The politics of exclusion: fragmentation and depoliticisation of health services

The concept of privatisation was first mooted in 1983, when the new constitution was passed, enshrining the principles of "private initiative and effective competition".

The privatisation debate gained further momentum when new policies on regional services were formulated in 1985. The fact that privatisation and the politics of regionalisation seem to go hand-in-hand is not mere co-incidence. Privatisation and regionalisation - fragmentation along ethnic and class lines - produce the same ideological effect. Both of these policies serve to remove the struggle for adequate and appropriate social services from the political arena. Fragmentation of health services appears to pave the way for privatisation, as it produces exactly the bureaucracy and cost-inefficiency which the proponents of privatisation cite as a rationale for privatising health services.

The following article traces some of the political developments leading to the fragmentation of services generally, and health services in particular.

The 1983 Constitution

Under local and international pressure to incorporate "non-white" population groups in decision-making, and to curb urban unrest over inequalities in the

allocation of resources, the South African government passed a new constitution in 1983. The most important features of this constitution are the following:

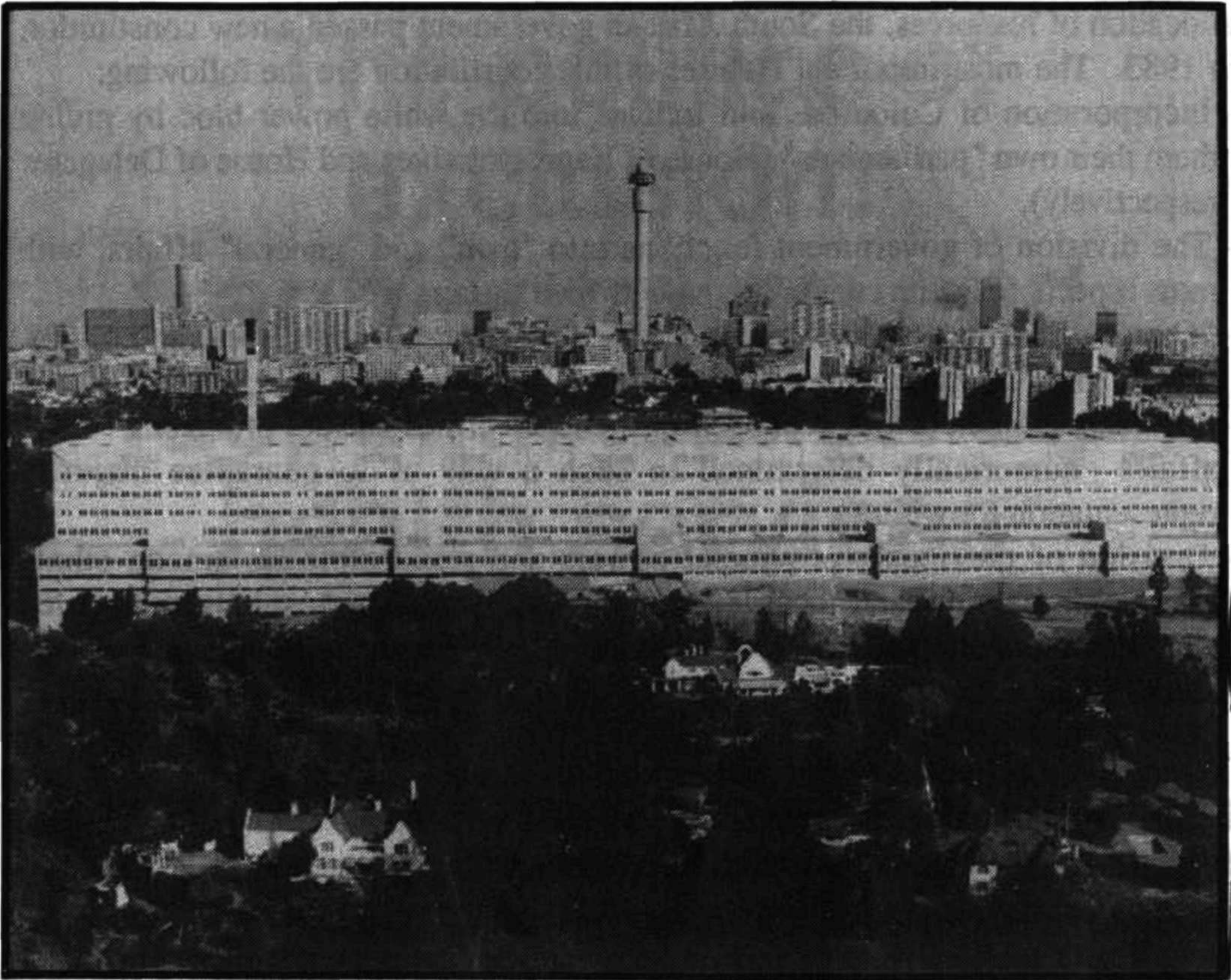
- Incorporation of Coloureds and Indians into the white power bloc by giving them their own "parliaments" (House of Representatives and House of Delegates respectively).
- The division of government functions into "own" and "general" affairs, with most aspects of health care falling under "own" affairs.
- "Own" affairs "controlled" by ethnically defined parliaments, local authorities, and the growing ethnic bureaucracies.
- Representation on bodies dealing with "general" affairs and co- ordinating "own" affairs numerically determined in such a way as to guarantee majority representation for whites.
- Division of previously provincial powers and responsibilities among ethnic rulers on a national and local level. This meant moving hospitals and related services from the provinces to the new ethnic health departments and local authorities.

