AN ALTERNATIVE ANALYSIS OF HEALTH CARE IN SOUTH AFRICA

The following article is based on a series of lectures sucessfully used in workshops involving medical students. It provides an introductory approach to an analysis of health care in South Africa. We have decided to include this article on the basis of it's accessability to people who might be approaching an alternate analysis of health care for the first time.

INTRODUCTION

This article will discuss some aspects of how health services are organised in South Africa and why they are organised in this way.

It is important for health workers to understand the system in which they work and to realise how closely the health system is linked to other systems in South African society.

HOW ARE HEALTH SERVICES ORGANISED IN SOUTH AFRICA?

There are two major features under this heading;
-the distribution of health services
-private practice.

DISTRIBUTION OF HEALTH SERVICES

Rural areas have been neglected.

Many rural people have to travel very long distances to the nearest clinic or hospital. When they get there the treatment is often inadequate due to staff shortages and the inadequate training of health workers.For example, in most clinics, a nursing sister is left in charge and he or she has to cope with all the diseases with which the patients present. When the sister goes off duty, a nursing assistant (a person with only 6 months of hospital training) may be left in charge.

Althougn services for whites in rural areas are also relatively neglected (McGrath 1979.134), it is the services for blacks which suffer most. In the urban areas, there were 109 blacks for each hospital bed in 1970, while in the rural areas there 191 blacks for each bed (McGrath). In addition to the shortage of beds, doctors are also maldistributed. In the major urban areas there are 10.3 doctors per 10 000 people. In "homeland" areas there are only 0.43 per 10 000 people (McGrath 1979 134)

Thus we see that in rural areas health services have been neglected when compared with urban areas. Health services are only one aspect of this urban bias- the same pattern can be seen in the provision of water supplies, sanitation, roads, education.

IN URBAN AREAS SERVICES FOR BLACKS ARE NEGLECTED.

Health services can be provided by private practitioners and institutions or through public, government subsidised channels. Private services for blacks in the urban areas are very neglected, as shown in the table below.

DISTRIBUTION OF GENERAL PRACTITIONERS IN CAPE TOWN

NEWLANDS	1:600	white areas
WYNBERG	1:650	
MITCHELLS' PLAIN	1:3300	black areas
ELSIES RIVER	1:64000	
LANGA	1;19000	

This maldistribution of private services is understandable because most black people cannot afford the high costs of private medicine. In fact whites spend 94% of the total expenditure on private services (McGrath 1979 128)

In the public sector services are also maldistributed. For example, an analysis of two Durban hospitals showed that the white hospital had 64% of its beds occupied against 93% in the black hospital. There were only 7.2 daily patients per doctor in the white hospital compared with 13.5 in the black hospital (McGrath 1979 132).

Although it is difficult to assess what constitutes "adequate" health care, these comparisons do show that

whites in urban areas are receiving more services. It may be useful to think about whether more services always means better or relevant services.

McGrath (1979 128 129) also mentions another interesting fact. In a study of certain urban areas, it was found that white families spend only 6% of their total health budget on patent medicines (ie medicines not prescribed by a doctor, but bought in a shop), while black families spent 49% of their health budget on these medicines. He concludes. "Indeed, the relatively high level of expenditure on patent medicines by Africans in urban areas might be an indication of the difficulties in obtaining subsidised medical treatment at hospitals or clinics".

PREVENTIVE AND PROMOTIVE SERVICES ARE NEGLECTED.

In South Africa about 97% of the health budget goes to curative services. If all people get adequate preventive and promotive services on only 3% of the budget, this would not be an issue. But the examples that surround us prove that many people do not get adequate services. For example, if our health education campaigns were adequate - would mothers use dangerous and expensive bottlefeed when they could breastfeed
- would the polio epidemic have struck last year
- would cholera and typhoid be a problem
- would children still die from measles

PRIVATE PRACTICE AS A FEATURE OF HEALTH SERVICE ORGANISATION.

The majority of South African doctors (59%) work in private practice (McGrath 1979 120), and approximately one third of all beds in the country are in privately owned hospitals (McGrath 1979 120).

After this brief study of how health services are organised, we must ask ourselves why are they organised in this way in South Africa? We know that there are other ways of organising services. For example, private practice has been banned in the Soviet Union (Ryan 1978 32-33). In

Once we see how health services are bought and sold just like other goods (food) and services (plumbing) then we begin to understand why health services are organised the way they are.

It was noted previously that private practitioners are allowed. In a capitalist society which encourages free enterprise and the formation of new businesses, a doctor is seen as another shopkeeper. The doctor sells his or her skills and makes a profit of the patients (customers) illness.

Another point noted was that preventive medicine is neglected in favour of curative medicine. This is understandable in a society where the emphasis is on selling health care. When people are sick they will do anything to find help and so sick people are eager customers. When people are well however they are not always interested in learning about health education of other preventive measures.

It was also noted that rural areas are neglected. If you were a shopkeeper would you rather open a shop in Soweto or Johannesburg where there are many people living close to the shop or in a rural area where your customers are poorer and live futher from the shop.

