

Citizen input the heart of healthcare

Clinic committees help ensure opinions of communities about the quality of their clinics are heard

SLOWLY, carefully, but not without challenges, the Department of Health has been making inroads into rebuilding and strengthening the primary healthcare system.

The re-engineering and strengthening of primary healthcare is a commitment by the government to ensuring that all citizens have access to quality healthcare. It is a change management programme on a countrywide scale requiring interventions at individual, community, provincial and national levels.

Yet, muted from this major ambitious undertaking are the voices and views of ordinary users of the healthcare system. This should not be so. Citizen participation should be at the heart of the process. And not just as patients in a queue but as active participants shaping the system and monitoring it to ensure that they receive both the quality of care and the basket of services they require.

What do we expect from public health facilities? Are they our first port of call in a crisis? Not if we can afford to avoid it.

This is one of the issues the department wants to change and it has identified what would, in effect, qualify as an "ideal clinic". This prototype is now being tested at 100 clinics before being rolled out across the country. The ideal clinic has 10 components ranging from service to availability of medications and cleanliness of the facility which are checked constantly. It is detailed: The components are broken down into 26 subcomponents that are further broken down into 105 elements.

Determining the must-haves for a facility to "pass" is critical. No one wants a nicely painted and fully staffed clinic that scores highly but lacks medication or does not follow an appointment system, forcing patients to wait for services for hours on end.

The Department of Health says patients will play a critical role in helping to identify the shortcomings and the progress in this re-engineering process. Their role ranges from having a system that allows them to submit immediate feedback to joining a clinic committee to provide ongoing communication between the community and the clinic.

Every clinic is meant to have a clinic committee but less than half have a functioning



Analysis

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KEY POINTS

- » The Department of Health has been making inroads into rebuilding and strengthening the primary healthcare system
- » The re-engineering and strengthening of primary health care is a commitment by government to ensuring that all citizens have access to quality healthcare
- » Citizen participation should be at the heart of the process
- » The department says patients will play a critical role in helping to identify the shortcomings and the progress
- » South Africa needs to take the issue of working conditions seriously

one. The process to involve communities relies more on nominations than on community-based choice and this needs to be revisited.

Another key stakeholder in the re-engineering is the public health worker. Research shows poor morale manifested in high staff turnover, high absenteeism and negative attitudes towards patients. This has been rightly identified by the department as one of the biggest and most intractable issue to address and it has warned that this is going to take time.

While many of the challenges with healthcare workers are performance management issues which are not being addressed, this is only part of the problem. The conditions under which health workers are expected to perform; organisational culture and manifold unmet promises need to be tackled to get health worker buy-in before the attitudes and outputs of healthcare workers can be tackled.

The department is making a commitment to ensure that health workers are no longer working in facilities that are unclean, unsafe and lacking essential drugs. Employing sufficient personnel is seen as an essential first step to addressing attitudes and outputs.

South Africa needs to take the issue of

working conditions seriously to stop the rampant loss of health workers to the private sector both here and abroad. There is yet a challenge: a shortage of healthcare workers right now and into the future if nothing is planned for an alternative. And we need to address this in a sustainable manner, getting young people from rural and underserved areas into training at all levels of the health services so that they can work in those areas.

The government's plan to co-opt general practitioners in private practice is getting some traction but not at the speed required. Since we need doctors to work in the public health sector we need to address the issues they complain about, lack of infrastructure, poor communications, inadequate or inappropriate support and low pay.

Health workers are the backbone of the public health system but the need to be employed alone will not motivate their loyalty. At the very least we need to ensure they have the infrastructure, materials and human support to do their jobs in an environment conducive to good work and reflects some respect for their contribution and role.

This means all health workers from the CEO to the cleaner must have the skills and contracts required to do their jobs and their performances must be managed constantly to ensure that quality is maintained.

Breakdowns in services are not an accident but a failure of performance management at every level of the system. We need to do better management of clinics and communities need to use the space available through clinic committees to hold the clinic management accountable.

It is, of course, unreasonable to expect communities to participate in a structure as complex as managing a health facility without providing them with the training, resources and authority to experience this participation as meaningful and impactful. It is the Department of Health, through its actions and policy to prove to South Africa that this time they will see the realisation of their right to health.

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