guidelines on health and health care for all.

Debate around the constitutional guidelines has tended to focus on the more obvious aspects of a post-apartheid South Africa, such as the future form of government and the economy. The ANC itself has organised local, regional and national workshops to discuss these areas. Cosatu has organised a worker charter campaign to address the issue of what right and protection workers should have in a post-apartheid South Africa.

But there is a relative silence on the question of health and health care, a matter of concern to all.

At a South African Health Workers' Congress (Sahwco) conference in 1989 at which the ANC participated through a telephonic link-up, ANC National Executive Committee member Pallo Jordan was questioned about this omission from the guidelines.

Jordan, a member of the ANC committee which drafted the guidelines, threw the ball back into Sahwco's court. He replied that the responsibility for developing such a clause was not that of the ANC alone. All democratic forces concerned with health care and social services had to take on this task.

Sahwco responded to this challenge by presenting for public debate their argument for such a clause. In a booklet called *Health and the Constitutional Guidelines for a democratic South Africa*, the organisation argues that such a clause should be formulated now.

Since its production, the booklet has begun to initiate debate. It was received with great interest by the ANC, which is due to release a second draft set of constitutional guidelines for discussion. This second draft is likely to include a clause on health and health care. In addition, the ANC has also released a discussion document on health policy.

The demands on health in the Freedom Charter and those that have been brought forward by more recent health campaigns should guide thinking in the formulation of health clause for the new South African constitution, says Sahwco.

It argues that the health clause should include the principles upon which health care in a post-apartheid South Africa would be based. From these principles, would flow a particular health policy and health strategy to give practical effect to the principles and policy.

From the Freedom Charter and recent health campaigns, Sahwco draws out the following principles:

- health care is a basic human right;
- provision of health care is the responsibility of the state;
- health care must be comprehensive;
- the health of workers must be protected;
- there must be commitment to preventive and primary health care;
- there must be mass participation and consultation on health care and health issues;
- privatisation of health care should end;
- health services should be centrally planned and democratically controlled under a national health service;
- health care must be free, and;
- there must be equal and accessible health care for all.

Similar principles are likely to emerge from continuing campaigns around health, such as the Health Charter Campaign, adopted at the Conference for a Democratic Future in 1989.

Given the present gross imbalances in South Africa's health care system, the new constitution must at least contain the principle of equal health care, argues Sahwco. Equal health care can only really be possible if there is a single, non-racial health department.

Although a constitution is unable to address the question of removing present

Health care for all .. A mobile clinic in Crossroads, Cape Town (right) and an immunisation campaign in Alexandra (below)

obstacles to equal health care, it must commit the new government to this principle. It might also be useful, says Sahwco, for the new constitution to provide for the role of mass grassroots health structures in a future health system.

Upon examination of how health is dealt with in the constitutions of other countries, Sahwco found that of the 50 countries they researched, there were four basic ways in which health was tackled:

- there were those countries which made no reference to health or health care at all. Examples here included South Africa, Australia and Finland;
- in some constitutions health care was set out as a right among other health principles and there was a guiding principle for social and economic policy. Sweden, Spain and Guinea-Bissau fall into this category;
- some constitutions went beyond a statement of health principles and included aspects of health policy such as financing and the structure of health care. Nicaragua, Cuba and Portugal are examples of this;
- health care was also used as a means of social control in El Salvador, it was found.

Although the impact of constitutional

reference to health and health care on the actual health system yet remains to be examined, Sahwco emphasises that it is beyond doubt that a good constitutional clause on health can be a basis of sound health policy.

Although health is not seen as a priority area among most mass organisations in South Africa, the issue of health and health care has been receiving more attention in recent years.

In the wake of the 1986 Kinross mining disaster, the National Union of Mineworkers (NUM) focussed attention on health and safety at the workplace. Under the slogan 'Organise Or Die', the union began a campaign to raise awareness of health hazards on the mines and how these could be dealt with. They drew up a safety code and demanded the right to safety stewards and independent union investigations when accident occured.

Outside the workplace, longstanding grievances about the availability of health care were also being voiced more consistently and determinedly.

