



Listening to 'Voices'



"To work in the public sector is a wonderful experience, to help the community in the best way you can with the limited resources you have is a very rewarding experience."



The South African Health System has a cadre of dedicated individuals who are energetic and enthusiastic about their responsibilities and motivated by a commitment to the public sector and the desire to serve people. The 'voices' of parliamentarians and managers recorded in the pages of this Review bear testimony to their optimism and dedication, as well as to the strains that arise from being part of a large and publicly accountable organisation undergoing a prolonged period of transformation.



Worryingly, many health services managers have a low sense of personal accomplishment. Huge demands, difficulties in prioritising, inadequate management skills, lack of rewards for competence or sanctions for incompetence, and hierarchies that are too rigid all impact upon their ability to deliver quality health care. Other difficulties include inappropriate organograms, lack of financial delegation, unsatisfactory communication between provinces and districts and inconclusive appointments of staff, (especially to strategic positions) many of whom are in acting positions.



The need to develop more enabling environments that minimise the constraints of bureaucracy and allow for creative problem solving, and to pay more attention to the informal culture of health departments is evident from the concerns raised by those working within the system. The variation between departments would seem to indicate that the opportunity does exist for them to exercise considerable control over such factors as workload and bureaucracy and to exercise influence on the informal culture of the workplace.



Equity

Achieving equity remains a cherished but elusive policy goal in South Africa. Challenges to this goal are identified in a number of areas. The greatest health sector inequity continues to be the imbalance of resources available to the public and private sectors. It is of concern that the National Health Accounts report an increase in out-of-pocket spending since this is the most regressive form of health care financing.



Experiences with public-private partnerships, which require strong managerial systems and expertise, have highlighted the imbalance between the two sectors. Public-private partnerships in their very nature are premised on a system which, whilst providing the same quality of care, offers differential amenities to patients and thereby undermines the aim of promoting equity.



Decentralisation of health care is intended to contribute to achieving equity although international experience indicates that it can in fact have just the opposite effect. Current arrangements for the funding of local government health services that rely heavily on historical budgeting do not appear to take equity considerations sufficiently into account.



Unfortunately, despite the introduction of community service, the number of key personnel available to care for patients in the public sector has decreased since 2000. In 2001 there were 19.8 medical practitioners per 100 000 population as compared with 21.9 in 2000. For professional nurses the ratio reduced from 120.3 in 2000 to 111.9 in 2001. There is a small improvement in the number of pharmacists available; the ratio increased from 3.1 in 2000 to 3.4 in 2001.



One of the concerns of parliamentarians is the challenge they face in their oversight role intended to enhance equity, at least in the allocation of resources through budgeting. Mechanisms of accountability to the legislature might need strengthening to ensure that the legislature does not feel dis-empowered. The effectiveness of committees would certainly benefit from increased research support.



The District Health System

By the end of 2000 the third sphere of government, Local Government, was in place with municipal boundaries having been finalised, and local government elections completed.

During 2001 progress was made with implementing the District Health System (DHS).

MINMEC endorsed the vision of a municipality based DHS, and many provinces established their Provincial Health Authorities, the overall governance structures for the DHS in the provinces.

The long awaited National Health Bill was published for comment. The Bill advances progress towards a DHS. However there remain areas which need attention such as the definition of Municipal Health Services, and bringing clarity to the respective roles and functions of the 'B' and 'C' municipalities.



Current mechanisms for funding local government health services are problematic. From the provincial perspective they do not allow for adequate monitoring, while local governments are concerned about the cash flow problems resulting from payments that are paid quarterly in arrears. Alongside



an urgent need to improve the current system, the option of national treasury allocations for local government health services merits closer examination.

Experiences from other countries suggest that a key obstacle in implementing the DHS is the motivation of District Managers (DMs). For some DMs the devolution of services from province to local government is proceeding too slowly, and the perception on the part of DMs that they have a huge workload and an unrealistically large span of control is a warning sign that should be heeded sooner rather than later. There is an urgent need for skills development to improve financial and human resources management, although skills development without attention to the broader environment, is unlikely to have a large impact upon improved service provision.



HIV/AIDS



There is no doubt that HIV/AIDS is impacting on health service delivery in a myriad of ways, some positive and some negative. Users of Primary Health Care (PHC) with positive experience of health services have found the increase in HIV counsellors and support groups linked to primary health care facilities as being of great importance. This infrastructure might be of value to other health problems such as mental health and violence against women. However if PHC services are to really play a meaningful role in the care of people with HIV/AIDS there is a need to mainstream HIV and develop a broad approach to care similar to the management of other chronic diseases.



On a day-to-day basis managers are confronting challenges created by the epidemic. HIV specific programmes such as prevention of mother-to-child-transmission (PMTCT) are increasing the workload of primary health care staff. In addition, staff bring to work their own needs arising from being personally affected by the epidemic and/or finding their jobs increasingly stressful as they feel themselves to be helpless in the face of the growing incidence of HIV.



While there are certainly some good experiences of care recounted by health service users, a positive approach to providing care to patients is by no means universal. Many users, especially people with HIV, feel that they are not wanted at health facilities, and that their privacy and anonymity are at risk.



One of the defining characteristics of 2001 was the increase in health activism, spurred by the growing ravages of the epidemic and sometimes unclear and ambiguous messages from government and the country's leadership. Broad coalitions of civil society have been effective in mobilising communities to take up the fight against HIV/AIDS. Health activists also played a critical role in supporting the government in a highly publicised court case initiated by drug companies.



Information for Health

There have been achievements in putting in place a District Health Information System (DHIS). However it appears that there are inadequate resources, both human and financial, to ensure that the system can fulfil its potential to assist with planning, and ultimately with an improvement in the quality of care. It is estimated that hospitals receive more than ninety seven percent of the provincial budget allocation for health information systems with districts receiving the balance of less than three percent.



Monitoring of health and health systems is gradually improving. The National Health Accounts project has completed reports for both the public and the private sector and the Council for Medical Schemes is providing improved access to information about the private sector generally. While data on personnel might be said to be the most critical information for the sector, it remains the most difficult to access.



Accountability

The requirements of the Public Finance Management Act (PFMA) are resulting in government departments becoming more accountable both to the government and to the public for meeting the objectives within their approved strategic plans and budget allocations. While only one province is deemed to have almost completely complied with the standard requirements for their Annual Report, there is either limited or partial compliance in all other provinces and nationally.



“You are working in an environment where you are dealing with people’s health. People’s lives, where you are expected to act promptly and yet at the same time you are expected to go by the rules and regulations”



For managers working within the system there is the perception that the PFMA budgeting systems are not flexible enough to address changing circumstances or the realities on the ground. One example is in the field of HIV/AIDS where NGOs are critical to achieving the strategy of the National Integrated Plan. The PFMA means that only financially sound NGOs can receive public resources, regardless of whether or not the NGO is doing good work, implying that innovative ways have to be found to support NGOs whilst building their financial capability.





Transformation

"Things happen so slowly and things change so fast"

The health sector has been undergoing major transition and transformation since 1994. This has clearly taken its toll on staff many of whom, despite being excited about their role as agents of change, feel that it could be managed more effectively.

One of the reasons underpinning the inadequate response to the HIV/AIDS epidemic is the high turnover of staff within the health sector negatively affecting institutional memory and continuity. Hopefully as the pace of transformation slows, the ability of the health sector to institute mechanisms to guard against such 'loss of memory' will improve.

Perhaps the most critical need of all is to ensure that leadership capacity, especially the fostering of openness and sensitivity among health managers, is developed and strengthened.

Antoinette Ntuli

