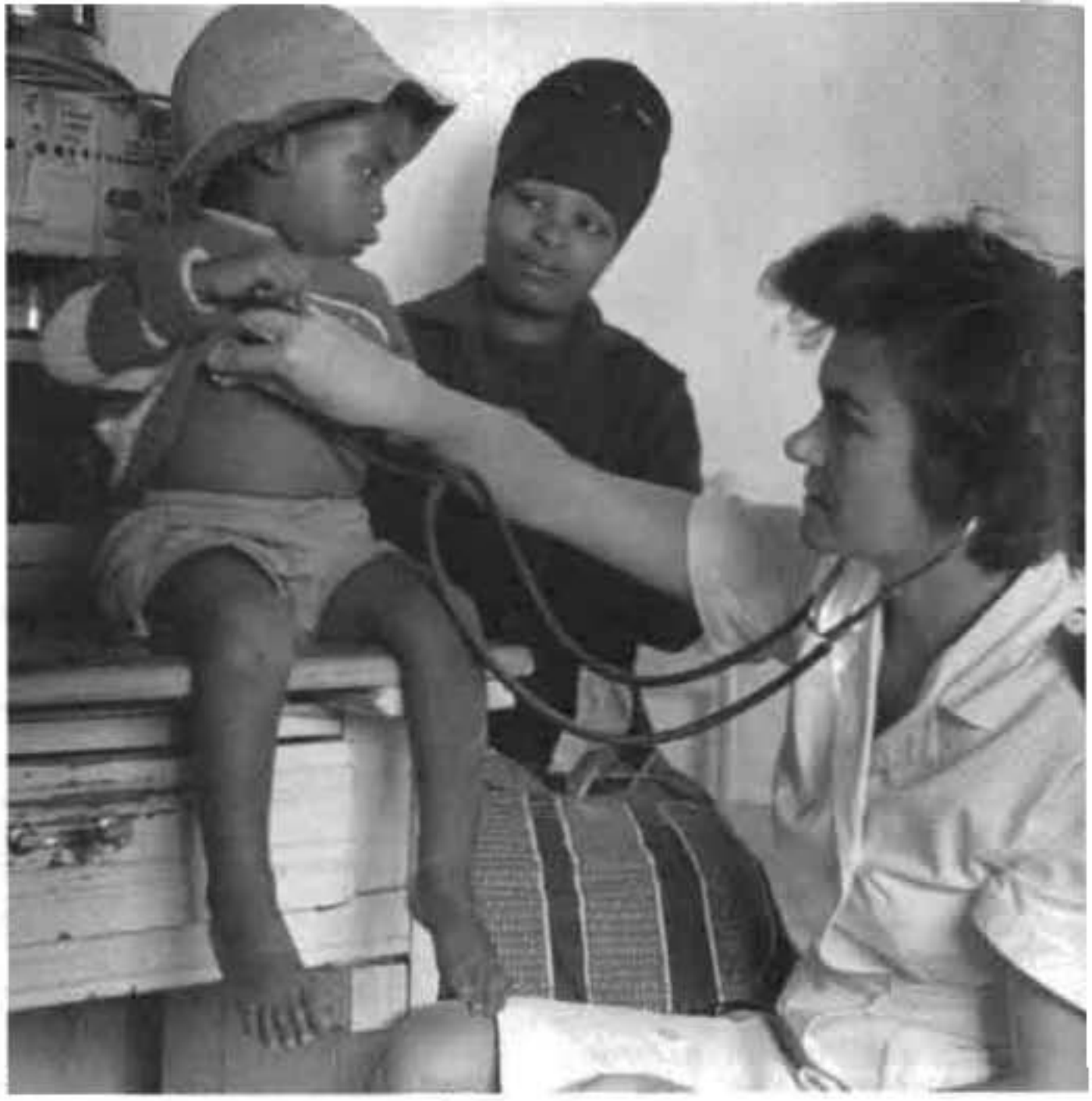

Poor health is among the major burdens of residents of under-developed communities. DAVID SANDERS and ROBERT VAN NIEKERK prescribe a cure.

Picture: THE ARGU

Cure by campaign

THE pattern of ill health in poor communities in South Africa, symptomatic of the economic and social under-development inherited from apartheid, looms morbidly over the reconstruction efforts of the new democratic government. High levels of malnutrition and infections such as pneumonia and diarrhoea starkly reflect high unemployment levels, inequitable land distribution, overcrowded housing and unsafe water and sanitation.

The Western Cape, for example, has a tuberculosis rate which is three times the national average and reputedly the highest in the world. Health problems associated with social instability and the migrant labour system are rife and include sexually transmitted diseases, Aids, substance abuse and trauma due to violence.

If these problems are to be addressed effectively, a holistic, inter-sectoral approach to health is required, aiming both to make appropriate health care accessible and to confront the economic, social and political conditions which underlie ill health.

The Reconstruction and Development Programme (RDP) provides a developmental framework for the active participation of poor communities in the restructuring of South African society. The key RDP principles of "an integrated and sustainable programme" and a "people-driven process" can best be realised in the area of health through strengthening the self-organisation of poor communities around health issues and health-related basic needs, such as housing, water, sanitation and land reform.

Of course, such community organisation will require financial and other support from the state, as well as from educational and research institutions and other non-governmental organisations.

The RDP has many similarities with the primary health care approach adopted as international health policy in 1978. Like the RDP, this approach is based on the idea that participation by self-reliant communities, through representative structures, is the only way to ensure a health service responsive to community needs.

