

Despite strong policies, public health is ailing

HELEN SCHNEIDER, SHARON FONN
and PETER BARRON

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 the system is far from achieving the transformations promised.

Despite many policy initiatives and laws, and many individual examples of success, we as a nation have failed to turn around the inequitable legacy of the apartheid health system.

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 health care workers and strains on hospitals have worsened.

While South Africa can hardly be blamed for the HIV epidemic, other aspects are worth mentioning.

First, the Growth, Employment and Redistribu-

tion (Gear) policy in 1996 had a powerfully negative influence on the health sector. It reduced spending when additional resources were needed for transformation, and prompted some disastrous decisions in provincial governments, such as rationalising (read: reduction in the number of) nurse training institutions. The consequences are being felt today.

Second, the failure to rapidly institutionalise the District Health System (DHS) and other related managerial and governance systems led to a loss of an organisational focus.

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

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-operation 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.

What about the future? A question remains whether the ministry and Department of Health has sufficient legitimacy and willingness to re-invent itself as a strong steward. The department should 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.*

