

# Health Policy for a post-Apartheid South Africa: a way forward

*Malcolm Segall*

May I start by greeting the achievement of the two organisations, the NPPHCN and SAHSSO, in pulling off a considerable feat; organising - on a participatory basis - a situation analysis of the health and social services sector in four regions of South Africa, then organising a dynamic and vibrant four-day conference with delegates from all over the country coming together to debate the findings and then, pulling it all together into policy statements on some key areas of health care, and finally, arranging a public presentation and debate.

## **Informed Planning**

We no longer have to rely on anecdotes, personal experiences and accounts of what is happening at the grassroots. We now have recorded information. We have a direct study - a snapshot of health problems in urban, peri-urban, squatter and rural areas around the country. All this provides a good basis for health policy and the planning of what needs to be done. The conference delegates will take home with them the fruits of the work they did over the last week. Through regional workshops with colleagues and comrades, they will multiply several-fold the benefits of the situation analysis and the policy conference.

The policy formulation process was exceptional for its participatory character. South Africa can be assured that in the NPPHCN and SAHSSO, it has a core of active and committed health and social services professionals and activists of which it can justly be proud.

## **Radical Restructuring - a need**

In South Africa, the infant mortality rate of the most disadvantaged social group is more than four times that of the most privileged group and yet the disadvantaged receive less than a quarter of the health care resources per head of the privileged. On average, a black baby born can expect to live fourteen years less than a white baby. In the light of this, who can doubt the South African health sector needs urgent and radical restructuring?

The most obvious need must be the unification of the fourteen ministries and departments of health. This fragmentation has led to the wasteful use of health care resources and made rational planning and policy formulation an impossibility. But also, there are other changes needed for an effective and efficient planning and management system in the health sector.

We have seen similar restructuring in other countries on the African continent. Zimbabwe is perhaps a similar case in terms of the challenges they faced at independence. Mozambique is also a good case in point. In both countries, restructuring in the early years was quite successful and yielded considerable health care benefits to the people. Then the economic crisis of the eighties, and the war of destabilisation in Mozambique, robbed the two countries of many of the gains they had made.

But South Africa has, despite its present difficulties, a strong economic base. We can look forward to a successful outcome of the restructuring process.

## Two Approaches

There are two ways to restructure the health sector - an easy and a hard way. In the easier way, all would accept that South Africa is opening a new chapter, starting a new life and all should work together in a spirit of co-operation. In this case, restructuring will not necessarily be painless but it can proceed relatively smoothly. In the harder way, some will want to hold up events and try to hold



Power is never given up willingly. *Photo: Ismail Vawda*

back history by putting up obstacles and difficulties in the way of attempts to make constructive changes. There will still be restructuring in the end, but it will be more painful and will take longer.

## Rehabilitating Services

The situation analysis pointed to serious problems with the public health services - problems in health care coverage, drug availability, health worker attitudes, and so on. These problems are not surprising under the circumstances, but the facts remain. They are not uncommon problems, but they can and must be improved upon. The public health services in South Africa are clearly under-resourced and poorly managed. There is thus a need for a vigorous programme of rehabilitation of services, which will need to include the development of the following:

