

preface

South African Health Review

This, the 10th edition of the South African Health Review, has the major theme of Human Resources for Health (HRH). South Africa has made significant progress in producing policies supportive of a good quality of health for all residents. However, there are challenges and gaps in translating these policies into action. Probably the most important of these challenges is the lack of adequate human resources.

The national Department of Health has recognised this challenge and early in August 2005, put out a draft discussion document "A Strategic Framework for the Human Resources for Health Plan".^a The framework sets the basis for a long term HRH plan but also identifies a number of priorities on which to start immediate action. These include:

- ▶ Review the capacity of health education and training institutions
- ▶ Promote health sciences as careers of choice to students
- ▶ Mobilise resources to focus on mid-level health workers e.g. medical assistant training programme
- ▶ Remove obstacles to nurses rejoining the public health service
- ▶ Harmonisation and increased production of Community Health Workers
- ▶ Finalise the review of nursing qualifications
- ▶ Research and develop new remuneration structures for health professionals
- ▶ Improve the work experience of health workers through a new pay structure for health professionals and improved health infrastructure and physical environment
- ▶ Ensure HR information systems are able to support the analysis of the supply and demand of staff, and where they are located
- ▶ Accelerate the training of middle managers.

Many of the issues and problems highlighted in this priority list, as well as the overall framework, are discussed in some depth in chapters 6 to 14 of this South African Health Review which we feel will make a valuable contribution in fleshing out the plan.

Sanders and Lloyd in chapter 6 give an overview of HRH in the international context and discuss the reasons why professional health workers (e.g. doctors, nurses, pharmacists) migrate from South Africa to developed countries.

The shortages of nurses are discussed from two angles. Subedar, in chapter 7 looks at the production of nurses over the past decade, and how this production has not kept pace with the population increase or with the requirements of the public health system. Chabikuli and colleagues, in chapter 8, look at policies affecting nurses working in primary health care and some of the unintended consequences of these policies.

The place of mid-level workers in the South African health system has been on the agenda for some time and previous editions of this Review have discussed issues pertaining to community health workers.^b In this edition, Friedman suggests a practical model for coordinating and unifying the work done by different types of community health workers. Hugo in chapter 11 gives an overview of a range of mid-level health workers and some of the successes and difficulties related to these cadres of health workers, including the medical assistant. One particularly successful type of mid-level worker is the pharmacist's assistant. Gray and colleagues in a case study of the pharmacist's assistant highlight the complexity of attaining success and also the challenges that still lie ahead.

Health workers need to have technical and managerial skills and competencies. They also need to keep these skills and competencies up to date and in line with the changing

^a A Strategic Framework for the Human Resources for Health Plan. Draft for Discussion. Department of Health. 3 August 2005. (<http://www.doh.gov.za/docs/misc/human-f.html>)

^b Friedman I. Community Based Health Workers in Ijumba P, Ntuli A, Barron P, editors. South African Health Review 2002. Health Systems Trust; Durban 2002.

health needs of the population and the requirements of the health system. These issues are discussed in the context of the district hospital (Couper and colleagues) and the district health system (Lehmann and Makhanya).

The final chapter in this section, Mathews discusses the need for a more systematic approach to obtaining and using information for human resources management. The current human resources information is largely obtained from the PERSAL system. This is primarily a personnel salary system, hence the name, and the HRH management information derived from this system are considered to be unreliable and inadequate.

Interspersed with the technical chapters are the voices of health workers who are the heart and soul of the health system. They provide their personal perspectives on many of the issues discussed.

In addition to the major theme of human resources, this review also focuses on a number of systemic issues. An overview of the successes and challenges of the national Department of Health's 10 point plan, against the background of South Africa as a developmental state, are provided by Andrews and Pillay in the first chapter. In the third chapter Leon and Mabope put into perspective the interactions between the private and public health sectors and the stewardship role of government.

Health legislation over the past year, with a focus on the National Health Act, is reviewed in chapter 2. The promulgation of this Act is a milestone in the development of the health sector in South Africa as it provides an overarching framework in which all the stakeholders have a specific place and function. The ramifications of this Act on the District Health System and the challenges and complexities still faced in establishing the District Health System are dealt with by Hall and colleagues in chapter 4.

Cleary and colleagues spell out what it will cost South Africa to provide a full package of primary health care to everyone and to roll out antiretroviral therapy to all who need it. If the estimated need of 3.8 visits per person per year for primary care is to be met by the year 2009, then R13.6 billion will be needed to finance this. This represents an amount of R308 per person which is roughly twice as much as what is currently being spent. The costs of full scale treatment with antiretrovirals will cost around R6.5 billion in 2009 compared to the current R326 million.

Considering the impact that HIV has on the health sector no South African Health Review would be complete without specific attention being focused on this epidemic. Stewart and Loveday (chapter 16) review the implementation of the antiretroviral component of the HIV and AIDS operational plan and found that there was a substantial increase in the numbers of accredited sites and the numbers of people on treatment but that the required monitoring and evaluation systems are not yet in place. Providing antiretroviral therapy is important, but preventing new infections is what will turn the tide in the fight against HIV. There are a number of projects aimed at providing people with information about HIV and in chapter 15, Collinge reviews the major communication initiatives of Khomanani, Soul City and loveLife.

All decision makers in the health sector require information on which to make hard choices. Information on the health sector in South Africa continues to improve and traditionally the South African Health Review culls information from a wide range of sources to provide the best and most up to date information. This year's indicators chapter by Day and Gray has built on previous editions and presents the most reliable information available. An additional section on health indicators relevant to the Millennium Development Goals has been added. Because the data in this section come from different sources there are some issues about the comparability of these indicators across countries.

We hope that the information provided, opinions expressed and recommendations made in this year's South African Health Review will provide readers with useful material on the health sector in South Africa and that the review stimulates further debate, discussion and investigation.

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