



South Africa Country Brief to support launch of Oxfam Report
In the Public Interest : Health, Education and Water and Sanitation for All

Essential Services : HIV, Health Services and Gender in South Africa

1 September 2006

Much has been achieved in just over a decade of democracy in South Africa by facilitating access of the poor to health and other services. However much more needs to be done if the constitutional rights of citizens to dignity is to become universal. Under the strain of an HIV onslaught, second to none in the world, the health systems serving the poor are being incredibly strained. Women in poor communities are having to fill the gap through self devised homedbased care as the public health care system that the vast majority of South Africans rely on is unable to cope. One of South Africa's greatest challenges is to retain and attract skilled and committed workers.

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Introduction and Purpose

Oxfam International has prepared an International Report on Essential Services, which is to be released on the 1 September 2006. This report has been prepared as part of overall campaigning by Oxfam to overcome poverty and suffering. It argues that the only way this may be possible is through the free public provision of essential services to the poor. This research report is used to support The Millennium Development Goals (MDG's) campaign in Oxfam.

This briefing note serves to contextualise essential services in South Africa with a focus on HIV and AIDS, health services and health workers. Similar papers are being developed with a similar focus in Mozambique and Malawi in Southern Africa. A South East Asia report has been prepared that focuses on water, sanitation, health and education.

The Oxfam International Country Group (South Africa) has decided to focus on HIV, Health Services and Health Workers. A national workshop is to be held with partners and allies that share the sentiments expressed in the research report. The purpose of the workshop is to work out how the campaign fits in with what civil society in South Africa is already campaigning on and wishes to campaign on in relation to essential services. The workshop will also present the research and its findings as contained in the international report.

Poverty studies (Desai, 2005; Naledi, 2005) and the Development Report by the Development Bank of Southern Africa (DBSA, 2005) indicate that the commitment by the South African Government, at least on paper, to overcome poverty is amply there. Whilst the policy frameworks and institutional arrangements may be in place, implementation lags far behind in the DBSA report. This makes campaigning around essential services important in South Africa.

The State of Essential Services

Despite sustained and impressive economic growth in its post apartheid democracy, poverty and deprivation continue to plague large sections of South African society. Direct social grants to poor households have grown impressively as a percentage of GDP in existing areas such as old age pensions and the disabled whilst new grants have been implemented for children. Indirect investment in the form of social wages through the provision of water, electricity, housing and roads has allowed the poor some access to jobs and entrepreneurial activity.

The inability to eradicate poverty has weighed most heavily on women and girls who have had to carry increased burdens exacerbated by the onslaught of HIV and AIDS. The lack of access to essential services in poor communities and homes means that women and girls who are taking the responsibility of caring for an ever increasing number of people that are sick and dying, are doing this at home without adequate access to decent water, sanitation and health services. This increased burden within the reproductive sphere falling on women and girls also restricts their access to income generating activity and education.

There are some areas where government has made visible improvements. This is notably in the provision of water, electricity and housing to poor urban communities. On the other hand the integration and extension of health and education services that

were historically designed to serve a minority white population is being stretched to the brink of collapse whilst trying to serve all under the democratic constitution. This is seriously hampering the ability to uphold basic rights enshrined in the constitution, in relation to health and education (Chapter two: Bill of Rights).

The right to water has been implemented by giving limited free access to water to the urban poor whilst its availability to the rural poor is still highly erratic and sometimes totally absent. Whilst poor households in urban areas may have access to a communal tap some rural households still use unprotected natural water sources. Free compulsory basic education is enshrined in the constitution but the necessary investment in school infrastructure and salaries for educators has not taken place to allow for this right to be extended to all children.

Providing access to essential health care has been more challenging. The provision of health care has been privatised more than other basic services with medical insurance schemes (known as medical aid schemes in South Africa) aids and private hospitals growing whilst public hospitals and public health care workers continue to decline both in quality and quantity. Outsourcing in the public sector has led to staff shortages and excessive workloads whilst poaching by the private sector and rich countries has decimated the pool of health human resources. This has made the right to free health care for children and pregnant women enshrined in the constitution increasingly difficult to accomplish.

