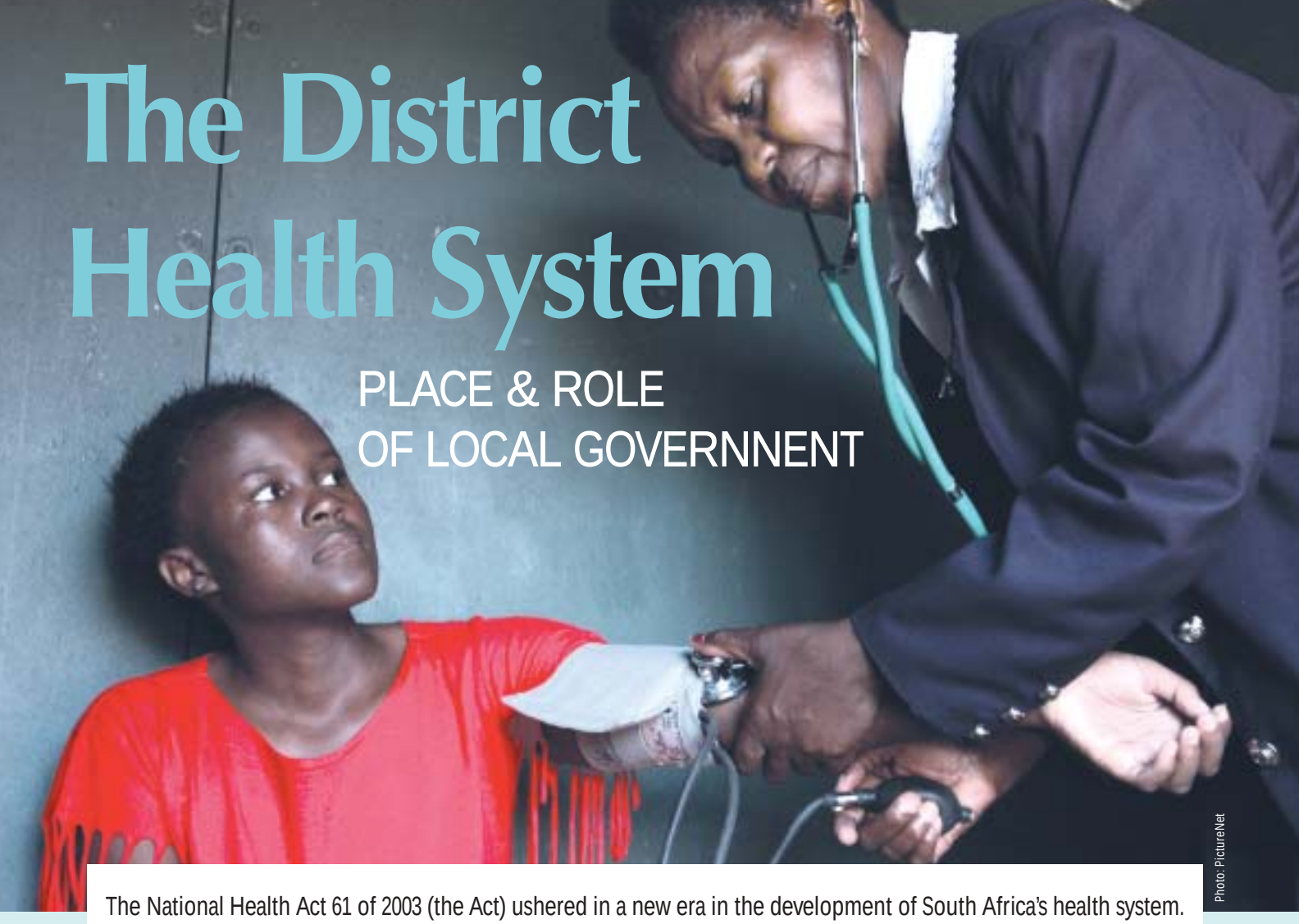
The District Health System

PLACE & ROLE OF LOCAL GOVERNNENT



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The National Health Act 61 of 2003 (the Act) ushered in a new era in the development of South Africa's health system. Health sector reforms in South Africa are geared towards a comprehensive and integrated national health system, based on the primary health care (PHC) approach and delivered through a district health system (DHS). The Act envisages a municipality-based district health system and thus has significant implications for local government.

