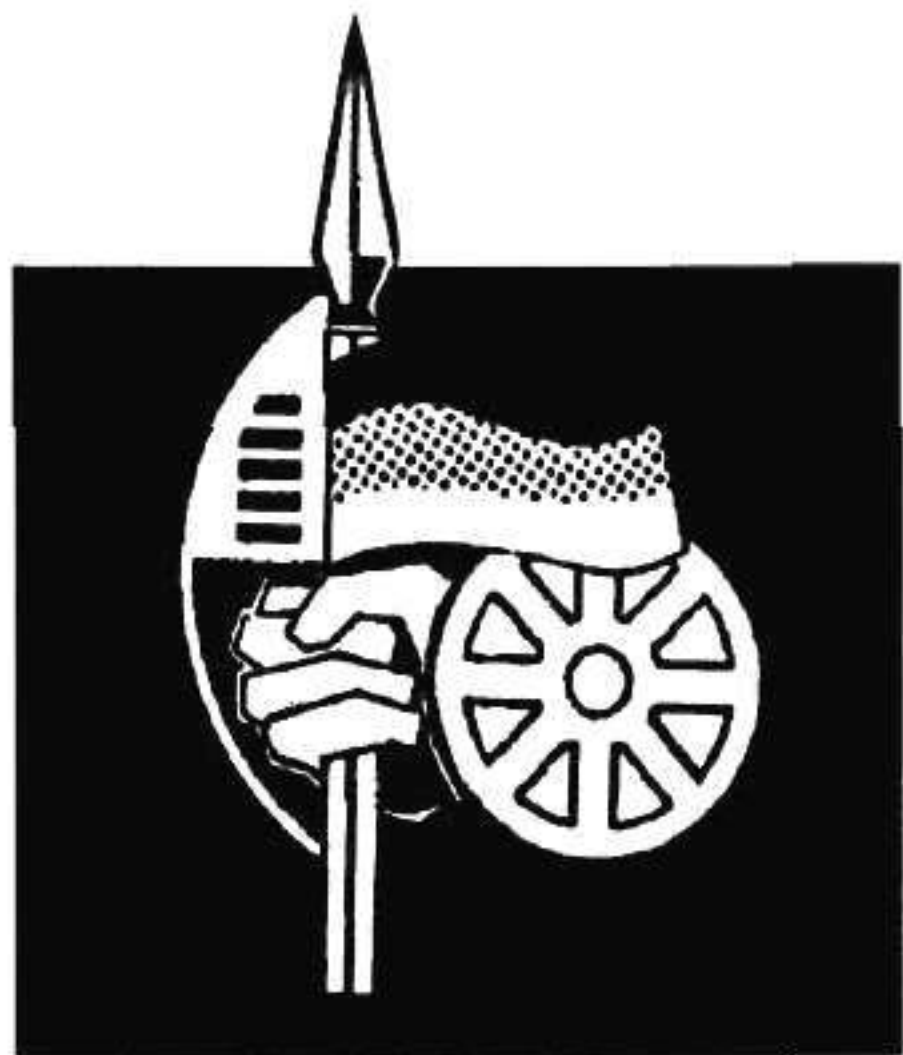


Interview: ANC Health Department



Critical Health: When and why was the Health Secretariat established?

ANC: The secretariat was established in July 1977 in Dar-es-Salaam. After consultation with ANC members, it was agreed to form a medical structure that was to effectively, and in a more coordinated manner, deliver health care to the large number of South Africans who had come out as a result of the Soweto uprisings. Until then, health care was delivered on an ad-hoc basis, utilising the local health facilities and also the health personnel, mainly medical auxiliaries, who had been trained since 1960.

However, the host countries could no longer deal with the large numbers of refugees because of economic and financial constraints. It was also important to deliver health care to our community by way of demonstrating our ability to do so and also to foster our identity. In our favour was also the willingness of the international community to give support for us to implement our programmes and projects.

As the workload began to increase and the demands became varied, the Committee was enlarged and its name changed to the ANC Department of Health. This helped to emphasise that care was not only medical, but demands the full participation of other personnel.

CH: How does the Health Department relate to the broader ANC structure?

ANC: It is one of many departments of the ANC and falls under the Secretary General's Office. Although it has no immediate representation in the National Executive Committee (the highest decision-making body of the ANC), it is represented in all other decision-making bodies of the movement, including the army.

CH: What areas of work is the department involved in?

ANC: Broadly speaking, the objectives of the committee have been to:

- deliver care to our communities;
- disseminate information on the effects of apartheid on health and in so doing, further isolate South Africa;
- mobilise material and moral aid for the ANC;
- train health personnel for the ANC;
- arrange for training opportunities for ANC cadres;
- engage in an analysis of the political economy of health, looking at broader health issues, including the determinants of health;

In 1981, it was instrumental in the convening of the International Conference on Apartheid and Health in collaboration with the World Health Organisation (WHO). Also, members of the ANC Health Secretariat have served in one capacity or another in the workshops and seminars convened by the WHO, and the International Labour Organisation (ILO).