The primary health care approach also argues that the aim of an integrated, holistic system should be to promote health and prevent disease, rather than simply to treat the symptoms of ill health.

Improving access to health care, especially in poor rural and peri-urban communities, is a key aim of the primary health care approach. The idea is that community health centres

should be the foundation of a reformed health sector, providing comprehensive services to communities which should participate in the governance of all levels of the system.

These community-based services would form part of a district health system (DHS) whose boundaries would coincide as closely as possible with the boundaries of the local authority responsible for ensuring service delivery. However, the DHS would be supervised and supported from the provincial and national levels of the system.

Such restructuring of the health services cannot be a mere technical exercise, as resistance to change from professional and old bureaucratic forces already demonstrates. If the RDP objective of active participation by organised communities is to be realised, a shift of power relations within the state and the health professions will have to take place.

This shift needs to be effected through community-driven campaigns around basic needs, in conjunction with the more technical exercise of changing structures within government health departments.

The question then becomes: can projects initiated in the health sector become RDP projects, in the sense that they engage communities around health issues, while also strengthening community self-organisation, and engaging other sectors relevant to health (such as education, water and housing) in health development initiatives?

Two examples currently being suggested will serve as illustrations of how this could take place – a nutrition campaign and a health literacy campaign.

A nutrition campaign, based on the primary school nutrition programme launched by President Nelson Mandela, is being advocated on the grounds that, despite the surplus of food produced in this country, many young children go to school hungry, with a significant percentage chronically undernourished. Hunger and nutritional deficiency can significantly impair learning, intellectual performance and development. If children are to realise their potential, they need adequate nutrition.

It is a credit to the new government that the primary school nutrition programme has been launched successfully, and that school feeding is now taking place in all provinces. However, despite the benefits of this programme to many needy families, it does not address the problem in a comprehensive way, nor is the provision of food at schools sustainable over the long term.

It is clear that undernutrition requires a comprehensive, integrated and sustainable response to the complex of factors underlying it. It is crucial that those affected by the problem – in this case primarily the parents of undernourished children – are engaged in the process of identifying the problem, analysing its causes and fashioning a sustainable programme to address it.

The dimensions of the problem are enormous. Children between the ages of one and three years are particularly vulnerable to the effects of undernutrition and they are particularly difficult to reach. Clinics are attended primarily by children under one year of age (those in the immunisation age range), while creches are used mainly by children from better-off families who are, in any case, mainly over three years of age.

The suggestion is that the primary school nutrition programme should form the institutional context for an expanded programme, with the well-tested international principle of "child to child" health education as the link between primary schools and communities. In terms of this principle, primary school children (and possibly adjacent secondary school pupils) act as "multipliers", accessing younger children within their own families.

The primary health care approach argues that the aim of an integrated, holistic system should be to promote health and prevent disease, rather than simply to treat the symptoms of ill health. Improving access to health care, especially in poor rural and peri-urban communities, is a key aim. The idea is that community health centres should be the foundation of a reformed health sector.

These younger children could then be brought to the primary school by their parents on a pre-determined day, perhaps once a month. Parents, teachers and pupils, organised through committees on which all are represented, could be taught to weigh the children and at the same time could receive user-friendly health information.

A school educational project could be designed around the process of weighing and recording of weights on growth cards. Appropriate care and referral would be provided for seriously underweight or unhealthy children and food might be distributed on that day to the under-fives.

The weighing and recording exercise could be used as the basis for discussion of the factors behind undernutrition, including social and political conditions such as unemployment, poor education and an unsanitary environment.

The next step would be to identify possible solutions. It might be decided, for example, that a public works programme should be proposed, with the twin aims of upgrading the community and generating employment. Funds could be sought from the RDP budget.

The potential stimulation of community self-organisation through this kind of exercise, and the development of inter-sectoral activities, would qualify it as an RDP campaign.

The second campaign being advocated is a health literacy campaign organised around those health problems identified as priorities within communities. The aim would be to improve health literacy and create the optimal use of health resources within communities. The underlying message would be that the most important health-promoting resource is the consciousness and the organisation of people around health.

Such a campaign should include all sectors, ranging through schools, community organisations, health services and the private sector to water services. All could be drawn into a health literacy day, for example.

The campaign would be initiated by community organisations and schools who could decide to bring in the local health services and other relevant resources, such as libraries and literacy groups, to help plan or provide assistance in their health campaign.

Guidelines would have to be prepared to stimulate discussion but the first major exercise would be for communities to undertake a simple health survey, using the schools as a base, with teachers, parents and pupils as the agents for the survey.

The results would be written up in an accessible form and discussed by community groups and other participating organisations, who would then decide on one issue they could focus on for their campaign. The campaign could take the form of a purely educational initiative or it could involve activities around such issues as nutrition or management of diarrhoea (for which training would be needed).

Where a training need is identified, it should be met as far as possible from within the community – from local health services or private practitioners, for example.

The campaign would be conducted on a door-to-door or street-to-street basis by health education teams, who would be equipped with the necessary training through the "multiplier" method and clearly identified as campaign agents. Support could be mobilised through media coverage, billboards, pamphlets and comic books aimed at health education.

These two examples show how health campaigns could operate within the RDP, given sufficient organisation and political commitment. The cure to ill health in South Africa lies in prevention, and prevention depends in turn on the extent to which we can rid ourselves of the malady of social under-development. Campaigns organised through the RDP could be the means. ■

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