

MEMORANDUM FOR DISCUSSION WITH MR TOM PFANNER
AND HIS SUCCESSOR, MR VINCENT NICOD,
OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS

BY MANGOSUTHU BUTHELEZI, CHIEF MINISTER OF KWAZULU
AND PRESIDENT OF INKATHA FREEDOM PARTY

ULUNDI : 5 MARCH 1993

Gentlemen, welcome to Ulundi. Mr Vincent Nicod, I would like to congratulate you on your appointment as the new head of delegation of the International Committee of the Red Cross. At the same time, I would like to offer my sincere appreciation to Mr Tom Pfanner for the great achievements he has made as the past administrator. The size of the task and responsibility needed for heading your noble organisation is enormous. I myself can only judge from the sterling work the Red Cross has done in our region - during cyclones, during the recent drought - and I am always left amazed at the dedication and perseverance of your members.

During this unstable state of transition in South Africa, much of the focus is centred on the political dimension, but an

organisation like the Red Cross would well appreciate the enormous social and economic upheavals this will have on our society. Not much attention is given to the tremendous changes that will be necessary to accommodate the increased welfare needs of the poor majority. Through your numerous relief programmes throughout the world you are undoubtedly familiar with the corrosive and debilitating effect of the urban and rural poor under the restraints of a limited fiscal budget.

We have a situation in South Africa where, in the race to the forthcoming elections, some political organisations are promising the impoverished masses of South Africa wealth and prosperity in the new South Africa, dangerously heightening the expectations of

these innocent victims in a calculated bid to strengthen their support bases. A totally distorted impression has been created, based on the exaggerated belief that in the new South Africa the state will be capable of miraculously solving the problems of poverty and underdevelopment.

This will never be the case in the foreseeable future. The burden on the future South African economy will be enormous. Our country has experienced a decline in economic growth which has had tragic consequences as far as job creation is concerned. Yet the South African labour force continues to grow at an estimated rate of 2.8% per annum, which is higher than the average growth of 2.4% listed in the World Bank's category for middle-income developing countries.

This leads me to conclude that factors such as poverty, malnutrition, poor housing, unemployment and an unstable political climate are inextricably linked to health care. The present health care system in South Africa is inadequate and inefficient. It continues to deteriorate rapidly in the face of increasing demands by a growing sector of impoverished, and politically alienated, claimants. Not only are the needs of the people increasing, but the political avenues to voice these needs are obstructed.

The formation of a new health system is a daunting task, beset with many problems. The aim of the future government of South Africa will be to devise a plan geared towards making health care accessible, effective, affordable, equitable and acceptable to all.

Achieving these goals would require the same rigorous system of checks and balances needed to prevent the future government of this country from becoming autocratic and corrupt.

Under a properly regulated health system everyone should be able to afford health care. The merits of privatisation and commercialisation of some services could be explored in an attempt to find new ways to achieve greater efficiency and effectiveness to make this affordability a reality. If an efficient, well-tuned health system had to be institutionalised in South Africa, it could represent a substantial saving for the health service sector in general, in order that both doctor and patient benefit from the outcome.

Funding health care is one issue to be addressed, but so too is accessibility, and herein lies my proposed solution to this dilemma. In line with Inkatha Freedom Party's firm belief in the merits of federalism and regional autonomy, I believe that the onus for the distribution of health care services rests both with the individual and the community. The provision of social services, district nursing care, family planning and immunisation clinics, district hospitals and outpatient clinics, should be the responsibility of the region and its residents.

In outlying rural areas, clinics need to be erected and doctors and nurses encouraged to work in them. Personnel could be trained to operate community-based centres where doctors, nurses and medical

staff could be trained together and would work together, so that the requirements of the community would be met. Due to the critical shortages of doctors in our rural areas, medical assistants could be trained to bridge the gap between nursing sister and doctor. Regionalisation of health care would mean that hospitals would be organised into academic, regional and district hospitals, according to a well thought out regional plan to accommodate the needs of our society.

