Changes in the **South African healthcare environment** – examining our past to predict our future

Lorraine Osman

Re-engineering of the primary healthcare system, National Development Plan 2030, National Health Insurance, Operation Phakisa...so many buzzwords that it isn't surprising that our heads are buzzing and we can't keep up with the change all around us.

It is important that every single healthcare professional, including pharmacist's assistants and pharmacy technicians, should know the vision of the government for the future of the country in general, and for healthcare in particular. For this reason, we begin in this issue of *SAPA* a series of articles that will have a look at national policies and plans that have been developed over the past twenty years. This will give us an idea of the thoughts that have shaped our future, and hopefully we will be able to formulate plans so that we can make the most effective contribution to building the most efficient healthcare system we can.

Perhaps we should begin by looking at two documents that were published round about the time of the birth of democracy in this country. They may even have been published before *you* were born! Certainly they can explain how we got to the current situation, and perhaps leave us with a better sense of where we can go from here.

A new Minister of Health

In 1994, Dr Nkosazana Dlamini-Zuma was charged with a daunting task. As Minister of Health, it was her responsibility to de-segregate the fragmented healthcare system in South Africa. Clearly this needed radical reform. One of her most notable actions was to champion the Tobacco Products Amendment Act of 1999, which acknowledged that tobacco use injured the health of both smokers and non-smokers. It therefore introduced measures to ban both the advertising of tobacco products and the smoking of tobacco products in any public place.

Health system transformation

One of the major factors contributing to inequitable distribution of healthcare services, and by implication also the distribution of medicines, was the fact that the private healthcare system was estimated to serve about 20% of the population. The rest of the people in the country were obliged to obtain services from a highly fragmented public sector. The fact that there were fourteen separate health departments created not only fragmentation, but also duplication and differential funding of the different healthcare systems which created racial inequality in access to healthcare, the training of healthcare workers and in conditions of employment.

> "...the private healthcare system was estimated to serve about 20% of the population."

It was clearly a major challenge to ensure access to good quality healthcare, including medicines, to every person in the country. This challenge continues to be addressed, and is at the centre of many policies and laws.

In April 1997, Dr Dlamini-Zuma, tabled a White Paper on the Transformation of the Health System in South Africa, in parliament.

The objectives identified in 1997 were:

- To unify fragmented health services at all levels into a comprehensive and integrated National Health System

- To promote equity, accessibility and utilisation of health services
- To extend the availability and ensure the appropriateness of health services
- To develop health promotion activities
- To develop human resources available to the health sector
- To foster community participation across the health sector
- To improve health sector planning and the monitoring of health status and services

If you read this document carefully, you will find that many of the objectives continue to be addressed today. Clearly, we all know that Rome wasn't built in a day, and the same applies to healthcare systems. This is particularly the case when the inequality between the private and public sectors was enormous, and therefore the availability of public sector services, as well as the quality of these services, was severely compromised.

"Despite what many people say, we have made progress."

Have we made any progress at all? Despite what many people say, we have made progress. It may not be perfect yet, and in some cases it may still be woefully inadequate, but efforts continue to be made to meet our constitutional commitment to making access to healthcare an achievable human right.

CPD opportunity – identify current policies and legislation that affect healthcare delivery. Where are they reflected in the 1997 transformation objectives? How do they affect your daily practice?

National Drug Policy 1996

Even before the historic 1994 general elections in South Africa, it was recognised that old policies needed serious revision and laws would need to be changed. Arguably, from a pharmacy point of view, the National Drug Policy (NDP) of 1996 was the document that drew attention to medicines and the way in which they should be managed in this country.

The NDP was intended to achieve specific objectives:

1. Health objectives

- to ensure the availability and accessibility of essential drugs to all citizens
- to ensure the safety, efficacy and quality of drugs
- to ensure good dispensing and prescribing practices
- to promote the rational use of drugs by prescribers, dispensers and patients through provision of the necessary training, education and information
- to promote the concept of individual responsibility for health, preventive care and informed decision making.

2. Economic objectives

- to lower the cost of drugs in both the private and public sectors
- to promote the cost-effective and rational use of drugs
- to establish a complementary partnership between Government bodies and private providers in the pharmaceutical sector
- to optimise the use of scarce resources through cooperation with international and regional agencies.

3. National development objectives

- to improve the knowledge, efficiency and management skills of pharmaceutical personnel
- to reorientate medical, paramedical and pharmaceutical education towards the principles underlying the National Drug Policy
- to support the development of the local pharmaceutical industry and the local production of essential drugs
- to promote the acquisition, documentation and sharing of knowledge and experience through the establishment of advisory groups in rational drug use, pharmacoeconomics and other areas of the pharmaceutical sector

That's a mouthful! And another CPD opportunity – go through the list carefully, and identify what is being done in each area identified. In the next issue of *SAPA*, we will look at each type of objective, and discuss some of the current initiatives that support the original objectives. If you have any ideas on this, please feel free to email me – I'd love to include your opinion! A letter to the editor on "What I would do if I were Minister of Health ..." would be very welcome.