

SA health system is "broken"

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Over 40 organisations raise concerns over the state of public health at National Health Assembly

"In South Africa we have a broken health system that compromises the majority," said TAC (Treatment Action Campaign) General Secretary Anele Yawa, speaking at the National Health Assembly.

This past weekend, the National Health Assembly brought together over 100 activists from civil society organisations around the country and discussed what they are calling the "current health crisis".

Concerns around health committees, community health workers, drug stockouts, emergency services and barriers to access were some of the issues raised at the assembly held at the University of the Western Cape.

Organised by the People's Health Movement, SECTION27 and the TAC, the assembly had representatives from all nine provinces who reported back on problems in their areas.

Plans for campaigns on strengthening health committees, establishing provincial coalitions, increasing the number of community health workers, increasing the monitoring of health violations and failures, and engaging the treasury on financing for health were some of the projects emerging from the assembly.

"One clinic is still servicing about ten villages," said Solanga Milambo from SECTION27 on the situation in Limpopo. He said that even after the MEC for Health in Limpopo visited health facilities and witnessed the health violations, there was still no change.

"The state of rural health services is a ticking time bomb," he said.

Call for community workers to be employed by state

Mark Heywood, SECTION27's executive director, said that "politics determines health" and urged the audience to always consider politics when they think of health. "Political choices are made that give people poor health choices," he said, adding that "the politics is getting worse".

The assembly called for the local government elections to be a time of holding political parties and ward councillors to account.

As the August municipal elections approach, the assembly committed to developing a "manifesto on health" and requiring responses from all political parties to that manifesto.

A major issue that emerged was that of community health workers who were found to often be employed in abusive conditions, where they are overburdened, don't know the roles that they need to fulfill, are poorly supervised and have little support.

The call also came for community health workers to be absorbed by the government. Currently many are employed by NGOs. Professor David Sanders, the founding director of UWC's School of Public Health, supported this call. He explained to the assembly that the number of community health workers was "far too low", especially considering that such a large percentage of the health budget was spent on human resources.

Again, on the community level, health committees at clinics were seen to be often ignored, absent and without agency.

Professor Leslie London, the head of public health medicine at the University of Cape Town, said that many health facilities lack committees completely and that these committees need to "follow up on complaints and report back to the community".

Paying for an ambulance

Fikile Boyce, from TAC and a representative from the Eastern Cape, said that in his province people from rural areas often experience difficulties accessing transport to clinics and hospitals as the emergency vehicles are not equipped to deal with the terrain.

It also emerged that in Mpumalanga patients would sometimes have to pay R25 to get an ambulance.

Boyce said that in the Eastern Cape, key populations such as the elderly and LGBTI people are discriminated against. "People in same sex relationships are not catered for," he said, "Elderly people are [also] not respected in rural areas. They have the fear of going to health facilities alone."

Another key population group identified were the youth. Especially pertinent was the issue of HIV prevention amongst this group, who delegates believe often were inadequately informed about HIV.

"To not provide condoms in schools is a violation of the rights of young people in schools," said Heywood.

Ntsiki Mpulo from SECTION27 told the audience that the establishment of adherence clubs was important in ensuring that people don't default on their ARVs.

Issues of drug stockouts could also be addressed by shortening the supply chain through the implementation of district depots said Mpulo.

In Gauteng the issue of migrant health, another vulnerable group, emerged with Shehnaz Munshi from the University of the Witwatersrand, explaining that a xenophobic attitude toward migrants often blocked them from the healthcare system. She said that in one case pregnant mothers were paying South African males to pretend to be the fathers of their children so that they could access healthcare services.

Private health "subsidised" by public system

The delegation called for government officials to use the public health system, taking issue with the private healthcare system.

"We don't believe private health care should be making money out of people being sick," said Kathryn Stinson from Medecins Sans Frontieres when reporting back on the Western Cape's findings.

Dr Lydia Cairncross said that the public sector was currently subsidising the private sector. Cairncross explained how health care workers were trained by the public sector, but then left to work in the private sector.

She said that people with a medical aid could get money back from the state when they submitted their tax returns and that this amounted to R16 billion, a loss of public money to pay for private medical aid schemes.

"R16 billion is ten percent of the health budget. [It is] not money we need to find, [it is] money that is already there," she said.

Heywood said that they needed to engage the Treasury to get the money that "we are entitled to".

"The money for health is going down," he said.

NHI

National Health Insurance (NHI) was viewed as a campaign tool, but said Stinson, if the NHI did function "correctly, in the way we want it to" everyone will be able to benefit.

Corruption and "cadre deployment" were mentioned a number of times during the assembly. Attendees spoke of people being employed in healthcare facilities because they were friends or family of people responsible for their employment.

Social determinants of health were also an important item on the agenda. Violence, unemployment, alcohol abuse, sanitation, and overcrowding were all issues that were raised. The issue of how the

environment affects health was a a much discussed point here. Noluthando Mbeje from the South Durban Community Environmental Alliance said that polluted water and air directly affected the health of people, especially the poor.

By Ashleigh Furlong in GroundUp

GroundUp has not had time to confirm the facts cited by people quoted in this article.