In 1988, more than 25 000 people in Natal signed a petition calling for free health care. This was in response to a decision by the Natal Provincial Administration to increase hospital fees. For the first time, pensioners, disabled people and the unemployed were expected to pay for health care.

The campaign against the increases also raised demands for a national health service, decentralisation of health services and equal health care for all

The defiance campaign of 1989 began with the campaign to desegregate hospitals. Thousands of black patients presented themselves at white hospitals with a clear demand: 'Open all hospitals to all people!'

In March 1990, Johannesburg health workers marched to the JG Strydom Hospital, renamed it the Yusuf Dadoo Memorial Hospital (after the South African Communist Party veteran who died in 1976) and handed a petition to the hospital superintendent.

The petition called for, among others:
• a unitary health service, centrally planned and democratically controlled, adequate and accessible to all;
• immediate suspension of own and general affairs legislation applying to health services and immediate desegregation of all health facilities;
• an end to privatisation as a way to solve the health care crisis, since this would place such care further beyond the reach of those who needed it most;
• a moratorium on all hospital tariffs until an in-depth investigation into these had been concluded;
• any and all considerations of proposed amendments to health legislation be done in consultation with democratic and progressive structures that exist outside the state fold.

A march by Durban health workers in April had similar demands.

Some of these demands have been nurtured by the people of South Africa for more than 35 years. Enshrined in the Freedom Charter is the vision that the health system in a non-racial, democratic, unitary South Africa will have:
• 'sick leave for all workers, and maternity leave on full pay for all working mothers', and;
• 'a preventive health system run by the state. Free medical care and hospitalisation shall be provided for all with special care for all mothers and young children. The aged, the orphans and the sick shall be cared for by the state. Rest, leisure and recreation shall be the right of all'.

Today, the struggle for these rights continues, as does the struggle to have them constitutionally guaranteed. •

Health for all ... why it isn't just a pipe dream

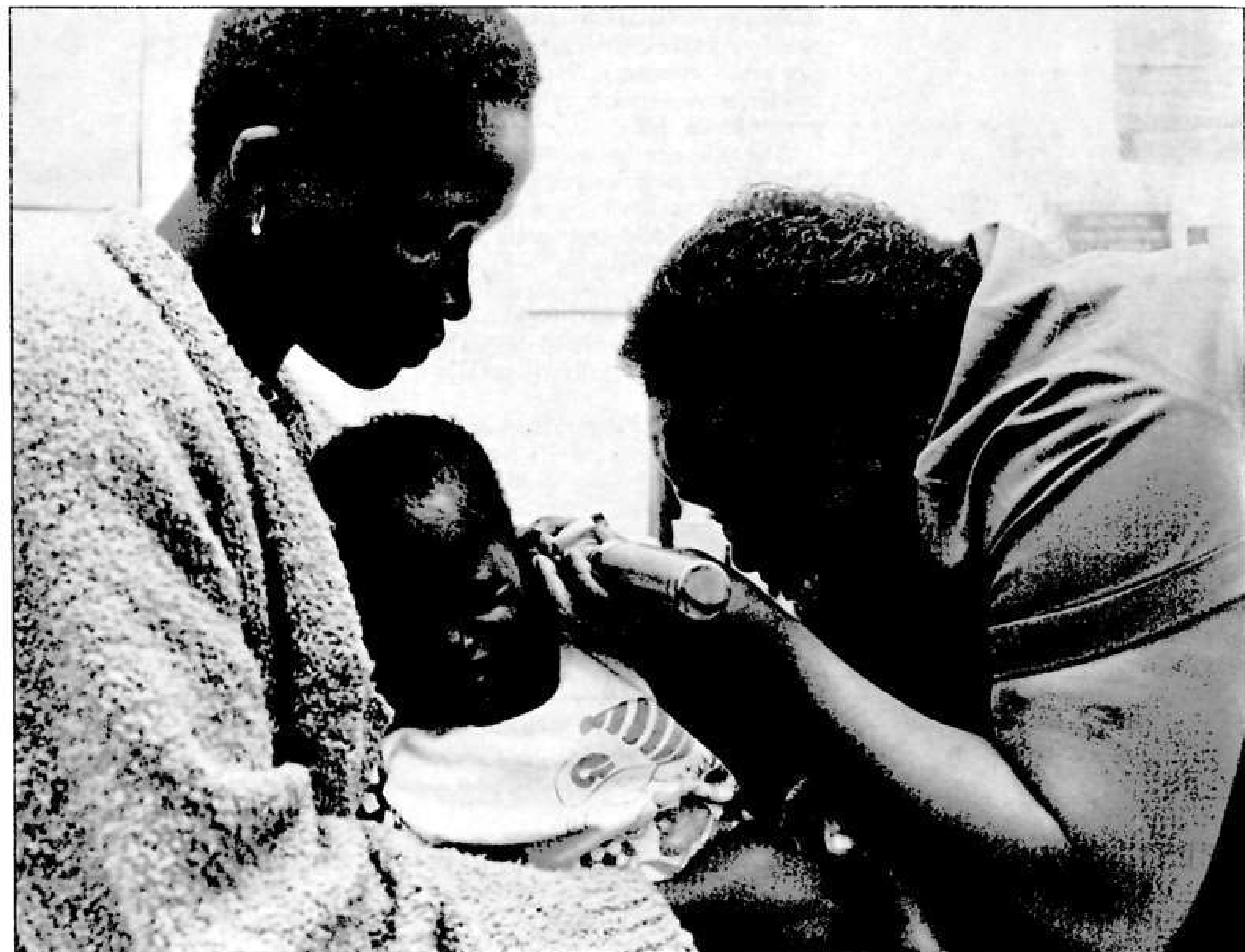
South Africa has adequate resources to provide free and comprehensive health care for the entire population, according to research by community health experts.

