

NAMDA

National Medical & Dental Association

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NAMDA - ANC

MEETING

21-22 October 1989

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NAMDA NATIONAL EXECUTIVE COMMITTEE
REPORT ON MEETING BETWEEN NAMDA AND THE
AFRICAN NATIONAL CONGRESS (ANC) HELD IN
HARARE ON 21 AND 22 OCTOBER 1989.

A N PENIN ADDRESSES

The representative from the NEC congratulated NAMDA on consulting with the ANC on the multiple pertinent questions of our time. He addressed the urgent political questions facing us today. Unity in mass action is a crucial component of our struggle. For this to be effective we need to organise the unorganised and build broad anti-apartheid unity.

The Mass Democratic Movement (MDM) had not as yet reached its potential in doing this. This is essential in order to isolate and weaken the racist regime.

The release of Walter Sisulu and others was a result of the unrelenting struggle of our people and the international community. If the De Klerk regime is genuinely committed to negotiations, it should create a climate for negotiations. Therefore, it should address

itself to and meet the provisions in the August 21 OAU Harare Declaration on South Africa, to which the ANC fully subscribes. While we are calling for a process towards a negotiated settlement, the struggle against apartheid needs to be intensified.

NAMDA had an important role to play in bringing health professionals into an alliance with the broad anti-apartheid forces; the organisation of doctors and dentists is crucial both for the struggle and the post-apartheid period. However, our task is far from complete while the nurses, the largest component within the health sector, are unorganised. The question of accountability in the struggle, especially of intellectuals, is

central to democracy and involves the responsibility of the individual towards society.

Belonging to organisations teaches us that the interests of the collective are placed above

personal and individual interests, not necessarily by submerging one's personality, but by

realising oneself in interaction with one's fellow comrades.

The Constitutional Guidelines have been drafted so that our peoples' broad vision as enshrined in the Freedom Charter can be translated into a constitutional reality. We must ensure that when a constitution is eventually drawn up, it has contributions from all our people. Finally, it is important that as the struggle intensifies, intellectuals and

professionals stand on the side of the people within mass formations.

B. NAMDA QPENINQE ADDRESS by President Diliza Mji

It was emphasized that unlike other delegations, NAMDA had not come merely to test the views of the ANC on the future, but to work out and consolidate common positions and perspectives on various issues. A brief history of NAMDA was given. NAMDA's formation was catalysed by two major factors, viz. the violation of medical ethics leading to the death of Steve Biko; and the need for a forum for progressive doctors and dentists to express their views on social, political and economic factors relating to the health of the people.

A TIVITIE F AMD

A 'vi i Wi in Th l r

i! Human Rights 1551195;

.effects of detention without trial;

.detention of children;

.health effects of state repression.

ii! Health Policy Issues;

.the political economy of apartheid health;

privatisation of health services;

.AIDS;

.the need for a National Health Service.

iii) PPHQ;

Launched by NAMDA in 1987 and now functioning autonomously with its own projects and structures. Interest groups within PPHC - e.g. HIV; health education; auxiliaries; nutrition; etc

iv) Almiv m i E 'nt

Conference in December 1988 to examine the concept of CBME (Community Based

Medical Education). Most medical schools sent representatives.

v) Intgmatignai 51121323;

Solidarity groups linked to NAMDA include CHISA (Committee for Health in Southern Africa) in the USA and Health Watch in Canada. Similar groups in Holland, UK, West Germany. Good relations with WHO and UNICEF. Full member of the ICHP (International Commission of Health Professionals) based in Geneva. Observer status in CAMAS Confederation of African Medical Associations

A 'vi i wi 'n MDM

i E m r n rvi r

This includes the counselling and rehabilitation of ex-detainees by NAMDA doctors and psychologists from OASSSA. Members of community organisations are trained to deal with health problems during unrest.

ii API inAinPlii Imn'nmn'

A new initiative to address issues and co-ordinate bodies dealing with political imprisonment.

iii fl m

.campaign to desegregate all hospitals;

.medical back-up durin g protest marches.

iv) Agtivitjes with NEHale;

.e.g. Support during Cape Town strike at private hospitals.

v) Releax Qf Rivgnia tg'alists,

R ANI ATI N "IRATE Y AND HALLEN E

The present strategy is that the minimum criterion for joining NAMDA should be

opposition to apartheid and that once recruited, members should be actively drawn into projects and campaigns with simultaneous political education. We have tended not to address the material interests of doctors and dentists, but rather to organise around broad socio-political interests. Some of the problems facing NAMDA include:

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i) Opening up membership to other health professionals.

ii) Active and passive membership.

