seven years of training. The fact that opportunities for medical training were not easily available in South Africa, could be one of the reasons for their choices.

The question of who leads and heads the health team has often arisen as most of the nurses have long years of experience in comparison with the young qualifying doctors and medical assistants. Gender issues have been manifested in the intraprofessional health struggles, even within the Movement.

A difficult component of planning involves the implementation of supervision. Senior and experienced health workers are overstretched. Sometimes, travelling in order to supervise health workers on the ground is misinterpreted as legitimised truancy and yet these visits are usually appreciated by the health workers. Where the health workers do not have adequate skills, supervision is the key to success and continuing education.

Planning has tended to focus on numbers rather than quality issues. The evaluation of the performance of health workers, which has not always been comprehensive, clearly demonstrates the need to properly manage all the levels of primary health care to ensure quality of care and comprehensive care.

Managing volunteers has not been an easy task. They have dual accountability. Procedures of integrating their expertise to the local experience is not easily accomplished.

The role of traditional healing has been highly debated amongst health workers. Some are ready to work with traditional healers, while others believe the tragedies arising from this service are too horrifying to even begin to isolate the positive aspects involved.

By and large, the experiences of managing health personnel within the liberation movement does not differ much from management by Ministries of Health. What has been gratifying is the commitment of those health workers who left for upgrading and have come back to their communities and settlements more dedicated than ever before to continue their work. It surely should not create problems to integrate the health workers trained by the Movement into the people's health care system of a future democratic South Africa. We hope this conference can lay the basis for mechanisms and guidelines of integrating them. ❑

## PERSONNEL CHOICES - AN OVERVIEW

The objective of this section of the conference was to look at the kind of personnel development necessary to achieve an equitable, accessible health service in South Africa. The first two papers outlined the current health personnel available and, given the limited financial resources available, initiated debate around the most appropriate category of health worker to be trained as a priority. One of the crucial issues to be addressed in the implementation of a national health service is which categories of health worker should deliver primary health care. Internationally, experiences have ranged between minimally trained Community Health Workers (CHW), mid-level health workers such as nurses and medical assistants and medical practitioners. Arguments for and against the various options were presented.

The lack of a coherent national policy on personnel development was partly to blame for the current irrational training and distribution of personnel and the obstacles to achieving change in this area were examined. Debate around these two articles resulted in the following proposals:

■ There was a general feeling that the most appropriate first tier of PHC worker would be the Community Health Worker (CHW) but the delegates acknowledged that the debate was still in its very formative stages.

CHWs should be elected by and be responsible to the community in which they live and their training should, as far as possible, take place in this community. They would deal with minor illnesses and play a key role in prevention and health education. They would refer difficult patients or patients needing more specialised care to the Community Health Centre which would be staffed by both mid-level health workers and doctors. Lessons can be learnt from the experiences of other countries, particularly with regard to problems with large national CHW programmes.

CHWs would have peer group supervision with the possibility of career mobility within this category (e.g. to supervisor of other CHWs and on to regional supervisors). They should be well trained to avoid "dual" standards (see previous papers), and their work should be paid for.

■ The Community Health Centre will be responsible to the community it serves. The community will in some way be able to influence services and policies of the centre. Above these centres would be regional and teaching hospitals, but the emphasis would be on primary health care.

■ Mid-level workers - it is important to work out one category of mid-level worker. Whether a decision in taken in favour of PHCNs or medical assistants, it is important that their training be relevant from the beginning of their courses.