Fragmentation of health service under the 1983 Constitution

Most health matters were placed under the three "own" affairs departments. A health policy planning and financing department, located in "general" affairs, was also proposed. This resulted in four departments of health. In addition, each of the ten bantustans contributed their own Department of Health. There were thus 14 Departments of Health within the Republic of South Africa (including "independent homelands"). This excessive fragmentation resulted in multiplied costs, and has been criticised in the more recent privatisation moves and in the statements released by the National Health Policy Council.

Crisis in the financing of health services

One of the aims of the Constitution was to incorporate Coloureds and Indians in limited decision-making. However, to put the newly established structures into practice, the state would have had to deliver certain material benefits to these groups. Financial resources, according to the Constitution, were to be allocated in the following ratio: Indians 1; Coloureds 2; and whites 4. This promised allocation of funds however, was not fulfilled. The costs for whites' "own" affairs exceeded this ratio. Limiting this excessive cost would have meant closing down certain white provincial hospitals.



Limiting the costs of services for whites would have meant closing down large provincial hospitals

Crisis in the State's political legitimation

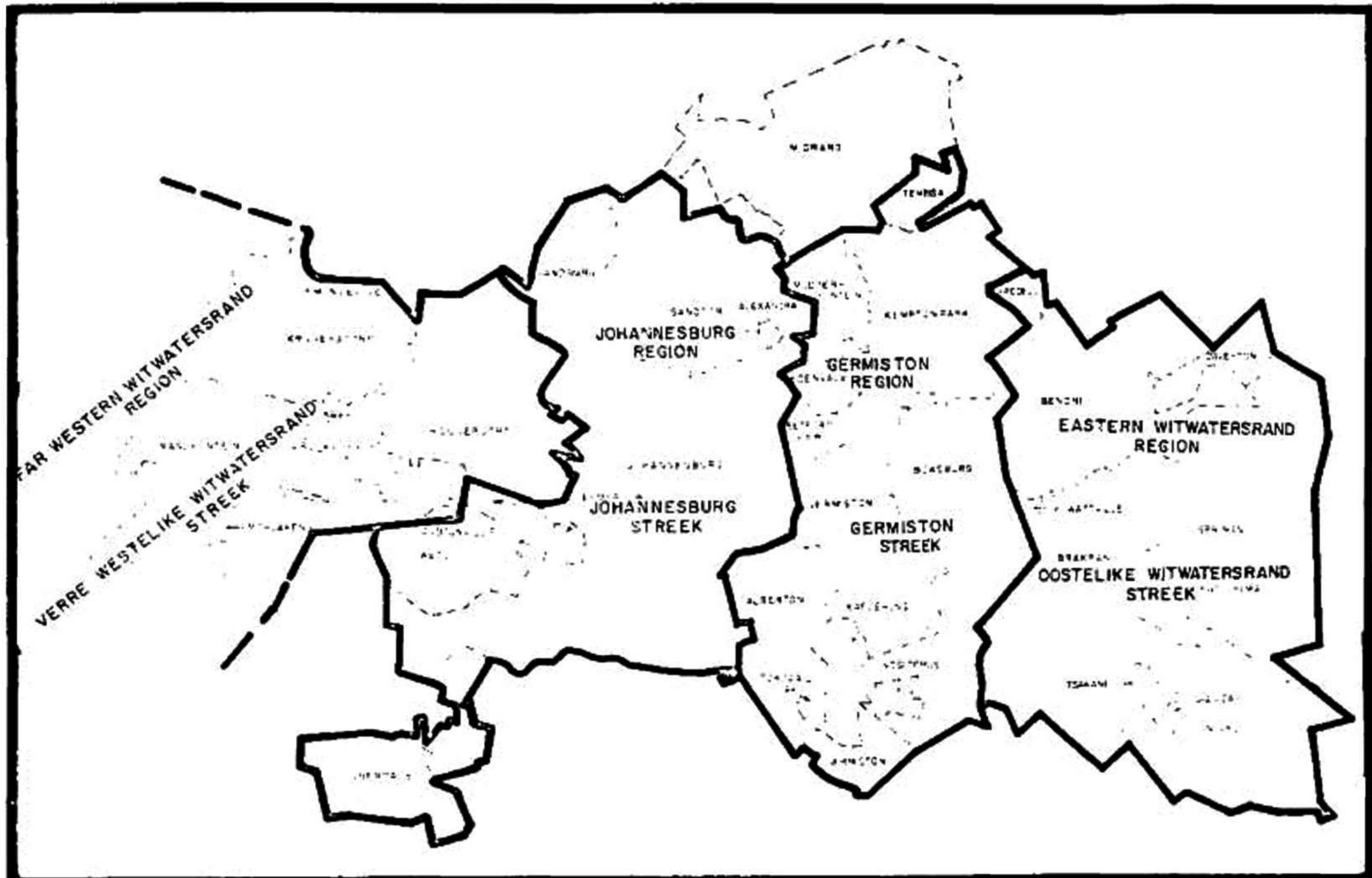
The fiscal crisis at this time co-incided with a crisis of political legitimacy. Township protest revolved around local authorities' structures and jurisdiction, housing, education and welfare services. It was clear that black township dwellers would not accept political rights at a local level without central state representation. In an attempt to stem the process of losing control over township administration, the state proposed strategies to de- politicise and de-racialise social issues. Authority over welfare services was to be handed over to regional and local government and, as far as possible, the provision of these services was to be handed over to private companies. These proposals were adopted, and the government accepted the notion of "decentralisation of welfare functions, centralisation of order functions". The government is thus prepared to relinquish central control over "soft" services, while reaffirming its hold on key functions such as "law and order".