A large portion of NAMDAE membership identified as being passive.

iii) Adoption of the Freedom Charter and affiliation to the UDF:

NAMDA's attitude has been to draw in members on the broad basis of opposition to apartheid regardless of ideological leanings. This is sometimes used to attack NAMDA and question its "progressiveness".

iv) Organisation of medical students:

NAMDA in consultation with SANSCO has agreed that medical students should be organised into SANSCO. NAMDA only accepts final year medical students as members.

ni in hl r

This was related to the question of NAMDA opening up membership to other health workers. Most organisations expressed reservations about this. There was broad acceptance of the principle of a federal structure. Three national meetings have been held to discuss the organising of nurses, including one in Harare. Some groups supported the idea of unionisation whilst others felt they should be organised into health worker bodies to prepare them for union membership.

Presently SAHWC and NEHAWU are organising nurses and the extent of co-operation is uncertain. NAMDA's position is to assist NEHAWU in organising nurses by supporting them with material and human resources.

In conclusion, NAMDA had to increase its proportion of active members. The "opening

up" debate could only be resolved once a clear strategy emerged for organising nurses. Organisational strategies of the different progressive bodies needs to be streamlined in order to work towards the formation of a unifying structure in the long term.

DI I N N YIN HEHEALTH E T R

Following the two keynote addresses a discussion on unity followed. It was emphasized that there is some unity in action in terms of joint projects, campaigns, PPHC etc. However, "point-scoring" by some organisations is commonly practised together with vying for support from the MDM and communities. Unity is related to the state of organisation of the structures. Health organisations must make people aware of their health problems and mobilise them around these struggles towards community empowerment.

A federation could allow organisations to continue working as is, but avoid duplication of work, press-releases, banners etc. However, COSATU is a federation and there should not be two federations. This does not rule out the possibility of a national joint co-ordinating body. SACTU made the point that NEHAWU has been weakened since the Harare unity meeting. This is partly because nurses have a choice between joining either SAHWCO or NEHAWU. There is an urgent need to strengthen NEHAWU;

COSATU should also address this. It is desirable for nurses to be unionised as they are workers. However, there has been some resistance to this and nurses have not supported some of the workers strike actions at hospitals. A strong view emerged that nurses need to be consulted and possibly encouraged to form their own association.

Views were expressed that buried within the problem of unity are ideological differences e.g. unity movement versus congress approach. Organisations appear to be competing for positions with the ANC. Labels like "elitism" need to be viewed in the context in which they are used as they may be derogatory and can be destructive.

The ANC clarified that NAMDA's existence as an organisation of doctors and dentists is justified. The NAMDA approach and the Health Worker concept are not mutually exclusive. A single health organisation with a single political viewpoint cannot be achieved at the moment. One of the important roles for NAMDA is to engage the Afrikaner and White sectors where most of the doctors and dentists are and thereby broaden its base. The process of unity is complex and painful; no position can be adopted now because of the limitations of this consultation. A further broad consultation with the

ANC needs to be arranged. NAMDA, the ANC and SACTU have a collective

responsibility to strategise the organising of nurses with a core of nurses.

D AN P ITI N NN TIATI N

A National Executive Committee member addressed the delegation on the MOS position on negotiations. The ANC has always called for a negotiated settlement to the political problems of S.A., so this is not a new concept within the ANC. However, for negotiations to begin, the state had to create a conducive climate by meeting certain preconditions. Once this had been achieved, all parties would be able to engage in free political activity in order to consult with the people on the question of negotiations. The

new approach of the superpowers to regional conflicts compelled the liberation movement to address the question of negotiations very seriously. The Frontline States are also eager for a peaceful solution. Therefore, pressure was exerted on the ANC to draw up a new constitution for SA. Thatcher initiated moves within SA. to set up a structure similar to the E.P.G. consisting of clergymen. She also tried to split the Frontline States

around the issue with the intention of leaving out the ANC. This was similar to what had happened to ZAPU/ZANU-PF in Zimbabwe and SWAPO in Namibia - where negotiations were thrust upon them unexpectedly and before they could achieve a position of strength.

The ANC thus felt that there was a need for the movement to have a plan which would pre-empt all other plans. They had to ensure that the future political formulation did not

serve foreign interests, but reflected the demands of the majority of South Africans, as enshrined in the Freedom Charter. As a result of this, the Constitutional Guidelines were drafted and circulated to all democratic organisations in 8A. for comment. A document outlining the steps to be taken towards attaining peace in Southern Africa has been drawn up. This was accepted by the OAU in Harare on 21 August 1989, and subsequently by the Non-Aligned Movement.

