

Setting Priorities for an NHS in South Africa

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The authors of this article were invited to South Africa by the ANC Health Department. Their stay coincided with the build up to the NPPHCN/SAHSSO conference and the conference itself. They wrote this article on the basis of their experience in this country. Many of the points they raise were discussed during the course of the conference, but the article is of particular interest because the authors argue that we should put all of our energy into addressing a few key priorities, some of which were not covered in the conference. We have included it to stimulate further debate on the way forward arising out of the conference.

In human health, everything is important and no aspect of health care should be neglected. Nevertheless, it is clear that some aspects are more important than others. The importance or significance at a social scale of any health problem is determined by its social magnitude, the degree of community disturbance, its possible propagation and the economic effects that could result.

When accumulated and widespread health problems have to be addressed with insufficient funds, material resources and personnel, it is necessary to establish some priorities. These priorities have to be decided on as the first step in the establishment of a new National Health Service (NHS), so as to ensure significant short term improvements and a generally favourable impact on the health of the community.

In our opinion, there are two kinds of priorities. There are general priorities which should be built into the framework of the health system and, as such, influence a wide range of health actions. These include prevention, an epidemiological surveillance system and primary health care (PHC). There are also particular priorities to address specific health problems, including programmes focussing on mother and child care and diseases such as tuberculosis and gastroenteritis.

We will point out, according to our experience, the priorities we feel should be taken into consideration for a National Health Service in South Africa.

Prevention

The prevention of ill health should occupy the most prominent place in a health service that is beginning to provide the basis for extensive health care to a broader population that has not benefited from such care before.

Prevention includes specific actions such as immunisation and focus control. It also entails addressing general issues such as housing, work, nutrition, education, sport, water, sanitation and electricity. Without water supply, adequate sanitation and a basic knowledge of domestic hygiene, gastroenteritis will remain widespread. Without suitable housing and nutrition, tuberculosis will continue to be a social problem.

It is clear that the government authorities have the most important role to play in preventing ill health and they must modify the socioeconomic structure accordingly. Health providers can only provide part of the solution, but they can play a significant role with regard to specific health actions.

It is essential to have an adequate immunisation programme. It not only ensures an improved standard of health in the community but also saves resources that would be spent on patients suffering from immuno-preventable diseases. There is a need for vaccination programmes established permanently within an NHS, as well as short-term campaigns to limit the spread of particular diseases.

Epidemiological Surveillance

An understanding of health and illness in the community is essential in order to provide appropriate health care. For this reason, many countries have established epidemiological surveillance systems. Such a system can ensure the early detection of any diseases that appear in the community and assist in the development of an understanding of the relationship between these diseases and the social, physical, chemical and biological environment. It is an implement that provides an NHS with a scientific basis with which to plan and organise its services and resources.

An epidemiological surveillance system has two components. The first is a statistical information system, to monitor the appearance and behaviour of diseases in the community, the level of risk to humans and the environmental sanitary conditions. The second component is focus control. This involves a group of technicians and professionals (health inspectors), who are responsible for controlling the spread of diseases in the community.

Cuba, after the triumph of the revolution, began to develop a rudimentary epidemiological surveillance system together with the implementation of a new National Health Service. The system was consolidated over the years and, today, every day, it is possible to know what is happening in terms of ill health in each village, town, city and rural area. We previously focussed on the most important communicable diseases in our country and have since virtually insured Cuba's child population against the scourge of immuno-preventable diseases, acute diarrhoeal diseases and respiratory infections. We have now moved on to address first world problems, paying attention mainly to the risk factors of chronic diseases.

Surveillance and an NHS in South Africa

We make the following suggestions for establishing an epidemiological surveillance system in South Africa. The establishment of a national statistical information system must take place together with the creation of a new NHS. The information system should involve collecting information from all health units, both public and private, and should include a register or data source in all these units. Information should also be collected from ports, airports and border points.



Diagnose the community, not just the individual. *Photo: Ismail Vawda*

The surveillance system must be inserted into the national health service. The primary health care structures have an important role to play in focus control of communicable diseases and sanitary control of the environment. There should be a group of specialists in the intermediate and national levels to co-ordinate control actions.

Initially, surveillance could start in a selected area and, thereafter, it could be extended to all regions. However, once surveillance has started, it should continue forever. The surveillance system should begin monitoring communicable diseases and sanitary problems which are immediate priorities. At a later date, it can be extended to embrace all diseases, including chronic diseases.

Comprehensive Primary Health Care

Primary health care is an essential feature of the health service. A comprehensive PHC network can solve 90% of all community health problems. We suggest that the PHC service in South Africa needs to be extended into every region, rural area, township and informal settlement. It is important that the necessary facilities are built, at low cost, to ensure that the longest distance between communities and health units is less than 32 kms, and the time it takes to reach them is no more than 45 to 60 minutes. Nurses and health workers must be provided with a community oriented training to enable them to carry out the necessary preventive, curative, promotive and rehabilitative actions.

Communities should have access to medical doctors at the primary health level. Initially, it may only be possible for doctors to play a part time role, but the target should be to provide all communities with access to doctors on a full time basis. PHC relies on team work and the team should include medical doctors, nurses and other social and health workers.

Family Centred Care and Community Participation

Dr Leonardo Cuesta Mejias gave an input to the policy conference in which he referred to the family centred PHC system in Cuba. The family is seen as a unit. Care is provided to the whole family rather than just the patient. This allows for a more intimate relationship between health workers and the population, and greater participation by the community in decision making.

Family doctors have become specialists in comprehensive general medicine and, in turn, specialists in primary health care. The polyclinics have developed into co-ordinating centres of health services, teaching and research. They also include diagnostic facilities, namely laboratories and x-ray and

electrocardiogram equipment. In this way, the family doctor's office has become the basic unit of our national health system.

One of the most important functions of the family doctor in Cuba is the diagnosis of the community. This is developed in consultation with community leaders, who are elected and recognised by the people. Other health workers are selected by the family doctor in consultation with the community. The most important health problems and their possible solutions are analysed. Projects are identified and plans are developed by the family doctor and presented to the community for discussion. The community approves or modifies these projects.

Another important aspect of the health system is the link between primary and secondary levels. In South Africa a clear referral system from the clinics to the hospitals needs to be developed. Hospitals must give feedback to the clinics on the health status of all referred patients.

Specific Priorities

Our experience in visiting South Africa suggests the need for four specific programmes, addressing tuberculosis, mother and child care, gastroenteritis and sexually transmitted diseases, including HIV/AIDs.

A control programme against tuberculosis, for instance, must embrace both health workers and the general population. A register must be developed. The programme should include vaccination and measures to interrupt the chain of transmission, notably a standard diagnostic system, case searching in the community, short term treatment and focus control amongst contacts.

Mother and child care is one of the most important priorities in public health. Infant and maternal mortality are key indicators of a country's development and the quality of its social services. All pregnant women in the community should be identified and they should receive antenatal care. Midwives should be trained to work in the community. Mothers and children should receive postnatal care. Nutritional support should be provided, breast feeding should be promoted and child development and growth should be monitored. In disadvantaged communities, 'maternity homes' for pregnant women and 'nutritional homes' for newborns should be established.

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