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’ AFRICAN NATIONAL CONGRESS 18 8 86
BASIC HEALTH POLICY GUIDELEINES
Preamble ’
Health care services under apartheid are totally unaccountable, racist undemocratic, predominantly curative oriented, hospital- -based and unrbanabiased. They therefore canqpt equitably meet the health needs of the entire population. Diseases which were the scourge of 19th Century Europe are to this day still rampant amongst the black pop" ulation. A precondition for the introduction of a democratic health care system lies with the eradication of the apartheid system, inclu- ding an overhaul of the entire health system, in order to render it comprehensive and O&eaningful service to the entire population of our country.
THE PLACE AND ROLE OF THE DEPARTMENT OF HE ALTH
The Department of Health is part of the overall structures of the African National Congress, through which all health strategies for the i well-being of our people shall be initiated and implemented. In the discharge_of the ANC health stmategies, the Department of Health shall always endeavour to:
- provide the highest and humane standard of health Care possible t9 the membership of our movement;
i- train health workers committed to the service of our National Liberation Struggle, and in the phase of national reconstrucn tion and development. In this regard political and ideologi- cal training shall be a component part of training for health workgrsa Health vvo1kers shall be accountable i ’V 1dually andzoollectively to the community and shall adhere to pro- feskional. ethics.
- invelve and integrate itself with the pfogreSsive health stfuggles both inside South Africa and internationally.
- mo$ilise political and material support for our movement.
- isolate South Africa from all international health forums.
The Department of Health shall have the final Word in all health ands health related matters.
HEALTH POLICY GUIDELINES
.The ANC Health Policy Guideliens shall reflect the content of the policy of the ANC as enshrined in the Freedom Charter;_with particular emphasis on Primary Health Care strategies, which guarantee the
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attaihment of health for all.

Furtherhefe,pr1mary hea1th care shall go hand- 1n-hand with other nationwide developmehtal programmes that seek to minimise the disparities in the living standards and conditions of our people.- The applicat1oh of the primary health care strategies _shall at all t1mes ensure the following measures:

PREVENTIVE HEALTH CARE WHICH SHALL PROVIDE EUR:

- _materna1 child health care services
.- expanded programme on immunisation
t _ hhrseries and creches near the work place
L encourage breast feeding t I _
- protective clothing and measures for the workers

PROMOTIVE HEA1U;jygyLEEQLQgEEEELQOWARDS

- change of haoits to promote healthy lifenstyle
- national research on al1 socio-Cultural and eConomie factors ’ influencing health 7
- utilisation of was tes for production of biogas ,
- providing adequase and safe supply of drinking water, good housing, lirhting, 1:1ay1ng fields and smcial recreat1on centres
_ improving enxironmehtal hygiene and sanihation ’
_ land reclamation, water,soil and forest conservation
1 proper disposal of 2113:g water and chemical and nuclear waste.

CURATIVE HEALTH TO ENSURE:

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- a high standard of health care for all
e standardisation of treatment
- provision of a nationawide 11st of essential drugs in order to prohibit the proliferation and Qistribution of dangerous drugs and irugs of doubtful efficacy
- systematic aquisition and distribution 01 medical supplies on an equitabke basis

a national research with the aim of discarding-harmful’practices and integrating traditional healers and birth attendants into the national health’servioe. ’

REHABILITATIEE_EEAQQEMQERE ENCOMPASSING:

- child psychology and survival, to guarantee proper counsel1ing and support in the field of child growth and development
- provision of services for the pensioned and the aged

y . _3_
- comprehensive and oommunity-based mental health care
- acquisition of expertise in surgical techniques, mechanical aids to minimise the degree of disability

HEALTH.EDUCATION ORIENTED AROUND:
- the homes, work places, institutions - from cognitive ages to literacy and adult education programmes
- teaching personal hygiene and public health, nutrition, first aid and civil defence
- popularising health care
- dissemination of information on health matters
- mobilising the membership around health issues.

INTERSECTORAL AND MULTIDISCIPLINARY APPROACH TO HEALTH TO ENSURE:
- sharing of health information at all sevels of the department and other sectors of the movement
- identification of assistances in the health field by all other sectors of the movement
- planning, implementation, supervision and evaluation of all health programmes at all levels of the department.

COMMUNITY PARTICIPATION BASED ON EPIDEMIOLOGICAL DATA THAT WILL:
- strengthen community-based programmes through campaigns led by task forces and brigades
- identify health programmes necessary for self reliance
- allow for a flexible approach by the community in determining health priorities for implementation
- encourage initiatives and strengthen community involvement and commitment.

TECHNICAL COOPERATION TO FACILITATE:
- good working relationship with other progressive health workers, organisations and countries
- utilisation of experience and expertise of other progressive health workers in the field of health
- international mobilisation for holitical and material support.