In the health sector access to services for the poor in rural areas is still unacceptably low. Whilst the rural population constitutes 46%, they are only serviced by 12% of the country's doctors and 19% of nurses. The ratio of doctors in Limpopo province is 1:7100 whilst in the Eastern Cape it is 1:6300. (TAC, 2005). Although the government HIV and AIDS treatment plan aimed to have 381,177 people on state-funded ARVs by the end of 2005, only 85,000 people were receiving treatment by September 2005. No new targets for 2006 and beyond have been set as yet (Aids law project 2006). As South Africa's GDP per capita is more than 16 times higher than Malawi's, a substantially higher ARV coverage would be expected. Instead the coverage is almost the same: 21% versus 20%.

South Africa has an admirable welfare system providing a crucial safety net for the poor. In reality many vulnerable groups are falling through the holes of the net. Citizens are being refused their most basic of human rights that are guaranteed to them in the constitution.

Approaches to providing Essential Services in South Africa

South Africa, in some ways, is more fortunate than other developing countries. It has an economy and infrastructure of a size that can support the provision of basic services more than its neighbours on the continent-if it chooses to do so. It has also made a commitment to uphold human rights by guaranteeing dignity to its citizens. Sadly however the growth and development path that the country has chosen has seen essential services as a means for the private sector to penetrate markets within the working poor rather than the public provision of services.

The increasing use of private companies for the provision of essential services for water and health facilities is further removing these from the reach of the poor. In the case of water, electricity and housing attempts to involve the public sector in the provision of these services has led to the poor being cut off from electricity and water because of their inability to afford these services. Moreover corruption has worsened the situation where in housing the state subsidies have been a source of corruption and fraud with poor provision of houses. The Auditor General's report on the Gauteng Housing Department stated discrepancies of R84 million in subsidy allocation and a further R28 million of potential irregularities (Auditor General, 2006). The market does not take these services to the poor. It only goes where there are profits to be made.

The failure of Government to invest in new and maintain existing bulk infrastructure has led to failures in the supply of electricity to public hospitals. This situation has resulted in deaths of babies who were reliant on the functioning of incubators. This has most recently happened at the Cecilia Makilwane hospital in East London. (National Department of Health, 2006)

There are many instances in South Africa where HIV and AIDS treatment and prevention work is currently being carried out by NGO's as government has been slow in rolling out its program. By April 2004, within a period of three years, the Doctors Without Borders had already reached 1000 persons on Anti Retroviral Treatment with a further 6000 infected persons being monitored (MSF, 2004). Contracting out to civil society can be a good short-term strategy for plugging gaps in public service provision, but it does not get around the need to build government capacity. Indeed managing and monitoring non-state providers may demand as much government capacity as actually delivering services

Oxfams Campaign Report and South Africa

Oxfam and its partners believe the answer to overcoming poverty lies in the free provision of essential services to the poor and calls on governments to provide these as a public service and free at the point of delivery. In order to accomplish this we believe that the public sector needs to grow in size and conditions improve for those delivering the service. It also calls for the improvement of quality of these services. Poaching by richer countries and the private sector continue to decimate an already depleted cadre of public servants notably in the health and education.

Oxfam's research has shown that governments in high performing countries, **not necessarily rich**, have prioritised the provision of basic services in the form of health care, education and water and sanitation and this has been central to their national development plans. Oxfam has developed what it calls an Essential Services Index. In terms of this index, countries are ranked in terms of their Per Capita Income and this is related to the extent that people have access to health, education, water and sanitation services. According to this research countries like Uganda, Bangladesh, Barbados, Sri Lanka and the Philippines do much better than Brazil, Oman and Mauritania in delivering essential services through policies that target the poor in the provision of essential services.

There already are campaigns in South Africa that are calling on the government to improve the delivery of essential services to the poor and improve the ability of the public service to deliver essential services. Within Government the Batho Pele Campaign seeks to improve service delivery of the public service generally. The National Education and Health Workers Union has a Public Sector campaign that is

also directed at improving delivery of the public sector. Civil society organisations like the Treatment Action Campaign have campaigns on the governments treatment plan for People Living with HIV and AIDS.

