

- 4. (g
9 NMQNB';R VBM q
AFRICAN NAPIONAL CONGRESS oOUTH AFRICA)
DEPARTIIENT OF m Haul kk
REPO RT
ON
PROBLEMS OF DALI JLAING HEALTH CruIE uEJVICEQ
8c TRAINING PROGMELES
6th NATIONAL EDUCAT IUN COUNC IL; IszEETING

PROBLEMS OF DELIVERING HEALTH CARE SERVICES IN THE AFRICAN
K. I. U. S. L. U. I. G. R. E. Q. J. - TRAINING PROGRAMMES

Introduction

To fully appreciate health care delivery services in the ANC and the Department of Health Training Programmes, it is imperative to define what health is, in its broadest meaning.

1.1 The Freedom Charter

The political programme of our organisation is contained in the Freedom Charter. The fundamental prerequisite for a comprehensive health care system is the dismantlement of the apartheid system and laying of the political and socio-economic foundations for health; "The people shall govern.... The people shall share in the country's wealth"... The door of learning and culture shall be opened to all."

The clause of the Freedom Charter that refers specifically to health care states: "A preventive health scheme shall be provided for all with special care for mothers and young children: the aged, the orphans, the disabled and the sick shall be cared for by the state". Basic principles for a comprehensive health care service are laid down in the, Freedom Charter.

1.2 In the Constitution of the World Health Organisation Health is defined as "a state of complete physical, mental and social well being and not merely the absence of disease and infirmity".

1.3 Furthermore it is "the enjoyment of the highest attainable standard of health" and "is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition".

114 It must, however, be borne in mind that the attainment, promotion and maintenance of health is primarily the personal responsibility of each and every individual. In other words, health signifies an individual's ability to interact with the environment. There is need therefore to adopt and live a healthy life style. 1' '

1.5 Primary Health Care

The cornerstone of equity in the distribution of health care was described in Alma-Ata in 1978 as "essential health care made universally accessible to individuals and families through their full participation and at costs that the community and country can afford". And so, the delivery of health care must be through means and possibilities people can afford. The African National Congress has adopted the Primary Health Care as a strategy for attainment of the cherished goal of health for all.

1.6-It is important, from the onset, that we commit ourselves to the inter-sectoral and multidisciplinary approach to promotive and , preventive health programmes. These are not meant by any means to undermine the curative services that continue to be an important task of our health workers, comrade Chairman.

1.7 This meeting is a testimony of the intersectoral and multidisciplinary approach to various progress; Indeed it is our hope that at the end of our deliberations we shall have a full understanding of the urgency with which our programmes should be developed on a consultative basis and thus ensure this impact on our communities. i a '

._..._ w W _..._-....._... ..

2. 255K OF THE ANC DEPARTMENT OF HEALTH

2.1 The Department of Health of the African National Congress, as you are all aware has developed and implemented a number of health programmes to firstly, provide the highest standard of health care possible and which our organisation can afford. Secondly, it is to train health cadres committed to the struggle now and in the post-apartheid period, and by so doing strengthen the overall drive for liberation and at the same time ensure career mobility. Thirdly, the Department of Health seeks to actively involve and integrate itself with the progressive health workers both at home and internationally. Fourthly, it stands poised at all times to isolate South Africa from all international health forums and on the other hand mobilises political and material support for our movement; _ . . '

2.2 It is then on the basis of these tasks that the ANC Department of Health has drawn developmental, health and supportive activities to for the promotive, preventive, rehabilitative and educational health care for our communities. i .

3

1.

3. HEALTH TRAINING PROGRAMMES

3.1 Comrade Chairman, we now propose to deal with these in the manner proposed to us by the Preparatory Committee for NEDUC VI. Our task, comrade Chair, is made relatively easy, because we ourselves are just from a Health Council Meeting that had an in depth study and discussion on all the health care programmes of the ANC. i

3.2 Allow me, comrade Chair, to quote freely from the statement of January-B, 1985 by the President, Comrade O.R.Tambo, when he characterises the desirable cadre of our movement, the health cadre the Department of Health endeavours to train and produce. He says "The distinctive feature of the revolutionary cadre is a high level of discipline, dedication and courage in carrying out the tasks assigned by the movement. we need cadres of unquestionable loyalty, dedication and understanding of our struggle".

3.3 Guided by the principles enshrined in the Freedom Charter, the Primary Health-Care approach towards health for all, and having characterised the health cadres for the delivery of health care to all people, it was then, comrade Chair, conceived that the most cognitive and susceptible of our communities to change, were the young children. In this context a curriculum was developed by the Department of Health; On First Aid, personal and public health and nutrition for SOMAFCO. The Department also envisaged that all our communities be taught basic First Aid and civil defence. Our department was motivated by the fact that we are at war, and by the simple fact that accidents abound and therefore it is important to know how to treat any emergency condition and injuries in particular. The use of the trenches in Mazimbu must be taught to our people. We therefore urge this Council to once more take a firm positive decision on the question of First Aid training and lay fertile ground to facilitate its implementation by the Department of Health.

/2

3.5 On the job training of health workers continue: in 511 settlements. For a long time this category of health workers, has played a prominent role in the health care delivery system, especially in our remote areas. It has also served as a pool from which we have later drawn students for further training, taking into account the importance of accreditation and certification.