Of course you will make more profit in the city. This is one reasonwhy health services are more plentiful in the urban areas. Other reasons include the fact that most health workers prefer living in the cities, that urban dwellers are usually better organised to demand services than scattered rural dwellers, and that the workers who live in the cities must be kept fit enough to work. (The influence of the homeland system on the distribution of resources is dealth with in a separate article in this edition)

In addition to these influences of the capitalist economic system, which would apply in most capitalist countries, South Africa has some political issues which complicate the picture. The system of racial separation and the development of homelands accounts for the last item noted earlier; services for blacks are neglected. As well as

the differences in quality and quantity of services mentioned before, these racial policies account for

- separate black and white hospitals
- separate training institutions for black and white nurses
- the formation of a black medical school at MEDUNSA
- the South African Nursing Association asking for all "homelands" to form their "own" nursing associations
- separate Departments of Health being formed in each "homeland"

IN PRACTISE : SERVICES SEPARATE AND UNEQUAL

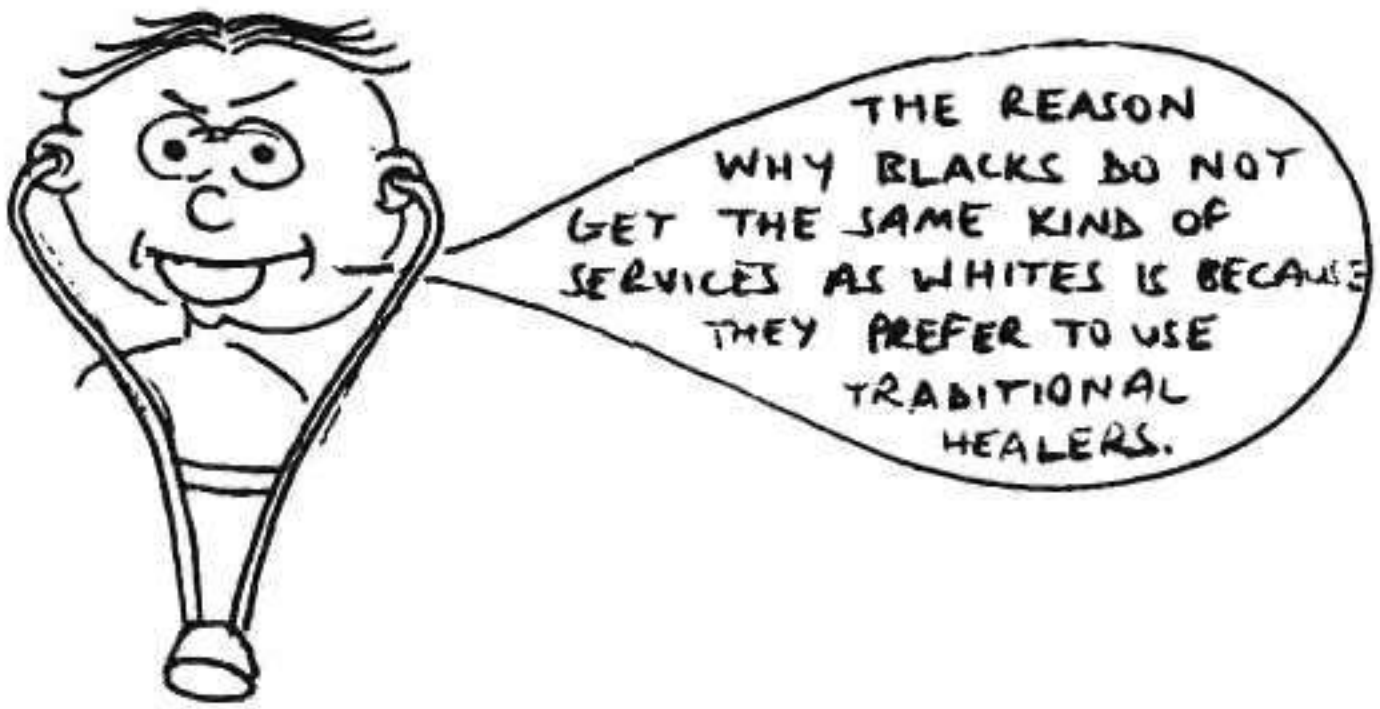
some countries, special attempts are being made to upgrade services in the rural areas. It is important to ask why these attempts are not being made in South Africa?

WHY ARE HEALTH SERVICES ORGANISED THIS WAY IN SOUTH AFRICA?

Different people have suggested different answers to this question.