National policy

National health policy for a DHS emphasises the delivery of PHC services through a municipality-based DHS, and the creation of 53 health districts aligned to the boundaries of the district and metropolitan municipalities. PHC services are the responsibility of the provincial government, with the exception of 'municipal health services' (MHS), which are a local government responsibility, as prescribed in the Constitution.

However, while the Act does not confer PHC services on municipalities, the vision is for these services to be decentralised, through service level agreements with the District or Metro Council for implementation. In turn, the Districts may contract local municipal councils on an agency basis to provide health services in the district, resulting in complete decentralisation of these health functions.

Municipal health services

The Act adopts a very narrow definition of 'municipal health services'. It includes only some elements of environmental health care, such as:

- water quality monitoring;
- food control;
- waste management;
- environmental pollution control; and
- chemical safety.

Three environmental health activities, namely malaria control, control of hazardous substances and port health, are retained as provincial responsibilities.

Key Features of the DHS

The national health policy posits the following key features for the DHS:

- provision of integrated district health services to include district hospitals;
- a comprehensive district health plan aligned with the municipality's Integrated Development Plan;
- structures and processes to ensure joint planning and cooperative governance;
- joint funding from the municipalities and provinces (funding remains a provincial responsibility – municipalities are only required to fund MHS);
- a single health budget and a single health management structure; and
- all staff being ultimately employed by one authority in the metro or district municipality.

Primary Health Care (PHC)

The PHC approach emphasises preventative and promotional health services and includes curative health care for commonly occurring diseases. It is dependent on continuous care for patients from community level to the highest applicable level of care through a coordinated referral system. For example, a patient would first visit the local health clinic. Only once a problem is identified would the clinic refer the patient for more specialised treatment. It takes an integrated developmental approach to health in which:

- communities participate and are involved in health care;
- resources and finances are redistributed from high-tech tertiary hospitals to primary level services where the need is greatest; and
- doctors work in support of professional nurses in clinics.

Current practice indicates that provinces, districts and metropolitan municipalities apply different approaches to PHC services. In the Western Cape for example, the provincial Department of Health is absorbing all PHC staff employed by municipalities, both local and district, into all the district municipalities. However, the City of Cape Town metropolitan municipality partly funds and provides some PHC services, while the provincial Department of Health also partly funds and provides some PHC services. The province is also subsidising the Cape metro to provide PHC services.

key points

- The MEC for Health in each province must establish a District Health Council for each health district in his/her province.
- Each district and metro health manager must develop a district health plan in accordance with national guidelines, taking into account national and provincial policies on health.
- The health plan must be aligned to the IDP of the district or metro and must take into account the municipality's requirements.

District Health Council

The MEC for Health in each province, after consultation with the MEC for Local Government in the province and the metro or district municipality affected, must establish a District Health Council (DHC) for each health district in his/her province. Members of the District Health Council are:

- a member of the metro or district council (nominated by the relevant council);
- a representative of the MEC for health in the province;
- a member of council of each local municipality situated in the health district; and
- not more than five other people, appointed by the MEC for health in the province, after consultation with the district or metro in the health district.

