WHAT GOOD IS LEGISLATION, HEALTHCARE POLICIES OR PLANNING IF WE CAN NOT MAKE IT WORK? AN URGENT PARADIGM SHIFT IS REQUIRED WITHIN THE HEALTHCARE MANAGEMENT SYSTEM. THE NEED FOR A COMPREHENSIVE PRO – POOR POLICY APPROACH TO HEALTH AND WELFARE IN SOUTH AFRICA IS NOW URGENTLY REQUIRED

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COMMENTARY

Since the dawn of democracy in South Africa in April of 1994, healthcare and welfare programmes continue to be developed and implemented on a piecemeal basis. A plethora of health legislation and health care policies have been promulgated over time and, healthcare has been guaranteed in the Constitution of the Republic (Act 192 of 1996) and protected by the Bill of Rights. However, there is difficulty by the government, its policy makers and the provincial departments of health in recognizing not only that health and social affairs are intimately related, but the system must be dealt with as a whole of its interrelated challenges and problems if it is to be solved. Increasing costs for healthcare and social programmes are becoming of even greater concern, and cost containment either voluntary or regulatory, preoccupies both the powers and the recipients. Complicating the current situation is uncertainty of the role of financing and regulation on the part of the national government and the provinces, and the fragmentation and uncertainty of the private delivery sector. One of the stark realities in South Africa is the all embracing fact that legislation, healthcare policies and planning is in abundance, but of what use is this legislation and the myriad of policies, if they cannot be implemented to the benefit of the sum total of the population that lie within the continuum of poverty, unemployment and inequality? Thus an urgent paradigm shift is required in order to remedy the situation in respect of how healthcare and social programmes will be delivered in the near future. To this end the government as a whole must seriously consider a reevaluation of its healthcare policies and plan in a way that it could deliver healthcare essentially, in a pro – poor manner.

There is a need for those concerned with decision making for the healthcare and welfare of the people to redirect their priorities from simply advocating or opposing specific national or provincial programmes to examining more fundamental issues. These issues are the basic mechanisms for whatever programme may be legislated. It should be clear that, lacking in overall strategy, and objective, piecemeal approaches are doomed to failure. It must be understood that:
1. Healthcare extends beyond the delivery of personal health services. It cannot exclude social factors as education, housing, income, nutrition, environment, lifestyle, the poor and the training of appropriate healthcare manpower.

2. The weaknesses of our present, multi–faceted, multi–billion rands practice of delivering healthcare must be acknowledged together with its failures and must become more pro–poor, if they are ever to be corrected.

3. Change is inevitable and most desirable but it must be gradual and consistent with defined objectives.

4. The fact that our healthcare system in South Africa includes many levels and divisions of government, public and private providers and services, and consumers must therefore be dealt with as a total entity.

5. A comprehensive health and social programme need not be monolithic, but can be administered by government, the private sector, or the combination of both.

6. It must take into account problems of organization, administration, and leadership at all levels which are fundamentally flawed at present. All must work as partners and not as adversaries.

The above requirements are enormous and complex and must be considered inextricably interdependent, competing, flexible, and must be considered as part of an overall healthcare system. It seems natural, therefore, to ask why health and social care should be more structured and coordinated than are most other enterprises. One answer is that the present ‘system’ costs too much to both providers and consumers; that services are fragmented and uneven in quantity, quality and distribution; and that the consumer is unable to judge what his fees or rands are buying. Above all, the health and welfare of our nation’s people are too important to be left to a haphazard diversity of practices devoid of any clear and consistent purpose, as has been the case since the dawn of democracy in 1994. Some of the issues that need to be debated, discussed and engineered for purposes of reevaluating our current legislation which is not fully working and for purposes of developing and planning the imperatives of pro–poor policies, the following should very seriously be considered: (1). The cost; (2). Containing cost; (3). Sickness care and Healthcare; (4). Role of the Provinces; (6). Role of the Central Government; and (7). Role of the Private Sector.

It must be clearly understood that politics is the art of the possible and economics is focused on the effective utilization of scarce resources, but there is nothing easy about eliciting a favourable response through the political process to attract the required economic resources even in the face of the probability of significant health gains being achieved. In nearly twenty years of South African democracy, the democratic government has seen the collapse of the healthcare system under its watch, as it grapples to consolidate the delivery of healthcare services across the provinces, amidst inefficiency, incompetence, poor management principles, a lack of healthcare facilities, shortages of healthcare personnel, mismanagement, nepotism and overt corruption is the order of the day in South Africa, in a quest of the notion of a developmental state, attempting to promote some sort of pro–poor policies through healthcare legislation that
clearly is not working in order to promote employment, deal with poverty and inequality decisively.

