

## Editorial

South Africa is experiencing a rapid, although turbulent, process of transformation. This process, together with the ongoing deterioration of health services, presents a new challenge to progressive health organisations. They now need to prepare their members to participate in debating and formulating health policies in the interest of the majority. NPPHCN and SAHSSO have initiated a process of building their members' capacity to participate fully in such policy formation. Members of these organisations were involved in researching and analysing the state of health services across the country. Findings of these situation analyses provided the framework for discussions at the NPPHCN/SAHSSO Policy Conference, held in December last year.

We start off the edition with a conference overview, which highlights the unusually participatory nature of the situation analyses and the conference which followed. The situation analyses were reviewed by the conference delegates from the different regions of NPPHCN and SAHSSO to identify priority issues. These were discussed in commissions and plenaries. This process led to the formulation of about twenty policy proposals. These proposals have been taken back to the regions, for discussion and debate.

This article is followed by an overview of the situation analyses, which shows that they were based on grassroots evaluation by field workers, trained and drawn from communities. The situation analyses researched the present condition of health and health related development facilities. They also looked at people's perception of the role of health workers, and their understanding of community participation.

The situation analyses also dealt with factors hindering the accountability of health services to the community. We include an article, based on a local situation analysis in the Eastern Transvaal, which shows that a lack of community participation in health projects is not only due to problems internal to these projects. The various divisions within communities and the lack of democratic structures of authority providing health services play a major role. To overcome these problems, it is suggested that non-government organisations be proactive and identify common goals around which to unite.

The articles in the second section cover some of the discussion and debate in the commissions. Prior to the conference, progressive organisations criticised the government for the poor service provided by the public sector. They opposed fragmentation and demanded a unitary health service. Many of the commissions

at the conference went beyond merely criticising and making general demands. They focussed more concretely on the things that need to be done to transform the public health sector and, more generally, the public sector as a whole. Participants debated a structure for a new public health service as well as issues that need to be addressed in order to improve the quality of service in both the health sector and other sectors of the state. They started to develop specific suggestions on ways in which the health sector can and should collaborate with health related sectors.

The next article is on the commission on health sector financing, which looked at financing from a fresh perspective. Previously, debate focussed on the pros and cons of a national insurance system for both public and private sectors, versus financing the public sector separately from the private sector. The commission, in contrast, started by discussing the objectives that need to be met by a new health sector. Participants then moved on to discuss a range of possible sources of finance to meet these objectives.

There were a number of commissions that looked at issues relating to health personnel. They debated the types of changes that are required to ensure that personnel provide appropriate health care for the majority and that health workers are provided with adequate working conditions. The article on personnel looks specifically at the debates and discussions which took place in the commission on new categories and redistribution.

The commissions reported at plenaries and all conference delegates participated in the drawing up of policy proposals. We publish an appendix at the end of this edition of all the policy proposals arising out of the conference.

The first article in the third section draws together the common themes from the different policy proposals. There was total opposition to the government's unilateral restructuring of health services. There was agreement on the need for progressive, participatory primary health care (PHC), as opposed to the government's top down approach. Various proposals dealt with human rights, including a proposal for the drafting of a Patients' Charter of Rights and a call on the government to endorse the AIDS Charter. Accountability was seen as central to improving health services. The need to redistribute resources to ensure equity was stressed. There was also emphasis on the need for proactive research, training of new categories of personnel, further training and reorientation of existing personnel, health education and health promotion.

In summing up the outcome of the conference, Malcolm Segall, argued for informed planning as a way of setting priorities. The membership of the two organisations, with other community based organisations, can do further local situation analyses and formulate policy at this level. The policies so conceived

can be applied nationally, once resource needs are determined. Policies can be modified in terms of costs and economic viability.

We also include an article by two Cuban doctors, Felipe Delgado Bustillo and Carlos Mas Zabala, in which they outline their perspective on the way forward to establish an NHS in South Africa. They stress the need to concentrate on a few priorities. These include prevention, an epidemiological surveillance system, primary health care and four specific programmes, namely to provide mother and child care and to combat tuberculosis, gastro-enteritis and sexually transmitted diseases.

The articles in our general section complement some of the themes and proposals of the conference. Francie Lund raises issues of tension in conventional perspectives on community health workers (CHWs). Training CHWs in preventive medicine should reduce the workload of nurses. Yet, the proactive work of CHWs often produces more patients for nurses to see. CHWs should also reduce the need for health professionals, yet, the act of training CHWs influences communities to perceive CHWs as professional. This has the effect of limiting community participation. Lund suggests these tensions can be overcome by networking - sharing information and skills.

One of the conference proposals calls for freedom of association for all health workers. We include an article on the issue of nurses' freedom of association. Nurses are legally compelled to be members of SANA, but there is growing opposition to SANA's statutory status. *Critical Health* examines the various issues involved, including debates over the ethics of nurses becoming members of trade unions and exercising the right to strike, as well as the various alternatives to SANA.

The conference opposed unilateral restructuring of health services by the government and, since then, SAHSSO has launched a campaign against unilateral restructuring. The campaign is a joint campaign of various organisations in the health sector and the mass democratic movement. The last article in this edition, forwarded by SAHSSO, discusses the campaign.

*The cost of medicines is soaring and people are increasingly unable to afford the medicines they need. What lies behind these escalating costs? Are large drug companies and pharmacists making excessive profits? There is a shortage of personnel, especially in the public sector, and patients are not adequately informed on how to take their prescribed medication. How do we ensure medicines are accessible and appropriate in a new public sector based on primary health care? Get the next edition of *Critical Health on the Pharmaceutical Industry and Drug Policy*.*