This document is in five parts viz:

I. Preamble.

II. Statement of Principles.

III. Climate for negotiations.

IV. Guidelines to the process of negotiation.

V. Programme of Action.

This document should be studied and discussed by all South Africans so that it may become a document of the people. In addition, time limits need to be put to the preconditions and the question of who should sit at the negotiating table needs to be addressed.

It is important to note that our struggle is a struggle not for negotiations but for the total eradication of apartheid and the transfer of power to the people. Negotiations are only a part of this struggle. While we are calling for negotiations the pressure on the state must be intensified.

The current political and economic crisis facing the country is a result of the mass struggle that has taken place in the townships, on the factory floor, and in the international community. Thus, negotiations and the struggle for liberation are parallel processes designed to achieve a common goal.

E A ADEMI AND LT RALB Y TT

NAMDA presented the development of the debate on the academic boycott and a synthesis of the two national consultations which had taken place within the country. The ANC responded that the strategy of the boycott must be to isolate the regime and to build democratic organisations. The boycott is a crucial weapon of the struggle and must not be trivialised. Our academic boycott policy must not allow opportunists and individuals seeking prestige and self-enhancement to engage in academic exchange.

The language used must not undermine the concept of boycott as a weapon of struggle.

The ANC cannot agree with a moderate and non-restrictive position on academic exchange and believes that the boycott must be intensified. A legalistic resolution will not solve the problem, but a combination of broad principles and democratic organisation will take the process forward. The ANC supports the open and free exchange of books, films and other written information between South Africa and other countries. The ANC would also like to be informed of South Africans travelling out of the country, particularly for studying, so that they can be drawn into anti-apartheid structures there.

There appears to be a lack of clear communication between the MDM and the ANC on this issue, and different positions are being forwarded. The suggestion was made for a meeting to be held between all the interested parties in the near future. NAMDA agreed

to take the process forward internally and continue to attempt at arriving at a consensus position.

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Three formal presentations were delivered by NAMDA members.

The first looked at the case for an NHS. This looked at health, health care coverage and personnel. There were related to the inequitable distribution of wealth and services in apartheid South Africa. For the present, PPHC represents the building blocks for a future NHS. The advantages of an NHS were also outlined.

The second speaker spoke about the private GPs who comprise the biggest single group of doctors in practice at the present time. The establishment of an NHS would have to take place over time and take into account current attitudes in the private sector. A single health ministry would have to be created. In many areas the infrastructure for an a

NHS did not really exist and existing services were not optionally used. The further expansion of the private sector could be slowed by limiting entry of new practitioners in particular areas. This could have the effect of encouraging doctors to work in rural areas.

The third speaker reviewed possible strategies in the struggle for an NHS. He examined options and questions for an NHS, obstacles to the attainment of an NHS and current trends in the private health sector and their consequences thereof. Financing the NHS was a major question facing us. Using a purely tax base would be problematic as it was in other developing countries. The finances may not be sufficient and many other demands would have to be met e.g. housing, sanitation, pensions etc. An alternative was a compulsory national health insurance where everyone who could would pay something. The state would administer this insurance and this would increase its negotiating power in terms of policy. A private sector would probably have to operate alongside the NHS to prevent it re-emerging as a "black-market".

Obstacles to the creation of an NHS were reviewed. These include the present expansion of the private health sector and resistance from the private health sector business people

and professionals. Other obstacles mentioned are the lack of resources, the demand for curative and tertiary care, the legacy of unequal resource distribution, and fragmentation

and duplication of services.

i Current trends in the private sector and state encouraging privatisation were aggravating

inequalities in access to care. This resulted in a worsening of the imbalance between curative and preventative care, rendering co-ordination and national planning much more difficult and orientating care towards the individual rather than the community. A range of strategies for moving towards an NHS was proposed. These included promoting acceptance of an NHS among health professionals and the public, campaigning for increased expenditure and utilisation of public health services - including campaigns for desegregation and against tricameralisation and fragmentation. The growing demand for medical aid among Black industrial workers is being articulated by their trade unions. An alternative system of 'managed care' was proposed wherein the trade union begins to administer and run its own health service which would not be a fee-for-service practice. It is designed to provide a comprehensive health service owned by the union and management. This would also serve as a building block for a future NHS.

Interventions in the public sector include policies to promote efficiency, e.g. national drug policy, and education of health professionals to support the NHS.

