



The record of proceedings

Section 3

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-

Summing up

Highlights and key recommendations

Priorities for action: Quality of care

The group's priorities for action were prefaced with the observations that:

- Health care quality is dependent partly on health authorities but also on related sectors
- Implementation issues are critically affected by management decision-making and management support

Best practice

National department should identify and document examples of best practice on:

- Workplace ethos and culture
- Training and education
- Monitoring and evaluation

Examples should be drawn from public and private sectors

The document should disseminated and replication of best practice supported

Performance management

Quality of care indicators should be included in performance management agreements and appraisal systems

Training and education

Training should be:

- Comprehensive and holistic
- Linked to priority programmes

Human resource divisions should:

- Do skills audits and training needs assessments
- Combine training with ongoing support and mentoring
- Evaluate outputs, outcomes and impact of training
- If necessary, outsource any of the above functions

Monitoring and evaluation

- In line with the quality assurance approach, health departments should:
- Develop a set of audit tools (norms and standards) with basic indicators
- These norms and standards should address major needs and priorities
- They should be put into effect and departments/institutions should generate quality reports
- Existing reports should capture quality components

Inter-sector collaboration

- Health authorities should ensure that integration starts with joint planning
- Infrastructure should be a focus of inter-sector collaboration

Priorities for action: Human resources

Scopes of practice

Top recommendations in this area were to:

- Integrate the work of statutory councils on this matter
- Set up multi-disciplinary team to deal with planning for mid-level workers
- Convene a stakeholder meeting in each province to identify gaps in services

Representivity in the workforce

The group recommended:

- Linking university funding to the proportion of black students
- Creating a task team to review selection criteria and admission policies at tertiary institutions
- Investigating the implications for the health sector of the United Nations conference on racism
- Establishing a National Transformation Committee

Migration of health personnel

Priority actions envisaged on this front were:

To consolidate human resources data base

To investigate monetary and non-monetary incentives

To create opportunities for twinning and exchanges

To redefine terms of bursaries and contracts

Priorities for action: Public-private interactions

Building trust and an enabling climate

Recommendations under this heading were:

- Hold a national PPI lekgotla. Involve stakeholders in planning and organization. There were two proposals on time frames: Within three months of Summit or after audit of PPIs
- This would set stage for further consultations.
- Organised labour should be drawn into process

Creating structures for co-operation

The group's proposal was to:

- Establish PPI forums at national, provincial and local levels
- Ensure broad participation
- Set terms of reference for forums
- Consult with unions at national level about initiative

Building capacity in Department of Health

A further priority action was to:

- Establish a PPI unit in the Department of Health
- Appoint staff for unit with appropriate knowledge (including law and finance)
- Ensure that the unit has an influential "champion"
- Use expertise of private sector and training institutions to build capacity

Financing of health care

It was recommended that the national Department of Health and partners (such as Board of Health Care Funders) should explore financing mechanisms for health care

Scope of PPIs

In order to define the scope of PPIs more clearly, it was recommended that major roleplayers should:

- Perform an audit of current PPIs (early in 2002)
- Include primary health care into the scope of initiatives
- Integrate PPIs across programmes

Social responsibility in PPI context

The private sector could express social responsibility through PPIs by:

- Offering free services to reduce backlogs
- Contributing free specialist care in under-served areas

It was recommended that the Department of Health should fast-track such PPIs as they yield quick and visible success

Research

Areas of research should include:

- Affordability and feasibility of PPIs
- Best practices in PPI

The national Department of Health should investigate moonlighting and migration

Priorities for action: Communicable diseases -- HIV/AIDS and TB

Communication

More effective communication should be prioritized with messages that are:

- Comprehensive
- Avoid confusion
- Dispel myths
- Have a positive tone and content
- Target health workers as well as the public

Prevention

Key recommendations in this regard were to:

- Speed up a comprehensive social security net
- Maintain the ABC strategy for safer sex
- Implement a nutrition strategy for those with TB and/or HIV/AIDS
- Target household food security and access to clean water and sanitation, within a broader framework of poverty relief

Care and treatment

Key recommendations were that:

Care and treatment services must form a continuum

- Community, primary level and hospital resources must all be used effectively
- Needs must be met from first diagnosis, through well phase, increasing illness to end of life care
- Linkages in the referral system must function well in both directions

Interventions at the level of management and health worker support should focus on:

