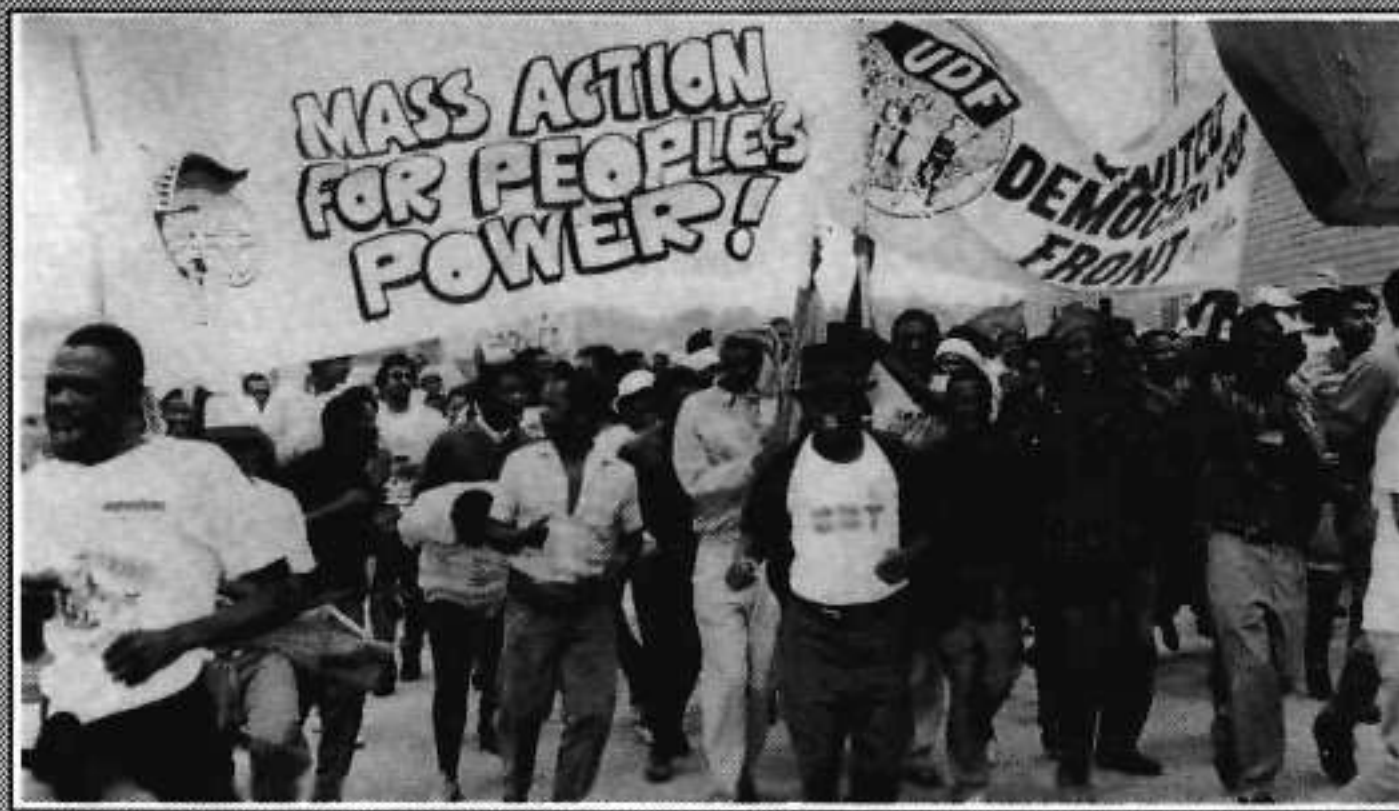


HEALTH SERVICES & HEALTH CHARTER SESSION - OVERVIEW



Discussion in this session revolved around two main issues:

- The multisectoral nature of the health services;
- The importance of developing mass-based participation in health issues (with the discussion being focussed on the Health Charter Campaign).

The following points were raised in these discussions:-

1. Health issues and struggles need to incorporate other sectors, and should involve multisectoral approaches around health.

It was stressed that health needs to be incorporated into people's ongoing struggles, and that health must build-on and strengthen the political struggle. In particular it was suggested that health issues should be raised in worker structures.

The progressive Church is also an important sector with many resources and should be drawn more into the struggle for health.

2. Consideration was given to not privileging health demands over and above people's other demands such as for housing and a living wage. A realistic assessment of the economic capacity of post-apartheid South Africa will place limitations on the transformation of the health services.

3. The importance of developing mass-based and community-based participation and control over health issues was intensely discussed. The exact nature of the participating structures was not, however, resolved or developed. Suggestions for ensuring participatory democracy in health included:

- enhancing the current Progressive Primary Health Care Network;
- using the Health Charter Campaign as a vehicle for mobilising the masses around health;
- ensuring a unitary health system is decentralised at a community and local level;
- election of a democratic government that would be expected to represent the community, thereby facilitating community participation.

4. There must be a combination of mass-based participation in health and more "removed" research into

health policy and the situation of health in a broader perspective of political, social and economic concerns. The example of the Centre for Development Studies (CDS) was cited as a vehicle for researchers to engage with community organisations in determining research areas and priorities.

5. The Health Charter Campaign (HCC) was presented as a way of mobilising the masses around health. Through this mobilisation the masses would be able to give political expression to their health needs.

The aims of the HCC are to:

- A. To establish the demands of communities for improved living conditions, based on factors they identify as impeding the attainment of physical health and mental well-being. These demands, collated regionally and nationally, will thus represent the authentic and democratic health demands of the people and form the basis of a Health Charter.

- B. To establish health sub-committees within the area committees serving the communities, which will serve as the basis for community-based health structures of a democratic health care system in the future.

It was recommended that the process of the HCC should be inclusive of the broad struggles of the people. It should strive to guarantee that the expectations of people around health are in keeping with the general capacity of post-apartheid South Africa to deliver on particular health demands.

The concept of such a charter was welcomed as a way of raising awareness of the broad community on health related problems but concerns around the campaign included the problem of the political affiliation of "Charter struggles", and that only a small number of our people are organised around "Charter" issues. It was felt that while we need to organise broadly around health issues, we should be mindful of the difficulties we are facing organisationally in health in particular and in communities generally.

7. The ANC gave an input about medical assistants trained in their ranks. There is a need to assess their curriculum and find ways of integrating these health workers into the body of health workers in South Africa. □