A discussion on the various inputs followed.

One of the ways to build the public sector would be to make private care very expensive and remove the present state subsidy from private hospitals. Therefore private care would be possible only for those who could really afford it. It was pointed out that because of a lack of finances and personnel, the preventive aspects of health care needed to be stressed viz. improving housing and unemployment. The resistance from the private sector would have to be challenged by the masses of the people, who would be the final arbiters.

Certain concerns were raised about the 'managed care' option. These include the fact that it would remove pressure from the state to provide health services by allowing workers to develop their own facilities. It would also have the potential of dividing employed workers from the unemployed and possibly the communities.

Speakers stressed that one of the major goals of PPHC was to begin the work for the establishment of an NHS. We also need to place health firmly on the political agenda and improve people's consciousness of health demands in the communities. A

SACTU speaker commented that one of the major problems was the intervention i of monopoly capitalism into the private health sector rather than the individual private GP. i

An ANC member raised a question about how the Centre for Study of Health Policy t (CSHP) operated with respect to consultation and accountability to democratic a organisations. In response to this it was pointed out that there was a process of i consultation but that more could be done.

REP RT N MMI N N

The meeting started with a short input from the ANC setting out some of the views a evolved with colleagues in London.

AIDS is already a problem of massive proportions, requiring urgent attention and strategies to be implemented.

At this stage it is not possible to defeat the HIV virus, but it could be possible to con tain t

it. We have to assume wide spread aheady because it takes 5 - 10 years before the cases will present in clinical form.

It is importantto tackle barriers to discussion of sexandsexual practices as this , impedes the promotion of knowledge about and prevention of the disease. Thereare still too many inhibitions concerning free discussion of sexual matters, even amongst I health workers.

In South Africa, there are several factors which make it more difficult to combat the T spread of AIDS. These include:

- The fragmentation of the health services.
- The hostility of the people to the government.
- Only one tenth of the population get medical services (even less in the rural areas).
- Hostility to family planning.
- The migrant labour system, e.g. miners in single-sex hostels.
- Mixed cultures - conservative approach to discussion of sexuality.
- Government bodies have representatives from academic institutions, universities, Medical Research Council, but no grassroots representatives.

The South African Institute for Medical Research asked for a statement from the ANC and UDF on AIDS - this revealed an ignorance of the fact that the problem cannot be solved in this way and has to be tackled at grassroots level.

In New York there was a phenomenal spread of the disease in the poor and indigent population.

With regard to our comrades in Southern Africa their risk is increased by the following factors:

- High incidence in the local population, e.g. Zambia, Tanzania, Uganda.

- Many young people on the move resulting in many "one-night stands".

- HIV is seen as less important than the political struggle.

However; the Movement has to confront the problem as the government is not tackling it. In so doing, the movement can also promote the political side of the problem

Within South African there is a need for epidemiological studies of the problem. There are difficulties associated with such studies but this should not hold back discussion. We have to assume the worst.

The big question is how do we get the message across? We must be holistic in our approach, involving all health workers, educational groups, etc. Each region must decide on its own approach, but all groupings interested must be involved.

At the same time as addressing the AIDS problem, sexually transmitted disease (STD's) and other health problems - water, sanitation, electricity and housing should also be dealt with.

Of special importance is the changing position concerning the role of women in society. They must be able to discuss sexual matters more freely as must also be the case with men.

The Chairperson opened the discussion by pointing out that 6% of teenage girls in Natal attending a STD clinic were seropositive on testing. There was a resistance to AIDS committees which were seen as government bodies.

Reference was made to the fact that people of low socio-economic status had a lack of

education, a high incidence of TB (with increased susceptibility in AIDS) and a lack of resources.

Other problems mentioned were the resistance to the use of the latex condom (the best known method of preventing the disease) because of resistance to family planning in the Black community due, inter alia, to the fact that it is perceived as a government political ploy to limit the Black population.

Various educational strategies were mentioned such as the use of videos and street theatre. It was pointed out however that the community's need and attitudes should always be canvassed.

Due to human denial mechanisms, educational programmes in other countries have met with only limited success. In the South African context it was felt to be essential that work in this area should be backed by strong support from credible political organisations such as the MDM, COSATU and the ANC. The ANC should be seen to be according the problem high priority, e.g. by publishing regular appeals in its publications, sending high-ranking members to AIDS conferences and symposia, and stressing its importance in discussions with representatives of organisations with th

e
MDM and urging them to carry forward the campaign inside the country through their own structures.