The Republic of South Africa is a non-racial democracy and obtained freedom from apartheid, in April of 1994. In this sense it is a relatively young and emerging nation.

2. The legacy of apartheid exemplifies the great disparity between the provision of healthcare services between the public and private healthcare systems and sectors. The private healthcare sector services the needs of about twenty percent of the population, especially the affluent, the emerging middle classes and a large number of public servants. The rest of the population is serviced by the vagaries of the public healthcare service, which is woefully inefficient and largely ineffective. The private sector offers excellent facilities and modern care at a very high cost and through various medical aid schemes and compares with the best in the world. The public sector healthcare system varies drastically from being very poor and largely mediocre and is not easily accessible, and services the poor majority. Generally the tariffs for the public healthcare services are a fraction of private healthcare charges. The District Healthcare System (DHS) has been introduced with the responsibility to deliver healthcare using the Primary Health Care (PHC) model. In addition, South Africa’s National Strategic Plan (NSP) is aimed at controlling HIV/AIDS, Sexually Transmitted Infections and Tuberculosis. The Primary Healthcare Model has not worked efficiently and has been confronted with mammoth challenges and problems. The South African healthcare system has adopted the World Health Organization’s (1978) eight key elements to deliver PHC.

The South African government has embarked on a healthcare system transformation process since 1994 as outlined in the White Paper for the transformation of the healthcare system and this has been an ongoing process. Such transformation has been dealt with piecemeal and has not met with great success on the basis that the healthcare system is in a state of dismal failure, and coupled with almost total morass and decay. The goals of healthcare reform according to Booysens (2009:7) have been to:

- Unify the fragmented healthcare services into a comprehensive and integrated National Health System (NHS);
- Reduce the disparities and inequalities in service delivery and health outcomes; and
- Extend access to an improved health service.

Barring the first tenet above, the South African government has failed dismally to operationalize the other two tenets of its goals and objectives. In concluding this commentary the following suggestions are made in order to deal with the healthcare system in South Africa, for purposes of implementing a turnaround strategy, coordinating comprehensive healthcare policy aiming towards more pro-poor policy imperatives by streamlining legislation that can be implemented in order to promote the general welfare of the nation’s predominantly poor majority.
Mutual objectives should be directed to an improved system of healthcare for people for all of their healthcare and social needs. These are as follows:

3.

- That we examine with open minds the successes and failures of health and social programmes in other nations.
- It therefore requires and deserves the most exhaustive and systematic study possible by the government of South Africa, such that objective and knowledgeable decision making can result.
- That fundamental to any planning must be an allowance for continuous change; inevitably circumstances will vary from year to year and decade to decade.
- Incorporated in planning, organization and administration must be provisions to ensure flexibility to adjust intelligently to such change.

These suggestions are made as modest challenges, in order to harness our thinking about realistic approaches to a comprehensive coordinated system of healthcare for the people of South Africa, who are in the main the poor majority. This can be achieved by means of a unifying sense of purpose by experienced professionals, policy makers, planners, government both national and the provinces, the private healthcare sector, medical aid schemes, and the people of South Africa, by working together with open minds and, in a spirit of cooperation, and a determination to succeed.

To this end the Regent Business School by means of this commentary, does not pretend to have captured all the nuances of a very complex and complicated issue. However, it is an honest attempt to stimulate reasoned discussion, debate and conversation for purposes of improving the healthcare system of democratic South Africa. In so doing, it is prepared for any type of partnership with government to find solutions and, will continue to champion legislation that can be meaningfully implemented, and is hopeful that government healthcare bias will follow a trajectory of policy and planning of healthcare in the future towards pro – poor initiatives, that can be meaningfully implemented in order to promote the general welfare of the poor majority. To this end the Regent Business School is perhaps the only Business School in South Africa that offers an elective in healthcare management, within its MBA programme and within some undergraduate degrees, aimed at exposing the management student to the nuances of healthcare discourse in an intellectual and coordinated manner, in order to deal with some of the issues raised in this commentary, with a view of improving the delivery of healthcare in South Africa and the continent of Africa.

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4. REFERENCES


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Snoke’s commentary in the main. The issues raised by Stokes some 30 years ago in respect to healthcare issues and debates remains relevant even today, in the context of South Africa and world healthcare services. The writer also wishes to thank the Regent Business School, for having given him the opportunity to write this commentary.