This rebuttal of conventional wisdom on health resources has been made by Dr Nicky Padayachee of the Department of Community Health at the University of the Witwatersrand, also a member of the South African Health Workers' Congress (Sahwco).

His assertion is based on research carried out by both himself and Dr Tim Wilson of the Alexandra Clinic on the provision of health care for all in the Johannesburg area. Extrapolating from this research, Padayachee has shown that South Africa has more than the required number of hospital beds, health personnel as well as money, to provide health for all immediately.

Padayachee cautions that the figures he uses might not be absolutely accurate, because such accuracy would need access to official government documents. But he believes experience in the public health sector and checks for consistency ensure his is a fair reflection of what is possible with existing resources.

Padayachee starts from the following assumptions:
• there will in future be a unitary health system - all health workers will work under a single national department of health;
• the national health system (NHS) will be based on primary health care;
• the NHS will promote equity and all citizens will have equal rights to the best health care the country can provide;



Health for all: One of the major challenges is to make health care affordable

• health care will be accessible and there will be points of first contact close to where people live and work;
• health services will be affordable to all and no one will be denied health care simply because of not being able to pay for it;
• the NHS will promote community participation and fundamental to its approach will be decentralisation of day-to-day decision-making;
• the NHS will be based on existing resources in the health sector, although there will be the need for affirmative action and redistribution of resources to primary health care;
• the NHS will encourage innovative management styles and the maximum use of resources as well as the development of all types of health workers to achieve their full potential; and
• the NHS' s aims will take precedence over that of development of the private sector and the teaching institute.

On these assumptions, Padayachee believes the backbone of the NHS would be a network of community health centres (CHU). If the primary health care approach were seriously applied, the community health centres and those that control them would have a major say in what hospitals and medical schools provide and how they do so.

All that is needed is to bring the public facilities under one authority, reallocate some staff, recruit some more full-time or part-time doctors and reorganise the way resources are used

Many of South Africa' s present health facilities are already close to where people live, fully staffed, owned by the government and waiting to be used properly. Such facilities would be the building blocks for the future national health service.

According to Padayachee, the distribution of community health centres throughout South Africa and their sizes would vary depending on what was available, the local population density, ease of transport and the distance from other facilities.