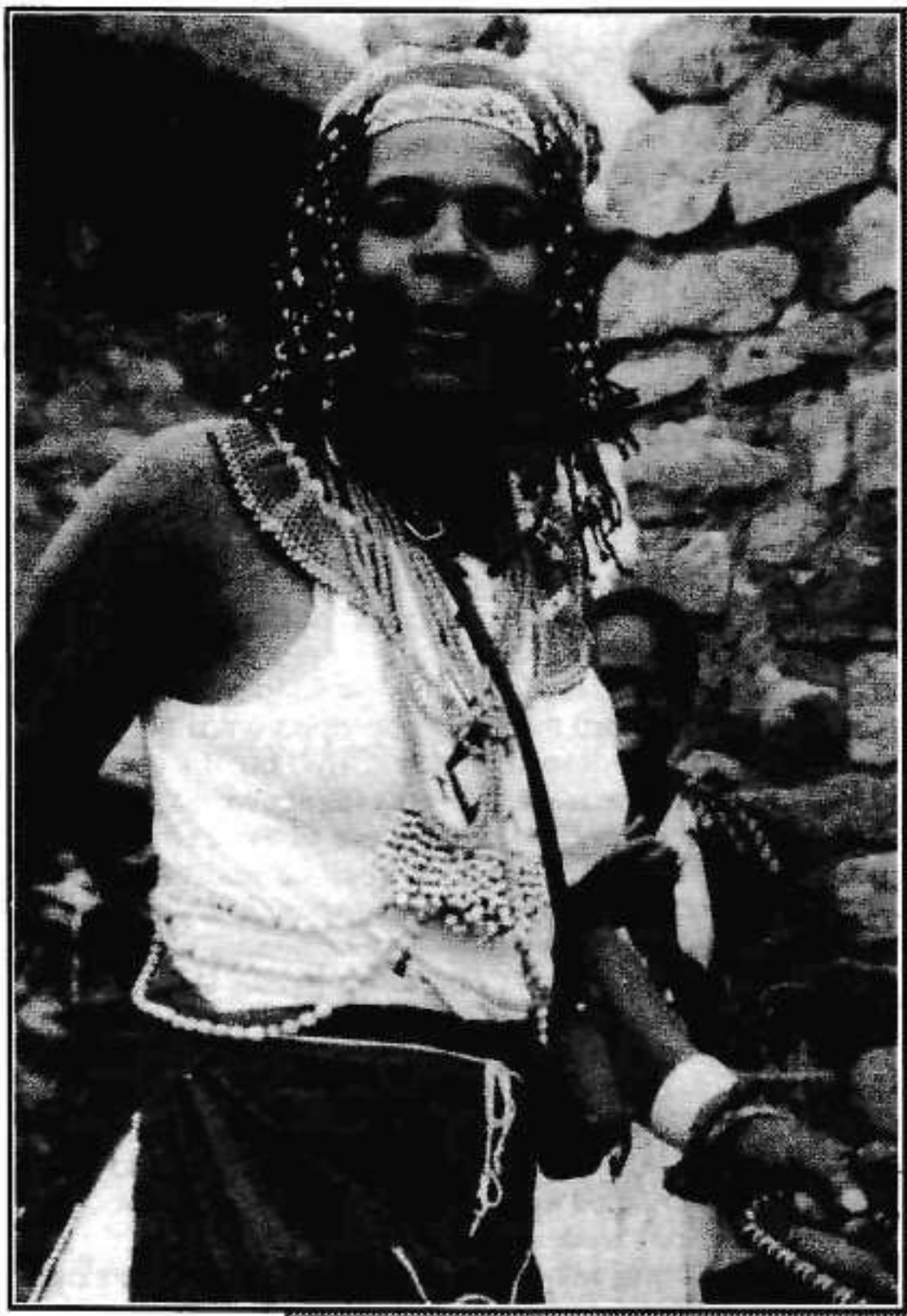
■ Training of all health workers should be community-based, problem-oriented and should inculcate a primary health care vision.

Mamlo Tshabalala of the ANC delivered a paper outlining health personnel development within the organisation as well as the problems the Movement has faced in this regard.

Over 100 ANC doctors have been trained while in exile and an emphasis has been placed on the training of medical assistants. She stressed the need to incorporate such personnel into the health sector when they return from exile. The need for career mobility for these health workers was also stressed.

Dr Boal from the World Health Organisation (WHO) presented a paper suggesting principles and problems involved in the planning of human resources in the health sector. The following steps were recommended as an approach:-

* Analyse current trends in the health sector;
* Analyse human resources available;
* Estimate future supply of staff and compare with estimations of the future demand;
* Identify imbalances between supply and demand and generate solutions;
* Select strategies for the development of health personnel and elaborate a plan of action for their implementation to include the meeting of short, medium and long-term objectives;



*The function of traditional healers should be recognised as a social reality and their role in a future health and welfare service needs to be researched.*

ill budget for all of the above.

These steps should be taken in the contexd of a national health policy and bearing in mind political, socio-economic and environmental constraints.

Melvyn Freeman presented a paper on the viability of traditional healers as health care resources. He outlined the various options for integrating such healers given their large numbers and the integral role they play in many South African communities. The arguments against their inclusion were also presented, from "opponents" as well as from the tradiitonal healers themselves. The paper emphasised the importance of addressing this issue.

Sisa Njikelana of the National Education, Health and Allied Workers Union (NEHAWU) spoke about the challenges of industrial relations in the health sector. He stressed that the apartheid-capitalism state intervention in health care delivery has compelled unions to go beyond conditions of employment to address issues such as the financing and control of health services as well as to relate workplace issues with the political economy of health. He outlined the poor conditions under which many health workers are employed and pointed to the success of industrial action undertaken by such workers in convincing the authorities that the unions cannot be ignored. Union and management strategies are also changing in response to the emergence of new conditions in both the health sector and the broad political arena.

Future prospects for industrial relations in the health sector will be influenced by issues such as further political and economic changes in a pre and post apartheid South Africa, privatisation trends, future moves towards a national health service and trends in the distribution of resources, the extent of unionisation (particularly of nurses), labour legislation, the role of the ANC, developments in the current unity talks between the various progressive health organisations and the actions they undertake, the deprofessionalisation of health personnel as well as democratisation and control of health institutions.

He stressed the importance of union participation in policy formation and the central role the workers will play in safeguarding working people's interests in the post-apartheid state. The recent success of union protests in areas such as privatisation demonstrates the potential of organised workers to win and implement policy changes.

## THE WAY FORWARD

1. ANC health personnel must be integrated into South African health sector. Special concern must be given to the integration of medical assistants and the ANC should collect information on the curricula studied by these health workers in order to facilitate this process. Progressive organisations internally should set up groups to negotiate the registration of ANC health personnel with the appropriate bodies before these exiles return.
2. Research is needed into existing CHW programmes internally and internationally to assist in personnel planning.
3. The role and function of traditional healers should be recognised as a social reality. Extensive research is needed into areas such as the kind of problems they are working with, what networks could be established, how these healers are organised, etc in order for a policy to be developed on this issue.
4. The issue of disunity amongst health worker organisations/unions must be urgently addressed.
5. A strong united front is needed in relation to privatisation.
6. Professionals have too much say in health care and unions must be involved in the formulation of health policy.