

# Editorial

## Primary Health Care in South Africa: A review of 30 years since Alma Ata

***“There is no reason why our dysfunctional health system cannot be turned around within five years.”***

Barbara Hogan, Health Minister

*“Why a renewal of primary health care (PHC), and why now, more than ever? The immediate answer is the palpable demand for it from Member States – not just from health professionals, but from the political arena as well. Globalization is putting the social cohesion of many countries under stress, and health systems, as key constituents of the architecture of contemporary societies, are clearly not performing as well as they could and as they should. People are increasingly impatient with the inability of health services to deliver levels of national coverage that meet stated demands and changing needs, and with their failure to provide services in ways that correspond to their expectations. Few would disagree that health systems need to respond better – and faster – to the challenges of a changing world. PHC can do that.”*

The World Health Report, 2008

The purpose of the health system is to serve and help improve the health of the population. The above quotes from our new Health Minister, Barbara Hogan, and from the recently released World Health Report, are apt introductions to this 2008 South African Health Review, which focuses on the revitalisation of Primary Health Care on the 30th anniversary of the Declaration of Alma Ata.<sup>1,2</sup>

At Alma Ata, delegates affirmed that health is a fundamental human right and that the attainment of the highest possible level of health requires action from social and economic sectors, in addition to the health sector. In South Africa, in 2008, major causes of mortality and morbidity include HIV and AIDS, tuberculosis, road traffic accidents and violence. These all have their origins in poor socio-economic circumstances, social and family structures and other factors collectively known as the social determinants of health. The evidence for how these factors impact on health and how the health gap between different groups can be bridged, was widely publicised earlier this year with the release of the report of the Commission into the Social Determinants of Health.<sup>3</sup> These and other aspects of Primary Health Care are dealt with in this 13th edition of the South African Health Review.

Primary Health Care was defined at Alma Ata as, “essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination”.<sup>4</sup> Although South Africa was not represented at Alma Ata because of its pariah status at that time and its social and political policies, which were the antithesis of Primary Health Care, it has since 1994 made Primary Health Care the centrepiece of all its health policies. Most recently, the commitment to a revitalised Primary Health Care was reaffirmed at a conference culminating in the Birchwood Declaration.<sup>5</sup> This South African Health Review, reviews the policies of the past and some of the major components of Primary Health Care, and attempts to learn from the lessons and mistakes of the past, so that there is improved implementation in the future.

In the chapter [International Perspective on Primary Health Care Over the Past 30 Years](#) (Chapter 1), Nikki Schaay and David Sanders set the stage and provide an international perspective on Primary Health Care over the past 30 years, including the relatively recent rise of large global health initiatives such as The Global Fund to fight AIDS, Tuberculosis and Malaria. They point out the growing health inequities internationally, which especially affect Africa and the growing disparities in health outcomes between developed and developing countries, particularly among the poorest. They conclude that health personnel can play a positive role in improving the health of the population, by improving their own understanding of Primary Health Care policies, and by ensuring a much stronger practical emphasis on comprehensive Primary Health Care.

The history of Primary Health Care in South Africa is traced by Keegan Kautzky and Stephen Tollman, in the chapter [A Perspective on Primary Health Care in South Africa](#) (Chapter 2). At one stage, South Africa was a leader in Primary Health Care with pioneering work done on community-centred Primary Health Care under the health centres in Pholela, including visionary health policies produced in the Gluckman Commission. The authors describe the development of Primary Health Care under the democratic government, and that despite structural reforms and genuine commitment to achieving ‘Health for All’, a series of obstacles continue to limit the full implementation of Primary Health Care currently. Besides the well described HIV and AIDS pandemic, health worker shortages and inequities in resource distribution, they also claim that “the lack of broad-based support and sustained leadership at the highest levels of the government and

the medical establishment limited its [Primary Health Care] adoption and stifled its development”. They suggest that “the Ministry of Health must provide the leadership necessary for a broad-based national discussion on the ideal model of PHC for the country. This should emphasise ‘lessons learned’ from the country’s rich historical experience with Primary Health Care, as well as the fast-changing health needs of the population”.