- Producing training guidelines (basic and post-basic) that are clear, focused and simple
- Ensuring supervision and support of workers at all levels of the care system
- Improving management and coordination of services through local/district level planning, budgeting and monitoring

The well period for people with HIV must be prolonged through counselling, support, lifestyle change and the prevention and treatment of opportunistic infections

A series of pilot projects should be undertaken to investigate the implementation and impact of a package of HIV/AIDS interventions, including:

- Prevention and support programmes: Counselling, nutrition and healthy lifestyle
- Prevention and management of opportunistic infections
- Appropriate anti-retroviral regimes
- Home-based care

Research, surveillance and monitoring

The focus should be multisectoral, regional research that is:

- Linked to interventions and relevant
- Ethical and develops local research capacity
- Integrated into policies and programmes

Monitoring should cover:

- Implementation of government policies and programmes
- Resource allocation and expenditure

It should apply to national, provincial and local government levels

Surveillance should prioritise the following:

- An audit of all data sets to identify gaps
- Behavioural surveillance, featuring both population-based and target group studies
- Stronger STI surveillance

Surveillance should be coordinated and linked to epidemiological analysis

Outcome-based indicators should be introduced for STIs, TB and HIV programmes

Priorities in terms of the research agenda should be:

- Establishing central coordination of research and research results
- Undertaking behaviour-change research, taking account of socio-cultural context
- Focusing on appropriate technologies: vaccines, microbicides, diagnostics and health systems interventions
- Tackling the subject of food security interventions, as well as the basic science and clinical research on this topic
- Documenting the social impact of the epidemics
- Providing evidence for existing and new government programmes
- Examining the impact of HIV/AIDS and TB on the health sector and implications for policy
- Undertaking cost-effectiveness studies
- Investigating traditional practices in relation to prevention and care; myths and stigma
- Researching the safety and effectiveness of medicines

Legal and human rights

Priorities in this area fell under a few headings, each with specific actions:

Responding to human rights abuses and illegal actions

- Sensitise the public to rights and abuses
- Involve legal profession and justice sector more
- Demand that certain bodies better fulfill statutory responsibility to protect human rights

Striving for a better balance between the individual's right to confidentiality and disclosure in the interests of public health

- Display posters on testing policy and code of good practice in all health facilities
- Review the current approach to VCT training

Improving access to legal services

- Train AIDS Helpline counsellors
- Make legal aid and law clinics more AIDS-aware
- Make these facilities more accessible
- Introduce community service for lawyers

Producing a clear evidence-based policy on access to treatment. Such treatment should be:

- Appropriate to the stage of the condition
- Deilivered at an appropriate level of care
- Based on cost-effectiveness
- Consistent with equity principle
- Within an holistic, developmental health care approach

Promoting access to social grants

- Acknowledge current access is out of line with constitutional rights
- Improve implementation/administration system
- Finalise discussions on proposed basic income grant
- Release social security report for discussion
- Review current law on children in relation to property and inheritance

Presented by Dr Lindiwe Makubalo, Chair of the Summit Programme Committee

Health Minister's Summing Up

The way forward from the Summit

Our final responsibility at this historic and exciting consultation is to agree on a process to take us forward and turn our ideas into reality

The sense I get from the discussions and debates is that the strategic direction that government adopted more than two years back is still appropriate and already embraces most of the approaches endorsed here. The real challenges lie in our ability to mobilise and focus our efforts to achieve our common goals.

It is of great importance that we all leave the Summit confident that the tremendous work done and the energy expended – and of course the resources – will result in some critical actions to improve the delivery of health care.

It is equally important that we all continue to feel a connection with the ideas and the strategies we have generated – and a moral obligation to putting them into practice. Perhaps the most basic truth we have spoken over the past few days is that health for all will only be achieved through the sustained action and focused action of every organisation with an interest in health and if we draw on the energy of the communities we serve

It is largely my responsibility and that of my colleagues, the provincial MECs for Health, to ensure that the Summit translates into action. But the production of a practical – yet creative -- plan of action , that pulls together the major recommendations of this Summit, must surely be placed in the hands of people like yourselves.

In the light of this I would like to put a proposal to you on how we proceed from here.

In essence, I propose to mandate the Director-General of Health to convene an Action Team based on the group of individuals who developed the Summit Programme. This group, as you are probably aware, has a core of national and provincial Health Department participants, but also includes representatives from the trade unions, professional associations, private health sector, academic institutions, statutory bodies and research institutions.

