

Despite strong policies, public health is ailing

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IN THE light of the various health crises confronting South Africa – an overwhelming HIV epidemic, the flight of health workers to other countries and, more recently, extreme drug-resistant tuberculosis (XDR TB) – the public can be forgiven for believing our health system is in a state of collapse.

“Highly uneven” may be a more correct description – in many places, motivated local managers and health workers in the public sector provide good quality, accessible care to citizens with existing resources. Yet it cannot be denied that, at an aggregate level, the health system is far from achieving the transformations promised.

Despite many policy initiatives and laws, and many individual examples of success, we have to acknowledge that, as a nation, we have failed to turn around the fragmented and inequitable legacy of the apartheid health system. In 2000, the World Health Organisation ranked the performance of our health system, based on value for money, a very poor 175th out of 191 member states.

The amalgamation of numerous departments into one national and nine provincial authorities, and transformations in the gender, racial and professional profile of the health administration, stand as the most significant achievements of the post-apartheid era. Beyond this, many of the structural problems of the health system persist, while the morale of healthcare workers and strains on hospitals have worsened.

To understand this, we need to get behind the now-clichéd mantra regarding government service delivery – “the policies are good we; just don’t know how to implement them” – to a more in-depth and specific analysis of problems.

While the South African state can hardly be blamed for the devastating HIV epidemic and the rapid globalisation of markets in healthcare providers, other aspects of the national context are worth mentioning.

First, the shift from the Reconstruction and Development Programme to the Growth, Employment and Redistribution (Gear) policy in 1996, whatever its macro-economic rationale, had a powerfully negative influence on the health sector. It reduced spending precisely when additional resources were needed for transformation, and prompted a number of disastrous decisions in provincial governments, such as rationalising (read: reduction in the number of) nurse training institutions, whose consequences are being felt today.

Despite a significant increase in public health spending in recent years, through the Public Finance Management Act, Gear has also entrenched a conservative managerial culture that is preoccupied above all else with staying within budget rather than with more delivery-oriented goals.

Second, delays in finalising and the weaknesses in the local sphere of government inhibited the development of what was intended as the basic building block of the post-apartheid health system, namely the District Health System (DHS).

The failure to rapidly institutionalise the DHS and a host of related managerial and governance systems led to a loss of an organisational focus in the health system more generally.

Third, from within the health sector, the management of actors and complex interests, a function referred to by the World Health Organisation as “stewardship”, has been problematically blunt.

The failure of stewardship is most obvious in the inability to build a unified national response to HIV/Aids over the years, but is also evident in the difficulties of achieving co-operative governance between spheres of government, in creating strategic alliances to achieve financing and pharmaceutical reforms and in the lack of front-line providers involved in the process of change. Despite comprehensive policy frameworks such as the Health Act, most health sector players lack a clear vision of their position within the system.

What about the future? A major question remains whether the national Ministry and Department of Health has sufficient legitimacy and willingness to re-invent itself as a strong steward of the health system. The Department of Health would do well to start by investing heavily in building management skills and systems in clinics, districts and hospitals.

● *Schneider, Fonn and Barron are co-authors of a chapter in the latest volume of the State of the Nation series, State of the Nation: South Africa 2007, published by the HSRC Press.*