Andy Gray and Caron Jack, in the [Health Legislation and Policy](#) chapter (Chapter 3), describe the major legislation and health policies of which the National Health Act, which has a focus on Primary Health Care, is the most important. They describe the generally slow implementation of health legislation and the adversarial relationships that have arisen between government and a range of players, which include big business, private sector and civil society. They recommend that the policy and legislative processes should be as inclusive as possible, with meaningful public participation. They are also optimistic that there exists opportunity for the meaningful improvement of Primary Health Care and the progressive realisation of health as one of the fundamental rights provided for in the South African Constitution.

The determinants of health in South Africa are well described by Debbie Bradshaw in the chapter [Determinants of Health and their Trends](#) (Chapter 4). She explains how the health of South Africans has deteriorated over the past decade, which echoes the words of our new Health Minister. She describes clearly that, “South Africa can be considered to have a quadruple burden of disease, including diseases and conditions related to poverty and under-development, chronic diseases, injuries and HIV and AIDS. The spread of HIV in South Africa has been extremely rapid and the impact of AIDS on health and premature mortality has been extensive, particularly among young adults and children”. She emphasises that there have been some improvements to living conditions through access to basic services such as water, sanitation and electricity. She also points out that “despite increased provision of social grants the extreme wealth inequalities and high levels of unemployment probably play an important role in the poor health outcomes”. Her recommendations are in line with those of the Commission on Social Determinants of Health, which suggest that government should:

- improve the conditions of daily life (i.e. the circumstances in which people are born, grow, live, work and age);
- tackle the inequitable distribution of power, money and resources, which are the structural drivers of those conditions of daily life; and

- measure the problem and its solutions through improving the health information system and population health data, as it is essential to be able to monitor progress and inequities.

In the chapter **Chronic Non-Communicable Diseases** (Chapter 5), Thandi Puoane, Lungiswa Tsolekile, David Sanders and Whadhah Parker show that South Africans, especially urban poor populations, are at increased risk for non-communicable diseases, through exposure to unhealthy diets, smoking, alcohol abuse and by leading a sedentary lifestyle. Additionally, they are at high risk for non-communicable diseases because of the adverse risks of other factors, including social determinants. Primary Health Care can play a major role in reducing the risks, especially around prevention and adopting healthy lifestyles.

In the chapter **STIs, HIV and AIDS and TB: Progress and Challenges** (Chapter 6), Maila John Matjila, Anwar Hoosen, Anton Stoltz and Neil Cameron describe the basic epidemiology of these diseases over the past two decades and how they are intertwined epidemiologically, and present control programmes to intervene against them. There has been a relentless progression of the HIV and TB epidemics over the past decade, each fuelling the other, although there are now signs that the HIV epidemic may have peaked at an extremely high level. The authors describe a case study at Mseleni Hospital, KwaZulu-Natal, where a well-planned approach to HIV, based on Primary Health Care principles, achieved virtual universal coverage of antiretroviral therapy in a relatively short period of time. The authors conclude that it is possible to make a significantly greater impact against these diseases through intensifying already known effective interventions (e.g. the prevention of mother-to-child transmission of HIV) and by applying them more rigorously and with greater quality throughout the health system, especially at community level. This will require the formal public health sector to form partnerships with different sectors of society. The twin diseases of HIV and TB, which are currently compartmentalised into separate boxes, need to be seen as two sides of the same coin. They need to be viewed as a double-headed threat, and the interventions against them need to be holistic and integrated.

The challenges of integrating mental health care into Primary Health Care systems are described by Nhlanhla Mkhize and Molelekoa Kometsi in the chapter **Community Access to Mental Health Services: Lessons and Recommendations** (Chapter 7). These challenges include poverty, the biomedical orientation of health care, staff workload as well as inadequate support, poor infrastructure, limited funding and resources. The authors argue that a holistic approach to integrate mental health

within the broad philosophy of Primary Health Care is required, and that the current biomedical framework is insufficient. This approach needs to include psychosocial and indigenous conceptions of health and ill-health.