Civil society groups are also campaigning for a basic income grant (BIG). This is especially important to maintain the health of people living with HIV and AIDS. It will also reduce the need for children to drop out of school, and lessen the burden on households that take care of AIDS orphans. A BIG can help to break the vicious cycle of HIV and AIDS and poverty and reverse the trend of the HIV and AIDS crisis in South Africa.

Furthermore, in 2005 the worlds biggest ever anti-poverty coalition was formed - the Global Call to Action against Poverty (GCAP). GCAP saw over 36 million people take action in more than 80 countries. A key part of its demands are quality universal public services (health, education and water) for all, and an end to privatization where it causes deprivation and poverty. The GCAP coalition in South-Africa is lead by The South African Non Governmental Organizations Coalition, The Congress of South African Trade Unions and The South African Council of Churches.

Health, HIV and Health Systems

Sub Saharan Africa has the highest number of persons infected with HIV. South Africa has the highest number in the region. Estimates range from 4.3 to 6 million people living with the virus. These estimates are based on extrapolations and estimates as the government does not collect any direct data. The Human Sciences Research Council survey estimates that women between the ages of 25 to 29 are at the highest risk of being infected with prevalence rates at 33.3%. (HSRC,2005)The highest overall infection rate is in the Kwa Zulu Natal province at a prevalence rate of 37.5%. There are 400 000 new infections a year which translate to over a 1000 new infection daily. (WHO,2005)

South Africa operates a health care system that is accessed privately by a few that can afford this service whilst the majority of the poor rely on a public health care system that is unable to cope with the increasing demands being placed on it by the HIV pandemic. There is increasing demand on the health services due to HIV, poverty, urbanisation and the failure of primary health care services. Public hospitals are understaffed and do not have the necessary medicines and equipment to deal with the challenges they face. Whilst the public health sector serves 82% of the population it only has a 27% share of the general practice doctors. Whilst the public sector spends R80 per person on drugs the equivalent figure spent in the private sector is R800.(NEHAWU, 2006)

The commitment made by governments including South Africa at the Abuja Declaration states that they would commit 15% of their National Budget towards public health. Currently the figure stands at 11% and has been at this low level since 2002/2003. Government expenditure as a percentage of total health expenditure itself has decreased to 38.2% in 2004 from 42% in 1998. During the same period private expenditure has risen from 58% to 61.4%. (WHO, 2006). The growth within private expenditure shows a shift towards prepaid systems as opposed to out of pocket expenses.

Estimates are that there are between 800 000 to 900 000 people in need of treatment whilst those currently on treatment as at March 2005 is at 105 000.(WHO, 2005) As mentioned previously in this report, the department of health's operational plan aimed

to have 381 177 people on state funded ARV's by the end of 2005. Only 85 000 people were receiving treatment by Sept 2005. (ALP 2006)

The inability of the health systems to function has weighed most heavily on women and girls who have had to carry the increased burdens of poverty exacerbated by the impact of HIV and AIDS. Increasing responsibilities for women and girls in providing care at the family level, reduce their time to do other work. More and more women are becoming heads of households within increasing levels of poverty. Girls are being taken out of school to provide home-based care for their ailing parents and provide parental support for their siblings.

Girls not only lose the opportunity to access education, they are also left with the responsibility of taking care of their siblings when their parents dies. They are also exposed to sexual predators, who lure them to have sex in exchange for money.

Many health care facilities are located in or near urban centres, which means that rural women and girls who care for those with AIDS have little material and moral support. Furthermore, privatisation of health care has shifted health and welfare services to women's unpaid care work. Also, men tend to avoid going for VCT. A HIV and AIDS gender policy should also sensitise and facilitate men going for VCT and treatment. There should be a better way of collecting HIV prevalence statistics. Women and girls attending anti-natal clinics should not be the only source of information for HIV prevalence.