It would be the task of this group to develop an Action and Tracking Plan and to submit this for input and subsequent approval to the range of stakeholders that have a significant role to play in implementing the plan. This morning's brief "tour" of the main features of various discussions made it plain that Government's performance remains key to improving health care, but that complementary and coordinated actions by many other stakeholders are absolutely critical.

In terms of Government's own commitment to moving forward on the critical priorities endorsed by this Summit, the Health Minmec will give speedy attention to the proposed action plan and especially to the policy questions raised in it.

Given some of the difficulties that we have experienced in relation to the National Health Consultative Forum, it is clear we need to apply our minds to developing a more robust consultation mechanism. The Summit has enhanced the prospects of success by defining a common agenda for future engagement.

Without in any way detracting from the process outlined above, I would like to suggest that there are some actions highlighted by the various theme discussions that are quite simple, quite clear and quite easy to move ahead on. I would propose that we do so immediately to maintain the momentum of the Summit.

Clearly the issue of representativity in the health sector is one of the crucial issues that we need to attend to. I would therefore like to make a commitment here that we will facilitate the meeting between the deans of health sciences faculties and the Departments of Health and Education as proposed by this Summit. This meeting would also discuss other issues that are important for us to achieve human resource goals that we have set for ourselves.

The discussions on human resources have been very interesting. While a whole range of issues was raised, the question of mid-level workers appears to be critical and to require immediate attention. We will facilitate a consultation among relevant stakeholders on the matter of mid-level workers before the end of March 2002. Such a consultation will have to produce a coherent strategy and deal with details such as the categories of mid-level worker envisaged, the scopes of practice for these workers and career path options.

The Summit has made a number of proposals on what can be done to encourage public-private initiatives. There were some points of agreement on the direction that these initiatives need to take, including qualified endorsement of a vision and set of guiding principles. The use of these principles in building a partnership between the two sectors could play a role in achieving greater equity in the allocation of resources.

Discussion on public-private interactions have indicated that Government has a major role in providing leadership and clarity on the nature of the relationship. There is an urgent need for us to develop the capacity to determine which PPIs are in the best interests of the South African public. The need to create a national forum to facilitate the relationship between the two sectors emerged strongly from the Summit. I would like to make a commitment to this gathering that the initiation of a PPI Forum will be attended to quite soon.

I hope that the work of the proposed PPI Forum will impact in some way on our efforts to attain equitable utilisation of health resources in the country. Clearly, the issue of equity stood out as a most significant area for attention. Among those delegates at the Summit

who filled in the equity questionnaire, 92% identified equity as a major priority and raised the need to direct resources to particularly vulnerable groups.

We have made some progress towards promoting equitable access to health services, particularly through the distribution of health facilities and staff as well as the removal of fees for primary care. However, the extent of inequalities inherited from the past dictates that we increase the pace of redressing these disparities. The most glaring inequity in the health system is the disparity in resources available to the public and private sectors relative to the population each sector serves. Government cannot tackle this challenge alone. It requires that the two sectors work hand in hand to use their combined resources to meet the health needs of all South Africans in a more equitable and efficient manner.

In my view, quality of care cannot be imposed by Government and requires the active participation of all relevant stakeholders. However, there are initiatives that we, as Government, can move on as a matter of urgency. As part of our efforts to improve quality of care, from next year we will launch national awards for outstanding service for different categories of health professionals and other health workers. One element of these will be the Cecilia Makiwane Award for outstanding nursing.

In the area of communicable diseases, the practical first step to improved care might be to initiate a mapping in every district across the country of available services and resources related, in particular, to HIV/AIDS, STIs and TB. This would lay an objective foundation for effective intervention consistent with the principle of securing a continuum of care. Such an exercise would enable us to identify service gaps specific to these conditions and, simultaneously, to detect more general weaknesses in our system – such as inadequate drug supplies, weak laboratory support and deficient referral systems.

Although the Summit has produced less explicit direction in the areas of non-communicable diseases, mental health and trauma, many of the recommendations made in relation to human resources, quality of care and the strengthening of primary health care services are equally applicable to these areas of care.

In conclusion, programme director, I would like to say that I view this Summit as a landmark in the fulfillment of our strategic vision which includes better communication and consultation with stakeholders. We believe that this event has set the tone for a closer engagement in the future.

Dr Manto Tshabalala-Msimang
Minister of Health