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DH dIm wmuzbm4 Imprqi nbmm QUIUV chmr

URET-QAL DISCHARGE
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1
Eonorrhoea tre; -ment (a35a to con acts)
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folsowup :atween 3 and 7 days
-3-----_ ;_--------_-#_-i._--u-’
Cure Urethral discharge persists
’ l
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A
NBU treatment (alsa to contacts)
I
foilewup after 7 days
Cure Urethra! dischgrge persists
i
Re$er
If a urethral discharge 1s seen on clinical examination, the standard gonorrhoea regimen is adm1n1stered Th_e patient is advised to return 3 and 7 days after the treatment. I4 he stir has urethra! distharge, the standard NGU (Chalmydia) regimen is administered. I? d1scharge persists 7 days after completion of treathEntV the patient should be referred ta district hospital.

VaginaI discharge with no icwer abdumina? pain
I
Trichomoniasis treatment to patient and contacts
(add gonorrhoea treatment)
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E
foliou-up a5ter 7 days
Dinsharge’pebsists
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Candidiasis t$eatment only to patient
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40%3 w-up after 7 days
g
2
Discharge persists
3
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Refer
-u-.--- ---"u--W-Wm-.Cm--
-u-o-n-q-cumo-c _-_-u---.-
_q ’. Thii’thgatment is aiso efficacious for mast patients hith-bacteriat vagindsis.

Benita? ulcer
S
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Syphi :5 and chancroid
treatment (also to contacts)
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follon-up a$ter 7 days
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Bubo
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with genitai ulcer(5) withcut genital utters
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I I
treatment 4ar genita? ulcer Tetracyciine 500mg x 4 daily for 2 weeks
Dphthalmia neonatorum
Wipe the eyes with a ciean c?cth and saline or cooled, boiled water
plus
tetracycline ointment 1% on the conjunctivae every hour for 24 hours, afterwards 4 to 8 times a day for ten days ’ ’
pius
Inj. APPS 200,000 units im stat Sm? syrup Augmentin
or
In). kanamycin 125mg im stat
If no improvement is noted aftar 2 full days of systemic treatment REFER.

Lower abdomina? pain
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Abdominal tenderness ----- year: ------ Refer Eb where facilities
with guarding or rebound for surgery exist
tenderness ’
i
No
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t
5
Last menstrua! period overdue ---- yes ---- Refer
l
5
3
singie dose for gonorrhoea pius
tetracyCEine $or 10 days and sinQEE
  dose regimen for trichompniasig
I
No
Fever 38 C ---- yes --- Treat patient qu contact with single dose for
$ gonorrhoea and tetracyciine pTus metronidaza?e%
l .. . for .10 daye ., . ..-.... ..
i l
g , .. _ . . . Sn, .
No Symptoms persist
I l
t i
I Refer
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Vaginal discharge, dysuria -- - yes ---- Treat patient and :antact with
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NO
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Advise patient to return
for re-eva1uation, $4 the
pain persists ’
-u-"u-----b...---_- - r.n-u"-_---_---m----------.--c-----_-
  Metroni$azu3e not required for contact treatmeni

TREATMENT 9ECQMMEN?%TIONS:
Uncomgiicated ngnogoc ca. infection. I u- 1 _- I
Suliamet nEV’EC c I O’rc)zhy1metroar m (80mg), 10 tabIet s by mouth, daiiy for 3 days
Kanamycin 29 stat in 1njcction L)
Spectinomycin 29 stat 1m in jectioney
Aqueo;:s procaine penicillin G 4.8 :EIIion units stat 1m injection pius pnabenecid 19
l
plus Augmentin 1 tab
Nongonococcae Urethrgtis (NBU):- . 1
Tetracycline 500mg by mouth, 4 time; dain for 7 days -
cw"
Erythromycin 500mg by mouth, 4 times daily for 7 days
Early sygh1115:
Benzathine peni:11!in 2.4 million units in a sinQEe session by im inject;nn
(P 7
Aqueous procaine peniciTIin 600,00C Anits daiEy by 1m in; action $or 10 car.secutive
days
For penici!!in-ai3ergic patients:
Tetracycline 500mg by mouth, 4 times daiEy for 15 days.
Bnancroid:
Sulfamethoxazo!e (400mg)! trimethapwim (80mg), 8 tabEets by mouth, daily for 2 days
C,
Thiamphenico1, 2.59 by mouth for two consecutive days
Br
Erythromycin 500mg by mouth, 4 times daiiy for 7 days
Lxmghggranuloma Venereum:
Tetracycline 500mg by mouth, 4 times daily, for 2 weeks.
0!" -
Su1famethcxazole (460mg)/ trimethoprim (80mg), 2 taDIets by mouth, twice daily for 2
weeks
or
Erythromycin 500mg by mouth, 4 11mes daily, far 2 weeks
Granuloma Inaugnaie:
Tetracycline 500mg by mauth, L times daily pius streptomycin 19 im daily for 14 days
or
SuEfamethovaDEe (400m9)/ trinethoprim (30mg), 2 tablets twice daily by mouth for 14
days.

Trichomoniasis:
Hetronidaxzzq, 29 in a single ora? dnse,
ta! andidiasiq:
12 5V paint app?i5d under cirect vis on far 3 days
or . u
Nystatin, 2 pessari9$ intravagina1ly 4or 7 days.
gaggerial Vaginosgs (sxmgtomgtic):’
Metronidazole 400mg by mouth, twice dai!y for 7 days.