



ISSUES IN MEDICINE

The Draft Charter of the Private and Public Health Sectors of the Republic of South Africa: health for all, or profits for few?

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The central aim of the Department of Health's recently released Draft Charter of the Public and Private Health Sectors (CPPHS) is to address the legacy of apartheid regarding access to health care for all South Africans. It commits the public and private sectors to create 'a health care system that is coherent, cost-effective and quality driven ... for the benefit of the entire population' and to work together 'to improve the scope, accessibility and quality of care at all levels'. These are laudable goals and we express our wholehearted support for them.

The CPPHS specifies four 'key areas' of transformation: access to health services, equity in health services, quality of health services, and black economic empowerment (BEE). Among these the first three – access to, equity in, and quality of health care services – are essential (though not sufficient) to meeting the goal of health for all in South Africa. The fourth, however, is problematic.

BEE aims to address the imbalance of apartheid in terms of ownership and control of 'business and economic activity in the health sector whether for profit or otherwise'. In one sense this is fair and desirable, since it will allow formerly disadvantaged and excluded persons to gain access to the market and the substantial profits being generated in the private health sector. Since the majority of South Africans fit into the formerly excluded category, this implies an expansion of the private sector.

While equity in ownership is good, private ownership of health care institutions is inimical to the Charter's other, more fundamental goal, that of improving people's health and access to health care by addressing 'the compelling need to effect

transformation throughout the South African Health Sector in order to remedy the wrongs of the past'.

Private ownership implies a fundamental conflict of interest between meeting the needs of people's health on the one hand, and having to provide profits for shareholders and owners on the other. This market-based approach, by its very nature, commodifies health services, creates and widens inequities in access between rich and poor, and is anathema to the ideal of health as a fundamental human right.

The recent report on health care financing and expenditure by Doherty and others shows how market operation in health care is widening inequities in access and service delivery between the private and public sectors in South Africa.¹ South Africa spends around 8.8% of the GDP, a relatively large percentage, on health services with 3.6% and 5.2% in the private and public sectors respectively. Less than 20% of the population use the full range of services in the private sector, yet it accounts for 60% of health care expenditure. The Draft Charter acknowledges these inequities (2.2.7 (b)), but neglects to mention that they are growing: despite the increasing dominance of expenditure in the private sector over the past decade, a growing proportion of the population became reliant on public services.

Thus, the two central goals of the CPPHS – addressing, in terms of racial patterns, both equitable ownership of the means of delivering health care and equitable access to care for all on the other – are irreconcilable.

We believe that health is a fundamental human right. Accordingly, a South African Health Charter should reflect the right of all South Africans to the highest possible standards of health and well-being, regardless of colour, ethnic background, religion, gender, age, abilities, sexual orientation or class.

We also disagree with the CPPHS's narrow focus on health care alone and its statement that 'health outcomes and life expectancy for the poor and medium income groups are generally worse than those for high income groups *due to inequity in health services*' (our italics). Health status depends on a range of social, economic and political issues that lie beyond

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mere health care. While equitable access to appropriate health care is essential for removing inequalities in health it is not sufficient.

Health for all can only be achieved through a broad, intersectoral, comprehensive primary health care approach that entails people's full participation as embodied in the Declaration of Alma Ata of 1978, the South African Reconstruction and Development Programme of 1994, and the People's Charter for Health adopted by the People's Health Movement.² This intersectoral approach is also embodied in the South African Constitution, which guarantees not only the right of access to health care, but also the rights to housing, sufficient food and water, social security, information and a range of other social and material needs essential for good health. A South African Health Charter should commit all parties, especially the state (since it bears the primary responsibility), to the progressive realisation of the social and economic rights enshrined in the Constitution.

In this context the aim of health sector transformation should be to develop a health service that functions, at all levels of health care delivery, within the broader context of the comprehensive primary health care approach. It should incorporate the constitutional obligation to provide emergency care explicitly. This system should make no distinction in access and quality between those who can afford to pay for private health care and those who cannot.

We welcome the Draft Charter's concerns relating to human resources, in particular those related to the training, distribution, range of skills, and conditions of service of health personnel. However, it should recognise the health of health care workers as *a good in itself* rather than a mere requirement for efficient functioning of the health service.^{2,4} Instead of lamenting what it calls 'lack of respect for the human dignity and freedom of patients on the part of many health care

personnel' it should make a commitment towards investigating and improving the working conditions in the health sector.

The fundamental flaw in the CPPHS is that it is preoccupied with health care and the privatisation of health care rather than a commitment towards people's health. Inequalities in health are fundamentally the result of social, economic and political inequalities that may have been rooted in apartheid but are now being fostered by a macroeconomic policy based on the neoliberal orthodoxies espoused by global institutions like the World Bank, the International Monetary Fund and the World Trade Organization.

As a result, social and economic inequalities in South Africa are increasing rather than decreasing. The level of income disparity between African households (as measured by the Gini Coefficient) rose from 0.3 in 1990 to 0.54 in 1998, approaching the national figure of 0.58.³ Inequalities in wealth are the foundation of inequalities in health. Since extended privatisation of health care as proposed in the Draft Health Charter is an integral part of the free market paradigm it cannot address inequalities in health or wealth. The Charter fails to recognise that it is impossible to reconcile the market with equity in health.

Achieving health for all will involve all citizens, the civil service, and the government at local, provincial and national levels in an open, participatory process that addresses the root causes of ill health. If the health sector is to make a meaningful contribution it is the public sector, and not the private sector, that needs to grow.

1. Doherty J, Thomas S, Muirhead D, McIntyre D. Health care financing and expenditure. In: Ijumba P, Ntuli A, Barron P, eds. *South African Health Review 2002*. Durban: Health Systems Trust, 2002: 13-39 (chapt 2).
2. <http://www.phmovement.org/pdf/charter/phm-pch-english.pdf> (last accessed 12 September 2005).
3. United Nations Development Program. South Africa: Human Development Report 2000, available at <http://www.undp.org.za/sahdr2000/hdr.chapter%202.pdf> (last accessed 12 September 2005).