
Editorial

This is the second of two editions focusing on health workers during the current period of transformation. In the last edition, we explored the wages and working conditions of health workers and the development of more appropriate roles for health personnel. In this edition, we look at the training that is required to develop appropriate personnel and the challenges we face in ensuring that existing personnel are accountable to the communities they serve. We also debate the role that traditional healers could play in a new and improved health system.

The first section covers the need for appropriately trained health workers and new efforts to provide the necessary training. The first article evaluates the winter school recently held by the new School of Public Health at the University of the Western Cape. It was attended by 130 people, including a wide cross-section of health and welfare workers. The course covered primary health care (PHC), training PHC co-ordinators, health systems research and methods for assessing food security. Most participants felt that the school had been useful in sharpening the skills they already had and empowering them with new ideas for running their projects.

In the last edition, Marge Concha made a contribution on the need for training community based rehabilitation workers (CBRs). Now we include an evaluation of the Alexandra Health Centre's CBR training programme. The evaluation reveals different attitudes on the relationship between CBRs and other health workers. Professionals feel that CBRs should work independently and without a great deal of supervision. Most CBRs and disabled people prefer a role for CBRs which will incorporate them into the structure of a wider health care team. The Alexandra Health Centre also provides a report on its proposed school for training various types of PHC workers. It highlights aspects of the envisaged curriculum.

Fareed Abdullah argues for an occupational safety programme which gives priority to the training of occupational health workers on the factory floor. These workers need to increase awareness of occupational safety amongst all workers. To encourage leading workers to take up training in occupational safety, programmes should involve trade unions. Abdullah says they should also "link health and safety to broader education and training and job grading in the workplace".

Health services in this country have generally been developed without consultation and health personnel have become accustomed to working in this undemocratic environment. The first article is based on interviews with and contributions

from Medecins du Monde and Alexandra Clinic and stresses the need to ensure that health workers are accountable to the communities they serve. The article covers three projects, one urban, one semi-urban and one rural. It highlights the ways in which these projects have become more accountable and also raises factors which inhibit accountability.

Ivan Toms attempts to outline what a primary health care team should look like. The team should include health, administrative and development workers. He argues for the incorporation of traditional healers. The team leader should not necessarily be a medical professional, but should have the quality to empower and build other members of the team. He suggests that all health workers should be given the opportunity to receive training in team management.

David Sanders looks at some of the problems that have been encountered in Zimbabwe in the process of transforming the health system after independence. Despite the development of the rural health service, community health workers have become less appropriate to the communities they are meant to serve. Furthermore, despite more appropriate training, Zimbabwe still faces a maldistribution of personnel between rural and urban areas. Many medical doctors have resisted working in poorly paid rural areas.

The transformation of health services will not be complete until the role of traditional healers has been considered. In this section, Melvyn Freeman outlines the very different views of the medical establishment and traditional healers on the relationship between these healers and a new health system. He concludes that there are moves to seek co-operation between the modern and traditional sectors and that some accommodation between the different views is being achieved.

To complement this, we are publishing an article on changing state policy on traditional healers in Mozambique. A new law which accommodates traditional healers is about to be introduced. It covers registration and criteria to evaluate standards of conduct and professional competence.

This is followed by an article on traditional healing and the training of doctors in PHC in the Philippines. It discusses the unconventional, yet sensitive way in which progressive doctors there are relating to traditional healers.

In the general section, we include articles on aids, drought relief and the recent hospital strike. We are printing the full text of the AIDS Consortium's charter of rights for people with HIV and AIDS. A number of organisations have already endorsed the charter. The consortium is hoping to get further endorsements and is planning to launch the charter publically on or near World AIDS Day, 1 December 1992.

South Africa is suffering from an extremely severe drought and the government has failed to respond to this crisis with the necessary urgency. The first of two articles on the drought is based on an interview with Diane Cailear of the National Consultative Forum on Drought Relief. She points out that the government is guilty of poor planning and that it has not developed the necessary information to identify the people in greatest need of relief. However, she argues that various organisations have put pressure on the government and that it is now responding positively. She says that civics have a role to play on the relief committees which have been set up by the government.

This is followed by an update by Operation Hunger. This article highlights the degree of suffering as a result of the drought. According to Operation Hunger, the state bureaucracy remains a major obstacle to effective drought relief.

In the last article in this edition, we assess the hospital strike which ended in September. The government was particularly ruthless in its attempt to crush NEHAWU and, in the process, it disregarded its responsibility to provide adequate public health services. Workers were able to make many small gains during the strike, but ultimately they were unable to withstand the government's offensive. There were weaknesses in the way in which the strike was organised and there was not enough community and political support for the striking workers. It is encouraging to note that unionists are already using the lessons learnt from this strike to strengthen organisation amongst health workers.

Violent political conflict has escalated in the last two years. This has contributed to rising levels of crime, rape, child abuse and other forms of violence. The next edition of *Critical Health* will focus on violence and its impact on health. We will look specifically at ways in which communities can start to counter the upward spiral of violence and the role which progressive health workers can play in assisting the victims.