5.5 Worthy of mention, comrade Chair, is the First Aid instructors Course, under a joint training programme by the Norwegian people, the SWAPO Department of Health and Social Welfare and the ANC Department of Health. There have been three of these courses. To date, under this programme, 40 health workers have been trained.

wt.-

5.6 Of these, 28 are now receiving training in the Tanzania Health Institutions in the fields of nursing, laboratory technicians, health assistants and Environmental Officers, 17 medical assistants and aides, dental assistants, radiographers, orthopaedic technicians.

5.7 10 more are receiving training in the GDR as medical assistants.

5.8 We need to mention that prior to admission into the Tanzanian Institution of Allied Health Personnel, short courses were organised for our health personnel, in Angola in particular, with the assistance of the Education Officer in that region and its overall administration.

4 . PROBLEMS ENCOUNTERED

4.1 The on the job training programme was not fully fathomed by our communities. This training can not be an end in itself nor was it meant to be an alternative to receiving full, training courses. This is a relatively new concept in training and admittedly requires continuous supervision. Only in this manner can continuous education be assured. It may well be that the introduction of the health worker to our communities was not well explained. However, the department also recognised the fact that the cosmopolitan type of population in East Africa in particular, was in itself a limiting factor in the appreciation of the objectives of this training.

4.2 To a great extent, the First Aid Instructors experienced the same problems of not being fully accepted. As a result their potential was not fully tapped. It may be for this reason also that in a number of instances, they performed duties for more than had been assigned to them on competition. Indeed, sometimes they resisted supervision and this posed a problem.

4.3 The training costs input outstripped the output. These training courses were organised firstly in Norway and partly in Denmark, and then the second course was conducted in Norway and Kwana-Sul, Angola, whilst the third took place in Dakawa and Kwanza-Sul. There were reasons for these arrangements.

Firstly, it was to change the environment of the students and secondly to expose them to feel working vonaitinnsaahd by so doing schive tr; ining ior r lev_' nee. Tl: 1C ,-elt of Health wishes to caution. against this fragmented type of treining. It is costly and wastes a lot of time.

4.4 Thus, in short, it can be said that there has been poor coordination'health manpower development programmes and those of other sectors included in the training programmes of our movement.

4.5 In some instances the-response has been very poor and as a result the_Department of Health has not been able to utilise the quota by twenty places under Project NLM/85/001 - Training of Allied Health Personnel in Tanzania.

4.6 In some instances training programmes have been drawn up with very little consultation at the central level and consequently their maximum utilitsation has not been realised.

4.7 The procedures for completing upgrading forms needs to be streamlined to ensure that there are no delays, duplication and misunderstanding by the candidates selected for training.

5. ADVANTHGES OF THESE COURSES :

..-----..

5.1 Both the on the job training and First Aid Instructors courses have provided apool from which 58 health workers have been drawn for futher training.

5.2 The courses have consolidated the working ralationshipg between the ANC Department of Health and the Norwegian Peoples Aid on one hand and the SWAPO Department of Healthland Social Welfare on the other.

6. IUTURE TRAINING NEEDS

631 The future training needs of our movements as identified by the 3rd Natinal Health Council are be sed on the Health personnel requirements of our revolution. These must guarantee that health care is delivered to all our communities, whilst taking into consideration the long term ne :ds in a free South Africa. These include the criteria for selection of students for training.

6.2ln line with the desireto open trinin g possibilities for our people andove_come the Bantu Education legaoy, the Department of Health shall as of September 1986, start a one year preparatory course for the Allied Health Personnel. This is once more a joint venture between the ANC and SWAPO lnd with the Norwegians providing the resources (personnel, materials and finance).

o 5 Areas of training that require our immediate attention are health, managerial skill" r": , '7 -t u- V; s A of all levels and categories. Thehealth UdSkS that face our movement shall oontinue to dictate the various aspects 9; t: ining in the health field and these will be determined from time to time by the Health Sedretariat in consultation with other sectors of our movement. Thie equally applies to specialisation.

7. INTEGRATION OF THE TRILINING PROGRAMMES OF THE DEPARTMENT OF HEALTH IN THE DEVELOPMENT OF HUMAN RESOURCES OF THE ANC

7.1 The fundamental principle governing the Department of Health in its training programmes is to equip our health workers with the technical knowledge and skills on the one hand and to assist them to develop politically on the other. "Health is a revolutionary task. Our health workers must constitute themselves into a revolutionary and organisational fighting department. In this context, there can be no over-emphasis on the importance of heightening the political eWareness and consciousness of our health workers. A stethoscope and syring in the hands of our health workers should be instruments for mobilisation in the hands of political agents."

7.2 In this regard, politics of health care in South Africa and the ANC Health Policy and programmes shall be part of all the curriculae drawn up by the Department of Health. The Political Education Department will, we hope, be of assistance in guiding the Department of Health in the choice of topics that should stimulate political discussions and instructions.

7.3 The Department of Health shall work toward better coordination of efforts being made in training programmes by the Education Department, Department of Manpower and itself.

7.4 Special attention will be paid to health education in our communities. It is hoped that "Impilo", the health bulletin, will play a significant role in this context. Training shall have a strong bias towards the community, as has been demonstrated by CBR training project.

7.5 Workshops, seminars for health work.ers and sometimes incorporating other sectors of our movement shall be organised as before.