

*CH: Whilst appreciating the obvious need to direct finances into primary health care, do you think that justified the decision to put a moratorium on building hospitals? There was a hospital planned for New Canada in Soweto and Baragwanath is clearly overcrowded.*

**CS:** The moratorium is for two reasons. One is that we feel that we need the primary health care service urgently, the other is that the moratorium was put on at the same time that the Minister announced that all hospitals are open to all races. Will the people at Baragwanath go to, for instance, Johannesburg Hospital? How can somebody from Soweto get to Johannesburg Hospital? It's the most stupid place where they built that hospital. It's in a rich area but it's for poor patients. But we have to see what the impact was of opening up the hospitals. The moratorium is just to give us time to evaluate the impact, to evaluate the cost of PHC. It's not a permanent one.

*CH: And in terms of the private sector, you also put restrictions on whether they can build new hospitals or not. Why have two hospitals, one in Randburg and one in Goodwood, which are overserviced areas, been granted?*

**CS:** Those would be House of Assembly decisions, not our decision.

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# **A Response to Dr. Coen Slabber**

**by Critical Health**

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*The following article briefly assesses changes in the approach to health care by the health department and looks at these changes within the context of broader political and economic developments.*

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We have seen the government move away from the 1980s strategy of reform coupled with brutal repression. It has recently unbanned political organisations, committed

itself to a process of negotiations and started to consult on a wide range of issues with the same progressive structures it openly repressed a few years ago.

These new developments cannot, however, be understood in terms of a change of heart by the government. By the end of the 1980s, it succeeded in temporarily weakening opposition to its rule, but the economic crisis that has gripped this country since the 1970s was getting more severe. The government began to feel that it has the political strength to shape future developments in a particular way and, at the same time, win internal and international approval. It also started to see this acceptance as necessary to resolve the economic crisis. (It is important to note that these recent changes have taken place within the context of increasing levels of violence, even though the government no longer overtly supports repression.)

This new political strategy is clearly reflected in the different state departments and the health department is no exception. It is more accessible than before and it is more open about the mistakes it has made in the past. The department recognises that the standard of health of the poor in South Africa is getting worse and it admits that health services in existence today are both inappropriate and inadequate. It is now talking of a single central national health department and suggesting a national health insurance for this country. It is expressing the need to consult with all structures in the health sphere before reaching a decision as to future health policy. The department is, in fact, trying to distance itself from its past mistakes, as if it is a different health department in a "new South Africa".

Despite this, the department continues to slavishly adhere to the government approach to the economic crisis, instead of taking adequate steps to overcome the problems it has identified. This approach, as it relates to health, is as follows: it is an absolute priority that the economy must grow at a faster rate than the population. This will lead to more jobs and a better standard of living, which, in turn, will lead to an improved health status in South Africa. It will also allow for a larger budget and more money to be spent on health services. In order to achieve the required economic growth, the role of the private sector must increase and that of the state must decrease. State health services must, therefore, suffer in the short term.

There are a number of flaws to this argument. First, a decrease in the role of the state has not been shown to be necessary for rapid economic growth. Secondly, it is far from guaranteed that an adequate growth rate will be achieved with current economic policies and, thirdly, a growing capitalist economy does not necessarily lead to an improved standard of living for the poor. In short, the top officials in the health department are merely ensuring that government economic policy is being carried out, without any guarantee that this will lead to an improvement in health standards. They are showing a lack of concern about the immediate effects of this policy on health and health services.

The total health budget decreased in real terms last year in the face of a rising infant mortality rate, an increasing incidence of TB, and a growing number of deaths from malnutrition. The department has committed itself to primary health care, but it does not have the money to build clinics and, as a result, it is forced to rely on ad hoc sources of funding for new clinics. It also uses progressive concepts, such as primary health care and community participation, to shift its financial responsibilities on to individuals, communities and welfare organisations.

The department has repeatedly stressed the relationship between health and nutrition, as well as that between health and basic services. It has spoken often about intersectoral collaboration. Within this context, it could reasonably be expected that the department would point out the negative aspects arising out of the activities and proposed policies of other departments.

Here again, the health department has assigned more importance to economic motivations than effects on health. In relation to the cutting off of electricity and water supplies in the townships, it has argued that the people cannot expect services if they do not pay for them. The department has been a willing partner in the decision to terminate the bread subsidy and abolish the price control of bread. It has agreed to the imposition of VAT on basic foodstuffs and medical services without having ensured that the poor will be adequately compensated for the increased prices they will be forced to pay.

In summary, the department is trying to shed its history and portray itself as a new department. This is in keeping with the general political developments in the state. It is also, however, pursuing policies which are directly in line with the economic perspective of central government. These policies are having a negative impact on health, which is already suffering under the impact of the economic crisis.