We run workshops on health related topics for health workers and members of the ANC in general.

In 1982, the Department formulated, together with SWAPO, a joint programme of action on environmental, mental, maternal and child health care, including the development of an essential drug list for the refugee settlement.

The Department has developed an AIDS programme, including an AIDS video and literature.

Research into policy options for an alternative health care system for a future South Africa has been undertaken on a limited scale.

CH: Has the ANC undertaken any health personnel development for a future health care system?

ANC: Personnel development has been problematic. One obvious discrepancy is

that more doctors than nurses have been trained. The Health Department has run medical assistant courses by way of developing health resources. There was a need for personnel able to deliver primary health care and skilled enough to handle situations without doctors. The training of such mid-level medical assistants was a largely a response to the shortage of trained ANC personnel.

Tanzania had experience in developing such cadres and having looked at their curriculum, it was felt that it would fulfill our needs. In order to accommodate those cadres whose education levels were too low for this mid-level training, basic courses were run in the Frontline States. The cadres could then gain entry for mid-level training after doing one of these courses.

Another option explored was opening up training schools in the ANC settlement in Angola. One year upgrading course for people with no previous exposure to health practice was provided, which included basic sciences. The cadres would then be sent to the courses in Tanzania. The GDR ran similar programmes for SWAPO. Some cadres who started the mid-level course went on from there to study medicine.

A two year training course was available in Sweden for nurses. Cadres with

an interest in the course were chosen for this purpose. To undergo training as doctors, comrades were sent to the USSR, Bulgaria and Cuba, some went to Zambia and a few to Zimbabwe.

Others underwent training as social workers. Many of these cadres work in different departments in the ANC, not just in the Secretariat.

There has been a debate in the ANC about whether to open separate social service structures. A decision against this was taken because of the duplication of structures.

CH: To what extent have the traditional models of health care delivery and health worker hierarchies been challenged within the ANC health services?

ANC: Doctors do dominate to an extent and this has been problematic.

There is a level of contention between doctors and nurses in the ANC. Nurses are challenging the dominance of doctors within the movement. This challenge has resulted in a better understanding in relations but has involved acute confrontations. There is, however, a commitment to work through these issues.

In terms of portfolios within the Health Secretariat, some are nurses.

CH: How will the mid-level health workers be integrated into the existing South African services on returning home?

ANC: Our view is that we need to put pressure on South African bodies to recognise this training. Such personnel need to be placed somewhere. We need to look at their training curriculum and work out where they could fit in and/or how their training could be upgraded to meet requirements. Their integration must be discussed with progressive health workers as part of planning for repatriation.

CH: Many cadres have been trained in countries where the degrees are not accepted by the South African Medical & Dental Council (SAMDC). What is the ANC's approach to this situation?

ANC: Their eligibility for registration must be reconsidered by the SAMDC. The progressive movement in the country must initiate the steps necessary to take the issue up with the SAMDC.

CH: Has the ANC had contact in the

past with organisations internally?

ANC: There has been contact with SAHWCO, NAMDA and NEHAWU. We have tried to get information on developments within the health sector in general but obviously this was not always easy to achieve.

CH: How do you envisage a relationship with internal health worker organisations in the future, given the unbanning of the ANC and the opening of local offices?

ANC: In view of there being relatively few people in the health team outside the country and many health workers internally will be joining the ANC, we are of the view that there should be health organisations operating independently of political organisations. Thus even people who do not politically identify with the ANC can still be organised progressively. Members of the health teams of the ANC will have to join these progressive formations. Possibly, this may help bring the various formations together. So in other words, the Health Secretariat of the ANC as presently constituted will have to come to an end. The ANC as a political organisation may need a subcommittee with a special focus on health related issues. Who is part of such a committee is open to discussion.

CH: How does the ANC envisage the structure of a future health system in South Africa?

ANC: Obviously we can only be very general in our answer here. The ANC is strongly in favour of a national health service and of a service with a strong bias towards the primary health care concept. The democratic state will have a duty to ensure that health services provision will reach out to those most in need. Resources will have to be put into this.

Democratic organisations have the urgent task to work together with the ANC, to map out a clear workable programme to ensure that we can achieve this.

CH: What problems should health and social service workers be preparing themselves for, with regard to returnees?

ANC: Some comrades are presently undergoing medical treatment for various problems and will need immediate follow up treatment on their return. Some

of the comrades are disabled and their specific needs will have to be considered too.

Many comrades left the country many years ago and may need reorientation and social support for the change of environment.

Also to be considered is the situation in Natal - many returning comrades with families in this area do not know if their families have moved, or even if they are all alive. We must somehow anticipate the particular problems such comrades will face.

We will need to compile a list of all these comrades and the regions within South Africa to which they will be returning.

The ANC and progressive organisations in the country need to work out, in definite terms, which structures will be involved in the overall returnee issue and how to coordinate this process. The ANC must make a concrete breakdown of where these people will be going to, to assist structures to prepare.

This we see as a task for all in the democratic movement and the decision of which structures to create must involve broad consultation.