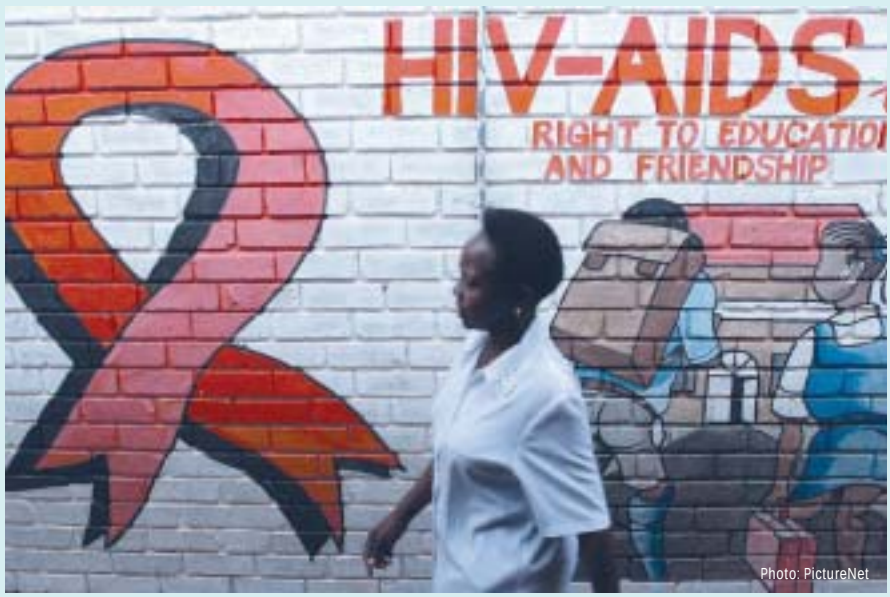

Photo: PictureNet

Role of the District Health Council

The DHC must:

- ensure coordination, planning, budgeting and monitoring of health services in the health district;
- advise the province and the municipalities in the district on any matter regarding health services; and
- promote cooperative governance.

The DHC may also establish one or more committees to assist it in performing its functions.

The Act provides that provincial legislation must:

- determine the functioning of district health councils; and
- approve the detailed budget and performance targets for health services in the district, to which both the provincial and local spheres must contribute.

The MEC for Health must ensure that each health district and sub-district in his/her province is effectively managed. (Health sub-districts usually comprise one or more local municipalities. For example, the Eastern Cape uses Local Service Areas comprising one or more health sub-districts.)

Assignment of functions from province to local government

The Act provides that the MEC for Health in each province must assign health services (Schedule 4A function) to the district and metros in the province in terms of section 156(4) of the Constitution, through a service level agreement. In terms of section 156(4), provincial governments *must* assign a schedule 4A or 5A matter to local government, if:

- that matter would most effectively be administered locally; and
- the municipality has the capacity to administer it.

The service level agreement must provide for:

- the services to be performed by the municipality;
- the resources that the MEC must make available for that purpose; and
- performance standards to monitor provision of those services.

District health plan

Each district and metro health manager must develop and present a district health plan to the district council and MEC for health in the province, in accordance with national guidelines taking into account national and provincial policies on health. The health plan must be aligned to the IDP of the district or metro and must take into account the municipality's requirements. This again illustrates the critical importance of cooperative governance and integrated planning between the province and district or metros and of ensuring that the municipality's IDP and district health plan are aligned.

> Local government is not expected to contribute financially, but must be part of the process. This is one of the problems faced by the provincial and national departments of health – funding the gap for primary health care which was previously provided by municipalities from their own funds and which they can now redirect to other municipal services.

Comment

The Act adopts a significantly watered-down definition of municipal health services in comparison to that of the Draft Health Bill in 2001, which proposed a broader definition incorporating, along with environmental health services, promotional and preventative health services and other health services already rendered by municipalities. Nevertheless, the vision for a municipality-based DHS ultimately places the responsibility for health services squarely with local government. Some municipalities, such as the metros and large, previously 'white' dominated urban areas, have already delivered health services on an agency basis for provincial government.

However, the more recently established, mostly rural district municipalities have little or no experience with health service delivery. It will take time to develop the necessary capacity and skills in these municipalities. It is therefore critically important that where health services are decentralised from province to a district or metro, the necessary resources and skills are also transferred. Ensuring that the provision of health services is taken into account in the municipality's IDP will be a critical starting point for all municipalities responsible for implementing the DHS.

Dr Wendy Hall (formerly of Health Systems Trust)
& Ross Haynes, Health Systems Trust
with Reuben Baatjies, Managing Editor