We need to create structures in tune with the environment, as opposed to creating burgeoning, multi-million rand, hi-tech Westernised hospitals, which not only seriously bleed off the health budget but stretch far beyond the needs of the country and

their myriad medical aid schemes. 80 percent of the population cannot afford any of this and seldom have access to it. The creation of provincial hospitals which are the size of small towns and which, percentage wise, have carrying capacities grossly disproportionate to their vast size and expense, is an example of our central government's bureaucratic disregard for the public exchequer. The overheads of these hospitals are astronomical.

Small hospitals, with bed capacities suitable to the area in which they are located, would be required. A patient attended to in a rural area could be referred, if necessary, to a district hospital, and then, if further treatment is required, to a regional or academic hospital.

For too long now the people of South Africa have suffered from excessive centralist government practices and apartheid oppression. We have a vast population of underfed, under-educated and under-motivated people. The adverse socio-economic conditions of extreme poverty and deprivation impacting on our communities germinates discontent and moves us further from the possibility of reaching a peaceful political settlement. It is clear that a central government cannot cope with the deficiencies inherent in our society.

Over the years the provinces in this country have become increasingly emasculated, as the reign of control from Pretoria has tightened. For decades the provinces have had to operate under

predetermined fiscal budgets and restraints, leaving decisions concerning the provision of services and future development to central bureaucrats far removed from the affected regions. For KwaZulu/Natal in particular this has had a devastating impact on the health care services available. For decades KwaZulu/Natal has been an unwilling victim of apartheid bias in Government spending. The enormity of state underspending in this region was recently revealed in a report compiled by Deloitte and Touche, highly reputable management consultants.

The report disclosed that health expenditure per person in our region is 77 percent less than in the Cape Province, 24.2 percent less than in the Free State and 12 percent less than the Transvaal.

The region receives less than 20 percent of the state's health funds and yet it has 25.9 percent of the country's population. Gross underfunding of KwaZulu/Natal by the central Government has seriously exacerbated an already desperate situation, but instead of steps being taken to address the problem, Natal has recently been included in the national cutback on health services. By March 1993, an as yet undetermined number of beds are to be closed and staff released, resulting in some 500 000 patients being deprived of health services.

The stark reality of KwaZulu/Natal has been blatantly ignored by central government. Our region has continued to be grossly underfunded relative to other regions despite the fact the

population here is expected to double in less than 37 years, infant mortality is above average, preventative health services are inadequate, and diseases associated with poor socio-economic conditions are prevalent.

South Africa lacks the federal tradition needed to cater for our impoverished masses. We desperately need to identify mechanisms to open up free and fair government and to enable community empowerment. Federalism is more suited to the provision of regional services on an efficient and cost-effective basis, and it is better designed to increase the autonomy of regions thereby promoting regional development and the supply of services in areas most in need.

Federalism is a positive step forward when addressing regional imbalances that exist. Regional redistribution can be used to ensure that the poorer regions are able to render at least a minimum standard of essential services. It is the only form of government which can effectively safeguard the rights of all South Africans by providing checks and balances against the possibility of unjust distribution by a one party centralist government.

I would like to end my remarks by once again thanking the members of your organisation for the work you have done for my people. The Red Cross Society serves as an admirable example of what can be achieved for our fellowmen. Words cannot express the gratitude

many families must feel for the lives you have saved and the comfort you have brought to the homeless and destitute.

This is a great lesson for South Africa. It is only through the serious commitment of all South Africans, from the government, right down to regional and local levels of community life, that any hope for meaningful change can take place. It is only through the concerted and dedicated efforts of our community members that the glaring anomalies in our society can be overcome.

In order to transform the lives of those less fortunate than ourselves, essential health services must be freely and easily available to all who live in this country, be they Black or White, wealthy or poor, Zulu or Xhosa, or any other ethnic group. But,

before equality is firmly established we must do the best we can,
with the scarce facilities and resources available to us.

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