Regional services councils

By 1985, new administrative spatial units had been proposed to disorganise opposition and to effect de-politicisation. It was decided that the whites-only, centrally dominating category of "general affairs" would be administered by "Regional Services Councils", concerning policy, finance and budget control functions. (The ethnically segregated local authorities would continue to handle "soft services" that go under the label of "own affairs".)

Although areas have been demarcated for Regional Service Councils, the process of implementing them has not yet been completed.

Regional Services Councils throughout the country are to render services on a regional basis, and will be financed through taxes levied on businesses. This means that larger municipalities with higher tax contributions will be able to control these Councils. Members of these Councils are appointed (not elected) from previous segregated municipal councils. They are thus not answerable to any group of people, and are likely to represent powerful business interests. The principle of representation on the basis of tax contributions almost automatically limits the number of representatives from black township and rural groupings serving on the Councils. Consequently, any black members of the Councils will not be able to win the majority that is required for any decision.



Demarcation Board boundaries for the Witwatersrand RSC's

The new national health dispensation

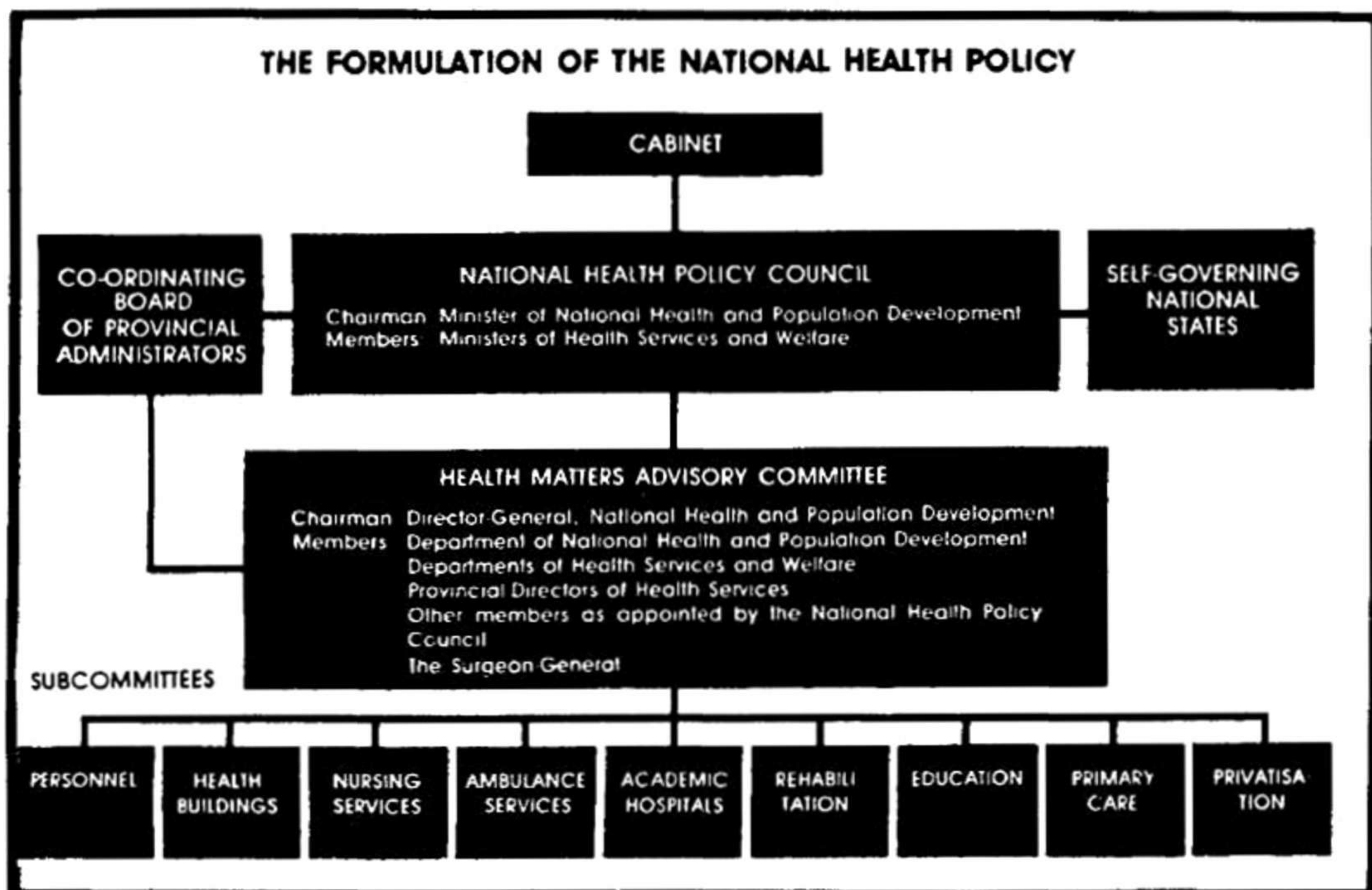
Co-inciding with the demarcation of Regional Services Councils, a new national health dispensation was announced in August 1986, after much confusion over the question of which hospitals fall under "general" and "own" affairs. The new policy on this question did not bring about the dismantling of apartheid in hospital services. Hospitals are divided into the categories of "general affairs" (teaching hospitals and those occupied by less than 80% of one race) and "own affairs" (hospitals with 95% single race occupancy). Ethnic hospitals under "own affairs" are administered by the provincial authorities who, in turn, are accountable to the particular ethnic chamber of parliament.