The health of mothers, their babies and children, is at the very heart of Primary Health Care. In his chapter **Maternal, Newborn and Child Health: 30 Years On** (Chapter 8), Eddie Mhlanga describes how South Africa has focused on Primary Health Care policies and strategies that promote the health of women and children. He highlights that there have been numerous important achievements in this area, including:

- improved access through free health care to pregnant and lactating women, and children under the age of 6 years;
- improved immunisation through high coverage under the Expanded Programme on Immunisation, the resultant decrease in measles and tetanus, and South Africa being declared polio free; and
- improved access to termination of pregnancy through the implementation of the Choice on Termination of Pregnancy Act.

Despite these and other successes, the author is of the opinion, which is shared by others in this Review, that it is unlikely that the Millennium Development Goals for the drastic reduction of maternal and child mortality rates by 2015 will be achieved. This is largely, but not altogether due, to the effects of the HIV and AIDS epidemic. He suggests that one of the critical ways of turning this around is to focus efforts on prevention of HIV, and also to improve professional health worker staffing and performance.

The unfortunate conclusion drawn by Rina Swart, David Sanders and Milla McLachlan in their chapter **Nutrition: A Primary Health Care Perspective** (Chapter 9), is that the nutritional status of South Africans has not improved in the last fourteen years. These authors provide an overview of international best practice around nutrition, and suggest that although South African policies are in line with 'best practice', the implementation of these has been suboptimal. Inadequate human resources, both quantity and skills has been identified as the critical contributor to the lack of progress. The authors suggest that these should be improved through in-service and basic academic training.

Mike Agenbag and Thuthula Balfour-Kaipa describe the importance of environmental health services in Primary Health Care in the chapter **Developments in Environmental Health** (Chapter 10). The devolution of environmental health to municipalities, in line with the National Health Act, has been marked by a number of problems, which the authors

ascribe to a lack of strong leadership, support and guidance to district municipalities. They suggest that this devolution process needs to be consolidated and conclude that this must be done as soon as possible. More leadership from all three spheres of government, national, provincial and local are required to assist in this process. Environmental services need to be brought into line with other municipal services and require resources, standardised systems and good monitoring.

Findings from Uta Lehmann's chapter [Strengthening Human Resources for Primary Health Care](#) (Chapter 11) suggest that the health workforce is substantially weaker today than it was in the mid-1990s, despite a range of excellent health policies. There are per capita fewer doctors and nurses available for the public sector. There is a potential crisis facing nurses as the professional population ages without sufficient production to keep pace with attrition and retirement. The implementation of community health worker programmes remains fragmented and uneven. Although there have been some curricula reforms, generally health workers entering into primary care find themselves ill-prepared and poorly supported. The author suggests that the key areas for the human resources agenda in coming years includes, accelerated production of professionals and mid-level cadres, comprehensive curriculum audits, the regulation and integration of community health workers and an integrated and comprehensive reconfiguration of Primary Health Care teams. She concludes that *"to make real progress in any of these areas requires all role players to leave behind conventional wisdom of what can and cannot be done and to think anew in innovative and unconventional ways"*.

Mark Blecher, Candy Day, Sandy Dove and Rob Cairns examine trends in Primary Health Care expenditure in the chapter, [Primary Health Care Financing in the Public Sector](#) (Chapter 12). There is a major emphasis on funding Primary Health Care for the foreseeable future and the per capita spending on people using the public sector is budgeted to increase from R297 per person per year in 2006/07 to R395 in 2010/11 (these figures exclude inflation). They found that although there are still large resource inequities between districts, that differences in resource allocations are gradually reducing. Among their recommendations is getting value for money and they note that *"efficiency, performance and outcomes need attention noting that spending has risen faster than utilisation rates over the past three years"*. They also recommend that districts be progressively strengthened to improve their financial management skills.

In the chapter [Information for Primary Health Care](#) (Chapter 13), Jon Rohde, Vincent Shaw, Calle Hedberg, Norah Stoops, Sonja Venter, Kobie Venter and Langa Matshisi review the role of information in decision making. They describe the district health information system and how this has been developed in South Africa. The district health information system has had a remarkable development despite being constrained by the lack of adequate human resources in the management of information. They recommend that there should be a structured approach to human resource training around the needs required for health information systems. They also suggest that there should be a focus on a core set of data and that the collection tools for data gathering should be simplified and based on best practice. The authors stress the importance of data quality and using the information for decision making, therefore strengthening the information culture at all levels of the system.