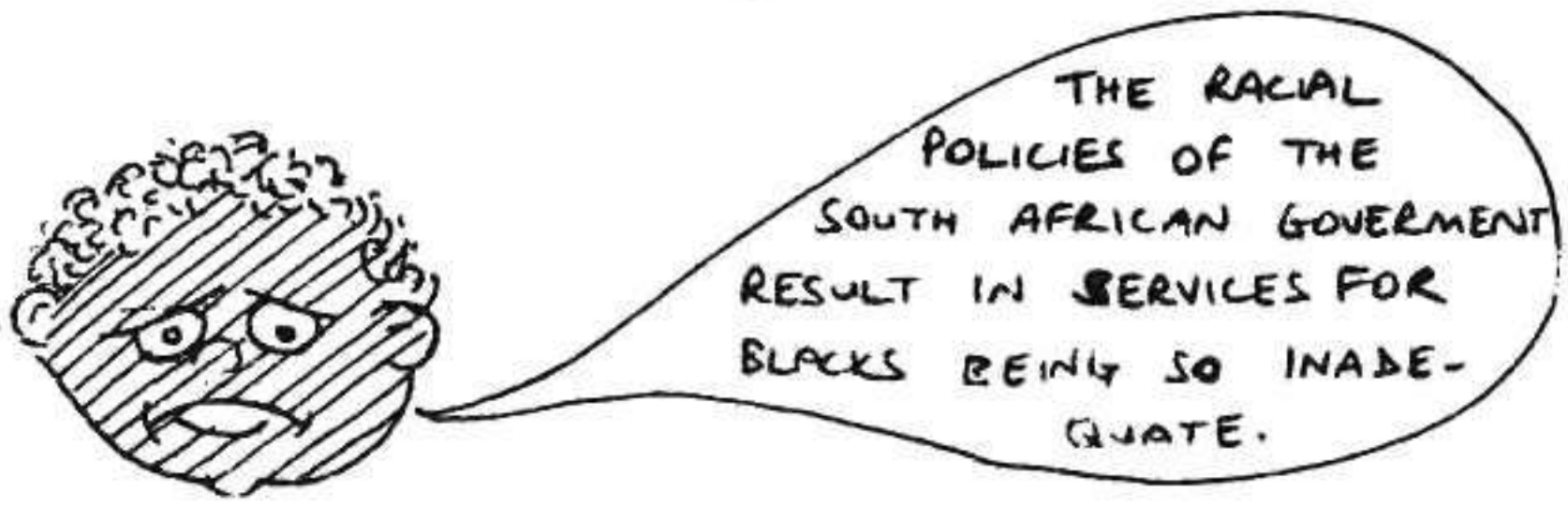
Do you believe this professor?

Even if he were right how many features does his explanation account for? Does this explain why we still allow private practice or why preventative services are neglected?



Do you believe this doctor?

Even if he were right, does his explanation account for all the features of health service organisation listed



Each of these examples explains only a part of the whole story (with exclusion of the first example which has been shown to be statistically incorrect). The following is an alternate explanation as to why services are organised the way they are.

INTRODUCTION TO A POLITICAL ANALYSIS OF HEALTH SERVICES.

A political-economic analysis begins by recognising that different societies are structured in different ways. For example, America is a capitalist country characterised by money and power being concentrated in the hands of a few while the majority of people work for the "owners", selling their labour.

In a communist country everything is owned by the government which represents the people, there are no "owners" and everyone works for a wage.

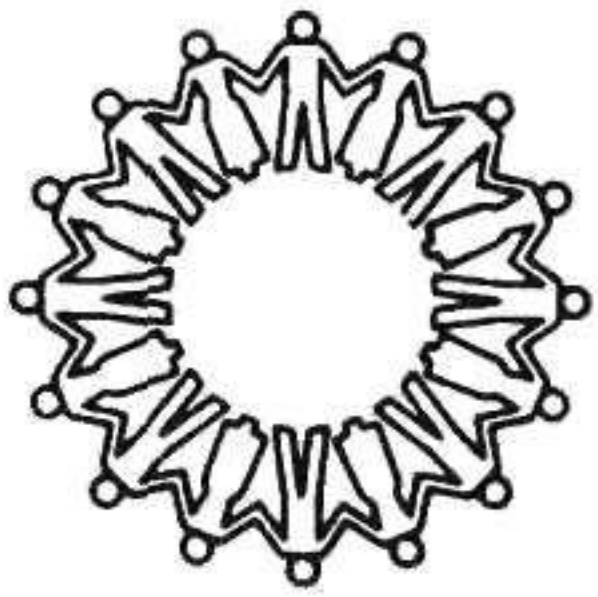
The economy and political system influences all the smaller parts of the society such as the education system, the legal system and the medical system. In capitalist countries individuals are expected to made their own provision for health care. They must pay a private doctor or pay a hospital or get an insurance scheme. In China however the government feels responsible for providing free medical care to all citizens. Health care is seen as a basic human right which the government must provide.

In South Africa the features of capitalism are reflected in the health services. Health care is bought and sold - by private practitioners, hospitals and clinics in the same way that one buys and sells clothing, furniture, and food.

Another political influence on the organisation of health care is that because South Africa has a system of government with three levels (state,provincial and local authority) health services are fragmented. This causes unnecessary expense and effort..(This issue is dealt with in the article entitled Who Cares in this issue)

CONCLUSION..

In order to understand why health services are organised the way they are in South Africa and in other countries, it is important to use a political-economic analysis. In the same way one could analyse the education or legal system. Each of these systems is a part of the South African society and are influenced by the political and economic organisation of South Africa. The problems in the South African health system cannot therefore be separated from the broader problems found in the political and economic policies of this country.



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