The Commission was well aware that the most important work had to be done on grassroots level ; otherwise backing from the ANC and the MDM would be useless if occurring in isolation. Progressive health organisations should be actively involved in AIDS preventive programmes which should not be tackled in isolation but linked with other related issues such as housing, sanitation, etc. The attitudinal and counselling aspect of this work is most important, both with regard to the attitudes of t
he

people and that of health workers who have to feel comfortable with the subject if they are to be of any assistance. Within the community itself, various groups should be targeted e.g. schools, churches, etc.

It was felt that the state should be asked to provide resources (money) to progressive organisations to combat AIDS as they are not addressing the problem. This money has been taken from taxpayers and progressive organisations were therefore entitled to claim it. (Overseas monies should also be available). Pressure should also be put on liberal academics to influence the state to do this.

The PPHC network could play a important role in this work. Various organisations, e.g. ANC, PPHC and NAMDA would all have specific roles. These would have to interact with the MDM.

The Commission felt a strong sense of urgency about this problem and great anxiety that "lip-service" only was being paid to this extremely serious problem by the various organisations who needed to become involved in combatting AIDS.

I will end by quoting from Stan Houston's paper: "In South Africa it is self evident that the government is completely lacking in the credibility necessary to influence sexual behaviour in the black community. The only political organisations which have that credibility among the majority of South African people are the liberation movements, internal and external. It is my greatest fear and recurring nightmare, that I will go to South Africa after independence and find the wards of the hospitals full of AIDS patients, the new country burdened with the morbidity, mortality and expense of an AIDS epidemic indefinitely. In one sense you are uniquely fortunate in knowing enough, early enough, to prevent this. But the time to act is now. And you are the people who must act".

RELATIONSHIP TO STATE AND HOMELAND STRUCTURES

A NAMDA speaker outlined the impoverished conditions in the homelands and how this leads to diseases of poverty. The fragmentation of health services is designed to keep the population in conflict, for example there may be four different departments of health in a 120 km radius. The problem of AIDS is not given attention and TB is rampant. Primary health care is virtually non-existent; there is a lack of manpower which is aggravated by corruption and inefficiency.

It was pointed out that the link between ill health and apartheid should be emphasized so that we can educate the people to increasingly demand a proper health service. A question raised was whether it is tactically appropriate to take control of some of these institutions. If we participate in them we need to do so from a position of strength, but

if there is still a danger that we may be legitimising these apartheid structures. We need to decide whether the homeland leaders are potential allies or an embarrassment to the struggle.

One homeland Minister of Health had taken some progressive steps in the organising of nurses and in attempting to expose the health conditions in the homelands. The ANC

pointed out that the majority of the people in the Bantustans are not there of their own choice. We must make a clear distinction between collaborators and workers. Progressive individuals in policy-making positions would be acceptable.

The policy of the ANC is to build strategic and tactical alliances in achieving our objectives. We can no longer look at the homelands in a blanket manner as conditions are different in different homelands. We should continue to press for structures that are a benefit to the people as this is consistent with the policy of isolating the De Klerk regime.

Concrete realities within certain principles are guided by the interests of the masses. Therefore, NAMDA needs to work in consultation with the masses on these issues. There can be no black and white rule on co-operation with homeland leaders and the ANC cannot wall itself into a corner on this. We have to ask ourselves how we can advance the cause of the people. The ANC has found it necessary to have dealings with certain homeland leaders as these people are looked upon favorably by the communities.

HARMA E T I A D R

In i n'

-Who will supply the drugs : Producers and Suppliers

- Who will use the drugs: Consumer.

- The need for a national drug policy (NDP).

Praxiugtign is predominantly in the first world (developed) countries viz. USA, UK, Japan, West Germany, France, Switzerland.

Suppliers: 1. Multinational pharmaceutical companies - these are from the developed world

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2.. Local suppliers in developing and underdeveloped countries. Concerned primarily with the finished product. Subsidiaries produce a product developed by parent company ; and also buy the raw materials from them usually at a higher price. i

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3. Generic production in developed countries - increasing trend. Influenced by such factors as loss of patents, cost-containment drive, WHO programme of action on essential drugs.

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4. Research-orientated. 44-100. Mostly American - cartel holding patents and influencing prices.

903W: South Africa spent H- 2 billion Rands. This was mainly on drugs usually consumed by developed countries.

W: Is a component of a National Health Policy (NHP) and is motivated by a need to attain health for all by the year 2000 (WHO) and a state of social justice.

