

Common Themes of the Policy Proposals

Paul Sefularo

The policy resolutions adopted at the end of the conference are characterised by recurrent themes which could be said to emphasise the major concerns of the conference delegates about the present health service. These themes also reflect the aims of the National Progressive Primary Health Care Network (NPPHCN) and the South African Health and Social Services Organisation (SAHSSO) in their struggle towards a national health system in a democratic South Africa.

1. Unilateral restructuring

One major concern is the unilateral restructuring of the health sector by the National Party government. Examples of such unilateral restructuring are given as follows:

- In 1991 the minister of health, Dr Rina Venter, in her budget speech announced the devolution of power to local authorities. Local authorities would, from then on, be responsible for all primary health care activities. In the same speech, the minister announced the government's intention to allow autonomy to academic teaching hospitals. She also announced the possibility of allowing doctors working in state teaching hospitals to do some private practice. This was announced as a potential cost containment strategy, as doctors would be allowed to supplement their incomes with some private practice.
- The Health Matters Advisory Committee recommended the rationalisation of services within the tricameral system. At a regional level, particularly in the Cape province, Natal and the Transvaal, the provincial administrations embarked on a rationalisation programme which effectively forces senior and experienced health workers into early retirement, thereby prematurely depriving the health services of their skills.

While all the commissions at the NPPHCN/SAHSSO policy conference call for the cessation of the unilateral restructuring, the commission on the transformation of the civil service in the health sector, specifically calls on the government to freeze retrenchments and promotions until a new constitution is in place.

2. PHC: The 'real' Alma Alta Way

Primary health care as defined by the Alma Ata conference of the World Health Organisation formed the basis of all discussions and recommendations in all the commissions. True primary health care is repeatedly characterised as the responsibility of the health care delivery sector as well as other sectors, which are seen as crucial to the attainment of complete physical, mental and social well being of the people.

3. Human Rights

Many of the commissions concluded that, for both the health workers and the users of the health services, effective provision of primary health has to be based on the acceptance of the fundamental principles of human rights. There is, for example, a proposal for the drafting and strict implementation of a Patients' Charter of Rights. A more specific recommendation in this issue is from the HIV/AIDS commission which calls on the government to endorse the AIDS Charter. Mental health and access to health care services are also included as human rights that will have to be guaranteed in a comprehensive primary health care system. For workers, various commissions emphasise the need for freedom of association, freedom from exploitation and the right to occupational health and safety. Racism and gender discrimination are also condemned.

4. Accountability

The call for greater accountability on the part of health workers and authorities feature prominently in many of the commissions. The commissions that dealt with the organisational structure, the reorientation of the public sector and the improvement of the quality of services see greater accountability being very central to the achievement of these goals. Accountability is seen as crucial for both community participation, good management and greater accessibility of the health service facilities.

5. Equity

The situation analyses repeatedly point to health problems attributable to deliberate neglect by the apartheid health authorities. Consequently, equity features in almost all the recommendations that deal with the structure and organisation of health services as well as the quality and range of services.

Equity is emphasised in the context of programmes that specifically target certain areas, populations, communities or sectors for an allocation of greater resources so that they can be brought on par with the rest of society in access to health care resources if not in health status.

6. Training

Many of the problems and deficiencies of the present health sector are blamed on poor training of health workers, managers and other public servants. No less than five commissions recommend the training of new categories of health personnel and the retraining of existing managers and other categories of staff. Retraining of health personnel is recommended as a way of changing management, health practice and labour relations attitudes. New training programmes are proposed for the creation of new categories of health personnel.

7. Research

The commissions that looked at traditional healers, mental health and nutrition make a strong call for well structured research that will inform health care administration anew about these areas or at least enable them to detect problems when they arise. Other commissions variously recommend some surveillance mechanisms to monitor the trends of some health problems. These and other recommendations are backed up by a resolution that calls for the establishment of an essential national health research programme. This resolution also calls for the use of research in pursuit of equity and social justice.

8. Health Education

Health education and health promotion are seen as very important by the various commissions. The government and health workers are called upon to implement effective programmes aimed at increasing the awareness of the various target population groups as this is seen as important for improving the situation regarding nutritional, mental health, sexually transmitted disease and HIV/AIDS problems.

Another important theme, although less frequently mentioned, was the subject of affirmative action.

Paul Sefularo is on the NPPHCN/SAHSSO Policy Steering Committee