Health Care Workers

The number of workers in the public service is in decline from 1.4 million in 1994 at the time of ushering in democracy down to 1.045 million in 2006 after just over a decade of new public sector policies. (NEHAWU 2006)

Countrywide there is a shortage of 32% health workers. In the public sector the problem is that most of the posts exist but remain unfilled. This shows the inability to the public sector to attract and retain staff as it faces competition from the private sector and richer countries. The problem is most acutely illustrated in Mphumalanga province where 67% of the posts remain unfilled.(TAC,2005)

Staff shortages are most acutely felt in provincial hospitals. The greatest shortages are amongst nursing staff. Outsourcing and privatisation of non essential staff has led to shortages of cleaners and porters and it is leading already stretched nursing staff to take up these responsibilities. The country wide shortage of nursing staff is at 36% with support staff in the worst affected areas having a shortfall of 30%.(WHO,2006) Nurses salaries have in real terms declined and no recognition is paid for work experience leading many to consider alternate employment due to poor working conditions.

There are 37% of South Africa's doctors working in OECD countries and the figure for nurses and midwives is 7%. An estimated 300 trained nurses leave South Africa every month. Six percent of all the UK health workers are from South Africa. The annual cost to South Africa of training health workers who leave is R6 billion.(WHO,2005)

What government need to do

“Action will be taken against those who do not pay – the Council will not hesitate to cut off services and take legal action where necessary. Residents who do not pay will be with out electricity or water and will have to pay the additional cost of reconnection fees, lawyer’s fees and legal costs. They could ultimately have their houses sold. (If they are ratepayers) or be evicted (if they are tenants in a council house).”(City of Cape town, Xali 2002 in Ballard et al 2006:113)

The Government of South Africa has committed itself to meeting the Millennium Development Goals and Oxfam shares this commitment. The Essential Services Report argues that that poverty can be overcome if governments commit themselves to achieving targets in health, education and the provision of basic services.

Whilst the government of South Africa has committed itself to the provision of free water, health and education for the poor its ability to deliver on this promise has not been matched by its commitments. Apart from not having absolutely all the necessary resources to be able to do this its accountability and leadership especially in dealing with HIV and AIDS has not been at the highest level. This is where civil society can assist government in listening and holding them accountable to the voting public, there by strengthening democratic practices. The delivery of services should be left to government and not compromise the important advocacy role of civil society.

Oxfam and its partners believe that the first step is a shifting of the political agenda towards recognising the importance of free basic services to the poor and a central feature of national development plans. Social spending and grants to the poor are increasing as a percentage of governments expenditure, however the absolute right is not yet guaranteed and is not yet the basis of macroeconomic policy.

In order to build accountability corruption must be fought and rooted out both inside and outside of government. The role of NGO’s and communities in monitoring and evaluating the performance of programs can assist in building better governance in all organs of society. Citizens who use government’s services are best positioned to evaluate their delivery.

In order for South Africa to meet the MDGs, massive investments is needed in their capacities to plan and manage health, education and water systems. More money is needed in the right places. Government must build a decently paid, appropriately skilled and well motivated workforce and establish predictable and sustained financing for running costs and salaries as well as infrastructure. Pay on its own does not always increase motivation, but is the first priority for workers where earnings are too low to meet the costs of living. As well as building numbers, the quality, motivation and performance of public service workers must be improved. Working with unions has been an important part of reforms in some countries.

Drastically scaling up the number of teachers and health workers is a huge task, which requires strategic, coordinated planning between governments and other service providers. Governments need to produce and implement strategic workforce plans which plan how many and which types of workers are needed and how much this will cost.

Making services work for women is crucial Investing in basic services that support and empower women and girls means promoting women as workers, supporting women and girls as service users, protecting them from abuse, and combining these measures with legal reforms that improve the status and autonomy of women in society.

Progress is often achieved by simultaneously working with women's groups, changing laws and challenging harmful beliefs. Women's movements have continued to influence public health policy and sometimes special health services are now available to victims of rape. Investing in basic services which support and empower women and girls requires coherence, equity and accountability.

Governments Must Take Responsibility By

- Developing and funding a comprehensive Public Health Plan for the poor.
- Meeting the Abuja commitment to spending 15% of their budget on health and making additional sustained investments in essential water and sanitation services.
- Enhancing equity by removing discrimination in the provision of quality services to women.
- Recognising and relieving the increased burden placed on women by poverty and the HIV and AIDS pandemic.
- Institutionalising and strengthening citizen representation and oversight in public services monitoring.
- Extending the supply of free water to the poor.
- Investing in the training, recruitment and retention of desperately needed trained health workers.

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