R ' n f r i n l i

1. Political Commitment

2. Drug .regulatory authority - involves quality, suitability and bioavailability.

3. Procurement of drugs

4. Non-proprietary listing of drugs.

5. Flow of information.

6. Means of distribution.

7. Research

NDP will entail compiling an essential drug list (EDL). Selection will depend on pattern of disease prevalence in community, facilities available for treatment, health personnel, finance, efficacy and safety factors, etc.

DISCUSSION:

1. Nationalization of pharmaceutical industry - much debate : further research on this particular aspect recommended.

2. Multinational pharmaceutical companies and sanctions programme - general acceptance of the broad strategy of sanctions as part of the policy of isolation. However

implications of such sanctions involving the pharmaceutical companies was raised and discussed. This vital issue needs more deliberation, research and workshop. General acceptance of not engaging these companies in formulating the drug policy. Multi-national financial overtures mentioned, and social responsibility programmes of these companies discussed.

3. Feasibility of implementing drug policy at this stage in RSA discussed.

4. Drug promotion, patency, brand names, -t advertising were discussed bn'efly.

Education of public and health personnel as regards these issues stressed.

RECOMMENDATIONS:

1. More research is necessary.

2. Zimbabwe experience to be used as a model for study and emulation.

3. Improve interaction amongst health workers. (esp. doctors and pharmacists).

4. For ANC to look into aspect of training more pharmacists and health workers as part of PHC objectives.

5. For NAMDA to compile a list of all drugs used in R.S.A. and compare this with WHO recommended drug listing as a basis towards compiling a proposed EDL.

6. For ANC and NAMDA to jointly study EDL of other countries including the western world (e.g. Sweden, etc.). Joint effort in projects, constant consultation, communication emphasized.

MP L RY MM NIT ER EF RD T R

A, Bagkgggund Input - Based on document contained in the conference package.

The whole discussion comes about as a response to the proposals by the SAMDC on "Compulsory Community Service" for doctors.

B, Qur Viewing

- We agree in principle that some form of compulsory community service is essential in ' addressing immediate health problems in our country.
- , - The following are the points of agreement:
 - (1) The greater part of South Africa, i.e. rural areas, have long been neglected with regard to the allocation of resources, facilities and health personnel, and this has to be corrected.
 - (2) Community Service will serve to expose privileged graduates to the practical health problems in the underprivileged areas.
 - (3) There should be a commitment for graduates to plough back the skills acquired to the people/communities that finance their education.
- Li i i n f -i.e. our points of disagreement.
 - The maldistribution of doctors must not be isolated from the general problems within the present apartheid health system.
 - A multi-disciplinary approach to the upliftment of the health problems to rural and underprivileged areas must be adopted.
 - i- Interference by the Bantustan authorities in the delivery of health e.g. homeland pledges, obstacles of boundaries and the general fragmentation of health which puts enormous strain on our countries resources have to be taken in serious light.
 - We reject the linkage / equation to conscription, which we do not recognise.
 - The sending of young doctors to rural or neglected areas must be accompanied by the similar exposure of consultants and professors to the same conditions.
 - The necessary resources/facilities to make conditions workable have to be provided - e.g. hospital equipment.
 - Adverse working conditions calls for realistic consideration by the authorities and recognition of the need for some incentives.

- Consultation must be key to our problems being adequately addressed.

D v1 finrvn'n NAMDA

- (1) Undergraduation education and orientation has to be radically transformed - with early exposure to active community service.
- (2) Rotation of medical personnel at all levels to underprivileged areas with proper and adequate supervision.
- (3) Equitable distribution of resources and manpower.
- (4) Realistic incentives must be offered in the transition period.
- (5) Our approach has to be holistic - i.e. a multidisciplinary intervention.

E, NEXT STEPS

- (1) Broaden consultation and consolidate or refine our position/approach.
- (2) Popularise our viewpoint - community, medical schools, professional and other health bodies.
- (3) Meet with SAMDC to present our viewpoints.

DECLARATION OF THE OAU AD-HOC COMMITTEE ON SOUTHERN AFRICA

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ON THE QUESTION OF SOUTH AFRICA

HARARE, ZIMBABWE - AUGUST 21, 1989

1. PREAMBLE

The people of Africa, singly. collectively and acting through the OAU, are engaged in serious efforts

to establish peace throughout the continent by ending all conflicts through negotiations based on the principle

of justice and peace for all.

We reaffirm our conviction, which history confirms. that where colonial. racial and apartheid domination

exist, there can neither be peace nor justice.