Minister of National Health and Population Development, Dr W van Niekerk

The National Health Policy Council (NHPC)

The National Health Policy Council, headed by the Minister of National Health and Population Development, is to decide on policy, and to co-ordinate, plan, and monitor health education and primary health care. This Council also advises the government on the financing of health services, and includes the three Ministers of Health from the Houses of Assembly, Representatives, and Delegates. It excludes blacks living outside of "independent homelands". "Independent homelands" are supposed to liaise with the NHPC on health matters. The Department of National Health and Population Development is to provide services for black communities, delegating execution to provincial administrations.

Thus health matters fall under a separate council, distinct from the Regional



The structure of the National Health Policy Council as announced in August 1986 .

Services Councils. While the regional policies leading up to the formation of the Regional Services Councils can be seen as an inadequate response to the crisis of legitimacy of local government structures, the new national health dispensation (including the National Health Policy Council) does not even pretend to address popular demands for adequate and appropriate social services. The new health policies rephrase and re-enact the fragmented, unco-ordinated health services, by excluding blacks from any national health policy, and by excising "homeland" health services from central control.

Conclusion

Fragmentation of health services into health departments of various "homelands", "general" and "own affairs", and into central state, provincial and local authorities, as well as the nine Regional Services Councils, is being challenged by the Health Charter Campaign and by the growing popular demand for a National Health Service. These campaigns are not being carried out in a vacuum. They follow moves to establish alternative local government structures. Thus the state's "regionalisation" programme for the provision of essential services has been met with resistance, and alternatives have been put forward by those whom this programme is trying exclude.