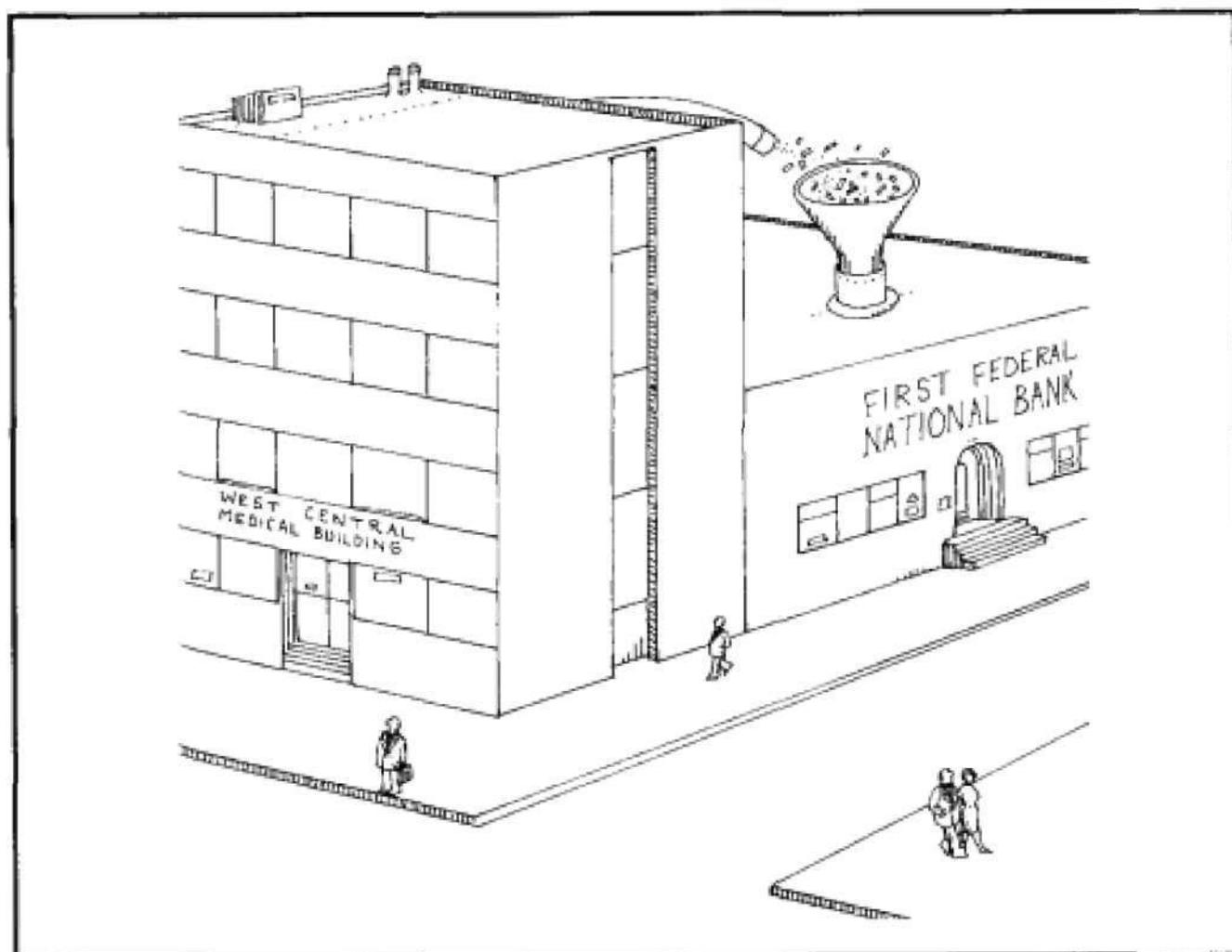
- support and supervision services for grassroots structures;
- training and retraining programmes;
- refurbishing of facilities;
- establishing community influence; and
- *improving conditions of services for health workers.*

## Financing a Way Forward

I wish to urge the two organisations to take the process forward. You should move from the situation analysis/policy mode to a planning/costing mode. You could take some selected areas, mainly districts, and apply the policies you have formulated nationally, then see what concrete changes need to be made. You will thus make area development plans and these will give you a deeper understanding of your health policies, which may need revising.

You should cost your plans. If you gross up these costs to the whole country, you will then have a rough idea of what resources will be needed to rehabilitate the entire public health service applying the defined health policies. In this way, you will know broadly the present resource gap. You will finally have to come up with a financing strategy to bridge this gap, and if this is not possible you will have to reduce your sights on the policies. And so you can arrive at policies and plans that are economically feasible.

Friends, this may sound like a tall order for the organisations involved, but I now have faith in you. I know you can do it, the work which would be a wonderful preparation for the taking of a new democratic government.



Part of the problem? *courtesy Simon Bond*

This further work will need resources. I, therefore, appeal to the funding agencies, embassies and other organisations that are present here to support these organisations in this work. It would certainly be a cost effective investment for you.

*Malcolm Segall is based at the Institute of Development Studies at the University of Sussex, England. He was invited to address the NPPHCN/SAHSSO Policy Conference*