Accordingly, we reiterate that while the apartheid system in South Africa persists, the peoples of our

continent as a whole cannot achieve the fundamental objectives of justice, human dignity and peace

which are both crucial in themselves and fundamental to the stability and development of Africa

With regard to the region of Southern Africa. the entire continent is vitally interested that the processes,

in which it is involved, leading to the complete and genuine independence of Namibia, as well as peace

in Angola and Mozambique. should succeed in the shortest possible time. Equally, Africa is deeply concerned that the destabilisation by South Africa of all the countries in the region, whether through direct

aggression, sponsorship of surrogates. economic subversion and other means, should end immediately.

We recognise the reality that permanent peace and stability in Southern Africa can only be achieved

when the system of apartheid in South Africa has been liquidated and South Africa transformed into

a united, democratic and non-racial country. We therefore reiterate that all the necessary measures should

be adopted now. to bring a speedy end to the apartheid system, in the interest of all the people of Southern

Africa, our continent and the world at large.

We believe that, as a result of the liberation struggle and international pressure against apartheid, as well

as global efforts to liquidate regional conflicts, possibilities exist for further movement towards the resolution

of the problems facing the people of South Africa. For these possibilities to lead to fundamental change

in South Africa, the Pretoria regime must abandon its abhorrent concepts and practices of racial domination

and its record of failure to honour agreements, all of which have already resulted in the loss of so many

lives and the destruction of much property in the countries of Southern Africa,

We reaffirm our recognition of the right of all peoples, including those of South Africa, to determine

their own destiny. and to work out for themselves the institutions and the system of government under

which they will, by general consent, live and work together to build a harmonious society

The Organisation of African Unity remains committed to do everything possible and necessary, to assist the people of South

Africa, in such ways as the representatives of the oppressed may determine, to achieve this objective.

We are certain that. arising from its duty to help end the criminal apartheid system, the rest of the world

community is ready to extend similar assistance to the people of South Africa.

We make these commitments because we believe that all people are equal and have equal rights to human

dignity and respect. regardless of colour, race, sex or creed. We believe that all men and women have the right and duty to participate in their own government, as equal members of society. No individual or group of individuals has any right to govern others without their consent. The apartheid system violates all these fundamental and universal principles. Correctly characterised as a crime against humanity, It

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is responsible for the death of countless numbers of people in South Africa. It has sought to dehumanise entire peoples, It has imposed a brutal war on the whole region of Southern Africa, resulting in untold loss of life. destruction of property and massive displacement of innocent men. women and children. This scourge and affront to humanity must be fought and eradicated in its totality. We have therefore supported and continue to support all those in South Africa who pursue this noble objective through political. armed and other forms of struggle. We believe this to be our duty. carried out in the interests of all humanity. While extending this support to those who strive for a non-racial and democratic society in South Africa. a point on which no compromise is possible. we have repeatedly expressed our preference for a solution arrived at by peaceful means. We know that the majority of the people of South Africa and their liberation movement, who have been compelled to take up arms. have also upheld this position for many decades and continue to do so. The positions contained in this Declaration are consistent with and are a continuation of those elaborated in the Lusaka Manifesto two decades ago, They take into account the changes that have taken place in Southern Africa since that Manifesto was adopted by the OAU and the rest of the international community. They constitute a new challenge to the Pretoria regime to join in the noble effort to end the apartheid system. an objective to which the OAU has been committed from its very birth. Consequently, we shall continue to do everything in our power to help intensify the liberation struggle and international pressure against the system of apartheid until this system is ended and South Africa is transformed into a united. democratic and non-racial country. with justice and security for all its citizens. In keeping with this solemn resolve. and responding directly to the wishes of the representatives of the majority of the people of South Africa. we publicly pledge ourselves to the positions contained hereunder, We are convinced that their implementation will lead to a speedy end of the apartheid system and therefore the opening of a new dawn of peace for all the peoples of Africa, in which racism, colonial domination and white minority rule on our continent would be abolished forever.

11. STATEMENT OF PRINCIPLES

We believe that a conjuncture of circumstances exists which, if there is a demonstrable readiness on the part of the Pretoria regime to engage in negotiations genuinely and seriously. could create the possibility to end apartheid through negotiations. Such an eventuality would be an expression of the long-standing preference of the majority of the people of South Africa to arrive at a political settlement. We would therefore encourage the people of South Africa, as part of their overall struggle, to get together to negotiate an end to the apartheid system and agree on all the measures that are necessary to transform their country into a nonracial democracy. We support the position held by the majority of the people

of South Africa that these objectives. and not the amendment or reform of the apartheid system, should be the aims of the negotiations.