CH: Any final comments?

ANC: Perhaps a comment on unity in the health sector. As much as there are differences between the progressive health organisations, there are a lot of things that bring them together - especially concerning the delivery of an equitable health service.

We should try everything possible to ensure that small organisational differences do not stand in the way of the broad tasks and responsibilities we as health workers face.

It should be stressed that, in our understanding, this unity can best be achieved as a result of common action from the lowest local level up, even before we can think of national unity. Unity should start on a local level.

Finally, as progressive health workers, our understanding of health is that it is the responsibility not only of health workers, but of the entire community and therefore, whatever way we structure ourselves, people must be actively involved and organised. We must ensure that our organisations at all times strengthen the structures of the community. □



Delegates toyi-toyi between sessions in the lecture theatre of the Medical School of Maputo.



Overjoyed to meet Comrade Steve! Steve Tshwete of the ANC (NEC) addressed the conference.

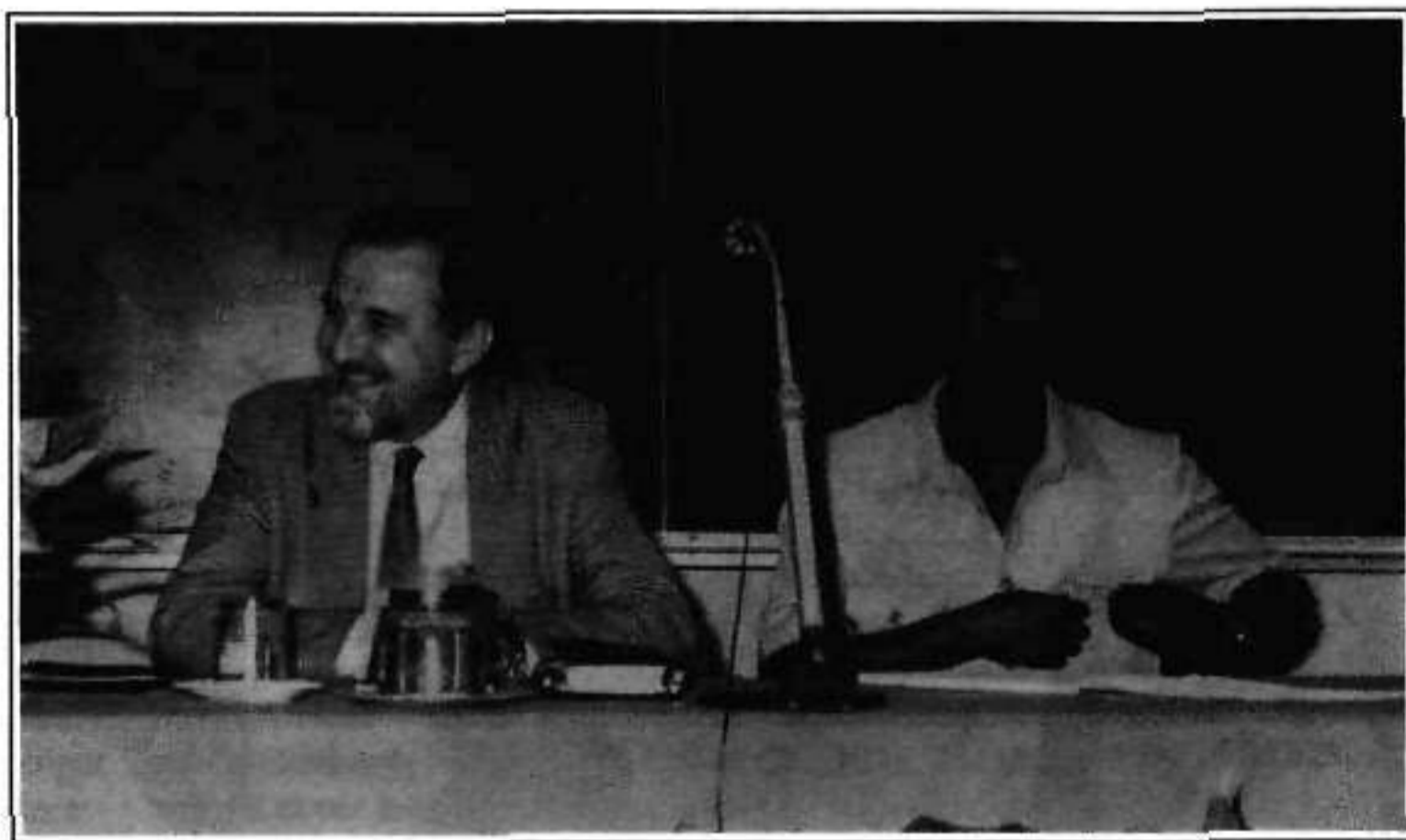


Delegates met with Ms Garca Machel (centre).

Delegates from S.A. engage in intense discussions with members of the ANC and SACP.



Both Frelimo's Deputy Foreign Secretary (left) and the Minister of Health of Mozambique addressed the conference.



Not every minute was spent in intense debate! Delegates cool off in the evening.