In the chapter [A Review of Health Research in South Africa from 1994 to 2007](#) (Chapter 14), Elizabeth Lutge, Irwin Friedman and Thokozani Mbatha reviewed Primary Health Care research in South Africa between 1994 and 2007. They conclude that the proportion of health systems research on Primary Health Care has increased over this period, with HIV and AIDS related research dominating the field. They also show that health research is primarily conducted in provinces with well-established medical schools, such as the Western Cape, Gauteng and KwaZulu-Natal, with much less research done in other provinces.

The chapter [The Role of Private and Other Non-Governmental Organisations in Primary Health Care](#) (Chapter 15) by Gustaaf Wolvaardt, Jack van Niftrik, Brad Beira, William Mapham and Tienie Stander shows that there has been an increase in activity within both the for-profit and not-for-profit components. There has been an increase in corporate social investment and employee assistance programmes in the private sector, which has been augmented by donor funding, especially around HIV and AIDS and tuberculosis. The authors make the well-known point regarding the relative imbalances in human resource concentration between the private and public sectors. They recommend that there should be greater coordination of activities by the not-for-profit sector, so that there is better geographical spread. They also make the point that government could play a greater role in influencing the coordination of private sector stakeholders and one of the ways to do this would be to engage with these stakeholders in district structures.

Lastly, but certainly not least, the jewel in this and every other South African Health Review is the chapter **Health and Related Indicators** (Chapter 16) by Candy Day and Andy Gray. This chapter has now become recognised as the most authoritative, up-to-date and comprehensive set of indicators on the health sector in South Africa. This year, the indicators chapter will present a selection of the best available data on the functioning and performance of the South African health system, and will also draw attention to determinants of health data, which received particular attention at Alma Ata.

This editorial concludes as it started, with a quote from the 2008 World Health Report, in which the Director-General of the World Health Organization has identified four sets of reforms to revitalise Primary Health Care globally.<sup>2</sup> These are contained in the box below.

**Universal coverage reforms** that ensure that health systems contribute to health equity, social justice and the end of exclusion, primarily by moving towards universal access and social health protection.

**Service delivery reforms** that re-organize health services around people's needs and expectations, so as to make them more socially relevant and more responsive to the changing world, while producing better outcomes.

**Public policy reforms** that secure healthier communities, by integrating public health actions with primary care, by pursuing healthy public policies across sectors and by strengthening national and transnational public health Interventions.

**Leadership reforms** that replace disproportionate reliance on command and control on one hand, and laissez-faire disengagement of the state on the other, by the inclusive, participatory, negotiation-based leadership indicated by the complexity of contemporary health systems.

As indicated in many of the chapters in this South African Health Review, these reforms are as pertinent to South Africa as they are to the rest of the world. Now more than ever, a revitalised and energised approach to Primary Health Care is required in South Africa.

**Peter Barron & Josianne Roma-Reardon**

## References

- 1 Anso Thom and Kerry Cullinan. New Minister promises health turnaround. Health-e, 13 October 2008.  
URL: <http://www.health-e.org.za>
- 2 World Health Organization. World Health Report 2008: primary health care now more than ever. Geneva: WHO; 2008.  
URL: [http://www.who.int/whr/2008/whr08\\_en.pdf](http://www.who.int/whr/2008/whr08_en.pdf)
- 3 Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.  
URL: [http://www.who.int/social\\_determinants/final\\_report/en/](http://www.who.int/social_determinants/final_report/en/)
- 4 World Health Organization, United Nations Children's Fund. Declaration of Alma Ata. International Conference on Primary Health Care: Alma Ata, USSR. 1978 Sept 6-12.  
URL: [http://www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)
- 5 Department of Health. The Birchwood National Consultative Health Forum Declaration on Primary Health Care, April, 2008.  
URL: <http://www.doh.gov.za/docs/sp/2008/sp0411a.html>.