We are at one with them that the outcome of such a process should be a new constitutional order based on the following principles. among others:

South Africa shall become a united, democratic and nonracial state.

All its people shall enjoy common and equal citizenship and nationality, regardless of race, colour. sex or creed.

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All its people shall have the right to participate in the government and administration of the country on the basis of a universal suffrage, exercised through one person one vote, under a common voters' roll.

All shall have the right to form and join any political party of their choice, provided that this is not in furtherance of racism.

All shall enjoy universally recognised human rights, freedoms and civil liberties, protected under an entrenched Bill of Rights.

South Africa shall have a new legal system which shall guarantee equality of all before the law.

South Africa shall have an independent and non-racial judiciary.

There shall be created an economic order which shall promote and advance the wellbeing of all South Africans.

A democratic South Africa shall respect the rights, sovereignty and territorial integrity of all countries

and pursue a policy of peace, friendship. and mutually beneficial cooperation with all peoples.

We believe that agreement on the above principles shall constitute the foundation for an internationally acceptable solution which shall enable South Africa to take its rightful place as an equal partner among the African and world community of nations.

III. CLIMATE FOR NEGOTIATIONS

Together with the rest of the world, we believe that it is essential, before any negotiations can take place,

that the necessary climate for negotiations be created, The apartheid regime has the urgent responsibility

to respond positively to this universally acclaimed demand and thus create this climate.

Accordingly, the present regime should, at the very least:

Release all political prisoners and detainees unconditionally and refrain from imposing any restrictions

on them;

Lift all bans and restrictions on all proscribed and restricted organisations and persons ;

Remove all troops from the townships;

End the state of emergency and repeal all legislation, such as, and including the Internal Security Act.

designed to circumscribe political activity; and,

Cease all political trials and political executions.

These measures are necessary to produce the conditions in which free political discussion can take place

- an essential condition to ensure that the people themselves participate in the process of remaking

their country. The measures listed above should therefore precede negotiations.

IV. GUIDELINES TO THE PROCESS OF NEGOTIATION

We support the view of the South African liberation movement that upon the creation of this climate,

the process of negotiations should commence along the following lines:
Discussions should take place between the liberation movement and the South African regime to achieve
the suspension of hostilities on both sides by agreeing to a mutually binding ceasefire.
Negotiations should then proceed to establish the basis for the adoption of a new Constitution by agreeing
on, among others, the Principles enunciated above.
Having agreed on these principles, the parties should then negotiate the necessary mechanism for drawing
up the new Constitution.
The parties shall define and agree on the role to be played by the international community in ensuring
a successful transition to a democratic order.

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The parties shall agree on the formation of an interim government to supervise the process of the drawing up and adoption of a new constitution; govern and administer the country, as well as effect the transition to a democratic order including the holding of elections.

After the adoption of the new Constitution, all armed hostilities will be deemed to have formally terminated.

For its part, the international community would lift the sanctions that have been imposed against apartheid South Africa.

The new South Africa shall qualify for membership of the Organisation of African Unity.

V. PROGRAMME OF ACTION

In pursuance of the objectives stated in this document, the Organisation of African Unity hereby commits itself to:

Inform governments and inter-governmental organisations throughout the world, including the Non-Aligned

Movement, the United Nations General Assembly, the Security Council, the Commonwealth and others

of these perspectives, and solicit their support

Mandate the OAU Ad-Hoc Committee on Southern Africa, acting as the representative of the OAU and

assisted by the Frontline States, to remain seized of the issue of a political resolution of the South African

question,

Step up all-round support for the South African liberation movement and campaign in the rest of the

world in pursuance of this objective.

Intensify the campaign for mandatory and comprehensive sanctions against apartheid South Africa: in

this regard, immediately mobilise against the rescheduling of Pretoria's foreign debt; work for the imposition

of a mandatory oil embargo and the full observance by all countries of the arms embargo.

Ensure that the African continent does not relax existing measures for the total isolation of apartheid

South Africa.

Continue to monitor the situation in Namibia and extend all necessary support to SWAPO in its struggle

for a genuinely independent Namibia

Extend such assistance as the Governments of Angola and Mozambique may request in order to secure

peace for their peoples; and

Render all possible assistance to the Frontline States to enable them to withstand Pretoria's campaign

of aggression and destabilisation and enable them to continue to give their all-round support to the people

of Namibia and South Africa.

We appeal to all people of goodwill throughout the world to support this Programme of Action as a necessary

measure to secure the earliest liquidation of the apartheid system and the transformation of South Africa

into a united democratic and non-racial country

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