

Organisational Structures for the Public Sector Health Services

The situational analyses we conducted confirmed that South Africa is plagued by the fragmentation of its health service organisation. This fragmentation along racial, tricameral, curative/preventative, academic/non-academic, rural/urban and homeland/South Africa lines is inequitable and inefficient.

This is wasteful and it prevents the coherent planning of a service which can deliver high quality, priority care to our population.

We call on government to:

 restructure our health services through democratic control which encompasses grassroot decisions.

Structure

- the integration of all public sector health services into a single National Health Service, accessible to all citizens.
- the NHS should be organised along central, regional, and district levels each with complementary functions.

District Level

- The fundamental unit of the health services is the district health service. These will plan, manage and provide essential services to a specified number of people, depending on population density and on the constitutional definitions of electoral/ administrative units.
- The essential services will, amongst others, include:
 - health education and health promotion, directed at individual patients, specific target groups, communities and the general population;
 - diagnostic and curative services for illness and injury, including community hospital and referral to the next level of care;
 - women and child health services including obstetric care, family planning, child health services for both well and sick children, including nutritional services and school health services and immunisation;
 - rehabilitation services:
 - social welfare services;
 - occupational health services;
 - geriatric services;
 - mental health services;
 - oral health services:
 - medico-legal and prison health services; and
 - pharmaceutical services.

These service delivery components will be supported by an appropriate health information system, transport (including referral and transport of supplies and pharmaceuticals) and communication facilities.

Intersectoral collaboration with other sectors and political organisations in the provision of water, sanitation, housing, job creation, waste removal and nutritional support is essential for health care.

Regional Level

Groups of districts will be supported by the regional level health structures which will
provide larger scale and specialised services. There may be a need for a sub-regional
level, based on administrative, constitutional and logistical grounds.

National Level

- The national level health structure will be responsible for overall policy, the issuing
 of key technical and managerial guidelines, the coordination of the national health
 information system (including monitoring of performance), and for allocation of
 financial and personnel resources.
- Academic institutions will be planned and managed as part of the national health structure.

Equity

- to provide essential health services to all. Resource allocation must become more equitable and the public sector service will require more resources than it has at present.
- Resource generation and use should be monitored at all levels of the service.
 Redistribution of resources should occur at all levels on the basis of relative need.

District Decision Making

 With national guidelines, the district health authority will have the power for local planning, management and delivery of health services adapted to local circumstances.

Accountability

The health service will be politically accountable at all levels. In addition, local health
care services will be directly accountable to the communities they serve.

Health System Management

- Management of the health system at each level will be by multi-disciplinary management teams rather than by separate professional hierarchies as at present.
- Management training will be carried out as a priority.
- Health is determined by many aspects beyond health care and a structure ensuring intersectoral collaboration linked with a poverty alleviation programme should be instituted at each level of the service.

National Health Development Plan

 This will establish national, regional and district health objectives, the establishment of appropriate structures and specifications of service and development programmes.

Action Plan

- Local area situation analyses should be carried out on a participatory basis to identify health priorities and health service problems, formulate the objectives and draw up an action plan for their area. These should be done immediately and completed within a year of a new constitution.
- The range of essential services should be implemented with immediate effect.
- The current moves towards autonomy of academic complexes should be immediately halted and must be planned and managed as part of the national health system.