In general, however, there should be at least some health facility for every 25 000 people and a bigger facility (plus two or three satellites) for every community of 200 000 people. In South Africa about 150 community health centres were needed and about 450-600 smaller neighbourhood clinics. At present there are about 2 424 such community health centres and neighbourhood clinics in the country.

Community health centres and neighbourhood clinics would both need to run

basic outreach, outpatient and extension services.

Outreach services would include the immunisation of children, environmental health and control of toxic hazards, health education, sexual health education, health and welfare services for the elderly, nutritional surveillance and support and home visits to identify those most in need of health care.

Outpatient services would include ante- and post-natal care, family planning, pregnancy testing and diagnosis, and management of common acute and chronic illnesses in children and adults, child abuse and sexually transmitted diseases, including Aids.

Extension services would include health related teaching and research and support for other groups and organisations in the community.

These services, claims Padayachee, can be provided immediately to everybody in South Africa from existing facilities, using the existing staff and within the budgets of existing services. All that is needed is to bring the public facilities under one authority, reallocate some staff, recruit some more full-time or part-time doctors and reorganise the way resources are used.

Training of staff will be very important because the changes proposed by Padayachee would depend to a large extent on changes in the attitudes of health workers and the communities they serve. However, he believes that with clear goals and political support, the task is not impossible.

In certain areas, such as Johannesburg, where an adequate structure already exists, an embargo would have to be placed on extension and development of these until rural areas with inadequate services have developed to a similar level.

Larger community health centres could be used to provide more cost-effective services if they included in their range of services a maternity delivery unit and a 24-hour casualty service.

Of the current community health centres, only the Alexandra Health Centre has a full casualty and maternity service. Adding these to other CHCs would take the pressure off hospitals. Although 24-hour services are expensive, compared to other primary health care services, they can be cheaper than most hospital costs.

Quoting the Alexandra Health Centre, Padayachee showed that 30 000 people used the centre in 1989 at a cost of R50 per person - cheaper than the cost per patient at any of the teaching hospitals and similar to the cost per outpatient at the Transvaal Provincial Administration clinic in Soweto.

Presently, he said, South Africa spent about R200 per person per year for health care. To provide a comprehensive 24-hour, seven-days-a-week service to the whole population, only 25% of the present health budget would be required.

There were enough hospital beds - 4,8 beds per 100 000 people - provided these were complemented with an adequate and comprehensive national primary health care service, health services were desegregated and the proper class of hospital bed ratio was established.

There were also already sufficient skilled health workers employed in the public primary health care sector. For every 10 000 people in South Africa there are at present a total of 73,7 health professionals. These include doctors, nurses, pharmacists, dentists and paramedics. The breakdown is as follows:

Doctors	7,8
Dentists	1,3
Pharmacists	2,8
Paramedics	7,7
Nurses	54,0
Total	73,7

Padayachee found that in developing countries there were about 9,9 health professionals for every 10 000 people and in developed countries there were 102. The present number of health professionals compares favourably with these figures.

If the joint staff of the universities and the provinces working at teaching hospitals in South Africa were required to commit 10% of their present staff time to providing services and teaching at community health centres, 150 community health centres would be fully staffed. •

Moving towards a primary health care policy

The ANC discussion paper on health says present conditions are a threat to the health of the majority of the people in South Africa.

It suggests a primary health care approach, as adopted by the World Health Organisation and the United Nations Children's Fund, should guide the development of health policy.

The underlying principles of this approach are:

• Health is a basic human right. In particular, the right to free health care should be part of a future constitution and bill of rights and it should be legally enforceable;

• there should be political commitment to improve the quality of life for all South Africans, especially those who have been denied political power and the fruits of their labour; and

• resources should preferentially be allocated to promote health care of the most vulnerable sections of the community.

The goals that should guide health policy in a post-apartheid South Africa are:

• The promotion of good health;

• the creation of a healthy living and working environment

• social and economic development;

• provision of adequate living conditions, including the provision of housing, clean water, sanitation and adequate public services;

• healthy working conditions;

• the creation of a comprehensive national health service that will be unified and non-racial, accessible and affordable, give priority to those most in need, and focus on removing and controlling the major diseases, such as malnutrition, tuberculosis, measles, polio and AIDS.